



HIFA discussion on CHW: Empowering CHWs to accelerate progress towards Universal Health Coverage

Week 4 Compilation

CHWs (91) Modalities of pre-service training

22 June, 2019

Dear HIFA colleagues,

Recommendation 4 of the WHO Guideline on CHWs is about 'modalities' (training approaches/methods)

RECOMMENDATION 4

WHO suggests using the following modalities for delivering pre-service training to CHWs:

- balance of theory-focused knowledge and practice-focused skills, with priority emphasis on supervised practical experience;
- balance of face-to-face and e-learning, with priority emphasis on face-to-face learning, supplemented by e-learning on aspects on which it is relevant;
- prioritization of training in or near the community wherever possible;
- delivery of training and provision of learning materials in language that can optimize the trainees' acquisition of expertise and skills;
- ensuring a positive training environment;
- consideration of interprofessional training approaches where relevant and feasible.

Certainty of the evidence – very low. Strength of the recommendation – conditional.

Here is the background to the recommendation:

Meeting the various needs of a community entails CHWs having the required core competencies in relation to their role. Such competencies and attributes can be built and honed through proper and adequate training. In some cases, access to training has been an important factor in CHW retention. There are several approaches for the training of CHWs, including short-term courses, long-term certificate programmes and distance learning, all of which use different delivery modalities, from didactic face-to-face classroom teaching to web-based online courses for self-guided learning.

'While face-to-face didactic classroom teaching was the dominant training modality until the early 1990s, web-based learning is increasingly used for training purposes. Although e-learning is still restricted to geographical settings with higher connectivity to web-based portals, increased access to the Internet and rapid growth in technology are providing enhanced opportunities to develop health care worker training programmes, upgrade health care services and strengthen health care systems.

'The broader policy discourse on education of other health workers in recent years has identified a number of issues contributing indirect evidence that can be considered also in the education of CHWs, including the potential for broadening the focus of health education to enable health workers to be change agents in the communities they serve; the opportunities opened by interprofessional education approaches; and the link between locating education institutions and training in underserved areas and the retention of health workers in these settings.'

QUESTIONS FOR DISCUSSION

How does this Recommendation relate to current practice in your country/experience?

If you are a CHW trainer or programme manager, what methods do you currently use to deliver pre-service training for CHWs? What works and what doesn't in your context?

If you are a CHW, we would love to hear from you. What has been your experience of pre-service training? How might it be improved in the future?

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Access the CHW Guideline here:

<https://www.who.int/hrh/community/en/>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (92) 2nd International Symposium on Community Health Workers, Dhaka, 22-24 November, 2019 (2)

22 June, 2019

Will you be going to the 2nd International Symposium on Community Health Workers, Dhaka, 22-24 November, 2019?

Note that: 'Scholarship will be provided to young and emerging researchers of low- and middle-income countries (LMIC's) – Scholarship includes flight, and food, and accommodation for three days. Scholarship will be provided to young and emerging researchers of low- and middle- income countries (LMIC's) – Scholarship includes flight, and food, and accommodation for three days.' This statement is given as part of the Abstract Submission Instructions:
http://chwsymposium2019.icddrb.org/abstract_submit

I suspect that sponsorship would apply only to selected researchers whose abstracts have been accepted for presentation. Nevertheless, this seems an excellent opportunity for HIFA members to apply. I think the first would be to plan and submit your abstract for an oral or poster presentation.

The deadline for abstract submission is 31 July according to the website, although the current Health Systems Global newsletter suggests it is 30 June.

If you are planning to give a presentation, you may like to consider inclusion of a section about HIFA generally and our HIFA project on CHWs specifically. Let me know if you're interested. neil@hifa.org

The conference website is here: <http://chwsymposium2019.icddrb.org/>

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

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CHWs (92) Competencies in curriculum for pre-service training (4) Modalities of pre-service training (2)

22 June, 2019

Hello!

This is to share a few thoughts on Recommendation 3 of WHO Guidelines, and to extend the discussion to optimal approaches to the training in relation to implementation of the program.

Countries like Nigeria, Kenya and Uganda have planned their services with a degree of standardisation of curricula in the context of their Health Systems based on existing National programs and perhaps will find it easier build on the best practices to meet the guidelines. So also with some of the developing countries in Asia - Bangladesh, India, Nepal, - all gearing towards UHC but unsure as to the integration of CHWs in implementation of UHC. Thailand has been ahead of others in going towards UHC with CHWs well incorporated into the System and may have lessons for us.

We will perhaps have to look beyond the heterogenous nature of CHWs in this debate and discourse about Standard curriculum for training. Given the heterogeneity of the building blocks of Health Systems (especially Governance and finances), I feel a standard curriculum can at best be planned for a country.

As for India, inequity poses a big challenge in pre-service selection on several counts, the level of education being one of them. We have marked regional differences in terms of Health indices, disease patterns, access to services and our National programs could do well to recognise those in implementing interventions for prevention, health promotion, referrals, curative service support, rehabilitation, or other.

The GDG [Guideline Development Group] recommendation for flexibility in curriculum or training process is justified even if the current evidence does not fully support it. There is no definitive evidence to the contrary either. The best practices are so varied in different situations even if we are to go by the NGO implemented projects. Most of the time, NGO programs with CHWs are designed to fill some gaps in the System rather than to integrate CHWs into the System. The applicability on a wider scale is not easy even when the Public-Private/NGO-Community partnerships manage to meet the local needs or program objectives with some grassroots convergence.

I am herewith sharing an evidence-based policy brief from a project (ANCHUL) by IIPH Delhi, (PHFI) where the team adopted principles of Implementation research to identify optimal approaches for a particular setting with the principal objective to develop intervention targeted towards ASHA workers (CHW) for improved processes to optimize or enhance their work performance.

It is possible we have some key findings here that one might want to refer to again while discussing a couple of other WHO recommended guidelines. [*see note below]

[https://phfi.org/wp-content/uploads/2019/06/anchul_4_page_policy_brief- ...](https://phfi.org/wp-content/uploads/2019/06/anchul_4_page_policy_brief-...)

Thank you.

Best regards,

Sunanda

Dr. Sunanda K. Reddy

Chairperson (Honorary), CARENIDHI

Adjunct Faculty, SACDIR, IIPH Hyderabad

Phone: +91-9818621980, +91-9560302666

HIFA profile: Sunanda Kolli Reddy is a Developmental Paediatrician from New Delhi, India, with a special interest in Early Child Care and Development of children with neurodevelopmental problems in underserved communities. She is actively involved in health promotion, community-based research, care provider training for promoting abilities of children with special needs, through the various programmes of Centre for Applied Research and Education on Neurodevelopmental Impairments and Disability-related Health Initiatives (CARENIDHI), which she heads (www.carenidhi.org). Her work in the community settings to widen the disability-in-development model of CBR encompasses the wider determinants of health and human capabilities and issues which impact the lives of the poor. She combines her experience in developmental paediatrics with the core work of CARENIDHI's grassroots convergence programmes in partnership with groups working in the area of Implementation research and policy. She is a member of the HIFA working group on Community Health Workers.

<http://www.hifa.org/projects/community-health-workers>

<http://www.hifa.org/support/members/sunanda>

write2sunanda AT gmail.com

[*Note from HIFA moderator (Neil PW): Thank you Sunanda. For the benefit of those who may not have immediate web access, this policy brief is titled: 'Planning, Implementation and Effectiveness of ANCHUL (AnteNatal and Child Health care in Urban sLums) intervention'. The brief is prepared by the ANCHUL project team at Indian Institute of Public Health-Delhi, Public Health Foundation of India. The ANCHUL intervention is an innovative approach to ASHA programming and 'has a specific focus on selection, training, monitoring and supervision of ASHAs with smooth execution of their day to day activities using job aids and effective use of data'.]

CHWs (94) The impact of the Ethiopian health extension program and health development army on maternal mortality

23 June, 2019

A new paper in Social Science and Medicine concludes 'it is hard to escape the idea that the HEP/HDA [Health Extension Program/Health Development Army] had a substantial effect on reducing maternal mortality'.

Citation, abstract and a comment from me below.

CITATION: Rieger M, Wagner N, Mebratie A, Alemu G, Bedi A. The impact of the Ethiopian health extension program and health development army on maternal mortality: A synthetic control approach.

Soc Sci Med. 2019 Jul;232:374-381. doi: 10.1016/j.socscimed.2019.05.037. Epub 2019 May 22.

ABSTRACT

The Ethiopian government has implemented nationwide strategies to improve access to basic health services and enhance health outcomes. The Health Extension Program (HEP) launched in 2003, expanded basic health infrastructure and local human resources. In 2011, the government introduced

the Health Development Army (HDA). HDA is a women-centered community movement inspired by military structures and discipline. Its special objective is to improve maternal health outcomes. This paper uses a synthetic control approach to assess the effects of HEP and HDA on maternal mortality ratios (MMR). The MMR data are from the Global Burden of Diseases (GBD) database. A pool of 42 Sub-Saharan African countries, covering the period 1990 to 2016, is used to construct a synthetic comparator which displays a mortality trajectory similar to Ethiopia prior to the interventions. On average, since 2004, maternal mortality in the control countries exhibits a moderate downward trend. In Ethiopia, the downward trend is considerably steeper as compared to its synthetic control. By 2016, maternal mortality in Ethiopia was lower by 171 (p-value 0.048) maternal deaths per 100,000 live births as compared to its synthetic control. Between 2003 and 2016, Ethiopia's maternal mortality ratio declined from 728 to 357. These estimates suggest that a substantial proportion of this decline may be attributed to HEP/HDA. The Ethiopian experience of enhancing nation-wide access to and use of maternal health services in a short time-span is remarkable. Whether such a model may be transplanted is an open question.

COMMENT (NPW): The HEP and its constituent HDA are a nation-wide community-based health initiative, based primarily on trained CHWs (Community Health Extension Workers). The statistics are impressive. Looking at the full text of the paper, it is notable that there has been a complementary massive increase in infrastructure also: 'Between 2000 and 2015 there has been a 20-fold increase in the number of health posts, a 10-fold increase in the number of health centers and a fourfold increase in the number of public hospitals.'

It would be interesting also to see corresponding data on neonatal mortality.

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

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CHWs (95) Good governance in primary health care for all: the role of WHO and individual governments

23 June, 2019

Good governance in primary health care for all: the role of WHO and individual governments (CHW # 95)

I am following the article posted by fellow HIFA members CHW #94 to highlight good governance in primary health care (abstract included below). Rieger M, Wagner N, Mebratie A, Alemu G, Bedi A. The impact of the Ethiopian health extension program and health development army on maternal mortality: A synthetic control approach. Soc Sci Med. 2019 Jul;232:374-381. doi: 10.1016/j.socscimed.2019.05.037. Epub 2019 May 22.

Average life expectancy in Ethiopia in 1960 was age 38, in 2000 it was age 52 and in 2018 it reached age 67. By any standard the last increase in life expectancy of age 15 years in 18 years should be considered unprecedented.

Good governance in primary health care is achieved when governments implement the established WHO regulations and standards as their national policies. Without good governance in primary healthcare it is safe to assume that the current good health and longevity could not be achieved globally. In 1948, when WHO was established, average global life expectancy was approximately 48.

All previous Director Generals of WHO have left their marks and made the world a better place. This brief response acknowledges three of them:

In 1967, WHO Director General Gomes Cadau, MD of Brazil presided over the eradication of smallpox, the only disease to be eradicated globally. For this to happen, WHO and all governments of all nations had to collaborate, which meets the definition of good governance in health.

In 1978, WHO Director General Dr Halfdan Theodor Mahler, MD of Denmark presided over the Alma Ata Declaration, also known as primary healthcare for all by the 2000, which resulted in substantial increases in life expectancy in developing countries, which also meets the definition of good governance in health.

In 2005 – 2012, in Ethiopia, the Minister for Health presided over a policy that promoted the expansion of community healthcare workers throughout the country, referred to in the article as Health Development Army (HAD), by hiring, training and dispatching more than 38,000 community health workers. That Minister is the current Director General of the WHO, Tedros Adhanom, MD, of Ethiopia. If Director General Adhanom could do for Africa what he did for Ethiopia, there will be no one left behind and it is safe to assume that the global average life expectancy will exceed age 70 in his first term and age 75 in his second term. In order for this to happen, governments of Africa, WHO and OECD member countries must work in collaboration, focusing on the underserved, expanding primary healthcare for all to include HPV vaccines for boys and girls age 12, as Australia did, and also preparing for emerging trends such as the aging of the global population and the impact of climate change on health.

Included here for reference:

ABSTRACT

The Ethiopian government has implemented nationwide strategies to improve access to basic health services and enhance health outcomes. The Health Extension Program (HEP) launched in 2003, expanded basic health infrastructure and local human resources. In 2011, the government introduced the Health Development Army (HDA). HDA is a women-centered community movement inspired by military structures and discipline. Its special objective is to improve maternal health outcomes. This paper uses a synthetic control approach to assess the effects of HEP and HDA on maternal mortality

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HIFA profile: Enku Kebede-Francis (PHD, MS, MEd) is an advisor in global health governance. She has worked for the United Nations (UNESCO, UNDP, UNFPA and UNDPI); was an Assistant Professor at Tufts University Medical School/Department of Public Health; and, a Visiting Scientist at the USDA's Center for Human Nutrition Research Center for Aging and a Visiting Fellow at the Australian National University Medical School. She also designed and implemented preventive health programs promoting women's health and tobacco cessation programs in Croatia and worked on addiction prevention programs in Florida and Massachusetts, USA. Her professional interests include preventing scurvy and childhood blindness in developing countries using micronutrients. An advocate for primary healthcare for all as a right, she published a textbook in 2010, Global health Disparities: closing the gap through good governance.

CHWs (96) Modalities of pre-service training (3) ANCHUL (AnteNatal and Child Health care in Urban sLums)

24 June, 2019

Dear HIFA colleagues,

Sharing herewith a link to the work of Anchul team again. Also attached is the Pdf version. [*see note below]

This comes to you now on behalf of Dr. Suparna Ghosh (also a HIFA member) who was the Principal investigator. She is currently busy with a research project in the interior remote areas with poor net connectivity. Hence, I am sharing this with you now because there is much here that is relevant for the current discussion on CHWs.

<https://phfi.org/wp-content/uploads/2019/06/ANCHUL-Toolkit-Final.pdf>

Thanks and regards,

Sunanda

HIFA profile: Sunanda Kolli Reddy is a Developmental Paediatrician from New Delhi, India, with a special interest in Early Child Care and Development of children with neurodevelopmental problems in underserved communities. She is actively involved in health promotion, community-based research, care provider training for promoting abilities of children with special needs, through the various programmes of Centre for Applied Research and Education on Neurodevelopmental Impairments and Disability-related Health Initiatives (CARENIDHI), which she heads (www.carenidhi.org). Her work in the community settings to widen the disability-in-development model of CBR encompasses the wider determinants of health and human capabilities and issues which impact the lives of the poor. She combines her experience in developmental paediatrics with the core work of CARENIDHI's grassroots convergence programmes in partnership with groups working in the area of Implementation research and policy. She is a member of the HIFA working group on Community Health Workers.

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write2sunanda AT gmail.com

[*Note from HIFA moderator (Neil PW): HIFA does not carry attachments. The PDF is available at the above URL.]

CHWs (97) Understanding the challenges faced by CHWs

25 June, 2019

I have been based in Mukono, Uganda for the past 10 months working with a small group of 14 Village Health Team members. The project has had three main phases: 1. Conduct a period of indepth qualitative participatory work to understand the challenges faced by CHWs in this area; 2. Co-design an intervention to improve supervision and address some of the challenges working with CHWs, NGOs, District Health Officials and WHO; 3. Implement and evaluate the programme.

I have established a very active WhatsApp group with the 14 CHWs. I am sure they would be happy to be in touch. [*see note below]

Best wishes,

James

HIFA profile: James O'Donovan is a doctor and a DPhil candidate at Oxford University, UK. His research interests include the use of mobile phones for community health workers in low- and middle-income countries. He is a member of the HIFA working group on CHWs.

<http://www.hifa.org/support/members/james-0>

<http://www.hifa.org/projects/community-health-workers>

james.odonovan@seh.ox.ac.uk

[*Note from HIFA moderator (NPW): Thank you James. Giving CHWs a voice is critical (and challenging) and HIFA would love to connect with the 14 Village Health Team members in your group. You are best placed to suggest how, but possibilities might include:

1. making them aware of the CHW Guideline and perhaps select specific aspects that may be of interest to them, and ask what they think
2. making them aware of HIFA and how to join
3. for those unable to join, offering to share their (anonymised) views and perspectives
4. sharing with HIFA what you have learned so far 'to understand the challenges faced by CHWs' in this group.

Are any other HIFA members in direct contact with CHWs? Please get in touch.]

CHWs (98) Compilation of messages during week 3

25 June, 2019

Dear HIFA colleagues,

Thank you for all your contributions to this important discussion!

Please find here a compilation of messages during week 3 (14-20 June 2019), with thanks to HIFA volunteer Sam Pakenham-Walsh:

http://www.hifa.org/sites/default/files/articles/CHW_discussion1_compila...

We hope you find this useful to review and contribute to the ongoing discussion.

Background to the discussion and all compilations are available here:

http://www.hifa.org/sites/default/files/articles/CHW_discussion1_compila...

(scroll down to see the PDF links)

To contribute to the discussion, please send email to: hifa@hifaforums.org

With thanks, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Access the CHW Guideline here:

<https://www.who.int/hrh/community/en/>

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CHWs (99) Understanding the challenges faced by CHWs (2)

26 June, 2019

Hi James. [James O'Donovan, UK/Uganda: <http://www.hifa.org/dgroups-rss/chws-97-understanding-challenges-faced-chws>]

I am interested in the feedback from the CHWs. I have been working with communities in south east Nigeria and we are designing a project to develop an informal group of CHWs to meet the needs of hard to reach communities. Their health care needs are far from being met and the formal sector (primary health care structure) is very weak. It is important to have the commitment of all stakeholders in making the system an effective one. Sadly this is lacking at the community level and this can sometimes affect the work that the CHWs can do. Information from your group of CHWs would be helpful in the conversations with the community on the implementation of this activity.

Thanks.

Ranti Ekpo

Ranti Ekpo is Program Manager/Researcher at the dRPC in Nigeria. Professional interests: Health Advocacy, Child Health, Child diarrhoea, Childhood Pneumonia, Child Nutrition, Routine Immunisation, Family Planning. ekpooy AT yahoo.co.uk

CHWs (100) Understanding the challenges faced by CHWs (3)

27 June, 2019

It is critical to discuss HOW we engage the CHWs. I would be interested in this discussion on pedagogy.

I subscribe to Paolo Freire and the works influenced him. It is also worthwhile to look at the SALT approach. [*see notes below]

HIFA profile: Kausar Skhan is with the Community Health Sciences Dept of Aga Khan University, Karachi, Pakistan. kausar.skhan AT aku.edu

[*Note from HIFA moderator (Neil PW):

1. Paulo Freire (1921 – 1997) was a Brazilian educator and philosopher who was a leading advocate of critical pedagogy. He is best known for his influential work, Pedagogy of the Oppressed, which is generally considered one of the foundational texts of the critical pedagogy movement. https://en.wikipedia.org/wiki/Paulo_Freire

2. Advocates of critical pedagogy view teaching as an inherently political act, reject the neutrality of knowledge, and insist that issues of social justice and democracy itself are not distinct from acts of teaching and learning. The goal of critical pedagogy is emancipation from oppression through an awakening of the critical consciousness, based on the Portuguese term conscientização. When achieved, critical consciousness encourages individuals to effect change in their world through social critique and political action. https://en.wikipedia.org/wiki/Critical_pedagogy

3. SALT Approach (Stimulate, Appreciate, Listen/Learn, Transfer) <http://www.cominit.com/polio/content/polio-project-using-salt-approach-...>]

CHWs (101) Understanding the challenges faced by CHWs (4)

27 June, 2019

The effective and efficient use of CHWS whether they are TBAs or malaria agents or any other sectors specific is an alternative source. In Eritrea we were training and equipping Comprehensive CHWs in very remote hard to access (transport wise) villages.

Train them in CIMCI [Community Integrated Management of Childhood Illness], malaria control, sanitation and disease prevention and they will help. If there is a trained TBA who can advise a pregnant mother the advantages of delivering in a health facility she has done a lot of help. The other concern is the issue of remuneration without an incentive it would be incomplete let's learn the lesson from Ethiopia about that. IN Bodies can contribute a lot in those countries who cannot afford to do that. WHO guideline is not enough. Let the rich countries start the commonly accepted approach to solve the problem of access. It is obvious A comprehensive CHW is a solution in the right place.

HIFA profile: Toumzghi Sengal is a physician assistant and currently works as editor and free lance consultant in Eritrea and East Africa region. toumzghisen11 AT gmail.com skype:toumsen13 He is a HIFA Country Representative

<http://www.hifa.org/support/members/toumzghi-0>