CHW2025
SYMPOSIUM THAILAND

Desk Exercises using the *Community Health Worker Coverage and Capacity (C3)* Tool in 41 Countries to Estimate CHW Workload: Experiences from World Vision International

Michele Gaudrault, World Vision International: michele_gaudrault@wvi.org
Esther Indriani, World Vision International: esther_indriani@wvi.org
Mijung Kim, World Vision Korea: mijung_kim@worldvision.or.kr

World Vision

Abstract

World Vision International (WV) supports close to 200,000 CHWs in more than 40 countries around the world. In line with its internal strategy for CHW engagement, WV requires implementing field offices to carry out a desk-based CHW workload analysis with regard to the cadre(s) of CHWs they are working with, and to take corrective action for workload remediation where needed. The findings of this work yield three scenarios: 1) CHWs are not overworked; 2) CHWs are overworked but WV did not contribute to the problem through addition of new responsibilities; 3) CHWs are overworked and WV contributed partly or in full to the problem. For scenario 2, WV seeks solutions together with Ministries of Health while for scenario 3, the WV-introduced work requirements must mandatorily be adjusted to bring the CHW workload into line. By requiring quantitative workload analysis, WV is able to identify and action CHW overwork that would otherwise remain hidden or only anecdotal, and unresolved.

Methodology

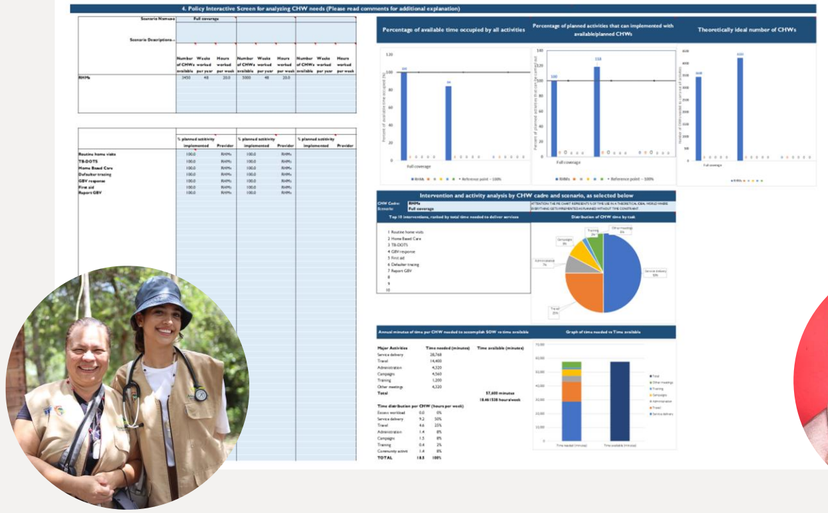
Use C3, an Excel-based tool to calculate required working hours per population coverage, and model scenarios for adjustments as needed.

1. Identify CHW work components assigned by Ministry of Health and WV, and non-service activities such as travel, training and administration.
2. Arrive at estimates (desk-based) of time and frequency for all work components and non-service activities.
3. Verify estimates with CHWs.
4. Input data into C3, generate workload results.
5. Adjust variables to model scenarios for workload remediation in cases when results show CHW work overload.
6. Action: WV-led programming adjustments and/or dialogue and advocacy with Ministry of Health.

Implications: Options for Workload Reduction in Cases where Results Reveal CHW Overwork

1. Reduce overall CHW population coverage (lower CHW-to-population/ household ratio).
2. Recruit additional CHWs for current population coverage (results in lower CHW-to-population/household ratio without compromising current coverage).
3. Increase CHW pay to enable an increase in CHW working hours.
4. Task-shift some CHW responsibilities to other community cadre(s) while ensuring reasonable workload of the cadre(s).
5. Reduce the required frequency of select CHW activities, e.g. from monthly to quarterly.
6. Seek efficiencies in CHW administrative duties.
7. Check if CHW geographic distribution is optimal; adjustments can reduce CHW travel time.
8. Consider digital solutions for CHW time saving for data reporting (and improved data accuracy).

CHW Coverage and Capacity (C3) Tool for Workforce Scenario Modeling



Results: Workload for CHWs Supported by World Vision in 41 Countries

Scenario	Description and Actions	Number of Countries
1	CHWs not overworked.	23
2	CHWs overworked. WV did not contribute to problem. Action: Discussion/advocacy with MoH.	8
3	CHWs overworked. WV contributed to problem. Action: WV CHW program adjustment.	10

Spotlight: World Vision-Supported National CHW Workload Assessment in Eswatini, August 2025

- **Methodology**: Expert Reference Group estimates of time and frequency of CHW workload components and non-service activities; 95 CHW interviews; and CHW time-motion studies. Data input into C3.
- **Results**: Responsibilities require triple the CHWs' available time.
- **Follow-on:** Program adjustments made by Ministry of Health to bring CHW workload into line with available time, and advocacy with Ministry of Finance for increased CHW stipend.

Photo: MoH-led interviews with CHWs in Eswatini

Conclusion and Call to Action

CHW workload analysis is often overlooked in community health strategies and plans for program optimization; however, it is critical to ensure that CHW service packages agreed and budgeted for are in fact feasible to implement within CHW available working hours.

World Vision calls on Ministries of Health, donors and implementing partners to ensure that the CHW workload is quantified, and that CHW responsibilities are adjusted if assessment reveals CHW overwork.

For more information, contact: michele_gaudrault@wvi.org or esther_indriani@wvi.org or mijung_kim@worldvision.or.kr