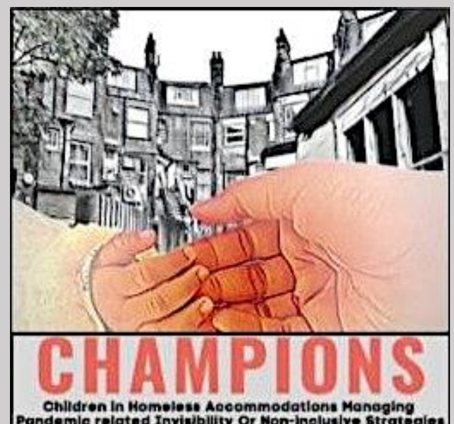
CHAMPIONS GLOBAL INSIGHTS REPORT



CHAMPIONS PROJECT GLOBAL INSIGHTS REPORT

April 2023

Insights from the field:

Interviews with global experts to map public health interventions that focused on accessing marginalised children who reside in vulnerable communities

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Children in Homeless Accommodations Managing Pandemic Invisibility Or Non-inclusive Strategies

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Insights from the field: Interviews with global experts to map public health interventions that focused on accessing marginalised children who reside in vulnerable communities

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Supported by the CHAMPIONS team.

Introduction

The CHAMPIONS project explores the impact of COVID-19 on children under 5 living in temporary accommodation (TA). It takes an interdisciplinary, multi-level, mixed-methods approach to triangulating systemic and COVID-19-related barriers to achieving optimal health outcomes for children under 5 who were living in TA during the pandemic.

The first phase of this project was to conduct a targeted systematic rapid global scoping review. This scoping review was supplemented by knowledge and lived experiences-gathering from global experts, as presented here, mapping public health interventions that focused on accessing marginalised children who reside in vulnerable communities as a consequence of ethnic and/or cultural status, location, environmental or health disasters, displacement, stigma, or other factors, and improving outcomes in children living through challenging conditions.

As part of this, a selection of professionals with national and international expertise in public health were interviewed, focusing on those who had devised and worked on innovative public health projects. Experts were identified through the extensive network of the CHAMPIONS team and beyond and had to satisfy the following inclusion criteria: (i) practising medicine or having an involvement in community support initiatives in health in the Global South or LMICs (or during COVID in the UK); (ii) having knowledge of, or expertise in, designing health interventions for public health in poor resource or high-stress environments (following natural disasters, wars, or other environmental or health crises); (iii) having experience and/or knowledge of working with children or for children's health benefits. The aim was to seek information from them about effective methods for engaging with vulnerable children and improving their health outcomes, based primarily on interventions implemented in low-and middle-income countries (LMICs). The interviews were not conducted as part of a systematic review, but rather as a supplement to the primary scoping review.

These interviews supplemented the main systematic scoping review report by identifying effective practices, either from unpublished reports or from technical reports only made available to the funders. Responses were included for analysis if they included at least one innovation related to improving coverage, access, and utilisation of child health and nutrition services or strengthening the health system.

We used the working definition of innovation taken from The Public Health National Centre for Innovations[1]: "A public health innovation:

- Is novel, new, or creative;
- Reflects the dynamic state of change inherent in public health transformation;
- Occurs by internal or cross-sector collaboration;
- Involves co-production of the process, policy, product, or programme with partners, stakeholders, and/or customers;
- Has the potential to generate a new or improved means to create value;
- Lends itself to adaptation and adoption/replication and diffusion;
- Generates real-time information for evaluation and course correction; and
- If related to technology, uses open-source technology (i.e., the technology is in the public domain) in order to facilitate adaption and adoption/replication."

Interventions

Below is a list of the interventions that were identified through interviews.

1. Reducing neonatal mortality from Possible Serious Bacterial Infection (PSBI) or Neonatal Sepsis

Location: India

This is a non-profit research project conducted by faculties from different medical schools, with the aim of reducing infant mortality rates by treating possible infections in the target neonatal population (0-2 months) using Gentamicin injections. It is being implemented in Saharsa, the poorest performing district in Bihar for maternal and child health, which was chosen due to poor access to secondary-level services. An injection at the primary administration centre, followed by referral to regular services while waiting for transportation, reduced the death rate from infection from 30% to 8%. The project has since passed the pilot stage and expanded to multiple institutions. The initial project was funded by the Gates Foundation and Save the Children. Current treatment is based on policy changes.

2. Palanhar Yojana Scheme, Child-Sensitive Social Protection (CSSP)

Location: India

The work centres on improving the caregiver skills of adults and the life skills of children (orphaned and fostered) in the Palanhar (meaning caregiver) scheme. This is achieved through cash transfers to caregivers of orphans and other vulnerable children. It also aims to strengthen the role of schools and other relevant institutions in enhancing the well-being of children participating in the Palanhar scheme. The project has three major components: improving access to social protection for children, linking social protection to child sensitivity, and influencing government social protection policies and programmes. The scheme has continued in its original or modified form in some Indian states.

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[1] https://phnci.org/innovations/about-innovations

3. The ISULabaNtu Project

Location: South Africa

This project focuses on upgrading informal settlements in South Africa using a participatory approach, looking to solve problems related to a lack of resources and technical knowledge. Using data collection, capacity-building, and community-mapping in collaboration with residents, the project team is developing an integrated toolkit that could be applied to other regions. The project is ongoing and working in partnership with policy-makers and professionals in the housing and infrastructure sectors. More information about the approach, project background, methodological tools, and insights into the three case study sites (Namibia Stop 8, Piesang River and Havelock), along with the project team's community engagement strategy, can be found here: https://www.isulabantu.org/

4. Collaboration between the Save the Children NGO and National Rural/Urban Mission for Child Health Welfare

Location: India

This project is a situational analysis of daily wage earners living in temporary accommodation in India. The collaboration funded a mobile medical unit comprising of a doctor, nurse, and lab technician. They deal with maternal and child health issues. The unit is used for mapping the target population using a geographic information system (GIS) after providing advance notice of the location of the mobile unit. It identifies various impacts on antenatal care, immunisation and vaccination as well as the treatment of infectious diseases through the establishment of a referral mechanism and improvement of primary health centre (PHC) provision. The scheme continues, having been transferred and merged with existing government services working in the geographical regions in order to avoid duplication of services.

5. Naubat Baja – Chiranjeevi Yojana

Location: Rajasthan, India

This is a project looking at how to provide educational messages using radio for the illiterate adolescent population in Rajasthan, India. Health-related messages were recorded in a professional studio with a dedicated writer and producer. The aims are to reduce the incidence of child marriage, improve knowledge about government health schemes and youth employment, and provide social and nutrition information. The messages can be accessed through a mobile phone that is not affected by connectivity issues or requires access to the internet.

The content consists of Bollywood music, competitions, and health education messages, and it changes every third day to remain interesting and entertaining. The project is continuing in some parts of the state with the help of private businesses, the Ministry of Education and NGOs.

6. Socio-economic gradient in inequality cluster randomised trial

Location: Majnu-ka-Tilla, Delhi, India

This project was funded by the Wellcome Trust to review the socio-economic inequality gradient in a cluster randomised study. Working with the local municipal corporation, the aim of this project was to identify inequalities related to oral health among people living in the Majnu-ka-Tilla slums on the outskirts of Delhi, India. These were Rajasthan migrants who are normally in the Kathputli (puppetry) trade but had to move to Delhi to seek alternative employment or continue work related to puppet shows. Various education methods (monographs with pictorial messages, an animation about sugar during festivals, same-sex training) and strategic venues (temples and other places where people congregate) were used to deliver health messages using political and religious contacts. The education tools developed in the project have been approved by the central board of education for wider use outside the project.

7. One Nation-One Ration: Caring for migrant children of daily wage earners that move to temporary accommodation near construction sites

Location: India

Aide et Action, funded by donors, ran this project with the aim of helping to sensitise the government to the health and social issues faced by seasonal workers who move to live near a construction site in temporary accommodation constructed at the beginning of a building contract and demolished at the end.

They identified the children and their families, gave them government enrolment, connected them with Anganwadi (children's centre) workers, and provided details of benefits and services including immunisation, periodic health checks, regular health records, iron supplements for adolescent girls, and sexual orientation via the provision of links with the local education system for school-going children. This project took place in selected states in India including Madhya Pradesh and Tamil Nadu. Each state could have 1500-3000 migrant families participating. The programme was beneficial to migrant families and children and sensitising governments to the needs of these families.

However, as the health services were mainly state-provided, the project identified that there was still limited provision for outsiders. They found that externally-funded successful projects would therefore need to be used to bridge the gap in the provision of services, and that further government sensitisation efforts needed to be targeted towards this.

8. State national nutrition plan for Delhi

Location: Delhi, India

The programme aims to improve nutrition for malnourished (low-weight) children, using self-help groups run by Accredited Social Health Activists (ASHA) and Anganwadi workers. Progress is monitored by Anganwadi group "growth monitoring" in the first few weeks of life. This is a

programme funded and run by the Ministry of Women and Child Development in India and the World Food Programme. It has been ongoing since 1976 and has mainly been implemented via the provision of ration packs to poorer families. However, some parts of the state are doing better than others, depending on the leadership of motivated programme officers and workforces delivering the programme. The programme has been adversely affected by COVID-19 and the supply of food.

9. Prayatna Programme

Location: Odisha, India

This is a malaria health programme aimed at reducing malaria incidence by 2027 and eliminating malaria in Odisha by 2030. Saathi (friends) with a specific focus on malaria are appointed as local ambassadors in communities. Each has one city block to cover, and their role is to carry out surveillance, contact tracing, identification of stagnant water, provide long-lasting incentives with medicated mosquito nets and make treatment referrals. All training of Saathi is done locally with malaria kits/diagnostics with local Accredited Social Health Activists (ASHA). The project focuses on high malaria incidence in localised areas (Malkangiri and Korapher) in Odisha. It also involves software-based decision-making using smartphones. This programme is in its third year of the five years funded. Advocacy is continuing and begins with the integration of the current team into the local health system.

10. International Play Association curriculum to introduce play to children

Location: Thailand

The aim of this project was to reduce the time that small children spent using mobile phones for entertainment and replace them with play activities. During COVID-19 and lockdown, children often spent 12-16 hours on mobile devices (cheaply available in Thailand) as they were not allowed to go out. Parents, while busy with work indoors, did not feel it was safe to send their children to play outside.

It should be noted that the programme was funded by the Thai Health Promotion Foundation, which is funded by the tobacco industry. In Thailand, 40-50% of adults smoke. The programme is expected to continue being funded by the Thai Health Promotion Foundation with the aim of promoting child play and the further training of play workers.

11. Community Mental Health Resilience Project: Storytelling group

Location: Guyana

This project involved participants from the Afro-Guyanese, Indo-Guyanese and Brazilian populations in the community of Enmore, Guyana. It took a participatory action research (PAR) approach for developing a socio-technical tool using storytelling. Participants told stories about their difficulties and how they overcame them, which in turn was meant to encourage and inspire others in finding ways to deal with their own problems.

Common themes that emerged from the stories were a recognition that individuals possessed resilience and were survivors, that there was power in togetherness, and that there existed a willingness to share their experiences in the communities involved. The programme also helped reduce anxiety and negativity due to suicidal thoughts and spread positive messages to help community members cope with uncertainty.

12. COVID-19 vaccine hesitancy and attempts at increasing the uptake of vaccination in vulnerable communities

Location: United Kingdom

Various public health professionals in the UK were interviewed to explore innovative approaches to managing compliance with COVID-19 restrictions and vaccinations, increase uptake of COVID-19 vaccines, and increase compliance with quarantine isolation and attendance at test and trace clinics.

The most successful methods identified by the programme were:

- Using a mobile health unit in a van to drive and base themselves in the most deprived areas in order to administer vaccines directly as people reported not being able to travel to vaccination centres for a variety of reasons.
- Setting up a mobile GP practice hosted by a group of general practices in order to reach groups who do not normally register with GPs, such as people experiencing homelessness and Travellers.
- Door-to-door knocking/calls by health visitors/nurses in order to arrange the administration of vaccines at home.
- GPs vaccinating house-bound vulnerable populations at home.
- Using premises where communities congregate on special days as vaccination locations (Temples, Mosques, Gurdwaras, working men's clubs). This kind of outreach service had never been considered or used by the NHS in the past.
- Asking local champions, religious leaders and local politicians to encourage vaccination in their community.

Key Findings

The interviews revealed several strategies for engaging with vulnerable populations and improving their access to health services. Some of these are easier than others to translate from their original contexts to work in the UK. However, all hold lessons that can be applied in the UK.

These strategies can be divided into three main categories: presentation of information, engagement with the community, and optimisation of service provision.
We identified a final group in which we included other strategies that were deemed less applicable to the UK because of differences in healthcare systems internationally. It is still worth mentioning, however, as we felt it could still provide useful insights that could be modified for implementation in the UK system.

Presentation of information

Information dissemination is often challenging with vulnerable communities, so finding an effective method is essential.

Using edutainment – a portmanteau of education and entertainment

By combining education about issues such as health and government policies with entertainment, such as music or dramas, greater uptake and awareness among the population can be achieved. Therefore, the creative presentation of information in an entertaining and accessible way is key.

One successful programme disseminated government health messages via radio – often a device that people with limited digital access will be able to use – that could also be played for free on mobile phones without the use of paid data. This made it particularly useful to young people and meant that one phone could be used by several children in one family to listen to the music and health messages.

Presenting information in innovative ways

It can be challenging to develop written material suitable for all community members. Some communities may have low literacy levels, whilst some interventions may be on too large a scale for it to be practical to produce materials in local languages.

With that in mind, using infographics and visual monographs to convey key messages has been shown to be particularly successful and could be adopted in areas of the UK with multiple, diverse communities. These can be prepared in collaboration with local communities to ensure readability.

Using children’s groups

Children’s clubs and centres, such as Family Hubs (previously Sure Start Children's Centres), have become established as ideal locations to interact with parents. Several of the interventions examined showed success in using these settings to educate parents about the value of play for a child’s development.

However, it is important to have the necessary toys and other equipment available, which can be ensured by working with relevant government authorities, such as health departments. It is also good practice to have age-appropriate activities for different age groups.

Engagement with the community

When working with any type of vulnerable or marginalised population, you can ensure the best results by engaging in a way that will build trust between the health services and the population in a way that is tailored to existing community practices.

Appointing local champions

By forming relationships with members of the community, whether they hold positions of authority (such as religious or community leaders) or not, researchers and service providers can gain the trust of the local population. This trust is particularly important and can often allow access to hard-to-reach members of the community.

In India, for example, local volunteers (known as Saathi, meaning friend) worked with researchers. As they were members of the community, they had local knowledge about how best to approach certain groups, such as faith healers and alternative practitioners.

Using local communication practices and languages

Knowledge of how to communicate in a culturally appropriate fashion is also vital. Some cultures may only consider discussion of certain topics appropriate when it takes place between people of the same sex (e.g., only women giving information on some topics to other women).

Similarly, there may be local practices similar to informal coffee mornings that facilitate opportunities for engagement.

Finally, using the correct language is essential. In thr UK, levels of English comprehension vary, so identifying the best language for a specific community is key.

Collaborating with popular local venues

Certain places, such as religious buildings, schools, or community hubs, are ideal places to meet community members. By meeting in these venues, people are in a familiar environment and feel more relaxed when engaging with researchers or service providers.

These organisations may also be able to help with identifying people most in need of assistance, facilitating interaction, and distributing services.

Training local people to help with complex interventions

In some situations, particularly with interventions that require regular activities and needing to reach a large proportion of the population, it can be beneficial to train community members to help with implementation. These community researchers can improve compliance among the local population and ensure the success of projects.

Using incentives to assist with access to support services

Distributing food bank vouchers can be an effective way of encouraging the engagement of community members who are struggling with the cost of living. Food banks have also been used to convey healthy and economic eating messages in some areas of the UK. Similarly, the provision of complementary transport arrangements to health facilities could help those who do not have their own transport. Cash transfers in exchange for time spent participating in a

programme can also be used to encourage compliance with a programme or policy and support with the cost of living and improvements in the quality of life for target populations.

However, in the UK, this needs to be done bearing in mind regulations around ethical participant recruitment and any government benefits rules affecting the target population – some vouchers may invalidate benefits.

Optimisation of service provision

Services such as GPs and dentists may not always be accessible to vulnerable communities, but there are ways in which they can be optimised.

Providing mobile medical services

Those experiencing homelessness and living in temporary accommodation may be forced to move far away from accessible services. Additionally, there are some populations that frequently move for other reasons, such as Travellers.

To address these issues, mobile medical units and clinics can be created. Exactly what form this takes varies but could consist of specialists, e.g., for maternal and child health, dentistry; or consist of a more general team of GPs and nurses. These units could provide specialist care and boost the uptake of vaccinations and other programmes. During COVID-19, mobile vaccination units managed to achieve higher uptake of the vaccine.

Using community nurses

Community health workers (CHW) have been successful in many countries. They can provide basic primary care and health advice, particularly when accessing a doctor may be more difficult. As they are based in communities, they are also able to build relationships locally, which can also help with the uptake of new health programmes, such as vaccination.

Providing services at convenient times

To improve access to services, clinics could be organised to remain open outside of working hours. This would particularly address the difficulties those living in temporary accommodation face when available housing is far away from health services: extending operating hours may ameliorate this.

Partnering with local employers

Some of the programmes we assessed showed improved engagement with health services as a result of partnerships with employers. This took the form of either allowing employees to sometimes attend free health training sessions or bringing health services and training into the workplace. Workers could also be allowed to leave work to take children to service appointments. Another option is working with employers to ensure the timings of clinic opening hours coincide with shift timings.

Customising services for local needs

Some services are inevitably more necessary than others in some communities. Depending on the specific population in a target area, this may mean that there is a need for more local children's services or refer to the need for greater assistance with accessing existing services.

One example that could be implemented in the UK is to provide community members with mobile phone data, digital training or other digital support to facilitate access to services that are increasingly moving online.

Administering initial treatment before referral to regular services

The success of the project using Gentamicin injections in India has shown the effectiveness of sometimes providing initial, urgent treatment, before referring to regular services for follow-up afterwards. Examples of successful urgent treatment implementation in the UK include the use of Penicillin given by paramedics to children with suspected Meningococcal disease and the initial lifesaving treatment given to all those with suspected Coronary thrombosis while they are being transferred to hospital.

Other strategies

Improving the local integration of temporary populations

The UK does not have large temporary population migrations in the way that some other countries do. However, in situations where this does happen, such as with migrant workers, improving integration for these groups is essential. In particular, there are currently large numbers of temporary residents and migratory population refugees from Afghanistan, Hong Kong and Ukraine in the UK who need to be integrated into the local community and provided with access to all of their local NHS, education and social services in a timely manner.

Strategies to do so included making use of vacant land to set up kitchens, vegetable gardens and recycling facilities near migrant camps, working with the existing local community to encourage acceptance of migrants, and ensuring that children are linked to local schools and health services. This last point can be facilitated via the implementation of a nationwide system – perhaps cards – to ensure the accuracy of health records and grant and monitor access to healthcare.

Mapping communities to better understand local needs

Remote communities can be mapped using drones to accurately assess what services will be needed in the area. This can also assist with identifying catchment areas for health services.

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