How Does “Cascade Training” Work? Results from CHNIS – a multi-country implementation fidelity assessment focused on improving CHW performance

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Background

Globally, millions of children under 5 year of age die every year from largely preventable causes such as pneumonia, diarrhea, malaria, HIV and AIDS, measles, with more than one third of child deaths attributable to under-nutrition. In alignment with the United Nations’ Every Woman Every Child (EWECE) and MDGs, World Vision’s (VV) strategy for maternal and child health (MCH) asks that CHW services and CHW staff be scaled up in the countries where they are needed most. Therefore, CHNIS (a multi-country study) was initiated to assess and improve CHW performance and determine how well cascade training sites in each country are receiving a more basic approach. The study was undertaken in Cambodia, Guatemala, Kenya and Zambia. Two sites per country are benefitting from ttC, COMM and CVA and two matched comparison sites in each country are receiving a control group approach. The study aimed to improve CHW performance and determine how well cascade training contributes to their effectiveness.

Methods

The CHNIS Midterm Review was conducted from June-October 2015. It was designed to evaluate how well models were being implemented in intervention sites and inform decisions about how to enhance field work. The focus of this report is on the impact of the Timed and Targeted Counselling (ttC) model.

- Sampling: In Cambodia, Kenya and Zambia, quality assurance sampling (QAS) was used and in Guatemala, a census sample was used. Eligible infants in the study were 0-5.9 months old at the time of their third home visit and participated in the ttC program (primarily during pregnancy).

- Estimation: Pooled estimates across pre-defined surveillance areas were computed. Following QAS theory all prevalence estimates here are surrounded by at least a ±10% margin of error.

- Measurement: We assessed the quality of implementation against pre-established minimum quality standards defined for the ttC model. A draft implementation quality assurance ‘sight checkpoint’ tool was used.

Results

- ttC beneficiaries reported (see bar graph right).
- In Cambodia, Guatemala and Zambia, ttC beneficiaries reported moderately high levels of key criteria for CHW behavior change communication technique. Engagement of influential family members during ttC visits was consistently reported at somewhat lower than other markers of effective technique. Important contextual factors: CHW incentive packages (monetary and non-monetary) were variable across countries. These patterns have an effect on CHW motivation, and merit description elsewhere.

Conclusions & Recommendations

- The combination of data from CHW spot check with the Implementation Quality Assurance tool allowed for a comprehensive understanding of how well CHW programme was being implemented in each country. Not identified quality issues were related to the Cascade training mechanisms.
- Despite using standardised curriculums and training methods, Cascade training will still leave CHW trainees with unsatisfactory mastery of the ttC core behavior change methodology.
- Effectiveness of alternative methods for reinforcing these skills (training curriculum and/or supervision) should be studied.
- While Cascade training is a sustainable option for scaling up CHW programming, other training approaches (e.g. training teams deployed at regional level) should be assessed to determine if they produce better implementation and yield cost savings.
- Cascade training relies on the availability of both master trainers, and the trainers that they certify, to serve a field office initiating or scaling up an intervention. Greater attention should be paid to issues around the top and mid level trainers.
- Experience measuring ttC implementation quality was used to refine a standardized Implementation Quality Assurance tool currently being scaled up globally at World Vision.

Interventions models under evaluation

Timed and Targeted Counseling

Deploys Community Health Workers (CHW) to target families as critical points during pregnancy and infancy for adoption of the saving health practices and referred to health services for maternal care.

Community Health Workers

Help communities organize programs that take ownership of their children’s health and scale community-level barriers to good health care.

- Educates community on their health care rights as citizens of a democratic society
- Inculcates health policy and commitments, and helps them advocate for their children’s

Summary of World Vision’s Community of Practice debate on Cascade Training drawing on these results

- Most feasible and realistic option
- Makes it possible to achieve scale in programming
- Most feasible option if programme requires multiple cumulative training cycles
- Can facilitate national level capacity building and ownership
- More sustainable and contextually appropriate – no need for external experts
- No easily identifiable alternative to achieve scale of sustainability in programming
- Can result in poor quality intervention delivery
- Cannot achieve scale in milliseconds
- Takes a long time to deploy to field
- Difficult to reverse context where programmes already in place
- Prone to interruptions due to staff turnover
- Tracking and follow up of trainees is difficult

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Child Health and Nutrition Study