

Summary report on the

WHO-EM/CAH/200/E

Intercountry meeting on care for children in the community: a component of the maternal and child health acceleration plans

Alexandria, Egypt
27–29 April 2014



World Health
Organization

Regional Office for the Eastern Mediterranean

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Document WHO-EM/CAH/200/E/06.14

Contents

1.	Introduction	1
2.	Summary of discussions.....	2
3.	Recommendations	6

1. Introduction

The target year for Millennium Development Goal (MDG) 4 on under-five mortality reduction, 2015, is fast approaching. With only a little more than 600 days left and a reduction in under-5 deaths of 45% between 1990 and 2012, the World Health Organization (WHO) Eastern Mediterranean Region is unlikely to achieve the MDG 4 target of a 66% reduction by the year 2015. Among the factors responsible for the insufficient progress are inequitable access of the population to quality child care services, low coverage of cost effective interventions and suboptimal child health-related family and community practices.

To accelerate progress, a joint United Nations Population Fund (UNFPA)/United Nations Children's Fund (UNICEF)/WHO regional initiative on saving the lives of mothers and children was launched at a high-level meeting in Dubai, United Arab Emirates, in January 2013. The ensuing Dubai Declaration called for the development of maternal and child health acceleration plans by high-burden countries. Most of the MDG priority countries have included a community child care component in their maternal and child health acceleration plans.

In Member States with lower child mortality, community-based approaches remain important to promote the health of children and their well-being.

To support work in this area, WHO has designed an approach to caring for children in the community, including a framework for planning and monitoring, and training and monitoring tools. This approach will assist in bringing quality child care closer to the community, strengthen the initiative on saving their lives and improve family practices related to child health.

In this context, it was important to bring country child health/and integrated management of child health (IMCI) programme managers together with partners to review the community child care approach and plan for its implementation. The WHO Regional Office for the Eastern Mediterranean therefore held an intercountry meeting on care for children in the community in Alexandria, Egypt, from 27 to 29 April 2014.

The objectives of the meeting were to:

- present the current situation of community child care in different countries in the Region and share country-related experiences;
- review the regional community child care framework and tools;
- review the community component of the maternal and child health acceleration plans for the MDG priority countries and the child health plans of other countries in order to plan the way forward for the community approach within the plans.

The three-day meeting was attended by primary health care directors, IMCI/child health focal points from 10 countries in the Region, including five MDG priority countries, WHO staff from headquarters, regional and country levels, and partners including Management Sciences for Health (MSH), UNICEF and the World Bank.

2. Summary of discussions

Regional, global and country experiences of community child care approaches were presented and discussed, and complemented with partners' experiences in supporting child health community initiatives.

There was general consensus on the important role played by community-based child care in improving key family child health-related practices and access to child health care, and increasing coverage of effective interventions.

There is a risk of overburdening community health workers or volunteers with too many tasks and responsibilities, thereby adversely affecting the quality of their performance. There is therefore a need to have clear and specific terms of reference. Another issue is the high turnover of trained community health workers or volunteers, highlighting the need for policies to improve their retention including remuneration and motivation schemes. Creating effective links with the health system is another challenge.

Often, community health workers are seen as the solution to improving access to child care in areas which are more remote and have poor indicators and very limited access to health services; at the same time, these areas were often the most difficult to reach through the supportive system required to support the work of community health workers. This underlines the need for strong policies and plans to address all key issues from the inception.

There is fragmentation of community child care interventions which leads to duplication of work and sometimes inconsistencies. The linkages with the health system are often weak, in particular follow-up and supervision, which adversely affects the quality and sustainability of implementation.

There are inadequate and fragmented financial resources for the support of implementation of the community-based initiative in the medium- and long-term. Currently, this initiative is mainly donor-

dependent which affects its implementation and sustainability. Making financial resources available to support community initiatives in the mid- and long-term beyond a project-oriented time-limited approach is needed, calling for advocacy and resource mobilization initiatives at different levels.

Weak follow-up, monitoring and supervision, and often lack of evaluation, are other challenges. Evaluation is important for reviewing experiences and guiding scaling-up, as well as for advocacy and resource mobilization. Different ongoing country experiences and activities exist in community-based child care, but these are not always shared with concerned stakeholders and related information is not disseminated.

A key session was devoted to the framework for planning and implementation of the community child health care initiative developed by the Regional Office to assist countries in community health worker-based community initiatives. The framework addresses all key issues raised in the discussions. Its components were presented and reviewed by participants in detail in groups. This included enhancing a policy-supportive environment, planning and preparation, implementation, and monitoring and evaluation. Overall, participants found that the framework was written in a clear language, included all key elements and was a useful guide for countries. They made specific suggestions for the finalization of the framework document.

The session was followed by the presentation of the regional training package for community health workers on caring for sick children in the community. The training package provides a competency-based approach for capacity-building of community health workers. The materials are designed using simple language and technical

terminology for persons with little or no health background and with their pictorial design are also suitable for people with low literacy levels. The evidence-based guidelines cover the key conditions responsible for a substantial proportion of under-5 deaths, require only few medicines and supplies, and are compatible and consistent with the IMCI guidelines to enable a smooth link between the community and the primary health care facility level.

The training materials for the six-day course, for use both in in-service and pre-service training, include many facilitator aids and a combination of classroom and clinical sessions to expose participants to actual sick children and help them acquire the required skills in actual clinical settings. Versions have been developed for providers who are authorized to manage sick children by dispensing medicines and those who carry out only promotional tasks through counselling.

The training methods used are interactive and varied, making use of demonstrations, videos, short readings, exercises, role-plays, a photo booklet and games. The facilitator guide assists in the preparation and conduct of the course, while a participant manual summarizes key points for each session.

Three countries have so far used the materials after adaptation. Egypt presented its recent experience in the adaptation of the materials, highlighting the need for allocating adequate time to the process.

Finally, a session was devoted to the community component of the maternal and child health acceleration and child health plans, which were summarized in a regional overview. Country teams reviewed and introduced changes based on the guiding principles provided in the regional framework and identified the next steps.

4. Recommendations

To Member States

1. Finalize comprehensive plans on community-based child care in coordination with other relevant stakeholders and share them with WHO and partners. These plans should include activities beyond awareness raising and training.
2. Ensure coordination between different stakeholders (including communities) and partners in order to have one plan for community child care to avoid fragmentation, duplication of work and inconsistencies.
3. Consider community health workers, whether paid or volunteer, as part of the health system and fully support them.
4. Review the terms of reference of community health workers so that they become focused and specific with a clear monitoring plan.
5. Address the quality of community health worker training focusing on competency-based methods.
6. Address strengthening and ensuring linkages with different levels of the health system, in particular for supervision, within the local context.
7. Include evaluation as part of the overall implementation plan and conduct it after reasonable coverage has been achieved.

To WHO and partners

8. Facilitate policy dialogue to ensure that all the priority countries have policies to support implementation of community-based child care in accordance with the regional framework.

9. Finalize the regional framework on community child care based on the discussions and share it with countries.
10. Coordinate with partners in providing technical support to the development of policies, and the implementation and monitoring of the maternal and child health acceleration plans.
11. Assist countries in advocating and mobilizing resources for the community child care initiative and the implementation of the plans.
12. Provide the required technical support to countries in the adaptation of the regional training package.
13. Facilitate documentation and sharing of best practices.



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