



30x30 Health Systems Initiative

Final Submission (Qualitative)

Reporting period: July 2022 - June 2023

1. What are the most significant changes you are seeing as a result of your work?

The CSPE (Child Survival Program Expansion) Fund has brought highly effective and low-cost interventions to 411 target communities by improving access to services and by understanding and addressing sociocultural norms and perceptions that keep the families from adopting practices that ensure health and growth. The focus is on the first 1,000 days of life (from conception to a child's second birthday), which is the critical window of opportunity to improve the survival and nutrition of mothers and young children. Programming focuses on targeted needs identified through initial surveys that uncover issues specific to the area and the reasons why mothers and families are not implementing food health practices. A targeted strategy related to the specific behavior changes desired is then laid out, focusing on care during pregnancy, safe delivery, postnatal care, child and family health, sanitation and hygiene, and family planning.

2. What were the most important activities or resources, you implemented that have made this change happen?

World Renew's local partners use participatory approaches to then mobilize communities to form groups of mothers, and train and support local community health volunteers (CHVs) who are from the targeted communities to counsel these women and their families and to conduct group discussion sessions; since 2014, 2,641 CHVs have been trained and supported. Efforts to change behaviors also reach men, and community-wide health promotion aims to create a supportive environment. Staff also collaborate with local public health services to coordinate and ensure the delivery of services to the target communities. The approach also helps support the adoption of complementary project interventions which improve the health and nutrition of families, such as kitchen gardening, planting of fruit trees, and cooking lessons.

3. How are these programs contributing or complementing the national health systems or country health initiatives? (In terms of structure, systems, programs, policies, and health improvement)

All programs work to link communities and pregnant and lactating women to their local health centers or Government centers. In Bangladesh, the CHVs are part of the health department meetings and also the Government staff help to ensure that people come to community clinics. People s Institution leaders network with the

government health centers for accessing their health services for the children and pregnant mothers and participated in campaigns organized by the local government and for participants to receive services for ANC, micro nutrients, vitamin-A and other required treatment. As a result of this networking, mothers and children are receiving health services from the skilled health personnel and 96.9% of mothers of under 2 children received counselling support from the health centers. In Kenya, the CHVs are a formal part of the health system even though they are volunteers. In Kenya the project facilitated the Health outreach sessions with facility Ministry of health staff which ensured that beneficiaries received all antenatal, postpartum and child health services. The County Health Department provided the immunization antigens, deworming tablets as well as Vitamin A and Nutritional supplements to be used during the health outreach sessions. The linkages this program makes are an important part of our approach and help with program sustainability and ensuring we are working with the existing systems and structures.

4. What are the key lessons learned (the positives and negatives) which could be useful for other organizations for possible replication and scale up?

Overall, improvements in MNCH practices have been observed in all 331 communities currently participating in the CSPE program, with evidence of spread into neighboring communities as well. This uptake outside of participating communities confirms that the program design is working, which is encouraging for staff and SHWs, and supports the case for further replication of this highly-effective and low-cost programming. All programs work to link communities and pregnant and lactating women to their local health centers or Government centers. In Bangladesh, the CHVs are part of the health department meetings and also the Government staff help to ensure that people come to community clinics. People's Institution leaders network with the government health centers for accessing their health services for the children and pregnant mothers and participated in campaigns organized by the local government and for participants to receive services for ANC, micro nutrients, vitamin-A and other required treatment. As a result of this networking, mothers and children are receiving health services from the skilled health personnel and 96.9% of mothers of under 2 children received counselling support from the health centers. In Kenya, the CHVs are a formal part of the health system even though they are volunteers. In Kenya the project facilitated the Health outreach sessions with facility Ministry of health staff which ensured that beneficiaries received all antenatal, postpartum and child health services. The County Health Department provided the immunization antigens, deworming tablets as well as Vitamin A and Nutritional supplements to be used during the health outreach sessions. The linkages this program makes are an important part of our approach and help with program sustainability and ensuring we are working with the existing systems and structures.

5. If you have any interesting case studies, kindly share with us (optional)

