A global framework for integrating community-based maternal, newborn, and child health strategies into existing health systems: Revaluing the role of international non-governmental organizations

Study Aims
- Demonstrate that international non-governmental organizations (INGOs) play a strategic role in the large-scale impact of community-based maternal, newborn, and child health (MNCH) initiatives.
- Introduce a novel conceptual framework that depicts three primary pathways through which INGOs catalyze the integration of community-based approaches to improving MNCH at the district, national, and global levels.
- Illustrate the practical application of these three pathways through six case studies from multiple INGOs.
- Deduce the primary drivers that were found to be critical for successful INGO integration.

Background
- INGOs have historically served as implementing organizations for community-based health programs in countries that lack the capacity and infrastructure to adequately address preventable causes of maternal and child mortality.
- There has been a renewed call for INGOs to shift from direct service delivery to a model that leverages their strengths and experiences to influence health systems and increase impact at scale.
- This study conceptualizes scale as the integration of community-based MNCH strategies into existing public or private structures and systems at the district, national, or global level.
- This form of scale has the potential to create an environment for long-term, country-led impact by building upon the assets of INGOs, including their global networks, continuity within communities, subject-matter expertise, and political influence.

Methods
- The conceptual framework is based on practical experiences of as well as current literature on scale-up, implementation science, and evidence-informed policy making.
- Six case studies are used to illustrate the operationalization of the three pathways discussed in the conceptual framework.
- The cases represent six countries from three regions (Latin America and Caribbean, sub-Saharan Africa, and South Asia) and six INGOs ranging in size from small to large.

Conceptual Framework

Policy-enabling environment
Created by prior advocacy or timely “policy windows”

Drivers for integration
- “Learning for leverage” by demonstrating program effectiveness
- “Joint venturing” through like-minded partnerships

Guiding institutions: INGOs
Change institutional norms and provide a platform for effective collective action

Integration of community-based maternal, newborn, and child health service delivery, prevention and promotion strategies into existing public or private structures and systems at the district, national, or global level.

Working Definitions
- **Policy windows**: Opportunities when political priorities align favorably with a particular MNCH issue.
- **Guiding institutions**: Organizations with a mandate to lead MNCH initiatives and catalyze health systems change.
- **Learning for leverage**: Using service delivery and other community-based health strategies as sources of experimentation, innovation, and demonstration to influence changes in health systems.
- **Thought leadership**: Capturing and diffusing lessons learned to advance better ways of solving MNCH challenges.
- **Joint venturing**: Working in partnership with other organizations to demonstrate the efficacy of a MNCH project.
- **Changing institutional norms**: The ability to influence district, national, or global decision-makers so that they actively give attention to an issue that may have not been a priority in the past.
- **Effective collective action**: Unifying the policy community and harnessing the power of decision-makers to provide resources for a MNCH issue of political importance.

Conclusions
- **Learning for leverage**: INGOs demonstrate the program effectiveness of new innovations that can influence changes in the health system through adaptation of research into policy and practice.
- **Thought leadership**: INGOs capture and diffuse lessons learned to other health and non-health partners through training, information sharing, and collaborative learning.
- **Joint venturing**: INGOs work in partnership with other organizations to demonstrate the efficacy of a project and use their collective voice to influence decision makers.
- **Six key drivers for integration were identified:**
  - Strategic responsiveness to national health priorities over time;
  - Partnership with policymakers and other stakeholders;
  - Community ownership and involvement;
  - Monitoring and use of data;
  - Diversification of financial resources; and
  - Longevity of efforts.
- We propose that this framework can contribute to program planning and policy making for the scale-up of community-based health strategies by offering a process for incorporating the assets of INGOs as health and development partners.

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Case Studies

<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>Pathway</th>
<th>Description</th>
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<tbody>
<tr>
<td>Peru</td>
<td>Future Generations</td>
<td>Learning for Leverage</td>
<td>Future Generations helped pass a law formalizing community co-management of primary health care while piloting the Local Health Administration Committee (or CLAS) management model to demonstrate the value of integrating strengthened health systems with communities.</td>
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<td>Bangladesh</td>
<td>CARE</td>
<td>Learning for leverage</td>
<td>CARE was able to demonstrate an increase in service utilization and a decline in maternal mortality through the Community Support System strategy, which established community support groups to identify and track all pregnant women, ensuring their access to essential maternal health services.</td>
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<tr>
<td>Haiti</td>
<td>Haitian Health Foundation</td>
<td>Thought leadership</td>
<td>IHP has succeeded in demonstrating the feasibility of community-based treatment for pneumonia to the Ministry of Population and Public Health, as well as training other organizations in implementation and assessment of community-based treatment programs.</td>
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<td>Nepal</td>
<td>Helen Keller International</td>
<td>Thought leadership</td>
<td>HKI’s Action Against Malnutrition through Agriculture project was a nutrition-friendly agricultural strategy to reduce malnutrition in women and young children that used collaborative planning at the national and local levels to address food security problems through multi-sectoral strategies.</td>
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<td>Rwanda</td>
<td>Consortium led by Concern Worldwide</td>
<td>Joint venturing</td>
<td>Building on the results of a home-based management of malaria pilot program by adding pneumococcal and diarrhea treatment, this consortium of three INGOs was able to roll-out integrated community case management for all three diseases in six districts by 2008 and made significant contributions towards national scale-up by 2010.</td>
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<tr>
<td>Senegal</td>
<td>Consortium led by ChildFund International</td>
<td>Joint venturing</td>
<td>Over the past fifteen years this consortium of six INGOs revitalized the “health hubs” initiative and helped it grow into a national program designed to reach rural and urban communities by working in synergy across geographic areas to increase service coverage and improve standards.</td>
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