



GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

# CHW 2019 SYMPOSIUM

## ABSTRACTS BOOK



2<sup>nd</sup> International Symposium on  
**Community Health Workers**

22-24 November, 2019 | Dhaka, Bangladesh

# **Abstracts Book**

## **The Second International Symposium on Community Health Workers**

**“Potentials of Community Health Workers in Prevention and Control  
of Non-communicable Diseases (NCDs) in the Context of Universal  
Health Coverage (UHC)”**

22-24 November 2019

Dhaka, Bangladesh



link health facilities in Kuria West to target pregnant and new mothers (mothers who had just delivered). The project was undertaken for 6 months ending in June 2017.

**Methodology:** Activities included counselling, awareness creation and habit formation at three levels; Household, community, and health facility; 3- 4 household visits were conducted by community health workers (CHW) to at least 150 new moms over a period of 6 months. The first visit took place in the 3rd trimester of pregnancy, followed by three visits within the neonatal period. In the community, CHWs formed Mother to Mother Groups (M 2 M) that met once a month to discuss the importance of handwashing with soap. CHWs sensitized pregnant and new mothers who visited health facilities. A controlled trial was conducted to measure the program impact by comparing data from a sample of new mothers in the control and intervention sub counties. The study sampled a total of 103 mothers.

**Results:** The contribution of CHWs toward the awareness of handwashing was very high among the intervention group (89%) compared to 25% among the control group. Of the new mothers surveyed, 71% in intervention areas and 2% in control areas are likely to wash their hands with cleansing agents. Monthly diarrhoea infections among children under 1 year reduced by 87% in the period of January to June 2017.

**Discussion and Conclusion:** Community health workers are critical in the prevention of diseases among children in the low- and middle-income countries.

**Key Words:** Community Health; Cell Membrane Cell Wall Dysentery; Hand Disinfection; Workers; Kenya.

ABS-0000117

## **Role of CHWs in Mortality Surveillance in Rural Areas in Chhattisgarh India**

**Mukesh Dewangan ([dr.mukeshdewangan@gmail.com](mailto:dr.mukeshdewangan@gmail.com)), Samir Garg**

State Health Resource Centre of Raipur, India

**Introduction:** Mortality surveillance is a challenge in rural India. CHWs in Chhattisgarh were trained to play a role in mortality surveillance. CHWs play three main roles: service provider in primary care, linking between community and facility, and activist. One of the key purposes of keeping a register of deaths at the community level is to enable health monitoring. The CHWs compiled the deaths occurred in her area and documented in their registers; they also show the cause of death as reported at the community level. The National Guidelines on Community Processes brought out by National Health Mission (NHM) emphasize this role of committees promoted by it. Chhattisgarh was one of the first states in the country to implement this aspect through CHW program.

**Methodology:** The death registrations are compiled and computerized into a database at the state level. This is meant to allow analysis of deaths and causes recorded and are reported by community.

**Results:** Starting from 2012, rural CHWs in Chhattisgarh recorded around 90,927 deaths annually, along with community reported causes. The deaths compilation constitutes 60% of the total nos. of rural deaths expected according to Crude Death Rate of the state. The overall leading causes of deaths are: stroke/heart diseases, accidents, cancer, suicide, pneumonia, malaria, and tuberculosis. The birth asphyxia in neonates and acute respiratory infections, malnutrition, and malaria in post-neonates are leading preventable-causes of mortality.

**Discussion and Conclusion:** Promoting social auditing of deaths has created a system for large-scale documentation and analysis of causes of deaths in public domain. It enables communities of the poor to discuss the deaths openly and assess whether they could be prevented. It provides communities an instrument to monitor the health system. It indicates evidence for causes, which need public health attention. It produces evidence to counter chronic under-reporting relating to malaria and other infectious diseases.

**Key Words:** Cause of Death; Communicable Diseases; Heart Diseases; Infant, Newborn; Malnutrition; Neoplasms; Pneumonia; Primary Healthcare; Respiratory Tract Infections; Suicide; Tuberculosis; Malaria; India.

ABS-0000140

## **Serving the Most Vulnerable through Customized Community Health Worker Approaches: The CHW Consult Service**

Elise Mann<sup>1</sup>, Basimenye Nhlema<sup>1</sup>, Henry Makungwa<sup>1</sup>, Emilia Connolly<sup>1</sup>, Benson Chabwera<sup>1</sup>, Bright Mailosi<sup>1</sup>, Evelyn Chibwe<sup>1</sup>, Medson Boti<sup>1</sup>, Lawrence Nazimera<sup>2</sup>, Enock Ndalama<sup>2</sup>, Emily Wroe<sup>2</sup>, Elise Mann<sup>1</sup>, **Basimenye Nhlema<sup>1</sup> ([bnhlema@pih.org](mailto:bnhlema@pih.org))**, Henry Makungwa<sup>1</sup>, Emilia Connolly<sup>1</sup>, Benson Chabwera<sup>1</sup>, Bright Mailosi<sup>1</sup>, Eve Chibwe<sup>1</sup>, Medson Boti<sup>1</sup>, Lawrence Nazimera<sup>2</sup>, Enock Ndalama<sup>2</sup>, Emily Wroe<sup>1</sup>.

<sup>1</sup>Partners In Health, Malawi; <sup>2</sup>Ministry of Health, Malawi

### **Case Study / Field Experience:**

**Background:** Community Health Workers (CHW) perform case-finding, treatment, and follow-up through protocolized workflows in impoverished communities. Since 2007, Partners in Health (PIH) has supported 1,200 CHWs in rural Malawi to assist in workflows in HIV, tuberculosis (TB), non-communicable diseases (NCD), and maternal-child health. We hypothesized that while protocols can address many community health needs, the most vulnerable patients and complex situations require a system for customized communication between CHWs and clinical staff.

**Program Design:** The CHW Consult Service (CCS) streamlines communication for patient needs between all members of primary-care teams to create a responsive system for patients. The CCS uses a structured system with clear communication rules over email and WhatsApp to directly connect clinical providers with CHWs. It was designed for uses, such as (1) additional information gathering such as a sick child's clinical course, (2) proactive outreach such as screening family members for TB, or (3) scheduling a repeat x-ray after hospital discharge. The consult requester shares demographic information, medical condition(s), an overview of the circumstances, and what needs follow-up.

**Early Findings and Next Steps:** Members across the primary health teams adopted the system enthusiastically. In the first 12 weeks of the CCS, 25 cases were identified. Diseases/conditions included HIV (n=10), NCD (n=7), TB (n=5), malnutrition (n=6), mental health (n=4), and pregnancy (n=2). Themes included: patient to return to clinic (n=20), social support (n=5), additional history (n=6), locate a patient or guardian (n=7), follow-ups after labs or surgery (n=4), and navigating difficult household or gender dynamics (n=3). This experience demonstrates the critical importance of real-time communication and facilitated problem-solving across teams. As a next step, the CHWs