

1.1 – 1.13. RECOMMENDATIONS:

**Should LAY HEALTH WORKERS promote uptake of health-related behaviours and healthcare services for reproductive and sexual health including maternal, HIV, family planning and neonatal care?**

**Problem:** Low uptake of behaviours and services for maternal and neonatal health  
**Option:** LHWs promoting uptake of behaviours and services for maternal and neonatal health  
**Comparison:** No promotion  
**Setting:** Community/primary health care settings in LMICs

Recommendation	<i>We recommend against the option</i>	<i>We suggest considering the option</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
We recommend the use of LHWs to promote uptake of maternal and newborn related healthcare behaviour and services.			

**Justification** The use of LHWs to promote behaviours and services for maternal and child health is probably an effective, acceptable and feasible intervention and may also reduce inequalities by extending care to underserved populations.

**Implementation considerations** *The following should be considered when using LHWs to promote women’s uptake of the behaviours and services listed above:*

- As for any other service, promotional activities need to be perceived by both LHWs and recipients as relevant and meaningful. LHWs may be more motivated if their tasks include curative tasks in addition to promotional tasks. Promotional services should be designed in such a way that they are not perceived as offensive to recipients. LHWs and recipients should be involved in the planning and implementation of the intervention. Local beliefs and practical circumstances related to the health conditions in question should be addressed within the programme design
- LHWs from the same community may be particularly acceptable to recipients. However, certain topics, including sexual and reproductive health, may be sensitive and for these topics it is possible that confidentiality may be a concern, particularly where providers are from the same local communities as recipients. Selection and training needs to take this into consideration. In addition, planners should consider whether LHWs promoting or delivering reproductive health services to women should also be women. It may also be an advantage to ensure that relevant training of female LHWs is carried out by females
- LHWs, trainers and supervisors need initial and ongoing training, not only in information content but also in counselling and communication skills. Tools and techniques that may be helpful when communicating with community members may include the use of visual tools, the use of a variety of venues and opportunities to deliver promotional information, and mass media campaigns that repeat the LHWs’ promotional messages. Programmes should also consider how to involve husbands and other family members in promotional activities
- 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
- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive
- Referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve quality of care at the first referral facility

**Research priorities** Research into cost and cost-effectiveness is needed, including long-term impact and the cost-effectiveness of LHWs compared to other options. There is a lack of evidence regarding the effectiveness of LHWs in promoting reproductive health and family planning and HIV testing among pregnant women in LMIC settings. Several trials on LHWs promoting the uptake of HIV testing are underway. There is insufficient evidence regarding the effectiveness of the promotion of adequate nutrition and the uptake of iron and folate supplements during pregnancy. Further trials of LHWs promoting breastfeeding are no longer a high priority as a large number of trials have already been conducted

1.1 – 1.13. EVIDENCE BASE:

**Should LAY HEALTH WORKERS promote uptake of health-related behaviours and healthcare services for reproductive and sexual health including maternal, HIV, family planning and neonatal care?**

This includes the following behaviours and services:

- Promotion of appropriate care-seeking behaviour and appropriate antenatal care during pregnancy
- Promotion of companionship during labour
- Promotion of sleeping under insecticide-treated nets during pregnancy
- Promotion of birth preparedness
- Promotion of skilled care for childbirth
- Promotion of adequate nutrition and iron and folate supplements during pregnancy
- Promotion of reproductive health and family planning
- Promotion of HIV testing during pregnancy
- Promotion of exclusive breastfeeding
- Promotion of postpartum care
- Promotion of immunisation according to national guidelines
- Promotion of kangaroo mother care for low birth weight infants
- Promotion of basic newborn care and care of low birth weight infants

**Problem:** Low uptake of behaviours and services for maternal and neonatal health

**Option:** LHWs promoting uptake of behaviours and services for maternal and neonatal health

**Comparison:** No promotion

**Setting:** Community/primary health care settings in LMICs

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 type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input checked="" type="checkbox"/></p>	<p>A systematic review (Lewin 2012) of the effects of LHW programmes identified a number of trials where the effect of LHW-based promotion activities was generally compared to usual care. The review shows mixed results, including benefits for a number of outcomes and little or no impact for others. The results for the promotional interventions for which studies were identified are summarised below:</p> <ul style="list-style-type: none"> <li>• Promotion of adequate nutrition during pregnancy by LHWs shows mixed results, including both benefits and little or no impact (low to moderate certainty)</li> <li>• Promotion of family planning by LHWs shows mixed results, including both benefits and little or no impact (low certainty)</li> <li>• Promotion of breastfeeding by LHWs probably increases the number of mothers who breastfeed exclusively for up to six months (moderate quality evidence)</li> <li>• Promotion of immunisation by LHWs probably increases immunisation uptake in children (moderate quality evidence)</li> <li>• LHW-led women’s groups probably make little or no difference to the number of women who received maternal tetanus-toxoid injections (moderate quality evidence)</li> <li>• Promotion of skin-to-skin or kangaroo mother care by LHWs probably leads to an increase in the use of skin-to-skin care within 24 hours after birth (moderate certainty evidence)</li> <li>• LHW-delivered packages of maternal and newborn care, which include promotional activities, probably lead to fewer neonatal deaths; may lead to fewer children who suffer from fever, diarrhoea and pneumonia; and may increase the number of parents who seek help for their sick child; but may make little or no difference to maternal deaths (low to moderate certainty evidence).</li> </ul> <p><b>Annex:</b> Pages 8-14 and 48 (Lewin 2012 – Tables 1, 2, 4, 5)</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 checked="" 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>		

	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES												
RESOURCE USE	Are the resources required small?	<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><b>Main resource requirements</b></p> <hr/> <p><i>Training</i>                      2-4 weeks of practice-based training in health promotion / communication and in topic area</p> <hr/> <p><i>Supervision and monitoring</i>                      Regular supervision by an experienced health promoter</p> <hr/> <p><i>Supplies</i>                      Promotional and demonstrational materials</p> <hr/> <p><i>Travel</i>                      To recipients' homes and to local health facilities.</p> <hr/> <p><i>Referral</i>                      To a health facility if any health problems are detected</p> <hr/>	
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"/>											
	Is the incremental cost small relative to the benefits?	<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"/>	The costs of promotional interventions by LHWs are likely to be small in relation to the benefits	
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"/>											
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) suggests that recipients are generally very positive to LHW programmes, including programmes offering promotion and support (moderate certainty evidence). Recipients expressed confidence in the knowledge and skills of the LHWs and saw them as a useful source of information. They also appreciated the nature of the LHW-recipient relationship, emphasising the similarities they saw between themselves and the LHWs and the importance of trust, respect, kindness and empathy (moderate certainty evidence).</p> <p>However, some recipients regarded promotional activities as not relevant to their needs (moderate certainty evidence). LHWs who primarily offered promotional and counselling services sometimes expressed a need to offer "real healthcare" such as curative care in order to better respond to the expressed needs of the community (moderate certainty evidence). Other recipients were concerned that home visits from LHWs might lead the LHWs to observe and report or share sensitive information or might lead neighbours to think recipients were HIV-positive (low certainty evidence). Sexual and reproductive health may be a particularly sensitive topic and it is possible that confidentiality may be a concern among recipients, particularly where LHWs are based in the same local communities.</p> <p>When promoting the uptake of health services, obstacles to uptake and to referral included logistical factors, particularly lack of transport, but also lack of money to pay for transport; and a lack of health professionals (low to moderate certainty evidence). Some LHWs and their recipients also pointed to recipients' reluctance to be referred on due to bad experiences with health professionals, fear of caesarean sections, and concerns over cost (moderate certainty evidence). Some trained TBAs were also reluctant to refer women on because of the lack of cooperation they experienced from health professionals.</p>	
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"/>											

		Annex: page 26 (Glenton, Colvin 2012)	
CRITERIA	JUDGEMENT	EVIDENCE	QUERIES TO PANEL
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">FEASIBILITY</p> <p><b>Is the option feasible to implement?</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 checked="" type="checkbox"/></p>	<p>The intervention requires few supplies, although some additional resources would be needed. The intervention is unlikely to require changes to norms and regulations. Some training and supervision is needed. However, a systematic review (Glenton, Colvin 2012) suggests that ongoing support, training and supervision were often insufficient in LHW programmes (moderate certainty evidence). The review suggests that the involvement of family members, including husbands, in promotional and other activities may be important (moderate certainty evidence). However, counselling and communication, either to mothers, their husbands and other family members about breastfeeding, family planning and other issues was perceived by LHWs as a complex task for which they sometimes felt unprepared and for which they requested specific training (moderate certainty evidence). In addition, trainers were not necessarily competent to train them in these skills (low certainty evidence).</p> <p><b>Annex:</b> page 26 (Glenton, Colvin 2012)</p>	