

# REACH

Ending Child Hunger and Undernutrition

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## **Acting at Scale: Implementation Case Studies** Exclusive Breastfeeding and Complementary Feeding

August 2008

# Context

## The following document is part of the REACH *Acting at Scale* set of materials

- The documents' aim is to provide highly condensed information and lessons learned for scaling up REACH-promoted interventions to support field practitioners and other interested parties
- They are intended to become a living set of materials, updated periodically by the REACH Global Interagency Team
- These materials are a first step towards a larger REACH Knowledge Sharing service, which will be developed over time

## The full set of *Acting at Scale* materials includes

- *An Intervention Summary*
  - An overview document containing key facts for all of the 11 promoted interventions
- *Intervention Guides* for each of the interventions<sup>1</sup>
  - Containing rationale, lessons learned, costs and further resource lists
- *Implementation Case Studies* for each of the interventions<sup>1</sup>
  - Initial set of details and lessons learned from programs implemented at scale
- *Resource Lists*
  - Lists of key documents, organizations and programs at scale
  - Included at the back of each *Intervention Guide* and in Excel spreadsheets available from the REACH Global Interagency Team

## These materials represent a preliminary version, to be validated and refined via additional consultations

- Prepared in Summer 2008 by the REACH Global Interagency Team, based on inputs from 56 practitioners and experts, as well as extensive desk research
- A revised Version 2 of these documents will be released in late 2008 or early 2009, incorporating feedback from initial recipients

## If you have questions or feedback on these materials, please

- Contact your local REACH facilitator in Lao or Mauritania, or
- Contact the REACH Interagency Team Coordinator, Denise Costa-Coitinho, at [Denise.CostaCoitinho@wfp.org](mailto:Denise.CostaCoitinho@wfp.org)

1. Breastfeeding and complementary feeding have been combined into a single document due to strong linkage in delivery

# Case study: Exclusive breastfeeding (I)

## LINKAGES Madagascar

<b>Intervention:</b>	Exclusive breastfeeding				
<b>Program name:</b>	LINKAGES		<b>Type:</b>	Education	
<b>Location:</b>	Madagascar		<b>Setting:</b>	<input checked="" type="checkbox"/> Rural	<input checked="" type="checkbox"/> Urban
<b>Start year:</b>	1997 (policy level) 1999 (community level)	<b>Duration:</b>	9 years	<b>Ongoing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Target group:</b>	<ul style="list-style-type: none"> <li>• P&amp;L women</li> <li>• Covered 1.3M population, including 80k mothers with infants &lt;6 months</li> </ul>				
<b>Total costs:</b>	N/A		<b>Other resources used:</b>	N/A	
<b>Metrics:</b>	<ul style="list-style-type: none"> <li>• Metrics: Indicators included timely initiation of breastfeeding rate (TIBF), exclusive breastfeeding rate (EBF), frequency of BF, continued breastfeeding rate</li> <li>• Impact: <ul style="list-style-type: none"> <li>– TIBF rose from 32% to 68% in project districts and from 21% to 71% in project districts where BASICS was active before</li> <li>– EBF rose from 42% to 70% in project districts and 48% to 76% in project districts where BASICS was active before</li> </ul> </li> </ul>				
<b>Lead &amp; partner organizations:</b>	<ul style="list-style-type: none"> <li>• Madagascar Ministry of Health nutrition unit coordinated</li> <li>• Funded mainly by USAID, with supplementary funding from others, e.g. Government of Japan</li> <li>• Implemented by AED</li> <li>• Field partnerships with JSI (Jereo Salama Isika) project by John Snow International and grassroots organizations</li> <li>• Partnerships to weave LINKAGES activities into other implementing programs, e.g. UNICEF, PSI (e.g. vitamin A distribution)</li> </ul>				
<b>Description of specific country situation &amp; social context:</b>	<ul style="list-style-type: none"> <li>• Significant malnutrition challenge <ul style="list-style-type: none"> <li>– Underlying cause of death for 54% of &lt;5s; 40% underweight proportion at 36 months (1997DHS data)</li> </ul> </li> <li>• Initial signs of commitment: National Health Policy recommends exclusive breastfeeding for first 6 months <ul style="list-style-type: none"> <li>– Yet only 50% of newborns in Madagascar were exclusively breastfed</li> </ul> </li> <li>• Political stability not constant throughout program: 2001-02 political crisis created implementation challenge: <ul style="list-style-type: none"> <li>– Economic and social development was halted, and program did not begin again until 2003, at which point it began to operate at the provincial, rather than district level</li> </ul> </li> </ul>				

Note: N/A denotes 'not available' as of yet via research

Source: "Cost and effectiveness analysis of LINKAGES infant and young child feeding program in Madagascar." Abt Associates, 2004.

Source: LINKAGES Project – Country homepage Madagascar and related documents: <http://www.linkagesproject.org/country/madagascar.php>, accessed 29 April 2008; FAO Nutrition Country Profile: Madagascar; MDG Monitor [www.mdgmonitor.org](http://www.mdgmonitor.org)

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# Case study: Exclusive breastfeeding (II)

## LINKAGES Madagascar

### Policy and coordination processes and organization<sup>1</sup>:

- An intersectoral nutrition action group was created to coordinate and harmonize nutrition actions (GAIN)

### Communication, advocacy and change management:

- Devoted the first 2 years of program to advocating for policy changes
  - Viewed as critical step to support program scale, uptake and sustainability

### Measuring, tracking and reporting progress:

- Employs rapid assessments on policy, health facility services, infant feeding and related behaviors, community issues, training, and information, education, and communication (IEC) within 1-6 months to provide near-term program feedback

### Funding and resource mobilization:

- N/A

### Capacity building:

- Designed and delivered training for local NGO staff, MOH staff, hospital and other healthcare workers, community volunteers
  - Distributed self-directed learning modules; introduced pre-service training for healthcare workers
- Supported BFHI and workplace programs to ensure local institutions and communities would adopt measures for the long-term

### Private sector engagement:

- N/A

1. Including NGO/civil society engagement

Note: N/A denotes 'not available' as of yet via research

Source: LINKAGES Project – Country homepage Madagascar and related documents: <http://www.linkagesproject.org/country/madagascar.php>, accessed 29 April 2008

# Case study: Exclusive breastfeeding (III)

## LINKAGES Madagascar

### Details on delivered intervention incl. delivery channel/method:

- Uses multiple delivery channels to reinforce messages and to gain access to mothers through as many means as needed to scale-up
- Deliver education to intermediaries who then train mothers:
  - Public health: provide technical and communication training for health workers
  - NGO/community: deliver technical and communication training to community leaders and members of women's groups
- Deliver education directly to mothers
  - NGO/community: community festivals involving local drama or music groups
  - Mass media:
    - Spots and songs promoting breastfeeding on the local radio channels and in taxis and buses
    - Training for radio disk jockeys in order to promote breastfeeding during live broadcasts
    - Widespread distribution of a gazette newsletter

### Description of monitoring & evaluation:

- Performed quantitative baseline surveys in 2000 (JSI) and 1996 (BASICS) for two original districts
- Performed endline survey in project districts in November 2005
- Performed rapid assessments at program and control sites in October 2000, October 2001, October 2002, and November 2004

### Lessons learned (intervention & overarching processes):

- Ensured integration across channels, with policy and healthcare facilities, and into healthcare lifecycle
- Adopted opportunistic approach of leveraging every available delivery channel
- Integrated intervention delivery into existing channels increasing cost-effectiveness
  - More cost-effective to weave BF/CF messages into broader training than to delivery separate BF/CF-specific training
- Simple, action-oriented messages tailored to the local context facilitate behavior change
  - LINKAGES customized tools at community-level
- Integrating BF and CF messages into all health and nutrition touchpoints creates cost-effective behavior change
  - LINKAGES's focus on the healthcare lifecycle wove BF and CF messages into existing delivery channels

### Contacts:

- Victoria Quinn, Senior Vice President of Programmes, HKI, former AED Country Coordinator for Madagascar, [vquinn@hki.org](mailto:vquinn@hki.org)
- Agnes Guyon, Regional Advisor, AED, former LINKAGES Ethiopia, [aguyon@aed.org](mailto:aguyon@aed.org)

### Key documents

- Final report 2006
- Training materials
- Case study on women's groups
- Experience LINKAGES
- All documents available on <http://www.linkagesproject.org/country/madagascar.php>

# LINKAGES reached scale by employing multiple delivery channels

## Program overview

**LINKAGES is a multi-country, USAID-funded program to bring BF and CF to scale**

- 10 year-long program (1996-2006)
- covered 7 countries

**Approached based on several key themes**

- Integrated action across policy, facility, community
- Integrate messages into all touchpoints in a woman's healthcare lifecycle
- Integrate BF and CF into broader nutrition messages
- Leveraged all existing channels to reach mothers, including via healthcare workers

**Employed a cross-sector partnership that fostered action at national, provincial, and district levels**

**Employed multifaceted behavior change strategy leveraging many existing channels**

**Invested in greatly in M&E frequently surveying and documenting progress**

## Lessons learned

**Integrate intervention delivery into existing channels and programs to increase cost-effectiveness**

- More cost-effective to weave BF/CF messages into broader training than to delivery separate BF/CF-specific training
- LINKAGES cost-benefit ratio for BF promotion is \$30.77 per DALY averted

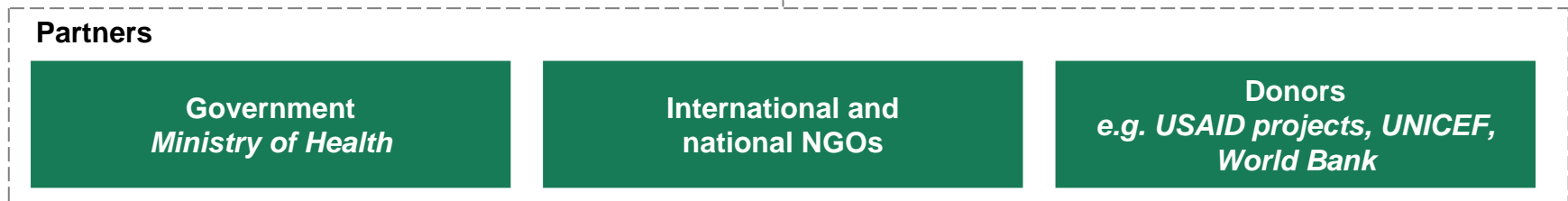
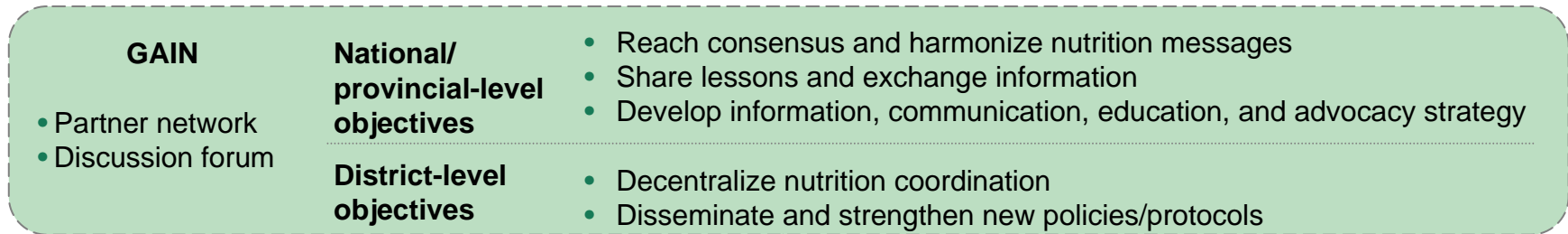
**Create simple, action-oriented messages tailored to the local context to facilitate behavior change**

- LINKAGES customized tools at community-level

**Integrate BF and CF messages into all health and nutrition touchpoints to create cost-effective behavior change**

- LINKAGES's focus on the healthcare lifecycle wove BF and CF messages into existing delivery channels

# LINKAGES Madagascar created a multi-sector partnership to gain stakeholders agreement on a single goal, messages



**Key  
activities**

- Provide funding
- Develop policies
- Develop guidelines for health facilities
- Implement activities through MoH management teams
- Coordinate public health facilities and training

- Implement community and training activities

- Provide funding
- Share cost to develop and disseminate training, media, communication materials
- Join forces to increase scale and scope (LINKAGES and Jereo Salama Isika project)

**GAIN enabled completion of national nutrition policy and development of national community-based nutrition program**

1. GAIN=Groupe d'Actions Intersectoriel pour la Nutrition (Inter-sectoral nutrition action group)  
 Source: Guyon A. et al: LINKAGES Project Madagascar – Final Report: Using the Essential Nutrition Actions Approach to Improve the Nutritional Practices of Women and Children at Scale in Antananarivo and Fianarantsoa Provinces of Madagascar: Results and Trends 2000 to 2005, USAID/AED 2006  
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# LINKAGES' community-based behavior change led to 70% BF adoption rate among targeted mothers

## Successful practice

- Create targeted messages
  - Based on formative research identifying barriers to change
  - Action-oriented
  - Practical
- Create consistent messages and materials
- Saturate target audiences with messages
  - Employ all media currently used by target beneficiaries
  - e.g. radio, community meetings, etc
- Create simple training for health workers and community volunteers
- Support peer groups and other existing community support mechanisms

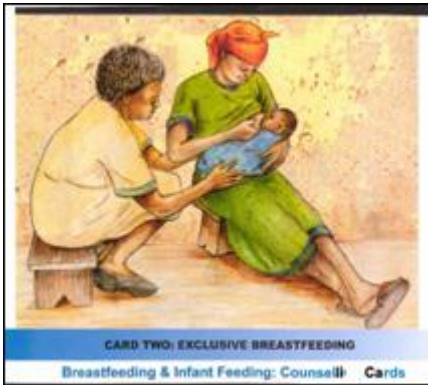
## Benefit

- Messages will be better understood, leading to greater uptake
- Enhances credibility of message
- Beneficiaries will more quickly internalize new information
- Counselors will absorb and deliver key messages more quickly
- Mothers will more readily adopt new behavior if supported by the community

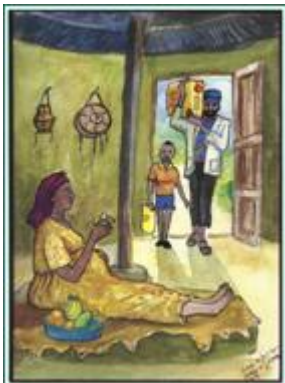


# Simple tools facilitate behavior change

## Design tailored for specific audiences

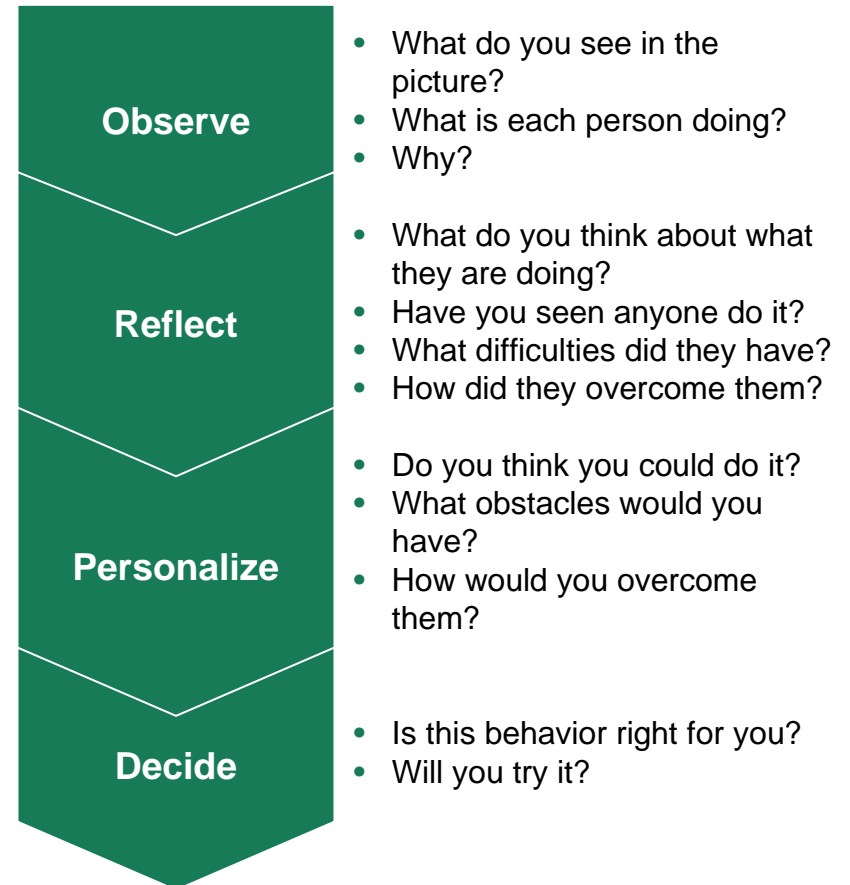


Card for mothers in Ghana



Card for fathers in Ethiopia

## Counselors trained in behavior change counseling process

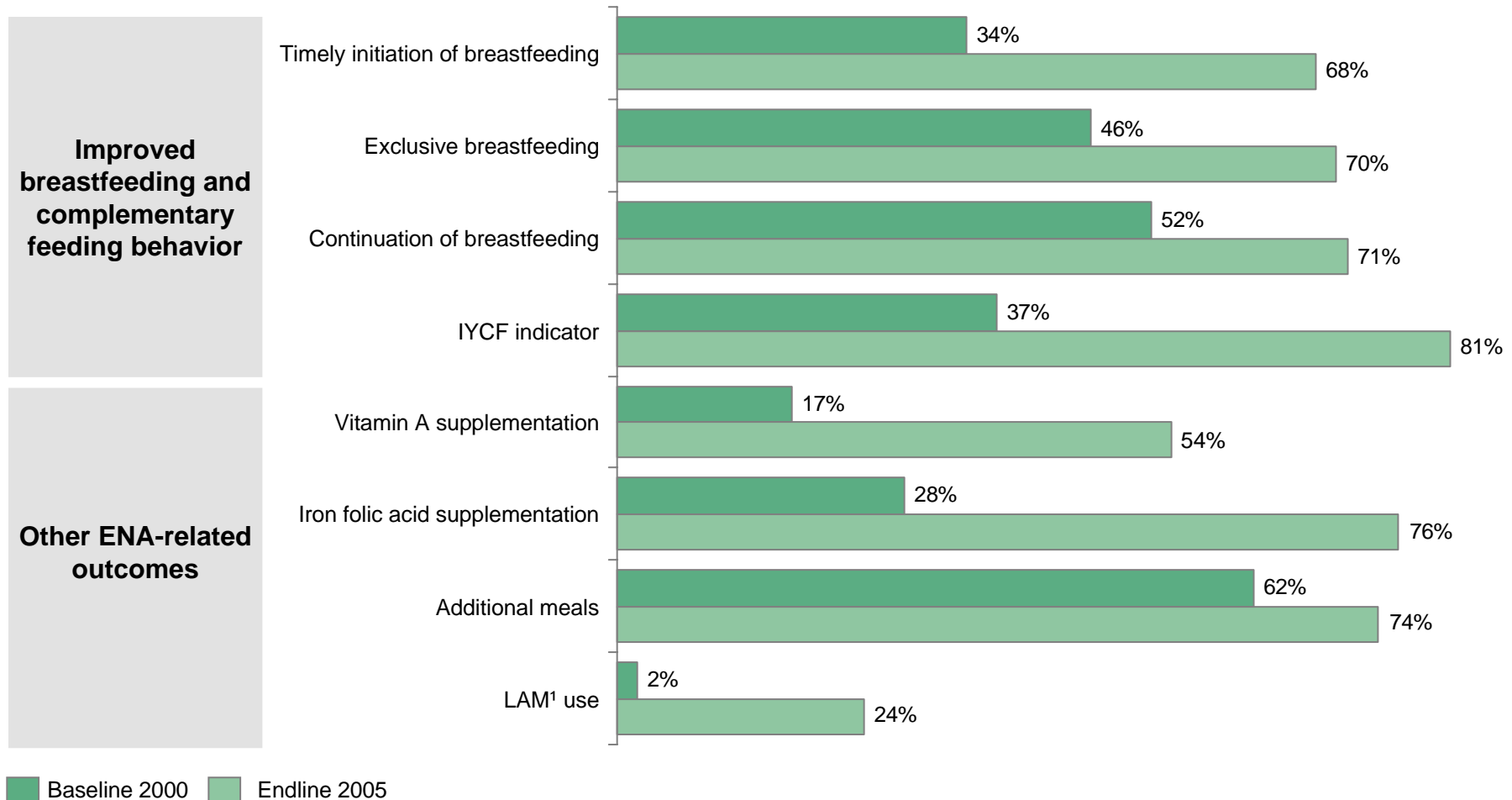


Source: "Experience LINKAGES: Behavior change communication." LINKAGES, 2003. <http://www.linkagesproject.org/publications/index.php?series=4>; "LINKAGES Tools: Counseling cards." LINKAGES, no date. <http://www.linkagesproject.org/tools/ccards.php>

# LINKAGES' multi-faceted M&E system enabled ongoing impact tracking

Tool	Purpose	Approach
<b>Baseline surveys</b>	<ul style="list-style-type: none"> <li>To establish initial indicators and understand existing behaviors</li> </ul>	<ul style="list-style-type: none"> <li>Used Demographic and Health Survey (DHS) or other large-sample-size survey sources for key indicators</li> </ul>
<b>Rapid assessment procedure (RAP) surveys</b>	<ul style="list-style-type: none"> <li>To generate feedback for program improvements</li> <li>To understand individual NGO partners' and overall program's progress towards end goals</li> </ul>	<ul style="list-style-type: none"> <li>Annual, small-sample-size surveys using cluster sampling</li> </ul>
<b>Endline surveys</b>	<ul style="list-style-type: none"> <li>To evaluate intervention effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>Using same questionnaires / questions as baseline</li> </ul>
<b>Ad hoc analyses</b>	<ul style="list-style-type: none"> <li>To evaluate various program elements</li> </ul>	<ul style="list-style-type: none"> <li>Depending on need, e.g.               <ul style="list-style-type: none"> <li>– Performance monitoring of various program contributors,</li> <li>– Media campaign effectiveness evaluations</li> <li>– Cost-effectiveness analyses</li> </ul> </li> </ul>
<b>Routine data collection</b>	<ul style="list-style-type: none"> <li>To leverage/support national health information system statistical surveys</li> </ul>	<ul style="list-style-type: none"> <li>Integrate program data collection into national system</li> </ul>

# LINKAGES Madagascar generated measurable impact

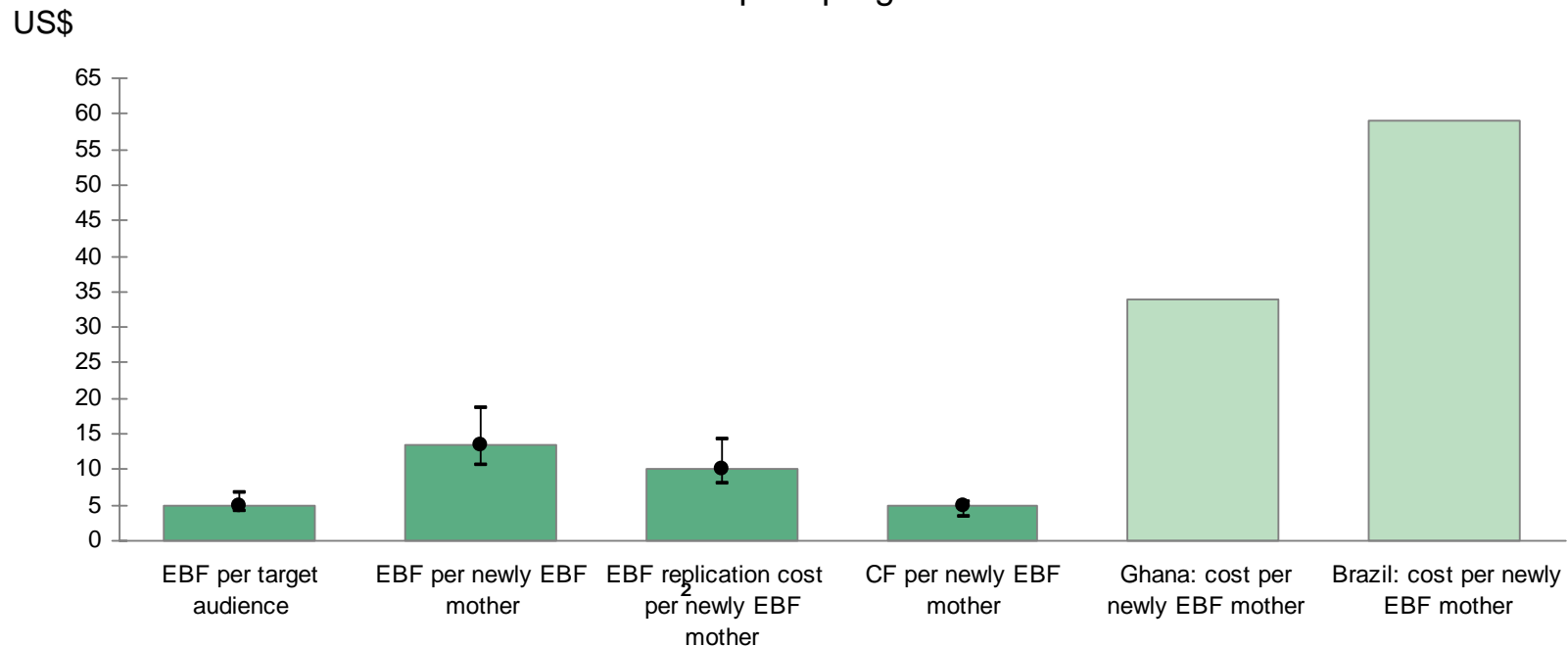


1. LAM=Lactational Amenorrhea Method: using breastfeeding for prevention of pregnancy and birth spacing. Source: "LINKAGES World Madagascar." LINKAGES, no date.

# Integrated model was more cost effective than peer programs

\$393K budget for breastfeeding promotion reflects 42% of total program budget

Unit cost for EBF<sup>1</sup> and CF<sup>1</sup> component of LINKAGES Madagascar and peer programs



1. EBF = exclusive breastfeeding; CF = complementary feeding

2. Replication cost exclude program start-up cost (development costs for training modules, IEC materials and mass media messages) and M&E cost

Source: "Experience LINKAGES: Cost and Effectiveness." LINKAGES, 2005. <http://www.linkagesproject.org/publications/index.php?series=4>; "Cost and effectiveness analysis of LINKAGES infant and young child feeding program in Madagascar." Abt Associates, 2004.

# Case study: Exclusive breastfeeding (I)

AIN-C, Honduras

<b>Intervention:</b>	Exclusive breastfeeding		
<b>Program name:</b>	AIN-C (Atención Integral a la Niñez en la Comunidad)	<b>Type:</b>	Education component
<b>Location:</b>	Honduras	<b>Setting:</b>	<input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban (periurban)
<b>Start year:</b>	1990	<b>Duration:</b>	18 years (ongoing)
		<b>Ongoing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Target group:</b>	All children <2 years in project communities Covered >90% of in-utero - <2 year children in the targeted communities, which comprised 50% of total population		
<b>Total costs:</b>	Cost / community: ~\$917-1,010 (1st year), ~\$354-457 (2nd year), ~\$61-144 (3rd and following years) <sup>1</sup>	<b>Other resources used:</b>	Unpaid community volunteers
<b>Metrics:</b>	<ul style="list-style-type: none"> <li>• Simple, community-level monitoring with charts based on simple metrics             <ul style="list-style-type: none"> <li>– # &lt;2s years listed in the register</li> <li>– Monthly weigh-in attendance</li> <li>– Growth results (adequate, inadequate, trend over 2 months)</li> </ul> </li> </ul>		
<b>Lead &amp; partner organizations:</b>	<ul style="list-style-type: none"> <li>• Honduran government (Secretariat of Health) led project</li> <li>• Partnership with NGOs for implementation</li> <li>• Technical assistance through USAID's BASICS II program and others</li> <li>• Funded in part by World Bank and initially by USAID and other bilaterals</li> </ul>		
<b>Description of specific country situation &amp; social context:</b>	<ul style="list-style-type: none"> <li>• Malnutrition and poverty present a challenge especially when compared to the average of the region             <ul style="list-style-type: none"> <li>– 17% of children under 5 moderately or severely underweight compared to average of 7% for Latin America and Caribbean (2006)</li> <li>– Relatively high poverty level (21% with income beneath US\$1 per day compared to 9% average in Latin America and Caribbean)</li> </ul> </li> <li>• HIV/AIDS is a larger issue in Honduras relative to other Central American settings (60% of total cases)</li> <li>• Political environment is favorable for program implementation             <ul style="list-style-type: none"> <li>– Relatively stable political and economic setting</li> <li>– Committed government that started the program in 1990 when malnutrition persevered even though child mortality had decreased</li> </ul> </li> </ul>		

1. Fiedler J L: "A Cost Analysis of the Honduras Community-Based Integrated Child Care Program." World Bank, 2003. Converted with the exchange rate 0.05868 HNL/USD from 01.07.2002. Source: Expert interviews; literature review; REACH analysis; USAID country profile Honduras; Save the Children country; MDG Monitor [www.mdgmonitor.org](http://www.mdgmonitor.org)

# Case study: Exclusive breastfeeding (II)

AIN-C, Honduras

## Policy and coordination processes and organization<sup>1</sup>:

- N/A

## Communication, advocacy and change management:

- N/A

## Measuring, tracking and reporting progress:

- Employed a community-based M&E model that fed up into national health information systems
  - Provided tools and training to community volunteers
  - Community-level data could be used as indicators for program operations, e.g. coverage, participation, nutritional status
- Reporting results to communities compelled ongoing action
  - Community volunteers share periodic community statistics with communities to encourage compliance

## Funding and resource mobilization:

- N/A

## Capacity building:

- Built sustainable healthcare worker and community volunteer capacity
  - Employed a simple training manual, used consistently with healthcare workers and community volunteers
  - Community volunteers selected by communities so as to have long-term legitimacy

## Private sector engagement:

- N/A

1. Including NGO/civil society engagement

Note: N/A denotes 'not available' as of yet via research

Source: Expert interviews; literature review; REACH analysis

# Case study: Exclusive breastfeeding (III)

## AIN-C, Honduras

### Details on delivered intervention incl. delivery channel/method:

3-step delivery approach:

- Train the trainer
  - Public health/NGOs: provide technical and communication training for health workers, so they can counsel mothers at health visits and train volunteers for community growth promotion
- Reach out to communities through volunteers
  - NGO/Public health: deliver technical and communication training to community volunteers
- Monitor growth and react with appropriate counseling
  - Community volunteer (team):
    - Conduct regular growth monitoring and promotion (GMP) sessions including face-to-face counseling according to results
    - Visit families at home if necessary (e.g. because they do not attend GMP sessions)
    - Share results with community, so they can encourage further action at community-level if pointing to other than nutritional deficits

### Description of monitoring & evaluation:

- Simple, community-level monitoring with charts based on simple metrics
  - # <2s years listed in the register
  - Monthly weigh-in attendance
  - Growth results (adequate, inadequate, trend over 2 months)

### Lessons learned (intervention & overarching processes):

- Leveraging volunteers is a cost-effective way to increase coverage
- Appropriate volunteer management kept motivation up, e.g. giving the volunteer's job a realistic time frame and a clear task description, creating volunteer teams, providing social rewards (e.g. a thank-you-letter signed by the president) as incentives
- Growth monitoring is a good framework as long as growth faltering is addressed immediately
- Showing positive results is important to turn initial resistance into commitment and support
- Community involvement mobilized demand for health services

### Contacts:

- Marcia Griffiths, President, The Manoff Group, Inc., [mgriffiths@manoffgroup.com](mailto:mgriffiths@manoffgroup.com)

### Key documents:

- Griffiths M, McGuire J S: "A new dimension for health reform—the integrated community child health program in Honduras." In: La Forgia G M (Ed.): "Health System Innovations in Central America." World Bank, 2005.

# AIN-C Honduras scaled up BF and CF with the help of community-based growth monitoring

## Program overview

### **National community-based, integrated, preventive child care program in Honduras**

- Owned and conceptualized by Government of Honduras
- technical support through various bilaterals and NGOs

### **Delivered BF and CF counseling through community and public health system channels**

### **Identified and trained community volunteers to weigh children and counsel mothers in BF and CF**

### **Engaged community volunteers to perform M&E and communicate results in community**

- Regular growth monitoring for children
- Trained to refer at-risk children to public health care facilities or NGOs
- Sharing milestone results helped to compel community to continue

## Lessons learned

### **Mobilize the community to facilitate cost-effective scale-up**

- Volunteers can effectively counsel women, monitor and communicate results, refer at-risk children for facility health care

### **Communicate impact data to foster participation and commitment**

- Employed community-based growth monitoring to track impact
- Evidence of positive growth impact compelled community to adopt BF / CF behaviors

### **Create incentives to ensure ongoing community volunteer motivation and actions**

- Scope the task clearly and accurately
- Create a team environment to foster volunteer commitment
- Provide social rewards as incentives, e.g. thank-you-letter signed by the president



# AIN-C's community-based approach empowered the community and facilitated BF/CF scale-up

## Successful community-based M&E practices

- Regular supervision and counseling
  - Community volunteers (team) know development of participating children and can detect irregularities easily
- Close relationships between community volunteer and beneficiaries
- Close interaction between public health and community
  - Community volunteer is trained, supervised and supported by local nurse

## Benefits

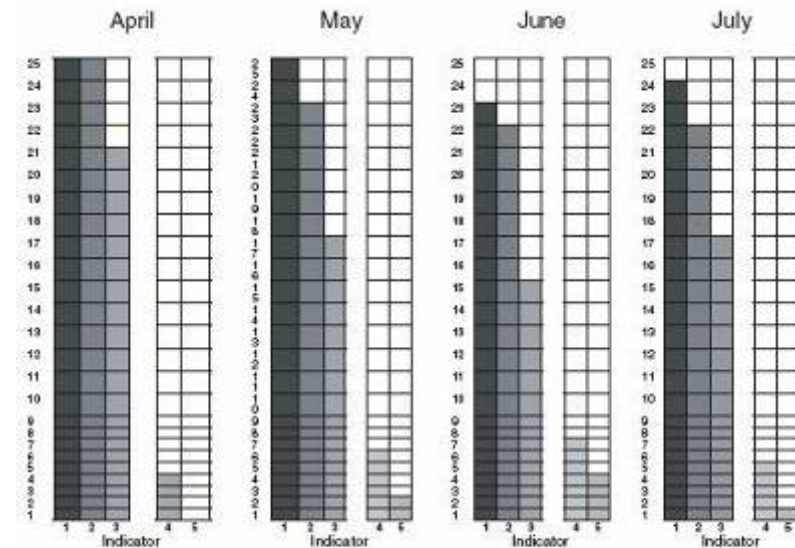
- Enables early detection of growth faltering and facilitates rapid remedial action
  - e.g. counseling, house visits, referral to health services
- Counseling is more easily accepted when delivered by trusted community member
- Tailored solutions promote better uptake
- Enables rapid linkage to proper healthcare when illness emerges

# A simple M&E system enables community volunteers to track progress and provides indicators for program operations

## Community volunteers maintain a simple system

- Indicators cover
  - Coverage / participation
  - Weight gain
- Less complicated than typical growth charts
- Results are directly visible
- Does not require advanced mathematic skills
- Results can easily be used
  - To target household visits
  - To communicate necessary actions
  - To mobilize the community
  - To report to the health system

## The results are displayed in a simple chart

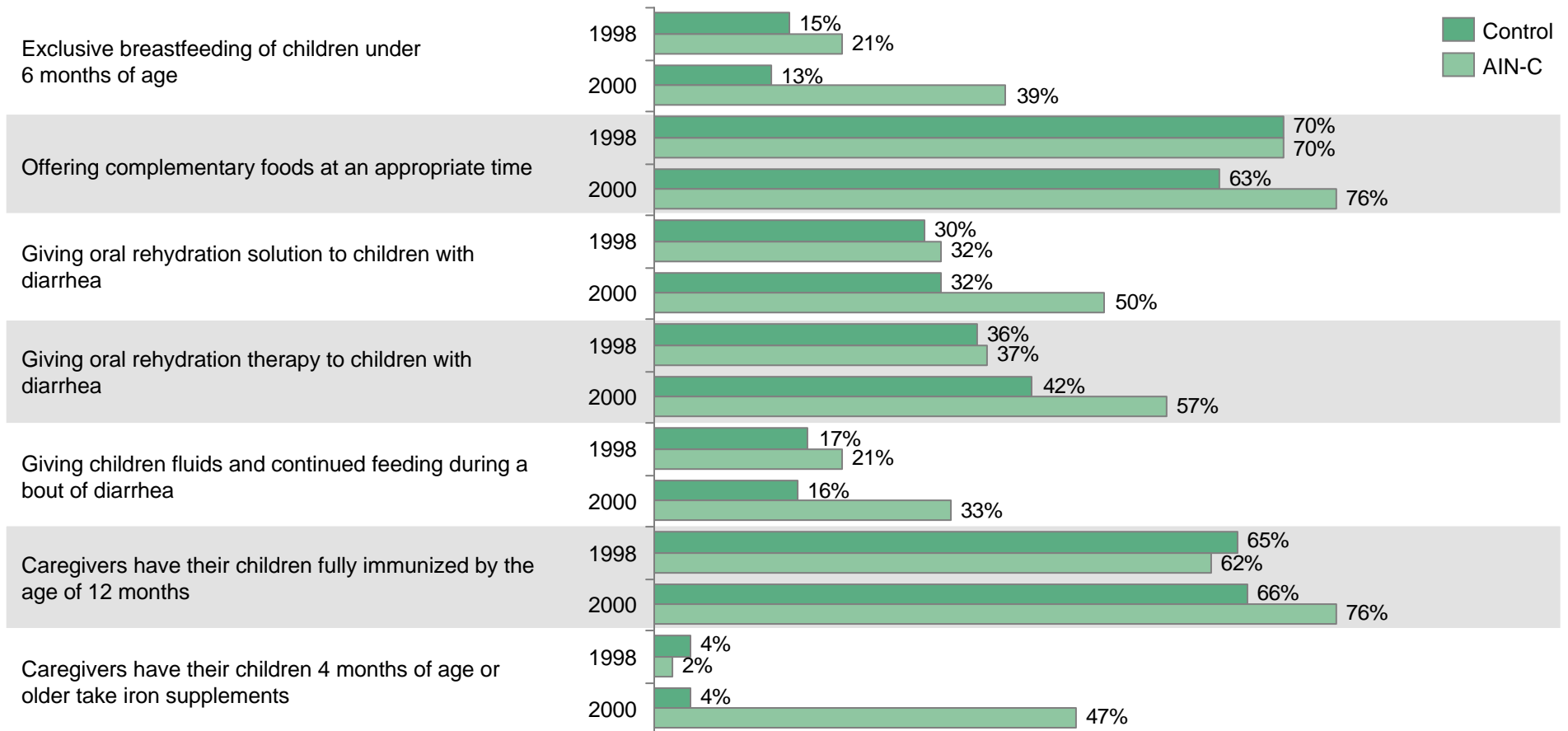


### Indicators:

1. Number of children younger than 2 years listed in the register
2. Number of children younger than 2 years who attended the weighing session this month
3. Number of children younger than 2 years with adequate growth this month
4. Number of children younger than 2 years with inadequate growth this month
5. Number of children younger than 2 years with inadequate growth this month and last month

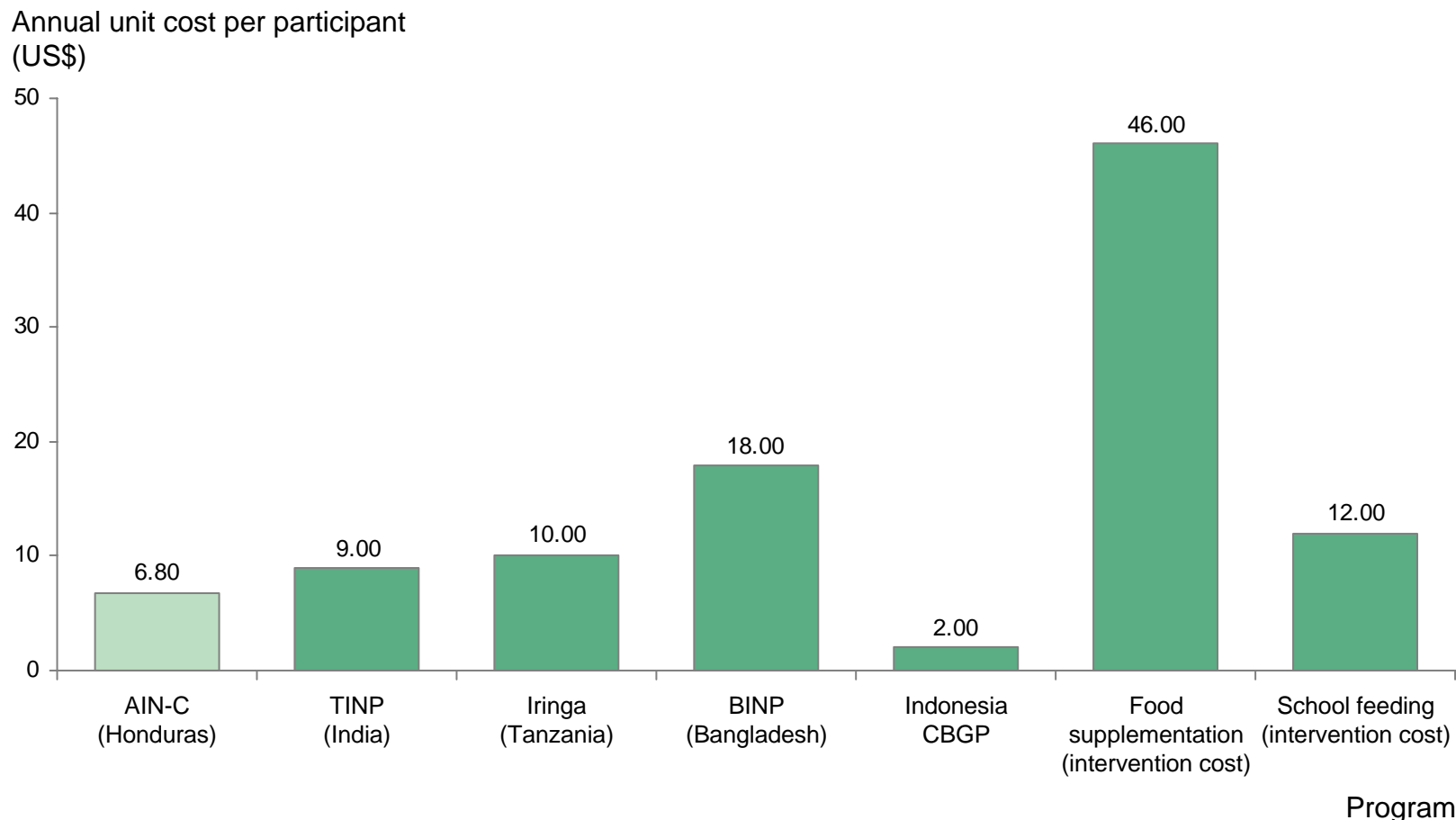
# AIN-C results were positive

Program communities met or exceeded control groups on virtually all indicators



Source: Griffiths M, McGuire J S: "A new dimension for health reform—the integrated community child health program in Honduras." In: La Forgia G M (Ed.): "Health System Innovations in Central America." World Bank, 2005.

# AIN-C's unit cost is low compared to other programs



**AIN-C unit cost also decreases during the first 3 years of program due to increased training and supervision at the beginning**

1. Total program cost per community: ~\$917-1,010 (1st year), ~\$354-457 (2nd year), ~\$61-144 (3rd and following years)  
 Source: Griffiths M, McGuire J S: "A new dimension for health reform—the integrated community child health program in Honduras." In: La Forgia G M (Ed.): "Health System Innovations in Central America." World Bank, 2005.; Fiedler J L: "A Cost Analysis of the Honduras Community-Based Integrated Child Care Program." World Bank, 2003.

# AIN-C's success attributed to several design steps that increased community acceptance

Design feature	Description	Benefit
<b>Evidence-based decision making</b>	<ul style="list-style-type: none"> <li>• Uses data on child growth status to mobilize the community towards positive health and nutrition actions</li> <li>• Growth data are sensitive to improved actions</li> </ul>	<ul style="list-style-type: none"> <li>• Create evidence that change is possible</li> <li>• Offers entry point to act on socio-economic issues<sup>1</sup></li> </ul>
<b>Equity</b>	<ul style="list-style-type: none"> <li>• Targeted to all children under two in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment of all avoids stigmatization</li> </ul>
<b>Empowerment</b>	<ul style="list-style-type: none"> <li>• Household is made responsible for improvement</li> <li>• In cases where household tries and fails, community is asked to take on some responsibility</li> <li>• If community's resources are inadequate, external sources (such as food aid programs, cash transfer programs, and welfare programs) can be sought</li> </ul>	<ul style="list-style-type: none"> <li>• Encourages family responsibility and the right to keep its children healthy and well fed</li> </ul>
<b>Ownership</b>	<ul style="list-style-type: none"> <li>• Conceived and developed within the Secretariat of Health by Hondurans</li> <li>• Encourages community ownership of implementation</li> <li>• Establishes target outcomes for communities to meet, rather than prescriptive steps on how to implement</li> </ul>	<ul style="list-style-type: none"> <li>• Strong commitment to program creates sustainability and will more likely create impact</li> </ul>
<b>Concrete guidance</b>	<ul style="list-style-type: none"> <li>• Provides practical details in the volunteer's manual</li> <li>• Trainers' and supervisors' jobs are built upon volunteers' work</li> </ul>	<ul style="list-style-type: none"> <li>• Eases training and implementation</li> <li>• creates seamless connection between community work and health system</li> </ul>

1. lack of adequate child care, HIV/AIDS, poor water and sanitation, alcoholism, domestic abuse, illiteracy and educational failure, agricultural productivity, gender relations, etc  
 Source: Griffiths M, McGuire J S: "A new dimension for health reform—the integrated community child health program in Honduras." In: La Forgia G M (Ed.): "Health System Innovations in Central America." World Bank, 2005.

## Experts consulted during preparation

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- **Joy Del Rosso**, Manoff Group, Senior Nutritionist
- **Agnes Guyon**, AED/LINKAGES Program Officer
- **Moazzem Hossain**, UNICEF Child Survival and Nutrition Advisor
- **Miriam Labbok**, University of North Carolina