
District health systems and ward based outreach teams: how far have we come?

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Political commitment

Source: Fox et al, 2011

| Components of Political Commitment | District Health System | Ward Based Outreach Teams |
|------------------------------------|------------------------|---------------------------|
| Expressed Commitment | | |
| Institutional commitment | | |
| Budgetary commitment | | |
| Values and principles | | |



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| Institutional commitment | Uneven capacity Insufficient Authority Lack of national alignment Initiative overload | Challenges: District/sub-district ownership Integration with facility teams Community partnership and participation Monitoring and evidence |
| Budgetary commitment | Unfunded mandates | Lack of ring fenced resources Conditions of service |
| Values and principles | ?Comprehensive and community oriented primary health care | |



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WBOTs in the *context* of the DHS



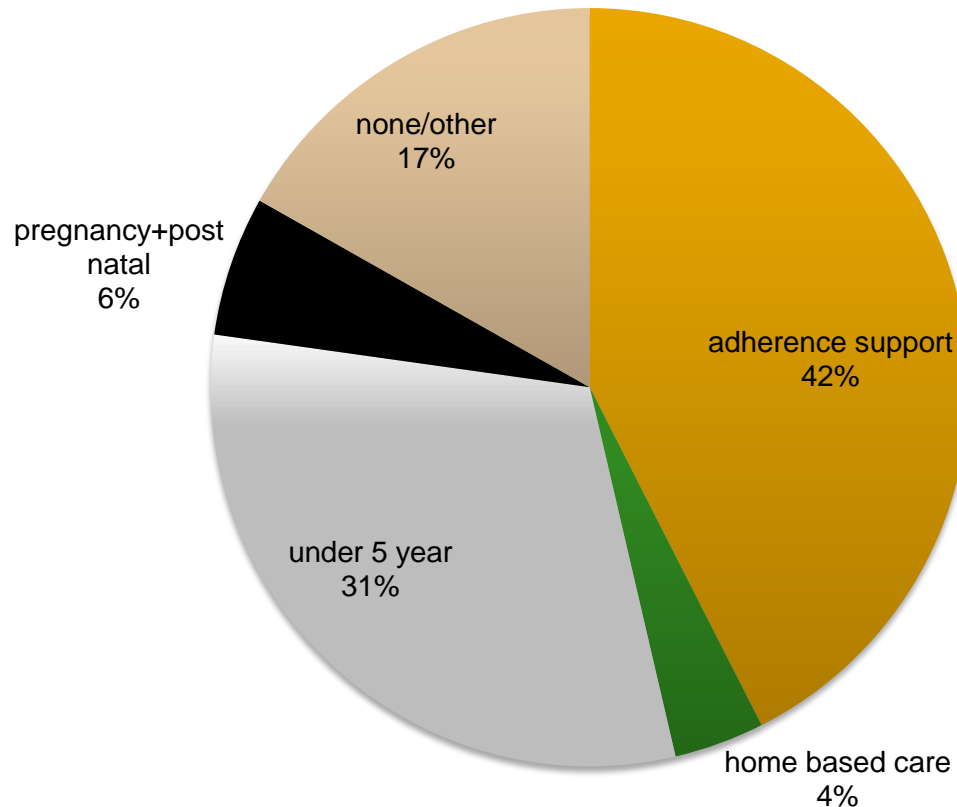
Where are we with WBOTs?

- 2014/15 NDOH Annual Report
 - 2,912/4,277 electoral wards (68% coverage)
 - 1,748 teams reported activities in DHIS
- Training: QCTO qualification, Regional Training Centres (driving roles)
- National monitoring indicators, m-health
- Community acceptability
- Wide range of approaches/models
- *“We are not there yet”*



Household activity/all household visits

+1 million household visits in 2013

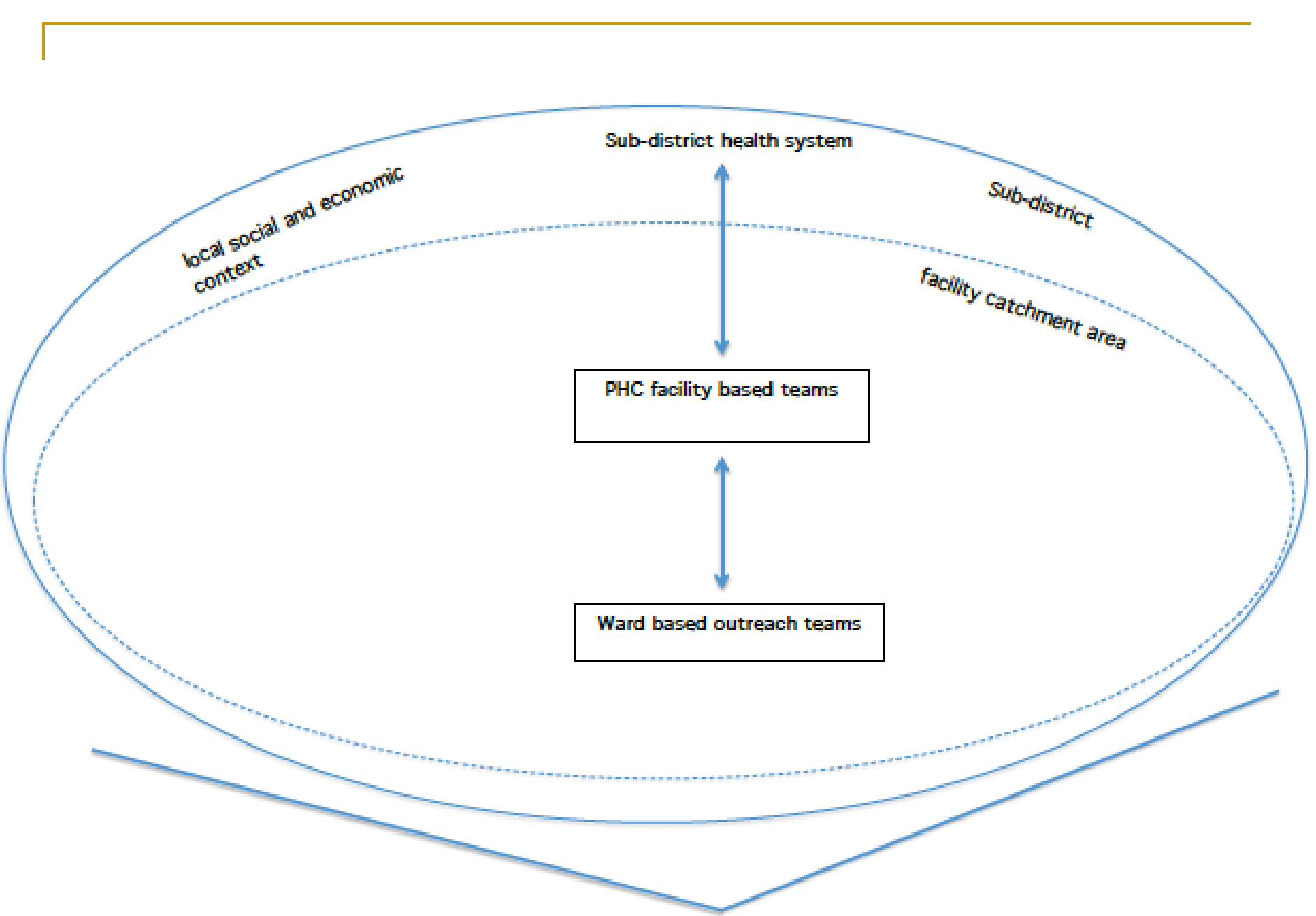


WBOTs in the DHS

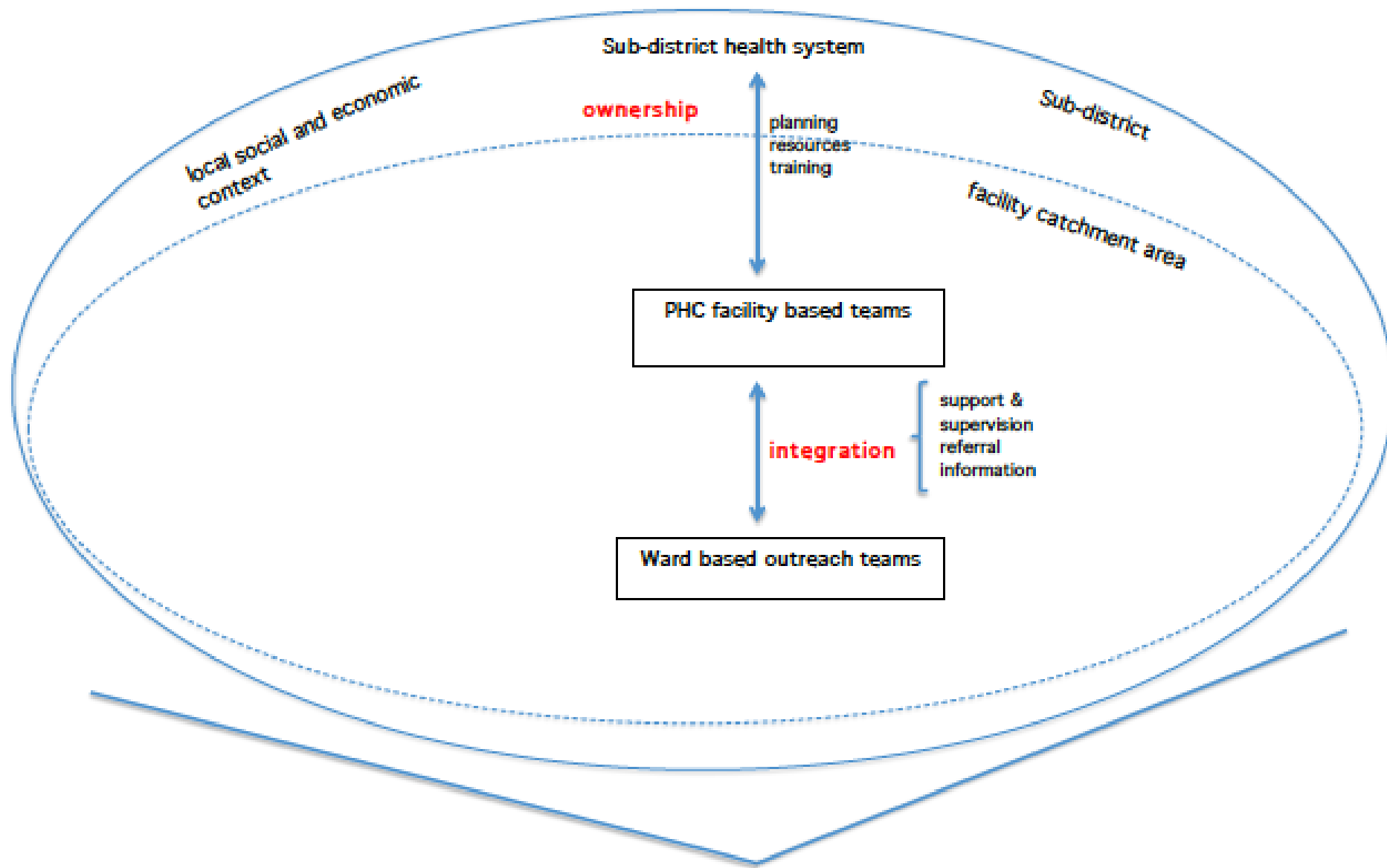
Challenges:

- Ownership
- Integration
- Community partnership and participation
- Monitoring and evidence





improved access, quality, coverage and outcomes



Sub-district health system

ownership

planning
resources
training

Sub-district

local social and economic
context

facility catchment area

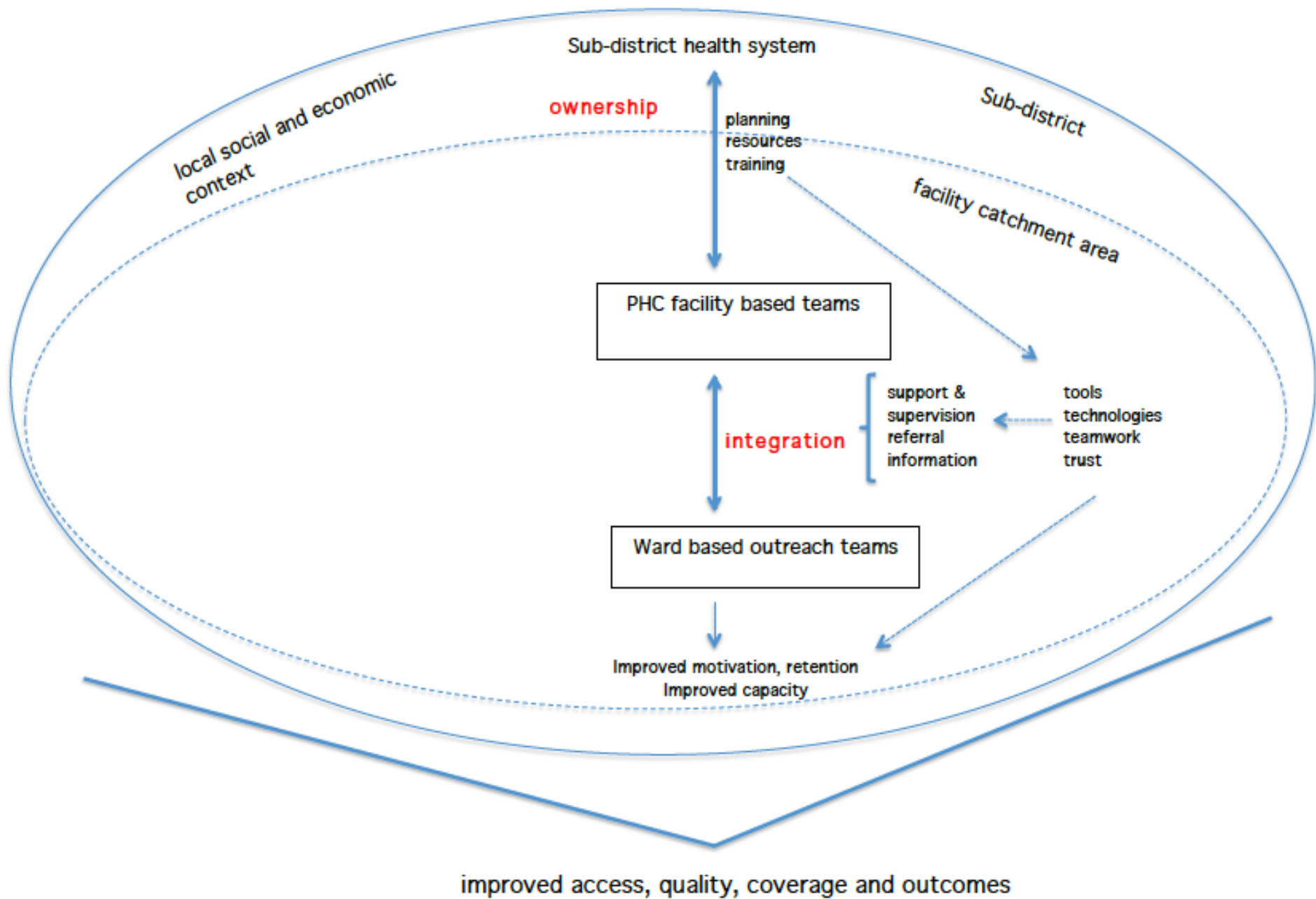
PHC facility based teams

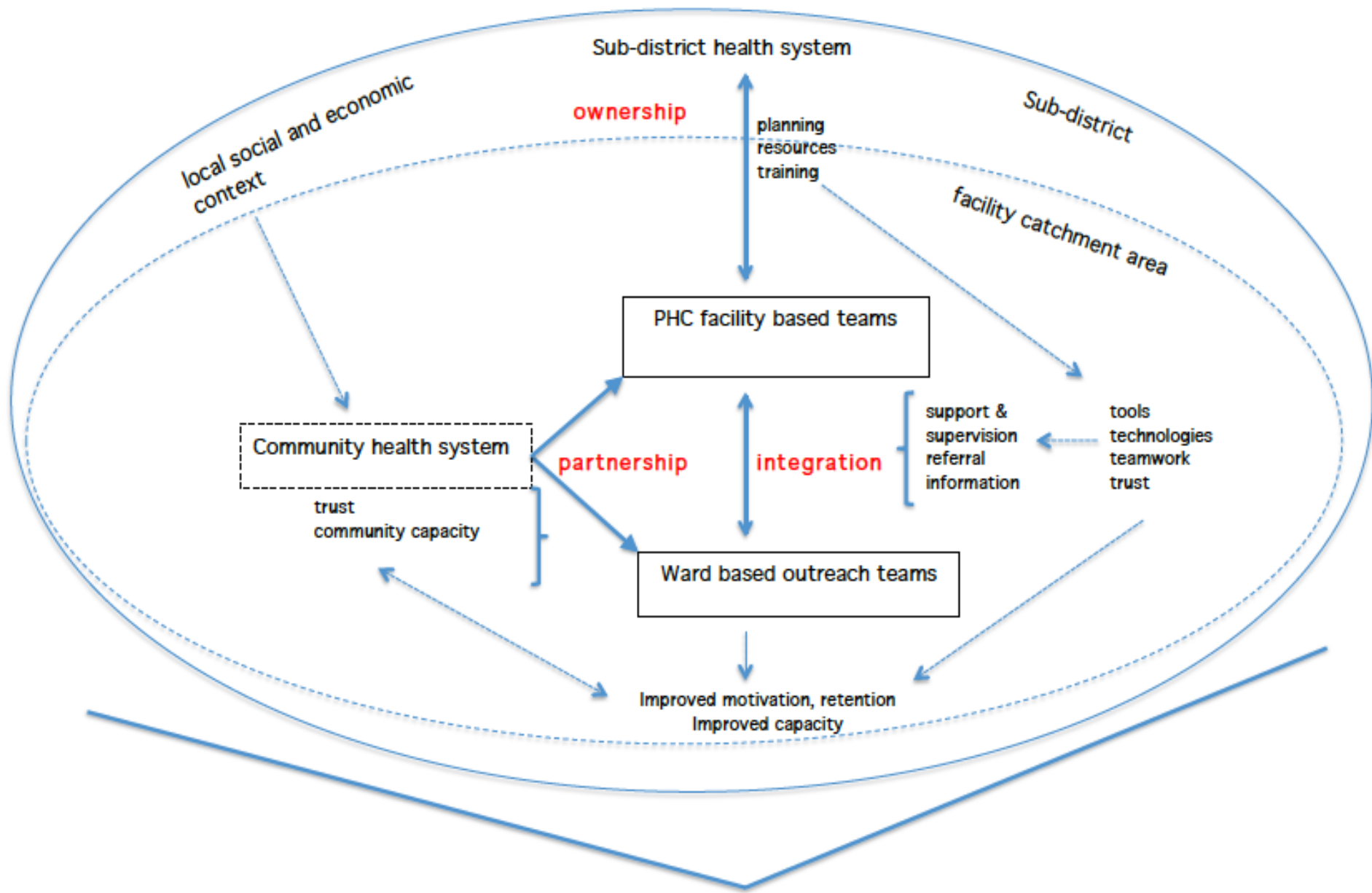
integration

support &
supervision
referral
information

Ward based outreach teams

improved access, quality, coverage and outcomes





improved access, quality, coverage and outcomes

Community participation and partnership (mobilisation)

- Key to prevention, promotion, inter-sectoral action on social determinants of health
- “...*the re-engineering of our PHC ...will encourage prevention of disease and promotion of health in contrast to the present obsession with treatment of individual disease when it is already too late for many individuals and at great cost to the fiscus and the GDP of our country.*” (Minister of Health, budget speech, 2011)
- Need for models





Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis

Audrey Prost, Tim Colbourn, Nadine Seward, Kishwar Azad, Arri Coomarasamy, Andrew Copas, Tanja A J Houweling, Edward Fottrell, Abdul Kuddus, Sonia Lewycka, Christine MacArthur, Dharma Manandhar, Joanna Morrison, Charles Mwansambo, Nirmala Nair, Bejoy Nambiar, David Osrin, Christina Pagel, Tambosi Phiri, Anni-Maria Pulkki-Brännström, Mikey Rosato, Jolene Skordis-Worrall, Naomi Saville, Neena Shah More, Bhim Shrestha, Prasanta Tripathy, Amie Wilson, Anthony Costello

Summary

Lancet 2013; 381: 1736–46

Background Maternal and neonatal mortality rates remain high in many low-income and middle-income countries.



Budgetary commitment

- Unfunded mandate
- Investment case
 - What is going to be the return?
- Need for:
 - Evidence
 - Advocacy



Thank you



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