



**THE CENTER FOR
HIGH IMPACT PHILANTHROPY**
The University of Pennsylvania



COMMUNITY-BASED APPROACHES TO HEALTH

HOW ENGAGING LOCAL COMMUNITY MEMBERS CAN TRANSFORM THE HEALTH OF HARD-TO-REACH POPULATIONS



THE CENTER FOR HIGH IMPACT PHILANTHROPY

The University of Pennsylvania

CELEBRATING 10 YEARS

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APPROACH & METHODOLOGY

To meet our goal of providing smart, practical guidance to funders, we synthesize the best available information from three domains: research, informed opinion, and field experience. For this report, we:

- Reviewed dozens of research studies;
- Conducted interviews with experts and practitioners in areas related to community health; and
- Completed site visits to four of the organizations featured.

By considering evidence from all three sources, we leverage the strengths while minimizing the limitations of each. The most promising opportunities exist where all the recommendations of these three domains overlap. For additional information and updates to this work, please visit our website: www.impact.upenn.edu.



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COMMUNITY-BASED

Transform the health of the world's neglected populations by delivering services at the community level



SOCIETY FOR EDUCATION, ACTION AND RESEARCH IN COMMUNITY HEALTH (SEARCH)

APPROACHES TO HEALTH

Over the past 20 years, tremendous progress has been made in global health thanks largely to an increasing evidence base of what works and a concerted effort by the global community to prioritize life-saving interventions. The mortality rate for children under 5, for example, has halved between 1990 and 2015, saving millions of lives.¹ And maternal mortality has declined by nearly 44% during the same time period, saving more than 200,000 lives.² Deaths from malaria alone—a leading cause of illness for children under 5 globally—are down 60% in just 15 years.³

New vaccines, medications, and an understanding of what keeps people healthy have contributed to these advances in public health. Yet, not all populations are enjoying the fruits of this progress. An estimated 5.9 million children still die each year from diseases that are easily preventable or treatable.⁴ And more than 300,000 women die from maternal complications.^{5,6} Avoidable cases of death and disease are not limited to women and children,

however, and can affect entire communities around the world.

Though the reasons behind avoidable cases of death and disease are as varied as they are complex, they generally involve a failure to reach populations due to geographic isolation, cultural discrimination, unhealthy behaviors/social norms, or extreme poverty. Over the past decade, the Center for High Impact Philanthropy (CHIP) has heard from academic researchers, nonprofit practitioners, and philanthropic funders about a particular set of effective health-related tools and practices that nonprofits are using to help reach these populations and transform the health of the world's neglected communities. The process involves delivering life-saving health services and education at the community level, often in people's homes or other local settings.

In this guide, we examine this community-based approach to health delivery and show how nonprofits are using it to reach remote or underserved populations. We highlight this approach to show how philanthropy can further

support nonprofits trying to improve health and save lives when government resources are inadequate and families are too poor to pay out of pocket. Of the thousands of organizations around the world using this community-based approach, we selected nine nonprofits to profile in this guide. Each is a pioneer in a certain aspect of community-based approaches to health and together, they represent a variety of geographies (Africa, Asia, and Latin America/Caribbean), vulnerable populations, innovations, and ways that philanthropy can help.

This community-based approach to health delivery—while not cheap—is cost-effective, meaning that it provides tremendous health benefit for the cost. We offer this guide as a resource for donors who wish to make a greater impact in the health of vulnerable communities worldwide. Given recently published academic research that reviews decades of evidence, as well as new successes on the ground, there is no better time for funders to support community-based health delivery.

BOXED OUT

The reasons behind avoidable causes of death and disease are varied and complex, but generally fall into four categories.

GEOGRAPHIC ISOLATION - Members of these communities are often miles away from the nearest hospital and/or live in areas that are difficult to access due to unpaved roads, rocky mountain terrain, flood plains, etc.

CULTURAL DIFFERENCES - Social and cultural barriers can separate underserved communities from local health providers. Families may decide not to seek care because

they do not trust the providers, feel disrespected or misunderstood, or speak different languages.

UNHEALTHY BEHAVIORS AND SOCIAL NORMS - Bringing about behavior changes such as healthy food choices, sanitary practices like handwashing, ending 'open defecation' (in streams or water sources), avoiding alcohol and tobacco, and breastfeeding newborn babies is

not as simple as disseminating information. Rather, entire communities must be engaged to create new social norms.

RESOURCE CONSTRAINTS - Inability to pay for health services is a major barrier for community members themselves. In resource-poor countries, local health systems are more likely to lack supplies, trained health workers, and quality care. Even

when national health policy calls for these basic services, in countries with low gross domestic products, governments' per capita expenditure for health is often meager, leaving many basic health needs unmet. For example, in Malawi, government health spending is \$14 per capita, while leading health economists say that governments should spend a minimum of \$44 per capita for a package of basic health services.^{7,8}

THE PROMISE OF COMMUNITY-BASED HEALTH DELIVERY

Services that are brought close to or into the homes of community members

Decades of research highlight certain community-level tools and practices that work to reduce death and disease, particularly among women and children. (See chart below for seven health-related services that can be delivered at the community level.) However, these proven solutions in isolation cannot

reach those who need them most. Physical tools such as bednets need to be delivered, behaviors such as breastfeeding need to be adopted, and practices such as home visitation need to be carried out by qualified health workers. That is why community health organizations around the world, from rural villages in Malawi to crowded urban slums in Bangladesh, are engaged in on-the-ground efforts to reach vulnerable communities with these proven solutions.

One way these organizations achieve this is by recruiting local people to become “community health workers” (CHWs) who often serve as the backbone to an effective community health program. Although the variety of services CHWs provide varies considerably by region and type of program, they all in some way help teach their communities about life-saving healthy habits such as prenatal care, nutrition, vaccines, and proper sanitation and hygiene. In return, effective programs provide CHWs with training, adequate supervision, incentives (monetary or otherwise), and integration into the larger health system.⁹

Community-based health programs and their CHWs deliver health services at the neighborhood and household level, using the following five principles:

- **Local adaptation:** Local health data is systematically collected and used to address the community’s most pressing health needs.
- **Community participation:** Community members participate in designing and delivering programs.
- **Accessibility:** Services are brought close to or into the homes of community members through outreach by CHWs, mobile clinics, and health educators.
- **Comprehensiveness:** Care is provided as a comprehensive package of preventative and treatment interventions through trusted, well-trained health workers.
- **Integration:** Services are linked to a broader health system (such as through referral net-

Community Support

Seven evidence-based solutions for top causes of preventable deaths among women and children that can be delivered at the community level¹⁰

Health issue	Solution (includes both prevention & treatment)
Diarrheal Diseases	<ul style="list-style-type: none"> • Water, sanitation & hygiene (WASH) interventions, such as providing clean water, proper sanitation, and hygiene education • Oral Rehydration Solution (ORS) and zinc, a simple solution of salt and sugar made with clean water
Malaria	<ul style="list-style-type: none"> • Long-lasting insecticide-treated mosquito nets (ITNs) + indoor residual spraying (IRS) • Oral antimalarial drugs (artemisinin-based combination therapy, or ACT) and rapid diagnostic tests (RDTs)
Pneumonia	<ul style="list-style-type: none"> • Pneumococcal vaccine, which protects individuals from developing a deadly type of pneumonia • Community case management (CCM) of pneumonia, a strategy to diagnose and treat childhood pneumonia outside the hospital
Newborn Health	<ul style="list-style-type: none"> • Newborn care package, a suite of practices including kangaroo mother care (skin-to-skin) and clean delivery • Breastfeeding promotion • Newborn resuscitation by skilled providers at birth • Home visitation after birth with prompt treatment of infections
Maternal Health	<ul style="list-style-type: none"> • Prenatal care to decrease risk • Rapid referral for complications such as hemorrhage & sepsis during childbirth • Skilled birth attendants who are trained to manage normal pregnancies and childbirth
Malnutrition	<ul style="list-style-type: none"> • Breastfeeding promotion • Access to healthy foods (adequate nutrition) • Ready-to-use therapeutic food (RTUF) for those with malnutrition
Vaccine-preventable diseases	<ul style="list-style-type: none"> • Childhood vaccines for measles, diphtheria, pertussis, tetanus, polio, and rotavirus

works) and strong partnerships with other stakeholders such as local governments.

In practice, this means that nonprofits provide health interventions such as physical tools (bednets, vaccines, medications) and promote healthy behaviors (such as breastfeeding and handwashing), through delivery methods such as home visitation by CHWs, group meetings of community residents, and mobile clinics. These approaches are especially important for isolated or vulnerable communities with limited access to clinical facilities due to distance, money, and/or social factors such as cultural discrimination, mistrust, and language barriers.

While some health interventions are not appropriate to provide at the community level (e.g., emergency C-sections), those that are have the potential to save millions of additional children's lives when delivered using community-based approaches to health. These community-based strategies also work effectively in tandem with clinic and hospital settings.¹¹ For example, a CHW can screen children in the community for malnutrition, and refer severely malnourished children to a local hospital for necessary care.

To date, such community-based approaches have been applied to and studied most in regards to preventing maternal and child deaths, because women and children are often the

most vulnerable members of society. However, more nonprofits are extending the application of these approaches further, such as by managing chronic diseases, as community health needs evolve.

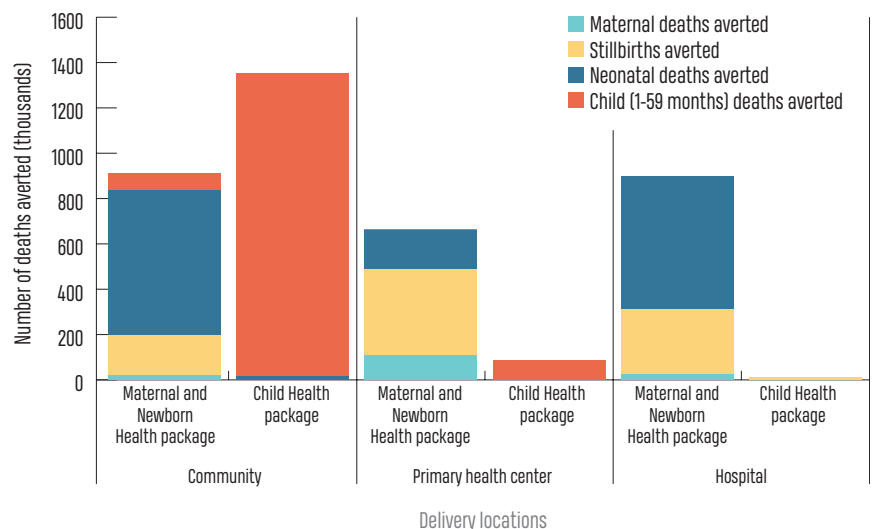
Delivering health interventions in community settings is particularly important because clinical settings such as hospitals and primary health centers are limited in their reach and capacity and require more specialized medical expertise. Community-based health delivery complements clinical approaches by reaching people where they are, such as in their homes.

The potential impact of scaling up a community-based approach has been demonstrated: Based on decades of research, leading public health academics and the World Health Organization estimate that as many as 4 million additional lives of mothers and children could be saved each year if low-income countries increased access to a package of essential health interventions to 90% of their target populations.

This package includes interventions for maternal and child health, such as promoting breastfeeding, labor with a skilled birth attendant, screening for severe acute malnutrition, oral antibiotics for newborns with pneumonia, and administering immunizations. See chart below which shows that of the additional child deaths that could be averted with such increased access, 90% can be prevented at the community level.¹²

Lives That Could Be Saved

Hospitals and primary health centers have no doubt improved maternal and child health. Yet, more lives can be saved by scaling up high impact community interventions than other clinic and hospital interventions combined.¹³ The community level is where the top causes of child death (such as pneumonia, malaria, and diarrhea) can most effectively be prevented and treated. A child health package consisting of interventions delivered through community-based approaches can avert thousands of deaths.



Graph recreated from: Black RE, Walker N, Laxminarayan R, Temmerman M. Chapter 1: Reproductive, Maternal, Newborn, and Child Health; Key Messages of this Volume. DCP3 RMNCH 2016

THE BREADTH OF COMMUNITY-BASED HEALTH

How it works and what it costs

In practice, community-based approaches to health typically use the following delivery methods:¹⁴

- **Routine systematic home visitation.** Community health workers (CHWs) visit all homes in a geographic area on a routine basis, in order to provide education on healthy behaviors and when to seek care, and provide case management of childhood illnesses that kill the most children, including pneumonia, diarrhea, and malaria.
- **Group meetings of community residents.** CHWs, or other health care professionals, provide an educational and supportive environment to discuss healthy behaviors and when to seek care. For example, mothers groups use peer education and support to encourage healthy behaviors, such as breastfeeding. These groups also can track and identify health needs within a community.
- **Outreach services provided on a routine basis at a service delivery point that is readily accessible** to the surrounding population (e.g., mobile clinics). These are staffed by professional health care workers such as nurses and are particularly relevant in remote areas with sparse populations.

Reaching the most marginalized members of society with health services means breaking through barriers such as geography, culture, and poverty. This requires significant investment in human resources and organizational capacity. As a result, community-based approaches to health are not necessarily inexpensive.

However, community-based approaches are cost effective, providing great “bang for the buck,” or great health benefit for the cost.¹⁵ Community-level interventions are cost-effective even with delivery costs factored in, especially when several conditions are met (including strong supervision of community-level workers and integration of workers into teams supported by the larger health system).¹⁶

Health economists can estimate the return (in health outcomes) on investment (cost) for a given intervention using cost-effectiveness analysis, which measures cost per disability-adjusted life year (DALY) averted. In other words, this analysis estimates the cost of using a particular intervention to prevent the loss of a year of healthy life. Many of the health interventions delivered via community-based approaches, such as treatment of malaria, provide health gains at less than \$100 per DALY averted, which is considered highly cost effective.¹⁷

Furthermore, focusing on the poorest communities in particular is a valuable investment: A 2017 report from UNICEF estimates that the number of lives saved per million dollars invested among the poorest children in the world is almost twice as high as the number saved by equivalent investments in better-off groups.¹⁸ This is because the poorest children around the world bear the disproportionate burden of preventable child death and disease because they lack access to essential health services.

Common Misconceptions about Cost of Supplies and Delivery

One important distinction to note here is the misconception that community-based approaches to health should be relatively inexpensive. Although the actual supplies may be, delivery is not: Proven interventions such as oral rehydration solution for diarrheal diseases, insecticide-treated bednets, and breastfeeding are examples of low-cost supplies or interventions. For example, a full course of oral rehydration solution—a simple treatment for diarrheal disease made of clean water, salt, and sugar—costs 25 cents or less for an infant, or could be made with household salt, sugar, and clean water.¹⁹ Similarly, a single dose of the measles, mumps, and rubella (MMR) vaccine can cost as little as 11 cents.²⁰ And many practices, such as breastfeeding, have little to no market costs.

However, delivering proven tools and practices to those in need and motivating communities to use them requires financial investment



and additional resources beyond the price of the commodities themselves. For example, a primary cost often covers training, paying salaries of, and supervising CHWs. A health worker needs to be trained and supervised to administer vaccinations and oral rehydration solutions. And, it takes time and money to train peer educators who can teach local mothers how to breastfeed.

It also takes additional resources to develop a health system to collect and analyze local data to ensure quality services and handle logistics, such as supply chains to get medications to communities in need. All of these costs can also vary based on each country's cost of living, resources

provided by the public sector (such as government workers and subsidized materials), and particular resource constraints in each setting.

Though public resources have been leveraged to implement community-based approaches to health, philanthropic funding is still needed to help the growing number of nonprofits who are providing on-the-ground services, in close partnership with local communities. In particular, philanthropic support can help nonprofits learn, scale, and extend health services to even more people. Philanthropy can also help strengthen the policies and systems in which nonprofits work, and foster ongoing research and innovation in community health.

Mothers groups use peer education and support to encourage healthy behaviors, such as breastfeeding. These groups also can track health and identify needs within a community.

HOW TO CHOOSE A COMMUNITY-BASED NONPROFIT TO SUPPORT

Profiles of nine community-based health pioneers, plus a donor checklist for choosing your own



Thousands of nonprofits around the world are implementing community-based approaches to health. Our team handpicked nine organizations to illustrate the wide range of geographies, approaches, and innovations in community-based health that donors can support. Each of the nine is a pioneer in a particular region, health solution, or implementation strategy, and an excellent example of how philanthropic support can help improve the health of communities.

In the next few pages, you will find profiles of the following nonprofits:

- **Last Mile Health**, which serves communities in post-war Liberia and offers a bold vision for educating community health workers worldwide;
- **Lwala Community Alliance**, an organization started by two brothers to prevent needless death and ill health in Kenya, starting with their own community;
- **VillageReach**, a leader in Africa of supply chain logistics—a vital yet often overlooked aspect of reaching communities;
- **BRAC Manoshi Project**, which has adapted com-

munity-based approaches previously used mainly in rural areas to reach women and children in urban slums of Bangladesh;

- **SEARCH**, which has led the way for millions of newborns worldwide to receive a proven home-based package of life-saving interventions, starting in India;

- **The Comprehensive Rural Health Project, Jamkhed**, one of the oldest organizations using these approaches to transform entire villages in India through its proven community development model;

- **Curamericas Global/Curamericas Guatemala**, an organization committed to serving indigenous communities in Guatemala that face particular cultural barriers to accessing health services after civil war;

- **Hôpital Albert Schweitzer Haiti**, which has committed to strengthening an entire system of health in rural Haiti for over 60 years, despite ongoing economic and political turmoil;

- **Partners in Health**, which has applied community-based approaches to chronic health conditions such as HIV in Haiti and drug-resistant tuberculosis in Peru, which were previously regarded as untreatable in community settings.

While differing in size, stage (new vs. established), and location, we believe that the nine profiled organizations share a similar strong potential for improving health. Beyond our impact screen, we have found that donors often choose among options based on their own preferences around geography, population served, and organizational characteristics such as size. Those donors can use the checklist on the next page to identify additional effective programs in the geographical areas they care about, or to bring these approaches to an organization they're already supporting.



Donor Checklist

Below are five effective community-based approaches to health that donors can look for in organizations to fund. For additional information on how to find and support other nonprofits using community-based health approaches, see our “Tips” section on page 21.

Approach	What to look for	Example
<p>Local adaptation: Programs are designed to address the most pressing health needs of the community. This may include health needs that are reflected in census data as well as those identified by community members themselves.</p>	<ul style="list-style-type: none"> • Community-level health data is collected systematically and regularly through a survey or census, such as by community health workers (CHWs) who go house to house • Community's self-identified needs are taken into account, i.e. what is the community itself most concerned about? • Data is evaluated and used to create and/or adjust programs & services 	<p>In Guatemala, Curamericas uses a community mapping and census methodology that allows for regular visits to each household within its service area. This approach ensures that all births, deaths, and sickness are documented and provides Curamericas with the ability to track progress and make real-time programmatic decisions to address health needs as they arise.</p>
<p>Community participation: Organizations work alongside community members in a way that engages and enables them to actively participate in shaping interventions and, as a result, builds capacity to address community needs.</p>	<ul style="list-style-type: none"> • Hiring of CHWs and other personnel from the community itself • Engaging community volunteers, e.g. as peer educators • Traditional health personnel, such as midwives, are incorporated/engaged • Organization facilitates community meetings, committees, and other ways for community members to have their voices heard • The community and organization trust each other 	<p>In Bangladesh, BRAC Manoshi's CHWs are recruited from the urban slums in which they serve. As a result, these workers understand the conditions in which their clients live and can establish trust with them.</p>
<p>Accessibility: Services are brought close to or into the homes of disadvantaged people through outreach by CHWs, mobile clinics, and health educators.</p>	<ul style="list-style-type: none"> • Services are delivered by CHWs who speak the same language as patients and understand the local social and economic context • Services are delivered in homes as well as clinics, such as by skilled birth attendants 	<p>In India, where home births are still common, Comprehensive Rural Health Project, Jamkhed often sends skilled Village Health Workers into a pregnant mother's home to assist during labor and delivery.</p>
<p>Comprehensiveness: Care is provided as a package of preventative and treatment solutions through the use of trusted and well-trained health workers. Care is expanded and sustained through education, behavior change, and early detection of problems, etc.</p>	<ul style="list-style-type: none"> • Use of proven, low-tech solutions to address preventable death and disease (particularly among women and children). These include both tools (e.g. vaccines) and behaviors (e.g. breastfeeding) • CHWs are trained to prevent and/or treat a range of common health conditions • Organizations address underlying root causes of poor health by linking to related programming in areas such as education and poverty 	<p>Hôpital Albert Schweitzer Haiti runs mobile clinics that are one-stop shops for most of their clients. Services and interventions delivered at these monthly clinics include child malnutrition screenings, distribution of micronutrients and medications, family planning, and primary healthcare education and services.</p>
<p>Integration: Services and interventions are woven and linked into the broader health system. Local resources and stakeholders (e.g., community leaders) are incorporated into a strong collaborative network to further the mission.</p>	<ul style="list-style-type: none"> • A strong referral system links more complicated medical cases (e.g. birth complications) to more advanced care when necessary • Partnerships with local and/or national governments to leverage public efforts and funding • Affiliation or partnerships with other NGOs and membership organizations (e.g. CORE Group) to learn from and inform related work around the world 	<p>In Liberia, Last Mile Health runs local clinics for communities too far away from government health centers. Last Mile Health partners with Liberia's Ministry of Health to train CHWs and provide care that meets national standards.</p>



NONPROFIT MAKING AN IMPACT

Last Mile Health (LMH)

WHAT IT DOES

In 2003, a devastating 14-year civil war left Liberia with only 50 doctors to serve 4 million people nationwide. Four years later, a group of health professionals and war survivors started LMH in southeastern Liberia to provide essential health services to isolated rural communities where approximately 29% of the country's population resides. To reach the closest healthcare facility, people in these communities often hiked hours through dense rainforest, rode motorbikes over unpaved roads, or even canoed across rivers.

Today, LMH serves more than 50,000 people in Liberia by training community health workers (CHWs) to reach these remote “last mile” communities directly. CHWs screen for diseases and provide a wide range of basic services, such as treating malaria, tracking vaccinations, teaching mothers how to breastfeed, and screening for signs of malnutrition. CHWs visit households monthly, and supervisors regularly visit them to reinforce training, ensure quality of care, and connect them to the broader healthcare system.

From its founding, LMH has worked closely with the Liberia Ministry of Health to bring more services to Liberians through the public sector. During the Ebola crisis in 2014—which killed more than 4,800 people in Liberia alone and exposed many weaknesses in the country's health delivery system—this collaborative effort showcased a fresh approach. LMH worked with the government to train more than 1,300 health workers and community members in Ebola-specific services and screen nearly 10,500 people for the disease.

Encouraged by LMH's success, the Ministry of Health is now partnering with the nonprofit to design and implement Liberia's National Community Health Assistant Program that aims to deploy 4,000 professional CHWs to serve all 1.2 million Liberians who live more than an hour's walk from the nearest health facility. LMH is supporting the government by training CHWs, designing a data collection system for program monitoring and improvement, and directly managing CHW networks in several counties alongside other NGOs and philanthropic leaders.



HOW EFFECTIVE IS IT?

In only a decade, LMH has increased access to essential services for top causes of preventable deaths, including malaria, diarrhea, and pneumonia, in difficult-to-reach communities. For example, LMH's analysis shows that from 2015 to 2016, in Rivercess County, treatment of childhood pneumonia, diarrhea, and fever by a health worker increased by 41 percentage points, while declining in surrounding areas. Published data also shows that in LMH's pilot county, Konobo, the number of women delivering their babies in healthcare facilities rose from 55.8% to 84% between 2012 and 2015. Delivering in a facility with the help of a trained birth attendant is an important factor in healthy birth outcomes.

During the height of the Ebola crisis, as the national rate of women delivering in facilities decreased three-fold, Konobo's rate fell only slightly, reflecting LMH's ongoing commitment to maintain services during the epidemic. LMH's scalable model for serving hard-to-reach communities, leadership in Liberia's Ebola response, and vision for sharing lessons learned with the world has resulted in several prestigious honors, including the 2017 Skoll Award for Entrepreneurship and the 2017 TED Prize.

HOW YOU CAN HELP

Philanthropic support enables LMH to provide services at no cost to patients. For example, less than \$100 can supply a month's worth of essential medication and diagnostic tools for a CHW to care for roughly 350 fellow community members, and \$5,000 covers the cost of providing a nurse supervisor and a fully trained, professionalized CHW to one remote village for a year. To learn more and to donate any amount, visit <http://lastmilehealth.org/donate/>.



NONPROFIT MAKING AN IMPACT

Lwala Community Alliance (Lwala)

WHAT IT DOES

This community-founded organization works to improve the health of residents in rural Migori County, Kenya. Located in the province with the highest HIV rates in Kenya, this community has also faced a high number of preventable maternal and child deaths, as well as the ongoing threat of political violence. Lwala's founders, brothers Drs. Milton and Fred Ochieng, grew up in Lwala Village and watched neighbors and family members needlessly die of causes such as HIV/AIDS, when basic health services could have saved them.

Thanks in part to financial support from their entire community, the brothers attended Vanderbilt Medical School in the U.S. and subsequently helped build their village's first clinic in 2007. Lwala now makes health services in its clinic, government facilities, and in the community more accessible to around 60,000 people.

Lwala employs 85 community health workers (CHWs)—mostly women—for direct community outreach for 11,000 people in their service area. To improve maternal and child health in particular, CHWs provide women of reproductive age and their young children with basic health services, such

as childhood vaccinations, treatments for common illnesses, and contraception. CHWs also encourage women to deliver their babies in health facilities, under the supervision of a skilled birth attendant, which research links to better outcomes for mothers and babies. Lwala Community Hospital is entirely staffed by local clinicians and provides outpatient, inpatient, HIV/AIDS, and maternity services. Lwala also provides training, mentorship, and quality improvement support for five additional government health facilities as part of its commitment to help strengthen the local health system overall.

Seeing their success, the Ministry of Health has asked Lwala to scale up its health services to reach all 1 million people in Migori County over the next few years, in partnership with the government and other local nonprofits. To support the community's development more broadly, Lwala also addresses education and economic empowerment through programs such as a girls' mentoring program, peer sexual health education, agricultural training, and water/sanitation/hygiene (WASH). For example, to help prevent the spread of waterborne illnesses, a leading cause of premature death in Kenya, Lwala's WASH program trains community



members in sanitation practices, water treatment, and latrine building.

HOW EFFECTIVE IS IT?

With the help of university partners, Lwala conducted a household survey to assess maternal child health and HIV outcomes in 2017. They found that 97% of pregnant women in Lwala's service area deliver their babies at a health facility with a skilled nurse, which is important for healthy birth outcomes, compared to a country average of 53%. The survey data also showed that the death rate of children under five in Lwala's service area is less than half the regional average. What's more, 93% of all clients testing positive for HIV are enrolled in care, either at Lwala Community Hospital or in other local health facilities. Additionally, everyone living with HIV has access to clinical care, a peer support group, and ongoing support from a community health worker.

HOW YOU CAN HELP

Philanthropy is particularly crucial for smaller nonprofits like Lwala that often find it more difficult to connect with both private and public international donors. In addition to certain basic resources provided by the Kenyan government (such as vaccines and essential medicines), Lwala estimates it costs \$11 per child to provide holistic health services for one year, including growth monitoring, malaria treatment, and nutrition support. About \$200 supports a CHW's salary, supplies, and supervision for one month. Additional donations can also help fund a rigorous evaluation with university partners of Lwala's ongoing expansion, in order to both improve its programming and help the Kenyan government make effective health investments. To donate any amount, visit <http://lwalacommunityalliance.org/donate/>.



NONPROFIT MAKING AN IMPACT

VillageReach

WHAT IT DOES

Community health workers (CHWs) need a functioning health system around them to effectively deliver health services to vulnerable communities. For example, to reach remote communities with necessary vaccines, CHWs must have accurate estimates of vaccine doses needed, cold chain technology to keep vaccines at the right temperatures in tropical settings, and trained staff to manage and track supplies.

These “supply chain logistics” are often difficult to manage in low-resource settings, which can result in problems such as when clinics run out of supplies (“stockouts”) and lower vaccination rates. VillageReach works with ministries of health throughout sub-Saharan Africa to increase access to quality health services, with an emphasis on strengthening the “last mile” needed to connect rural and hard-to-reach communities to health resources. VillageReach addresses these and related challenges by supporting various features of local health systems that are vital to reaching vulnerable communities, such as:

- Vaccine delivery systems:** To help vaccines reach remote communities in Mozambique, VillageReach designed a supply chain system for efficient managing, storing, transporting, and delivering of vaccines. This system improves aspects of the supply chain such as inventory management, use of data, and cold chain equipment to keep vaccines from spoiling. Today VillageReach helps more than 7.3 million doses of life-saving vaccines reach more than 900 health centers serving more than 18 million people in sub-Saharan Africa.
- Supply chain software:** VillageReach leads the development of OpenLMIS, a web-based software used to manage supply chain data for 10,000 health facilities across seven countries. OpenLMIS provides supply chain managers with more real-time and more accurate data on the medicines needed in remote communities, which is then relayed back to higher levels of the supply chain (such as the national government) to help meet the demand.



- Communications technology:** VillageReach has partnered with the Malawi Ministry of Health and mobile carrier Airtel to expand a health advice hotline across Malawi. “Health Center by Phone” gives women of childbearing age, pregnant women, adolescents and guardians of children under 5 years of age advice on a variety of health and nutrition topics, such as when to seek care for serious pregnancy symptoms. A text message system also sends text and voice message reminders about healthy behaviors and seeking health care.

HOW EFFECTIVE IS IT?

An independent evaluation showed that system improvements in Mozambique lowered vaccine stockouts in VillageReach’s northern Mozambique pilot district and increased the coverage rate of diphtheria-tetanus-pertussis vaccine, a key childhood vaccine, from 68.9% to 95.4% between 2003 and 2008. VillageReach’s own analysis also found that the vaccine logistics system in this district was 21% less expensive per vaccine dose delivered than a comparison district with no transport or personnel resources dedicated solely to vaccine logistics. And one implementation of OpenLMIS found that frequency of stockouts dropped from 35% in 2013 to 22% by 2015.

HOW YOU CAN HELP

A donation of \$500 gives 50 women health text messages throughout their pregnancies, and \$2,500 can train 10 hotline workers in youth services; \$10,000 provides a training for ministry of health officials on supply chain design and improvement. To donate any amount, visit <http://www.villagereach.org/donate/>.



NONPROFIT MAKING AN IMPACT

BRAC Manoshi Project

WHAT IT DOES

BRAC, one of the world's largest NGOs, operates a variety of programs in 11 countries to improve health and economic opportunity for the world's poorest people. In Bangladesh, BRAC's Manoshi Project is a unique adaptation of community-based approaches to health for urban slum settings. Manoshi provides a range of health services for women, children, and adolescents in growing urban slums in 11 cities.

Manoshi's services cover a total population of 7 million residents in these informal settlements, where people live in precarious, overcrowded housing and lack access to clean water and sanitation. Bangladeshi women and children living in slums suffer especially poor health outcomes and are hard to reach with life-saving health services due to population density, high mobility, socio-cultural barriers, and inability to pay.

Manoshi works to reduce maternal and infant mortality by recruiting and training more than 5,000 local women to become community health workers (CHWs), who then identify all pregnant

women in their assigned geographical area and conduct routine home visits. Through these home visits, CHWs provide a full range of reproductive health services from pregnancy through the postnatal period, such as access to contraception, pregnancy care, skilled delivery, referral for complications, and breastfeeding support. CHWs also provide basic child healthcare for children up to 5 years of age, including pneumonia and diarrhea management.

Manoshi specifically encourages women to give birth with the help of skilled birth attendants, such as in one of its 93 assisted delivery facilities, which further ensures safe and respectful care. Manoshi is now expanding to include services such as primary care for adolescents and screening for certain chronic health conditions in adults. A new mobile health initiative also helps Manoshi staff track and report health data, as well as recruit adolescents for its programs.

HOW EFFECTIVE IS IT?

Manoshi has successfully adapted BRAC's rural community health model

to reach underserved mothers and children in urban slums. Manoshi's data shows that from 2008 to 2013, both the maternal and neonatal death rates in areas served by Manoshi dropped by over half. This moved death rates from above Bangladesh's national averages to well below, despite the high mortality rates that often arise from high-poverty slum conditions. According to Manoshi, the percentage of pregnant women in Manoshi's service areas who delivered their babies with the assistance of a Manoshi skilled attendant increased from 69% to 88% between 2013 and 2015.

This suggests that mothers served by Manoshi have access to clean, safe deliveries, a key factor in preventing maternal and neonatal mortality. Internal data also show that from 2013 to 2015, the percentage of pregnant women in Manoshi's service areas who received at least all four recommended antenatal care checkups increased to 83%, and nearly all mothers received postnatal care within 48 hours of delivery, which is a crucial window for both a mother's and baby's health.

HOW YOU CAN HELP

According to Manoshi, it costs \$2 to \$5 to provide prenatal and postnatal care per woman, per checkup. Basic training for a Manoshi CHW ranges from \$150 to \$300. The cost of running a delivery center is about \$190 to \$250 per month, or up to \$1,000 to \$1,500 for Manoshi's more specialized maternity centers, which were built to address both increased caesarean section rates among referred delivery cases and community requests for comprehensive service, skilled care, and better management of birth complications. To donate any amount, visit <https://bracusa.org/donate/>.



NONPROFIT MAKING AN IMPACT

Society for Education, Action and Research in Community Health (SEARCH)

WHAT IT DOES

Over three decades ago, two Indian physicians founded SEARCH to serve neglected rural and tribal people in the Gadchiroli district of Maharashtra, India, a population of roughly 1 million. People living in these remote villages have historically faced high rates of poverty, illiteracy, and poor health outcomes. To address these challenges, SEARCH worked with the community to create a community-based health system to develop and test local health solutions; these solutions have since spread throughout the world.

SEARCH has focused on improving maternal and child health by training rural women as Village Health Workers (VHWs) in 87 villages to support expecting mothers and newborn children. VHWs educate pregnant mothers and are present at home births. VHWs then visit new mothers and babies in their homes repeatedly during the first

crucial weeks of life, equipped with simple but life-saving equipment such as blankets, a resuscitation bag and mask, soap, a thermometer, weighing scale, and medications to manage infections. In addition to diagnosing problems, VHWs monitor the baby's growth and help the mother practice healthy behaviors such as early breastfeeding, keeping the baby warm, and maintaining good hygiene.

In particular, SEARCH has pioneered the widespread use of Home-Based Newborn Care (HBNC) packages. HBNC packages are a collection of simple, cost-effective interventions such as home visits and using sterile blades to cut umbilical cords that decades of research show save newborn lives. SEARCH's successful model has been adopted by the Indian government, which sends trainers of 800,000 government VHWs to SEARCH training facilities in Gadchiroli. Nonprof-



its in India and around the world have also adopted this model. Based on SEARCH's groundbreaking work, the World Health Organization and UNICEF now recommend home visits in a baby's first week of life to improve newborn survival in under-resourced settings. From 2016 to 2017, nearly 11 million rural newborns in India received HBNC.

HOW EFFECTIVE IS IT?

SEARCH employs a robust monitoring and evaluation strategy to track and improve its outcomes. To evaluate its model and share what it has learned, SEARCH conducted landmark field trials from 1988 to 1998, which proved that their approach cut infant pneumonia death rates up to 80% as compared to control villages. Newborn deaths, as measured by neonatal mortality rate, also decreased by 70% in SEARCH villages compared to control areas during an evaluation between the years 1993 and 2003. Additionally, maternal morbidities in SEARCH intervention areas were reduced by 49%. To address changing health and development needs in the communities it serves, SEARCH has also created programming in alcohol and tobacco control, youth leadership, and tribal health.

HOW YOU CAN HELP

When compared with other interventions targeting newborn health, HBNC is one of the most cost-effective: The cost per newborn life saved is less than \$300, and the amount per mother-newborn pair served is less than \$10. Donors can give to SEARCH through the US-based 501(c)(3), Indians for Collective Action (find SEARCH in the dropdown menu at <http://icaonline.org/donate/>). Or visit <http://searchforhealth.ngo/contact-us/> for an address to send a check.



NONPROFIT MAKING AN IMPACT

The Comprehensive Rural Health Project, Jamkhed (CRHP)

WHAT IT DOES

Nearly 50 years ago, in rural Maharashtra, India, CRHP Jamkhed became one of the first organizations in the world to pioneer a comprehensive model that combines a community-based health approach with social and economic development. Today, CRHP continues to serve more than 500,000 people through a broad set of programs that address both direct healthcare needs and underlying socioeconomic causes of poor health, such as inadequate sanitation, limited economic opportunity, low status of women, social stratification, and other harmful beliefs/practices.

Through CRHP's "Jamkhed Model," Village Health Workers (VHWs), local women selected by their communities, provide essential primary care and health education to their village, in partnership with CRHP's Mobile Health Teams and local health facilities. VHWs also help mobilize villagers to create their own solutions to local problems, in coordination with community groups such as farmer's clubs, women's groups and microfinance groups, and adolescents.

The Jamkhed Model supports a village's lasting transformation by building local leadership capacity. Once basic

programs such as water and sanitation infrastructure are functioning, community leaders manage their villages' development, and the village "graduates" from CRHP. On average, villages "graduate" in five years and can receive ongoing support and training from CRHP. The model then spreads from village to village through word of mouth, often via individuals who have experienced the process. CRHP currently operates a 50-bed hospital, training center, pre-school, 100-acre farm to demonstrate sustainable farming techniques, and a rehabilitation center for people with stigmatized conditions such as leprosy, tuberculosis, and HIV/AIDS.

CRHP's success in improving local health outcomes has also influenced policy and public systems, including the government of India's National Rural Health Mission, that reaches hundreds of millions more people. Since 1992, CRHP's Jamkhed International Institute has trained 30,000 national and 3,000 international representatives from NGOs and governments, as well as university students, in CRHP's proven approach. The Institute helps policymakers, practitioners, and students from around the world learn from local villagers and staff about CRHP's



groundbreaking model and adapt it to their own context and challenges.

HOW EFFECTIVE IS IT?

When CRHP started in 1970, Maharashtra had some of the worst health and poverty indicators in the world. In CRHP villages in Maharashtra, the Jamkhed Model has nearly eliminated child malnutrition, dramatically improved child survival, and improved maternal health outcomes. In prior surveys of project villages, more than 99% of pregnant women in CRHP villages received prenatal care and had safe deliveries, and the resulting maternal death rate was 50% less than that of India overall—despite the fact that these villages are among the poorest in India. Similarly, with comprehensive programming, CRHP succeeded in cutting the rate of infant deaths to less than half that of neighboring areas in rural India. Today, CRHP continues to apply its proven approach to emerging health problems such as diabetes, hypertension, and mental health.

HOW YOU CAN HELP

Donors can support the expansion of the Jamkhed model to new villages. On average, it costs CRHP \$50,000 to implement its model for an average village of 1,500 people, over a period of about five years. For example, \$50 covers the training, travel, and food for one VHW for one month, and \$40 covers one mobile health team village visit. Philanthropy can also help support CRHP's Training Institute, where community organizations from around the world can learn CRHP's comprehensive strategy. Donors can also fund new initiatives such as the adolescent girls and boys programs, sustainable agriculture, and clean water projects, which target evolving needs in communities. Donate at <http://jamkhed.org/donate-jamkhed/>.



NONPROFIT MAKING AN IMPACT

Curamericas Global/Curamericas Guatemala

WHAT IT DOES

Curamericas Global works to improve health outcomes for women and children in multiple regions of Africa and Latin America. In Guatemala, Curamericas Global works through its in-country partners, Curamericas Guatemala and the local Ministry of Health, to provide health services to a population of 23,700 indigenous people in a remote mountain region of northwest Guatemala.

Geographic isolation, cultural discrimination, and mistrust of outsiders stemming from civil war have left this population without a reliable local source of maternal care or primary health care for young children. As a result, it has some of the worst health outcomes in all of Latin America: a mortality rate for children under 5 years of age that's almost 60% higher than that of non-indigenous Guatemalan children, and a maternal mortality rate that is double the rate for non-indigenous women.

To address these disparities, the Curamericas partnership trains local

women as volunteer mother peer educators. These mothers teach other mothers in their community about life-saving health practices, such as proper sanitation/hygiene to prevent disease and the importance of giving birth in a clean, supervised setting, such as a community birthing center. Curamericas operates five such centers, known as Casas Maternas Rurales. The Casas are built and operated by the community and staffed by intensively trained auxiliary nurses who work in conjunction with *Comadronas*, the indigenous midwives who are respected in the community and who help Curamericas gain and maintain the trust of local women.

HOW EFFECTIVE IS IT?

The Curamericas partnership has built trust and improved health outcomes for mothers and young children with some of the worst health in Latin America. Most notably, only one maternal death occurred in four years in the partner communities that built and manage the

Casas Maternas Rurales in a marginalized region with some of the highest maternal mortality rates in the world.

The availability of emergency obstetric care and increased use of birthing centers have been crucial to this success. For example, only 30% of indigenous women who live outside the project service area deliver in a health facility, compared with 70% of women in one municipality served by Curamericas. According to Curamericas, early 2018 data suggest that this has increased to 88%. The percentage of pregnant women in Curamericas catchment areas who received the four recommended prenatal care checks during their last pregnancy increased from 13% to 65% between 2011 and 2015. In this same period, the death rate of children ages 1 to 5 also fell from eight per 1,000 children to only two per 1,000. What's more, growth stunting in young children (a sign of chronic malnutrition) dropped from 74% to 39%.

HOW YOU CAN HELP

The nonprofit reports that \$275 covers the cost of a clean, safe delivery in a Casa Materna Rural. Each Casa costs \$25,000 per year to operate and serves around 1,150 women, including pregnancy care, delivery services, and programming for support groups and peer education. About \$45,000 covers the building materials, furnishing, and supplies to create each new Casa, built almost entirely by volunteer labor. Curamericas Global is in the process of replicating its community birthing center model in Kenya in a rural catchment of 49,000 people, and also currently supports similar programs for vulnerable women and children in Liberia and Bolivia. You can donate any amount at <https://www.curamericas.org/donate/>.



NONPROFIT MAKING AN IMPACT

Hôpital Albert Schweitzer Haiti (HAS)

WHAT IT DOES

For over 60 years, HAS has helped develop a local health system in the rural Artibonite Valley of central Haiti. Inspired by medical missionary and Nobel Peace Prize winner Dr. Albert Schweitzer, an American couple, Dr. Larry and Mrs. Gwen Grant Mellon, founded HAS in 1956. Despite ongoing political and economic turmoil in the country, as well as devastating natural disasters, HAS has continually committed to addressing both immediate health needs and root causes of poor health in the Artibonite Valley.

HAS works closely with the local community to develop its health workforce and operate a comprehensive local health network covering 610 square-miles and roughly 350,000 people, including the only full-service hospital for that population. Even before the devastating 2010 earthquake, almost half of Haitians lacked access to healthcare, which has contributed to the highest child and maternal mortality rates in the Western Hemisphere. In some regions, nonprofits such as HAS

are committed to serving communities long-term despite such challenges and provide the only local access to health services.

HAS's network extends far beyond the walls of its 131-bed hospital through its Integrated Community Services (ICS) program. The community health component of ICS includes salaried CHWs (known as *agents de santé*) who conduct routine visits to all households, nurses who run 70 to 80 mobile clinics, community health volunteers who conduct peer health education, and four health centers that provide basic preventive and curative care throughout the service area. These services are closely linked to the hospital to make up one integrated health network.

ICS also includes community development initiatives to address underlying causes of poor health. For example, to increase access to clean water, HAS's water, sanitation, and hygiene program builds and repairs infrastructure such as wells, and educates communities on the importance of practices such as handwashing to prevent disease. ICS



also includes an agroforestry program to teach communities how to conserve the land that supports local subsistence farmers' livelihoods. Additionally, HAS hires and trains local people to staff its programs; today, 98% of HAS employees are Haitian.

HOW EFFECTIVE IS IT?

HAS has increased access to and uptake of proven interventions, such as childhood vaccines, treatment for childhood diarrhea, prenatal visits, assisted births, and contraception. According to a HAS study, as a result of this increased access, death rates in children younger than age 5 were 58% lower in the HAS system, as compared to similar areas of rural Haiti. HAS conducts routine monitoring to ensure that its services continue to reach the people it serves. In recent outbreaks of cholera, Chikungunya, and Zika, as well as during the 2010 earthquake, HAS also was able to quickly mobilize staff and resources in response to urgent health needs.

HOW YOU CAN HELP

Lack of nearby modern infrastructure means that HAS is responsible for its own electricity, water, and transportation systems, all while operating its health network. Philanthropic support is vital for HAS to provide quality health services, since local government support does not fully cover certain essential costs, including water distribution, electricity and transportation needed for hospital operations. For example, \$3,200 supports the annual salary of a CHW, and \$230 covers the cost of a life-saving caesarean section for one woman at HAS's hospital, where HAS treats all patients regardless of ability to pay. Donate any amount at <https://hashaiti.org/donate/>.



NONPROFIT MAKING AN IMPACT

Partners in Health (PIH)

WHAT IT DOES

PIH is a global leader in serving under-resourced communities around the world through community-based approaches to health, particularly for chronic diseases. In the late 1990s, PIH pioneered community-based care for HIV-positive patients in rural Haiti, which was previously considered too expensive and too complicated to treat in poor rural communities.

Since then, PIH has hired and trained more than 12,000 community health workers (CHWs) around the world with their “accompaniment model,” which overcomes barriers such as distance, cost, and stigma to reach people directly in their homes. These CHWs, or “accompagneurs” as they are called in Haiti, visit patients at home and become trusted sources of support while supervising treatment. PIH has demonstrated that this model is particularly effective for treating complex chronic diseases such as tuberculosis or HIV/AIDS that require strict adherence to medications.

PIH both directly operates and supports community-based health initiatives around the world, in partnership with governments and other local

nonprofits. In addition to Haiti, PIH has supported countries such as Peru, Rwanda, and Sierra Leone in building community-based systems to address a range of health burdens, including tuberculosis, HIV, cancer, Ebola virus, mental health, maternal and child health, diabetes, and hypertension. The following are just two examples of their global impact.

HOW EFFECTIVE IS IT?

Peru: Multidrug-Resistant Tuberculosis

Since 1996, PIH has provided community-based care in the impoverished areas surrounding Lima, Peru. Known locally as *Socios En Salud*, PIH has applied its accompaniment model to address multidrug-resistant tuberculosis, which requires patients to receive two or more years of daily treatment.

This treatment regimen is difficult to maintain and often produces serious side effects. However, by training CHWs to monitor treatment, PIH has treated more than 10,500 people with multidrug-resistant tuberculosis as of 2018, with cure rates greater than 75%, which are some of the highest globally. PIH’s successful accompaniment model, DOTS-Plus, has since been estab-



lished as an international standard for treating multidrug-resistant tuberculosis around the world.

Sierra Leone: Ebola

PIH began working with Sierra Leone’s Ministry of Health in September 2014 to address the spread of Ebola in rural communities. In partnership with local NGO Wellbody Alliance, PIH employed roughly 800 CHWs to identify those infected, connect them with treatment, and help fight stigma associated with Ebola survivors. By June 2015, these CHWs visited more than 1.1 million homes in Ebola-affected communities and used their local knowledge and community ties to educate villages on the importance of early diagnosis and seeking care. To address stigma and social isolation faced by Ebola survivors, PIH also offered vocational and literacy training, scholarships, and employment to survivors and their family members.

HOW YOU CAN HELP

PIH works in Haiti, Peru, Mexico, Rwanda, Lesotho, Malawi, Sierra Leone, Liberia, Navajo Nation, and Russia. PIH also supports local NGOs, including Last Mile Health (see page 12) in applying community-based approaches in several other countries.

A donation of \$100 can provide essential community-based care and nutrition for a malnourished child in Haiti. PIH is also bringing its model to new health issues such as breast cancer, by training CHWs to identify early signs of breast cancer and connect women with local health centers, thus reducing the number of patients arriving at hospitals in later stages of cancer. A \$700 donation can provide a woman with full breast cancer treatment in Haiti. Donate any amount at: <https://www.pih.org/pages/donate/give-today>.

TIPS AND RESOURCES FOR DONORS

Strategies to support community-based approaches to health

It can be particularly challenging for U.S. donors to identify and support smaller nonprofits based overseas, given their lack of visibility to international donors, as well as U.S. tax implications. Yet, smaller, place-based nonprofits are often the ones that most need philanthropic support. Donors looking to assist community-based health delivery nonprofits in communities outside the U.S. should consider the following:

Intermediary groups such as the Haiti Development Institute can help funders navigate issues such as locating and vetting effective organizations in a different country, providing support and capacity building to local nonprofits, and receiving tax benefits for donations.

The Global Fund for Women and the Global Fund for Children invest in grassroots organizations that support women and children around the world.

Look for “friends of” options to give to nonprofits based in other countries through a U.S.-based 501(c)(3) that is a partner organization.

If you are looking for other organizations using a community-based approach, foundations that are giving to such groups can be a good starting point. Donors can piggyback off the foundations’ lists of funded organizations or consider learning from donor groups such as Big Bang Philanthropy, that focus on reducing global poverty. For example, a member of this peer learning group—the Segal Family Foundation—supports two of our profiled organizations, Iwala (page 13) and Last Mile Health (page 12).

Donors can also employ other philanthropic strategies in community-based health beyond funding direct service delivery. There are many

additional ways to support community-based approaches to health including:

Treat and prevent now

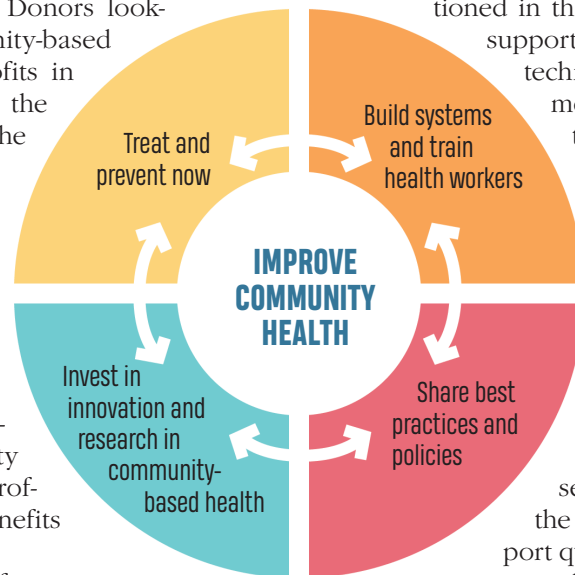
Besides giving to nonprofits that directly serve communities long-term (such as those mentioned in this guide), donors can also support organizations that provide technical assistance to governments and smaller organizations.

For example, large international NGOs such as Save the Children, World Vision, Catholic Relief Services, and Jhpiego build the capacity of local health systems by training nonprofit and government staff in community-based approaches. They also conduct research studies to strengthen the evidence base, and support quality improvement of programs. In humanitarian crises, NGOs such as International Rescue Committee

(IRC) and Médecins Sans Frontières (Doctors Without Borders) train community health workers and deliver emergency services at the community level to displaced populations.

Build systems and train health workers

Millions of health workers—nurses, doctors, and especially community health workers—



PITFALLS TO AVOID

- While tools such as diagnostics and medications are important, don't ignore the systems that deliver them. The most critical funding gaps are often for components such as community health worker salaries, trainings, supervision, and data/communication.
- Make sure the community health program is aligned with the local government strategy and integrates with other partners operating there. Otherwise, programs risk duplication, wasted resources, and confusion when community members see multiple, disease-specific (e.g., malaria, HIV) health workers who don't coordinate with each other.

need to be trained in these approaches to reach and care for the poorest communities. For example, Last Mile Health has launched a Community Health Academy to use a digital platform-based approach to train and support thousands of new health workers. Partners in Health has helped develop the University of Global Health Equity in Rwanda and CRHP Jankhed has a long standing International Institute for Training & Research where organizations from around the globe can learn community-based approaches.

Share best practices and policies

Initiatives such as the new International Institute for Primary Health Care in Ethiopia are well-positioned to share what they have learned about how community health programs can expand to national levels. Funded by the Gates Foundation and others, the Last 10 Kilometer (L10K) project is an example of how philanthropic donors have supported a low income country government (Ethiopia) as they build their national community health worker program.

BRINGING COMMUNITY-BASED HEALTH TO THE U.S.

Community-based approaches are not only for low resource settings abroad. In fact, more and more organizations are adapting these same approaches for improving the health of vulnerable populations in the U.S. For example:

- **Partners in Health** works with the Justice Resource Institute on the Boston-based Prevention and Access to Care and Treatment (PACT) Project, which serves HIV patients through CHWs. PACT also provides technical assistance and training to other healthcare organizations.
- **Nurse-Family Partnership (NFP)** operates across the U.S. to match a registered nurse with a low-income woman, pregnant with her first child. Starting from early pregnancy through the child's second birthday, NFP provides in-home counseling about healthy practices, childcare, planning for future children, and employment.
- The **Penn Center for Community Health Workers** developed its IMPaCT model for CHWs in Philadelphia to address health needs in their own communities. A 2017 randomized clinical trial showed that the model can improve health impacts and reduce hospital admissions by 28% among high-risk individuals.²¹
- **Global to Local (G2L)** operates community health programs in Seattle and shares their learnings to address health and economic development disparities across a range of diverse, low-income populations nationwide.

Donors can also support field-building membership organizations such as CORE Group, an association of more than 100 U.S.-based international health and development NGOs. CORE Group's mission is to end preventable maternal, newborn, and child deaths by creating and sharing knowledge of best practices in community-based health. Member organizations can join CORE Group's Community Health Network, develop Working Groups that offer specialized practices in eight different topic areas, and attend a variety of conferences, trainings, and workshops to strengthen their work in community-based health.

Invest in innovation and research in community-based health

There are many exciting opportunities to develop new tools, treatments, and diagnostics that community health workers can use in low resource settings around the world. Particularly promising are new mobile health platforms by groups such as D-Tree that can provide treatment algorithms and mobile support for health workers in remote locations. Organizations such as Living Goods have adapted BRAC's door-to-door health worker model to East Africa and have tested entrepreneurial sales approaches to incentivize CHWs and cover salary and distribution costs. Donors can also help bring community approaches to other health problems such as chronic disease management (e.g., diabetes and high blood pressure) or the extremely neglected area of mental health.

Additional web-based tools and resources for donor giving in community health:

Map the health status in a country: Global Burden of Disease

On Global Burden of Disease's website, you can find the health profiles of each country, quantify health loss over time, and compare them to other nations: <http://www.healthdata.org/gbd>

Look at current progress and health goals: Countdown to 2030

To determine the progress of maternal, newborn, and child health over time, visit Countdown to 2030. Here, the coverage levels of different health interventions are tracked in 81 low- and middle-income countries. <http://www.countdown2030.org>

Estimate impact of health tools and behaviors: Lives Saved Tool (LiST)

To model the potential health impacts of evidence-based interventions, consider using the Lives Saved Tool (LiST) which pulls from the latest country data to show how many deaths could be averted when maternal, newborn, and child

health programs are scaled-up. In order to assess program potential, organizations like the Children's Investment Fund Foundation use LiST to model the potential health impacts of increasing the coverage of proven interventions. www.livessavedtool.org/

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