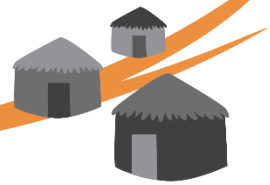
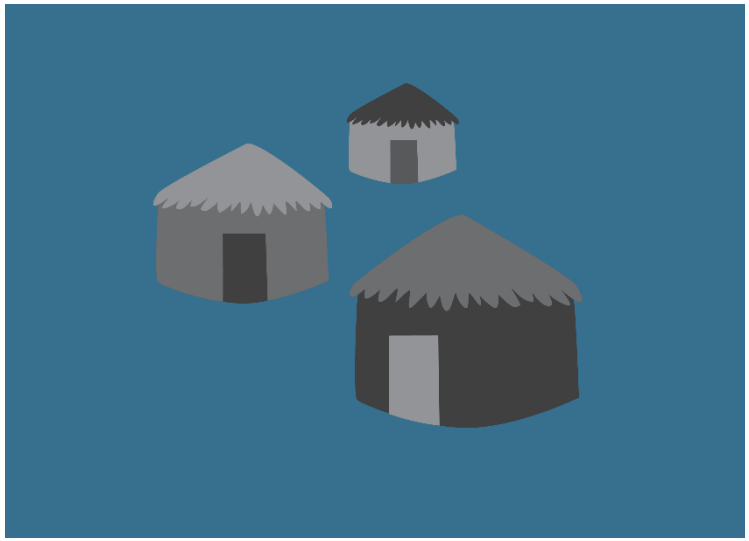
Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



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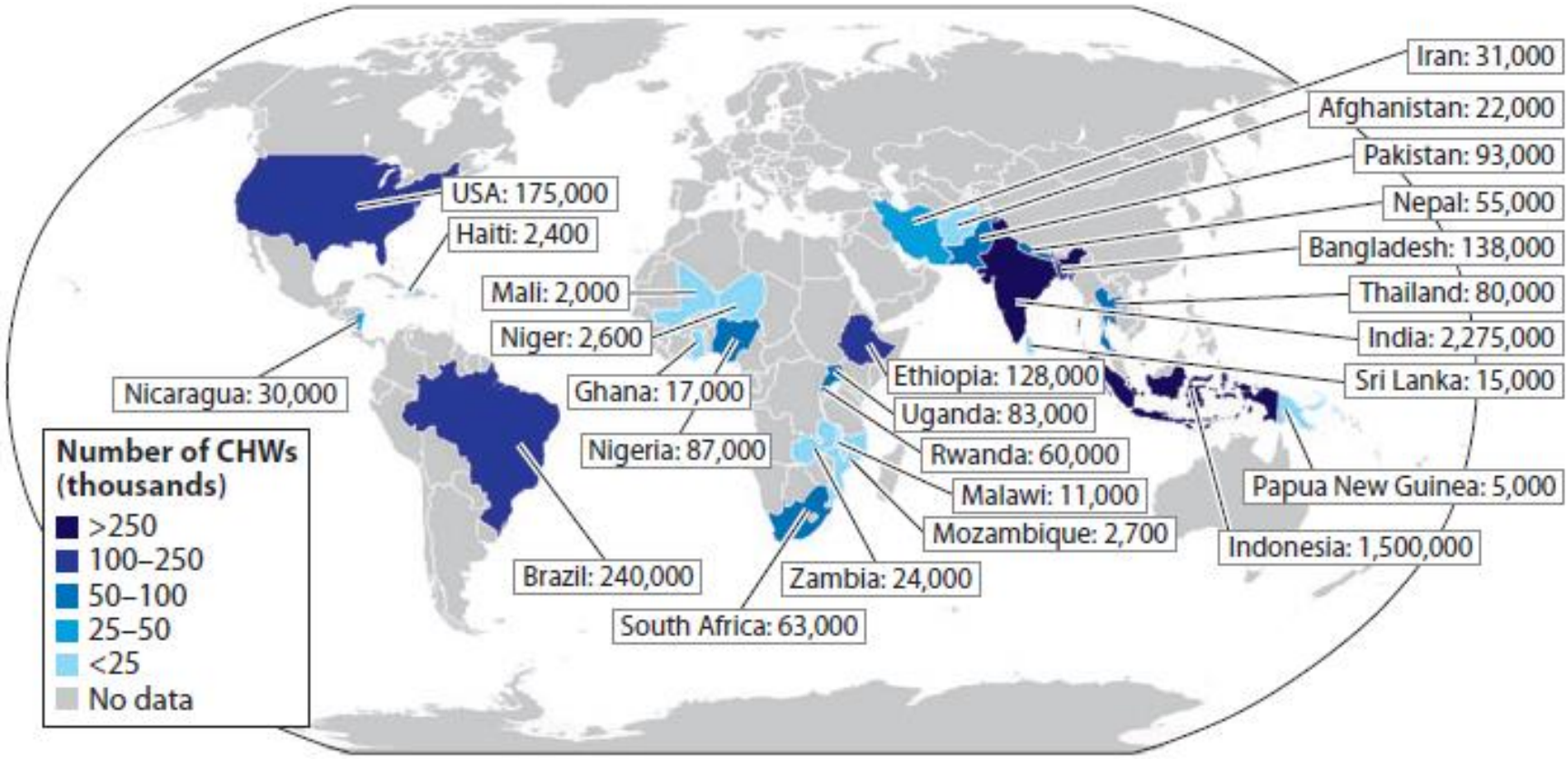
Introduction to the C3 tool (CHW Coverage and Capacity) to strengthen CHW policy and programming

Institutionalizing Community Health Conference March 28, 2017

Presented by Melanie Morrow

Challenges for CHWs
Endless need; finite resources



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What is the C3 Tool?

- An Excel-based tool for examining options of CHW allocation and engagement

C3

CHW

Coverage

(and) **C**apacity

- A step toward rational planning for CHW programming

Illustrative Input: Snippet of policy options screen

	Included in CHW programme?	Coverage of interventions	CHW 1 (Full-time, Paid)	CHW 2 (Full-time, Volunteer)	CHW 3 (Part-time, Paid)	CHW 4 (Part-time, Volunteer)
Maternal Health						
ANC	yes	75	25	25	25	25
Labour & Delivery	yes	75	50	50		
Post-partum	yes	75	50	10	30	10
Newborn Health						
Exclusive Breastfeeding	yes	75	75		25	
Post-Delivery Checks	yes	75	100			

Decision to include intervention in CHW program

Proportion of needed services that would be delivered by CHWs

Decision about distribution of workload among various CHW types

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Potential uses of C3 Tool

- Planning at district (primary target), regional and/or national levels with support from MCSP staff experienced with the tool.
- Scenario building:
  "what if we ask X of CHW type Y?"
- Reality check: can our plan really work? If not, what modifications would make expectations
- *Not* a costing tool

Illustrative policy questions

- How many CHWs are needed to implement the draft CHW policy in Country X?
- How would “full” and “partial” implementation of the policy differ?
- What health services delivered by CHWs have the biggest impact on time use?

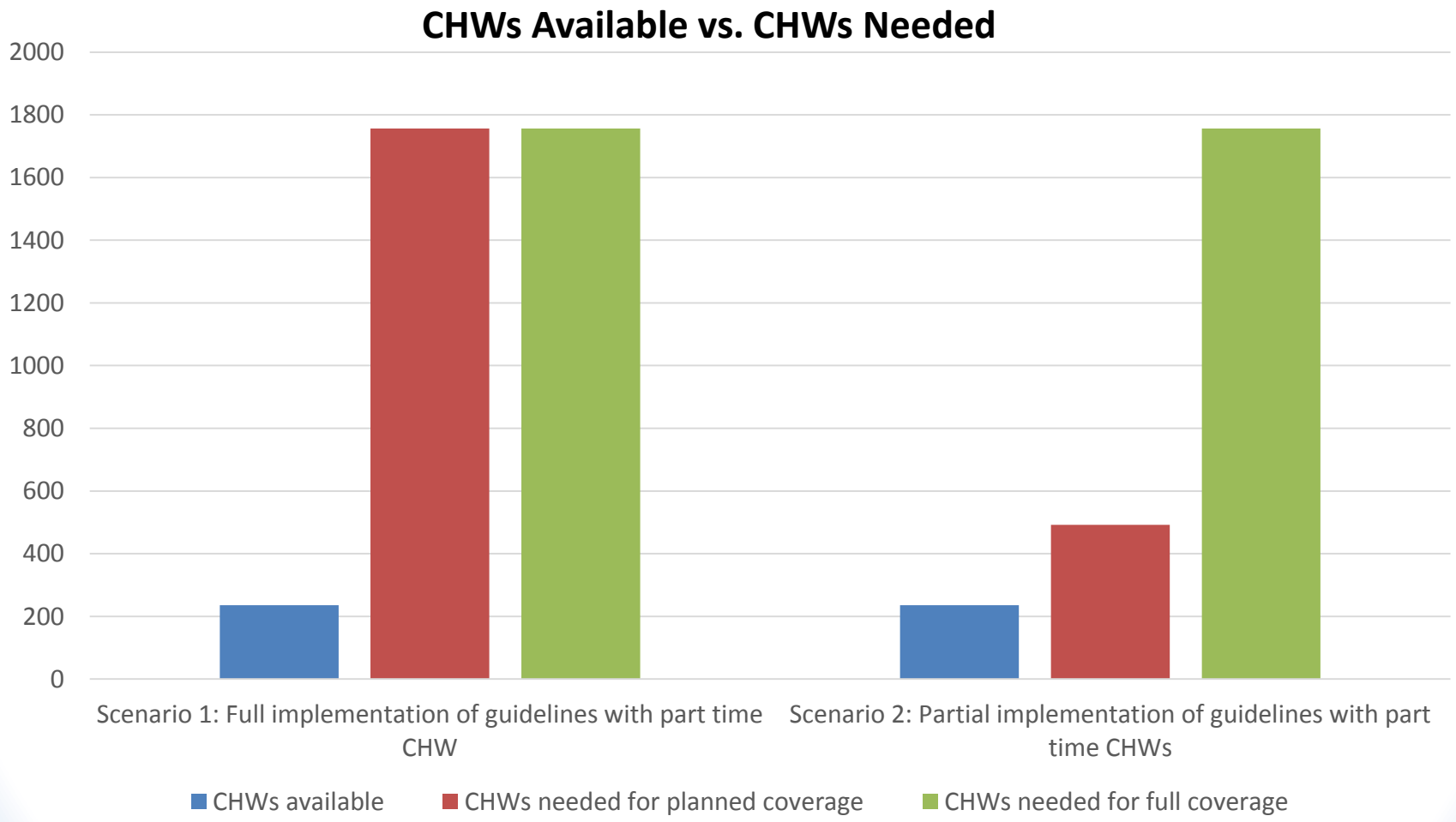
C3: Assumptions

- To make the model, we incorporate:
  - Population
  - Available days/hours of work
  - Time for travel
  - Time for each activity in scope of work as related to disease burden.

General disclaimer

- C3 results are based on *assumptions* for different *scenarios* of use of community health human resources:
  - Not actual evidence unless data available
  - But ‘reasonable guesses’
- C3 serves to identify potential significant policy-to-program gaps (not small variation)
- C3 is meant to open discussions for the MOH and partners
- Some important assumptions may require studies to establish actual benchmarks – we advise against seeking absolute certainty on all assumptions if they are “good enough” to compare scenarios

Illustrative C3 output: comparison of 2 scenarios



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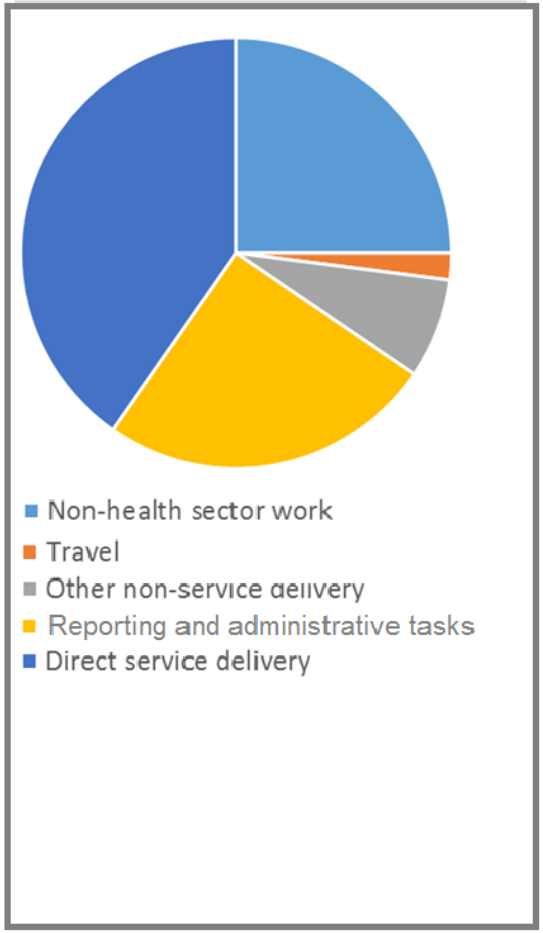
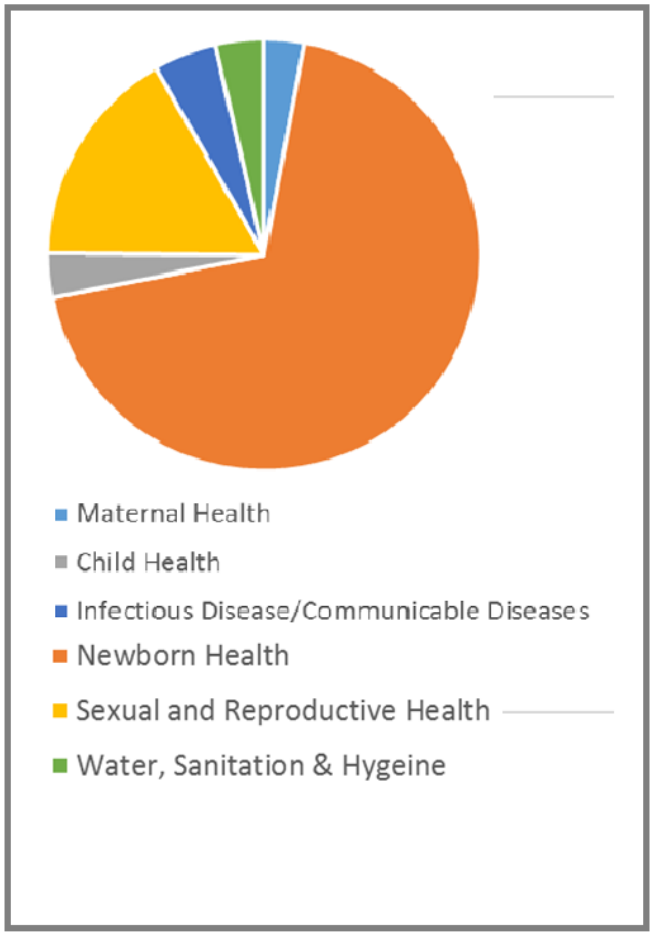
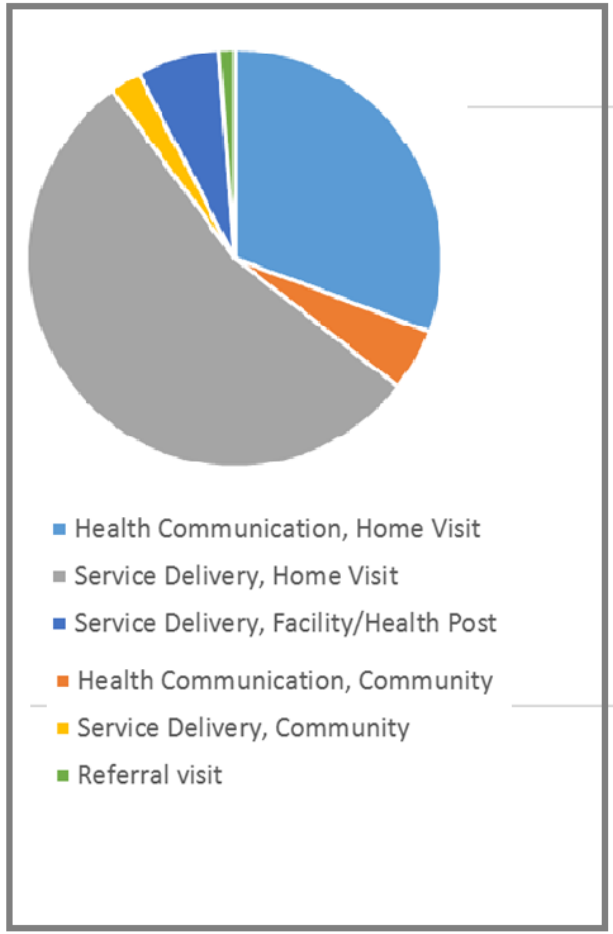
Illustrative C3 output: CHW time use







Across functions **Across technical areas** **Across activity types**

Sample policy options for discussion of hypothetical scenario short 10,000 CHWs

Option	Pros	Cons	Conclusion
Immediately recruit and train 10,000 more CHWs	Allows coverage of 1 CHW/21 HHs	Cost and challenges of scale	Is it realistic?
Take away iCCM from CHW role in accessible areas	Gives time for more preventive outreach and coverage (1 CHW/42HH)	Is access to treatment of malaria, pneumonia, diarrhea (high burden of disease) in health facilities satisfactory?	Responsiveness to drivers of mortality in accessible areas?
Geographic targeting: Concentrate CHWs in hard to reach areas, and provide full set of services **(not tested in the C3 model)**	Likely areas of maximum need (equity and impact). Better fit between targets and human resources available.	Current distribution may not match need. Unit cost of CHW support system higher in hard to reach areas. Political feasibility of incomplete national coverage.	Maximum targeting, but responsiveness to drivers of mortality in accessible areas further challenged. (How accessible are accessible areas?)
Household targeting: Limit home visits to ANC-PNC period + sick child. **With addition of community-based and group-based strategies for promotion of preventive** **(not tested in the C3 model)**	Very strategic: maximizes potential for impact from trained and professionalized CHWs	Requires partnerships and active community-outreach and SBC strategy	Rebalancing roles and strategy

For more information, please visit

www.mcsprogram.org

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