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SPRING
Strengthening Partnerships, Results and Innovations in Nutrition Globally

How Do Community Health Workers Contribute to Better Nutrition?

India

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

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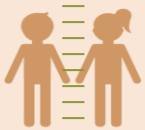
SPRING

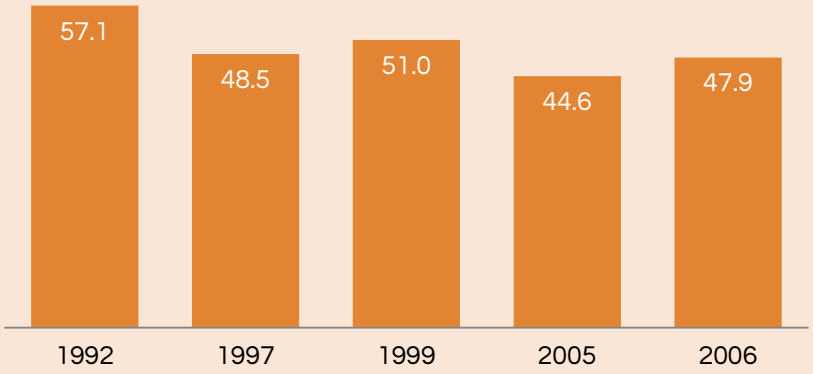
JSI Research & Training Institute, Inc.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@spring-nutrition.org
Internet: www.spring-nutrition.org

In India, **nutrition-related health issues** persist.



% children under 5

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



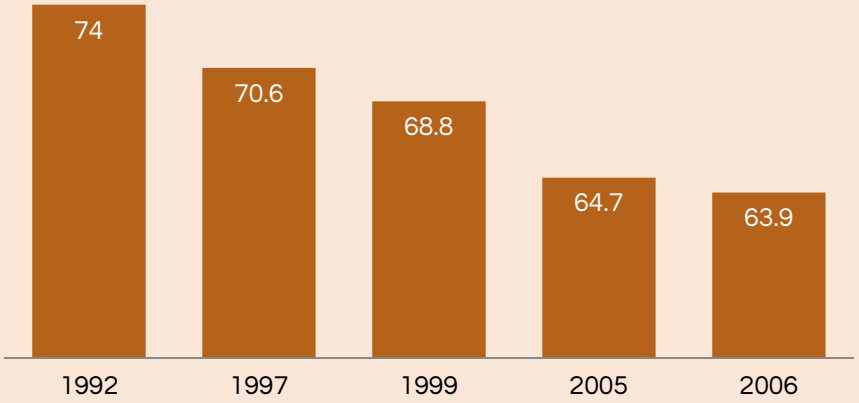
48%

of women of reproductive age have anemia

That means **153 million** Indian women have a critical micronutrient deficiency (2011)

% children under 5

Anemia also persists as a major problem for India's children.



only 46%

of infants are exclusively breastfed for 6 months (2005-06)

Source: World Bank Databank:

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

Source: Bhutta et al. 2013.

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 **India** 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 India, 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 India is guided by **multiple policies.**

Relevant Government Policies Reviewed*	Last Updated
National Health Mission: Framework for Implementation 2012-2017	2012 (assumed)
Guidebook for Enhancing the Performance of Multipurpose Worker (Female)	Not available
Home-Based Newborn Care Operational Guidelines	2014
Guidelines for Community Processes	2013

*India is a highly decentralized country. In some states these policies and guidelines may not be adopted at all, may be adapted, and/or may be integrated into other documents.

India has **three distinct cadres** of community health workers.

1. Auxiliary Nurse Midwives (ANM) work out of community facilities primarily providing reproductive, maternal, newborn, and child health (RMNCH) services.

212,185 in country*
1:5,000 people (3,000 in hilly or hard to reach areas)

2. Accredited Social Health Activists (ASHA) principally work in communities and provide a range of health services from family planning (FP) to selected newborn care services.

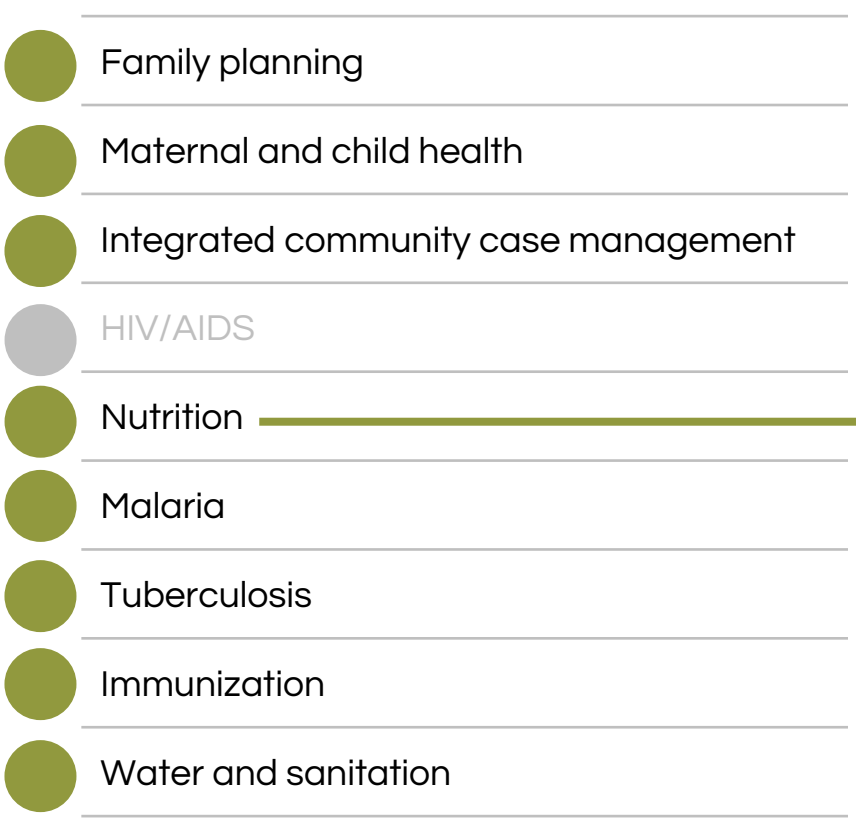
859,331 in country*
1:1,000 people (rural)
1:1,000–2,500 people (urban)

3. Anganwadi Workers (AWW) or "courtyard shelter" workers focus on nutrition and growth monitoring activities.

1,174,388 in country*
1:1,000 people

* Data on ANMs and ASHAs are from 2015; data on AWWs are from 2012.

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



Services provided by CHWs

Services not provided by CHWs

Note: Some ANMs may be able to conduct HIV testing and counseling, but it is not a core job function of the CHW cadres.

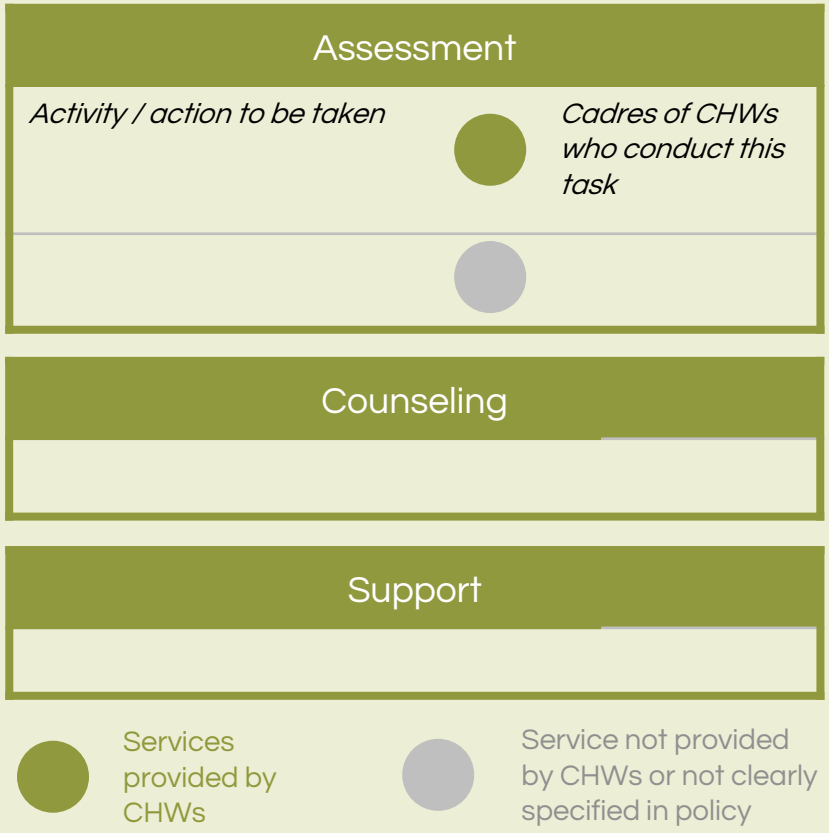
How is **training** managed for CHW cadres?

- ✓ **National training curriculum** is available
- ✓ **Nutrition is included** in the training curriculum

Community health workers in India 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.



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:
ASHA – Accredited Social Health Activist
ANM – Auxiliary Nurse Midwife
AWW – Anganwadi Worker

For adolescents

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

Support		
Provide/administer iron/folate for women who are not pregnant and adolescent girls	●	ASHA / ANM / AWW

For pregnant women

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

Counseling		
Provide IEC on nutrition/dietary practices during pregnancy	●	ASHA / ANM / AWW
Provide IEC on iron/folate	●	ASHA / ANM / AWW
Provide IEC on insecticide-treated net use	●	ASHA / ANM

Support		
Provide/administer insecticide-treated nets	●	ASHA
Provide/administer iron/folate	●	ANM

For breastfeeding women

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

Counseling		
Provide IEC on correct positioning and attachment of the newborn during breastfeeding	●	ASHA / ANM
Provide IEC on managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	●	ASHA / ANM
Provide IEC on nutrition/dietary practices during lactation	●	ASHA / ANM / AWW

For newborns

Assessment		
Weigh newborns	●	ASHA / ANM / AWW

Counseling		
Provide IEC on skin-to-skin contact between baby and mother/caregiver	●	ASHA / ANM
Provide IEC on breastfeeding within 1 hour of birth	●	ASHA / ANM / AWW

For children

Assessment		
Scales to measure weight of children up to 2 years of age	●	ASHA / ANM / AWW
Use length boards to measure length of children up to 2 years of age	○	--
Measure MUAC of children	●	ASHA / ANM / AWW
Screen children for bilateral edema	●	ASHA / ANM / AWW

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

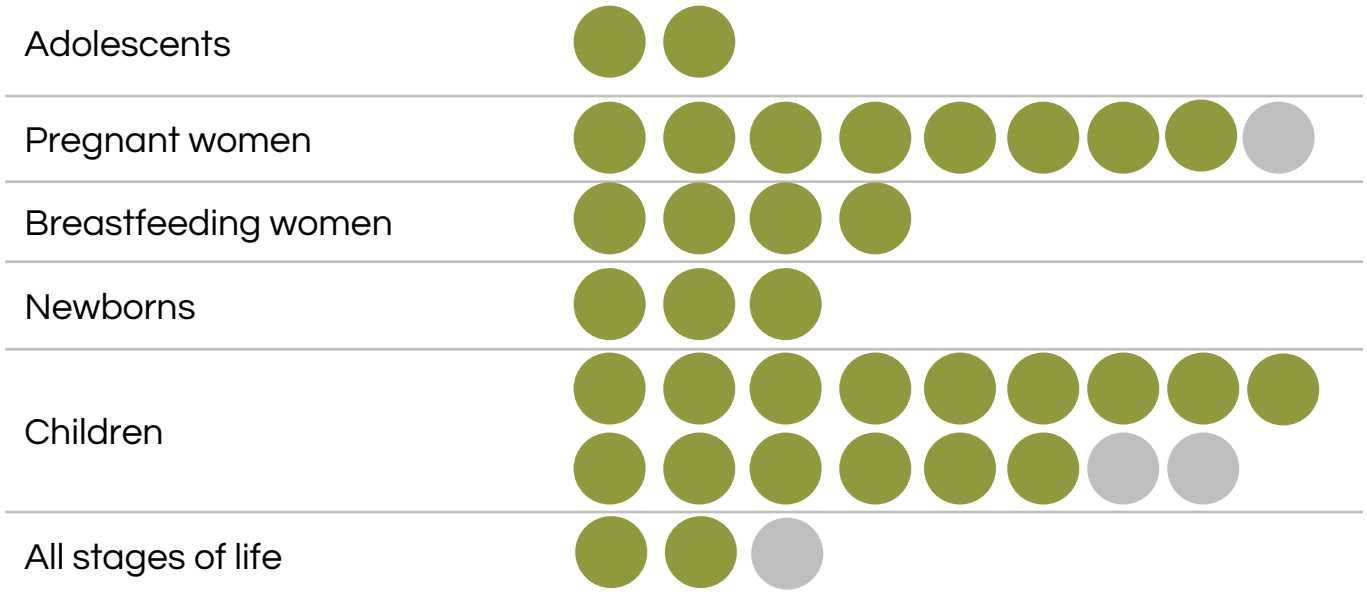
Counseling		
Provide IEC on Vitamin A for children 6–59 months of age	●	ASHA / ANM / AWW
Provide IEC on general micronutrient supplementation	●	ASHA / ANM / AWW
Provide IEC on de-worming medication	●	ASHA / ANM / AWW
Provide IEC on complementary feeding practices and continued breastfeeding (6–23 months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

For all stages of life

Counseling		
Provide IEC on handwashing with soap	●	ASHA / ANM
Provide IEC on community-level total sanitation	●	--
Provide IEC on household point-of-use water treatment	●	ASHA / ANM / AWW

Our key takeaways

In India, three cadres of community health workers provide **33** of the recommended **36** 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 India. 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, India 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

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 India and data on other countries at: www.advancingpartners.org/resources/chsc

References

Bhutta, Zulfiqar A., Jai K. Das, Arjumand Rizvi, Michelle F. Gaffey, Neff Walker, Susan Horton, Patrick Webb, Anna Lartey, Robert E. Black, The Lancet *Nutrition Interventions Review Group, the Maternal and Child Nutrition Study Group.* 2013. "Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?" *Lancet* 382 (9890):452-477. doi:10.1016/S0140-6736(13)60996-4. (https://goo.gl/jrMUov)

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Perry, Roger and Rose Zulliger. 2012. "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." JHU: Baltimore, MD. (https://goo.gl/3x9K91)

Additional Resources on CHWs

Community Health Systems Catalog - 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 - 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 - 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 - A framework developed for government decision makers to structure dialogues, answer questions, develop recommendations, and foster continuous learning about community health. (https://goo.gl/VZImbm)

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 - 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 - 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 India

Improving Performance of Community-Level Health and Nutrition Functionaries: A Review of Evidence in India - This review of the National Rural Health Mission (NRHM) and the Integrated Child Development Scheme (ICDS) III which highlights lack of supervision, poor worker motivation, and related issues as critical challenges. It shows that programs often focus on training but other performance factors such as supportive supervision, clear performance expectations and motivation and recognition are often neglected. These factors may be constraints against improving health and nutrition programs in India. (https://goo.gl/r1kNZZ)

The Role of the Accredited Social Health Activists (ASHA) In Effective Health Care Delivery: Evidence from a Study in South Orissa - This article explores the role of ASHAs in acting as an interface between the community and the government healthcare services, promoting and referring clients to health care delivery services. The authors identified challenges as well as opportunities for strengthening services provided by ASHAs. (https://goo.gl/exUCDw)

Determinants of Functionality and Effectiveness of Community Health Workers: Results from Evaluation of ASHA Program in Eight Indian States - This paper explores several operational challenges faced by ASHAs that hinder their functions and effectiveness in improving health services and outcomes. These include clarity of role, expected outcomes, adequacy and quality of training and support systems. The authors conclude that for ASHAs to be effective they must serve as a healthcare facilitator to facilitate access to care, a community level care provider for a limited range of services, and a health activist. (https://goo.gl/77Zz8x)

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