

Institutionalizing Community Health Conference

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Case studies of CHWs in emergencies

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unite for
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Background

- Community health for resilience and emergency response

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- Little evidence or documentation

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- Little evidence or documentation
- 5 country case studies
- Mixed methods studies
- CHWs providing CCM + other MNH services
- Implemented/supported by NGOs



Ebola in Guinea, Liberia, Sierra Leone

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“During the early time of the outbreak...We kept our distance from our CHW because of fear driven by the suspicion that...our CHW might have been given some chemicals or drugs that he may put in our well water...with the goal of infecting the entire population in the village with Ebola. After some time, we came to understanding that our CHW was our son. His mother and father are here. He was born here and his family would be amongst the victims. So based on this analysis, we decided to come back to him and work together with him to stop the spread of Ebola.

- Community leader, Guinea

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“Many community workers that were chosen outside the communities were beaten and chased away, but when we selected CHWs from within the communities, they were accepted and our messages were accepted since these CHWs were trusted family members. Through the CHWs we were able to locate and get hold of suspected Ebola patients who had run away out of fear because they are part of them as family members, making it easier for the CHWs to know where they had hidden themselves.

- National-level stakeholder, Guinea

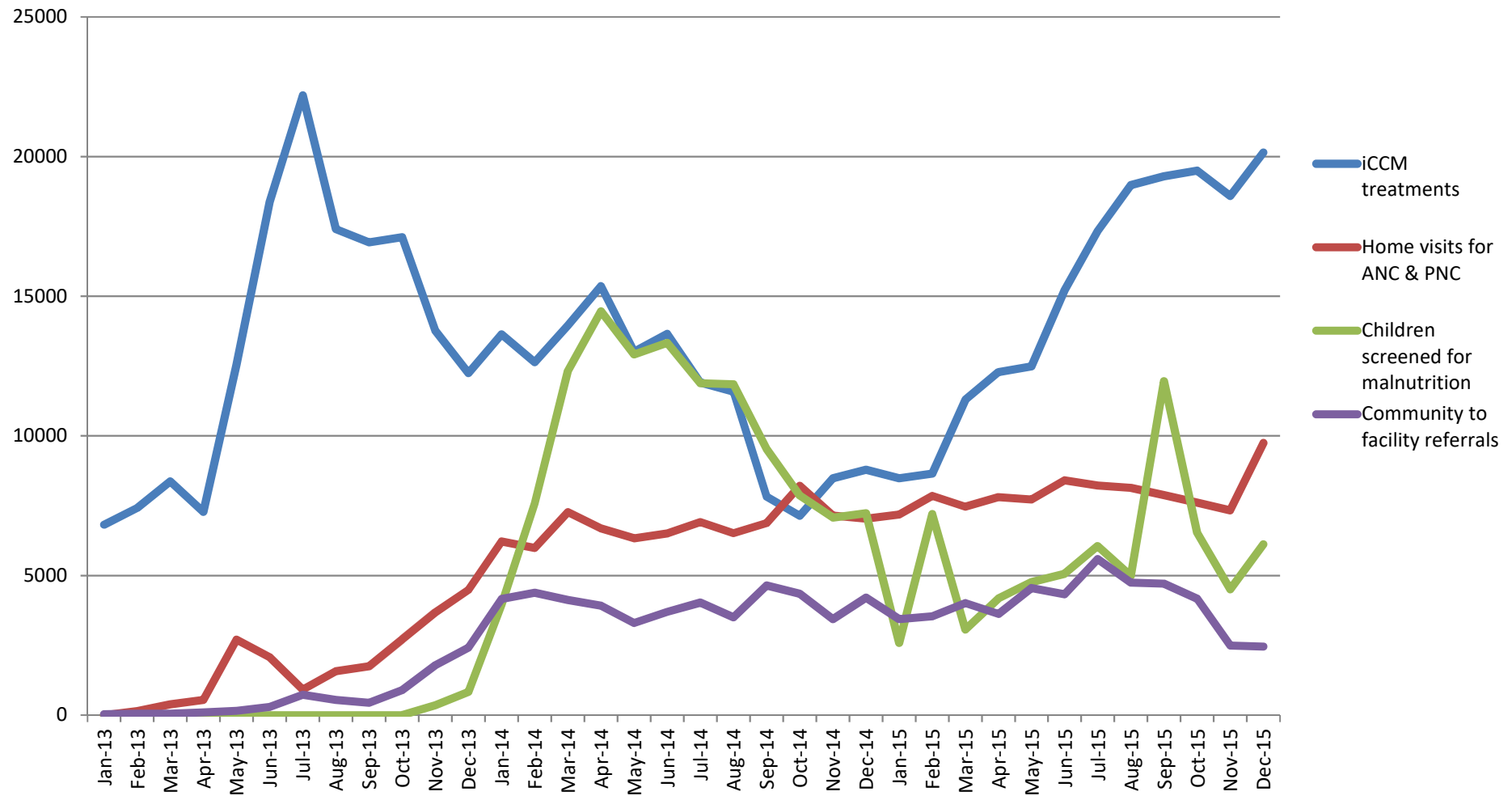
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- TBAs & traditional healers not engaged

Community-based MNCH activities in Kenema, Tonkolili, Kailahun, and Bombali Districts (aggregated), Sierra Leone, Jan 2013 - Dec 2015





Conflict in South Sudan

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“The CBDs hide medicine in the water in bag. They are going with us. They give drug under trees.”

- Community member

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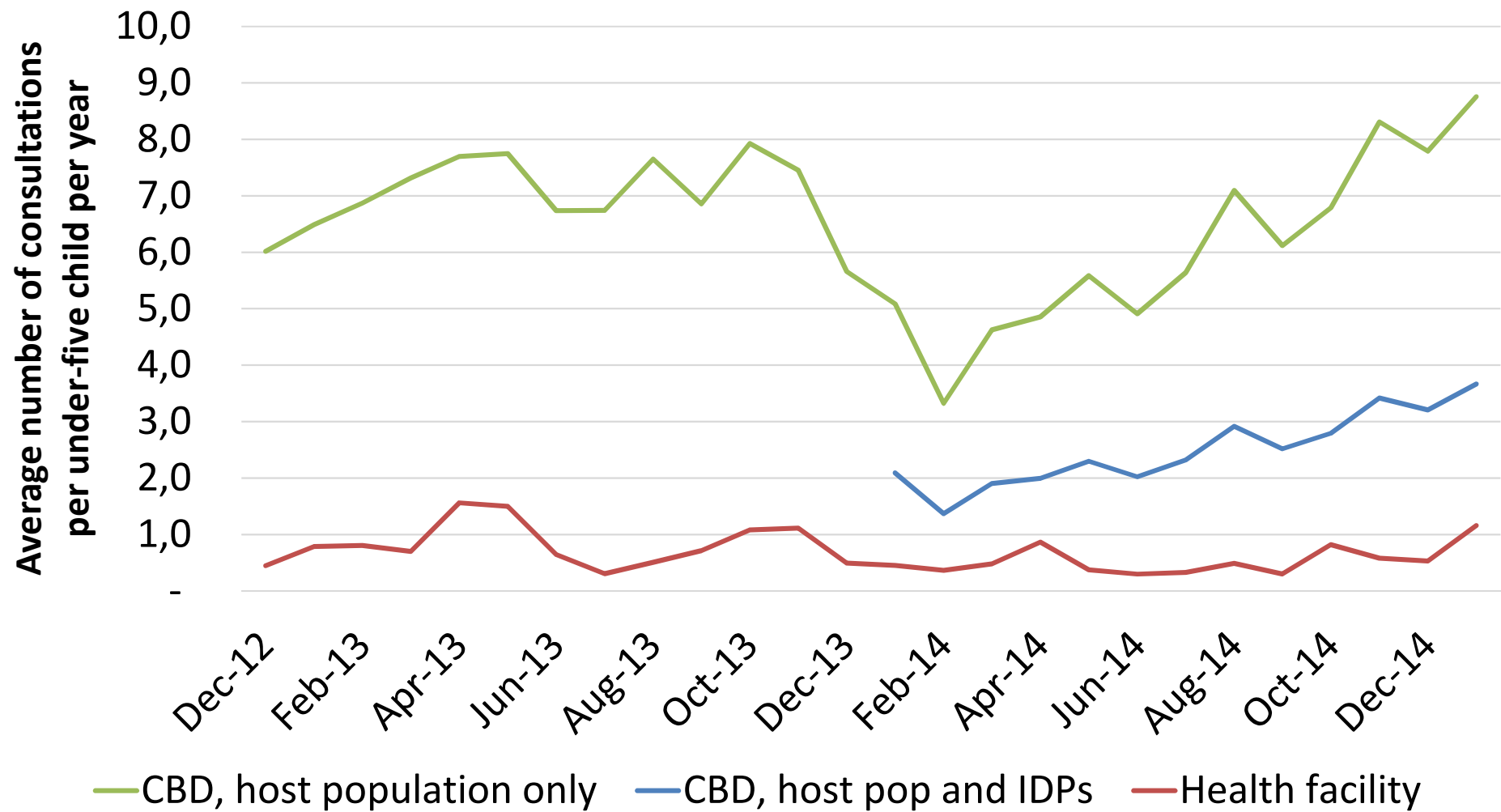
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- **CHWs treated many more children than HFs**

iCCM consultations, Payinjiar County, South Sudan, Dec 2012 - Dec 2014





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- CHWs traveled to reach households and set up temporary clinics

“I could not provide treatment from the community clinic because they could not come here. I communicated with the community groups and discussed with them about this. I took the permission to sit on a specific house and informed the community through the speaker system...[They] arranged a small boat for me so that I could move or go to the place where there was an immediate need.”

- CHCP

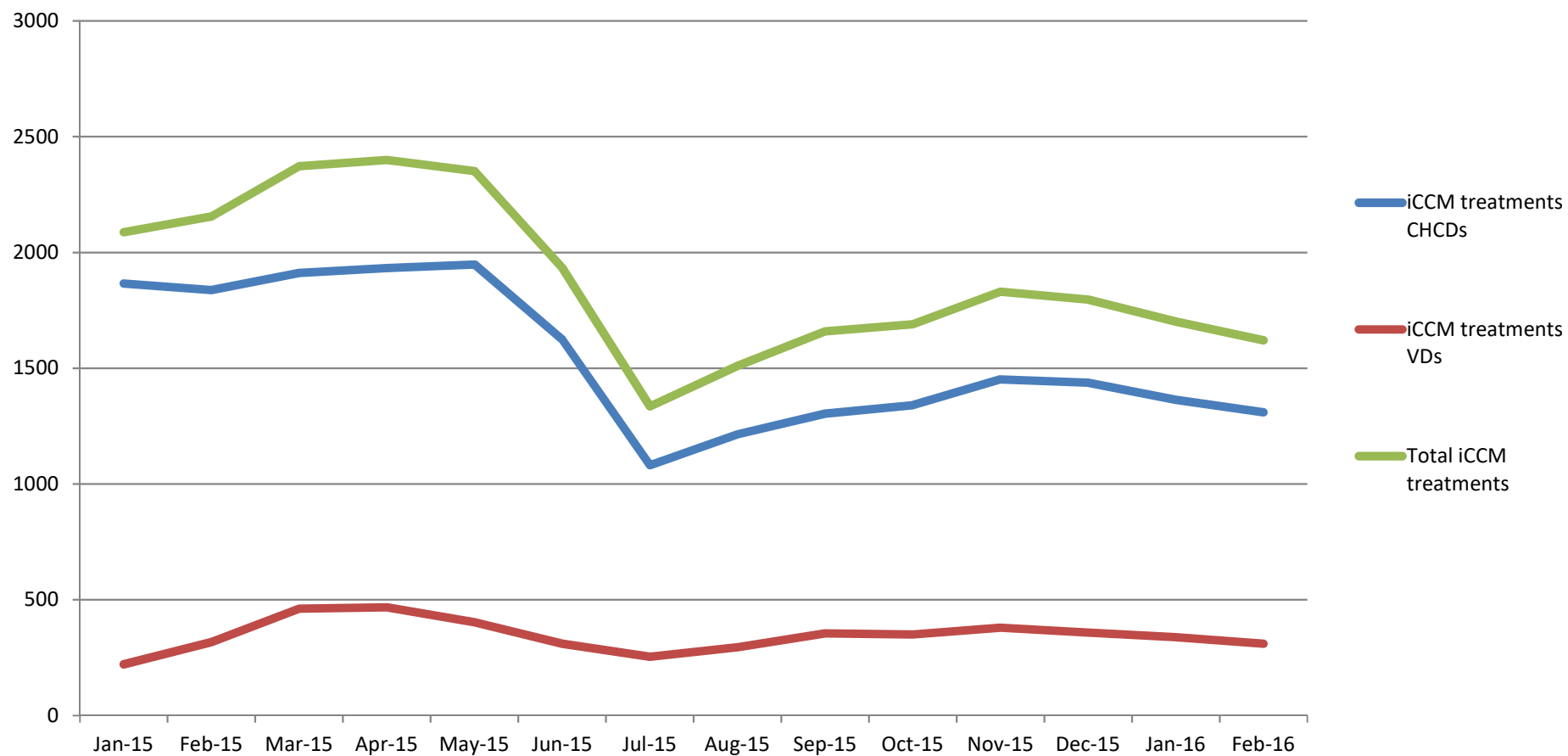
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- Village doctors bought extra drug stocks, identified safe storage

iCCM treatments, Bhola District, Barisal Division, Bangladesh, Jan 2015 - Feb 2016



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- Need continued support from gov't/NGOs
- Need clear policies and guidance
- Local actors are key to effective response
- Plan for predictable crises
- **Need evidence of impact and guidelines**

Acknowledgements

- International Rescue Committee - South Sudan
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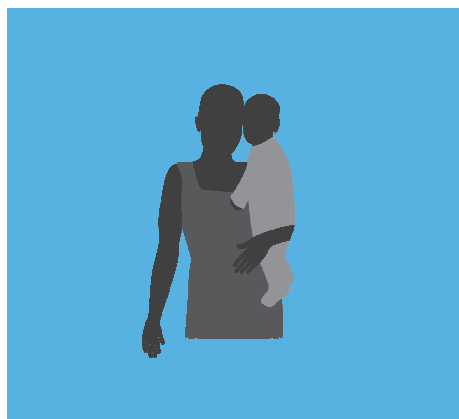
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