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# How Do Community Health Workers Contribute to Better Nutrition? Pakistan



## **About SPRING**

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

## **About APC**

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

## **Disclaimer**

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI). The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the United States Government.

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## **SPRING**

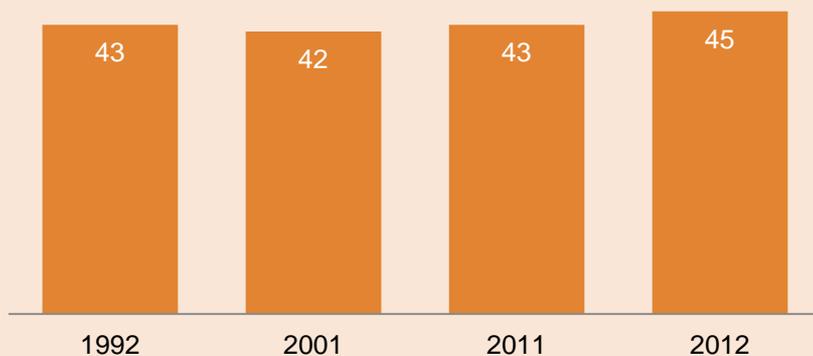
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# In Pakistan, nutrition-related health issues persist.



% children under 5

According to most recent data, **stunting** remains a major challenge in Pakistan.



# 51%

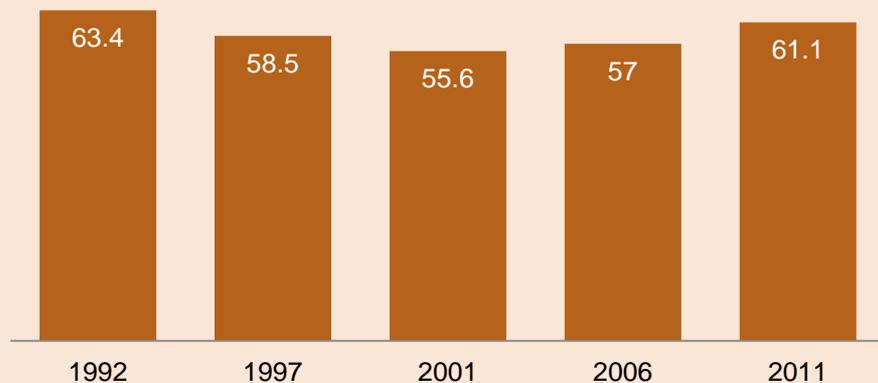
of women of reproductive age have anemia

That means **23.3 million** Pakistani women have a critical micronutrient deficiency (2011)



% children under 5

**Anemia** also persists as a major issue for Pakistan's children.



# only 37.7%

of infants under 6 months are exclusively breastfed (2013)

# We know **evidence-based, cost-effective interventions** can improve nutrition outcomes.

It is estimated that the following 10 evidence-based, nutrition-specific interventions, if scaled to 90 percent coverage, could **reduce stunting by 20 percent** and **severe wasting by 60 percent**.

- Management of severe acute malnutrition
- Preventive zinc supplementation
- Promotion of breastfeeding
- Appropriate complementary feeding
- Management of moderate acute malnutrition
- Periconceptual folic acid supplementation or fortification
- Maternal balanced energy protein supplementation
- Maternal multiple micronutrient supplementation
- Vitamin A supplementation
- Maternal calcium supplementation

Studies have demonstrated the effectiveness of community health workers in achieving demonstrable health benefits directly related to the Millennium Development Goals (MDGs), including reducing child malnutrition and both child and maternal mortality.

- Perry and Zulliger (2012)

# Community health workers play a critical role in providing these proven, evidence-based, cost-effective interventions.

By making basic primary care available at the community level, CHWs make it possible for women and children to receive the services they need for better health outcomes.

Frequently based in the communities where they are from, community health workers (CHWs) have direct access to the community and can link with other nutrition-related community-based service providers. They can provide clients with a range of services such as medical care, information, counseling, and referral.

However, CHWs are often expected to carry out a wide range of interventions with limited time, resources, and remuneration. They need appropriate academic curricula, training programs, and support systems – including systems for monitoring, supporting, and mentoring. Countries like **Pakistan** must take this into consideration as they scale up and expand the services provided by CHWs.



**Information** on the services that community health workers provide and the systems that support them in doing their work **is often hard to find.**

To begin to fill this void, the two USAID-funded projects - **Advancing Partners and Communities (APC)** and **Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING)** - collaborated to conduct a desk review of existing policies and documents related to community health systems.

Due to the diversity and magnitude of community health programs in a given country, we collected information based on individual country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale.



These are our findings:

This is what community  
health workers can do in  
Pakistan, according to  
government policy.

See the Data Notes at the end for more on how data were collected and analyzed.

# Community health service delivery in Pakistan is guided by **multiple policies**.

Relevant Government Policies Reviewed	Last Updated
Essential Package of Health Services for Primary Health Care in Punjab	2013
Health Sector Strategy, Punjab	2013
Pakistan Growth Strategy 2018	2015
Pakistan Vision 2025	2014
PC-1: I-RHPHCN program	2013
Punjab Health Sector Plan 2018: Building a Healthier Punjab	2015



# Pakistan has **two main cadres** of community health workers.

**1. Community Midwives (CMW)** – responsible for basic maternal, newborn, child health (MNCH) interventions, family planning services, and uncomplicated deliveries, though they may also be trained to provide integrated management of childhood illness and other primary health care services.

**4,200** in country\*

1 CMW : 5,000-10,000 people\*\*

**2. Lady Health Workers (LHW)** – support CMW, particularly in providing and following up antenatal and postnatal care and assisting during delivery. LHWs may refer patients to CMWs (or basic health units or rural health centers) for services too complicated for them to manage.

**48,500** in country

1 LHW : 1,200-1,300 people\*\*\*

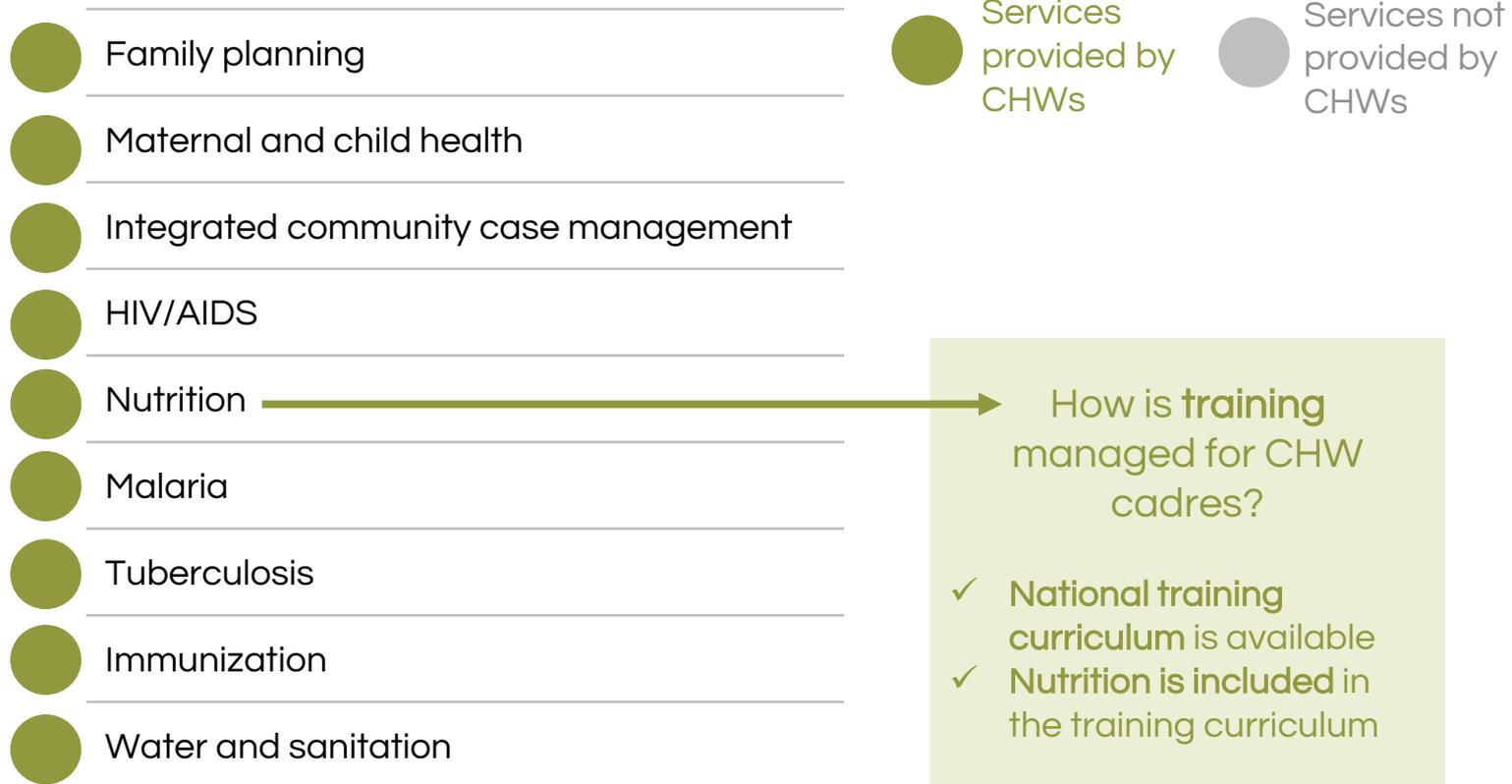
\*As of 2012, an additional 500 CMWs were awaiting deployment, 950 were in training, and there were plans to recruit and train 3,000 between 2012 and 2015.

\*\*The target ratio for CMWs under the MNCH program was first set to 1: 10,000, with plans to add more CMWs to achieve a ratio of 1 CMW : 5,000 people by 2015. 1 CMW : 5,000 people is the ratio in districts with 'scattered' populations' and urban slums.

\*\*\*It is unclear in policy if this ratio is an ideal ratio or the actual ratio of LHWs to people.



# Community health workers in Pakistan provide services in **multiple health service delivery areas.**



Community health workers  
in Pakistan support  
improved nutrition  
outcomes throughout the  
continuum of care.



# How we present our findings on nutrition services provided by community health workers.

Services, listed in tables, are categorized as nutrition **assessment**, **counseling**, or **support** actions.

Assessment	
<i>Activity / action to be taken</i>	 <i>Cadres of CHWs who conduct this task</i>
	

Counseling

Support

The tables presented for each stage of life across the continuum of care include specific nutrition-related services queried as part of the Community Health Systems Catalog Assessment.

For each stage of life, we indicate if the service is provided by community health workers and which cadres have the responsibility to provide that service.

Community health workers who provide services are identified by cadre:

**CMW**– Community Midwives

**LHW**– Lady Health Workers



Services provided by CHWs



Service not provided by CHWs or not clearly specified in policy

# For adolescents

## Counseling

Provide information/education/counseling (IEC) on iron/folate for women who are not pregnant and adolescent girls



CMW / LHW

## Support

Provide/administer iron/folate for women who are not pregnant and adolescent girls



CMW / LHW



# For pregnant women

## Assessment

Monitor weight gain during pregnancy	●	CMW
Measure mid-upper arm circumference (MUAC) screening for pregnant women	●	--
Give information on hemoglobin testing for women who are pregnant	●	CMW / LHW
Test blood for hemoglobin levels	●	--

## Counseling

Provide IEC on nutrition/dietary practices during pregnancy	●	CMW / LHW
Provide IEC on iron/folate	●	CMW / LHW
Provide IEC on insecticide-treated net use	●	CMW / LHW

## Support

Provide/administer insecticide-treated nets	●	--
Provide/administer iron/folate	●	CMW / LHW



# For breastfeeding women

## Assessment

Monitor nutritional status of women who are breastfeeding (e.g., using MUAC)



CMW / LHW

## Counseling

Provide IEC on correct positioning and attachment of the newborn during breastfeeding



CMW / LHW

Provide IEC on managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)



CMW / LHW

Provide IEC on nutrition/dietary practices during lactation



CMW / LHW



# For newborns

## Assessment

Weigh newborns



CMW

## Counseling

Provide IEC on skin-to-skin contact between baby and mother/caregiver



CMW / LHW

Provide IEC on breastfeeding within 1 hour of birth



CMW / LHW



# For children

## Assessment

Scales to measure weight of children up to 2 years of age	●	CMW / LHW
Use length boards to measure length of children up to 2 years of age	●	LHW
Measure MUAC of children	●	--
Screen children for bilateral edema	●	--

## Support

Provide/administer Vitamin A supplementation for children 6–59 months of age	●	CMW / LHW
Provide/administer micronutrient supplementation	●	CMW / LHW
Provide/administer deworming medication	●	CMW / LHW
Treating moderate acute malnutrition for children under 2 years of age	●	LHW
Treat severe acute malnutrition with ready-to-use therapeutic foods (RUTF) or ready-to-use supplementary foods (RUSF)	●	--

## Counseling

Provide IEC on Vitamin A for children 6–59 months of age	●	CMW / LHW
Provide IEC on general micronutrient supplementation	●	CMW / LHW
Provide IEC on de-worming medication	●	CMW / LHW
Provide IEC on complementary feeding practices and continued breastfeeding (6–23 months of age)	●	CMW / LHW
Provide IEC on exclusive breastfeeding (first 6 months of age)	●	CMW / LHW
Provide IEC on introduction of soft, semi-solid foods at 6 months of age	●	CMW / LHW
Provide IEC on continuing breastfeeding for children less than 6 months of age who have diarrhea	●	CMW / LHW
Provide IEC on increasing fluids and continuing solid feeding for children over 6 months of age with diarrhea	●	CMW / LHW



# For all stages of life

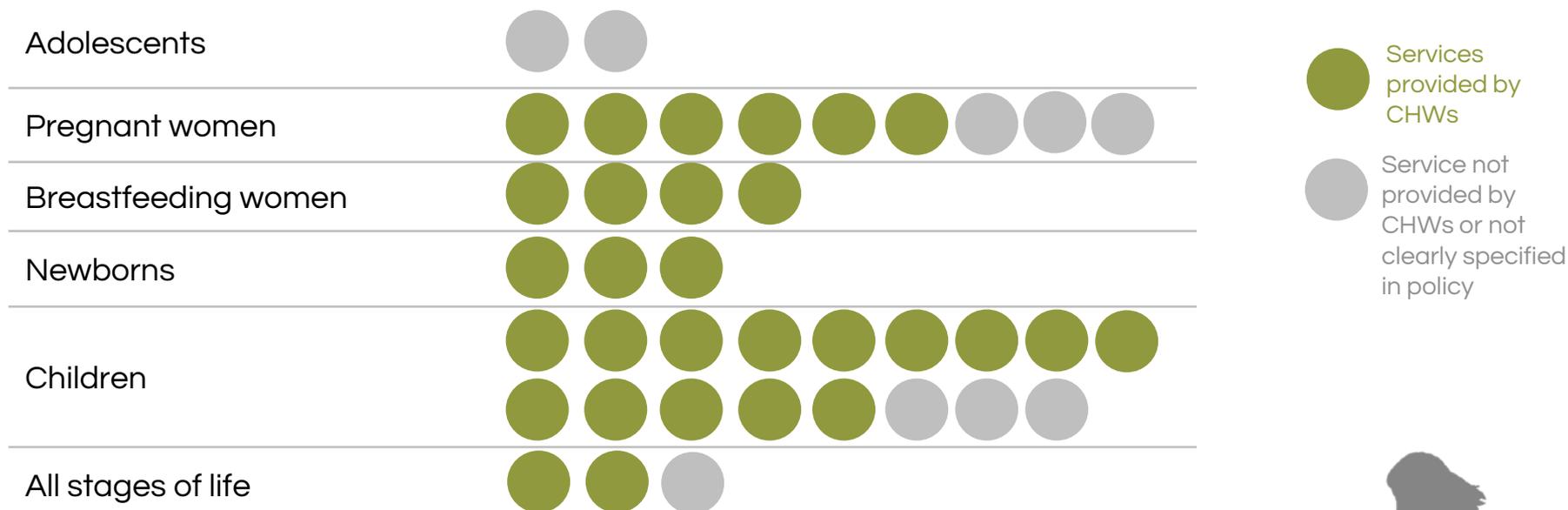
## Counseling

Provide IEC on handwashing with soap	●	CMW / LHW
Provide IEC on community-level total sanitation	●	--
Provide IEC on household point-of-use water treatment	●	CMW / LHW



# Our key takeaways

In Pakistan, two cadres of community health workers provide **29** of the recommended **38** nutrition services discussed in this assessment.



# How to use this information

We invite in-country stakeholders to use this information to:



**Identify** which nutrition-related services CHWs can provide, according to policies;



**Prioritize** and/or reassign responsibilities to avoid overburdening CHWs;



**Build** a stronger foundation of policies, tools, and systems for CHWs to conduct their work;



**Plan** additional support to CHWs;



**Design** and conduct other in-depth assessments of community nutrition programs;



**Inform** program implementers to strengthen community health interventions.

This product was developed using information collected by APC, with input from SPRING, through a desk review of existing policies and documents related to community health systems. Due to the diversity and magnitude of community health programs in a given country, we collected information based on country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale. We encourage updates and validation to specific local contexts.

# Data Notes

This document includes rich information about community-level nutrition policies and services in Pakistan. The data represented here are based on a detailed analysis of survey responses and a review of select policies related to nutrition responsibilities of community health workers.

The data come with their own caveats. Policies do not always specify which particular actions CHWs are allowed or expected to perform, nor do they give any real indication of what actions CHWs actually do perform. Policies can be general, ambiguous, and/or contradictory. For instance, a policy might list "referral for antibiotics" but it doesn't specify which antibiotics.

Furthermore, Pakistan is a highly decentralized country. In some states the policies and guidelines reviewed may not be adopted at all, may be adapted, and/or may be integrated into other documents.

You can learn more about how to map health workforce activities with the SPRING Nutrition Workforce Mapping Toolkit, available at [spring-nutrition.org/publications/tools/nutrition-workforce-mapping-toolkit](http://spring-nutrition.org/publications/tools/nutrition-workforce-mapping-toolkit)

This effort was undertaken as part of the wider Community Health Systems Catalog data collection effort.

You can find more details on the Community Health System in Pakistan and data on other countries at: [www.advancingpartners.org/resources/chsc](http://www.advancingpartners.org/resources/chsc)

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World Bank DataBank. "Health Nutrition and Population Statistics." 2016. World Bank Group: Washington, D.C. (<https://goo.gl/w1DrLr>)

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# Additional Resources on CHWs

[Community Health Systems Catalog](https://goo.gl/N1QKYK) - An innovative and interactive reference tool on country community health systems intended for ministries of health, program managers, researchers, and donors interested in learning more about the current state of community health systems. (<https://goo.gl/N1QKYK>)

[Essential Package of Health Services Country Snapshot Series](https://goo.gl/2M6FXr) - A series of country profiles that analyzes the governance dimensions of Essential Packages of Health Services (EPHS), including how government policies contribute to the service coverage, population coverage, and financial coverage of the package (<https://goo.gl/2M6FXr>)

[Community Health Worker \(CHW\) Central](https://goo.gl/dacnl5) - An online community of practice for sharing resources and experiences and discussing questions and ideas on CHW programs and policy. (<https://goo.gl/dacnl5>)

[The Community Health Framework](https://goo.gl/VZlmbm) - A framework developed for government decision makers to structure dialogues, answer questions, develop recommendations, and foster continuous learning about community health. (<https://goo.gl/VZlmbm>)

[Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems](https://goo.gl/5G0Vbc) - A systematic review of CHW programs and their impact on health-related Millennium Development Goals (MDGs) as well as eight in-depth country case studies in Sub-Saharan Africa (Ethiopia Mozambique and Uganda), South East Asia (Bangladesh, Pakistan and Thailand) and Latin America (Brazil and Haiti). (<https://goo.gl/5G0Vbc>)

[How Effective Are Community Health Workers? An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-related Millennium Development Goals](https://goo.gl/jKx2Zg) - An update and supplement to the previous paper on the effectiveness of CHWs in providing a range of health services and improving health and nutrition outcomes. (<https://goo.gl/jKx2Zg>)

# Additional Resources from Pakistan

We were unable to find resources on the provision of nutrition services by CHWs in Pakistan; however, some of these may be useful:

[Successful Community Midwives in Pakistan: An Asset-Based Approach](https://goo.gl/iWAFc5) - This paper explores the experiences of CMWs who have managed to overcome the barriers and practice regardless. Using an asset-based approach to answer the question, “what are the successful CMWs doing right given their context?” It outlines how poverty affects the adoption of this role, and how families adapt to a new breadwinner in the household, and discusses how successful CMWs had a good sense of the requirements to establish a private practice. The study provides insight on how the program might improve through adaptation of its recruitment practices. (<https://goo.gl/iWAFc5>)

[Coverage of private sector community midwife services in rural Punjab, Pakistan: development and demand](https://goo.gl/eefIT6) - Large differences in the coverage rates of CMWs were found between two districts in Pakistan. This research explores the potential reasons for those disparities in coverage. As workers in the private sector, it appears the ultimately the disparity in use of CMWs comes down to a disparity in wealth in these two districts, with cost and lack of trust as the two main factors. (<https://goo.gl/eefIT6>)

[Saving mothers and newborns in communities: Strengthening community midwives to provide high quality essential newborn and maternal care in Baluchistan, Pakistan in a financially sustainable manner](https://goo.gl/GQaVC5) - The Saving Mothers and Newborn intervention was implemented to provide support to help CMWs gain the skills necessary to establish a private practice. In addition to a lack of clinical skills, and a lack of trust from the community, CMWs also need improved business and entrepreneurial skills to become successful long term health service providers throughout Pakistan. This article outlines the Saving Mothers and Newborn intervention, and provides evidence of the effectiveness of the intervention. (<https://goo.gl/GQaVC5>)

[Evidence-based training of frontline health workers for door-to-door health promotion: A pilot randomized controlled cluster trial with lady health workers in Sindh Province, Pakistan](https://goo.gl/Jc5miu) - Through the results of a baseline study, Lady Health Workers were able to design and test communication tools within the communities that they serve. These tools facilitated positive interactions between Lady Health Workers and their clients. This project highlights several aspects of positive change as a result of data use, including the alliance of multiple stakeholders, the empowering potential of women’s participation in health promotion and community development, and the positive results of evidence-based health promotion. (<https://goo.gl/Jc5miu>)

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