Improve performance of CHWs/CHVs by strengthening the community system

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Challenges:
1. Low coverage
2. Low retention
3. Lack of follow-up
4. Low referral

Because:
1. Large coverage area
2. No transportation
3. No support

Therefore:
1. Not able to reach all households
2. Miss hard-to-reach households
3. Not able to reach underserved households
4. Low motivation
Health care structure in the community

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Community health workers play an important role – but are they set up to succeed?

Context:
Current shortage of 7.2 million health workers

Ram Shrestha
Problem: No formal structure from health facility to household

Possible solutions:

1. More CHWs
OR
1. More CHVs

Both of them require additional funds

OR
1. Strong community support

Moderate cost
Interventions tested to motivate CHWs/CHVs

- Recognition
- Respect
- Status
- Incentives
- Trust (Relationship)

**Good motivation and good program results - in the short term**

**Why?**

Lack of continued support
CHW/CHVs

1. Reach HHs through community groups unless HH needs special health service from CHW
2. Each CG member responsible for his/her family member’s health issues
Community Health System processes:

1. HF to VC to CG to HH
2. HH to CG to VC to CHW/CHV to HF to DHMT
Application of QI approach to improve quality of services at the community level

(strengthen the linkages between community and health facility)
HF coach interacts with community people to establish a map of community health structure.
PROCESS of Community System

Local Govt

VDC  Chief

PLHIV

CQI Team
LC+PL+VC+C+PT+HF+

HEA

Health Post

PTA

Church

District Health Team

Health Post

Health Team

PLHIV

VHC

Local Local Local Local Govt Govt Govt Govt
**PLHIV identification** with engaged community health system, Buikwe District, Uganda

**Cumulative number of PLHIV identified in 10 villages of Uganda, June 2012 - January 2014**

- Estimated number of people living with HIV in the community (9% prevalence)
- Total HIV patients identified by Community system including VHTs
- Total identified by Village Health Teams (VHTs) alone

### Change ideas:
- Linking with existing HIV service organizations for HIV testing outreach in the community
- QI teams raise HIV/AIDS awareness in places of worship
- QI team conduct awareness activities during mass activities (e.g., hygiene and immunization days)
- QI team members conduct HIV awareness to their families
- Disseminate HIV messages to men at work (e.g., during brick laying)
Developing self-management plans among identified PLHIV + improved clinical status, Buikwe District, Uganda

% People living with HIV with Self Management Plans, June 2012 – November 2013

% People living with HIV with improved clinical status, July 2012 – November 2013
Results: % of pregnant women screened for anemia during ANC visits, 103 sites, Sikasso Region, Mali, Jan–Aug 2016

43 sites of Bougouni
60 sites of 3 new districts of Sikasso (Yanfolila, Kadio, Kolondiéba)

Training, coachings and implementation of best practices

Total number of pregnant women received at ANC (old and new)
Results: Increase in HIV testing, Muheza District, Tanzania

Number of Clients Tested for HIV from Mkuzi and Kilulu Communities in Tanzania, September 2013 - June 2014

- Clients who were tested Male
- Clients who were tested Female

Average # of clients tested per month: 75

Baseline Period: Each village has 2 government HBC providers encouraging people to go for testing

Late January 2014: First Community QI Team Meeting

Feb 2014: HBCs get support from community system

Average # of clients tested per month: 141
March-June Period: after busy February month catching up
Reduction of LTFU patients at Palla Road, Botswana, February 2, 2016 – March 29, 2016

<table>
<thead>
<tr>
<th>Feb 2, 2016</th>
<th>Feb 16, 2016</th>
<th>Mar 1, 2016</th>
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<tbody>
<tr>
<td><img src="image1" alt="Recorded lost to follow up" /></td>
<td><img src="image2" alt="Returned to facility" /></td>
<td><img src="image3" alt="Confirmed deceased" /></td>
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SUMMARY

• Use government health structure
• ASSIST plays the role of facilitator; characteristics of the approach:
  • Use **existing networks** to expand reach of CHW
  • Develop **communication channels** from HH up to facility.
    • down comes **health messaging**, up goes **case information**
  • Create **data system** for data collection at community to be compared with facility data to understand performance of area that community can influence
  • Institute a **system** for regular **review** of performance data to determine what needs improvement
  • Promote **locally developed solutions** that can be immediately **tested** in a short time to determine effectiveness using the performance data-
  • **QI approach** which is different than other projects which do long term planning and data review infrequently or not at all
Thank You