Background

It is widely understood that community has a large influence on individual health; however, programs have traditionally focused their efforts on working through community health workers (CHWs) without working directly with community-based structures (groups) made up of individuals from the communities being served. Worldwide, CHWs are overwhelmed with the numbers of households they are trying to serve. It is physically impossible for each CHW to reach the roughly 200 households they are expected to cover; even when provided with effective motivational incentives. CHWs cannot be expected to work alone and instead must work within the networks and structures that exist in the community and develop linkages with established groups in order to increase their reach. These networks and structures work in conjunction to create a Community Health System, though this system’s level of functionality varies widely between settings.

The USAID Health Care Improvement Project (HCI) is working with local groups and partners to apply quality improvement (QI) methods within the Community Health System, in order to strengthen the impact of CHWs and other service providers at the community level, while at the same time increasing sustainability of programmatic impacts.

The Community Health System includes the following elements:

1. **Community Groups:** This includes the existing community groups that represent different populations or interest groups within the community. Examples include women’s groups, credit and savings groups, and school groups. Typically, these groups already exist and cover a wide range of interest areas within the community, although they do not necessarily coordinate with other groups in the community.

2. **Operational Management Committee:** This is a team of people that meets regularly, has strong management skills, and a large network within the community. It includes representatives from the different Community Elements and oftentimes is housed in a community-based organization (CBO). This group convenes to address the needs and concerns of the whole community through the inclusion of representatives from each of the smaller community groups.

3. **Formal Health System:** Representation from the nearest health facility is helpful to provide technical support and create the link between the formal health system and the community. Local government must also be involved in this group as they are able to mobilize local resources and support.

The elements of the community health system must also be linked together; to enable information transfer between community members and groups and health facilities or other service providers through involvement in the Operational Management Committee.
When all elements of the Community Health System are functioning well, health services become more accessible and information is spread rapidly in both directions, from the health facility down to the household level, and back up again. The Operational Management Committee manages the Community Health System and is established by converting one of the well-functioning traditional community groups or by creating a new team that includes representatives from all of the existing traditional groups. The reach of CHWs is expanded to each household as they work with the Operational Management Committee, which passes information from CHWs down to their respective smaller community groups, who pass it along to individual homes. Families and community members are empowered in this process to share their needs and concerns with the community groups, to be shared at higher levels (including CHWs and health facilities), thereby increasing the responsiveness of services provided for the community. Furthermore, by engaging and strengthening the Community Health System, programmatic efforts and impacts are made more sustainable, as they are owned by community members and supported through traditionally established community structures.

HCI’s Community Health activities are cross-cutting in scope, including research on Community Health Systems, Health Workforce Development activities, Orphans and Vulnerable Children (OVC) services, HIV and nutrition, and Maternal, Newborn and Child Health (MNCH) services.

Communities of Excellence: HCI is conducting Community Health Systems research and testing an approach that involves identifying “Communities of Excellence” that have developed effective strategies to provide coordinated care for vulnerable children affected by HIV and AIDS in Ethiopia. The selected communities are already applying the science of improvement and demonstrating leadership and civil society partnerships with local government to implement coordinated care to meet the needs of vulnerable children. Through this activity, HCI is developing a process and a set of tools for defining, measuring, and building adequate community capacity to provide comprehensive and coordinated care to

The Lone Community Health Worker: The picture above depicts the CHW working alone, charged with reaching every house in the community with crucial health services, a nearly impossible task.

Engaging the Community Health System: By tapping into the structures already in place in the community, including schools, churches, development committees, and agricultural organizations, the CHW is able to reach every household, and therefore every individual, in a more rapid, effective and sustainable manner. The CHW is able to reach every household, and therefore every individual, with health education and create links to the formal health system in a more effective and sustainable manner.
mitigate the impact of HIV and AIDS on children and their families. HCI is also developing approaches for community-to-community support and creating quality improvement collaboratives aimed at community level promotion and prevention activities, increasing facility and community linkages, and strengthening the Community Health System to extend coverage of critical services.

**Health Workforce Development:**
HCI is developing a CHW collaborative that will engage existing groups in the community to effectively support the Community Health System and to improve the functioning of CHWs in that community.

**OVC:** HCI works with community-based groups that are providing services to vulnerable children to engage them in applying QI methods to their work in order to identify and address gaps in services. The project assists them to find local solutions to needs, enabling the communities themselves to be competent service providers for their most vulnerable children.

**HIV and Nutrition:** HCI is working at the community level to apply QI methods to improve practices in the assessment and treatment of malnutrition and to support compliance with nutritional guidelines for people living with HIV.

**MNCH:** HCI is applying collaborative improvement methods to improve evidence-based child survival interventions and maternal and newborn care at the community level. HCI is supporting community level essential obstetric and neonatal care (EONC) improvement collaboratives that involve CHWs, families, and organized community groups. HCI also contributes to the Community Case Management of Child Illness working group.

**HCI’s Community Health Activities**

The USAID Health Care Improvement Project is the global mechanism of the United States Agency for International Development (USAID) to provide technical leadership and assistance for improving health care delivery and health workforce management in USAID-assisted countries. The project is managed by University Research Co., LLC (URC) through task orders issued under the Health Care Improvement Indefinite Quantity Contract (IQC). Currently carrying out activities in more than 30 countries globally, HCI seeks to develop the capacity of health systems to apply modern QI approaches to make essential services better meet the needs of underserved populations; improve efficiency and outcomes; reduce costs from poor quality; and improve health worker capacity, engagement, and performance.

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**Improving Health Care at the Community Level**

At the community level, the QI Team is formed from an existing committee/group which already meets regularly for a specific purpose. The QI Team ideally includes representation from groups which are related to health services and resource mobilization and is made up of members concerned with health with skills in resource mobilization and outreach. The QI Team should include representation from local government, schools, health centers, religious groups, savings and credit and income-generating groups, women’s groups, and other similar groups. The local government representative leads the team, and the CHW arranges and manages the QI Team meeting while maintaining close contact with health center personnel.

The project will train coaches who are drawn from the staff of a regional hospital, district health team, or sub-district’s health centers. These coaches visit and support QI Teams to make changes in how health services are organized and delivered at the community level. The coaches will provide skills to the QI Team on how to work effectively as a team, identify and analyze problems, make action plans to overcome root causes of problems, and measure improvement. Coaches’ visits help the QI Team at the community level to analyze their work processes, review results of tested changes, and collect and review information and data. They also support the team in addressing any team-level issues.

Learning Sessions are held at the health center with participation from QI Team members, encouraging peer-to-peer learning and communication through face-to-face sessions. The purpose of the learning sessions is to discuss how each community used its information to track the progress of improvement, share best practices learned during implementation, and develop action plans to address emerging issues and spread effective changes.
## Current Focus of HCI Assistance

### Africa

**Ethiopia**  
Develop and test the Communities of Excellence model to facilitate community-to-community support to build local capacity for coordinated and comprehensive care for children and families affected by HIV/AIDS; apply QI methods to improve CHW performance

**Kenya**  
Support the roll-out of OVC service standards; develop communities of learning and documentation of best practices; provide technical assistance to work with the Community Health System to improve compliance on the part of patients and to help increase the coverage of Food By Prescription activities

**Madagascar**  
Apply QI methods to improve the functionality of CHW programs

**Malawi**  
Support the National OVC Task Force and implementers in applying quality standards to OVC services

**Mali**  
Implement maternal and newborn care improvement collaboratives at the facility and community levels

**Mozambique**  
Organize key stakeholders to validate standards and undertake improvement in OVC services in three provinces and then spread the validated standards to additional provinces

**Niger**  
Apply collaborative improvement methods to improve performance of the health workforce, human resources management, and health worker productivity

**Nigeria**  
Support the development and implementation of quality standards for OVC services

**Senegal**  
In partnership with ChildFund and the Ministry of Health, apply the improvement collaborative approach to community management of child illness in two districts

**Tanzania**  
Support implementing partners in rolling out OVC service standards and supporting local groups to improve the quality of services provided to vulnerable children

**Uganda**  
Apply the improvement collaborative model to improve evidence-based maternal and newborn care at the community level in two districts

**Zambia**  
Conduct operations research to assess the effectiveness of the CHW AIM tool in improving CHW program functionality, engagement, and performance of CHWs providing HIV/AIDS services; support the development and roll-out of OVC service standards

### Asia

**Afghanistan**  
Implement improvement collaboratives in five provinces to improve obstetric and newborn care and outcomes at the facility and community levels

### Latin America

**Guatemala**  
Support the Ministry of Health to improve quality of maternal and newborn care and family planning services at the community, facility, and referral care levels in nine health areas

**Haiti**  
Support the Ministry of Health and Social Affairs and implementing partners to develop quality standards for OVC services

**Honduras**  
Support a community-level improvement collaborative to reduce under five mortality from pneumonia and diarrhea in one region

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