Islamic Transitional Government of Afghanistan
Ministry of Health

Policy on Community Based Health Worker (CHW)

Finalized by CBHC TF June 2003

Approved by MOH July 10, 2003

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Introduction:

The provision of heath care services to the population of Afghanistan requires a very efficient and cost-effective health care system with wide coverage of heath services. Currently almost 80 % of the health staff and health care facilities are located in 5 major cities, while the remaining population is served by 20 % of health staff (WHO, 2001). This inequitable distribution of health services, poor access of the people, and very poor coverage of many provinces, prompted the MoH to reorganize and explore options for alternative health strategies.

The National Health Policy of Afghanistan encompasses an emphasis on Community Based Health Care (CBHC) component, especially the training of female health workers. This component aims to improve coverage of health services and will ultimately reduce the high morbidity and mortality among children and women.

A key principle of CBHC is to empower the community to be able to identify their needs, prioritize issues and take action. In addition the community decides on rational use of available resources and establishes linkages with higher-level health service delivery for referrals. Workers at all levels of the health care system should receive orientation to the principles of CBHC

A workshop on Community Based Health Care was held in September 2002, to discuss and agree on a common approach for implementation of CBHC as an integral part of National Health System. Based on the recommendation of the workshop and subsequent work of the CBHC task force, the policy areas for CHW are the following:

1. Role of community:

- Community is central to the planning, implementation, supervision and sustainability of the CBHC. The chosen community Shura(council) should be oriented, trained and supported by MoH and other stakeholders.
- Community health worker candidates should be identified by the community and selected by the relevant health authority for training and regular supervision. Guidance and criteria for selection should be given to the community, and needed modifications in qualifications should be negotiated locally.
- Community should facilitate the provision of a training venue in the area.

2. Selection Criteria for Community Health Worker (CHW):

The CHW is the primary or first level of health workers of the Health Care System, capable of recognizing common danger signs and life threatening problems and treating common health problems. The CHW should be identified by the community and should be:

- Resident in local area.
- Age 20-50.
- Volunteer, motivated and interested to serve as CHW.
- Respected person in the area.
- Women should be encouraged to be selected, trained and serve as CHW (MOH guidelines now require at least 50% of the CHW trainees to be women)
- Basic literacy is advantageous, but is not mandatory for the CHW.

3. Training of CHW:

The CHW will be responsible for providing basic health services to the community after receiving the relevant training on various subjects. The CHW training should be conducted, using different teaching methodologies such as discussion, demonstration and story telling. Different participatory learning methods should be used for training the CHWs. The content of training should be according to the Core Competency and skills for CHWs.

- The training should be modular, sequential and be conducted in a minimum of three phases and include competency testing at the end of each module/sequence.
- Minimum total training duration should be 8 weeks, excluding field/practical work.
- Refresher training is crucial for adequate performance of CHWs.
- Refresher training should be held as per recommendation of supervisors.
- The MoH in collaboration with the other involved organizations should provide a training certificate, after which the working authority will be granted to CHW.
- The CHW will be provided with initial necessary supplies, tools and drugs to carry out the approved tasks as per CHW's job description.
- A separate and more appropriate training curriculum with more relevant visual aids should be developed and used for the non-literate CHWs.

4. Service delivery by CHW:

CHW will serve 100 –150 families within his/her own community. In isolated and remote areas where a dispersed population lives, one CHW will serve 30 – 50 families. CHWs will deliver the services included in the list of competencies and should be regularly supervised. Initially, for training period intervals and until completion of training, weekly supervision is required. After this period and when the supervisor is satisfied with the performance of the CHW, monthly supervisory visits can be conducted. Approved tasks and responsibilities of CHW have been identified and required competencies are defined. These define the full scope of work for CHW. (See CHW Job Description and Core Competency and Skills for CHWs)

5. Supervision of CHW and accountability:

CHWs should not be trained if it is not possible to regularly supervise them, so no training will be conducted without a clear strategy and mechanism in place for supervision. The CHW is accountable to the local Shura, which will assure the community is being served and is satisfied. The CHW should be regularly supervised by a technical person assigned by authorities from the nearest health facility to assure the quality of services and education related to the core competency and skill list.

- Regular on site supervision with the standard supervisory checklist will verify consistent competency, adherence to standards, and required reporting by CHWs. Where deficient, remedial training will be undertaken.
- Any CHW performing health or medical activities outside of those, for which full competency has been demonstrated should be reprimanded by Shura. It should also be reported to the nearest health facility. The CHW should be given notice that continued infractions will result in public withdrawal of permission to serve as a CHW.

6. Provision of supplies to CHW:

- The CHW should be provided with necessary supplies (standard CHW kit) to carry out approved tasks. The training authority should provide initial supply.
- If there be a policy in place for drug revolving fund and/or fee for services within the government it should be integrated with any agency trying to implement it.

7. Records:

The CHW should keep a simple record, which needs to be integrated with MoH HMIS. The records are as follows:

- His/her activities.
- Number of households of the area of his/her responsibility.
- Population record according to age and sex (gender).
- Death records.
- Birth records.
- Pregnant women record.

The CHW should submit the activity report to his/ her technical supervisor. Reports will need to be discussed with community health Shura in the presence of CHW supervisor at least once in a quarter. The problems in service delivery and in record keeping should be discussed and resolved with the Shura (with participation by the supervisor of the CHW).

8. Remuneration:

CHWs should be remunerated for services provided through locally determined policies and procedures governing regular payments, fees for individual services, incentive payments for accomplishments of agreed targets, and/or subsidies provided from sources within or outside the community. Such remuneration may be in cash or kind, or non-monetary recognition.

CHWs can be considered for activities such as NIDs (National Immunization Days) and other campaigns. This can enhance their prestige and provide some income.

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