Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa

#HealthForAll
ichc2017.org
Case studies of CHWs in emergencies

Nate Miller
UNICEF NY
Background

• Community health for resilience and emergency response
Background

- Community health for resilience and emergency response
- Little evidence or documentation
Background

- Community health for resilience and emergency response
- 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

- CHWs continued to provide MNCH services only when supported
Ebola in Guinea, Liberia, Sierra Leone

- CHWs continued to provide MNCH services only when supported
- Widespread mistrust of health system
“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
Ebola in Guinea, Liberia, Sierra Leone

- CHWs continued to provide MNCH services only when supported
- Widespread mistrust of health system
- Local structures were key to gaining trust
Ebola in Guinea, Liberia, Sierra Leone

- CHWs continued to provide MNCH services only when supported
- Widespread mistrust of health system
- Local structures were key to gaining trust
- Having pre-existing CHWs from community improved response
“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
Ebola in Guinea, Liberia, Sierra Leone

- CHWs continued to provide MNCH services only when supported
- Widespread mistrust of health system
- Local structures were key to gaining trust
- Having pre-existing CHWs from community improved response
- Lack of clear policies and coordination, late engagement of CHWs hurt response
Ebola in Guinea, Liberia, Sierra Leone

- CHWs continued to provide MNCH services only when supported
- Widespread mistrust of health system
- Local structures were key to gaining trust
- Having pre-existing CHWs from community improved response
- Lack of clear policies and coordination, late engagement of CHWs hurt response
- TBAs & traditional healers not engaged
Community-based MNCH activities in Kenema, Tonkolili, Kailahun, and Bombali Districts (aggregated), Sierra Leone, Jan 2013 - Dec 2015

- iCCM treatments
- Home visits for ANC & PNC
- Children screened for malnutrition
- Community to facility referrals
Conflict in South Sudan

• International staff evacuated
Conflict in South Sudan

- International staff evacuated
- Initial drop in CHW services when people fled
Conflict in South Sudan

• International staff evacuated
• Initial drop in CHW services when people fled
• CHWs moved with communities and continued treating
“The CBDs hide medicine in the water in bag. They are going with us. They give drug under trees.”

- Community member
Conflict in South Sudan

- International staff evacuated
- Initial drop in CHW services when people fled
- CHWs moved with communities and continued treating
- Treated displaced and host communities
Conflict in South Sudan

- International staff evacuated
- Initial drop in CHW services when people fled
- CHWs moved with communities and continued treating
- Treated displaced and host communities
- Local supervisors found CHWs to provide drugs
Conflict in South Sudan

• International staff evacuated
• Initial drop in CHW services when people fled
• CHWs moved with communities and continued treating
• Treated displaced and host communities
• Local supervisors found CHWs to provide drugs
• Increased caseload with IDPs
Conflict in South Sudan

- International staff evacuated
- Initial drop in CHW services when people fled
- CHWs moved with communities and continued treating
- Treated displaced and host communities
- Local supervisors found CHWs to provide drugs
- Increased caseload with IDPs
- CHWs treated many more children than HFIs
Average number of consultations per under-five child per year

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

- CBD, host population only
- CBD, host pop and IDPs
- Health facility
Flooding in Bangladesh

- Reduced access to services
Flooding in Bangladesh

- Reduced access to services
- CHWs continued providing services
Flooding in Bangladesh

- Reduced access to services
- CHWs continued providing services
- Some decrease in caseload
Flooding in Bangladesh

- Reduced access to services
- CHWs continued providing services
- Some decrease in caseload
- 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
Flooding in Bangladesh

- Reduced access to services
- CHWs continued providing services
- Some decrease in caseload
- CHWs traveled to reach households and set up temporary clinics
- Supervisors and community communicated with CHWs by phone
Flooding in Bangladesh

- Reduced access to services
- CHWs continued providing services
- Some decrease in caseload
- CHWs traveled to reach households and set up temporary clinics
- Supervisors and community communicated with CHWs by phone
- Village doctors bought extra drug stocks, identified safe storage
iCCM treatments, Bhola District, Barisal Division, Bangladesh, Jan 2015 - Feb 2016
Conclusions

• CHWs can continue providing services
Conclusions

• CHWs can continue providing services

• Accessed displaced and hard-to-reach populations
Conclusions

- CHWs can continue providing services
- Accessed displaced and hard-to-reach populations
- Need continued support from gov’t/NGOs
Conclusions

• CHWs can continue providing services
• Accessed displaced and hard-to-reach populations
• Need continued support from gov’t/NGOs
• Need clear policies and guidance
Conclusions

• CHWs can continue providing services
• Accessed displaced and hard-to-reach populations
• Need continued support from gov’t/NGOs
• Need clear policies and guidance
• Local actors are key to effective response
Conclusions

- CHWs can continue providing services
- Accessed displaced and hard-to-reach populations
- Need continued support from gov’t/NGOs
- Need clear policies and guidance
- Local actors are key to effective response
- Plan for predictable crises
Conclusions

• CHWs can continue providing services
• Accessed displaced and hard-to-reach populations
• 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
• Save the Children - Bangladesh
• Anthrologica Ltd. - Guinea, Liberia, Sierra Leone
• UNICEF country offices - Guinea, Liberia, Sierra Leone
• MoH - Guinea, Liberia, Sierra Leone, South Sudan, Bangladesh