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*Frontline Health Worker Coalition contributes to World Vision Webinar:*

Expanding global impact through Community Health Workers: progress and challenges in counting CHWs.

Presented by:

[insert name/title]

[Insert Organization/Date ]

From one global commitment  
to 220,370 community health workers:  
*Evolving Support to community providers*



# Quick Look Back in Time Globally

- ▶ 1978 Alma Alta Declaration
- ▶ 2000 MDGs
- ▶ 2008 ISCO
- ▶ 2010 Community Systems Strengthening Framework
- ▶ 2012 Four global CHW summits
- ▶ 2013 Joint Commitment to Harmonized Partner Action
- ▶ CHW Central
- ▶ Principles of Practice
- ▶ *'Reference Guide'*
- ▶ 1 million CHWs: Operations Room
- ▶ *A Commitment to Community Health Workers: Improving Data for Decision Makers*
- ▶ Community Health Worker TWG
- ▶ ORB
- ▶ USAID Community Health Framework
- ▶ 2016 World Vision's Global CHW Census Report
- ▶ Country experience: Volunteer and paid community providers in Zambia

# Advocate for Counting

- 1978 Alma Alta Declaration
- 2000 MDGs
- ▶ **2008 ISCO**
  - 2010 Community Systems Strengthening Framework
  - 2012 Four global CHW summits
- ▶ **2013 Joint Commitment to Harmonized Partner Action**
  - CHW Central
  - Principles of Practice
  - Henry Perry's Reference Guide
- ▶ **1 million CHWs: Operations Room**
- ▶ **A Commitment to Community Health Workers: Improving Data for Decision Makers**
  - ORB platform
  - USAID Community Health Framework
- ▶ **2016 World Vision's Global CHW Census Report**
- ▶ Country experience: Volunteer and paid community providers in Zambia

# Counting Toward Stronger Community Systems

- ▶ FHWC Leadership in the Commitment
- ▶ FHWC Call for Data
- ▶ Illustrative Example in Zambia

# Joint Commitment on Harmonized Partner Action for CHWs and Frontline Health Workers (WHO/GHWA)

- ▶ *To optimize synergies to overcome the fragmentation*
- ▶ *To enhance collaboration towards efficient use of available resources*
- ▶ *To strengthen health systems to achieve UHC by optimizing CHW's role as recognized partners*


# A Commitment to Community Health Workers: Improving Data for Decision Makers

*(Frontline Health Worker Coalition with Johnson & Johnson)*

- ▶ Use a common definition
- ▶ Use a minimum data set
- ▶ Create national CHW registries
- ▶ Implement the Harmonization Framework

*All to accelerate harmonization in policy and planning, support systems, and M&E*

# Empowering Community Providers in Zambia. 'PHC2C' Experiment

- ▶ Harmonized Partners (Internal and External)
  - ▶ Country Leadership
  - ▶ Building from the Base
  - ▶ Data for Decision Making
  - ▶ Optimizing Synergies
- 



# Common Definition: Who are community health workers?

**ISCO 3253**

**Community health workers**

*“ Community health workers provide health education, referral and follow up, case management, and basic preventive health care and home visiting services to specific communities. They provide support and assistance to individuals and families in navigating the health and social services system.”*

Also referred to as: Community health aide, Community health promoter, Village health worker

# Formative Assessment: Asked the Community

*Who are the actors? What are their roles? What are their needs for support?*

<b>30 in-depth interviews</b>	3 respondents from MOH and former MCDMCH
	3 respondents from PHMT
	4 respondents from DHMT
	13 RNs/midwives, ENs/midwives, clinical officers
	7 CHAs (11 CHAs/ 7 Interviews)
<b>10 focus group discussions</b>	HPCZ and GNC, ZUNO, and MAZ, MOH, MCDMCH
	NHC (1 FGD with NHC alone; 6 FGD with combined CBVs and NHC)
	CBVs (2 FGD with CBVs; 6 FGD with combined CBV and NHC)

# Tasks: What do they do?

## Tasks defined by ISCO 3253

- ▶ Provide information
- ▶ Visit families in their homes
- ▶ Support families in gaining access to health services
- ▶ Monitor conditions
- ▶ Distribute medical supplies
- ▶ Conduct outreach activities

*Standard scope of practice makes it easier to harmonize tools and processes, contribute to global body of evidence and support the harmonization framework.*

# Zambia Experience: Who they are.

- ▶ National CHW Strategy: CHAs
- ▶ Community Based Volunteers: CBVs
  - TBAs, TTBAAs, Untrained TBAs
  - SMAGs
  - CHWs
  - Malaria Agents
  - Peer Support
- ▶ Facility volunteers

# Zambia Experience: What they do ~ ever expanding

- ▶ More than service providers
- ▶ Evolve over time
- ▶ Professional CHAs fill all gaps
- ▶ Engagement of community groups (Neighborhood Health Committees)

# Minimum Data Set: Where are they? (map and track)

- Identification
- Age
- Gender
- Training (type and length)
- Location

# Zambia: Need to know

- ▶ CHAs are known, counted, and regulated
- ▶ Volunteers are not counted or known
- ▶ No Registries of either
- ▶ Facilities Managers needed to know

# Implement Harmonization Framework: Maximize Support toward UHC

- ▶ ***Optimize synergies / overcome fragmentation***
  - *Partners collaborating; exchanging information*
- ▶ ***Collaboration / Efficient use of resources***
  - *Build on what exists*
  - *Engage other disciplines, such as workforce analytics and labor economics*
- ▶ ***Optimize CHW role as recognized partners***
  - *Support community providers as partners, integrated into the national workforce*
  - *Support with equity, alignment, and coordination*



# Harmonization in Zambia: Invested in Community Health System

- ▶ Integrated Approach
- ▶ Mechanisms are there
- ▶ Government Leadership
- ▶ You can build on what exists

# Improved Health in Zambia

## Examples from 2001 to 2015

- Decreased HIV prevalence (16% to 13%)
- Increase in institutional births (rural) (28% to 56%)
- Increase in contraceptive needs met (25% to 49%)
- Children <5 mortality reduced (168 per 1,000 to 75 per 1,000)
- Decreased <5 acute respiratory infection prevalence (15% to 4%)

**Source**

DHS 2013-2014 and DHS 2001-2002.

DHS 2014: <https://www.dhsprogram.com/pubs/pdf/FR304/FR304.pdf>

DHS 2002: <http://www.dhsprogram.com/pubs/pdf/FR136/FR136.pdf>

# Key health challenges in rural and low-resourced areas

- Maternal mortality high (398 per 100,000 LB)\*
- Neonatal deaths remain high(24 per 1,000 LB)\*
- Progress in HIV/AIDs but high prevalence in target groups
- Managing long-term HIV conditions is needed
- Upper respiratory infections, diarrhea and malaria remain a challenge

\* overall population

# Community Workforce Gaps

- ▶ Lack of Clarity of roles in Frontline team
- ▶ Lack of Leadership
- ▶ Lack of Recognition

# CHAs and CBVs

Community Health Worker	Who? (ISCO Definition)	What? (Scope of Work)	Where? (Minimum Data Set. Monitor and map)	Harmonized Support by Internal Partners	Harmonization of External /Foreign Support
Community Based Volunteers (CBVs)	X		X		
Community Health Assistant (CHAs)	X	X	X	X	X

# Role of Nurses and Midwives in Communities

- ▶ Part of the community they serve
- ▶ Understand that frontline teams in communities are unique
- ▶ Recognize volunteers
- ▶ Integrate staff with volunteers
- ▶ Engage community groups in harmonized collaboration
- ▶ Have their ‘finger on the pulse’
- ▶ Empowering their leadership can leverage

# Harmonized Support

## **Data for Decision Making: Formative Assessment**

- ▶ MoH led
- ▶ University expertise
- ▶ Partners aligned

## **Optimizing CHW Role: Strengthen management of nurse managers**

- ▶ Evidence to Action
- ▶ Council, Associations, and MoH found consensus
- ▶ Maximizing existing resources

## **Enhance Collaboration: Three-tiered integrated capacity building**

- ▶ Community providers and stakeholders
- ▶ External Partners: PHC2C, J&J, World Vision, Unicef, CHAI
- ▶ CHIP: Evidence of strengthened system

# Still a Missing Link: Counting Zambia's CBVs

Hoping that the work of Polly Walker and her team at World Vision will increase her count to

220,370 + Zambia