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HEALTH CARE  
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# Sustainable, successful community health worker programs

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# Agenda

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- **Introduction**
  - Global Context and Congressional Mandate
  - Community Health Workers – Who are they?
- **Community Health Worker Program Functionality Assessment**
  - Tool
  - Process
- **Nepal Experience**
- **Discussion**

# Health Workforce in Crisis

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- **The health workforce is in crisis while demand is skyrocketing**
  - High and increasing prevalence of HIV/AIDs
  - Overburdened health workers
  - Dysfunctional health systems
  - Demoralized and dissatisfied workers

# What we know

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- **The millennium development goals cannot be achieved with existing human resources**
- **Existing human resources are not even enough to ensure basic coverage in most countries**
- **Community health workers are an essential component of health service access, let alone expansion**

# Global Context

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- Increased research on evidence-based interventions that can be delivered at community level (eg. newborn sepsis and pneumonia)
- Increased research on CHWs and Community Case Management (CCM)
- Guidelines on task-shifting
- Increased resources dedicated to primary and community health
- Greater collaboration between multilateral and bilateral organizations

# Congressional Mandate to USAID

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- As a key element to scale up effective maternal, child and newborn interventions, host governments will increase the number and improve the functionality of community health workers.
  - Currently over 30,000 CHWs in 16 priority countries have been supported by USAID but what does that mean?
- USAID will assist host governments in priority countries such to address the MCH human resources crisis by developing a tool to improve the functionality of community health workers programs.

# What is a CHW?

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- **CHWs are, broadly, health workers who:**
  - Perform a set of essential health services,
  - Who receive standardized training outside the formal nursing or medical curricula and
  - Who have a defined role within the community and the larger health system.
- **Additionally, they are usually, but not always, members of the communities where they work and are selected by the community**

# What is a CHW?

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- They may be paid in cash or in kind, provided incentives, or they may be entirely volunteer.
- They may be general, providing a whole range of health services, or specific, focusing on the provision of a specific service or a small package of services
- They may have a variety of different education and skill levels and may provide myriad services, skilled and un-skilled.

# Effectiveness of CHW Programs

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- **In 1970s-1980s, CHWs were key to primary health care (Alma-Ata, 1978)**
- **However within the last 20 years CHW programs have received mixed reviews**
  - Challenges of sustainability, quality, monitoring, and scaling programs
  - Differences in philosophy about CHWs as community advocates/agents and CHWs as an extension of formal health care system
  - Effective programs require substantial investment in recruitment, training, supervision, incentives

# Attrition in CHW programs

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- **High attrition rates: can be as high as 70% with community supported programs, especially among volunteers**
- **Turnover is costly:**
  - High investment in identifying, screening, selecting and training CHWs
  - Lack of continuity in relationships with the community

# Causes of High Attrition Rates

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## **Most frequently cited reasons are:**

- Unreasonable and unaligned expectations
- Lack of incentives
- Inadequate materials and supplies
- No supervision or punitive supervision from PHC
- Feeling of inferiority with PHC staff
- No opportunity for growth
- Lack of trust with community

# CHW-PFA Objectives

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- Assess the functionality of CHW programs in maternal/child health
- Count the number of community health workers within programs assessed as functional
- Assist in action planning and resource allocation to strengthen CHW programs

# Benefits and Constraints of this Tool

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## Benefits:

- Quickly and efficiently assess current and future programs based on best practices
- Offers a framework for improvement with an action plan, resources and technical assistance
- Plan for future investment of resources to improve CHW programs

## Constraints:

- Does not evaluate the quality of services delivered by individuals
- Does not evaluate CHW contribution to overall coverage, effectiveness or impact
- Applies most common best practices
- Relies on secondary evidence and self-report for documentation

# Operational Definition of a Community Health Worker Who Provides MCH Services

A community health worker is a health worker that performs a set of essential MCH health services who receives standardized training outside the formal nursing or medical curricula and has a defined role within the community and the larger health system.



# Maternal Child Health Services and Interventions

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- **Interventions are grouped into the following categories:**
  - Antenatal
  - Childbirth and Immediate Newborn Care
  - Postpartum and Newborn Care
  - Early childhood (0-5 yrs)
  - Family planning/healthy timing and spacing of pregnancy
  - Malaria\*
  - PMTCT\*

**\*Optional- Dependent Upon Country**

# Programmatic Components

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The CHW-PFA proposes 12 programmatic components for a CHW program to be effective:

- **Recruitment**
- **The CHW Role**
- **Initial Training\***
- **Continuing Training\***
- **Equipment and Supplies**
- **Supervision\***
- **Evaluation\***
- **Incentives**
- **Community Involvement**
- **Referral System**
- **Professional Advancement\***
- **Documentation, Information Management\***

\* Modified after testing in Nepal

# Applying the CHW-PFA

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- Tool is designed to use during a short (half-day) workshop
- Programs selected should be organizationally consistent
- Best applied by a diverse group of no more than 15 people (can be as few as 5) from an organization or CHW program
- Includes individual and group assessment of components

# Nepal Experience – June 2009



# Nepal Community Health Worker Program Background

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- **CHW programs started in 1988**
- **MCH focus**
  - Adding newborn sepsis management and resuscitation to core program
- **50,000 Female Community Health Volunteers (FCHVs) in 75 districts**

# Rating Components in Banke District



# Banke District Assessment

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- **19 participants**
  - 2 AHW; 4 VHW; 5 MCHW; 3 FCHV; 2 DPHO
  - Included members of MGs and HFOMCs
  - Partners included CRS, FHI, NFHP
- **Discussion was rich and engaged**
- **Overall programmatic ratings: FCHVs = 18 (16)**  
**MCHW/VHW = 16 (16)**
- **MCH Interventions – only ANC assessed (3) (1)**

# Rating Components in Kavre District



# Kavre District Assessment

- **16 participants**
  - 3 ANM; 3 VHW; 1 MCHW; 1 SrAHW; 3 FCHV; 3 DHO; WDO
  - Included members of MGs and HFOMCs
- **Discussion was rich and engaged**
- **Programmatic functionality: FCHVs = 17 (16)**
- **Number of MCH Interventions = 13 (1)**
- **Total functionality score = 29 (17)**
- **Number of CHWs counted: 837 (Govt) + 191 (NGOs) = 1028 total**

# Validation Interviews and Site Visits

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- **In Banke, two teams visited separate sites**
  - Team 1: Kachanapur SHP
    - Interviews - 2 FCHVs, 1 VHW at SHP & home
  - Team 2: Mahadevpuri SHP
    - Interviews – 1 In-Charge, 2 FCHVs, 1 VHW, 1 MCHW at SHP & homes
- **In Kavre, team visited very rural site – Kosidekha SHP**
  - Interviewed - 1 In-Charge (AHW), 1 MCHW (recently ANM), and 2 FCHVs at SHP

# Validation Findings

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- **Site visits and interviews were conducted following each assessment workshop**
- **Information collected during validation process upheld assessment findings from workshops**
  - Overall ratings of components were consistent with findings from interviews
  - Validation interviews provide richness and depth to assessment

# Facilitated Exercise Findings

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- **Logistics**

- Right mix in terms of time and involved stakeholders
  - May need more time to complete (eg. Banke/scoring, presentation of evidence not done as intended)
  - Broader stakeholder array in Kavre
  - Interpretation/translation issue

- **Exercise outcome**

- Role of final score & counts
- More work needed on validation of group's findings from tool – what a score means/makes sense

# Findings and Suggestions

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- Generally, tool was well-received and provided an opportunity for rich discussion. Some suggestions for improvements were made:
- Programmatic components
  - Professional advancement
  - Documentation, information management
- MCH interventions
  - Separate counseling/health education/BCC from service on some items
  - Clarify counsel & refer vs. treat & refer
  - Separate out standard MCH interventions from malaria and HIV

# Our Impressions

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- **Process of assessment works well and provides great opportunity for learning and action planning**
- **Clarification of levels, components, and interventions will simplify assessment process**

# Next Steps

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- **Further testing**
  - Francophone Africa (Benin, Rwanda or Senegal)
  - Afghanistan ?
  - Other regions, countries
- **“Finalize” & disseminate in 2010**
  - Wider use may identify additional incremental changes to tool in 2010.

# Opportunity for Additional Feedback and Thoughts

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- **Any further ideas or suggestions?**



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# Thank you