# Fourth USAID Global Flagship Convening on CHW-Focused Investments

HRH2030 Program / Chemonics

October 13, 2021
8:00 – 10:00am ET | ZOOM

***WELCOME! Please share in the chat:***

*- Your name & affiliation*
*- What gives you hope today?*

# GLOBAL UPDATES

## USAID Office of Health Systems

# ROUND ROBINS

## Activity & tool updates

MTaPS (MSH)
MOMENTUM
- -MKA (PRB)
- -MIHR (Corus)
- -MRITE (JSI)

LHSS (Abt/Save)
Impact Malaria (PSI)
HSS Accelerator (R4D)
Frontline Health (Pop Council, LMH)
DIV Partners (LG, LMH, Muso)
Digital Square (PATH)
CHISU (JSI)
Breakthrough Action (JHU CCP)
Advancing Nutrition (JSI)
HRH2030 (Chemonics)

# USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

---

Improved **Access**. Improved **Services**. Better **Health Outcomes**.

# MTaPS contributions to sustaining and scaling high-quality CHW programs

*Fourth USAID Global Flagship CHW Convening*

*13 October 2021*

# MNCH – DRC

Aim to improve the availability of commodities needed for iCCM of women and children in selected health zones of North Kivu and Ituri provinces

Problem

- Security issues, which make it difficult to access all sites
- Lack of funding and donors supporting iCCM activities
- Incomplete MNCH package for iCCM in all HZs eg only malaria products for iCCM, and UNICEF supplied ORS-zinc and amoxicillin dispersible tablets in only two HZs
- Lack of consumption data to quantify iCCM needs
- Lack of community involvement in iCCM activities

MTaPS support :

- Awareness raising meetings with the provincial health team and partners on the lack of iCCM medicines and supplies & advocacy for supply of ORS/zinc and amoxicillin for the iCCM sites
- Estimating the annual need for ORS-Zinc and dispersible Amoxicillin for community care sites

TB

- MTaPS supported the Ituri provincial TB program to organize a pilot training of community health workers on directly observed treatment (DOT) and TB product management in Bunia and Nizi HZs.

# MNCH – Rwanda

Aim: to improve management of medicines at community level

- Tools e.g. magic calculator and guidelines for medicine management by CHWs adequate but not applied systematically by all CHWs.
- New CHWs lack the necessary knowledge and training on resupply and other CHWs could benefit from refresher training on use of the calculator and other tools
- Deficiencies noted in capacity of CHWs to use FP commodities
- High attendance at monthly meetings at health center but no regular themes for refresher trainings

Solution

- MTaPS is working with MoH to develop mini lessons on the CHW medicine resupply process and on FP commodities for use in monthly meetings as refresher training

# Forecasting for CCM

- Use of amoxicillin for pneumonia and ORS and Zinc at the community level as well as facility level was included in the recent update of the RMNCH forecasting supplement
- This is guidance for country quantification teams to adequately forecast their needs based on morbidity when there may be poor or unreliable consumption data

Photo credit Jane Briggs MSH

# Private sector

## Antimicrobial resistance/stewardship: Training of private pharmacists in Cote d'Ivoire

- MTaPS, in collaboration with the National Association of Pharmacists, and other national stakeholders, organized a training of pharmacists on the rational use of antimicrobials. Of the 60 pharmacists, 39 (65%) were from the private sector. The training focused on AMR antimicrobial dispensing, best antimicrobial use practices, and categorization of antimicrobials.

Photo credit: Gerard Tea

# Private sector

## Pharmacy premises registration and delivery of quality pharmaceutical services at the community level

Rwanda

- MTaPS supported Rwanda FDA, and the National Pharmacy Council to develop pharmaceutical service standards for accreditation to compliment the well-established clinical care standards. Approved by the Rwanda minister of health in July 2020, the standards and plan that guides implementation of the standards are important tools for providing improved pharmaceutical services at hospitals and pharmacies in the public and private sectors

Nepal

- MTaPS helped draft the Good Pharmacy Practices (GPP) and Good Distribution Practices (GDP) guidelines and piloted an electronic inspection tool for GPP inspections; the electronic GDP inspection tool is ready for piloting. A multipronged strategy for GPP implementation has been drafted that strengthens the DDA, supports the limited inspection resources, automates reporting, capacitates DDA inspectors and pharmacy owners and builds community awareness of the GPP best practices. Introducing the WHO GPP and GDP inspection will radically improve services provision and patient care and will greatly improve quality assurance of products moving in the market.

# Private sector

Retail outlets

- Publication of case study looking at the relationship between Tanzania's National Health Insurance Fund and retail pharmaceutical outlets
  - As countries design and launch prepayment schemes to help achieve universal health coverage, few consider the role retail drug outlets, such as pharmacies and drug shops, can play in initiatives to increase access to medicines. Tanzania's National Health Insurance Fund has had a long relationship with such outlets, and this article presents lessons from 26 multisectoral stakeholder interviews on the successes and challenges of that relationship. Countries can learn from Tanzania's rich experience and shared recommendations for improvements as they scale up in this area.

# MTaPS Contacts


**Program Director**
Francis Aboagye-Nyame
fnyame@mtapsprogram.org

**Technical Director**
Emmanuel Nfor
enfor@mtapsprogram.org

**MNCH portfolio lead**
Jane Briggs
jbriggs@mtapsprogram.org

USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

*Improved Access. Improved Services. Better Health Outcomes.*

# Thank You

## Questions?

Photo Credit: MSH Staff

MOMENTUM Knowledge Accelerator
Community Level Activities
Soumya Alva, Kate Gilroy (MOMENTUM Knowledge Accelerator)
4Th Global CHW Convening | October 13, 2021
USAID
FROM THE AMERICAN PEOPLE
MOMENTUM
A Global Partnership for Health and Resilience

# A Reminder About MOMENTUM

MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services.

**Integrated Health Resilience**

Improving MNCH/FP/RH in fragile and conflict-affected settings.

**Country and Global Leadership**

Strengthening country capacity and contributing to global technical leadership and policy dialogue in MNCHN/FP/RH.

**Private Healthcare Delivery**

Strengthening private provider contributions to MNCHN/FP/RH.

**Safe Surgery in Family Planning and Obstetrics**

Improving access to and use of safe surgery for maternal health and voluntary family planning.

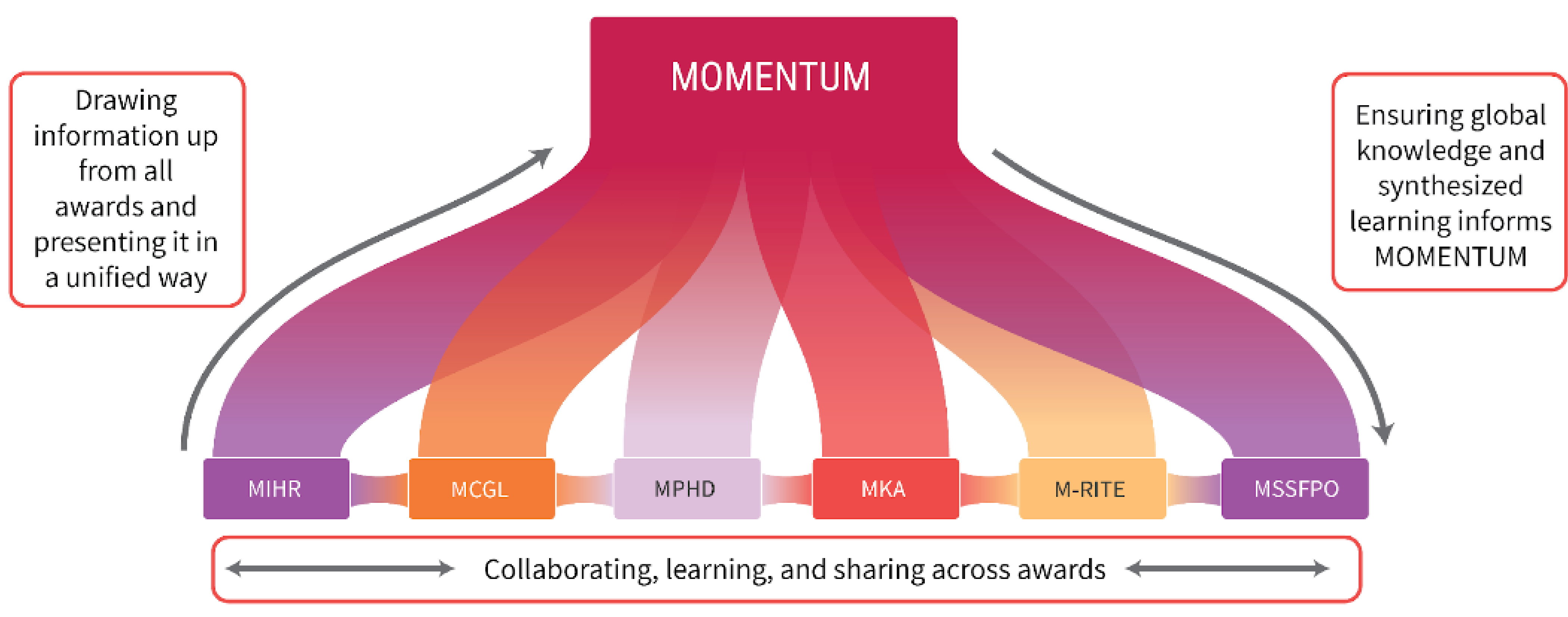
**Routine Immunization Transformation and Equity**

Strengthening routine immunization programs to ensure all people receive high-quality vaccination services.

**Knowledge Accelerator**

Facilitating learning, adaptation, innovation, knowledge sharing, and strategic communication for MOMENTUM.

# Core Areas of Focus



# MOMENTUM Knowledge Accelerator Update (Dec 2020 – Oct 2021)

- Developed a comprehensive MOMENTUM wide MEL framework that also captures community health systems and community level program implementation.
    - Tracking MNCH/FP/RH service delivery indicators across MOMENTUM awards at community sites staffed by CHWs.
    - Conceptualized measurement of capacity strengthening at the community level for ongoing monitoring and tracking across the MOMENTUM suite.
    - Capturing learning across the MOMENTUM suite on capacity strengthening, adaptive learning and partnerships at all levels of health system including at the community level.
    - Capturing learning across the MOMENTUM suite around effective approaches to train and support CHWs to mitigate impact of COVID-19 on essential MNCH/FP/RH services.
    - Exploring the role of CHWs in helping to prevent the transmission of COVID-19 and the spread of misinformation in communities.

# THANK YOU

MOMENTUM Knowledge Accelerator is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Reference Bureau with partners JSI Research and Training, Inc. and Ariadne Labs under USAID cooperative agreement #7200AA20CA00003. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of Population Reference Bureau and do not necessarily reflect the views of USAID or the United States Government.

@USAID_MOMENTUM

@USAIDMOMENTUM

USAID MOMENTUM

USAID MOMENTUM

# MOMENTUM Integrated Health Resilience – MIHR (Dec 2020 – Oct 2021): Activity progress updates & Key Considerations

- MIHR's community health strategy, focus areas
  - *(1) community participation*
  - *(2) community health governance*
  - *(3) quality of care and self-care*
  - *(4) social and gender norms and SBC*
  - *(5) improving resource allocation*
  - *(6) Availability of essential commodities*
- Adapt global and local learnings to fragile context
  - *With a goal of creating a resilient CH system in focus countries*
- Continuum of care approach with integrated and comprehensive care (FP/RH, MNCH, EPI, Nutrition & WASH)
  - *(1) FP/RH services including self-injection of Sayana Press*
  - *(2) safe motherhood*
  - *(3) essential newborn care*
  - *(4) RED- Immunization*
  - *(5) MAMI*
  - *(6) CLTS-WASH*
  - *(7) iCCM*

# MOMENTUM Integrated Health Resilience (Dec 2020 – Oct 2021): Key Accomplishments

Global:

- Planning and project star-ups;  defining community health priority activities country-by-country
- Participating in the;
  - *Community health CoP*
  - *Community health workers' impact coalition*
  - *Health systems global community health workers technical working group*
- Attended the ICHC 2021 – promoting implementation of its recommendations in support countries
  - *Integrating community health within PHC, payment of CHW, support and supervision, training, etc*
- Collaborating with UNICEF in the preparation of core community health quality standards

Country specific:

- Cross-country learning exchange organized among Mali, South Sudan and DRC
- Mali - learning exchange organized with Ethiopia and Madagascar
- South Sudan - 126 CHWs from 42 bomas (villages) trained on FP/RH, MNCH, and other topics
- DRC - CHW playing key role in Ebola Disease Surveillance and other services, 180 CHW selectedd for comprehensive FP/RH, MNCH, & SBC training
- Tanzania – CHWs integrating health and family planning services with environment and income

# MOMENTUM Integrated Health Resilience (Dec 2020 – Oct 2021) cont…

- Country-level implementation
  - *South Sudan, Mali, Burkina Faso, DRC, Niger, Tanzania, Sudan*
- New CHW-focused investments
  - *Community Health Formative Assessment in South Sudan*
  - *National level CHW program strengthening in Burkina Faso*
- Use of CHW programming tools for monitoring and learning
  - *CHW Program Assessment and Improvement Matrix (CHW AIM tool)*

# M-RITE Update (Dec 2020 – Oct 2021)

- MOMENTUM Routine Immunization Transformation & Equity
  - USAID's flagship investment in strengthening RI and reaching zero dose and under-immunized children and families, and technical assistance for COVID-19 vaccine rollout
- Completed first year of implementation, PY2 Core workplan pending
  - While CHWs do not in most cases provide direct immunization services, CHWs can play a role in community engagement and SBC strategies, and it is within that context that M-RITE programs will engage CHWs to reach communities and caregivers
  - DRC and Mozambique co-creation processes engaged a wide variety of stakeholders including CHWs and caregivers to identify, understand and co-design workplan activities to strengthen quality and reach of routine immunization (RI) services
- Country-level implementation
  - Mozambique (workplan recently approved, Oct 2021-Sept 2022)
    - Nampula and Zambezia provinces, select districts
    - RI – SBC strategy will focus on key community leaders and structures, including APEs
  - DRC (proposed workplan submitted, pending approval, Oct 2021-Sept 2022)
    - Proposed work in 4 provinces, select districts
    - RI – capacity building for RECOs on interpersonal communication, new population enumeration approaches
  - India (Aug 2021- July 2022)
    - 18 states, focus on underperforming areas and vulnerable populations
    - Through local Indian NGOs, engage ASHAs and other community mobilizers to improve acceptance and uptake of COVID-19 vaccine

# USAID LHSS Project Update (Dec 2020 – Oct 2021)

- Country-level implementation
  - Colombia: community engagement and community-based PHC models to improve access for vulnerable host populations and Venezuelan migrants
  - Timor Leste: strengthening mechanisms for community and civil society engagement for health with government at municipal and national levels
  - Central Asia Region: community-based infection prevention and control
- Forthcoming case studies and technical guide on HRH approaches to mitigate the social determinants of health

# IMPACT MALARIA (Dec 2020 – Oct 2021)

- Country-level implementation update:
  - IM has expanded ICCM support to 6 countries: Cameroun, Niger, Mali, CDI, Sierra Leone and Rwanda
  - Package of support:
    - Capacity building of CHWs through training, supervision and procurement adapted to each specific country context
- Activity progress updates
  - Despite context of COVID, around 3600 CHW trained to 3,400,000 .> 5 children in coordination with other partners in IM target areas
  - As of September 2021, around 422, 500 children with fever have been seen by CHW: most of them have tested for malaria with RDT. and most of children diagnosed with malaria have been treated with A
  - Regular monitoring of activities to share lessons learned and address challenges at country and global level
- New focus investments:
  - Piloting and refining a CHW internship resource package
  - Steps to develop a standardized an ICCM quality improvement framework
  - Working with the African Bureau and the Child Health Task Force to implement a series of activities towards ICCM institutionalization:
    - Support the development, organization and dissemination of tools to support ICCM institutionalization
    - Assess best practices, lessons learned and key challenges from selected countries who have developed sustainable, national-scale ICCM program

# The Accelerator

The Accelerator is a five-year (2018-2023) USAID cooperative agreement, with co-funding from the Bill & Melinda Gates Foundation.

The project provides technical assistance across a broad range of health systems strengthening challenges to ensure that in-country institutions and organizations have the capacity and expertise to independently translate, adapt and build more effective and sustainable health system interventions on their journeys to self-reliance.

**Implementing Partners**

# Activity Progress Updates:

- Strengthening sustainable financing and decentralized rollout of the national community health policy via:
  - Co-creation series and country-owned action plans
  - Capacity-building with civil society organizations
  - Mixed methods implementation research
  - Social accountability and SBC interventions

## Guinea

- Strengthening community health governance and leadership via:
  - Community health situational analysis
  - Development of national community health policy
  - Creation of interactive, online resource mapping tool based on national survey

## Côte d'Ivoire

# New CHW Investments

Support to over 20 CSOs to ensure their priorities included in Global Fund COVID-19 Response Mechanism proposal to offset the negative impacts of COVID-19 on health programming.

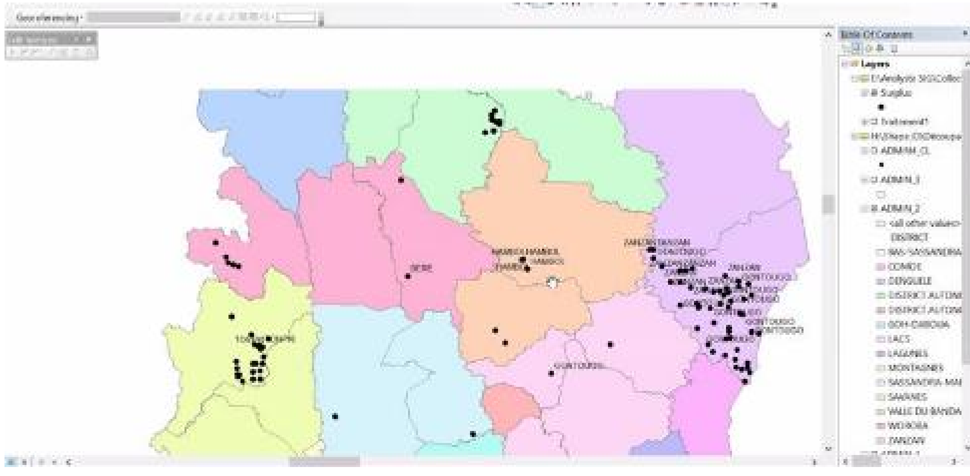
- Included programming to ensure continuity of services, social mobilization, and addressing gender-based violence

Proposal approved for **$20M** in new financing for urgent programming to strengthen health and community systems and make COVID-19 related adaptations to HIV, TB, and malaria programs

Accelerator consultant supporting CSOs to present their funding priorities to Guinea's country coordination mechanism.

# Mapping tool for monitoring CHW in Côte d'Ivoire

- **Purpose:** Allow the Directorate of Community Health to have a comprehensive view of all activities, actors, and sources and levels of funding for community health in each region and district with the end goal of identifying potential duplication of efforts and gaps in community health coverage to inform reallocation of resources.
- **Methodology:**
  - Nationwide electronic survey to identify geolocation of community health interventions, actors and information on financing
  - Data points entered into database and mapped using AcrGIS
- **Result:** Online, interactive geoportal maintained by the Directorate of Community Health



## Research Methodology

| Sections | Description |
|---|---|
| Research design | Sequential mixed methods study (quantitative  qualitative) |
| Study Population | Stakeholders at national, regional/district and local levels |
| Sampling | • Selection of four regions out of seven<br>• Selection of six communes per region including the following :<br>✔ Communes with full rollout of community strategy with decentralization package<br>✔ Communes with full rollout of community strategy without decentralization package<br>✔ Communes without rollout of community strategy **(comparison communes)** |
| Data collection | Quantitative: Survey questionnaire and health routine data<br>Qualitative : Key informant interviews and Focus group discussion (guides) |
| Data analysis | Quantitative: descriptive, comparative, time series analysis (Stata 15)<br>Qualitative : Thematic content analysis (Nvivo 12) |

39

# Implementation Research on the National Community Health Policy in Guinea

- Conducting mixed-methods implementation research to provide evidence on the effectiveness of the national community health policy in delivering the essential package of services, meeting population health needs, and developing, communicating, and implementing roles and responsibilities among decentralized governmental actors
- Uses decision space approach, assessing gap between de jure (official) and de facto (actual) decision space in the community health policy implementation
- Research prioritized with Ministry of Health
- Ethics approval received and data collection beginning in Q1 FY22

# Upcoming Activities in FY22

## Ethiopia

- Support the MOH to integrate and expand community-based rehabilitation (CBR) services in the existing health system.
- Analytical support to MOH on how to standardize rehabilitation services and plan to integrate them with other services at the PHC/community level based on Ethiopia's experience with the Health Extension Program (HEP) and best practices from other countries on CBR and integration in health systems

## Liberia

- Strengthen community-level mental health programming by providing a situational analysis and guidance on best practices to the MOH team on community-level mental health programming for incorporation in both the community and mental health strategies

# FLH - Population Council Update (Dec 2020 – Oct 2021)

- Advancing community health measurement, policy, and practice
  - 2 Editorials for CHW supplements in GHSP and JoGH
  - 9 Published papers in BMJ, JoGH, JoGH Reports
  - 9 Briefs on research in Bangladesh, Haiti, Kenya Mali and Uganda - 2 on exploring CHWs roles, support and experiences in context of COVID-19 pandemic (Bangladesh, Haiti and Kenya)
  - Presented at ICHC 2021 and Applying Global Goods

- Research in ICH Countries (now complete)
  - Bangladesh, Haiti, Kenya, Mali and Uganda

- Country level technical assistance
  - Kenya support for finalisation of CHW Policy and Strategy, and COVID-19 support

- Use of CHW programming tools for monitoring and learning
  - Brief on operationalised indicators integrating CHW and client views to assess Community Health Systems

# FLH - Last Mile Health Update (Dec 2020 – Oct 2021)

- Community Health Systems Reform Cycle
  - Paper published in Global Health: Science and Practice - Mar 2021
  - Presented at ICHC 2021 and Applying Global Goods
- Seven ICH Country Snapshots
  - Mali, Bangladesh, Uganda, Liberia, Haiti, Democratic Republic of Congo, and Kenya
  - Map each country's community health programming and history against stages of the reform cycle and identify opportunities for future reform and institutionalization
- Global and Regional Advocacy
  - Support for: WHO Optimizing CHW Programs guidelines, UNGA Assembly, WHA Assembly, WHO COVID-10 guidelines, PHC Strategy Group, Africa CDC, Africa Frontline First
- Country level Advocacy and Technical Assistance
  - Liberia: Ongoing support of CHA program, policy revision, national monitoring systems and QA, capacity building, financing and sustainability, and COVID-19 support
  - Uganda: COVID-19 response, capacity building for health workers, PPE procurement
- Framework and Tool for Purchasing in CHW Programs
  - Help policymakers, funders, and managers of CHW programs optimize purchasing arrangements with community health providers - lay out and review current purchasing arrangements, assess the effectiveness of the existing (or new) arrangements, and decide where to focus efforts

DIV Stage 3

# Results-Based Financing to Scale Community Heath Programs in Uganda

# The RBF Model

## Objective

Show the value of RBF in promoting cost-effective, quality community health services for underserved and at-risk populations.

## Targets

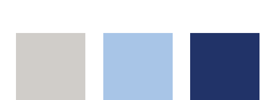
- 1,968 digitally-enabled CHWs
- 1.5 million community members

## Launched Oct 2019

- USAID Award to GDI, outcome fund trustee

CHWs deliver community health results

- Pregnancy visits
- In-facility deliveries
- Newborn visits
- Sick child assessments
- Treatments for malaria, diarrhea and pneumonia for children < 5
- Etc.



# *Leveraging Innovation During COVID-19*

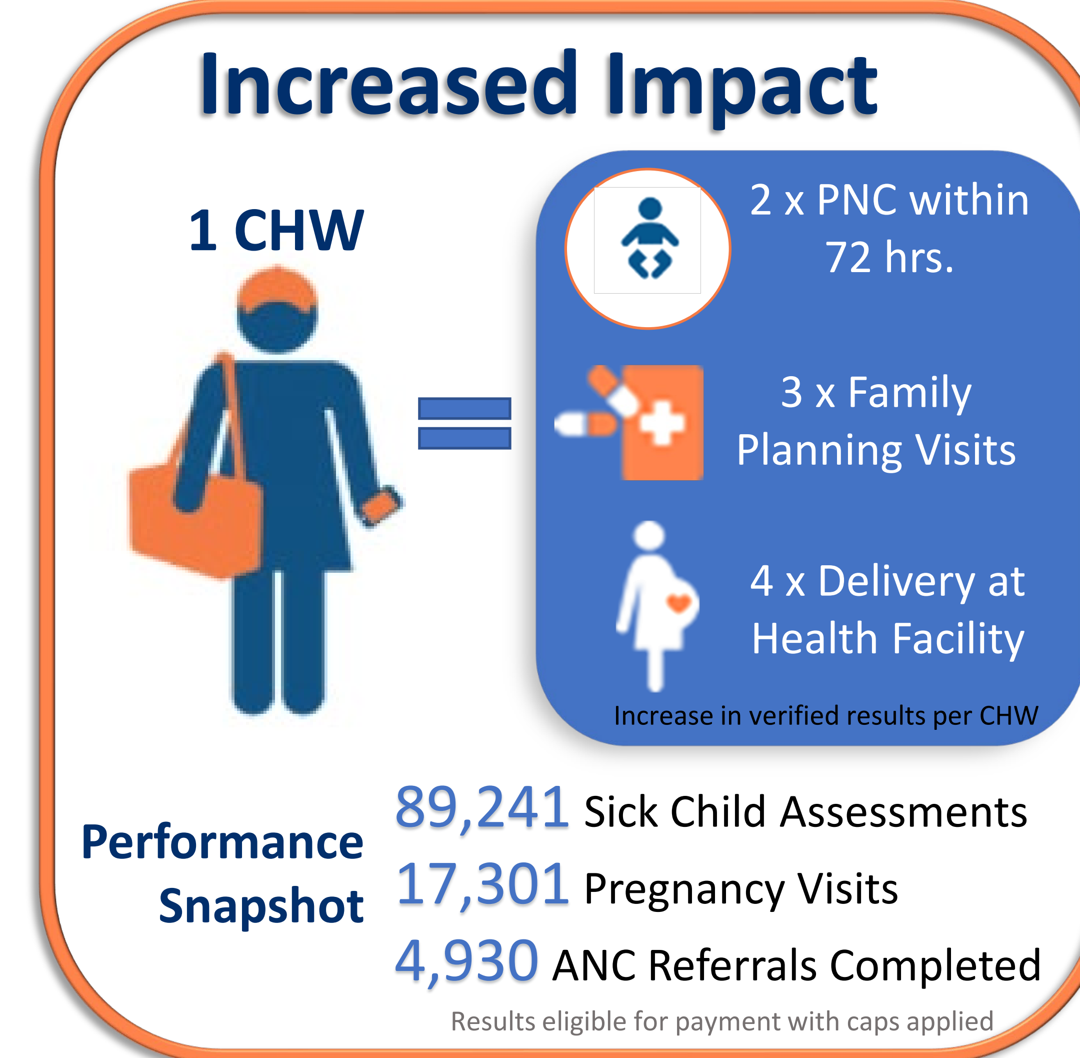
## RBF presents a beneficial approach for testing and adapting

- Remote training and supervision
- New COVID-19 protocols & activities
- Adjusted incentive structure for CHWs

# *Learnings for Long-term Impact*

## Applying and promoting project learnings

- Improved CHW performance
- Government learning and adoption
    - Collaboration is critical
    - Interest is growing in more affordable, results-driven model
    - New co-funded and co-implemented community health RBF pilot underway in Oyam District



# DIV - Last Mile Health Update (Dec 2020 – Oct 2021)

## National Community Health Assistant (CHA) Program in Grand Bassa, Liberia

- Support the government of Liberia to expand coverage
  - 358 CHAs fully trained, deployed, equipped, and supervised - serving 103,157 people
  - From Sep 2018 - July 2021, CHAs conducted 344,638 routine household visits in Grand Bassa and 100,592 sick child treatments were performed for malaria, pneumonia, and diarrhea in children under five
- Conduct an impact evaluation of the National CHA Program in Grand Bassa County on MNCH services and outcomes
  - Data collection delays due to COVID-19
  - Overall treatment of child illness by a formal provider increased 33 percentage points more in areas where the National CHA Program was implemented from 2018 to 2021 as compared with areas not yet implementing across all illnesses surveyed (malaria, diarrhea, and pneumonia), underlining the impact that community health worker programs can have in rural areas in just a few short years
  - Unfortunately, results also showed that the number of fully vaccinated children for all vaccine types has decreased since 2018, emphasizing focus on addressing vaccine hesitancy
- Conduct a cost-effectiveness study of the National CHA Program in Grand Bassa County: updated results
  - Health outputs increased - even more sick child treatments and routine visits have been conducted per $10,000 invested than 2 years ago
  - Key health outcomes continue to show a positive impact in implementing districts compared to non-implementing districts, despite a potential effect of the COVID-19 pandemic in service utilization
  - Analysis to be used to advocate amongst National CHA Program donors for more sustainable investments and to inform revision of Liberia's National Community Health Policy to ensure costing informs decision-making.
- Leverage existing data streams to answer additional research questions
  - Care seeking behavior - readiness of health facilities to provide targeted primary care alongside the National CHA program
  - Demographic and structural factors - demographic and structural factors explores ways to simplify and validate approaches to measuring relative household wealth in Liberia's rural areas
  - Service utilization - better understand service utilization by evaluating the impact of a CHW program on child health treatment rates in rural Liberia

# Muso Flagship Project Update (Dec 2020 – Oct 2021)

- **Activity progress updates**

Proactive Community Case Management (ProCCM) Trial: Collection of the household survey datasets have been finalized. Muso is partnering with a team of researchers including from the University of California, San Francisco and the University of Michigan to conduct trial analysis. Results of this trial, focused on which CHW workflow has the greatest impact on child mortality, will be completed around the end of 2021.

- **Country-level implementation**

Mali

- Health Systems Strengthening: Q4 launch of a new community health center in peri-urban Bamako - Yirimadio that will serve an estimated 63,000 patients and receive referrals by proactive CHWs as part of the ProCCM model.
- COVID-19 National Contact Tracing & Monitoring program deployment and vaccine roll-out: the majority of Muso's CHWs have been vaccinated in our urban sites, and are now connecting patients to vaccines with barriers reduced through mobile vaccine clinics. This area of Bamako has the highest vaccine uptake in Mali.

Côte d’Ivoire - Expansion

- Muso expansion to Cote d’Ivoire is underway with recent site selection completed across three districts of Madinani, Koutou and Adzope. We aim to serve an estimated 310,000 patients through 50+ primary care facilities. A clinical needs assessment is currently in progress.

- **Use of CHW Programming Tools for monitoring and learning**

CHW AIM Tool: During our site selection process in Cote d’Ivoire, we used the Community Health Work Assessment and Improvement Matrix tool to assess the level of CHW programming target regions in the country to inform site selection. Please see AIM tool here: https://www.unicef.org/media/58176/file

# DIGITAL SQUARE (Dec 2020 – Oct 2021)

- Activity progress updates
  - Landscaping of 27 countries – assessing human resource capacity, governance processes and policy, and digital tool availability for implementation of a community health worker case management application for febrile disease management. Complete
  - https://digitalsquare.org/community-health
  - Implementation of recommendations from the landscape starting up fully in 4 countries and somewhat in 20
- Country-level implementation (list countries)
  - Burkina Faso
  - Senegal
  - Zambia
  - Rwanda
  - Light implementation (further assessment or requirements development workshops in 20 countries)
- New CHW-focused investments
- Use of CHW programming tools for monitoring and learning
  - CommCare
  - REVEAL

# CHISU Update (Dec 2020 – Oct 2021)

- Activity progress updates
  - Supporting development of eHealth Strategy in Serbia
  - Conducted 2 SOCI Assessments (Burkina Faso, Serbia)
  - Inclusion of COVID-19 data in One Health system in BF
  - Scaling up of ENDOS in Burkina Faso
  - Inclusion of DQR module into ENDOS

- Country-level implementation (list countries)
  - Burkina Faso, Niger, Serbia

# CHISU Update (Dec 2020 – Oct 2021)

- New CHW-focused investments
  - **Training** of CHW on identification and notification of unusual health events that occur in the community. Such health events are subsequently captured by the One Health electronic monitoring platform.
  - **Targets:** community actors from 3 ministries (Health, animal resources and environment) in the district of Sabou, central west region
  - **Method:** cascade training/ first TOT led by the central level of the 3 ministries, then agents of the service delivery points and last the CHWs.
  - **Total:** 34-agents at SDP and 126 CHWS all trained on how to identify and notify unusual health events
- Use of CHW programming tools for monitoring and learning
  - N/A

# Breakthrough ACTION UPDATES

# UPDATES

- Illustrative Activities Progress
  - In Guinea and DRC, HCD work uncovered an important motivational framework, MAO
  - In Burkina Faso, Côte d'Ivoire, Kenya, Liberia and Niger, BA has and will continue to work with community health stakeholders to reposition CHWs at the center of community SBC
  - In Nigeria, the work of CHV reached over 600,000 people with messages on MNCH+N, malaria, and FP through 65,466 activities including referral of over 65,000 people and COVID-19 prevention related work
  - Across countries CHWs are benefiting from some capacity strengthening activities for higher quality services
- NEW CHW-FOCUSED INVESTMENT
  - Expansion of activities in Nigeria and DRC a nutrition prototype
  - Consolidation of collective action for SBC with CHWs and CHVH including in local planning

# LIST OF COUNTRIES OF IMPLEMENTATION

- Burkina Faso
- Côte d'Ivoire
- DRC
- Kenya
- Liberia
- Niger
- Nigeria
- Liberia
- Guinea

**Breakthrough ACTION Countries**

Current Breakthrough ACTION Buy-ins

Current Community Programming

# Thank You

For more information, please contact:

Telesphore E L Kabore
Senior Community Health Advisor
tkabore@savechildren.org

# USAID Advancing Nutrition Update (Dec 2020 – Oct 2021)

## GMP case studies

- **Objective:** To increase understanding of the context, describe two country environments, and support global efforts for implementation of high quality GMP
- **Location:** Ghana and Nepal
- **Status:**
  - Completed data collection inclusive of interviews with community health nurses (Ghana) and female community health volunteers (Nepal)
  - Ghana country narrative shared with USAID Ghana and two regional health directorates
- **Next Steps:**
  - Organize a global convening to discuss updates since a 2018 convening; identify common interests, and prioritize next steps for strengthening the GMP platform in facility and community settings
  - Work with Community Health Nurses and other keys stakeholders in Ghana to develop a counseling tool with decision logic that integrates child growth and development

# USAID Advancing Nutrition Update (Dec 2020 – Oct 2021)

## Development of a package of generic requirements for development of digital GMP tools

- Objectives:
  - Facilitate the development of digital tools for the delivery and supervision of GMP services by providing the basic requirements for doing so.
  - Guide health worker decisions regarding growth monitoring, assessment, counseling, and referrals.
  - Ensure adherence to global guidance on the content of GMP services, data collection, and digital health practices.
  - Provide a common language and promote a common understanding across various audiences—health and nutrition program managers, software developers, and implementers of digital systems—of the role and content of digital tools for GMP services.
- Location: N/A
- Status: Completed "A Guidance Package for Developing Digital Tracking and Decision Support Tools for Growth Monitoring and Promotion (GMP) Services" (internal use only)
- Next Steps:
  - Consult with global experts and country stakeholders, soliciting input for subsequent revision of the package
  - Ground-truth GMP workflows in two countries

# USAID Advancing Nutrition Update (Dec 2020 – Oct 2021)

## Pneumonia nutrition formative research

- **Objective:** To examine the enablers and barriers to effective community health volunteers counseling on childhood nutrition and pneumonia-related behaviors including impact of COVID19
- **Location:** Turkana county, Kenya
- **Status:** Completed data collection including interviews with community health extension workers and interviews as well as focus group discussions with community health volunteers
- **Next Steps:**
  - Conduct workshop to share and validate formative research findings
  - Facilitate workshops to identify approaches to strengthen integrated community health service delivery

# USAID Advancing Nutrition Update (Dec 2020 – Oct 2021)

## Landscape analysis of nutrition-related pre-service education of frontline health workers (CHWs)

- Objective: To identify…
  - which cadres of health workers are primarily responsible for providing frontline nutrition services
  - what national documents (policies, protocols, plans, strategies, job descriptions, and requirements for appointment) indicate regarding roles and responsibilities
  - if nutrition is covered in the pre-service training
- Location: Bangladesh, the Democratic Republic of Congo, Ghana, the Kyrgyz Republic, and Malawi
- Status: Consultants hired in each country
- Next Steps:
  - Conduct a desk review of national policies and protocols, job descriptions, the pre-service training curricula, and other relevant documents
  - Consult with key stakeholders to validate findings and fill gaps from the desk review
  - Summarize findings and share during in-country validation meetings with country stakeholders

# HRH2030 (Dec 2020 – Oct 2021)

**Global technical leadership**

- USAID Flagship CHW Resource Package - updated June 2021
- ICHC support & Women's Storytelling Salon
- Webinar: The Health Workforce of the Future – including building the community health workforce
- Webinar: Integrating the Health and Social Service Sectors to Achieve Health for All
- HOT4FP: A Tool for Estimating Human Resource Needs to deliver more efficient family planning services through task-sharing
- Report: National Family Planning Guidelines in 10 Countries to assess policy implementation including task sharing with community-based cadres
- e-Learning Course on Gender Competencies for Family Planning Providers
- Best Practices and Opportunities to Increase Youth Employment in Health with TVETs
- Celebrating HRH2030: Legacy Site

**Country-level implementation**

- Liberia: WHO M&A Framework application
- HRH2030 Colombia: Transitioning Colombia's National Positive Parenting Program, Mi Familia, to Virtual Delivery During the COVID-19 Pandemic
- Kenya: support to final ICHC case study
- HRH2030 Mali: Improved quality of health care and services at the community level

**Use of CHW programming tools for monitoring and learning**

- WHO Monitoring & Accountability Framework

# HRH2030 Mali Key Results: Bridging Community Health and Primary Health Care

- Integrated the **community approach into 1,233 community platforms in 23 districts** in Kayes, Koulikoro, Sikasso, Ségou, and Mopti, reaching 54,024 Malians
- Provided **services to 250,000 Malians**—including 30,208 pregnant women, 49,499 children under 23 months, and 136,458 children between two and five—through HRH2030-supported community platforms and community health
- Spurred an **increase in health facilities' service utilization rate from 38% to 73%** over a two-year period, impacting 2,311,045 Malians in rural communities
- Contributed to an **increase in the proportion of childbirths taking place at HRH2030-supported health centers** in 18 districts from 35% to 89% over the first half of 2020
- **Trained 687 community health cadres** including CHWs and rural matrons who, in turn, **trained 997 community health committees**, in collaboration with local partners
- **Reached 53,337 women of reproductive age and 42,121 pregnant women** with key health messages by through HRH2030-trained community health workers
- Contributed to **increasing financial accessibility to health services for 60,000 women** across the 1,233 community platforms

# Five-minute Stretch

# DEEPER DIVE PRESENTATIONS

- USAID/UNICEF collaboration *(USAID, UNICEF)*
- CHW Master Lists guidance *(CHIC, UNICEF)*
- WHO M&A framework application in Liberia *(HRH2030/ Chemonics, Last Mile Health & MOH Liberia)*

# Community Health Systems Strengthening: Designing Catalytic Investment to Drive Change

New UNICEF Umbrella Agreement

# USAID-UNICEF CHS/PHC Focused Catalytic Investment: Deliberate Interaction in Ecosystem to Increase Investment and Improve Coordinated Action and Learning led by Countries

**USG/USAID Investment Prioritization:**
*BGH/Cross-Bureau/ Agency wide
* Mission HIPs
* PMI MOPs - Res Coordinators
*PEPFAR COPs

**USAID Flagship/ bilateral partners coordination (HSSA, LHSS, CHISU, MOMENTUM, CORE Polio)**

**NSC Level**
Dialogue/ Prioritization

**USAID-UNICEF Catalytic CHS/PHC Investment (2021-2024)**
$2.1 million core investment
[OHS, AFR (MCH, FP, MAL)]
* **Political Momentum (Community Health Roadmap)**
* **Global Learning**
* **Integrated TA/monitoring**
Investment interaction with USAID Units: UNICEF Umbrella Agreement
$300 million
(2021-2026)

**CHAP/SKoll Donor Convening** (9/29)
*Global Coordination
*System Design

**Africa Donor Collective**

**GAP/Accelerators**
PHC Operational framework - inclusion of community systems country plans & costing

**Global Fund**
RSSH Strategic Initiative (2021-2023)
*South/South TA --- potential link with Catalytic Fund/AFF
*HRH/Quality TAG
iCCM

**BMGF**
Collaboration Dialogue with BMGF(9/30)
New PHC Strategy Consultation

# ICHC 2.0: Key actions & areas of technical assistance

## Key actions from the conference

**Increase sustainable and equitable domestic & external financing** for CH as part of PHC informed by national strategies, integrated costed plans and budgets

Incorporate CH planning / investment cases in key global/regional/initiatives including PHC GAP accelerators and UHC

**Mainstream pandemic preparedness and response investments** with robust contributions to the health system inclusive of PHC & CH

**Professionalize and compensate community health workers** inclusive of competitive remuneration, supervision, building of capacities & career pathways and equipping and protection as part of the frontline health workforce

**Tailor CH & PHC programs to the changing environment and epidemiology** and scale up sustainable quality improvement approaches at community level

**Institutionalize community engagement & bolster local governance capacities** to enable mutual social accountability

**Facilitate multi-sectoral, coordinated action at all levels** to expand health service coverage and resilient health systems

**Accelerate data-led tracking of country progress** including through the use of data analytics and digital technology

## Overview of technical assistance needs*

**National policy/strategy and system design -** ***Afghanistan, Burkina Faso, CAR, DRC, Haiti, Niger, Uganda, Zambia***

- National CH/PHC strategy, policy or guidelines review and/ or development
- National & sub-national planning, budgeting and costing
- Develop/strengthen national coordination mechanisms + CSO engagement
- Develop integrated service package

**Community engagement, local governance & accountability -** ***Afghanistan, CAR, DRC, Liberia, Zambia***

- Strengthen management capacities of local governance structures
- Development training curricula, implementation manuals

**Data systems (analytics, visualization & use)-** ***DRC, Liberia, Mali, Niger, Uganda, Zambia***

- Integrate CHMIS into DHIS2 + training/roll out of revised cHMIS
- Expand data use & feedback loops
- Strengthen community surveillance
- Development of national CH/PHC M&E framework
- Assessment of current digital health landscape

**Quality of care and service delivery -** ***Burkina Faso, Niger, Uganda***

- Use of digital technology
- Scale up of QoC approaches at community level
- Design of service delivery models for priority populations (eg. urban areas)

**Community Health workforce -** ***Afghanistan, Burkina Faso, DRC, Haiti, Liberia, Uganda, Zambia***

- Training and/or supervision of CHWs (incl. Curricula development)
- Mapping of community level cadres
- Design of community level HRH models
- Recruitment, accreditation & performance management systems / mechanisms

**Supply chain -** ***Afghanistan, Burkina Faso, CAR, DRC, Haiti, Niger, Uganda***

- Integrate CH supply chain to national supply chain
- Strengthen SCM capacities

# Overview

## Purpose

To harness and sustain the momentum to accelerate measurable progress in expanding primary health care to bridge the SDG gap by strengthening and integrating community health systems

## Objectives

**1.** To **sustain momentum and support for primary health care and community health systems** at global, regional and country levels:

a. Provide global leadership and coordinate global/regional stakeholders on the PHC agenda

b. Foster coherent and increased investments for PHC at community level to address outstanding and/or emerging country priorities

2. To **coordinate global learning** through the development and dissemination of global goods articulating integrated community health implementation and system strengthening models, approaches and best practices

3. To provide a **package of integrated, catalytic technical assistance** through replicable models to address emerging country-specific priorities for optimizing community systems for PHC building on ICHC 2021 actions

# 1. a. Provide global leadership and coordinate global/regional stakeholders on the PHC agenda

## Summary of activities/interventions

1. Leverage UNICEF's co-leadership of the **SDG 3 GAP PHC Accelerator** to make links to various global community health initiatives at global level.
   - Jointly support countries in implementing community systems strengthening interventions to operationalize country specific PHC frameworks/plans.
2. Complement UNICEF & USAID investments in the **Child Health Task Force** (CHTF) to strengthen child health programming towards accelerating reduction in child mortality to reach the SDG targets by building in CHSS components to elevate & enable a coordinated response that is aligned to country technical & financial gaps.
   - In Y1, prioritize engagement with the institutionalizing iCCM & QoC sub-groups to jointly implement (advocate, develop global learning/goods, provide technical assistance) the vision for programming for child health and wellbeing and QoC at community level in select countries.
3. Strengthen engagement with **continental/regional unions or partnerships** to advocate and sustain political momentum for CHSS.
   - In Y1, leverage UNICEF's partnership with the African Union on the 2 Million CHW Campaign to improve access to CHW workforce data, analytics and use.
4. Leverage both UNICEF's & USAID's engagements/partnerships with other **global agencies (GF, GFF, BMGF), civil society (CHIC, Core Group) and private sector**
   - Y1 explore synergies / opportunities for collaboration in Y2 which may be around common: strategic areas of investment/interest (e.g., measurement, data & data systems, financing), technical assistance to countries and/or global goods & learning

# 1. b. Foster coherent and increased investments for PHC at community level to address outstanding and/or emerging country priorities

## Summary of activities/interventions

Leverage the **Community Health Roadmap (CHR) platform** to increase institutional and country level investments for PHC at community level by:

1. Coordinating and convening **investor dialogues** aimed at optimizing, increasing and aligning PHC investments inclusive of community health)
2. Maintaining the **CHR knowledge hub** as a repository and intelligent data dashboard of critical country specific community health data with key metrics to track progress and provide a landscape for community health pulling linking to other databases
3. Sustaining a strong **country engagement process** that facilitates periodic stock taking of country progress, with continuous visibility of validated country priorities
4. **Strengthen the CHR as a global partnership platform** for community health that steers a community health agenda as core to PHC informed by country priorities

# 2. Coordinate and enhance global learning on implementation models and best practices for expanding PHC through the strengthening of community health systems

## Summary of activities/interventions

1. Enhance **peer-to-peer learning by re-invigorating the community health community of practice (CH-CoP)**
    - Create robust linkages to the CHR knowledge hub for sustained cross-country learning / exchange through discussion series/webinars, co-creation of global goods and supporting global/regional convenings
2. Support **global and regional stakeholder convenings** to ensure sustained advocacy and bridging of knowledge gaps that is responsive to country priorities
3. **Develop and disseminate global guidance and goods** (case studies, commentaries, policy briefs…) anchored to the key ICHC thematic areas, informed by the cross-country learning (CH-CoP) and enriched by knowledge hub

# Building on ongoing UNICEF investments to provide integrated TA to select countries

## National CH-PHC policy, strategy & system design + costing/finance

- Adaptation/contextualization of global / regional technical guidance in the development and evaluation of national strategies
- Leverage UNICEF's convening & coordination at country level
- Ongoing costing of community health strategies (incl. of iCCM as part of iCCM TT) using CHPCT 2.0
- Ongoing costing of PHC costing in 40+ countries

## Community health workforce

- Ongoing country consultations + partnership in the development of the guidance on national georeferenced CHWML & registries
- CHW global & regional surveys and country level geo-mapping of CHWs
- Training of CHWs (development of training resources incl digitization) – Community Health Academy

## Community health data, visualization and use

- Intelligent Community Health Systems (iCOHS) – includes strengthening & institutionalization of CHIS, data analytics & use
- Application of the CHW Strategic Information and Service monitoring guidance finalized and disseminated

## Measurement & Tracking Progress

- Harmonization of community health measurement metrics & approaches – matrix & guidance
- Application at country level to track progress towards institutionalizing community health

# 3. Provide a package of integrated, catalytic technical assistance through a replicable model to address country priorities for optimizing community systems for PHC

## Summary of activities/interventions

1. Provide an **integrated package of catalytic technical assistance** (**one high burden priority country in year 1** with the potential of scaling up to additional countries). The TA package will be contextualized to country needs and will include support to:
   - Development, review and/or costing of national policies/strategies and system design
   - Strengthen community health workforce including through enumeration and geo-mapping of CHWs; implementing sustainable models for training and/or supervision; and recruitment, deployment and performance management of CHWs
   - Enhancing quality of care and service delivery at community level to address equity gaps (e.g. models for zero dose communities) including through digitization
   - Measurement and accountability including through enhancing access and use of community level data and analytics
2. **Develop metrics for tracking country progress** and utilize these to measure and document country-specific pathways to institutionalizing community health
3. **Coordinate global and regional actors (including USAID flagship partners)** around country TA needs

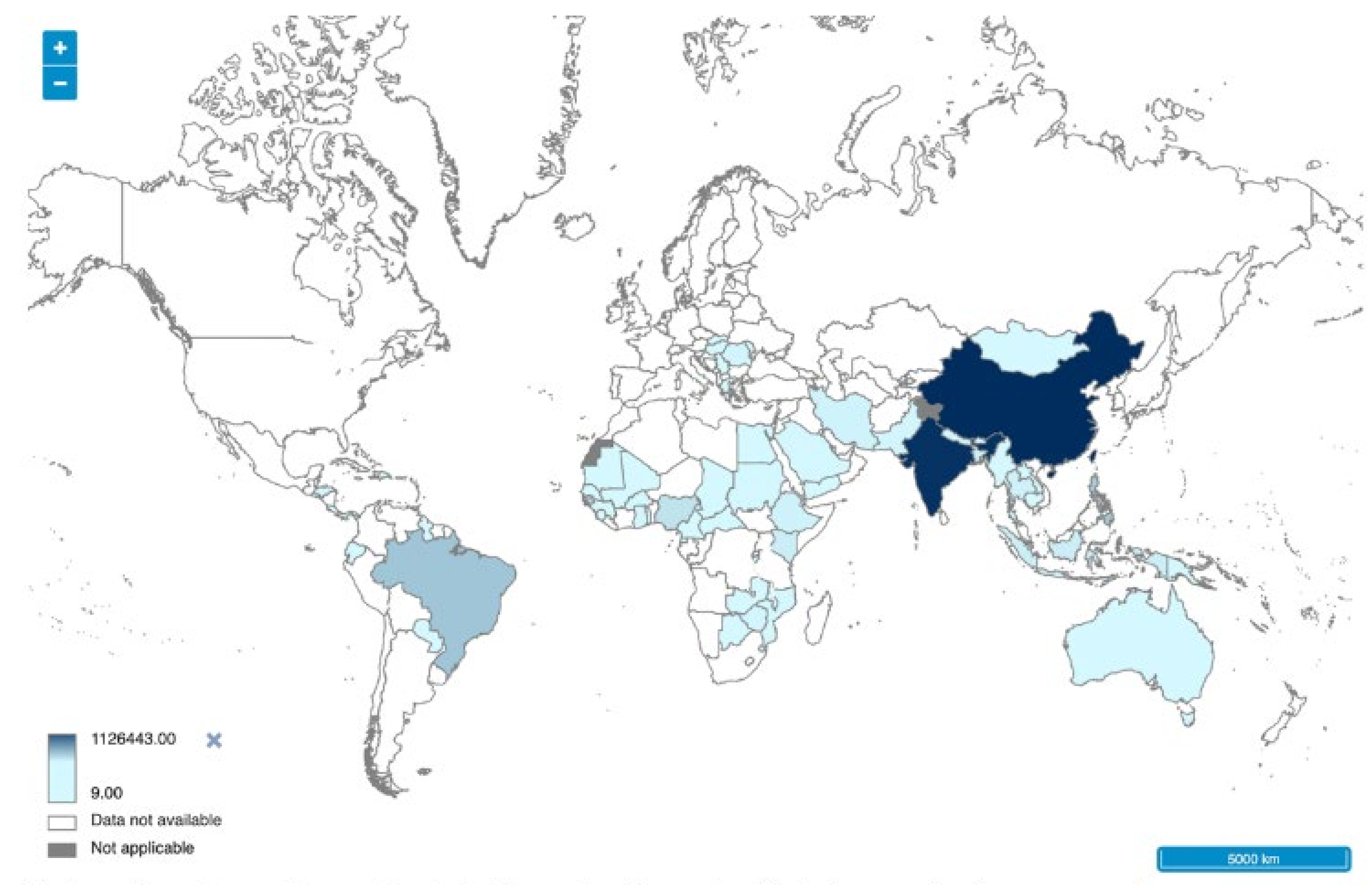
Thank You
unicef
for every child
USAID
FROM THE AMERICAN PEOPLE

# Development of a National Georeferenced Community Health Worker Master List Hosted in a Registry

Implementation Support Guide

Community Health Impact Coalition

# Accurate, up-to-date data on current number and location of CHWs are often unavailable




- WHO estimates there are over 3M CHWs globally
- Estimated numbers of CHWs are compiled from national censuses, labor force surveys, and national health workforce accounts (NHWA reporting)
- Data is only available for 75 countries, with reference data sourced between 2000-2019
- The most recent data for 40% of countries is more than 10 years old

# Uncertainties on CHW numbers and locations may prevent or delay the planning and implementation of community health activities

## Emergency response

The EOC, MOH, and NGOs need to mobilize CHWs to facilitate door-to-door contact tracing and SBCC for a new outbreak. Each group maintains their own list of CHWs with varying information on status, catchment, and locations.

**The mismatch between lists creates delays in mobilizing resources to facilitate rapid response.**

## Health Service Accessibility

New CHWs will be hired for villages where walking time to the HF is >1hr. To identify accessibility gaps, data are required on HF location and existing CHWs. There are several lists with this data but lack of clarity on what data is most complete and up-to-date, where there may be duplication between lists.

**In the absence of a routinely updated national master list, the program must undertake intensive ad hoc data collection.**

## CHW Payment

UNOPs requires the list of CHWs and their official villages to issue payment. There may be many lists of CHWs across programs that are discrepant and do not have up-to-date date village data, or use unofficial operational sub-villages.

**MOH needs to conduct a cleaning exercise to consolidate lists and/or match each unofficial with official village in the CHW list, slowing payment.**

## Procurement

The MOH needs to distribute PPE to CHWs for COVID-19 preparedness. To calculate PPE needs, the MOH needs to know how many CHWs exist. Many lists store data on existing CHWs but it is unclear which one is most up-to-date

**The MOH needs to check with each district for an accurate count, slowing the procurement process.**

**Lack of visibility into the CHW workforce impedes progress towards effective institutionalization of CHW cadres**

# CHW lists often emerge to meet ad hoc HRH needs but may not be geo-referenced or maintained over time

Fragmented, ad hoc CHW lists are often developed to inform human resource management needs:

- **Payroll:** a list of active CHWs is needed to inform salary allocations and payment
- **Planning, recruitment and training**: a list active CHWs and their locations and services provided is used to inform CHW program planning, recruitment and training needs
- **Commodity procurement and distribution**: a list of active CHWs and their locations may be needed to inform commodity purchase and distribution (e.g. PPE or COVID-19 vaccination roll out)

These lists are not often geo-referenced or maintained over time thus limiting utility.

## Example Operational Challenge

**Background:**

- A CHW list is managed by the PHC department in the MOH
- The official CHW list includes the "villages" that CHWs are assigned to, which are a mix of official administrative villages and unofficial sub-villages that are used operationally.

**Challenges:**

- In order to inform payroll for CHWs, the list needs to be kept up-to-date with accurate administrative villages and aligned with performance data to ensure payments are properly allocated.
- In order to track CHW performance, the list needs to be aligned with the list of villages that is included in the HMIS system
- A lengthy manual exercise needs to be conducted routinely to match unofficial sub-villages to the parent administrative villages for the CHW list, and align with the HMIS, which slows payment and supervision.

# Solution: The development of CHW master lists and registries to contain them can ensure CHW lists are kept up to date and shared

**A national CHW master list** is the minimum “content” required to effectively enumerate and track all the CHWs in a country. The CHW Master list is a line listing of all CHWs in a country and includes minimum data elements describing each individual CHW including location.

**A CHW registry** is an IT solution that allows storing, managing, validating, updating and sharing of the CHW master list across multiple programs and information systems.

Ministries of Health can maintain, update and share CHW information in a single place, replacing the need for separate Excel or paper files.

# New guidance advises on the use of CHW master lists and registries to routinize the collection, maintenance, and sharing of CHW lists

## About the Guidance

**Goal:** Support national governments, and their technical and financial partners to develop functional, continuously maintained, shared, and institutionalized CHWML hosted in a national registry.

**Objectives**

1. Describe guiding principles for a national georeferenced CHWMLs
2. Identifies a 7 step process to generate, share, and maintain a CHWML in a registry
3. Complement existing guidance on CHIS, CHW optimization, and CHW policy
4. Function as a living guidance that evolves over time as needs and technology evolves

## Guidance Development Process

- Initiated to respond to the urgent need to count and identify CHWs for the purposes of Personal Protective Equipment (PPE) distribution and vaccination during the COVID-19 pandemic
- Jointly developed by CHAI, CHIC, The Global Fund, Health GeoLab, Living Goods, and UNICEF
- Consultations conducted with Ministries of Health in Ethiopia, Kenya, Mali, Rwanda, Sierra Leone, Togo, Uganda, Zambia
- Contributors and technical expert revision from nearly 50 organizations including implementers, academia, donors, UN agencies
- Endorsements from Africa CDC and others pending

# Global enabling factors and 7 phases in country are necessary to move towards institutionalization of a CHWML within a registry

**Global Enabling Factors**

- Collaborate with partners who support CHW to identify synergies in shared CHW information
- Develop guidelines and minimum standards for CHW lists and registries.
- Align CHW funding streams to support harmonization of CHW activities and promote information sharing in country.

**In Country Institutionalization Strategy**

**Step 1 – Current State Assessment**
Understand the current people, processes, and technology involved in tracking and maintaining data on CHWs. Identify improvement opportunities

**Step 2 – Governance structure**
Define leadership, institutional home, roles and responsibilities over the CHW master list and registry

**Step 3 – Target State Definition**
Partner with stakeholders to identify functional and technical requirements, as well as associated SOPs, for a CHW master list and registry

**Step 4 – Master List Generation**
Merge existing lists (as relevant) into a master list to be shared across entities and conduct additional data collection as relevant to fill gaps

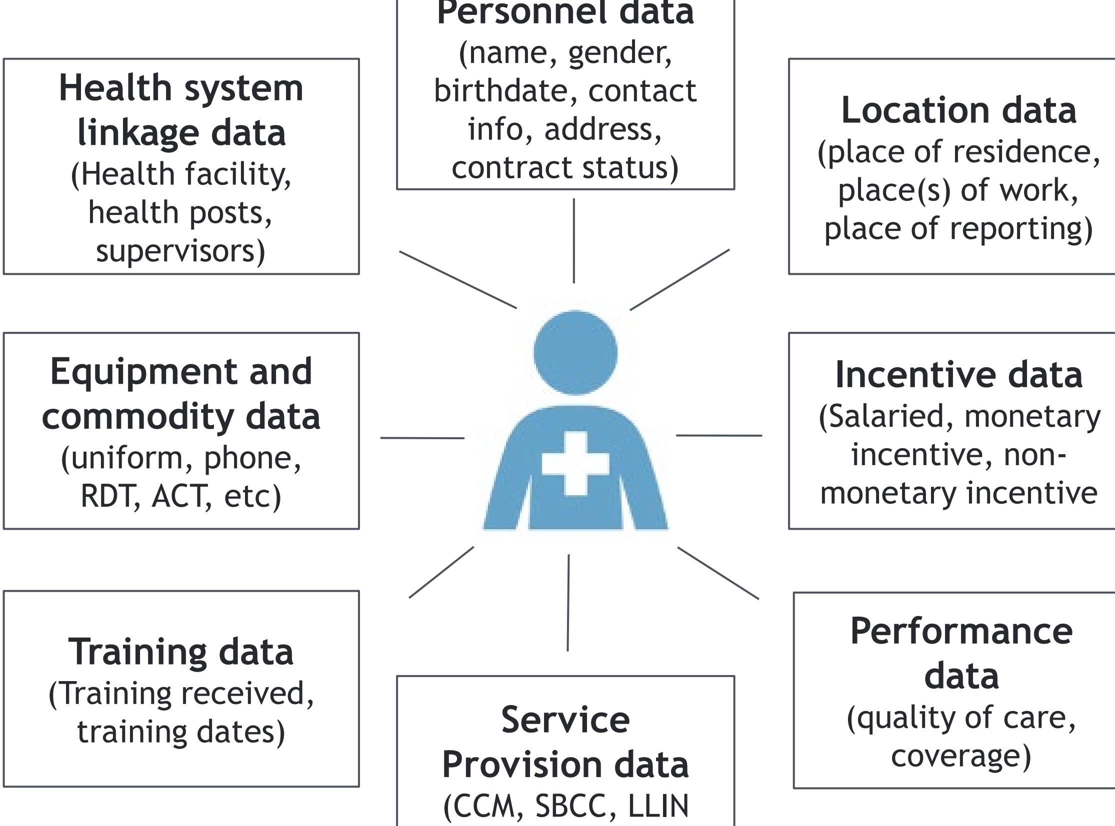
**Step 5 – Establishing a CHW Registry**
Undertake technical set up of a registry to host CHW master list and its associated hierarchies and geospatial data train stakeholders

**Step 6 – Sharing the CHW Master List**
Develop a data sharing policy, identify data sharing mechanism, and support a culture of data use

**Step 7 – Maintaining the CHW Master List and registry**
Document standard operating procedures for updating the CHW master list and maintaining the registry. Secure resources for sustainability

# Countries may be in different stages of maturity to reach institutionalization and routinization if CHWMLs within a registry

# Guidance on CHW master list content helps to inform the development of CHWMLs that have utility across programs and use cases

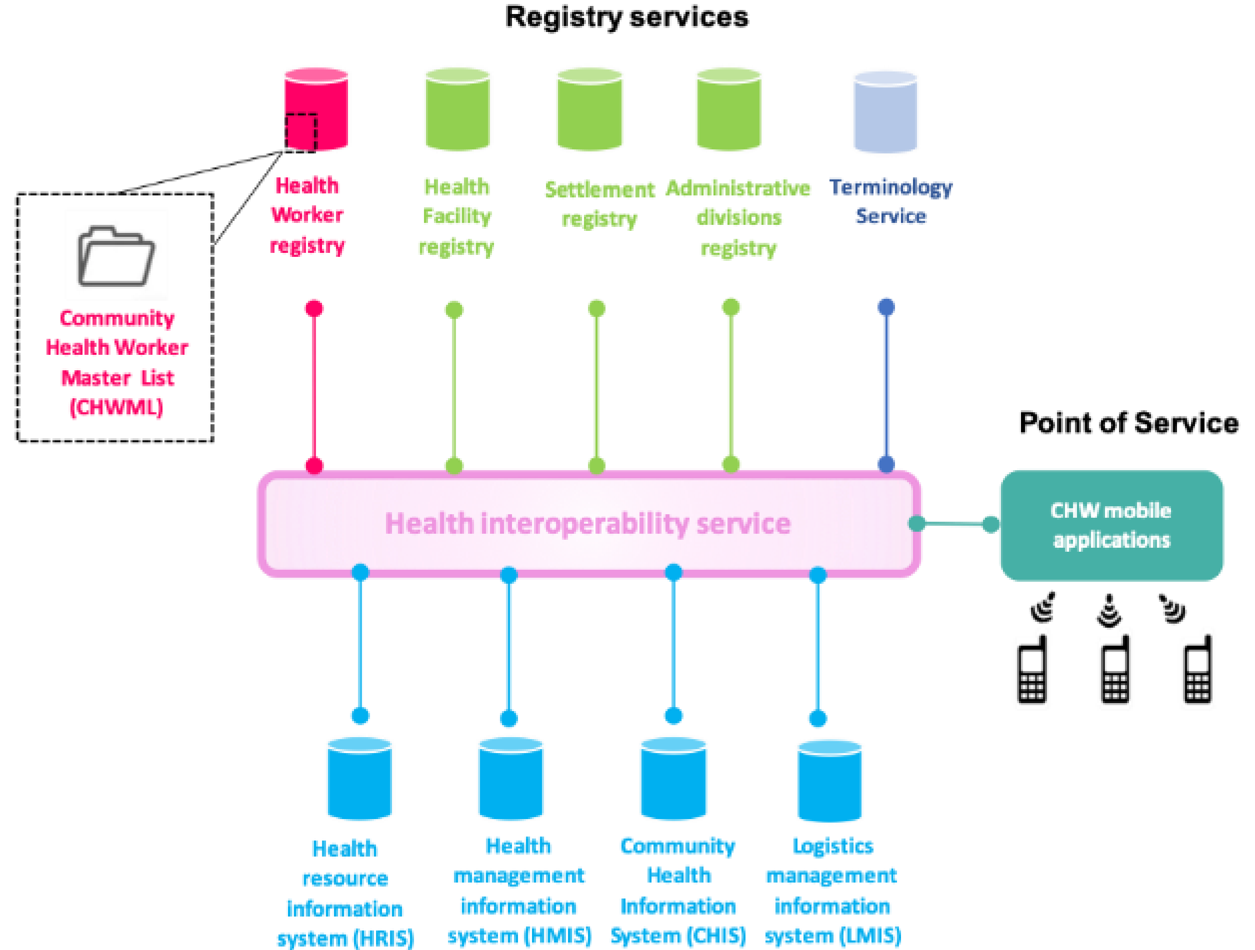



## Key Questions

- What is the minimum set of data elements to be included in a CHW master list?
- What is the frequency of update of each data element?
- What are other data that can be accessed through other systems?
- What is the minimum functionality for a registry needed to host a CHW master list that can be updated and maintained over time?

**The Guidance recommends minimum data elements for a CHWML to unique identify, locate, and contact a CHW**

# A CHW registry that hosts a CHWML can augment point of service data collected via a Community Health Information System




*Source*: Adapted from UNICEF et al, Guidance for CHW strategic information and service monitoring

A **CHW registry** can exist within a Health Worker Registry or be complementary and should support information exchange with:

- Other registries (e.g. health facility registry)
- Business domains (e.g. LMIS)
- Point of service systems (e.g. CHIS via mobile systems)

# How to use the guidance

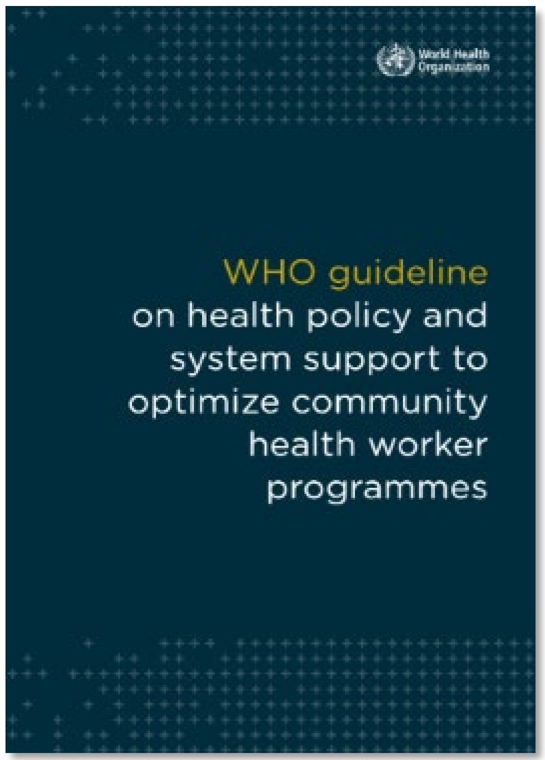
Ministries of Health can use this guidance to:

- Assess existing CHWMLs against the maturity continuum towards an institutionalized national, georeferenced CHWML
- Adapt the 7-step process to a country-specific operational strategy to establish, share, and maintain the CHWML in a registry
- Inform policies on CHWMLs and registries that can be included within national strategies for community health, universal healthcare, or health security

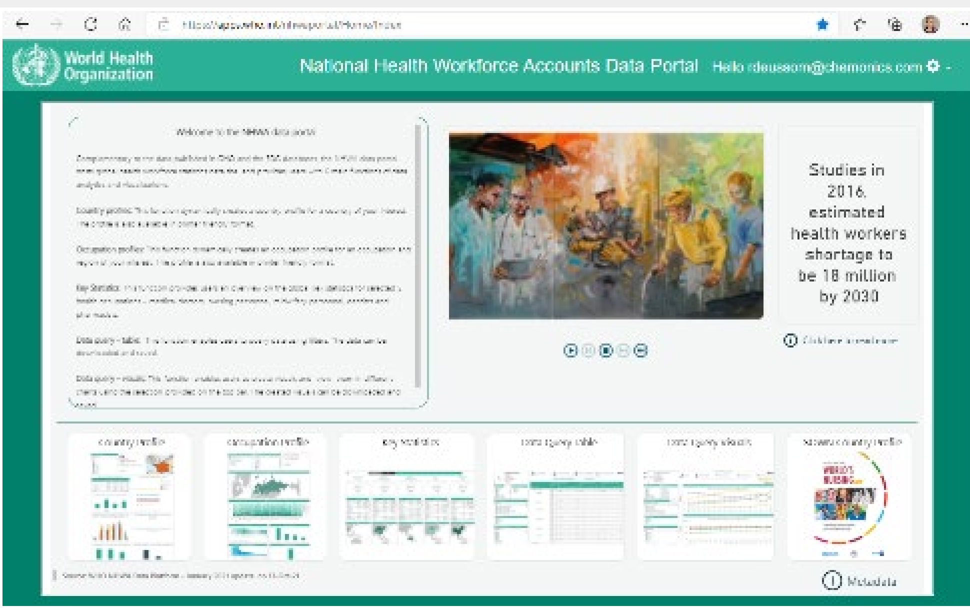
# Applying the WHO Monitoring and Accountability (M&A) Framework to Strengthen Community Health Worker Programming: Liberia Case Study

*USAID Global Flagship Convening on CHW-focused Investments | October 13, 2021*

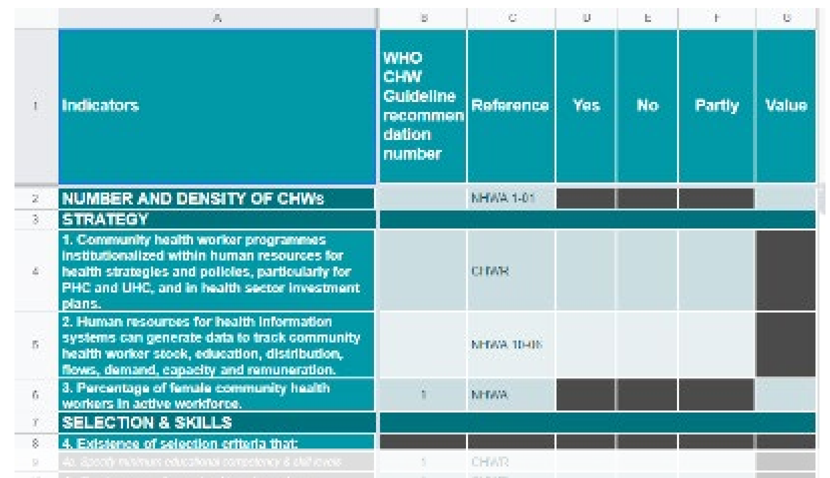
# Background




WHO CHW Guidelines



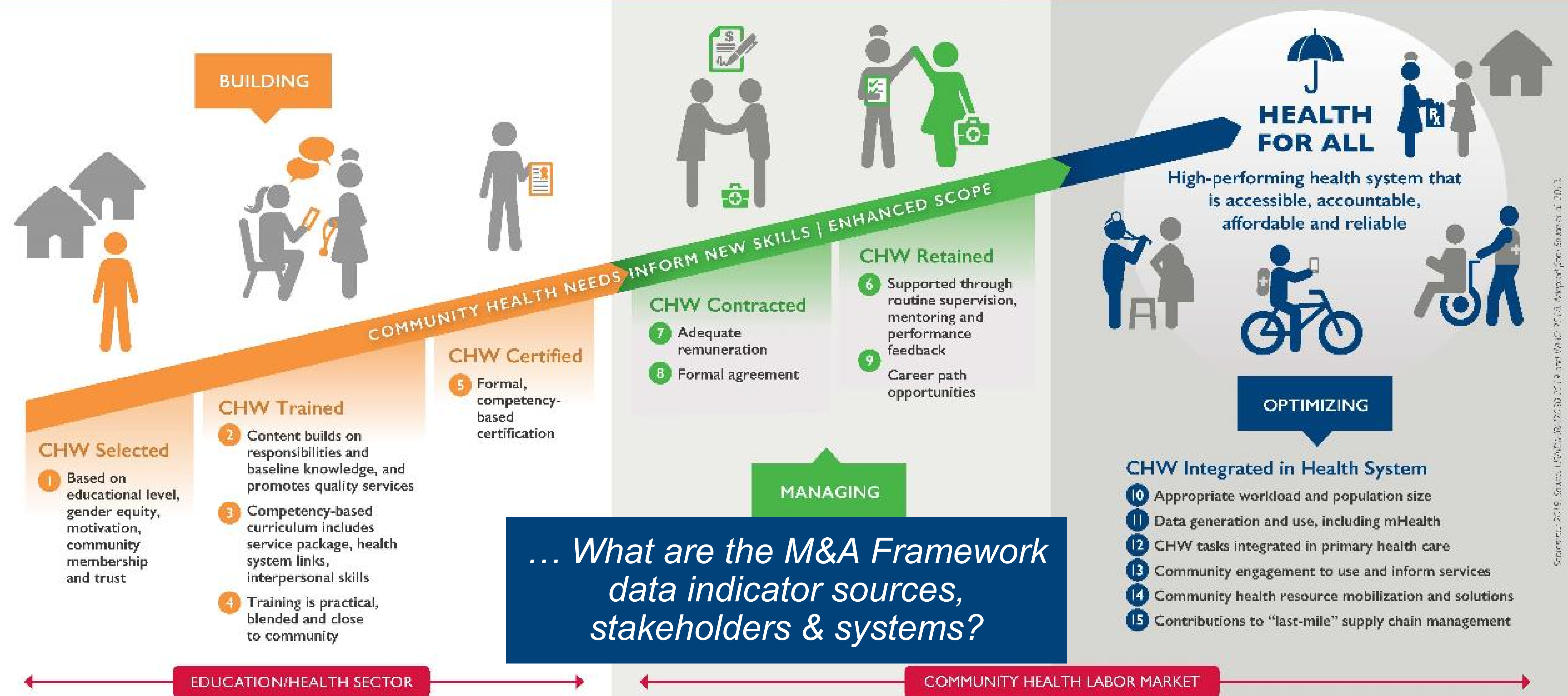

National Health Workforce Accounts



| Indicators | WHO CHW Guideline recommendation number | Reference | Yes | No | Partly | Value |
|---|---|---|---|---|---|---|
| NUMBER AND DENSITY OF CHWs | | NHWA 1-01 | | | | |
| STRATEGY | | | | | | |
| 1. Community health worker programmes institutionalized within human resources for health strategies and policies, particularly for PHC and UHC, and in health sector investment plans. | | CHWR | | | | |
| 2. Human resources for health information systems can generate data to track community health worker stock, education, distribution, flows, demand, capacity and remuneration. | | [illegible] | | | | |
| 3. Percentage of female community health workers in active workforce. | 1 | NHWA | | | | |
| SELECTION & SKILLS | | | | | | |
| 4. Existence of selection criteria that: | | | | | | |

Monitoring & Accountability Framework

# Looking across the elements of a CHW program & the phases of a CHW lifecycle…




**… What are the M&A Framework data indicator sources, stakeholders & systems?**

# Methodology for application in Liberia

1. **Assess data availability** for M&A indicators by mapping their sources, stakeholders, and systems.

2. Identify and prioritize the M&A indicators that **align with and could respond to CHA program and policy priorities.**

3. Identify **priority investments** in CHA-related data and information systems to support program monitoring, performance improvement, advocacy, and evidence generation.

4. In addition, as this was the first application of the M&A Framework, solicit input on **how the M&A framework could be improved and further integrated** into the overall CHW information ecosystem

*Specific activities over 3-month period:*

- **Desk Review:** Review of existing policies, reports, & other documents about the National CHA Program
- **Stakeholder Consultation:** Facilitation of two 90-minute workshops to orient stakeholders on the M&A Framework indicators; assess CHA-related data availability; map data sources and stakeholders; and identify priority metrics. Facilitation of additional key informant interviews to identify investment priorities and how these recommendations could inform the ongoing policy revision process.
- **Case study development and final consultation:** After developing a draft synthesis of findings and preliminary recommendations, feedback was solicited from MOH stakeholders and partners in Liberia to assess their relevance and salience.

# Findings: Sources of CHA Data and Information

**Strategic Plans & Policies**

- Investment Plan for Building a Resilient Health System in Liberia 2015 to 2021
- Essential Package of Health Services: The Community Health System (2011)
- Liberia Health Workforce Program (2016)
- National Health and Social Welfare Policy and Plan 2011–2021 (2015
- Revised National Community Health Services Strategy and Policy 2016–2021 (2016)
- Liberia Health Information System Strategic Plan (2016-2021)

**Special Studies**

- Implementation Fidelity Initiative
- Ministry of Health CHW Guidelines Snapshot
- Liberia Exemplar Case Study

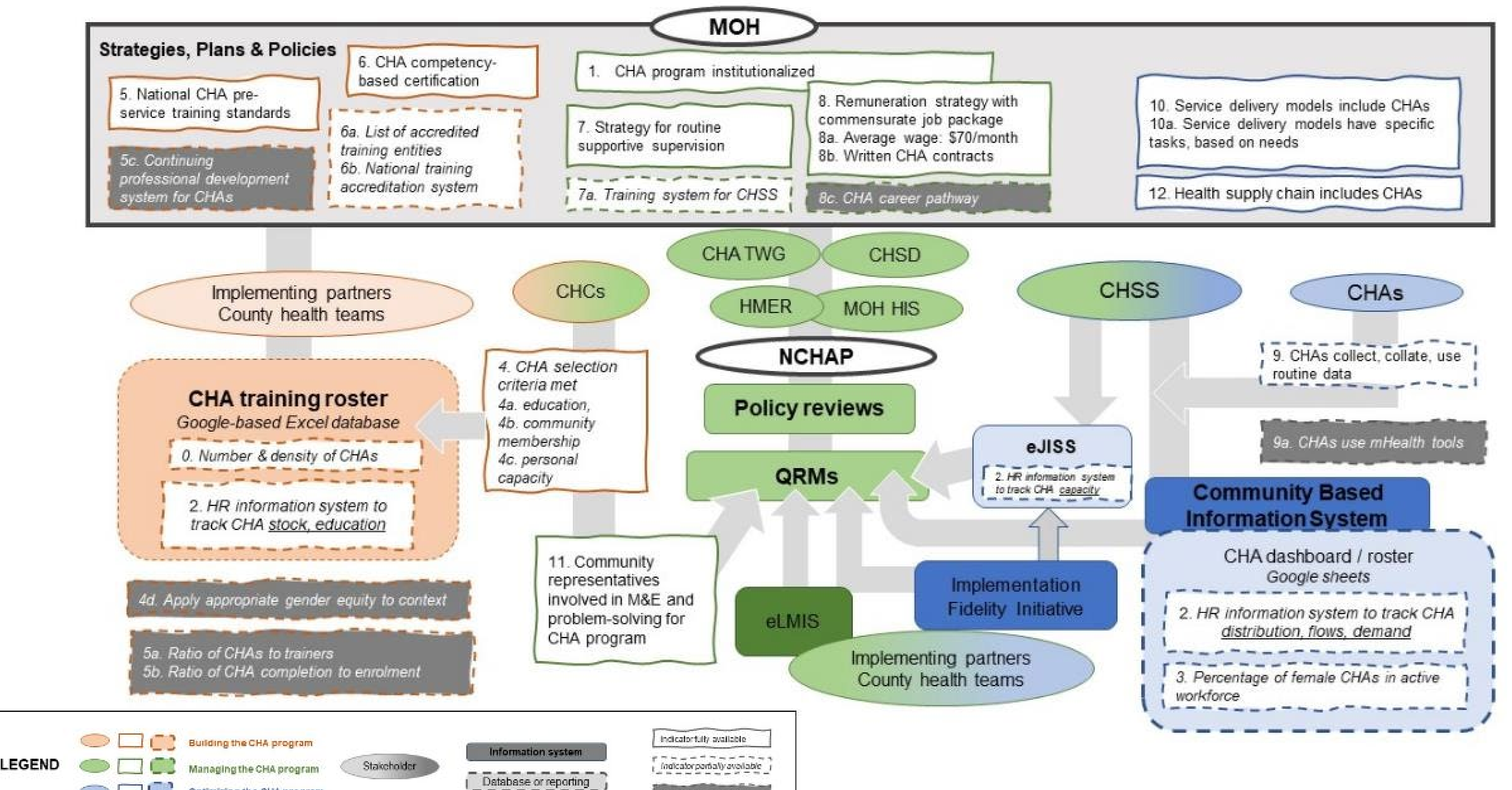
**Routine Information Systems**

- Community Based Information System
- eJISS

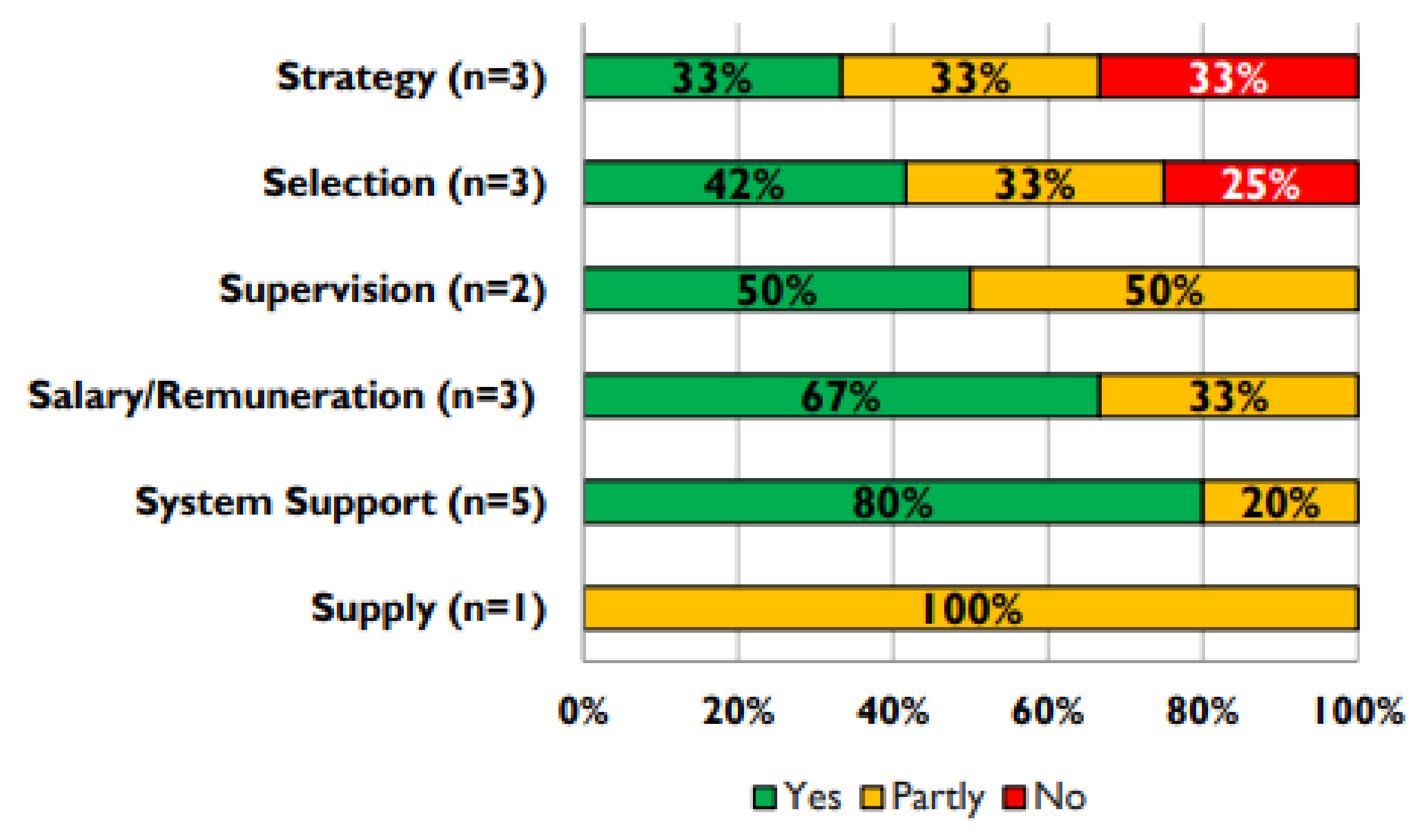
**Routine Databases and Reporting**

- CHW training roster
- Supervisory reports and CHW reports
- CHW rosters in Google sheets

# Findings: Mapping of the M&A Framework by stakeholder and system



# Findings: Indicator Availability by M&A Framework Area




*… How do broader program priorities determine investments in CHW metrics?*

# Findings: CHA Program Challenges

**Attrition (high turnover)**

**Insufficient Quality of Care**

- **Selection:** Male gender bias in CHA composition, which may limit service delivery effectiveness to women, especially family planning services.
- **Skills (Training)**: Inadequate quality of training (e.g., make competency based/provide certification; optimize student/teacher ratio; use pre/post tests for M&E) and undefined career ladder.
- **Supervision:** In frequent supportive supervision to identify key performance indicators that could be monitored at the CHA level (e.g., number of expected staff).
- **Salary/Remuneration Strategy:** Delays in incentive payments by strengthening financial systems and formalizing contracts.
- **Supply Chain:** Frequent stock outs of life saving supplies due to weak supply chain infrastructure at the national level (e.g., forecasting demand, monitoring storage levels, managing inventory, handling distribution and overall coordination) and at the county level (e.g., inadequate storage space, warehousing practices and equipment challenges for timely distribution)
- **System Support** Weak data information systems to improve performance; including CBIS and integration of IFI into the Joint Integrated Supportive Supervision (eJISS) and the monitoring and evaluation of CHA pre-service training.

# Findings: Identifying M&A indicators / metrics based on policy priorities

## Policy priorities

**Metrics to demonstrate Quality of Care:**

- To assess and build trust in CHAs
- To monitor CHA training quality and link to performance
- To increase support and accountability for CHA performance
- To improve availability of last-mile CHA supplies

**Metrics to capture and reduce CHA workforce attrition:**

- To understand internal and external labor market forces
- To promote life-long learning and career paths

**Cross Cutting:**

- Establish **information systems** reporting on CHA and services

## M&A Framework Indicators

| | | |
|---|---|---|
| **Selection and Community Engagement** | 11. Community representatives are formally and regularly engaged in planning, selection, priority setting, monitoring, evaluation and problem solving of the CHW program and its activities<br><br>4. Existence of selection criteria aligned with WHO guidelines | |
| **Supervision** | 7. Presence of a strategy to provide regular supportive supervision to CHWs<br><br>7a. Presence of a training system for supervisors that addresses technical content and supervision skills | *(IFI) % community health workers receiving 1 or more supervision visits in the preceding month* |
| **Supply Chain** | 12. Presence of a health supply chain that includes adequate, quality assured commodities and consumables for CHWs | *(IFI) -% community health workers with life-saving medicines in stock (ACT 25, ACT 50, amoxicillin, oral rehydration salts, zinc)?* |

| | | |
|---|---|---|
| **Salary / Remuneration** | 8. Presence of a remuneration strategy with a financial package commensurate with the job demands | *(IFI) % community health workers receiving correct & on time payments* |
| **Skills** | 5C. Existence of a career pathway envisioned for CHWs, including other health qualifications or CHW role progression. | |

| | |
|---|---|
| **Skills** | 5a,b; 6a, b: National and/or subnational training standards, student teacher ratios and CHW education and training program attrition |
| **Systems** | 2. Human resources for health information systems can generate data to track community health worker stock, education, distribution, flows, demand, capacity and remuneration. |

# Recommendations: Operationalizing investments in CHA metrics

| | |
|---|---|
| **Challenge** | CHA level data is inaccessible, out of date, not disaggregated |
| **Solution** | **Centralized CHA registry** capturing standardized information about CHAs with inputs from and access for trainers, county health teams.<br><br>Registry should merge existing data and contain basic information on the CHA, salary information, training, service delivery activity, performance/supervisory measures, any continuing professional development information and career history. |
| **Components** | ***Coordination*** **Supported by the CHA TWG and HIS TWG**, to agree on and mandate the exchange of data between stakeholders, and standard operating procedures to guide the flow of data.<br><br>***Management:*** **Job descriptions and reporting requirements** at both the national level within the HRH, HMER and CHS Directorates and the Country Health Teams.<br><br>***Human Resources:*** **Investment in human and infrastructure capacity building** are also needed at the central level MOH and county level. |
| **Short term** | - Use of existing data systems to compile master list of CHAs<br>- IFI integration into eJISS<br>- Continued roll out of eCBIS, including CHA level data disaggregation |
| **Long term** | - Interoperable CHW Registry, integrated in overall eCBIS architecture |

# Recommendation: eLMIS and eCBIS disaggregation

| | **Opportunity #2** |
|---|---|
| **Challenge** | The eLMIS tracks data on commodities and other supplies, but there is no disaggregation between health facilities and CHAs.<br>Hybrid paper-based/electronic CBIS agreggates individual CHA data when entered into national DHIS2 platform |
| **Solution** | ***Disaggregated data on supply provision by CHAs*** to understand CHA workload and CHA contributions to health services |
| **Short term** | A review of the eLMIS and the in-development eCBIS could better understand the systems' capacity to disaggregate data to the individual level; then enhancements for system functionalities and capabilities can be determined. |
| **Long term** | With CHA registry as sole source for CHA data, disaggregated data on commodity and supply consumption and health service provision can be reported into eLMIS and eCBIS and shared through interoperability; for use by supervisors and decision makers to assess CHA workload, performance/quality, population needs, and health system response |

# Thank you!

**Read full case study:** https://hrh2030program.org/ma-case-study-liberia/
**Access** M&A Framework Tool

# DISCUSSION of NEXT STEPS & COLLABORATION STRATEGIES

# THANK YOU

Photo credit: Chemonics International