Our Methodology Community-Based, Impact-Oriented

Curamericas Global utilizes a methodology developed by our founder, Dr. Henry Perry, and Dr. John Wyon from the Harvard School of Public Health, and provides the framework for our successful public health projects. The Community-Based, Impact-Oriented (CBIO) methodology focuses on building a partnership with communities to ensure that the major health problems in the community are identified and that everyone, especially those most in need, receive essential health services and education.

The Stages of CBIO

Planning Process

This stage includes house-to-house visits to identify and reach each individual within the project area. Disease and death patterns as well as community-driven priorities allow us to accurately understand the current causes of preventable deaths and the interventions that are necessary. The community is a active partner in the planning, implementation and evaluation phases of the program, fostering community ownership and, therefore, long-term sustainability. During this phase relationships are fostered and trust is established.

<u>Implementation and Monitoring</u>

All individuals are regularly visited by local community health workers who are volunteers elected by their community. This ensures continuous delivery of service and health monitoring.

Epidemiological Surveillance

Births, deaths, and migration are monitored monthly, quarterly, and annually so that the program can quickly respond to the needs of the community. Regular community presentations are part of this approach and CBIO demonstrates to the communities and local governments that improvement has, in fact, taken place.

Home Visits

Home visits are conducted on a regular basis, trusting relationships are established, and everyone's health is regularly monitored and recorded.

Group Meetings

Health Education meetings are held at a time that is coordinated with other activities in the community. Families that are not able to attend receive the information during home visits ensuring that every member of the community receives access to health care.

Care Groups

Volunteer peer educators meet regularly with the project staff for training and supervision. Each volunteer is responsible for regularly visiting 10-15 of her neighbors, sharing what she has learned and facilitating behavior change at the household level. Care Groups create a multiplying effect to reach every beneficiary household and provide the structure for a community health information system that reports on new pregnancies, births and deaths detected during home visits.



It Works!

In Bolivia within five years of project implementation, the deaths of children under age five were reduced by 62% on average!