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HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



Second USAID Global Flagship Convening on CHW- Focused Investments

HRH2030 Program

Crystal City, VA

Elisabeth Tchoulegoum, community health leader in Bafia district, Cameroon. October 2018. Credit: Alain Ngann for HRH2030.

WELCOME & INTRODUCTIONS



Elisabeth Tchoulegoun, community health leader in Bafia district, Cameroon. October 2018. Credit: Alain Ngann for HRH2030.

Objectives

- Share information on **collective best CHW tools**, investments, and other global goods
- Generate recommendations how USG and partners can **coordinate and support USAID's collaboration** with other institutions for community health
- Brainstorm what **roles USAID global flagship projects can play in operationalizing the forthcoming WHO CHW Guidelines** and contribute to products or complementary knowledge to advance the guidelines

Outcomes

- Agreement for **internal harmonization**. There are so many CHW tools, frameworks and approaches!
- Anticipation for the **WHO CHW Guidelines** and recommendations, Astana declarations
- Recommend IPs to **align with country CH strengthening plans** and policies
- Recognition of the broader health workforce context and interest to **reduce fragmentation between CHWs and other health workers**

Objective 1: Improve **knowledge sharing, communication, and collaboration** to optimize efforts for strengthening CHW programs within USAID global flagship interventions.

- Updates from last year
- Discuss and define Flagships' roles to support operationalizing the WHO CHW guidelines
- Provide feedback on the Community Health Roadmap
- Plan for ongoing collaboration among USAID Flagship projects, including country-level mapping of buy-ins

Objective 2: Support the development of a **Flagship CHW resource package** to showcase on CH Roadmap website resources section & other fora



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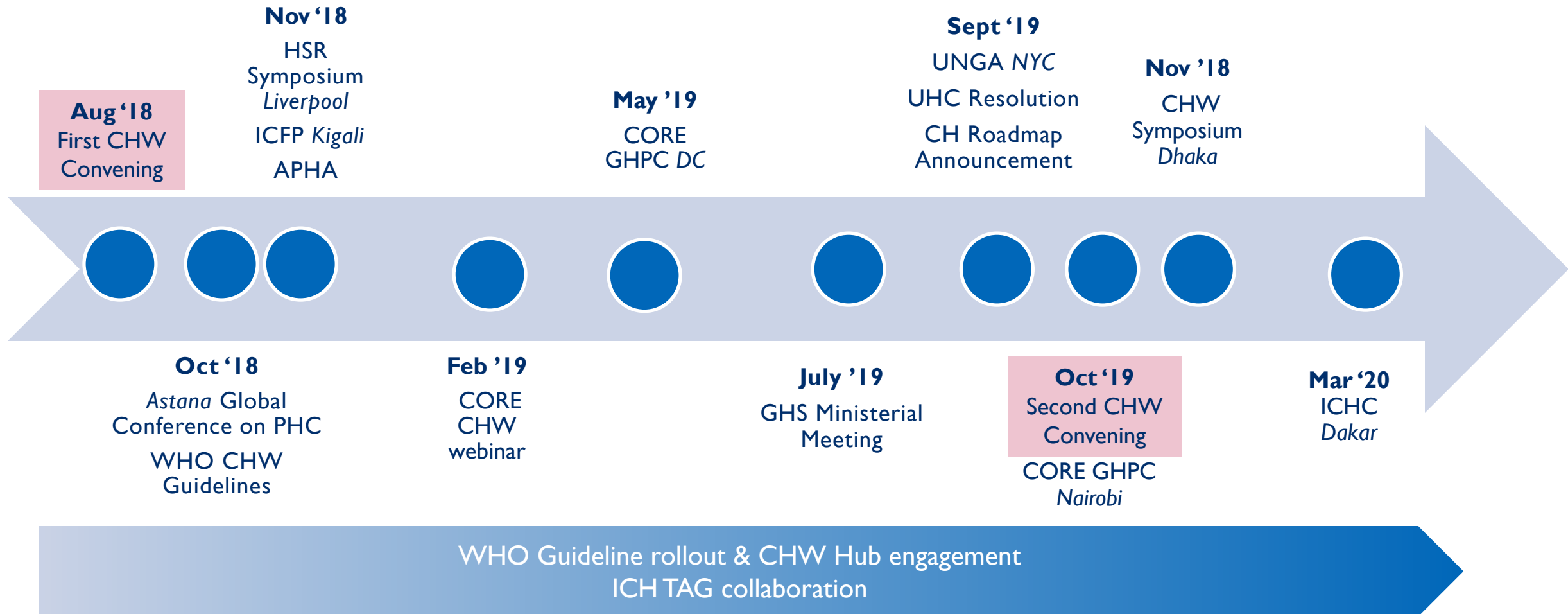
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HUMAN RESOURCES FOR HEALTH IN 2030

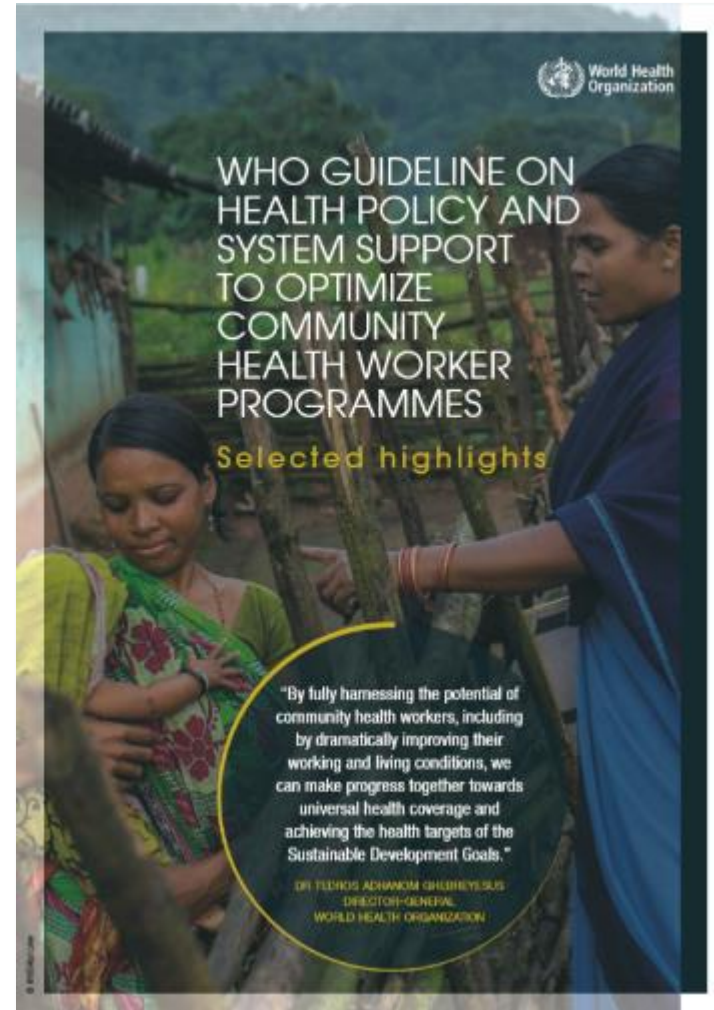
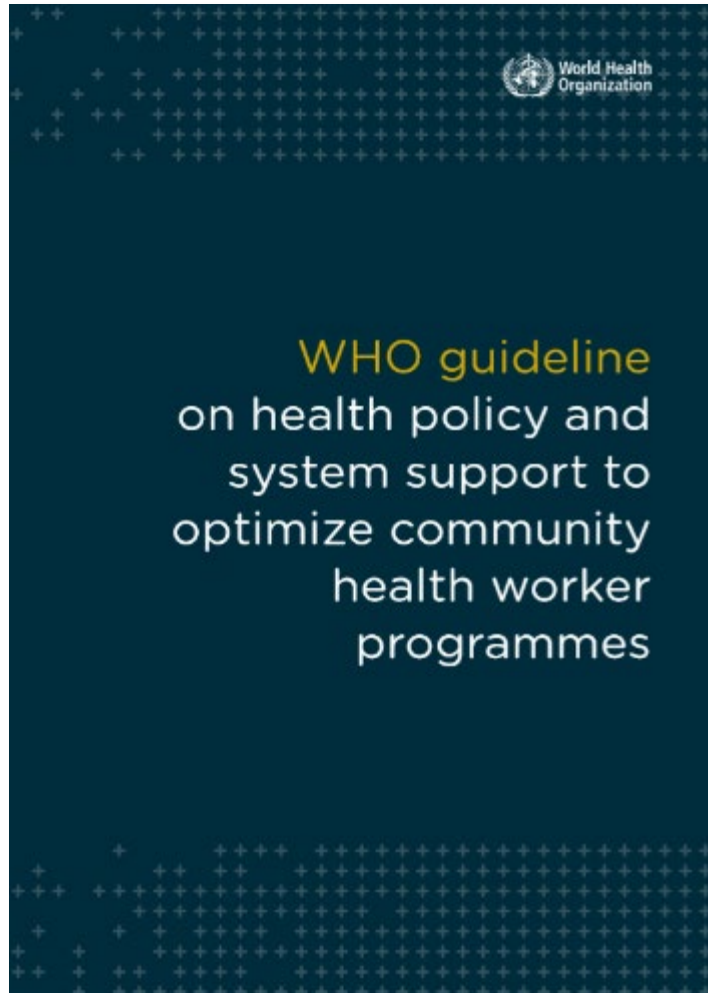
UPDATES FROM LAST YEAR



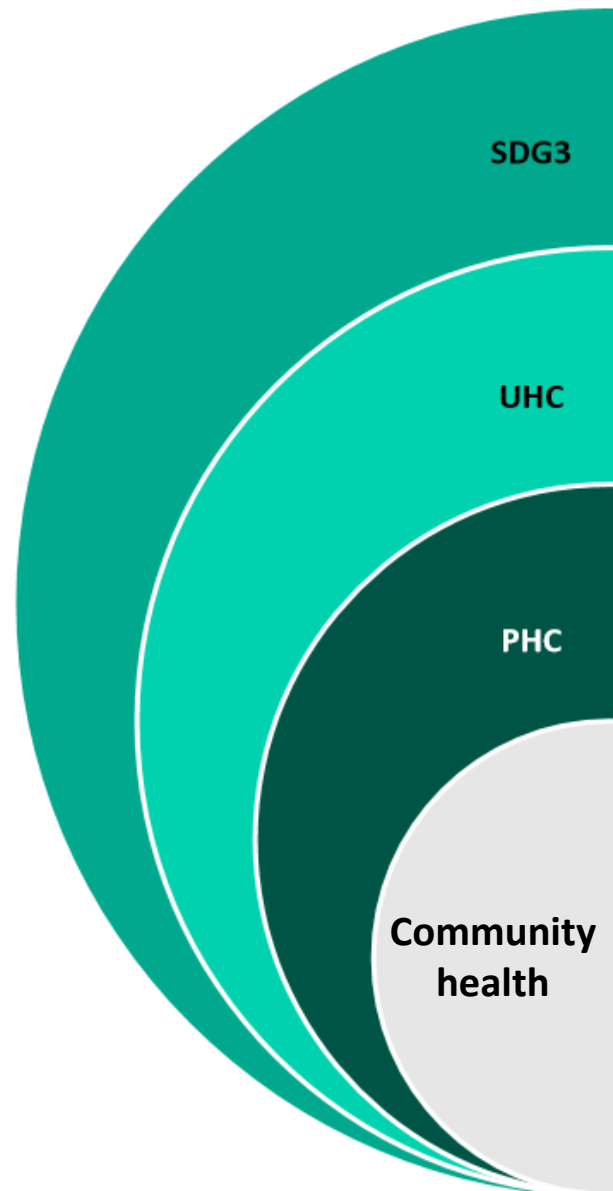
Elisabeth Tchoulegoum, community health leader in Bafia district, Cameroon, October 2018. Credit: Alain Ngann for HRH2030.

GLOBAL CHW-related EVENTS & CONFERENCES





COMMUNITY HEALTH ROADMAP



SDG3

In order to **ensure healthy lives and promote wellbeing for all ages...**

...and achieve **Universal Health Coverage**, including equity, quality, and financial risk protection in access to health care...

UHC

...we need **Primary Health Care**, which is the most effective, efficient, and equitable approach to enhance health...

PHC

Community health

...and **community health models** are a proven, cost-effective, and high-impact platform that serve as the foundation of PHC.

- Health promotion and service delivery activities that primarily occur **outside of a health facility**
- Both **supply of and demand** for health care, including activities that community members undertake as agents of their own health
- **Community health workers (CHWs) as one, but not the only, delivery channel**
- Service delivery through **public, NGO, and private** sectors
- Linkages to a **broader, multi-sectoral community system**

CH ROADMAP: Announcements, Sept 2019

1

Fully optimized community health platforms in the 15 roadmap countries could meaningfully bridge three gaps, including the **POTENTIAL TO CLOSE THE GAP TO REACHING SDG 3 BY 50% ¹**

2

14 COUNTRIES have established their national community health priorities that require action

3

There are **6 CROSS-COUNTRY INVESTMENT PRIORITIES**

4

A CATALYTIC FUND will be ready to support national priorities

5

There will be another institutionalizing community health conference in March 2020 (**ICHC 2020 ²⁾**)

6

The Roadmap process will be on-going and led through a **SECRETARIAT**; it will also share progress across the 15 countries

[Source: Press Release and Webinar Recording \(Sept 10, 2019\)](#)

CH ROADMAP: Cross-cutting Investment Priorities



Financing:

Mobilize funding for CH/PHC, including sustainable domestic financing



Fragmentation:

Reduce fragmentation by integrating community health into national system in particular in areas of human resources, supply chain, and information systems



Optimization:

Optimize the quality of design and implementation of CH programs



Future fit:

Identify design options for future CH/PHC systems



Performance management:

Enhance performance management systems for CH



High-level commitment:

Foster high-level political commitment to community health, in line with existing movements to achieve SDG 3

COMMUNITY HEALTH ROADMAP

ABOUT IMPACT NATIONAL INVESTMENT

SHARING PROGRESS

Focus of the Roadmap

Support government-led efforts to scale and optimize CH platforms, by:

- **Collaborating with countries to highlight national priorities** *(current bottleneck addressed: unclear or misaligned understanding of priorities within government and among partners)*
- **Channeling more and aligned investments to countries toward executing national priorities** *(current bottleneck addressed: insufficient and fragmented support from funders/partners to countries)*
- **Accelerating cross-cutting investments in support of country progress** *(current bottleneck addressed: fragmented investments and not reflecting actual country needs)*

CH system levers

Strengthened national-level inputs for CH:

- Greater political prioritization
- Better designed system and policies
- Increased and more sustainable funding
- Stronger management, leadership and stakeholder alignment

Program delivery in communities

Higher performing community health platform integrated into the country's primary healthcare system

- *Performance indicators used by countries*

Outcomes

Increased coverage of high quality health interventions

Triple impact

Bridging of the gaps on:

- Survival
- Equity
- Thriving

Theory of Change for building high-functioning community health platforms at the country level

Country 1

Country 2

Country ...

Country X

Information monitoring in consultation with governments and their partners

CH ROADMAP: National Investment Priorities

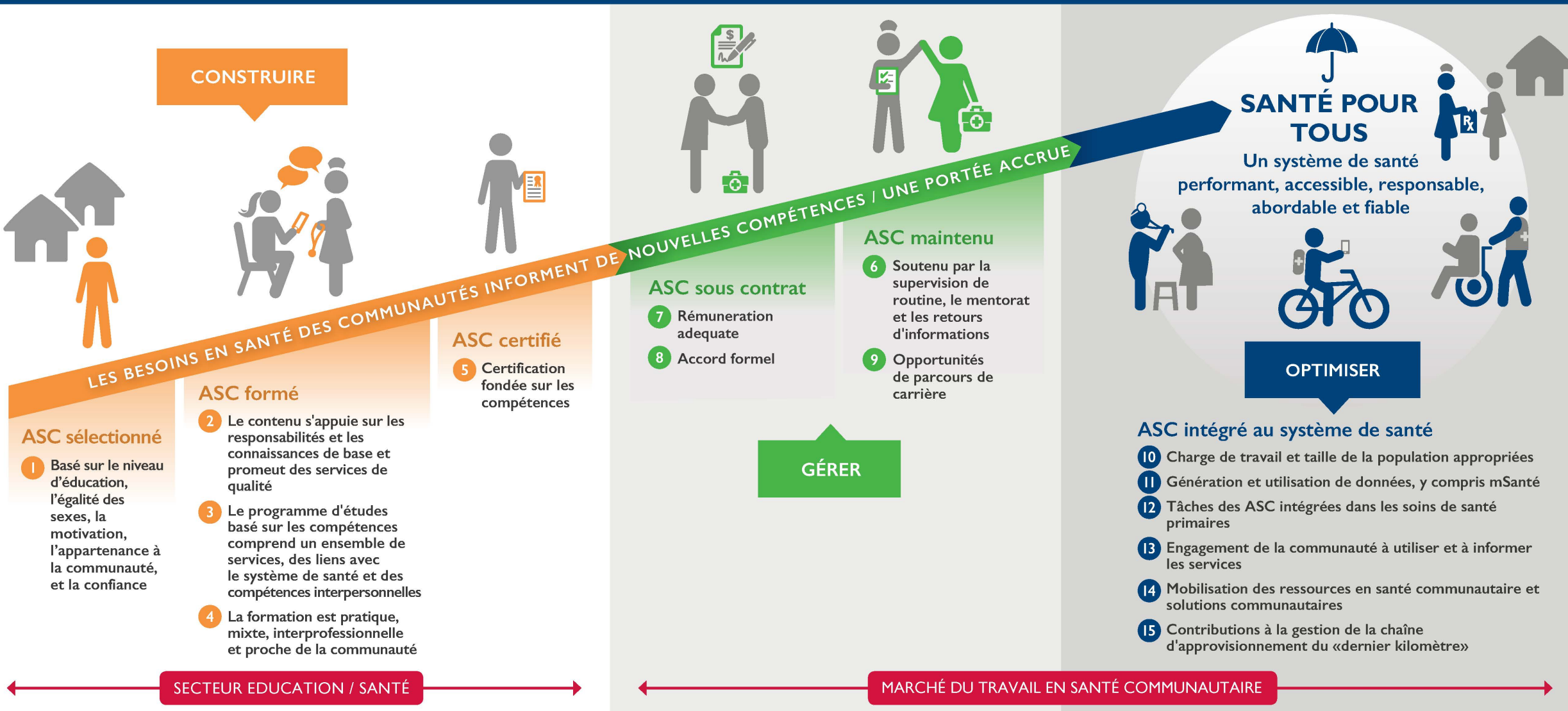
- [Afghanistan](#)
- [Burkina Faso](#)
- [Central African Republic](#)
- [Democratic Republic of Congo](#)
- [Cote D'Ivoire](#)
- [Ethiopia](#)
- [Haiti](#)
- [Kenya](#)
- [Liberia](#)
- [Malawi](#)
- [Mali](#)
- [Mozambique](#)
- [Niger](#)
- [Uganda](#)
- [Zambia](#)



WHO Community Health Worker Guideline Recommendations Using Lifecycle Approach



Recommandations des directives de l'OMS sur les agents de santé communautaires en utilisant une approche de cycle de vie



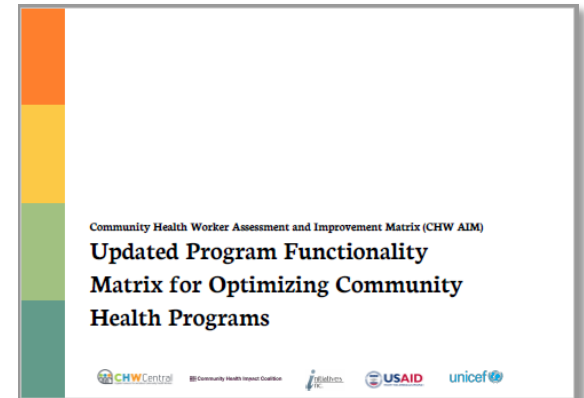
FACILITATEURS DE MISE EN ŒUVRE DE LA POLITIQUE DES ASC:

Adapter les options de politique des ASC au contexte | Prise en compte des droits et perspectives des ASC | Intégration du programme ASC dans le système de santé | Investir dans les programmes ASC

Community Health Worker Assessment and Improvement Matrix (CHW AIM): Updated Program Functionality Matrix for Optimizing Community Health Programs

Domains

- | | |
|---------------------------|--|
| 1. Role and Recruitment | 6. Incentives |
| 2. Training | 7. Community Involvement |
| 3. Accreditation | 8. Opportunity for Advancement |
| 4. Equipment and Supplies | 9. Data |
| 5. Supervision | 10. Linkages to the National Health System |



[Source: CHW Central](#)

Stakeholders should identify where their programs fall within that range.



1 Role & Recruitment

How the community, CHW, and health system design and achieve clarity on the CHW role and from where the CHW is identified and selected.

- No formal CHW role is defined or documented (no policies in place).
- Attitudes, expertise, and availability deemed essential for the job are not clearly delineated prior to recruitment.
- CHW not from community.
- The community plays no role in recruitment.

1 Non functional

- CHW and community do not always agree on role/ expectations.
- Attitudes, expertise, and availability deemed essential for the job are not clearly delineated prior to recruitment.
- CHW is recruited from community.
- The community is involved in screening of candidates.

2 Partially Functional

- CHW:population ratio reflects CHW role expectation, population density, geographic constraints, and travel requirements.
- CHW role is clearly defined and documented. General agreement on role among CHW, community, and health system.
- Attitudes, expertise, and availability deemed essential for the job are clearly delineated prior to recruitment and linked to specific interview questions.
- CHW is recruited from the community and the community is consulted on the final selection, or if due to special circumstances the CHW must be recruited from outside the community, the community is consulted on the final selection.

3 Functional

- CHW role is clearly defined and documented. Agreement on role among CHW, community, and health system.
- CHW:population ratio reflects CHW role expectation, population density, geographic constraints, and travel requirements.
- Recruitment methods and selection criteria designed to maximize women's participation in the workforce and overcome gender inequities.
- CHW is recruited from community with community participation, or if due to special circumstance the CHW is recruited from outside the community, the community participates in and agrees with the recruitment process and is consulted on the final selection.
- Attitudes, expertise, and availability deemed essential for the job are clearly delineated prior to recruitment and linked to specific interview questions/ competency demonstrations (e.g. literacy test).
- Role of CHWs includes proactively searching for patients door-to-door, care for patients in their homes, and provide training to families on how to identify danger signs.
- Train-then-select: recruit more CHWs to the first module of pre-service training than are ultimately needed and select the best performer from each community to continue training and ultimately serve as that community's CHW.

4 Highly Functional

Score overview

	1. Non Functional	2. Partially Functional	3. Functional	4. Highly Functional
1. Role & Recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Equipment & Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Community Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Opportunity for Advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Linkages to the National Health System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROUND ROBINS

Activity progress updates

New CHW-focused investments

Use of CHW programming tools for monitoring and learning





SHOPS PLUS |



SHOPS Plus

- Sustaining Health Outcomes through the Private Sector (SHOPS) Plus
- USAID's flagship initiative in private sector health
- 2015 – 2021
- Purpose: Increase use of priority health services through the strategic expansion of private sector approaches in the health system





SHOPS Plus trains CHWs to provide quality health information and services & increases knowledge of CHWs in the private sector

- Trained 500+ public and private community health extension workers in **Nigeria** in quality FP services
 - Digital platform reinforces training and will be continued by local mobile phone provider after SHOPS Plus ends
- Increased understanding of CHWs in the private sector and their role in HIV service delivery through an [assessment](#) in **South Africa** and **India**
 - Found that CHWs are integrated into many private sector health organizations – conducting outreach, providing basic primary care and follow-up
- Trained 600+ private sector health educators in **Haiti** who conducted interpersonal communication activities on Zika, FP and HWT





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MATERNAL AND CHILD SURVIVAL PROGRAM (MCSP)

MCSP Community Health and Civil Society Engagement



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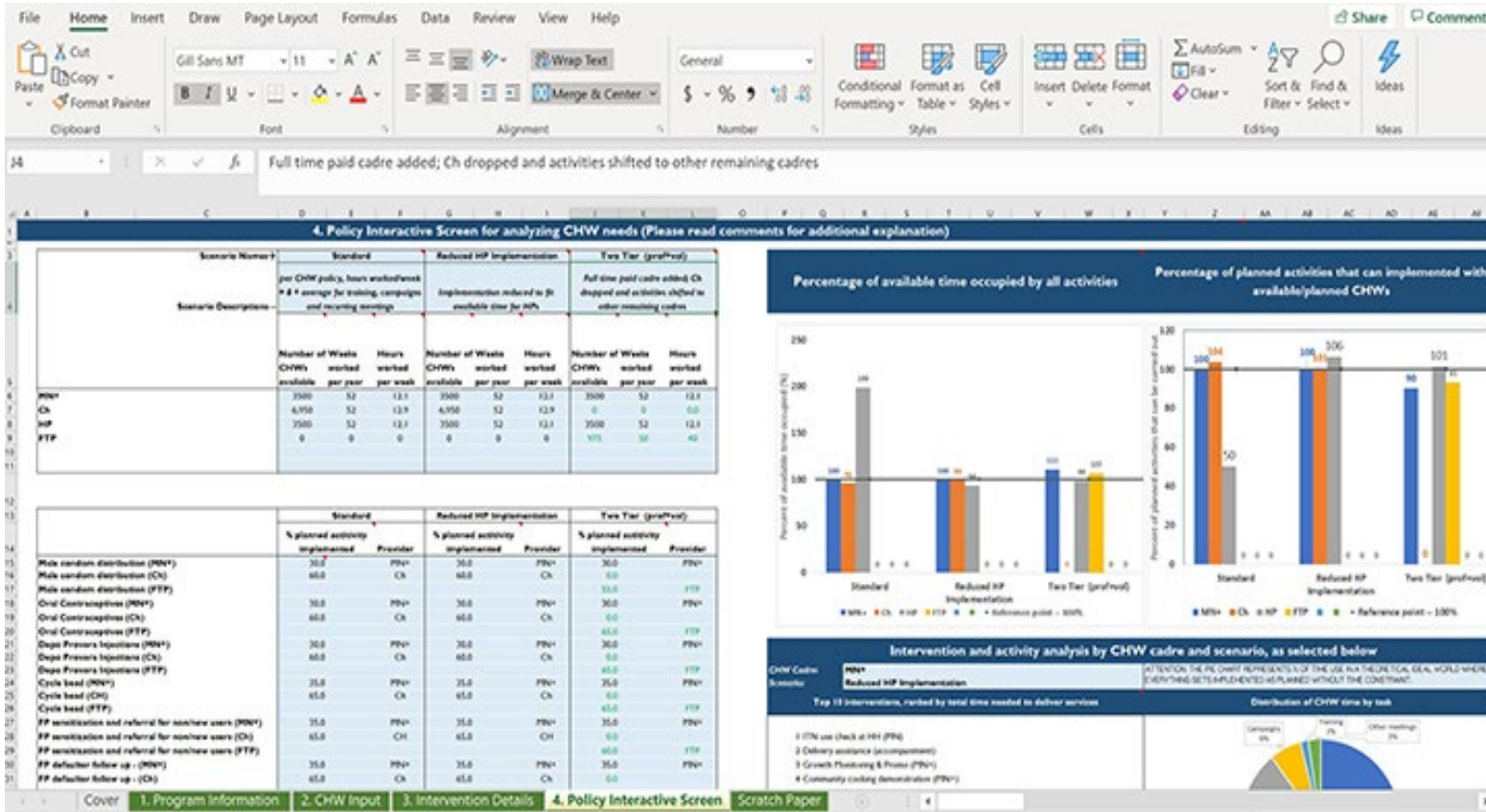
Maternal and Child
Survival Program

MCSP has worked to integrate community health as a central component of national health systems. Over the life of the project, MCSP has supported countries with:

- **National community health policy and strategy for community mobilization and CHW programs** 10 countries (DRC, Egypt, Ethiopia, Haiti, Ghana, Guinea, Mozambique, Namibia, Rwanda, and Tanzania).
- **CHW capacity building**– (Burma, DRC, Egypt, Ethiopia, Ghana, Guinea, Haiti, Kenya, Malawi, Mozambique, Namibia, Nigeria, Rwanda, and Tanzania [as well as MCHIP AAs in Bangladesh, Pakistan, and Zimbabwe])
- **Training of community workers in public health emergencies for Ebola** (Guinea, Liberia) **and Zika** (Haiti)
- **Use of Community Health Management Information Systems (C-HMIS) at the local level and advocating for integration into national HMIS** in DRC, Egypt, Haiti, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, and Uganda.



Community Health Worker (CHW) Coverage and Capacity (C3) Tool and User Guide



User Guide for the Community Health Worker Coverage and Capacity Tool

Authors:
Ochiawunma Ibe
Melanie Morrow
Bill Winfrey
Anika Hannan
Eric Sarriot
Olga Wollinka



C3 is an Excel-based tool that models options for CHW allocation and engagement ([Link](#)).

The accompanying user guide provides instructions of the C3 tool ([Link](#)).

www.mcsprogram.org

The C3 Modeling Process

CHW Program Questions

QUANTIFY NEED

- What is the number of CHWs needed to reach:
 - Full coverage for selected services?
 - Targeted coverage?

QUANTIFY EFFECTIVE CAPACITY

- What maximum service coverage can be achieved with a fixed number of CHW workforce?

OPTIMIZATION

- How can coverage be improved (minimum, maximum) in different “what if” scenarios for use of CHW cadres (task distribution, administration choices, prioritization of roles, etc.)?

Adjustable versus non-variable Elements

C3 Model Inputs

CONTEXT

- Population & Geography
- Typologies (urban/rural...)
- Burden of disease
- Health policies & priority community health services
- Available resources
- Known future trends

CHW CADRES

- Status & roles
- Number & geographic distribution
- Time use
 - Service Activities
 - Travel time
 - Administrative time
 - Training time
- Known future trends

Actionable Analysis

Best case scenarios

Options to rule out

Options for optimizing

Possible research needs

Broad cost questions

Examples of C3 Tool Outputs

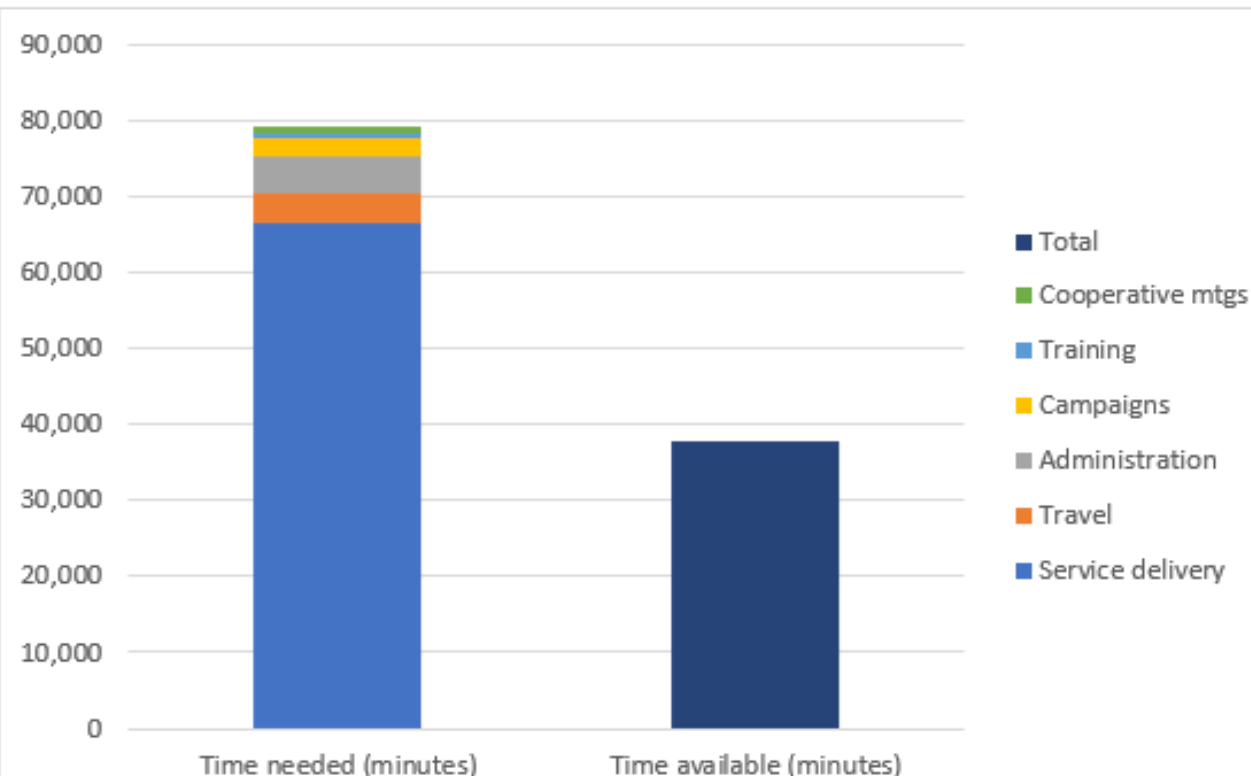
CHW Cadre:
Scenario:

HP
Standard

Top 10 interventions, ranked by total time needed to deliver services

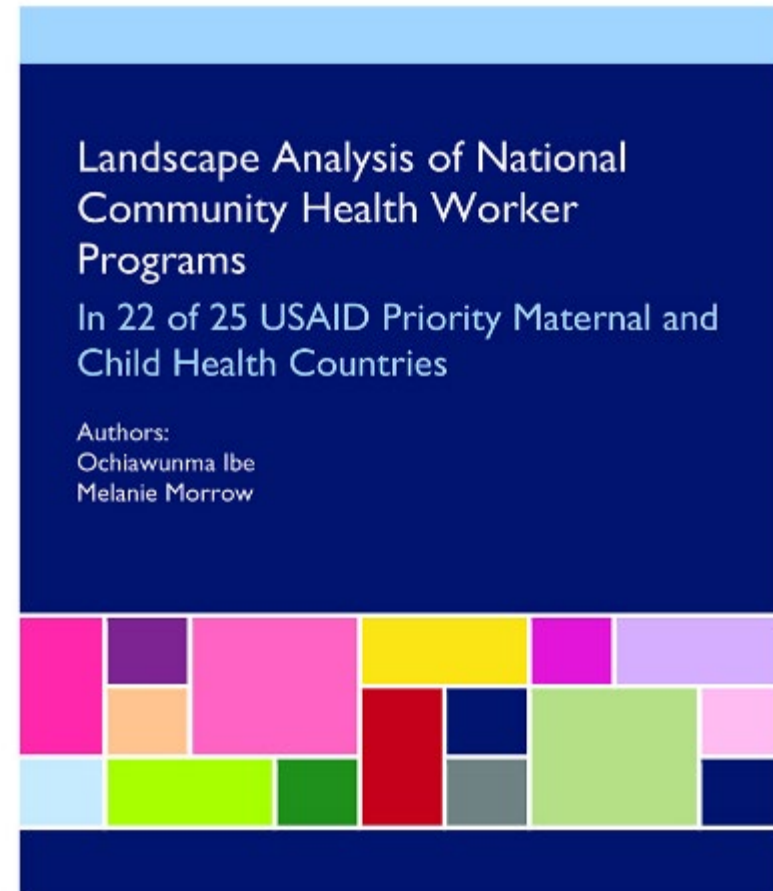
- 1 Home visits for BCC by HP targeting malnourished children
- 2 Early Childhood Development - home visits for priority children 6mo-6yrs
- 3 ITN use check in HH (HP)
- 4 Hygiene clubs - HP
- 5 Community cooking demonstration (HP)
- 6 Growth Monitoring & Promo (HP)
- 7 Malnutrition follow up (HP)
- 8 Early Childhood Development - group activity
- 9
- 10

Graph of time needed vs Time available



Landscape Analysis of National CHW Programs

This landscape analysis of national community health worker (CHW) programs focused on key features of programs in 22 of the 25 countries deemed priority by the USAID Office of Maternal and Child Health and Nutrition for which data were available ([Link](#)).



Beyond the Building Blocks: Integrating Community Roles into Health Systems Frameworks to Achieve Health for All—BMJ Public Health

Analysis

BMJ Global Health

Beyond the building blocks: integrating community roles into health systems frameworks to achieve health for all

Emma Sacks,^{1*} Melanie Morrow,² William T Story,³ Katharine D Shelley,⁴ D Shankin,⁵ Minal Rahimtoola,⁶ Alfonso Rosales,⁷ Ochiawunma Ibe,² Eric Sariot⁸

ABSTRACT

Achieving ambitious health goals—from the Every Woman Every Child strategy to the health targets of the sustainable development goals to the renewed promise of Alma-Ata of ‘health for all’—necessitates strong, functional and inclusive health systems. Improving and sustaining community health is integral to overall health systems strengthening efforts. However, while health systems and community health are conceptually and operationally related, the guidance informing health systems policymakers and financiers—particularly the well-known WHO ‘building blocks’ framework—only indirectly addresses the foundational elements necessary for effective community health. Although community-inclusive and community-led strategies may be more difficult, complex, and require more widespread resources than facility-based strategies, their exclusion from health systems frameworks leads to insufficient attention to elements that need ex-ante efforts and investments to set community health effectively within systems. This paper suggests an expansion of the WHO building blocks, starting with the recognition of the essential determinants of the production of health. It presents an expanded framework that articulates the need for dedicated human resources and quality services at the community level, it places strategies for organising and mobilising social resources in communities in the context of systems for health; it situates health information as one ingredient of a larger block dedicated to information, learning and accountability, and it recognises societal partnerships as critical links to the public health sector. This framework makes explicit the oft-neglected investment needs for community health and aims to inform efforts to integrate community health within national health systems and global guidance to achieve health for all.

INTRODUCTION

Global efforts to improve health, especially of women, newborns and children, require comprehensive and creative approaches. New global frameworks and calls to action (Every Woman Every Child, People-Centred Health Systems, United States Agency for International Development (USAID) Acting on the Call), all state the value of involving multiple

Summary box

- ▶ The six WHO building blocks have become a useful reference point for national and global policymakers; however, critical elements and the dynamic interplay required to implement community health effectively are insufficiently represented in the building blocks.
- ▶ Service delivery and health workforce approaches often rely on community health workers and strategies, without adequate investment or recognition at the policy level. Community organisations, societal partnerships, household production of health and information systems are often not seen as part of the health system.
- ▶ Using evidence, we support an expansion of the WHO building block framework, showing dynamism between health system components, and explicit community health needs, which central policymakers should proactively address and resource in order to institutionalise community health within the wider health system.
- ▶ Even without prescribing particular community health implementation modalities, explicit attention to community-level services, actors and partnerships is necessary to strengthen health systems and provide primary healthcare for all.
- ▶ A framework which goes beyond the building blocks may be useful for national and global policymakers to recognise, prioritise and invest resources in aspects of the health system that promote community health in efforts to reach ambitious global goals.

stakeholders in health, including and especially ‘communities’.^{1–5} The UN’s Global Strategy, similar to other global guidance documents, labels community health work as an ‘essential component of health system resilience’ and ‘community engagement’ as ‘one of the nine action areas’ required to improve health systems.^{1,4,5} The recent Global Conference on Primary Health Care (PHC), held in Astana, Kazakhstan, in 2018, renews past promises and principles of healthcare for all.⁷

This paper articulates the need for dedicated human resources and quality services at the community level; it places strategies for organizing and mobilizing social resources in communities in the context of systems for health; it situates health information as one ingredient of a larger block dedicated to information, learning and accountability; and it recognizes societal partnerships as critical links to the public health sector ([Link](#)).
Doi:10.1136/bmjgh-2018-001384

BMJ Global Health: first published as 10.1136/bmjgh-2018-001384 on 22 June 2019. Downloaded from <http://gh.bmj.com/> on 1 July 2019 by guest. Protected by copyright.

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For numbered affiliations see end of article.

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BMJ



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Review of ASHA Program in India



The screenshot shows the top of a BMC article page. The journal title is "Human Resources for Health". The article title is "How are gender inequalities facing India's one million ASHAs being addressed? Policy origins and adaptations for the world's largest all-female community health worker programme". The authors listed are B. Ved, K. Scott, G. Gupta, O. Ummer, S. Singh, A. Srivastava, and A. S. George. The article was published on 08 January 2019. It has 1888 accesses, 1 citation, and 61 altmetric metrics.

Abstract

Background

India's accredited social health activist (ASHA) programme consists of almost one million female community health workers (CHWs). Launched in 2005, there is now an ASHA in almost every village and across many urban centres who support health system linkages and provide basic health education and care. This paper examines how the programme is seeking to address gender inequalities facing ASHAs, from the programme's policy origins to recent adaptations.

Published and disseminated in January 2019 ([Link](#)).



The screenshot shows the top of a BMC article page. The journal title is "Health Research Policy and Systems". The article title is "Taking stock of 10 years of published research on the ASHA programme: examining India's national community health worker programme from a health systems perspective". The authors listed are Kerry Scott, Asha S. George, and Rajani R. Ved. The article was published on 25 March 2019. It has 1800 accesses, 3 citations, and 53 altmetric metrics.

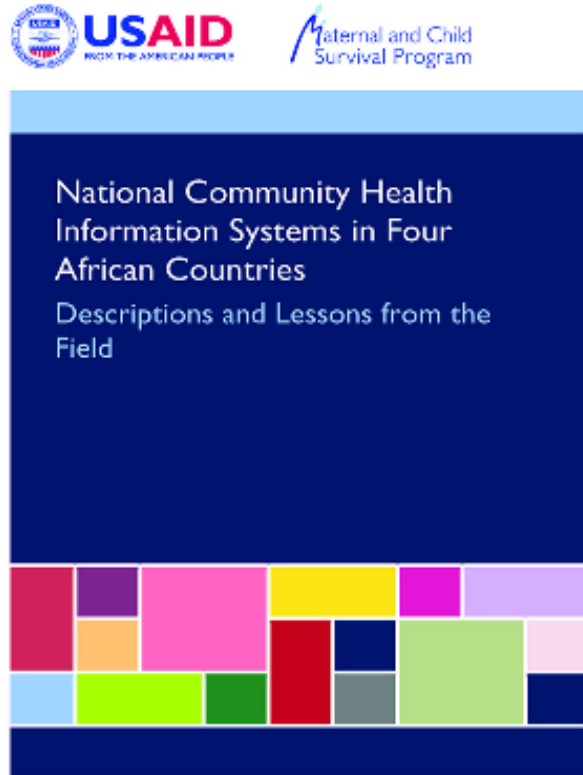
Abstract

Background

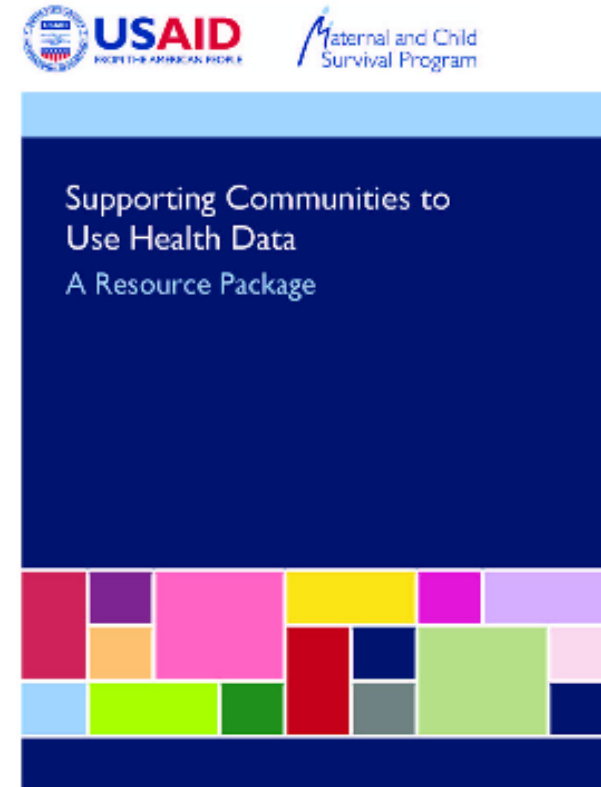
As India's accredited social health activist (ASHA) community health worker (CHW) programme enters its second decade, we take stock of the research undertaken and whether it examines the health systems interfaces required to sustain the programme at scale.

Published and disseminated in March 2019 ([Link](#)).

National Community Health Information Systems in Four African Countries: Descriptions and Lessons from the Field ([Link](#)).



www.mcsprogram.org



www.mcsprogram.org

Supporting Communities to Use Health Data: A Resource Package([Link](#))



- Assessing Ghanaian Health Care Workers' Practice through Task Analysis ([Link](#))
- Community Mobilization and Home Visits: Key Pillars of the Community-Based Health Planning and Services (CHPS) Program in Ghana ([Link](#))
- Communities and Health Extension Workers Provide Care for Low-Birthweight Babies in Amhara and Oromia Regions ([Link](#))
- MCSP Community Health Contributions Series: Kenya, Ethiopia, Mozambique, Rwanda, Bangladesh, Haiti, Guatemala ([Link](#))
- MCSP Egypt – Improving Maternal, Child Health and Nutrition Project ([Link](#))
- Mentoring the Community Health Worker in Rwanda ([Link](#))
- Who are the Real Community Health Workers in Tshopo Province, Democratic Republic of the Congo? ([Link](#))



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LINKAGES ACROSS THE CONTINUUM OF HIV SERVICES FOR KEY POPULATIONS AFFECTED BY HIV (LINKAGES)

October
2019

LINKAGES and Meeting Targets and Maintaining Epidemic Control (EpiC)

Chris Akolo



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LINKAGES/EpiC Updates

- Activity progress updates
 - *LINKAGES has closed out in a few countries (Angola, India, Suriname, Trinidad and Tobago)*
 - *Some countries have transitioned from LINKAGES to EpiC (E.g., Burundi, Cote d'Ivoire, Lesotho, Malawi, Kenya, South Africa, Botswana)*
 - *New programming in a few countries through new buy-ins to EpiC*
 - *Finalization of some KP-related tools and technical briefs including those relevant to CHW*
- New CHW-focused tools/resources
 - *CHWs are foundational to LINKAGES and EpiC programming in every country where we work*
 - *Safety and Security Toolkit: Strengthening the Implementation of HIV Programs for and with Key Populations*
 - *Violence Prevention and Response*
 - *Health4All Training Guide*
 - *Going Online to Accelerate the Impact of HIV Programs including the Social Network Outreach toolkit*
- Use of CHW programming tools for monitoring and learning
 - *Ongoing*



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What is EpiC?

- 5-year global project funded by PEPFAR and USAID (2019-2024)
- Designed to accept funding from USAID missions
- Provides strategic TA and direct service delivery
- Aims to help countries reach 95-95-95 by improving case-finding, prevention and treatment programming, and viral load suppression among men, women, key populations and priority populations
- Promotes self-reliant management of national HIV programs
- Core partners: FHI 360, Right to Care, Palladium, PSI, Gobe Group

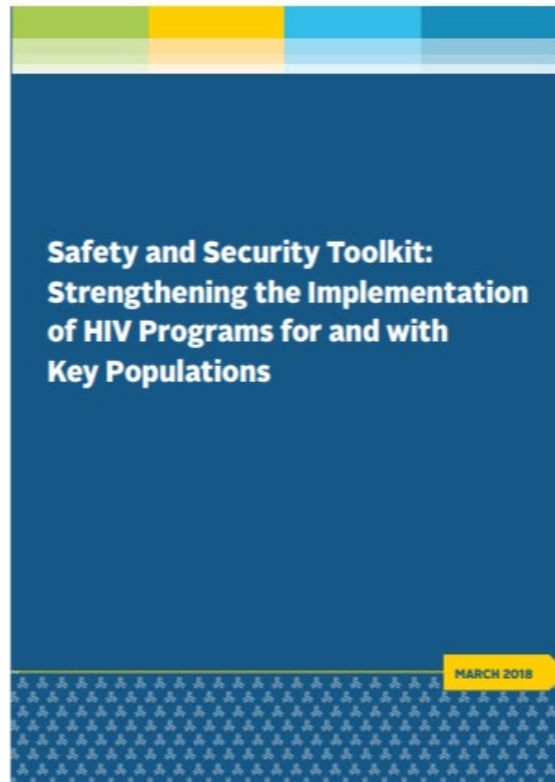


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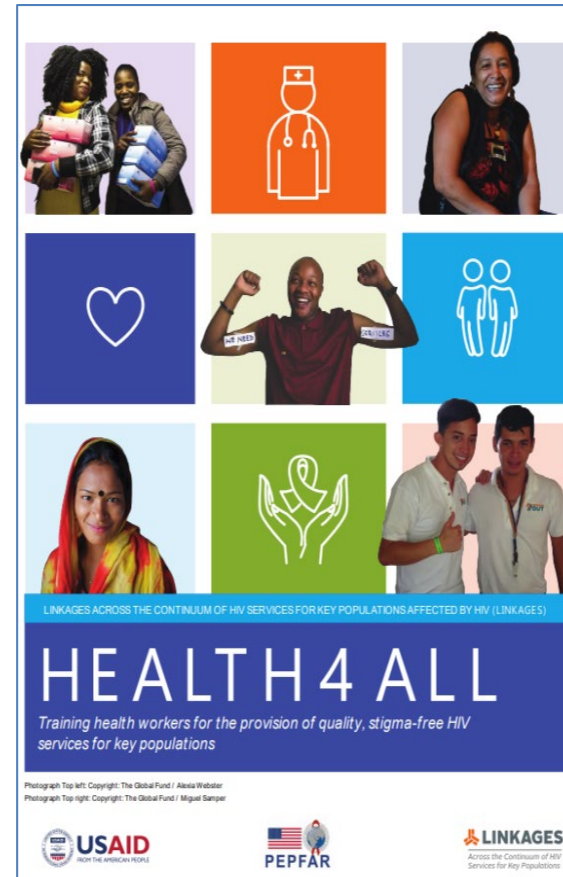


fhi360
THE SCIENCE OF IMPROVING LIVES

Safety and Security Toolkit and Health4All Training Guide



This toolkit will help CBOs and others working in direct service delivery, to more effectively address safety and security challenges within their implementation of HIV programs for and with key populations



The training aims to increase HCW' empathy, clinical knowledge, and interpersonal skills in order to help them provide high-quality and comprehensive services for key populations free of stigma and discrimination

Online Outreach and Training of CHW on Violence Prevention and Response

HIV program staff such as a community-based outreach worker or community-based supporter receives training, guidance, and tools for online outreach using both passive and active approaches.

For programmers and health facility staff who wish to equip health care workers (including CHW) with the knowledge and skills they need to understand, assess, and appropriately respond to violence in key population (KP) members' lives. We do not only have a VPR training curriculum for HCWs but also one for peer outreach workers.



Thank you!

For more information, contact
hmahler@fhi360.org

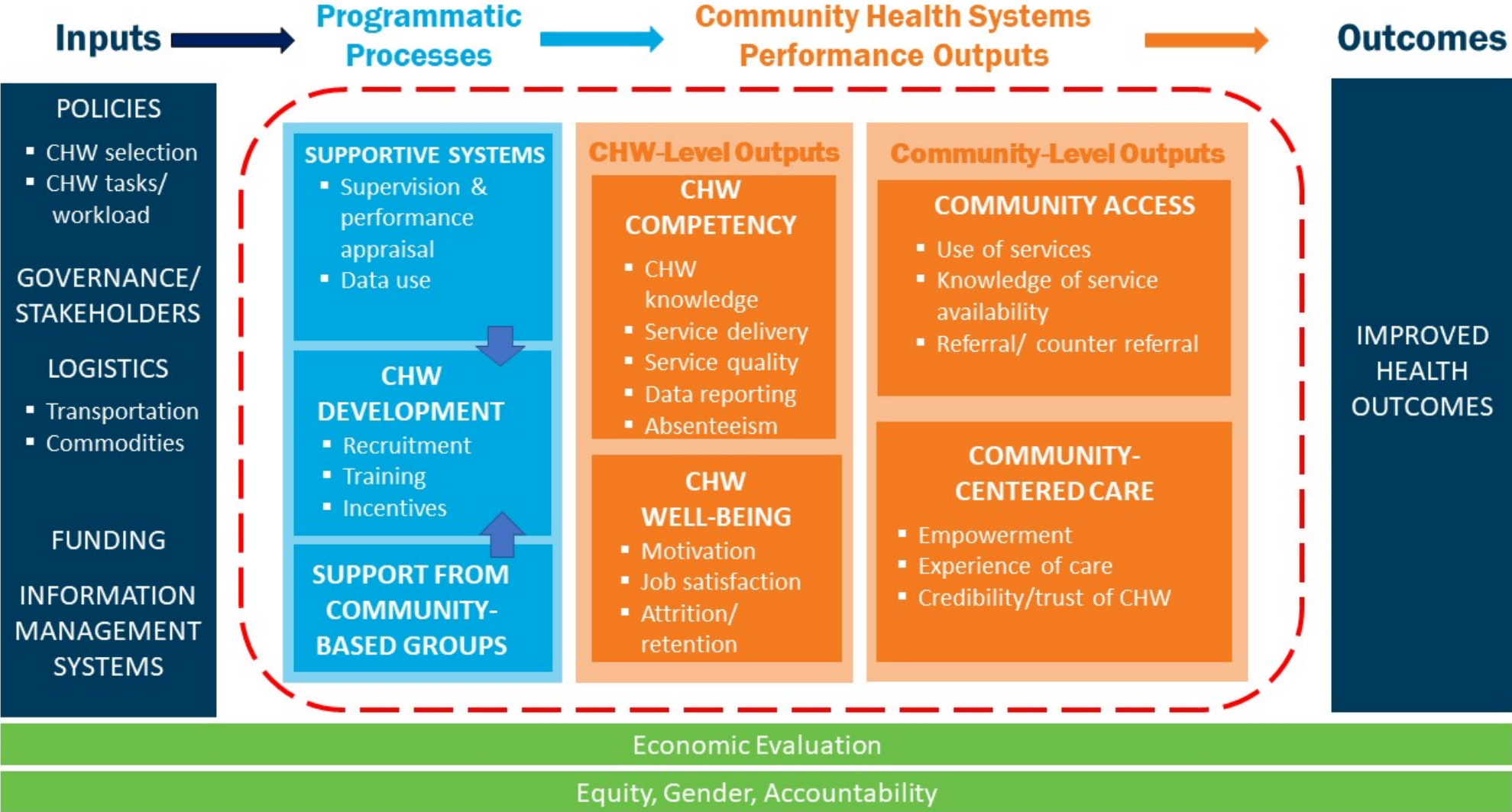




FRONTLINE HEALTH & INSTITUTIONALIZING COMMUNITY HEALTH PARTNERS

- Multi-disciplinary stakeholder collaboration
- 7 ICH partner countries
- Multi-pronged project priority strategy:
 - Metrics validation
 - Country support
 - Policy advocacy
- **Problem:** Limited harmonization of common metrics exists to understand the quality, coverage, and equity of FLW programs – as part of the broader health system

CHW Performance Measurement Framework



FLH Progress to Date

Country	Activity	Progress
Bangladesh	FP Counseling & Referral Study	Baseline data collection to start in Nov. 2019
	Incentives Preferences Study (DCE)	Phase I expected to start in Nov-Dec 2019
Haiti	Assessing Health Systems Referral Processes and Community Health Worker Programs Study	Baseline data collection nearly complete; analyses ongoing
	Incentives Preferences Study (DCE)	Phase I ongoing
Mali	Digital Referral Strengthening Tool Study	Baseline data collection and analyses complete; endline data collection expected Dec. 2019
Kenya	Assessing Quality of MNCH Services Delivered by CHVs Study	Data collection complete; analyses ongoing
	Incentives Preferences Study (DCE)	Phase I complete
Uganda	Incentives Preferences Study (DCE)	Phase I & 2 complete; dissemination of results expected Oct-Nov 2019

- Presentation of study abstracts at the CHW Symposium in Dhaka Nov. 22-24
 - Will convene a TAG and participate in USAID side session prior to symposium
- Accepted paper, in progress: “A Conceptual Framework for Measuring Community Health Workforce Performance within Primary Health Care Systems”
- Third year of FLH project coming up with greater policy engagement and evidence dissemination from country-level implementation research studies currently underway, including discrete choice experiment on financial and non-financial remuneration packages in five ICH countries



LAST MILE HEALTH

Country Programs and Partnerships

- Liberia
 - Supporting government to redesign and launch new CHW program in 2015, now nearly 80% scale across country. New program has paid CHWs, supervision, standard training, integrated into PHC system
 - Digital Health – deployed mHealth tools to all ~3,500 CHWs and supervisors, including eLearning via Community Health Academy
 - Health finance – worked with government to coordinate and mobilize financing. Almost, all major donors resourcing the same strategy and program. Part of collective impact initiatives like Co-Impact.
 - Innovation on Existing Platforms – Structured innovation of things like Sayana Press or Immunization via CHWs, on top of workforce platform
 - Program undergoing a mid-term policy review; can share lessons about how these programs evolve and adapt
 - Research – previously published research on impact of integrated CHW program in Liberia, ongoing impact evaluation, cost-effectiveness research, implementation science research of this program.
- Malawi
 - Discussing scope of work with MOH to support and strengthen Health Surveillance Assistants program
- Uganda
 - Supporting coalition of partners to improve community health strategy dialogue, develop structured learning platform with district learning sites, and inform national policy development.
- Ethiopia
 - Supporting MOH to digitize Health Extension Worker curriculum. Also in discussions with Sierra Leone on digital training of CHWs.

Global Goods and Other Insights

- **Integrating Community Health**
 - Developing a framework for understanding how community health programs become institutionalized (Community Health Reform Cycle)
 - Developing country snapshots across 7 countries to trace policy-advocacy process for community health in these countries, using the reform cycle as a general framework, and understand forward-looking opportunities for reform
- **Community Health Academy**
 - Developed a leadership [course](#) on national community health programs. Developing a second deeper dive course on financing, in partnership with the Financing Alliance for Health
 - Continuing Clinical Education for CHWs - Working with partners to develop a digital training content and curriculum for CHWs, that can be combined with face-to-face training for blended learning.
- **Exemplars in Global Health - CHW**
 - In partnership with Gates Ventures, Exemplars in Global Health studies “exemplar” or “positive outlier” countries to understand how these countries were able to achieve success. Identified four countries (Ethiopia, Bangladesh, Brazil, Liberia) and aim to detail how these countries were able to launch, scale, sustain, and adapt large scale programs over time.



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HSS ACCELERATOR



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IMPACT MALARIA



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BREAKTHROUGH ACTION



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ADVANCING PARTNERS & COMMUNITIES (APC)

Digital family planning accelerator kit (forthcoming 2019)

The WHO has begun to develop digital “accelerator kits” to help health ministries and their partners design quality digital systems for healthcare providers. The kits comprise basic guidance to develop workflows, core data elements, decision-support algorithms, reporting indicators, and personas of the digital tool users. They seek to enable program designers and implementers to translate WHO guidance into high-quality, scalable digital tools and systems that can be adapted to the local context. In 2019, in partnership with UNFPA, PATH and APC, the WHO developed an accelerator kit for family planning.

APC community-focused companion guide (forthcoming 2019)

Recognizing the opportunity that digital health presents for supporting (CHWs) to deliver high-quality family planning services, APC developed this community-level companion guide to the WHO digital accelerator kit for family planning. Specifically, it:

1. Contains guidance for ministries of health and development partners on how to adapt the various components of the WHO accelerator kit to the community context;
2. Outlines considerations for digitizing community-based family planning; and
3. Includes sample content for designing digital systems and tools for CHWs.



New CHW-focused investments



Toward Harmonization: Community Health Policy and Program Trends

The Community Health Systems (CHS) Catalog synthesizes information from approximately 100 main policies that guide community health across 25 countries. This document summarizes country trends drawn from the CHS Catalog and highlights interesting and relevant findings about the global community health policy landscape.

Community Health Systems Catalog dataset

The full dataset from which the Community Health Systems Catalog was developed is available here for public use. Please find the codebook, user guide, and original survey tool for additional context.

	A	B	C	D	E
1	Country	56b) Please list the name of one of the community health workers (CHWs) in the community.	57) Is this CHW a community-based health worker (CBHW)?	58) Please list the policy area(s) that this CHW is associated with.	Please list the policy area(s) that this CHW is associated with.
2	Alghanistan	Community Health Worker (CHW)	Yes	Community Based Health Workers	
3	Bangladesh	Community Health Care Provider (CHCP)	Yes	Health, Population and Family Welfare	
4	Bangladesh	Family Welfare Assistants (FWA)	Yes	Health, Population and Family Welfare	
5	Bangladesh	Health Assistant (HA)	Yes	Health, Population and Family Welfare	
6	Benin	Agent de santé communautaire qualifié (ASCQ)	Yes	PNSC; Directives Nationales	
7	Benin	Relais communautaire (RC)	Yes	Politique Nationale Relais Communautaire	
8	Democratic Republic of Congo	Relais communautaire (RECO)	Yes	Les procédures de Relais Communautaire	
9	Ethiopia	Health extension worker (HEW)	Yes	Revised Health Extension Strategy	
10	Ghana	Community Health Officer (CHO)	Yes	National Community Health Officer Strategy	
11	Ghana	Community Health Volunteer (CHV)	Yes	National Community Health Volunteer Strategy	
12	Haiti	Agent de Santé Communautaire Polyvalent (ASCQ)	Yes	Modèle d'organisation des Services de Santé Communautaire	
13	India	Accredited Social Health Activist (ASHA)	Yes	Guidelines for Community Health Activists	
14	India	Anganwadi Worker (AWW)	No		
15	India	Auxiliary Nurse Midwife (ANM)	No		
16	Kenya	Community Health Extension Worker (CHEW)	Yes	Strategy for Community Health Extension Workers	
17	Kenya	Community Health Volunteer (CHV)	Yes	Strategy for Community Health Volunteers	

New CHW-focused investments

Senegal's Community-based Health System Model: Structure, Strategies, and Learning

The Community-Based Health System Model Series briefs identify and discuss critical health system inputs and processes that have contributed to the implementation and expansion of community-based service delivery in different countries. Countries were selected for their geographic diversity, type of service delivery model, and programmatic scale-up. This brief reviews Senegal's community health model to inform future policy, program design, and implementation in other countries. Also read briefs on [Malawi](#) | [Nepal](#)



COMMUNITY-BASED HEALTH SYSTEM MODEL SERIES

BRIEF THREE

Senegal's Community-based Health System Model: Structure, Strategies, and Learning

Health Situation in Senegal

Since the 1990s, Senegal has made notable progress in key health indicators. Between 1990 and 2017, maternal mortality dropped from 540 to 236 deaths per 100,000 live births, and the percentage of fully vaccinated children steadily increased from 58.7 percent to 75 percent in approximately the same period.^{1,3} In just the past decade, child mortality more than halved from 121 to 56 deaths per live births, with a reduction in disparity between urban and rural households (Figure 1).^{3,4}

The country also made great strides in expanding access to modern family planning methods. Between 2005 and 2017, the percentage of married women using modern contraceptives more than doubled from 10.3 to 26.3 percent, and more than tripled among rural women from

5.0 to 18.9 percent (Figure 2). Unmet need for family planning declined from 30.1 to 21.9 percent.^{3,4} As a result, the total fertility rate has started to fall after years of stagnation; between 2014 and 2017, it declined from 5.0 to 4.6.^{1,5} Table 1 indicates key health data in Senegal.

Senegal's investments to target health education and services to underserved areas contributed to these improvements. The country prioritized community health and promoted coordination among health and development partners. It also invested in strategies to pilot and scale up key community-based interventions, strengthen supply chains, and engage community members to promote healthy practices; strengthen service delivery, and advocate for their own health. However, to reach targets such as the Sustainable Development Goals, Family Planning 2020 commitments,



Table 1. Current Health Statistics in Senegal^a

Total population ^b	16.3 m
Rural population ^b	54%
Total fertility rate	4.6
Contraceptive prevalence rate (modern methods)	26.3%
Unmet need for contraception	21.9%
Maternal mortality ratio (per 100,000 live births)	236
Neonatal mortality rate (per 1,000 live births)	28
Infant mortality rate (per 1,000 live births)	42
Under-five mortality rate (per 1,000 live births)	56
Percentage of births delivered by a skilled provider	68.4%
Percentage of children under 5 years moderately or severely stunted	16.5%
Percentage of households with an improved source of drinking water	81.0%
Percentage of women reporting distance to a health facility as a problem in accessing care	22.1%
Adult HIV prevalence ^c	0.4%
Total expenditure on health per capita (current US\$) ^d	\$36

^aData is from the Senegal Demographic and Health Survey, 2017 (continuous), unless otherwise noted.

^bPopulation Reference Bureau (PRB), 2018, 2018 World Population Data Sheet, Washington, DC: PRB.

^cUNAIDS, 2015, "HIV and AIDS estimates" (2017). <http://www.unaids.org/en/regionscountries/countries/senegal>

^dWorld Bank Data Bank 2010-2015. "Health expenditure per capita (current US\$)". Available at <https://data.worldbank.org/indicator/SH.UW.SRVS.CD>

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APRIL 2019

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New CHW-focused investments



COMMUNITY-BASED PROVISION OF EMERGENCY CONTRACEPTIVES IN UGANDA



A community health worker counsels a youth on ECs in Kumi District, November 2017.

Background

Community-based family planning (CBFP) is a high-impact practice for extending reproductive services to women, especially those who live in hard-to-reach places.¹ Condoms, oral contraceptive pills, injectable contraceptives, and even self-injection are provided by community health workers (CHWs) through family planning (FP) programs. Yet many of these programs do not include emergency contraceptive pills (ECPs), even though the World Health Organization's Summary Brief: *Task-Sharing to Improve Access to Family Planning/Contraception*² includes ECPs in the list of contraceptive services considered

within typical scope of practice for a CHW. Globally, only one-third of social marketing programs distribute ECPs, and the proportion is even smaller among CBFP programs. This absence is significant because the method occupies a unique position in the method mix as a post-coital contraceptive—offering women a second chance to prevent an unintended pregnancy in the event of contraceptive failure, rape, or not using a contraceptive method.

Under the USAID-funded Advancing Partners & Community Project (APC) implemented by PSI Research & Training Institute Inc. in partnership with FH 360 and APC grantees, WellShare International started researching why a method with no medical contraindications was excluded from the CBFP method mix in Uganda. They found that in 2012, the Ugandan government included levonorgestrel in its Essential Medicines List in the dose required for emergency contraception, and

¹ USAID High Impact Practices Community Health Workers: Bringing Family Planning Services to Where People Live and Work. Available at: <https://www.hip.org/practices/cwhw/community-health-workers>
² World Health Organization Summary Brief: Task-Sharing to Improve Access to Family Planning/Contraception. Available at: <https://www.who.int/reproductivehealth/publications/task-sharing-access-to-contraception/>

Figure 1. CB-EC Assessment's Key Findings

- Assessed communities had little knowledge or awareness of ECPs.
- The majority of respondents believed that the community-based provision of ECPs and community sensitization would increase demand for the method.
- Despite concerns about the training and the abilities of village health team (VHT) providers, most respondents believed that the provision of ECPs by CHWs had more advantages than disadvantages.

JUNE 2019

The publication and analysis of findings "Series B: Community, APC" cooperative agreement funded by the U.S. Agency for International Development under agreement No. AID-OAA-A-11-0004, beginning October 1, 2012. The authors also received the publication and analysis funding under the same U.S. Agency for International Development & the United States Government.

Community-Based Provisions of Emergency Contraceptives in Uganda

Community-based family planning (CBFP) is a high-impact practice for extending reproductive services to women, especially those who live in hard-to-reach places. Condoms, oral contraceptive pills, injectable contraceptives, and even support for self-injection are provided by community health workers through family planning programs. Yet many of these programs do not include emergency contraceptive pills. APC grantee WellShare International started researching why a method with no medical contraindications was excluded from the CBFP method mix in Uganda.

Job Aid: CHW Emergency Contraceptive Provision Job Aid

What Clients Need to Know about Emergency Contraceptive Pills (ECPs)

What are ECPs?

- Pills taken after unprotected sex* to prevent pregnancy.
- Safe and effective.
- Prevent or delay release of egg.
- Do not cause an abortion.



What to expect

- May cause upset stomach or vomiting.
- May cause you to get your period early or have a longer period. May cause light bleeding after ingestion.
- Do not cause long-term side effects or health problems.

Key points

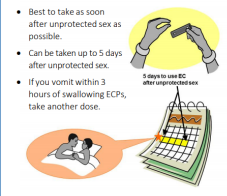
- ECPs do not prevent pregnancy the next time you have sex.
- See a health care provider if you do not get your next period within 1 week of when it's expected.
- Regular family planning methods are more effective. Talk with your provider about methods that will suit your needs.
- ECPs do not protect against STIs, including HIV. Use condoms to prevent STIs. Seek treatment if you think you may have been exposed to STIs.

Where to get ECPs

- Public hospital or health centre; private hospital or clinic.
- Pharmacy
- VHT member (trained in FP, including ECPs).

How to use ECPs

- Best to take as soon after unprotected sex as possible.
- Can be taken up to 5 days after unprotected sex.
- If you vomit within 3 hours of swallowing ECPs, take another dose.



*Unprotected or under-protected sex means forgetting to use regular FP method, a condom breaking, or not using a method. It includes rape, forced sex, and defilement.

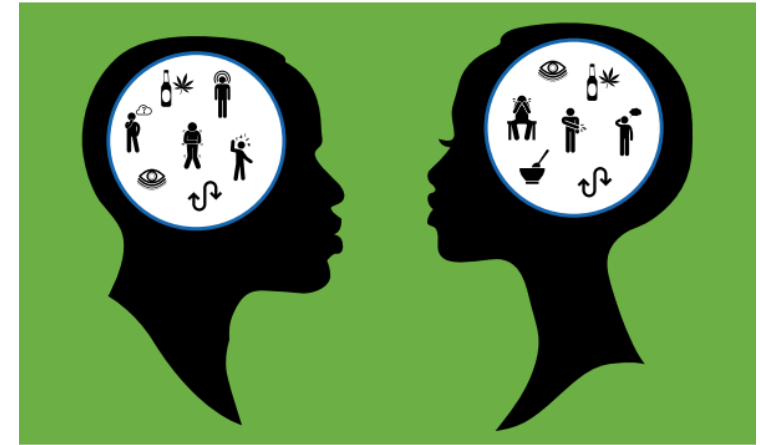
New CHW-focused investments

Post-Ebola Recovery Toolkit, includes:

- Community engagement strategy and toolkit
- CHW job aid
- Community healing dialogue training

This toolkit is a resource for organizations and individuals involved in recovery efforts in the period following an infectious disease outbreak, such as the Ebola virus disease (EVD) outbreak in West Africa in 2014-2016. Its goal is to provide governments, donors, NGOs, and survivor groups with guidance and templates for responding to issues related to health systems recovery after a major outbreak. Comprised of multiple resources, the toolkit includes best practice and lessons learned documents, tools and templates, and research articles, as well as videos, technical briefs, and success stories presented as examples of the recovery work conducted by the USAID-funded Ebola Transmission Prevention & Survivor Services (ETP&SS) program in 2016-2018, which was implemented by the Advancing Partners & Communities Project and managed by JSI Research & Training Institute, Inc. The toolkit contains a compilation of learnings from the ETP&SS programs in Guinea, Sierra Leone, and Liberia, the three countries most affected by the 2014-2016 Ebola outbreak. View the brochure for this toolkit in [English](#) and [French](#).

MENTAL HEALTH AWARENESS



Symptoms	Referral
Looking/feeling sad	Self-harm
Feeling weak	Aggression
Poor sleep	Confusion
Change in appetite	Substance abuse
Change in behaviour	Self-harm
	Aggression

Urgent referral to Mental Health Nurse for any of the following symptoms:

- Self-harm
- Aggression
- Confusion
- Substance abuse

Not eating for 3 days

Not sleeping for 5 days

Substance abuse

Refer to: Insert contact information here

Other symptoms:
Refer to local PHU for Psychosocial First Aid



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ADVANCING NUTRITION



ACHIEVING SUSTAINABILITY THROUGH LOCAL HEALTH SYSTEMS (ASLHS)

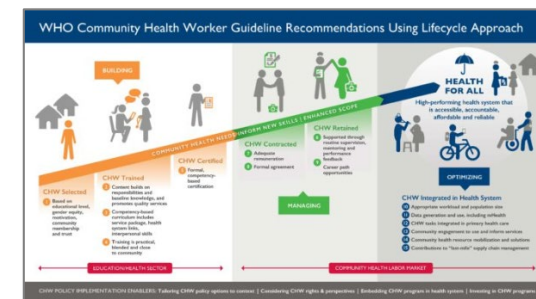
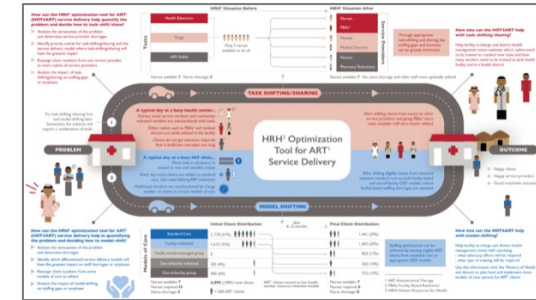


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HUMAN RESOURCES FOR HEALTH IN 2030 (HRH2030)

Highlighted CHW-focused Resources

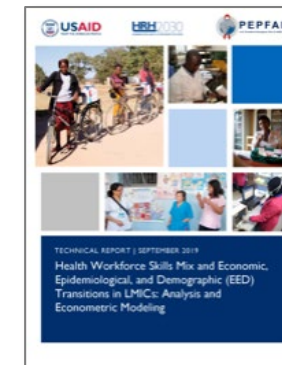
- Differentiated Service Delivery in High HIV Burden Settings: A Tool for Estimating Human Resource Needs: [“HOT4ART”](#)
 - Also available in French and Bahasa
 - *Forthcoming*: HRH Optimization Tool for Family Planning: “HOT4FP”
 - *Forthcoming*: HRH Optimization Tool for Primary Health Care: “HOT4PHC”
- [Toolkit](#): Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 Targets
- Local leaders: Untapped resources for Family Planning
 - Local leadership management approach: [Brief](#) & [Implementation guidance](#)
 - Cameroon [“exposure” story](#)
- CORE Group session on Optimizing CHW programs ([Blog](#))
- [Infographic](#): WHO Community Health Worker Guideline Recommendations Using HRH2030’s Life Cycle Approach
- *Forthcoming*: Flagship CHW Resource Package
- *Forthcoming*: Social Returns on Investments (SROI) in the Health Extension Program (HEP) in Ethiopia



Highlighted CHW Resources

Applicable across the health workforce

- Defining and Advancing Gender-Competent Family Planning Service Providers: [A Competency Framework and Technical Brief](#)
- National Health Workforce Accounts / HRIS Strengthening for HRH Optimization
 - [Indonesia HRIS Status Review](#)
- USAID Global Health eLearning (GHeL) course: HRH Principles and Practices ([Link](#))
- Health Workforce Skills Mix and Economic, Epidemiological, and Demographic (EED) Transitions in LMICs: [Analysis and Econometric Modeling](#)
- [Brief Series](#) on Informing HIV Workforce Sustainability Planning: A Case Study from Uganda – Transition & Retention Enablers
- [Investment Case](#) for the HIV Workforce in Uganda
- Enhanced Supervision Approaches: [Landscape Analysis](#)





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REVIEW OF FLAGSHIP CHW RESOURCES

GROUP EXERCISE



August 2018: CHW-focused investments

Flagship Project/ Collaboration	
APC	Community Health Systems Catalog Community Health Policy Matters Post Ebola Survivors Toolkit Community Health System Framework Harmonizing mHealth
AMP Health	CHW Technical Tool CHW Research Study
CHWS for ALL	CHWs for ALL: Community Health Workers for Advancing Liberian Livelihoods Liberia Scale-Up of Community Health Assistants Exemplars in Global Health Institutionalizing Community Health (Bill & Melinda Gates Foundation) Community Health Academy
HRH2030	Differentiated Service Delivery in High HIV Burden Settings: A Tool for Estimating Human Resource Needs Toolkit: Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 Targets Community-Based HIV Workforce Assessment Approach
LINKAGES	When Situations Go From Bad to Worse: Guidance for International and Regional Actors Responding to Acute Violence
MCSP	Developing and Strengthening CHW Programs at Scale: A Reference Guide for Program Managers and Policy Makers (condensed version) Hubris, humility and humanity: expanding evidence approaches for improving and sustaining community health programmes Community-based Health Planning and Services (CHPS) Costing Tool CHW Coverage and Capacity (C3) Tool Resources from the Institutionalizing Community Health Conference (ICHC)
SPRING	Raising the Status and Quality of Nutrition Services Nutrition Workforce Mapping Toolkit Community Health Worker Country Profiles for Nutrition Advocacy Building a Shared Vision for Good Nutrition, Growth, and Development in the Community: A Recipe for Policymakers, Planners, and Program Managers

August 2018: CHW-focused investments

Flagship Project/ Collaboration	Technical Tools	Policy Brief	Research Study	Other
APC	F: Service delivery F: Mobile apps	A: Policy/ advocacy video		A: "Catalog" of community health-related policies organized by health systems areas A: Framework
AMP Health	C		C	
CHWS for ALL	ABCD ABCDE			ABCDE: Technical Assistance ABCDE: Platform for teaching and learning
HRH2030	AD C			CD: Assessment methodology
LINKAGES	C			
MCSP	A BC AC D			A: Open access manuscript/analysis with policy implications for community health programming ACD: Multiple resources including an Advocacy PPT to help countries communicate about the conference and advocate for community health -- and 10 Critical Principles

A = Systems design & policy
B = Finance

C = Systems management and leadership
D = Political prioritization

E = Health products
F = Other

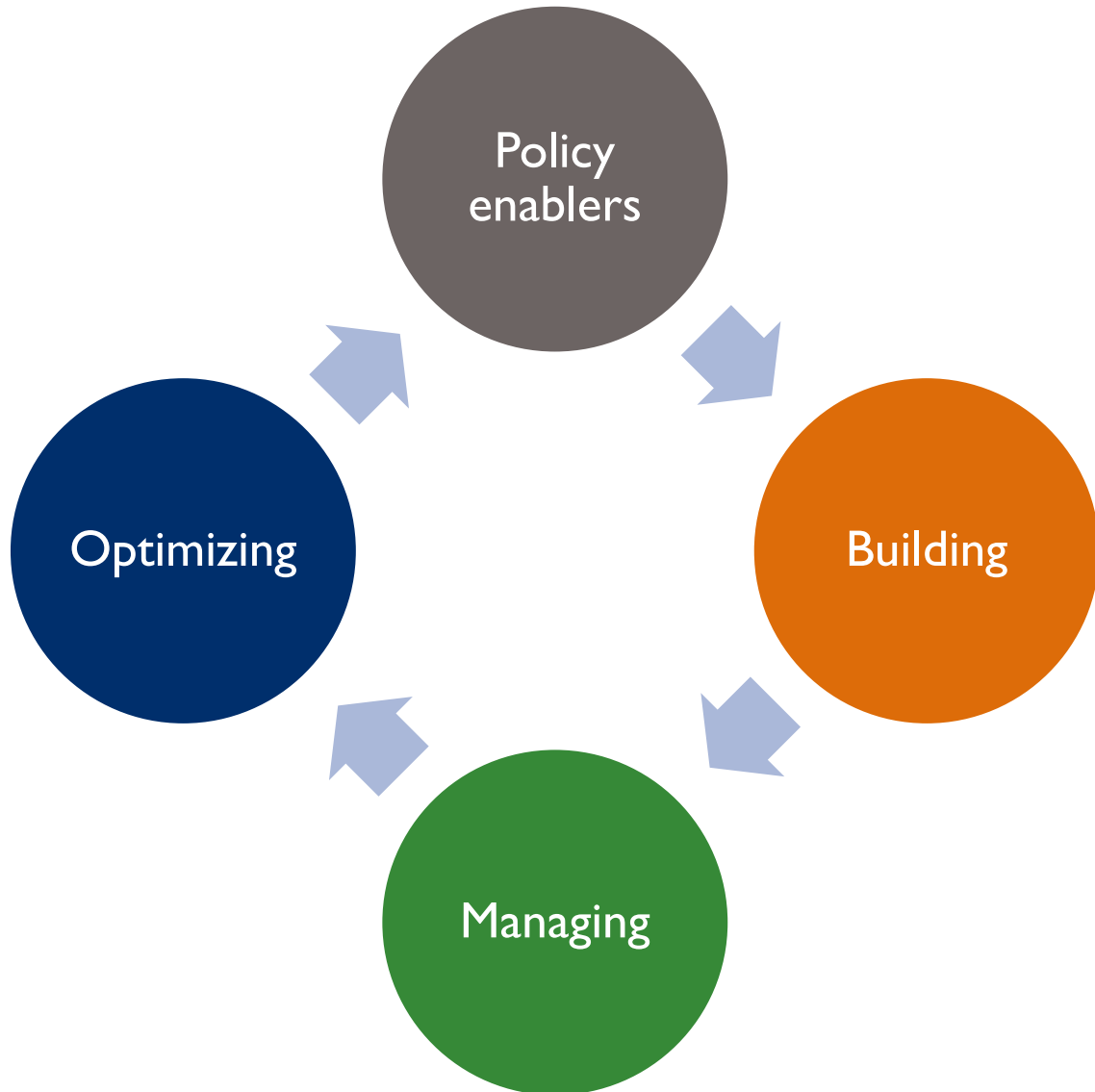
Additional details about investments by partner under round robin presentations

TARGET AUDIENCES: USAID missions, national CHW stakeholders (MOH, NGOs).

OBJECTIVE: Compile priority tools, resources, approaches, and best practices for strengthening CHW programs within a country's health sector and broader development investments. It will help to organize and synthesize existing resources that may be CHW-specific, or more broadly applied for health workforce development and strengthening, policy, program implementation, or financing.

ENVISIONED FORMAT: Dynamic webpage, cross-linked on CH Roadmap page

GROUP EXERCISE to develop the Flagship CHW Resource



ROTATIONS

Round 1: 30 minutes

Round 2: 10 minutes

Round 3: 10 minutes

Round 4: 10 minutes

- Review resource summaries in your section
- Suggest and discuss priority resources
- Fill out forms for priority resources
- Other resources? Note as needed
- Report back: Key recommendations for priority tools

In subsequent rotations, you will build off the previous groups.



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REPORT BACK

Key recommendations for
priority tools



REPORT BACK:

Key recommendations for priority tools

Policy enablers

POLICY ENABLERS

Questions discussed:

What tool is this aiming to solve? What would be purpose / use? For whom?

Who would actually use the tool? Vs. Who would consume the information that comes out of the tool?

Used cross-cutting priorities in CH roadmap: Need to consider the policy cycle

Recommended resources & tools:

#1: CHW AIM tool – diagnostics 7 combined with the #2 APC policy landscape / harmonization (fragmentation / future fit)

#3 & #6

#29 - C3 tool could fit here; good for planning.

+ There could be value to link to non-USAID products, e.g., 3 Ones Framework; UN COM-HEEG report.

+ LMH – policy guidance document ongoing.

+ LMH – online community health systems thinking

→ In next steps, it would be valuable to include communication to country MOHs: where countries are, to understand the enablers and disruptors (PEPFAR vs. non-PEPFAR). → this would be useful to relate back to them.

REPORT BACK:

Key recommendations for priority tools

Building

BUILDING:

Questions discussed:

We had a number of conversations about the process: As we design CHW programs for selection and training, it's useful to consider: what is the vision for the program, and what is the status quo? The status quo really influences what you can do for selection.

There is limited guidance / a gap on curriculum development; many countries basically pull global documents from WHO, with little guidance on how to contextualize. There is further limited knowledge on adapting at the subnational level. And what to do once you have a 5-10 year policy.

Need to adapt and update the older global training with professional CHWs in mind.

Recommended resources & tools:

#12 – Strengthening the capacity of CHWs to deliver care for SRMNCAH (WHO/H4+)

#13 (often with a companion planning handbook)

Certification has limited resources – However, Bangladesh, Ethiopia, and others may provide a few country-level examples.

REPORT BACK:

Key recommendations for priority tools

Managing

MANAGING

Recommended resources & tools:

#20 – WHO CHW M&A framework – unique; covers all WHO CHW Guidelines.

#25 – CH Performance Framework - intended to provide specific metrics to provide the monitoring framework, with 46 indicators. This is an opportunity for country to identify what they want to measure and then adapt.

Optimizing

OPTIMIZING

Acknowledged limited personal experience with full list of tools. They tended to opt for the ones that are more health systems-focused; others that were more disease program-specific might get their own section. How do we make connections between an inventory of tools? And knowing who to get them to?

Recommended resources & tools:

#27 DHIS2 CHIS guidelines

#29 C3 tool

+ Reaching Every District / Community (RED-REC) guidelines for integration

+ [Comprehensive approach for Health Systems Management](#) (R4D/MSCP)



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Photo by Chemonics

DISCUSSION of NEXT STEPS & COLLABORATION STRATEGIES

NEXT STEPS & COLLABORATION STRATEGIES

Next Steps for all:

- Please review [Flagship CHW resource inventory](#) & make any additional recommendations for resources using this [resource form](#) (**By November 1**)
- Please update [Flagship mapping of country-level activities](#) (**By November 1**)
- Identify regional champions who can carry on capacity building for tools and resources (**ongoing**)

Collaboration Strategies

- Email / Knowledge exchange
- Role of Community Health CoP platform or others?
- Coordination at upcoming CHW events → **CHW Symposium planning meeting took place immediately after convening on 10/08/19.**



AID HRH2030 PEPFAR

HRH2030: Human Resources for Health in 2030

HRH2030 strives to build the accessible, available, acceptable, and quality health workforce needed to improve health outcomes and advance universal health coverage.



HRH2030
@HRH2030Program

It's a wrap! Thanks to colleagues from @FHWCoalition @abtassociates @AccelerateHSS @results4dev @fhi360 @ICF @lastmilehealth & @Pop_Council who joined us for the 2nd @USAIDGH Flagship Convening on #CHW-Focused Investments led by @NazoKureshy. #InvestInHealthWorkers



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Elisabeth Tchoulegoum, community health leader in Bafia district, Cameroon. October 2018. Credit: Alain Ngann for HRH2030.

THANK YOU

rdeussom@hrh2030program.org