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The Role of Community Structures in Health Systems in 22 of 25 USAID Priority Maternal and Child Health Countries: A Landscape Analysis of Existing Policies

April 2019

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Background and Purpose

Civil society and community groups can play a vital role in strengthening health systems, ensuring that citizens' health priorities and concerns are addressed and that services are equitable and delivered consistent with cultural expectations and within available resources. Among other things, community collective action from civil society and community groups can help improve health service demand, service quality (through social accountability and advocacy), and health outcomes and impact—all of which contribute to better health and development outcomes.¹

The Alma-Ata Declaration, the Ottawa Charter, among other international instruments, recognize community engagement as key to improving primary health care. As outlined in these instruments, the goal is for local groups from all parts of the community to work together to prevent disease and make healthy living options accessible. Countries have tried to translate these instruments into the reality of their community-based programming with varying degrees of success. However, sometimes community health programming places communities in a more passive role as the target of interventions, rather than participating in the development and implementation of interventions and making decisions that affect their own health. As has been well documented, community structures have the potential to expand access to and delivery of essential health services as well as promote healthy behaviors at the community level, particularly for mothers and children.

International Instruments That Outline the Importance of Community Collective Action

The fourth article of the **Alma-Ata Declaration (1978)** states, “people have the right and duty to participate individually and collectively in the planning and implementation of their health care,” and the seventh article states that primary health care “requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care.”

The **Ottawa Charter for Health Promotion (1986)** includes “strengthening community action” as one of its five action areas, stating, “Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies, and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership, and control of their own endeavors and destinies.”

The **WHO Framework on integrated people-centered health services (2016)** is framed around the idea that, “Integrated people-centered health services means putting the comprehensive needs of people and communities, not only diseases, at the center of health systems, and empowering people to have a more active role in their own health.”

¹ Shanklin D & Tan J. 2016. Literature Review: Civil Society Engagement to Strengthen National Health Systems to End Preventable Child and Maternal Death.

The Maternal and Child Survival Program (MCSP), a global United States Agency for International Development (USAID) project, advocates for institutionalizing community health as part of national health systems, strengthening the community health worker (CHW) workforce, and supporting community infrastructure in partnership with country governments and civil society organizations. MCSP undertook this landscape review to inform the provision of targeted technical assistance to its focal countries in their efforts to reduce child and maternal deaths and improve equitable access to health care. Specifically, MCSP sought to understand the importance of community participation and engagement as well as the roles and responsibilities of civil society² organizations (CSOs) and community groups³ in the existing national policies, plans, strategies, and guidelines of 22 MCSP focus countries.⁴ Overall, the landscape analysis aims to:

- Complement the individual country profiles contained in the Community Health Systems Catalog.
- Provide a cross-sectional reference point for the status of national policies that govern community-level groups or civil society in community health.
- Highlight the kind of guidance included in the policies concerning the role of community groups or CSOs.
- Inform ongoing development of community participatory approaches, policy and strategy design, scaling, and sustainability in the priority countries.

Methods and Data Sources

MCSP conducted this activity in collaboration with the USAID-funded project, Advancing Partners & Communities (APC), based on content from the 2017 update of the CHS Catalog database. The CHS Catalog is an online resource that is derived from a desk review of community health systems-related policy, guidelines, plans, reports, training curricula, and other publicly available documents pertaining to reproductive, maternal, newborn and child health (RMNCH) and nutrition.

The CHS Catalog is based on the WHO health systems framework and contains data from 25 countries deemed priority by USAID's Office of Population and Reproductive Health. MCSP and USAID's Strengthening Partnership Results and Innovations in Nutrition Globally (SPRING) project collaborated with APC to update and expand the 2014 version of the CHS Catalog by recommending additional content fields pertaining to RMNCH, plus nutrition and community engagement. APC developed data collection tools, and its in-country staff and consultants collected, extracted, and inputted data into online forms in 2016–2017. APC staff cleaned the data and shared it with MCSP in Excel for this analysis.

The specific questions about community engagement that MCSP developed and added to the APC data collection tool were:

- Are there any policies specific to the role of civil society in health?
- Are there any policies that specify the role of community groups in health service delivery or management?
- Is there policy guidance that delineates roles and responsibilities between community-level service providers and community groups?
- What kind of guidance is provided in the policies listed for each country?

² The World Health Organization defines civil society as a "social sphere separate from both the state and the market." The increasingly accepted understanding of the term civil society organizations is that of non-state, not-for-profit, voluntary organizations formed by people in the social sphere. This term is used to describe a wide range of organizations, networks, associations, groups, and movements that are independent from government and that sometimes come together to advance their common interests through collective action. More information on this definition can be found in *Civil Society and Health: Contributions and Potential (2017)* found at: <http://www.euro.who.int/en/publications/abstracts/civil-society-and-health-contributions-and-potential-2017>

³ Community groups are formal or informal groups that are made up of community members coming together to achieve a common goal (e.g., health facility committees, village/local development committees, women's groups, religious groups, etc.)

⁴ This landscape analysis of policy focused on key features of programs in 22 of the 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Maternal and Child Health and Nutrition for which data were available. Countries for which data were available included: Afghanistan, Bangladesh, Democratic Republic of the Congo, Ethiopia, Ghana, Haiti, India, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan (Punjab), Rwanda, Senegal, South Sudan, Tanzania, Uganda, and Zambia. Data were not available for Indonesia, Myanmar, and Yemen.

Data Analysis

The data were descriptive of policies and policy guidance around community structures in each focus country. MCSP technical experts conducted a cross-country comparison of the policy guidance to identify trends.

Limitations

This analysis is based on review of policy and related guidance for community structures in the 22 countries of interest, as collected by APC. Country policies and programs are dynamic, making it inevitable that some features will have changed since data collection. Additionally, some of the policies may have been updated and there may be other related policy;⁵ however, it was not listed because it did not fully meet the criteria for the questions listed during this assessment.

Findings

Table 1 provides an overview of the national-level policy and policy guidance related to community structures for each of the 22 countries in this study. Most countries (20 of the 22) have policy guidance regarding the role that civil society organizations can play.⁶ Sixty-eight percent of the countries (15 of 22) have policy guidance that specifies the role of community groups in health service delivery or management. Additionally, 20 of 22 countries have policy guidance that specifies the roles and responsibilities between community-level service providers and community groups.⁷

Table 1. Overview of Policy That Includes Community Structures for 22 Priority Maternal and Child Health Countries

Country	Name of Policy	What Is Included		
		Policy specific to the role of civil society in health	Policy that specifies the role of community groups in health service delivery or management	Policy guidance that specifies the roles and responsibilities between community-level service providers and community groups
Afghanistan	Basic Package of Health Services for Afghanistan, 2010	•		•
	Community Based Health Care Strategy, 2015-2020	•		•
Bangladesh	Health, Population & Nutrition Sector Strategic Plan, 2011-2016, Third Draft	•		•
Dem Rep of Congo	Procedural Manual for Community Structures and Approaches (Manuel des procédures des structures et approches communautaires), 2016	•		•

⁵ For a full list of key policies and strategies for each country in the Community Health Systems Catalog go to: <https://www.advancingpartners.org/resources/chsc/references>.

⁶ Nepal and Zambia do not have policy regarding the role that civil society organizations can play.

⁷ Liberia and Pakistan (Punjab) do not have policy guidance that specifies the roles and responsibilities between community-level service providers and community groups.

What Is Included				
Country	Name of Policy	Policy specific to the role of civil society in health	Policy that specifies the role of community groups in health service delivery or management	Policy guidance that specifies the roles and responsibilities between community-level service providers and community groups
Ethiopia	Health Sector Development Program IV 2010-2015; Health Sector Transformation Plan, 2016-2020	•		
	Health Service Extension Programme, Health Extension Program Implementation Guidelines, 2012		•	•
Ghana	National Health Policy, 2007	•		
	Community-Based Health Planning and Services Operational Policy, 2005		•	•
	National Community-Based Health Planning and Services Policy, 2016		•	•
Haiti	Master Plan for Health (Plan Directeur de Santé), 2012-2022	•		
	Organization of Community Health Care (Modèle d'Organisation de la Santé Communautaire), 2015		•	•
India	Community Action for Health (User manual, manager's manual)	•		
	Handbook for Village Health Sanitation & Nutrition Committee (no date)	•		
	Guidelines for Community Process, 2013		•	•
Kenya	Health Policy, 2014-2030; Health Sector Strategic & Investment Plan (2013-2017) Strategy for Community Health (2014-2019)	•		
	Community Health Volunteers Basic Modules Handbook, 2013		•	•
	Training Community Health Committees in Kenya Curriculum & Trainer's Manual, 2013		•	•
	Strategy for Community Health, 2014-2019		•	•
Liberia	National Health and Social Welfare Policy and Plan, 2011-2021	•		
	Revised National Community Health Services Policy, 2016-2021	•	•	

		What Is Included		
Country	Name of Policy	Policy specific to the role of civil society in health	Policy that specifies the role of community groups in health service delivery or management	Policy guidance that specifies the roles and responsibilities between community-level service providers and community groups
Madagascar	National Community Health Policy Implementation Guide (Guide de mise en œuvre de la politique nationale de santé communautaire), 2014	•		•
	National Community Health Policy (Politique nationale de la santé communautaire), 2009		•	
Malawi	Health Sector Strategic Plan, 2011-2015	•		•
Mali	SEC National Implementation Guide (SEC : Guide national pour la mise en œuvre), 2015	•		•
Mozambique	Estratégia Nacional de Promoção de Saúde 2015–2019 (National Health Promotion Strategy)	•		
	Programa de Revitalização dos Agentes Polivalentes Elementares (APE Revitalization Program), 2010		•	•
Nepal	National Female Community Health Volunteer Program Strategy, 2017		•	•
	National Health Policy, 2014		•	
Nigeria	National Human Resources for Health Strategic Plan, 2008-2012	•		
	National Guidelines for Development of Primary Health Care System in Nigeria, 2012		•	•
	Ward Minimum Health Care Package, 2007-2012		•	•
	National Standing Orders for Community Health Officers/Community Health Extension Workers (no date)			•
Pakistan (Punjab)	Punjab Health Sector Plan, 2018: Building a Healthier Punjab, 2015	•	•	
Rwanda	Third Health Sector Strategic Plan, 2012-2018	•		
	National Community Health Policy, 2015	•		•
	Community Health Program Handbook, 2015			•

		What Is Included		
Country	Name of Policy	Policy specific to the role of civil society in health	Policy that specifies the role of community groups in health service delivery or management	Policy guidance that specifies the roles and responsibilities between community-level service providers and community groups
Senegal	Politique Nationale de Santé Communautaire (National Community Health Policy), 2014-2018	•		•
	Plan Stratégique National de Santé Communautaire (National Community Health Strategic Plan), 2014-2018	•		•
South Sudan	Approach to Working with Health Committees, 2011	•		•
	Home Health Promoters Implementation Guide, 2011	•		•
	Health Sector Development Plan, 2012-2016	•		
	Basic Package of Health and Nutrition Services, 2011		•	
Tanzania	Community-Based Health Program Costed Strategic Plan, 2015–2020	•	•	
	Community-Based Health Program Implementation Design, 2017	•		•
	Community-Based Health Program Policy Guidelines, 2014		•	
	Health Sector Strategic Plan IV, 2015	•		
Uganda	National Policy on Public Private Partnership in Health, 2012	•		
	Health Sector Development Plan, 2015-2020; Health Sector Investment Plan, 2010-2015	•		
	Community Health Extension Workers Strategy in Uganda, 2015-2020	•	•	
	Village Health Team Strategy and Operational Guidelines, 2010		•	•

		What Is Included		
Country	Name of Policy	Policy specific to the role of civil society in health	Policy that specifies the role of community groups in health service delivery or management	Policy guidance that specifies the roles and responsibilities between community-level service providers and community groups
Zambia	National Health Strategic Plan, 2011-2015 National AIDS Strategic Framework, 2017-2021 National Integrated Strategy for Community Based Health & Social Development Workers and Volunteers in Zambia (Draft) National Community Health Worker Strategy in Zambia, 2010		<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •

Table 2 provides the specific type of guidance included in policy documents for each country. All the countries besides South Sudan have policy that provides guidance on the roles and responsibilities of community groups or civil society organizations in community health. Approximately 68 percent of the countries (15 of 22) have policy that specifies the role of community groups in health service delivery or management. Most policies include guidance in terms of design/planning/implementation (20 of 22 countries); the composition and reporting requirements (19 of 22 countries); and selection and formation and monitoring and evaluation (18 of 22 countries). Seventeen of the 22 countries have policy that includes guidance on how to implement systems for capturing quality data to improve how decisions are made at the community level. However, fewer countries have guidance on quality improvement (14 of 22 countries), training and coaching/supportive supervision (12 of 22 countries), and incentives and retention (10 of 22 countries).

Table 2. Type of Guidance Included in Policy on the Role of Community Groups or Civil Society Organizations in Community Health for 22 Priority Maternal and Child Health Countries

Country	Scope of Work (Roles and Responsibilities)	Program Design/ Planning/Implementation	Composition	Reporting	Selection/Formation	Monitoring & Evaluation	Decision-Making	Quality Improvement	Training	Coaching/Supportive Supervision	Incentives	Retention
Afghanistan	•	•	•	•	•	•	•	•	•	•		
Bangladesh	•	•	•	•	•	•						•
Dem Rep of Congo	•	•	•	•	•	•	•	•	•	•	•	•
Ethiopia	•	•	•	•	•	•	•	•	•	•		•
Ghana	•	•	•	•	•	•	•				•	
Haiti	•	•							•			
India	•	•	•	•	•	•		•	•	•	•	•
Kenya	•	•	•	•	•	•	•	•	•	•		
Liberia	•	•	•	•	•	•	•	•		•		•
Madagascar	•	•	•	•	•	•	•	•			•	•
Malawi	•	•		•		•	•					
Mali	•	•	•	•		•		•	•	•		
Mozambique	•	•	•	•	•	•	•	•	•	•	•	•
Nepal	•	•	•	•	•	•	•	•	•	•	•	•
Nigeria	•		•	•	•		•					
Pakistan (Punjab)	•	•	•		•		•	•				
Rwanda	•	•	•	•	•	•	•	•	•	•	•	•
Senegal	•	•	•	•	•	•	•	•	•	•	•	•
South Sudan		•		•	•	•	•				•	
Tanzania	•	•	•	•		•	•	•		•		
Uganda	•	•	•	•	•	•	•				•	
Zambia	•		•		•				•			
TOTAL	21	20	19	19	18	18	17	14	12	12	10	10

Recommendations and Conclusions

Decades of community health programming have shown that community structures play an essential part in the process of good local governance, and community collective action remains at the heart of effective health system strengthening. Functional community structures support identification of health problems and their root causes; the ability to mobilize resources necessary; the internal and external social networks that they can refer to when needed; and often the local leaders with the motivation and drive to improve health in the community. With a view to understanding the policy and guidance landscape regarding community participation and engagement as well as the roles and responsibilities of CSOs and community groups in USAID's priority countries for maternal and child health, MCSP posed the question, Does policy address community structures' participation or engagement in community health?

Government at various levels, non-governmental organizations, international health agencies, and health care program planners and providers need policy to help the community to organize themselves and be involved in their health care and development. Most of the 22 countries included in this analysis have policy guidance regarding community participation and engagement as well as the roles and responsibilities of CSOs and community groups. However, guidance on how to sustain community participation in health-related matters at scale is often missing. To enhance community collective action for health, governments at the district, local, and municipal levels need to include support for community structures in respective plans and budgets and integrate community engagement and community capacity strengthening as part of monitoring their performance. To be meaningful, community structures must be seen as fundamental part of any health system, and so must be developed as an integral part of long-term strategic development. A strategic approach should include commitment, understanding, capacity strengthening, resources, and policy guidance. In many countries, additional policy guidance is needed to institutionalize government partner and civil society skills and abilities to work with and strengthen community systems, including traditional, faith-based, and social networks. Such policy guidance will continue to help strengthen the abilities of communities to solve their own development challenges.

Acknowledgments

This analysis of national community structures in health systems was done by analyzing data from USAID APC's Community Health Systems Catalog. We would like to thank APC for the use of this information in the production of this document with a special thanks to Kristen Devlin for her input, review, and feedback on behalf of APC.

This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the Maternal and Child Survival Program and do not necessarily reflect the views of USAID or the United States