

Ghana's 'Paradigm Shift' for CHWs

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The global community has increasingly recognized the contribution of Community Health Workers (CHWs) in reducing maternal and child mortality in the hardest to reach communities with lowest access to health care. Over the last two years the government of Ghana has been working closely with the One Million Community Health Workers (1mCHW) Campaign to develop Ghana's CHW Roadmap and Implementation Guidelines. [The Roadmap](#) is a strategic financial and operational plan for implementing CHW program at scale to address the changing health needs of the Ghana population, and harmonize donors and NGO investments in CHWs. World Vision has been at the forefront of harmonization of CHW programs, supporting national initiatives as part of our [Recife HRH commitment](#). So, when the Ghana Ministry of Health (MOH) and 1mCHW Campaign Secretariat approached World Vision, and invited us to support the MOH to design a state-of-the-art CHW training program, we were delighted. Firstly, it was a chance for WV Ghana to engage and support a national program, which could then roll out to our project sites and other hard to reach communities. Secondly, and perhaps most excitingly, it was a chance to challenge ourselves to bring together many health, nutrition and child development/protections innovations and combine them in a comprehensive, integrated approach.

The process took a year to complete, challenged at every turn by stakeholder consensus, buy in of vertical government initiatives and financial support being slow to emerge. The curriculum creation was a process of hybridization, building from materials successfully used in this contexts from the Ghana Health Service, [Millennium Villages Project](#), World Vision, together with the latest evidence-based tools from the WHO and UNICEF. The writing team included local and international specialists, and a stakeholder consultation group transecting the Ministries and contributing departments in the Ghana Health Service. A draft curriculum was circulated in September 2015, and the Training of Trainers took place in February 2016, and was met with great enthusiasm. Whilst the program encompassed a list of more than sixty services, it does so in a way that integrates them into 4 core activities and home visits in the community. The training course itself takes approximately 6 months to complete, which includes 8 weeks in the classroom, organized into 3 modules. Between each module a period of field experience is implemented in which the supervisors (community health nurses), and community health management committees (CHMCs) observe and review their work before progressing to the next module. The course is designed to provide training on comprehensive preventive and emergency health care and support, encompass the core health needs of the whole family, including adolescents, adults and the elderly. Furthermore, the service package will strategically target the most vulnerable families with lowest access to health, whilst also addressing the social determinants of health and wellbeing that contribute to a generational cycle of poverty. The service package (Figure 1) is organized into three modules: Community Health Basics, Community-Based Care, and Timed and Targeted Counselling for RMNCH.

Figure 1. Bringing together multiple elements in the CHW Healthy Families approach

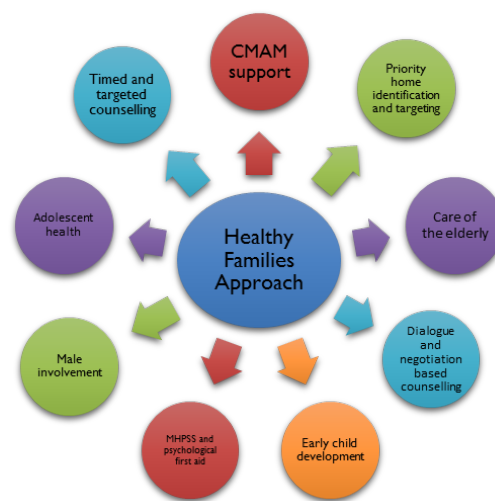


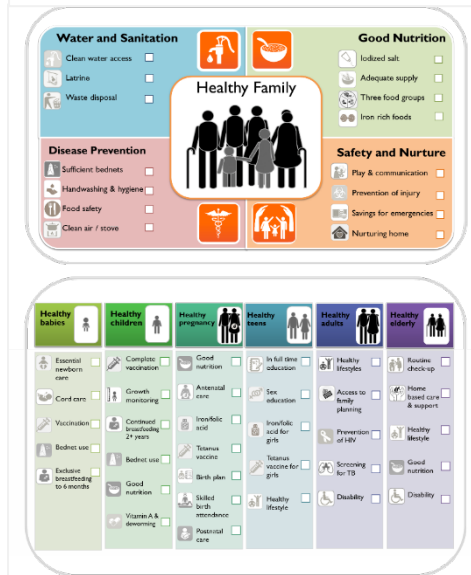
Table 1. Integrated CHW Service Package

	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): Household assessment and Family Health Check	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
6	Management of emergencies and referrals	As required	The CHW is trained to be able to provide first-line assistance, contact emergency services, and support the family to refer the patient, and also provide follow up visits to support recovery

7	Home-based care (HBC)	As required, facility-led care	This includes home-based care for diarrhoea in children under five and support for CMAM treatment in the community.
8	Timed and targeted counselling for pregnancy and 1st year of life	8 scheduled visits from birth to 1 year	CHWs conduct timed home visits from pregnancy through to the first year of life. Health, nutrition, psychological wellbeing, play and communication are promoted using a story-based approach involving both mother and father.
9	Mobile clinic support	Monthly outreach	Outreach services occur regularly in all CHPS zone communities. The CHW will mobilize households, prepare logistics and on-site support.
10	Providing community based treatment (iCCM)	Ad hoc at all contacts, initiated by family	Needs-based selection of iCCM communities in 'hard-to-reach' locations.
11	Community- Based Care (CBC) for HIV and TB	Ad-hoc, initiated by facility	For communities with higher prevalence of HIV and TB, CHWs will provide home based care and support for HIV and TB clients, contact/defaulters tracing, and paediatric cases.

Healthy Families Approach: Harmonizing health promotion at the Household level

Figure 2. Healthy Families Household Card for Ghana CHW program

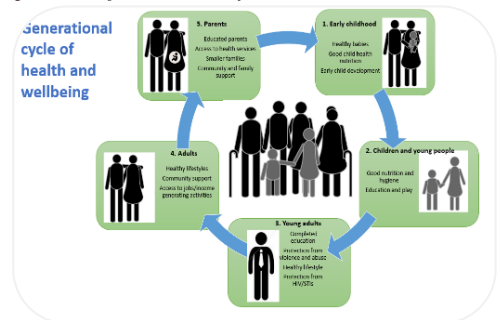


World Vision is known for its 'Lifecycle' approach to health, supporting communities to move from 'survival' interventions to more holistic methodology, including adolescents and early child development. Our 'Healthy Families' Approach takes a simplified integrated approach to behaviour change communication for essential household practices, based on a needs assessment conducted in the home by the CHW, together with the caregivers and household head. The assessment encompasses the basics such as water, sanitation, bednets and family food supply, but also looks at child safety, protection and nurture in the home, promoting an environment suitable for child development. The Family Health Card (Figure 2), roots the approach in negotiation and dialogue counselling technique, but ensuring male and household member involvement, and accountability for improvements.

All family members are engaged through the *Family Health Check* including women and children, adolescents, adults and the elderly. Health of the elderly and adolescents were priorities for the Ghana Health Service, who wanted to take a rights-based approach to basic health promotion, ensuring essential

practices for every family member, excluding none. During the training they learn about the importance of the lifecycle approach and how it contributes to a virtuous generational cycle of health (Figure 3), particularly well demonstrated in the "Leaky bucket" exercise (Figure 4). In this exercise CHWs relentlessly fill the bucket with child health interventions (vaccines, hygiene, deworming) for every new generation, whilst the water pours away, as early life gains are lost later due to lack of adolescent health, child development and protection.

Figure 3. Mapping essential health practices for the Family Health Check



Early child development and mental health and psychosocial support

This aspect teaches CHWs to address play and communication using UNICEF's [Care for Child Development](#) methodology, with a special focus on vulnerable children affected by HIV or malnutrition. CHWs will also be trained approaches for identifying and addressing mental health and psychosocial support through [Psychological first aid](#), adapted for CHWs to work with families. Issues of mental health and child development are cross cutting themes. They emerge in the routine home visit, where CHWs counsel parents on a 'child safe' environment as well as 'child-friendly' nurturing home, and the importance of toys, and quality play time with both mother and father. Both the CCD approach and routine visit emphasise the importance of child protection from violence and abuse in the home, and promote positive discipline and play as critical elements of emotional learning, health and development.

Participant quotes:

"I see Universal Health Coverage differently now: it's about reaching the unreached, wherever, and whoever they are."

"I've really seen how important early experience are, and not just basic health, we have to promote child development too"

"I'm so glad we are doing something for our elderly, many of them are living in appalling conditions with less and less family support"

"This is going to be a real paradigm shift for Ghana, starting from the community level, this material will change the health service from the bottom up"

Strategic prioritization of vulnerable households

CHWs are being deployed to the most vulnerable and hard-to-reach communities in Ghana, yet even within communities child mortality and poor health cluster in certain families due a combination of social, psychosocial and physical factors, underlain by the social determinants of health. It cannot be assumed that CHWs will naturally prioritize the most vulnerable households. In fact, GPS tracking of CHWs often reveal clustering of service to easy-to-reach homes. In this model, the CHW identifies priority households using a vulnerability assessment. Priority homes such as adolescent parents, or a child who is orphaned/cared for will receive more intensive visiting schedules. Factors that emerge during care, such as child protection, family violence, or chronic/severe malnutrition could also lead to prioritisation as a 'responsive care strategy'.

Figure 4. Simple assessment tools ensure vulnerable homes are given priority care

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.	

Male involvement

Lessons from [ttC research studies](#) demonstrate the importance of including male participation as a core performance indicator for CHWs, otherwise, they'll conveniently exclude them due to timing of visits. Male involvement in the Ghana CHW program is not about the fathers' sitting passively in counselling sessions: men as partners and as fathers are elevated in the important contributions they make to the health and development of babies, children and teenagers. They feature prominently in storybooks and counselling cards, and directly engaged in the Household and Family Health Checks.

Figure 5. Men's roles as partners and fathers are elevated in the program



Participant quotes:

"Men are getting fed up of being excluded from health activities. They are never engaged, and their own health needs are rarely considered. It's like the health service is saying 'men don't matter'"

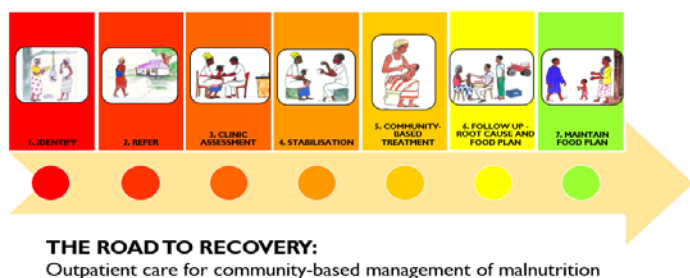
"I love the way men emerge as family health champions in the curriculum and materials, I think it's a really positive take, and will be well received."

"I enjoyed the men as fathers session, and learnt a lot about what fathers can do for their children"

Supporting CMAM through home-based care

Ghana has been scaling up Community-based Management of Malnutrition in recent years, using basic community health units (called CHPs compounds) to provide outpatient care (OPC) to severely malnourished children. Several gaps in service delivery of CMAM are now being fulfilled by the CHWs. CHWs provide home-based care to support adherence and counselling for improved feeding during and after the OPC program. They conduct 'root cause assessments' with the family members looking at water, sanitation, disease, feeding and food security, then will track the transition from RUTF to an improved feeding plan until the child is fully recovered and doing well. The accompanying tools, e.g. food diary (Figure 8) are currently under field test pending proof of efficacy for scale.

Figure 6. Home based support for CMAM by CHWs, facilitates transition to improved feeding



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

Competency-based supportive supervision

The program includes training CHW supervisors which addresses many of the gaps typically found in CHW supervision. The training prioritises attitudinal change in the supervisors, promoting an environment of mentorship and building skills for positive communication, and motivational interviewing strongly based in behaviour and communication theory. A simple competency framework drives the supervision with comprehensive tools for case evaluation, spot checks, observations of service and individual performance evaluation. The bulk of data collection analysis is pushed back towards the groups setting, where 'Threshold Scorecards' are used for participatory action planning and identification of critical improvement areas and collective 'group-think' and solution finding is emphasised. In individual supportive supervision, the emphasis is on performance, quality and on-the-job mentoring, data collection is stripped back to a set of "Key Performance Indicators" preventing the supervision becoming dominated by data collection processes. Mobile health applications for data collection are currently being developed in Ashanti region using [CommCare](#) technology.

Figure 7. Threshold scorecards support 'real-time' data interpretation by CHWs

CHW Scorecard

Month/Year: _____
 CHW Name: _____ Community: _____
 CHPS Zone: _____

Indicator	Indicator value at baseline	District Target (±2% above baseline)	Thresholds			Coverage level for the month			
			Good	Moderate	Critical	Number doing the practice/number with the condition (enter numbers)	Total number	Percentage/Score and colour	
Households with access to safe water			100%	60-79%	10%	Total # households			
Households treating water before use			100%	60-79%	10%				
Households with handwashing facility			100%	60-79%	10%				
Households with functional latrine			100%	60-79%	10%				
Households with refuse disposal facility			100%	60-79%	10%				
Households having sufficient LLINs			100%	60-79%	10%				
# women who had male partner presence during TTC			100%	50-74%	10%		# pregnant women delivered this month		
# pregnant women who slept under bed net			100%	60-79%	10%				
# women who completed 5 ANC			100%	60-79%	10%		# newborns born this month		
# women who did HIV test and received result			100%	50-69%	10%				
# newborns receiving CHS for asphyxia			100%	100%	10%	# infants sleeping under bed net			
# newborns who received BCG and OPV0			100%	60-79%	10%				
# infants who received Pentas 3 and OPV 3			100%	60-79%	10%	# infants completing 1 year this month			
# infants who received measles vaccine			100%	60-79%	10%				
# infants who have had birth registration			100%	60-79%	10%				
# infants whose mothers or their partners use FP			100%	11-24%	10%				
# Children with low MUAC (I/M/M and S/M)			0	1-2 per 1000	100 per 1000		per 1,000 population		

Next steps

The Ghana CHW program is being launched nationally through partnership between the Ghana Health Service and the Youth Employment Agency (YEA). The YEA has recruited and trained 19,500 CHWs and 500 eHealth Technical Assistants through a two year initiative where the 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 together with the government to support the roll out, and advocate for other partners to engage and align to the national initiative. Ghana's health needs have changed in recent years, as an African nation in economic transition, with increasing urbanisation shifting rural population demographics. The CHW approaches outlined here, whilst addressing essential maternal and child health needs, also take bold steps forward, showing Ghana government's willingness to move beyond the MDGs era, and focus on how to achieve the Sustainable Development Goals and taking Universal Health Care beyond its typical domain of maternal and child survival. In the words of Ghana Health Service's PPMED Deputy Director, Policy, Charles Acquah, this is a "paradigm shift for Ghana and has the potential to transform health from the community upwards."

Figure 8. Ghana Health Service leaders and partners supporting the launch of the ToT in Accra, February 2016



For more information about the curriculum and technical approaches, please contact polly_walker@wvi.org or raymond_owusu@wvi.org

To download the Ghana curriculum and materials go to:

<http://bit.ly/1WRfHrn>



Partners in the Ghana National CHW Program:

