

CHW Harmonization Self-Assessment Tool

Checklist derived from CHW “Principles of Practice” and Joint Commitment for Harmonized Partner Action. In this framework harmonization is defined by a “three ones’ paradigm for harmonization of CHW and FLHW initiatives and interventions through one national strategy; one national authority; one monitoring and accountability structure, aiming to optimize synergies and increase program efficiency and effectiveness.”

1. Name of NGO: _____
2. Name of respondent: _____
3. Email address of respondent: _____

Issues	Our CHW initiatives.....	Answer 3 = always 2= mostly yes 1 = sometimes 0 = rarely or never
Actively promote country ownership and leadership	Work with existing MOH-identified CHW cadres where possible rather than creating new ones	
	Are approved by MoH and subject to national regulatory guidelines/policies relevant to CHW programs	
	Report to MoH and health authorities on a regular basis at national and sub-national levels	
	Engage complementary community volunteer cadres and groups in a way that includes and supports nationally recognised or formalised CHW cadres.	
	Only implement activities outside MoH CHW policy, under research/pilot conditions	
Strengthening local health systems through CHW programmes	Are not duplicative of or competitive with national CHW MOH programmes	
	Include measures to ensure referral centres are appropriately equipped staffed and functional, with mechanisms for integrating CHWs within service delivery strategies	
	Also include activities and resources allocated for relevant health and community systems strengthening (HSS and CSS) activities in a systems-based approach.	
	Nurture direct reporting, management and supervision by facilities heads, community leaders, and local health authorities	
	Avoid depleting human resources from public sector when hiring (applying WHO code of conduct)	
	Contribute to building capacity and motivation of the public sector workforce	
Build functional and accountable local supply chains	Ensure necessary commodities are sustainably financed e.g. domestic, national insurance	
	Include a plan in place for continuing supply of commodities when the project ends	
	Use state-led medical supply chains for the distributing medicines to CHWs	
	Promote accountability and efficient functioning of the local public sector supply chain system (i.e. not parallel or direct provision of commodities)	
	Ensure that gifts-in-kind (GIK) contributions, e.g. pharmaceuticals, are of high quality, in line with the demand, and distributed through local supply chains to ensure supervision by health authorities	
Apply uniform incentives	Adhere to a national standard of incentives agreed to by MOH and/or harmonised amongst all implementing NGOs	
	Do not promote payment for services, or undercut public sector prices	

