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ORAL PRESENTATIONS

A.01 - CHWs in Humanitarian and Fragile Contexts: Community-Based Strategies for Service Delivery and Psycho-Social Support

Bridging the Gap: Community Health Workers and Rural Access to Care in Eastern Ukraine

Presented by Alessandro Lamberti-Castronuovo

Introduction: The war in Ukraine has severely compromised access to basic healthcare by disrupting healthcare infrastructure, displacing healthcare workers, and fragmenting service delivery. Rural communities face particular challenges in reaching health services, leading to gaps in continuity of care, delayed diagnoses, and worsening chronic conditions. To address these barriers, EMERGENCY NGO implemented a community-oriented primary care model integrating Community Health Workers (CHWs) with local nurses and doctors. The intervention aims to restore service proximity, strengthen referral pathways, and reinforce connections between isolated populations and the formal health system. This study assessed the implementation and perceived impact of the model, focusing on its effectiveness in improving continuity of care and strengthening system–community connections.

Methodology: A mixed-methods design was used, combining routine programmatic data, a structured survey with service users, and open-ended questionnaires completed by CHWs and providers. Quantitative data were analyzed to explore patterns of access, service use, and perceived quality of care. Qualitative data underwent thematic analysis to examine experiences of care delivery, and perceived barriers and facilitators to implementing the model.

Findings: The intervention was associated with high service uptake and positive user perceptions. CHWs emerged as key facilitators of access and follow-up. Most users reported improved continuity and proximity of care. Qualitative findings highlighted CHWs' role in bridging communication between communities and the health system, but also revealed implementation challenges, including inconsistent community trust, unclear role boundaries. CHWs and providers emphasized the need for sustained training, clear referral mechanisms, and emotional support to ensure model sustainability.

Interpretation: Community-based primary care models that embed CHWs within the existing health system can enhance access and continuity in conflict settings. Long-term sustainability requires institutional anchoring, public sector alignment, and investment in workforce development. Strengthening NGO-government collaboration is critical to scale and sustain such models beyond emergency phases.

Restoring Hope: CHWs Delivering Group Interpersonal Therapy in Landslide - Affected Communities of Bulambuli District

Presented by Joel Omoding

Background: Community Health Workers (CHWs) are the backbone of local healthcare systems, but they remain underutilized and underfunded. Crises such as landslides, and forced displacement heighten the risk of depression, yet access to care is scarce. StrongMinds has demonstrated that CHWs, when trained in Group Interpersonal Therapy (IPT-G), can deliver effective, low-cost depression treatment, achieving 80% remission rates six months post-treatment. Adapting this model to crisis-affected communities offers a scalable solution. IPT-G is a culturally sensitive intervention that aims to treat depression by enhancing social support and teaching coping skills.

Objective: To assess the effectiveness of CHWs delivering an adapted IPT-G model in landslide-affected communities in Bulambuli District.

Methods: A total of 15 Crisis-trained CHWs facilitated 6 weeks IPT-G groups in Bunambutye settlement, home to displaced families from Bulambuli. Each conducted 2 groups of 10 clients with 6 IPT-G sessions for each group. A total of 300 clients attended sessions. Sessions integrated psychological first-aid, grief support, and rebuilding social networks. Depression symptoms for all were measured using the PHQ-9 at baseline and post-intervention.

Findings: Many respondents reported symptoms of depression during health emergencies, but post-intervention average PHQ-9 scores improved. This intervention also enhanced CHWs capacity to integrate mental health into emergency and recovery programs.

Conclusion: Embedding IPT-G into CHW-led crisis response addresses both physical and emotional needs. The StrongMinds-Ministry of Health partnership demonstrates a cost-effective community-driven model that can inform integration of mental health into disaster response frameworks in Uganda and beyond.

Empowering Community Health Workers in Myanmar: Bridging Health Gaps

Presented by Saw Morgan Soe Win

Background: In Myanmar, almost one-third of preschool children are stunted, 800,000 suffer from wasting, and 2.2 million women and children urgently need nutrition support. To address these challenges, World Vision Myanmar's Health Program engages 879 Community Health Workers (CHWs) to deliver essential health care services and strengthen community health systems in 20 areas, particularly in communities in need.

Objective: The work aims to strengthen the community health system to improve access to maternal, child health, and nutrition services by facilitating program implementation and ensuring effective linkage to service delivery points.

Methodology: A structured approach was implemented to guide CHW activities through close monitoring and coaching by World Vision staff and government basic health staff. CHWs received support to conduct household visits, deliver health education, identify danger signs, and make timely referrals to appropriate facilities. Regular supervision visits and coordination with community health committees ensured quality and accountability of CHW work.

Results: In Fiscal Year 2024, CHWs reached 54,067 mothers and caregivers through targeted health education sessions, empowering families with essential knowledge on child and maternal health. They also facilitated referrals for 1,311 children and 1,045 pregnant women to ensure timely access to specialized care. Collaboration with 638 Health Committees further strengthened community engagement, fostered local ownership, and enhanced responsiveness to health needs at the community level

Conclusion: Strengthening CHWs through structured supervision and coaching can effectively expand primary health care coverage and address service gaps in fragile contexts. This approach provides practical, scalable strategies for advancing equitable health outcomes and building resilient community health systems in Myanmar.

Grassroots Health Leadership in Conflict Settings: The Karenni Nurses Association's Three-Year Journey

Presented by Emily Ruth

Context: The 2021 military coup in Myanmar collapsed the health system, leaving Karenni State—already devastated by conflict and displacement—without functioning hospitals. In response, 160 Civil Disobedience Movement nurses founded the Karenni Nurses Association (KNA) in February 2022 to sustain lifesaving care and rebuild health services under crisis conditions.

Objectives: This case study analyzes KNA's role in sustaining primary health care (PHC) in Karenni State by (1) documenting nurse- and community-led models during systemic collapse; (2) examining governance, workforce, and community strategies that enabled resilience; and (3) highlighting lessons for fragile contexts.

Methods: Data were drawn from organizational records, quarterly reports, training evaluations, and monitoring systems, triangulated with focus groups, community feedback, and interviews with township authorities. Analysis followed WHO's six building blocks, adapted for conflict with added dimensions of security, displacement, and participatory governance.

Findings: From 2022–2025, KNA grew into a healthcare community based organization managing 45 clinics across nine townships, reaching 150,000 people. Monthly patient volume exceeded 5,000, maternal and newborn care expanded, and immunization scaled from one pilot site to 18, reducing zero-dose children. Hundreds of emergency referrals were managed, and rehabilitation supported over 300 amputees. Governance innovations included community health committees, township coordination, and interim health department recognition. Workforce capacity expanded to 230 members with regular training and the founding of Karenni Nursing University. Community ownership, resource mobilization, and the K-Blessing micro-enterprise reinforced sustainability despite insecurity, funding gaps, and staff burnout.

Conclusions: KNA shows that grassroots leadership and professional solidarity can sustain PHC when formal systems collapse. Nurse- and CHW-led, decentralized, participatory models both deliver services and build governance. The Karenni experience offers globally relevant lessons: fragile states cannot wait for peace—frontline professionals and communities are the backbone of resilient, equitable PHC.

Community Health Workers in Humanitarian Crises: Frontline Actors Sustaining Essential Health Services during Emergencies

Presented by Jasmin Khan

Background: Community Health Workers (CHWs) play a vital role in managing communicable and Non-Communicable Diseases in Low and Middle-Income Countries. In humanitarian emergencies, where formal health systems are often disrupted, CHWs serve as indispensable first responders. In Rohingya refugee camps of Cox's Bazar, Bangladesh, CHWs contribute to disease surveillance, facilitate referrals, and deliver essential health services, thereby ensuring continuity of care and responding effectively to urgent health needs.

Objectives: This study aims to assess the current roles of CHWs in managing Hepatitis C and Cardiovascular Diseases (CVDs) among Rohingya refugees during emergencies, and to identify opportunities for strengthening the response through enhanced CHWs engagement.

Methodology: A qualitative study was conducted, involving Focus Group Discussions with refugee patients and Key Informant Interviews with stakeholders including representatives from the Ministry of Health of Bangladesh, Non-Governmental Organizations, United Nations agencies, CHWs, and community leaders of the refugee camps in Cox's Bazar. Data collection took place in May 2025.

Key Findings: In crisis-affected settings, whether driven by conflict, displacement, or natural disasters, CHWs consistently emerge as the frontline health responders. Embedded within the communities they serve, CHWs swiftly activate surveillance systems, provide life-saving referrals, and deliver essential care in areas where formal health services are disrupted or inaccessible. Their rapid mobilization ensures continuity of care for chronic conditions during emergencies. Additionally, CHWs act as primary informants, reporting disease patterns, malnutrition cases, and maternal health risks to humanitarian actors. Using dedicated registers, they monitor medication adherence, particularly for Hepatitis C and NCDs, although tracking patients who relocate beyond their catchment areas remains a major challenge.

Contribution to the Field: CHWs remain vital to emergency response and sustaining continuity of care within refugee communities. Strengthening CHW programs and addressing identified challenges are essential for improving health outcomes among vulnerable populations in crisis contexts.

Understanding the Mental Health Impact of Internally Displaced Persons (IDPs) and Their Support Networks in Southeastern Myanmar Post-Military Coup: A Qualitative Study

Presented by Hein Minn Tun

Background: Armed conflicts and military offensives after the 2021 coup in Myanmar have resulted in the internal displacement of almost 3.5 million people as of 2024. The internally displaced persons (IDPs) experience higher levels of psychological distress due to ongoing fears of military attacks, forced evictions, and financial hardships. As they cope with the unpredictability of their circumstances, many IDPs report experiencing persistent trauma symptoms, including nightmares, hypervigilance, and social withdrawal. This study aims to investigate the local conditions on the ground regarding the impact of displacement on the mental health of internally displaced people (IDPs) as well as the people and organizations who assist them in post-coup Southeastern Myanmar.

Methods: This qualitative study used a mix of purposive and snowball sampling approaches, conducting in-depth online and in-person interviews in Karen or Burmese with 13 IDPs and 10 individuals from the IDP support network.

Findings: Thematic analysis revealed that IDPs along with their support network described increased anxiety, fear, and even depression, especially concerning the prospect of airstrikes and violence. The absence of long-term mental health care added to the weight of the concern. While there are some formalized mental health and psychosocial support (MHPSS) services, they are currently limited in scope and accessibility. In contrast, IDPs resort mostly to informal coping mechanisms such as peer and family support, and a sense of positive wish for winning the revolution and the acceptance stage of the reality along with religious support. Furthermore, the grassroots recommendations for practical coping strategies include educational opportunities for children's mental health and early warning systems for airstrikes emerged.

Conclusions: While acknowledging limitations in generalizability, we propose a practical, novel framework for mental health providers, including community health workers. This framework enhances support for displaced populations and their networks by aligning the IASC's MHPSS intervention pyramid with the stages of grief, offering a clear, context-sensitive guide for effective intervention.

Strategy for Engaging Community Health Workers to Improve Vaccination Coverage in Insecure Areas: Experience from Douentza Health District, Mali, 2024

Presented by Ibrahima Berthe

Background: The Douentza health district, located in central Mali, is facing a prolonged security crisis marked by population displacement, limited access to health services, and declining vaccination indicators. Between 2022 and 2024, coverage for the first dose of the pentavalent vaccine (Penta1) fluctuated between 52% and 66% (S1-2022: Penta1=65.9%; S2-2022: Penta1=62.9%; S1-2023: Penta1=52%; S2-2023: Penta1=61.8%; S1-2024: Penta1=66.1%), with dropout rates between Penta1 and Penta3 reaching 31% in the first half of 2024. This situation prompted the development of an innovative approach centered on the active involvement of Community Health Workers (CHWs).

Objective: The objective was to establish an operational model for improving vaccination in insecure settings.

Methods: The approach combined stratification of health areas based on vaccination performance (Penta1 coverage and dropout rates) and four contextual factors (1) geographic accessibility (2) availability of human resources (3) community leader acceptance and feasibility of strategies (4) population dynamics. Performance data were extracted from DHIS2, while contextual factors were assessed through participatory workshops with local stakeholders. A standardized scoring grid was developed to classify health areas into four priority levels (P1 to P4), guiding the design of tailored interventions.

Results: Using data from 2022 to 2024, the stratification method identified 13 health areas as high priority (P1 and P2). A total of 44 CHWs were trained and strategically deployed. Their work, combined with community dialogue to negotiate access and intensified vaccination activities, led to a significant improvement in administrative vaccination coverage from 66% (5150/7809) in the first half of 2024, to 86% (6753/7809) in the second half of 2024. This represents a 20-point increase in just six months ($p < 0.00001$).

Conclusion: This experience demonstrates that stratification enables effective targeting and efficient use of limited resources. The active involvement of CHWs is crucial to sustaining vaccination services in insecure environments and strengthening the resilience of community health systems. Deserves to be replicated in other insecure areas.

Strengthening Urban Health Systems in Post-Crisis African Settings through Community-Based Screening and Structured Escortment: Experience from Liberia's Community Health Promoter Program Supporting Patients with Chronic and Acute Conditions

Presented by Dr. Lucia M. Mupara

Background: Community Health Workers (CHWs) are the vital bridge between households and formal health systems in low-resource settings. In Harper City, Liberia, CHWs are implementing a structured model of community-based screening and patient accompaniment to ensure that individuals with both chronic and acute conditions receive timely, continuous care at both community and facility levels.

Objective: This study assessed how CHW-led screening and structured escortment services strengthen healthcare delivery for patients with tuberculosis (TB), HIV, non-communicable diseases (NCDs), mental health conditions, neglected tropical diseases (NTDs), exposed infants, adverse drug reactions, and other urgent medical needs.

Methodology: A retrospective review was conducted of 2,752 patient accompaniment records collected through the Community Health Program (CHP) Escort Reporting Tool between January 2023 and December 2024. Descriptive and inferential analyses—including chi-square tests, ANOVA, and multivariable logistic regression—were used to explore demographic patterns and associations across gender, age, and time.

Results: Patient accompaniment increased by 20%, from 1,246 cases in 2023 to 1,494 in 2024, reflecting growing community engagement and service demand. Females represented two-thirds (66.6%) of all cases. NCDs accounted for the majority of services (57.6%), followed by mental health (26.8%), HIV (5.2%), TB (4.9%), and NTDs (2.9%). Gender differences were statistically significant ($p=0.010$): women more often required NCD care, while men were more frequently accompanied for TB/HIV services. Age differences were also significant ($p<0.001$), with NCDs concentrated among adults aged 55–60, mental health conditions among 20–35-year-olds, and TB/HIV among 30–40-year-olds. Logistic regression confirmed that older age (OR=1.07 per year, $p<0.001$) and female gender ($p=0.001$) predicted higher NCD accompaniment needs.

Conclusion: CHWs in Harper City are playing a transformative role in expanding access to essential care through community-based screening and structured escortment. Their work not only bridges service gaps but also promotes equitable access for vulnerable populations. The demographic insights highlight where targeted interventions could further improve outcomes. Continued investment in CHW training, supervision, and data use will be key to sustaining these gains and strengthening post-crisis urban health systems.

A.02 - Professionalizing the Community Health Workforce: Financing, Governance and Training to Strengthen Primary Health Care

Vertical or Horizontal? Trends in Government and Donor Funding for Community Health Worker (CHW) Programs in Sub-Saharan Africa (SSA)

Presented by Shivani Shukla

Introduction: Community health worker (CHW) programmes are central to primary healthcare (PHC) in sub-Saharan Africa (SSA). Yet who pays for them, how much, and whether funds favour vertical (single-disease) or horizontal (broader-focus) programmes remains unclear. This study examined trends in donor and government financing for CHW programmes across SSA.

Methods: We conducted a secondary analysis of publicly available data. OECD Creditor Reporting System (CRS, 2002–2022) projects were screened and classified as vertical or horizontal through standard definitions and manual review. Government spending in 37 SSA countries (WHO Global Health Expenditure Database, 2016–2022) was estimated by applying maturity-based allocation percentages to preventive (HC.6) and outpatient curative (HC.1.3) functions.

Results: Between 2002 and 2022, global external assistance for CHW programmes totalled US$14.4 billion, with SSA receiving 76% (US$11.0 billion). Of donor funds to SSA, 76.4% supported vertical programmes, though these made up fewer than 20% of projects; horizontal programmes received just 14.7%. Annual assistance rose from ~US$0.28 billion (2016–2019) to ~US$1.83 billion (2020–2022), with over 90% directed to vertical or COVID-19-related efforts. Government spending across 37 SSA countries was ~US$1.4 billion (2016–2022), less than 20% of total funding but more focused on horizontal services (54.6%). The annual financing gap remained US$4.7–4.3 billion.

Conclusions: CHW financing in SSA is donor-dominant and vertically oriented; domestic allocations are limited but relatively more horizontal. Closing the gap requires larger, predictable government budgets, better-aligned partner support, and stronger expenditure tracking to sustain PHC and advance UHC.

Strengthening Local Governance for the Sustainability of Autonomous Community Health Platforms in Mali: The Keneyadugu Experience

Presented by Aliou Mahamadou

Background: The Synergy for Sustainable Development (SADeD), initiated by the leadership of the USAID Keneya Nieta project in collaboration with the Ministry of Health and Social Development of Mali, established a local governance and community accountability mechanism. This system spans 3551 rural villages across the project intervention area in the regions of Sikasso, Ségou and Mopti, aiming to address challenges related to service utilization, financial resource mobilization, coordination, monitoring, and limited community ownership of health initiatives.

Objective: To assess the impact of local governance and accountability mechanisms on the performance of community health platforms and their ability to operate autonomously and sustainably at the local level.

Methodology: Each local governance committee is led by the village chief and technically supervised by the Community Health Worker (CHW) regarding the implementation of community health activities using community health indicators as evaluation criteria. Quarterly assessments classify platforms into three categories (1) High-performing (≥ 80%) (2) Moderately performing (50–79%) (3) Low-performing (≤ 50%). High-performing platforms demonstrate full autonomy, adoption of healthy behaviors, effective use of health services, financial resource availability, and emergency transport systems linking villages to health centers.

Results: By the end of 2024, 3,551 community platforms were evaluated: 2,203 were classified as high-performing and awarded the title “Keneyadougou”, 1,028 showed moderate performance, 320 were low-performing and received ongoing coaching visits.

Conclusion: The Keneyadugu experience illustrates that strengthening local governance and accountability is a powerful lever for improving the performance of community health platforms, ensuring the sustainability of grassroots health actions, and enhancing community resilience.

Global CHW Recruitment Practices: A Rapid Global Scan of Community Health Worker (CHW) Recruitment Approaches and Implications for Equity

Presented by Abolade Oyelere

Background: The growing reliance on Community Health Workers (CHWs) to deliver essential services in underserved communities has not been matched by standardized, equitable, or data-driven recruitment approaches.

Methods: This desk-based rapid scan, conducted by the Health Strategy and Delivery Foundation (HSDF), examined CHW recruitment processes globally with a focus on low- and middle-income countries (LMICs). The study explored recruitment criteria, policies, digital tools, and equity considerations through a structured review of peer-reviewed literature (2012–2022) from PubMed, ScienceDirect, and Google Scholar, yielding 64 relevant sources. Data was extracted and analyzed thematically to answer three questions: who becomes a CHW, what policies and practices shape recruitment, and how analytics and digital tools inform planning and recruitment.

Findings: Findings reveal diverse recruitment pathways, including community nomination, NGO-led selection, and government hiring, with eligibility criteria ranging from residency and literacy to gender, age, kinship ties, and moral character. While community involvement is common, few programs deliberately ensure workforce diversity. Emerging best practices include Liberia's multi-step competency-based model and Tanzania's CONNECT project, which leveraged community voting and minimum academic thresholds. However, policy alignment and digital integration remain weak across most LMICs.

Conclusions: The review highlights a need for written contracts, transparent selection processes, gender and age inclusivity, and data-informed workforce planning. Limitations include the absence of grey literature and gaps in regional diversity of studies. This synthesis offers critical insights into strengthening CHW recruitment systems to promote equity, retention, and quality. Recommendations underscore the need for harmonized typologies, inclusive policies, and the integration of digital recruitment tools to build a resilient CHW workforce.

Leading Towards Labor Rights for Nepal's Female Community Health Volunteers: The Role of Representative CHW Organizations

Presented by Roosa Sofia Tikkanen

Background: Community health workers (CHWs) in low- and middle-income countries often work under hazardous working conditions, walking long distances and being exposed to extreme climate events as well as social dangers such as sexual harassment and violence. Yet, they often lack labor rights that other health workers enjoy, such as having no claim to minimum wage, lack of protection under a country's labor laws, and informal job status which renders them ineligible for benefits such as old-age or disability pensions, accident, health or life insurance, and maternity leave. Representative CHW Associations or Organizations, such as CHW unions, can play a role in negotiating strengthened labor rights for CHWs, but this area remains under-researched. This case study investigated Nepal's Female Community Health Volunteers (FCHVs), the country's foremost and longstanding cadre of CHWs introduced by the Ministry of Health in 1988. We examined the role FCHV Representative Associations, here called 'unions', have played in advancing FCHVs' labor rights.

Methods: We collected data through 30 semi-structured interviews and five focus groups with FCHVs, national/local policymakers, FCHV union leaders, and international donors and NGOs in four districts in 2023, combined with document analysis. Transcripts were coded using online Dedoose software, followed by thematic analysis.

Findings: We find that at the national level, FCHV unions affiliate with national Trade Union Federations that have male leaders and powerful connections with elected politicians; this has in some cases helped secure higher FCHV payments. Unions have also helped secure health insurance subsidies for FCHVs, but two-thirds of FCHVs nationally lack health insurance coverage. At the local government level, FCHV unions have secured stronger labor rights such as regular monthly wages and increased retirement incentives, thanks to FCHVs being elected into local leadership, and through sympathetic female Deputy Mayors. FCHV unions have demanded formal health worker (civil servant) status because FCHVs' scope of work has increased over time, they need to be available to work around-the-clock, and many have served as FCHVs for 20-30 years. Securing this is challenging because of budget challenges, but FCHVs elected into local leadership have secured this in two locations. Our findings suggest CHW Representative Organizations can play key decision-making roles around CHW working conditions.

Strengthening Primary Health Care in Nigeria through a Blended Community-Based Health Worker Model: Lessons on Transitioning from Volunteerism to Professionalization

Presented by Rogers Kanee

Context: Nigeria has long relied on volunteer CHWs through the CHIPS program to expand PHC access. While this improved reach, it faced challenges of irregular incentives, weak supervision, and donor dependence like barriers in many LMICs. In 2024, the National Primary Health Care Development Agency (NPHCDA) commenced the redesign of its CHW strategy, the Community-Based Health Worker (CBHW) model, blending Junior Community Health Extension Workers (JCHEWs) with Assistant CBHWs to create a professionalized and sustainable workforce.

Objectives: This study describes Nigeria's process of transition from a volunteer-driven to a blended, professionalized CHW model and highlight lessons from governance and sub-national level adaptation and adoption.

Methods: A Nominal Group Technique (NGT) workshop was deployed to engage 76 purposively selected Directors of Community Health and PHC from all 36 states and the FCT, alongside national stakeholders, donors, CSOs, partners, and community leaders. Stakeholder selection criteria considered knowledge, interest, power, and position. Deliberations spanned 12 thematic areas of community health systems. Consensus and thematic analysis were applied to validate the redesigned CBHW strategy and prioritize interventions for state adoption.

Findings: The process validated a national blended CBHW model and secured state-level buy-in. Stakeholders identified systemic gaps in CHIPS: weak incentives, fragmented recruitment, poor supervision, irregular supplies, donor-driven fragmentation, and manual data systems. The blended model addressed these by pairing JCHEWs with Assistant CBHWs, adapting deployment to state workforce availability. Adoption was enabled by federal policy alignment, engagement of donors, CSOs, and community leaders, and performance-for-results MoUs. By Q2 2025, over 80,000 CBHWs were validated, recruitment had commenced in 12 states, and over $10M mobilized from partners. States also introduced CBHW budget lines, strengthening ownership.

Conclusions: Nigeria's redesign shows that moving beyond volunteerism requires both professionalization and governance structures to secure ownership. Key lessons include strong Govt commitment, embedding CHWs in budgets, introducing structured supervision and career pathways.

Evaluating the Impact of Accredited Training Program for Community Health Care Workers to Build a Resilient and Responsive Primary Health Care System: South Africa - Gauteng: Sedibeng District

Presented by Thoko Mercy Maboe

Background: The curriculum provides skills to carry out essential assessments of communities, households and individuals with an emphasis on the importance of social determinants of health (SDOH) especially in marginalised communities Training enables CHWs to carry out limited simple basic health interventions on communicable and non- communicable diseases, psychosocial support, chronic medication distribution, defaulter tracing adherence support and facilitating access to necessary health services according to the needs of the community.

Study Context: The pass rate was 93% with an average pass mark of 72%.

Objectives: (1) to determine the course relevance, impact, on job performance, (2) the training`s alignment with job roles, contribution to confidence and skills application (3) areas of improvement, (4) career pathing and horizontal shifting within the organisation (5) willingness to recommend training to other colleagues.

Qualitative Methodology: A total of 45 CHWs participated in FGD.

Findings: (1) relevance of Training to the work situation; training is relevant and broadens the scope of practice. (2) Training alignment with job roles, contribution to confidence and skills application; improved skills and confidence" we can now care for communities before they are born until they are old". (3) Areas of improvement; managerial support by facility staff. (4) Career pathing and horizontal shifting within the organisation; lack of career progression opportunities. (5) Willingness to recommend training to other colleagues; there were mixed responses as (n13) 30% of respondents indicated that there were no incentives for completing the course.

Recommendations: (1) Clear career progression for CHWs after completion of the accredited course should be accelerated to ensure training coverage. (2) The Department of health and decision makers should clearly map out roles, skills and experiences needed to advance professionally as a CHW. (3) The scope of CHWs should be broadened to encompass various types of movement, vertically, lateral and specialist.

Community Health Workers for Primary Healthcare Access (COMPASS), Integrating a Comprehensive CHW Intervention in Primary Healthcare in Belgium

Presented by Tijs Van Iseghem

Background: In Belgium, disparities in access to primary healthcare (PHC) are widening, in contrast to the overall trend of decreasing inequalities observed across the European Union. To address the urgent need for a (cost-)effective approach to improving access for people experiencing challenges in obtaining primary healthcare (PECAP), the research team developed the Community Health Workers for Primary Healthcare Access (COMPASS) intervention. The design of this intervention was informed by reciprocal innovation, drawing on insights from the Community Health Worker (CHW) model implemented within Brazil's Family Health Strategy and South Africa's PHC Re-engineering program.

Methods: The COMPASS study is designed as a cluster-randomized controlled trial (cRCT) conducted in Antwerp, Belgium. A total of 18 general practitioner (GP) practices are randomly assigned to either the intervention or control condition. In the control arm, participants will receive standard care. In the intervention arm, CHWs will offer a comprehensive package of support in addition to the current standard of care to an individual living in socio-economically vulnerable circumstances.

Results: Quantitative and qualitative data will be collected at six and twelve months follow-up. With the six months evaluation currently ongoing we would like to focus our oral presentation on the methodological set-up of the study, the outline of the COMPASS intervention, implementation challenges and firsthand experiences of the CHWs. This presentation bridges research and practice by including the rationale for the RCT design, the building blocks of the intervention, recruitment processes and a case study presented by one of our CHWs.

Conclusions: The development of the COMPASS study can advance knowledge on reciprocal innovation of CHW interventions and the implementation of CHWs in high-income countries.

Sentinel Community Health Workers: A Digital Strategy to Strengthen Community-Based Epidemiological Surveillance in Mali

Presented by Sali Tounkara

Background: The COVID-19 pandemic exposed weaknesses in Mali's health surveillance systems, with most cases concentrated in Bamako. To strengthen early detection and rapid reporting, the Ministry of Health and partners launched in 2020 the Sentinel Community Health Workers initiative (iASCS).

Objective: To assess the contribution of Sentinel CHWs to improving community-based epidemiological surveillance through the use of digital tools.

Methods: A total of 564 CHWs were deployed across Bamako's six communes, equipped with smartphones and the MaliKaKeneya application. They were trained to identify suspected cases (COVID-19, tuberculosis, malaria, pneumonia) and to follow contacts. Data were collected via mobile devices, synchronized with DHIS2, and analyzed using R and Excel.

Results: CHWs visited over 500,000 households, with 449,414 accepting the survey. They identified 962 suspected COVID-19 cases, 860 tuberculosis cases, 14,611 malaria cases, and 8,123 pneumonia cases in children under five. Community notifications increased by 56%, and the average alert transmission time decreased from 7 to 2 days.

Conclusion: The iASCS demonstrated the relevance of a digital community-based surveillance model. Its sustainability requires long-term financing, strengthened supervision, and systematic integration into Mali's national health system.

A.03 - Advancing Health Equity by Transforming Community Health

Adapting the Community Health Club model from Zimbabwe to Improve Health Equity in San Antonio, Texas United States

Presented by Jason Rosenfeld

Background: Established in late 2021 in response to the COVID-19 pandemic, Health Confianza is dedicated to addressing longstanding health disparities in Bexar County, Texas by fostering confianza ("trust" and "confidence" in Spanish) and helping communities advocate for their wellness through health literacy and culturally responsive initiatives. By adapting the Community Health Club model from Zimbabwe, Health Confianza aimed to enhance public health knowledge and resilience across marginalized populations. This project examined how Clubs have improved social capital and health literacy in underserved communities, serving as hubs for health education and social support.

Methods: Clubs were facilitated by trained Community Health Workers who led participatory community discussions and engaged members in community-driven health promotion. A mixed-methods approach was employed to evaluate 37 Clubs across Bexar County. Surveys were administered at three time points, capturing changes in social capital, trust, and health knowledge dissemination. Focus groups were conducted to assess the impact of participation on social cohesion and health behaviors.

Findings: Participants reported increased social connections, social support and social cohesion. Club members reported sharing health messages with over 800 individuals, an average of seven people per member, facilitating dissemination of key information about mental health, COVID-19, and healthy lifestyles. The findings of this study suggest that the Club model is adaptable to the United States and contributes to increases in social capital and health literacy in underserved populations. These findings align with Health Confianza's vision of creating community liaisons that strengthen public health outreach. The Clubs offered a platform for meaningful engagement, enabling members to advocate for their health and share valuable information.

Transforming Community Health Through Data: Zambia's Georeferenced CBV Master List as a Strategic Tool for Equity and Workforce Planning

Presented by Melody Kalombo

Background: Zambia's community health system has long struggled with fragmented data, inequitable deployment, and poor visibility of Community-Based Volunteers (CBVs). To address this, the Ministry of Health established a national Georeferenced CBV Master List—tracking over 82,000 CBVs by location, demographics, training, stipend, and operational support. This tool has become instrumental in closing service gaps, guiding equitable recruitment, and informing policy. This abstract assesses the Master List's role in strengthening community health systems.

Methods: A mixed-methods approach was used: quantitative analysis of registry data, Geographic Information System (GIS) mapping to visualize coverage gaps, desk review of global best practices, and stakeholder consultations to assess use and impact.

Findings: Findings show the Master List enabled the equitable recruitment of 11,600 CBVs under the Global Fund program, guided national training rollouts for Polyvalent CBVs, and helped correlate low-performing indicators with inadequate CBV coverage. It has improved real-time planning and transparency. Policy implications include institutionalizing the tool in HRIS/DHIS2, standardizing recruitment and payments, and enhancing district-level planning. Zambia's CBV Master List is now a cornerstone for evidence-based, equitable, and decentralized community health programming—and a model for other countries.

Developing Equitable CHW Employment; Building Consensus for an Essential Role

Presented by Martín Cruz Rivarola

Background: From 2021 to 2024, Sonoma County Department of Health Services was awarded a CDC Communities for Covid Response grant to hire, train, and deploy over 18 Community Health Workers (CHWs) across the county. When the grant was awarded, despite Sonoma County's long history of working with CHWs, there was no clear consensus about the purpose, role, and necessary qualities for CHWs in Sonoma County, which lead to turnover, low institutional memory, and re-invention of CHW programs each time there was new funding. To address this, Sonoma County DHS developed the Sonoma County Framework for Equitable Community Health Worker Employment to create more clarity around the CHW role and encourage fair and equitable CHW employment practices. A working group of CHWs, allies, and employers from non-profits to healthcare sectors collaborated to create the framework. Methods: Monthly meetings were held to discuss the role and scope of CHWs and what infrastructure was needed to adequately support them. A public health consultant helped to organize the recommendations into a framework, a document that provides guidelines for recruitment, training, retention, and program development for CHW employers. To sign on to the framework, CHW employers complete a self-assessment to evaluate their programs. By signing on, organizations commit to improving, upholding, and sharing employment best-practices for CHWs. Since the CDC grant ended at the end of 2024, Aliados Health, a consortium of 17 community health centers, and the Northern California Center for Well-Being, a Sonoma County-based non-profit, are managing, promoting, and implementing the framework, including hosting monthly CHW supervisor meetings to provide technical support for employers.

Findings: This presentation will highlight the process of the framework creation, discuss the outcomes of the project after one year of implementation, and share our lessons learned. The Sonoma County Framework for Equitable CHW Employment supports a broad-scale understanding about the role, scope, and benefits of CHWs in the community. We hope this framework can serve as a model for other communities across the world to improve working conditions and recognition of CHWs.

Transforming Community Primary Healthcare: Lessons Learned from Access to Health Zambia's decentralized Service Delivery Model in Mwandi, Zambia

Presented by Emmanuel Nyundu

Introduction: In Zambia, rural communities face barriers to accessing maternal and child health services due to long distances, lack of ambulance services, and inadequate infrastructure. To address this, Access to Health Zambia implemented the Children and Mothers Partnership (CHAMPS) program in Mwandi district from 2020-2024. The program aimed to strengthen community ownership and increase uptake of maternal, newborn, and child health services through a decentralized primary healthcare model.

Methodology: The CHAMPS program empowered communities to select trusted Community Health Workers (CHWs), who were trained in multiple health models (e.g., maternal nutrition, malaria, sanitation, HIV testing). CHWs received monthly stipends ($32) and incentives (equipment, tools, bicycles). Previously defunct Neighborhood Health Committees (NHCs) were revitalized through training in social accountability and Ministry of Health functions, enabling them to mobilize communities and advocate for service uptake. This approach enabled CHWs to provide integrated preventive and curative services at community and household levels.

Results: The CHAMPS program's combined approach of trained Community Health Workers (CHWs) and strengthened Neighborhood Health Committees (NHCs) improved healthcare delivery, social accountability, and uptake of maternal and child health services. 55% of malaria cases and 68% of pneumonia cases treated at community level, Antenatal care uptake within 14 weeks increased from 20% to 64% and home deliveries reduced from 10% to 1% in 2020 to 2024. This approach proved cost-effective and was adopted by the Government of Zambia as a standard for volunteer training.

Lessons learned and Recommendation: Decentralization through Community Health Workers (CHWs) and Neighborhood Health Committees (NHCs) is a practical approach to improving maternal and child health in rural Zambia. Key recommendations include, scaling up integrated CHW training, providing stipends and incentives through government establishments, Strengthening NHC capacity, prioritizing early antenatal care and reducing home deliveries and adopting the decentralized model nationally to reduce health inequalities.

A.04 - Digital Transformations and Human Dimensions: CHWs Strengthening Primary Health Care

Scoping Review of the use of Artificial Intelligence (AI) by Community Health Workers (CHWs) to support Primary Health Care delivery (PHC)

Presented by Dr. Jade Kua

Background: Community health workers (CHWs) are pivotal for delivering people-centered primary health care (PHC) in resource-limited settings. Advances in artificial intelligence (AI) offer decision-support, screening, and referral tools, yet empirical evidence on CHWs' hands-on use of AI in PHC is scattered. This scoping review maps and characterises specific AI deployments used by CHWs to enhance PHC delivery between 2020 and 2025. By collating AI use cases, this review highlights design features and governance considerations for integrating AI into CHW workflows to support PHC. It also provides direction for practitioners for AI tool adoption, while offering policymakers evidence to shape integration strategies within PHC systems.

Methods: We conducted a PRISMA-ScR–guided scoping review across PubMed, MEDLINE, CINAHL, Scopus, IEEE Xplore, ACM Digital Library, and Google Scholar using a Boolean strategy.

Key Results: Three studies met inclusion criteria: (1) Birur et al., 2022: AI-driven oral lesion screening achieved 92% sensitivity and 88% specificity. (2) McPeak et al., 2024: LLMs assisted CHWs in selecting appropriate diagnostics tests based on local resources constraints (3) Zaman et al., 2025: AI assisted in making referrals after assessing health risk based on CHW collected data. These studies suggest that AI tools can extend CHW capabilities by improving early disease detection, supporting safer diagnostic decisions, and enabling more proactive referrals. This suggests AI integration can help standardise CHWs' tasks, reduce cognitive load, and ensure more consistent delivery of PHC services. However, with only three studies meeting the criteria, AI use by CHWs remains limited to small pilots. Current findings show promise, but wider adoption is needed to test outcomes at scale.

Conclusions: Despite the small evidence base, the studies demonstrate AI's potential in improving CHWs' screening accuracy, decision confidence, and referral efficiency, pointing to paths for scaled-up applications in the future. For policy, the findings highlight the need to align AI integration with national PHC strategies to avoid fragmented, donor-driven pilots and instead build sustainable models of support.

Future Priorities: Conduct large-scale trials of such AI tools in real-world settings, evaluating both health outcomes and cost-effectiveness. Establish policy frameworks to integrate AI tools into CHW workflows and to finance them through dedicated budgets.

From Data to Action: Enhancing Maternal Care Completion through Community Health Worker Integration and Automated Digital Reminders in Lombok, Indonesia

Presented by Puan Nurul Ramadhani

Background: Lombok, a rural Indonesian island with more than 1.3 million women in reproductive age and 60.000 of annual pregnancies, continued to face issues in delivering maternal continuum of care. While at least 5 community health workers (CHWs) exist in nearly every sub-village to support 1 village midwife in providing antenatal care service monitoring, their support remains limited. This is due to the CHW workforce being poorly trained, largely ad hoc, inadequately compensated, and their performances are not linked with proper compensation and digital monitoring tools. We aim to assess whether deployment of a WhatsApp Automation system to support CHWs could improve CHWs performances in providing maternal care services. Summit Institute for Development (SID) employed a WhatsApp Automation system to monitor 8,704 pregnant women across at least six antenatal care (ANC) visits per the Indonesian Ministry of Health guideline, within a period from December 2022 to December 2024. Methods: The intervention had three central components: pre-ANC appointment reminders, care gap reminders when the services were not utilized, and an edutainment chatbot providing knowledge on pregnancy, nutrition, and infant care.

Findings: Descriptive cohort analysis with individual-level service data was conducted. Among 8,704 registered women, 94% (8,201) had at least one contact with CHWs, of whom 4,348 were digitally monitored through WhatsApp and call-center platforms. The first monitoring cycle indicated that 53.5% attended ANC as scheduled, while 46.5% did not. Subsequent care-gap tracking identified 1,614 women with complete care and 2,734 with service gaps. Reminder messages sent to those with care gaps resulted in 1,359 completing their ANC visits. Overall, only 32% (1,393) achieved six or more ANC visits. Late registration, geographical barriers, time limitations, and low awareness were contributing factors to incomplete care. Among the monitored cohort, 1,393 (32%) who completed ≥6 ANC visits delivered without low-birth-weight (LBW) cases. In contrast, 2,955 mothers with <6 visits contributed 105 LBW births (3.6%), a considerably lower prevalence than that observed among 1,464 unmonitored deliveries (23%; 337 LBW). This model demonstrates the potential of integrating CHWs into digital feedback systems to strengthen maternal health monitoring and outcomes. Further research should assess its applicability to child health and other priority areas.

Bridging the Gap of Community Health Workers' Digital Competencies

Presented by Rachmi

Background: Community health workers (CHWs), or “cadres,” are key actors in Indonesia’s primary healthcare (PHC) system. As part of community-based services, they also conduct home visits and digital data collection as part of the Ministry of Health (MoH)’s national program, Integrated Primary Health Care (ILP), which aims to strengthen PHC delivery. CHWs have been certified in 25 core competencies as regulated by the Ministry of Health, which classify them into levels. However, continuous training and incentives are often inadequate, creating gaps in their capacity and workload. Moreover, as digitalization becomes mandatory, cadres need to acquire digital competencies. Therefore, this study aimed to assess not only their core competencies but also their digital skills, and to identify key factors influencing their performance.

Methods: Training and evaluation of basic and digital competencies were conducted among 1,177 CHWs across West Java, West and East Lombok in July-August 2024 through Knowledge Gateway (KG) platform, an online proctored platform that enables fair and massive assessment. Demographic characteristics were collected by secondary data collection through microsite application.

Results: Only 22.25% of cadres successfully passed the training (score ≥ 80). Multivariate analysis showed age and certification status of cadres significantly influenced the likelihood of passing the training. Each additional year of age decreased the odds of passing by 2.7% (OR = 0.97, 95% CI: 0.96–0.99, p = <0.05), while certified cadres had 1.52 times higher odds of passing (95% CI: 0.99–2.27, p = 0.048). This highlights the importance of certification, however, one-time certification alone is insufficient. Sustained and structured capacity-building are needed to strengthen competencies. There is also a need for continuous recruitment to identify capable cadres with age limits applied as eligibility criteria.

Conclusion: Certification and regular training, supported by innovations in digital tools are important to strengthen CHWs’ competencies for community service delivery. In the long term, digital platforms could also be leveraged to create performance-based incentives, sustaining cadres’ motivation and improving the impact of primary healthcare programs.

Promoting Gender Responsive Policies and Programmes for Community Health Workers in Bangladesh: Stakeholder and Policy Perspectives

Presented by Nahitun Naher

Background: Bangladesh has a long history of institutionalised Community Health Workers (CHWs) programmes for delivering PHC services at the grassroots within both public and private sectors. CHWs, a predominantly female, yet heterogeneous workforce, have played a significant role to the country's remarkable health improvements since early 1980s. Gender roles, norms, and relations shape CHW's experiences with health systems and communities; although the impact of gender on CHW's mental well-being is under explored. This study aims to address these knowledge gaps by examining CHW programmes and policies through a gender lens, with a specific focus on CHWs mental well-being. Methods: Following an explorative study design, twenty-five key informant interviews were conducted with policy makers, programme implements and gender experts; and policy analysis was conducted on 15 relevant policy documents. An intersectional gender analysis framework was adapted to assess the gendered experiences of CHWs within health system policies and programming.

Findings: Married women are preferred for recruitment and training to deliver PHC services predominantly for women and children. This follows society's norms about gendered division of tasks/roles, where communities prefer women to men when receiving maternal and reproductive health services. Policies relating to transportation and logistics don't differentiate between women and men, which doesn't consider the physical ability and safety precautions that women may need. Addressing the gender pay gap is a strategic vision, wages, particularly for the non-government organisation female CHWs programs varied and some were below the minimum wage range stipulated in labour law. As per KIIs, low paid, low status, CHWs roles are considered as 'womens' work given that they are less vocal. Dual role for female, target and community demand was stressful impacting CHWs' mental wellbeing. Though programmes empowered women from poor strata, yet there was a lack of commitment to gender-responsive programming as it was considered costly. Mental wellbeing of CHWs was not addressed in the national strategy. CHWs policies and programmes are not gender sensitive, their mental wellbeing is not emphasized. Gender responsive training and mental wellbeing support is required to promote CHWs programmes.

Strengthening Primary Health Care by Exploring the Mental Well-Being of Community Health Workers (CHWs) in Bangladesh: Using Photovoice to Illuminate Lived Experiences, Stressors, and Sources of Motivation

Presented by Obaida Karim

Background: Behind every vaccination, maternal care or emergency response is a community health worker (CHW) who plays a significant role in Bangladesh's primary health care (PHC) system especially in underserved areas, yet their own mental well-being remains mostly invisible. This study explored stressors impacting CHWs' mental well-being with the aim to strengthen resilience and advance PHC through recognizing their needs as health workers.

Methods: As part of a multicounty consortium, we employed photovoice, a community-based participatory research method, involving 20 government and non-government CHWs from Mymensingh and Barisal districts. Trained as co-researchers, CHWs documented their lived experiences through over 200 images and narratives, followed by in-depth co-analysis to identify key stressors, motivation and desired changes from their own perspectives.

Findings: Using powerful metaphors, such as a dark lamp (fading hope), mud-clogged shoes (exhaustion), and ducks (livelihood and source of income), CHWs revealed stressors. Government CHWs described overwhelming workloads, poor infrastructure, lack of medicine supply, irregular training, unsupportive supervision, job insecurity, low and irregular salaries, and limited career progression. NGO sector CHWs reported unrealistic targets, monitoring pressures, and extensive travel for little salary and incentives, often relying on farming and livestock for survival. Gendered stressors included female CHWs struggling to balance workload with household responsibilities while male CHWs face pressures as primary earners. Despite these challenges, CHWs demonstrated resilience through savings, side businesses, religion, family support, and pride in being trusted health advisors. The findings will inform the co-development of practical interventions to support CHW wellbeing. For high-quality and sustainable PHC services, policies must prioritize CHWs' mental wellbeing through fair remuneration, psychosocial support, regular training, career progression, and supportive supervision. Future research should assess how addressing CHW's wellbeing impacts retention and service-delivery outcomes. These insights hold implications for strengthening CHW programs across low- and middle-income countries.

Empowering Community Health Workers Through Improved Mental Well-being: Insights from Body Mapping and Narrative Timelines in Bangladesh

Presented by Semonty Jahan

Background: Community health workers (CHWs) are central to advancing primary health care (PHC), specially in a resource constrained setting as Bangladesh where they provide the linkage between the community and the health system. Discussions on CHWs' role in PHC largely focus on training and supervision, while their motivation and coping are often overlooked, which are equally crucial for sustaining performance and retention.

Objective: This study takes a Community-Based Participatory Research approach to understand how CHWs sustain motivation and manage their personal and professional stress while serving the community effectively.

Methods: The study was done in Barisal and Mymensingh districts. Data were collected from government and non-government CHWs through a body mapping method which enabled the CHWs to visually express how their experiences and challenges affect their bodies and mind. Besides, narrative timelines enabled them to reflect on the evolution of their roles, stressors and challenges over time.

Results: Data from body mapping and narrative timeline were thematically analyzed to capture CHWs' experiences of motivation and coping. The analysis showed that the CHWs regularly face systemic barriers such as inadequate resources, limited training, and low pay, yet remain motivated to serve their communities. Community recognition, the opportunity to contribute to the community's well-being, and financial incentives emerged as consistent motivators. In parallel, CHWs employed diverse coping mechanisms, including religious practices, peer and family support, reliance on neighbors, and personal resilience that help them manage stressors. These practices highlight CHWs' resilience critical for their retention and effectiveness in advancing PHC.

Conclusion: The CHWs rely primarily on personal motivation and informal coping strategies to sustain their work, but an institutionalized support to these practices is essential. Improved supervision, psychosocial support, and inclusive policies can enhance their resilience, and quality delivery of PHC services.

A.05 - The Essential Role of Community Health Workers: Supporting Nutrition, Advancing HIV Care and More

An Innovative Program: CHWs Support Nutrition Assessments in School Feeding Program in WV Malawi Area Programs

Presented by Wezi Kalumbu

Objective: To effectively utilize Community Health Workers (CHWs) in supporting nutrition assessments within Community-Based Childcare Centers (CBCCs) engaged in school feeding programs, aiming to assess children's nutritional status and generate data for program improvement.

Methodology: A quantitative survey collected numerical data on selected anthropometric measurements (weight, height, MUAC) of children enrolled in CBCCs participating in school feeding programs.

Analysis Techniques: Using ENA for SMART software based on WHO growth standards, anthropometric data were converted into Z-scores to determine nutritional status. Descriptive statistics were employed to report prevalence rates.

Abstract: Between 2023 and 2024, Southern African countries, including Malawi, faced adverse El Niño weather patterns—flash floods and drought—that severely disrupted crop seasons and threatened food security in several districts. Malnutrition among children aged 0–59 months rose to unacceptable levels. According to the 2024 UNICEF SMART Survey, underweight was 12%, stunting 36%, and wasting 2.6%. In response, World Vision Malawi, under its ENOUGH Campaign and through the Maternal & Child Health Program in partnership with the T365 Education Programme, launched a Corn Soya Blend school feeding initiative targeting 3–5-year-olds in CBCCs. A total of 858 (91%) CBCCs across 28 area programmes were included. CHWs, working alongside Health Surveillance Assistants, took key anthropometric measurements (MUAC, weight, height), enabling accurate and timely identification and referral of malnutrition cases. Between April and June 2025, the programme reached 50,777 children (108% of the 46,800 goal). It identified 293 malnourished children: 192 with mild, 53 moderate, and 43 with severe malnutrition. Additionally, 1,699 children (3.3%) were under-immunized, and 5,475 (10.7%) had not received age-appropriate vitamin A supplementation.

Conclusion: Findings highlight the effectiveness of school feeding initiatives in mitigating child malnutrition during climate-induced food crises and underscore the indispensable role of CHWs in delivering integrated health and nutrition services at the grassroots level.

Role of CHWs Improving Nutrition in Hard to Reach Communities in Papua New Guinea: World Vision International's 'Better and Enhanced Agriculture for Nutrition's Project

Presented by Ainda Piako Kepon

Background: The Better and Enhanced Agriculture for Nutrition (BEAN) Project, led by World Vision PNG and funded by the Department of Foreign Affairs and Trade (DFAT), operates in the Delta Fly District of Western Province—an area facing high rates of malnutrition, food insecurity and gender inequality. Over 50% of children under five are stunted and less than 2% of women and children meet minimum dietary diversity (IYCF and growth in TB-affected communities in Western Province Survey Report, 2021). The BEAN project adopts a multi-sectoral, nutrition-sensitive approach that addresses gaps in health services, subsistence agriculture, climate resilience, and social inclusion. The project engaged 34 trained Village Health Assistants (VHAs) who identify and support vulnerable households, especially those with children under five and people with disabilities. Through regular household visits and community engagement, VHAs are able to reach the vulnerable and remote families and promote improved infant and young child feeding, conduct cooking demonstrations and facilitate referrals for malnourished children. They also ensure caregivers participate in activities that promote GEDSI, climate-smart agriculture and hygiene practices.

Objective: Through a qualitative midterm review, gauge progress towards key nutrition-related outcomes.

Methodology: In February 2025, community stakeholders, health workers, VHAs and caregivers were interviewed by WV PNG staff in their communities (n=37). The semi-structured interviews allowed interviewees to share their views and opinions on the progress of the project.

Results: The study highlighted progress towards project objectives. Interviewees reported qualitatively that dietary diversity, adoption of exclusive breastfeeding and greater understanding of nutrition are increasing among the 2,367 project beneficiaries. Stakeholders note that VHAs have become trusted health agents, and that community ownership is high, though sustainability will require stronger integration with provincial health systems.

Conclusion: The interview results show that BEAN's approach of working with trusted VHAs has improved access to services, nutrition behaviors, and resilience in some of PNG's most remote communities.

Integrating Village Health Teams in the Agri-Food System: A Case Study for Improving Nutrition Outcomes in Kyaka II Refugee Settlement, Uganda

Presented by Sylvia Turyamuhebwa

Background: Protracted refugee settings face persistent barriers to health and nutrition, including limited healthcare access, chronic food insecurity, and entrenched malnutrition. In Kyaka II Refugee Settlement, Uganda, stunting rates reach 45.4% and only 49% of households live within five kilometers of a health facility. Community-based service delivery models that bring services closer to households is essential. This study examined the integration of Uganda's Village Health Teams (VHTs) into Farmer Field and Business Schools (FFBS) to strengthen nutrition.

Methods: A mixed-methods study design was employed, combining desk reviews, key informant interviews, focus group discussions, and a survey of 402 refugee and host community households participating in a 1.5 year nutrition-sensitive program implemented by CARE and JESE. Data collection focused on VHT roles, collaboration with FFBS field trainers, and nutrition outcomes among children aged 0–23 months and pregnant and lactating women. Study findings demonstrated that VHTs played a critical role embedding nutrition into weekly FFBS discussions with women and men engaged in smallholder farming. They screened 5,438 individuals for malnutrition, referred cases for treatment, and delivered nutrition education on maternal care and child feeding practices.

Findings: Together with field trainers, VHTs supported the establishment of 2,571 home gardens, linking agricultural training to improved dietary diversity. Endline results showed a significant improvement in household access to diverse foods – with 61% of households achieving a moderate level of food access against a target of 55.6%. VHTs also promoted gender-based dialogues to enhance women's agency in nutrition-related decision-making. Key challenges included high caseloads, limited access to transport, and lack of incentives. The integration of VHTs into the FFBS model proved effective in improving household dietary diversity, access to diverse foods, and nutrition outcomes in a protracted refugee setting. VHTs bridged the gap between community health and agricultural training, creating a holistic, locally owned approach. Strengthening logistical support, continuous training, and digital reporting systems could further enhance sustainability. This model offers a replicable strategy for nutrition-sensitive agriculture in humanitarian contexts.

Enhancing Maternal and Newborn Nutrition Through Animated Digital Films

Presented by Phanice Akinyi

Background: Maternal and newborn mortality remain major challenges in Kenya, particularly in hard-to-reach areas where Community Health Promoters (CHPs) are key to linking households with the formal health system. To enhance maternal and newborn health education, Living Goods, in collaboration with Medical Aid Films and the Busia County Department of Health, piloted animated digital films to support CHP counselling.

Methods: The six-month pilot (June–November 2024), funded by CIFF, aimed to assess the feasibility, acceptability, and impact of using short animations during home visits. Four films,on antenatal care, nutrition, breastfeeding, and postnatal care,were co-designed with health experts and local communities to promote early ANC, iron and folic acid supplementation (IFAS), healthy diets, exclusive breastfeeding, and timely postnatal care (PNC). A mixed-methods design combined pre- and post-intervention surveys with focus groups and interviews across six Community Health Units, involving 39 CHPs and 100 women (87 completed exposure; 50 at endline). Data were analyzed using descriptive and inferential statistics, with qualitative findings triangulated for validity.

Findings: Results showed significant gains: ANC attendance rose from 85% to 100%, early ANC initiation from 24% to 73% ($p=0.0012$), and median ANC visits from three to eight ($p<0.001$). IFAS adherence increased from 55% to 95%, and knowledge of correct dosage from 79% to 100%. Awareness of balanced diets and hydration improved, while food taboos declined. Exclusive breastfeeding and PNC awareness reached 100%, with knowledge of early PNC visits rising from 4% to 55% ($p=0.0039$). Qualitative data confirmed better understanding, earlier health-seeking, and stronger partner involvement. Both CHPs and mothers found the videos engaging, credible, and easier to grasp than flip charts; 92% of CHPs reported improved client engagement. Operational feasibility was high, with minimal device-related issues. The approach was low-cost (USD 5–8 per mother) and equitable, effectively reaching women of all literacy levels. The pilot demonstrates that integrating short animated films into community health work is feasible, acceptable, and scalable, improving maternal and newborn knowledge, behaviors, and trust in CHPs. Scaling through Kenya's electronic Community Health Information System (eCHIS) and digital platforms could sustainably strengthen maternal and newborn health nationwide.

Using Data-Driven Approaches to Rethink CHW Packages in Fragile Settings

Presented by Muna Abdirizak Jama

Background: CHW programs often take an “everything but the kitchen sink” approach, delivering numerous interventions without considering workload or efficiency. In fragile settings like South Sudan and Somalia, smarter, context-appropriate program design is critical. To support this, the University of Chicago and the IRC used constrained optimization to prioritize maternal and newborn health (MNH) interventions, tailored to local constraints. We later assessed the appropriateness of the model’s outputs after program implementation began.

Activities: A mathematical modeling exercise identified the most impactful, feasible MNH interventions deliverable at the community level. The model determined which package of evidence-based MNH interventions could theoretically maximize lives saved within constraints like funding, workforce, and supply chain. Participatory workshops in Somalia and South Sudan with government, UN, partners, and researchers contextualized assumptions.

Results: In Somalia, the model prioritized interventions like WASH, IFA supplementation, bed nets and health counselling but other such as misoprostol were excluded by local stakeholders due to cultural and policy barriers. In South Sudan, stakeholders endorsed a six intervention package, including MNH commodities. During implementation, challenges emerged – some interventions were more expensive, more complex, or beyond CHW capacity. These findings demonstrate the potential and limitations of modeling tools in designing CHW packages.

Implications: This experience highlights the potential to use data-driven tools in CHW program design. While the model offered a structured way to prioritize interventions, it could not fully anticipate local realities—like policy resistance, supply challenges, or CHW capacity. In fragile contexts, local informed tools like this have potential to contribute to strengthen CHW programming by aligning with system constraints and frontline realities.

Mapping the Landscape of Partner Support for Community Health Programs in Madagascar

Presented by Ando H. G. Randrianandrasana

Background: In Madagascar, community health workers (CHWs) play a crucial role in ensuring access to healthcare, especially in remote areas. However, the community health (CH) ecosystem is fragmented: actors implement different siloed programs, with varying support for CHWs, leading to gaps in coverage, duplication of efforts, and coordination challenges.

Methods: To support the Ministry of Public Health (MoPH), we mapped and analyzed the ecosystem of CH actors to clarify their distribution and roles. The goal was to inform a nationally replicable strategy to harmonize interventions, reinforce MoPH leadership, and strengthen governance, equity, and impact. We used a participatory approach. We developed a questionnaire with the MoPH and it was administered to CH stakeholders; data were analyzed qualitatively and quantitatively.

Findings: Although a majority of stakeholders (60%) expressed strong overall interest in CH, their geographic presence, thematic coverage, and financial investments were highly uneven. Variability was observed in the scope of services provided, with only a limited number deploying the national CH guideline in its entirety. Most actors supported 3 of 4 WHO-recommended parameters for CHWs (trained, supplied, supervised). However, training content was often misaligned with national guidelines; supply chain and supervision approaches remained fragmented. Compensation emerged as the weakest dimension: 40% of actors provided monthly incentives, while others applied quarterly (13%), semi-annual (27%), or one-off payments, leading to disparities in payment frequency and criteria. This exercise lays the groundwork for a unified, nationally led CH system in Madagascar. We identified 4 distinct categories of actors — ranging from strategic partners to those requiring targeted advocacy — each associated with a tailored engagement strategy for the replication of CH activities and alignment with national guidelines.The next step is to implement engagement strategies with the MoPH to harmonize interventions, strengthen coordination, and progressively align partners with guidelines.

Co-Creating the PROFESS Framework with Community Health Workers: Strengthening the TB and HIV Response in Madagascar

Presented by Haingotiana Razafimanantsoa

Background: In Madagascar, only one in five community health workers (CHWs) are involved in tuberculosis (TB) and HIV activities, despite their crucial role in reaching underserved populations. This limited involvement stems from unclear mandates, inadequate support, and systemic barriers and undermines equitable access to care.

Objectives: We aimed to co-create evidence-based, actionable, and locally grounded recommendations to strengthen CHWs' role in Madagascar's TB and HIV response.

Methods: In March 2025, a three-day design thinking multi-stakeholder workshop gathered CHWs, local health authorities, governmental TB and HIV program managers, NGOs, and community representatives. Building on earlier mixed-methods research and participatory exercises, the workshop generated practical solutions that were refined into an operational framework.

Results: The PROFESS framework emerged around seven strategic levers: (1) Protection (financial): fixed stipends, performance incentives, transport reimbursements, and health coverage for CHWs and their families. (2) Recognition: public ceremonies, certificates, and administrative facilitation for CHWs. (3) coOrdination: harmonized roles, reporting, and planning. (4) Formation (Training): continuous and regionally adapted training, including integrated TB/HIV modules, and a cascade model for trainers. (5) Equipment: participatory inventories and equitable distribution and maintenance of essential tools. (6) Supervision: supportive and digital approaches that replace punitive models. (7) Safety: recruitment of locally-based CHWs, provision of protective gear, and community-backed security measures.

Conclusions: Endorsed by national programs and CHWs themselves, PROFESS provides a roadmap to integrate TB, HIV, and other essential health services into a coherent CHW package. It offers a pathway to professionalize CHWs and accelerate progress towards universal health coverage.

Enhancing KP-Led HIV Services in Myanmar: Rapid Assessment of Capacity Building Trainings provided by Myanmar Positive Group for PLHIV Peer Counsellors

Presented by Dr. Myat Thet Nwe

Background: Myanmar Positive Group (MPG) is a national network of people living with HIV (PLHIV) that actively participates in Myanmar's HIV response to improve health of PLHIV and key populations (KP). MPG has been providing a series of capacity-building trainings for PLHIV peer supporters to ensure the quality of care for PLHIV and KP. However, challenges such as human resource limitation, COVID-19 outbreak and political crisis continue to impact the effectiveness of services delivered by peer supporters. This rapid assessment aimed at identifying effectiveness of capacity building trainings that have been delivered over the course of the past five years (2020-2024).

Methods: The rapid assessment study was conducted from July to September 2024. Out of 649 total participants who took part in capacity-building training, 200 respondents were selected by random sampling. Trained enumerators collected the data using structured questionnaires through in-person or tele-interviews with participants.

Results: Assessment showed that the majority of participants (65.5%) were female. Types of training include HIV prevention, Counselling (basic, advanced and refresher), youth gathering and capacity building, and others. Counselling training (Basic) was most attended (74.5%), followed by Refresher (56%) and HIV Prevention (52.5%). Post-training evaluations showed major improvements. 92.5% of participants rated their HIV knowledge and counselling skills as high (score 4-5) compared to 32.5% pre-training. All participants (100%) reported improved knowledge. Trainer competency received the highest quality rating (mean=4.42). Although most of the respondents (83.5%) did not report any significant difficulties, some faced challenges related to travel and internet connectivity.

Conclusion: The findings prove the effectiveness of MPG's capacity building program in improving PLHIV peer supporters' knowledge. However, some challenges, such as travel and internet connectivity during training, and time constraints in service delivery suggest the need for innovative approaches. The high rate of skill improvement indicates success in building peer support capacity, although continued adaptation to country context is needed for program sustainability.

A.06 - Strengthening Community Health Systems through Capacity Building, Integration, and Governance

Participants and Facilitators Perceptions of Training as part of the New Community Health Workers Strategy in Mozambique

Presented by Vanda dos Muchangos

Background: To improve efficiency and coverage in the provision of the Essential Health Care package throughout the life cycle of the people, the Government of Mozambique decided to implement a Community Health Subsystem Strategy in 2022. The main component of this strategy is training Community Healthcare Workers (CHWs) and ensuring their supervision so that they have the skills to plan, implement and monitor health interventions. The study aimed to evaluate the training process of CHWs in seven districts of Mozambique.

Methods: This was a cross-sectional descriptive study with a qualitative and quantitative approach. Semi-structured interviews with those involved in the training process of CHW were conducted in seven districts of Mozambique. Quantitative data was collected on a tablet using RedCap and analysed using R Studio Statistical Software. The interviews were recorded, transcribed, entered into Microsoft Excel, and coded by content.

Results: A total of 35 CHW and 25 trainers were included in the study; from the trainees 57% were female, aged 20-29 years (68.6%), and most (94.2%) had secondary and high school education and were trained in 3 categories of community action: 16 (45.7%) in health promotion and disease prevention, 10 (28.6%) women's and child health, and 9 (25.7%) case management. About 90% of the participants reported that the candidates for training were selected in the communities. Regarding the training content, 92% reported that the Essential Package of Health Care and Health Surveillance and Information System were discussed. However, 29.8% and 16.7% reported not discussing the CHWs' work kit and community health information flow, respectively, and about 41% reported not discussing the Community Health Committees' organisational chart. Most of the participants (83%) said that the training lasted between 3 and 6 months. Of the participants, 32 (62%) considered the training time to be adequate. However, some 19 (37%) said that the time was short.

Conclusions: The study shows that the selection of training participants was sensitive to education, gender, and being selected in their communities. Some important contents were not covered during the training and should be addressed to avoid limitations on their activities.

Maturity and Readiness of Community Health Workforce System: Insights from Community Health Assessment in Nasarawa State, Nigeria

Presented by Luke Alade

Context: Community Health Workers (CHWs) are central to Nigeria's Universal Health Coverage (UHC) agenda, yet integration into state health systems remains uneven. In Nasarawa, supportive policies exist, but financing, supervision, information systems, and supply chain gaps threaten operationalization and sustainability of the redesigned Community-Based Health Worker (CBHW) strategy.

Objectives: To apply the community health assessment framework to assess Nasarawa's readiness and maturity to integrate CHWs into PHC and generate evidence for reforms that strengthen sustainability and health outcomes.

Methods: A two-day consensus workshop using the Nominal Group Technique engaged 27 stakeholders from the State Ministry of Health, SPHCDA, Ministries of Finance, Budget and Economic Planning, and development partners. Stakeholder characteristics (knowledge, interest, power, position) were considered. Data across nine domains—planning, governance, financing, remuneration, training, supervision, information systems, supply chain, and community engagement—were analyzed using quantitative–qualitative values (0–4 scale) and validated through document review and consensus.

Findings: Nasarawa scored 41%, among the lowest nationally. Strengths included planning and governance with focal persons and strategic plans. Weaknesses were lack of a CBHW budget line, >6-month remuneration delays, weak supervision, exclusion of CHW commodities from supply chain quantification, no CHW data integration into DHIS2, and poor accountability and community engagement.

Conclusions: High-level planning has not translated into operational readiness. Reforms should establish budget lines, ensure timely remuneration, expand supervision, embed CHW data into DHIS2, and integrate commodities into supply chains. Lessons for other countries: (1) planning must be matched by financing, supervision, and supply chains; (2) cross-ministerial alignment can improve sustainability and reduce donor dependence; (3) embedding CHW data and accountability mechanisms strengthens ownership, trust, and resilience.

Retention Level and Associated Factors Among Community Health Workers in Mbarara, Rubirizi and Rwampara Districts: A 15-20 Year Follow Up Study

Presented by Byamugisha Edison

Background: Community Health Workers (CHWs) have historically played an important role in strengthening primary healthcare and improved health outcomes in resource-limited settings. However, low retention rate threatens the viability and effectiveness of Community Health Worker (CHW) programs globally.

Aim: This study determined retention levels and associated factors among CHWs after 15-20 years in three districts of south western Uganda.

Methods: We conducted a quantitative retrospective cohort study using census methodology among CHWs trained by Healthy Child Uganda between February 2004 and January 2008. Data were collected in April 2024 using structured questionnaires. Retention was defined as regular monthly report submission up to two months preceding the study. Bivariate and multivariable analyses using STATA 14.1 identified factors associated with retention.

Results: Of 404 originally trained CHWs, 265 were available for follow-up, with the overall retention rate of 60.8% (161/265). Retention varied significantly by district: Rwampara 68.4%, Mbarara 68.2%, and Rubirizi 44.7%. Multivariable analysis revealed key retention factors: peer support (adjusted IRR=2.21, 95%CI:1.48-3.32, p<0.001), access to referral slips (adjusted IRR=1.36, 95%CI:1.09-1.72, p=0.007), and reporting tools availability. Refresher training significantly improved retention versus no training. Primary exit reasons included family duties (15), poor health (15), new employment (13), community rejection (23), and peer rejection (12).

Conclusion: CHW retention in south western Uganda was moderate at 60.8% after 15 - 20 years, with significant district variations. Peer support systems, essential tool access, and refresher training emerged as critical retention factors. Strengthening supportive supervision, peer networks, and resource availability could improve CHW retention. These findings inform targeted retention strategies for sub-national, national, and global CHW programs.

Early Learnings of Deploying Professionalized CHWs under Municipal Governance: A Pilot Community Health Program Launched by Government of Nepal

Presented by Hira Kumari Niroula

Background: Community Health Programs (CHPs) have been a cornerstone of Nepal's health care delivery system, particularly in advancing maternal and child health outcomes. Despite their historical impact, recent evidence points to a plateau in progress, signaling the need for strategic reform. In response, the Government of Nepal (GoN), led by the Nursing and Social Security Division (NSSD), launched a pilot initiative grounded in WHO recommendations to revitalize CHPs. This pilot introduces professionalized Community Health Workers (proCHWs): certified nurses who are salaried, digitally enabled, and employed full-time to provide a continuum of care across the life cycle, operating under the governance of local municipalities.

Objective: This paper explores early insights from the GoN's initiative to deploy proCHWs in one of the municipalities for delivering bundled reproductive, maternal, newborn, and child health (RMNCH) services through local municipalities.

Methods: Professionalized CHWs, recruited, mobilized, and supervised by local municipalities, conduct periodic household visits to deliver bundled RMNCH services. During these visits, they collect data using a digital mHealth tool, which supports evaluation of the pilot through effectiveness-implementation quasi-experimental design. Changes in facility-based indicators (HMIS) are tracked using Interrupted Time Series (ITS) analysis. Complementary qualitative inquiry includes interviews with beneficiaries, municipal authorities, and the NSSD team, as well as focused discussions with CHWs at early and one-year post-implementation phases (2022–2024).

Results: Initial analysis showed 88.3% (n=14,504) of married women of reproductive age were enrolled for care. One year after deployment, the home delivery rate dropped from 24% to 13%, aligning with an upward trend in the moving average of institutional births at pilot-site facilities, as shown by ITS. Qualitative findings indicate growing community trust. However, high proCHW turnover and misalignment in role definition and deployment hindered system integration. Sustained success requires integrating community-based data into the larger HMIS, promoting appreciation for preventive services, and better resource prioritization within local governance

Conclusion: Early findings suggest proCHWs are improving RMNCH outcomes and building community trust, offering promising results for future scale-up despite initial integration challenges.

Role Of Community Health Committees In Facilitating Community Health Worker Effectiveness In Maternal And Newborn Health Programs: A Case Of South Sudan

Presented by Mamothena Carol Mothup

Background: Boma Health Workers (BHW) are central to delivering critical maternal and newborn health (MNH) services in South Sudan, where the maternal mortality ratio is estimated to be 692 deaths per 100,000 live births. The objective of this study is to understand BHW effectiveness as influenced by the local governance institutions the Boma Health Committees (BHC).

Methods: A qualitative study across four of the seventy Bomas (local governance areas) in Aweil East County, South Sudan. Selection was based on current implementation of community based maternal health services. In February 2025, 32 interviews were conducted with BHC members (16), BHWs and local health providers(8), and decision-makers (8). Data was analyzed using abductive thematic analysis guided by the institutionalist model. The steps involved included i) In-vivo coding in Dedoose software, ii) Grouping of codes into sub-themes iii) development of themes aligned to the model.

Results: BHCs included influential community members and representatives of women and youth. They facilitated entry of new BHWs and ensured positive relationships with community members. BHCs supervised BHWs, holding them accountable for prescribed services, with disciplinary action often taken at community level before escalating to the county health department. They also gave input on BHW hiring and replacements, which can have both negative and positive influences when power dynamics are considered. While literacy is criteria for selection of BHWs, community leaders may not always enforce it. BHC members rely on experience with limited formal guidance or tools to do their work. Gender norms impact how the BHCs function—women remain underrepresented, even though they act as a bridge between mothers, BHWs and BHCs, sharing feedback about service access and quality. Despite these contributions, BHCs are not well connected with formal health sector planning, instead advocating on the margins for broader health investments by government and other health actors.

Implications: This study shows that BHCs helped BHWs implement MNH policies and guidelines effectively. They play an advocacy role in strengthening health systems, while facilitating BHW community access, deployment, supervision, and accountability for service provision. BHCs should be supported with training, clearer roles and guidelines, and stronger links to health planning processes to strengthen their voice and optimize their role in supporting BHWs.

Empowered yet Constrained: The Paradox of Agency Among Community Health Workers in Kenya, in the Context of Primary Health Care Systems Reforms Towards Universal Health Coverage

Presented by Faith Munyao

Introduction: Globally, countries have reformed their community health systems by formalizing and supporting Community Health Workers (CHWs) to achieve the Universal Health Coverage (UHC). The Kenyan government recently introduced such reforms by providing kits, monthly stipends (US$40), training, and digital phones to CHWs, locally known as Community Health Promoters (CHPs). Despite this, the CHPs still grapple with obstacles that in turn affect their mental health and well-being.This study utilized Photovoice to capture and amplify CHPs' narratives on motivations and stressors.

Methods: In partnership with Nairobi and Kiambu County Governments, LVCT Health, through SHINE Project, purposively recruited 24 CHPs from rural (Gatundu North and Lari) and urban (Korogocho and Viwandani) informal settlements. There was a 3-day training on Photovoice and ethics. Data collection was done in phases using smartphones. Photos were captioned and validated; audio-recorded interviews were transcribed and translated verbatim. Data were analysed through Framework approach. Ethical approval was granted by Amref ESRC (P1472/2023)

Findings: CHPs reported feeling respected and recognized within the community, often called "doctors" because of early identification and referrals using the kits. They also leverage support groups to mobilize resources and enhance community's access to care. Training has enhanced their confidence because they can identify and refer cases beyond their capacity. They attributed these to reforms introduced by the Government. However, challenges persist that undermine CHP's sense of agency. They often face role creep; they perform other duties beyond their scope, and their complaints are sometimes perceived as incitements. Economic strain from insufficient stipend compels CHPs to pursue income-generating activities to meet livelihood needs, and unrealistic community expectations that CHPs should provide material support constrain their autonomy and place undue burdens on them.

Conclusion: Reforms strengthen CHPs' collective agency, but structured and socioeconomic constraints undermine their sovereignty. Clear role definition, psychosocial support, and community sensitization are required.

Addressing Gender Inequalities among Community Health Workers in Senegal: Towards Inclusive and Effective Health Systems

Presented by Thenjiwe Sisimayi

Background: Community Health Workers (CHWs) are central to advancing Universal Health Coverage (UHC) and achieving the Sustainable Development Goals (SDGs) in Senegal. Yet persistent gender inequalities limit their opportunities, recognition, and working conditions. This study examined gender disparities among CHWs, their impact on performance, and policy measures to strengthen equity in community health governance.

Methods: Employing a convergent mixed-methods design over 13 months in eight regions, the study combined quantitative surveys with CHWs, health staff, and communities; key informant interviews with health and administrative authorities; focus group discussions with community beneficiaries; and a document review of policies, training manuals, and strategic plans (2013–2023). The robust sample comprised 1,050 CHWs (62.5% female, 37.5% male), 480 health facility staff, 320 community members, and 96 administrative authorities. Quantitative data were analyzed descriptively, and qualitative findings were interpreted through a gender-sensitive lens.

Findings: Findings reveal entrenched inequities: fewer than 30% of female CHWs hold coordination roles; only 40% received recent training compared with 65% of men; women earn on average 30% less than male peers; and 74% carry a dual domestic–community workload. Gendered task allocation persists, with 81% of men in strategic roles versus 19% of women. Resource gaps compound disparities—only 35% of women reported having transport compared to 60% of men. Moreover, 63%—predominantly women—face mobility restrictions tied to sociocultural norms, while 69% supplement income with additional work due to inadequate remuneration. These disparities compromise CHW effectiveness and sustainability. Addressing them requires structural reform of CHW status, equitable access to training and leadership, inclusive quotas, and improved working conditions. These are needed to strengthen gender equity and CHW effectiveness

The Kaduna PHC Management Strengthening Project: An Action Learning Implementation Approach to Management Capacity Building of Primary Healthcare Facility Managers in Kaduna State, Nigeria

Presented by Abolade Oyelere

Background: Due to manpower shortages, service delivery points in Nigeria's primary healthcare system are largely staffed by community healthcare worker cadres whose roles have gradually evolved from community practice to clinical duties in the PHC facilities & additional managerial responsibilities. This paper aims to demonstrate how a state-led action learning approach was successfully deployed and evaluated by the Kaduna Primary Healthcare Management Strengthening Project (KPMSP) in building the management capacity and improving the operational efficiency of Community Health Workers operating as PHC facility Managers in Kaduna State.

Methods: Baseline data was collected on the management capacity & operational efficiency of PHC Managers in 107 intervention PHC facilities from 10 selected districts in Kaduna State across the thematic areas of Human Resource Management, Financial Management, Inventory Management, Data Management, Planning & Community Relations, Facility Management, and Quality Assurance. The Kirkpatrick model was used to evaluate the results of in-class & on-the-job training provided for 214 PHC Managers from the 107 PHCs. An end-line mixed methods assessment was similarly conducted, collecting data on changes over the 8-month course of the intervention, identifying gaps that continue to exist and establishing key drivers of change. Multi-stage cluster sampling was used in selecting 36 end-line PHCs from the 107 assessed at baseline while 19 district and community stakeholders were interviewed.

Results: The assessments showed improved capacity of PHC Managers & improved operational efficiency across all thematic areas. The percentage of PHCs disseminating facility data to Ward Development Committee members during monthly meetings increased from 21% at baseline to 83% at end-line. From 43% at baseline, 66% of the PHCs documented microplanning processes while 94% from 53% had begun to conduct community sensitization. PHC Managers with adequate knowledge of drug quantification rose from 1% to 80% and proper handling of expired drugs went from 10% to 100%. From 0%, all PHC Officers-in-Charge instituted absenteeism reduction processes bringing absenteeism from 92% of facilities to 17%. All the PHCs assessed incurred expenses only within the facility budget.

Conclusion: In-class management training and on-the-job mentoring resulted in improved management at the intervention PHCs.

A.07 - Digital Training and Innovation: Expanding Capacity for Community Health Services

Human-centered Design to Co-create Digital Training on Common Childhood Illnesses for Community Health Workers: Insights from Participatory Design and Testing

Presented by Jamie Johnston

Background: Community Health Workers (CHWs) are essential providers of primary healthcare in resource-limited settings; however, limited access to continuous training constrains their effectiveness.

Methods: To address this gap, we utilized a human-centered design (HCD) approach to develop a digital training course on managing common childhood illnesses. We followed a HCD framework with 5 phases: (1) discover, (2) define, (3) design, (4) prototype, and (5) test. In the first phase (discover), we conducted four focus group discussions (FGDs) with CHWs from four cadres, alongside discussions with leaders from three organizations (one Kenyan, two South African) to identify training needs, challenges, and preferences for digital solutions. In the second phase (define), we conducted iterative feedback sessions with the same groups to prioritize topics and design elements such as audio-visuals, assessment types, and reflection exercises. During the third phase (design), subject matter experts developed the curriculum, and we developed a mobile-based course, incorporating insights from the earlier phases. In the fourth (prototype) and fifth (test) phases, we piloted one module on cough management with partner organizations and conducted six in-depth interviews to obtain in-depth feedback from CHWs.

Findings: Our in-depth analysis yielded four key themes: (1) app ease of use, (2) audio-visual feedback, (3) content usefulness and alignment with guidelines, and (4) comparison with in-person refresher training. Navigation was perceived as intuitive, multimedia-enhanced comprehension, and content was largely aligned with CHW guidelines, though antibiotic recommendations differed by country. Digital learning was valued for flexibility, but peer interaction and challenges such as network connectivity, smartphone access, and data costs were noted. Findings demonstrate that a participatory, iterative design process can produce a contextually relevant digital training tool for CHWs. Future work will investigate scalability and integration into national programs.

Digital Lifelines: Transforming Maternal and Newborn Health Outcomes through Integrating Telehealth and Community Service Delivery in Kenya

Presented by Edna Anab

Background: Kenya continues to face persistent challenges in delivering maternal, newborn, and child health (MNCH) services, particularly in underserved areas where limited infrastructure and health worker shortages restrict timely access to care. Telehealth offers a viable opportunity to bridge these gaps by strengthening primary health care (PHC) and ensuring continuity of essential services. This study evaluated the Better Data for Better Decisions: Telehealth initiative, funded by the Children's Investment Fund Foundation (CIFF) and implemented by Living Goods in partnership with Health X Africa. The project integrated telehealth into the Community Health Promoter (CHP) framework to improve MNCH outcomes, focusing on antenatal and postnatal care, enhancing PHC efficiency, and generating policy-relevant evidence.

Objectives: 1) Early-stage development of Living Good's and CHW-led Next Generation Approaches to client-driven and virtually supported primary healthcare; 2) Improve efficiencies and access in MNCH service delivery; 3) Support pathways for sustainable scale through a national telehealth standard.

Methods: A mixed-methods quasi-experimental design was applied across eight community health units in Teso North, Busia County, with four receiving the intervention. Thirty-nine CHPs implemented a hybrid care model that combined household visits with virtual support through USSD, SMS reminders, IVR, and a toll-free hotline.

Findings: The intervention exceeded registration targets, enrolling 388 households and 551 clients. Nearly half of the clients used the hotline, the most preferred channel, with 88% relying on it for consultations. Intervention sites demonstrated significantly higher postnatal care visits and stronger referral completion rates, particularly for infants with danger signs. CHPs reported that the telehealth model strengthened follow-up, improved case management, and increased confidence in service delivery. Mothers valued telehealth as a confidential, accessible, and responsive channel for advice and care. The findings demonstrate that integrating telemedicine into the CHP framework can extend equitable access to PHC in underserved settings, particularly for postnatal services. To maximize impact, future programs should strengthen digital referral systems, ensure interoperability with the national eCHIS, and leverage data-driven innovations, including risk stratification and AI-enabled tools, to identify and support high-risk women and children.

Strengthening CHW Delivery of Health, Nutrition and Early Childhood Development Services: The Role of Digital Tools, Supervision, and Wider Systems Support

Presented by Deo Medardi

Background: Support for early childhood development (ECD) is increasingly recognised as essential in Primary Health Care. As more children survive, ECD is key for children to thrive and for equity. Evidence shows community health workers (CHW) can deliver ECD services if well trained and supervised, but scale and sustainability remain challenges. The Kizazi Kijacho (Next Generation) study in Tanzania tests support for CHW delivery of ECD services.

Methods: A randomized controlled trial (RCT) compares a parenting programme delivered through home visits and group sessions, an unconditional cash transfer (UCT), and both combined. A mixed methods process evaluation examined implementation of the parenting arm, where CHWs received training, a digital App, supervision, monthly allowance and teaching materials. The study was guided by the Kizazi Kijacho theory of change. This abstract presents qualitative research, which includes interviews and group discussions with caregivers, CHWs, supervisors, community leaders, local government and NGOs across six communities. Data were transcribed and analysed with a framework matrix.

Results: Implementation of home visits and groups varied across communities. Barriers included distance, impassable roads in rainy seasons, poor phone access for scheduling and caregiver absence during farming. CHWs found the App useful, but faced technical issues. Caregivers valued sessions, especially guidance on play, communication, and nutrition, and trust in CHWs increased with improved skills and commitment. Supervision varied; CHW valued supervisor attendance at sessions, but staff turnover and facility workloads reduced supervision. Supervisor use of a digital dashboard also varied due to insufficient training and technical problems. For sustainability, health workers and the government suggested options to integrate ECD in routine activities, but continued support for CHW pay and digital tools was seen as important. National plans for an integrated CHW programme could aid sustainability, provided programme rollout is funded.

Conclusion: Kizazi Kijacho activities were valued by families and CHWs but faced contextual, system, and design challenges. Sustainability requires stronger underlying systems to support CHWs.

Data-Driven Capacity Strengthening of Community Health Workers: Longitudinal Knowledge Assessments and Digital Training in Rural Sindh, Pakistan

Presented by Farwa Shahid

Background: Community Health Workers (CHWs) are essential in fragile health systems, delivering primary health care and awareness in hard-to-reach settings, yet conventional one-time oral knowledge assessment tests provide only a snapshot of knowledge and do not capture retention. At the same time, limited digital literacy restricts CHWs' ability to generate and use health data. In rural Sindh, Pakistan, where poverty and exclusion undermine access to care, new approaches are needed to sustain learning and build digital capacity.

Objective: To evaluate whether systematic continuous written assessments and monitoring, compared to one-time oral tests, combined with digital literacy training could improve CHW knowledge retention and feasibility of digital data collection.

Methods: We conducted a longitudinal cohort study with 16 CHWs from six clinics. CHWs completed weekly written tests over 8 weeks and a single oral quiz to compare methods. Community awareness was measured through pre- and post-training mega-session surveys. Separately, CHWs were trained to conduct household surveys using REDCap, with data quality and efficiency monitored.

Results: Weekly scores rose from 45.1% (95% CI: 42.8–47.4) at baseline to 72.3% (95% CI: 69.9–74.7) after 8 weeks ($p<0.01$), while oral assessments averaged 71.3% (range 50–85%) with no inter-clinic differences ($p=0.23$). Topic mastery ranged from high (Tuberculosis 89.6%; Measles 78.1%) to low (Anemia in Pregnancy 26.5%; Family Planning 40.6%). Community surveys (n=435) improved from 19.2% (95% CI: 16.0–22.4) to 63.9% (95% CI: 59.8–68.0) ($p<0.001$). REDCap completeness averaged 59.2% (range 6.5–99.5%) and correlated with knowledge scores ($r=0.48$, 95% CI: 0.10–0.72, $p<0.05$).

Conclusion: This multi-strategy approach (continuous written assessments versus one-time oral tests), along with digital literacy training, was feasible and statistically impactful in CHW knowledge retention and community gains. By providing CHWs long-lasting skills and digital tools, this proves to be a scalable and data-driven model to strengthen equitable primary health care in low-resource and crisis-affected settings.

Closing the Data-to-Action Loop: Empowering Community Health Worker Programs in Uganda Through an Automated National Reporting System

Presented by Rutayisire Meddy

Context: Uganda's electronic Community Health Information System (eCHIS) is a national digital job aid used by over 20,000 Community Health Workers (CHWs). This offline-capable system supports quality service delivery and automates reporting. However, despite the wealth of granular data collected, it was often siloed and underutilized by district-level managers. This critical data-to-action gap hindered timely, evidence-based decision-making and the provision of targeted support for CHW programs.

Objectives: Our objective was to bridge this gap by developing a scalable, automated system to transform raw eCHIS data into accessible monthly reports. We aimed to empower district health teams to use their own data to improve CHW supervision, monitor performance, and enhance the overall effectiveness of community health services.

Methods: We established a data pipeline integrating the national eCHIS platform into Uganda's National Health Data Warehouse (DWH). A dedicated R server securely connects to the DWH, using parameterized R Markdown scripts to automatically generate comprehensive, district-specific PDF reports. These reports are available on-demand to managers through a secure web portal.

Key Results and Findings: The system automates tailored monthly reports, reducing the data-to-analysis timeframe from months to days. Across 33 districts and 8,395 villages covering 3.2 million people, the system identified 16,773 malnutrition cases, 328,255 zero-dose children, and 3,010 home deliveries—all with precise village-level locations. This data is actively being used for precision public health; for example, to guide CHWs in targeted follow-ups for malnourished children and to support immunization catch-up campaigns in zero-dose hotspots.

Conclusions and Implications: This work provides a scalable model for transforming a data collection system into an active tool for health system strengthening. By integrating eCHIS with the DWH and an automated R-based reporting engine, we have successfully closed the data-to-action loop. Actionable data is now utilized by CHWs, supervisors, district managers, and national teams to drive targeted interventions. The system empowers stakeholders at all levels to use their own data, fostering evidence-based decision-making that directly strengthens Uganda's CHW workforce.

Strengthening CHWs' Capacity on Non-Communicable Diseases and Major Communicable Diseases through Digital Blended Learning in Ethiopia

Presented by Kidist Mulugeta Tekle

Background: Ethiopia faces a dual burden of rising non-communicable diseases (NCDs) and persistent major communicable diseases (MCDs) such as TB, HIV, and malaria. Frontline health workers often lack the knowledge and skills to manage these conditions effectively. To address this, the Ministry of Health, in partnership with Last Mile Health Ethiopia, piloted a digitally enabled blended learning approach to upskill Community Health Workers (CHWs) in NCD and MCD service delivery, aligned with national digital health and primary health care priorities.

Objectives: The objective of the study was to assess changes in CHWs' knowledge and skills related to NCD and MCD service delivery and to pilot and evaluate a scalable digital blended learning model for frontline health workers.

Methods: A mixed-methods evaluation was conducted in 25 districts across six Ethiopian regions. Quantitative assessments in 2 pilot and 23 scale-up districts measured CHWs' NCD-MCD knowledge and skill gains from blended digital training. In total, 1,401 CHWs, 125 Supervisors, 92 Facilitators, and 92 HITs participated.

Findings: Descriptive analyses assessed training reach, app use, and outcomes, while qualitative data from participants were thematically analyzed in Dedoose to capture lessons learned and implementation challenges. Findings indicate that CHWs showed substantial improvements in knowledge and skills. In the NCD module, average knowledge assessment scores increased by 17 percentage points (56% to 73%) and average skills assessment scores increased with notable gains in blood glucose measurement (20% to 92%) and eye exams (39% to 70%). In the MCD module, knowledge scores improved 14 points (63% to 77%) and skills in HIV testing and interpretation rising from 10% to 86%,Over 80% of learners reported feeling "very confident" in delivering services post-training, up from less than 30% at baseline. Digital blended learning proved highly effective in equipping CHWs with new competencies in both communicable and non-communicable disease care, marking Ethiopia's first integration of NCDs into the HEWs' service package. The substantial gains in knowledge, skills, and confidence highlight its value as a scalable strategy to strengthen primary health care and advance universal health coverage. Future research should assess long-term service delivery outcomes and cost-effectiveness to guide sustained scale-up.

Bridging the Chronic Disease Treatment Gap for Immigrants: A Pilot Study on the Effectiveness of Community Health Workers and Technology in New York City

Presented by Emmanuel d'Harcouurt

Context & Program Goals: Hypertension (HTN) and diabetes (DM) are leading causes of deaths, disproportionately affecting marginalized populations, including immigrants to the US. CHWs effectively address public health issues globally, but have not been widely used in the US. Clinic+O, an immigrant-led organization, initiated a CHW-based program in New York City to improve chronic disease care, primarily for West African immigrants.

Approach & Data: The program combines CHWs, mobile and testing technology, and grassroots partnerships to conduct group screenings and organize follow-up care. We collected quantitative data on demographics, blood pressure (BP), blood glucose (BG), and hemoglobin A1c (HbA1C) levels, as well as qualitative insights from clients and staff. CHWs were involved in program design, particularly around outreach, logistics and communication.

Findings: We screened 266 people. Elevated BP was common: 40.4% had systolic readings >130 mmHg. The new HbA1c test proved to be an effective screening tool: 8.5% and 18.9% of participants had HbA1C readings indicative of diabetes and pre-diabetes, respectively. Over two-thirds of those with elevated HbA1c had normal BG readings, highlighting the limitations of non-fasting BG tests in community settings. Attendance at follow-up appointments rose dramatically from 5% to 100% over the course of the program. Effective treatment coverage for HTN is near zero for West African immigrants. Most were unaware of their condition, despite being at high risk for genetic and environmental reasons. Nearly all faced cultural, logistical, and financial barriers to care. Once engaged, immigrants were eager to receive care. Follow-up was most effective when led by CHWs from the same communities. CHWs were critical in achieving results, for several reasons. They provided culturally-specific advice to immigrants, as well as client perspective to health staff. They fostered a welcoming atmosphere during screenings, increasing attendance. Their linguistic competence speeded up the process, especially registration, enabling more clients to be seen at each screening.

Conclusion: HTN and DM are highly prevalent among West African immigrants in NYC. Effective treatment is almost non-existent. CHWs, particularly those from client communities, are well placed to bridge the treatment gap with education and support. We plan to expand our CHW-led infrastructure to provide more intensive post-diagnosis monitoring and support.

Advancing One Health Community Event Based Surveillance: Integrating Community-Based Digital Systems for Enhanced Early Warning and Timely Response for Effective Pandemic Preparedness, A Collaboration in Busia-Kenya

Presented by Arinda Arthur

Context: Human, animal, and environmental health are deeply interconnected, yet fragile in the face of emerging diseases. In resource-limited regions, weak surveillance systems delay outbreak detection until crises unfold. A proactive, integrated approach is needed to strengthen primary health care and empower communities to detect and act on risks early.

Objectives: (1) Establish a blueprint for efficient, digitalized CHW-led surveillance systems aligned to eCHIS. (2) Build coordinated One Health processes within CEBS for early detection, response, and mitigation. (3) Advance understanding of CHW-led surveillance models and operating systems.

Methods: A two-phase CEBS pilot in Busia County, Kenya, tested integration of community reporting into the national eCHIS. Phase 1 (Nov–Mar 2024) validated feasibility, reporting workflows, and case verification. Phase 2 embedded CEBS in Busia's eCHIS learning instance, trained CHPs on One Health, developed competencies, and engaged stakeholders. CHPs reported events via eCHIS to CHAs, who verified and escalated cases to One Health Response Teams. Real-time dashboards, SMS, and WhatsApp channels enabled feedback and coordination. Integration of human, animal, and environmental health data underpinned the design.

Findings: Key events included animal bites, deaths, clusters of human symptoms, and floods. Animal-related events (20.6%), human deaths (17.6%), and clusters (16.7%) dominated reports, highlighting the link between animal and human health. Outbreaks in animals often preceded human risks, yet community awareness remained low, underscoring the need for broader multisectoral sensitization.

Conclusion: Embedding CEBS into eCHIS shows strong potential for early detection and pandemic preparedness. Institutionalization requires policy support, sustainable financing, and cross-sectoral coordination. Strengthening One Health at community level enhances resilience, safeguards food systems, and builds future health security.

A.08 - Community Health Workers in Crisis Contexts: Leadership, Autonomy and Ethical Engagement

"The Clinic is Ours?!": CHWs, Essential Care, and Disputes over Health Autonomy in a Context of Crisis and Multiple Violences in Chiapas, México

Presented by María Cristina Alarcón Rebollar

Background: Crises often generate states of exception that both potentiate and demand reimaginations of "care as usual." The ambivalent question-statement of "the clinic is ours?!" has long haunted the daily work of CHWs employed by the organization Compañeros En Salud (CES) in Chiapas, Mexico, but it was dramatically reanimated during recent periods of heightened narcoviolence in the region. Crisis clarifies the clinic as a key site of community contestation over essential health resources, and also reveals contradictory perceptions among NGOs, government officials, narcomilitaries, and local residents about CHWs' "appropriate" flow and scope of work.

Methods: Through participant-observation and semi-structured interviews carried out to 37 CHWs, 12 to their relatives and 15 to CES collaborators between 2019-2024, this ethnographic study explores how CHWs conceptualize and concretize power and health autonomy in the context of their lives and work—especially under insecurity. In iterative circles of coanalysis, the authors and CHW co-authors discussed emergent themes and their implications for CHWs' strategizing.

Findings: Ethnographic data demonstrates how the decomposition of established limits around the "appropriate scope" for CHWs during crises serves as a collective survival strategy and affords CHWs' and communities' more health autonomy. However, their NGO's operative model fixes CHWs within a determining clinical hierarchy, limiting their formal ability to deliver the care that their neighbors expect. CHWs find multiple ways to oppose these power dynamics, and risk themselves to continue caring for their communities against institutional mandates to the contrary (albeit with ambivalence and sometimes indignation). In the face of polycrises and fraying health infrastructure globally, more resilient community health models are urgently needed; the ethnographic attention to the experiences and visions of CHWs is essential for understanding the growing demand for autonomous community healthcare and designing strategies that respond to its tensions.

Balancing Response and Responsibility: Ethical Engagement with CHWs in Crisis Conditions in India

Presented by Baldeep K. Dhaliwal

Background: Community Health Workers (CHWs) are often celebrated as first responders in crises, yet public health systems rarely confront the ethics of relying on underpaid, predominantly female labor for emergency preparedness and response. Drawing on four months of ethnographic research with India's Accredited Social Health Activists (ASHAs), this study examines how crisis conditions can contribute to structural reliance on precarious labor.

Methods: Methods included in-depth interviews, participant observation, focus group discussions, and policy document analysis, capturing CHWs' experiences in outbreak control, election logistics, and rapid insurance rollouts.

Findings: Findings reveal that crises are leveraged to expand CHW responsibilities far beyond their primary duties, often with inadequate training, minimal incentives, and delayed or missing payments. Surveillance technologies, hierarchical delegation, and financial precarity combine to suppress resistance, making CHW refusal difficult and unlikely. This dynamic is embedded in most health systems that sustain low-cost service delivery through feminized, informal labor. Such reliance may appear efficient, but it undermines workforce sustainability, deepens gender inequities, and erodes ethical standards. Protecting CHWs in crises requires structural reforms: fair and timely pay, enforceable labor protections, and inclusion of CHWs in decision-making. Without confronting these topics, crisis responses will continue to depend on – and normalize – the exploitation of those who hold up health systems in their most fragile moments.

A.09 - Community-Based Approaches to Strengthening Maternal and Child Health

Community Health Workers (CHW) as Catalysts for Improving Anemia Treatment Adherence in Pregnancy: A Case Study from Shravasti District, Uttar Pradesh, India

Presented by Arpita Pal

Context: Uttar Pradesh (UP), the most populous state in India, has nearly six million pregnancies annually. Around 35% of pregnant women experience moderate to severe anemia requiring parenteral iron therapy. Despite having government policy on iron sucrose therapy with a streamlined supply chain, treatment completion remains suboptimal due to low referral, weak facility-community linkages, limited family awareness, and engagement by Community Health Workers (CHWs).

Objective: Demonstrate improved anemia treatment completion rates among pregnant women in Shravasti, an aspirational district in UP, through strategic use of the health system and family participation by trained CHWs.

Methods: This case study integrated quantitative and qualitative approaches. Quantitative data from hospital antenatal anemia registers were analyzed using descriptive statistics, while qualitative interviews with pregnant women, family members, and CHWs underwent thematic analysis to explore CHWs' leadership, accountability, and commitment in improving awareness and treatment adherence. The district prioritized CHW capacity-building through training on timely anemia screening and referral, strengthening community–facility linkages, and enhancing communication skills to promote family engagement and treatment compliance.

Results: Between June 2024 and July 2025, CHW referrals of pregnant women for anemia management increased by 70%—from an average of 400 to 680 per month. Treatment completion (four doses of iron sucrose) rose from 43% to 67% across six Community Health Centers and the District Hospital. Qualitative reflections from pregnant women reported increased adherence to anemia treatment, crediting CHWs' counseling and follow-up. CHWs fostered family confidence and emphasized the importance of treatment adherence that contributed to safer deliveries and healthier birth outcomes.

Conclusion: CHWs are a vital link between facilities and communities, especially for at-risk cases. With sustained investments in capacity building, leadership, and supportive supervision, CHWs can drive better health-seeking behavior, service uptake, and treatment adherence. The Shravasti experience shows that CHW-led approaches improve family and community accountability, strengthen health system responsiveness to maternal anemia, and offer a sustainable, scalable model for advancing primary health care across the state.

What Drives Antenatal Care Quality: Midwives' Competencies or Puskesmas Standards?

Presented by Miftahul Jannah

Background: Indonesia has introduced national standards to improve antenatal care (ANC) quality in Puskesmas, including minimum midwife qualifications and 12 T service protocols covering routine checks, counselling, immunization, and laboratory tests. Despite these measures, ANC quality remains inconsistent, with less than 80% of pregnant women completing six ANC visits and maternal mortality still high at 189 per 100,000 live births. This raises the question of whether quality gaps stem from individual competencies or facility-level factors.

Objectives: To assess the influence of midwives' characteristics and competencies on ANC quality.

Methods: This cross-sectional study used the Knowledge Gateway (KG), an online, computer-based, proctored assessment developed by the Summit Institute for Development. The platform allowed midwives to take the test flexibly without disrupting service hours, enabled automatic scoring and centralized data collection to reduce input errors, and drew from a large question bank to ensure fairness and broad content coverage. System logs recorded testing activity and timing, allowing verification of test conditions. The assessment was conducted from September 26 to October 2, 2024, involving 1,202 of 1,253 registered midwives across 67 Puskesmas. Analysis focused on 267 village midwives from 66 Puskesmas in Garut District, combining KG results with performance data from district health reports. Multilevel logistic regression accounted for clustering of midwives within Puskesmas.

Findings: Midwives' competency scores and individual characteristics were not statistically significant predictors of ANC quality. However, higher competency, older age, and longer experience showed potential protective effects against low-quality care. Non-civil servant status was associated with poorer outcomes. A high intraclass correlation coefficient (ICC = 0.68) indicated that ANC quality is largely determined by Puskesmas-level factors rather than individual midwives.

Conclusions: Improving ANC quality requires system-level interventions—strengthening supervision, leadership, resources, and digital support—rather than focusing solely on midwife knowledge.

Mobilizing Community Health Workers for Equitable Maternal and Neonatal Health Services: Findings from a Rapid Review and Mapping in Nepal

Presented by Deepak Paudel

Background: Community-based primary health care (CB-PHC) is central to achieving Universal Health Coverage and the Sustainable Development Goals. In Nepal, Community Health Workers (CHWs)—both salaried and volunteer—play a vital role in delivering maternal and newborn health services, including nutrition, immunization, antenatal and postnatal care, and newborn interventions.

Methods: A mixed-methods participatory assessment was conducted in mid-2025 across 12 municipalities in Nepal. The study involved a programmatic review, synthesis of reports and health system data, and primary data collection through 96 key informant interviews and 12 focus group discussions. Data collection and analysis were led by independent consultants and UNICEF field staff. Thematic analysis was used for qualitative data, triangulated with quantitative service delivery metrics.

Preliminary Findings: The study revealed wide variation in CHW recruitment, roles, and governance, with no standardized definition across stakeholders. Although CHWs often had formal terms of reference, their actual roles were shaped by local demand, provider discretion, and supervisory guidance. Nationally recognized CHWs had more standardized roles but limited local flexibility. Misalignment between role expectations and local directives led to reduced motivation and higher attrition. CHW activities were inconsistently recorded and poorly integrated into health information systems. Communities valued CHWs for improving access to services, though expectations often exceeded their formal scope.

Conclusion: CHWs are essential for improving maternal and newborn health in Nepal, especially in underserved areas. Their effectiveness depends on systemic support, motivation, and alignment of roles with local contexts. To maximize impact, governments should adopt context-responsive strategies for CHW recruitment and deployment, ensuring sustained service delivery in marginalized regions.

Nurse-Led and Community-Driven Expansion of Immunization Services for Zero-Dose Children in Conflict-Affected Myanmar

Presented By Hein Thura Aung

Context: Children in conflict-affected settings are frequently zero-dose, leading to vaccine-preventable diseases. Reaching them through EPI is a global priority. In Myanmar, the 2021 coup led to the collapse of health systems, including EPI. Attempts to rebuild EPI were largely unsuccessful. The success of a small nurse-led pilot program spurred a significant expansion.

Objectives: Fully immunize (FI) 70% of children within 12 months, using accelerated schedule of BCG, pentavalent, OPV, MMR, and JE vaccines and determine predictors of success.

Methods: A participatory evaluation of a community-based EPI in Karenni State. Quantitative methods included univariate analysis, logistic regression, and cost analysis. Qualitative insights came from group notes, surveys, and a SWOT analysis.

Findings: Vaccines were imported from Thailand under a cold chain. Of 235 sessions planned at 12 sites, 18% were canceled due to stockouts, conflict, or access difficulties. Of 10,955 children enrolled, 5,606 (51%) were zero-dose (74% of under 1 year of age and 17% of those aged 1 to 5 years). Of 2,034 zero-dose children followed for 12 months, 20% achieved FI. Without protocol violations (delay of MMR2 until 18 months of age), an additional 45% would have been FI. Among under-immunized children, 70% reached FI (84% if excluding MMR2). Older age at first visit, accelerated schedule, and consistent attendance predicted FI. Due to insufficient funds for only 6 of 11 EPI vaccines and the high costs of purchasing and administering these vaccines, the price per FI child was $158, ~ four times UNICEF's benchmark. The SWOT analysis found that success was attributed to nurse and community leadership, accelerated schedules, and external funding. Challenges top-down coordination by intermediate organizations, protocol deviations, weak governance, stockouts, access barriers due to conflict, terrain, and fragmented coordination.

Conclusions: This was the first large-scale EPI in post-coup Myanmar. Coverage and cost-efficiency fell short of global standards, yet gains were substantial. Future efforts must strengthen logistics, governance, coordination, and maternal trust, while rigorously documenting methods. Ultimately, ending the civil war remains the only durable solution for Myanmar's zero-dose crisis.

Community Health Worker Convergence for Last-Mile Maternal and Child Health Delivery: Evidence from the AAA Platform in India

Presented by Keshav Sahani

Background: In rural India, three cadres of Community Health Workers (CHWs), namely ASHA (community mobilisation), ANM (maternal and child health services) and Anganwadi Worker (nutrition and early childhood care), serve the same households but often operate in silos. This leads to gaps in service coverage, incomplete records, and missed follow-ups for high-risk mothers and children. The Antara Foundation's AAA Platform addresses this by institutionalising convergence and establishing a unified, system-aligned process for joint planning and accountability. Using simple yet effective tools such as village maps, synchronised household registers, and due lists, the three cadres convene monthly meetings to review shared data, identify service gaps, and prioritise high-risk pregnancies and malnourished children for follow-up and referral.

Methods: A mixed-methods study (across 800 CHWs in the state of Madhya Pradesh, India) was conducted to assess the effectiveness of the AAA Platform in improving CHWs' skills and knowledge, quality and coverage of healthcare service delivery, data management and beneficiary tracking, and beneficiary engagement with healthcare services.

Findings: Results show that over 75% of CHWs under the AAA Platform reported improved beneficiary coverage, 84% could identify high-risk pregnancies on time, and 90% of ANMs referred cases, compared to 64% in control areas. CHWs' confidence in synchronised data improved (74% vs. 58%), and 85% of them reported stronger coordination. Supervisors and CHWs highlighted reduced duplication of work, increased accountability, and improved role clarity. A separate lean data study recorded a Net Promoter Score of 83 from supervisors, and 93% of CHWs reported that no comparable mechanism exists elsewhere. The AAA Platform has measurably strengthened equity, accountability, and last-mile service delivery. It has already been scaled across the state of Rajasthan (46,000 villages) in northern India and is currently operating in over 6,000 villages in Madhya Pradesh, central India, making it a proven, CHW-led model for health systems strengthening in vulnerable contexts.

Enhancing Childcare Outcomes by Integrating Grandmothers Through Community Health Workers

Presented by Sambo Lay

Background: Malnutrition remains a major concern in Cambodia, with acute malnutrition at 10% and stunting at 22% (CDHS 2021). High rates of parental migration have led to a growing number of grandmothers serving as primary caregivers, creating a common phenomenon of skip-generation parenting. This places heavy responsibilities on elderly women already facing poverty and limited resources. To address this, since 2023, World Vision Cambodia (WVC) has implemented the Grandmother Inclusive Approach (GMIA) in coordination with local health authorities.

Methods: A total of 81 Community Health Workers (CHWs) were recruited and trained across five provinces to engage grandmothers as key caregivers and influencers in maternal, infant, and young child nutrition (MIYCN) and Early Childhood Development (ECD). In 2024, 8,822 grandmothers were mobilised into small learning groups of 10–12 members and participated in monthly behaviour change sessions focusing on nutrition, responsive caregiving, and self-care. In parallel, 1,094 intergenerational meetings brought together parents, grandmothers, and local authorities to promote shared responsibility in childcare and feeding practices. These meetings, organised with health centers and Commune Committees for Women and Children, strengthened local coordination and community ownership.

Findings: Overall, the initiative engaged 20,983 household members, directly benefiting 10,469 children under five. Between 2023 and 2024, positive changes were observed: minimum dietary diversity improved from 80% to 85%; effective diarrhea treatment rose from 17% to 26%; and exclusive breastfeeding increased from 62% to 63%. Beyond these outcomes, the initiative fostered greater social cohesion and mutual respect between generations. Traditionally, CHWs were trained to influence adult behaviours. Under GMIA, however, they developed new skills to engage elderly caregivers through storytelling, participatory discussions, and case studies. Despite being younger, CHWs earned the trust and appreciation of grandmothers, demonstrating empathy, communication, and leadership in promoting improved nutrition and early childhood care. The GMIA experience highlights the critical role of grandmothers in child health and nutrition, showing that when empowered and supported, they can become powerful agents of change within families and communities.

A.10 - Integrating Mental Health into Community Health Systems: Resilience, Workforce Wellness and Empowerment

Caring for The Carers: Policy Agenda-Setting for Mental Health and Wellbeing for Community Health Workers in Kenya Through Community-Based Participatory Research

Presented by Stephen Mulupi

Background: Community health workers (CHWs) perform essential roles in strengthening primary healthcare systems. They work in difficult environments and volunteer, with inadequate support or pay. The current Kenyan regime has prioritised strengthening community health systems, for universal health coverage, through legal reforms, providing monthly stipends (US$40), electronic health information systems through mobile phones (100,000 CHWs), and kits, and additional responsibilities. This study aimed to examine motivators, mental health stressors and coping mechanisms for CHWs, in Kenya's urban informal settlements of Nairobi, and peri urban context of Kiambu county (2024-2025). Evidence from this study will inform actionable policies for integrating mental wellbeing for CHWs in Kenyan public health system.

Methods: Community based participatory research methods (CBPR) involving CHWs, as co-researchers- Photovoice (n=24), body mapping (n= 40) and life history interviews (n=27); focus group discussions (16, 8 female). Key informant interviews with policy makers at subnational and national level (n=23). Content analysis of data (CBPR), and framework approach, using Nvivo. Findings were validated in three stakeholder workshops. Ethical approval by AMREF, (ESRC P1472).

Findings: CHWs motivations: recognition and government goodwill phones, kits, stipends and positive outcomes of their interventions, and altruism. Key stressors-heavy workloads, perceived discrimination, sexual and gender-based violence (SGBV) at households, adverse unintended consequences of stipends and delayed payments, phone malfunctions, vicarious trauma, environmental stressors- pollution and flooding, household stressors associated with CHW roles. Tension between realities of CHW work, and boundaries.Main coping mechanisms included Intrapersonal talking with peers, emotional outlets like crying, avoidance, prayer, and negative coping like alcohol and drugs abuse. Interpersonal- peer and social networks, and peer pairing to mitigate threats of SGBV.

Conclusion: There are strategic opportunities to enhance CHWs mental wellbeing through reorganization of work processes, enhanced communication, awareness and response to threats, and linkage to mental health care.

Empowering Health Care Workers(HCWs) to Champion Mental Health in Primary Health Care System

Presented by Rebecca Nabirabwa

Introduction: Mental health is a vital component of well-being, yet its low prioritization limits access and quality of care in low- and middle-income countries. Strengthening health care workers (HCWs) provides a practical pathway to integrate mental health into primary health care (PHC). The WHO Mental Health Gap Action Programme (mhGAP) positions HCWs at the forefront of PHC to detect, prevent, and provide first-line care for common mental disorders. However, most HCWs lack the necessary skills and resources to fulfill this role.

Objectives: (1) Describe how StrongMinds Uganda integrates mental health within PHC using the WHO-recognized Group Interpersonal Psychotherapy (IPT-G) model. (2) Assess the impact of HCW capacity building on early identification, management, and referral of clients with depression. (3) Highlight lessons learned and challenges in sustaining mental health integration within PHC.

Findings: StrongMinds has scaled depression screening, early detection, and treatment in Uganda's PHC units through IPT-G. To date, 110 HCWs and 1,172 Village Health Teams (VHTs) have been trained, supporting over 300,000 clients to recover from depression. Capacity building strengthened mentorship and supervision roles, improving early identification and integration of mental health into PHC. However, the withdrawal of USAID funding created staff shortages and increased workloads, threatening sustainability.

Impact: Implementation improved HCWs' knowledge, confidence, and skills, with higher case identification and service uptake across outpatient, maternity, and HIV/AIDS clinics. Communities reported reduced stigma, greater trust in PHC, and more willingness to seek care. Continuous Medical Education (CME) sessions further enhanced case detection and service delivery.

Conclusion: Empowering HCWs to champion mental health in PHC is a scalable and sustainable approach to close the treatment gap for common mental disorders. Embedding mental health into routine care promotes resilience, equity, and community-centered health systems.

Mental Well-being and Resilience Among Community Health Workers: Lessons for Strengthening Primary Health Care (PHC) Service Delivery in Rural Bangladesh

Presented by Ranjan Koiri

Background: Community health workers (CHWs) have historically played a critical role in providing Primary Health Care (PHC) services in Bangladesh. Their mental well-being directly affects their ability and efficiency to provide services. However, evidence on CHWs' mental well-being and resilience capacity remains limited.

Objective: To assess mental well-being and resilience of CHWs in selected districts of Bangladesh, with a focus on identifying work-related stressors that predict poor well-being to inform strategies and interventions that support their role in delivering quality PHC services.

Methods: A cross-sectional survey was conducted between March and May 2025 among 844 randomly selected CHWs employed by the Government and an NGO from Mymensingh and Barisal districts of Bangladesh. Mental well-being was measured using WHO-5 well-being index, where a score <50 was considered indicative of poor mental well-being. While, CD RISC-10 scale was used to measure resilience at a continuous scale, with higher values indicating better resilience capacity. Multiple logistic regression was performed to examine the predictors of mental well-being.

Result: The prevalence of poor mental well-being among CHWs was 30%, higher among women (32%) than men (24%). Multiple logistic regression, adjusted for area of residence, age, sex, religion, educational status, marital status, and years of experience of CHWs, showed that work-related stressors emerged as key predictors of poor mental well-being among CHWs. CHWs reporting personal/professional challenges had over twice the odds of poor well-being (OR 2.78), while unmanageable workload (OR= 1.83), equipment/logistics shortage (OR= 1.59), barriers to work due to gender identity (OR= 1.84), and emotional abuse experienced from the community (OR= 1.84) were also strongly linked to poor mental well-being. Higher resilience was identified as a protective factor (OR= 0.87).

Conclusion: CHWs experience a high burden of poor mental well-being, strongly shaped by work-related stressors. Interventions focusing on psychosocial support and creating a better workspace could improve CHWs' well-being and are critical for ensuring sustainable PHC service delivery. Policymakers must prioritize CHW mental well-being as a foundation of health system performance.

Caring for the Care Providers: Co-designing Mental Well-being Interventions for Community Health Workers (CHWs) of Bangladesh

Presented by Nazia Islam

Background: Bangladesh has one of the largest and most enduring community health worker (CHW) programmes globally, with over 130,000 CHWs, predominantly women, from government and NGOs, serving over 100 million people. They have been the key to improving immunisation, maternal and child mortality and expanding COVID vaccination. Despite their critical role, their own health, especially mental well-being, has been largely neglected.

Methods: Through the SHINE implementation research project, we applied a systematic participatory process to co-design a mental well-being package for the CHWs in four upazilas of two districts, focusing on both public and NGO cadres, aiming to improve their mental health and enhance the quality of care they provide. The steps included- 1) exploring the factors affecting their mental well-being, using community-based participatory research (CBPR) methods, 2) co-analysing findings, creating enabling platforms for dialogues among CHWs, supervisors and stakeholders, to raise awareness, improve understanding, and strengthen CHW-supervisor relationship, 3) jointly identify, and prioritise feasible, low-cost, context-specific intervention, 4) forming an CHW-led intervention design team, to design the package, oversee implementation, monitor outcomes and suggest modification following a plan-do-check-action cycle, and 5) capturing lessons, assessing scalability, and finalising the package using process documentation, participatory observation, interviews, case stories, surveys, and outcome synthesis.

Findings: This participatory approach created an enabling space for CHWs to articulate their mental health concerns, enhanced communication with supervisors, and sensitised stakeholders to their stressors. The package aims to increase mental health awareness, strengthen coping strategies and provide better institutional support. The co-created well-being package would improve the supervisor-CHW relationship, promote better teamwork, and heighten social cohesion, while improving the quality of care without burdening the health system. Importantly, the process would open doors with policymakers, with the potential to inform policy and institutional reforms that reduce systemic stressors and promote a healthier and more supportive workplace for CHWs.

Empowering Community Health Workers to Deliver Integrated Behavioral Interventions for Mental Health and Non-Communicable Diseases (BECOME): A Type II Hybrid Implementation–Effectiveness Trial in Nepal

Presented by Jyoti Nepal

Background: Community health workers (CHWs) are central to strengthening primary health care and equity in resource-limited settings. In Nepal, common mental health conditions (CMHCs) like depression and anxiety often co-occur with non-communicable diseases (NCDs) such as hypertension and diabetes, driven by shared behavioral risk factors. Although evidence-based strategies like stress reduction, behavioral activation, and motivational interviewing are effective, they are rarely scaled in low- and middle-income countries. To address this gap, we adapted the BECOME (Behavioral Community-Based Combined Intervention for Mental Health and NCDs) program for delivery by CHWs. By strengthening their skills, confidence, and support, CHWs are empowered to provide integrated behavioral care, bridge service gaps, and extend community-based health services.

Objective: This paper shares early insights and strategies to strengthen CHW delivery of the BECOME intervention.

Methods: This study is part of a larger stepped-wedge cluster randomized controlled trial across 20 clusters in two municipalities, enrolling 700 adults aged ≥40 years with co-existing CMHCs and NCDs. Recruitment began in July 2024 and is ongoing. CHWs received six days of competency-based training in stress reduction, behavioral activation, and motivational interviewing, along with weekly supportive supervision. Outcomes include acceptability, feasibility, and adoption, assessed through focus groups, quarterly CHW surveys, and interviews with patients and primary care providers.

Results: Preliminary findings show strong community acceptance but also challenges with recruitment, logistics, and participant expectations of incentives. High CHW turnover disrupted service continuity. To address these, we engaged municipalities for corrective communication, introduced motivational measures, and strengthened supervision to sustain delivery and manage community expectations.

Conclusion: Proactive communication, local support, supportive supervision, and motivational measures were critical in enhancing CHWs' capacity and confidence to deliver the BECOME intervention. These early lessons inform future efforts to sustain and scale integrated behavioral interventions in similar settings.

Community Health Promoters and Youth Psychosocial Wellbeing in Nairobi's Informal Settlements: A Community-Based Participatory Study in Korogocho, Kenya

Presented by Clement Oduor

Introduction: Youth in Nairobi's informal settlements face profound mental health challenges exacerbated by poverty, violence, and limited services. Community Health Promoters (CHPs) are a frontline resource, yet their role in bridging mental health service gaps for youth is poorly documented. The objectives of this study were to: (i) explore the perceived role of CHPs in supporting youth mental well-being; (ii) examine youth's perceptions of existing psychosocial services; and (iii) identify barriers and collaboratively generate strategies to overcome them.

Methods: We employed a community-based participatory research (CBPR) approach. We administered 12 transect walk interviews and a group discussion with the transect walk team, and eight focus group discussions (FGDs) with 51 youth (employed, in school, and those not in employment, education, or training (NEET)) and four FGDs with 24 CHPs. Study participants were purposively selected. We engaged stakeholders, including youth and CHPs as co-researchers, community leaders, and health authorities, to identify linkages between CHP roles and mental health support. Data were transcribed and thematically analyzed using NVivo.

Results: Our findings reveal CHPs perform critical functions: identifying and referring at-risk youth, reducing stigma, providing education, and offering basic emotional support. However, effectiveness is hampered by confidentiality breaches, a generational gap, lack of youth trust, stigma, unrealistic expectations, and cultural barriers.

Conclusion: CHPs are an essential yet under-optimized bridge to youth mental health. To realize their potential, programs must move beyond training to a dual investment: 1) in youth-co-designed models that rebuild trust and bridge the generational gap, and 2) in dedicated well-being support for CHPs. This participatory approach is crucial for developing a sustainable and equitable intervention model for transforming mental health outcomes for vulnerable youth.

Body Mapping the Intersecting Axes of Motivations and Stressors Community Health Workers (CHWs) Experience and the Implication for their Mental Well-being in Rural and Urban Informal Settlements in Kenya

Presented by Maheeshi Nilupul Janapriya

Background: The Kenyan government enacted the National Community Health Services Bill (CHS Bill, 2023) which launched a nationwide electronic Community Health Information Systems (e-CHIS) and codified CHWs' remuneration. However, pilot interventions of digitizing Community Health revealed that the CHWs experienced complexities exacerbated among female CHWs.

Methods: We map the intersecting axes of CHWs' stressors and motivations of remuneration and digitization of Community Health Services and implications on mental wellbeing. Body mapping workshops engaged 40 CHW coresearchers in creating body maps over four 3-hour sessions, followed by focus group discussions (n= 4). Audios were transcribed verbatim and transcripts thematically analyzed. Body maps were subjected to visual and content analysis.

Findings: Most CHWs experienced motivations categorized as (i) intrinsic based on feelings of satisfaction from government recognition and (ii) extrinsic based on the appreciation for the newly introduced USD 50 remuneration. While both male and female CHWs reported frustrations due to insufficient and irregular stipends, female CHWs reportedly experienced exacerbated emotional stress due to the double burden of intrahousehold demands and CHW responsibilities. Conversely, most male CHWs experienced heightened pressure for monetary support inflicting discomfort and pain. Some CHWs felt that the introduction of remuneration had contributed towards complex new tasks which they perceived as risky. CHWs felt the digital devices made work easier and increased their confidence. They felt dignified by the increased interconnectedness and real time supervision, but some advanced in age felt anxious due to limited technical skills manifesting as difficulty in navigating household report submission. The coping mechanisms adapted were in the form of structured and unstructured peer support groups. These findings provide vital perspectives from key health care workers (CHWs) who are too often negated in global health policy and practice.

A.11 - From Data to Delivery: Community Health Workers Advancing Maternal and Child Health, Immunizations and Disease

Strengthening Primary Health Care Through Community Health Workers: Lessons from the First 1000 Days Project in Remote Laos

Presented by Adweeti Nepal

Background: In remote villages of Sekong and Phongsaly provinces of Lao PDR, women and children face persistent barriers to access healthcare, including geographic isolation, gender-social norms, and limited health awareness. To address this challenge, CARE International in Lao PDR, through the First 1000 Days Project (2020–2023), positioned community health workers (CHWs), particularly Village Health Volunteers (VHVs), at the center of advancing reproductive, maternal, newborn, and child health (RMNCH).

Methods: CARE strengthened CHWs with structured training, supportive supervision, and tools to deliver health education, promote safe practices, and counsel women on nutrition and family planning. The Mother Healthy Baby Strong guide enhanced their capacity for social behavior change communication, serving as a practical toolkit for community awareness activities. Interventions were reinforced through gender-sensitive approaches such as drama shows, peer groups, IEC materials, household visits, and community dialogue. Additional support included provision of medical equipment and digital health solutions to strengthen local systems.

Results: An endline both quantitative and qualitative evaluation, including a household survey (n=875), FGDs (20), KII (13) demonstrated significant impact. CHWs emerged as trusted agents of change, driving improvements in health behaviors and service utilization. Antenatal care coverage increased to 89% at endline from 70.5% in baseline, and skilled birth attendance both increased across project areas skilled: 52% to 71%), while early breastfeeding practices strengthened to 81%. The family planning services use reached up to 60.5% than 38% in baseline. More than 90% of women expressed satisfaction with providing family planning services. The project also fostered women's leadership, exemplified by CHWs like Ms. Tik Savanah, who transitioned from beneficiary to volunteer, inspiring others through knowledge-sharing and health advocacy.

Conclusions: This experience from Laos underscores the vital role of CHWs in strengthening primary healthcare in fragile and low-resource settings. Investing in their capacity and recognition enhances maternal and child health, fosters women's leadership, and advances equitable and resilient health systems.

Improving Access to Equitable Health Services for Children Under Five and Women in Conflict Affected Communities of South Sudan

Presented by Jamshed Khan

Background: Access to equitable, quality vital sexual reproductive health (SRH) services are essential contributions to adolescent health which in turn determines their employment prediction, economic wellbeing and ability to reach their potential. In 2019 Malaria Consortium started a multi-year Community Health (CH) programme including gender, equity and social inclusion services in South Sudan to address barriers that prevent children, women, girls and marginalized communities accessing health services. The CH programme provides training, resources, and supervision to enable health workers to deliver high-quality services. Training includes topics such as integrated community case management, gender-based-violence (GBV) and SRH rights. Health workers are supported with training, guidelines and job aids, supervision, incentives, drugs, supplies, equipment and dignity materials (soap, underwear, and sanitary pads) for anyone seeking family-planning and counselling services. The programme supports existing community structures, church, women leaders and other key community-members.

Findings: The programme reached 4558 persons with SRH rights messages. This resulted in increased awareness of GBV prevention and access to SRH services among 1124 school-aged children. Out of 331946 targeted children under five, the programme treated children, 99,993 for diarrhoea, 140,337 for pneumonia and 335,793 for malaria (p-value <0.0001) and service utilization rate of 1.4. The programme conducted 2.3 million community health sessions, screened 499,057 for malnutrition, 13,756 women were for antenatal care and 3496 received postnatal care. By providing holistic community health services and utilizing existing structures like community health workers and already established community leaders to advocate SRH increases sustainability and easy acceptance of the programme. By increasing awareness of the community about health and SRH and training and resourcing health workers to provide iCCM and SRH services the programme has provided a conducive environment for children, women and girls to access these essential services.

Collaborative Capacity Building to Enhance CHWs' Role in Maternal, Newborn, and Child Health Service Delivery

Presented by Thabisa Bobo

Background: Community Health Workers (CHWs) are essential providers of maternal, newborn, and child health (MNCH) services in South Africa's Eastern Cape province. Despite their critical role, CHWs face ongoing challenges such as limited training, inadequate support, and high turnover. From 2016 to 2023, One to One Africa (OTOA) implemented a successful community-based MNCH model across 38 villages, reaching over 6,000 women and children via 30 trained CHWs. Building on this, OTOA partnered with the Eastern Cape Department of Health (ECDoH) in 2024 to bridge capacity gaps within the Ward-Based Primary Healthcare Outreach Teams (WBPHCOTs), aiming to integrate and scale the model within public health systems.

Activities: The partnership began with co-developing a comprehensive training curriculum that combined OTOA's maternal and child health expertise with early stimulation and early childhood development components. The curriculum was externally reviewed for technical accuracy and refined by learning design specialists for adult education suitability. Implemented through the Department of Health's cascading training model, OTOA trained 30 Master Trainers—professional nurses within the public system—who subsequently trained 85 Outreach Team Leaders (OTLs) and Health Promoters across eight sub-districts. These cadres are now equipped to train over 3,000 CHWs province-wide, with ongoing mentorship and technical support provided by OTOA.

Findings: This initiative is ongoing and while larger evaluation is yet to be conducted, early evaluations show improved knowledge retention, greater confidence in delivering MNCH messages, and enhanced integration of early childhood development in outreach efforts. The cascading model demonstrates promise as a sustainable, system-embedded training infrastructure.

Implications: This collaborative effort presents a scalable model for strengthening the MNCH workforce through structured training, mentorship, and system integration. Alignment with ECDoH structures supports sustainability, and the inclusion of early childhood development addresses a critical competency gap in CHWs. Challenges such as limited trainer availability, bureaucratic delays, and lack of full-time Master Trainers underscore the need for continuous coordination and adaptability. As the final phase targets 3,000 CHWs, this initiative offers key lessons for professionalising and retaining frontline health workers in low-resource settings.

Community-Based Delivery of Life-saving Maternal and Newborn Health Interventions in Vulnerable Ethiopian Communities: Lessons from Implementation Research

Presented by Gizachew Tadele Tiruneh

Background: In Ethiopia, women in remote agrarian and pastoralist regions face major barriers to accessing timely, quality maternal and newborn health (MNH) services, leading to high rates of home births and preventable mortality. This study evaluated the reach, safety, fidelity, feasibility, acceptability, and health system integration of community-based MNH interventions delivered by Village Health Leaders (VHLs).

Methods: A mixed-method process evaluation was conducted in selected woredas, where VHLs were trained to deliver misoprostol for postpartum hemorrhage prevention, chlorhexidine for umbilical cord care, iron-folic acid (IFA) for anemia prevention, and postpartum family planning counseling. Quantitative monitoring data were triangulated with qualitative findings from interviews and focus groups with mothers, health workers, and community leaders.

Key Findings: The intervention reached about 4,000 pregnant women, with high uptake of life-saving services. Among home births, over 90% of women used misoprostol correctly and nearly all applied chlorhexidine. VHLs adhered strongly to protocols, engaged communities effectively, and facilitated timely referrals. Acceptability was high, attributed to VHLs' cultural competence and community trust. Challenges included supply shortages, lack of incentives, and weak referral feedback. Despite these, the model improved access, advanced equity, and did not discourage facility-based deliveries.

Implications: Community-based delivery of life-saving MNH interventions by VHLs is feasible and acceptable in underserved settings. By extending reach, improving continuity of care, and reducing access barriers, the model strengthens primary health care systems. For sustainability, stronger supervision, reliable supplies, and tailored approaches for pastoralist populations are needed. Findings support integrating trained community volunteers into national MNH strategies to reduce preventable maternal and newborn deaths.

Community-Based Epidemiological Surveillance: A Community Health Workers-Led Strategy to Strengthen Primary Health Care in Sikasso, Mali between March and December 2024

Presented by Birahim Yaguemar Gueye

Background: The Sikasso region of Mali faces recurrent epidemics, underscoring the urgent need for early detection and rapid response mechanisms. This motivated the health authorities' choice of this pilot locality as a study setting for community-based epidemiological surveillance activities, placing the CHWs at the center of the strategy due to their proximity to and trust within local populations.

Objective: To document the role of CHWs in implementing SEBAC, assess their contribution to strengthening primary health care (PHC), and highlight key achievements, challenges, and future priorities.

Methods: CHWs across all seven districts of Sikasso were trained on the SEBAC surveillance package and equipped with smartphones to transmit coded SMS alerts. Data was sent to district health teams, validated in the SEBAC database, and analyzed using A power Manager and Excel.

Results: A total of 1,084 community platform members, including 543 CHWs, were trained and equipped, facilitating the transmission of 18,626 SMS out of 65,160 expected (completeness: 29%) and 41,300 timely SMS (promptness: 63%). This process enabled the early detection of 253 alerts (39 disease cases and 214 events). These results demonstrate improved community engagement, timely alert reporting, and enhanced access to primary care services. However, challenges remain in training consistency, logistical support, and sustaining CHW motivation.

Conclusion: CHWs play a pivotal role in the success of SEBAC and the resilience of PHC in Sikasso. Their involvement has strengthened epidemic preparedness and community-level health response. Sustaining these gains will require continued capacity building, improved logistics, and long-term motivation strategies.

Leveraging Predictive Analytics to Identify Zero-Dose and Missed Children Through Community Health Workers (CHWs) in Uganda

Presented by Pearl Eunia Musana

Context: Despite gains in immunization, many rural Ugandan children still miss routine vaccines due to distance, poverty, myths, and hesitancy. CHWs are vital but often use broad outreach. Living Goods piloted a machine-learning model to flag high-risk children, enabling CHWs to target households and improve follow-up

Objectives: (1) To develop and refine a predictive analytics algorithm to accurately identify children under five most at risk of missing immunization schedules, leveraging multi-dimensional demographic and health data. (2) To integrate precision targeting insights into CHW workflows to enable efficient, data-driven outreach and reduce missed opportunities for vaccination in underserved communities. (3) To generate evidence and implement learnings to inform scalable, government-led strategies for strengthening immunization equity and optimizing primary health care delivery.

Methods: A machine-learning model using over one million child health records (2019–2023) analyzed risk factors like household wealth, maternal care, and access to facilities. It was refined in phases: development and testing, ground-truth validation with 75 households, and a pilot with 26 CHWs. Mobile alerts flagged high-risk households for follow-up.

Findings: The pilot showed that predictive analytics improved immunization outreach by accurately flagging defaulters and saving CHWs time. In Mayuge, the algorithm reached 68% accuracy vs the 78% desk accuracy, with defaulters largely linked to poverty and low maternal health service use. Field deployment led to 112 referrals and 36 completed vaccinations, though activity dropped in December due to CHW transitions. Beyond distance, socio-cultural barriers also affected uptake, but CHWs noted that micro-targeting made follow-up more efficient and better aligned with outreach schedules

Conclusion: The study showed that predictive analytics can enhance CHW efficiency in identifying and prioritizing under-immunized children, improving follow-up and completion rates in low-resource settings. It demonstrated the feasibility of embedding machine learning within Uganda's eCHIS while underscoring the need for stronger community engagement, reliable supply chains, and digital infrastructure. National scale-up could accelerate universal immunization coverage and strengthen primary health care for vulnerable populations

CHWs have Maximized the Vaccination Coverage in the Cox's Bazar Rohingya Camps, Bangladesh

Presented by Md Abul Bashar

Context: Rohingya population, sheltered in the Cox's Bazar, Bangladesh camps, were compounded by rumors, misconceptions, and stigmas regarding vaccination. Recurrent outbreaks of dengue, measles, diphtheria, influenza in the camps have further created gaps in vaccination coverage. Community Partners International (CPI) health program have introduced Community Immunization Volunteer (CIV) within Community Health Worker (CHW), in camp 1W and camp 4. Between 2021 - July 2025, several vital vaccination campaigns were arranged involving CIVs and witnessed a significant improvement (target vs achievement).

Objective: To explore what CHW roles have enhanced the CPI's remarkable vaccination coverage. The findings would allow policy makers and partners to adopt the proven best practices and lessons learned to maximize their vaccination initiatives.

Methodology: The study involves analysis of a quantitative database from CPI's vaccination campaigns between 2021-2025, relevant secondary document review, and interview of the CIVs. The data analysis technique adopted descriptive statistics in SPSS for quantitative data and thematic coding of qualitative data using Dedoose software.

Results and Findings: CIVs selected vaccination sites through joint assessment, arranged sensitization meetings, awareness raising and group counseling sessions with the community, accompanied the beneficiaries to the vaccination sites, monitored absent patients, and followed up. The achievement of the campaigns has thus been at least from 90% to 110% compared to the target since 2021. Most successful vaccination campaigns include bivalent oral polio (boPV) 1 & 2, Human Papillomavirus (HPV) and Oral Cholera Vaccination (OCV) 1 & 2 in 2024 and 2025 with an achievement rate over 100%. Although new influx has had an impact on this over achievement, the CHWs have systematically tracked newcomers to bring this commendable success alongside robust team work, close cooperation with relevant actors, motivational promo items influenced the overachievement of the targets.

Conclusion: Highlighting the best practices and lessons learned through CHW's involvement in vaccination campaigns, the study showcases the leadership capacity of CHW in terms of increasing immunization coverage and reducing the risk of any disease outbreaks in complex settings.

Enhancing capacity of Community Health Workers on Antimicrobial Stewardship in Wakiso District, Uganda

Presented by Filimin Niyongabo

Background: Antimicrobial resistance (AMR) poses a critical public health threat, particularly in low- and middle-income countries where community-level practices significantly influence drug use. To address this challenge, Makerere University (MAK) in partnership with Nottingham Trent University (NTU) and Buckinghamshire NHS Healthcare Trust (BHT) has implemented a capacity-building initiative targeting Community Health Workers (CHWs) in Wakiso District, Uganda since 2019.

Objective: To enhance CHWs' knowledge and practices on AMR, antimicrobial stewardship (AMS) and Gender Equality and Social Inclusion (GESI) using a One Health approach.

Methods: Between 2020 to 2025, over 1,000 CHWs have been trained in AMS through interactive sessions incorporating demonstrations such as the glow gel handwashing experiment, role plays, and group discussions. Pre- and post-training surveys assessed knowledge and attitudes on causes of AMR, misuse of medicines in humans and animals, gender and social inclusion, and substandard and falsified medicines.

Results: Findings revealed substantial improvements in CHWs' understanding and attitudes on AMR and AMS. Many participants acknowledged previous undesirable practices, such as medicine sharing and inappropriate use of veterinary drugs, and committed to adopting stewardship behaviours such as adhering to prescriptions, practising proper hand hygiene and safely disposing of expired or unused medicines. This initiative demonstrated that training CHWs can shift community-level perceptions and practices on AMR, positioning them as vital agents in promoting responsible antimicrobial use.

Conclusion: These findings highlight the importance of integrating CHWs into AMR containment strategies and call for scale-up of similar interventions across Uganda and beyond.

POSTER PRESENTATIONS

Bridging the Gaps: Reaching Vulnerable Communities with CHWs

P.01 - Strengthening Child Health Services in African Post-Crisis Settings through Community-Based Screening and Referral: Insights from Liberia's Community Health Promoters Program

Presented by Dr. Lucia M. Mupara

Background: Enhancing service delivery is vital for health system development in Africa's post-crisis urban areas, where health disparities and delayed care access present challenges. CHWs conduct household screenings, referrals, and service linkages. Their impact is key to urban health systems' resilience.

Objective: To assess CHWs' contribution in strengthening service delivery through community-based screening and referral for diarrhea, cough, fever, malnutrition, and vaccination uptake among children in Harper City.

Methodology: A retrospective analysis used CHW referral records from 27 communities of Harper City from January 2023 to December 2024. Data were collected routinely through referral reporting forms used by CHWS during their daily household visits. Data included immunization status, screening results, referral type, and demographics. Using the community as proxy, the analysis evaluated: (1) total children screened; (2) mean children screened per CHW; (3) frequencies and proportions of referrals for vaccinations, diarrhea, cough, fever, and malnutrition; and (4) periodic trends to detect seasonal variations in conditions and service uptake. Descriptive statistics were calculated, and inferential statistics like time-series aggregation by month was performed to explore seasonality and shifts in service uptake.

Results: 3760 children were screened, resulting in 3,347 referrals, with a mean of 115.4 children per CHW/community, as a result of CHW presence in the households at different points in time. Fever was most common (30.4%), followed by cough (18.8%) and diarrhea (4.2%). Malnutrition referrals were 3.4%, while vaccination referrals comprised 54.0% of screenings, highlighting CHWs' role in linking children to preventive services. Statistical evidence that CHWs contribute differently across communities. Periodic trends showed seasonal variations, with fever showing largest fluctuations, followed by cough and diarrhea. Screening and referral efforts increased continuously, while vaccine uptake showed regular outreach and seasonal declines.

Conclusion: CHWs strengthen service delivery in Harper City through community-based screening, referral, and vaccination services. Their activities reveal patterns in childhood illness and service utilization, highlight seasonal disease variation, and demonstrate the potential for CHW-led interventions in urban African health systems and support policies for community-based service delivery models.

P.02 - Advancing Universal Health Coverage through the Inclusion of People Living with Disabilities in the Community Health Workforce

Presented by Melody Kalombo

Background: Achieving Universal Health Coverage (UHC) requires inclusive community health systems that effectively reach vulnerable populations. In Zambia, Community Health Workers (CHWs) play a vital role in extending essential services to underserved communities. While the country has made strides in professionalizing CHWs through structured support, remuneration, and supervision, a critical gap remains—the exclusion of people living with disabilities (PLWDs) from CHW roles. This study explores barriers and opportunities for integrating PLWDs into Zambia's CHW workforce.

Method: A mixed-methods approach will be employed, including a desk review of policy frameworks, qualitative interviews and focus group discussions with stakeholders, quantitative surveys, and comparative case studies from countries with inclusive CHW models. Data will be analyzed using thematic and descriptive statistical methods, and findings validated with key stakeholders. Expected outcomes include: (1) identification of systemic and social barriers to PLWD inclusion, (2) policy recommendations to support inclusive CHW programs, and (3) evidence of how PLWDs can enhance service delivery and health equity.

Implications: This research advances the UHC and SDG agendas by positioning PLWDs not only as recipients of care, but as empowered agents in bridging gaps in community-based healthcare.

P.03 - From Household to Hope: Bridging Gaps for the Vulnerable through Community Health Promoters in Kenya

Presented by Jane Wairimu Kahura

Background: Community Health Promoters (CHPs) are the essential link between vulnerable populations and healthcare systems. In Kahawa Wendani, the smallest Ward in our County,yet it is an undeserved area without a government health facility,CHPs like myself have become the first and sometimes only line of support for Households facing extreme poverty, neglect, and gender-based violence. This abstract highlights how CHPs have bridged health access gaps by providing home-based care, identifying GBV,and child neglect cases,linking families to health and social services, and advocating for inclusive policies.

Methods: Using a case-based approach, I share real life stories; from rescuing children locked indoors due to neglect, to responding to teenage sexual abuse cases,and confronting the silence around alcoholism. I also outline how strategic partnerships with local leaders, private health facilities, faith based groups, and civil society have increased referral efficiency and visibility of CHPs.

Results: Our role in advocacy has pushed for better representation of community health at both the National and County levels. The presentation offers insights into barriers CHPs face,including limited resources, burnouts, and lack of remuneration. It calls for a greater investment in CHPs, not just as health volunteers, but as catalysts for systemic change.

P.04 - Role of Community Health Workers Raising Awareness and Promoting Preventive Action on Cervical Cancer among the Most Marginalized in Rural Cambodia

Presented by Ratanakvisal Chean

Background: Cervical cancer remains one of the leading causes of cancer-related deaths among Cambodian women. Marginalized and remote communities continue to face barriers to screening and vaccination. Community Health Workers (CHWs) serve as essential links between formal health services and underserved populations. This study examines CHWs' contribution to raising awareness and promoting preventive action on cervical cancer, assesses the feasibility and acceptability of HPV self-sampling, and identifies effective community engagement strategies through CHW–health-centre collaboration.

Methods: A mixed-methods design was implemented across three northern provinces. Quantitative data from a Knowledge, Attitudes, and Practices (KAP) survey were analyzed using Stata. Qualitative data from in-depth interviews and focus group discussions were coded thematically with NVivo 16. Additional components included referral-system assessment and an HPV self-swabbing pilot. Exit interviews with participating women assessed feasibility, satisfaction, and intention to recommend the approach.

Findings: Preliminary findings indicate strong community acceptance. Among surveyed women, 80.37 % had heard of cervical cancer, 44.36 % knew it is preventable, and 91 % were willing to be screened. Of 260 women who performed HPV self-swabbing, 66.5 % rated the experience good and 33.5 % excellent. All expressed satisfaction with the organization and counselling— 54.6 % were strongly satisfied and 45.4 % extremely satisfied. Only one respondent declined to repeat the process, while 99.2 % would encourage others to self-swab.

Conclusion: Three key CHW contributions emerged: (1) Trusted Messengers – communicating in local dialects and culturally resonant ways increased credibility and understanding; (2) Feedback Catalysts – conveying community insights helped tailor interventions; (3) Behavioral Role Models – CHWs normalized preventive behaviors by undergoing screening themselves. Meaningful CHW engagement requires training, trust-building, and coordination with health facilities. Recognition by authorities enhances motivation and credibility. Integrating HPV self-sampling and vaccination promotion into CHW outreach broadens access, strengthens community ownership, and accelerates cervical-cancer prevention among marginalized women in Cambodia.

P.05 - Reevaluating Gaps and Strengthening Support Strategies for Internally Displaced Populations (IDPs) in Southeastern Myanmar Post-Military Coup: A Qualitative Study

Presented by Hein Minn Tun

Background: Following the Military coup in 2021, Myanmar faced a severe humanitarian crisis. International and local civil society organizations, funded by donors from the US, Japan, the EU Commission, and others, have provided critical aid, but shifting global priorities and funding shortages have left many vulnerable. The UNHCR reports that only 12% of Myanmar's humanitarian response plan is funded, a situation worsened by recent USAID funding freezes. Dependence on external assistance reflects the absence of structured support systems for IDPs in prolonged crises, increasing their vulnerability. This study examines the gaps in existing support mechanisms and proposes strategies for strengthening humanitarian interventions.

Methods: This qualitative study, using purposive and snowball sampling, in-depth online and in-person interviews were conducted with 13 IDPs and 10 members of the IDP support network.

Findings: Thematic analysis revealed that aid primarily addresses immediate needs, including food, multipurpose cash, and individual capacity-building programs, but coverage is insufficient in scale and duration. Host communities are often neglected, and weak collaboration leads to ineffective needs assessments. IDPs expressed a strong desire for economic self-sufficiency, highlighting the importance of livelihood programs and inclusive, multi-stakeholder coordination to reduce dependency on external aid.

Conclusion: Although the study has limited generalizability, translation bias and lack of quantifiable needs of IDPs, these proposed strategies linked with Maslow's Hierarchy of Needs will provide a foundation for future humanitarian responses in Southeastern Myanmar. Future research should adopt longitudinal studies across broader geographic areas to better inform national-level policy implementation of IDP support in Myanmar.

P.06 - The Rapid Assessment: Hotline Services for Improving Linkage to Care, Mental Health Support and Psychosocial Counselling for ART Clients

Presented by Myat Thet Nwe

Background: Since 2020, Myanmar Positive Group (MPG) launched "TinePinPhaw" hotline service to provide essential HIV-related support, including counselling, HIV-related health information, and referrals for accessing ART. The hotline service was provided through receiving calls from individuals, with several service interactions, by two hotline counsellors who are PLHIV. In 2024, hotline service providers assisted 4,027 individuals through 4,437 interactions.

Methods: In 2024, MPG conducted a rapid assessment which included desk review of project documents, stakeholder meetings and structured interviews with 57 clients. The assessment aimed to identify factors that significantly affect the project implementation and to generate recommendations for service improvement.

Results: Among 57 respondents, 51% were male, 47% female and 2% others. The most common source of hotline awareness was healthcare workers (63%), followed by social media (29%) and friends (25%). The most requested service was assistance for ART transfer (70%), followed by general HIV-related services (58%), consultation service (35%), referral for HIV testing (30%), services related to sexually transmitted infections (26%), services related to pre/post exposure prophylaxis (19%), services related to tuberculosis infection (18%), services related to COVID-19 (12%). Most users preferred phone calls (82%) and Viber (53%) for communication. The majority of phone calls (37%) were answered within 1-5 minutes and only 16% took longer than 10 minutes to receive a response. While the overall response times were comparable, a slightly higher percentage of messages sent through Viber/Telegram/Messenger took longer than 10 minutes to receive a response (23%) compared to phone calls.The hotline provided valuable information especially to displaced persons who need ART continuation in new places due to conflict situation. "This service is essential for us as peers living with HIV. I sincerely hope it continues." Female Client.

Conclusion: “TinePinPhaw” This service model has become an essential component of support networks, especially for those who have limited access to in-person services.

P.07 - Bridging Care and Community: Perinatal Community Health Workers Advancing Maternal Health in Atlanta, Georgia (USA)

Presented by Bhumika Piya

Background: Per the CDC, Black women in the US are 3x more likely to die from pregnancy complications than white women due to factors including access to care, underlying chronic health conditions, structural racism and implicit bias. In the Southern US, Black women's maternal mortality rates are 25% higher than the national average. In Georgia state specifically, 50% of maternal deaths happen in the capital city, Atlanta.

Intervention methods: To address these disparities, CARE, in partnership with Morehouse School of Medicine, Atlanta Community Food Bank, Lyft, and other corporate partners, is implementing a two-year pilot program aimed at improving outcomes for 150 Black mothers in Atlanta through innovative, evidence-based interventions. Central to the program are Perinatal Community Health Workers (PCHWs), some of whom are survivors of maternal morbidity and trained in community health service delivery, patient navigation, community-based doula care, lactation guidance, and mental health counseling. Each participant is assigned a PCHW who will support them during pregnancy and postpartum, including eight structured encounters (3 prenatal, 5 postpartum) conducted virtually, in participants' homes, or at trusted community sites. Each PCHW encounter includes individualized, stage- and risk-appropriate health education; in-person assessment and linkage to resources addressing social determinants of health such as food security, transportation, and care navigation; and group sessions fostering peer support and shared learning. Complementary interventions include unconditional cash assistance, access to healthy foods and grocery delivery, and transportation vouchers.

Results: Baseline findings indicate PCHWs are confident in delivering care but face challenges in addressing participants' multidimensional needs, including limited access to resources, adherence to care plans, and participant no-shows. Participants reported food insecurity (40%), stress (76%), lack of confidence in seeking care (56%), and missed health appointments due to transportation issues (20%).

Conclusions: By leveraging the lived experience and training of PCHWs, this program bridges critical gaps in healthcare access, resource navigation, and social support, offering a promising model for reducing maternal morbidity and mortality among Black mothers in Atlanta and beyond.

P.08 - The Path to Zero: How Cambodia's Village and Mobile Malaria Workers Have Driven Progress towards Malaria Elimination

Presented by Lieven Vernaeve

Background: Malaria cases have rapidly reduced in countries in the Greater Mekong Subregion. In Cambodia, cases fell by over 99% between 2004 and 2024, and since 2018 no malaria deaths have been recorded. The National Plan for Malaria Elimination 2011-2025 guides the country, with malaria free certification by WHO expected by 2029. Much of the progress made in Cambodia has been due to the introduction of village malaria workers (VMWs) and mobile malaria workers (MMWs). Locally recruited VMWs and MMWs provide malaria services in villages and high-malaria-risk populations to ensure prevention, testing, early diagnosis and treatment. Malaria Consortium contributes through quality malaria services offered by a strong network of MMWs. The program aims at eliminating malaria in the most remote hard-to-reach communities and among mobile- and migrant populations in the forested areas bordering Thailand, Laos and Vietnam. MMWs are deployed within their geographical area and apply tailored approaches of active case detection.

Methods: Quantitative and qualitative data provide the team and MMWs with the necessary information for evidence-based decision making in various approaches. These are mobile malaria posts at forest entry points, active fever screening by MMWs, re-active case detection around a case or outreach activities. The approach is defined for each location separately and might vary over time. The program is evaluated through monitoring of testing- and treatment data, percentage of care provided and feedback from community members.

Findings: Countrywide, the 5,414 VMWs and 518 MMWs conducted 72% of all malaria tests in Cambodia and diagnosed 55% of all malaria cases. Cambodia is on track to eliminate all species of malaria by the end of 2025. The Cambodian VMW and MMW program has been critical in the reduction of cases in the most remote forested areas, where the last malaria transmissions occur among forest goers, and mobile-and migrant population. Access to populations beyond the reach of the primary health care system contributes to the substantial impact of the malaria program.

P.09 - Community Initiative to Respond to Coronavirus Disease (COVID-19) Among Persons with Disabilities and Those Living with Comorbidities. The Case of the Association for Community Resilience for Access to Development and Health PLUS

Presented by Fatoumata Kanoute

Introduction: Coronavirus infection poses a particular risk for people at risk of developing severe forms of the disease, such as individuals with disabilities and those living with comorbidities (diabetes, hypertension, cancer, renal failure, sickle cell disease, HIV). The Association for Community Resilience for Access to Development and Health (ARCAD Santé PLUS) emphasized community participation, an essential component of the global COVID-19 response strategy.

Methods: Within the framework of the "COVID-19 Response Mechanism" project, ARCAD Santé PLUS built its strategy in collaboration with associations of vulnerable people (Malian Federation of Diabetics, Malian Cancer Association, Malian Association for the Fight Against Sickle Cell Disease, Malian Association of Dialysis and Renal Failure Patients, and networks of people living with HIV). The strategy consisted of identifying associations of vulnerable persons; strengthening the capacities of their leaders; mobilizing communities towards testing, both in fixed sites and through mobile teams. Data were collected and analyzed between April and March 2023 using Excel and routine monthly screening reports.

Results: Mobile team data from associations (Sept 2022 – Aug 2023): 703 people screened, 4 positive cases (0.71%), all linked to care. Fixed centre data (Apr 2022 – Mar 2023): 2,706 people sensitized, 956 screened (35.2%), 12 positive cases (1.02%), all linked to care. Mobile team data from the Tourelá mining site (Sept 2022 – Aug 2023): 2,800 people sensitized, 2,544 screened (90.85%), 11 positive cases (0.43%), all linked to care.

Conclusion: The engagement and involvement of community associations served as a lever for improving access to COVID-19 testing and care. This involvement continues through information and exchange meetings on the epidemic situation, fostering empowerment and equipping communities for future pandemics.

P.10 - Bridging the Gap: Empowering Community Health Workers to Serve Marginalized Populations in Crisis-Affected Areas of Malawi

Presented by Victor Zizwan Mchipha

Background: In Malawi, Community Health Workers (CHWs) serve as a vital lifeline, connecting the formal health system with under-reached populations in regions ravaged by climate shocks, migration, and social exclusion. The devastating impact of these crises has exacerbated health disparities, leaving vulnerable communities with limited access to essential services.

Methods: Our 12-month field-based initiative in Balaka district, plagued by famine, floods, and poverty, demonstrates the effectiveness of CHWs in delivering critical services, including maternal care, malaria prevention, WASH, NCDs, NTDs, and psychosocial support. Through a mixed-methods approach, we assessed the impact of CHWs in improving health outcomes and promoting community trust.

Findings: The results are striking: CHWs adapted key strategies, such as mobile outreach, peer-led education, and localized referral networks, resulting in a significant 28% increase in care-seeking behavior and improved community trust.

Conclusion: This work highlights the potential for CHWs to address health inequities during crises and informs scalable practices and policy implications for governments and partners seeking to strengthen primary health care in vulnerable settings. The findings of this study have important implications for policymakers, governments, and partners aiming to strengthen primary health care in crisis-affected areas. By investing in CHW programs and providing supportive supervision, resources, and recognition, we can empower CHWs to bridge the gap in health care access and promote health equity.

P.11 - Frontline Resilience: Empowering Community Health Workers to Deliver Gender Transformative Maternal, Infant and Community Health in Katsina State, Nigeria

Presented by Amina Abdullahi

Background: Health systems in Nigeria's fragile northern region depend heavily on community health workers (CHWs), yet their ability to deliver quality care remains constantly jeopardized. This study draws on the EnRiCH Baseline Survey conducted across Katsina, Mani, and Charanchi LGAs of Katsina State, Nigeria, to examine the skills, capacities, and challenges of frontline CHWs.

Methods: The objective was to assess the competencies of CHWs, identify cadre-related gaps, and explore how economic empowerment initiatives such as Village Savings and Loan Associations (VSLAs) may strengthen resilience and performance. A mixed-methods design was employed. The baseline was conducted in July of 2025 and responses from 347 CHWs were analyzed.

Findings: Quantitative data revealed that nearly two-thirds of CHWs (65%) have over 10 years of service, and women represent 45% of the workforce. Yet only 52% expressed confidence in handling maternal, child health, and gender-based violence (GBV) cases, with GBV training reaching only one female CHW (0.8%). Digital readiness was also limited: 51% owned smartphones, but only 15% had participated in online courses. Cadre differences were evident. Permanent CHWs reported greater stability, supervisory support, and confidence, while casual CHWs faced insecurity, limited training, and weaker continuity of care. Economic empowerment through VSLAs was minimal: only 20.4% participated, and just 12 reported income benefits, though qualitative evidence indicated increased agency and household resilience among members.

Conclusions: The findings highlight that CHWs are indispensable but under-supported. Strengthening gender-responsive training, expanding digital literacy, and integrating economic empowerment initiatives while tailoring interventions to permanent and casual cadres—can unlock their full potential. The EnRiCH project illustrates a scalable model positioning CHWs not only as service providers, but as catalysts of equity, resilience, and accountability in fragile health systems.

P.12 - Role of Community Health Workers in Promoting Community Mental Health

Presented by Sarah Shannon

Background: One in 5 people globally experience mental health challenges arising from various life stressors, traumatic experiences, and social determinants of health. A spectrum of clinical and non-clinical approaches are needed at the community level, to prevent and treat a growing mental health crisis.

Methods: Recognizing that community health workers are uniquely positioned to participate in efforts to strengthen mental health promotion at the local level, Hesperian Health Guides undertook a qualitative study to shape a new guide, Promoting Community Mental Health. Our objective was to create ways for community mental health workers to contribute to the book's content on trauma-sensitive approaches to community building and assess its use as a tool for mental health promotion. In phase 1, we used snowball sampling to identify 23 community organizations working in urban and rural low-income settings and asked them to complete an online survey offering feedback on content. In phase 2, a subset of organizations completed a second survey exploring how they are using the book in their work.

Results: We aggregated study findings to refine chapters on community mental health, crisis response, and support group facilitation. Reviewers strongly endorsed our community-strengthening approach and the integration of key concepts, illustrative examples of community-based initiatives, and group activities. Their feedback on use of the Guide indicates it is a relevant and accessible resource. Building on this foundation, a Spanish adaptation of the Guide is now underway, to be piloted by CHWs serving Spanish-speaking communities,

Conclusion: This study highlights the importance of partnering with community-based organizations supporting diverse low-income communities on the development of mental health promotion resources. Free, accessible tools empower CHWs to bridge service gaps, strengthen community resilience, and address structural inequities in mental health care.

P.13 - Safe Abortion Mobile App Strengthens CHW Confidence and Capacity to Support Comprehensive Reproductive Health Care

Presented by Sarah Shannon

Background: Across Africa, access to comprehensive reproductive health care remains limited, particularly in rural and marginalized communities. Safe abortion and post-abortion care are especially affected by legal restrictions, lack of provider training, and structural inequities. CHWs are often the first point of contact for vulnerable populations; however, they rarely receive training on abortion methods and services. Mobile apps bridge these gaps by expanding access to accurate and actionable health information to improve access to care.

Methods: Hesperian's Safe Abortion (SA) app, Family Planning app, and Safe Pregnancy and Birth app provide concrete, actionable information that enables women to advocate for and manage their health and supports health workers in delivering quality care. Building on 50 years of experience producing trusted community health resources, these apps are developed for low-resource contexts, tested with community health workers, and available in up to 11 languages, including French and Kinyarwanda. In Rwanda, Hesperian partnered with reproductive health organizations to integrate the SA app into provider training. CHWs used the app to strengthen their knowledge and reduce stigma in provider-patient interactions. This model is now being applied in Benin, with plans to scale to additional Francophone countries.

Results: In Rwanda training sessions using the SA app improved CHW’s confidence and capacity to offer comprehensive abortion care. Three months post training, over half of participants continued using the app to guide conversations with peers and patients. Early findings in Benin suggest similar results, particularly for training CHWs and expanding service reach.

Conclusion: Mobile apps can be powerful tools to address structural inequities, strengthen provider knowledge, and expand access to reproductive health information and services. By equipping CHWS, these digital tools can improve reproductive health outcomes across Africa.

P.14 - Adaptation of WHO's Thinking Healthy Program (THP) Manual to Tailor the Community Health Worker (CHW) Program in Addressing Mental Health Care Needs of Perinatal Women in Dolakha, Nepal.

Presented by Dikshya Sharma

Background: Since 2017, the Community Health Worker (CHW) program in Dolakha, Nepal, has delivered routine doorstep perinatal physical health care. Building on this, the program has recently begun integrating mental health care into the perinatal physical care, using WHO's Thinking Healthy Program (THP) Manual. Despite CHWs' easier access to vulnerable populations, many programs miss the opportunity to deliver tailored interventions, particularly perinatal mental health. In Nepal, perinatal depression affects 19–33% of women, yet antepartum depression remains poorly understood and under-addressed. The THP offers a scalable solution by equipping CHWs to identify and manage perinatal depression at the community level.

Objective: This paper explores the preliminary learnings from adapting WHO's THP within Nepal's CHW program focusing on the adaptation process.

Methods: Adaptation, part of broader implementation research effort to evaluate the integration, was guided by Bernal's framework while remaining open to emerging constructs. With modules 1 and 2 previously adapted, this phase (Jan-May 2025) focused on the remaining three. The process involved translation, review, and collaborative reading and discussion among two clinical psychologists and two public health professionals. A one-day expert workshop reviewed the initial draft, followed by contextualization with purposefully selected CHWs from Dolakha.

Results: Adaptation, continued during CHW training and implementation to better understand the local context and implementation nuances. Key learnings included: (1) individual review followed by collaborative reading improves translation and adaptation; (2) expert input from diverse fields adds a holistic lens; (3) CHW consultation is vital, though guided discussions yield more actionable insights than open-ended questioning.

Conclusion: CHWs offer deeply resonant, locally grounded insights during the adaptation process. Their active involvement ensures relevance and effectiveness in community-based delivery.

P.15 - HEP Assist: AI-Driven Real-Time Clinical Support for Community Health Workers in Ethiopia.

Presented by Tsega-Ab Abebaw Tekeba

Background: HEP Assist is an AI-powered support system designed to address information and skills gaps among Ethiopia's 40,000+ Community Health Workers (CHWs). The objective of the study was to evaluate the effectiveness, usability, and scalability of HEP Assist in improving CHW decision-making and service delivery, particularly in maternal and child health. Delivered via a conversational interface, its first phase employs a human-in-the-loop call center to provide real-time, expert-guided clinical assistance, enhancing decision-making, supervision, and service quality.

Methods: The phased design begins with agent mediation to validate content, build trust, and gather feedback, moving toward a fully automated, scalable tool for frontline health workers. The system was co-designed with the Ministry of Health, Last Mile Health, and ID Insight, integrating generative AI across 23 HEP program areas in five regions and 10 Woredas. Ten trained call agents supported 125 CHWs. The platform uses MOH-approved content, Llama 3.3 70B fine-tuned for Ethiopia, multi-language support, and rigorous validation against 580 real-world CHW queries to ensure clinical safety and contextual relevance. Nineteen MOH domain experts reviewed AI outputs.

Findings: Over three months, HEP Assist facilitated 587 consultations, reaching over 312,500 community members. All targeted CHWs engaged with the system. Ninety percent of call agents reported improved workflows, 80% rated AI responses as highly accurate, and 78% of expert-reviewed AI outputs were "very good" or "excellent."

Conclusion: HEP Assist demonstrates a scalable, first-of-its-kind AI solution for strengthening primary care in resource-limited settings. Embedding the tool into national HEP structures can enhance decision-making, reduce unnecessary referrals, and improve community health outcomes. Future phases should focus on full automation, expanded local language support, and broader national scale-up, providing a replicable model for similar low-resource contexts globally.

P.16 - Scaling Adolescent SRHR through CHWs: Lessons from Nepal

Presented by Santa Kumar Dangol

Background: Community Health Workers (CHWs); Auxiliary Nurse Midwives (ANM), Auxiliary Health Workers (AHW), and Female Community Health Volunteers (FCHVs) are at the frontline of efforts to advance universal health coverage in Nepal. Recognizing that adolescents continue to face significant barriers in adopting positive reproductive health (RH) behaviors, particularly in accessing and utilizing contraception, this study explores how CHWs play roles in bridging this gap by reaching adolescents with essential information and services.

Methods: A qualitative approach was employed across four districts Bara, Mahottari, Banke, and Salyan to this study. Purposive sampling was employed to select districts that reflected the adolescent population size as well as the ecological, linguistic, and cultural diversity of the study area. Data were collected through 32 Focus Group Discussions with adolescents and their parents, along with 39 Key Informants involving the health section chief of local government, service providers, FCHVs, school teachers and school health nurse. A thematic analysis was subsequently conducted using an inductive approach to derive the study's findings.

Findings: Findings reveal that CHWs serve as trusted links between adolescents and essential RH/FP services, ensuring the provision of context specific information and services with privacy and confidentiality. The WHWs were identified as the major source of information on FP/RH for both in-school and out-of-school adolescents. ANM and AHW provide counseling, distribute contraceptives, and refer adolescents to facilities for long-acting reversible contraceptive services. Meanwhile, FCHVs extend reach to community level by distributing condoms, refilling oral contraceptives, and providing emergency contraceptive pills. Moreover, they facilitate linkages between adolescents and both public and private health service providers for the provision of FP/RH services as per their needs. Their trusted community presence helps normalize dialogue on contraception, reduce stigma, and create enabling environments for informed choices.

Conclusions: To sustain and expand the impact, empowering CHWs through targeted capacity-building initiatives is essential. Enhancing their technical and communication competencies will enable Nepal to advance national adolescent sexual and reproductive health and rights (SRHR) goals, address systemic and social barriers, and ensure equitable access to information and services for all adolescents.

P.17 - The Role of Community Health Workers as a Bridge of Facilitate Access to Primary Health Care Services for Rohingya refugees: A Qualitative Study

Presented by Orin Akter

Background: Community-based models for treating Hepatitis C and Cardiovascular disease are widely recognized for their effectiveness in reaching underserved populations. However, there is very limited information about the most effective roles of Community Health Workers (CHWs) among Rohingya refugees in Bangladesh.

Objectives: This study aims to explore the role of CHWs in facilitating the engagement of forcibly displaced Rohingya refugees with Primary Health Care Services for the treatment of Hepatitis C and CVDs.

Methodology: A qualitative approach was employed. Key Informant Interview (KIIs), Focus Group Discussion (FGDs), and participatory multi-stakeholder Causal Loop Analysis (CLA) workshop were conducted between May and July in Cox's Bazar, Bangladesh.

Key findings: Through KIIs, FGDs, and the workshop, participants collaboratively identified multiple ways in which CHWs serve as a bridge between Primary Health Care and Rohingya refugees in Bangladesh. These include conducting preliminary patient screening, facilitating referrals, accompanying elderly and disabled patients to health facilities, supporting medication adherence and refills, providing health education, and collecting essential health monitoring data.

In addition to these, CHWs play critical roles that extend beyond direct clinical care. Through home-based outreach, they help to reduce social barriers and stigma, especially, around Hepatitis C and CVDs, while contributing to health campaigns and gathering community feedback, rumours, and complaints. Alongside, they work to improve the healthcare delivery and quality, while also promoting positive health-seeking behaviours. Ultimately, CHWs bridge social, cultural and logistical gaps, thereby promoting equitable access to care and strengthening community-centred health systems.

Contribution to the Field: This study demonstrated how CHWs in the Rohingya refugee setting go beyond clinical tasks to reduce stigma, support vulnerable patients, and strengthen community-facilities linkages. By mapping their roles, our findings inform CHWs training and supervision, promote equitable access to care, and guide to enhance community health systems responsiveness in humanitarian contexts.

P.18 - Mentor Brothers: Empowering Male CHWs to Enhance Family Health in Rural South Africa

Presented by Simthembile Lindani

Background: Traditionally, men have been largely excluded from maternal and child health (MCH) spaces. However, growing evidence highlights that actively engaging men is essential to improving maternal, newborn, and child health outcomes as well as advancing gender equality. The One to One Africa Enable program, delivering MCH care in rural Eastern Cape via its Mentor Mother initiative, recently launched a Male Engagement intervention called Mentor Brothers to address the persistent gap in male involvement.

Intervention Description: The Enable Male Engagement intervention seeks to empower men to protect, promote, and support their own health and that of their families. Using a positive deviant approach, respected men known as Mentor Brothers (n=10) are trained to facilitate 13 group sessions over six months. Topics include; active participation in partners' health, responsive caregiving, engagement in children's health and development, and addressing gender-based violence. Complementing group sessions, the program incorporates home visits, referral to services, and broader community involvement. As of September 2025, approximately 700 men are enrolled in the program.

Lessons Learned: The Mentor Brother intervention is a novel and ongoing program. This abstract presents preliminary lessons and insights derived from informal qualitative data collected with Mentor Brothers to capture initial program experiences. Future evaluations will incorporate quantitative outcome measures to assess effectiveness. Early experiences and feedback reveal important insights:

- There is a significant unmet need to address men's health challenges within MCH programs, as neglecting men's health can hinder their capacity to engage positively in family wellbeing.
- Creating safe spaces for men to share experiences fosters meaningful engagement and enhances their roles as fathers and partners.
- Extensive engagement with traditional leaders helped secure local acceptance and uptake.

By focusing on family health comprehensively, interventions such as the Mentor Brothers can contribute to building healthier, more resilient rural communities.

P.19 - Transforming Last-Mile Health: Community Health Workers Driving System-Wide Equity in Zambia

Presented by Christine Nanyondo

Introduction: Global progress toward Universal Health Coverage remains uneven, especially among communities facing poverty, crisis, and displacement. Traditional health systems often fail to reach the most vulnerable. Community Health Workers (CHWs) are a proven solution for extending equitable health coverage and bridging the last-mile gap.

Objectives: This abstract aims to (1) demonstrate how CHWs expand equitable access to physical and mental health services; (2) present key results from StrongMinds' CHW empowerment model in Zambia; and (3) highlight equity outcomes among marginalized and displaced populations.

Context and Timeframe: From 2019–2025, StrongMinds partnered with local health authorities across three provinces in Zambia, training and supporting 1,085 CHWs. Mental health and psychosocial support (MHPSS) were integrated into community-based care, reaching over 4,000 clients in refugee-hosting and low-resource districts.

Training and Supervision: CHWs completed a five-day modular training on depression detection, psychosocial support, referral pathways, and Interpersonal Group Therapy (IPT-G), adapted from WHO mhGAP tools. Continuous weekly supervision and monthly coaching reinforced service quality, ethics, and self-care.

Key Indicators and Results:

- Group Attendance: 86% of enrolled clients attended at least one therapy session.
- Depression Outcomes: 87.3% (N=4,000) reported symptom reduction within 6–8 weeks (PHQ-9).
- Severity Improvement: 11.9% transitioned to mild depression post-intervention.
- Clinical Change: 100% achieved ≥5-point PHQ-9 reduction; average score change was 11.2 points.
- Baseline Severity: Mean pre-group PHQ-9 score was 14.06, indicating moderate depression.
- Equity Reach: 85% of beneficiaries were women, many adolescents and displaced persons.

Impact and Equity: Empowered CHWs ensured continuity of care, improved trust, and closed equity gaps by reaching populations often excluded from formal systems. Integrating MHPSS within CHW programs increased resilience, recovery, and social inclusion across fragile communities.

Conclusion: Strategic investment in CHWs transforms fragile systems into equitable, people-centered health systems that integrate both mental and physical health. Policymakers and donors should formally embed CHWs into national strategies to ensure no community is left behind.

Submitted by: Christine K. Nanyondo

P.20 - Supporting Migrant Communities in Kamukunji, Nairobi, Kenya Through CHW Resilience Building, Health Education, and Household Engagement

Presented by Aisha Musiko Hamisi

Background: Community Health Workers (CHWs) in Kamukunji Sub-county, Nairobi, serve as the foundation of primary health care for migrant and displaced families living in informal settlements. Many of these households lack documentation, face unstable housing, and experience barriers to health access. CHWs themselves endure high stress while managing continuous demands within resource-constrained settings.

This initiative aimed to (1) strengthen CHW resilience through structured stress management and peer debriefing, (2) improve access to services for undocumented migrants, and (3) enhance positive health-seeking behaviors.

Methodology: Between January and December 2024, CHWs were organized into cohorts of ten and participated in monthly supervision and peer sessions facilitated by Community Health Assistants. These sessions included guided reflection, relaxation techniques, and problem-solving discussions. During crises such as disease outbreaks and evictions, additional debriefings were conducted. Data were drawn from CHW reports, facility records, and focus group discussions with migrant households, and analyzed descriptively and thematically.

Key Findings: Seventy-eight percent of CHWs reported reduced stress and increased motivation after three months. Facility data showed a 42% increase in self-referrals and improved attendance for antenatal and child health services. Previously vaccine-hesitant families began bringing children under five for immunization and encouraged neighbors whose children had defaulted. Communities also became more alert to identifying and reporting common illnesses such as AFP, measles, and diarrhea. Migrants formed small communication groups via text, WhatsApp, and monthly dialogues to share health updates and report concerns, improving early response and accountability.

Conclusion: Building CHW resilience, coupled with culturally sensitive health education and household engagement, strengthens trust and service uptake among urban migrants. The Kamukunji experience shows that structured psychosocial support for CHWs directly enhances their effectiveness and community responsiveness. This low-cost, replicable model contributes to equitable, sustainable primary health care for vulnerable urban populations.

P.21 - Social Cohesion and Community Health Service Delivery: A Case of the Bognayili Community in Northern Ghana

Presented by Esther Azasi

Background: Social cohesion is the solidarity and trust among individuals that fosters equitable access to social and economic rights. While this concept is deeply rooted in Ghanaian culture, its role in improving health service delivery in the Northern region remains underexplored. In settings where formal health infrastructure and government support are limited, community health workers (CHWs) play a crucial role. Understanding how social cohesion enables communities and CHWs to mobilise resources and improve service delivery is essential for bridging health equity gaps.

Objective: This study examined how social cohesion within the Bognayili community facilitated the mobilisation of resources for the Community-based Health Planning and Services (CHPS) programme.

Methods: We conducted seven interviews with health workers and one focus group discussion (FGD) with community members. The FGD incorporated a community mapping exercise, during which participants sketched a map of key local resources, including roads, water sources, schools, and markets. The map was then used to explore perceived barriers and enablers to CHPS effectiveness. Audio recordings were transcribed verbatim and analysed thematically using Dedoose software.

Findings: We found that strong social cohesion empowered community members and CHWs to initiate and sustain key health interventions, such as the construction and equipping of a community health structure (CHPS compound), where health workers operate. Locals and youth groups, including the shea butter and ‘Ataaya’ groups, played a central role in mobilising resources and coordinating efforts. In the absence of substantial government support, residents contributed funds, provided labour, and actively advocated for essential services. They also partnered with external donors to successfully equip the facility with basic medicines. Nonetheless, larger-scale developments, such as road construction, remain beyond the community’s capacity and require direct government intervention.

Conclusion: Social cohesion can serve as a powerful tool for mobilising resources and improving health service delivery in underserved areas. While community-led efforts can yield meaningful gains, sustainable and equitable access to healthcare requires support from governments and stakeholders to address larger-scale infrastructure and service gaps.

P.22 - Bridging Gaps in Care: A Disability-inclusive Approach to Strengthen Caregiver Psychosocial Wellbeing by Capacitating Frontline Workers in Sri Lanka

Presented by Nayani Dharmakeerthi

Background: Maternal mental wellbeing is vital for Early Childhood Development (ECD). In Sri Lanka, rising postpartum depression rates underscore the need to support the mental wellbeing of mothers, especially among mothers with disabilities and those caring for children with disabilities, who face compounded caregiving challenges. Despite a strong public health system, structured mental health support for caregivers is limited. A disability-inclusive program is essential to address these psychosocial needs and promote equitable outcomes for all children.

Objective: To strengthen the psychosocial wellbeing of caregivers of children with disabilities and caregivers with disabilities, through adapting a disability-inclusive UNICEF's Caring for the Caregiver (CFC) package to the Sri Lankan context.

Method: In 2023, UNICEF Sri Lanka, with technical support from the Christian Blind Mission's Inclusion Advisory Group, and Organizations of Persons with Disabilities (OPDs), adapted the CFC package to be culturally relevant and disability-inclusive. A high-level review of key resources identified key entry points for strengthening disability inclusion. Using a twin-track approach both universal and disability-specific factors to facilitate inclusive adaptations were addressed. OPDs, involved throughout the adaptation to ensure resemblance of real-world experiences guiding the inclusive designing process.

Results: Training materials were revised to be disability-sensitive, portraying caregivers and children with visible and non-visible disabilities in positive, empathetic ways. Role-plays and discussions addressed early identification, caregiving challenges, stigma, service gaps, and emotional strain. Counseling content was enhanced to promote disability awareness and respectful engagement. Supervisory tools were updated to assess inclusive practices and prevent stigma by frontline workers. Accessibility features, like large fonts, high-contrast visuals, and inclusive facilitation were added for diverse trainers and learners. Referral pathways were strengthened through partnerships with OPDs and disability-focused NGOs to connect families with needed services.

Conclusion: The disability-inclusive adaptation equips frontline workers to better support caregivers of children with disabilities. This equity-focused model can be scaled to strengthen ECD systems nationally.

P.97 - Exploring the Socio-ecological Drivers of Gender Inequalities Among Community Health Workers and their Impact on Maternity Care Services Delivery in Ghana

Presented by Elma Banyen

Background: Community health workforces are key health human resources in low-income settings, as they complement the health staff deficits in rural areas, especially in sub-Saharan African countries including Ghana. Nevertheless, research shows vast gender inequalities exist in health human resources globally, especially among community health workforces. However, there is scanty evidence on gender differentials in health systems, as most gender-related studies in health systems have been conducted in high income countries in the global North. Thus, the study closes this research gap by examining the drivers of gender inequalities among rural community health workforces and their impact on the delivery of maternity health care services in the Upper West Region of Ghana using qualitative research methodology.

Methods: Data was collected in two selected districts in the study region using two qualitative tools; in-depth interviews and focus group discussions through an interview schedule. A total of forty-eight health workers were purposefully and conveniently recruited from a range of community health workers and community health supervisors working in the study area to take part in in-depth and key informant interviews respectively. Additionally, to strengthen findings from the service providers, fifteen service users were recruited to take part in focus group discussions. They were all tape recorded with participants' permission and transcribed verbatim. Data was coded using the NVivo software and analysed using thematic analysis.

Findings: Findings evidence the combined influence of individual and socio-ecological variables that shape and sustain gender inequalities in health workforces. Also, findings suggest that gender inequalities majorly impact negatively on maternity care service delivery by reducing maternity indicators and quality of services delivered.

Recommendation: The study therefore recommends for health systems to adopt the use of gender transformative approaches to improve maternity care outcomes in rural areas.

CHWs Central to Advancing Primary Health Care

P.23 - Community Health Program Unit for Optimizing Access to Quality Healthcare Service in Ethiopia

Presented by Chala Tesfaye

Background: Ethiopia has been working to achieve universal health coverage through optimizing the Health Extension Program (HEP), a national flagship community-based health program. The health extension program optimization aspires to increase health service access, quality, and equity through different strategies, including establishing community health program units in health centers and primary hospitals. Therefore, understanding the processes of the community health program unit and its implementation experience is crucial for scale-up and sustainability.

Aim: This paper aims to document and share the lessons learned from implementing the community health program unit, including its success, challenges, and recommendations for future scaling-up.

Method: This research collected qualitative data from the project implementation districts/woredas in 2023. Forty-three in-depth interviews (IDIs) and four focus group discussions (FGDs) were conducted for qualitative data. Audio-recorded data were transcribed verbatim and translated. A thematic analysis approach was used to analyze the data, and direct quotations were used to present the findings.

Result: In the Improve Primary Health Care Service Delivery (IPHCSD) project implementation, 14 woredas, all 64 health centers, and primary hospitals established community health program units. Setting up the unit improved healthcare provision by promoting collaboration and teamwork among health workers, enhancing their skills, coordination, technical support to the catchment health post, and overall performance. It also increased access to healthcare services through outreach delivery. However, challenges such as a shortage of human resources, a lack of dedicated offices for the unit coordinators and team members, inadequate community and other stakeholders' engagement in the establishment processes, and insufficient tools and supplies were identified.

Conclusion: The health program unit has improved community-level health services, enhanced health professionals' skills and teamwork, and improved technical support to catchment health posts. Strengthening community engagement, advocacy, mentorship, capacity building, and ensuring sufficient staffing, infrastructure, and supplies are essential for the program's scale-up and sustainability.

P.24 - Community Faculty Perspectives on University of Global Health Equity's Community-based Education Model Approach in Rwanda

Presented by Denys Ndangurura

Background: Community Based Education (CBE) is an approach to medical education which uses the community as a learning ground, to achieve educational relevance to the needs of the community. Through CBE, students acquire firsthand experience of the numerous socio-economic factors which determine health outcomes and understand their role to address these factors in their capacity. The Community Based Learning working group at Johns Hopkins University states that "it is a pedagogical model that connects classroom-based work with meaningful community involvement and exchange (Wagdy Talaat& Zahra Ladhani, 2014). Around the globe, this approach has been imbedded in the medical school curriculum, where learning takes place in the community as students engage with community members through different activities in goal of equitable partnership, community organizations and students mutually benefit from the Community Based Learning experience both by meeting course objectives and addressing community identified challenges (Wagdy Talaat & Zahra Ladhani, 2014).

Implementation Methods: Through its department of community health and social medicine, UGHE has implemented the CBE program as an integral part of its medical education curriculum, where facility healthcare providers and community health workers serve as community faculty. Students at UGHE are introduced to CBE from the first year of their program; they receive a combination of in-class and on-field learning. The CBE experiential learning as teaching methodology. In preparation for CBE, community faculty receive introductory training on teaching methodology (lesson planning, teaching and assessment) to facilitate learning.

Results: Over the past five years of CBE implementation, the contribution of community faculty has proven to be of undeniable importance. We trained 249 community faculty: 174 community health workers and 75 healthcare professionals while 216 students were taught. To ensure mutual benefit, students during CBE classes screened 2467 clients for non-communicable diseases and 237 linkages to care for further management.

P.25 - Effectiveness of Dedicated Supervision (DS) on the Frequency and Quality of Community Health Workers'(CHW) Supervision and CHW Knowledge

Presented by Arsene Brunelle Sandie

Backgrounds: Before 2020, in line with most countries in Sub-Saharan Africa (SSA), CHWs in Mali were supervised by health facility staff. This approach can lead to low frequency and poor quality of CHW supervision due to the overwhelming clinical responsibilities of supervisors. Since 2020, recognizing the need for meaningful and regular support of CHWs, Mali has adopted a model of dedicated supervision (DS), in which CHWs are supervised by full-time supervisors recruited and trained for that purpose. Whilst the benefits of supportive supervision are well documented there is currently little empirical knowledge on DS as an implementation strategy.

Methods: This study investigates the effectiveness of DS on various outcomes, including the primary outcome of frequency of supervision. A longitudinal study was conducted between October 2019 and August 2023. Following a baseline survey conducted in October 2019, DS was launched in 5 regions of Mali (Kayes, Koulikoro, Sikasso, Ségou, and Mopti) on 14th April 2020. Multilevel mixed-effects models, which account for variability across districts and between individuals, were used for analysis. The primary outcome was the percentage of CHWs who received a frequency of one supervision monthly.

Findings: A total of 150 dedicated supervisors and 1789 CHWs were deployed across the study regions. Implementation of DS was interrupted between December 2020 and October 2021 due to financial constraints. Before the interruption, the proportion of CHWs receiving at least monthly supervision increased from a pre-intervention baseline of 34% (95% CI 29-39%) to 69% (95% CI 61-77%) 8 months post-implementation. A similar pattern was observed for the quality of supervision. A steady growth was observed, with mean knowledge scores increasing by 0.2% per trimester over the study period.

Conclusion: Although unexpected difficulties were observed during the implementation phase, dedicated supervision appears to be effective in improving the frequency and quality of supervision of CHWs and CHWs' knowledge. Our data shows that whilst initial rapid gains may be vulnerable to financial interruption, significant benefits were maintained over the study duration. Dedicated supervision should be maintained and reinforced in Mali, and robust mechanisms put in place to anticipate and avoid logistic or financial difficulties that could interrupt DS and attenuate its effectiveness.

P.26 - Effect of Digitizing Community Health Information System on the Delivery and Use of Maternal and Child Health Services: Propensity Score Matching Analysis

Presented by Gizachew Tadele Tiruneh

Introduction: In 2018, Ethiopia digitized its Community Health Information System (eCHIS) to enhance Health Extension Program service delivery. However, its effect on health outcomes remains unclear. This study examined the impact of eCHIS on maternal and child health service uptake.

Methods: A post-test-only, non-equivalent group household survey was conducted in July–August 2024 in rural communities with and without eCHIS. Stratified multistage sampling recruited 1,728 women of reproductive age (271 in eCHIS, 1,457 in non-eCHIS), 1,118 women with children 0–11 months (188 in eCHIS, 930 in non-eCHIS), and 569 women with children 12–23 months (301 in eCHIS, 268 in non-eCHIS). Propensity score matching was applied using sociodemographic factors, and modified Poisson regression estimated adjusted prevalence ratios (PRs) for outcomes.

Results: Modern contraceptive use was higher in intervention areas (66% vs. 56%), as were institutional deliveries (95% vs. 79%). Pentavalent 1 coverage was 94% in eCHIS areas compared to 83% in non-eCHIS, and Pentavalent 3 coverage was 85% vs. 68%. Adjusted analyses showed significant increases in contraceptive use (13.0 percentage points; PR: 1.25; $p<0.01$), institutional delivery (8.9 points; PR: 1.18; $p<0.01$), Pentavalent 1 (10.3 points; PR: 1.13; $p<0.01$), Pentavalent 3 (13.6 points; PR: 1.26; $p<0.01$), and full vaccination (14.6 points; PR: 1.36; $p<0.01$).

Conclusion: eCHIS significantly improved contraceptive uptake, institutional deliveries, and child immunization coverage. Findings highlight the transformative potential of digital health tools in strengthening service delivery. Sustained investment in eCHIS can help scale effective, equitable health care to rural and underserved communities in Ethiopia.

P.27 - Strengthening Primary Health Care Integration to Enhance Cardiometabolic Disease Care: A Person-Centered System-Based Model in Vietnam

Presented by Hai Thuong Nguyen

Background: Noncommunicable diseases (NCD) cause 81.4% of deaths in Vietnam. CHWs are vital for community-level NCD services, yet limited training, heavy workloads, and lack of effective tools restrict their impact. In 2024, PATH's baseline survey in Thai Nguyen – a mountainous province - revealed significant NCD service gaps. While 76% of commune health stations offer hypertension screening and 91% provide diagnosis and treatment, rates are much lower for diabetes (42% & 30%), dyslipidemia (6% & 0%), and obesity (6% & 15%).

Methods: Building on successful NCD management models, since 2024, PATH has piloted a community-centered, system-based approach in Thai Nguyen to address barriers to prevention and care for cardiometabolic disease (CMD), including hypertension, diabetes, dyslipidemia, obesity, at the primary healthcare (PHC) level. The model places CHWs, including PHC healthcare workers and village health volunteers at its core. CHWs' capacity was strengthened to provide quality services and manage people living with CMD (PLWCMD) through training on CMD management, prevention, early detection, care, treatment, and mentorship. CHWs were equipped with job aids, screening tests, monitoring forms, and a user-centered CMD application (app). Under the model, enabled CHWs will carry out key interventions: (1) Behavior change communication on CMD prevention; (2) Screening, early detection, and referrals either in person or via CMD app; (3) Facility-based diagnosis, treatment, and counselling; (4) Community-based support for continuous physical and mental self-care and self-management; (5) Interoperation of CMD app into health information system (HIS) for CMD patient journey management. The model is expected to strengthen PHC integration of CMD prevention and care by empowering CHWs to provide quality and appropriate CMD services, engaging the community especially PLWCMD and their caregivers, enhancing CMD patient data management and fortifying data-driven decision-making through a connected and robust PHC HIS.

Results: In its initial phase of 6 months, nearly 400 CHWs were trained, over 7,800 individuals at CMD risk were screened and referred, more than 800 new patients began treatment, and 3,100 care visits were conducted. All by-patient service data were systematically tracked by the CMD app's system.

P.28 - Desk Exercises Using the Community Health Worker Coverage and Capacity (C3) Tool in 43 Countries to Estimate CHW Workload: Experiences from World Vision International

Presented by Michele Gaudrault

Background: CHW workload analysis is often overlooked in community health strategies and plans for program optimization; however, it is critical to ensure that CHW service packages are feasible to implement within available working hours. The Community Health Worker Coverage and Capacity (C3) Tool developed by USAID enables calculation of time needed for current or planned CHW work requirements, and the ability to model scenarios for program adaptations in cases where results reveal work overload.

Objective: World Vision International (WV) supports close to 200,000 CHWs in more than 40 countries. In line with its internal strategy for CHW engagement, WV requires implementing field offices (FOs) to carry out a C3 desk exercise with regard to the cadre(s) of CHWs they are working with, and to take corrective action for workload remediation where needed.

Methodology: The exercises include identification of the work components assigned by the Ministry of Health and/or WV, the population in need, estimates of time required to carry out each one, and of non-service activities to include travel, training and the like. In most cases, WV staff verify the time estimates with CHWs prior to C3 data input. The results provide an indicative picture of CHW workload, subject to further verification but sufficient for “next step” actioning as needed.

Findings: The findings yield three scenarios: 1. The assigned responsibilities of CHWs supported by WV can be achieved within available working hours (23 FOs). 2. The CHWs are overworked, but WV did not contribute to the problem (through addition of new responsibilities) (8 FOs). 3. The CHWs are overworked and WV has contributed partly or in full to the problem (10 FOs). For scenario 2, WV engages in dialogue and partnership with MoH, exploring solutions such as reduced CHW population coverage, recruitment of additional CHWs and/or pay for increased hours of work, as examples. For scenario 3, the WV-introduced work requirements must be adjusted to bring the CHW workload into line. This at times may require the scaling back of a programmatic intervention, or task-shifting to other community cadres. In all cases, C3 can be used to model the possibilities.

Conclusion: By requiring C3 analysis, WV is able to identify an action CHW overwork that would otherwise remain hidden or only anecdotal, and unresolved.

P.29 - Every Visit Counts: Literacy-Free Recordkeeping in Rural South Sudan

Presented by Meru Vashisht

Background: South Sudan faces one of the highest maternal and newborn mortality rates globally, primarily due to preventable causes when care is delayed or not delivered at all. Boma Health Workers (BHWs), the national community health worker cadre, are essential to bridging this gap. However, they often lack tools to track and follow up with individual clients. Existing systems rely on aggregate tallies rather than individualized records, leaving primary health care systems unable to detect missed services or respond effectively. This initiative set out to enable BHWs, regardless of literacy level, to deliver timely, trackable maternal care at the household level using a recordkeeping system rooted in their existing strengths and routines.

Methods: Using a human-centered, behaviour-driven design process, we co-created a low-literacy recordkeeping system with BHWs in remote counties of South Sudan. Instead of imposing external workflows, we observed what BHWs were already doing well such as tallying effort and building from there. Over a 6-month period, we tested two core tools with 32 BHWs: (1) The Pregnancy Card, issued to clients, uses colours, numbers, and icons to indicate monthly home visits and the commodities due. (2) The BHW Recordkeeper, a matching visual logbook, enables BHWs to track each woman's care using the same colour-coded digit sequence.

Results: All 32 BHWs successfully used the system to reach over 2,124 pregnant women with monthly visits and timely distribution of essential drugs such as iron-folic acid, antimalarials, misoprostol, and chlorhexidine, many for the first time across their entire catchment areas.

Conclusions: The tools enabled consistent, individualized follow-up and real-time, community-level tracking. This model demonstrates a scalable approach to strengthening people-centered PHC in low-literacy, low-resource settings. By equipping CHWs with tools designed around their lived realities, it offers a replicable blueprint for task-enabling CHWs, improving care quality, and achieving community-owned PHC delivery in contexts where digital systems are not feasible.

P. 30 - Enhanced Engagement of CHWs Increased Facility Based Delivery in the Selected Rohingya Camps of Cox's Bazar

Presented by Md Ariful Islam

Context: Community Partners International (CPI) emphasizes on evidence-based practices within its program interventions. Since 2021, enhanced engagement of Traditional Birth Attendants (TBAs) has increased facility-based deliveries (FBDs). The Community Health Workers (CHWs) has enlisted and accompanied 62 TBAs for facilitating community based maternal, neonatal and child healthcare among 4106 households in camp 1W and 4. These initiatives intend to prevent maternal-neonatal morbidity and mortality through extensive birth planning, ensuring FBDs and bridging the gaps of cultural, linguistic, trust and most importantly, increasing access to life-saving maternal health services. Preliminary data analysis indicates the importance of community-based interventions through the CHWs in encouraging FBD focusing on maternal and child health.

Objective: To analyze the role of CHWs and TBAs on promoting FBDs.

Methodology: The study followed a mixed method using a secondary quantitative database of CPI comparing facility-based and community-based birth delivery numbers, literature review of available secondary reports and documents and in-depth interview with the patients of FBDs. MS Excel, SPSS for quantitative data and manual thematic coding were used for qualitative data analysis.

Results & Findings: The FBD rate was only 35% in 2020 which has increased to 94% in 2022, 95% in 2023, 94% in 2024 after active engagement of CHW accompanied by TBAs. The significant increase with FBD in the two camps under CPI health program is a result of CHW's regular awareness sessions on Maternal, Newborn and Child Health (MNCH) through community sensitization , enlistment of newly pregnant woman in the outreach program , ensuring facility-based Antenatal Care (ANC)- Postnatal Care (PNC) check-ups, support in preparing birth preparedness plan & checklist, Estimated Due Date (EDD) tracking and regular follow-up, engagement of TBA throughout the pregnancy, 24/7 emergency referrals and hygiene kits distribution to the mother as motivation for choosing FBD among other initiatives. The CHWs also track the Home-Based Deliveries through the TBAs to minimize any discrepancies in the findings.

Conclusion: Enhanced engagement of CHWs not only ensured timely access to emergency obstetric care but also strengthened the link between TBAs and the health system leading to improved collaboration and better health outcomes for mothers and newborns in limited resource settings.

P.31 - An Adaptation of CHW-AIM: The Community Health Worker Assessment and Improvement Matrix (CHW-AIM): Checklist for Implementing Partners: A New Tool for Implementing Organizations Working with CHWs to Ensure Responsible and Ethical CHW Support

Presented by Mijung Kim

Background: The Community Health Worker Assessment and Improvement Matrix (CHW-AIM) was first published by USAID in 2011 and updated in 2018. The tool outlines ten components of program functionality needed in order to adequately support CHWs, and includes such considerations as adequate training, supportive supervision, and balanced incentives packages. World Vision International (WV) has developed the CHW-AIM: Checklist for Implementing Partners that lists 34 concrete requirements within the ten CHW-AIM categories relevant to non-governmental organizations (NGOs), presenting these as a checklist for verification and action. The tool was developed based on literature review and field experience.

Rationale: NGOs are frequently involved as implementing partners to Ministries of Health (MoH) to work with and support CHW programs. Often, additional tasks are assigned to the CHWs by the NGOs in pursuit of programmatic objectives and, while this can lead to improved community outcomes, attention to fair treatment of the CHWs is paramount. NGOs must be as equally bound to the principles and stipulations of CHW-AIM as are ministries. However, many of the functionality criteria in the CHW-AIM tool are not within the control of NGOs to put into place, as the authority to do so rests with the MoH. WV supports close to 200,000 CHWs in 43 countries and requires implementing offices to assess CHW program functionality as part of routine program monitoring. WV recognized the need for a tool that lists the specific responsibilities that NGOs have when working with CHWs.

The Tool: The 34-item checklist lists the concrete ways that NGOs should support CHW program functionality. For example, under the CHW-AIM category “Accreditation”, while MoH is responsible for putting a CHW accreditation system into place, the NGO should provide the results of any CHW training it carries out to the MoH to feed into the system. Similarly, while MoH must determine the incentives for the CHWs, the NGO must align any CHW incentives it provides to the national policy. These and other examples are detailed in the tool.

Conclusion: The CHW-AIM: Checklist for Implementing Partners is now available for general use.

P.32 - Community Health Worker (CHW) Competency Assessment for Advancing Primary Health Care: A Joint Ministry of Health-Wahana Visi Indonesia (A Partner of World Vision) Initiative in Indonesia

Presented by Nurring Trisnowati

Background: The Indonesian Ministry of Health (MoH) is transforming its primary health care system by strengthening promotion and prevention in the community through the “Posyandu” or Integrated Health Post structure. At Posyandu, Community Health Workers (CHWs) work with the public health centers (PHCs) to deliver growth and development monitoring services, health check-ups and education, and referrals. The MoH has established 25 basic skills for CHWs and provides standardized cascade training to train them. CHWs undergo three stages of training and coaching: and are granted one of three levels of proficiency: beginner (14-17 skills), intermediate (20-22 skills), and advanced (25 skills).

Methodology: Wahana Visi Indonesia (WVI), a partner of World Vision, works in Surabaya, East Java, supporting CHWs in the Posyandus. In October 2024, WVI collaborated with the PHC to conduct training for 201 CHWs. After the training, the PHC conducted cross-monitoring to observe and identify the CHWs’ capacities, and provided further mentoring to those who needed it. Final competency assessments were conducted in January 2025, including oral and practical testing. The assessments covered Posyandu management (4 skills) and services for pregnant women (6 skills); newborns, children under five and pre-school children (7 skills); school-age children and adolescents (3 skills); and adults and the elderly (5 skills).

Results: Of the 201 CHWs tested, 127 achieved the beginner level, 26 intermediate, and 32 advanced, while 8 did not pass and 8 dropped out. Refresher training and coaching was provided to the 8 CHWs who did not pass.

Analysis and Conclusion: This joint MoH-WVI initiative demonstrates best practices in CHW training, assessment, and supportive supervision addressing a common gap in global CHW programs. The competency-based approach enables clear identification and assessment of the key skills the CHWs need in order to perform their jobs well, and the follow-on coaching ensures that no CHW is left behind.

P.33 - Strengthening Primary Health Care through a Hybrid Peer and Allied Health Worker Model: Insights from m2m's Elwandle Project

Presented by Nomonde Tengwa

Background: mothers2mothers (m2m) is an African-based non-governmental organisation that employs women living with HIV as frontline Community Health Workers (CHWs) called Peer Mentors. From an initial focus on prevention of mother-to-child HIV transmission, m2m has expanded into a Hybrid Peer and Allied Health Worker model to deliver integrated primary healthcare services to women, children, adolescents, and families. Since September 2024, m2m has implemented a project in the Elwandle community outside Cape Town to enhance prevention, care, treatment, and support for non-communicable diseases (NCDs), tuberculosis (TB), and cervical cancer, including prevention of Human Papillomavirus (HPV). Here, we present findings from a mixed methods process evaluation of the first six months of implementation.

Methods: For this project, Peer Mentors were capacitated to provide additional services focusing on NCDs, TB, and HPV, and a Professional Nurse was hired in February 2025. Over six months, 11 Peer Mentors conducted one-on-one interactions with 5,855 clients, including HPV awareness and screening for sexually transmitted infections, NCDs, and TB.

Results: In total, 289 clients were referred for cervical cancer screening, and 81% (n=236) were screened by the m2m Nurse. In addition, 117 presumptive TB cases were identified and all were tested via sputum collected by the Peer Mentors. During qualitative interviews, Peer Mentors discussed the benefits of offering comprehensive, integrated services across different disease areas on the same day, reducing client burden; how the combination of Peer Mentors and a Nurse has strengthened the m2m model; and how they would like to gain more skills and take on more services to help clients further.

Conclusions: Taken together, it is clear that Peer Mentors can be successfully capacitated to take on additional, clinical responsibilities that take clinical services to the community; expedite services in health facilities; and reduce the burden of testing from clinical staff.

P.34 - Effects of Community Dynamics on Increased Use of Sexual and Reproductive Health Services by Adolescents and Young People

Presented by Gbèdonou Houeto

Introduction: In Benin, access to sexual and reproductive health (SRH) services for adolescents and young people (AYP) is a major public health issue, hampered by sociocultural and geographical barriers. A collaborative approach between health actors and community groups is essential to stimulate demand for and use of SRH services by this population.

Methodology: A qualitative study was conducted in 2024 in the Banikoara health zone to evaluate collaboration between community actors. Semi-structured interviews were conducted with 35 key actors, including community health workers, members of the Local Health Committee, and youth group leaders. Thematic analysis was used to interpret the data.

Results: The data indicate a clear improvement in the use of SRH services by A&Y in the intervention area (58%) compared to non-intervention areas (40%). This success is based on four main factors: synergistic collaboration between different actors that breaks down barriers to service provision; effective challenging of restrictive social norms through community and intergenerational dialogues; strong youth leadership in mobilizing their peers; and the removal of geographical and social barriers through mobile strategies.

Conclusion: Synergy between formal community health structures and local initiatives is a powerful lever for improving Y&A access to SRH services. This integrated approach promotes sustainable community ownership by creating an environment of trust. It is recommended that this collaborative model be systematized for scaling up.

P.35 - SAMBHAV: Empowering Community Health Workers to Lead Childhood Malnutrition Management in the State of Uttar Pradesh, India

Presented by Ravish Sharma

Context: Uttar Pradesh (UP), India's most populous state with over 25 million under-five children, holds a pivotal role in achieving the country's SDG-2 target on reducing childhood wasting, as it accounts for nearly 20% of India's severe acute malnutrition (SAM) burden with 7.3% of children affected. Earlier, the Facility-based system of Nutrition Rehabilitation Centres could manage only 1–2% of the caseload. Recognizing the need for a stronger community-based response, the Government of UP launched SAMBHAV in 2021—an innovative model that leverages the strengths of Community Health Workers (CHWs) viz. Anganwadi Workers (ICDS) and Auxiliary Nurse Midwives (Health) for comprehensive SAM management at the grassroots level.

Methods: Since 2021, SAMBHAV has been implemented annually during July-September, strategically aligning with the nutrition lean season when acute malnutrition peaks. The campaign has built CHW capacity, reinforced their identity as trusted community health and nutrition champions. It has fostered inter-departmental convergence between the Women and Child Development and Health Departments, reflected in joint guidelines, shared accountability of 200,000 CHWs. Standardized protocols on screening, medical management and digital reporting tools have enhanced capacities of CHWs for effective SAM identification, treatment, and follow-up.

Results: In five years, SAMBHAV has achieved remarkable CHW-led results: monthly growth monitoring of 17 million children, over 1.2 million SAM cases enrolled for treatment and follow-up, and growth monitoring coverage increasing from 27% to 97%. With the progress made for 6-59 months, the initiative expanded in 2025 to include infants under six at the risk of early growth faltering.

Conclusion: SAMBHAV shows that when CHWs are capacitated, motivated, and integrated into accountability frameworks, they can be the drivers of primary healthcare transformation. The seasonal campaign is now a CHW led community program with year-round services to 17 million children statewide. With its continued efforts to improve service coverage for 6-59 months, it has expanded to address early growth faltering in younger infants.

P.36 - Assessment of the Quality of Fever Management in Children Aged 0 to 59 Months by Community Health Workers (CHWs) in Yirimadio, Commune VI, Bamako District

Presented by Mama Sy Konake

Context: Fever is the leading reason for consultation in pediatric practice in Yirimadio. CHWs provide the population with essential community care packages, including treatment for the causes of fever. However, no studies on fever have been conducted in the community setting among CHWs in Yirimadio.

Objective: To evaluate the quality of fever management in children aged 0 to 59 months by community health workers in the Yirimadio health area.

Methodology: This was a retrospective descriptive quantitative study conducted in the Yirimadio health area in the 6th arrondissement of the District of Bamako in 2016. Our sample consisted of 394 cases of fever monitored by CHWs. The reference for fever management was based on the CHW action package. Children were monitored by CHWs through temperature checks during home visits. The children's follow-up forms were used as data collection tools. These data were entered and analyzed using the Statistical Package for Social Sciences (SPSS.20.0) software.

Results: Fever was present within 24 hours in 69% of cases, and children were brought to the CHW by their parents in 55% of cases. The Rapid Diagnostic Test (RDT) was performed in 96% of cases. The CHW administered Artemisinin-based Combination Therapy (ACT) to RDT-positive cases in 72% of cases, while 28% of cases were referred to the Community Health Center.

Conclusion: CHWs followed the algorithm for fever management in the majority of cases; however, supply shortages and insufficient consultation with children during home visits hindered the CHWs' ability to provide proper care to children.

P.37 - Community-Based Epidemiological Surveillance: A Community Health Workers-Led Strategy to Strengthen Primary Health Care in Sikasso, Mali between March and December 2024

Presented by Birahim Yaguemar Gueye

Background: The Sikasso region of Mali faces recurrent epidemics, underscoring the urgent need for early detection and rapid response mechanisms. This motivated the health authorities' choice of this pilot locality as a study setting for community-based epidemiological surveillance activities, placing the CHWs at the center of the strategy due to their proximity to and trust within local populations.

Objective: To document the role of CHWs in implementing SEBAC, assess their contribution to strengthening primary health care (PHC), and highlight key achievements, challenges, and future priorities.

Methods: CHWs across all seven districts of Sikasso were trained on the SEBAC surveillance package and equipped with smartphones to transmit coded SMS alerts. Data was sent to district health teams, validated in the SEBAC database, and analyzed using A power Manager and Excel.

Results: A total of 1,084 community platform members, including 543 CHWs, were trained and equipped, facilitating the transmission of 18,626 SMS out of 65,160 expected (completeness: 29%) and 41,300 timely SMS (promptness: 63%). This process enabled the early detection of 253 alerts (39 disease cases and 214 events). These results demonstrate improved community engagement, timely alert reporting, and enhanced access to primary care services. However, challenges remain in training consistency, logistical support, and sustaining CHW motivation.

Conclusion: CHWs play a pivotal role in the success of SEBAC and the resilience of PHC in Sikasso. Their involvement has strengthened epidemic preparedness and community-level health response. Sustaining these gains will require continued capacity building, improved logistics, and long-term motivation strategies.

P.38 - Resilience among Community Health Workers (CHWs): A World Vision-led Study in Lao PDR and Zambia

Presented by Esther Indriani

Background: Resilience is defined as the capacity of a system to adapt successfully to challenges that threaten its function, survival, or future development (Masten, 2021). A resilient individual has the capacity to interact with the environment in a way that optimizes their assets and external resources, helping them to navigate through challenges (Fergus, 2005; Ungar, 2013). For Community Health Workers (CHWs), their resilience determines how they manage stresses such as heavy workloads, community engagement, and limited resources. CHWs play a critical role in ensuring Universal Health Coverage and health equity, especially for vulnerable populations. The nature of the CHW's work often requires them to play stressful roles, such as advocating for the rights of the underserved. While CHWs are frequently exposed to challenges, programme implementers and policy makers seldom pay attention to the resiliency of CHWs.

Methodology: In 2024, World Vision conducted a study on CHW resilience in Lao PDR and Zambia. A total of 135 CHWs from Zambia and 24 CHWs from Lao PDR were surveyed using the Brief Resilience Scale (BRS) developed by Smith et al. (2023). BRS is made up of six statements scored with a five-point Likert scale (strongly disagree to strongly agree), designed to measure resilience as the ability to bounce back from stress. The translated BRS questionnaire was administered as a self-report tool during CHW training.

Results: Overall results indicated that most CHWs in both Zambia and Laos scored in the low to medium-low resilience range. In Laos, the mean BRS score was 2.99 (± 0.37), and in Zambia, was 3.09 (± 0.62). In Zambia, the scores were analysed further using ANOVA, and showed that CHW resilience does not differ significantly by CHW's age, gender, or education level.

Conclusion: These findings highlight the urgent need for CHW programme strategies that integrate resilience measurement and strengthening. While it is important to help improve the resilience of the CHWs, it is equally important to improve their working conditions, to include reasonable workload, supportive supervision and adequate equipment, to minimise the stress they experience to begin with. Embedding resilience within CHW training and support systems will provide a stronger foundation for sustainable primary health care delivery.

P.39 - Integrating Perinatal Mental Health into Antenatal Care in Telangana: A Community-Based Systems Approach through Auxiliary Nurse Midwives

Presented by Dr Khyati Tiwari

Background: Perinatal mental health (PMH) is often overlooked in maternal care in India, despite strong links with maternal health, nutrition, pregnancy outcomes, and child development. Antenatal care (ANC) is the most consistent contact point for women, yet routine services rarely include mental health. The National Mental Health Survey of India (2015–16) found nearly 6% of women of reproductive age had a mental disorder—mainly depression and anxiety—with a treatment gap of 82%. Southern states, including Telangana, face a high but underrecognised burden of perinatal anxiety and depression, compounded by anaemia, undernutrition, and rising overweight.

Methods: In 2023, under the 'Ending Preventive Maternal Mortality' (EPMM) initiative, the Department of Health and Family Welfare, with UNICEF and NIMHANS, integrated PMH into the ANC package. Guided by the WHO framework, a stepped-care protocol was rolled out across the state with four elements: (i) capacity-building of medical staff; (ii) embedding the Patient Health Questionnaire-2 (PHQ-2) and Generalized Anxiety Disorder-2 (GAD-2) in the Maternal and Child Protection card, linked to the digital information system; (iii) enabling Auxiliary Nurse Midwives (ANMs) to provide first-level support with referral and medication through specialists; and (iv) community awareness and stigma reduction through communication tools and films used by ANMs and Accredited Social Health Activists (ASHAs).

Results: About 1,500 medical officers, 4,500 ANMs, and 7,000 frontline workers were trained. In 2023–24, ANMs screened nearly 200,000 pregnant women; with about 10% screened positive and received counselling, referral, or pharmacological care.

Conclusions: Constraints such as limited specialists, workload pressures, and training gaps were addressed through standardised modules, vernacular training, and supportive supervision. These experiences underscore the importance of strengthening systems for postpartum mental health, the period of highest prevalence, through better planning and supervision of training, prioritisation of high-risk groups over universal screening in resource-constrained settings, simplified documentation, and improved access to mental health care pathways. Together, these measures are critical for scale-up and long-term sustainability.

P.40 - Boosting Lung Cancer Awareness through Household-Level Engagement in Makululu Compound, Central Province, Zambia: A New Model for Community-Facility Cooperation.

Presented by Emmanuel Nyundu

Introduction: Lung cancer is a leading cause of cancer-related deaths globally, with 1.8 million deaths annually. In Zambia, there were an estimated 15,296 new lung cancer cases and 9,770 deaths in 2022. Limited awareness about lung cancer's causes and symptoms contributes to delayed treatment and poor outcomes. Targeted community sensitization and screening are critical in high-risk areas like mining towns, but these efforts are largely absent in Zambia's primary healthcare models. There's a need for increased awareness and early detection to improve outcomes.

Methodology: The project, launched in 2024, is led by Access to Health Zambia and supported by the Bristol Myers Squibb Foundation. It targets Makululu Compound in Kabwe District, Central Zambia, due to its proximity to former mining activities and high environmental pollution. 14 community health workers were trained to conduct door-to-door visits, sharing information on lung cancer risk factors, benefits of early screening, and pathways to treatment. Community members are encouraged to seek medical evaluation at Makululu Urban Clinic for persistent coughs, chest pain, or unexplained weight loss, with complicated cases referred to Kabwe Central Hospital.

Results: A community intervention reached 11,788 members (ages 13-96) in Zambia, increasing awareness of lung cancer risk factors. Community Health Workers (CHWs) effectively engaged 1,964 households, promoting cultural relevance and trust. Collaboration with local leaders enhanced community participation. As a result, community members are seeking medical interventions, including screening for early diagnosis.

Lessons Learnt and Recommendation: A door-to-door community sensitization strategy using Community Health Workers (CHWs) effectively increased awareness and demand for lung cancer screening. Recommendations include Strengthening referral pathways to healthcare facilities, integrating lung cancer messages into broader health programs, conducting periodic outreach to sustain awareness, expanding partnerships with local health facilities and community-based organizations and Training or integrating lung cancer into existing CHW cadres.

P.41 - Barriers and Enablers to Community Health Workers' Support for Nurturing Care Beyond Health and Nutrition

Presented by Rajan Bhandari

Background: Nurturing care—including early learning, responsive caregiving, and safety and security, is vital for children's development. Community health workers (CHWs) are well-positioned to extend support beyond health and nutrition, yet their role in delivering these aspects of nurturing care remains underexplored. This review synthesizes global evidence on barriers and enablers influencing CHWs' ability to provide such support.

Methods: We conducted a scoping review guided by Arksey and O'Malley's framework and PRISMA-ScR standards. Five databases (MEDLINE, Embase, CINAHL, Web of Science, APA PsycINFO) and grey literature were searched up to April 2025, using a Population–Concept–Context strategy. Inclusion criteria focused on studies addressing CHWs' involvement in delivering non-health aspects of nurturing care. Data were extracted on barriers and enablers and synthesized thematically using the Nurturing Care Framework and socio-ecological model.

Findings: From 29,997 records, 113 studies (99 peer-reviewed, 14 grey literature) from 48 countries were included. Reported barriers included heavy workloads, limited time, inadequate training, weak supervision, resource shortages, and sociocultural norms limiting caregiver engagement. Enablers included capacity building through skills-based training, integration of nurturing care into routine maternal and child health services, supportive supervision, community trust in CHWs, and availability of simple tools and counselling aids. At system level, policy support, multisectoral collaboration, and digital technologies acted as important enablers, though less frequently reported.

Conclusions: CHWs can play a transformative role in extending nurturing care beyond health and nutrition. Addressing structural barriers and strengthening enabling environments, adequate training, supervision, supportive strategies and implementation guidelines, and cross-sectoral linkages, are essential to sustain and scale their contributions. Without such systemic support, efforts risk remaining fragmented and short-lived.

P.42 - Impact of Active Follow-up by Community Health Worker on Enhancing Adherence to Seasonal Malaria Chemoprevention in Djenné, Mali from July to October 2023

Presented by Honafing Diarra

Background: Malaria remains the leading cause of morbidity and mortality among children under five in Mali, accounting for 35% of consultations in health facilities. Seasonal Malaria Chemoprevention (SMC) is a key intervention to reduce this burden. However, its effectiveness is often undermined by low adherence to the second and third doses (D2 and D3), which are administered at home, and by incomplete coverage.

Objective: To assess the effectiveness of a community-led monitoring approach—implemented by Community Health Workers (CHWs)—in improving adherence to home-administered doses and overall coverage during the 2023 Seasonal Malaria Chemoprevention (SMC) campaign in Djenné District, Mali.

Methodology: Following drug distribution, pairs of CHWs conducted door-to-door follow-up to monitor the administration of the second and third doses, complete child monitoring cards, and raise awareness about potential side effects. The intervention covered 474 households and 860 children across nine health areas. Data were collected through daily activity reports and analyzed using Excel in table and graph form.

Results: Over the four rounds of SMC, 85% of targeted children were reached—an improvement over previous campaigns without community monitoring. More than 85% of children correctly received their follow-up doses at home. In 86% of households, parents demonstrated a clear understanding of SMC objectives, and all were able to follow the home administration protocol. Side effects such as vomiting, fever, and diarrhea were reported in 229 children and were appropriately managed.

Conclusion: Active involvement of CHWs in post-distribution monitoring significantly improves adherence, coverage, and community awareness. This approach offers a promising model for enhancing the effectiveness of SMC and underscores the importance of integrating community platforms into national health strategies.

P.43 - Improving Vaccine Supply Chain Management Capacity via Digital Mentoring for CHWs

Presented by Tobi Opeyemi Bamiduro

Motivation: Despite improvements in global vaccine availability, persistent immunization supply chain (iSC) challenges, particularly at the last mile, continue to hinder the equitable delivery of vaccines. Community Health Workers (CHWs), who may be tasked with administering vaccines in these settings, face structural barriers including frequent stockouts, limited training in cold chain management, and weak supervisory support.

Approach: iSC Supportive Supervision Tool Package. It will briefly explore VillageReach's three key interventions, which form an iSC supervision tool package: (1) Operation Guideline for supervision (2) Digital, Interactive Checklist (3) Dashboard. The tool shifts from audit-style inspections to a collaborative, mentoring-oriented model, providing structured, real-time supervision aligned with national SOPs and WHO guidance. The solution was deployed and piloted in Malawi, Mozambique, and Nigeria.

Key Findings: Malawi: A pilot in Mangochi district (February-July 2024) across 42 sites found the tool acceptable. 378 issues were resolved via mentorship. Positive pilot results have led to MoH recommendations for scale-up. Discussion on the integration of the iSC tool into DHIS2 is currently ongoing. Nigeria: Deployment in 49 health facilities in Birnin Kebbi LGA (March-April 2025) saw an average of 182 unique issues identified over three rounds, with 61% resolved through mentorship. Mozambique: The iSC tool's unique features were successfully integrated into the existing National EPI Supervisory Tool (FESP) platform and piloted in Zambezia and Maputo provinces, covering 17 health facilities in 6 districts.

Implications and Why It Matters: The iSC supportive supervision tool is a user-friendly digital solution that helps with capacity building for community health workers (CHWs). It improves accountability and gives the Ministry of Health real-time data and insights for decision-making. This tool is a scalable approach to improving vaccine management skills for CHWs in areas with limited resources and weak supervision. A pilot has shown that this "light-touch" tool effectively builds CHW capacity, demonstrating that traditional classroom training isn't always necessary.

P.44 - Feasibility of Complete Basic Immunization for Children Under 5 Years of Age in Rural Settings Involving Community Health Workers in Mali: Ouéléssébougou Health District

Presented by Amadou Dia

Introduction: Mali has been engaged in an expanded immunization program (PEV) prioritizing children under 5 years of age for several decades. Only 45% of children aged 12-23 months were fully vaccinated in 2018. Implementation of the program faces significant challenges, including the provision and use of quality basic health services. Our study aims to improve vaccination coverage among children under 5 years of age through a community-based outreach intervention.

Materials and Methods: The selected site is located in Ouéléssébougou health district in Mali and is subject to health and demographic surveillance. Using a mixed-methods approach, we interviewed 302 mothers, assessed 323 children under 5 years of age, and conducted individual interviews with 21 health and community leaders in 2023.

Results: Only 62,6% of children have received the last vaccine of the immunization program. The majority of mothers of children under five years (96,5%) are in favor of involving CHWs for the complete vaccination. Local authorities and the community are supportive of the involvement of community relays if they are trained and encouraged.

Conclusion: In rural areas, community awareness and mobilization are key strategies for strengthening childhood vaccination, which is well-received by the population.

P.45 - Impact of Community Platform Actors (APCs) on Child Health Outcomes in Bamako: Evidence from the Action Pour la Santé (APS) Program

Presented by N'Diaye Sidy Bathily

Background: Reliable data on child health and survival are essential for guiding policy decisions and designing effective interventions to reduce mortality and improve health outcomes. In Mali, the NGO Mali Health (MH) operates a network of 50 Community Platform Actors (APCs) whose core activities include home visits, health education sessions, referrals to community health centers (CSCom), and follow-up of children receiving care. Drawing on over a decade of implementation experience, MH conducted a study using data from curative consultations at eight partner CSCom in peri-urban areas of Bamako.

Objective: To assess the impact of preventive activities conducted by APCs on service utilization and health outcomes among children aged 0–5 years in targeted communities.

Methods: This retrospective study covered the period from 2019 to 2021 and included data on 72,851 children aged 0–5 years who received consultations. Data were analyzed using Excel, disaggregated by sex and time (monthly and yearly), with calculations of rates, prevalence, and person-time incidence.

Results: The average service utilization rate (number of services received per person per year) among the general study population was 0.42, compared to the national average of 0.37. Children enrolled in the APS cohort had a significantly higher utilization rate of 1.2. The person-time incidence rate for malaria, respiratory infections, and diarrhea was 42 for 100 person-year, while it was only 12 for 100 person-year among children in the APS cohort. The overall prevalence of global acute malnutrition was 3.2%, whereas the rate among APS children was markedly lower at 0.2% (2%).

Conclusion: The APS program has successfully achieved its overarching goal, with no reported deaths among beneficiary children in over 11 years. Preventive activities led by APCs have contributed to improved health outcomes and increased service utilization among children in intervention areas.

P.46 - Beyond Monetary Incentives: Mixed-Methods Insights for Strengthening a Sustainable Community Health Workforce in Rural Bangladesh

Presented by Masudur Rahman Kanchon

Background: Community Health Workers (CHWs) are the cornerstone of primary healthcare (PHC), especially in low-resource settings like Bangladesh. Despite their critical role, retaining a motivated and effective CHW workforce remains a persistent challenge. This study explores the key determinants of CHW satisfaction and retention, to inform strategies for building a resilient and committed workforce sustainably.

Methods: This study used a mixed-methods, cross-sectional approach, involving a census of 985 CHWs across four purposely selected sub-districts. Qualitative data were collected through in-depth interviews, key informant interviews, and focused group discussions with CHWs, facility authorities, and the community. Descriptive statistics and logistic regression were used to analyze quantitative data. Thematic analysis was used for qualitative data.

Results: Only33% of the CHWs reported job satisfaction and continued working, 70% of them being females. CHWs' satisfaction was significantly related to variables such as, gender, education level, household income, non-monetary incentives, training, supportive supervision, manageable workload, reporting mechanism, PHC integration, and community engagement, and scope of promotion ($p<.05$). Logistic regression identified several key predictors of retention ($p<0.05$): marital status (divorced/others: AOR: 8.9, 95% CI: 2.71-29.05), regular monthly salary (15000-40000 BDT: AOR: 13.32, 95% CI: 6.88-25.79), additional compensation (AOR: 3.35, 95% CI: 1.96-5.70), performance monitoring (AOR: 2.98, 95% CI: 1.84-4.83), guideline-based supervision (AOR: 2.58, 95% CI: 1.21-5.53), and serving as a volunteer (AOR: 3.53, 95% CI: 1.58-7.8). Qualitative insights emphasized the need for financial support, training, supplies, career pathways, and strong community and PHC integration.

Conclusion: CHW retention depends on both financial incentives and systemic support, such as training, supervision, community engagement, and career growth.

P.47 - Strengthening Child Healthcare Delivery in Rural Ethiopia: Integrating Human-Centered Design and Implementation Research Approaches

Presented by Etsegent Arega Asmamaw

Background: Despite integrating curative child health services into Ethiopia's Health Extension Program (HEP), service quality and utilization remain low due to limited caregiver awareness, cultural delays, CHW knowledge gaps, supply issues, and weak referrals.

Methods: This study used Human-Centered Design (HCD) and implementation research to identify gaps in integrated Community Case Management (iCCM) and Community-Based Newborn Care (CBNC), and to co-create and test scalable interventions that enhance caregiver engagement, CHW decision-making, and system readiness. Across 30 health posts in Oromia, Sidama, and Central Ethiopia, a mixed-method, multi-phase HCD process included facility assessments, CHW competency tests, journey mapping, focus groups, and service data analysis, feeding into co-creation workshops with the Ministry of Health, regional bureaus, and communities. Prototypes—visual aids, decision-support tools, mobile referrals, and mentorship—were piloted over four months with baseline and endline comparisons.

Findings: At intervention sites, child treatment visits rose 9% (vs. 4% decline in controls); CHW knowledge improved from 63% to 80%, and clinical skills from 51% to 75%. Counseling, physical exams, and correct treatment rates each improved >20%.

Conclusions: Tools such as visual aids promoted early care-seeking, while decision wheels and telesupport enhanced diagnostic accuracy and confidence. HCD effectively bridged the gap between guidelines and frontline practice in resource-limited settings. Critical success factors were CHW capacity gains, practical tools, community engagement, and iterative prototyping. Embedding innovations within HEP structures minimizes added costs and supports national scale-up, offering a replicable model for strengthening primary health care in similar contexts.

P.48 - Social Innovation for Community Health Workers from an Afrocentric Approach: A Ugandan Perspective

Presented by Michael Obeng Brown

Background: The growing adoption of social innovation in health service delivery holds great promise for health systems in underserved communities. Social Innovation Theory (SIT) emphasises community engagement approaches in developing culturally appropriate and locally relevant innovative solutions that empower the community. However, despite SIT's potential benefits in underserved communities, the involvement of bottom-level stakeholders for example, Community Health Workers (CHWs) who can collaborate with institutional stakeholders and policymakers by sharing insights, experiences, and local knowledge has been minimal and unjust, leading to technological exclusions and rendering social innovations for health unsustainable.

Research Objective/Aim: This study fosters collaboration with community health workers, community members, and local stakeholders to understand how to integrate their valuable social and cultural insights, experiences, and local knowledge into health innovations to develop a comprehensive Afrocentric conceptual framework that aligns with Social Innovation Theory.

Methods: This study employed a triangulated qualitative research methodology that involves 20 semi-structured interviews with key informants, observations in the rural mainland in the Wakiso district and the Bussi and Zzinga Islands in Uganda, including 2 Focus Group Discussions. The narratives from the participants were analysed using a novel analytical approach which combines the manifest coding with Gioia and Chittipeddi's Data Structure Methodology.

Findings: Findings from the study identify that Afrocentric cultural values are the foundation of rural communities in Uganda. Further, in delivering community-based health services, CHWs are bound by the principles of collectivism and togetherness that are tied to their Afrocentric cultural values and social norms, enabling them to understand the needs of their community. However, the majority of the innovation deployment challenges faced in rural communities can be attributed to the limited engagement between the CHWs and the high-level stakeholders.

Discussion: Recognising the contextual cultural values and continuous engagement with CHWs by high-level stakeholders fosters constructive dialogue for an efficient and effective community healthcare system. This will ensure the health tools or initiatives are culturally sensitive, grounded, and socially innovative for the communities they serve.

P.49 - Community Health Workers' Role to Optimize the Coverage of Under-Five Children Attendance at Integrated Health Posts in South Bengkulu, Indonesia

Presented by Gloriana Seran

Background: Under-five children's attendance at the Integrated Health Post (IHP) is an indicator of the achievement of community participation and is important for the early detection of growth faltering and health problems among under-five (U5) children, as examples. However, there are still challenges in its implementation in Indonesia. The target for U5 children to attend and be weighed at IHPs is 100%; however, based on data from the Ministry of Health (MoH) in 2023, the current figure was 78.9%.

Methodology: In 2025, Wahana Visi Indonesia, a partner of World Vision, is active in South Bengkulu District, increasing the capacity of Community Health Workers (CHWs) through standardised training, including tracking attendance of U5 at IHPs. The CHWs tabulate information in the SKDN tabulation and present the data to authorities, including government officials, health workers, and community leaders, on a regular basis, with the objective of increasing attendance and the weighing of children under five. The SKDN tabulation is a simple report that uses percentages for U5 children in terms of the total of under-five children in the village, growth, monitoring card ownership, attended-weighed, and weight increase. WVI focuses on the achievement of U5 who attend and are weighed.

Results: After WVI's assistance, 10 IHPs in South Bengkulu reported that attendance coverage for under-five children increased gradually until it reached 100% compared to before the assistance. Likewise, successful assistance is because all the authorities are willing to take on the strategic activities to tackle those problems together after the SKDN tabulation was presented. Besides trying to solve that problem, the regular meeting also found several barriers and enablers in the communities that can contribute to achieving the purpose.

Conclusion: Our finding shows that advocacy based on IHP regular data findings through SKDN tabulation, wherein the involvement of multi-stakeholders, can make a real movement from the community to tackle the low coverage of under-five children in IHP. This approach could be a novel approach, because other previous studies tend to focus on altering the knowledge through the socialisation of the mother with under-five children, whilst this approach focuses on the advocacy by utilising data that is embedded in the IHP.

P.50 - Compliance with the Vaccination Schedule by Children Aged 0 to 12 Months in Three Rural Health Districts of Mali: Involvement of Frontline Workers

Presented by Dr. Lamine dit Fanto Sogoba

Context: Mali has made progress bringing services closer to the population, but population growth, limited health workforce, the dispersal of villages, etc., limit reach to the entire population, especially in rural areas where more than 43% and 14% of Mali's population live more than 5 km and 15 km, respectively, from a health facility. In rural communities, health center utilization rates remain low, including for vaccination (basic coverage for children aged 12-23 mos. fell from 48% in 2006 to 45% in 2018).

Objective: To improve vaccine timeliness for children aged 0 to 12 months in rural health districts in Sikasso region through improved coordination with frontline health workers

Method: Frontline health workers were engaged alongside health center personnel to collaboratively develop solutions to improve vaccine completion and timeliness, including actions such as registering births at rural maternity homes, actively searching for newborns, and community education. Other activities to improve quality included refresher training for stakeholders, provision of registration records, village vaccination sessions, and a framework for stakeholder coordination to monitor children's vaccination status.

Result: Implementation began with baseline data collection in May 2018, concluding with endline data collection Oct. 2019, with longitudinal monitoring of vaccination status of 375 children born during the project period. Vaccination coverage increased from 4% at baseline to 100% across all sites. Vaccine timeliness increased from 11% to 95%. Improved coordination between health system actors contributed to achieving these results.

Conclusion: Improved collaboration with 36 frontline workers (traditional birth attendants and CHWs) improved vaccine completion and timeliness for children aged 0-12 months, validating the effectiveness of a participatory quality improvement approach in the rural health system. It continues to be used in rural and peri-urban contexts to improve primary healthcare delivery.

P.51 - Community-Driven Peer Support for Holistic Maternal and Early Childhood Care in Rural South Africa

Presented by Nolubabalo Tshemese

Background: Ensuring healthy pregnancies and early childhood development requires timely, comprehensive support for pregnant women, and caregivers of children under six. In rural South African regions like the Eastern Cape, geographic and systemic barriers often delay access to essential health and social services, increasing risks for mothers and young children. The legacy of health inequities, alongside high burdens of HIV, malnutrition, and poverty in these communities, further complicates care delivery. Since 2016, One to One Africa's Enable Mentor Mother programme has addressed these challenges by centering lived experience and community leadership to deliver holistic, integrated care.

Intervention: Mentor Mothers—women from the community who have successfully navigated pregnancy and early child care—lead the programme. Using mHealth tools, they provide personalized support including health education, appointment reminders, psychosocial support, adherence encouragement, and referrals to local health and social services. Telehealth overcomes geographic and weather-related barriers, ensuring continuity of care in remote areas. Digital tools empower Mentor Mothers to maintain autonomy while delivering culturally relevant, high-quality care. This approach blends clinical guidelines with lived experience to develop sustainable, locally adapted strategies. Mentor Mothers actively shape service delivery, advocate for clients, and co-create solutions with families most affected by structural barriers, fostering respectful, empathetic relationships rooted in trust and shared experience. Between April and June 2025, 1,933 pregnant women and caregivers engaged with 30 Mentor Mothers.

Lessons: from this programme highlight that community-led programming enhances holistic maternal and early childhood support; embedding lived experience strengthens empathy, cultural relevance, and trust; telehealth complements community outreach in remote settings; and sustainability requires shared ownership and adaptive systems. To promote equitable maternal and child health, investment in community-designed health solutions like Enable Mentor Mothers is vital to transform outcomes in underserved rural areas.

P.52 - Integrating Community Health Entrepreneurs into Primary Health Care: Beneficiary Insights from a Lean Data Survey

Presented by Adima Mesa Nyodero

Context: Last-mile communities face persistent gaps in access, continuity, and affordability of PHC. Healthy Entrepreneurs (HE) offers existing CHWs the opportunity to become Community Health Entrepreneurs (CHEs) to deliver essential quality products, counselling, and referrals at the doorstep at a subsidized price. Products and services offered complement existing government programs. HE currently deploys 25,000 CHEs in 7 different countries in close collaboration with national governments. CHWs onboarded in the program benefit an increased average income of 70%.

Objective: To summarize beneficiary-reported outcomes of CHE services and identify practice and policy levers that strengthen people-centered PHC.

Methods: Secondary analysis of an independent Lean Data phone survey of 271 HE beneficiaries (evaluation conducted by 60 Decibels). Instruments captured access, affordability, counselling quality, behavior change, and perceived outcomes; we applied descriptive analysis and rapid coding of open-ended responses using an impact-dimensions frame.

Results: Beneficiaries reported broad, person-centered gains: 96% experienced better healthcare, 94% noted improved household health, and 70% reported a significantly improved quality of life. Respondents linked these effects to doorstep availability, respectful and trust-building interactions, clearer instructions on prevention and treatment, and continuity through reminders, follow-ups, and refills.

Conclusions & Implications: CHEs, integrated with CHW systems, extend PHC reach and quality by pairing last-mile availability with tailored counselling and referral. System enablers include supportive supervision, reliable commodities, digital follow-up tools, and formal recognition/financing of community-based providers. Embedding routine beneficiary feedback can guide supervision curricula, supply-chain prioritization, and quality-of-care improvements while maintaining equity and person-centeredness.

P.53 - Evaluating the Effectiveness of Integrated Community Case Management Training for Community Health Workers Using Pre & Post-Test Assessments – A Case Study of Four Districts in Zambia.

Presented by Benson Mwelwa

Introduction: Integrated Community Case Management (iCCM) is a global strategy for extending primary health care through Community Health Workers (CHWs), particularly in underserved areas. It equips CHWs to diagnose, treat, and refer cases of malaria, pneumonia, diarrhea, and malnutrition. This study evaluated the immediate impact of iCCM training on CHW knowledge and practical skills using pre- and post-test assessments.

Methodology: A retrospective quantitative pre-post design was applied using secondary training data from four Zambian districts (Chinsali, Lavushimanda, Mpika, and Masaiti). All CHWs completing both pre- and post-tests were included (n=163). Assessments measured theoretical knowledge (diagnosis, treatment, referral) and practical competencies (case management, RDT use, communication). Data were analyzed in R using descriptive statistics, paired t-tests, and Cohen's d to determine significance and effect size.

Results: Baseline results showed moderate competencies (theory mean = 62.6%; practical mean = 59.1%). Post-training, significant improvements were observed: theory scores rose to 78.3% (+15.8 points, $p<0.001$, $d=0.47$) and practical scores to 77.0% (+17.9 points, $p<0.001$, $d=0.52$). Visual analyses confirmed consistent gains across all districts, with reduced variability and strong pre-post correlations. These findings demonstrate that iCCM training meaningfully improves both knowledge and applied skills among CHWs.

Conclusion: The study validates iCCM training as an effective strategy to strengthen CHW capacity for frontline case management in hard-to-reach settings. Implications include the need for refresher training, mentorship, and supportive supervision to sustain gains. Policymakers should integrate follow-up assessments, align training with supply chain and expand coverage while maintaining standardized curricula. Future research should evaluate long-term knowledge retention, translation into health outcomes, and cost-effectiveness to inform national scale-up.

P.54 - Advancing Primary Health Care in Ghana : Strengthening Sub-District Health Systems to Empower Community Health Workers

Presented by Samuel Oppong

Background: Community-based health planning and services (CHPS) remain the foundation of Ghana's strategy to deliver primary health care (PHC) services. Yet, persistent gaps in infrastructure, equipment, and management capacity at the sub-district level limit the effectiveness of community health workers (CHWs) to deliver integrated services. In collaboration with the Ghana Health Service, CHAI conducted an analysis of district-level burden of HIV, TB, malaria, and essential PHC indicators, identifying clusters of high-burden districts underserved by external funding. To address this gap, Ghana Health Service, in collaboration with CHAI, co-developed the Sub-District Strengthening Initiative (SDSI), an innovation that builds on the existing Network of Practice model by integrating complementary investments in CHPS zones and health centres.

Results: Since its implementation in 2024, SDSI supports operational planning in high-burden districts, strengthens district and sub-district management capacity, and equips health centres and CHPS zones with essential infrastructure, equipment, and training. A key feature of the initiative is the focus on CHWs: refurbishing CHPS compounds, providing necessary tools, and delivering tailored CHW training, SDSI enhances their ability to deliver safe, people-centered, and comprehensive PHC. Costing and implementation plans were jointly developed with government stakeholders to ensure sustainability and alignment with national priorities.

Conclusions: The SDSI is expected to lead to improved functionality of CHPS compounds, greater availability of essential equipment, and strengthened supervision systems for CHWs.

The SDSI systematically addresses both systemic and frontline gaps and demonstrates how targeted investments can empower CHWs, reinforce their central role in PHC delivery, and advance Ghana's progress toward equitable, resilient health systems.

P.55 - Community Health System Strengthening in Fragile Settings: A Nurse-Led Approach in Karenni State, Burma

Presented by Emily Ruth

Background: Armed conflict, political instability, and humanitarian crises have devastated health systems globally, with Myanmar among the most severely affected. Following the 2021 military coup, health service delivery in Karenni State collapsed amid mass displacement, workforce shortages, and destroyed infrastructure.

Intervention: In this context, the Karenni Nurses Association (KNA)—founded by over 160 Civil Disobedience Movement nurses—implemented a nurse-led, community-based health system strengthening (CBHSS) initiative guided by the Community Health Systems Strengthening (CHSS) framework. The intervention focused on seven core elements: community engagement, task-sharing, equitable access, health information systems, supply chains, governance, and resilience.

Results: Data from 45 clinics serving ~150,000 people showed significant gains: 72% of internally displaced persons (IDPs) in targeted areas accessed primary care services; over 18,000 consultations were delivered in 2023, including 5,200 maternal and child health visits; and 310 community health workers were trained to provide first-line services. Stock-out rates of essential medicines declined from 38% to 12% after establishing decentralized supply hubs. Referral systems linked 22 border clinics to higher-level care, with over 1,100 patients transferred for advanced treatment. Community advisory boards in 80% of clinics enhanced accountability, while contingency planning and regionalized storage enabled uninterrupted service delivery during 14 conflict-related displacement episodes. Challenges included incomplete data reporting, insecure transport routes, and uncertain funding.

Conclusions: Lessons highlight the importance of nurse-led task-sharing, participatory governance, robust logistics, and adaptive planning in fragile contexts. Evidence from Karenni demonstrates that locally driven, nurse-led models can sustain essential health services and strengthen system resilience, offering a replicable pathway for conflict-affected settings.

P.56 - “Nothing Without Us”: the Genesis of a Multi-Cadre CHW Workers' Committee Fighting for Respect, Recognition, and Remuneration in Chiapas, Mexico

Presented by Matthew Hing

Rationale: Community health work has long suffered from problematic labor dynamics and inadequate participation by community health workers (CHWs) in shaping the policies that (over)determine their lives and work. This poster describes the case of a newly formed CHW Committee, a group of Mexican CHWs within the same NGO that self-organized to collectively advocate for the rights, defense, and professional development of their fellow CHWs.

Context: Compañeros En Salud (CES) is an NGO providing primary healthcare (PHC) to communities in the Sierra Madre of Chiapas, Mexico, and its operations rest upon CHWs - all women local to the Sierra. CES’ fragmented, multi-cadre CHW workforce with disparate responsibilities, salaries, and training posed challenges in understanding and collaboration among the 90+ CHWs, at times spilling into conflicts. Despite these differences, CHWs also noted common work experiences: felt exclusion from high-level decision-making, shared satisfaction in addressing communities’ needs, and disproportionate exposure to physical and social hazards on the frontlines of community health.

Process: Organic efforts by CHWs within CES to organize themselves had always existed, but faced barriers to growth. In June 2024, some CES staff contextualized and implemented the Community Health Impact Coalition (CHIC) advocacy course with all of CES’s CHWs virtually over a two week period. Modules covered the history of CHWs, advocacy skills, and story-telling, digital tools and were contextualized to Chiapas.

Results: Mixed-methods evaluation (survey and focus groups) of 60 CHWs’ experiences with the course revealed benefits to their work and a shared desire to continue meeting together, and the same CES staff helped create a digital infrastructure for ongoing discussions and communication. Over several months, CHWs kept discussing and strategizing together; in May 2025 they elected to form a workers’ committee with equitable representation from each of the four cadres.

Implications: The CHW committee has since named several priorities: increased consciousness-raising about the global politics of CHWs; voice and vote within CES; dignified salaries; and developing plans for how this collective of CHWs could continue supporting their communities in case CES were to close or reduce its work. For CHWs to most effectively advance PHC, it is essential that institutions continue to support the organizing, advocacy, and protagonism of CHWs.

P.57 - Empowering Community Health Workers with Time-Targeted Counselling to Improve Maternal and Child Health in Rural Lao PDR Role

Presented by Douangsamai Akkhasith

Background: In rural Laos, limited health infrastructure and geographic isolation create significant barriers to healthcare access. To address this, World Vision Laos initiated a Time-Targeted Counselling (ttC) project in 2022 to empower community health workers (CHWs) and improve maternal, newborn, and child health (MNCH) outcomes by increasing health knowledge and use of essential services.

Intervention: In 2024, the ttC intervention was implemented across 80 villages in 6 districts of 3 provinces, with 226 CHWs trained. This effort directly reached 2,364 children (0-23 months) and 4,853 women of reproductive age through counselling. CHWs conduct monthly home visits using ttC tools to counsel families on infant feeding, antenatal/postnatal care, and hygiene. The program employs dialogue-based counselling and positive/negative stories to promote discussion on key themes including psychosocial support and maternal mental health, targeting the most vulnerable households.

Methods: Data were collected through quantitative and qualitative methods. Baseline and endline household surveys tracked key MNCH indicators (ANC attendance, skilled birth attendance, nutrition status) using validated questionnaires. CHWs maintained monthly home-visit and service-delivery registers, aggregated and verified by district health staff. Child malnutrition rates were determined via anthropometric measurements using standard WHO protocols.

Findings: Despite challenges including cultural feeding practices and limited male participation, the project achieved significant success. In Salavan, 100% of pregnant women attended antenatal care. In Luang Prabang, skilled birth attendance increased from 64% to 82%. Child malnutrition rates decreased substantially, with wasting falling to 1% and stunting reducing from 56% to 44% in Luang Prabang. Behavioral changes included enhanced exclusive breastfeeding and improved community hygiene.

Conclusions: CHW-led ttC is a highly effective strategy for strengthening primary healthcare and achieving tangible improvements in maternal and child health outcomes in challenging, low-resource settings. The findings underscore the critical role of well-trained and supported CHWs in bridging service delivery gaps and fostering resilient communities.

P.58 - A Case Study of the Professionalized-Community Health Worker Model Implemented by NAMA Wellness Community Centre, Mukono District, Uganda

Presented by Aturinda Sonia

Objectives: The global shortage of health workers remains a critical challenge, with Africa projected to face a deficit of approximately 6 million health workers by 2030, despite bearing the world's highest disease burden. In Uganda, the professionalization of Community Health Workers (CHWs) under the 2019 Community Health Strategy aims to address human resource shortages and achieve Universal Health Coverage (UHC). This study aimed to: 1) describe the specific nature of the professionalized CHW (proCHW) program implemented by NAWEC in Nama sub-county, Mukono district; 2) analyze trends in service utilization; 3) explore community and perceptions; and 4) identify key enablers and barriers to program implementation.

Methods: This mixed-methods case study examined the pro-Community Health Worker (proCHW) program in Nama, Mukono district. Secondary data from 2021 through 2024 were analyzed using STATA 17 for trend analysis. Qualitative data were collected through KIIs, IDIs, and FGDs with CHWs, government health facility staff, policy makers, program implementers, and community members selected through purposive sampling. 45 interviews were conducted by trained research assistants using pretested tools and analyzed thematically using ATLAS. ti 9.

Results: The proCHW program implemented by NAWEC aligns with eight core attributes and practices that align with the Community Health Impact Coalition (CHIC) best practices: community involvement in recruitment, accreditation, accessibility, pro-activeness, continuous training and support, incentives, integration into the existing health system, and data feedback loops. Service utilization increased from 2021 to 2024. Community members perceived CHWs as highly supportive and caring, sharing positive experiences of follow-up care, patient escort services, and continuous engagement, significantly improving trust and ultimately service uptake.

Conclusions: The documentation of the proCHW program in Nama Sub-County, Mukono District, reveals a comprehensive, community-rooted approach to primary healthcare delivery.

P. 59 - Community-Driven Strategies for Safe Deliveries: How Interventions by Community Health Promoters and Health Care Providers Achieved Over 93% Skilled Birth Attendance Coverage in Kakuma Refugee Camp by International Rescue Committee

Presented by Leah M .Oduor

Background: Maternal and newborn health is a global priority, with SDG 3.1 aiming to reduce maternal mortality to fewer than 70 per 100,000 live births by 2030. Skilled birth attendance (SBA) is essential, yet in Kenya coverage is 89% nationally, 53% in Turkana County, and 62% in Turkana West. Kakuma Refugee Camp, however, achieved >93% SBA despite resource limitations.

Objectives: To document IRC's community- and facility-based interventions that drove high SBA in Kakuma, and assess challenges, lessons, and replication potential in fragile contexts.

Methods: A multi-pronged strategy combined:

(1) Community interventions training CHPs for health education, male engagement, danger sign recognition, referrals, and use of WhatsApp, hotlines, and call centers; plus nutrition support through mother support groups.

(2) Facility interventions—midwifery-led care, free respectful services, Baby-Friendly Hospital Initiative, nutrition integration, feedback desks, specialized antenatal clinics, and strengthened referrals with ambulance services

(3) Community engagement involving religious and cultural leaders, maternity open days, and facility tours.

Results: SBA exceeded 93%. Maternal mortality stayed below 200 per 100,000 live births (124–135 in 2021–23) but dropped to 124 in 2024. Maternal complications dropped from 329 in 2022to 171 in 2024, reflecting improved detection and system strain. CHPs, male involvement, and digital tools built trust and ensured continuity of care.

Conclusions: Kakuma demonstrates that integrated community–facility approaches can achieve near-universal SBA in humanitarian settings. Key lessons include community ownership, digital innovation, and respectful care. Scaling requires funding, partnerships, and investment in both community and facility capacity.

P.60 - Community Health Workers as Catalysts for Strengthening People-Centered Primary Health Care on Community-Based Mental Health Services in the Philippines

Presented by Ronnell D Dela Rosa

Background: Mental health is an emerging public health priority in the Philippines, yet services remain under-resourced and concentrated in urban centers. The mental health treatment gap is estimated to exceed 70%, with access further constrained by stigma, limited trained providers, and weak referral pathways. Primary Health Care (PHC) offers a critical entry point for scaling community-based mental health services. Community Health Workers (CHWs), known locally as Public Health Physicians and Nurses, Rural Health Midwives, Barangay Health Workers (BHWs), are strategically positioned to bridge these gaps through their proximity to communities and trusted roles within local health systems. This study explores how CHWs can be effectively integrated, recognized, and supported to deliver people-centered, comprehensive, and sustainable PHC with a focus on mental health.

Methods: A mixed-methods design was employed across selected provinces, combining quantitative analysis of BHW-led interventions in mental health screening, referral, and adherence support with qualitative interviews among BHWs, supervisors, and service users. Policy reviews of the Mental Health Act of 2018 and related PHC frameworks were also conducted.

Findings: Findings indicate that CHWs play a vital role in reducing stigma, increasing early identification of mental health concerns, and improving continuity of care. Structured mental health training, supportive supervision, and the use of digital tools enhanced service delivery. Furthermore, recognition of CHWs in national policy frameworks strengthened their legitimacy and motivation, supporting long-term sustainability.

Conclusions: The study concludes that empowering CHWs within PHC systems is a feasible and impactful strategy to bridge the mental health gap in the Philippines, advancing universal health coverage and people-centered care.

P.61 - Building psychosocial competencies among public health midwives: Case stories from Sri Lanka's caring for the caregiver training program

Presented by Suganya Yogeswaran

Background: Mental health issues among women of reproductive age in Sri Lanka are a growing public health concern. In a study among women aged between 16-24, 29.6% showed depressive symptoms and around 7.4% had suicidal ideation, while in a national survey, 13.2 % of married or cohabiting women reported suicidal thoughts and nearly one in four experiencing gender-based or intimate partner violence. Poor maternal mental health not only affects women's well-being but also undermines caregiving capacity and child development. Strengthening integrated mental healthcare within reproductive and maternal health services through improving skills of Frontline workers (FLWs) of Sri Lanka to provide emotional and psychosocial support to caregivers is a pressing requirement.

Approach: UNICEF's 'Caring for the Caregiver' (CFC) package is a relationship-centered, preventive intervention designed to support the psychosocial well-being of caregivers through capacity building of FLWs. The5-day training includes 3 days of experiential and 2 days of practical learning, reaching 40 PHMs and 2–3 supervisory staff per district, expanding to all 26 districts of the country.

Objective: The aim of conducting the in-depth case study analysis was to capture the perspective of the PHMs about the CFC training of trainers program.

Results: Two public health midwives experienced professional and personal transformation through UNICEF's CFC training of trainers program. The training equipped them with the necessary tools and skills to empower the psychosocial wellbeing of caregivers. One midwife, just three months into her role in the urban pockets, stated the program shifted her understanding of care from offering only medical advice to addressing the emotional needs of a family. In a suburban area, another midwife with seven years of experience said the training reframed her work from instructing families to facilitating their emotional growth and decision-making. Beyond its impact on caregivers, the midwives emphasized the program as self-care, reducing burnout and strengthening their emotional resilience.

Conclusion: The experiences of the PHMs shared from the training program prove that investing in nurturing those who nurture others leads to stronger public healthcare systems, healthier children , and more compassionate communities.

P.62 - Integrating Public Health Competencies into CHW Training: Lessons from a Global Virtual Series

Presented By Shayanne Martin

Background: CHWs work on the frontlines of health promotion and disease prevention, yet many lack formal training in public health competencies and frameworks. To address this gap, the South Texas CHW Workforce Preparedness Collaborative developed a virtual training series to equip the region's CHWs with knowledge and skills to be effective members of public health teams. Although designed for CHWs in South Texas, the virtual format attracted participants globally.

Objectives: This study explores a virtual training strategy to elevate CHWs as central contributors to public health systems.

Methodology: CHW instructors designed seven interactive modules grounded in popular education theory, adult learning principles, and outcome-based learning pedagogy. Delivered via Zoom, the curriculum covered: the role of CHWs in public health, data collection and interpretation, evaluation, communication, advocacy, policy development, and project management and leadership. The modules aimed to prepare CHWs to design and implement interventions responsive to both epidemiological data and community-identified needs.

Results: Despite limited marketing targeting CHWs in South Texas, the series drew 725 unique registrants from 27 U.S. states and 26 countries across Europe, Asia, Africa, and the Middle East to participate in at least one training module. Each one-hour session averaged 177 attendees, with 91% remaining online for more than 30 minutes. Post-training surveys (n=644) revealed that 96% of participants were likely or very likely to apply at least one practice change, and 76% reported significant knowledge gains (22% reported moderate knowledge gains).

Conclusion: The high demand and positive outcomes underscore the need to integrate public health competencies into CHW training. Doing so ensures CHWs are equipped to serve as effective, people-centered members of public health teams, capable of advancing comprehensive and sustainable primary health care.

P.98 - Engaging Community Health Workers in Youth-led Nutrition Promotion Processes

Presented by Asiri Karunanayaka

Background: Youth Engagement is critical for sustainable health promotion, yet community platforms to link youth with Community Health Workers (CHWs) remain underutilized in Sri Lanka. “Foodventure Youth Challenge” was a joint initiative of UNICEF Sri Lanka, Adolescent and Youth Health Unit of the Ministry of Health and Young Professionals Alliance for Health (YouPAH, a collective of young professionals in Sri Lanka). The aim was to collaborate with CHWs and youth volunteers to design and implement community processes that address nutrition and food security challenges in their communities.

Intervention: A workshop was conducted for 12 interested CHW groups. They participated with two youth from their respective communities. The workshop included success stories of the Phase I of the project, in which the youth were directly engaged by the project team. Those success stories were presented by those youth and lessons learned were discussed. The teams were requested to submit a concept note and a nominal seed fund (USD 100) was promised in installments to initiate the processes.

Results: Of the 12 teams, eight initiated community processes, reaching 43 youth groups. All teams had discussions on nutrition and did collective cooking. Conducting food exhibitions was the next commonest collective action. Three teams each did collective monitoring of food habits and nutritional status, collective home gardening and sharing new recipes. Two teams initiated sharing fruits to improve fruit consumption. The processes resulted in changed food habits (reduced ultra-processed food and increased fruit and vegetable consumption) and increased use of local ingredients in cooking. However, CHWs influenced the processes heavily, reducing their “youth-led” quality.

The teams were given constant inputs via a WhatsApp chat group, and the progress were reviewed via fortnight online review meetings and one monitoring visit after two months of initiation. CHWs not enthusiastic and “heavy” workload were the reasons given by the four teams that did not initiate processes.

Conclusions: We conclude that CHWs can be engaged and motivated to initiate youth-led processes to promote nutrition. Their enthusiasm and perceived workload are key determinants of success. However, their capacities should be further strengthened on youth empowerment concepts to have a better impact on youth.

P.101 - Digital Tools and Professional CHWs: A Replicable Model for Equitable Health in Nepal

Presented by Nitin Bhandari

Background: Nepal's complex geography, scattered settlements, and under-resourced health systems create persistent equity gaps in access to care, particularly for rural, mountainous, and underserved urban populations. To address these challenges, Nepal is piloting a digitally empowered model of community health delivery through the deployment of professional Community Health Nurses (CHNs). Launched in 2023 by the Nursing and Social Security Division (NSSD) of the Department of Health Services, the initiative builds upon the long-standing Female Community Health Volunteer program to strengthen community-based care. CHNs are trained, salaried, and digitally supported frontline workers who proactively reach households, conduct regular screenings, and help shift care-seeking behaviors away from late-stage visits.

Methods: Using the open-source Community Health Toolkit (CHT), CHNs register households, maintain longitudinal client records, and deliver protocol-guided services across RMNCH, NCDs, nutrition, and geriatric health. Supervisors access near-real-time dashboards for feedback, planning, and quality improvement.

Results: To date, 86,371 households (376,005 people) have been registered and served through home-based care. Beyond service delivery, CHNs collect household-level demographic data, enabling local governments to better target resources toward marginalized groups. The program operates under a cost-sharing model in which local governments recruit and finance CHNs, while NSSD provides programmatic leadership and oversight. Medic, as steward of the CHT, supports customization, capacity-building, and training of government teams. Preliminary results show more accurate population denominators, expanded screening coverage, and timely referrals, strengthening integrated PHC approach.

Conclusion: As the program evolves, expanding CHN roles to include social health insurance enrollment could further enhance sustainability. Nepal's experience offers a replicable model for governments seeking to institutionalize professional and digitalized CHWs.

CHWs in Crisis: First Responders in Affected Communities

P.64 - The Impact of USAID Funding Withdrawal (2023-2024) on Community-Based Volunteers in Zambia and the Need for Sustainable Integration

Presented by Melody Kalombo

Background: Community-Based Volunteers (CBVs) are vital to Zambia's primary health system, supporting malaria control, HIV prevention, tuberculosis (TB) care, and integrated community case management (ICCM). Between 2023 and 2024, the withdrawal of USAID funding disrupted this mechanism across seven provinces, exposing the fragility of donor-dependent community health programmes. In Northern Province, Zambia, alone, over 1,800 CBVs were laid off, leading to major declines in malaria surveillance and TB follow-up services.

Methods: A rapid assessment conducted by the Ministry of Health across seven provinces documented the number of CBVs affected, their continued engagement, and the extent of service disruption. Data were disaggregated by programme area and province, complemented by consultations with district and provincial health teams, partners, and CBV representatives.

Findings: Findings revealed that 20,130 CBVs were affected, with 11,510 laid off. Despite loss of funding, 90% of affected CBVs continue to provide services voluntarily, though 95% have not been absorbed into alternative programmes. The withdrawal disrupted supervision, stipend payments, and community data flow, leading to reduced outreach coverage, delayed reporting, and weakened facility linkages. The most affected areas recorded declines in malaria testing, routine immunization, and community-level education sessions.

Conclusions: The study concludes that the abrupt funding withdrawal critically weakened community health service delivery in Zambia, but also underscored CBV resilience and commitment. Integrating affected CBVs into the national Polyvalent Community Health Worker (CHW) model offers a sustainable pathway to restore services, professionalize the workforce, and reduce dependence on external donors. Key recommendations include accelerating CBV absorption into national CHW structures, mobilizing domestic financing for stipends, providing structured training, and developing policies to protect community health systems from abrupt donor exits. This experience demonstrates Zambia's urgent need for sustainable, government-led CHW integration to build resilience, maintain service continuity, and advance progress toward Universal Health Coverage

P.65 - Community Health Workers for a Paradigm Shift in Health Policy in Mali: The Case of CHWs in a Crisis Situation at the Center in 2022

Presented by Boubacar Niare

Context: Community Health Workers (CHWs) in Mali offer a package of care consisting of preventive, promotive, and curative care. This package does not include injections (including vaccinations), prenatal care, or childbirth, even if the CHW has the required skills. Since 2012, Mali has been experiencing a multidimensional crisis that has led to a dysfunction of state services, including the health system, resulting in the forced departure of many qualified health workers. This has led to increased demand for CHWs, who were the only workers remaining in the communities, given their membership or integration within these communities. The research question was to understand the contribution of CHWs to the resilience of the health system in Mali.

Objectives: To demonstrate the contribution of CHWs in ensuring the sustainability of healthcare provision to populations in a context of security crisis, to explore the impacts on the Malian healthcare system.

Methodology: Analysis of materials, document review, advocacy. Type of analysis: Analysis of monthly activity reports of CHWs to collect data. Advocacy during the national review on SECs to take into account the crisis situation. Comparison of the old national SEC guide with the new one.

Results: 56 CHWs provided the package in emergency situations compared to zero CHWs before. Increase in the provision of care to vulnerable populations by CHWs: 72% (36/50) of tuberculosis cases were followed, 46% of prenatal consultations, 43% of deliveries, vaccination: BCG 51%, 51% for Penta3 and VAR2. A change in health policy on CHWs in Mali : A new approach called "Essential Care in the Community in Emergency Situations" in the new 2021 National Guide for the Implementation of Essential Care in the Community (ECC).

Conclusion: Although crises pose major challenges, they can also be drivers of positive change, to which the ECCs have adapted in Mali.

P.66 - Community Health Workers and Influential Leaders' Engagement in Achieving National COVID-19 Vaccination Goals: A Case of SLL-Supported Regions in Tanzania

Presented by Atuganile Musyani

Introduction: The COVID-19 pandemic has significantly affected global public health systems, with vaccination being essential for controlling virus transmission. In Tanzania, despite vaccines being available in 2022, uptake was only 2.8% due to community hesitancy fueled by misinformation and distrust in health authorities. To address this, Amref Health Africa-Tanzania and the Tanzania Red Cross, in partnership with the Ministry of Health, (MoH) utilized available Community Health Workers (CHWs) and influential leaders to support COVID-19 immunisation efforts. This abstract documents their functions in reaching marginalized communities.

Methodology: Between October 2022 and July 2023, the SLL project mobilised trained Community Health Workers (CHWs) to assist healthcare workers (HCWs) in COVID-19 vaccination efforts. Their focus on community sensitisation, mobilisation, and health education about the importance of vaccination, utilising face-to-face interactions, household visits, radio sessions, community meetings, outreach, and campaigns. Influential leaders, including religious figures, community elders, and traditional healers, were engaged to build trust and encourage dialogue, ultimately helping to link individuals to CHWs, who brought consenting individuals to vaccinators for immunisation services.

Results: Throughout the implementation period, CHWs and influential leaders facilitated vaccination efforts reaching 7,951,248 eligible individuals with health education and sensitisation across selected regions. Among them, 5,601,896 (71%) received COVID-19 vaccination, achieving 159% of the 3,528,200 initially targeted for vaccination by the project. Most SLL project regions surpassed others and contributed to 54% of the national target by July 2024.

Conclusion: The involvement of CHWs and influential leaders in this community-centred model was pivotal for achieving national immunisation goals. We recommend integrating this model into national immunisation strategies and broader public health programs.

P.67 - Resilient Frontlines: How Community Health Workers Sustain Essential Care Amid Conflict in Karenni State, Myanmar

Presented by Thiha Lin

Background: After Myanmar's 2021 coup, the health system collapsed, leaving hundreds of thousands in Karenni State without care. In 2022, nurses and community members formed the Karenni Nurses Association (KNA), evolving into a community-led health system with Community Health Workers (CHWs), nurses, and midwives. KNA operates 45 clinics across nine townships, serving about 150,000 displaced people, supported by ethnic health groups, authorities, and donors. It shifted from emergency relief to a structured provider, governed by community health committees and monthly reporting, though reliance on donor priorities hampers long-term planning.

Objectives: Improve access to maternal, newborn, primary, referral, and rehab services via CHWs; strengthen resilience through training; develop monitoring for accountability; and promote community participation.

Methods: CHWs and staff collected monthly data from clinics, referral forms, and antenatal logs. Supervisors verified and aggregated data, conducting quarterly reviews. Feedback improved accuracy and decision-making; mortality data were excluded, focusing on service delivery.

Results: Between April 2024 and June 2025, CHWs and nurses provided 116,915 outpatient consultations, mainly for respiratory infections, hypertension, weakness, and musculoskeletal pain. They coordinated 615 emergency referrals—trauma cases in 2024 and maternal/neonatal emergencies in 2025. From March 2024 to May 2025, there were 3,086 antenatal visits and 1,132 live births. The Phoenix Rehabilitation Center, linked via CHWs, served over 140 patients with wound care, prosthetics, and psychosocial support.

Conclusion: In the absence of a functioning state system, CHWs are the backbone of healthcare in Karenni State, ensuring trust, continuity, and access amid conflict. The KNA demonstrates that community-driven networks can sustain maternal, child, and primary care during crises. Continued investment in CHWs, supplies, and supervision is essential for resilience.

Recommendations: Recognize CHW-led models as vital in crises; invest in their training, well-being, and leadership; and ensure flexible, long-term donor support aligned with community priorities.

P.68 - The Lifeline in Crisis: Community Health Workers as First Responders in Fragile Communities

Presented by Christine Nanyondo

Introduction: In fragile settings—driven by conflict, epidemics, climate shocks, or displacement, formal health systems often collapse. Community Health Workers (CHWs), embedded and trusted, act as first responders, ensuring continuity of care for the most vulnerable.

Objectives: This abstract aims to (1) show how integrating mental health and psychosocial support (MHPSS) into CHW programming enhances crisis response; (2) present results from StrongMinds' CHW empowerment model in East Africa; and (3) highlight equity and resilience outcomes among displaced populations.

Context and Timeframe: From 2019–2025, StrongMinds partnered with local authorities in Uganda and Zambia to strengthen 3,000 CHWs, including those in refugee-hosting and flood-affected areas. MHPSS was integrated into primary care and emergency response systems.

Our Approach: StrongMinds equips CHWs with crisis-ready skills—rapid health assessment, outbreak detection, psychosocial support, and referral systems. Tailored training, supportive supervision, and integration into emergency frameworks transform CHWs into frontline crisis responders, ensuring equitable, culturally sensitive, and sustainable care.

Training & Supervision: CHWs completed 5-day modular training using IPT-G and WHO mhGAP tools, followed by weekly supervision and coaching sessions to reinforce quality, ethics, and self-care.

Key Results: Continuity of care was maintained by 85% of CHWs; referral completion reached 76%; depression screening coverage rose from 32% to 68%; weekly supervision occurred for 85% of CHWs; and 85% of therapy participants showed PHQ-9 symptom reduction within 8 weeks.

Challenges & Mitigations: Burnout and community mistrust were addressed via peer-support circles, debrief sessions, and engagement with local leaders.

Equity Insight: Female CHWs in refugee and resource-scarce communities reached adolescent girls and displaced women, increasing equitable mental health access

Conclusion: Empowering CHWs with crisis-ready MHPSS and supervision sustains service continuity and builds resilience. Investing in CHWs is essential for equitable, shock-responsive health systems.

P.69 - Strengthening service delivery through implementation of community-based Color-Coded Triage System to improve treatment outcomes in African post-crisis urban populations: Case of Liberia's Community Health Promoters Program

Presented by Dr. Lucia M. Mupara

Background: Community Health Workers (CHWs) play a vital role in bridging gaps in primary healthcare delivery in low-resource settings. In Harper City, Liberia, a color-coded patient management system was introduced to improve outcomes through standardized classification of patient needs and follow-up. The system categorizes patients into blue (stable, no visits), green (monthly visits), orange (three visits per week), and red (daily visits or referral). Despite implementation, evidence on its effectiveness remains limited.

Objective: This study assessed CHWs' impact on treatment outcomes using the color-coded follow-up system, examining changes in patient monitoring, adherence to treatment schedules, and health status from January 2023 to December 2024.

Methodology: A retrospective analysis used CHW data across 27 communities in Harper City, whose color code system was co-designed by clinicians and CHWs to structure continuity of care beyond the facility. Patient demographics, conditions, color codes, visits, and follow-up adherence were extracted and analyzed to compare outcomes across categories, evaluate CHW engagement, and assess trends. Descriptive statistics summarized frequencies and proportions, while inferential statistics examined associations between color code, visits, and outcomes across variables.

Results: Based on the different conditions, CHWs visited the color-coded patients across 27 communities. 58% of patients were female and 42% male, with most aged 25–45 years. Common conditions were non-communicable diseases (34%), mental health (28%), and HIV (18%). Distribution showed 29% blue, 37% green, 22% orange, and 12% red. Patients with orange and red codes received more visits (mean = 3.7 and 6.2 visits/month, respectively; $p < 0.001$) compared to green (1.1 visits/month) and blue (0.3 visits/month). Analysis showed strong association between visit frequency and improved outcomes (OR = 2.8, 95% CI: 1.9–4.1). Female patients and younger adults (<30 years) were more likely to achieve stable outcomes ($p < 0.05$).

Conclusion: The color-coded system enabled CHWs to prioritize care effectively, with higher-intensity follow-up strongly improving patient stability. Outcomes varied by community, sex, and condition, emphasizing the need for tailored strategies. These findings suggest that scaling up structured color-coded approaches can enhance equity and treatment effectiveness in community-based healthcare delivery.

P.70 - Situation Analysis Studies on Human Resources of Health in Three Ethnic Areas, Karen, Shan and Karenni States

Presented by Orchid Oo

Background: This paper combines situation analysis studies on Human Resources for Health (HRH) in three ethnic areas in Myanmar; Karen, Shan, and Karenni, conducted in 2022, 2023, and 2025. The analysis studies include data triangulation by desk review of the existing reports, HRH related documents and studies done by Ethnic Health Organizations (EHOs) and institutions working in ethnic area, IDI and KII with the different level of staff, the partner groups and donors with interview guides. It highlights similarities and differences in how Ethnic Health Workers (EHWs) are recruited, trained, deployed, and retained, and how social, political, and environmental factors affect their work.

Intervention: EHWs, originating as Community Health Workers (CHWs), have long served conflict-affected, migrant, and excluded communities along the Myanmar border. Initially, training lacked standard curricula, focused on thematic approach and relied heavily on international support, with irregular stipends. Despite challenges, CHWs and health workers continued their health services via mobile clinics, some of which later developed into stationed health facilities. Mae Tao Training Centre (MTC), founded in 1989, later standardized CHW, Maternal and Child Health Worker, and Medic training with support from EHOs and partners. By 2000, other ethnic states also developed training schools, though sustainability was challenged by conflict, limited funding, and political instability. Deployment required medicines, stipends, and career pathways to ensure retention, yet irregular support often forced EHWs to split time between health posts and farming.

Findings: Findings reveal barriers in Shan (language, low education, conflict-disrupted schooling), contrasted with bilingual Karen areas. Stipend shortages remain a universal issue, with health workers sharing meager resources. Despite volunteer spirit, many migrate after a few years due to unmet needs.

Conclusions: Conclusions emphasize addressing language and education barriers by focusing on “must-know” practical skills, translating essential materials, and ensuring regular refresher training based on needs assessments. Institutionalized training schools with accredited curricula, career ladders, and community support are crucial for sustainable retention of frontline EHWs in fragile contexts.

P.71 - Polyvalent Community Health Workers Bridging Workforce Shortages in the Conflict-Affected Northwest and Southwest Regions of Cameroon

Presented by Ful Morine Fuen

Background: The Northwest and Southwest regions of Cameroon continue to grapple with difficult conditions caused by a protracted crisis. Beyond the loss of human lives, the crisis has led to widespread displacement, the breakdown of economic and social systems, and a deteriorating humanitarian situation. The healthcare sector bears a heavy brunt, as repeated attacks have hindered access to primary health care (PHC), with over 210 facilities rendered non-functional due to destruction or abandonment. The Cameroon Baptist Convention Health Services (CBCHS), with support from UNICEF and UNFPA, has been working to improve access to essential health services in these regions by training and supporting polyvalent Community Health Workers (CHWs) to ensure continuity of care. This paper reviews the contributions of these CHWs and showcases how polyvalent CHWs can help sustain a continuum of care in humanitarian settings.

Methodology: Study was a retrospective desk review of validated reports from June 2019 – March 2025 between 1st - 15th of April 2025.

Results: Community Health Workers (CHWs) provided Health, Nutrition, Sexual and Reproductive Health (SRH), and WASH services, achieving the following results:

- 19,193 communicable disease consultations conducted, 11,999 childhood illnesses managed, 5,000 households provided with LLINs, and 38,462 children vaccinated.
- 202,000 children screened for malnutrition; 6,514 SAM and 8,635 MAM cases managed; and 25,977 caregivers reached with IYCF-E education and Family MUAC training.
- 1,004 pregnant women were provided with clean delivery kits, 1,000 women and girls received dignity kits, and 31,828 people reached with GBV/SRHR awareness messages.
- 87,878 people sensitized on environmental health, hygiene and sanitation practices, COVID-19 prevention, and hand hygiene, while 15,000 households received WASH kits.

Conclusion: Trained and supported polyvalent CHWs can significantly improve access to multisectoral services and help address the acute health workforce shortages in conflict and fragile settings.

P.100 - Resilient but Overlooked: What Works — and What Doesn't — in Community Health Systems Responding to Fragility and Crisis (2014–2025)

Presented by Bizuhan Gelaw Birhanu

Background: Community health systems (CHS) and community health workers (CHWs) form the backbone of health service delivery when conflict, fragility, or humanitarian crises disrupt formal facilities. Despite their central role, evidence on what enables or constrains CHS effectiveness in these environments remains fragmented.

Methods: Following PRISMA 2020 guidelines, this systematic review synthesised 34 empirical studies (2014–2025) and triangulated findings with operational literature from UNICEF, WHO Global Health Cluster (GHC), IFRC, and OCHA . A mixed-methods interpretive design captured adaptive features of CHS across six inductively derived domains: (1) CHW integration and institutionalisation; (2) governance and financing alignment; (3) resilience and emergency preparedness; (4) quality assurance and accountability; (5) digital tools and data systems; and (6) service delivery in active conflict.

Results: CHWs maintained essential MNCH and surveillance services in fragile countries despite insecurity, displacement, and funding volatility. Systems demonstrating higher resilience shared three traits: (i) formal CHW recognition within PHC frameworks, (ii) flexible, multi-year financing, and (iii) decentralised governance with community trust. Weak legal frameworks, fragmented donor cycles, and inadequate protection limited sustainability. Digital innovations enhanced visibility and preparedness but remained unevenly scaled due to connectivity gaps and donor dependence. Triangulation with humanitarian data strengthened contextual validity and revealed common determinants of CHS adaptability under crisis.

Conclusions: Effectiveness in fragile contexts is inseparable from resilience—defined not only by service coverage but by the capacity to adapt and sustain continuity under stress. The evidence supports global calls for integrated governance, predictable financing, CHW protection, and digital readiness. Institutionalising these elements transforms CHS from temporary humanitarian mechanisms into core infrastructure for survival, recovery, and universal health coverage.

P. 102 - Overcoming Barriers: The Essential Role of Community Health Workers in Humanitarian Responses

Presented by Cora Nally

Background: Humanitarian emergencies expose health system fragilities through scarcity, service disruption, and mistrust of external actors. Community Health Workers (CHWs) have demonstrated potential to improve outcomes, build trust, and strengthen systems in crises, yet structured evidence from acute humanitarian contexts remains limited. This study examines CHW roles across three cases using a mixed-methods, multi-case design integrating rapid qualitative assessment, continuous quality improvement cycles, and comparative case analysis.

Objective: determine how CHW programs enhance resilience and response effectiveness by: (1) ID drivers of fear-based responses during the Ebola epidemic in Sierra Leone. (2) Assessing using Continuous Quality Improvement (CQI) methods, plus Plan-Do-Study-Act cycles, in adapting community programs during epidemics. (3) Comparing CHWs in Sierra Leone and the Bahamas to identify shared elements and context-specific differences. (4) Generating evidence-based guidance for CHW programs in future crises.

Methodology: (#1) RQA, Sierra Leone: 30 participants (community members, NGO staff, government officials) engaged through interviews, focus groups, and observation. Thematic coding identified causes of fear-driven behaviors.(#2) CQI, Sierra Leone: 619 CHWs, 49 supervisors, and ~9,000 households reached weekly. 11 staff gathered ongoing qualitative data, analyzed through framework analysis aligned with PDSA cycles. Weekly feedback loops strengthened supervision, trust, and epidemic compliance. (#3) Comparative Analysis, Sierra Leone & Bahamas: Sierra Leone: 619 CHWs & 49 supervisors, Bahamas: 8 CHWs & 3 supervisors. Referral data and qualitative assessments were triangulated. Cross-case analysis highlighted common roles and contextual variations.

Findings: CHWs consistently bridged communities and responders. Thematic analysis showed CHWs reduced fear and improved cultural alignment of interventions. CQI cycles enhanced supervision and program responsiveness. Comparative findings revealed CHWs expanded access to services, with referrals up 32% in Sierra Leone, and sustained trust after INGOs departed in the Bahamas.

Conclusions: This research demonstrates that systematically supported CHWs enhance effectiveness and legitimacy of humanitarian responses. Embedding CHWs in emergency structures moves responses toward trust, cultural sensitivity, and community ownership, offering practical guidance for adaptive, evidence-based, and resilient CHW programs in future crises.

Strengthening Community Health for Equitable Health Systems

P.72 - Assessing the Association of Water, Sanitation, and Hygiene (WASH) Practices on Diarrhoea among Rohingya Refugees in Cox's Bazar, Bangladesh

Presented by Md. Jiku Meah

Background: Diarrhoeal diseases are a leading cause of morbidity and mortality among children under five, particularly in humanitarian settings where Water, Sanitation, and Hygiene (WASH) infrastructure is fragile. The Rohingya refugee camps in Cox's Bazar, Bangladesh, with their dense population and limited resources, remain highly vulnerable to diarrhoeal disease outbreaks.

Objective: This study assessed the incidence of diarrhoea and examined WASH-related and child-specific factors associated with diarrhoeal morbidity among children aged 6–59 months in the Rohingya refugee camps.

Methods: A cross-sectional study was conducted in 445 households with under-five children across selected Rohingya refugee camps of Cox's Bazar, Bangladesh. This cross-sectional analytical study was carried out between April 2024 and March 2025. Data was collected through structured interviews and observational checklists. The one-month incidence of diarrhoea was determined using self-reports based on WHO criteria. Bivariate and multivariate logistic regression analyses were performed to identify factors associated with diarrhoeal episodes, adjusting for confounders and potential clustering effects.

Results: The incidence of diarrhoea among under-five children was 17.1% (95% CI: 13.98–20.18). Significant predictors of diarrhoeal morbidity included child age 24–59 months (AOR: 1.94; 95% CI: 1.19–3.18; p=0.009), recent respiratory infection (AOR: 2.67; 95% CI: 1.20–5.92; p=0.016), presence of skin rash (AOR: 4.95; 95% CI: 2.67–9.19; p<0.001), and fatigue (AOR: 2.01; 95% CI: 1.10–3.67; p=0.023). WASH-related risk factors included inadequate water availability (AOR: 2.11; 95% CI: 1.16–3.84; p=0.014), absence of free residual chlorine in drinking water (AOR: 1.92; 95% CI: 1.01–3.66; p=0.047), use of twin-pit latrines (AOR: 1.68; 95% CI: 1.05–2.69; p=0.031), lack of soap for handwashing (AOR: 1.83; 95% CI: 1.03–3.24; p=0.038), and improper solid waste disposal (AOR: 2.21; 95% CI: 1.12–4.36; p=0.022).

Conclusion: Diarrhoeal morbidity among under-five children remains a pressing public health challenge in the Rohingya refugee camps. Strengthening WASH infrastructure, ensuring continuous water and soap availability, promoting maternal hygiene education, and improving access to healthcare services are essential for reducing diarrhoeal disease burden in this highly vulnerable population.

P.73 - Stakeholder Perspectives on Maternal and Newborn Health Prioritization in South Sudan

Presented by Dr. Kon Paul Alier

Background: The maternal and neonatal mortality in South Sudan is among the highest in the world and among other fragile and conflict-affected countries. Within an evolving political economic context, this study aims to capture perspectives of current actors on drivers of the stagnating investments in maternal and newborn health (MNH).

Methods: A descriptive case study guided by the health policy analysis triangle to explore contextual factors, policy content, actors' roles and implementation processes for MNH policy and practice. A total of 20 key informants from government, humanitarian and development organizations, civil society, donors and health providers were interviewed.

Results: According to respondents, MNH was a priority in South Sudan due to the presence of various legal and policy frameworks. However, financial investment in MNH programs was inadequate due to the government focus on peace and stabilization, and the fragmented parallel systems run by international actors. Funding for MNH was also affected by ongoing conflicts and disease outbreaks, which diverted attention away from the issue. National initiatives to expand service coverage and funding are either inadequate or not well studied. In addition, gendered attitudes and norms continue to impede care seeking, service provision and inclusivity in decision-making for improving MNH prioritization. Stakeholders highlighted the need for accountability to sustain progress and close policy implementation gaps.

Conclusion: This study highlighted relevant challenges and opportunities for improving MNH outcomes in South Sudan and similar fragile contexts. Government ownership of the MNH agenda is needed, so is strengthening of national initiatives, gender equity, actor coordination and accountability mechanisms.

P.74 - Unpacking the Fragmentation of Community Health Worker Cadres in Somalia

Presented by Maryan Ahmed

Background: Over the last decade, Somalia's community health system has expanded, supported by national strategies and recognition of the role community-based workers play in reaching rural and crisis-affected communities. However, rather than a single nationalized community health worker (CHW) cadre, multiple cadres of community-based workers are active—delivering health promotion, basic services, and referrals. Differences in training, supervision, and roles have led to a fragmented system, limiting program effectiveness, coordination, accountability, and scale-up.

Methods/Approach: This qualitative study explored the causes of fragmentation in Somalia's community health workforce, with a focus on maternal and newborn health (MNH)—an area that heavily depends on community-level care. Data were collected through 22 interviews with government officials, partners, and donors, along with seven focus groups with CHWs and Female Health Workers (FHW).

Results: Findings show that while CHWs are trusted and often the only point of care in remote settings, their work is impacted by misaligned policies, uneven support, and unclear roles. Cadres vary in title, scope, and training—sometimes working in parallel or duplicating efforts. Deployment is not always driven by health needs, and safety risks, particularly for female workers, remain a major concern. Despite limited pay and having few development opportunities, CHWs remain dedicated to serving.

Implications: Despite strong policies and political will, implementation remains inconsistent. As Somalia revises its Community Health Strategy and advances its Universal Health Care roadmap, there is a critical need to improve coordination, clarify roles, and better integrate CHWs into the primary health system. This study offers insights to support those efforts, like harmonizing cadre titles and training, formalizing community health committee engagement, revitalizing working groups, and establishing mutual accountability mechanisms. While specific to Somalia, these insights apply to other contexts experiencing CHW fragmentation.

P.76 - The Needs and Opportunities for the Capacity Building of Ethnic Healthcare Workers at the Thai Myanmar Border Area

Presented by Nyein Chan Oo and Thandar Phyo

Introduction: Health workers from multiple community-led public health initiatives have been providing healthcare services to vulnerable populations along the Thai Myanmar border. To effectively address the healthcare gap for internally displaced persons (IDPs), refugees, and migrant communities - especially as demand has increased following the military takeover in 2021, it is more urgent than ever to strengthen the capacity of community health workers in the region.

Objective: This cross-sectional study explores the existing training programs and emerging training needs of ethnic health workers in the border area in 2024. Methodology: The study employed open-ended surveys, receiving responses from directors and training leads of 8 ECBHOs and a Thai-based public health program. Content analysis was conducted using Microsoft Excel.

Findings: A shift from basic healthcare training to more specialised and diverse training needs was observed in the border area between a study conducted in 2016 and the current study in 2024. Existing training programs include Public Health Institute (PHI) graduate pathways: associate and BA degrees, and certifications for roles such as medic, emergency obstetric care, maternal child health worker, community health worker, village health worker, and trained traditional birth attendant. Current training demands include advanced professional (advanced health assistant, physician associate, nursing), disease-specific (emergency obstetric and neonatal, child development and Expanded Program on Immunization (EPI) courses, mental health, substance misuse, basic dental care), and skill-specific trainings (disease surveillance, forensic medicine, point-of-care ultrasound, and health information management). Discussion: While capacity-building initiatives for community health workers in the border area have shown progress, gaps remain in both the quantity and diversity of training opportunities. Following this snapshot study, the authors have observed notable advancements in health worker training on both sides of the border. Continued coordination among community-based organisations, along with support from regional stakeholders and international partners, is essential for expanding training programs and strengthening the skills of community health workers.

P.77 - Using the Promoting Gender Responsive Policies and Programmes for Community Health Workers: A Gender Analysis Framework to assess the CHW programme in Blue Nile State, Sudan, for Gender Equity.

Presented by Habob Modawy Emam

Background: The Promoting Gender Responsive Policies and Programmes for Community Health Workers: A Gender Analysis Framework, was published by World Vision International (WV) and partners in 2019 as a tool to assess the extent to which Community Health Worker (CHW) programmes are structured for gender equity. The tool is organized by the 15 policy recommendations in the 2018 WHO guideline on health policy and system support to optimize community health worker programmes, each of which is broken out by four domains of gender analysis; namely, Access to Resources; Distribution of Labor; Norms, Values and Beliefs; and Decision-Making Power. Each domain contains descriptive criteria enabling scoring on a 0-3 scale. Sudan's fragile health system relies heavily on a multi-tiered community health structure, including CHWs, to deliver essential services. WV Sudan carried out a study in Blue Nile State in 2025, to interrogate the gender dimensions of the CHW programme it supports.

Objective: To assess the extent to which gender equity principles are integrated into and operationalized within the CHW programme in Sudan's Blue Nile State.

Methodology: Six thematic mini-workshops were run with 66 purposely selected participants, including 45 CHWs, and combined with document review to arrive at a scoring of the CHW programme per the categories of the Gender Analysis Framework.

Results: Of the 15 CHW policy recommendations, 14 scored within the "functional" range (2.0 and above) across the four domains of gender analysis. Only the category of "Selection for Pre-Service Training" scores as 1.7, reflecting gaps in equitable recruitment of female CHWs. All four domains of gender analysis scored an average of 2.1 across the 15 policy categories, revealing that the CHW programme is structured to ensure a basic level of gender equity. All scores are at the lower end of the functional range, revealing remaining gender-related gaps that the programme should continue to address.

Conclusions: The findings portray a community health system in Blue Nile State, Sudan that is cautiously progressing toward gender equity though still constrained by certain structural and cultural barriers. The descriptive scoring criteria provide the programme with concrete identification of areas requiring improvement, and action planning is underway.

P.78 - The Role of Lay Community Volunteers and Health Workers in Lower Health Facilities in Delivering Equitable Mental Health Services in Low Resourced Communities of Uganda

Presented by Immaculate Agedo

Motivation: Uganda faces a significant mental health crisis, with prevalence rates for mental disorders affecting a large portion of the population, including about 14 million people in 2022, primarily due to under-resourced healthcare systems, lack of trained personnel, social stigma. Depression and anxiety are the most common conditions. There is a critical shortage of accessible mental healthcare services, especially for the 83% of Ugandans living in rural communities. Services remain limited, centralized and often inaccessible to marginalized communities.

Approach: Empowering 1,250 (village teams, community volunteers, teacher facilitators and health workers) in lower government facilities through training to treat depression using interpersonal therapy (IPT-G).

Impact: Over 850,000 people and 75% of those treated reported to be depression free. The model employs a multisectoral approach involving the community, lower local government structures (education, health, community service, probation). Using this approach, StrongMinds has witnessed task-shifting, local ownership, local government prioritizing mental health in the Primary Health Care budget allocations (PHC budgets) from 1%-10% in one District, improved coordination of mental health in districts, sustainability and improved not just access but culturally relevant and equitable services in the districts of demonstration and model districts.

Lessons: Importance of building capacity of health cadres at lower level, engaging a multi-sectoral approach in Lower Local Governments, improving access by having lay community members deliver the much-needed depression treatment and reducing stigma through community led mobilization. It will also showcase how community systems strengthening contributes to broader health and development goals, and how similar models can be adapted and scaled in resource scarce communities and countries at large.

Conclusion: By centering mental health within community structures and lower local governments, StrongMinds demonstrated that equitable, scalable and sustainable mental health care is not only possible, but it is essential for fostering service delivery, informed, inclusive, coordinated development and human rights

P.79 - Village Solidarity Funds for Health Equity and Resilience in Mali or Community Health Financing through Village Funds in Rural Mali

Presented by Adama Plea

Background: In Mali, households bear 32.24% of total health expenditures (Health Accounts, 2021), making financial barriers a major obstacle to accessing care—especially in rural areas. To address this challenge, the USAID Keneya Nieta project introduced Village Health Solidarity Funds (CVSS), a community-driven financing mechanism that mobilizes local resources through household contributions, diaspora engagement, and income-generating activities.

Objective: To strengthen community capacity to sustainably finance health services by promoting local ownership and resource management in rural Mali.

Methodology: The intervention combined several complementary strategies to reinforce the community health financing system: (1) establishment of 3,623 village-level solidarity funds (2) regular financial coaching using simplified tools (3) engagement of diaspora networks via WhatsApp groups (4) systematic data collection through Monthly Activity Reports, digitized in DHIS2 and analyzed in Excel to inform decision-making.

Results: A total of 421.7 million FCFA was mobilized, enabling: (1) support for 26,343 pregnant women and 207,907 children under five (2) activation of 3,058 emergency transport mechanisms (3) coverage of essential preventive services, including vaccinations and antenatal care

Conclusion: This model demonstrates the transformative potential of community-led health financing in advancing equity and resilience. It offers a scalable approach for integrating decentralized financial mechanisms into national health policy—particularly in fragile and crisis-affected settings.

P.80 - Integrating Community Health Supply Chain Management Systems into National Health Supply Chain Management Systems in Migori, Homabay and Baringo Counties in Kenya

Presented by George Nzioka

Background/Motivation: CHW supply chain strengthening initiatives are currently not common or well funded. Routine commodity availability is a critical enabler of CHW success. Research shows that CHWs globally are stocked out of medicines one-third of the time compared to the link facility. Integrating the community health supply chain (CHSC) with the national upstream supply chain is a recommended approach to improving CHW product availability.

Objectives: Our aim was to understand the capability of facility HSCs and their ability to support CHSCs. We also sought to understand the capabilities of the CHSC systems in place in the three counties.

Methodology: We assessed existing facility HSCs & CHSC systems. We prepared a survey protocol that included key informant interviews and facility & community unit assessments. We used a questionnaire to carry out assessment at community units, dispensary, health centre, sub-county hospitals and county hospitals. Finally, we carried out KIIs for sub county and county managers.

Key Results and Findings: We found out that key indicators for HSC management were better at facility than at community level. Product availability at facility level was on average 70% while at community level was 36%. Whilst facilities had a curriculum on HSC management, standard operating procedures, quantification protocols, HSC strategic plan, inventory management & reporting systems and patient safety protocols, they were missing or poorly developed at community level.

Conclusion and Recommendations: It was clear from the survey that CHSC were underdeveloped. We have come with a roadmap to integrate/develop HSC structures at the community level; review the country HSC strategic plan, carry out quantification, review CHSC SOPs, entrench CHSC financing in annual budgeting, adopt electronic reporting systems and scale up mentorship of CHWs.

P.81 - Female Community Health Volunteers Contributing to Improved Nutrition Outcomes Among Marginalized Community in Nepal

Presented by Swechchha Shrestha

Background: Improvement in the health seeking behavior is not sufficient as per the standard protocol of government in Nepal. Only 38.1% of women attended antenatal care (ANC) visits as per standard protocol, just 3.4% of children aged 0–23 months had Growth Monitoring and Promotion (GMP) services, and 12.1% of children were affected by wasting, and 1.9% of women had a BMI below 18.5, and exclusive breastfeeding (EBF) among mothers of infants aged 0–5 months was 64%). Female Community Health Volunteers (FCHVs), served as the key link between communities and health facilities to address these gaps. FCHVs led sessions on promoting health seeking behaviors on pregnancy and nutrition and engagement in community-based nutrition screening campaigns has been a very important aspect to bring the change in nutrition outcome of most marginalized women.

Methods: After almost a year of intervention, an assessment was conducted with health mother's groups from 25 municipal levels to see the changes in health outcomes contributed by engagement of FCHVs. A quantitative method was applied for this assessment. For the quantitative part, a survey was carried out with 517 Health Mothers Group (HMG) members.

Findings: The survey showed an increase in health outcomes such that 82% of women completed ANC visits as per protocol, 76% completed PNC visits, 95% of lactating mothers practiced EBF, and 86% breastfed more than eight times daily, 43% conduct growth monitoring of their child monthly.

Conclusion: These findings highlight the vital role of FCHVs in improving maternal and child nutrition outcomes through community engagement and strengthened service delivery among the marginalized women.

P.82 - Strengthening the Resilience of the Community Health System in Mali

Presented by Sylvain B. Keita

Background: Despite continuous efforts to strengthen the health system, Mali still faces limited community involvement, delayed care-seeking behavior, financial barriers to maternal and child health, and insufficient prevention and management of malnutrition within communities.

Objective: To illustrate a participatory and integrated approach aimed at enhancing the resilience of Mali's community health system.

Methods: The approach relied on strong community mobilization through inclusive village assemblies, where local actors (community leaders, women, youth, and Community Health Workers – CHWs) jointly conducted a participatory SWOT analysis. This process enabled communities to assess their own strengths, weaknesses, and threats, and to prioritize their health needs accordingly. The identified priorities guided the establishment of community platforms, led technically by CHWs and composed entirely of village residents. These platforms served as spaces for dialogue and collective action, supported by regular coaching to strengthen governance, communication, and community monitoring capacity. Data were collected through monthly activity reports, integrated into the DHIS2 platform, and analyzed using Excel to document performance and trends.

Results: The intervention mobilized 4,000 villages through community platforms, leading to noticeable improvements in local governance, nutrition, and early disease detection. On average, 644,625 households were visited each month out of a target of 938,571, reaching 67% coverage (equivalent to 1,956,750 individuals). In addition, 2,782,969 children under five years received preventive interventions, including vitamin A, albendazole, and SP/AQ for malaria prevention.

Conclusion: This community engagement–based approach has demonstrated sustainable impact by strengthening local ownership of health interventions. It is being closely monitored and highly appreciated by the Ministry of Health and Social Development (MSDS), which recognizes its potential for nationwide scale-up.

P.83 - Community Participation in the Fight against Malaria (2022–2024) : Complementary Approach of ARCAD Santé PLUS, Bamako, Mali.

Presented by Farima Samake

Context: Despite the efforts of the National Malaria Control Programme (PNLP), rural areas remain underserved in terms of access to preventive and curative services during periods of high malaria transmission. ARCAD Santé PLUS, in partnership with community actors, namely psychosocial counsellors and mentor mothers who are part of the community platform and supervised by Community Health Agents (CHAs), has developed a complementary strategy to strengthen the fight against malaria through Seasonal Chemoprophylaxis (SCP).

Objective: To improve the coverage and quality of SSP in underserved rural areas. Methodology: From 2022 to 2024, community malaria activities were carried out in 20 priority districts among children under 5 and pregnant women. Data was collected on validated primary tools during home visits, screening by rapid diagnostic tests, treatment of simple cases, referral of severe cases, verification of mosquito nets, health education, and radio communication. The data was analyzed in an electronic Excel database.

Results: 30,715 people were reached with awareness activities, 5,500 children under five were screened, with 2,364 positive RDT cases (42.98%), and 2,261 uncomplicated malaria cases treated. A total of 1,480 pregnant women were screened, among whom 497 tested positives with RDTs (33.58%) for malaria. These rates could be explained by the fact that screening focused only on febrile children and pregnant women in high transmission areas. In total, 403 uncomplicated malaria cases were treated. Support for the SMC campaign covered 5 regions, 16 health districts, and 55 villages, targeting 42,276 children aged 0–59 months, with 11,400 reached at the community level, representing 26% coverage. Adherence to the 2nd and 3rd doses of medication among children was strengthened, with respective contributions of 56.9% (6,481/11,400) and 66.2% (7,550/11,400.

Conclusion: The complementarity between CHAs (through state structures) and community actors optimizes continuity and improves the quality of SCP. Scaling this model to high transmission areas, strengthening training and supply chains, and integrating community data into the national system are recommended.

P.84 - Acceptability of the Creation of Three Categories of Community Healthcare Workers in Seven Districts of Mozambique

Presented by Esperança Sevene Comiche

Background: The Ministry of Health of Mozambique developed the Community Health Subsystem Strategy (CHS). One of the strategic actions consists of creating three categories of Community Healthcare Workers (CHW) to provide the Essential Package of Community Health Care. The three categories include health promotion and disease prevention, women's and child health, and case management. The study aimed to assess the acceptability of creating the three categories of CHWs in seven country districts.

Methods: It was a cross-sectional descriptive study with a qualitative and quantitative approach, including a desk and literature review, and semi-structured key informant interviews conducted in the seven districts of Mozambique, from March 2022 to May 2023. Data was collected on a tablet using RedCap in a five-point (very good to very bad) Likert scale questionnaire, and statistical analysis was done using the latest version of the R Studio Statistical Software. The interviews were recorded, transcribed, entered into Microsoft Excel, and coded by content.

Results: Regarding the creation of three categories of CHWs, 36% classify it as “good” and 30% as “very good”. However, 32% were indifferent and 2% classified as “bad”. From the acceptant, 79% think that the creation of the three categories of CHWs will improve the management of activities of the CHW, 73% think that it will help in the management of material and equipment for the CHW, and 80% think that it will improve the provision of health care to the community. Participants think that the selection of CHWs for any category should not be based on age (11%), education level (6%) or gender (32%). Regarding barriers to creating the three categories of CHWs, participants mentioned the lack of clarity regarding the role of each CHW (19.8%), failure to follow up on the tasks of each CHW (15.8%), communication costs (14.9%), failure to define a precise communication flow (14.9%), and lack of transportation (1.0%) as the main aspects that can hinder communication between the three PHC categories.

Conclusions: Participants were divided on their acceptability of having three categories of CHWs, although most considered it acceptable. With the pros and cons presented in this study, there is a need to continue discussing this possibility to refine the decision-making process.

P.85 - Improving Efficiency and Transparency of Village Health Worker Payments: Institutionalizing a National Village Health Worker Master List in Zimbabwe

Presented by Yevai Marie Musvosvi

Introduction: The Village Health Worker (VHW) program in Zimbabwe has over 22,000 workers delivering essential services. Historically, donor-led remuneration faced delays, high rejection rates, and limited government ownership. To address these challenges, the Ministry of Health, supported by the Global Fund–BIRCH program, institutionalized a Master List (VHWML) and developed standard operating procedures (SOPs) toward government-led decentralized payments. This abstract evaluates the VHWML's impact on payment efficiency and transparency, generates evidence for sustainable CHW financing policy, and expands knowledge on integrating data-driven tools into health governance.

Methods: Between Q1 2024 and Q2 2025, provincial registries were consolidated into a national database and validated through (i) facility-level verification; (ii) Ecopay payment reports; and (iii) reconciliation of rejections with mobile-money registration. Duplicates and inactive records were removed. SOPs for updates and payments were developed through participatory workshops. Six indicators were tracked quarterly: number of VHWs, proportion active, proportion paid, proportion paid on time, rejection rate, and resolution.

Results: At baseline (Q1 2024), the database had 20,477 VHWs; provinces reported 21,393 active (104.5%), with 16,143 (75%) paid. Of 5,260 rejections, only 366 (7%) were resolved. By Q4 2025, after cleaning and SOPs, the validated database reached 22,028 VHWs, with 20,463 (92.9%) confirmed active and all paid on time (100%). Unresolved rejections dropped from 4,894 to 21 (99.6% reduction).

Conclusion: The VHWML improved data integrity, reduced rejections by >90%, and enhanced transparency. Resolving upstream disbursement bottlenecks remains critical to achieve full potential—enabling fast, reliable, institutionalized payments. With declining aid, this strengthens government-led systems and builds infrastructure for integrating VHWs into the national HRH structure. Future linkage with DHIS2, HRH registries, payroll platforms, and digital public infrastructure could automate workflows, reduce manual processes, and institutionalize sustainable remuneration.

P.86 - Strengthening Primary Health Care in Cameroon: Insights from a Multi-Stakeholder CHW Systems Maturity Self-Assessment

Presented by Nchafack Almighty Nkengateh

Context: Cameroon relies on Community Health Workers (CHWs) to bridge gaps in access to primary health care (PHC), particularly in underserved areas. Over 9,500 multipurpose CHWs are active, yet this remains below WHO's recommended 25 health workers per 10,000 inhabitants. Despite government and partner support, CHWs face persistent challenges in fragmentation, governance, financing, training, and community engagement.

Objectives: To address these challenges, the Ministry of Public Health (MoH), in collaboration with the Clinton Health Access Initiative (CHAI) and partners, conducted a CHW Systems Maturity Self-Assessment in 2025 across nine domains, leadership & governance, planning, financing, remuneration, training, supervision, HMIS & surveillance, supply chain & PPE, and community engagement. The aim was to identify strengths, gaps, and opportunities to strengthen CHW integration into PHC and advance universal health coverage (UHC).

Methods: A participatory government-led self-assessment was conducted using the CHW Systems Maturity Self-Assessment tool. The process combined individual scoring by 38 stakeholders, consensus workshops, and policy reviews. Participants included MoH officials, district health heads, donors, implementing partners, and CHWs.

Results: Cameroon's overall CHW system maturity was rated partially functional (score 2). A key strength was HMIS (score 3-functional), with DHIS2 capturing community health data through monthly reporting and digital tools. Supply chain scored 2, marked by frequent stock-outs and limited community input in planning. Financing had a key gap: no dedicated budget line and heavy reliance on donors.Discrepancies between policy and practice were noted; for example, CHW remuneration was rated 19% in the Service Delivery Index-Health Facility Assessment, compared to partially functional at system level. Also, conflict-related constraints on health-service access in the English-speaking regions exacerbated scores across multiple evaluation domains.

Conclusion: Cameroon's CHW system has a strong policy base but weak operationalisation, especially in financing and supply chain. Recommendations include formalising a CHW legal framework, integrating community needs into procurement, and developing local financing mechanisms to reduce donor dependence. A 12-month Action Plan and Technical Assistance Plan were proposed to strengthen these areas and position CHWs as central actors in PHC delivery.

P.87 - Improving Systems Interoperability Across Institutions in Madagascar

Presented by Benedicte Razafinjato

Background: The digitalization of the Health Information System (HIS) is a key lever for improving service quality, facilitating access to reliable data for informed decision-making, and enhancing the essential role of Community Health Workers (CHWs) in Madagascar.

Methods: The Government of Madagascar (GoM) has selected CommCare as the preferred platform for CHW data collection; CHWs complete an electronic record of all patient encounters and the data automatically populate a required monthly CHW activity report. We describe lessons learned in ensuring interoperability between CommCare used by CHWs and the national DHIS2 platform. Since June 2024, Pivot has worked on integrating CHW data from the CommCare modules it created with the national HIS. This work has been led by Pivot's Digital Health team in collaboration with the GoM's Department of Studies, Planning, and Information Systems and with ad hoc technical support from Dimagi. Guided by principles of human-centered design, this was done through a series of collaborative meetings, intensive technical sessions, and remote support to the GoM team.

Findings: In April 2025, the first effective data transfer into DHIS2 was achieved; the data transfer included information from all 127 Ifanadiana District-based CHWs currently trained to use CommCare. We evaluated the success of the integration using descriptive statistics. Data transmission rates remain over 90% between the CommCare application and DHIS2.

Conclusions: Ongoing successful integration will require dissemination of GoM frameworks and policies to partners to ensure technical and strategic alignment; support for IT and human resources at GoM central level; and ongoing partnership coordination. Data quality and availability will be enhanced by an emphasis on data use and feedback loops to end users. Future considerations include supporting the GoM with good governance practices and equitable data access and use agreements especially as we explore AI applications for CHW data. The experience in Madagascar demonstrates that system interoperability can be achieved, augmenting the completeness and representatives of national HIS.

P.88 - Enhancing the community health system in Cameroon amidst limited financial resources and armed conflicts

Presented by Efeutmecheh Sangong Rose

Introduction: The COVID-19 pandemic, the Boko haram attack in the northern part of Cameroon, the armed conflict in the northwest and southwest regions of Cameroon, and the recent freeze of the USAID aid by the U.S government have continuously exposed gaps in the Cameroon health system, thus the negative impact on access to and quality of healthcare services. The local NGO Care and Health Program, through its project “Community involvement for a resilient and sustainable health system in Cameroon,” is supporting the Cameroon government in strengthening the health system. The project aims to strengthen the resilience of local health systems by building on communities' capacities to manage current and future health challenges.

Method: The project is rolled out in the 10 regions of Cameroon, 57 health districts, and involves 40 Civil Society Organizations (CSOs) and 300 community volunteers. The methodology consists of institutional and organisational strengthening of CSOs, as well as strengthening the capacities of CSOs and community volunteers in community-led monitoring (CLM) of health programs, community-based surveillance, and response to emergent and re-emergent diseases, and community awareness about the universal health coverage policy, and participation in coordination meetings throughout the health pyramid for data-sharing and advocacy for impact.

Results: From May to August 2025, thanks to the project, a validated national integrated community-led monitoring strategic guideline for malaria, HIV and TB programs is now available for use by all stakeholders, 931 pCHWs have been trained on reporting using their monthly activity report, 40 CSOs and 300 community volunteers have been trained on CLM and are currently monitoring access to and quality of HIV, Malaria and TB services offered in health facilities in their communities, also, 300 community-volunteers have been training on community based surveillance of health events and response for future pandemic, and equipped with health events notification tools.

Conclusion: To better handle current and future public health challenges, key players such as CSOs and pCHW must be put at the centre of public health strategies and interventions and, alongside the proper financing of health by the government.

P. 89 - Mapping Domestic and External Financing for Community Health Worker Systems in Nasarawa State, Nigeria

Presented by Stephanie Adamu

Context: Community Health Workers (CHWs) are the frontline of PHC in Nigeria, especially for underserved populations. Yet financing is fragmented, donor-dependent, and poorly integrated into state budgets, threatening sustainability. Resource mapping improves visibility of flows, highlights inefficiencies, and identifies opportunities for sustainable financing.

Objectives: To analyze domestic and external financing for community health in Nasarawa State and identify gaps undermining sustainability.

Methods: A two-day workshop engaged stakeholders from the State Ministry of Health, SPHCDA, Finance, Budget, development partners, and CSOs. A structured resource mapping tool aligned with the community health system framework and Nigeria's Health Sector Blueprint was applied. Analysis combined review of Annual Operational Plans (2023–2025), state budgets, and donor contributions with stakeholder validation. Allocations were categorized by program areas (RMNCAH+N, malaria, family planning, HIV, immunization, HSS) and community health domains (financing, remuneration, training, supervision, governance, supply chain, data).

Findings: Three insights emerged: 1) Low allocation: Community health received <3% of the health budget (2.5% in 2023; 2.8% in 2024; 1.2% in 2025). Even when budgeted, <45% was released, leaving programs reliant on ~30% external funding. 2) Skewed priorities: Most funds targeted RMNCAH and HSS, while family planning, HIV, and immunization were underfunded. 3) Systemic weaknesses: Spending went to recurrent costs—training (27–32%), supplies (13–22%), stipends (1–16%)—with no capital investment. Most funds stayed at state level, limiting flow to LGAs and communities. Centralization weakened accountability and ownership.

Conclusions: Nasarawa's fiscal space for community health remains below optimal, with low allocations, poor release, and reprioritization. Recommendations include creating dedicated CHW budget lines, balancing investments, and channeling resources to LGAs. Resource mapping offers evidence for stronger coordination, accountability, and sustainable financing pathways for Nigeria and other LMICs.

P.90 - Barriers and Facilitators of Community Health Worker Retention in Rural and Remote Areas in Low- and Middle-Income Countries

Presented by Youri P. Moleman

Motivation: Retention of community health workers (CHWs) in rural and remote areas remains a major challenge for many low- and middle-income countries (LMICs). However, due to varied institutionalization of CHWs, their retention in rural and remote areas may not be consistently considered. This review aimed to identify the barriers and facilitators of CHW retention in rural and remote areas, and to identify lessons for the design and implementation of bundled strategies for rural and remote CHW retention in LMICs.

Methods: We searched the peer-reviewed literature (PubMed, Scopus and Web of Science) for articles on the implementation of rural and remote health workforce retention, attraction, development and recruitment strategies, focusing implementation. A total of 1.992 articles were identified,1.009 articles were screened, and 77 considered eligible. Seven articles discussed strategies targeting CHWs only, presented here. CHWs were defined as either paid or voluntary, with or without a contract, community-based, having received training.

Key Findings: Of the seven studies, five studies were focused on non-professionalized CHWs (Uganda, Ghana, Bangladesh, Madagascar, India) and two on professionalized CHWs (China and Pakistan). Two interventions were Ministry-led (Ghana, Pakistan), two were NGO-led (Madagascar, Uganda) and two were a Public-Private partnership (India, Bangladesh). All were donor-funded except for the Ghana intervention which was funded by the Ministry of Health.

The most frequently employed strategies included ensuring decent work, fostering health workforce support networks, and aligning health worker education with rural health needs.

Professional and financial support, supplies, community trust and appreciation, and the use of digital tools were indicated as key facilitators. Low allowances or no formal compensation, challenges in generating more revenue, lack of community respect, no supplies, and the lack of support from other health workers were indicated as key barriers.

Implications: CHW retention in rural and remote areas in LMICs can be facilitated by ensuring professional, financial and community support. Strategies should address existing support gaps and build on available support. Public-private partnerships and political prioritization of accessible primary health care services can enable the implementation of strategies, but logistical issues and insufficient resources may hinder this.

P.91 - "Stronger to thrive": reflections from Guatemala, India and Peru on dimensions and practical issues to propel and strengthen grass-roots CHWs' leadership, indigenous inclusion and social accountability within public health systems.

Presented by Ariel Frisancho

Context: Improving health care for poor and marginalised people in countries with high inequity will not be achieved solely through technical interventions and increased funding. Substantial and sustainable change will only be achieved if people who are poor have greater involvement in shaping health policies, practices, and programmes, and in ensuring that what is agreed happens. This synthesis research brings evidence-based insights from three case studies of social accountability in health from Guatemala, India and Peru.

Objective: To identify commonalities, key dimensions and practical approaches to strengthen community, grass-roots indigenous CHWs' capacities to propel governance models that elevate community health through social accountability mechanisms.

Method: In-depth analysis of three case studies of social accountability in health, elaborated for COPASAH by CHSJ (India), CEGSS (Guatemala) and ForoSalud (Peru), based on a renewed analysis focused on the dimensions of CHWs' strengthening, comparing contextual, organizational and programmatic factors required to both catalyze and sustain CHWs' meaningful role to achieve concrete results in primary health care service coverage, service demand and quality through effective governance mechanisms.

Results: Important commonalities and lessons have been found along the four case studies, related to a) contextual, organizational and programmatic factors/conditions to improve health services' responsiveness to poor, marginalized indigenous people through their active engagement and leadership in social accountability processes; b) culture-oriented capacity building needed both on indigenous people and health personnel/managers; c) role of key strategic alliances with both public and private organizations, building cross-sectoral cooperation innovative schemes; d) role of social communication strategies; e) key dimensions of network strengthening; f) challenges faced (addressed/existent).

Conclusions: Health systems serving historically excluded indigenous populations face systemic problems on quality and lack of effective, democratic mechanisms to strengthen governance and accountability. Health policy makers, managers, researchers and activists could learn and build positive people-centred changes through CHWs active role, drawing from successful initiatives and strategies to bring rights-based and governance approaches principles into sustainable health systems practice.

P.92 - Strengthening community health for equitable health systems: Governance, financing, and accountability lessons from Sri Lanka's Mothers' Support Groups under austerity

Presented by Millawage Supun Dilara Wijesinghe

Background: Community health platforms are central to equity but are vulnerable to fiscal stress. Sri Lanka's Mothers' Support Groups (MSGs), which are embedded in the PHM network, provide a timely test.

Methods: We synthesized a mixed-methods assessment to inform scale-up budgeting and accountability. The design combined a survey of 1,120 MSG members (66% response) with focus groups in 12 districts.

Findings: Engagement signals were positive: communities showed greater appreciation and information-seeking, yet male participation lagged, and recognition of MSG leadership was uneven. MSGs prioritized low-cost, high-yield nutrition promotion actions (40%), reducing food waste (36%), promoting low-cost local foods (30%), home gardening (12%), and income generation (19%), linking agriculture and social protection. Only one-third had a written plan in the prior six months, and supportive supervision and resources were inconsistent. Key constraints were time poverty (29.2%), lack of financial resources (27.9%), and limited member involvement (26.5%), underscoring the need to integrate MSG work into local plans and budgets rather than relying on ad hoc inputs. Training was patchy, and virtual organizing was uncommon because of limited access, skills, and connectivity. Despite constraints, 68% reported high/moderate satisfaction and 66% high involvement; satisfaction correlated with a positive climate. MSGs are a resilient community asset; however, their effectiveness is limited by weak micro-planning, financing gaps, limited digital capability, and uneven recognition.

Recommendations: Policy should shift MSGs from volunteerism to budgeted, accountable functions within PHM by institutionalizing quarterly micro-plans and supportive supervision, embedding activities in district budgets with outputs, costing, and monitoring, financing digital access, training, and data, adopting gender-responsive engagement, formalizing links with agriculture and social protection, and using community scorecards and district dashboards to track participation and equity.

P. 93 - Strengthening Community Health Systems through Competent Health Assistant Training in Conflict-Affected Kawthoolei

Presented by Naw Phyo

Background: Health workers form the backbone of strong, sustainable health systems. Karen EHO delivers essential medical and public health services through mobile teams, VTHCs, referral centers, and secondary care facilities.

Kawthoolei's health workforce includes VHWs, TTBAs, CHWs, MCHWs, EmOC workers, Medics, Physician Assistant, and Health Assistant. Health Assistants play a particularly vital role in ensuring equitable and resilient health systems, with a strong emphasis on delivering primary healthcare services to meet the diverse needs of the Kawthoolei population.

The HA program, established in 2024, follows a three-year living curriculum designed to adapt to local needs. Despite challenges such as air strikes, drone attacks, flooding, and limited resources, the program continues, helping students and faculty develop resilience and survival skills.

Objectives

1. To produce the passionate HAs who will contribute to become a healthier community
2. To sustainably produce qualified health workers to provide primary and secondary care health services to the Kawthoolei community
3. To strengthen the career development pathways for the existing Healthcare providers and junior college graduates of Kawthoolei areas.

Approach: Health workforce production is accelerated to address previous shortages. The HA program aims to meet the minimum human resource needs for health in Kawthoolei. The curriculum prepares future primary healthcare leaders with a comprehensive skill set for integrated community health services.

Outcomes: After completing the program, graduates will work as HA in Kawthoolei health facilities, providing clinical, public health, and emergency care as mid-level professionals and community links to the health system.

Contribution to the Field: In the first year, students joined field trips to referral centers and VTHCs. Their enthusiasm, commitment to learning, and willingness to serve have already contributed to strengthening community health and supporting local organizations.

Note: Due to security concerns, 'Karen EHO' is used in place of our organization's name.

P. 94 - Strengthening the Sri Lankan Health System: Optimizing user-friendly, community-centered service delivery by Community Health Workers through integrating Accountability to Affected People to national level health care programmes

Presented by Dr. Amanthi Sharanya Lakmali Bandusena

Background: Accountability to Affected People (AAP) puts communities at the center of health systems. Sri Lanka recently strengthened the AAP capacity of Community Health Workers (CHW) for both routine and humanitarian services.

Objectives: To develop responsive, user-friendly health systems incorporating AAP into health care services

Methodology: AAP is a new program approach in Sri Lanka. A training package on AAP was developed for CHWs, adapting international resources to local needs and culture through consultative meetings, pretesting and piloting. Event calendars, complaint and feedback registers were introduced to track health related events and streamline responsive communication. A national pool of master trainers was established. High level advocacy at the Health Ministry supported the program.

Key Findings: Cascade training through master trainers began in August 2025 with 5 of 28 health districts completing by early September. Full district coverage with 1120 CHWs is expected in November 2025. Great enthusiasm has been shown for this novel program and AAP is being incorporated into subnational annual action plans of the public health system. It is expected that advocacy efforts for more people centred services through multisector coordination, integration of AAP into Risk Communication and Emergency Response structures, improved community listening and feedback will occur with this program.

Conclusions: AAP matters as it makes communities the central focus of services. It empowers CHWs to provide responsive services in ways most desired by communities, with emphasis on continuous two-way communication. It is anticipated that AAP will be a fundamental component of CSW culture.

Recommendations: AAP should be an integral component of all programs, with internal monitoring and policy support. Further local adaptation with timely program evaluation will optimize service provision and uptake.

P.95 - An Innovative Approach to Meaningful Engagement of Youth to Establish Adolescent and Youth Friendly Health Services: Sri Lankan Experience

Presented by Maheeshi Nilupul Janapriya

Background: Providing Adolescent and Youth Friendly Health Services (AYFHS) is a challenge, as it involves not only improving availability and accessibility but also enhancing acceptability for young persons. Sri Lanka has a strong, well-established network of field healthcare workers, with Public Health Midwives (PHMs) and Public Health Inspectors (PHIs) playing a leading role.

The Yowun Piyasa Centre (YPC) has been developed specifically to provide AYFHS, with 45 currently functioning across the island. The YPC serves as a clinic and a hub for youth activities to promote health and well-being among themselves, their peers and communities. The attendees are encouraged to create youth groups (Y-hubs). The Y-hub concept is promoted through public health officers and youth leaders trained as master trainers at the National level.

Objective: The broader objective of the Y-hub initiative is to empower AY with the necessary opportunities, skills, knowledge, and attitudes for optimal development, promoting health and well-being for themselves and in their communities, and increasing demand for AYFHS. The specific objectives focus on identified health issues at individual, peer-group and community levels. The Y-hub activities are youth-led, with technical guidance provided by the YPC staff.

Activities: The initial activity is recreational, to build team spirit. From then onwards, the planned activities focus on health promotion. The youth carry out a situational analysis in their respective communities to identify pressing issues, which are prioritized. With the guidance of healthcare providers, they develop an action plan (maybe short-term or long-term) to overcome these issues sustainably. A monitoring and evaluation mechanism, produced by the youth, will monitor the progress of activities conducted. In addition to their Y-hub duties, youth actively contribute to the development of policies, strategic plans and guidelines for AYFHS. The activities of youth groups are monitored at each level.

Findings: It is a challenge to sustain Y-hub due to high turnover of members. The formation of a junior group is expected to minimise the effects of high member turnover. The WHO, UNICEF and UNFPA jointly support these Ministry of Health initiatives and the way forward.

P.96 - Empowering frontline workers to champion caregiver psychosocial wellbeing: A task-shifting approach by adapting UNICEF's caring for the caregiver package to strengthen early childhood development in Sri Lanka

Presented by Dr Asiri Hewamalage

Background: Caregivers in Sri Lanka, especially women often face adversities linked to poverty, limited resources, gender inequities, and disproportionate burden of caregiving responsibilities, making them vulnerable to mental health challenges and reducing caregiving capacity. UNICEF's Caring for the Caregiver (CFC) package addresses these gaps by enhancing caregiver mental health and well-being through task-shifting to frontline workers. The CFC strengthens skills of the PHMs to provide emotional and psychosocial support to reduce caregiving stress, improve family support, and improve overall caregiver well-being, which further expected to strengthen caregiver–child relationship support to improve overall early childhood development.

Methods: A multi-stakeholder planning team, including relevant decision-makers, potential adaptation members, and end users, was formed to review the CFC overview guide and online course. In 2024, the adaptation team translated and culturally adapted the CFC materials. The process involved four steps: 1) translation and back translation by bilingual experts, 2) cultural adaptation and creative design, 3) face validity checks, and 4) pre-testing the materials. The ecological validity framework by Bernal (1995) and the "Double Diamond Design" were applied to the adaptation process. Community involvement and engagement were utilized throughout.

Results: Facilitator guides, key messages and toolkit content cards were translated and adapted to local languages and cultural norms. Concepts like "Care Blanket" were changed to "Care Bangle" to better suit the local context. Resources with some educational content were not adapted, given that the knowledge they conveyed was already embedded within the existing public health system and the frontline workers were familiar with it. A local artist culturally contextualized the illustrations, ensuring appropriate depictions of caregivers and children. Initial pre-testing showed high acceptance among users and frontline workers. Following the national rollout, implementation of the package will be evaluated through qualitative in-depth analysis of the FLW's and caregivers, and perceived stress levels of the FLW's.

Conclusion: The adapted CFC materials were well received, with culturally appropriate illustrations and high acceptability with suitability for national rollout.

P.99 - Rapid Assessment of Governance & Coordination in Nigeria's Community HealthWorkforce Programme – the Community Health Influencers, Providers & Services (CHIPS)

Presented by Abolade Oyelere

Background: The Community Health Influencers, Promoters & Services (CHIPS) Programme, Nigeria's erstwhile flagship community health workforce programme, was launched with the aim of bridging the gaps in access to health care, improving the continuum of care, linking households to the healthcare systems, complementing national data systems, improving health outcomes, and strengthening the community component of Primary Health Care.

Goal: The goal of the assessment was to capture gaps, needs, challenges, and best practices in CHIPS Programme leadership, policies, and supportive supervision with the aim ofgenerating, refining, and aligning on ideas to address gaps and challenges identified.

Methodology: The assessment was qualitative. It involved a desk review of CHIPS programme process and operational documents, guidelines, and tools as well as Key Informant Interviews with senior members of the CHIPS Programme Implementing Unit (PIU) and selected State CHIPS Coordinators on the gaps, needs, challenges, best practices, etc. around the programme's leadership, policies, and supportive supervision.

Key Findings:

1. Coordination between the PIU and the structures above and beneath it was at best, work-in-progress. In the states, the level of State Primary Health Care Development Agencies' leadership in programme ownership & oversight varied but likewise left considerable room for improvement. The gap was due in part to a lack of sufficient role orientation.

2. On the policy side, the National PIU made tremendous efforts to ensure a vibrant policy environment. Yet, the process of getting end-users to fully internalise and implement these policies and guidelines could have been better

3. Across all levels, and more so at the lower levels, the Supportive Supervision faced infrequency and inadequacy problems. This was for various reasons ranging from insufficient funding to there being a multiplicity of supervisory tools which some of the supervisors described as complex, competing priorities among supervisors, level of fit/proficiency among the supervisors, etc.

Conclusion: Strengthening mechanisms for communication, regular interaction and visibility with relevant national and sub-national stakeholders and structures would have contributed to improving governance and coordination in the CHIPS programme.