

# **Community based health** **workers**

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Why? One reason among others:

Millennial Development Goals

- MDG's 4&5: reduction in mat & child mortality –need CHW input:
- U5MR: 59 in LDC's; 7 dev.cntries

NB:-U5MR=deaths/1000 live births

Rate of decline:2.2 vs 3.6%

Ref: Lancet Vol.378; 24 Sept 2011

# now more than ever: CHW's to reach Mill. Develop. Goals



# “Medicine Without Walls” PHC

- Ref: Lancet, Sept 24 2011:
- Child/Mat mortality reduction needs this:

Ex: -“Vaccination, distrib. of treated Bednets, Vit A distribution, and deworming can be delivered without a health system that has the capacity for referral and emergency management...” to achieve MDG’s

# Types of CHW's

- **1) Indigenous healers:**

Ex: Traditional birth attendants (TBA's); herbalists, NB:-- May be illiterate; may have nefarious practices: ex.: cow dung on the umbilicus; -- cannot be ignored! Can be recruited, trained.

- **2) "Outreach workers from health centers"**

Ex.: -- Public health nurse home visitors, vaccination teams, CHWS targetted to a disease

# Who are the best CHW's?

- **3) Best CHW's**: are Resident Home Visitors: identified, **recruited in their own communities** and with:
- **One-the-job, skill-by-skill training**
- **Residing in communities they serve**:-- **“Resident home visitors”**

# Errors in CHW recruitment and training

- **Not chosen by their own community**
- **Brought to central area for training and never on the-the-job**
- **Training not oriented to prevention of most common, preventable causes of mortality and morbidity**
- **Not supervised; need direct and indirect supervision**

# Know the terrain before you train

- 1) Field reconnaissance: Know studies
- 2) Home visits (your own!!)
- 3) Nearby hospital/health center data
- 4) Data from pregnancy/birth histories from a mothers. Ref:

Ref: World Fertility Survey Methods

Rajaratnam et al:

MEASURING UNER-FIVE MORTALITY: VALIDATION OF NEW LOW-COST METHODS; PLoS Med 2010.

# Priority setting & preliminary steps for CHW action:

- **What does the community want?:**

example: 100% want a nearer health center;  
60% want clean water; no mention of CHW's

**Your questions:**

Was the voice of the under-fives represented?

Was there democratic representation from across  
the geographic area at the meeting(s)?

Were women represented? Was there discussion of  
what is killing children?

# Priority setting (continued)

- **What does the local and national govt want of CHW's? Are there resident home visitors?**
- **Is there a curriculum/certification process that one must respect?**
- **Are they volunteers or trained, salaried**
- **Comment:** Training health workers not recognized by the Ministry of Health may later pose a problem. One may need to include curriculum that is not “on the job, skill oriented” at first

# Supervision: essential ingredient

- **1) Direct Supervision:**

- should be “formative” not “punitive”

- the supervisor is there to solve problems.

- **2) Indirect Supervision:** depends on adequate information system Ex: Malaria control program: Chw’s map, house number, visit regularly, record, sign “guest book”, make slides, give Rx. Also invite to vaccine posts, etc.

- Supervisor checks all records.

# Resource assessment Vs. needs assessment for CHW implementation

- Needs assessments are out of date; the new approach is resource assessment can identify:
- Human & material resources available:

Ex:- teachers and pupils distribute anti-filariasis drugs in collaboration community health prog;  
Coca Cola trucks in Sudan help with cold chain capability; deliver vaccines to chw's; money from use of local ferry-boat pays chw's

# Supporting CHW's:

**(Supervise)**

**Empower** (*validate role with community; may need salaries*)

- **Equip** (ex:-- if eclampsia prevails, chw's can take blood pressure readings & refer)
- **Advocate** (ex: Haitian Health Foundation (HHF) & CDC proved CHW's could Dx/Rx pneumonia & reduce deaths, but govt permission to spread method needs advocates)

**Equip**: ex:CHW vaccinator is protected



# Advocate

Local clergy  
can announce,  
advocate with  
community for  
CHW's and for  
the programs  
they support



# Monitoring and Evaluation

- **Choose indicators based on objectives:**  
examples:
- # and % of children immunized completely by 18 months of age
- # and % of children under three attending growth monitoring/counseling sessions
- **Enable CHW's to participate in the monitoring and evaluation exercise**

# Strategy/Action Plan for CHW's

## Examples

-- Collaborate with vaccination/vit A/deworming programs by mobilizing community to attend assembly posts; organize same.

-- Create ongoing growth monitoring/counseling sessions for neighborhoods; include pregnant moms to get early “mini” antenatal care

-- Accomplish home visits for all “no shows” in the above and home visit families who absent themselves

-- Identify/refer members with special problems

Assist in or accomplish all door to door services (such as bednet distribution)

-- Identify recruit and train volunteer mothers and form “mothers clubs” (Haiti) and CARE groups (Mozambique)

# Tool-box for CHW's

- **CHW Toolbox Provides means of gathering ongoing data;**

**examples:**

## **1) Ministry of Health/UNICEF tools**

-- Home based hand carried child wt/age growth/vaccination record that chw distributes, completes at monthly assembly posts;

## **2) CHW registers that s/he carries;**

--Register of under three's for immunization, nutrition surveillance;

-- Register of women in the reproductive age group for fp, pregnancy follow-up;

# Toolbox, continued

## **3) Tools for special programs**

**Examples:** Blood pressure taking devices for pregnant women;

**Insecticide treated bednets;**

## ***4) Vital event reporting***

**Pregnancies, preg. outcome, births and deaths**

**Method: Mother volunteer group reports on 20 households; chw investigates, fills form**

# Results:

- Examples from Haiti: (ref. Berggren et al, NEJMed,(1981)304:1324-1330)

Projet Integre de Sante & Population (PISP): studied defined populations in three districts near Petit Goave with CHW services: Results Within 3 years:

- 1-4 year age specific mortality rate cut by 50%
- Infant mortality rate significantly reduced (neonatal tetanus disappeared);
- Malnutrition treated in communities by locals under supervision; 60% never get malnourished again.

Ref : Berggren et al, 4 vol. report on PISP project, MOH/ Bur. d'Hygiene Familiale, Fardin Press, Port au Prince, Haiti.