

HOW CHW-HARMONIOUS IS YOUR COUNTRY?

Checklist derived from CHW “Principles of Practice” Guiding principles for non-governmental organizations and their partners for coordinated national scale-up of community health worker programmes.

“1” = not true

“2” = partially true

“3” = completely true

Issue	What it looks like in practice	Answer
MOH has a strong CHW policy & coordination	A formally recognised CHW cadre exists with clearly defined functions and roles	
	A national CHW policy and guidance / implementation framework exist	
	CHWs are fully integrated in to national health plans	
CHW programs are sustainably financed	% health spending directed at the community level is adequate and transparently utilized	
	National health budgets or domestic finance contribute to costs of CHW programme	
	A viable cost-sharing model is established amongst partners/donors if domestic finance is not 100%	
CHWs integrated as part of HRH workforce	CHW training and supervision is integrated into national community health staff curricula	
	A health workforce information system exists and includes the CHW workforce	
	A national CHW incentive policy / guideline exists and is applied by all partners	
There is a standardised CHW training package	National standards for recruitment and training and activities exist	
	A standardized CHW training curriculum exists with certification system	
	The CHW curriculum is regularly reviewed and updated in line with new evidence	
Data and supervision systems are harmonized	The HMIS / DHIMS systems includes key CHW programming indicators	
	CHW programme quality standards and assurance systems exist	
	Standardized competency-based supervision systems and tools exist	
	CHW supervisors are deployed in remote areas with appropriate support and retention strategies	
Medical supply chains are functional	National supply chain mechanisms extend to community distribution of commodities (Last Mile)	
	Medical supply chains have effective accountability and efficiency systems which prevent regular stock outs or corruption	
Innovation and research	MOH are engaged in design and evaluation of innovation & research from concept to completion	
	Research and innovations / pilots are design according to the national health priorities	
	Pilots of innovations for CHWs seek to ensure sustainable finance strategy for scale up	
Donors and partners are harmonized and coordinated	A national coordinating body integrates vertical programmes, NGOs, stakeholders and donors	
	An NGO multi-stakeholder platform exist for CHW and is currently meeting regularly	
	NGO activities support long term HSS and integration of CHWs	
	NGOs never conduct trainings that are duplicative of each other's efforts	
	NGOs work in partnership at regional level to ensure CHW have consistent basic training	
	NGOs apply a common system of incentives that is non-competitive and sustainable.	
	Partners have clear, non-overlapping, non-duplicative strategies to support CHW programmes	
Donor environment supports country ownership and scale	Donors promote country leadership within their support efforts and CHW programme grants.	
	Grant based CHW programmes are designed with government led scale in mind	
	Donors are invested in integrated approaches for community health rather than vertical initiatives	
	Donors do not support multiple pilot innovation programmes that cannot be sustained to scale	
	Donors encourage NGOs to support national CHW programmes and health systems strengthening	
	Donors give direct support to MOH for CHW programmes	