transform nutrition

Guidance note 2

Sita, paramedic at the Poilarkandi health clinic in Bangladesh, performs an antenatal check on Rohima.

Frontline Health Workers: pivots for mass behaviour change

Theory of Change and rationale for Frontline Workers

It is difficult to envision successful implementation of public health projects or programmes without frontline workers (FLWs) working in unison with shared purpose. In the context of maternal and child health, FLWs are invaluable to implement programmes at scale, deliver essential services at critical periods of life (e.g – first 1,000 days), improve uptake of health and nutrition services and act as pivots for community engagement (Bhutta, Das et al. 2013). In the long run, these changes translate to healthy babies of healthy mothers raised in an optimal environment. The theory of change attempts to predict the sequence of the cascade of events based on the best available evidence (Darmstadt, Marchant et al. 2013). FLWs are central to this paradigm and a clear understanding of conditions they work best at underpins success of any major health and nutrition programme.

Nature of interventions

An important part of Transform Nutrition's (TN) work has involved exploring drivers of FLW performance. What emerged as crucial was that the nature of interventions (product or information) contributed to FLW performance. Compared to information-based services, such as counselling, FLW were more inclined to deliver products like food or immunisation. This was partly driven by preferences of the beneficiaries (John A 2016). In addition, our work has shown FLWs were more likely to provide information while delivering the product (Kosec, Avula et al. 2015). As discussed below, this should be taken into account when designing incentive structures for FLWs.

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Smart incentive structures

Monetary incentives matter. On examining how individual factors influence FLW's performance, Aparna John (2016) dissects three different sources of motivation of FLWs – moral, social and finance. Financial motives appeared to be a strong reason for FLWs to take up the job, as many come from very poor households. However, as noted previously, *what* is delivered substantially influences how many households receive it. For instance, incentives for FLWs tasked with counselling can vary depending on how many beneficiaries receive it. Relevant information delivery can also be creatively tagged with products, e.g – general nutrition counselling with immunization, without making the overall work too complicated or time-consuming.

Better recordkeeping

Maintaining good and complete registers or records of beneficiaries can provide a systematic approach to identify and deliver products or services as and when needed. Indeed, households in rural areas where FLWs maintained a register were twice as likely to receive pregnancy care information (Kosec, Avula et al. 2015). The need for proper documentation is important for community-based curative nutrition intervention like management of acute malnutrition (CMAM). The success of CMAM programmes hinges on correctly identifying acutely malnourished children and appropriate treatment with proper follow-up. However, the effectiveness of programmes for CMAM treatment and follow up is highly constrained by poor record-keeping and data quality. It is usually cumbersome when done manually and creates high workloads which hinders performance. TN research successfully demonstrated the effectiveness of deploying a mobile app that used the Integrated Management of Acute Malnutrition (IMAM) protocol to improve accuracy of identification of cases and automate record-keeping (Roschnik, Chui et al. 2017). The preliminary findings from a randomised trial of the app in the Wajir region of Kenya found that it generated 100% complete IMAM data of the child, reduced reporting errors by 25% and provided child data to policymakers at the district level within 1.3 days of collection, on average.

Role of training

Transform Nutrition's research on effectiveness of a Baby-Friendly Community Initiative (BFCI) in the urban slums of Kenya highlighted the importance of adequate

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Rong Mala's and six day old, Rakhal, receive a post natal check up at the government clinic, Badulpur, Habijganj, Bangladesh.

training of FLWs. They reported increased confidence in service provision which was reflected in the adherence of mothers to their counselling messages (Kimani-Murage et al 2016). However, the BFCI intervention was purely an information-based service. Our Bihar study found that training was not a significant predictor of delivery of product-oriented services (Kosec, Avula et al. 2015). However, we must exercise caution here; as the authors acknowledged, poor supervision and training have been historically poor in rural India which may explain the insignificance in this study.

Lower caseloads and keeping messages simple

Ambitious programmes are often tempted to pack in as much content as possible in each FLW contact session with beneficiaries. This does not only increase the workload for FLWs but runs the risk of overwhelming the beneficiary (information overload) and makes it less likely for the message to translate to appropriate behaviour. Health workers are also likely to be selective in delivering interventions or messages when the workload is high (Billah et al 2017). The results of the ENLIB (Evaluation of Nutrition and Livelihoods Interventions in Bangladesh) study are testament to the central role of FLWs as agents of behaviour change (Nisbett, Longhurst et al. 2016). Over the year, their survey data of the intervention

revealed reduced intensity of behaviour change messaging as a result of high caseloads per FLW. The study recommended taking into account factors such as distance when allocating caseloads and lowering the ratio of beneficiaries to FLWs in order to maximize frequency and duration of contact of counselling sessions. There was strong evidence to suggest reducing or refocusing messages to keep them simple, for example – instead of combining messages of breastfeeding with complementary feeding in a single session, dividing them between two sessions. Complex messages tempt FLWs to pursue shortcuts. When the mobile app for IMAM was deployed, many health workers were resistant to using the app because of the complexity of the treatment protocol and high caseloads typical in remote areas. It was easier to take short-cuts on paper. Understanding this, an initiative was taken to simplify the IMAM treatment protocol to avoid these frustrations.

Political context

In India, caste dynamics at the community level can impede FLW recruitment, management and performance. When Anganwadi workers (AWW), FLWs of India's Integrated Child Development Services (ICDS), work in a community catering to households of various caste, their performance is negatively affected if they provide food and pre-school services that disproportionately target members of a particular caste. Even reports of physical violence have been recorded from the field as a result (John A, 2016). The Mangaon case study demonstrated the dynamics of one such interaction between the Marathas and Dalits (Deshpande, 2017). Ultimately, the local state intervened to resolve these disputes by acting as instruments for equitable distribution of resources regardless of caste.

Conclusion

Frontline Workers are the agents of change most proximal to the beneficiaries. To scale up impact of effective nutrition interventions, it is clear we need the right mix of critical elements in place. However, without a well-trained, properly incentivised, FLW force to efficiently deliver what works best to those who need it most at the right time, little else will matter. Policymakers should prioritise an appropriate choice of interventions fitting the capacity of the frontline workers to garner maximum gains in coverage of nutrition interventions.

Credit

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Further reading

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