Community Health Workers: High Impact Practices, Challenges, and Opportunities

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Camille Collins Lovell, Facilitator
Camille Collins Lovell is a Technical Advisor for Community Engagement at Pathfinder International, where she supports projects including: development of tools and approaches for Community Health Workers; mHealth for adolescent and youth sexual and reproductive health; interactive games for peer educators; production and use of realistic fictional narratives (e.g. short fictional films, and serial radio dramas) as a basis for small group reflection and group action planning.
HIP: “Train, equip, and support community health workers (CHWs) to provide a wide range of contraceptive methods”
Challenges include:

• Ensuring commodity availability
• Remuneration and incentives
• Relationships with clinical service providers
• Counseling skills, including how to address social norms around FP
• CHW reporting and monitoring
“Even where CHWs are restricted to providing a limited set of contraceptive methods, they can mobilize contraceptive use through counseling and referrals.”
Laura Hurley, Panelist
Laura Hurley is a public health professional with over 15 years of experience providing expertise in international reproductive health, maternal health, family planning, community health and community participation. As Senior Program Manager at IntraHealth International, she currently provides strategic program management and technical support to projects in West Africa and Madagascar. She has worked as a Population Fellow in Eritrea, a Global Health Fellow in Mali, and as a Peace Corps volunteer in Gabon.
High-impact practices for effective community health worker programs

Webinar Series
Community Health Workers: High-Impact Practices, Challenges, and Opportunities

Laura Hurley
Senior Program Manager
IntraHealth International
Community health workers can save lives ONLY if they:

• Are integrated into the health system
• Have the right ongoing training
• Are equipped—and re-equipped
• Receive ongoing support and supervision
Barriers to integrating CHWs into health system

- Resistance (sometimes financial) from health facility staff to task-sharing
- Weak referral systems—transport, distances, communication
- Health management information systems slow to change
Integration into formal health system—overcoming barriers

**Advocacy** – Identify and use health worker ‘champions’ (midwives, nurses, doctors, etc.) to promote the involvement of CHWs as a win-win solution to increasing access to health care.

**Roles and responsibilities** – Ensure that roles and responsibilities are clear and that CHWs understand when and how to refer; engage formal cadres of health workers in establishing CHW framework.

**Facilitate partnerships and interactions** – CHWs need to be able to regularly communicate with health facility staff.
Referral system strategies - overcoming barriers

• Ensure CHWs know when and how to refer; build in incentives for appropriate referrals

• Involve community in supporting referral and emergency evacuation transportation system
Integrating CHWs into HMIS—overcoming barriers

Plan to integrate community-level data before program begins.

Integrate data management into CHW training, both initial and refresher training.

Integrate mobile data collection, as feasible.
Barriers to building capacity of CHWs

- Cost of training and refresher training
- Ensuring balanced range of services (to avoid overwhelming and de-motivating) CHWs
- High turn-over/low retention
Capacity building—overcoming barriers

**Regular refresher training** required for ensuring quality services; engage supervisors and facility-based health workers.

**Financial strategies** (projects and, ultimately, governments) need to be in place, including line item for ongoing support to CHWs.

**Selection criteria for CHWs** needs to include minimum education level to do the jobs.

**Low-literacy job aids** critical.

**Behavior change communications** skills essential.
Range of services—overcoming barriers

Services offered need to reflect needs of the community.

Counseling for FP services should include full method mix.

FP methods offered must include injectables.

Refer for long-acting reversible contraceptives (LARC) and permanent methods.
Barriers to equipping and supplying CHWs

- Cost of equipment and supplies
- Stockouts
- Lack of attention to supply chain in communities
Equipment and supplies—overcoming barriers

**Budget appropriately** for necessary start-up supplies and equipment

Recognize **equipment/supplies** as a strong motivator

Ensure **system for resupply** of tools

**Invest in supply chain** down to community level and **engage communities**

Use **mobile technologies for community logistics data**
Barriers to Supporting CHWs

• Supervision challenges (supervisor workload, geographic distances, transportation)

• High turnover/low retention
Supervision and support—overcoming barriers

Consider introducing more regular distance supervision by phone.

Champion CHWs to supervise newer CHWs.

Community engagement for monitoring and supporting CHWs.
Motivation and retention—overcoming barriers

Careful selection and recruitment from own community

Ensure both financial and non-financial incentives

Consider gender dynamics
Recap of Recommended Strategies

- **Integrate CHWs** into the health system through advocacy and clearly defined roles and responsibilities
- Strengthen **referral systems** through training and **community engagement**
- Integrate community system into **HMIS and LMIS**
- Ensure regular refresher **training** and useful **job aids**
- Ensure FP counseling covers full **method mix**
- Invest in **equipment** and **supply chain management**
- Ensure support through **regular supervision** and **community engagement**
- Ensure retention through selection, **incentives** and **gender considerations**
Thank you!
Mahesh Srinivas, Panelist
Mahesh Srinivas is a public health professional with more than 13 years of experience as a Medical Officer, Public Health Consultant, and Director of Programs. He has also led teams of community health workers, contributed to scaling-up public health programs and engaged with UNICEF in post-Tsunami rehabilitation. As the Director of Programs in India for Pathfinder International, Dr. Srinivas is responsible for leading the implementation of Pathfinder’s diverse portfolio of programs in India.
Increasing Access to Postpartum Family Planning through CHWs

Dr. Mahesh Srinivas, Director - Programs, Pathfinder India
ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

- Existing national CHW cadre in India are called ASHAs
- Have secondary education
- Work for the public sector
- Women from the community
- Volunteers with performance-based incentives
- Broad health mandate
- Supervised by Auxiliary Nurse Midwives
HOW DO ASHAS SUPPORT FAMILY PLANNING?

- Awareness raising at household level
- Community-based Distribution (pills & condoms)
- Referral for longer acting methods
- Follow-up
ARE ASHA’S FULLY IMPLEMENTING THE HIP?

Yes, but..

1. CBD?
Limited range of methods

2. Quality counseling?
Limited by workload and skill

3. Referral? Weak link to health facilities
WHAT ABOUT POST-PARTUM FAMILY PLANNING (PPFP)

• PPFP critical for spacing of pregnancy
• Birth at health facility is an important service encounter when PPFP could be provided (e.g. IUD)
• **BUT** not best time for counseling or decision making
• Quality, well-timed, household-level PPFP counseling is needed during antenatal and postpartum periods.
‘MATRIKA’ AT A GLANCE: THE CONTINUUM OF CARE

- Quality Prenatal Care
- Postpartum Family Planning
- Postpartum Hemorrhage Prevention and Management

Reduce Maternal Mortality

Community and Clinical approaches
‘MATRIKA’ PROJECT

State Capital

Intervention Area,
Kanpur Nagar, Kanpur
Dehat, Kannauj

3 Districts, 8.09 million
population
IMPROVING ACCESS TO PPFP THROUGH ASHAs

• Around 2000 ASHAs trained on
  – Counseling/IPC techniques for PPFP during antenatal period
  – Referral for long acting and permanent methods, including postpartum IUD
  – Improved postpartum follow up
  – Use of communication materials

• Note: simultaneous facility level training of service providers in IUD insertion and removal, and other PPFP clinical skills.
INTRODUCING THE FAMILY WELFARE COUNSELOR (FWC)

- University graduates
- Full-time professional counselors
- Based at higher volume public facilities (BEmOC and higher)
- Cadre created by ‘Matrika’ Project as salaried workers
WHAT FWC DOES

• One-on-one counseling to clients at facility and in communities
• Encourages follow-up of clients by ASHAs
• Supportive supervision of ASHAs through field visits
• Act as a link between ASHAs and facility-based service providers
• Distribute same contraceptive mix as ASHAs
FP Clients
Before and after introduction of FWCs
(Apr to Dec)

2014-15: 11247
2015-16: 22004

IMPACT
OBSERVATIONS

• Improved capacities of ASHAs to counsel, provide, and refer for PPFP

• Availability of communication tools

• Increase of around 95% in FP clients at facilities

• Increased uptake of PPFP, especially PPIUD
WAY FORWARD

• ASHAs to focus on **critical periods** of counseling
  - Pre-natal and immediate post-partum counseling

• M-Health tools
  - Mobile phone applications for **follow-up**, reminders and awareness

• Advocacy with local government for **transitioning FWCs** from project to Public Health system

• **Ensure** that ASHAs are connected to public health facilities and **assure** quality services are available upon referral.
Vince Blaser, Respondent

Vince Blaser is the Director for the secretariat of the Frontline Health Workers Coalition (FHWC), an alliance of more than 30 US-based public and private organizations working together to urge greater and more strategic US investment in frontline health workers in developing countries. For more than 11 years, Vince has focused on translating a policy and journalism background to provide strategic analysis and visibility to the policy and communications priorities of major global health coalitions and organizations.
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April 3-9, 2016

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April 4th 1 PM

Visit www.frontlinehealthworkers.org/whwweek
Community Health Workers: High Impact Practices, Challenges, and Opportunities

Q & A and Discussion
For more information:

www.fphighimpactpractices.org

www.ibpinitiative.org

www.familyplanning2020.org

THANK YOU