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SCOPE

STRENGTHENING COMMUNITY HEALTH OUTCOMES THROUGH POSITIVE ENGAGEMENT

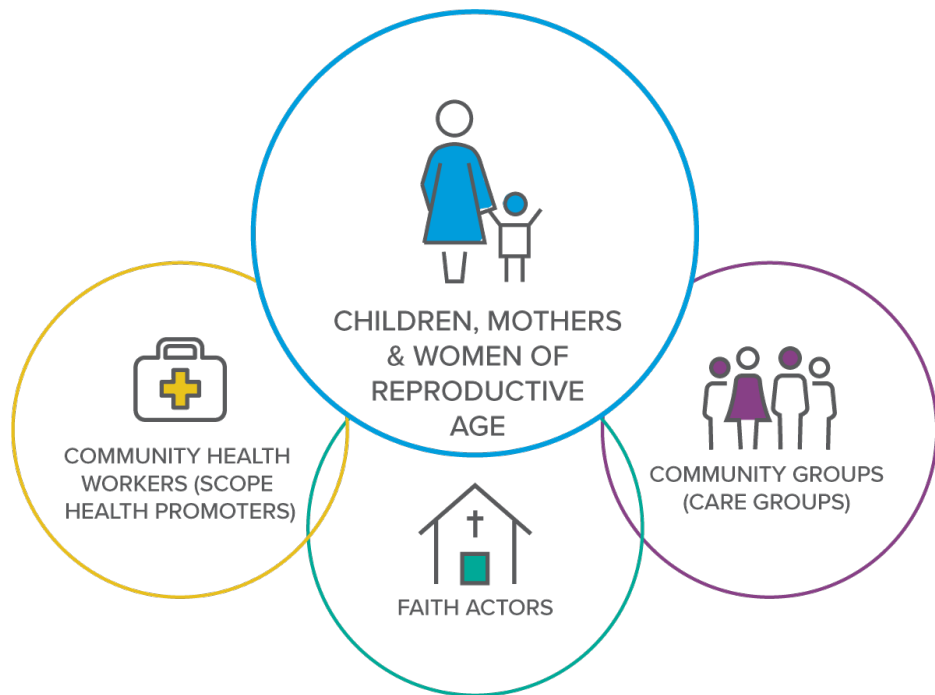
Community Health Actors: Key to Stronger Resilient Health Systems

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TECHNICAL APPROACH

SCOPE-RMNCH improves **access** to and enhances **quality** of high-quality RMNCH information and services delivered to the client through these community-level delivery actors ensuring that **linkages** between community and health systems are strengthened

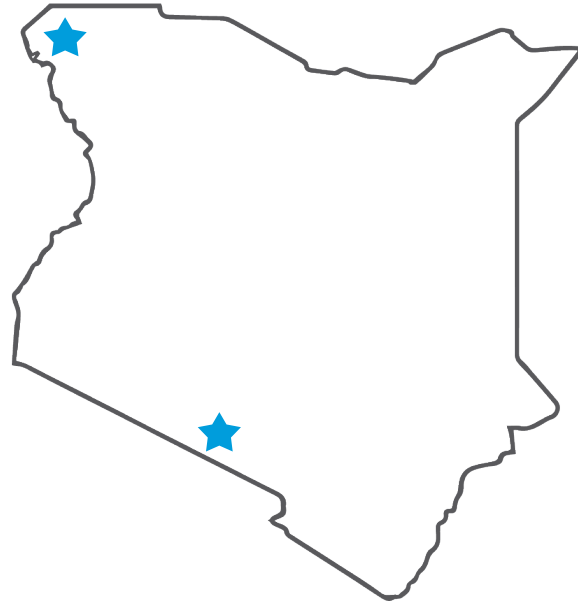


Local Actor	Purpose
Community health worker cadre	Improve service supply and quality (through capacity building, mobilization, referrals, supportive supervision)
Faith institutions and actors (Christian, Muslim)	Increase demand for services, positive social and behavior change (SBC) Improve linkages between communities and health systems
Community groups	Increase demand for services, positive SBC Improve linkages between communities and health systems

IMPLEMENTATION CONTEXT



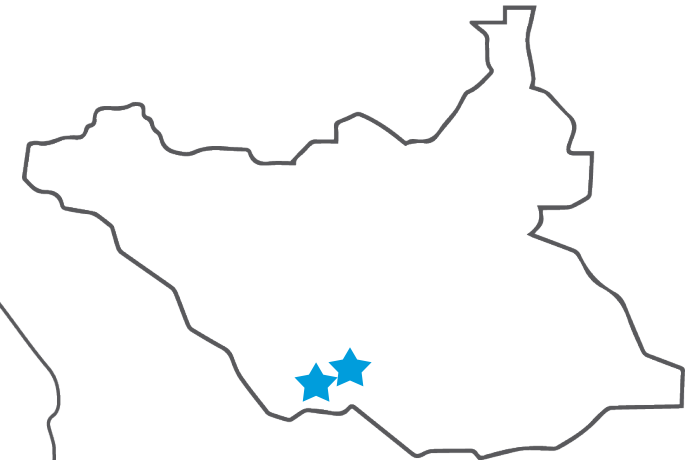
Haiti



Kenya

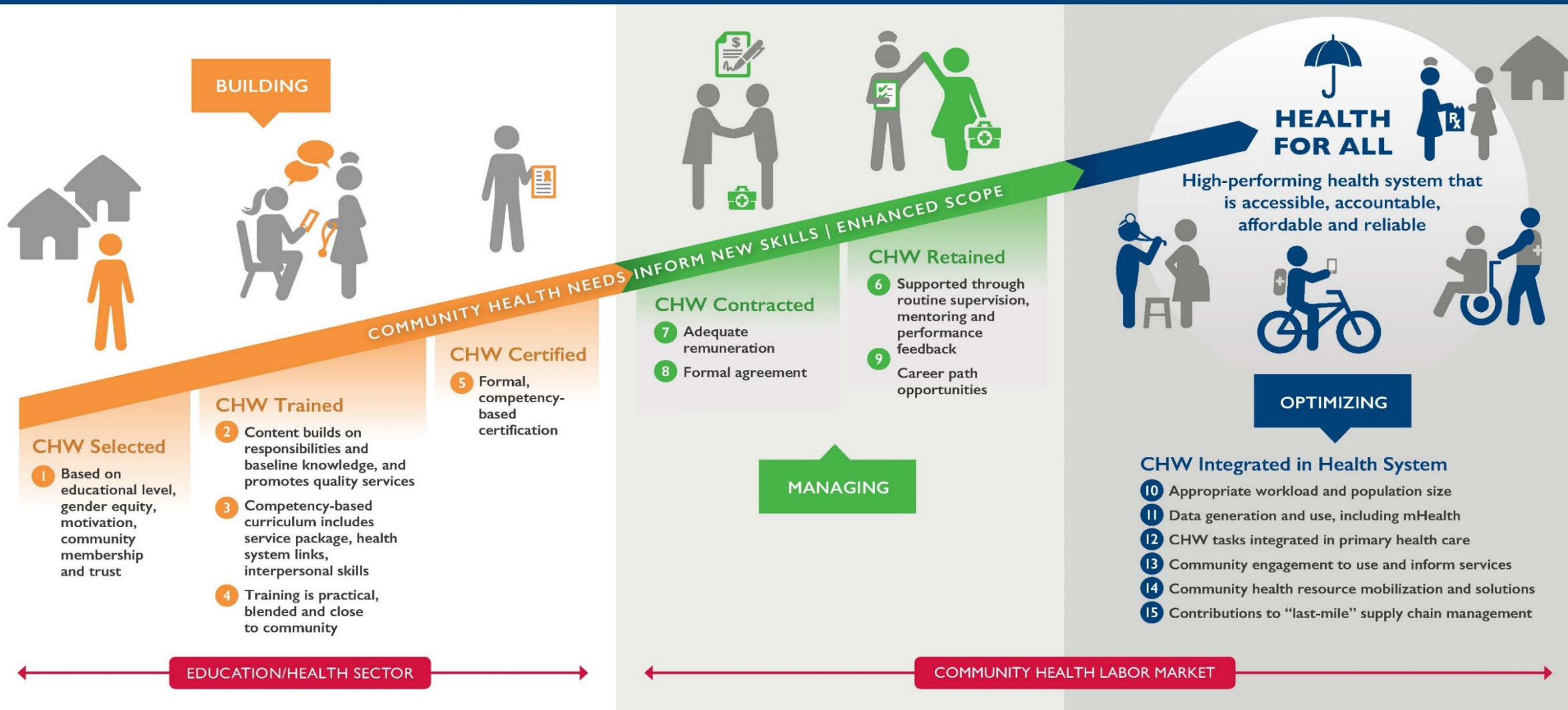


Malawi



South Sudan

WHO Community Health Worker Guideline Recommendations Using Lifecycle Approach



September 2019. Source: USND/HRH-2030 2019 and WHO 2018. Adapted from Sousa et al. 2013.

CHW POLICY IMPLEMENTATION ENABLERS: Tailoring CHW policy options to context | Considering CHW rights & perspectives | Embedding CHW program in health system | Investing in CHW programs

CHW FUNCTIONALITY ASSESSMENTS

Roles and Recruitment: How the community, CHW, and health system design and achieve clarity on the CHW role and from where the CHW is identified and selected

Incentives: How a balanced incentive package reflecting job expectations, including financial compensation in the form of a salary, and non-financial incentives, is provided

Data: How community-level data flow to the health system and back to the community and how they are used for quality improvement

Training: How training is provided to the CHW to prepare for his/her role and ensure s/he has the necessary skills to provide safe and quality care; and, how ongoing training is provided to reinforce initial training, teach CHWs new skills, and to help ensure quality

Supervision: How supportive supervision is carried out such that regular skill development, problem solving, performance review, and data auditing are provided

Linkages to the National Health System: The extent to which the MOH has policies in place that integrate and include CHWs in health system planning and budgeting and provides logistical support to sustain district, regional and/or national CHW programs

Equipment and Supplies: How the requisite equipment and supplies are made available when needed to deliver expected services

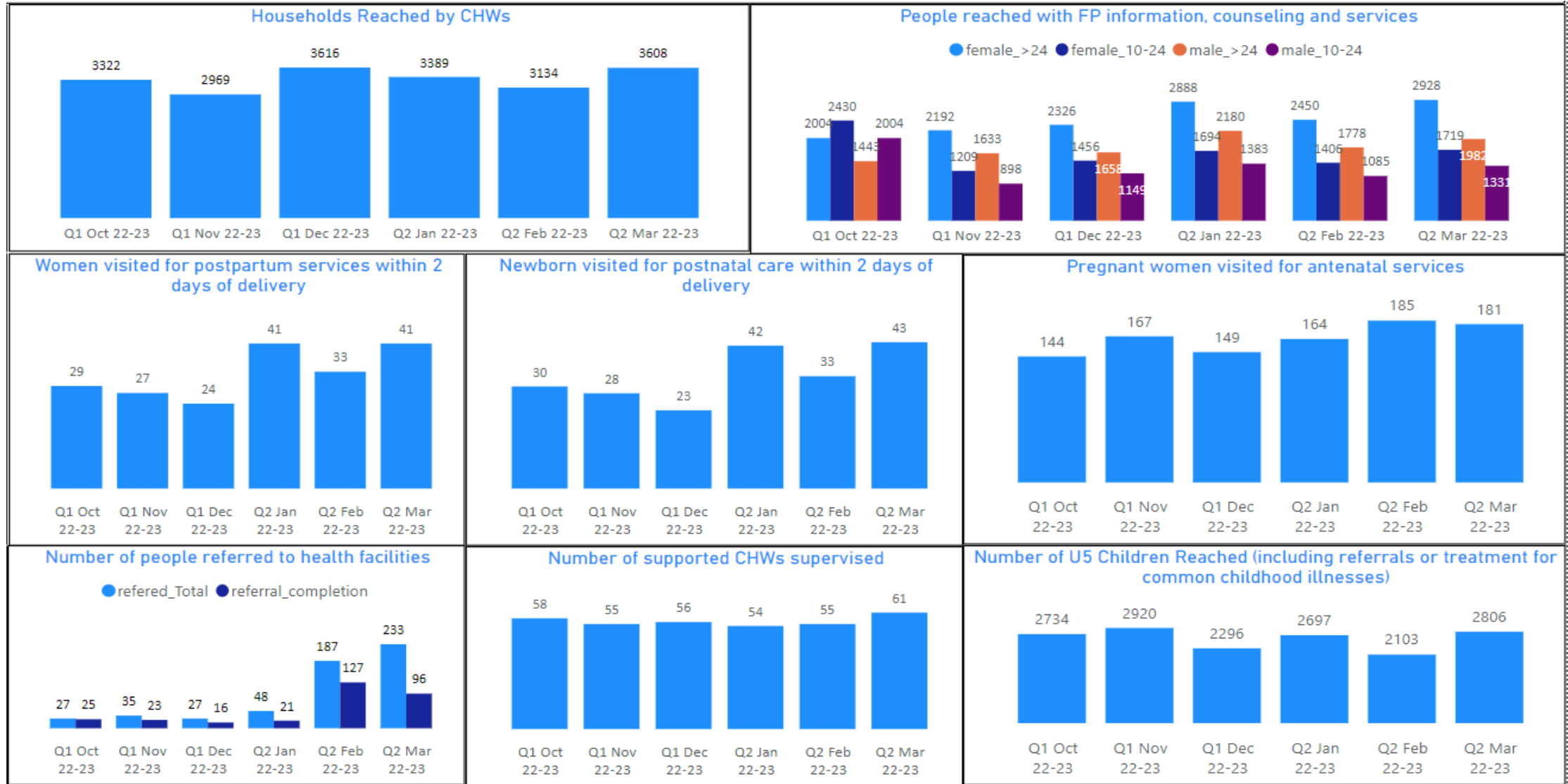
Community Involvement: How a community supports the creation and maintenance of the CHW program

Accreditation: How health knowledge and competencies are assessed and certified prior to practicing and recertified at regular intervals while practicing

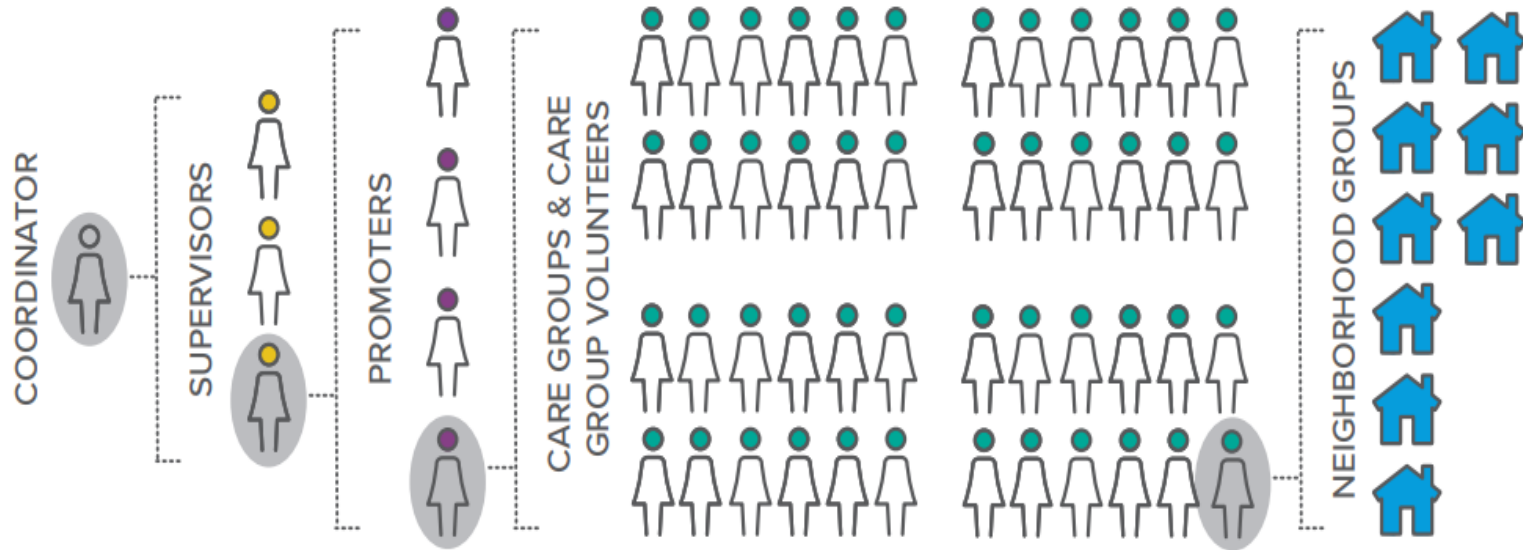
Opportunity for Advancement: How CHWs are provided career pathways

	Haiti	Kenya	Malawi	South Sudan
Number of Community Health Workers (1029)	61 ACSPs	276 CHVs	493 HSAs 91 CBDA	108 SCOPE CHWs
Number of CHW Supervisors (69)	7	18	38	6
Number of Primary Health Facilities in serving as a link facility for referrals and data-flow into HMIS	4	45	21	16

CHW MONITORING DATA - HAITI



SCOPE CARE GROUP STRUCTURE



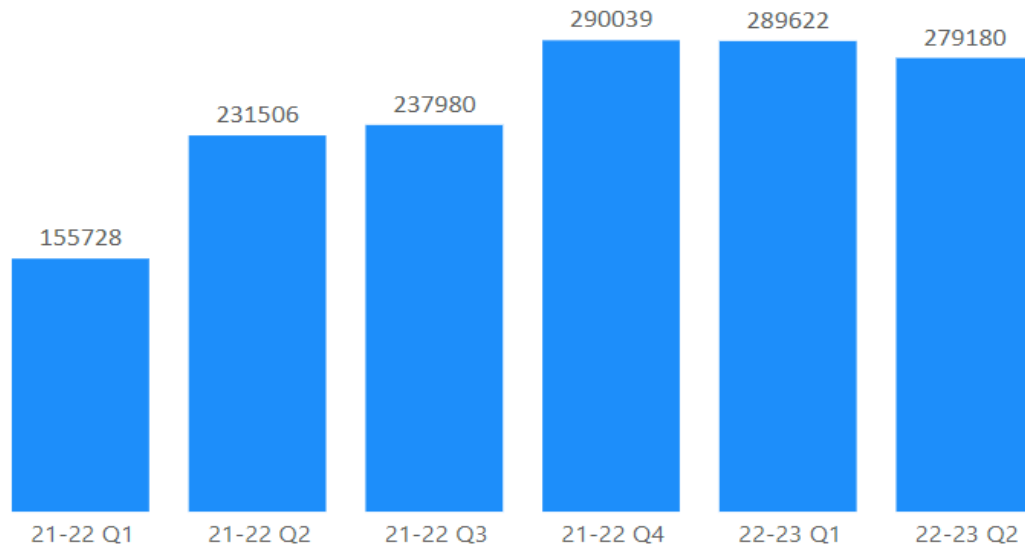
Coordinators (paid staff) are responsible for 3-6 **Supervisors**. **Supervisors** (paid staff) are responsible for 4-6 **Promoters**. **Promoters** support 4-9 **CGs** which are composed of 10-15 **CGVs**. **CGVs** share lessons with 10-15 **Neighbor Groups** (made up of Neighbor Women and their families). Through this cascade process each Promoter reaches approximately 500-1,200 women via CGVs.

Care Groups are used to **extend the reach** of the CHWs and allow for more household contacts with the health system.

Care Group Volunteers provide **SBCC messaging** and **referrals** for RMNCH issues to nearest CHW or health facility

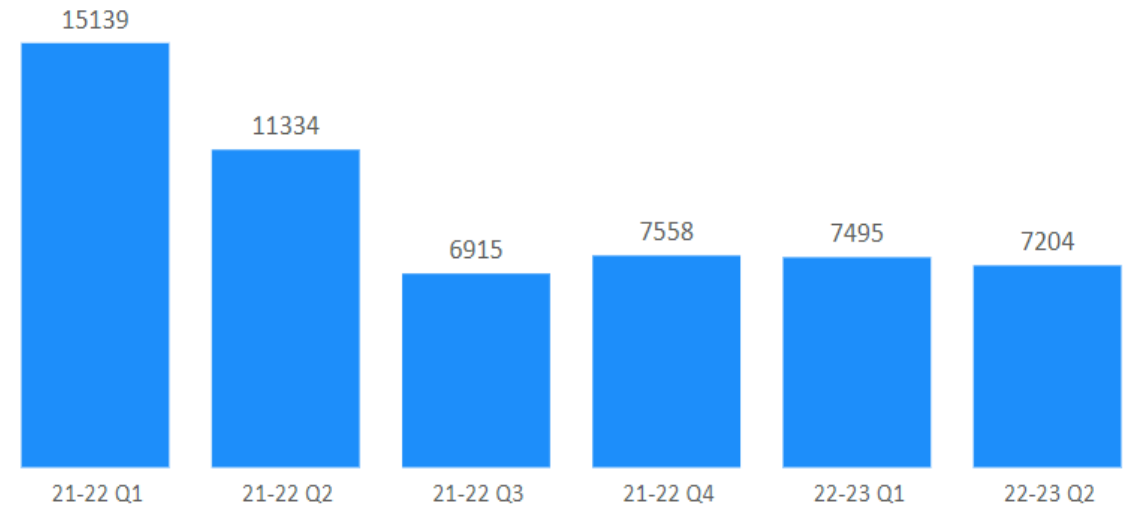
CARE GROUPS MONITORING DATA: REACH

Total Reached: Children U5 (0-59 MONTHS)

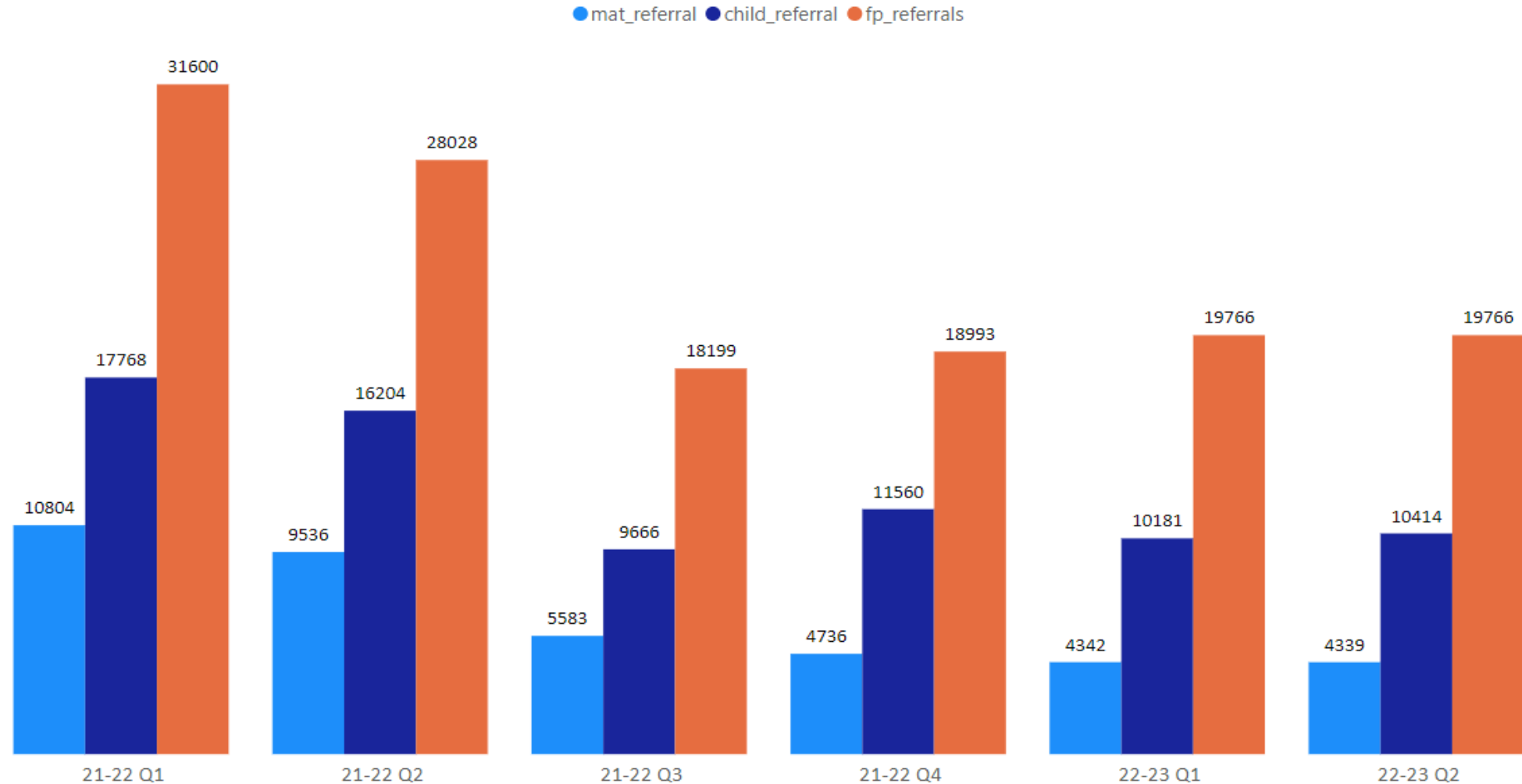


These data reflect the reach of Care Groups in a fragile context – new pregnancies are referred to the health system and households with U5 are also reached

Monthly Self Reported Pregnancies (P)



CARE GROUPS MONITORING DATA: REFERRALS



Monthly Referrals made to the Health System (either health facility or CHW)
by Care Group Volunteers

Zikomo!

Mèsi!

Asante!

Thank you!

شكرا

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Shukraan!

Tambuahe!