CHAMPS Strategy

January 2018

cmmb

Healthier Lives Worldwide

WHY CHAMPS

Impressive gains have been made toward healthier and more productive lives globally. Between 1990 and 2015, child mortality rates more than halved, with measles immunization and prompt treatment of malaria based on rapid diagnostic tests (RDTs) helping to prevent nearly 16 and 7 million deaths, respectively, between 2000 and 2015. Similarly, maternal deaths have been cut nearly by half during the same period, with greater impact from proven interventions such as antenatal care and facility-based deliveries by skilled providers.

Despite these achievements, maternal and child deaths remain inexcusably high. Almost 6 million children died before age five in 2015 from mostly preventable causes, chief among them communicable diseases and neonatal conditions. Indeed, nearly half of all under-five deaths in 2015—47 percent—occurred during the neonatal period, with 73 percent of these occurring within two weeks of birth. And although interventions such as intermittent preventive treatment during pregnancy (IPTp) for malaria, postnatal visits for babies, exclusive breastfeeding during the first six months of life, and sleeping under insecticide-treated bednets (ITNs) are proven to have greater impact on saving lives, their implementation remains low, globally. By the same token, too many mothers continue to die—in great part due to postpartum hemorrhage and sepsis.

Beneath the failure to achieve the global Millennium Development Goals (MDGs) for maternal and child health lie pernicious, across-the-board health care inequities. In its MDG report, the World Health Organization (WHO) noted:

> In rural areas, only 56 per cent of births are attended by skilled health personnel, compared with 87 per cent in urban areas. About 16 per cent of the rural population do not use improved drinking water sources, compared to 4 per cent of the urban population. About 50 per cent of people living in rural areas lack improved sanitation facilities, compared to only 18 per cent of people in urban areas […] Just half of pregnant women in the developing regions receive the recommended minimum of four antenatal care visits.[1]

Ending preventable maternal and child deaths, through equitable health care access and coverage, constitutes the unfinished work of the MDGs and one of the top priorities for Sustainable Development Goals (SDGs). As former United Nations secretary general Ban Ki Moon noted in his foreword to the MDG report, achieving the SDGs will require "unwavering political will and collective long-term effort."

With Children's and Mothers' Partnerships (CHAMPS), CMMB lends its unwavering will and effort toward a collective impact on the SDGs, with a unique focus and strategic approach to improving maternal and child health.

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[1] Department of Economic and Social Affairs, United Nations Secretariat, *The Millennium Development Goals Report* (New York: United Nations, 2015), http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf.

ACRONYMS AND ABBREVIATIONS

ANC	antenatal care
CHAMPS	Children's and Mothers' Partnerships
CHC	community health center
CHW	community health worker
CLTS	community-led total sanitation
HF	health facility
HFMC	health facility management committee
iCCM	integrated community case management
IMNCI	integrated management of childhood illnesses
iPTp	intermittent preventive therapy in pregnancy
ITN	insecticide-treated bednet
MAM	moderate acute malnutrition
MDGs	Millennium Development Goals
MNCH	maternal, neonatal, and child health
NGO	nongovernmental organization
PHC	primary health care
RDT	rapid diagnostic test
SAM	severe acute malnutrition
SDGs	Sustainable Development Goals
WASH	water, sanitation, and hygiene
WHO	World Health Organization

ABOUT CHAMPS

The CHAMPS Theory of Change
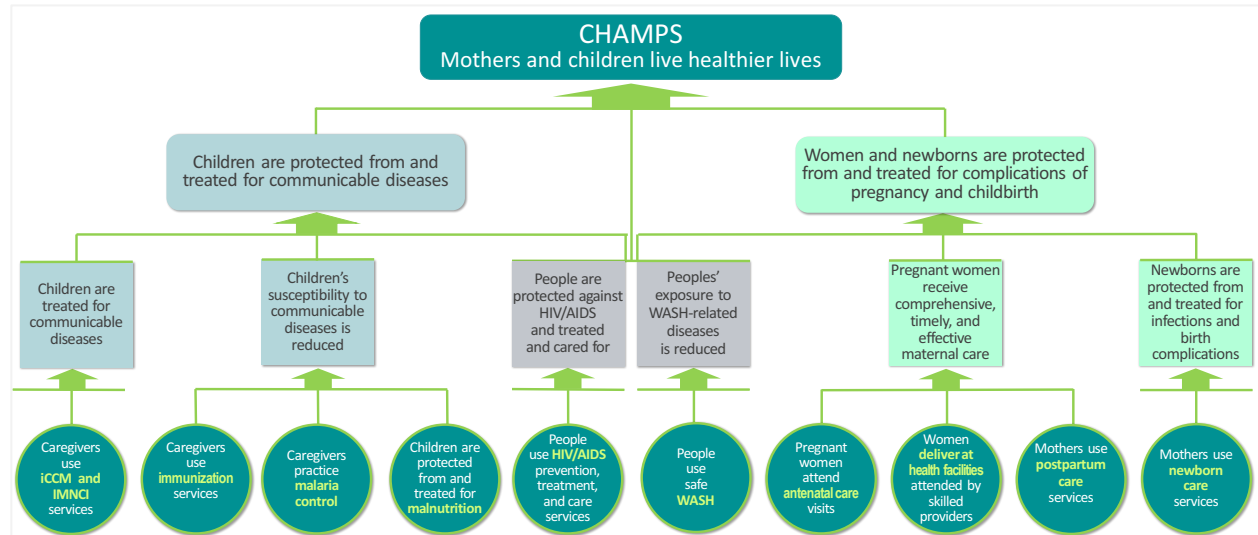
CHAMPS is CMMB's strategic framework to help achieve positive and durable health outcomes for mothers and children in resource-poor settings. CHAMPS represents a broad, partnership-supported, long-term commitment to vulnerable communities around the world, with a clear focus on building local health systems' capacity for ending preventable maternal and child deaths. As such, CHAMPS intentionally harnesses the international community's efforts to achieve the SDGs by 2030, with specific focus on:

■ Protecting children under five from, and treating them for, communicable diseases.

■ Protecting mothers and newborns from, and treating them for, complications of pregnancy and childbirth.

■ Increasing community resilience to communicable diseases.

Toward these outcomes and while prioritizing ten core programmatic areas, CHAMPS actively leverages strategic partnerships and sectoral linkages at all levels.

APPROACH AND STRATEGY

Theoretical Framework
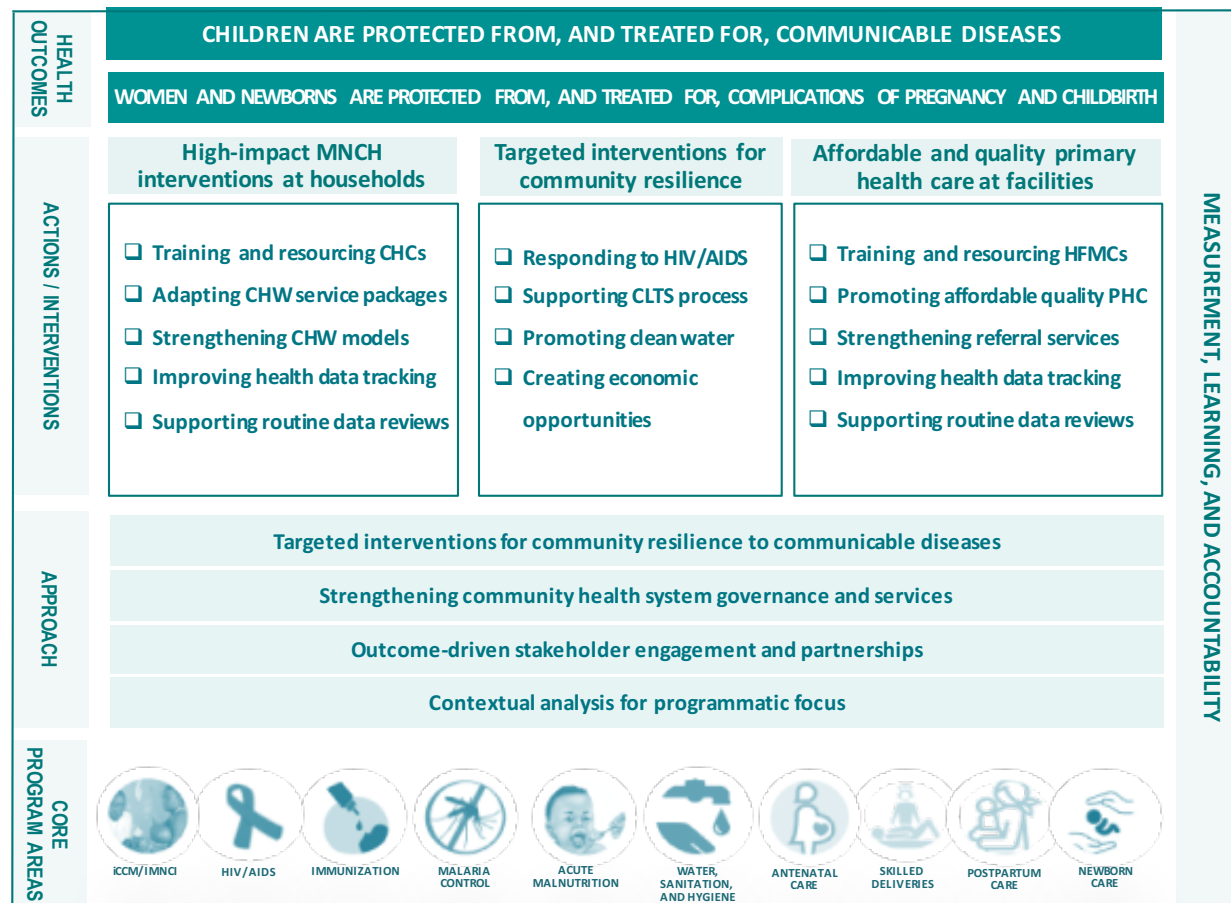
At the core of CHAMPS lies the crucial need for building local capacity for long-term community-driven health outcomes and impact. That is why, in its approach, CHAMPS is centered on the following key strategies:

- Contextual analysis for programmatic focus.

- Outcome-driven stakeholder engagement and partnerships building.

- Strengthening community health systems governance and services.

- Targeted interventions for community resilience to disease.

Context Analysis for Programmatic Focus

Acknowledging progress in his foreword note on the post-MDGs, Ban Ki Moon reiterated the call for tackling not only problems but their root causes if meaningful progress post-MDG is to be achieved[2]. The CHAMPS framework is designed with the mindset that durable change in health outcomes can be achieved only when root causes of issues are thoroughly identified, collectively analyzed, and addressed. Guided by the CHAMPS theory of change and informed by up-to-date data, contextual gap analyses allow CHAMPS teams and partners to set (or reset) the programmatic scope and focus for each setting to ensure maximum impact toward maternal and child health outcomes of highest priority.

Outcome-Driven Stakeholder Engagement and Sector Linkages

CHAMPS outcomes cannot be achieved by CMMB alone, or by any other NGO acting unilaterally; nor can they be achieved only through the aforementioned core programmatic areas. In other words, lasting community-driven change requires intentional partnerships and programmatic linkages with technical areas outside specific scopes of work. CHAMPS uses outputs from contextual analyses of root causes to map and engage stakeholders of outcomes outside its technical framework. Such stakeholders include local health leadership teams, other NGOs working within the geographic catchments, community leadership structures, and government technical departments. Leveraging the role of key actors ensures that critical sub-outcomes within CHAMPS impact pathways—sub-outcomes dependent on other sectors or stakeholders—are addressed.

Strengthening Community Health Systems Governance and Services

MAKING COMMUNITY HEALTH WORKER SYSTEMS FUNCTIONAL AND RESPONSIVE TO NEEDS

The western medical model, which relies on trained physicians to deliver health services to populations, both urban and rural, has long proved inadequate in meeting health care needs in lower- and middle-income countries[3]. Despite global consensus on the vital role of community health workers (CHWs) in extending primary health care to the last mile, many countries continue to lack coherent policies on, or approaches to, CHW systems that both integrate strong monitoring and evaluation and community leadership capacity, and are integral to formal primary health care systems. Guided by decades of global evidence and recommendations on the key pillars for ensuring resilience and responsiveness to needs, the CHAMPS strategy on community health systems strengthening focuses on improving CHW systems service delivery and governance.[4]

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[2] Department of Economic and Social Affairs, United Nations Secretariat, *The Millennium Development Goals Report.*

[3] Henry Perry and Lauren Crigler, editors, and Steve Hodgins, Technical Advisor, *Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policymakers* (n.p.: Maternal and Child Health Integrated Program, Jhpiego, 2014), http://pdf.usaid.gov/pdf_docs/pa00jxwd.pdf.

[4] *Strengthening Primary Health Care through Community Health Workers: Investment Case and Financing Recommendations (n.p., World Health Organization, 2015),* http://www.who.int/hrh/news/2015/CHW-Financing-FINAL-July-15-2015.pdf.

Building Health Committee Capacity for Community Health System Governance

One of the essential pillars of a functional and responsive CHW system is governance. Community health systems require the community not only to be engaged but also to lead.[5] Yet weak governance capacity in the community, or a simple lack of health leadership structures, cripple many CHW programs—most specifically in resource-poor settings. Even in locations where some focus is given to improving CHW system management capacity, community health committees—sometimes also known as health facility management committees—may lack sufficient technical understanding of CHWs, their supervisors' work, or staff performance criteria; and in any case, these committees—as government-sanctioned community structures—remain critically underfinanced.

CHAMPS prioritizes the strong capacity of health committees to supervise and manage CHW programs, with emphasis on creating and strengthening accountability mechanisms through routine community health data analyses, performance reviews, and data-driven decision making. A review of national guidelines and a functionality assessment are conducted, a priori, to inform the scope of work, performance monitoring, and training content for committee members. Additionally, and recognizing the critical value of community health committees and the scope and time demands of their roles, CHAMPS integrates economic empowerment initiatives into its governance capacity-building portfolios as a sustainable incentive scheme.

Strengthening Community Health Workers Systems

The scope of challenges that can undermine the performance of a CHW program is broad and complex, ranging from operational and human resource-related factors to systemic and technical design issues. Foundationally, CHW systems must be designed to respond to specific, measurable, attainable, and realistic needs within the context of a primary health care system.

The CHAMPS approach to CHW systems strengthening is built on globally endorsed programmatic principles and focuses technical design alignment to outcomes. CHW tasks[6] are formulated to address gaps derived from the outcome-driven analyses conducted as part of the CHAMPS strategic approach; and the overall CHW program portfolio articulates itself around addressing those gaps. CHAMPS prioritizes the integration of a monitoring and evaluation system capable of generating accurate, user-friendly household-level data; a mentoring and coaching approach to CHW supervision; targeted CHW refresher trainings informed by supervision data; and program data that is routinely reviewed and disseminated with catchment health committees.

SUPPORTING AFFORDABLE AND QUALITY PRIMARY HEALTH CARE AT FACILITIES

In 2015, twice as many children under five from poorer households died than children under five from wealthier households.[7] Such a trend underscores the critical need to address well-documented systemic barriers to primary health care, and provides the basis for the world's renewed commitment to attaining "universal health

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[5] WHO Study Group on Community Health Workers, *Strengthening the Performance of CHW in Primary Health Care* (Geneva: World Health Organization, 1989), http://apps.who.int/iris/bitstream/10665/39568/1/WHO_TRS_780.pdf.

[6] CMMB, "CHW Service Package" [Power Point slide], n.d.

[7] Department of Economic and Social Affairs, United Nations Secretariat, *The Millennium Development Goals Report.*

coverage, including financial risk protection, access to quality essential health care services . . . for all."[8] The CHAMPS approach to strengthening the delivery of primary health care services for achieving this goal focuses on two key pillars.

Building Facility Health Management Committee Capacity

In settings where national community health guidelines call for facility health oversight by committee structures separate from community health committees, CHAMPS' strategy provides governance capacity building for such committees. Thus, additional focus is put on ensuring not only that the roles and responsibilities are internally clear, specific, and mastered, but also that routine management activities are appropriately articulated with other committee structures or community groups.

Supporting Key Pillars for Access to Universal Primary Health Care at Facilities

CHAMPS recognizes that universal health coverage cannot be achieved unless services are both physically accessible and financially affordable.[9,10] Leveraging partnerships with national and local health leaderships, CHAMPS works to ensure that staffing levels are adequate to provide affordable, skilled birth deliveries and that these levels are maintained with reliable permanence. Depending on the setting and needs, this may require adaptive staffing support, referral logistics strengthening, and point-of-care fee alleviation in accordance with standing national guidelines. For instance, for almost every CHAMPS, supporting universal primary care access at facilities will entail promoting free access to quality services for maternal, neonatal, and child health; and supporting 24/7 access to emergency referral transport and primary health care operations.

Targeted Interventions for Community Resilience to Disease

Although community health service delivery and governance are critical blocks in health care systems strengthening[11], achieving health outcomes requires the effective mitigation of broader social determinants of health and in ways that make communities more resilient to morbidity. That is why, in addition to its central focus on community-driven primary health systems strengthening, CHAMPS implements interventions intentionally designed to positively affect health outcomes and toward achieving maternal and child health goals, through other key causal pathways.   Among other such interventions are the strengthening of HIV/AIDS services; creative livelihood activities to expand economic opportunities; increasing household-level access to potable water through harvesting or purification; and improving sanitation through a community-led process to total sanitation.

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[8] United Nations, *Transforming Our World: The 2030 Agenda for Sustainable Development* (New York: United Nations, 2015), https://www.un.org/pga/wp-content/uploads/sites/3/2015/08/120815_outcome-document-of-Summit-for-adoption-of-the-post-2015-development-agenda.pdf.

[9] David B. Evans, Justine Hsu, and Ties Boerma, "Universal Health Coverage and Universal Access," *Bulletin of the World Health Organization* 91 (2013): 546–546A, doi: http://dx.doi.org/10.2471/BLT.13.125450.

[10] Peter M. Macharia, Paul O. Ouma, Ezekiel G. Gogo, Robert W. Snow, and Abdisalan M. Noor, "Spatial Accessibility to Basic Public Health Services in South Sudan," *Geospatial Health* 12 (2017), no. 1: 510, doi:10.4081/gh.2017.510.

[11] World Health Organization, *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes, WHO's Framework for Action* (Geneva: WHO Press, 2007), http://www.who.int/healthsystems/strategy/everybodys_business.pdf.

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