Community health worker home visits and under-five mortality

Plain-language research summary

Study type	Cluster-randomised trial
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The finding, in one sentence

Door-to-door screening by trained, paid community health workers reduced under-five deaths by 31% over four years against matched control districts.

How the study was done

- Twenty-four districts were randomised, twelve to the intervention and twelve to routine services.
- Community health workers were salaried and supervised monthly, not volunteers - the trial was designed to test a paid model specifically.
- Households were visited on a six-week cycle, with screening for malnutrition, fever, and danger signs in pregnancy and the newborn period.

What it showed

- A 31% relative reduction in under-five mortality in the intervention arm.
- Most of the effect came from earlier presentation rather than better treatment once presented.
- The effect appeared from year two, not year one, which has implications for how short pilots are interpreted.

What it does not show

- The trial could not separate the effect of payment from the effect of supervision, because both were introduced together.
- It ran in districts with a functioning referral hospital within four hours. It does not tell us what happens where that is absent.
- Reported deaths rely on verbal autopsy, which is imprecise about cause even when reliable about the fact of death.

Independence

We do not commission our own evaluations and do not hold approval rights over findings. Where a

study has shown our work to be ineffective, it is published alongside the rest.