



# EMPOWERING COMMUNITY HEALTH WORKERS

STRENGTHENING PRIMARY HEALTH CARE



The United States Agency for International Development works to end extreme poverty and promote resilient, democratic societies. USAID partners with the Government of India and the private sector to eliminate preventable child and maternal deaths, create an AIDS and tuberculosis (TB) free generation, and achieve universal health coverage. For more information, please visit [www.usaid.gov/india](http://www.usaid.gov/india)



Merrygold Health Network (MGHN), the largest social franchising network working to improve maternal and child care in India. PAHAL is providing technical assistance to help them attain scalability and sustainability. HLFPT's network of 6,000 CHWs, provide a key strategic value to its Franchisees and PAHAL aims to strengthen the skill set of these workers by providing them with requisite skills and training through interactive sessions and e-learning tools.



GE - Wipro GE Healthcare Pvt Ltd (WGE) provides transformational medical technologies and services to meet the demand for increased access, enhanced quality and more affordable healthcare around the world. WGE works on things that matter - great people and technologies taking on tough challenges. With the vision to improve access to quality and affordable health around the world, WGE's training wing, the GE Healthcare Institute, works with governments, clinicians, private operators and NGOs to deliver valuable training and up-skilling solutions aimed at improving outcomes for health systems and patients.



3M is a global innovation company that never stops inventing. Across the globe, 3M is inspiring innovation and igniting progress, all while contributing to true global sustainable development through environmental protection, corporate and social responsibility and economic progress. In India, 3M Healthcare works to set standards and protocols for quality healthcare in Indian hospitals through innovative products and up-gradation of Healthcare standards through training and education.



PAHAL (Partnerships for Affordable Healthcare Access and Longevity) is USAID and IPE Global's flagship innovative financing platform to promote health financing models and provide catalytic support to social enterprises for improving access to affordable and quality healthcare solutions for the urban poor.

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"Merrygold hospital benefited the patients as the treatment is quick unlike government facilities, rates are subsidized in the facility as compared to other facilities, services like ultrasound, CT scan and X-rays are available for the patient."

"3-days training was not sufficient. We needed more training days. Topics such as institutional delivery, danger signs of newborn baby, hand-wash, nutrition, breastfeeding, immunization, ANC and PNC were covered."



## BACKGROUND



**P**rimarily health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both country's health system, of which it is the central function and focus, and of the overall social and economic development of the community.<sup>1</sup>

Indian Health scenario raises a number of challenges, which are:

- Although maternal and child mortality have rapidly declined, there is *growing burden on account of non-communicable diseases and unfinished burden of infectious diseases*.
- The second important change is the emergence of a robust health care industry *estimated to be growing rapidly*.
- The third change is the *growing incidences of catastrophic expenditure due to health care costs*, which are presently estimated to be one of the major contributors to poverty.
- Fourth, a *rising economic growth enables enhanced fiscal capacity*.<sup>2</sup>
- *Neglected preventive and primary care and public health functions* including the Community Health Workers' cadre due to underfunding.

**Urbanization is taking place at a faster rate in India than anywhere else in the world . From 11.4% as per the 1901 census, the urbanization rate is now 37.2% in 2011 (377 million people) and expected to touch 41% by 2030. Of these, more than a quarter (25.7%) are 'poor' (Tendulkar Committee report, 2009), and live in slum, shantytowns, and slum like conditions.**

<sup>1</sup>[http://www.who.int/publications/almaata\\_declaration\\_en.pdf](http://www.who.int/publications/almaata_declaration_en.pdf)

<sup>2</sup><http://cdsco.nic.in/writereaddata/National-Health-Policy.pdf>



## HEALTH SCENARIO IN INDIA



**21%**  
of Global  
disease  
burden in  
India



**0.5M**  
pregnancy  
related deaths  
among women  
annually



**~4mn**  
Children die  
within  
28 days of  
childbirth



**~27.9L**  
reported cases  
of TB  
in India in 2016



**~70%**  
of healthcare  
facilities are  
private



**~61%**  
deaths due  
to non-  
communicable  
diseases



**~1L**  
Children  
under 5 died  
of diarrhoea  
in 2015



## BARRIERS TO UNLOCKING HUMAN CAPITAL FOR PRIMARY HEALTH

1. One of the most critical problems for CHW programs is the high rate of attrition. Attrition rates are reported between 3.2 percent and 77 percent. Higher rates are generally associated with volunteers. Such high attrition rates lead to a lack of continuity in the relationship between CHW and community, increased costs in selecting and training CHWs, and lost opportunities to build on experiences.
2. Health interventions through CHWs in the public system (ASHAs) are primarily driven for Maternal and Child Health (MCH) interventions/ targets. Scope can be broadened to include primary care for Non-communicable Diseases (NCDs) and secondary care for both MCH and NCDs.
3. The motivation and retention of CHWs is influenced by who they are in the community context. The inherent characteristics of CHWs, such as their age, gender, ethnicity, and even economic status, will affect how they are perceived by community members and their ability to work effectively.
4. Monetary incentives can increase retention. CHWs are people from underserved populations trying to support their families. But monetary incentives often bring a host of problems because the money may not be enough, may not be paid regularly, or may stop altogether.
5. Non-monetary incentives are critical to the success of any CHW program. CHWs need to feel that they are a part of the health system through supportive supervision and appropriate training.

**“insider” CHWs “  
...are armed with  
knowledge that no  
professional can  
match: an intimate  
knowledge of  
their own culture”  
(Quinones 1999).**

Towards the same, WHO report on Investment in Health Work force<sup>5</sup> has recommended the following to maximise the role of community health workers:

- a) *Stimulate investments* in creating health sector jobs particularly for women;
- b) *Maximize women's economic participation* and foster empowerment through addressing gender biases and inequities in the health labor market;
- c) *Raise adequate funding through public and private sector* where appropriate to invest in skilling, decent working conditions and appropriate number of health workers.



<sup>5</sup>[http://www.who.int/hrh/com-heeg/WHO\\_CHEflyerEn.pdf?ua=1](http://www.who.int/hrh/com-heeg/WHO_CHEflyerEn.pdf?ua=1)

## COMMUNITY-BASED PRIMARY HEALTH CARE AS KEY TO UNIVERSAL HEALTH COVERAGE

Expanding access to primary health care (PHC) has invigorated strategies aimed at strengthening health systems in order to more effectively meet population health needs, particularly for the underserved and hard to reach. Governments and the global health community are calling for and committing to more harmonized collective and collaborative approaches to establishing effective and sustainable frontline health service delivery programs that include CHWs.<sup>6</sup>

Community Health Workers (CHWs) became prominent with the Alma Ata Declaration in 1978, that recognized primary health care as the key element for improving community health. Health programs have recruited and trained these primarily volunteer workers to carry out a variety of health promotion, case management and service delivery activities at the community level. CHWs serve as a bridge between professional health staff and the community and help communities identify and address their own health needs. CHWs help to mobilize community resources, act as advocates for the community, and build local capacity. Even though over the past couple of decades, number of studies have shown that community health workers (CHWs) can help accelerate better health outcomes. Yet because of a multitude of factors, their full potential is not realized. In this regard, PAHAL has partnered with HLFPT, GE and 3M to improve the skills of community health workers for better health service delivery in the community.

**Unlocking the social and economic potential of health employment will require strong political commitment, as well as effective cooperation between countries and between sectors of the economy.**



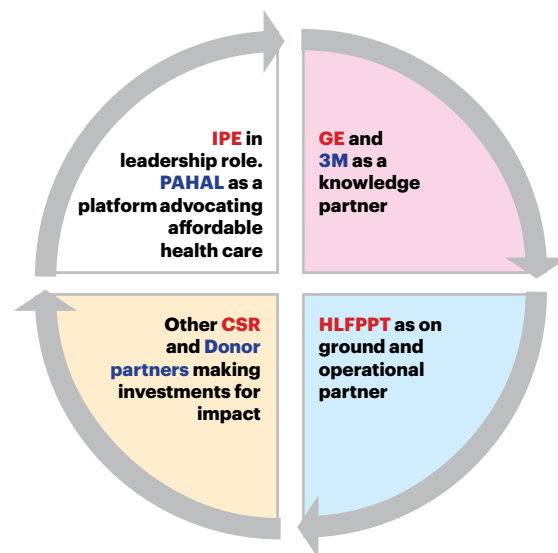
<sup>6</sup><http://www.who.int/hrh/news/2015/CHW-Financing-FINAL-July-15-2015.pdf>



## PAHAL-GE-3M PARTNERSHIP

IPE Global is implementing project '**PAHAL**' – **Partnerships for Affordable Healthcare Access and Longevity** – in technical and financial assistance with USAID/India. PAHAL is USAID-India's flagship urban health initiative focused on innovations in financing and leveraging capacities of social enterprises for delivering better health outcomes for India's underserved.

**PAHAL** is assisting India's largest social franchising network, **Merry Gold Health Network (MGHN)**, to help them attain scalability and sustainability. One of the components of PAHAL's intervention with MGHN is to make care community-centric, with an aim of improving disease prevention and health promotion. MGHN's network of 6,000 CHWs that provides a key strategic value to its Franchisees and PAHAL aims to strengthen the skill set of these workers by enhancing their knowledge and improving their skills through classroom sessions, e-learning, group-based activities and experiential learning.



PAHAL has collaborated with GE Healthcare and 3M as investors and knowledge partners in the ecosystem to:

- Develop a standard training curriculum and e – learning methods for capacity building Community Health Workers.
- Create evidence by training 600 Community Health Workers across urban UP and Rajasthan on Maternal Child Health, Tuberculosis, signs and symptoms of Non-Communicable Diseases and importance of preventive screening and developing their communication skills

This initiative has contributed to improving MGHN's effectiveness as a network of Franchisees and empowering women by enhancing their incomes and employment potential. The trained 600 CHWs will reach out to approximately 1.5 million urban poor across aspirational districts and states in the country. With additional 4000+ CHWs reaching out to approximately 8 million households and 35 million people across country.

**PAHAL is the innovative financing platform which aims to catalyze partnerships that unlock new and alternative financing solutions/models and align sources of finance to scale up social enterprises to advance access to quality, affordable healthcare and improve health outcomes.**

## THE INTERVENTION APPROACH

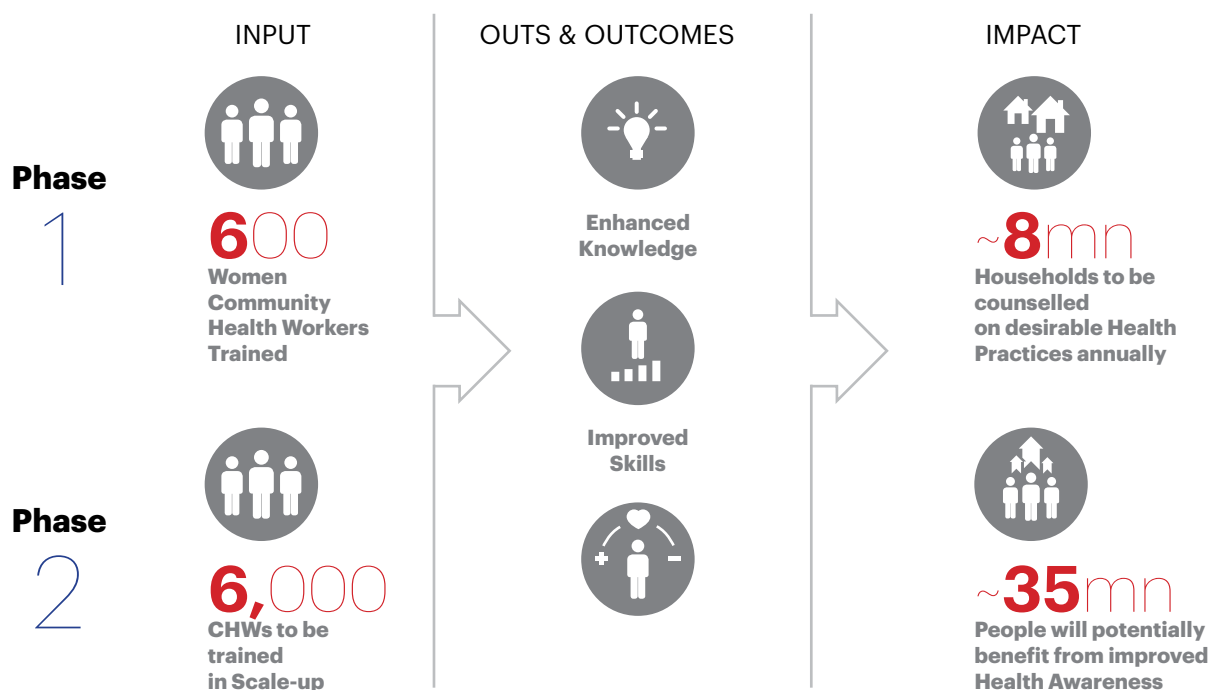
The findings from the facility and community assessment of Merry Gold Health Network (MGHN), it became evident that concerted efforts were required to make health promotion and primary care community centric. With this aim in mind a detailed plan was developed to train the community-based workers. Through this initiative, CHWs become the fulcrum between communities and health facilities, initiating adoption of health seeking behaviors amongst the communities contributing to the two important SDGs of health and well-being and reduced inequality.

The intervention aimed to create a dedicated, entrepreneurial cadre of CHWs, responsible for awareness generation, promotion of desirable health seeking behavior, and last mile delivery of healthcare. This cadre was trained in such a way that it will have the basic capacity and skills to carry out demand side interventions required in the community during the course of project.

The objectives of the intervention are to;

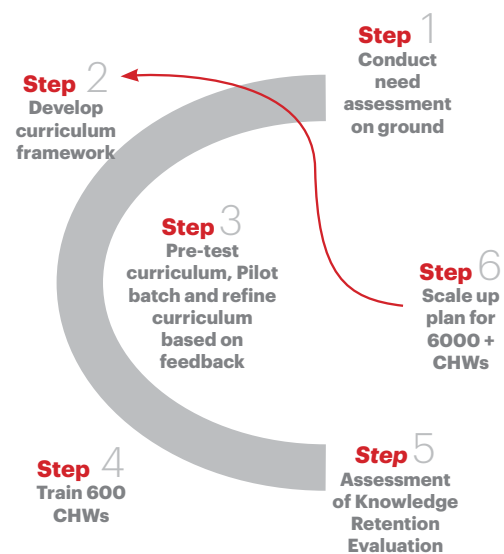
1. *Improve access to preventive and promotive primary health care to underserved urban communities.*
2. *Unlock the human potential through building a trained cadre of women health workers contributing to women's economic empowerment.*

### Outcomes and Impact



# STRATEGIC FRAMEWORK

The intervention approach has adapted the C - Change's Socio-Ecological Model<sup>7</sup>. The C - Change is based on existing theories, models, and approaches from several disciplines. C-Change's Socio Ecological Model for Change views social and behavior change as a product of multiple, overlapping levels of influence—individual, interpersonal, community, and organizational—as well as political and environmental factors (Sallis, Owen, and Fisher 2008). This model helps to combine individual change with the aim to influence the social context in which the individual operates.



## Tools and Job Aids



**Disease  
prevention  
and health  
promotion**



**Standardized  
training  
curriculum  
and toolkit**



**Interactive  
learning and  
methodologies**



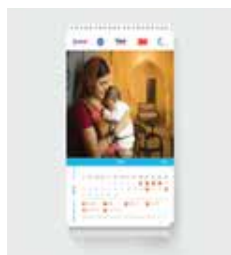
**Monitoring  
and evaluation  
for impact  
assessment**



**Collaborations  
with  
like-minded  
partners**



**Handy reference on  
the go**



**Calendar for  
community use**



**Fun games & role  
plays**



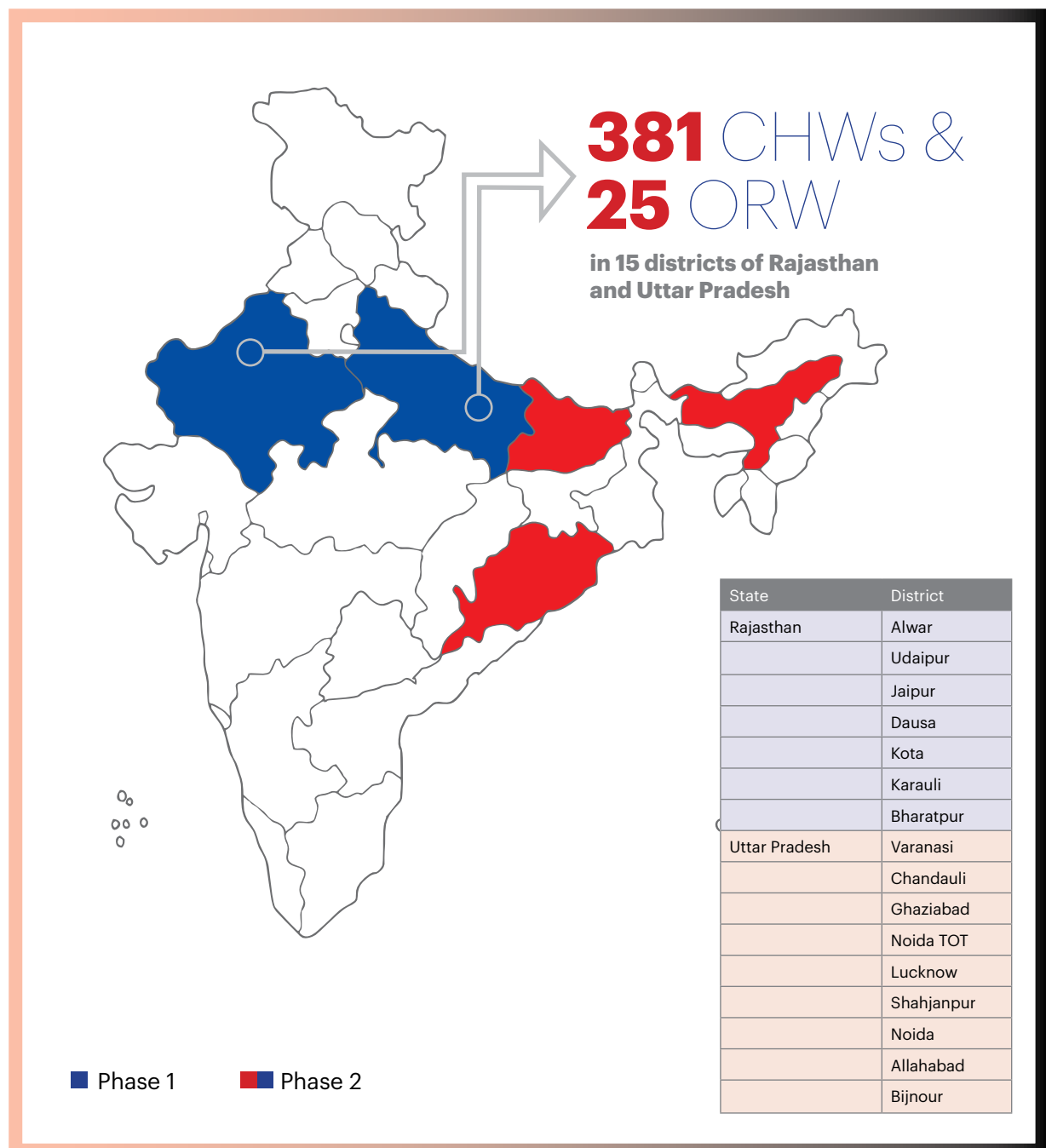
**Android App for continued learning**

<sup>7</sup>[http://c-changeprogram.org/sites/default/files/sbcc\\_module0\\_intro.pdf](http://c-changeprogram.org/sites/default/files/sbcc_module0_intro.pdf)



## IMPLEMENTATION

Post module development, the intervention was rolled out by training 381 CHWs & 25 ORW in 15 districts of Rajasthan and Uttar Pradesh.



## EVIDENCE BUILDING

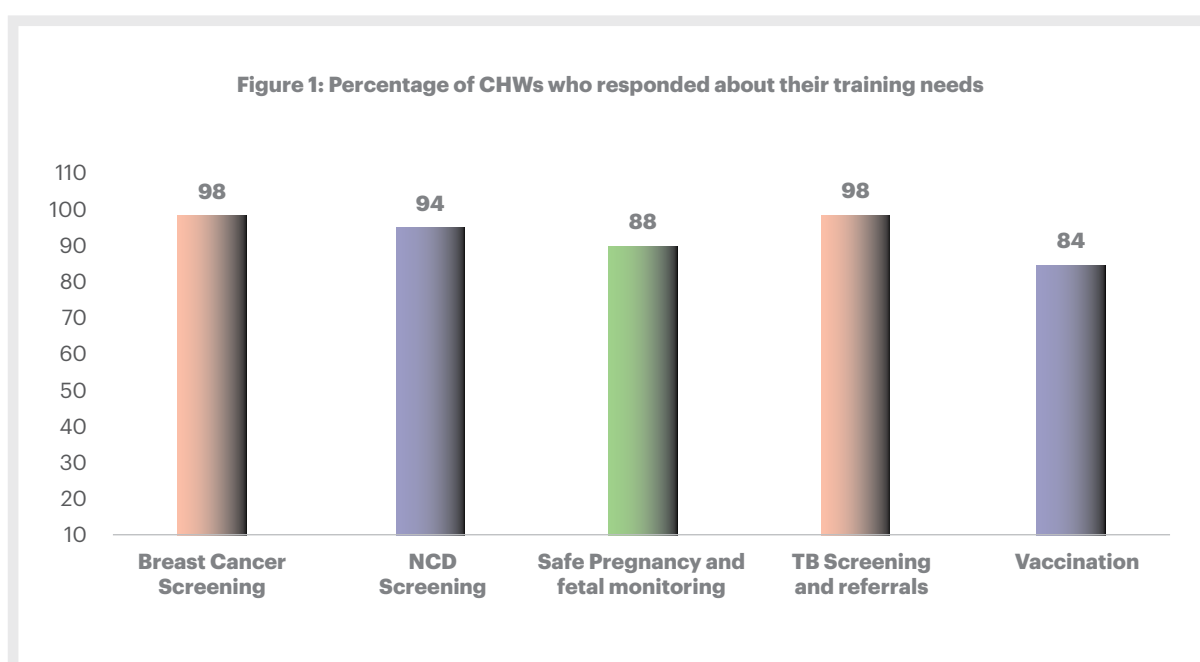
One of the key components of this intervention was also to create scientific evidence for learning and future planning. Evidence building will include documenting implementation research activities such as assessing improvement in CHW knowledge and skills due to training, and retention of these over a period of time.

Evidence building process was done in three steps

- a) Need Assessment
- b) Pre and Post Assessment of CHWs and ORWs
- c) Impact Evaluation

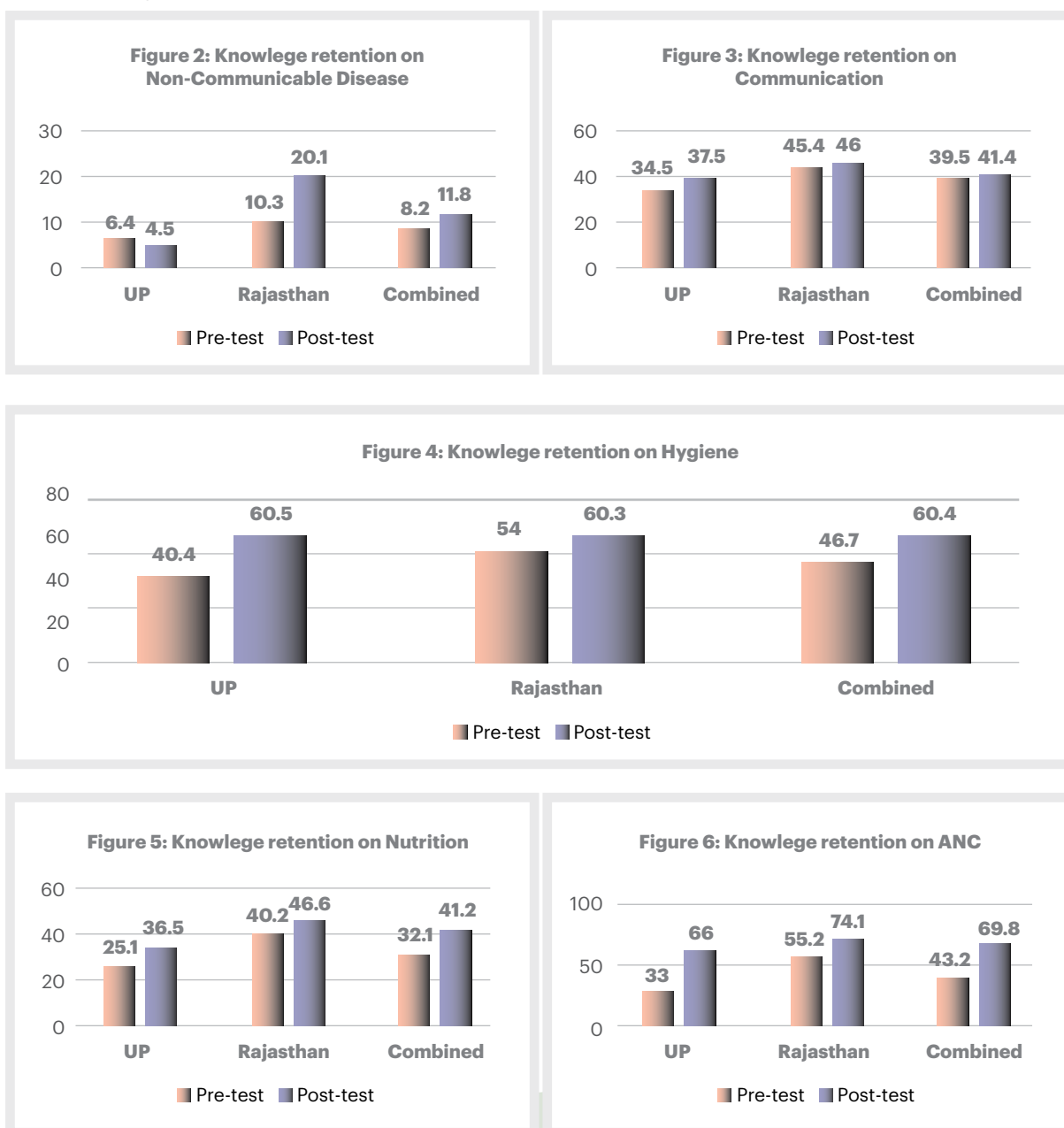
**i. Need Assessment:** At the formative stage of the intervention, PAHAL conducted a need assessment. The main objective of the need assessment was to understand the training needs of the community health workers and outreach workers. The assessment was done in three districts i.e. Jaipur, Kota and Sirohi of Rajasthan. Seven facilities across these districts were selected and 40 CHWs were purposively and conveniently identified and interviewed for the need assessment.

The results showed that the community health workers had a huge training needs in improving their knowledge and service offering on non-communicable diseases including breast cancer screening, diabetes, vaccination, safe pregnancy and fetal monitoring (Figure 1).



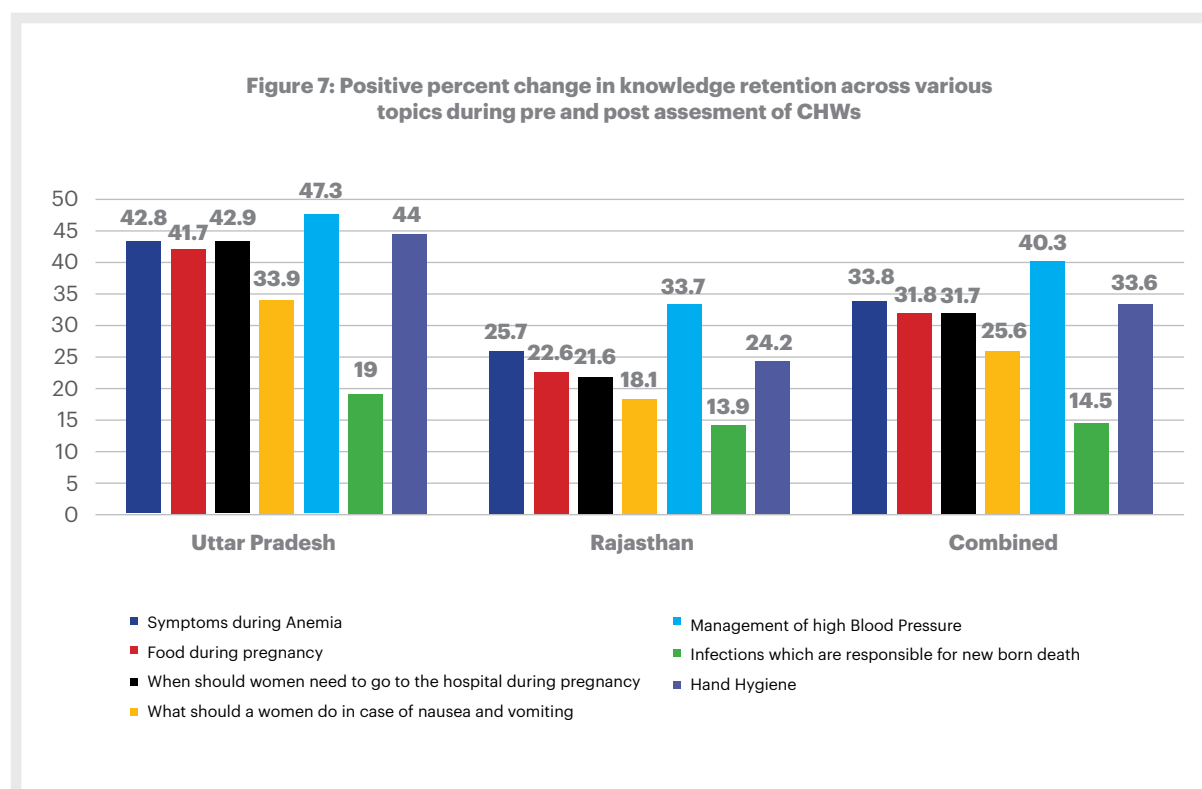
- ii. Pre and Post Assessment of CHWs and ORWs:** Pre and post assessment was done among 381 CHWs and 22 ORWs. For the assessment, a total of 20 questions were asked to the CHWs before and after the training to assess their knowledge retention and improvement after the training.

The finding suggests that overall, there was a positive change among CHWs on various health domains with maximum positive knowledge shift was evident in ANC followed by hygiene and nutrition. (Figures 2 to 6).





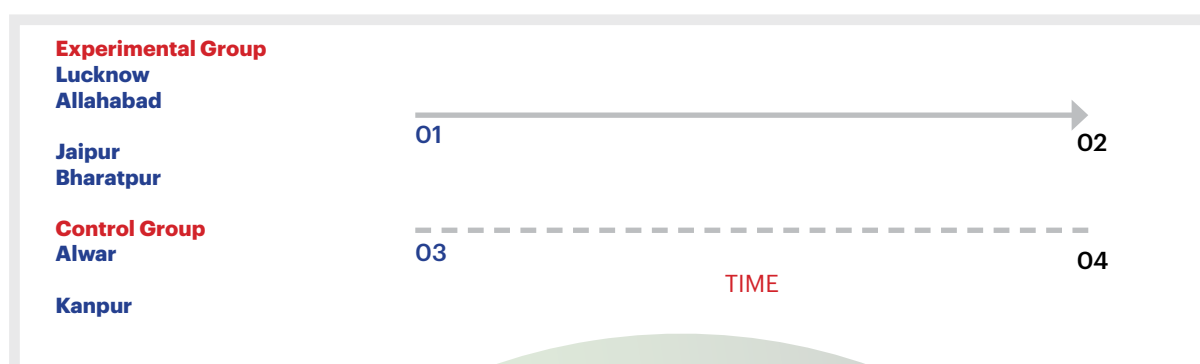
In another analysis, the topic wise analysis was done to understand which specific topic under various health domain had positive or negative changes after the training. The finding in figure 7 suggests that the maximum positive change in knowledge was observed among the CHWs of Uttar Pradesh on the topics related to Maternal and Child Health (MCH), Nutrition, Hygiene and Non Communicable Diseases (NCD).



However, the topic wise analysis also suggest that the future training should focus more on non-communicable disease and Communication. Various topics discussed during the training showed negative changes after the assessment under these domains. According to the finding, some of the areas under nutrition, mother and neo natal care and hygiene also require special emphasis during future training.



**iii. Impact Evaluation:** A mix method approach is being done to do the impact evaluation. The impact evaluation includes skill assessment through a direct observation-based checklist by following up of 25 CHWs at two time points in the year. The other two components includes evaluation of the effects of this intervention on CHW's behavior & practices and impact of the intervention on healthcare seeking behavior and coverage indicators in the community. Data for these being collected through a community-based survey as well as from key informant interviews of the community health workers. A qausi-experimental design was followed to do an impact evaluation of the intervention. As part of the evaluation, we are currently doing a baseline evaluation in collaboration with PGIMER. The impact evaluation follows the following model:

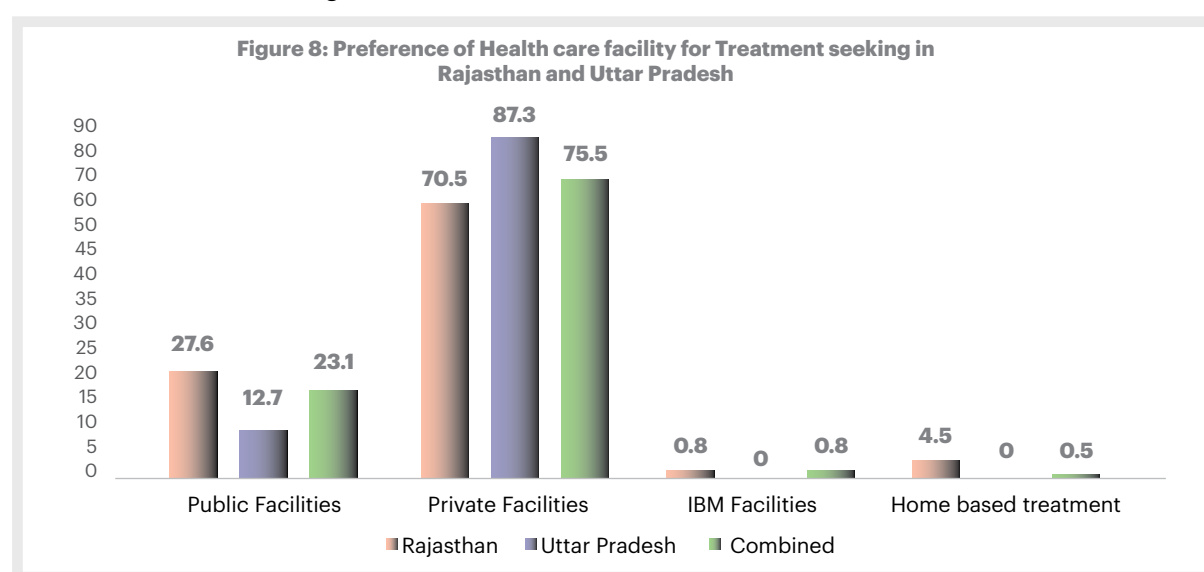


Where, (O) represents the point of observations i.e baseline and end line evaluations; (X) represents the program intervention

The Preliminary findings from the ongoing baseline data presents some interesting findings. It suggests that there is enough scope to improve MCH and reproductive health indicators.

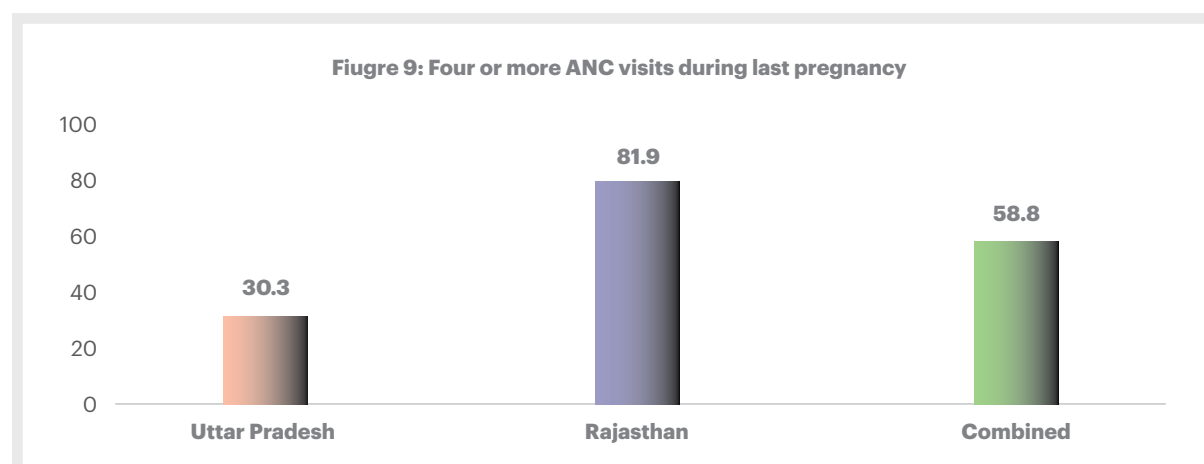
### Treatment seeking

One of the objectives of the intervention is also to increase footfalls in Merrygold or IBM hospitals, the preliminary findings shows that less than one percent of patient preferred IBM facilities for treatment seeking. While majority of patients in both the states preferred other private health facilities for treatment (Figure 8).



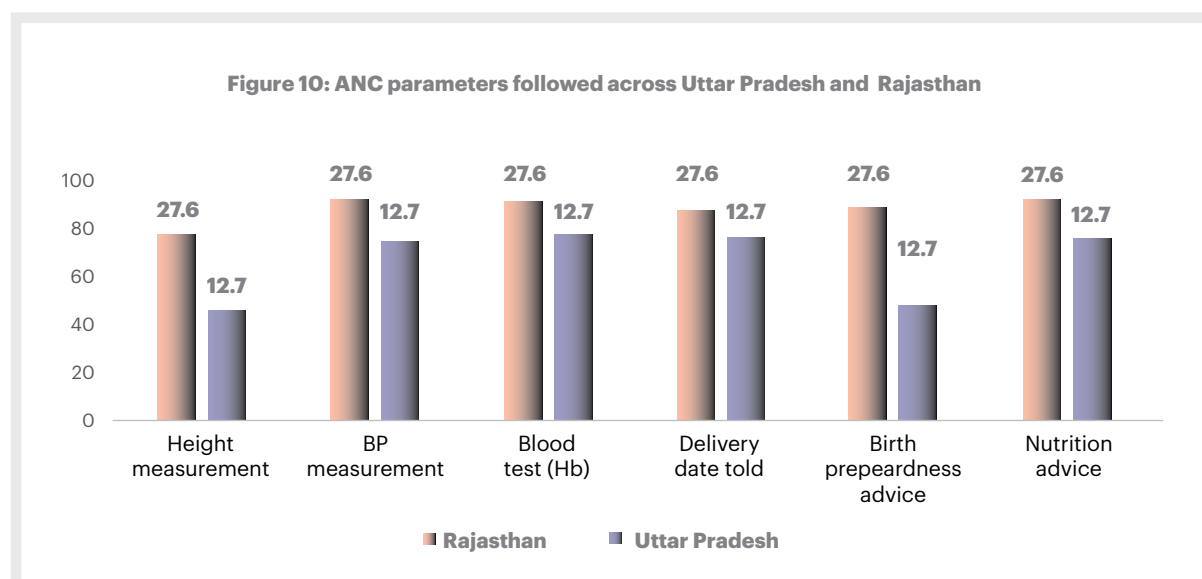
### ANC Services

It was observed that the intervention needs to focus more to sensitize women to have mandatory 4 or more ANC visits in Uttar Pradesh where only 30 percent of women reported to have 4 or more ANC visits as compared to 82 percent in Rajasthan (Figure 9).

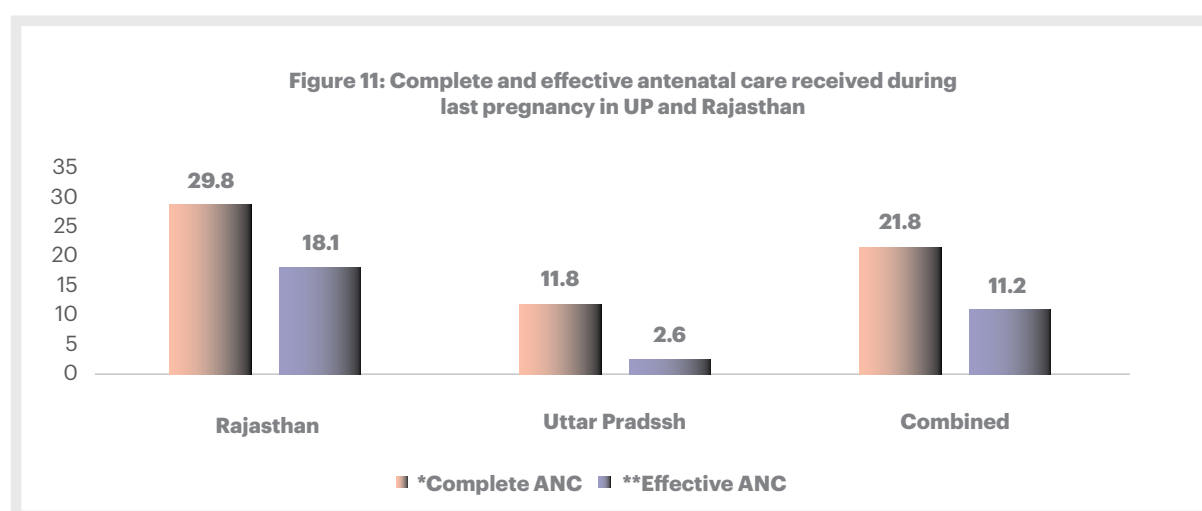




On various mandatory parameters for ANC visits such as height measurement, BP measurement, blood test, birth preparedness and providing nutrition advice to the prospective mothers, the initial result suggest that in Uttar Pradesh there is a need to train community health workers to provide essential ANC services. Services like height and birth preparedness advice, the comparative difference in Uttar Pradesh was more than double point as compared to Rajasthan (Figure 10).



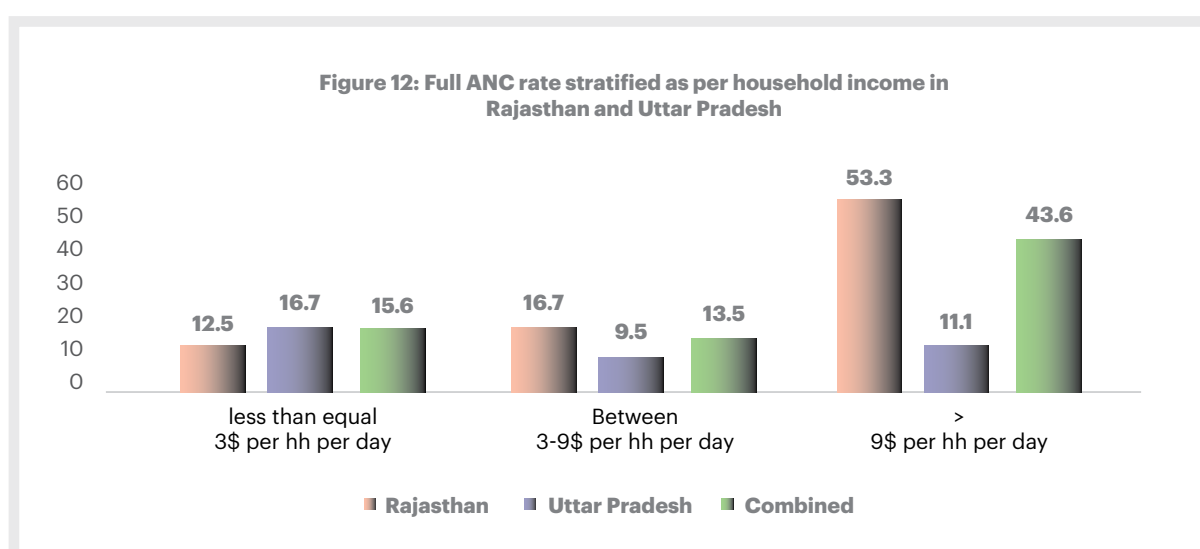
It was also observed, while the ANC registration was quite high, the complete and effective ANC utilization was alarmingly low among prospective mothers both in Rajasthan and Uttar Pradesh. In order to improve maternal and child morbidity in both the states, these two ANC indicators also needs to improve very significantly (Figure 11).



\*Complete ANC= 4 or more ANC Visit+ 2TT+90or more IFA Tablets

\*\* Effective ANC= Complete ANC+ 10 Quality parameter)

In another analysis by household income, it was found that the full ANC utilization which involves 4 ANC visits + 2TT+90 or more IFA Tablets was quite low among women in household which had income less than 9 dollars per day and ranged between 10 percent to 17 percent. Interestingly in Rajasthan, household which earned more than 9 USD per day, the full ANC utilization was around 53 percent, while it remained as low as 11 percent in Uttar Pradesh (Figure 12). The finding thus suggests that in Uttar Pradesh, more effort is required to improve ANC service utilization through training of health workers and also mobilizing women and influential household members in the community.

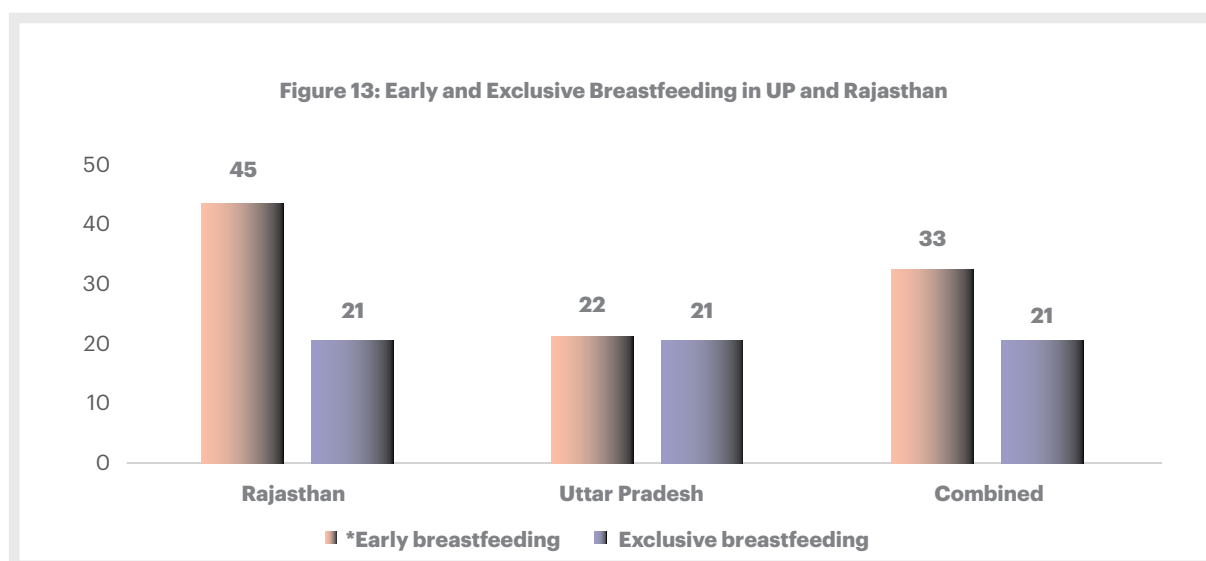


\*P<.05 (Chi-Square test)



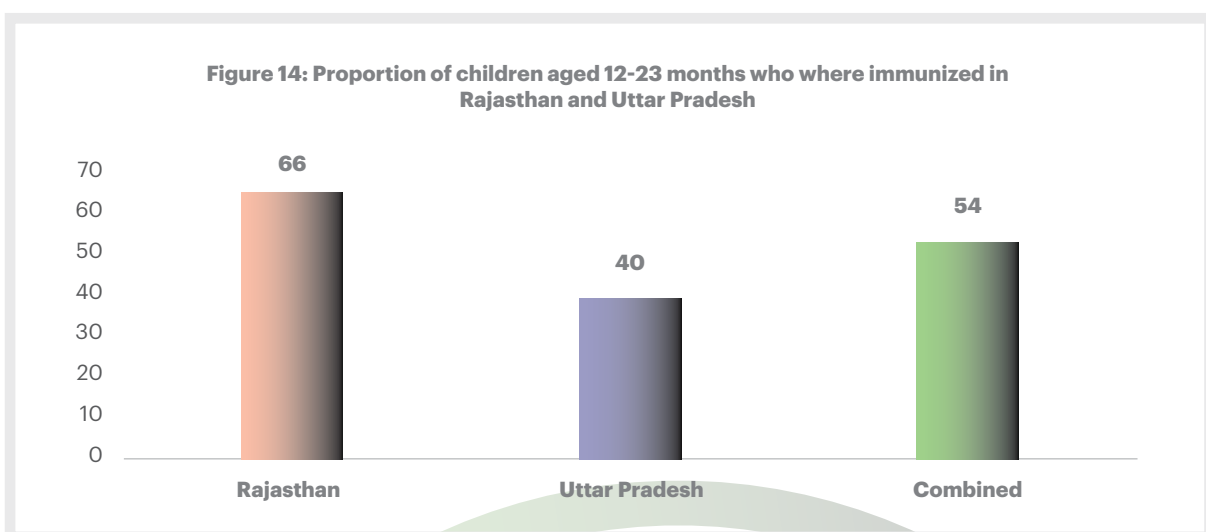
## Breastfeeding

It was also observed from the findings that breastfeeding within an hour of delivery was low in both the states more so in Uttar Pradesh where only 21 percent of women reported to have breastfed their child within an hour of delivery. Likewise, the exclusive breastfeeding for 6 months was also low in both the states (Figure 13).



## Immunization

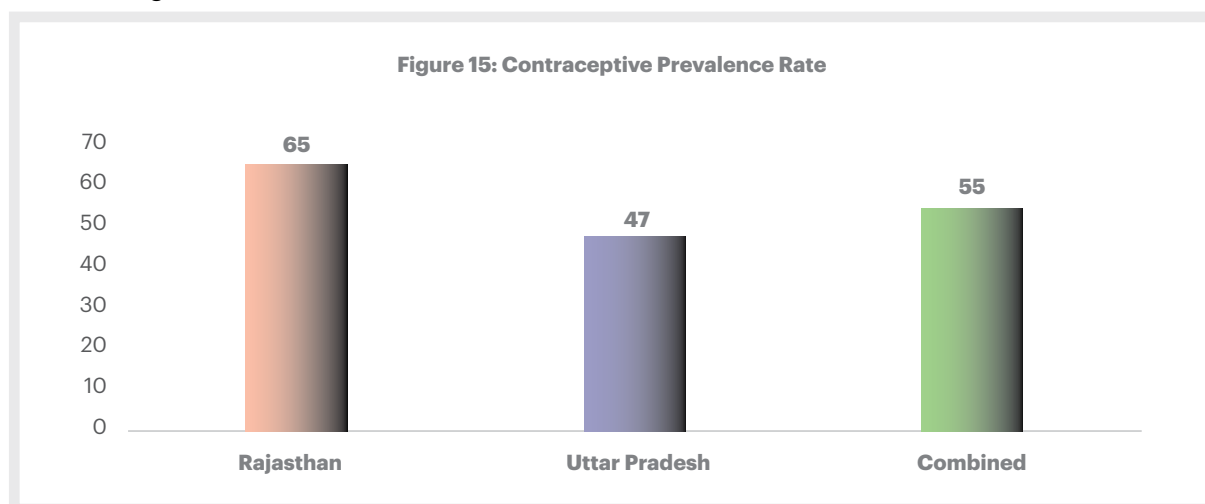
Despite the government push for universal coverage of immunization, the full immunization rate among 12-23 years old child was 66 percent in Rajasthan, and as low as 40 percent in Uttar Pradesh.





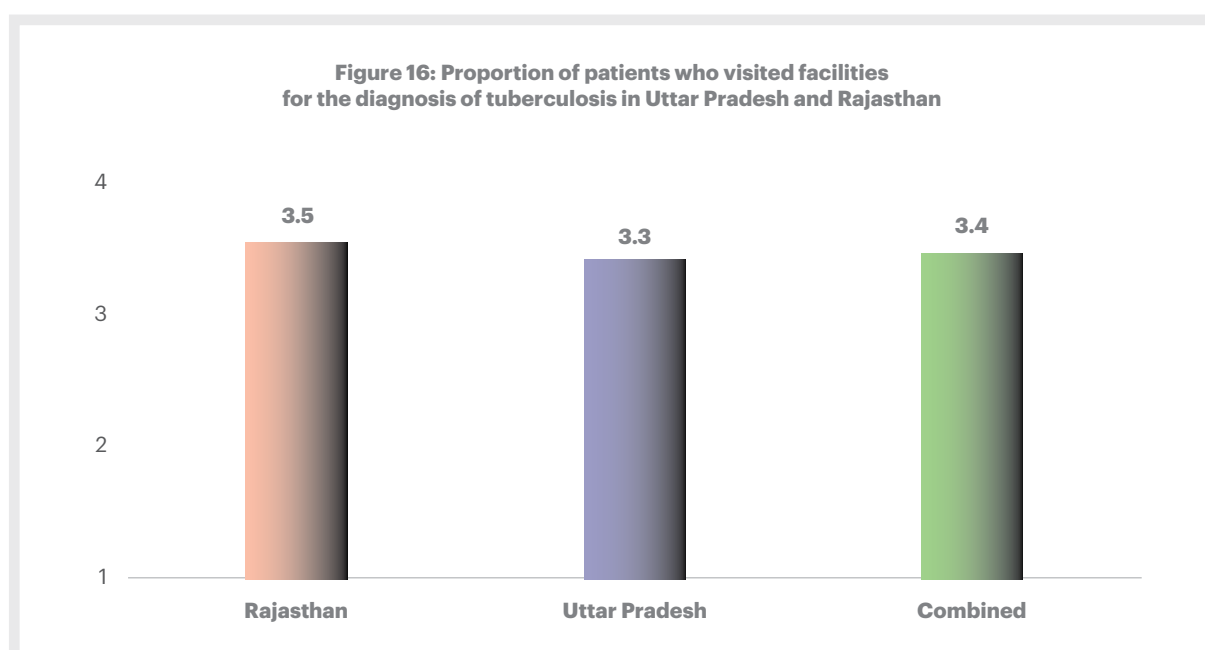
### Contraceptive use

The overall contraceptive prevalence rate was around 55 percent, however, there was variation at the state level. In Rajasthan the prevalence was 65 percent while it was 47 percent in Uttar Pradesh (Figure 15).



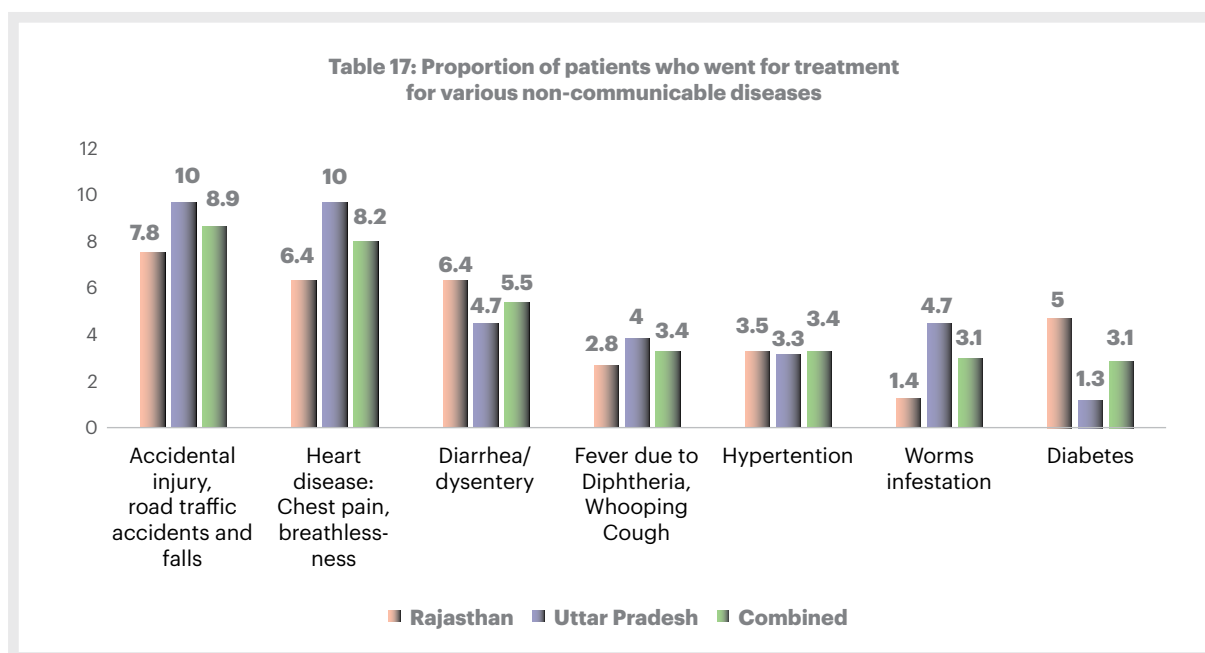
### Tuberculosis

The evaluation study asked the member of household about the reasons to visit a health facility, among other reasons a little more than three percent went to the facility for the diagnosis of Tuberculosis.



## Non-communicable disease

Of all the patients who went to a health facility for treatment, between three to nine percent went for treatment related to various non-communicable disease (Table 17).



The preliminary finding from the baseline evaluation study clearly indicates that there is a greater need to make woman and community more aware about their health needs. This makes the role of community health workers all the more important to motivate and mobilise the community for better health seeking behavior to improve health outcome.



# STORIES

## MEENA'S STORY -

Meena, a merry tarang worker, joined the MGHN two years back, at the age of 24. She is married and having a two years old daughter. Her husband is co-operative and encourages her to pursue her dream of becoming a social worker. She is not a graduate but her qualification did not stop her to live up to her passion. She is confident, hardworking and passionate about her work. Her road to success is not as easy as it seems. Meena tells that she faces lots of difficult situations at field, at hospital and even at home. Recognition as a MTW and convincing the elderly in the family are two big problems at field. Her in-laws think that even after working for 2 years and devoting so much time and energy, she does not have any savings and even not earning any fixed income. At this stage, Meena feels that training should be provided twice a year. Because It empowers and encourage her; and also provide required skills and information to do her job perfectly. The material provided during the training help her to revise the topic, and it also works as an Identity card for her now she always carry it to the field. She feels that this interaction with other MTW helps her to learn new strategies and in building a good network. Last but the best thing about the training which meena feels is that it changes the traditional mind-set of MTW. She says "when I will become mother in law in future, I will be more liberal and modern".



## SUNITA'S STORY -

Sunita aged 45, has been working as Merry Tarang Member (MTM) in Manas Hospital, Noida since 2 years. She lives in Noida itself and belongs to an economically weaker section of the society, where she and her husband shares the burden of their family. She had two daughters and three sons. But in 2017, Sunita and her family faced an unexpected tragedy. She lost her younger daughter Kanchan Tomar, who was just seventeen years old. Kanchan was an athlete by profession and has also participated in Olympics games. Sunita informed that her daughter sudden death was due to kidney failure, which shaken their family. She also told that her elder daughter is married and lives with her husband and her three sons are studying in schools. Despite of all the odds and hardships in life, Sunita still manages to attend the training programme and participated in all the sessions committedly. According to Sunita, training is not only helping her professionally but also serving her to overcome her sorrows and worries. She enjoys the interaction with her other fellow members and discuss the problems they all face at field. Currently her work is her priority and necessity as she wants to provide good education to her sons and wants them to be successful in future. She feels that education is very important and both boys and girls should get equal opportunities to get education. She concludes that what goes will never come back and one should always look forward in life and face the challenges that comes their way.



## URMILA'S STORY -

Urmila age 36 lives in Sahibabad, Ghaziabad, Uttar Pradesh. She is a mother of two children, daughter twelve years old and a son four years old. She lives in a joint family and they all support and praise her for the hard work she puts in on both the fronts, personal as well as professional. Coming to her qualification and experiences; Urmila is a commerce graduate. Her list of work experiences includes being an Account Assistant, an Insurance policy agent and now a community health worker. She joined as a L3 but soon promoted to the post of an ORC. Urmila positivity and commitment towards her work is evident from the fact that she never loses hope and always strives to achieve her set goals. She says nothing is impossible if one tries. Interacting with clients, discussing their problems and suggesting them the best solutions is what gives her immense satisfaction. This caring attitude of her empowers her to win the hearts and trust of her clients. Urmila says she emphasize a lot on hygiene as people does not pay much attention to it. She further adds that it is very crucial to teach them the importance of hand hygiene as just by washing our hands by following simple SUMANK steps we can prevent so many infections and diseases. She knows how to operate the mobile app for uploading and sharing of information. She informed me that in past she has attended workshop on it, and now she motivates other MTM and assist them on how to use the app on with clients.





Partnerships for Affordable  
Healthcare Access and Longevity

**Urban Health (USAID) Project**

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