Summary Report of the Community Health Worker Forum

Washington, DC, November 12, 2014

Background

USAID's flagship Maternal and Child Survival Program (MCSP) called this meeting in order to inform its Community Health workplan activities, focusing on successful and sustainable large-scale Community Health Worker efforts, and establish sound coordination and collaboration with other USAID-supported activities. The Maternal and Child Survival Program, launched in June 2014, is a global, USAID Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries[1] with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation. MCSP builds on the Maternal and Child Health Integrated Program (MCHIP), and is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services.

Within MCSP, the Community Health and Civil Society Engagement Team has set as its goal to accelerate the institutionalization of community health as a central component of country health strategies. The central point of the MCSP Community Health Platform is the strategic consideration of Community Health Workers (CHWs) and community groups (formal or informal) as a sub-system that has purpose, evolving roles and responsibilities clearly related to the outcomes and interventions needed to end preventable child and maternal deaths. CHW programs have re-emerged as a central and effective strategy for improving community health. In line with the CHW Reference Guide developed under the USAID flagship, MCHIP, strategies need to clarify and define CHWs' roles, identity and function, and address the fit between the tasks they are assigned, their profile, their capacity, and their coverage in the population. Individuals can link to the various sections of the guide to reference and use information that apply to their work, adapting what they need to their local contexts and concerns.

As one of many players in the field of Community Health, both in the USAID sphere and globally, MCSP has a high interest in ensuring CHW efforts are successful and sustainable at scale. This forum brought together 41 participants from over 20 organizations including program planners, technical advisors, implementers, researchers, donors, and evaluators involved in Community Health Worker (CHW) programming to contribute their thinking to three related objectives: 1) Consider the context of needs for communication on CHW issues; 2) Review

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[1] * USAID's high-priority countries are Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen and Zambia.

the [MCHIP CHW Reference Guide](#) and provide suggestions for effective and creative dissemination of the guide; and 3) Take advantage of this gathering to continue promoting shared knowledge and connections among various organizations and efforts regarding CHW programming. The full proceedings are available at: http://www.mchip.net/CHWresources.

The Summary Report highlights participant deliberations throughout the day and is divided into four sections:

a. Information and Communication Needs about CHW Issues

b. Definition of a CHW

c. Dissemination of the CHW Reference Guide and Case Studies

d. Partners Updates and Tools

General Recommendations

While information and research on CHW programming has escalated over the past few years, participants highlighted unresolved issues that affect our understanding of CHW programs and their ability to successfully deliver equitable preventive, promotive and curative services especially at population-level coverage.

1. **The term CHW is broad** in scope covering a wide variety of cadres and programs. Clarification of the definition and terminology used to describe different categories of CHWs (related to payment, roles, responsibilities, level of effort, training, supervision) would help avoid confusion and make generalizations about CHWs that may only apply to one category.

2. **Fragmentation of policies and programs** by different partners remain challenging and affects country roll-out of large-scale CHW programs. There is an urgent need for better harmonization and synergies between Ministries of Health, Global Alliances and Implementing Partners.

3. A landscaping of CHW programs at the country-level including national policies and guidelines, performance, and cost of existing and past programs would fill in knowledge gaps.

4. Multi-stakeholder coordination at national and local levels is needed.

5. **While there is an increasing number** of large-scale CHW programs, there are fewer examples of national CHW programs that have been effectively maintained over time (CHW Reference Guide Chapter 14) due to lagging political will, and attention to proper selection, training, supervision and linkages to health facilities. Principles for sustaining large-scale CHW programs based on successful and failed program examples need to be developed.

6. **Routine measurement and data use** for community health services are poorly developed in many countries. Data collection by CHWs should be strengthened and integrated into the national/regional health information systems to improve effectiveness of community health programs and improve performance of CHWs.

7. **Multiple stakeholders from community to national to global levels are involved with CHW programs, each having specific communication needs. A framework** that can be adapted to local contexts to support the integration of CHWs into national health systems and

help clarify and rationally divide organizational, management and operational tasks among key stakeholders would be helpful.

8. **Governance of CHW programs** is often complex, relational and affected by power sharing issues. Specific guidance on governance options for centralized vs. decentralized health systems, contexts with well-established vs. minimal histories of community participation, and balancing community needs vs. national directives should be developed.

A. Information and Communication Needs about CHW Issues

Participatory exercises throughout the day enabled the group to explore what information and communication needs are seen as priorities for a successful CHW program at various levels of the health system: Community, CHWs, Global Alliances, Ministries of Health, Implementing Partners (NGOs). Specific recommendations on CHW program information and communication needs by different stakeholders follow.

1. **Community-level Communication Needs**

   The major information/communication needs identified for communities or community groups themselves relate to a proper understanding of the nature of and expectations about CHW programs. As seen below, these information/communication needs are going to be highly contextual, based on the specifics of CHW programs in countries and sub-national-level programs. The first level questions can be addressed through appropriate and strategic communication; the next ones suggest more involved efforts to build social accountability.

   - Communities need a clear idea of the roles and responsibilities of CHWs, as well as what the role of the community is in supporting CHWs.
     - Communities need to know what and how much training CHWs receive. What tools do CHWs have to manage illness? How will they treat sick children?
     - What are CHWs capable of and trained to do? When can they treat and when do they have to refer people to the formal health system? Communities need to have a clear idea on roles and responsibilities of CHWs so that there are not unrealistic expectations.
     - Can CHWs help with issues other than health?
     - What's in it for me? What benefits will my community get from CHWs?
     - What is the cost of a CHW program to the community?

   - Communities need better data on CHW performance in order to make informed decisions regarding CHW selection and expectations from CHW programs.

   - Communities need to know what is expected of the community in regard to supporting CHWs.

2. **CHW Communication Needs**

   What is the key information need or communication gap with regard to CHW programs from the point of view of ***CHWs?***

   - CHWs, themselves, need to understand their roles/tasks, recruitment/selection procedures, incentives, responsibilities at a deeper level, expectations by communities and health systems, and support they can receive.

3. **Global Alliance Communication Needs**

   What is the key information need or communication gap with regard to CHW programs from the point of view of ***Global Alliances?***

   - Global Alliances need to clarify the definition of CHWs' roles and capacity.

   - This unsurprisingly came up as a very important issue and is addressed in another section of this report.

   - Global Alliances should facilitate the sharing of knowledge and experience so as not to duplicate efforts between agencies wasting time and resources.

   - Global Alliances can help facilitate the understanding and articulation of the principles of well-functioning CHW programs.

   - Global Alliances should understand how CHW programs can help to achieve coverage and linkages between prevention and curative interventions.

   - Global Alliances can support the alignment and sharing of best practices and design considerations for CHW programs specific to each country.

4. **Ministry of Health Communication Needs**

   What is the key information need or communication gap with regard to CHW programs from the point of view of ***ministries of health?***

   - The MOH needs to know where communities access services so that they can plan support accordingly.
     - What benefits do CHWs bring to the health system in a particular country?
     - How much does a CHW program cost to run?
     - What is a reasonable workload for CHWs and the number of tasks that a single CHW can deliver?

   - The MOH should know how many functioning CHWs there are, who operates them, and where they are located.
     - How do project-financed and specialty trained CHWs fit into a sustainable and organized district community workforce?
     - How do various CHW programs assist and promote the efforts of the MOH?
     - Having salary info will help ministries of health. The info would also have a huge impact on scale-up plans.

   - What types of CHWs are being supported in the districts, what are their roles, who is supporting them, who is training them, and what training do they receive?
     - District folks need to be better equipped with participatory methods and tools for promoting meaningful community engagement.

- There is a tendency in iCCM for health workers to focus on treatment and not prevention. This requires a different set of skills.

5. NGOs and Implementing Partners Communication Needs

> What is the key information need or communication gap with regard to CHW programs from the point of view of *NGOs and implementing partners?*

- What are other implementing partners doing so efforts can complement, not duplicate?
  - What benefits, compensation, training is being provided by others?
  - What is the national landscape, including policies and work by others, to prevent overlap and conflicting messages?
- What is the role of the MOH and how can implementing partners support the MOH's vision for CHW contribution to health outcomes?
  - What are the major gaps in access and coverage?
  - What is the scope of work of CHWs and how do they fit into the overall health system?
  - What are the MOH's standards and guidelines for CHW programs and how should implementing partners report data to the MOH?
  - How can implementing partners effectively work within a National CHW framework and contribute knowledge learned through an NGO program to the larger system?
- What have implementing partners learned about successful principles for the sustainability of CHW programs?
- What is the short- and long-term availability of donor funding for CHW programs?

B. CHW Definition

Currently there is a lack of consensus around a common definition of a CHW. Admittedly, this is an incredibly complex area due to the large variety of community health workers and volunteers. Nevertheless, there are several definitions that are currently being debated, including the definition by the International Labour Organization[2] that is currently being promoted by the Frontline Health Workers Coalition[3] and the definitions that appear in the CHW Reference Guide by Henry Perry
et al.[4] Nevertheless, coming to consensus seems very challenging. While some groups are

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[2] "Community health workers provide health education and referrals for a wide range of services, and provide support and assistance to communities, families and individual with preventative health measures and gaining access to appropriate curative health and social services. They create a bridge between providers of health, social and community services and communities that may have difficulty in accessing these services." This definition provided by the International Labour Office. Found in: International standard classification of occupations (ISCO-08). Volume 1. Structure, group definitions, and correspondence tables. Geneva: ILO

[3] The new report by the Frontline Health Worker Coalition, *A commitment to community health workers: Improving data for decision making* makes four recommendations, 1) Those working with CHWs should come to consensus and use a common definition for CHWs; 2) Guidelines should be created for a minimum core set of CHW data indicators (currently unavailable) to better track and make decisions regarding CHW numbers, training, placement, outputs, and outcomes; 3) CHWs need to be integrated into the public health system and; 4) Partners should build upon the harmonization framework. This report was presented at the third Global Symposium on Health Systems Research in Cape Town, South Africa in October 2014 to great reception.

[4] "Specifically, four types of CHW cadre are referred to throughout the CHW Reference Guide: 1) Auxiliary Health Workers (AHW), who are paid, generally full-time workers with pre-service training usually of at least 18–24 months, who may or may not be recruited from the localities where they serve; 2) Health Extension Workers (HEW) are usually paid, full-time

promoting a simplified definition, some organizations, such as the Global Health Workforce Alliance (GHWA) are interested in defining the difference between a CHW and community health volunteer (CHV).

A question posed to the audience, "How do you take a disparate group and work towards consensus?" resulted in the following responses.

- In terms of a definition, it is important to decipher between paid and unpaid and trained and less trained CHWs. It is hard to make recommendations regarding functionality and effectiveness without making that distinction.

- We should map out all potential categorizations of CHWs worldwide. This would be useful for government communication and strengthening of data systems by having more information on different cadres.

- We need context-specific information. Our definitions need to be flexible for country variation.

- Definitions force us to think about which particular kind of CHW works best in which situation. This is critical. There is not much data beyond a few case studies and there is no way to compare efficacy between different kinds of CHWs.

- Terminology consensus is so important. Do we even have that consensus for the definition of nurse? There is a pushback from the nursing community when CHW presence grows unless there is a career path attached to their work. A career path can't be implicit; let's enumerate what it is.

A harmonized framework for how CHWs are incentivized and supported depends on definition.

Participants recommended the next steps under two complementary directions: 1) the global level, and 2) support of country community health plans that operationalize CHW definitions in tools and plans.

1. **Global Level**
   All key stakeholders working with CHWs (Global Alliances, USAID Projects, NGOs, Other Implementing Projects and Donors) would need to be included in a long, rigorous global process to achieve consensus on a definition of CHWs.

   Diana Frymus from USAID suggested that one possible method that might help in reaching consensus on a common definition is using a modified-Delphi process. In 2011, the USAID Health Care Improvement Project successfully facilitated a modified Delphi approach to identify, refine and build consensus on practice recommendations to improve in-

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employees but have less than a year of initial training and are generally recruited from the localities where they work; 3) Community Health Volunteers-Regular (CHV-R) generally work several hours a week, are non-salaried but receive some material incentives, and have a role that can involve health promotion and some limited elements of service delivery; and 4) Community Health Volunteers-Intermittent (CHV-I) whose duties normally involve only intermittent health promotion or community mobilization." In H. Perry & L. Crigler (Eds.). *Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policy Makers.* Washington, DC: United States Agency for International Development.

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service training.[5] An appropriate organization championing CHWs would need to take the lead on this process.

2. **Country Community Health System Support**
No matter how much the confusion is reduced at the global level, definitions will require fine tuning in country. Actually, proper definition in-country can proceed and is already proceeding through policies and guidance in each country. By operationalizing definitions (paid/volunteer, tasks, expected LOE, supervision, community mobilization, health system integration), we will support countries in being more explicit about the definitions they use.

C. Dissemination of the CHW Reference Guide

MCHIP developed a very extensive CHW Guide entitled "Developing and Strengthening CHW Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policymakers". Participants provided suggestions on ways the guide and specific information within it could be disseminated to increase understanding and use of its content. Workshop organizers requested that all USAID partners, including MCSP, devote effort to diffusing critical information contained within. The entire guide is divided into 5 sections:

- Planning, Governance, and Financing

- Human Resources

- Relationships to the Community and Health System

- Scale, Measurement and Impact

- Case Studies (Afghanistan, Bangladesh, Brazil, Ethiopia, India, Indonesia, Iran, Nepal, Pakistan, Rwanda, Zambia, and Zimbabwe)

The complete guide and two-page summaries of each of the 16 chapters and 12 case studies can be found at http://www.mchip.net/CHWresources. Participants proposed suggestions on how to disseminate information contained in the CHW Reference Guide.

1. Refine the information in the CHW Reference Guide in light of all the suggestions made during the forum to create new tools tailored to specific audiences.

    - The content of the Guide is currently not as "digestible" for policy makers as it could beUSAID is looking for easier ways to have discussions with ministries of health regarding CHW programming. Taking key information in the guide and making it a bit more interactive would make it easier to use. The WHO, for example, is now using an interactive tool for health workers.

    - Consider developing different tools for different levels of government. For instance, information might by targeted to national and district levels as they have different powers.

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[5] Between June and December 2011, the USAID Health Care Improvement Project (HCI) facilitated a global process that engaged training program providers, professional and regulatory bodies, ministries of health, development partners, donors and experts to develop and reach consensus on a set of practice recommendations to improve in-service training effectiveness, efficiency and sustainability. For more information see:
https://www.usaidassist.org/sites/assist/files/inservicetraining_july2013.11x17spreads.pdf

- Create a capacity building tool that consultants and organizations can use to help guide countries. Decision trees may be useful.

- Develop specific tools for professional associations that have questions about working with CHWs.

- Use more visuals. Develop infographics to highlight key information for different audiences: communities, CHWs, ministries, policy makers, global alliances.

- Develop a series of briefs on each topic for ministries of health.

- Consider developing something like the CHW AIM toolkit, with guidance for exercises in planning, recognizing the profile of the country, and asking the right questions.

2. Disseminate the CHW Reference Guide to USAID Missions and showcase it at USAID SOTA events. Link with USAID Bureau for Democracy and Governance and other interested Bureaus. Host brown bag lunches at different USAID Bureaus.

3. Present the information at global or regional conferences, offer side sessions at global or regional conferences, host an African or worldwide community health meeting to share and debate information. Host webinars, e-trainings and other social media activities on CHW topics for different audiences.

4. Summarize reference guide chapters in a wiki format (on Wikipedia) to support peer comparison, benchmarking, and to showcase how the information is being used.

5. Identify champions within each country and work with them to find dissemination avenues for the CHW Reference guide and information within it.

Country Case Studies

1. Create a wiki with entries by country and topical areas where those involved with CHW programming can add information and leave comments. Include additional information on numeracy skills, platforms for data collection (i.e. mobile technology), baseline assessments, tracking of CHW caseload, use of data at local level, and indicators on coverage and quality. Add an analysis section before the description, including a policy and planning section that provides a brief introduction of the governance structure of each country and the results of any policy work that has happened in conjunction with the CHW programming.

D. Partners Updates and Tools

Participating organizations and individuals shared several tool and current activities during the forum, and a list of countries they are currently supporting with CHW activities. A brief summary follows:

- USAID is committed to addressing fragmentation issues around CHW programs at both the country and global levels and is working with WHO and the World Bank on a human resources for health strategy to help ensure universal health coverage. More at https://www.usaidassist.org/blog/why-universal-health-coverage-depends-human-resources-health . **ASSIST** is conducting CHW case studies in several countries**.** USAID Child Survival and Health Grants Program is completing operations research briefs on community health programs that will be disseminated by MCSP.

- The **One Million CHW Campaign** has created a virtual inventory of CHW programs in sub-Saharan Africa. The new Data Exploration Tool maps CHW programs and displays information on the current state of CHW operation submitted by governments, civil society organizations and other CHW program implementers. More at http://1millionhealthworkers.org/operations-room

- **KIT Health**, together with Queen Margaret University and the Liverpool School of Tropical Medicine, conducted research on the cost-effectiveness of community health workers in low- and middle-income countries. A copy of the paper can be downloaded at http://www.kit.nl/health/kit-news/community-health-workers-cost-effective

- **Advancing Partners and Communities** has developed a *Community Health Systems Catalog*, an interactive reference tool that covers USAID priority countries and is intended for a wide audience interested in learning more about the current state of community health systems. MCSP is working with them to expand the database to include MNCH interventions. More at http://www.advancingpartners.org/resources/chsc

- The **Gates Foundation** has been doing work around CHW programming in Ethiopia/Malawi /Rwanda/Burkina Faso. Earlier this year, Gates approved a strategy sub-initiative for CHWs.

- **CORE Group** published a report exploring the role of NGOs in strengthening community health systems with a focus on supporting CHWs available at http://www.coregroup.org/storage/documents/Fall_Conference_2014/Strengthening_Community_Health_Systems_through_CHWs_and_mHealth.pdf

- To date, Phase I **Global Fund** investments in malaria control and health systems strengthening (HSS) have played an important role in supporting the iCCM platform in various countries. Phase II funding is now available and will assist countries that have had their concept paper approved in grant making. Information on CCM is available at http://www.CCMCentral.com

- **IntraHealth** International has been providing pre-service training to nurses in Tanzania and Zambia to help strengthen their link with CHWs and the community.

- The **MOH of Ethiopia** is seeking donor support for cross visits with other ministries of health to help facilitate learning on how to strengthen primary health care.

- There are three working papers on CHWs on the **GHWA website:** Framework for partners harmonized support, Monitoring and accountability, Collation of knowledge gaps through systematic reviews and from USAID evidence summit in 2012.

- **Food for the Hungry** hosts a site on Community Health Volunteers at http://www.caregroupinfo.org

- **Hesperian** has several CHW resources at http://hesperian.org/books-and-resources/language-list/

- **URC** hosts the Community Health Worker Assessment and Improvement Matrix (CHW AIM): https://usaidassist.org/resources/community-health-worker-assessment-and-improvement-matrix-chw-aim-toolkit-improving-chw

- The CHW Reference Guide will also be featured at http://www.chwcentral.org

- **Frontline Health Workers Coalition** published a CHW Report: http://frontlinehealthworkers.org/CHWreport/