

**3.1, 3.3, 3.4 and 3.5. RECOMMENDATION**

**Should LAY HEALTH WORKERS distribute oral supplements to pregnant women?**

(Includes distribution of calcium supplementation for women living in areas with known low calcium intake; routine iron and folate supplementation for pregnant women; intermittent presumptive therapy for malaria to pregnant women living in endemic areas; and vitamin A for pregnant women living in areas where severe vitamin A deficiency is a serious public health problem)

**Problem:** Poor access to oral supplements for pregnant women  
**Option:** LHWs distribution of oral supplements  
**Comparison:** Care delivered by other cadres or no care  
**Setting:** Community/primary health care settings in LMICs with poor access to health care

Recommendation	<i>We recommend against the option</i>	<b><i>We suggest considering the option with targeted monitoring and evaluation</i></b>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We suggest considering the use of LHWs to distribute oral supplements to pregnant women with targeted monitoring and evaluation.			
<b>Justification</b>	The effects of using LHWs to distribute oral supplements to pregnant women may be mixed. However, it is probably an acceptable and feasible intervention, may have few undesirable effects, and may reduce inequalities by extending care to underserved populations.		
<b>Implementation considerations</b>	<p>The following should be considered when using LHWs to distribute oral supplements:</p> <ul style="list-style-type: none"> <li>- LHWs from the same community may be particularly acceptable to recipients and selection processes should consider this</li> <li>- LHWs and relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers</li> <li>- Supplies of drugs and other commodities need to be secure</li> <li>- Implementation needs to be in the context of a comprehensive remuneration scheme, in which salaries or incentives reflect any changes in scope of practice. Giving incentives for certain tasks but not for others may negatively affect the work that is carried out</li> <li>- LHWs and their supervisors need to receive appropriate initial and ongoing training, including in communicating with recipients</li> <li>- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive</li> </ul>		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>	More evaluation is needed of the effects of distributing oral supplements to pregnant women as part of a package of maternal and newborn care delivered by LHWs, including process evaluation of the implementation of these interventions.		

3.1, 3.3, 3.4 and 3.5. EVIDENCE BASE:

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CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES								
BENEFITS & HARMS OF THE OPTIONS	<p><b>Are the anticipated desirable effects large?</b></p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input checked="" type="checkbox"/></p>	<p>A systematic review (Lewin 2012) identified five trials from LMICs in which lay health workers delivered oral supplements. These included vitamin and iron and folate supplementation to pregnant women as part of a package of maternal and newborn care, multivitamins for community distribution and zinc supplementation for children with diarrhoea or dysentery. The three trials that reported relevant outcomes showed mixed effects compared to usual care (low to moderate certainty evidence), including benefits and no difference:</p> <ul style="list-style-type: none"> <li>Two trials showed no difference in the use of iron tablets between pregnant women in the LHW group compared to usual care</li> <li>One trial showed improvements in the use of iron and folic-acid supplements in the LHW group compared to usual care</li> </ul> <p><b>Annex:</b> Page 48 (Lewin 2012)</p>	<p>In places where antenatal attendance is low the anticipated desirable effects could be large.</p>								
	<p><b>Are the anticipated undesirable effects small?</b></p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>										
	<p><b>What is the certainty of the anticipated effects?</b></p> <p>Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> High <input type="checkbox"/> No direct evidence <input type="checkbox"/> Varies <input type="checkbox"/></p>										
	<p><b>Are the desirable effects large relative to the undesirable effects?</b></p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>										
RESOURCE USE	<p><b>Are the resources required small?</b></p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Varies <input type="checkbox"/></p>	<p><b>Main resource requirements</b></p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which LHW programmes already exist</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>1-2 weeks of practice-based training in healthy pregnancy and in communication and health promotion skills.</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or nurse</td> </tr> <tr> <td>Supplies</td> <td>Oral supplement tablets, robust supply chain, printed information for pregnant women and their families</td> </tr> </tbody> </table>	Resource	Settings in which LHW programmes already exist	Training	1-2 weeks of practice-based training in healthy pregnancy and in communication and health promotion skills.	Supervision and monitoring	Regular supervision by midwife or nurse	Supplies	Oral supplement tablets, robust supply chain, printed information for pregnant women and their families	
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ACCEPTABILITY	Is the option acceptable to most stakeholders?	<table border="0"> <tr> <td>No</td> <td>Probably no</td> <td>Uncertain</td> <td>Probably yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A systematic review of LHW programmes (Glenton, Colvin 2012) identified a number of studies where LHWs offered a package of tasks, which included the distribution of oral supplements to healthy women. These studies suggest that recipients are generally very positive to LHW programmes, appreciating the relationship with the LHW, the easy access they had to the LHWs and the fact that services were either free or relatively cheap (moderate certainty evidence).</p> <p>However, in two studies from the same review, LHWs who received payment through selling drugs and supplements encountered problems including: an inflated idea of the profit they would be making; competition from other vendors; and people buying drugs on credit or being reluctant to buy drugs because of their perception that the LHWs got the drugs for free (low certainty evidence).</p> <p><b>Annex:</b> page 26 (Glenton, Colvin 2012)</p>	
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FEASIBILITY	Is the option feasible to implement?	<table border="0"> <tr> <td>No</td> <td>Probably no</td> <td>Uncertain</td> <td>Probably yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The intervention is simple to deliver, but may require some training. However, a systematic review (Glenton, Colvin 2012) suggests that ongoing support, training and supervision were often insufficient in LHW programmes (moderate certainty evidence).</p> <p>In addition, it requires relatively few supplies (relevant drugs). However, storage of the drugs may be an issue in some settings. In addition, in one systematic review (Glenton, Colvin 2012), some LHWs distributing drugs and supplements encountered problems with a lack of supplies (low certainty evidence).</p> <p>In some settings, changes to norms or regulations may be needed to allow LHWs to distribute oral supplements to pregnant women.</p> <p><b>Annex:</b> page 26 (Glenton, Colvin 2012)</p>	
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