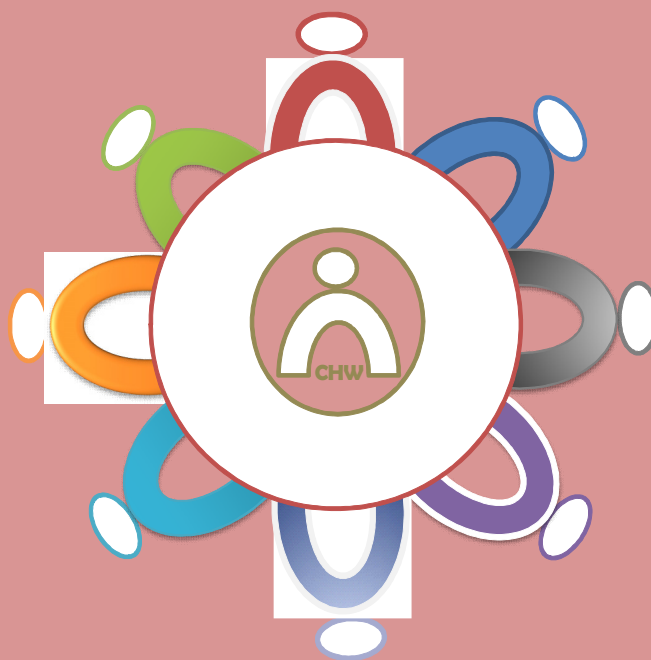


Community Health Workers and Universal Health Coverage

Monitoring and accountability platform

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This paper is one of three Working Papers commissioned by Global Health Workforce Alliance to provide a platform for discussion around how better to capture synergies, harmonize support and address knowledge gaps in planning, developing and delivering on Community Health Worker (CHW) programs. Collectively, the papers will inform the Third Global Forum on Human Resources for Health side-event entitled "CHWs and other Front Line Health Workers (FLHW): Moving from Fragmentation to Synergy to Achieve Universal Health Coverage (UHC)"



MONITORING AND ACCOUNTABILITY PLATFORM
for national governments and global partners
In developing, implementing, and managing CHW programs

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Background

As Ministries of Health and global stakeholders have strengthened health systems toward attaining MDGs 4, 5, and 6, they have seen a growing role for community health workers (CHWs). Particularly for low resource environments, remunerated and volunteer CHWs possessing basic primary service skills have widened access and filled critical care gaps, enabling progress in a wide range of health outcomesⁱ. As countries continue to strengthen their health systems and develop their health workforce to reach beyond the MDGs toward improving quality of care and the scope of access to services, the cadre of CHWs becomes ever more important.

Evidence has shown that engaging CHWs not only promotes better health but saves lives – particularly in the most remote areas.ⁱⁱ Strengthening the capacities of CHWs and continuing to harmonize and integrate individual CHW programs across service areas and within the community and formal health systems will move countries closer to achieving quality health systems that are available, accessible, and acceptable.

Despite the growing role of CHWs, improvements are needed in the process for developing and managing CHW programs. In response to countries' urgent needs, international partners, including bi-lateral partners, non-government organizations, and international development agencies have established CHW programs to respond to specific and often singular concerns. These singularly targeted activities have led to a landscape of individual project-based approaches that are often disconnected and disparate in their characteristics. Lack of synchronization between individual groups of CHWs, often formed and trained to respond to specific vertical funding streams or targeted clinical needs, create gaps in service integration. In addition, gaps remain in the interface between these cadres of workers and the larger, formal government health system, further diminishing the potential effectiveness.

Government leadership at local and national levels and the supporting donor and technical partners are together grappling with the challenge of how to build on the success of individual CHW programs to stabilize and standardize those programs, integrate services that CHWs provide, and smooth the interface between facility-based health workers and CHWs. In addition, governments aim to strengthen relationships between health facilities and informal community systems infrastructures. With these improvements, countries may more accurately design their HRH plans and budgets, and more appropriately allocate resources; thereby ensuring local support, uptake and sustainability of community-based health programs.

Although many CHWs are volunteers or receive minimum stipends and/or per diem for their contribution, certain CHW roles have evolved in such a way that formal recognition within the country health systems would be more appropriate. CHWs provide important services in delivering health promotion, disease prevention, and even curative services. Recognizing this role as an institutionalized component of the primary health care system, countries will soon, if they have not already, adjust their policies to include community health workers as a part of the national human resources for health (HRH). Additionally, some CHW cadres develop additional clinical skills and provide further technical support to their communities under the supervision from formal system health workers. Policies that formally recognize that contribution – in such areas as medicine

dispensary and immunizations – will be advantageous to planners as they calculate staffing and resource needs. Such calculations would include considerations on the resources and infrastructure needed for program management and performance support.

Some countries with stabilizing or growing economies and strong governance systems, such as Ethiopia, Ghana, and Brazil, have transitioned their CHWs to become permanent members of the formal health team and are continuing to scale up the numbers and expand the cadre’s scope of practice. Within their different contexts, this evolution contributes to the strengthening of the primary care systems so they may be more accessible and responsive to a wider number of the population.

National governments and community leadership, in cooperation with global partners, together share the responsibility to strengthen systems capacity and support the long-term goal of integrated country-owned, country-led CHW programs, which have the financing, system infrastructure, and support mechanisms necessary to provide consistent access to quality primary care services.

Objective

This paper, together with the Framework for Partners’ Harmonized Support,ⁱⁱⁱ proposes complimentary operational frameworks through which national and international partners may align their actions with the collective goal to normalize a cadre of community workers and collaborate toward integrated, harmonized program designs rather than competitive, siloed, and parallel interventions.

As laid out in the Framework for Partners’ Harmonized Support, and based on shared principles supporting community networks and existing HRH frameworks, this paper aims to provide a structure and process for realizing commitments and demonstrating progress toward their purpose. As stakeholders further define their individual roles in strengthening the integration and harmonization of CHW programs and the systems in which they work, the indicators proposed here will provide a means of benchmarking progress and achievements.

Following the example of the “Three Ones” global framework for guiding coordination of countries and partners responding to HIV/AIDS, the stakeholders’ framework for CHW program development and management are based on three pillars:^{iv}

- One national strategy
- One lead national authority, respected by all partners
- One monitoring and accountability platform

Taking into account the complexities of accommodating stakeholder contexts, and allowing room for evolving and varied roles of CHWs, the M&A Platform defines common language for a collective assessment of continued progress toward supporting the work of CHWs, meeting the needs of communities, strengthening the alignment of partners, creating strong unification across sub-national levels, and harmonizing the formal and informal systems. With specific indicators and standardized reporting guidance, countries and partners have the opportunity to demonstrate their commitment to agreed-upon parameters. In addition, using established reporting mechanisms

within countries and across the global community, the data for these indicators may be collected and disseminated through existing information streams, and may be published annually (or according to any scheduled system) as part of the HRH - and wider health status and health system - reporting processes.

Dissemination of these reports through paper and web publications at national and global levels will allow member states, donors, and international organizations exhibit accountability in agreements they have made. Further, it is anticipated that public dissemination of reports will empower national authorities to enforce program guidelines that promote their national capacity and will allow donors to hold implementing partners responsible for supporting integration in their development of community- based programs.

Criteria for Monitoring and Accountability

The indicators proposed in this paper have been selected according to several criteria:

- 1) **Alignment with the Framework for Partners' Harmonized Support:** The Partners' Framework and the M&A Platform have been developed in close collaboration. There is not an accountability indicator proposed to monitor each guideline recommended for harmonizing partner support, but a manageable number of indicators are proposed to demonstrate progress toward that intent.
- 2) **Coordination and Enhancement of Existing HRH indicators:** This M&A Platform does not create parallel or secondary country collection processes or information streams. Data for monitoring CHW program harmonization are part of the existing information available or have been proposed as necessary additions to improved HRH monitoring. Further, the reporting streams through which information is collected and aggregated are national mechanisms that contribute to global dissemination processes.
- 3) **Feasibility:** Both the ease of collection and simplicity of measurement are necessary to ensure that this platform is implemented and will be sustained. Most indicators in this platform are binary with 'yes or no' values that reflect whether or not the target has been fully met.
- 4) **Systems Strengthening:** The indicators for this platform aim toward strengthening national capacities for HRH data collection and evidence-building, national and sub-national monitoring and evaluation, and national leadership capacity in reinforcing its steering role with partners.

Country Indicators

Sub-National and National Monitoring Indicators

The Platform for Monitoring and Accountability, as laid out by the Framework for Partners' Harmonized Support, is structured to support harmonization that begins from the local level rather than from the national level (similar to the UNAIDS "Three One's" framework).^v

As most CHW programs are implemented, managed, and even planned at the sub-national level (District, Province, or similar sub-national unit), the M&A Platform proposes that synergy and harmonization of stakeholder actions be monitored through district level indicators. There are **12 indicators proposed for the district or sub-national level.** (Annex B)

This M&A Platform does not propose indicators for the sub-district level, recognizing that these local levels will contribute to framework objectives according to the guidelines established within each country. However, it must be emphasized that health facilities, civil society (including NGOs and FBOs), and community group leaders are all significant stakeholders who need to be engaged in integrating CHW program design and management. Furthermore, as communities may be served by both volunteer CHWs (such as expert patients or mothers2mothers groups) and remunerated CHWs (such as those who might provide curative services or carry out monitoring functions), the sub-national and community level stakeholders will be responsible for harmonizing the services among the different CHW cadres and the different program management levels. In most countries CHWs will co-exist with community volunteers and outreach groups, and the coordinating roles of local stakeholders will be key influencers in synergizing these levels of community support as well.

The M &A Platform proposes fewer guidelines to address governance, policy, and strategy at the central level. The Platform presents **eight national level M&A indicators (Annex A)** to monitor national level stakeholder actions, to institutionalize a set of common parameters, and at the same time allow for country-specific indicators to be further defined and interpreted according to country context.

This Platform does not propose indicators for supporting CHW program performance. It is understood that UHC will be attained only through quality services that are made accessible to all. To promote quality care and optimum performance, HRH policies and management practices must establish adequate mechanisms for supportive supervision and fair evaluation, incentive strategies that reward and retain, and career paths not only for CHWs but also for all cadres of health workers. Many of these policies are developed at the national level and operationalized and implemented at the sub-national level. Sub-national management teams and local facility teams can implement mechanisms and processes to provide safe working environments, constructive feedback among the teams, and recognition of performance from supervisors in order to support both health workers and volunteers. Cooperation among local health authorities, partners, and communities will establish stronger mechanisms of support.

Partner Indicators

Initially, global partners hold greater responsibility to follow the tenets of the partnership harmonization framework and to monitor their partnership agreements. Providing the funding that many countries need to establish or maintain their CHW programs puts donors in a particularly strategic position to enforce adherence to a global framework. Moreover this position places a greater responsibility and expectation on global stakeholders to design their partnership agreements, manage implementing partners, build in support systems, and incorporate sustainability mechanisms in the monetary and technical assistance that they provide for CHW programs.

It will be incumbent on partners to coordinate with each other and across public and private initiatives. Bilateral country partners, such as CIDA, JICA and USAID, and international development agencies, such as World Bank and WHO, private sector campaign drivers, such as the “One Million Health Workers Campaign” and non-profit organizations such as Save the Children and World Vision

will be encouraged to commit to an international framework for partners' harmonized support and to follow and report on accountability indicators.

In the M & A Platform design, the indicators for global partners' accountability are included within the national and sub-national indicator groupings rather than standing alone as a third set of data. This purposeful design of the Platform recognizes the significance of partners' accountability within the national context, and makes the statement that partners are accountable to remain secondary to the country authority. Although much of the initial burden for promoting harmonization and synergy falls on global organizations and NGOs that provide support, this responsibility will eventually shift more heavily to government authorities as health systems strengthen and national economies improve.

Public Reporting Establishes Accountability

Accountability will result from public reporting. This M&A Platform suggests scheduled reporting and mechanisms for transparency and public information sharing at sub-national, national and international levels.

It is proposed that the Global Health Workforce Alliance, WHO and national HRH Observatories may provide the platforms through which national and international partners can disseminate and evaluate their contributions toward the development and support of sustainable CHW programs. The GHWA e-platform may provide an appropriate global stage to post the annual and bi-annual indicators. In addition, WHO regional and global observatory websites will be effective for dissemination of information both annually and during semi-annual interims as reports are put forth.

Integration of the Partners' Harmonization Framework Reporting within Existing Reporting Practices

The M&A Platform should not create complexities to efficient management and monitoring of the health workforce. The purpose of this framework is to address challenges that have resulted from a lack of common direction and limited collective agreements or understanding by the actors who partner in the development of CHW programs or elements of those programs as to how they will engage and as to what standards they will comply. Moreover, it is hoped that the CHW M&A Platform indicators will re-enforce efforts to monitor health human resources and broaden those indicators to provide further evidence to inform strategic HRH planning.

It should be useful for Ministries of Health and their multi-country regional representational bodies to include the CHW indicator reporting processes with existing HRH and systems indicator reporting structures. For example the African Union Health Ministries may publish the results of the African region states. Likewise, sub-regions, such as Council of Central American Health Ministers (COMSICA) may also publish indicator results as part of their monitoring and accountability for human resources improvements and health systems strengthening.

Additionally, information should be made available to key communities of practice dissemination hubs, both nationally (such as professional associations and regulatory councils) and through

international communities of practice, such as the GHWA website Knowledge Center (<http://www.who.int/workforcealliance/knowledge/en/>), USAID Sponsored CapacityPlus HRH Global Resource Center (<http://www.hrresourcecenter.org>), the WHO Global Health Observatory (http://www.who.int/gho/health_workforce/en/), the CORE Group website (www.coregroup.org), and others. It may also be made available as an additional sub-section that is published at annual or 2-year intervals with the WHO reports or the HRH statistics reports.

Private and non-profit campaigns to improve CHW programs will be encouraged to integrate the global M&A Platform indicators within their own targeted activity monitoring indicators. For example, the one-million CHW campaign may incorporate the Platform indicators as part of the measurements for tracking CHW program expansion. The indicators they develop to measure the success of their own technical cooperation programs should incorporate and complement the M&A Platform indicators; and the reporting processes should interface with District (or similar) level government and national government efforts to collect and monitor data.

Conclusion and Recommendations for Next Steps

To align actions with the shared understanding that community health workers provide a necessary level of extended primary care and public health outreach, both nation states and the broader global community are strongly encouraged to make defined commitments and take measurable steps to fulfilling them.

CHWs have become a permanent part of national efforts to reach the MDGs, to extend access to basic primary care services, and move toward long-term universal coverage of equitable and quality care. Although an integral part of the health system, the CHW has remained an informal and unrecognized health provider, with varying levels of training, responsibility and compensation – from country to country and from district to district within the same country.

The Framework for Partners' Harmonized Support and the Platform for Monitoring and Accountability allow for flexibility within the defined monitoring indicators. Recognizing that varied contexts require particular guidelines for achieving health systems objectives and monitoring requirements, these papers strongly recommend that consensus be reached on a single defined set of global indicators for monitoring the alignment between CHW programs and the harmonization among partners' cooperation. Once the global community has come to consensus and has committed to national, sub-national, and global indicators for monitoring progress toward that commitment, there will be several steps ahead.

Definitions: Terms must be defined clearly so that they are consistent across countries and reporting organizations. Where discrepancies still exist, the WHO may provide leadership in further strengthening the monitoring process and suggesting metadata that should be included in the reporting to clarify definitions and adjustments that are necessary in particular country contexts.

Data: Partners building consensus around the Harmonized Support and M&A Frameworks will need to discuss and define a mechanism that will ensure valid, high quality data.

Reporting: The reporting process must be transparent, objective, and consistent, and must follow a reporting schedule.

When reporting processes and the responsible bodies for those processes have been identified, a format for reporting should be agreed upon that would facilitate global dissemination. Each nation will report in its own format, but at the global level, there should be agreement between partnering states and organizations on a consistent and accurate reporting format.

This Platform recommends that external partners (private, non-profit, government, international organizations and agencies, etc) will be expected to support existing information streams and adapt their own project reporting processes and documents to match and contribute to the national reporting practices. The mechanisms for global reporting that have been proposed by this paper are two: a) the national Ministry of Health and extensions of multi-country and regional Ministry of Health collective councils; and b) the WHO membership, which collaborates at national and regional level HRH Observatories for Health and at the global level.

Steering Role: The steering role that will oversee and assign the responsibilities for information collection and dissemination will be assigned by the Ministries of Health of those countries that agree to the Framework proposal guidelines, in collaboration with their HRH Units; and at the global level through WHO and the GHWA Secretariat.

Using Framework and Indicators to Inform Strategies:

Beyond providing a mechanism for public accountability of efforts toward better synergizing and harmonizing CHW programs, the Monitoring and Accountability Platform allows countries and sub-national authorities to track their own progress and adjust strategies accordingly. National governments, regional bodies, and the global stakeholders may use the indicators to establish benchmarks marking advancement toward an attainable level of improvement in quality and accessibility to care. An accountability platform is most effective if leveraged within a promotional campaign to reach specific collective regional or global goals within a certain time period. In the context of the 3rd Global Forum for Human Resources for Health, the push toward Universal Health Coverage provides a context for supporting the efforts to strengthen CHW programs through the proposed guidelines for harmonization as part of a wider strengthening of HRH. In this sense, the Frameworks for Partners Harmonized Support and for Monitoring and Accountability may not only promote synergy of partner activities toward the three principles (*One national strategy; One lead national authority, respected by all partners; One monitoring and evaluation platform*); but may also lead to improved HRH monitoring processes, improved reporting processes at sub-national, national and international level, and improved cooperative relationships between private and public partners that will strengthen health systems.

Tools:

There are a number of tools that may be useful to member states as they aim to follow platform guidelines. The background papers may also include a list of these tools and descriptions, or guide member states to a repository of those types of tools and guidelines.

Conclusion

The attached indicators, eight for national level and 12 for district / sub-national level, are recommendations to countries and stakeholders for monitoring their progress demonstrating their contributions toward *one national strategy; one national authority; one monitoring and evaluation platform*. The vision reflected in these suggested frameworks is one where community health providers will be recognized, integrated, and supported by national health systems in collaboration with informal community systems so that they contribute optimally to national universal health coverage. Furthermore, this vision promotes the empowerment of participating countries to develop capacities and resources that maintain those health systems.

Through shared efforts to harmonize the design, implementation, and management of CHW programs and to integrate the efforts of community, local, national and international stakeholders, decision-makers will have enhanced capacity to widen the reach of CHW programs and strengthen their ability to provide integrated quality services. Evidence gained through global consultations^{vi} and collaborative research^{vii} has enhanced the collective understanding of what systems need to provide for more effective and responsive CHW programs. Armed with these insights and with a renewed commitment to harmonized collaboration, national and global stakeholders may build and support systems that provide the highest quality services to the maximum number of people.

ANNEX A: MONITORING AND ACCOUNTABILITY PLATFORM - NATIONAL LEVEL INDICATORS

National Authorities, through their steering role will carry responsibility for:

HARMONIZATION AREA	MEASUREMENT	INDICATORS (Indicators are binary yes/no measurements unless otherwise indicated)	COLLECTION / EVALUATION	FREQUENCY	ACCOUNTABILITY MECHANISM
POLICY AND PLANNING					
<ul style="list-style-type: none"> Establishing the policy and the principles to which all CHW programs should adhere; articulated within national HRH plans and the overall health strategy; Linking these policies and principles to existing national coordination mechanisms 	The CHW policy within the public health system provides primary health care services toward achieving UHC.	1. There exists a unit or position (filled) within the HRH unit in the Ministry of Health who is responsible for working with stakeholders and relevant groups to develop and manage CHW policy and planning.	External body, such as WHO country office, regional office or some similar global organization, annually requests documentation from the Ministry of Health office.	Annually	CHW policy is specifically mentioned in the organ–o-gram of HRH unit and policy and planning unit of the MoH. National, Regional, and Global WHO HRH Observatories publishes which countries that have CHWs working in their countries and whether or not the policy and planning of CHW workforce cadre is included in the portfolio in the HRH and/or policy and planning unit of the MoH
<ul style="list-style-type: none"> Establishing criteria and processes to define a typology relevant to the country Defining and formalizing cadres of CHWs within the public health system as both salaried workers, (including licensure, curriculum and standards, tasks and roles in the health team), 	Legitimize the CHW as a part of the public health system in providing primary health services.	2. There exists at least one CHW post description ¹ , distinguishing whether salaried or non-salaried cadre, that defines CHW responsibilities and criteria for providing services (such as health promotion, disease prevention, and /or clinical care for chronic care, communicable diseases, NCDs, and /or public health).	same	Annually	The CHW post is listed with other HRH posts at national level website, or other national dissemination mechanism, as part of the makeup of the national workforce, so that the public is aware of the post opportunity. National, Regional, and Global WHO HRH Observatories publishes which countries

¹ Note: The national level post description may include:

- + general selection criteria;
- + minimum competency level for certification and regulatory standards;
- + basic training requirements;
- + minimum pay or incentives that sub-national governments or partners must provide.

<p>and / or un-salaried volunteers (who may not meet the criteria for being formalized on the payroll of the national system) with reference to how formalized cadres of health workers will work together with volunteer community based workers</p> <ul style="list-style-type: none"> • Providing guidance to all partners for incentives and compensation packages - such as in terms of “minimum and maximum” incentives / salaries that align with national HRH incentives across all cadres. 					<p>that have CHWs working in the country have defined the CHW post with the three criteria.</p>
SUPPORT SYSTEMS					
<ul style="list-style-type: none"> • Defining the scope of District facilitation and coordination of CHW program implementation in line with the national CHW policy, with space for district authorities to apply and adapt national guidance to the local context and engage with the different actors in CHW programs to follow up the principles through district level collaboration. • Enabling district health leaders and facilities to properly implement and monitor the CHW programs with the skills, budgets and resources needed. 	<p>The national government includes budget funding as a line item in national health planning to support Regions and/or Districts in the training, salaries, supplies and incentives for CHWs</p>	<p>3. Annual Budgets distributed to Regional levels include line items for CHW support by national government to the Districts.</p>	<p>Budget request submissions and annual budget allocations and obligations are reported annually within the existing national system and shared with national and regional level WHO HRH Observatories</p>	<p>Annually</p>	<p>Budgets and expenditure reports are made public either through national website or through other national reporting mechanisms to insure transparency.</p> <p>National, Regional, and Global WHO HRH observatories will publish each year the countries that do and that do not budget provisions to support CHWs that are made available to local level that implements program.</p>

M & E MECHANISMS					
<ul style="list-style-type: none"> Utilizing internationally standardized core indicators for monitoring and evaluation of CHWs and CHW programs under the CHW Framework. National observatories or relevant knowledge institutions are tasked to keep updated information on CHW programs in the country and track progress, in collaboration with external partners as agreed at national level. Data, analysis, and program maps and documents should be made publically available. Building on data and information gathered, develop a national CHW program research and innovation agenda and to inform strategies for successful contribution of CHWs to UHC. 	<p>CHW data are included with HRH core data set for reporting along with other national HRH data, and may be used to inform policy, strategies and development of a research agenda</p>	<p>4. National reports include cells or report items regarding the profile and situational data* for CHWs – that align with the information that is gathered for other workforce cadres.</p> <p><i>* CHW demographic information, as well as professional data such as location of post, function, training, length of service, etc. that are also collected for other HRH cadres.</i></p>	<p>Donors send required data (according to data set) on their CHWs to Health centers or directly to district level health office.</p> <p>Health centers send the data to the District Offices.</p> <p>Regional offices validate and report to national level</p> <p>Information is annually passed onto the national HRH Observatory to disseminate and use to inform policy discussions.</p>	<p>Quarterly reports</p> <p>Annual reports</p>	<p>National, Regional and Global observatories report the CHW data along with the other national HRH data.</p> <p>From this reporting we know if the indicator (yes/no) applies to the country.</p>
GLOBAL ACTORS					
<ul style="list-style-type: none"> Anchoring the CHW projects they support in the national CHW policy and HRH plans Harmonizing and aligning programs to achieve synergies across different CHW programs and appropriate integration with the health system, in line with national efforts to achieve UHC. 	<p>Partners will follow national and district guidelines for salaries and incentives</p>	<p>5. According to national reporting guidelines, partners will track and report on salaries, incentives, or other financial/non-financial provisions that are given to CHWs.</p>	<p>Partner will maintain records on salaries, financial incentives, and non-financial benefits provided to CHWs. Those records will be shared with other partners and with government District office.</p> <p>Regional level will include partner information on salary and incentives to in reports to national level.</p>	<p>Annually</p>	<p>Guidelines booklets are produced for partners and donors.</p> <p>National Guidelines are also made available on the MoH website or other existing reporting mechanism.</p> <p>Donors will require reports confirming the existence of guidelines for CHW program implementers to evidence that the donor requirements of</p>

<ul style="list-style-type: none"> Sharing information on allowances and incentives in CHW projects they support and aligning these systems with national agreed principles 			<p>An external body, such as the WHO country or regional office annually requests documentation from the Ministry of Health</p>		<p>implementers follow the national guidelines.</p> <p>Reports are made available on donor websites.</p> <p>National, Regional and Global HRH Observatories will report on which countries have established guidelines</p>
	<p>Partners will collect data and report on CHW information and program indicators per the information required and processes established by the national and sub-national levels.</p>	<p>6. As will be specifically referenced in agreements between partners and host countries, partners will submit scheduled reports (per national guidelines), and the host country office will monitor receipt of reports from all partners.</p>	<p>Partners will report on program indicators, with required reporting, to district offices, and to national office as required.</p>	<p>Annually or per national reporting practices</p>	<p>Same as above</p>
	<p>Partners will contribute to planning and policy meetings and share their experience and knowledge.</p>	<p>7. Meeting reports submitted to regional level will include meeting agendas and/or participants attending partner meetings.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Numerator: # of externally funded or managed CHW programs that include succession language in the agreement with the country</p> <p>Denominator: # of externally funded or managed CHW programs in the country</p> </div>	<p>In alignment with Indicators #3 and #12 of the District Indicators (Appendix B), global partners will coordinate with sub-national and national governments to make themselves available to participate in planning meetings.</p> <p>Partners will share account of these activities in reports to donors and in disseminated project reports.</p>	<p>Quarterly, Annually, or according to existing partner reporting schedules</p>	<p>Donors base evaluation of implementers on their participation and contributions to national meeting and sub-national planning meetings.</p> <p>National governments and Donor agencies may publicly recognize district and regional governments with implementing agencies or NGOs when they have exhibited collaboration and commitment to improving synergies among CHW programs.</p> <p>The agenda of the meetings and meeting notes may be made public in quarterly reports to regions and posted on the District government office bulletin board.</p>

	External partners collaborate with national (and sub-national) governments so that CHW program designs include targeted activities toward capacity building, and realistic budgeting that can be assumed in medium or long term by the hosting government.	8. All agreements with national (and sub-national) governments will include specific language that defines how succession of the program is included in the development plan.	National HRH observatories will track CHW program agreements and track which ones address sustainability. National, regional and global HRH observatories will include the report on these indicators in the annual reporting	Annually	Countries may make public agreements with external partners through Ministry websites or other existing transparency mechanisms. Donors will make public on their websites all CHW program collaboration agreements with national (and sub-national) governments. WHO regional and global HRH observatories will make the indicators public.
	Global actors contribute to national government's research agenda by either partnering with national institutions in research or providing research expertise and technical capacity in response to country requests.	This responsibility will not have a specific indicator but will be demonstrated through global discussion and dissemination of information; and will follow the recommendations of the research agenda proposal.	N/A	N/A	Publications, Policy papers, National and Global discussion meetings

ANNEX B: MONITORING AND ACCOUNTABILITY PLATFORM - SUB-NATIONAL LEVEL INDICATORS

The District² (or Equivalent sub-national level government) Health Management teams will carry responsibility for:

HARMONIZATION AREA	MEASUREMENT	INDICATORS <i>(Indicators are binary yes/no measurements unless otherwise indicated)</i>	COLLECTION / EVALUATION	FREQUENCY	ACCOUNTABILITY MECHANISM
POLICY AND PLANNING					
<ul style="list-style-type: none"> Facilitate synergies and coordination of CHW programs in the context of overall health system development and UHC in the district on the basis of delegated authority from the national level 	In alignment with national objectives and parameters, include CHW program activities and CHW functions in district plans toward improving care and reaching UHC, including the programs operated by all partners.	1. District Budgeted Plans will include CHW program activities, aligning with budgeted plans that support other cadres.	<p>District office reports to region and/or national government.</p> <p>National government collects information and established intervals from regional (sub-national governance divisions) to use for planning and allocating funds and support to district.</p> <p>National government provides information on national and regional reports to HRH Observatory.</p> <p>HRH Observatory reports annually on the 12 district indicators.</p>	Annually	<p>Plans of each district may be publicly accessible on regional page of national MoH website, if a website exists; or is made public through the existing regional mechanisms for dissemination of annual reports.</p> <p>National, Regional and WHO HRH Observatory sites will publish the indicator measurements each year.</p>
<ul style="list-style-type: none"> Define expected CHW program contributions in the district health plan, 	District guidelines exist that clarify the role of CHWs as part of the local health center staff, with the corresponding requirements,	2. District guidelines exist that are used by the health centers regarding	District and Regional governments demonstrate that guidelines are available	Annually	National, Regional and WHO HRH Observatory sites will show

² Throughout this table, the word “District” is used to refer to that sub-regional division that is above the local facilities level. In some countries the sub-regional levels are provinces, and the regions are States. In some regions the district levels are equivalent to departments or municipalities. “Region” or “Regional” will refer here to that higher political sub-division that is directly below national.

<p>inclusive of all programs operated in the district by all partners, and make the appropriate links to local government at district level and different types of extension services in other sectors</p>	<p>reporting schedules, and integration of responsibilities that define the existing health center teams.</p>	<p>the management and supervision expectations for CHWs.</p>	<p>by including them in reports and disseminating them with other information shared with partners and with government levels.</p> <p>National government level annually (or per scheduled intervals) reviews guidelines provided to ensure sub-national supervision that is adequate for CHW support.</p> <p>National government includes information as to whether or not sub-national governments provide guidelines to ensure supervision of CHWs, in annual (scheduled) reporting to HRH Observatories.</p> <p>HRH Observatory reports annually on this and all district indicators.</p>		<p>the measure of each indicator each year and will list whether or not a guideline or definition exists to outline the CHW function with relationship to other cadres in the catchment.</p>
<ul style="list-style-type: none"> • Include CHW projects in district level meetings on the district plan and its implementation and facilitate dialogue on improvements and problem solving in CHW contribution to UHC in the district, along the A-A-A-Q elements (availability, accessibility, acceptability and quality) 	<p>Partners, health center representation, and CHW group representatives participate in district planning discussions and other operational exchanges or trainings.</p>	<p>3. Meeting reports submitted to regional level will include meeting agendas and/or participants attending partner meetings.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Numerator: # of partner organizations who attended planning meetings</p> <p>Denominator: # CHW partners working in country</p> </div>	<p>District level keeps meeting reports and provides those reports (in individual or aggregated form) to regional and/or national level.</p> <p>Regional (sub-national) government submits to aggregated reports to national Government regarding planning meeting attendance and inclusion of partners.</p> <p>Indicator measurement is submitted by national government to HRH</p>	<p>Quarterly, Annually, or according to existing national and sub-national reporting schedules.</p>	<p>Regional government, may place on regional website (when available) information regarding planning meetings that include participants attending.</p> <p>Donors base evaluation of implementers on this</p> <p>National governments and Donor agencies may publicly recognize district and regional governments with implementing agencies or NGOs when they have exhibited collaboration and commitment</p>

			<p>Observatory</p> <p>National and sub-national governments include information on meeting participation in district and/or regional planning meetings when reporting to donors on CHW programs.</p> <p>HRH Observatories may post indicator or may just report yes or no as to whether partners and CHW program representatives participated in planning meetings.</p>		<p>to improving synergies among CHW programs.</p> <p>The agenda of the meetings and meeting notes may be made public in quarterly reports to regions and posted on the District government office bulletin board.</p>
SUPPORT SYSTEMS					
<ul style="list-style-type: none"> Identify priority actions, concrete measures for synergies across CHW programs and ensuring that support, supervision and supply systems are established 	<p>Establish CHW supervision and feedback responsibilities to health facilities managers or technical supervisors, which may cooperate with NGOs to implement the management in collaboration with facilities</p>	<p>4. HRH bi-annual / annual performance reviews will include CHW reviews by health facility supervisors. (Note that volunteers will also need to be monitored for basic compliance and skill updates, so will also have general reviews)</p>	<p>District office collects aggregated reports on CHW performance from health centers and from partners who implement programs and oversee CHWs</p> <p>Regional Government collects aggregate evaluations of CHW performance and compliance with protocols along with all staff annual or semi-annual reviews.</p> <p>Regional level submits to National Government.</p> <p>National government reports shares performance status / progress with national HRH</p>	<p>Annually</p>	<p>CHW representative groups will coordinate with District government and health centers to advocate for appropriate supervision of CHWs and request supervision reports.</p> <p>National government will not report on individual CHW performance scores, but will report on overall aggregate annual performance increase or decreases for CHW performance levels along with other HRH cadres. These reports will be made through national websites and/or existing mechanisms for disseminating reports.</p> <p>HRH Observatories at national, regional and global level will</p>

			Observatory. Regional governments will also report to CHW representative body as to whether or not the CHWs in any District are not receiving evaluations.		indicate which countries have evidence of annual evaluations of CHWs and which do not.
<ul style="list-style-type: none"> Define standard competency development elements that will be consistent in all CHW basic training packages with guidelines for added technical training requirements (skills, knowledge, and length) 	Provide training to CHWs as needed to ensure professional growth and the updating / maintaining of skills.	<p>5. There exists an in-service CHW training curricula and requirements that are comparable with other curricula throughout the country within the same clinical and technical area.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Numerator: # of health centers who carry out the Regionally approved CHW training /</p> <p>Denominator: # of health centers in the District.</p> </div>	<p>Health Centers report the results of the training to the District Office. (NOTE: Even if partner provides the training, health center may report that the training was completed)</p> <p>District Office sends report to the Regional office</p>	Annually	<p>Regional results are posted on regional and national MoH websites if they exist, or are disseminated through existing communication channels.</p> <p>National, Regional and WHO HRH Observatory sites will show this indicator along with each indicator each year.</p>
M/E					
<ul style="list-style-type: none"> Collect, process, and act on data on CHW programs in the district and ensure compliance with agreed monitoring and evaluation elements of the CHW Framework 	District will require reports from facilities and implementing partners that include performance indicators of CHWs and program performance.	<p>6. Standard District report forms that are sent to regional level will have specific performance indicators for CHWs and the CHW program performance.</p> <p>OBSERVATION: As</p>	<p>Implementing partners report to health facilities and/or to District governments (or equivalent)</p> <p>Regional Government collects information from partners and facilities.</p>	Annually	<p>Regional websites, or other existing reporting mechanisms, may report on performance of CHW programs.</p> <p>National governments should publish performance information on national websites and in print publication according to the</p>

		<p>countries aim to ensure that expanded access provides universal coverage of quality health, this indicator for CHWs will establish precedence for monitoring the quality of all cadres' performance.</p>	<p>Regional level submits reports to National Government.</p> <p>National governments pass on performance reports when relevant and reports yes/no on this indicator to WHO HRH Observatory.</p> <p>HRH Observatory reports annually on the 12 district indicators.</p>	<p>existing public reporting mechanisms.</p> <p>Donor agencies and partners should agree to make public the performance indicators of those programs that they manage.</p> <p>National, Regional and WHO HRH Observatory sites will report indicators annually.</p>
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<ul style="list-style-type: none"> Establish accountability mechanisms for CHW programs that link to and communicate with local government authorities as part of the district plan, consolidate district reporting from all CHW programs and communicate to the national level 	<p>Regional and District managers will meet annually or semi-annually with representatives from community groups, CHW teams, health centers and partners and use evidence from data to make quality improvements.</p>	<p>7. National governments will report to HRH observatories the qualitative data for discussion; and they will demonstrate that regions are using performance data to inform their regional strategies for service improvement strategies.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>National Level reporting:</p> <p>Numerator: # of regions who are having cross-sector performance assessments</p> <p>Denominator: # of regions in the country with CHW programs</p> </div>	<p>Regional government will note in annual plans where they reflect input from partners and stakeholders and where they respond to earlier gaps noted in quarterly reports.</p> <p>National governments share indicator with national HRH Observatory and may also share the planning information with national HRH Observatories to inform planning.</p> <p>National HRH Observatories sends to Regional level HRH Observatories information regarding how many regions in their country are using this process.</p>	<p>Quarterly</p>	<p>National government posts on website, or through existing information dissemination mechanisms, which regions are performing better – and may post their specific results.</p> <p>Donors base evaluation of implementers on their own participation and contribution to district, regional and national discussions.</p> <p>HRH Observatories report the number of regions involved in these cross-sector improvement efforts. Indicator is posted with other platform indicators on national, regional, and global HRH Observatory website.</p>
<p>SUPPORT SYSTEMS</p>					
<ul style="list-style-type: none"> Dialogue with partners that implement CHW programs in terms of the need for alignment and nurturing synergies in line with national principles and relevant to the local 	<p>The District or Regional government (depending on the existing practice in the country) will establish standard guidelines for non-financial and financial incentives, and minimum and maximum salary limits to avoid competitive or unequal systems and to promote a sustainable country-wide CHW program.</p>	<p>8. Guidelines for minimum and maximum salaries, non-financial incentives, and per diems exist at national and/or sub-national level (consistent with existing HRH salary and incentive policies.</p>	<p>Health Centers and partners will report on staff employed and salaries paid. In addition, they will also make public the incentives provided to CHWs to maintain equity and consistency among and within multiple CHW programs at sub-national and national</p>	<p>Annually</p>	<p>Guidelines booklets are produced for partners and donors.</p> <p>National Guidelines are also made available on the MoH website or other existing reporting mechanism.</p>

<p>context and have full knowledge about allowances and incentives used by different CHW programs in the district</p>			<p>level.</p> <p>Regional level will report to national HRH level regarding the salaries paid to public staff.</p> <p>An External body, such as the WHO country or regional office annually requests documentation from the Ministry of Health</p>		<p>Donors will require reports confirming the existence of guidelines for CHW program implementers to evidence that the guidelines have followed the guidelines.</p> <p>Reports are made available on donor websites.</p> <p>National, Regional and Global HRH Observatories will report on which countries have established guidelines</p>
<ul style="list-style-type: none"> • Same as above. 		<p>9. Regions include CHW salaries, incentives, or other financial/non-financial provisions with other HRH incentive reporting processes.</p>	<p>Districts collect incentive information (or salary reports when CHWs are paid) from Health centers and partners when collecting related HRH reports. These reports are sent to Regional level.</p> <p>Regional offices will provide oversight to ensure harmonization requirements for maximums and minimums were met.</p> <p>Regional offices send summary reports to National level – (payment information for those CHWs on payroll may go to public services office).</p> <p>National office reports to</p>	<p>On a time frame consistent with the government reporting schedule (i.e.: quarterly or annually)</p>	<p>Interval Reports are made available on regional pages of MoH websites when available.</p> <p>National level government reports to donor agencies / technical partners each quarter (or according to standard practice per donor/country agreement) as to whether donor agencies / implementing partners are following national regulations/ guidelines.</p> <p>Donors may be notified when their practices to not align with guidelines.</p> <p>All reports are available on donor websites and on the MoH websites.</p>

			Donors as to whether their practices are in alignment with country stipulations regarding incentive parameters . If not in alignment, the donor agencies and implementing partners may be given notice.		
GLOBAL ACTORS					
<ul style="list-style-type: none"> Harmonize and align activities to achieve synergies across different CHW programs and appropriate integration with the district health system, whether operated by public or non-state actors 	Partners follow Regional and/or District guidelines for harmonizing the training, distribution, integration with health facilities, and providing financial and non-financial incentives. Partners ensure that complementary community health activities establish and maintain links with the formal CHW cadres and the health system.	10. Partners will consistently obtain approval from District or Regional government before implementing a CHW program to ensure ‘complementarities’ and integration with health objectives of the country/sub-national area.	<p>All partners should submit CHW plans to district level leadership that aligns with guidelines for synchronization and intentions for achieving UHC.</p> <p>Districts approve plans (<i>Note that District governments may be the most appropriate body to monitor the partners’ adherence to the agreements and to continually support partners in harmonizing their program designs.</i>)</p> <p>Regions report to constituency and to donors on partners’ progress toward synchronizing efforts and following guidelines.</p> <p>Regions send report to National Government regarding indicator.</p> <p>National Government sends national level indicator report to national HRH Observatory</p>	Annually	<p>Regional/District levels send a report of all implementing partners to all donors to alert them if they do not receive program design for approval and when approval is granted.</p> <p>Donors require implementing partners to comply with national and regional guidelines and expectations.</p> <p>National government will report on national website or other established mechanisms as to the number of partners operating CHW training programs in the country. (Those partners whose training has not been approved will not be operating training programs)</p> <p>National, Regional, and Global HRH Observatory report on indicator from aggregate national level on the HRH Observatory websites</p>

<ul style="list-style-type: none"> Participate in the development of a shared monitoring and reporting system and make available information from the CHW projects supported Share information on allowances and incentives in CHW projects they support and align these systems with district guidance, based on nationally agreed principles 	<p>Partners collect CHW indicator data according to the district reporting requirements submit to health centers through established processes and reporting practices.</p>	<p>11. As per specific reference in bi-lateral agreements, partners will submit monthly and/or quarterly reports per District and Regional guidelines, and the district/regional office monitors receipt of reports from all partners.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Numerator: # of implementing partners that have submitted required information according to standard reporting procedures /</p> <p>Denominator: # of implementing partners who are operating in the country.</p> </div>	<p>All partners submit quarterly reports(or reports and agreed scheduled intervals) to District or Regional Office leadership.</p> <p>Regional office reports to national level</p> <p>National Level sends report to HRH Observatory</p>	<p>Quarterly (along with other standard quarterly reports) or according to the reporting schedule in the country.</p> <p>The national government reports to the national HRH Observatory annually or bi-annually</p>	<p>Regional Level governments list all partners on their regional MoH websites or regional page on national MoH website (when these exist), and indicate that they contribute to regional and national M/E efforts.</p> <p>National, Regional, and Global HRH Observatories report on indicator on the HRH Observatory websites.</p>
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<ul style="list-style-type: none"> • Share knowledge and learning from within district and across district experiences in ways that stimulate innovation and best practices for all CHW projects in the district. • Participate in district level meetings of stakeholders and partners as convened by district authorities to review progress, synthesize learning and identify knowledge gaps and research needs 	<p>Partners and other community based stakeholders will participate in District planning meetings and in improvement action plans and share experiences for the learning of Ministry members and other partners.</p>	<p>12. Meeting reports submitted to regional level will include meeting agendas and partner participants attending.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Numerator: # of partners involved directly in CHW activities who have representation in planning meetings /</p> <p>Denominator: # partners involved in CHW activities.</p> </div>	<p>District government reports to Regional government</p> <p>Regional government submits information to national government</p> <p>National government submits aggregate national indicator data to HRH Observatory</p> <p>National governments report to donors if their implementers do not contribute to planning meetings or to learning exchange sessions.</p> <p>HRH Observatories post national indicators in annual reports.</p>	<p>Quarterly or Annually / or according to the frequency that cross-sector meetings are held by District.</p>	<p>Regional government reports meeting agendas on website (when they exist). Partners participating are indicated.</p> <p>National government / or regional government provides feedback to Donor agencies regarding the participation and contributions of their implementing partners.</p> <p>Donors include partners' participation as part of the evaluation criteria of their implementers.</p> <p>The agenda of the regional meetings and meeting notes are made public in quarterly reports to regions and posted on the District government office.</p>
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References

ⁱ Henry Perry and Rose Zulliger; *How Effective Are Community Health Workers: An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-related Millennium Development Goals*; Johns Hopkins Bloomberg School of Public Health; 2012

ⁱⁱ **Ibid**

ⁱⁱⁱ Mogedal, Sigrun, et al; *Community Health Workers and Universal Health Coverage: Framework for partners harmonized support*; ; August 2013

^{iv} "Three Ones' key principles: *Coordination of National Responses to HIV/AIDS* - Guiding principles for national authorities and their partners;" UNAIDS; 2004. The "Three Ones" were initiated in 2004 by UNAIDS in cooperation with the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria and in dialogue key partners.

^v "Three Ones" key principles. "Coordination of National Responses to HIV/AIDS" - Guiding principles for national authorities and their partners; 2004; UNAIDS. Available online.

http://www.unaids.org/en/media/unaids/contentassets/dataimport/una-docs/three-ones_keyprinciples_en.pdf

^{vi} The four global consultations included:

- a. "Technical consultation on the role of community based providers in improving Maternal and Newborn Health" (30 - 31 May 2012 - organized by Royal Tropical Institute, Netherlands)
- b. "Evidence Summit on Community and Formal System Support for Enhanced Community Health Worker Performance" (May 31 and June 1 - convened by USAID Global Health Bureau in Washington DC);
- c. "Community Health Worker Regional Meeting" (19 to 21 June - convened by USAID-funded Health Care Improvement Project, at Addis Ababa, Ethiopia);
- d. "Health Workers at the Frontline – Acting on what we know: Consultation on how to improve front line access to evidence-based interventions by skilled health care providers" (25-27 June, (convened by NORAD and coordinated by EQUINET at Nairobi, Kenya)

^{vii} Final Report of Evidence Review Teams:

1. "Which Community Support Activities Improve the Performance of Community Health Workers? A Review of the Evidence and of Expert Opinion with Recommendations for Policy, Practice and Research"
2. "Formal Health System"
3. "Greater Than the Sum of Its Parts: Enhancing Community Health Worker Performance through Combining Community and Health Systems Approaches"