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World Vision's Global CHW Programme

2015 CHW Global Census

Vision Statement for CHW programmes:

Work with existing health structures through strong, long-term partnerships to deliver consistent high quality support, to enable community health workforces that are sustainable, functional and effective.

Building from the base or tarmacking the road?

- Boom and bust funding cycles leads to 'dress to impress' solutions

- Quick solutions get washed away with each new project

Short term projects, changing donor interests, vertical programmes, NGO fads and fashions, hobby horses

Surface Course

Base Course

Subbase Course

Community participation and leadership, health systems processes and mechanisms, Technical quality

Policy, political will, domestic financing, harmonization of NGO/donors

CHW Principles of Practice

7 guiding principles: Working with Governments to support:

1. **Legitimization** and recognition of appropriate CHW cadres within the formal health system
2. Enable and support **country leadership** through national or regional multi-stakeholder coordination bodies
3. Work with and through **existing local health services** and mechanisms
4. **Incentives / motivation** - ethical, non-competitive, sustainable & locally relevant under unified country policy.
5. **Training standards and continuing education** under an agreed unified system linked to accreditation.
6. Support **unified mechanisms for reporting, supervision** and management of data – aim to create comparable / collated data between projects.
7. NGOs supporting CHW research, innovations, and ***judiciously taking to scale evidence-based cost-effective solutions*** made available in the public domain through partnership approaches.

Joint Commitment for Harmonized Partner Action for CHWs and FLHWs

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- Addresses the policies and practices of CSOs within this framework
- Identifies targeted advocacy issues / asks
- Highlighted need for harmonizing data systems and building capacity of MOH and district health authorities to manage and use the data for decision making

global health workforce alliance

Health workers for all and all for health workers

Our Commitment at Recife

World Vision will

- Work together to adapt, apply and implement the CHW Framework for Partner Action
- Advocate, endorse and apply the principles and processes delineated in the CHW Framework for Partner Action;
- Jointly promote the culture of self and mutual accountability, monitoring of commitments and plans (M&A Framework)
- Respond to knowledge gaps and promote a coordinated response to needs-based research on CHWs (Research framework)

1. Extend its reach to support 100,000 CHWs
2. Strengthen and extend our reach with TTC and iCCM, CPMTCT and other CHW programmes
3. Advocate for CHW harmonization amongst partners
4. Support countries to take CHW programmes to scale
5. Integrate newborn care into iCCM, ttC, CHW programming (ENAP)

Steps to harmonization within World Vision

- 7-11 health strategy
- Technical approaches at national level, implemented across all projects
- CHW AIM assessment in 15 countries, as standard in design
- Development of quality standards for CHW program models
- Standardised log frames and indicators for CHW
- WV Horizons system for universal data collection
- Promote CHW programs through contemporary forums: Core Group, CHW-Central, Health Systems Global TWG, GHWA
- Working with MOH to strengthen or instigate national CHW harmonisation: Kenya, Uganda, Papua New Guinea, Ghana, Mauritania, Jerusalem and West Bank, Sierra Leone, Swaziland, Sudan, Tchad….

Harmonized CHW data?

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Frontline Health Workers Coalition report advocated for:

- A common definition for CHW along with agreed-upon set of core tasks and competencies
- Applying the ILO definition as a guiding framework
- A set of guidelines on minimum data set on CHWs and the creation of national registries integrated into HMIS
- Consistent reporting across agencies can give better data for decision making.

Categories of CHWs

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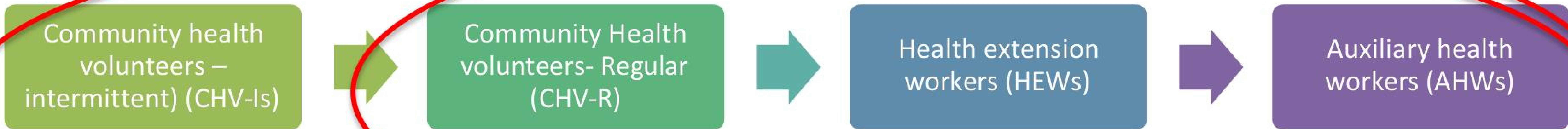
ILO DEFINITION OF CHWS

"Community health workers provide health education and referrals for a wide range of services, and provide support and assistance to communities, families and individuals with preventive health measures and gaining access to appropriate curative health and social services. They create a bridge between providers of health, social and community services and communities that may have difficulty in accessing these services."



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http://www.mchip.net/sites/default/files/mchipfiles/MCHIP_CHW%20Ref%20Guide.pdf

2015 World Vision Global CHW Census

- Administered to 66 countries
- September-November 2015
- **Key objectives:**
  - Determine the **number of active CHWs** supported globally
  - Understand the **type of activities,** conducted by CHWs
  - Identify **modes of support** provided by World Vision for CHW programs
  - Identify which countries have national CHW policies and our alignment

Administering the census

- Distributed to to 66 countries
- September-early December 2015
- Multiple follow ups and reminders needed (peer pressure a successful tactic ☺)
- Data validation December 2015-January 2016
- Of 65 countries that were approached, 57 national offices responded (**88% response rate**)

Methodology

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- **Distributed online** through Survey Monkey® (www.SurveyMonkey.com) for 66 national offices
- **Versions available** English, French, Spanish
- **11 questions,** mostly multiple choice
- Survey was designed to be completed by **national health coordinator**
- Data to be taken from recent annual reports, baseline surveys, project evaluations within last 2 years
- Estimates acceptable if there was no recent data

World Vision Global CHW Programming Census

PURPOSE OF SURVEY

The purpose of this survey is **to provide World Vision support office (SO) fundraising and communication teams with an accurate estimate of World Vision's current investment in CHW programming amongst all 68 National Offices.**

WHY THIS MATTERS NOW

Accurate and timely information is needed to bolster SO fundraising efforts to support CHW programme scale up, meet and report on our global commitments to CHW programming, including our global commitment to HRH strengthening and to the Every Newborn Action Plan.

We need, with urgent priority, to understand how many CHWs are supported, the work they do, how they are supported by World Vision, and the coverage of CHWs in our operational areas. This will enable us to have an accurate estimate of the needs gap in terms of resources between our current coverage and our estimated target to enable us to take our CHW programme support to scale.

SURVEY DESIGN

This survey is designed to be completed by a national health coordinator and requires three steps:

Step 1: Collect internal data on numbers of CHWs For Step 1 you will need to collect data on the numbers of CHW supported by each ADP and/or grant project from the most recent annual reports or baseline or end line evaluations, or to spend time estimating the numbers of CHWs supported for each ADP or grant. This step may take some time, depending on the availability of that data in reports, and/or estimates given by the ADP staff. We would like to collect the total number inclusive of all CHWs that fall under the definition provided below. For more information on counting CHWs, see the FLHWC report here.

Step 2: Gather basic information about your country's government policy on CHWs Step 2 is to ensure you provide some basic information about the Government Policy on CHWs for data such as CHW ratio to household, and roles of CHW, as well as existence of a unified national policy/framework for CHW programming.

Step 3: Complete this survey Once you have the CHW data or estimates and a basic understanding of your country's CHW policy it will take 30

Survey Questions

1. What country are you reporting for?
2. Estimate the number of CHWs currently supported by WV
3. State if reported numbers were based on estimates of coverage, partial data, complete data
4. What is government policy for for CHW:population ratio?
5. Estimate percentage of WV program areas with CHW programming
6. Current activities specifically implemented by CHWs
7. Are CHW programmes harmonized at national level
8. Are WV CHW programmes aligned to national policy
9. Predominant mode of support
10. CHW programming components supported by WV (e.g. training, supervision, incentives, mHealth)
11. Optional comments

Results

- World Vision is currently supporting approx. **220,370 CHWs** globally, more than twice the projected target for 2015
- CHW programming is a **core approach** for health and nutrition in 48 national offices (84%)
- 34 of 48 countries have reached 50% or more communities in WV program areas

Current activities of World Vision-supported CHWs
Answer Options
Community IMCI
iCCM
Community disease surveillance
HIV treatment support
TB treatment support
CMAM support
Deworming
Positive Deviance/Hearth (PD/Hearth)
IYCF and breastfeeding support
WASH
Early Child Development
Health promotion/Behaviour change counselling
Growth monitoring of children
Mobile health (mHealth)
Community PMTCT support
HIV prevention
Adolescent health
ttC
Other newborn care (not ttC)
Chlorhexidine cord care
Misoprostol for prevention of postpartum haemorrhage
Family planning and HTSP
Vitamin A supplementation
Immunisation (giving vaccines, not just mobilisation)
Care groups/Parent support groups
Other (please specify)

http://bit.ly/1PnwHnq

Harmonisation and support

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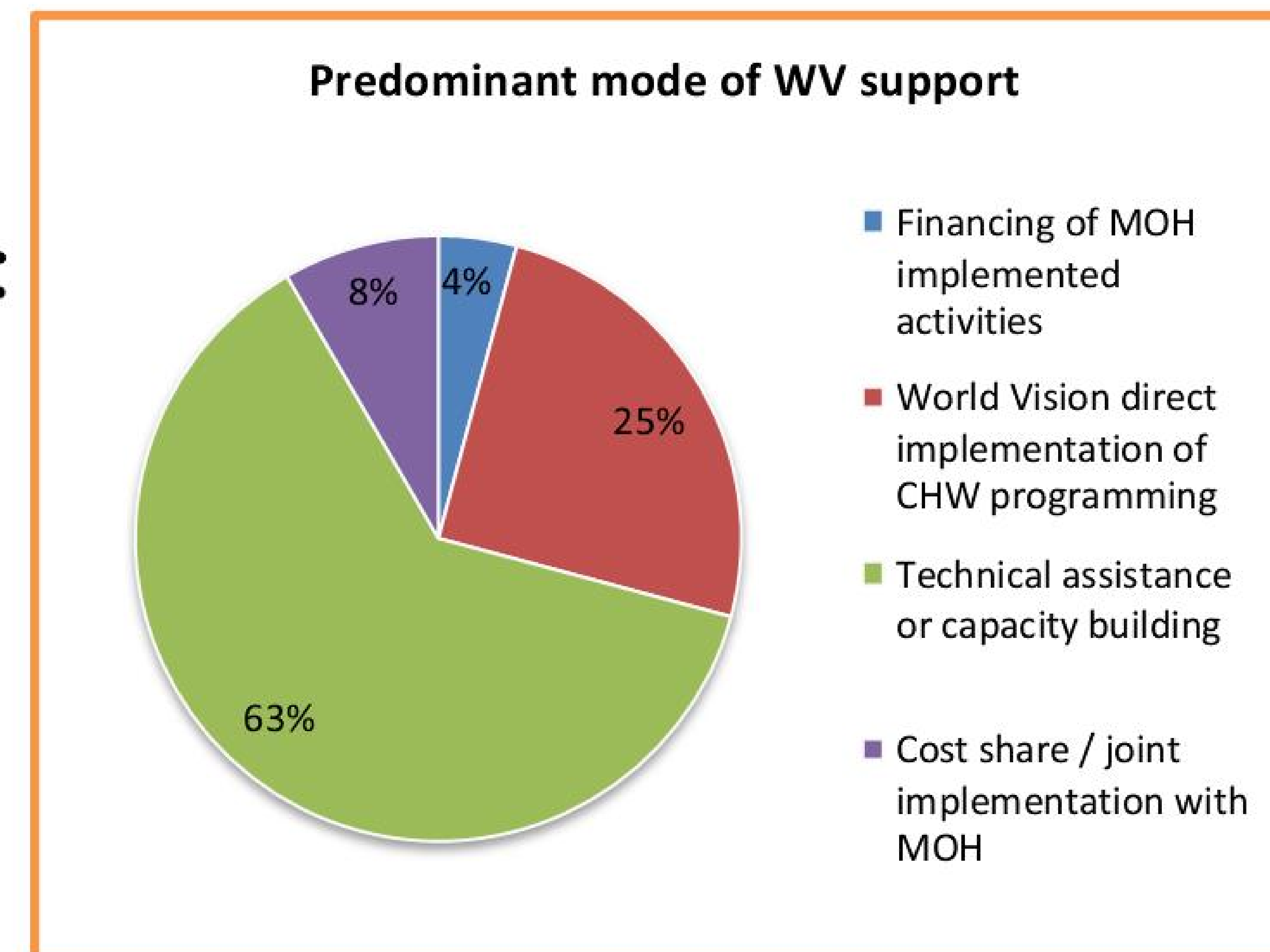
- The MOH in **80% of these countries** currently have an existing national CHW policy in place
- Where MOH CHW policy exists, WV programmes are fully aligned in **65% of countries**
- WV directly implements CHW programmes in only 25% of 48 countries: **predominant mode of support** technical assistance and capacity building



Estimated reach of CHW support within World Vision program sites

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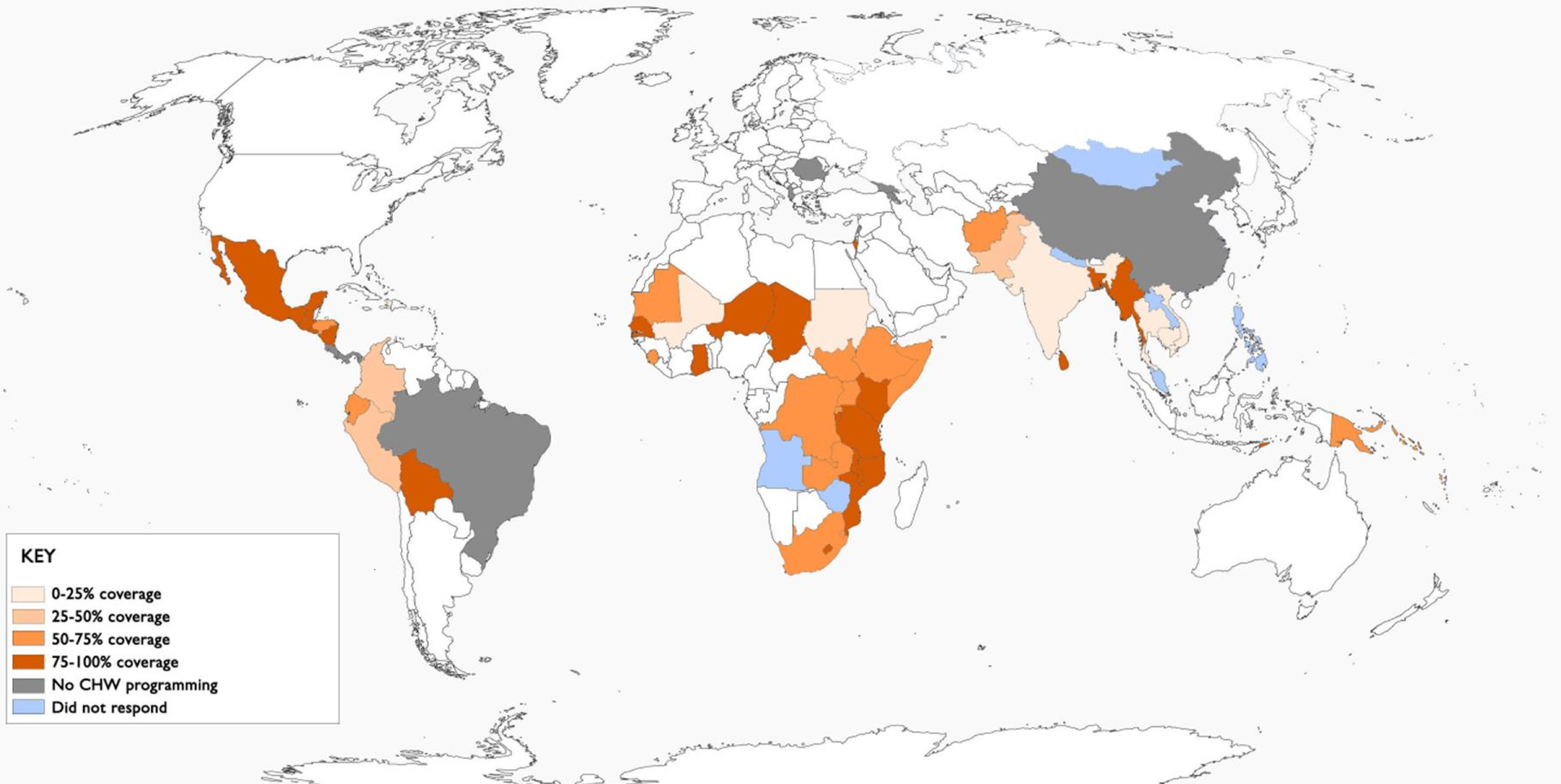

Reach in ADP/ grant sites: % of communities in site with active CHW support

CHW Activities

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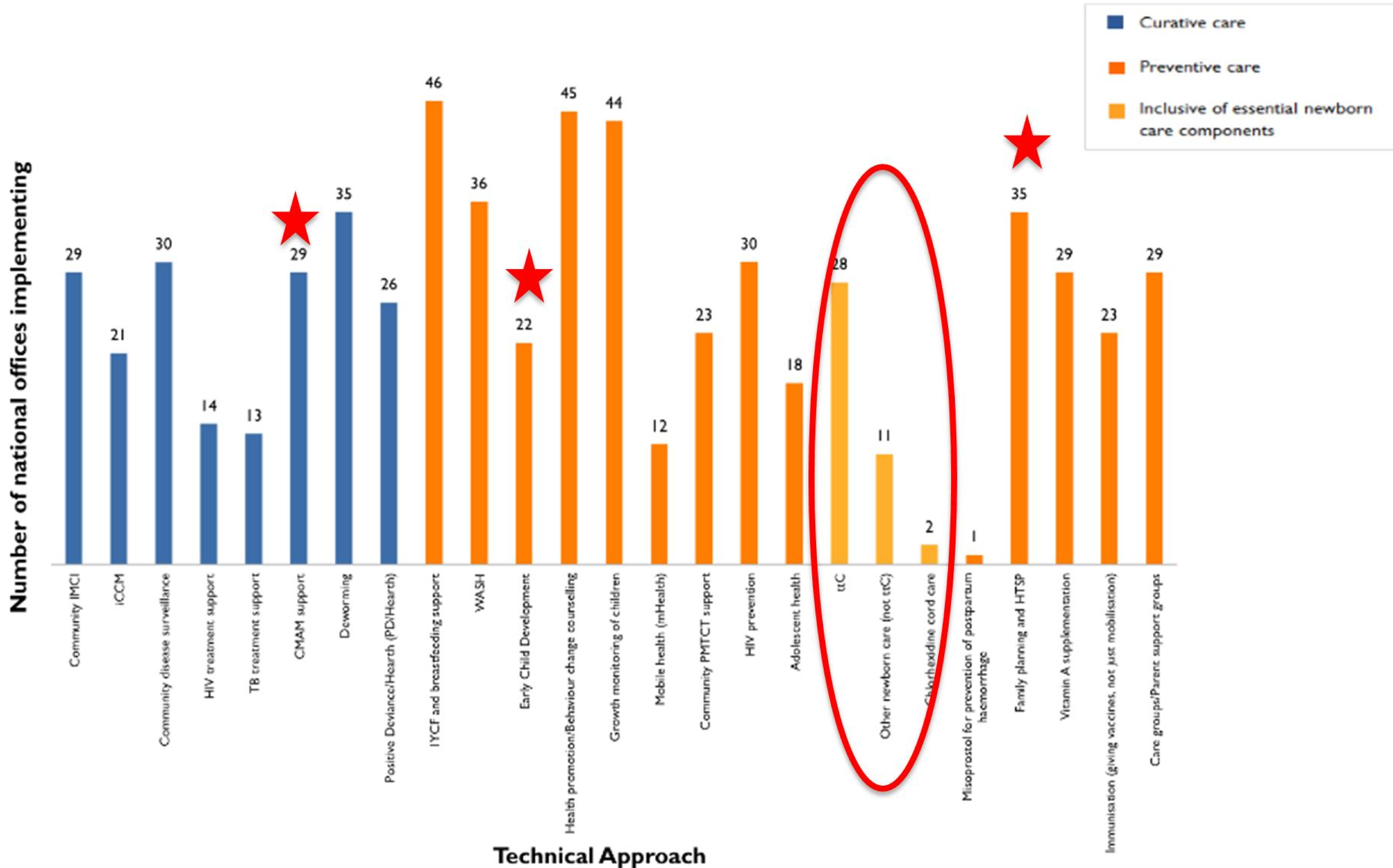

Newborn care

- **81%** of NOs conducting CHW programs are implementing ttC or other form of **essential newborn care**
- Only two countries reported use of chlorhexidine cord care
- Need deeper analysis to understand the specific elements of newborn care included

Methodological Constraints

- ILO definition in diverse contexts was inadequate/ poorly understood
- **Significant clarification needed**, particularly in countries with:
  - Multiple cadres
  - Where several types of community workers come under ILO definition but national policy restricts use of the term CHW to one specific cadre
- Risk for **under- and over-reporting** of CHWs under ILO

Data validation process

- Data validation included reviewing submitted reports, documents, email
- Telephone interviews conducted with 12 national offices, with follow up emails
- Time consuming process…

  survey platform issues, and CHW definitions

Data validation related to ILO definition of CHWs

- ILO definition **implies greater inclusiveness** than most survey respondents assumed
- ILO definition overlooks political factors i.e. as **MOH policies** defining which cadres can be referred to as "CHWs", excluding other groups

Example: Zambia's Safe Motherhood Action Groups (SMAGs), malaria agents, community based volunteers with specific focus areas, community caregivers, ART adherence counselors, neighborhood health committees…

Issues with ILO definition of CHWs

"Community Health Workers themselves vs. volunteers – the difference is very clear. When we are talking about a Malaria Agent, we are talking about a community-based volunteer who has been trained in prevention of malaria only and trained in integrated case management in malaria only. A CHW is a community-based volunteer who has been trained for 6 weeks in CHW work using approved MOH curricula."

—national health coordinator, Zambia

Achievements

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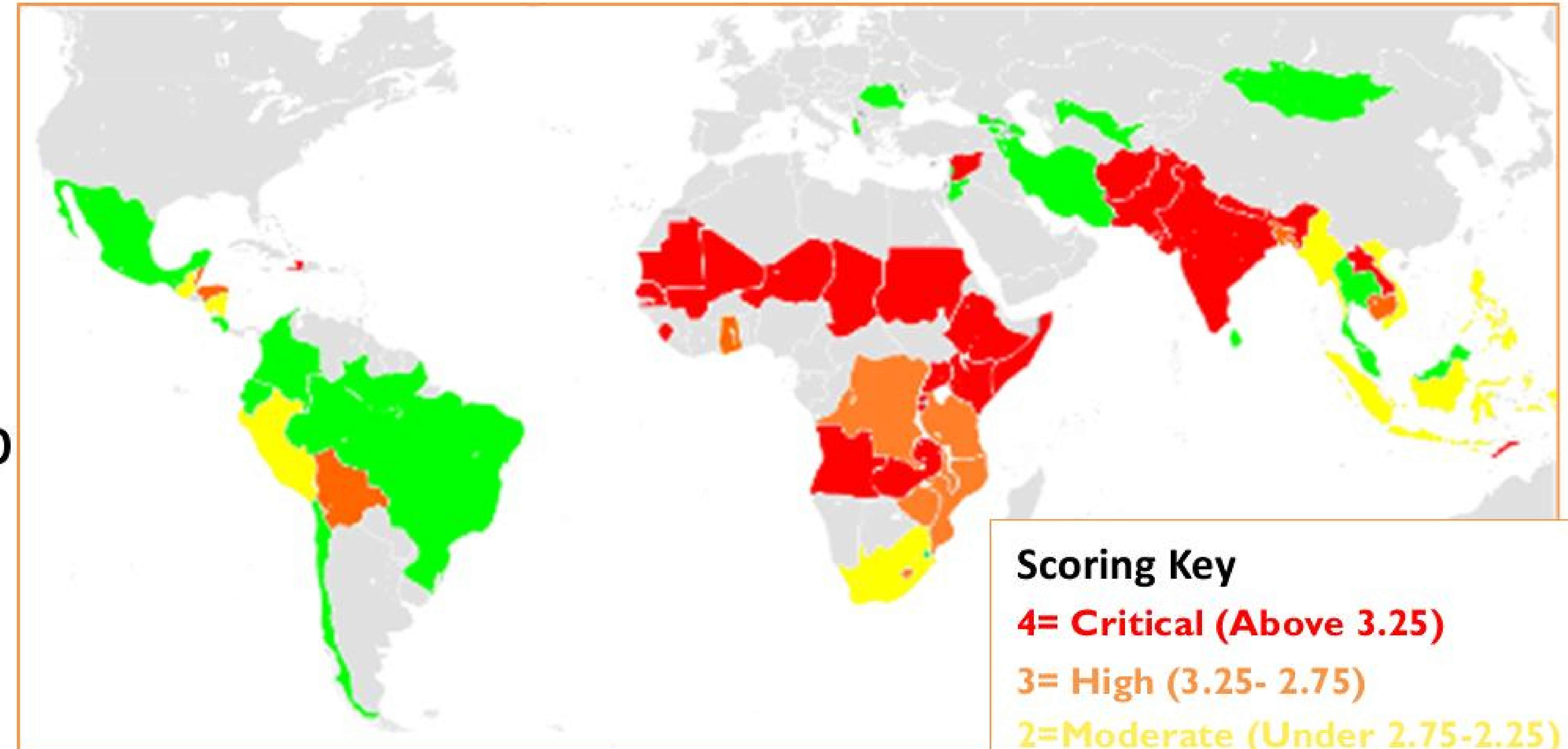
- Significant progress has been made in scaling up CHWs, 34/48 are halfway to scale;
- WV have underestimated potential reach with CHWs – re-estimating targets based on 100% coverage of project sites;
- POP/Harmonization are affecting significant changes in the way we do programs;
- IYCF, GMP and BCC for health are most universal activities
- Newborn care now extended to 39 country CHW programs
- Scope for expansion of CMAM support (29/48)
- Family planning and early child development higher than anticipated (39 & 22 countries)

Recommendations and next steps

- Have identified 15 priority countries for CHW program scale-up
- Looking to identify new income streams for scale up "CHW sponsorship model"
- Enhance support to HRH crisis/fragile contexts without strong national CHW programs (e.g. **Chad,** Bangladesh, Congo DRC, **Haiti,** India, Malawi, **Mali, Mauritania**, Myanmar, **Somalia**)
- Strengthen capacity for newborn care interventions e.g. chlorhexidine cord care, newborn iCCM, KMC
- Continue to support Horizons roll out to improve data quality and 6 monthly updating



Scoring Key
4= Critical (Above 3.25)
3= High (3.25- 2.75)
2=Moderate (Under 2.75-2.25)
1=Low (Under 2.25)

Health Indicators:
1. MMR
2 NMR
3. CMR
4. Urban/ rural disparity in CMR
5. Total CMR due to diarrhoea, malaria, ARI

Health Workforce Indicators:
7. Skilled health workforce ratio
8. Skilled birth attendance
9. Total skilled workforce (rural to urban disparit
10. Births attended by skilled health personnel (
(rural to urban disparity)

CHW Strategy: what are we going to do next?

Quality and evidence

- CHNIS, grant projects and research dissemination
- Apply and assess QS in design and implementation
- LiST analysis
- Ensure alignment of global standardised reporting ADPs

Extend our Reach

- CHW priority countries that are still not reached*: WARO & Fragile settings*
- Build TTC/CHW into Technical approaches in priority countries
- Secure new lines of funding
- Share resources and establish partnerships

Improve quality and capacity

- Apply quality standards in all programmes
- Capacity building for CHW programmes
- Upgrades to French and Spanish TTC curricula

Recommendations ….

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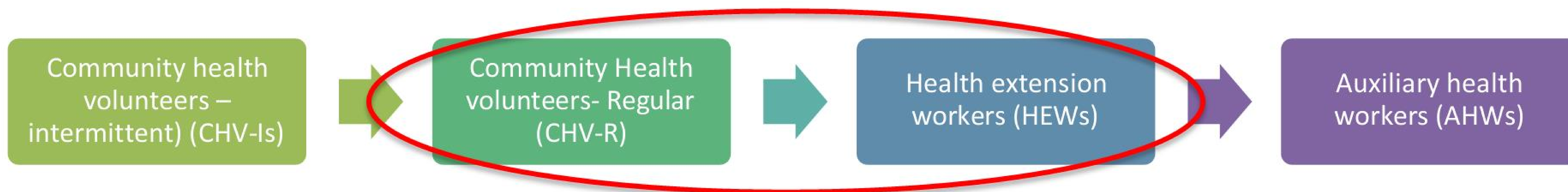
- National advocacy for CHW data
- Global data – how can WHO collect meaningful data?
- Collect CHW data through national HMIS systems
- The political landscape is changing: Harmonization is happening and new semi-professional cadres are emerging
- Suggest we do need to look for a multi-tiered counting system



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Questions to explore

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- What is the role of NGOs in gathering CHW data?
- Feasibility of ILO definition/multi-tiered counting system in diverse contexts?
- What data quality are we getting?
- What implications for CHW data nationally and internationally?