

Primary Health Care Principles and Community Health Worker Programs in Low and Middle Income Countries (DELPHI ROUND TWO)

Research Team

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Ethics Approval Number: H-2020-179

ABOUT THIS SURVEY!

This survey which is being conducted by researchers at the University of Adelaide, intends to develop consensus regarding implementation of Primary Health Care (PHC) principles in national or large-scale Community Health Worker (CHW) programs in Low- and Middle-Income Countries (LMICs).

The purpose of round two of the Delphi study is to develop consensus on the narrative responses received in round one from the study participants.

This survey will take you approximately 15-30 minutes to complete, and is anonymous to maintain confidentiality.

There are two sections in this survey, please complete each section before moving to the next.

All the questions are mandatory.

Your contribution to this survey is greatly appreciated.



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CONSENT REMINDER

By clicking on the "NEXT" button below you are indicating that;

- you have read the [Participant Information Sheet](#) and understand the purpose of the project.
- you understand that participation in this research project is entirely voluntary with no direct benefits to you.
- you understand that, while information gained during the study may be published, you will not be identified and your personal responses will not be divulged.
- you understand that, you are free to withdraw from the project at any time.
- you understand that if you have any additional questions or concerns you can contact the research team.
- you are at least 18 years of age.
- Agree to participate in the project.
- Click "Next" to start Round 2 of the survey



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Project Background:

This research project is about developing expert consensus on the relative importance of PHC principles and identify activities to reflect implementation of these principles in national CHW programs in LMICs.

The aim of this project is to develop guidelines on the application of PHC principles in the implementation of national or large-scale CHW programs in LMICs.



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SECTION 1: PRIMARY HEALTH CARE PRINCIPLES - Importance and challenges in implementation

- In the Round 1 Survey, all the participants rated PHC principles as very important or important to incorporate in the implementation of national or large-scale CHW programs in LMICs - consensus reached
- For the ranking of PHC principles in terms of importance in the implementation, we reached consensus on the principles of "Community Participation" and "Intersectoral Coordination". However, consensus was not reached on the importance of "Universal Health Coverage" and "Appropriateness".

* **1.** Therefore, please rate which of these two PHC principle is relatively more important than the other in relation to national or large-scale CHW programs in LMICs (select only one).

- Universal Health Coverage**
- Appropriateness**

* 2. From the Round 1 Survey, participants reported a number of additional PHC principles. Please select which of the following additional principles you agree should be added to the original PHC principles.

	AGREE	DISAGREE
Political Commitment	<input type="radio"/>	<input type="radio"/>
Sustainability	<input type="radio"/>	<input type="radio"/>
Social Justice	<input type="radio"/>	<input type="radio"/>
Accountability to the community	<input type="radio"/>	<input type="radio"/>
Appropriate (or Good) leadership and governance	<input type="radio"/>	<input type="radio"/>

3. In the Round 1 Survey, we reached consensus on that the principles of “Community Participation” and “Appropriateness” were challenging to implement. However, consensus was not reached for other principles.

For the following principles please determine which one do you consider as MORE CHALLENGING than the other to implement in CHW programs in LMICs (select only one).

Universal Health Coverage

Intersectoral Coordination

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SECTION 2: ACTIVITIES TO IMPLEMENT PRIMARY HEALTH CARE PRINCIPLES

- We have summarized the activities reported by the participants in Round 1 of the Survey that reflect the implementation of each PHC principle and its sub-attributes.
- For each list of activities reported for the PHC principles and its sub-attributes, please indicate if you AGREE or DISAGREE that the suggested activity reflects the PHC principle by ticking the appropriate boxes.

UNIVERSAL HEALTH COVERAGE (UHC):

* 4. Please indicate if you AGREE or DISAGREE that the suggested activity indicates UHC by ticking the appropriate boxes.

	AGREE	DISAGREE
Defining the catchment area (with reference to the population that is to be served by the CHW program)	<input type="radio"/>	<input type="radio"/>
Community sensitization: informing the community about services that will be provided	<input type="radio"/>	<input type="radio"/>
Annual [re]planning for implementation	<input type="radio"/>	<input type="radio"/>

AGREE

DISAGREE

Evaluation of the program implementation

Appropriate distribution of resources (Staff and material)

Transparent distribution of resources

Provision of basic maternal, newborn and child health services

Outreach services to remote areas

Medical care services for physical and mental health

5. Comments (if any):

Equity (a sub-attribute of UHC):

* 6. Please indicate if you AGREE or DISAGREE that the suggested activity indicates **Equity** by ticking the appropriate boxes.

AGREE

DISAGREE

Equity-based planning from the beginning

Bottleneck analyses

AGREE

DISAGREE

Identification of groups that are discriminated against

Implementation focused on vulnerable sub-populations

Service packages are adapted to the particular needs of disadvantaged groups

Provision of services in hard to reach areas

Removing financial and geographic barriers to health care

Program cost discussion with the community representatives

Gender mainstreaming

Broadening of selection criteria of CHWs e.g. low literacy groups and women

7. Comments (if any):

Access (a sub-attribute of UHC):

* 8. Please indicate if you AGREE or DISAGREE that the suggested activity indicates **Access** by ticking the appropriate boxes.

	AGREE	DISAGREE
Identification of the causes of low demand and utilization	<input type="radio"/>	<input type="radio"/>
Addressing privacy and confidentiality	<input type="radio"/>	<input type="radio"/>
Training and mentorship of CHWs	<input type="radio"/>	<input type="radio"/>
Distribution of CHWs across a population	<input type="radio"/>	<input type="radio"/>
Role clarity between the community, CHWs and supervisors/program	<input type="radio"/>	<input type="radio"/>
Remuneration arrangements for CHWs in case of emergency	<input type="radio"/>	<input type="radio"/>
Ensuring financial protection	<input type="radio"/>	<input type="radio"/>
Ensuring all community members can access the program irrespective of distance, ethnic or religious group, gender, age, social status, physical and mental state, and ability to pay	<input type="radio"/>	<input type="radio"/>

9. Comments (if any):

Comprehensiveness (a sub-attribute of UHC):

* 10. Please indicate if you AGREE or DISAGREE that the suggested activity indicates **Comprehensiveness** by ticking the appropriate boxes.

	AGREE	DISAGREE
Provision of preventive, curative, and rehabilitative services	<input type="radio"/>	<input type="radio"/>
Linkages with higher level service providers, referral pathways and other sectors (social protection, education, etc.)	<input type="radio"/>	<input type="radio"/>
Referral for and management of endemic illnesses within acceptable distance of nearest health facility	<input type="radio"/>	<input type="radio"/>
Skilled CHWs to participate in decisions about health care addressing social determinants	<input type="radio"/>	<input type="radio"/>
Pro-active CHWs to participate in decisions about health care addressing social determinants	<input type="radio"/>	<input type="radio"/>

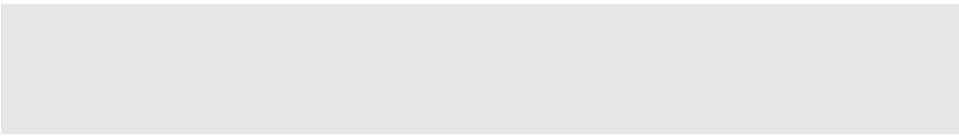
AGREE

DISAGREE

Needs assessment (sensitive to social, economic, cultural aspects) and with a social determinants of health lens



11. Comments (if any):



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COMMUNITY PARTICIPATION:

* 12. Please indicate if you AGREE or DISAGREE that the suggested activity indicates **Community Participation** by ticking the appropriate boxes.

	AGREE	DISAGREE
<p>Joint ownership and design of CHW programs: Involving community at all levels for decision making from planning, training, selecting and oversight of CHWs, and in local management and monitoring - Key to sustainability</p>	<input type="radio"/>	<input type="radio"/>
<p>Availability of health data to the community</p>	<input type="radio"/>	<input type="radio"/>
<p>Community sensitization and awareness of the program activities</p>	<input type="radio"/>	<input type="radio"/>

AGREE

DISAGREE

Traditional leaders and other community leaders should be engaged



Involving community members in supervision of the program activities



Ensuring feedback by the community [and acting on it]



A practical monitoring system incorporating data from communities and the health system



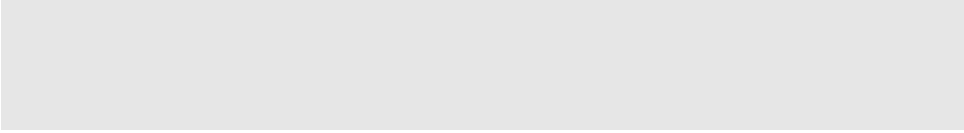
The integration of CHWs in health care decisions that go beyond medical care and address wider issues concerning power and control, advocacy and social mobilization



A balanced package of incentives for CHWs, both financial and non-financial



13. Comments (if any):



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INTERSECTORAL COORDINATION:

* 14. Please indicate if you AGREE or DISAGREE that the suggested activity indicates **Intersectoral Coordination** by ticking the appropriate boxes.

	AGREE	DISAGREE
Partner mapping: to identify all partners who are implementing CHW related interventions	<input type="radio"/>	<input type="radio"/>
Involvement of multiple ministries/sectors in supporting approaches to remuneration and career ladder opportunities for CHWs	<input type="radio"/>	<input type="radio"/>
Collaboration in governance structures from local to national level	<input type="radio"/>	<input type="radio"/>
Horizontal integration at the service delivery level	<input type="radio"/>	<input type="radio"/>

AGREE

DISAGREE

Vertical integration within the health systems

Senior leadership requires to be accessible and flexible to negotiate with different sectors to promote health

When CHWs work with community development personal to solve problems beyond service delivery and work with government officials to meet community needs beyond the health sector

Addressing needs of water, sanitation, food, housing, transport

15. Comments (if any):



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APPROPRIATENESS:

* **16.** Please indicate if you **AGREE** or **DISAGREE** that the suggested activity indicates **Appropriateness** by ticking the appropriate boxes.

	AGREE	DISAGREE
Need-based and context specific program design and implementation	<input type="radio"/>	<input type="radio"/>
CHW program follows international ethical and human rights standards	<input type="radio"/>	<input type="radio"/>
Competent CHWs	<input type="radio"/>	<input type="radio"/>
Respectable CHWs	<input type="radio"/>	<input type="radio"/>
Prioritization for service packages should consider interventions that are technically sound, operationally manageable and most promising in their potential for maximum health impact	<input type="radio"/>	<input type="radio"/>

17. Comments (if any):

Effectiveness (a sub-attribute of appropriateness):

* **18.** Please indicate if you **AGREE** or **DISAGREE** that the suggested activity indicates **Effectiveness** by ticking the appropriate boxes.

	AGREE	DISAGREE
Clear coordination	<input type="radio"/>	<input type="radio"/>
Monitoring and performance systems	<input type="radio"/>	<input type="radio"/>
Achievement of the target of the specific programs	<input type="radio"/>	<input type="radio"/>
Consistent access to required training, supplies and supervision for CHWs to implement program as designed and in accordance with expectation of communities	<input type="radio"/>	<input type="radio"/>
Review of health outcomes and from an equity lens	<input type="radio"/>	<input type="radio"/>
Monitoring to assess outputs with reference to the stated PHC, Maternal Newborn Child Health and Reproductive Health goals	<input type="radio"/>	<input type="radio"/>

19. Comments (if any):

Cultural acceptability (a sub-attribute of appropriateness):

* 20. Please indicate if you AGREE or DISAGREE that the suggested activity indicates **Cultural Acceptability** by ticking the appropriate boxes.

	AGREE	DISAGREE
Situation analysis of the target population	<input type="radio"/>	<input type="radio"/>
Community ownership	<input type="radio"/>	<input type="radio"/>
Relevance of the primary health care, MNCH and reproductive health services will help out in assessing acceptability	<input type="radio"/>	<input type="radio"/>
Community involvement in the selection of the CHWs	<input type="radio"/>	<input type="radio"/>
Monitoring to make sure that people understand the messages shared by CHWs and feel that they belong to the health system	<input type="radio"/>	<input type="radio"/>
CHWs are in high demand, have access to all community members, and their advices are welcomed and appreciated	<input type="radio"/>	<input type="radio"/>

AGREE

DISAGREE

Cultural acceptability is met when those who are defined as the objective of an intervention become the subjects and work with CHWs to address both needs and concerns in a way that is acceptable



21. Comments (if any):

A large, empty rectangular grey box intended for entering comments.

Affordability (a sub-attribute of appropriateness):

* 22. Please indicate if you AGREE or DISAGREE that the suggested activity indicates **Affordability** by ticking the appropriate boxes.

	AGREE	DISAGREE
Assess the ability of the local community to pay	<input type="radio"/>	<input type="radio"/>
Identify the costs of alternate interventions	<input type="radio"/>	<input type="radio"/>
Make an assessment / estimation whether chosen interventions are financially viable for longer period of time in that country	<input type="radio"/>	<input type="radio"/>
Assess if transport cost is a barrier and provide subsidy/transport	<input type="radio"/>	<input type="radio"/>
Assess if the full spectrum of treatment needed is affordable [not only the counselling/primary treatment by CHW]	<input type="radio"/>	<input type="radio"/>
Drugs dispensed free to all people irrespective of their ability to pay	<input type="radio"/>	<input type="radio"/>
Provision of a basic package of health services that are cost effective	<input type="radio"/>	<input type="radio"/>

23. Comments (if any):

Manageability (a sub-attribute of appropriateness):

* **24.** Please indicate if you **AGREE** or **DISAGREE** that the suggested activity informs that the services [of a CHW Program] are **Manageable** by ticking the appropriate boxes.

AGREE

DISAGREE

Regular provision of a comprehensive package of services at a high standard of quality to all the individuals in need of the services within their catchment area

A balanced package of financial and non-financial incentives is required for CHWs

Supervisors are available who have capacity, clear role, time and resources for adequate supportive supervision and performance review

Majority of people are provided the needed services at the cost they can afford

AGREE

DISAGREE

A continuous adjustment of the role of CHWs as the program evolves over time with respect to communities' needs

Providing adequate human resource

25. Comments (if any):

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The following **challenges** have been reported by the study participants in the Round 1 Survey when applying PHC principles in the national or large-scale CHW programs in LMICs.

* **26.** For each of the following challenges, please indicate if you **AGREE** or **DISAGREE** that this is a challenge for the implementation of PHC principles in CHW Programs in LMICs.

	AGREE	DISAGREE
Geographic location	<input type="radio"/>	<input type="radio"/>
Inadequate resource allocation	<input type="radio"/>	<input type="radio"/>
Sustainable funding	<input type="radio"/>	<input type="radio"/>
Poor understanding of community needs	<input type="radio"/>	<input type="radio"/>
Non-involvement of critical stakeholders in non-health sectors	<input type="radio"/>	<input type="radio"/>
Political commitment	<input type="radio"/>	<input type="radio"/>
Intersectoral collaboration	<input type="radio"/>	<input type="radio"/>
Poor leadership and Governance	<input type="radio"/>	<input type="radio"/>

AGREE

DISAGREE

Inadequate Human Resource for Health

Misunderstanding of role of CHW as "doctor"

Understanding of PHC by the senior decision makers

Top-down approach where the government tends to make one-way decisions and leave people's voices out

Taking CHW programs outside the bio-medical framework

Adopting national approaches with flexible context-specific strategies

27. Comments (if any):



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Thank you very much for taking the time to complete our survey. Your contribution to this research is much appreciated!

If you have any queries or further interest in this research, please contact:

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END OF SURVEY