



Advancing community health worldwide.

Governance and Sustainability of Community Health Worker Programs

February 13, 2020 | 10:00AM-11:30AM EST

Hosted by the S4H Working Group



S4HWG

Systems for Health Working Group

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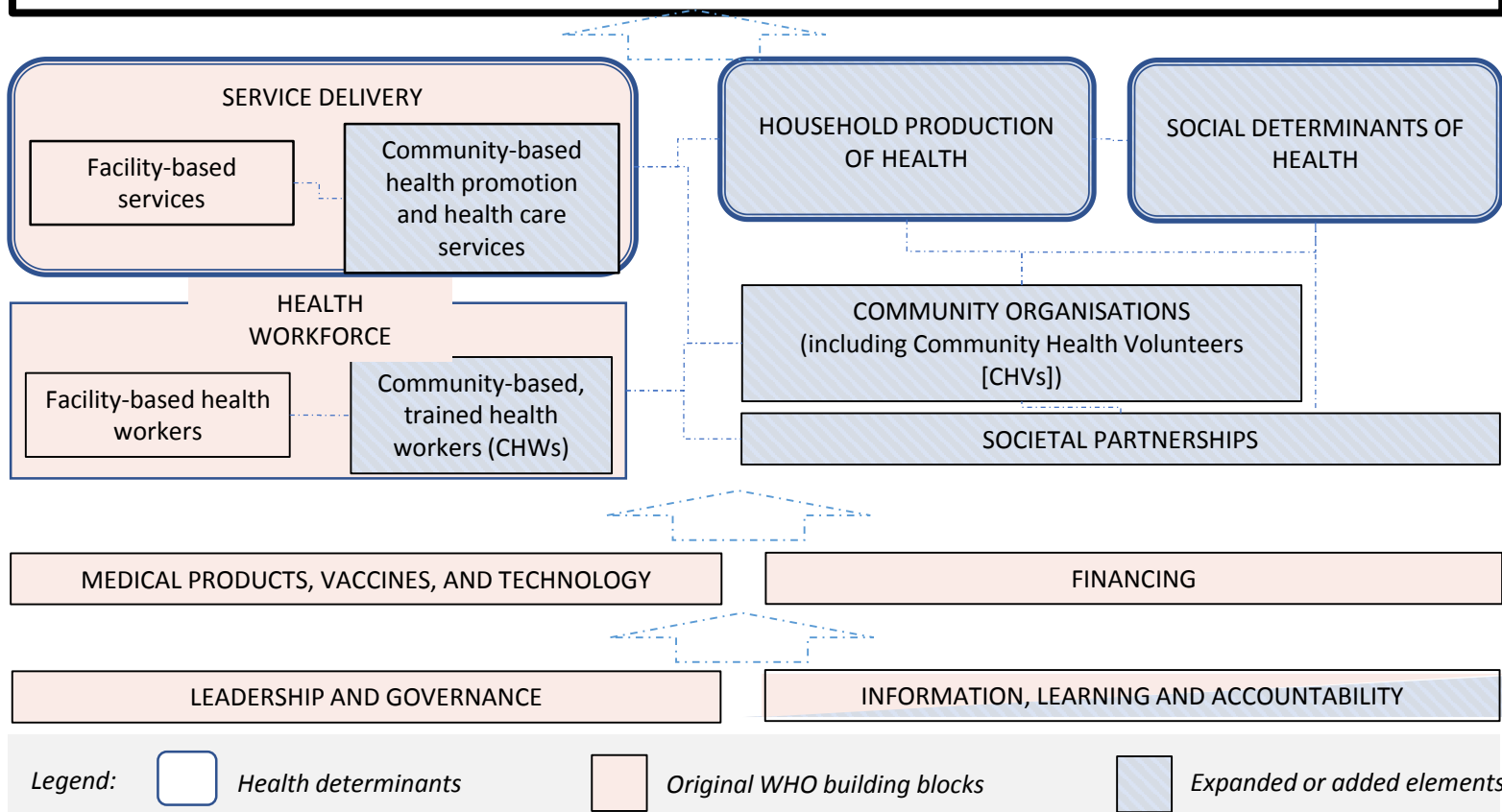
Vision:

The Systems for Health Working Group seeks to promote people-centered, [Community-Inclusive Systems for Health](#), which deliver packages of health interventions, connecting social and health care structures, and valuing the agency of communities to own their future.

A collaborative publication included in the BMJ Global Health Supplement on [The Alma Ata Declaration at 40](#) reflects the evidence-based concept of [Community-Inclusive Systems for Health](#) as an organizing platform to advance these issues.

Community-Inclusive Systems for Health

Healthy People and Communities



S4HWG

Systems for Health Working Group

We are interested in cross-cutting issues, which contribute to strengthening systems for health, such as:

- The full integration of community-based systems into national health systems and strategies
- Community health human resources
- Community management structures
- Social capital
- Civil society engagement
- Social accountability and health systems' responsiveness

S4HWG

Systems for Health Working Group

Our current focus areas:

- Global Health Agenda Advocacy for Community-Inclusive Systems for Health
- Social Accountability
- Optimizing Community Health Worker Programs / Human Resources for Community Health

S4HWG

Systems for Health Working Group

Join us as a member, find out what **work stream** you can contribute to

- Global Health Agenda Advocacy for Community-Inclusive Systems for Health
 - Dissemination and Advocacy for 'Community-Inclusive Systems for Health' framework
 - Connect S4HWG to WHO's initial efforts to address working with community groups for health
- Social Accountability
 - Institutionalizing Social Accountability within Health Systems
 - Participation in the WHO Community of Practice on Measuring Social Accountability and Outcomes
- Optimizing Community Health Worker Programs / Human Resources for Community Health
 - Lessons on CHW system governance at community level
 - Experiences in the implementation of CHW programs using the WHO guidelines for CHW programming Quantify the Case for Quality
 - *Exploration of community health financing issues under the S4H framework*

or mobilize to start a new work stream.

Speakers



Lauri Winter
Independent
Consultant

Co-Chair, Systems
4 Health Working
Group



Yambo Tankoano
Technical Director,
Programs, CMMB



Dr. Telesphore Kabore
Senior Community
Health Advisor, Save
the Children,
Breakthrough ACTION

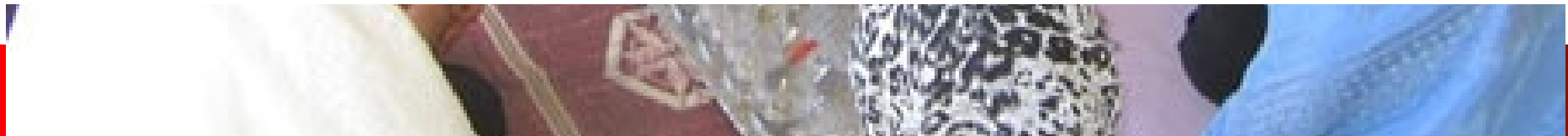


Dr. Mohammed Ali
Chief of Party, USAID
Acute Care and
Emergency Referral
Systems Project,
CRS Ghana





Governance and Sustainability of Community Health Worker Programs: Experiences and lessons learned over time



Save the Children®

Dr. Telesphore E L Kabore,
Senior Community Health Advisor
February 13, 2020

Today in 20 minutes

1. Introduction/Background/Justification

2. Key pillars of community health

3. What does the model look like?

4. CHCs/HFMCs key roles and responsibilities in supporting CHW

5. Methodology for strengthening CHCs/HFMCs capacities

6. Common challenges

7. How can we optimize community groups performances to sustain CHW



Introduction: Does the lunch menu participate in the lunch?

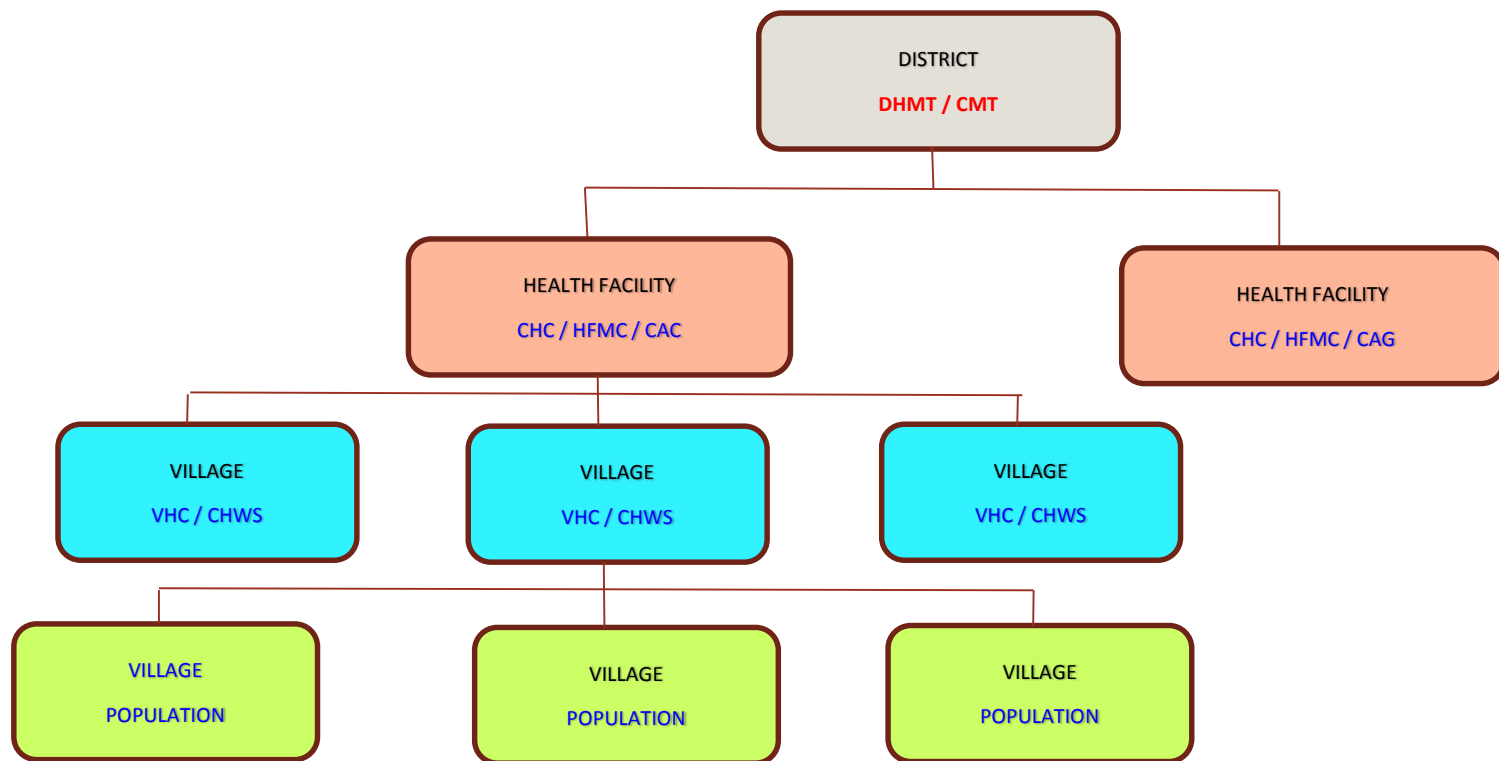


Pillars of Community Health



- 1) Strengthening community service delivery (integration with facilities),
- 2) Community capacity strengthening/mobilization to increase norm change, address barriers to demand for, access to and use of services, and
- 3) Community-based SBC activities to address and support household level behavior change.

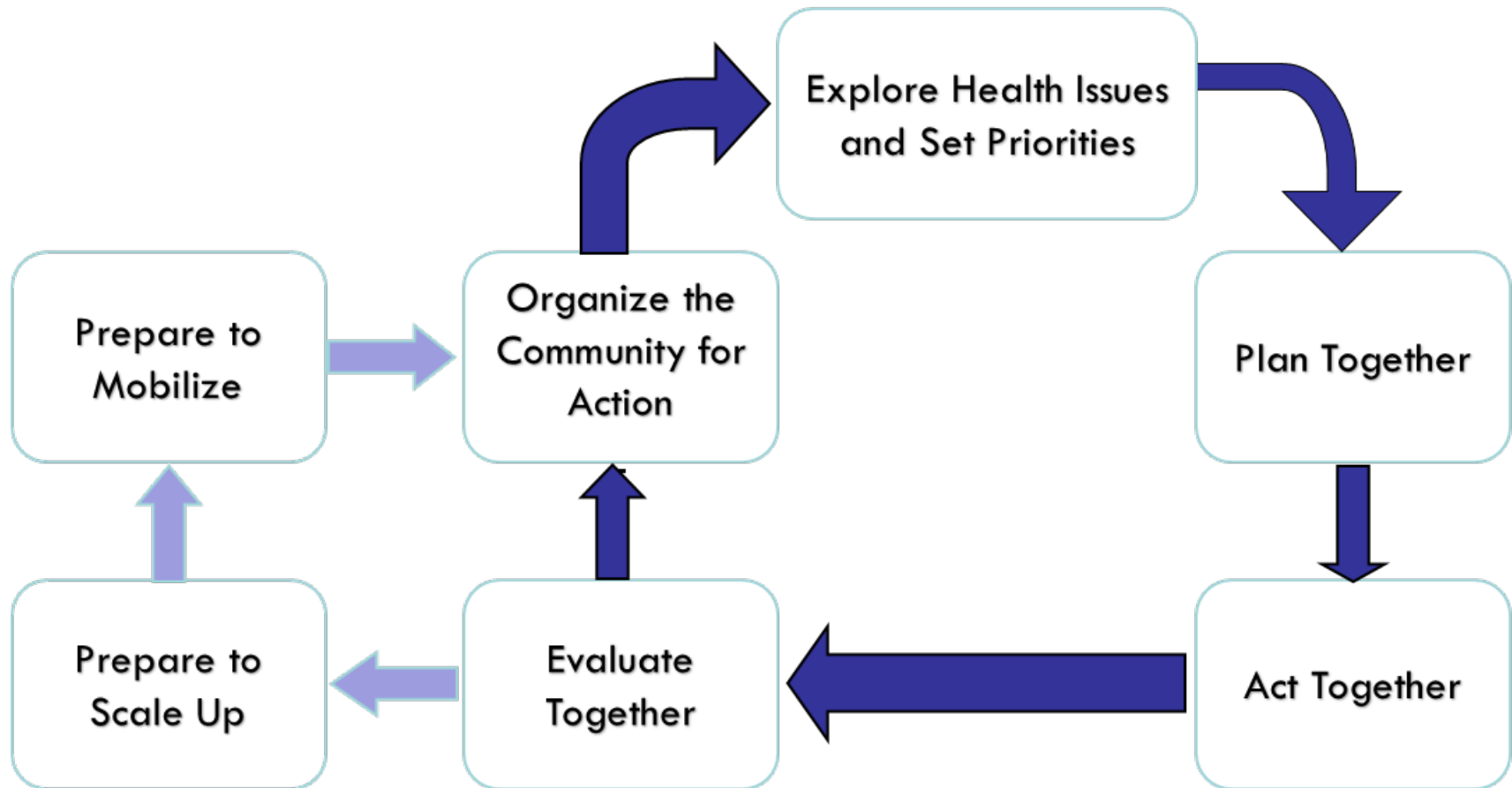
How does the Model look like?



CHCs/HFMCs Key Roles and Responsibilities in supporting CHW

- Exploring health related problems planning implementing collective actions to solve problems
- Mobilizing internal and external resources to fund local initiatives
- Participating in selection, training, equipment, supervision of CHVs
- Providing support to CHWs including motivation/incentives, gathering audiences, managing conflicts
- Developing and implementing internal bylaws
- Helping to link community initiatives with the health facility and other social services
- Gathering and reporting information/data on health prevention, promotion and care activities within the community
- Meeting on a regular basis to monitor, document progress achieved and make necessary readjustment

CHCs/HFMCs Capacity Strengthening Process



Common Challenges

- Limited anchorage/institutionalization with the health system (planning; budgeting; supervision; monitoring)
- True buy in and commitment at operational level/superficial understanding of community participation
- Limited funding for community collective action
- Lack of clear/consistent policy for CHCs/HFMCs motivation
- Disconnect between CHCs/HFMCs and CHWs work

How can we optimize CHCs/FHMCs performances to sustain CHW?

Factors contributing to success

- Community is involved, particularly at the strategic planning stage, and CHW selection guided by community opinion
- Integration to the health and **community** systems
- Broad political support. Responsibility of galvanizing and mobilizing communities rests solely with CHWs.
- Range of services and commodities reflect the preferences of the communities served



How can we optimize CHCs/FHMCs performances to sustain CHW

- Institutionalization of community health therefore linking CHCs/HFMCs and CHWs to the health and community systems
 - Strengthen collaboration/linkage with local government & municipalities
 - Clear and consistent participatory processes and tools for Planning; budgeting, monitoring
 - Consistent and standardized participatory processes and materials for training and coaching CHCs/HFMCs

How can we optimize CHCs/FHMCs performances to sustain CHW

- Institutionalization of community health therefore linking CHCs/HFMCs and CHWs to the health and community systems
 - Establishment of a competent multi-sectoral team to provide ongoing facilitation and support
 - Support and guidance on how community level data including CHWs produced ones can be utilized to inform community collective action
 - Clear guidance for incentivizing CHCs
 - On a longer term we need to weave all the above to HW pre-training curricula

Some few thoughts on Measurement (1)

Percentage of supported community groups or committees that completed at least one health or development activity described in their action plans in the last three months

Percentage of targeted community groups that implement actions collectively in collaboration with CHWs and overcome at least one social or structural barrier to at least one health behavior

THANK YOU



Save the Children

Questions?





Lessons on Community Health Worker System Governance at Community-Level

CRS Ghana's Case Study of CHCs/HFMCs Functioning and Governing Roles for CHW programs

February 13, 2020

Webinar by:

Mohammed Ali, MPH, PhD

faith. action. results.



Presentation Outline

- Background to Ghana's Primary Healthcare Program-
Community-Based Health Planning and Services (CHPS)
- Key Stakeholders and Structure in CHPS Operation
- General Principles of the CHPS Policy
- Aligning Ghana's CHMCs with programmatic elements
- CRS Ghana and Strengthening of CHPS
- Lessons Learned: CHPS & Community Health Worker Governance
- Ongoing Health Projects of CRS Ghana



Ghana's CHPS Program

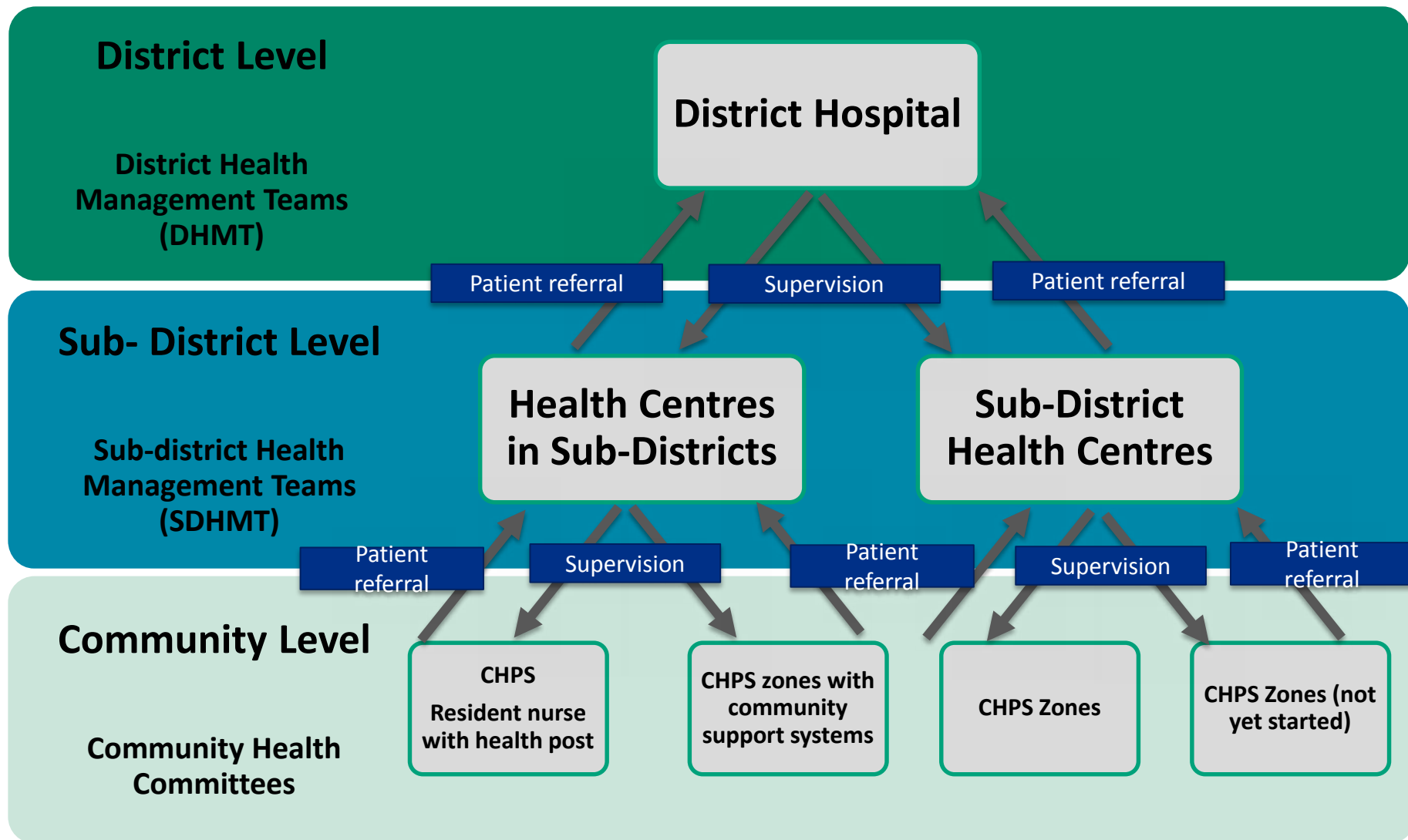
**Community Based Health Planning and Services (CHPS),
a primary healthcare program:**

1. Is a set of close-to- client health service delivery strategies.
2. Reorients 'primary healthcare' delivery from the health facility to the community and households.
3. Empowers **community leaders and members** and involve them in healthcare delivery.



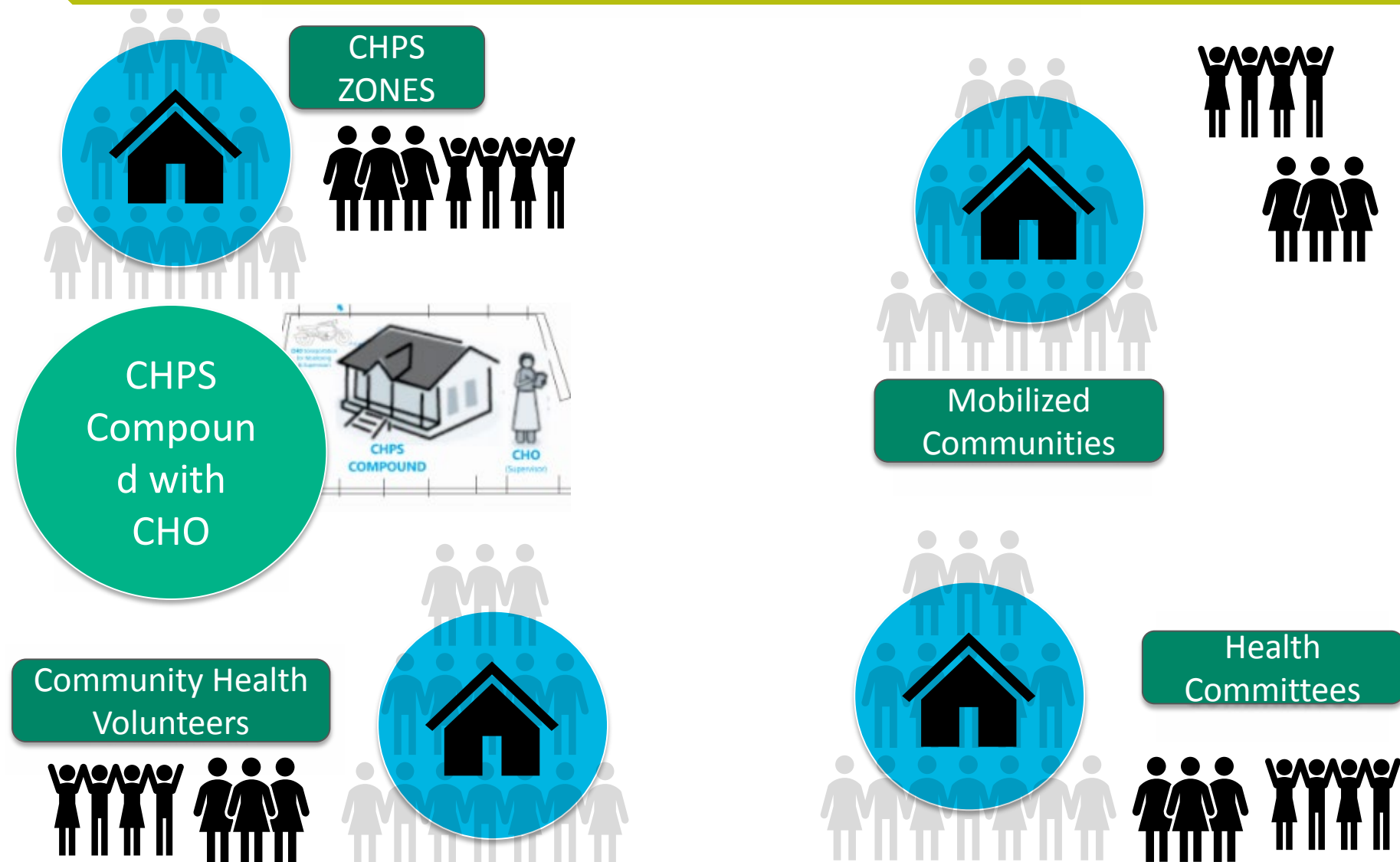


Organization of District Health Service System in Ghana





CHPS Operations: the structure





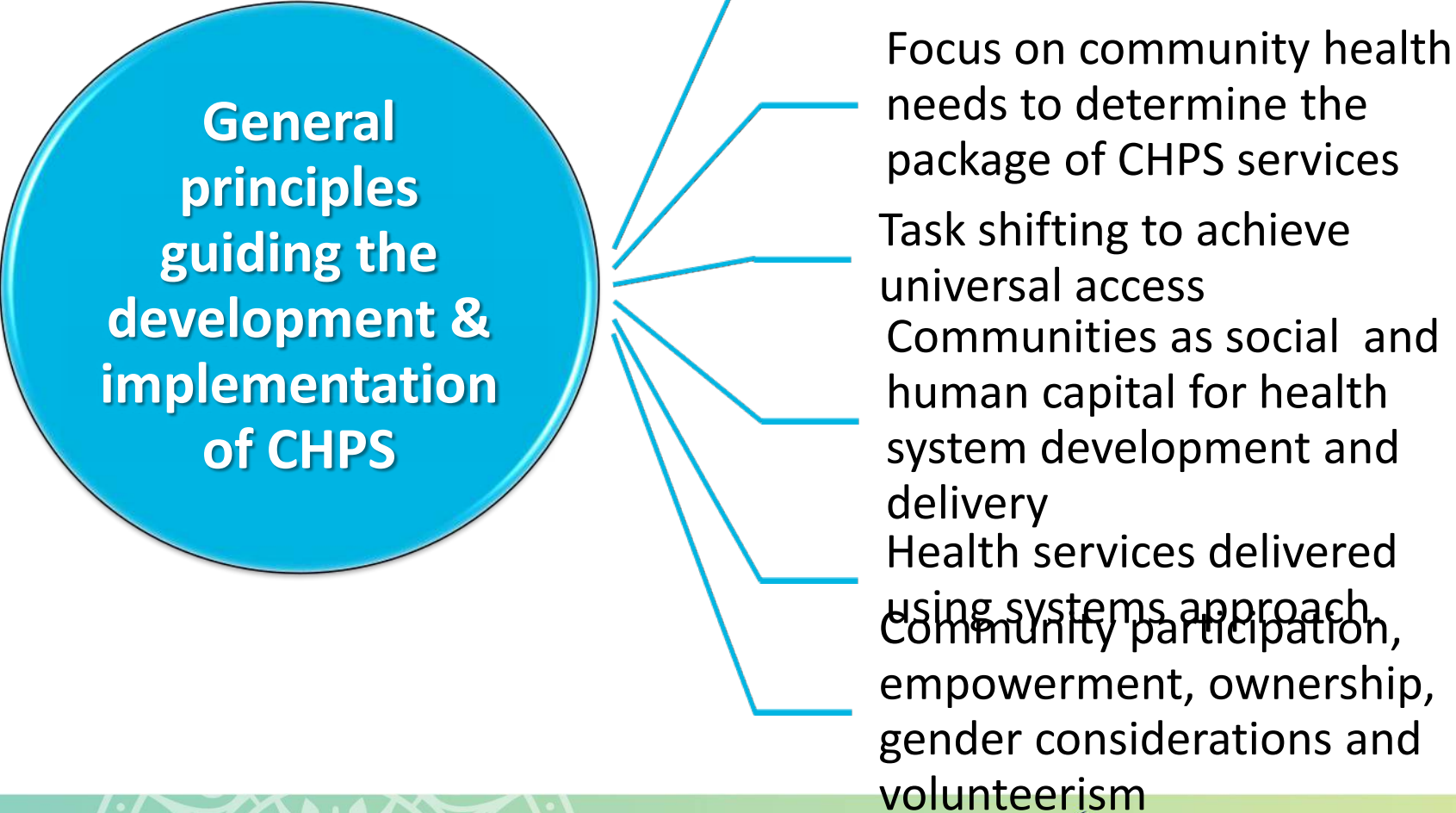
CHPS Operations: Stakeholders' Roles

- ✓ **The Community Health Volunteer & Traditional Birth Attendants**— community liaison, education, CBS, referrals
- ✓ **The Community Health Management Committee (CHMCs)** – plan health programs, referrals, support the CHO's etc.
- ✓ **The Community Health Officer (CHO)** – education, service provision, referrals, diplomacy
- ✓ **The Sub-District Health Management Team (SDHT)** – demarcating CHPS zones, community engagement, managing CHO's, supervision, logistics
- ✓ **The DHMT** – direction, resource mobilization, training, monitoring and supervision





General Principles of the CHPS policy



A mind map diagram with a central blue circle containing the text 'General principles guiding the development & implementation of CHPS'. Six lines radiate from the right side of this circle to six separate text blocks on the right, each representing a principle.

General principles guiding the development & implementation of CHPS

CHO as a Leader and Mobilizer

Focus on community health needs to determine the package of CHPS services

Task shifting to achieve universal access

Communities as social and human capital for health system development and delivery

Health services delivered using systems approach, Community participation, empowerment, ownership, gender considerations and volunteerism



Aligning Ghana's CHMC/CHC to the Core group's Programmatic Elements



Incentives for Members



Supervision of Members



Budget



**Member training and capacity
building**



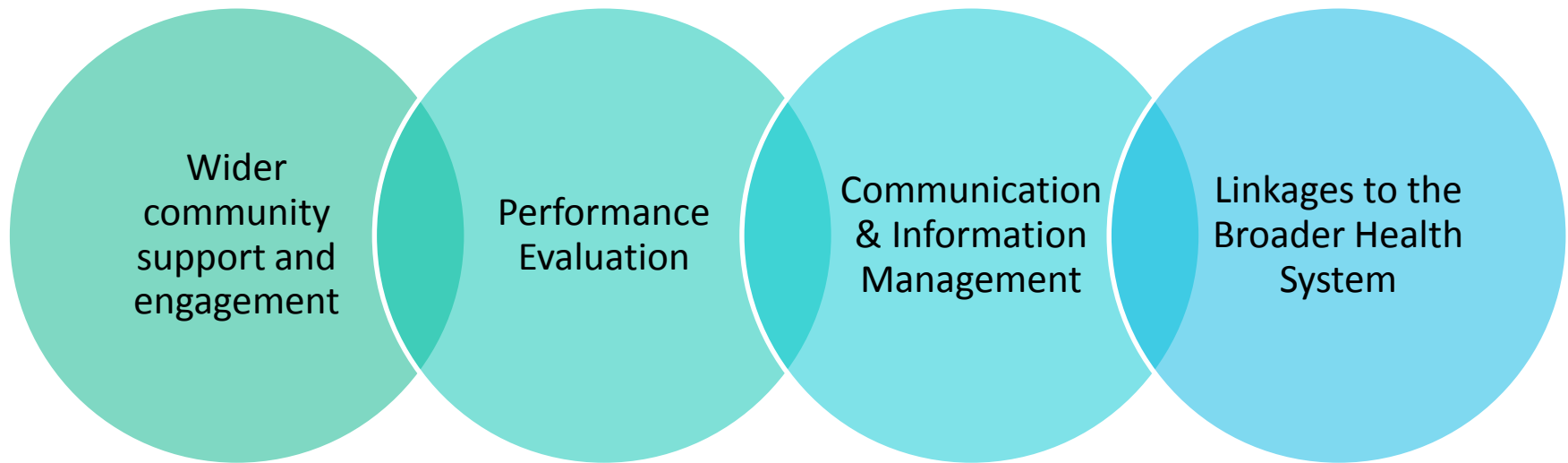
Roles, organization and Structure



Formation/Member recruitment



Aligning Ghana CHMC/CHC to the Core Group's Programmatic Elements (Cont'd)





CRS Ghana's Approach to Strengthening CHMC/CHC and CHPS

Community Capacity Enhancement

- Support/build capacity of CHVs/CHMCs to function effectively
- Provide mentorship and coaching support for CHVs, CHOs and CHMCs

Provide Platform for Advocacy

- Facilitate CHVs and CHMCs advocacy efforts- community reflection meetings and council of champions (CoCs) etc
- Support CHMCs and Health Providers partnership meetings

Infrastructural and Service Delivery Support

- Provide tools and equipment – medicals and others e.g. motor bicycles, tricycles vehicles etc
- Support construction of CHPs compounds and other social amenities for CHOs
- Support with the provision of Health commodity delivery vehicles link CHPS with District/Regional Medical Stores

Motivation and Recognition

- Facilitate public recognitions for CHOs, CHVs and CHMCs for the roles and services
- Provide support to healthcare providers to periodically motivate CHVs and CHMCs



Strengthening CHMC /CHC and CHPS: the Council of Champions innovation

Facilitate functioning of CHPS sub structures

- Community Emergency Transport Committees (CETS)
- Community-led monitoring and decision-making system
- Work with community members to improve access and use of health services

Facilitate service access and use

- Mobilize and engage communities to support the work of CHVs/CHMCs
- Support the development and implementation of community action plans
- Support the use of health facilities for care

Lead community level advocacy activities

- Work to advocate for peace and security
- Work with community members to eliminate challenging PRABs
- advocate for health infrastructure and logistics for CHPS



Benefits of the Council of Champions Governance Substructure

2. Discuss and lead the modification of challenging community/household level practices, rituals, attitudes and belief system



3. Facilitate community involvement in accountability and decision-making processes on health issues



1. Mobilize and sensitize communities on health issues





Challenges Encountered by Council of Champions (CoC)



High illiteracy in northern Ghana

Poor documentation due to high illiteracy among members.

Conflict between 2 objectives; 1. to modify/eliminate PRABS 2. sustain the livelihoods of some of practitioners affected by the change (e.g. traditional medical practitioners, traditional birth attendant, religious leaders, etc.)

Lack of incentive package(s) is affecting the moral and output of CoCs in a few locations.



Lessons Learned



The CHPS Policy and Implementation Guidelines identify CHMC/CHC as a key leadership and governance structure at the community-level.



The CoC substructure strengthens the CHMC/CHC in executing its governance mandate.



Effective partnership and coordination is critical to ensuring ownership of innovations.



Ongoing Projects

Rural Emergency Health Services and Transport (REST II)

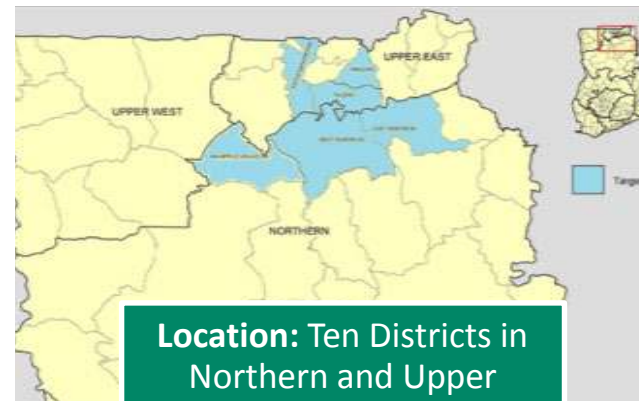
Donor: Helmsley Charitable Trust

Budget : \$4.7 million

Duration: 3 YEARS
(Jun 2017 –May 2020)



Goal: Vulnerable communities in Northern and Upper East Regions of Ghana enjoy reduced maternal, child and newborn morbidity and



Location: Ten Districts in Northern and Upper Regions of Ghana

SO1: Upper East and Northern Districts have improved maternal, child and newborn health outcomes

SO2: Health care facilities in target districts provide improved quality of services



Reach: 400 communities and 152 health facilities (304,452 Direct beneficiaries)



References

- Ghana Health Service.(2016). *Community-Based Health Planning and Services(CHPS) National Implementation. Guidelines*. Accra, Ghana
- Ghana. Ministry of Health.(2016). *National Community-Based Health Planning and Services(CHPS) Policy*. Available at:
http://www.ghanahealthservice.org/downloads/MOH_CHPS_Policy_Final.pdf
- Koku Awoonor. (2017). 'Progress of CHPS implementation in Ghana within the context of the revised CHPS Policy and Role of CSOs'[PowerPoint presentation]

A close-up portrait of a smiling woman with dark skin, wearing a grey and white patterned headwrap and a colorful, patterned top. The background is a soft, out-of-focus green. In the top left corner, there are diagonal stripes in shades of green and blue. In the bottom left corner, there is a white, intricate geometric pattern on a light green background.

Thank you!

Q&A and Discussion



CORE Group Announcements

2020 S4H Working Group Needs Assessment – Thank You!

2020 Annual Engagement Survey

[SHARE YOUR EXPERIENCE HERE](#)

2019 Novel Coronavirus Global Response Coordination Call |

February 14 | 10AM EST

[LEARN MORE HERE](#)

2020 Global Health Practitioner Conference Planning

Committee Call | February 19 | 10AM EST [SHARE YOUR IDEAS](#)

[& RSVP HERE](#)

