

Trailblazing Leadership In National CHW Scale-Up: achievements in curriculum innovation

**Global Health, Nutrition and HIV Community of Practice
Webex**

World Vision Ghana-CHW at Scale

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Presented by:

Raymond Kofi Owusu, Grants Manager

Polly Walker, CHW Programming Advisor-WVI

Success and gaps in Ghana community-based health care

Successes

- Existence of a comprehensive Community Health Planning and Services Programme. CHPS programme extends vital health services to the most underserved regions, and to meet increasing demand.
- There are currently 6,500 CHPS compounds, although many are not functioning at full capacity due to limited resources.

Limitations of CHPS

- Difficulties in retaining qualified nursing staff in rural locations.
- Issues in reaching all the households due to the high ratio of households per CHO, availability of transport, and the burden on the CHPS compounds.
- rapid development, reflected in the changes in demography and population size, urbanization, an ageing population, and widening health gaps between the rich and poor

The CHW programme will:

- Address the 'thrive' agenda of the SDGs
- Meets the health needs of the changing demography
- Prioritise care for the underserved and vulnerable families
- Provide trained CHWs to support the operations of the CHPS programme comprehensive preventive and emergency healthcare and support
- Encompass health needs of the **whole family**, including adolescents, adults and the elderly;
- Strategically target most **vulnerable** & marginalized families with greatest health inequity;
- Address social determinants of health and wellbeing that contribute to a generational cycle of poverty.
- Integrate and strengthen the CHPS system as a whole
- Harmonize CHW/CHV programmes amongst partners

How World Vision got involved.

- Early meetings in 2014 with MOH & WVI & IM CHWs Campaign
- Roadmap of the CHW programme developed by MoH and I Million CHW Campaign; WVG was subsequently invited by the MoH to serve on the TAG.
- World Vision Ghana as follow up to this engagement was invited by CHW Technical Advisory Group (TAG) of the MoH to share WVG/WVI experience in CHW programming.
- Firstly, WV Ghana saw the CHW initiative as an opportunity to engage and support a national programme which could then be rolled out to its project sites and other hard to reach communities spread across the county
- Secondly, and perhaps most excitingly, it was a chance to challenge ourselves to bring together many health, nutrition and child development/protection innovations and combine them in a comprehensive, integrated approach.
- Build national technical capacity in Health through the initiative

The process

- World Vision Ghana in May/June 2014 proposed to the MoH/TAG to support the development of a state-of-the-art curriculum for the CHW programme.
- The first MoH stakeholders' meeting sponsored by World Vision Ghana was held in July 2014 to kick-start the curriculum development process.
- A 3-year MoU was signed with the MoH (2015-2017)
- **Funding:** World Vision Ghana drew existing funds from ADP projects and support from WV Canada
- **Process of hybridization:** building from materials successfully used in Ghana and from the Ghana Health Service, Millennium Villages Project, World Vision, together with the latest recommended materials from the WHO and UNICEF.

The process(Cont'd)

- **Writing team:** local and international specialists, stakeholder consultation group transecting the ministries and contributing departments/divisions in the Ghana Health Service.
- A draft curriculum was circulated in September 2015 for review by GHS and Cathy Wolfheim, ex-WHO consultant(December 2015)
- Training of Trainers took place in February 2016, and was met with great enthusiasm.
- Mapping of hard-to-reach areas across the country-report/database was created.
- Official handing over is planned for this month.



**Ghana National Community Health
Worker Training Manual**

Module 1: Community Health Basics

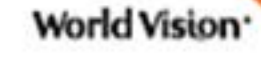
Participant's Manual



**Ghana National Community Health
Worker Training Manual**

Module 2: Community-Based Care

Participant's Manual



**Ghana National Community Health
Worker Training Manual**

**Module 3: Timed and Targeted Counselling for Health
and Nutrition in Pregnancy and the First Year of Life**

Participant's Manual



MODULE 1: COMMUNITY HEALTH BASICS	MODULE 2: COMMUNITY-BASED CARE	MODULE 3: TIMED AND TARGETED COUNSELLING
<p>COMMUNITY SURVEILLANCE</p> <ol style="list-style-type: none"> Community mapping Registering deaths Basic disease surveillance & notifiable disease response Household registration and identification of priority households 	<p>Management of complications</p> <ol style="list-style-type: none"> Common injuries and accidents Maternal, newborn and child health complications Home-based management of diarrhoea & feeding in illness Managing a referral 	<p>TTC basic skills</p> <ol style="list-style-type: none"> Identifying early pregnancies Psychological first aid for maternal mental health/psychosocial problems Negotiation-based dialogue counselling Chlorhexidine cleaning of the cord stump
<p>Routine Household visit: <i>Family health check and Household Assessment</i></p> <ol style="list-style-type: none"> Healthy home: assess and promote practices: <ul style="list-style-type: none"> Access to hygienic sanitation and waste disposal and clean air Safe water access and storage Safe food preparation and storage Personal hygiene practices including handwashing Preventing malaria (LLITN) A nurturing and safe environment for child health and development Routine care of the child <ul style="list-style-type: none"> Check vaccines status Promotion of vitamin A and deworming Promote ITN use Promote good nutrition For adolescents and adults <ul style="list-style-type: none"> Promotion of safe sex, prevention of STIs Promote HIV prevention and testing Promotion of family planning uptake Disease surveillance and referral Support for disability, chronic diseases Care for the elderly: promote regular health checks and home based support 	<p>Community-based Care for the malnourished child</p> <ol style="list-style-type: none"> Recognition and referral of SAM cases Assessing CMAM cases for household feeding practices Providing home-based support during treatment Providing follow-up support after CMAM discharge Weighing and classifying the child <p>Integrated community case management (iCCM)*</p> <ol style="list-style-type: none"> Case management for diarrhoea Case management for malaria Case management for pneumonia Assessing malnutrition <p>Community-based Care for HIV/TB*</p> <ol style="list-style-type: none"> Community-based care for the person living with HIV and AIDS, including children Community-based care for the person undergoing TB treatment Defaulter/contact tracing for TB and HIV 	<p>Maternal health in pregnancy</p> <ol style="list-style-type: none"> Visit 1 - Healthy pregnancy Visit 2 – HIV/PMTCT Visit 3- Birth planning and preparation <p>Newborn and postpartum care</p> <ol style="list-style-type: none"> Visit 4- day of birth (<i>if home birth</i>) Visit 5 – day 3: follow up Visit 6 – day 7: follow up <p>Child health, nutrition and development</p> <ol style="list-style-type: none"> Visit 7 – 1 month Visit 8 – 5 months Visit 9 – 9 months Visit 10 – 12 months <p>Supportive care for priority cases</p> <ol style="list-style-type: none"> Vulnerable pregnancies (e.g. adolescent pregnancies, HIV) Care of the small baby Care of vulnerable postpartum mothers and babies and children <p>Management of complications:</p> <ol style="list-style-type: none"> Assess for problems and refer Register & follow-up Provide community-based care for chronic illness (including HIV/TB)

The CHW Integrated Service Package

	Activity	When is it done?	What is involved?
1	Community mapping	Annual, with support of the CHO/CHMC	CHW catchment areas are mapped, key community resources are identified and tracked.
2	Community disease surveillance (CDS)	Ad hoc, and during RHVs	Notifiable diseases are screened for during routine visits, and on request from individuals and families with suspected illness .
3	Household registration (HR) and household vulnerability assessment	Full registration on entry, updated 6-monthly RHVs	The CHW will register all household members, and conduct a household vulnerability assessment in order to identify priority households
4	Registration of vital events (births/deaths)	Ad hoc, at all contacts	CHWs will visit homes following a birth or death, when informed of an event, or during the 6-monthly update of the register.
5	Routine home visits (RHVs): <i>Household assessment and Family Health Check</i>	6 monthly (standard), 3-monthly for identified vulnerable families	Household Assessment to identify existing practices and advise households on potential improvements. Family Health Check to assess key health practices in each cohort of the family
7	Home-based care (HBC)	Ad hoc as requested by family, or on receipt of a counter-referral from the facility.	This includes home-based care for diarrhoea in children under five and support for CMAM treatment in the community .
8	Timed and targeted counselling visits (TTC) for maternal, newborn and infant care	According to schedule – governed by gestational and infant age	Once pregnancies are identified, CHWs will visit mothers at specific times according to gestation and age of the child. Health, nutrition, psychological wellbeing of the mother and infant are promoted using a story -based approach.

Additional service provided as options for certain contexts

	Activity	When is it done?	What is involved?
1	Providing community based treatment (iCCM)	Ad hoc at all contacts, initiated by family	For 'hard-to-reach' communities. home based care for uncomplicated/moderate cases of malaria and acute respiratory infections will be included.
2	Community- Based Care (CBC) for HIV and TB	Ad-hoc, initiated by facility	For communities with higher prevalence of HIV and TB this additional unit will train CHWs in the competencies required for providing home-based care and support for people living with HIV and AID (PLHIV) and tuberculosis cases, including paediatric cases.

Key Innovations in the CHW programme

- Fully **integrated service delivery**, moving away from topic-wise counselling towards targeting needs
- Inclusion of “**Whole family health**” through a Life-Course approach which includes older children, adolescents, adults, and the elderly.
- Inclusion of **mental health** approach including maternal mental health and *psychological first aid* skills for supporting a person in distress such as IPV, sexual violence, acute mental health problems.
- **Early child development** promoted in a timed and targeted manner and in the Household Health Check, child safety and child friendly concepts are assessed
- **TTC** – takes timed MNCH visiting through to the first year of life to promote optimum nutrition and child development
- **Men as Partners** - promote the engagement of fathers through the Family Health Card, and involvement of men as fathers in play, communication and positive discipline.

Key Innovations in the CHW programme


Water and Sanitation

- Clean water access
- Latrine
- Waste disposal

Good Nutrition

- Iodized salt
- Adequate supply
- Three food groups
- Iron rich foods

Healthy Family



Disease Prevention

- Sufficient bednets
- Handwashing & hygiene
- Food safety
- Clean air / stove

Safety and Nurture

- Play & communication
- Prevention of injury
- Savings for emergencies
- Nurturing home

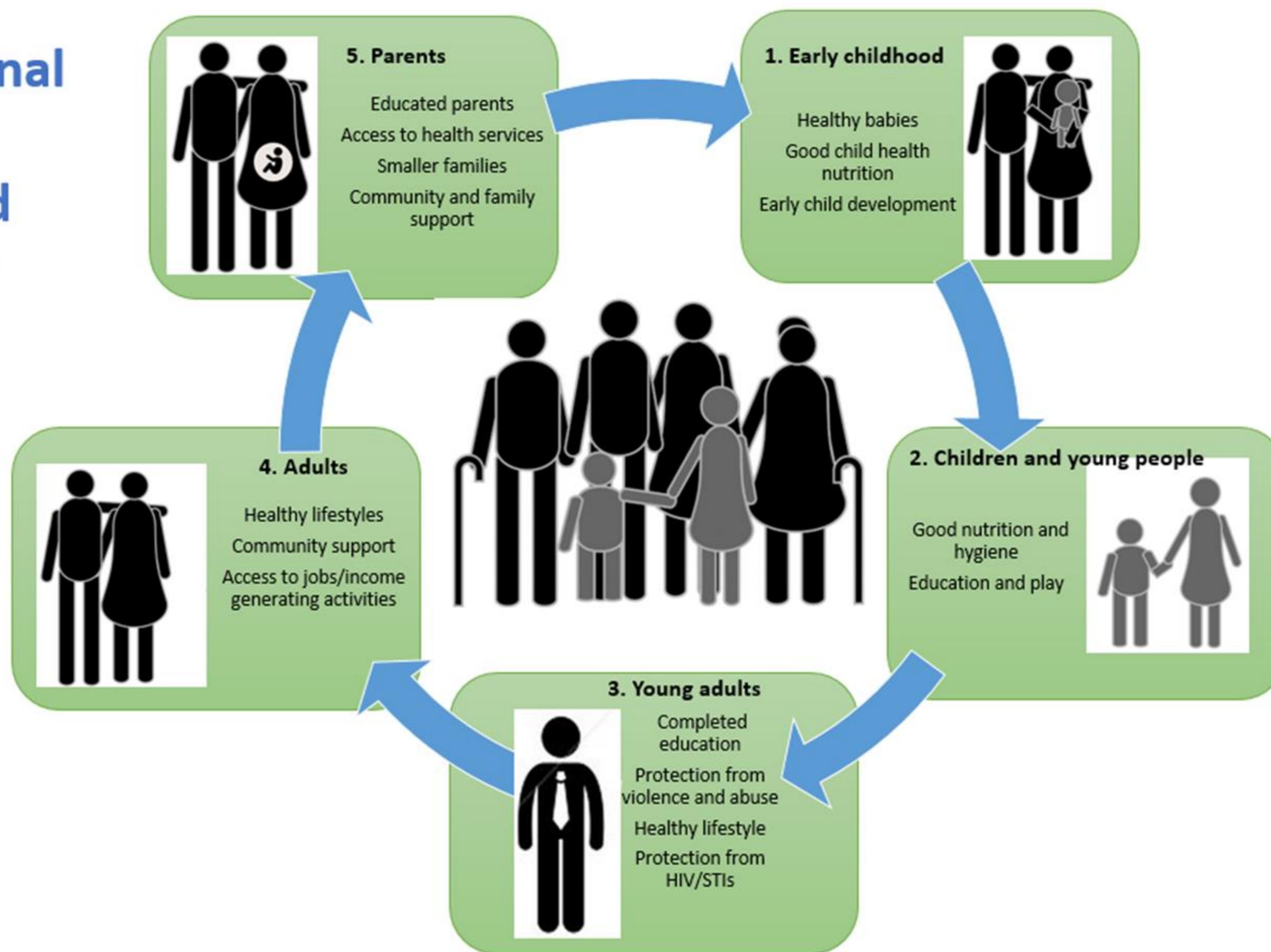
Healthy babies	Healthy children	Healthy pregnancy	Healthy teens	Healthy adults	Healthy elderly
<ul style="list-style-type: none"> Essential newborn care <input type="checkbox"/> Cord care <input type="checkbox"/> Vaccination <input type="checkbox"/> Bednet use <input type="checkbox"/> Exclusive breastfeeding to 6 months <input type="checkbox"/> 	<ul style="list-style-type: none"> Complete vaccination <input type="checkbox"/> Growth monitoring <input type="checkbox"/> Continued breastfeeding 2+ years <input type="checkbox"/> Bednet use <input type="checkbox"/> Good nutrition <input type="checkbox"/> Vitamin A & deworming <input type="checkbox"/> 	<ul style="list-style-type: none"> Good nutrition <input type="checkbox"/> Antenatal care <input type="checkbox"/> Iron/folic acid <input type="checkbox"/> Tetanus vaccine <input type="checkbox"/> Birth plan <input type="checkbox"/> Skilled birth attendance <input type="checkbox"/> Postnatal care <input type="checkbox"/> 	<ul style="list-style-type: none"> In full time education <input type="checkbox"/> Sex education <input type="checkbox"/> Iron/folic acid for girls <input type="checkbox"/> Tetanus vaccine for girls <input type="checkbox"/> Healthy lifestyle <input type="checkbox"/> 	<ul style="list-style-type: none"> Healthy lifestyles <input type="checkbox"/> Access to family planning <input type="checkbox"/> Prevention of HIV <input type="checkbox"/> Screening for TB <input type="checkbox"/> Disability <input type="checkbox"/> 	<ul style="list-style-type: none"> Routine check-up <input type="checkbox"/> Home based care & support <input type="checkbox"/> Healthy lifestyle <input type="checkbox"/> Good nutrition <input type="checkbox"/> Disability <input type="checkbox"/>

Date of visit	Actions to be taken	Signature

- Family Health card:
 - held by the family, and engages key decision makers in the assessment of needs and achievement of health practices.
- Embeds CHW practice in 'negotiation and dialogue approach'

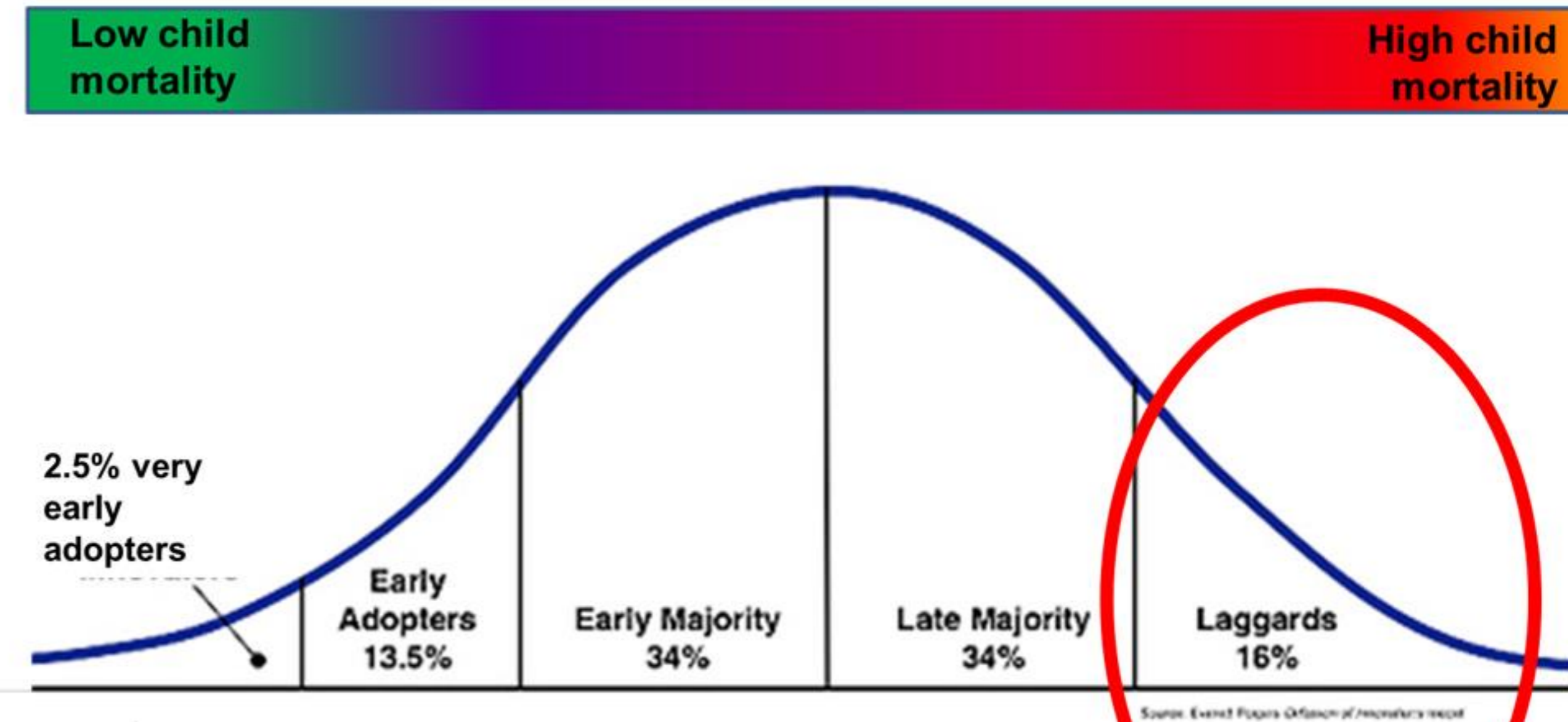
Whole Family Health

Generational cycle of health and wellbeing



Prioritising the most vulnerable

- Child and maternal mortality clusters in certain groups and families
- Behaviour change interventions need to target these groups and give priority to see **IMPACT**.



Assessing Households for Vulnerability

(Priority Households will have at least 2 of the following factors)

For households with 1 or more children under 5 years of age:

- Child under five who is a maternal orphan or mother absent
- Child under five whose mother is aged 18 years or under
- Child under five with a single parent
- Woman who has been pregnant five or more times (parity of >5)
- More than 4 children under five years
- Siblings less than 18 months apart
- A household where a child died before first birthday
- Child under five with physical/mental disability/developmental delay

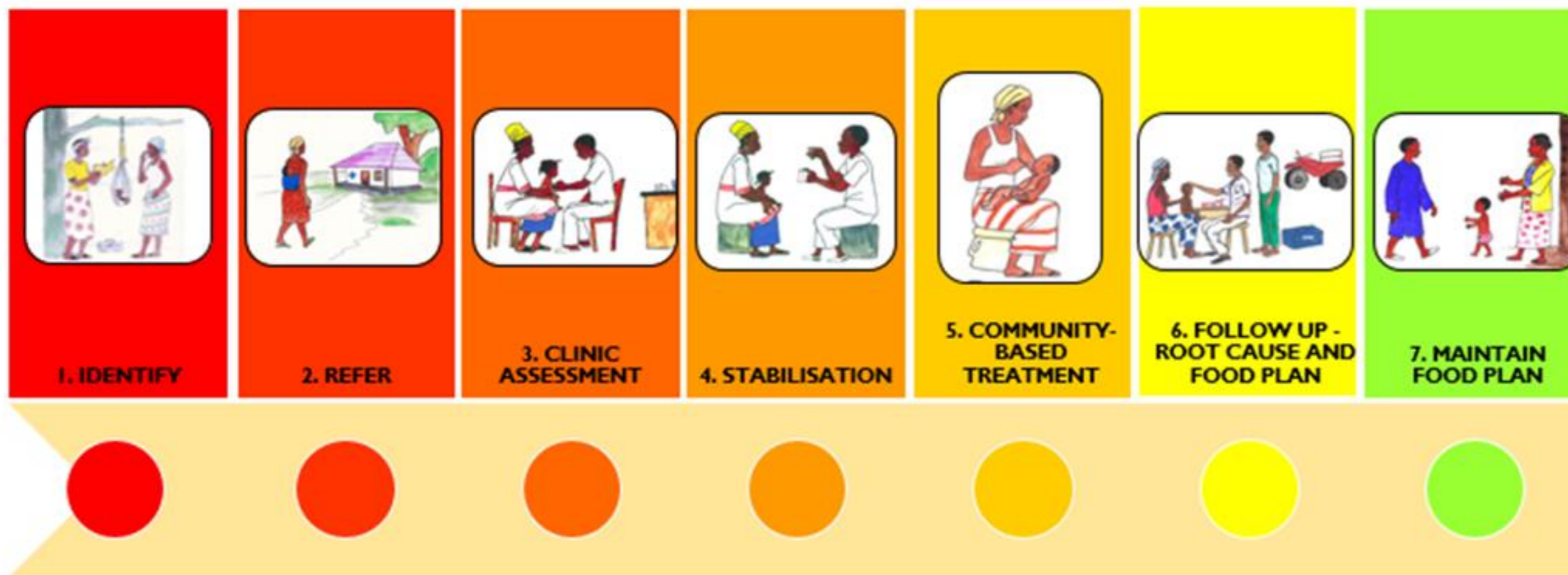
For all households:

- Social vulnerability factors (drug or alcohol abuse, domestic violence)
- Conditions of extreme poverty (per LEAP assessment)
- Low use of health services (has not been to the health facility in the past 6 months)

It is expected that about 1 in 20 households would be "prioritized" based on these factors.

- Priority homes identified through Household Registration
- Confidential information – households listed as "P" receive twice as many routine visits
- CHW works with the CHO to meet these families specific needs

Strengthening CMAM



- CHWs provide home based support for SAM kids
- Conduct root-cause assessment of case in the home

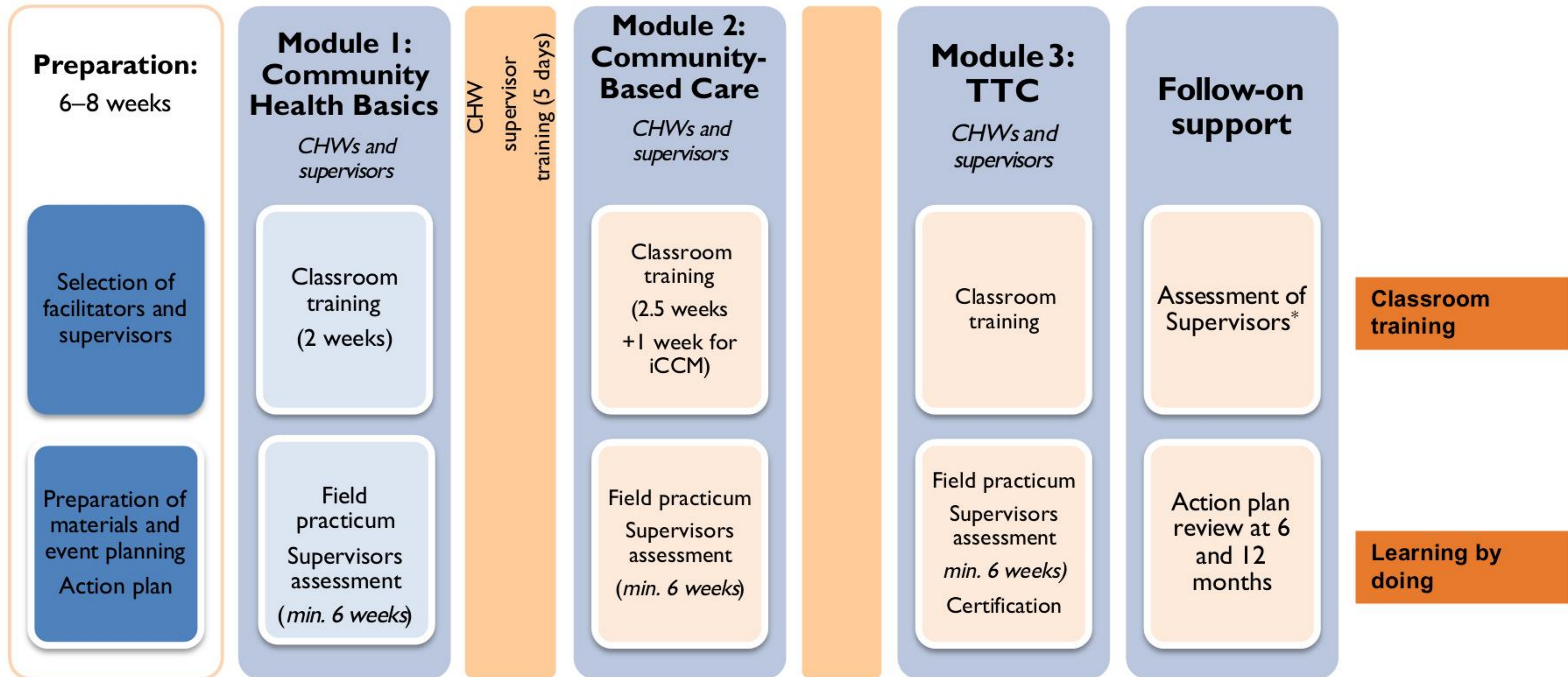
THE ROAD TO RECOVERY:

Outpatient care for community-based management of malnutrition

- Use of Food Diary (*experimental only at this point*)
- Support family to identify a diverse diet using what they have
- Ensures the SAM child begins to return to an improved feeding routine after recovery

Food diary						
Name: _____ Date started: _____ Week number: _____						
Day						
1						
2						
3						
4						
5						
6						
7						

CHW Training Course design



Cascade of Training



*CHOs to be included are only those who will go on to supervise, not facility-bound CHOs.

NGO and partner alignment:

- In order to utilize the best practices of partners with existing cadres of CHWs, a four-step integration process will be conducted. The steps are as follows:
 1. Assess the capacities of the current NGOs to support the national plan to deploy and manage CHWs.
 2. Review performance specifications of existing cadres, including their functional standards and impact to date.
 3. Conduct a reconciliation process to identify how best to partner and integrate services to reach the maximum number of households and geographic regions.
 4. Ensure that the operations of all CHWs activities comply with the ethics, content and intent of the Ghana CHW Programme.

Challenges

- The process took a year to complete, challenged at every turn by stakeholder consensus, buy-in of vertical government initiatives, donor commitment and support being slow to emerge.
- Gathering of existing materials from various programmes and departments/Divisions of the GHS took much longer than was anticipated.
- The document review process was equally lengthy: Multiple rounds of review by MOH entities and testing
- ToT – additional reviews were made

- Ghana CHW program is being launched nationally through partnership between the Ghana Health Service of the Ministry of Health, and the Youth Employment Agency (YEA) of the Ministry of Employment and Labour Relations.
- The YEA will be recruiting, training and deploying 19,500 CHWs and 500 eHealth Technical Assistants through a two year initiative
- CHWs will be paid a basic stipend and encouraged to progress their work into the health sector as a whole.
- The program will focus on hard to reach and vulnerable communities.
- World Vision Ghana and the ImCHW Campaign are working with the government to support the roll out, and advocate for other partners to engage and align to the national initiative.



Thank you

**“We have a strong
commitment to a vision of
healthy children for a
healthy world.”**

—Kevin Jenkins