Community-Based PHC
&
Opportunities to promote NCfECD

Jennifer Barak
Regional Health Specialist – Child & Community Health, UNICEF
ESARO

Technical Meeting to Enhance Nurturing Care for Early Childhood Development in the Health Sector
25-28 February
Nairobi, Kenya

Presentation Outline

01 Survive & thrive

02 Community-based Primary Health Care

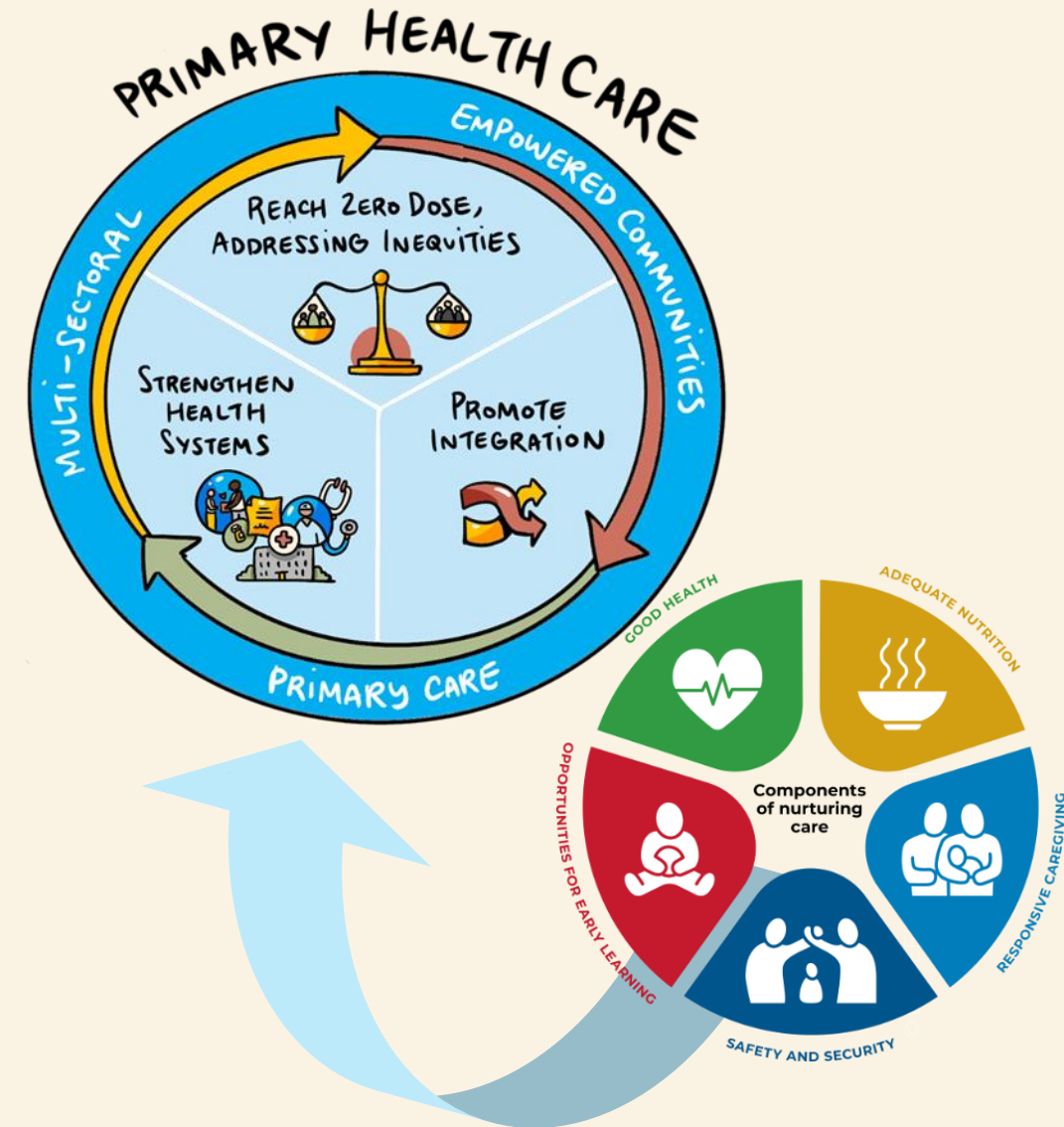**03** Strategic Actions for strengthening community health & Opportunities

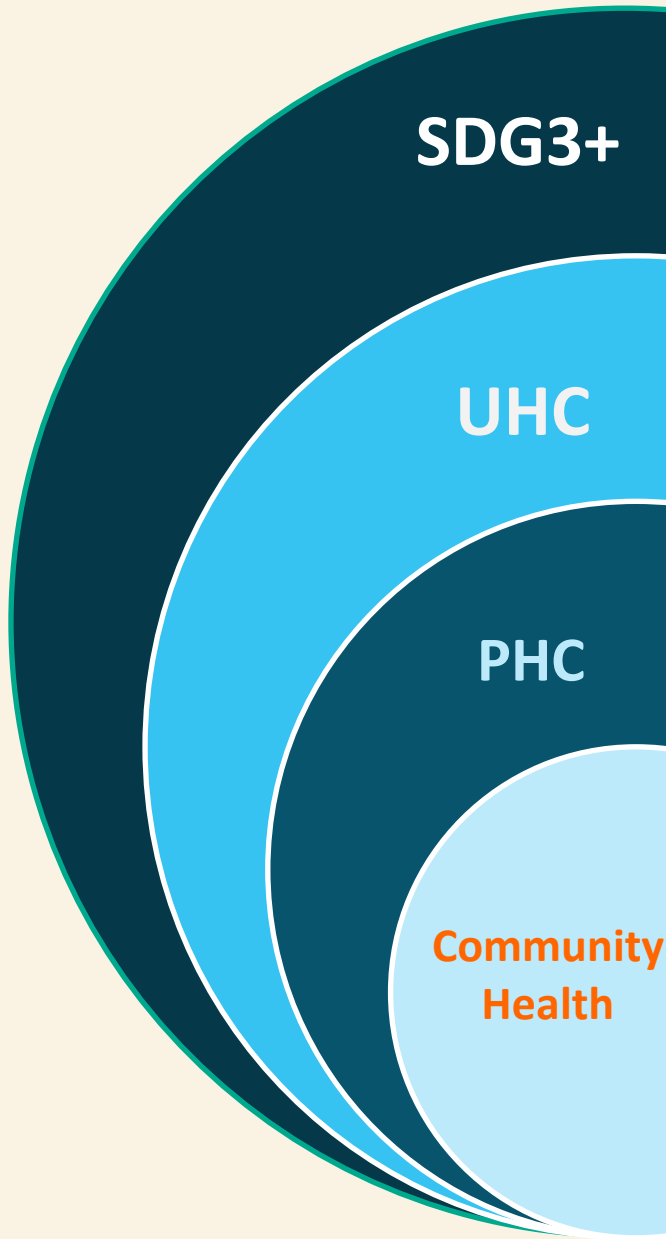**04** Key Take Aways

unicef
for every child

Urgent Agendas: Survive & Thrive

~ 1 million U5 child deaths per year, region with second highest mortality rates globally
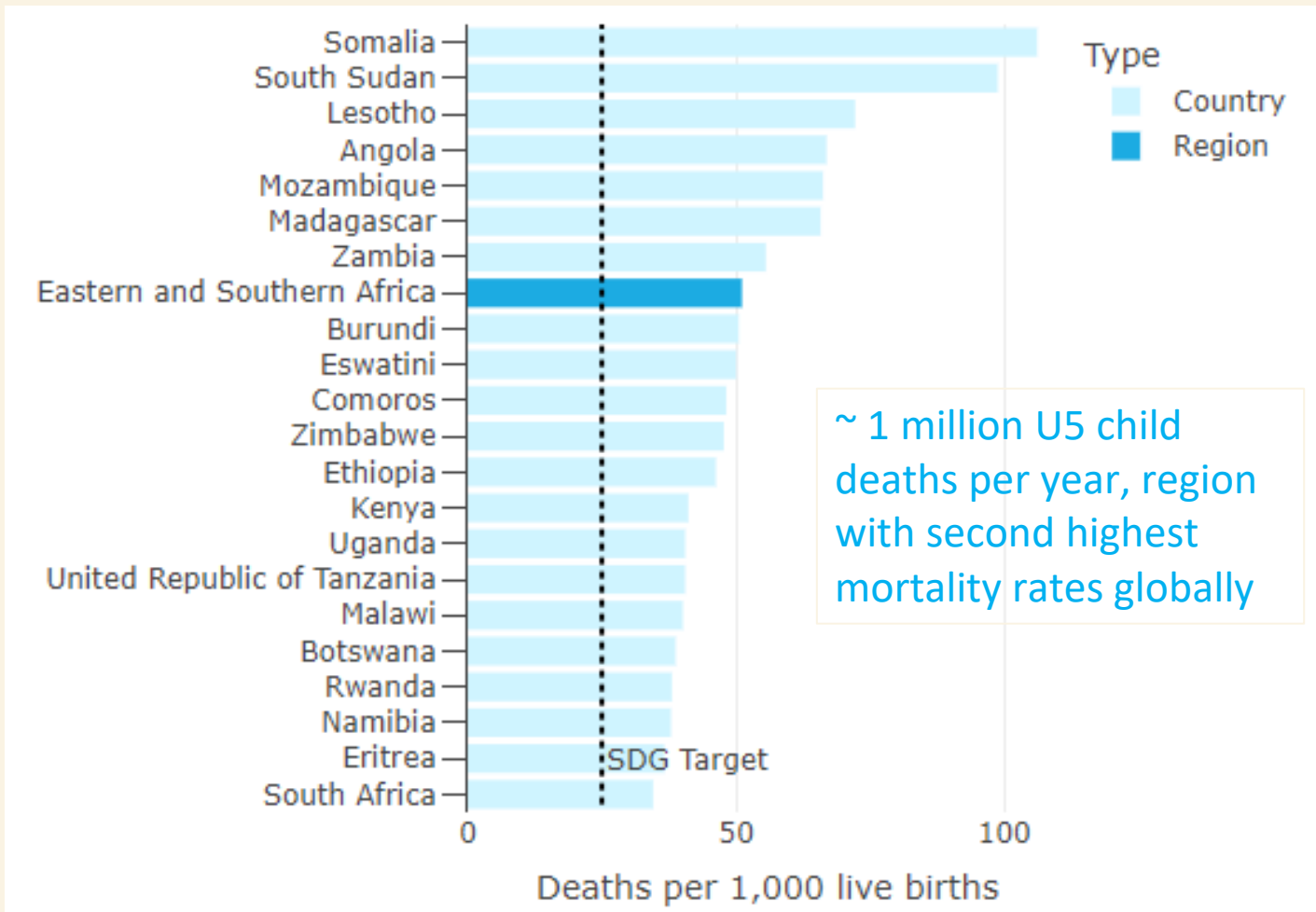
Source: United Nations Inter-agency Group for Child Mortality Estimation (2022)

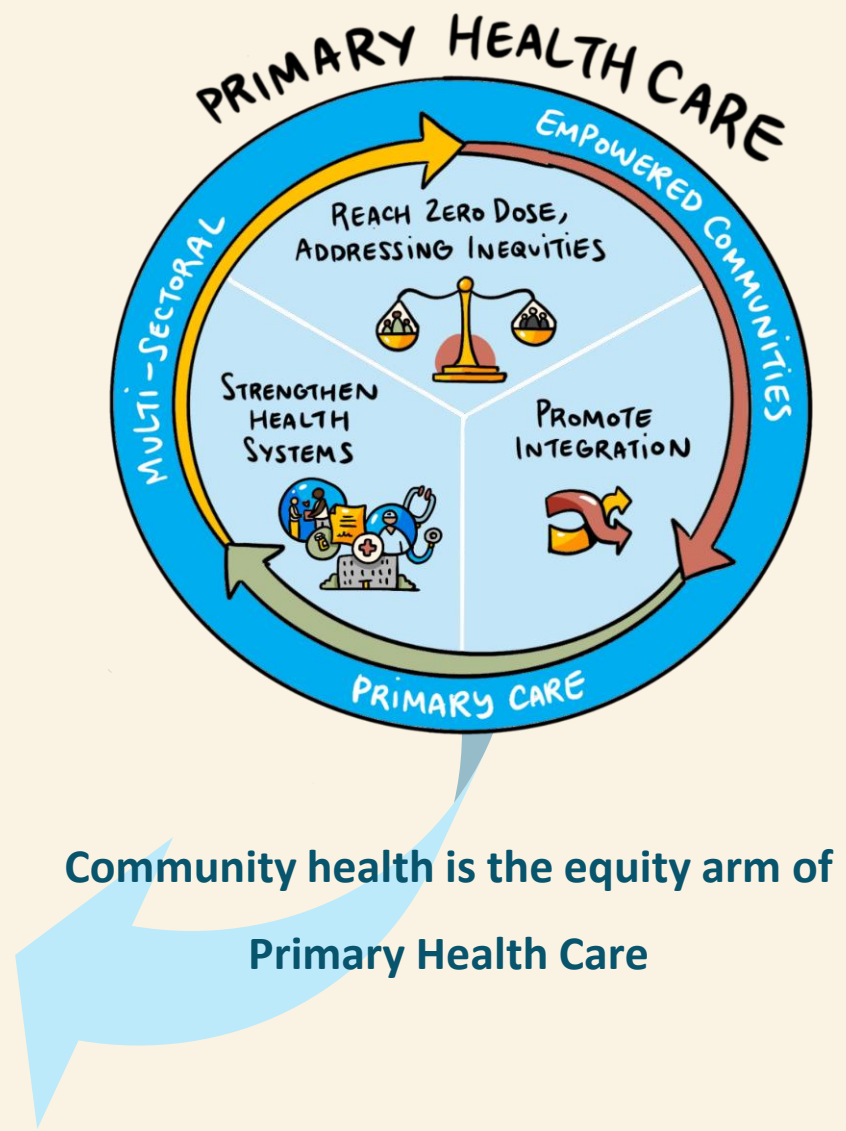# Community : an integral component of PHC

SDG3+
To **ensure healthy lives and promote wellbeing for all ages...**

UHC
...and achieve access to quality, affordable health care for everyone, everywhere...

PHC
...we need PHC, which is effective, efficient and equitable ...

Community Health
...that includes community level action that is cost-effective, at scale & of high-impact.

PRIMARY HEALTH CARE

MULTI-SECTORAL

EMPOWERED COMMUNITIES

REACH ZERO DOSE, ADDRESSING INEQUITIES

STRENGTHEN HEALTH SYSTEMS

PROMOTE INTEGRATION

PRIMARY CARE

Community health is the equity arm of Primary Health Care

Primarily Health Care at community level

System Enablers

- Equitable financing
- Local governance
- Payment mechanisms
- Private sector engagement
- Social accountability
- New technologies
- Human resources
- Health information systems

Life Course Approach

Caretaker

Justice

Caregivers

Local governance structures

Social Networks

Community Groups

"For every girl & boy to survive, thrive & transform"

Frontline workers/ Health posts

Primary Level Facility

District

School

Healthy Environment

Supply & Commodity

Community Systems

Primary Health Care
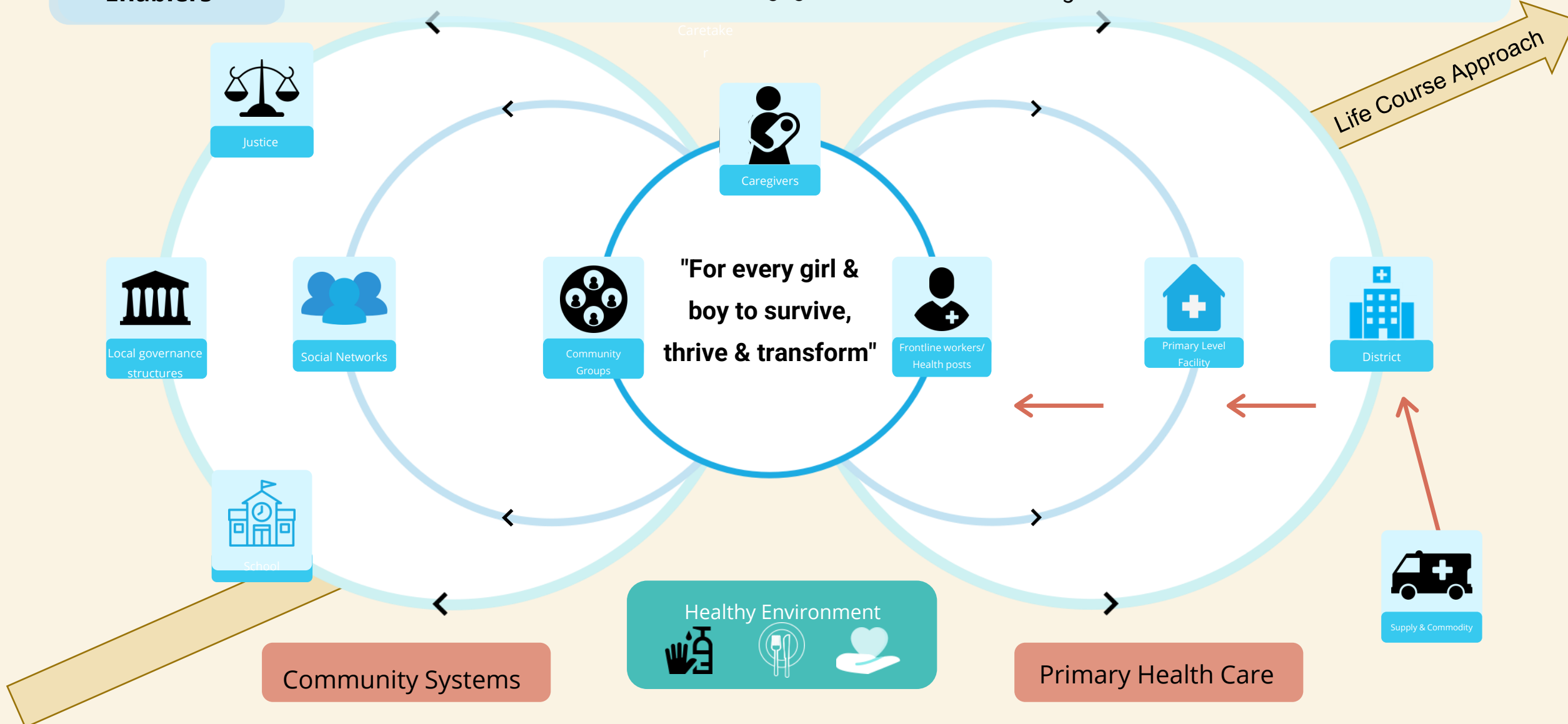
ESAR strategic actions for strengthening community action for better health & nutrition outcomes

1

Strengthen governance and partnerships towards increased **sustainable and equitable financing** for national CHW programs

2

Support **professionalization, integration, protection** and **compensation** of CHWs.

3

Deliver **integrated**, **high-quality** and people-centered multi-sectoral package of services
(health, nutrition, ECD, WASH, SBC...)

4

Strengthen data systems for **measurement**, track progress & enhance **accountability**.

Enabled by:
- Smart partnerships
- Digital solutions and innovations
- Cross-sectoral solutions

Strategic action 1: Community Health - Governance and Finance

20 countries

Have an existing **national community health worker policy related document**

10 countries

Have **costed** community health plans

11 countries

Have **domestic resources** allocated for community health

Country	Annual CH Budget (2022)	Annual CH Budget (2023)	Percent of Annual CHW Budget that was Funded (2023)	Allocation of domestic resources to CH budget (1-yes, 0 - no)
Namibia	15 000 000	15 000 000	100	1
Mozambique	3 000 000	5 000 000	100	1
Burundi	689 739	686 460	75	0
Ethiopia	65 526 000	64 135 000	61	1
Rwanda	8 102 557	8 202 557	50	1
Eswatini	300 000	300 000	50	1
Zimbabwe	195 600 000	10 000 000	40	1
Zambia	66 667	66 667	20	1
Comoros	2 756 386	1 000 000	20	0
South Sudan	16 912 584	22 372 343	10	0
Malawi	20 000 000	20 000 000	10	1
Uganda	66 969 340	65 638 310	3	1
Kenya	8 821 804	21 639 588	0	1
Angola		19 104 109	0	1

This is based on data for 19 countries, Eritrea and Botswana did not respond to the survey

Opportunities for stronger integration of NC for ECD
Strategic action 1: Community Health - Governance and Finance

Community engagement / Empowered communities

Building on community structures and platforms

Linkages with other parenting initiatives

Upstream

Enabling environments - Policies

ECD & CH Strategy Development & Costing
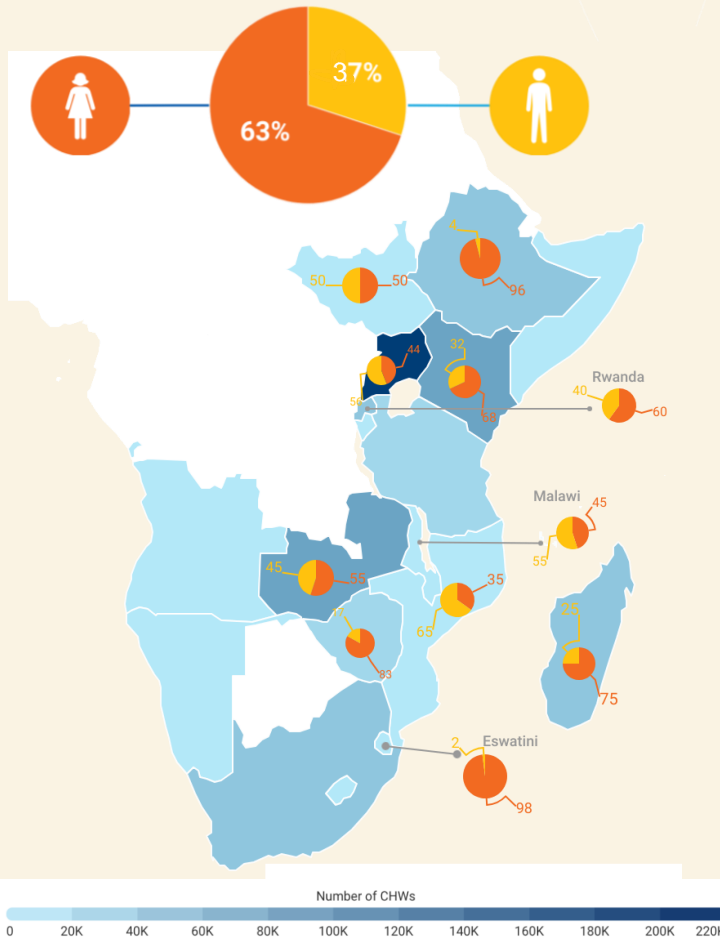
Advocacy for stronger multi-sectoral approach

- Representation across child & community health TWG/Coordination

www.CommunityHealthDeliveryPartnership.org

Downstream

Strategic action 2: Community Health Workers

Density of Community Health Workers

690,796 deployed CHWs

CHWs are currently deployed in ESAR, incl. 63% female and 37% male

17 countries

indicated that CHWs receive financial remuneration with an average salary of 83 USD/month

(Burundi & Angola – do not have salaried CHWs, Botswana & Eritrea did not respond to the survey.)

66% of the target number

Target number of CHWs to be deployed is 1,044,322.

9 countries

indicated that CHWs receive non-financial incentives, such as uniforms, raincoats/umbrellas, backpacks, phones, PPE, bicycles/motorbikes, ID cards and phone credits

This is based on data for 19 countries, Eritrea and Botswana did not respond to the survey

Opportunities for stronger integration of NC for ECD
Strategic action 2: Community Health Workers

Expanding CH Workforce

- Invest in expanding CHW
- Advocate for CHW recruitment that address gender barriers & shift cultural norms
- Promote a younger CHW workforce
- Selection criteria alignment

Harmonization & Integration

- One implementation approach, based on national strategies and guidelines
- Reduction of multiple community cadres, i.e. disease/programme specific CHWs

CHW retention

- Community engagement & support
- Capacity building & career pathways
- Design & scale up sustainable **performance management** approaches

Strategic action 3: Integrated, high-quality and people-centered multi-sectoral package of services
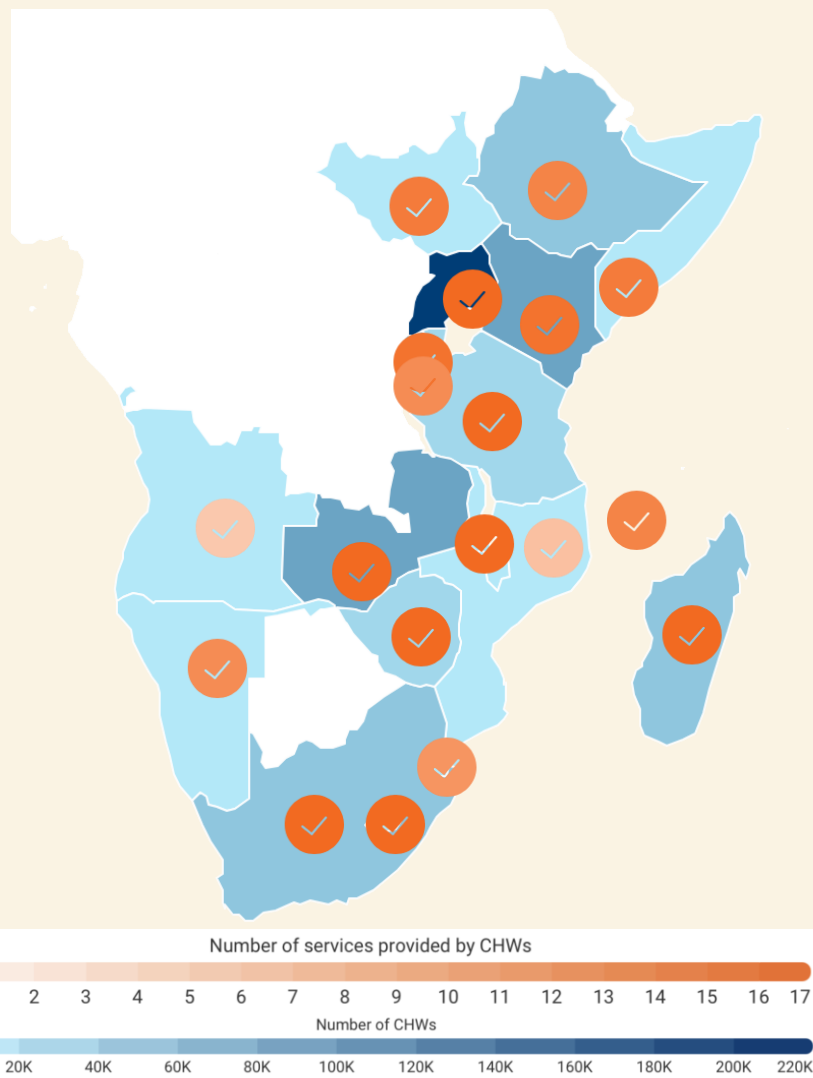
19 countries

Provide nutrition services at community level

18 countries

Provide environmental health, hygiene and sanitation; health promotion and education and HIV/TB related services

16 countries

Provide prevention and control of NCDs, including disability

7 countries

Integrate nurturing care for ECD

Number of services provided by CHWs

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

Number of CHWs

| 0 | 20K | 40K | 60K | 80K | 100K | 120K | 140K | 160K | 180K | 200K | 220K |

This is based on data for 19 countries, Eritrea and Botswana did not respond to the survey

Opportunities for stronger integration of NC for ECD
Strategic action 3: Integrated, high-quality and people-centered multi-sectoral package of services

Where we can make a difference

- Integrated & responsive service packages
  - Home visits
  - Caring for the caregiver
  - Care for child development
- Quality of Care at community level & training implications
- Referral & counter referral mechanisms
  - Linkages with other social services

Context is everything

- Urban (informal settlements)
- Fragile states, humanitarian disasters & epidemics/pandemics
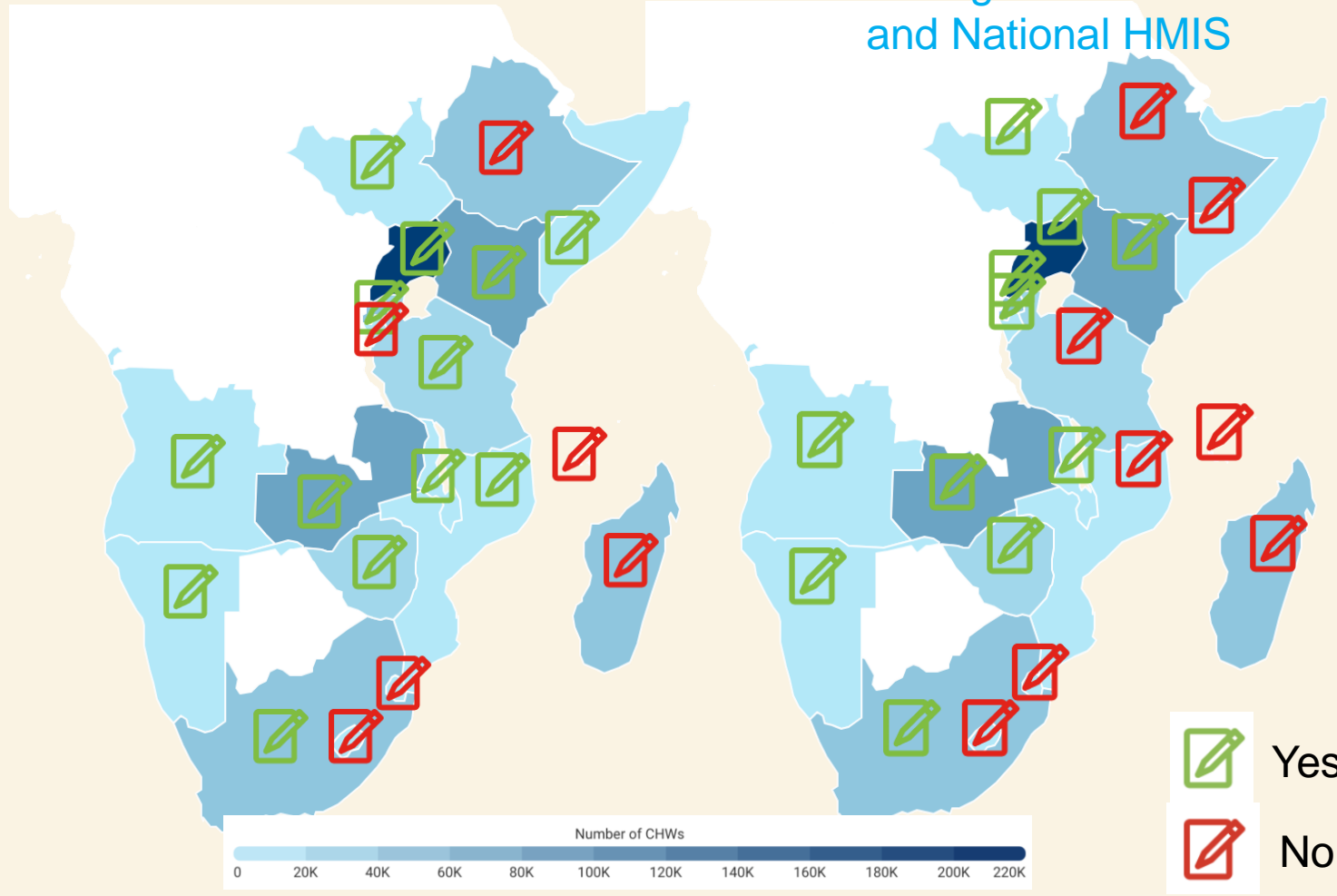- Demographic & Epidemiological shifts (NCDs & mental health)

Evolving times, Evolving needs

- Safety & Security – climate & health, fragile states, etc

Strategic action 4: Strengthening measurement and use

Existence of C-HMIS

Linkage between C-HMIS and National HMIS

Number of CHWs

0   20K   40K   60K   80K   100K   120K   140K   160K   180K   200K   220K

Yes

No

14 countries

have a community-based health management information system (C-HMIS)

11 countries

where C-HMIS is linked with the National HMIS (i.e. DHIS2)

134,561 (19,5%) CHWs

are equipped with digital tools

16 countries

use data at community & local health facility meetings/platforms

This is based on data for 19 countries, Eritrea and Botswana did not respond to the survey

CHIS Strengthening

- Growing number of CHIS programme modules
- CHIS and social listening, a more complete picture
- Social accountability, planning & budgeting
- Integration/connection with other information systems & referrals
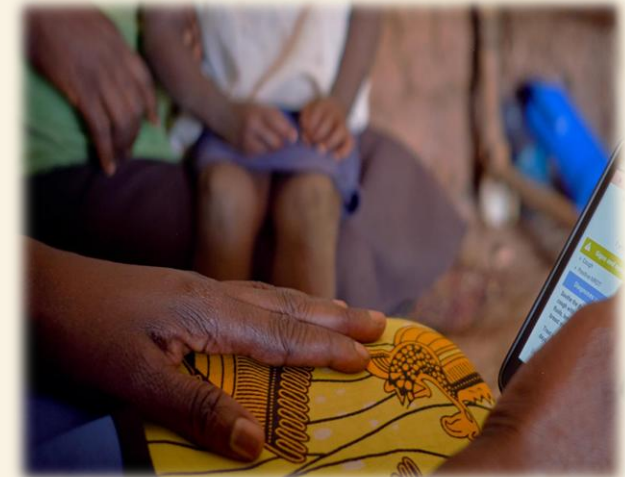- Strengthen progress tracking at all levels

www.communityhealthdeliverypartnership.com

Knowledge management

- 7 countries with NC integrated
- Incorporation of implementation research

Innovation

- Scale up use of innovative & cost-effective digital tools (Beppo?)
- Longer term sustainability of digital investments

Community-based PHC – an important platform for strengthening nurturing care for ECD
Key Take Aways

01 Get on board! Community-based PHC is advancing in the region, delivering for improved health and nutrition outcomes

02 Build & strengthen the CB-PHC system, in order to incorporate NC components

03 Coordination and alignment of our investments, towards comprehensive child-centered approaches and programme efficiencies

04 CHW are the critical bridge for care across the life cycle, their potential can be optimized with a realistic integration lens

05 ECD as an outcome: leverage community information systems

06 Let's keep learning: 7 countries in the region have incorporated NC components, the lessons are there

Thank you!

For more information:

Jennifer Barak

jbarak@unicef.org