



# SCOPE: COMMUNITY HEALTH WORKERS

STRENGTHENING COMMUNITY HEALTH OUTCOMES THROUGH POSITIVE ENGAGEMENT

# COMMUNITY HEALTH WORKERS INCREASE ACCESS TO HEALTH SERVICES

World Relief's support to community health workers (CHWs) reinforced health worker capacity and community-facility linkages by strengthening casefinding, referrals and community data integration efforts, and ensuring synergies with other community-based outreach efforts.

Through the USAID-funded SCOPE project, WR worked closely with Ministry of Health (MOH) stakeholders to strengthen the capacity of CHWs to deliver community-based family planning, maternal and newborn care, and prevention of common childhood illnesses. This work was informed by a rapid CHW functionality assessment conducted in each country in the first program year, the results of which helped SCOPE plan for targeted technical support to enhance CHWs' capacity in each country. SCOPE also mapped out the referral systems (between community and facility) and how community-level data collection and information management was done.

SCOPE's support for CHWs involved recruitment, capacity development in family planning/maternal child health according to national protocols and guidelines, and ongoing coaching and mentoring to ensure post-training skills and knowledge remained high. An additional facet of CHW work included support and training of CHW supervisors in order to strengthen supervisory capacity.

# HOW COMMUNITY HEALTH WORKERS IMPACT SURVIVAL OUTCOMES

#### Reaching the Last Mile

SCOPE's Midterm Evaluation found that CHWs played a key role in the SCOPE program as deliverers of information and services in last-mile, hard-to-reach communities and that SCOPE-supported CHWs felt supported in their capacity development process from the training, coaching, and mentoring received from SCOPE. Across the four countries, 916 CHWs reached 62.500 households.

#### Supervision of Health Workers

SCOPE worked to ensure that CHWs were remunerated, supervised, supplied, and skilled for maximum impact in remote and resource-deprived communities. After successfully training targeted CHWs in the four countries, SCOPE focused on providing supportive supervision, focusing heavily on coaching and mentoring through existing subnational (district-level) MOH supervision structures. Supervision efforts focused on strengthening CHWs' capacity around data reporting, recognizing danger signs for the woman and/or child, and ensuring timely and safe referrals to the nearest health facility.

The Midterm Evaluation demonstrated major increases from very low CHW supervision at baseline to high levels of CHW supervision. For example, of those CHWs in Kenya who had supervision visits, 94% reported that their knowledge was updated or strengthened during supervision visits, and



# **COMMUNITY HEALTH WORKERS BY NAME**

The role and scope of the CHW cadres vary according to ministry of health guidelines and partnership in each SCOPE RMNCH project country:

COUNTRY	HEALTH WORKER CADRE	SUPERVISOR
HAITI	Agent de Santé Communautaire Polyvalent (ASCP)	Auxiliaire-infirmière Polyvalente (AIP or Nurse Auxiliary)
KENYA	Community Health Volunteers (CHVs)	Community Health Assistants (CHAs) /Community Health Extension Workers (CHEWs)
MALAWI	Health Service Assistants (HSAs) and Community-based Distribution Agents (CBDAs)	Senior HSAs
SOUTH SUDAN	SCOPE Health Promoters *CHW cadre not affiliated with South Sudan's Ministry of Health	SCOPE Supervisors

they felt more motivated after the visits. SCOPE's efforts to regularly supervise CHWs using mentoring and coaching approaches and strengthening the supervisory capabilities of CHW supervisors yielded fruit and should be a standard practice when working with CHWs in remote, rural areas.

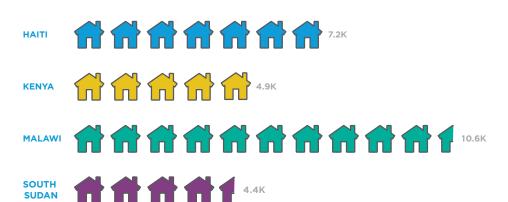
### Referrals/Linkages

In the hard-to-reach areas where SCOPE was implemented. CHWs were often the primary source of health information and services. Over the course of the Project, as SCOPE worked with various nonhealth actors on sharing community-based RMNCH

messages, these actors began referring their neighbors and members of their faith communities to CHWs or health facilities, thereby strengthening referrals and linkages to the health system. These linkages resulted in tighter case-finding, greater demand, and increased access to services.

Furthermore, CHW visits, sometimes as a result of referrals made by non-health actors, led to increases in referrals to health facilities. The results of the Midterm Evaluation showed that more than 75% of referrals were completed. For example, in South Sudan, 223 people reported receiving referrals, and

## HOUSEHOLDS REACHED BY COMMUNITY HEALTH WORKERS



almost 79% received the services to which they were referred. The high referral completion rates indicate SCOPE's achievement in striving to ensure that, as a community-based project, critical linkages were made between the community and the health facility. The results also confirm that working with and through other community actors and influencers is an important strategy for supporting CHW programs.

## **RESEARCH STUDY: INCREASING RETENTION OF KNOWLEDGE AND** SKILLS AMONG COMMUNITY HEALTH WORKERS TRAINED USING THE LOW-DOSE, HIGH-FREQUENCY TRAINING APPROACH IN IBBA AND MARIDI, **SOUTH SUDAN**

The low-dose, high-frequency (LDHF) approach is a capacity-building method that consists of frequent interactive training with many opportunities to practice and receive immediate feedback through supervision, coaching, and mentoring. This contrasts the standard/ traditional training method, which typically consists of a single, lengthy training with more passive learning approaches, such as reading or lecture, with limited time for practice and receiving feedback. Under the standard/ traditional method, supervision is usually limited to data quality checks (rather than mentoring/coaching and reinforcement of knowledge and skills). Research on the LDHF method has shown success among facility-based health workers and clinical providers; however, very little research has been done on testing the LDHF approach among community-based health workers.

These literature gaps led to SCOPE conducting a quasi-experimental research study comparing the LDHF approach of training and supervising CHWs with the standard/traditional method of training and supervising CHWs in Ibba and Maridi, South Sudan. The study looked at CHWs' (1) satisfaction and perception of their training. (2) knowledge and skills retention, and (3) application of skills. 108 CHWs were enrolled in the study: 54 in the comparison group, and 54 in the intervention group. The study was conducted in partnership with OPEN, a local NGO in South Sudan, and took place between February 2022 to August 2023.

The study found that LDHF/coaching and mentoring approach was associated with higher satisfaction rates, higher retention of knowledge and skills over time, and greater application of skills among CHWs trained and supervised under the LDHF approach. These findings were consistent with the literature that interactive methods like case-based learning and hands-on practice results

# **COMMUNITY HEALTH WORKER SPOTLIGHT**



In Haiti, access to women's reproductive health and children's health services is a critical issue. The SCOPE Project addressed this need through its work with ASCPs to improve access to services by providing point-of-care in the community and increase demand for services by educating mothers and caregivers about preventive measures and health behavior change.

In Belle Anse, Haiti, ASCPs helped a 30-year-old mother of two, Berline Joseph, develop a safer and more sanitary home environment. They taught her how to recognize when medical symptoms require attention from a health clinic and advised her on family planning options. Sharing this information with other women in her community, Berline broke down barriers of local biases against strategic family planning. As a result, many women in the community made positive choices to improve their health and that of their children. The ASCPs' impact on Berline and her neighbors is just one example of the positive community-level changes SCOPE-supported ASCPs had in Haiti.

in greater improvement and retention in knowledge, skills, and/or practice than do passive techniques such as lecture or reading. Targeted, repeated training opportunities are preferable to one-time training and led to increased knowledge retention and the use of new skills by CHWs. It is recommended that future research studies explore the implementation and feasibility of this approach to other fragile settings or remote, hard-to-reach areas that experience chronic staff shortages and gaps in health services at the community level.

#### **ABOUT SCOPE**

<u>SCOPE</u> was a five-year (October 2019 - March 2024) RMNCH New Partnership Initiative cooperative agreement funded by the USAID. SCOPE aimed to reduce preventable maternal and child mortality and morbidity in Haiti, Kenya, Malawi, and South Sudan by engaging CHWs, <u>faith leaders</u> and <u>community groups</u> to advance RMNCH. SCOPE focused on technical interventions vital to the wellbeing of women of reproductive age (WRA) and children under five, including family planning and reproductive health, maternal and newborn health, and the prevention and treatment of childhood illnesses.

To read more about SCOPE's work in Health Systems Strengthening, please see the SCOPE CHW webpage.

#### CONTACT

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## **KEY RESULTS**

Below is a snapshot of the results of SCOPE's work with community health workers across the four SCOPE countries:

875 SCOPEsupported CHWs

85 SCOPE-supported CHW Supervisors

**62,500 households** visited by CHWs

192,355 people reached with FP information, counseling and services

**88 primary health facilities** served as a link
facility for referrals and dataflow into health management
information system

**27,154 pregnant women** visited for antenatal services

**7,085 women** visited for postpartum services within 2 days of delivery

**7,110 newborns** visited for postnatal care within 2 days of delivery

**26,497 children under five** reached (referred or received treatment for common childhood illnesses)

21,014 completed referrals (67%) made by CHWs

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