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Agency for Cultural Diplomacy

To Community Health Workers Central CHW
and to Raj Panjabi, Community Health Academy

Reference: Proposal for cooperation “M4Life” Media for life platform; CHW-
LifeLongLearning Gardens (LLLG) /Kindergardens

Respective and Dear representatives and colleagues

With cordial thanks to CHW central- representatives for kind conversation via ZOOM-
meeting in December 2020 regarding our possible cooperation, I am forwarding the brief
description of my concept inviting You all to connect and to share by possible conditions and
interests your suggestions for our cooperation.

After attending the course on Community Health Workers Program last year in October
(CHA01: Strengthening Community Health Worker Programs) as a part of extended learning
to my studies on Community/Corporate Health in Austria, I could widen my knowledge and
also get deeper into strategic development in the field.

Reflecting on my work in the field of intercultural education with educators with migrant
background to support the social integration of the children (3-6) from the migrant and
refugee families into Austrian host society, mainly using the methods from art to create
mutual learning space and enable access to educational sessions for development of the social
and emotional skills and competences needed for life in dignity without violence and fear, I
could reflect on same challenges as the Community Health Workers are facing, regarding the
employment, financing, political will and also working challenges with diverse communities.

Due to Cooperation of the cultural association ACD-Agency for Cultural Diplomacy based in
Austria which I am leading as a president and founder, with colleagues of the ADEPS org. in
Maragoli, Kenya (since 2019) and with PEARL Org. Uganda (since 2020), I could implement
my knowledge gained within the course on CHW program and link this with Austrian
educational program for intercultural learning from elementary level with UN SDG-oriented
learning which I have developed as employed consultant and teacher at the Lower Austrian
Government for more than 25 years. The model LLL-Gardens has not been implemented yet,
only the learning content IkuBi2030 has been implemented and introduced to more than 100
teachers.

The vision is shared with you in this proposal and the good will, to work on its realization
together. Currently, our team (ACD-community) works mainly through investment of our
private resources.

ACD is fully financed by its founding team. Some donations have been received by the local
government for art professionals engaged into small projects. Our team works together since
2016, so we are still in development, but ready to take further, larger steps with supporting
partners and institutions.

The project-model I have created encompasses three pillars:

1. digital media education

2. development of LifeLongLearningGardens (such as cross-generational regional kindergardens) in which also regional community Health Workers will work together with Families and communities
3. cross-sectoral, international cooperations with international Agencies such as Austrian ADA, IRC, UN Women, etc.

Such model can bring benefits for all participating individuals, organisations and communities, as it allows inclusive, participative, cross-generational engagement, adaptation of existent resources for growth, cooperation with art professionals and designers for development of the creative solutions toward life quality improvement a.o. benefits

**“MediaArtEducationHealth now-and -beyond:
e-LLLGardens 2030, 2050 ...**

Objective

The objective of the project M4life: learning spaces is to strengthen the community health worker (CHW) program by providing a model for development of the coherent, structured and standardized training, supervision and motivation package so as to enhance their local/regional performance through cross-sectoral educational partnerships with media (radio, podcast, social media)

Targeting issues:

- 1.SDG8,10: Community Health Workers: employment opportunities v. voluntarism;
- 2.SDG 3,4,17: Regional communities are not all well connected with CHW in their region;
3. SDG4,5,10: Girls/Women education needs to be encouraged and improved (SDG4,5)
4. SDG17, 10: International Agencies and Organizations can invest their financial resources more efficiently by investing into cross-sectoral cooperation with CHW and create circular economy together with regional governments.

Aim:

- 1. Improvement of working opportunities of the CHW through strategic regional and international partnerships with institutions and professionals from Education (ECD), Arts, Creative Industries and Media**
- 2. Improvement of the living and health conditions of communities**
- 3. Improvement of the gender-specific issues, such as girl education, women employment, violence prevention**
- 4. Sustainable Development of program, scaling up at the global scale, eco-system CHW and circular economy**
- 5. bring together managers, experts, practitioners, researchers, and supporters of CHW programs with regional and international educational governmental institutions, IRC, Austrian Development Agency and similar partners.**

Strategy:

Development of strategic partnerships via new media: online courses for CHW-in cooperation with all partner institutions, ACD-Team of experts, Community Health Academy, etc. The webpage of the ACD-Agency for Cultural Diplomacy connected with the Website of the CHW-central and Community Health Academy will link and bridge communities and

partners as a virtual meeting place to share resources and experiences, to share evident examples, to create projects and to discuss and develop questions and ideas on CHW programs and policy.

Financing: UN funds for SDG-development; Regional Funds for Sustainable Development, donations, EU Funds for interregional development (also Cultural Diplomacy Funds-Culture in external relations), other

Timeline:

- 1. Starting with Webpages- online communication, capacity building up to February 2020; all partners connected; ZOOM-meetings with all representatives, internal and regional meetings, project development**
- 2. Strategic Development for building of the LLL-Gardens/ CHW-regional Kindergardens up to Mai 2020, after consultations with all partners and financing model development**
- 3. Further project development**

Financing: circular economy, education&health, blended financing, EduCare2030-model development

Some examples, where we can link for the start:

CHW podcast, Radio distance learning-to connect with ACD-team and our beneficiaries

<https://www.onecommunitymw.org/index.php/media-center/blogs/23-rdlposter>

<https://chwcentral.org/resources/podcast-community-health-workers-aug-2/>

<https://wusc.ca/how-radio-programs-and-training-are-contributing-to-the-covid-19-response-in-burkina-faso/>

<https://podcasts.google.com/feed/aHR0cHM6Ly9hbmNob3IuZm0vcy8xOTUzZjVjL3BvZGNhc3QvcnNz>

<https://www.poverty-action.org/news/finding-impact-podcast-motivating-community-health-workers>

Informations from my web-research in the regions of our beneficiary partners

UGANDA

Community health workers (CHWs) play a major role in prevention and control of diseases in many low- and middle-income countries (LMICs) [1,2,3] including Uganda [4,5,6,7,8]. Due to constraints in human resources for health, Uganda established a CHW programme in 2001 through the National Health Policy of 1999 as part of the Uganda National Minimum Health Care Package (UNMHCP). The aim of the UNMHCP was to ensure all villages in the country have the capacity to mobilise individuals and households for better health outcomes [9,10,11]. CHWs in Uganda (locally referred to as Village Health Teams (VHTs)) are volunteers selected from their communities as the first link with the health system. The roles of CHWs include community mobilisation, health promotion at household and community levels, and linking the population with health facilities including referral of patients. Where CHWs are functional, they have contributed to: raising health awareness; increased demand and utilisation of health services; and decongestion at health facilities as they treat minor childhood

illnesses of malaria, diarrhoea and pneumonia. CHWs have further helped to increase community participation in local health programmes in Uganda [12].

<https://bmresnotes.biomedcentral.com/articles/10.1186/s13104-019-4851-6>

PEARL Uganda, by Jude Lambda

Pearl Integrated Development Agency-Uganda (PIDA-Uganda). Pearl Integrated Development Agency (PIDA) is a registered Community Based Nonprofit Organization CBS/105/014/015 operating at the grass root level in Busia District Eastern Uganda to help single mothers, vulnerable children, orphans and girls lead a meaningful life. PIDA was founded for women by women. Our program areas cover education, health, food security & agriculture, livelihood and sanitation.

Pearl Integrated Development Agency (PIDA) was established in 2014 with 20 full time members formed in consultation with the community. The organization was formed after the women and youth realized the effects of illiteracy, climate change, HIV & AIDS, high poverty levels, high dropout rates of girls from schools which is often coupled with early marriages and unemployment, were greatly affecting their lives.

<https://www.worldpulse.com/community/users/jude-lambda/posts/92231>

<https://www.betterplace.org/en/organisations/22969-pearl-integrated-development-agency>

Kenya

Kenya's Community Health Strategy aims to provide basic prevention and care services. Community Health Volunteers (CHVs) make home visits and deliver health promotion messages, treat common ailments and illnesses, and establish protocols for Community-Based Maternal and Newborn Health, among others. CHVs are supervised by Community Health Extension Workers (CHEWs) and operate within Community Health Units encompassing about 5,000 Kenyan citizens. The areas that have an active community health program have demonstrated improvements in antenatal care visits, testing and treatment for diseases like HIV and malaria, and child immunizations.

Background

The Kenyan Community Health Strategy was launched in 2006 as a means of delivering basic health prevention and promotion services. A new Community Health Policy is expected to be released in 2020.

Implementation

Kenya's community-based health workers are called Community Health Volunteers (CHVs). CHVs deliver services in a defined geographical area location called a Community Health Unit. These Community Health Units are composed of approximately 5,000 people (or 1,000 households) and are served by approximately 10 CHVs. CHVs are supervised by Community Health Extension Workers (CHEWs), who are government employees mandated to provide health services at the household and community levels and make referrals and linkages to health facilities. As of end of 2019, Kenya had approximately 6,000 Community Health Units out of an expected 10,000. These Community Health Units are supported by 86,000 CHVs. CHVs are supported by 1,569 Community Health Extension Workers (CHEWs).

Roles/responsibilities

The main duties of CHVs are to (1) make visit homes, initiate dialogue with household members, determine the health situation, deliver key health messages, and undertake necessary actions; (2) guide the community on health improvement and disease prevention; (3) register households at frequencies

stipulated in current guidelines; (4) treat common ailments and minor injuries; and (5) with support and guidance from CHEWs, implement protocols for Community-Based Maternal and Newborn Health and Integrated Community Case Management of Childhood Illness.

Training

Trainings for CHVs are based on a curriculum with 13 modules. The full curriculum takes approximately three months and consists of 324 facilitator-led contact hours in a classroom setting and 160 hours of practical experience.¹

Supervision

Each CHV should receive supportive supervision monthly from a CHEW, at either the health facility or in the community. The supervision consists of training, review of reports, and household visits with a CHEW. CHEWs follow a checklist to ensure quality supervision.

Incentives and remuneration

At the end of 2018, 14 out of 47 of Kenya's counties were paying monthly incentives to CHVs out of their own budget. The amounts varied from county to county but are in the range of US\$ 20 – 60 a month.

Impact

Kenya's community health program has led to improvements in key health indicators. Geographic areas that implement community health services have had better health indicators than those that do not. Uptake of community health services contributed significantly to improvements in antenatal care visits, deliveries by skilled birth attendants, testing for HIV during pregnancy, receipt of intermittent preventive treatment for malaria during pregnancy, exclusive breastfeeding during the first six months of life, and childhood immunization coverage.

<https://chwcentral.org/kenyas-community-health-volunteer-program/>

MODEL

<https://www.savingbrainsinnovation.net/projects/0723-03/>

Innovation Summary



Kenya's Ugunja Community Resource Center will empower community health volunteers in Western Kenya with field-tested, mobile phone software to individualize early child development care in the family home and monitor progress via the cloud based server.

The software suite will include “apps” for community health workers, for parents and for caregivers. These apps will offer practical advice, tools, educational aids as well as forms for assessing and fostering early childhood development, including: cognitive development, nutritional support, management of common illnesses, and counseling on cognitive stimulation for parents and caregivers.

The online monitoring program features a “dashboard” to help users visualize key processes, performance indicators and outcome metrics. An analytics suite will enable program managers to analyze trends in data collected.

Impact Summary

- 30 community health volunteers will be trained.
- 942 households with at least one child under age 3 will be served.
- 10 parents will have improved knowledge on ECD and positive care practices.

Innovation

The innovation will create opportunities for community members to play a critical role in improving child outcomes. This innovation integrates into the existing community health volunteers (CHVs) within the community, who will be trained on a new Early Childhood Development (ECD) training module designed based on development science and allowing for local adaptations. Training programs for CHVs are developed in collaboration with local health practitioners along adult-learning theories. The content of the training includes basic cognitive and socio-cultural processes, and strategies to address developmental delays and the underlying causes of developmental delays, including nutrition and stimulation. The content also has components on effective communication strategies for working with parents of disadvantaged children. The newly-equipped cadre of CHVs, d with skills and tools to promote improved child development outcomes, will be integrating these skills alongside their other routine health outcome monitoring in households, which includes collecting health monitoring data.

The innovation uses Mobile Tools and support systems through CommCare. This aspect seeks to identify children that may be at-risk for delays, so that future interventions and services can be planned accordingly, including ECD modules. This innovation is a pilot, to determine cut-off points for children identified as being at risk for delay across the domains of cognitive skills, executive function, fine and gross motor skills, language and social/ emotional development. referral services to local clinics or specialists will be advised for children who are identified during CHV home visits or through developmental screenings as in need of additional support.

Collaboration

Funders

- Grand Challenges Canada

Key Partners

- Harvard Business School and Dimagi Inc. of Cambridge MA
- University of Pennsylvania
- Kenya Methodist University School of Medicine and Health of Kenya
- St. Pauls' Methodist Hospital
- Kenya Ministry of Health (MOH)

Implementation

Key Drivers

Use of existing and accessible resources:

- Use of existing National Human Resource for health framework under the Ministry of Health.
- Use of an open source platform to develop the “app”.

Training and equipping the existing cadre of CHVs with skills and tools to promote improved child development outcomes.

Challenges

Restructuring of the CHVs workforce.

Continuation

The innovation has the potential to replace paper-based reporting for the ministry of health, which less accurate as a mobile or online “app”. This potential is supported by the current activities of the government of Kenya, who are undertaking efforts to digitize all their systems, and the Ministry of Health in Kenya, who has devolved a system of health information to which data can be uploaded using automated systems. The project team will develop a Policy brief containing summary of results and recommendations for scale-up, directed to the Kenyan Ministry of Health and Ministry of Education, as well as wider policy audience.

Evaluation Methods

The intervention will be evaluated through the following critical milestones;

- % change in children under age 3 within the project catchment area scoring below age-expected range on ECD screening scores in one or more domains (estimated 50% at baseline to 25% at endline).
- # of children under age 3 within the project catchment area who are visited by a CHV and screened using CommCare:ECD during the project period.
- # of CHVs trained in CommCare:ECD.

Impact of Innovation

- 471 households with at least one child under 3 will have access to the products and services.
- 30 CHVs will be trained and equipped with tools to support care givers on ECD.
- 3 jobs created (Deputy Project Manager and two CHV Supervisors).
- 3 innovative prototypes of service delivery models developed.
- Policy brief containing summary of results and recommendations for scale-up, directed to Kenya Ministry of Health and Ministry of Education, as well as wider policy audience.

Cost of Implementation

The cost needed for this project is for development of the tools, This is one time cost, after all is done, what is left is just monitoring and support.

Resources

- Research
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- - Key Reports

[The CommCare ECD: Mobile Technology and Community Health Workers for Early Childhood Development final report \(2014\).](#)

ADEPS, Noah’s Ark Academy, M4Life project by ACD-partnership

See more on our Webpage: <https://www.acdvienna.org/sdg-s/m4life-projects/>
<https://www.acdvienna.org/sdg-s/m4life-projects/ikubi2030-children-radio-kenya/>

ADEPS: <https://namati.org/network/organization/alliance-for-developmentand-population-services-adeps/>

I look forward to your reply and suggestions for development of our project partnership by your interests with best regards and best wishes for the forthcoming Seasons!

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