USAID's Child Survival and Health Grants Program integrates HIV/AIDS interventions with maternal and child health interventions to strengthen communities

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Background

The Child Survival and Health Grants Program (CSHGP) is a highly effective, dynamic partnership between USAID and international nongovernmental organizations (NGOs) that aims to substantially improve maternal, newborn, and child health (MNCH) outcomes by leveraging community-oriented programming to address major barriers to accessing health information and services. CSHGP supports the leadership role of NGOs to work with local government and civil society partners to expand and improve basic health services by delivering packages of low-cost, high-impact interventions along a continuum of care. Since 1985, CSHGP has funded 90 projects, distributed among the 31 countries indicated in Figure 1, that integrate HIV/ AIDS activities within MNCH or TB interventions. In addition to integrating interventions to maximize health impact, several NGOs have accomplished ‘diagonal integration’ by undertaking activities to strengthen different components of the health system in addition to HIV/AIDS and MNCH services.

Table 1. Service delivery platforms leveraged by NGOs

<table>
<thead>
<tr>
<th>Platform</th>
<th>Number of Projects (N=88)</th>
<th>Project Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal Care (ANC)</td>
<td>3</td>
<td>Antenatal counseling included HIV/AIDS prevention (Advocacy Development and Family Agency/USAID/Cambodia)</td>
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<tr>
<td>Community health Volunteers (CHVs)</td>
<td>10</td>
<td>CHVs (through CARE in Bangladesh) were trained to deliver messages to other mothers about risk reduction, recognizing symptoms, and screening demand for VCT when available and because making it accessible transformed standardized ANC/CD4/CD8/CD8 detection/MOH outreach</td>
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<tr>
<td>Community health Workers (CHWs)</td>
<td>6</td>
<td>CHWs trained in HIV and STIs (Project Hope/Philippines)</td>
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<tr>
<td>Health Center Staff</td>
<td>4</td>
<td>Health center staff were trained in syndromic management of STIs (Two the Children’s Health Fund/USAID)</td>
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<tr>
<td>Integrated Management of Childhood Illness (IMCI)</td>
<td>3</td>
<td>Health workers and CHWs were trained in IMCI to improve service delivery (Medical Care International/WHO/MIC)</td>
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<tr>
<td>Religious Leaders</td>
<td>2</td>
<td>Pastors were trained in ongoing education (Salvation Army World Service Organization/Health Affairs)</td>
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Diagonal Integration

At least five projects documented diagonal integration, which is the use of disease-specific funding to strengthen basic components of a health system. This is an overlooked accomplishment of NGO programming, which often strengthens local health systems inherently as it builds local capacity to deliver quality services; builds community capacity to address their health issue; and links communities to formal health services through community health workers and volunteers. Examples include: Africare/Ethiopia: Strengthened the health management information system and provided technical and logistical support to local public health services. The project’s baseline survey of community knowledge and behavior and health center functioning helped local authorities to identify problems. Africare worked with them to build skills in training health workers, conducting surveys, developing educational materials, and creating health plans with local municipalities, among others. MC/DI/Benin: Expanded coverage through volunteer mothers who helped health center staff to identify patients who would not come to the clinic and those needing ANC. Health center staff indicated that these volunteers helped improve attendance and quality of ANC, vaccination, and health center’s performance indicators overall.

Key lessons

1. Training religious leaders can be an effective strategy to reach a large number of people with health information. Religious institutions can play an important role in reducing stigma and leading community-based service provision for the sick and vulnerable. (Examples: ADRA/Cambodia and SAWOSI/South Africa)

2. Coordinating with parallel programs in an area can be effective and efficient for delivering services and for increasing knowledge in a population. This does not happen naturally but requires concerted effort and cooperation. (Examples: Health Right/Kenya and ADRA/Nicaragua)

3. Stakeholder input in program design can increase the local relevance of programming and the changes for sustaining program elements and health gains. (Examples: ChildFund International/Senegal and Africare/Ethiopia)

Conclusions

Diagonal integration is an important concept, but few NGOs documented such efforts clearly. As a relatively new concept it will take time to become widely recognized and understood. NGO programming with an inherent holistic approach and focus on sustainability can make valuable contributions to strengthening health systems. Efforts to improve documentation of health system inputs and results should be focused on NGOs.

Successful approaches to integrate HIV/AIDS messages and services with MNCH messages and services can yield increases in indicators in both health areas.

NGOs leverage various platforms to increase HIV/AIDS knowledge and have documented lessons learned about integrating HIV education and service delivery with MNCH education and service delivery. Improving documentation efforts and disseminating lessons widely will benefit practitioners concerned with HIV/AIDS, MNCH, and integration.

References

Biddle, C, et al. (2005). "Strengthening health services and improving MNCH outcomes through a child survival and health grants program: experiences from six countries in sub-Saharan Africa." MCHIP Program, USAID. The CSHGP web-based database was used to identify projects examples. Project documents, primarily final evaluation reports available online at www.mchipngo.net.

Acknowledgments

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