Key points

• Terminology – intervention categories
• Improved reporting of what was done and lessons learned
• What was the theory of change and did that change over time
• Measuring process outcomes
• Better understanding of who we did not capture
• Efforts to improve service delivery or empower communities
• Family involvement and dynamics
• Learning from other health areas

Evidence map for SBCE for RMNCH

Additional funding support received from USAID
**Figure 1** Conceptual framework to strengthen individual, family and community capabilities for reproductive, maternal, newborn, child and adolescent health (RMNCAH)

### Individual capabilities are strengthened
Individual members of the household and the community have the capabilities to live a healthy lifestyle, engage in dialogue on and advocate for health issues and respond to RMNCAH needs.

### Household capabilities and support are strengthened
Household members can rely on family, husband, partner support to make healthy decisions and together respond to RMNCAH needs.

### Community capabilities and actions are strengthened
Communities have the capabilities to take action and advocate for RMNCAH and engage with other stakeholders in health, education and development policies and programming.

### Health service capabilities are strengthened
Health management and workforce have the capabilities to engage with communities and other stakeholders for more responsive RMNCAH services and programmes in health and development.

### Actions to strengthen capabilities for reproductive, maternal, newborn, child and adolescent health (RMNCAH)

#### Self-care and care in the household improves
- Appropriate self-care and care for pregnant women, women after birth; adolescents, newborns and children;
- Improved adherence to health worker advice; adequate nutrition; adequate hygiene; prevention of accidents, etc.

#### Care seeking improves
- For antenatal care; child birth; postnatal care; care in case of MNCH complications and illnesses; adolescents access sexual and reproductive health and mental health services; increased access to RMNCAH services by vulnerable groups, etc.

#### Equitable household dynamics
- Improved couple and parent-child communication;
- Increased joint decision-making;
- Increased financial support and access to household resources for women;
- Increased physical support;
- Increased emotional support;
- Increased support for girls' secondary education, etc.

#### Support for RMNCAH in the community increases
- Community leaders engaged;
- Increased community dialogue and support;
- Increased collective action and measurement of progress;
- Balanced gender roles; formal mechanisms established for community engagement in services, programmes and policies, etc.

#### Health service responsiveness and quality improves
- Safe respectful maternal care; adolescent-friendly services; baby- and child-friendly services; formal mechanisms for community engagement, including voices of women; improved community-service relations, etc.

#### Structural and policy change
- Legislation for improved gender equity and social inclusion; roads and transport available to reach services; healthy markets and community spaces; improved infrastructure for water and sanitation; policy to address age of marriage; tobacco control measures in place; optimal use of information and communication technologies, etc.

### Structural and policy actions

#### Health outcomes
- Reduction in MNCAH disabilities, morbidity and mortality
- Improved child growth and development
- Improved adolescent wellbeing

#### Social outcomes
- Improved quality of the supportive environment
- Improved social cohesion
- Increased accountability and community participation
- Reduced inequality and discrimination
- Improvements of status of women
- Increased education and employment
Interpersonal communication and education activities

SBCE service and programme strengthening activities

Community mobilization and participation

Interventions to address financial barriers

Mass and social media

SBCE Packages
Available studies

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>No. of Studies</th>
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<tbody>
<tr>
<td>Healthy timing and spacing of pregnancy</td>
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<tr>
<td>Care during pregnancy, childbirth and after childbirth</td>
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<tr>
<td>Care-seeking for newborn illness</td>
<td>22</td>
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<tr>
<td>Infant feeding and nutrition</td>
<td>195</td>
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<td>Immunizations</td>
<td>37</td>
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<tr>
<td>Care-seeking for childhood illnesses</td>
<td>29</td>
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<td>Diarrhoea</td>
<td>30</td>
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<td>Water, sanitation and hygiene (WASH)</td>
<td>54</td>
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<tr>
<td>Early child development</td>
<td>49</td>
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Available reviews

<table>
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<th>Health Topic</th>
<th>No. of Reviews</th>
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<tr>
<td>Care during pregnancy, childbirth and after childbirth</td>
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<td>Infant feeding and nutrition</td>
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<td>Early child development</td>
<td>11</td>
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<tr>
<td>Pneumonia</td>
<td>9</td>
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</table>
Figure 10 Ongoing impact evaluations by intervention area

Number of comparisons

- Home visits
- Group - any setting
- Facility based
- Mixed interpersonal
- Mass media and education entertainment
- Social media and m-health
- Social marketing
- Community mobilization
- Community participation and social accountability
- Provider training and service delivery adjustments
- Demand-side financing
- Community health insurance
- Community mobilization packages
- IPC and mass media and entertainment education
- IPC and social media and m-health
- IPC and social marketing
- IPC and demand-side financing
- IPC and community participation and social accountability

No. of comparisons with SBCE intervention only
No. of comparisons with a non-SBCE intervention component
Impact evaluations: Interventions by health topic
Systematic reviews: interventions and RMNCH

- Interpersonal communication (IPC) / educational activities
  - Home visits
  - Group- any setting
  - Facility based
  - Mixed interpersonal

- Mass and social media activities
  - Mass media and education entertainment
  - Social media and m-health
  - Social marketing

- Community mobilization / participation activities
  - Community mobilization
  - Community participation and social accountability

- SBCE Service / programme strengthening activities
  - Provider training and service delivery adjustments

- Interventions to address financial barriers
  - Demand-side financing
  - Community-based health insurance

- SBCE packages
  - Community mobilization packages
  - IPC and mass media and entertainment education
  - IPC and social media and m-health
  - IPC and social marketing
  - IPC and demand-side financing
  - IPC and community participation and social accountability
### Inconsistent nomenclature

<table>
<thead>
<tr>
<th>Intervention category</th>
<th>Intervention</th>
<th>Intervention definition</th>
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<tbody>
<tr>
<td>Interpersonal communication and educational activities (IPC)</td>
<td>Home visits</td>
<td>Provision of education, information and counselling in the home by a health professional or trained volunteer/peer</td>
</tr>
<tr>
<td>Facility-based IPC and counselling</td>
<td></td>
<td>Provision by health worker/health professional of education, information and/or counselling to individuals in a facility</td>
</tr>
<tr>
<td>Group IPC – any setting</td>
<td></td>
<td>Provision of information, education and/or counselling to a group rather than one-to-one, in any setting</td>
</tr>
</tbody>
</table>

| SBCE service and programme strengthening activities | Provider training and service delivery adjustments | Training of health providers, and other service providers, such as teachers and pharmacists, in skills and techniques related to communication, health education and community engagement and any adjustments made to service provision based on community perspective of quality, i.e. hours for service delivery |

| SBCE packages | Mixed IPC approaches (more than one IPC and educational activity: a combination of home visits, facility-based and/or group approaches) | See definitions above |
| Community mobilization packages | See definitions above |
| IPC and educational activities and mass media and education entertainment | See definitions above |
| IPC and educational activities and social media and m health | See definitions above |
| IPC and educational activities and social marketing | See definitions above |
| IPC and educational activities and demand-side financing | See definitions above |
Outcomes

• Knowledge and attitudes
• Household dynamics / communication
• Care practices
• Care-seeking behaviour
• Quality of care / satisfaction
• Community capacity, participation and accountability
• Health
• Cross-cutting
  • Gender equity / status of women
  • Social cohesion
• Cost
PRS version 1.0

24 items across five sections

Programme overview
Programme components and implementation
Monitoring of implementation
Evaluation and results
Synthesis

http://apps.who.int/iris/bitstream/10665/258932/1/WHO-MCA-17.11-eng.pdf?ua=1
Implementation Site: SOMAARTH DDESS (Palwal District Haryana)

- **50 villages**
- **1,92,2017 population**

- CBR 26/1000
- NMR 21/1000
- Inst. Delivery 80%

- 46 Medical Officers
- 46 ANMs
- 33 Staff Nurse
- 172 ASHAs
Mothers’ awareness, perspectives and practices on care seeking

Care Seeking Behavior (Young Infants)

- Cold, Cough, Diarrhea (Mild)
- *Cold, Cough, Fever, Diarrhea, Pneumonia, Cholera (Severe)

Village Doctors (RMP)

- When not improving
- Refer to Hospital
  - Hospitals (Government, Private)
  - Clinics

Traditional Healers

Wait & Watch

Recover on Own

Home Remedies

*When not improving

Occasionally Consult & Seek Advice

Explore the availability of medicines from ASHA

ASHA

Advice & Referral

*In case of (Fever, Cough, Vomiting, Diarrhea, Pneumonia)

* Difference: a). Severity; b). Availability of money; c). Mother’s Education @ ANM not mentioned.