

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

April 7, 2016

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”

Agents de santé communautaires :
Apporter les services de planification familiale là où vit et travaille la population

Agents de santé communautaires

HIP - Prestation de service

Trabajadores comunitarios de salud:
Llevando los servicios de planificación familiar a donde la gente vive y trabaja

Trabajadores comunitarios de salud

PAI en la prestación de

Community Health Workers:
Bringing family planning services to where people live and work

Community Health Workers

Service Delivery HIP

What is the proven high-impact practice in family planning service delivery?

Integrate trained, equipped, and supported community health workers (CHWs) into the health system.

Background

When appropriately designed and implemented, community health worker (CHW) programs can increase use of contraception, particularly where unmet need is high, access is low, and geographic or social barriers to use of services exist. CHWs are particularly important to reducing inequities in access to services by bringing information, services, and supplies to women and men in the communities where they live and work rather than requiring them to visit health facilities, which may be distant or otherwise inaccessible.

CHWs “provide health education, referral and follow up, case management, and basic preventive health care and home visiting services to specific communities. They provide support and assistance to individuals and families in navigating the health and social services system” (ILO, 2008). The level of education and training, the scope of work, and the employment status of CHWs vary across countries and programs. CHWs are referred to by a wide range of titles such as a “village health worker,” “community-based distributor,” “community health aide,” “community health promoter,” “health extension worker,” or “lay health advisor.”

Integrating CHWs into the health system is one of several proven “high-impact practices in family planning” (HIPs) identified by a technical advisory group of international experts. A proven practice has sufficient evidence to recommend widespread implementation as part of a comprehensive family planning strategy, provided that there is monitoring of coverage, quality, and cost as well as implementation research to strengthen impact (HIPs, 2014). For more information about other HIPs, see <http://www.fphighimpactpractices.org/about>.

Proven Practice

“...CHWs provide a critical link between their communities and the health and social services system.”

©hutta et al., 2010

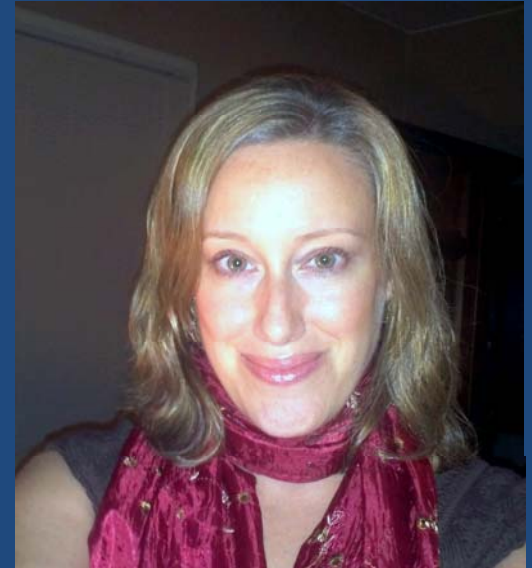
Challenges include:

- 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.”

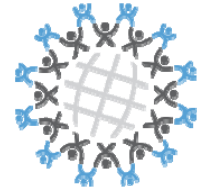
Laura Hurley, Panelist

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.





IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.



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 (LARCs) 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 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

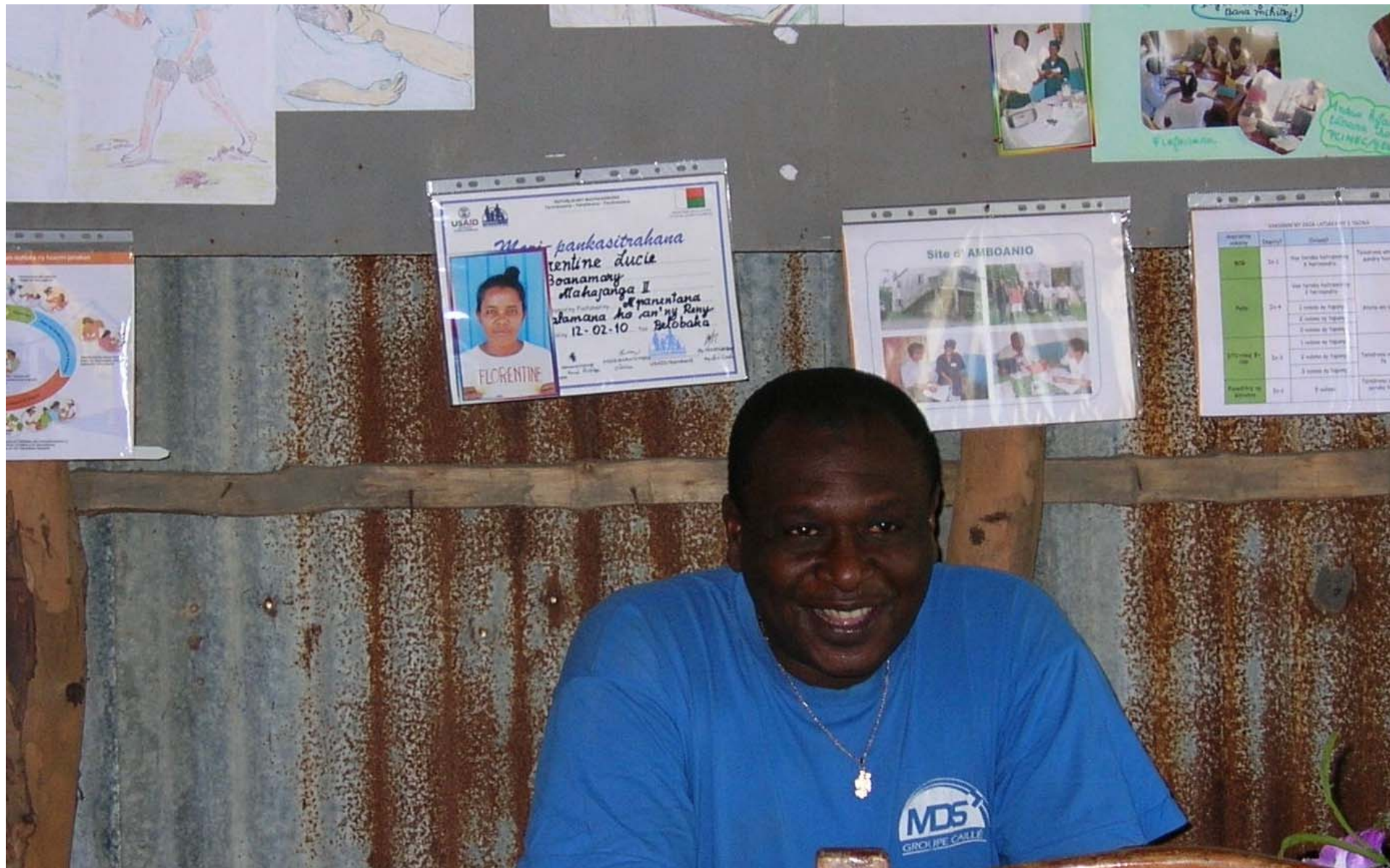
Ensure both financial and non-financial
incentives

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

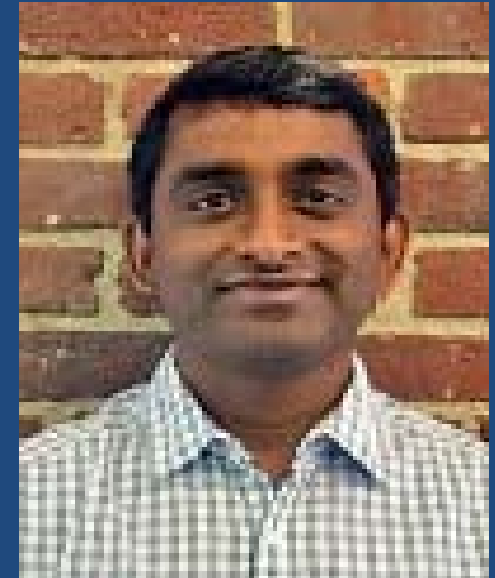




Thank you!

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.





Pathfinder
INTERNATIONAL
Sexual and reproductive health
without fear or boundary

Dr. Mahesh Srinivas, Director - Programs,
Pathfinder India

Increasing Access to Postpartum Family Planning through CHWs

ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

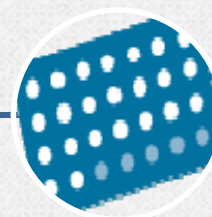
- Existing national CHW cadre in India are called ASHAs
- Have secondary education
- Work for the public sector
- Women from the community
- Volunteers with performance-based incentives
- Broad health mandate
- Supervised by Auxiliary Nurse Midwives



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..

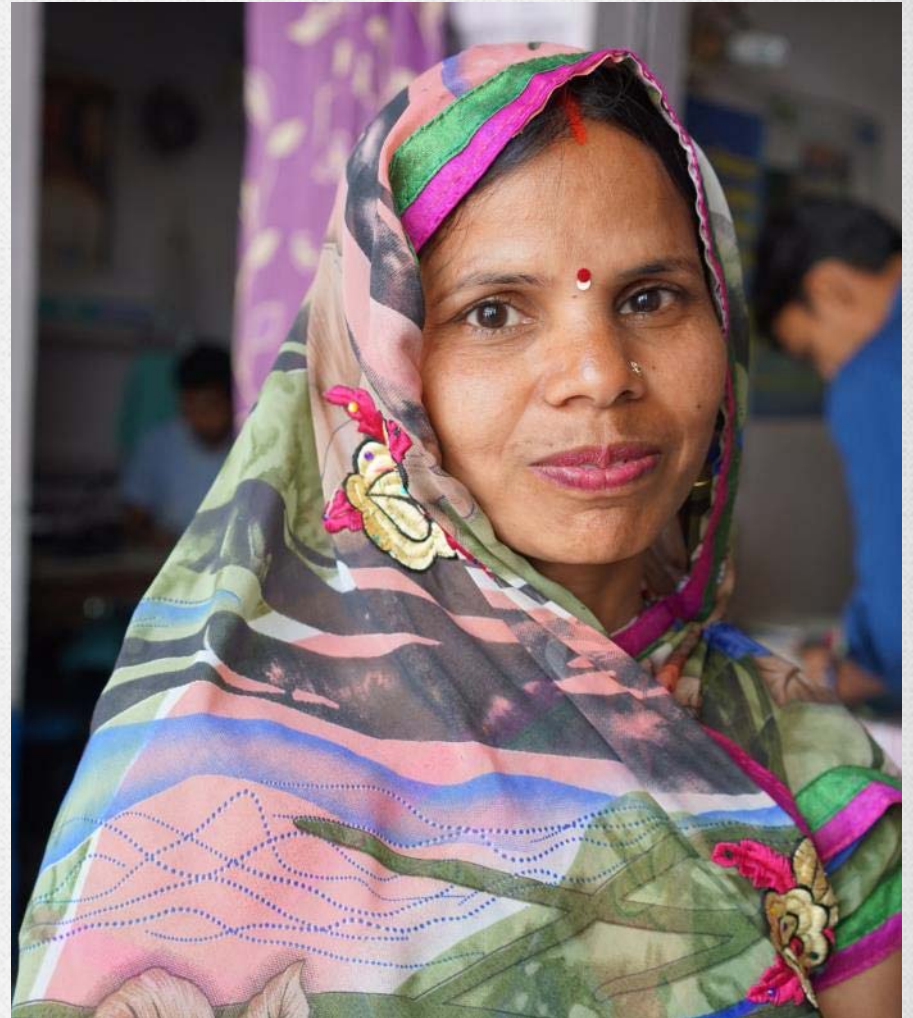
1. CBD?

Limited range of methods

2. Quality counseling?

Limited by workload and skill

3. Referral? Weak link to health facilities

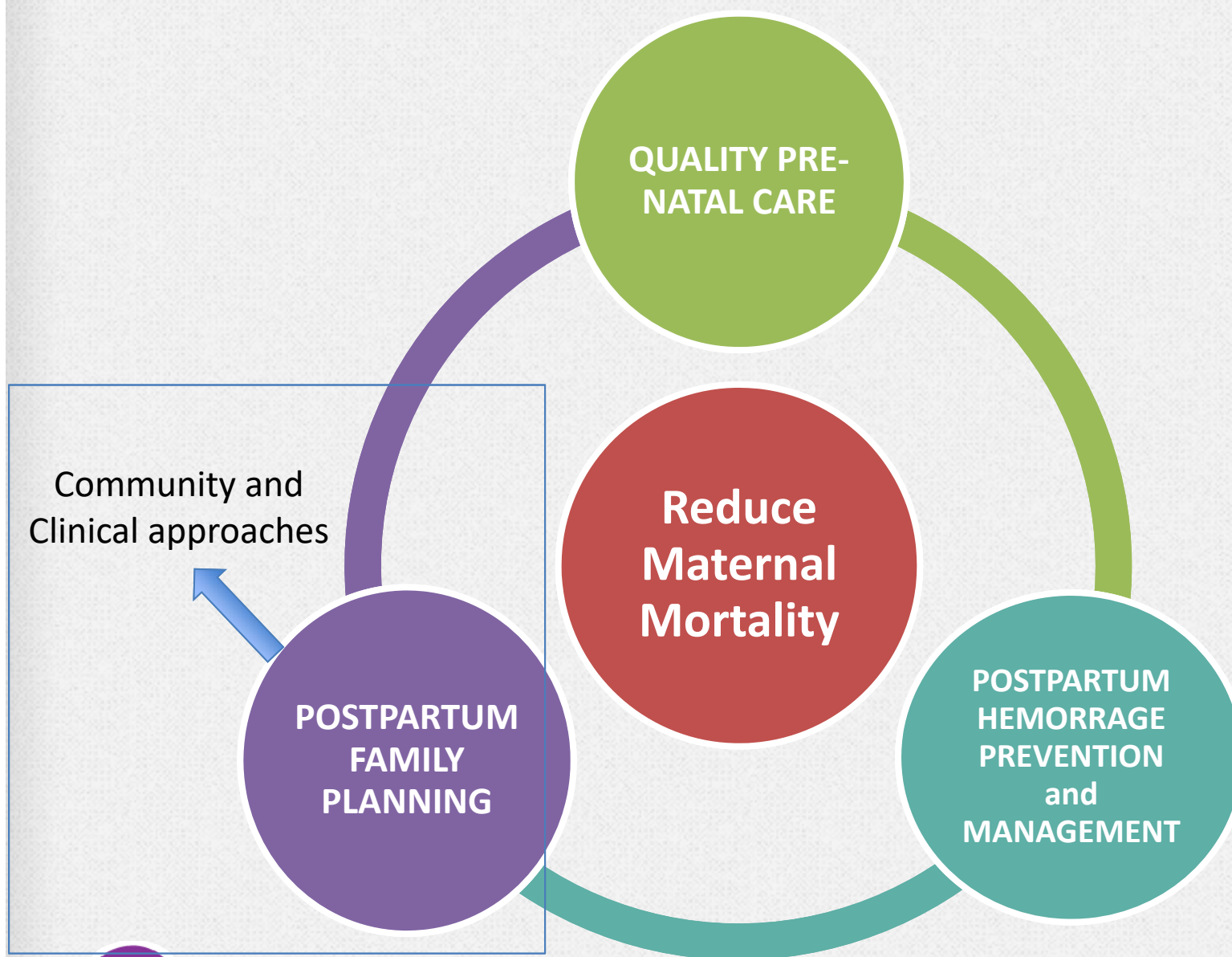


WHAT ABOUT POST-PARTUM FAMILY PLANNING (PPFP)

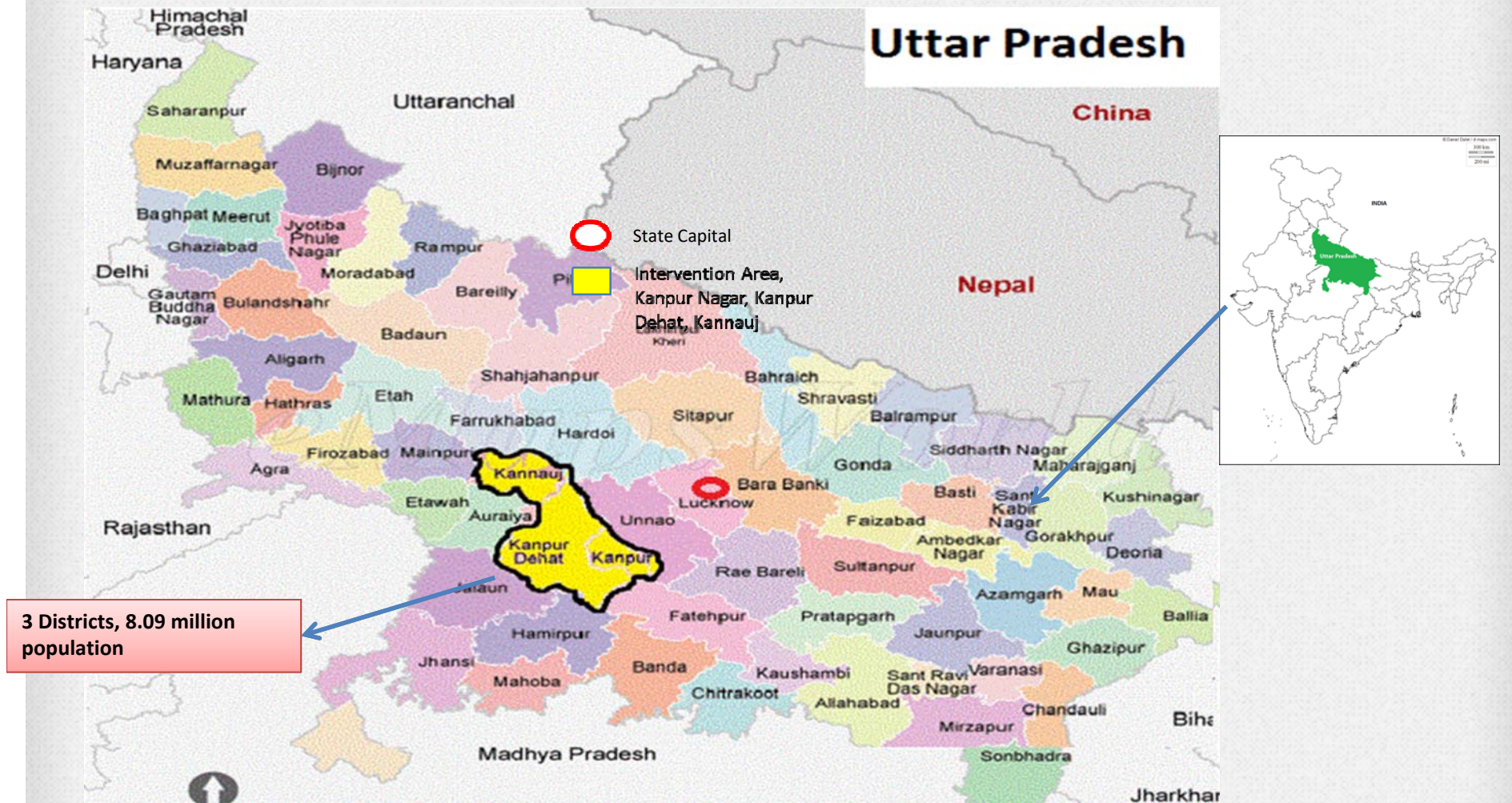
- PPFP critical for spacing of pregnancy
- Birth at health facility is an important service encounter when PPFP could be provided (e.g. IUD)
- BUT not best time for counseling or decision making
- Quality, well-timed, household-level PPFP counseling is needed during antenatal and postpartum periods.



'MATRIKA' AT A GLANCE: THE CONTINUUM OF CARE



'MATRIKA' PROJECT



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

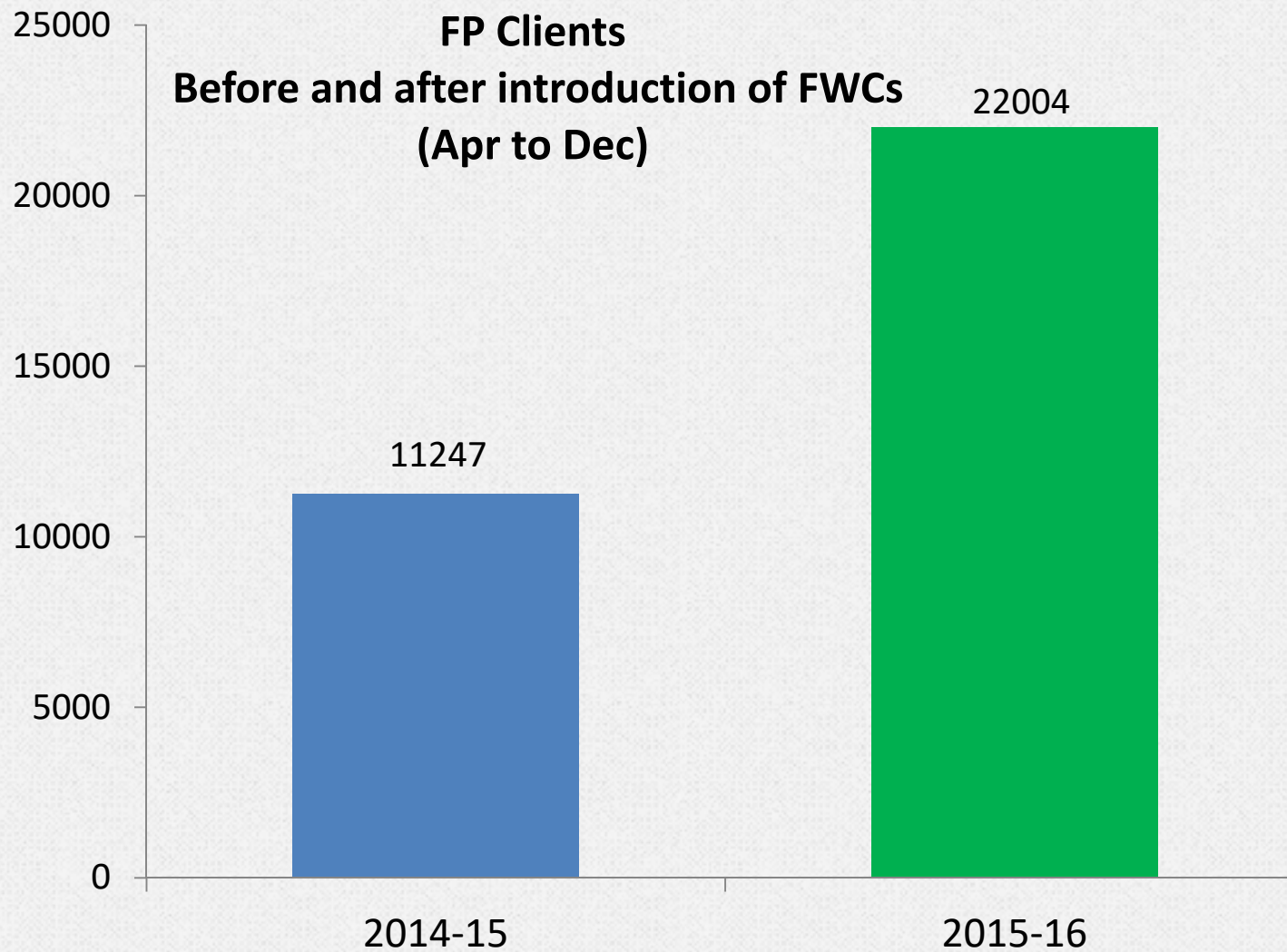


WHAT FWC DOES

- 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



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.





Pathfinder
INTERNATIONAL
Sexual and reproductive health
without fear or boundary

For more information contact Mahesh
Srinivas msrinivas@pathfinder.org



twitter.com/PathfinderInt



facebook.com/PathfinderInternational



Youtube/user/PathfinderInt

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.



Engage during World Health Worker Week

Photo credit: Trevor Snapp/ IntraHealth International

WORLD HEALTH WORKER WEEK 2016

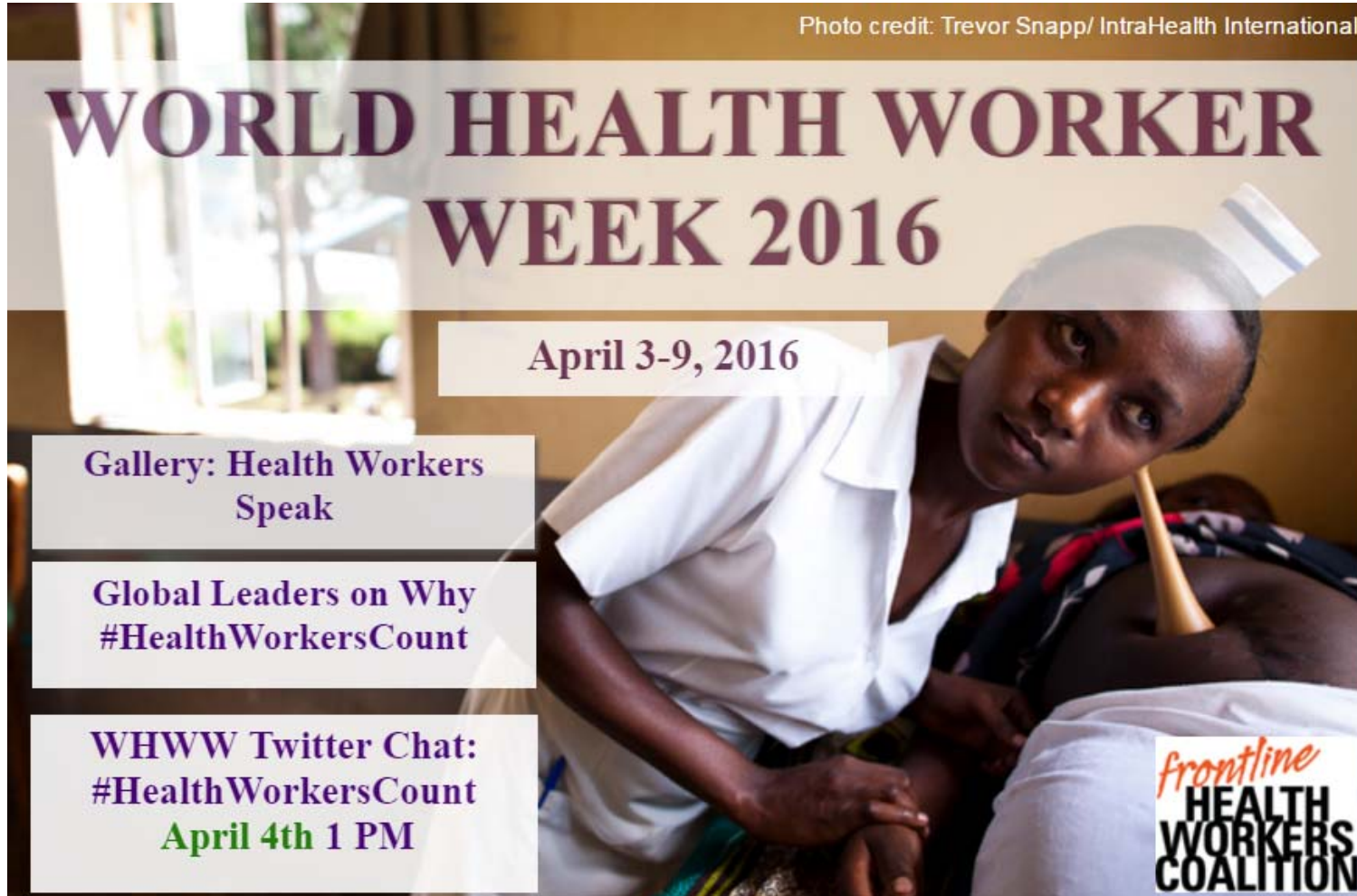
April 3-9, 2016

Gallery: Health Workers Speak

Global Leaders on Why #HealthWorkersCount

WHWW Twitter Chat: #HealthWorkersCount
April 4th 1 PM

frontline HEALTH WORKERS COALITION



Visit www.frontlinehealthworkers.org/whwwweek

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