

CAPACITY BUILDING SUCCESSES AND RECOMMENDATIONS THROUGH SCOPE

Funded through USAID’s New Partnerships Initiative to World Relief (WR), the Strengthening Community Health Outcomes Through Positive Engagement (SCOPE) Project¹ (2019–2024) aims to reduce preventable maternal and child mortality and morbidity by engaging community health workers (CHWs), faith leaders, and community groups to advance reproductive, maternal, newborn and child health. Christian Connections for International Health (CCIH) partnered with WR through the SCOPE project from 2019–2022 in three countries in a private–public sub–district and county–level effort to implement CHW capacity strengthening activities. Local partners included the Christian Health Association of Kenya (CHAK), the Christian Health Association of Malawi (CHAM), and the Organization for People’s Empowerment and Needs (OPEN) in South Sudan.

Organizational Capacity Building

SCOPE and CCIH collaborated in strengthening the organizational capacity of CHAK, CHAM, and OPEN virtually and in–person. Through the SCOPE Project and the AmeriCares Community Partnerships for Respectful Care Project, CCIH adapted a organization capacity assessment (OCA)² tool and action plan to help organizations self evaluate their effectiveness and identify where to focus improvement efforts to strengthen their organizational effectiveness for this project, but also for long–term impact. Subrecipients also received trainings and technical support on SMART Advocacy³ and communications (e.g., creation of organizational briefs, social media posts, and updating websites).

Ten OCA Domains:

1. Organizational Leadership & Governance
2. Organizational Leadership & Management
3. Operational & Administrative Policies and Procedures
4. Human Resources
5. Finance
6. Fundraising
7. Communications
8. Advocacy
9. Network Effectiveness
10. Program Management

CCIH facilitated multiple prioritization exercises with the local partners, given the time frame and application to the current project. As a result of the capacity assessments and priority setting, CHAK invested in their gender and disability, communications, and adaptive learning and knowledge management capacity and policies. CHAM established Quality Improvement Support Teams in 49 of their facilities and conducted trainings on data demand and use and monitoring and evaluation. OPEN acquired software and tools for strengthened data and human resources systems and updated its human resources policy.

Program Capacity Building

477 CHWs partnering with CHAK, CHAM and OPEN were trained on Ministry of Health–approved curriculums on community–based family planning, community–based maternal neonatal and child health, and integrated community case management (iCCM). They were also provided supportive supervision and mentorship on data collection and reporting.

¹ SCOPE Project: <https://worldrelief.org/scope/>

² OCA tool available in English and French: <https://www.ccih.org/organization-capacity-assessment-tools/>

³ SMART Advocacy: <https://smartadvocacy.org>

Success Stories

In Kenya, through training and supervision of CHWs, Millicent counts herself lucky to be holding her six-month-old baby boy in her arms. Her labor began unexpectedly one night in March 2022, and she rushed to the village traditional birth attendant (TBA) Ngasike for assistance. “I was shaken. I did not expect the baby to come so quickly. I worried for my safety and that of my baby and was in a lot of pain,” she said. After being trained by the SCOPE Project on the importance of skilled deliveries, the TBA no longer does the deliveries herself, but accompanies the pregnant mothers to the local health facility as a birth companion and works with community health volunteers to check on the mother and baby after birth and make sure babies receive their vaccinations. The local women have come to understand the importance of skilled deliveries and are more comfortable when Ngasike accompanies them to the facility. Ngasike has convinced many mothers in her community to deliver their babies in the skilled health facility.



In Malawi, community members now flock to the village clinics and CHWs when their children fall sick. Families no longer need to travel long distances to get the treatment they need for their children. The village clinics promote preventive measures, allow for discussions on key health issues with the community and influence behavioral change to reduce the prevalence of childhood illnesses.

In South Sudan, Sarah’s husband thought family planning meant she would never have children again. After receiving counseling from the local SCOPE-supported CHW, Sarah shared, “...me and my husband accepted to take a long-lasting method, and it was inserted under the skin of my upper arm that will last for five years. We are hopeful that in the coming five years, we shall be able to take care of our remaining children’s school fees, food and better health care services.” Nama was visited by SCOPE-supported CHWs, who encouraged her to access antenatal care (ANC) services at the local health facility. After being examined, she discovered she was pregnant with two children, twins, not one as she had thought. Health facility staff encouraged her to rest, eat a well-balanced diet and visit regularly for ANC services. Nama delivered both babies safely at the facility.

Recommendations for Policy Makers and Future Projects

- Continue funding public-private partnerships between the Ministry of Health and faith-based health facilities, as well as CHWs and faith leaders.
- Ensure training on health program implementation support supervision and mentorship.
- Ensure projects include both programmatic and organizational technical assistance, as well as capacity building to ensure long term sustainability and scalability.

