

National Workshop on Community Health Worker Training : Linking Pedagogy and Practice

Reflections and Recommendations

The Workshop

The Foundation for Research in Community Health (FRCH) and the Social Initiatives Group (SIG) at ICICI Bank had organised a National Workshop on Community Health Worker Training: Linking Pedagogy and Practice during April 10 - 12, 2006 in Pune.

The workshop represented an effort after almost a decade to bring together a diverse group of individuals with an aim to initiate sectoral dialogue and action on community health worker (CHW) training, and sustain it through a network of resource and research organisations. Located within the current context of the National Rural Health Mission (NRHM) and its core strategy of introducing a trained community health worker – the Accredited Social Health Activist (ASHA) – the workshop aimed to share and consolidate innovations and learnings in community health worker training across programmes over the last three decades; discuss and develop initiatives to mainstream these innovations and learnings to extend coverage and enhance quality of community health worker training; and to initiate a dialogue and create networks between various health worker training programmes, and between civil society groups and the NRHM.

The current context within which the workshop was organised presents a substantial body of past experience and evidence, gathered over 30 years of innovations in community health worker programmes, and the current opportunities presented by the NRHM and its core strategy of the ASHA – a trained community based change agent at a 1000 population level, to catalyse a sustainable community-owned process for behavioural change and to facilitate access to basic health services by the poor. In this context, the workshop was organised to address the issue of training in CHW programmes – learning from innovations in CHW training in various contexts and operationalising these at scale in the context of the NRHM.

The workshop brought together representatives from the central government and from the states of Jharkhand, Chhattisgarh, Rajasthan and Nagaland; civil society representatives and practitioners from more than fifteen different groups and programmes in various parts of the country; academics from international and national universities; and media persons to share experiences of and perspectives on content and methodology of training community health workers.

The Focus Areas

The workshop focused on training content and methodology innovated in both government and civil society groups in CHW programmes over the last three decades and systems to implement these innovations at scale by integrating with the NRHM. The presentations, discussions and debates focused on important aspects of CHW training – methodology and human resources; training in varied contexts within the country; partnerships for conceptualising and operationalising community health worker programmes; and support structures required for the successful implementation of such programmes. The focus areas of discussion in the workshop were the following:

- **Locating CHW programmes within the larger context:** One of the issues that was highlighted foremost in the workshop was to locate CHW programmes, and the aspect of training within them, in the larger context of globalisation and the macrosystemic

environment of debt and structural adjustment policies that exacerbate inequities both within and between countries in all dimensions of development, including health. Professor David Sanders, in his introductory key note address, traced the international history of CHWs and the emphasis on people's participation in ensuring basic health of communities. It positioned CHW programmes within global economic, social and political processes, which in turn determine the characteristics and efficiency of these programmes. The discussions indicated the global debt crisis and the medicalisation of health as significant social, economic and political determinants of negative health outcomes, especially for the poor and vulnerable. In this larger context, CHWs have internationally been perceived as agents for realising the right to health for the poor.

- **Past experiences of CHW programmes:** The workshop traced the long history of innovation in the area of CHW programmes in the country, with civil society organisations having pioneered the development of successful community health worker models in different geographies. For instance, as was presented in Dr. Ravi Narayan's address, the health workers of the Comprehensive Rural Health Care Project in Jamkhed, the *Sahyoginis* of the Foundation for Research in Community Health (FRCH) in rural Maharashtra and the health workers of Aarogya lyakkam in Tamil Nadu, have achieved some success in emphasising an empowerment approach to health and in achieving desired impact on health outcomes, albeit with limited population and geographical reach. While civil society groups have shown consistent success of community health worker programmes in achieving better maternal and child health outcomes, those undertaken by the state at scale have shown mixed results. Noteworthy among these are the Community Health Volunteer Scheme initiated in 1978 by the Janata Dal Government, and the Jan Swasthya Rakshak programme launched by the Government of Madhya Pradesh in 1995. These programmes, however, did not have the desired impact on health outcomes due to structural gaps in the system, issues in training and lack of supportive human resource. The disparity in experiences of community health worker programmes initiated by civil society groups in intensive field areas and by states at scale were traced to three main factors namely, *programme design* that involves the conceptualisation of the role and profile of the community health worker, support structures at the level of the community and linkages with the health system; *lack of state capacity* in terms of technical resources to conceptualise and implement the programme at scale; and *lack of civil society participation* in designing and implementing these programmes in order to draw on the experience and technical knowledge of such groups to formulate informed state policies.
- **The NRHM and future opportunities:** The most recent conceptualisation of CHWs at scale has been the Accredited Social Health Activist (ASHA) Programme, which is a core strategy of the National Rural Health Mission (NRHM). The NRHM was perceived as a renewed political commitment of the present government, presenting an opportunity for mainstreaming the experiences and learnings from civil society innovations. However, the impediments of the past scaled CHW programmes were identified and the need for change recognised. The workshop highlighted the issues, debates and queries relating to the perceived lack of autonomy for states in decision making and fund utilisation vis-a-vis the central government, the gap that arises due to this between the conceptualisation and implementation, and the lack of state capacity to independently undertake these functions. Moreover, the ambiguity in the implementation plan regarding selection, training, support structures, linkages with the public health system, monitoring and evaluation, and fund allocation for the ASHA programme was also raised.
- **Innovations in training content and methodology in CHW programmes:** The workshop highlighted innovations in training community health workers in various programmes from different parts of the country. The discussions on the training models

and systems in the Comprehensive Rural Health Care Project of Jamkhed; the training methodology and content developed by FRCH; the innovations in using information-communication technology in CHW training presented by Dr. Shyam Ashtekar; and the training structures and support systems in the Mitanin Programme of Chhattisgarh contributed to ideas about planning and implementation of CHW programmes at scale. The process of “training for transformation”, emphasising self discovery and awareness about social realities, learning from peers and a phased training plan with continuous support, and a flexible learner-centric approach were the core principles of training in these CHW programmes. Keeping these non-negotiables in focus, the experiences from the Mitanin Programme highlighted the realities and challenges of training CHWs at scale.

- **CHW training in varied contexts:** The workshop discussed issues related to the need for contextualisation of CHW training to respond to the heterogeneous realities like the relative strength and ubiquity of public health facilities, the prevalence of non-literacy among CHWs and situations of political strife and conflict. Experiences of the Action Northeast Trust in implementing CHW programmes in eco-politically unstable areas of Assam, with a complete absence of health facilities added to these discussions. The need for contextualised training material and media for non-literate workers (for example, the material innovated by Sathi-Cehat in tribal Maharashtra), adapting material to local practices and beliefs and the use of local dialects were highlighted by experiences from different programmes in the country. Besides, the roles of the CHW and therefore, the skills that the training programme builds require to be defined contextually, depending on the health needs of the community and the available health services. This was exemplified by experiences of different programmes in training CHWs on preventive promotive skills with the primary role as a behaviour change communication agent, versus training in clinical skills for providing basic diagnostic and curative care. Another major highlight in the workshop was the issue of integrating gender in CHW programmes. Experiences of Jan Chetna Manch from rural Jharkhand emphasised the need to focus on gender as an underlying factor in health, and therefore, the necessity to build perspectives on gender into training programmes for CHWs.
- **CHW training at scale:** The workshop discussed approaches to achieving scale for development programmes through state systems and people's movements. Experiences of the state level Mitanin Programme in Chhattisgarh and the people's organisation based Aarogya Sathi programme facilitated by Sathi-Cehat, in their attempt to sculpt out their own approach by integrating fundamental innovations in design and implementation, have the potential to provide learnings for such programmes at scale. The workshop facilitated focused discussions on various aspects of CHW training at the scale – content, methodology and human resources; monitoring and evaluation of training processes; support structures and partnerships. Also emphasised was the need for partnership building, capacity building and sharing of resources between the state and civil society in conceptualising, operationalising and implementing CHW programmes at scale. In this context, the workshop discussed issues related to ambiguous boundaries between state-civil society engagement, and co-option of civil society by the state. However, drawing from the evidence and experience of the varied and contested history of such engagements and partnerships in the health sector, there was an emerging consensus that political spaces for productive engagement exist in certain situations and can be opened up and negotiated in others. The issue of partnerships was approached in this context and spirit of critical reflection on the scope, framework, types and the processes involved in building these relationships. Innovative ways of integrating civil society efforts and experiences in the field of CHW training with the vision and space provided by the state as articulated in the NRHM were discussed and hoped to be achieved.

Future Directions

The workshop is the beginning of a sectoral dialogue and indicates various initiatives that can be undertaken in the future to sustain and forward this effort. Some of the main learnings and recommendations are the following:

- Government and civil society partnerships at each level of the decentralised structure of the NRHM – at the state, district, block and village levels – to facilitate training of the ASHAs, their trainers and the other personnel involved in this process.
- Capacity building and training of government personnel, especially at the district and block levels, on developing and implementing training for the ASHAs. At the state level, this can involve efforts such as workshops to orient the State Mission Directors / State Facilitators about the various innovations and best practices in CHW training in the sector.
- Integrating learnings from civil society innovations about community mobilisation and CHW training into the conceptualisation and implementation of, and support to the ASHA programme at the level of scale.
- Undertaking review and development of state training modules in a participatory manner by involving personnel from different levels, as well as seeking feedback from local and sectoral experts. Related efforts have been initiated in Jharkhand for the development of the Sahiyya training modules. The training content which was initially defined by personnel from the state, district and block levels, in collaboration with local civil society groups, is now being reviewed and finalised in a state level workshop by sectoral experts from across the country.
- Developing contextualised training content and methodologies, that can sensitively respond to the unique contextual realities in different geographies across the country. Contextualisation can involve development of training modules in local languages/dialects; designing content to address local problems, beliefs and practices; defining the roles and scope of the ASHA to best suit local needs; and adapting training to suit the profiles of the human resources available in different regions.
- Building gender sensitivity into training content for the ASHAs, as well as for personnel at all levels associated with the training system.
- Developing specific training content for non-literate ASHAs, keeping in mind the high prevalence of illiteracy in the country, especially among rural women.
- Consolidating sectoral experiences in CHW training into easily accessible resource material and undertake its active dissemination to facilitate the ASHA programme.
- Undertaking research on training content, methodology and systems in different contexts to build the body of sectoral knowledge.