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Community Health Worker Assessment and Improvement Matrix (CHW AIM):

A Toolkit for Improving CHW Programs and Services

REVISED SEPTEMBER 2013

This toolkit was prepared by Initiatives Inc. and University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and was authored by Lauren Crigler (Initiatives Inc.), Kathleen Hill (URC), Rebecca Furth (Initiatives Inc.), and Donna Bjerregaard (Initiatives Inc.). CHW AIM was developed under the USAID Health Care Improvement Project, made possible by the generous support of the American people.

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Lauren Crigler, Initiatives Inc.
Kathleen Hill, University Research Co., LLC
Rebecca Furth, Initiatives Inc.
Donna Bjerregaard, Initiatives Inc.

Disclaimer

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Revisions in this version

This 2013 version of the CHW AIM Toolkit reflects feedback received from users on the original version published in 2011. While the core tools, methods, and contents remain largely the same, there are revisions to the CHW Program Functionality Matrix and Intervention Matrices; a simplified Functionality Score Sheet; and a streamlined Validation Questionnaire. Other changes include integrating the document review into the CHW AIM implementation process and providing additional action planning guidance. The three Intervention Matrices (maternal, newborn, and child health, HIV and AIDS, and tuberculosis) have been streamlined and harmonized. The scoring system has been adjusted from the original scale of zero to three to a revised scale of one to four. This change is in response to users' discomfort with a zero score and the conceptual difficulties some users faced reconciling the four scoring levels with a maximum score of only three. Importantly, the meaning of the scores has not changed, so users who want to compare scores achieved using this version with previous scores can simply convert the scores.

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Abbreviations

ACSM	Advocacy, communication and social mobilization
AIM	Assessment and improvement matrix
AMTSL	Active management of the third stage of labor
ARV	Anti-retroviral
BCG	Baccilus Calmette-Guerin vaccine for tuberculosis
CD4	Cluster of differentiation 4 (test used to assess the immune system of HIV patients)
CHW	Community health worker
CHW AIM	Community Health Worker Assessment and Improvement Matrix
CMAM	Community-based management of acute malnutrition
DOT	Directly observed treatment
DOT-HAART	Directly observed treatment for HIV using highly active antiretroviral therapy
DOT-Plus	Directly observed treatment short-course for drug resistant tuberculosis
DOT-TB	Directly observed treatment for tuberculosis
DOTS	Directly observed treatment short-course
DPT	Diphtheria, pertussis, and tetanus vaccine
GBV	Gender-based violence
GHI	Global Health Initiative

HAART	Highly active antiretroviral therapy (for treatment of HIV)
HCI	USAID Health Care Improvement Project
HIB	Haemophilus influenzae type B vaccine
HIV and AIDS	Human immunodeficiency virus and acquired immunodeficiency syndrome
IDU	Intravenous drug use
IPT	Isoniazid preventive therapy
IPTp	Intermittent preventive therapy for malaria in pregnancy
IUD	Intrauterine device
IYCF	Infant and young child feeding
LAM	Lactational amenorrhea method
LCD	Liquid crystal display
MARP	Most at-risk population
MC	Male circumcision
MDR-TB	Multi-drug-resistant tuberculosis
MNCH	Maternal, newborn and child health
MOH	Ministry of Health
NA	Not applicable
NGO	Non-governmental organization
ORS	Oral rehydration salts
OVC	Orphans and vulnerable children
PCP	Pneumocystis pneumonia
PEP	Post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHA	People living with HIV
PMTCT	Prevention of mother-to-child transmission of HIV
PPH	Post-partum hemorrhage
STI	Sexually transmitted infection
TB	Tuberculosis
TB-HIV	Tuberculosis-human immunodeficiency virus co-infection
USAID	Unites States Agency for International Development
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis

Section I. Introduction

The USAID Health Care Improvement Project created the CHW AIM Toolkit to help ministries, donors and non-governmental organizations (NGOs) assess and strengthen their community health worker programs to improve their functionality. This section provides an overview of the Community Health Worker Assessment and Improvement Matrix (CHW AIM) implementation process, the functionality model, and the four steps to adapt, plan, conduct, and follow up a CHW AIM program assessment as well as guidance on the contents and use of the toolkit.

Section I. Introduction

A. Background

The USAID Health Care Improvement (HCI) Project developed the Community Health Worker Assessment and Improvement Matrix (CHW AIM) Toolkit to help programs assess CHW program functionality and improve performance. Built around a core of 15 components deemed essential for effective programs, CHW AIM includes a guided self-assessment and performance improvement process to help organizations identify program strengths and address gaps. Through discussion and review of current practices, the process assists understanding of best practices, builds consensus about and commitment to change, and provides guidance for improving functionality.

According to the World Health Organization (WHO), 57 countries from Africa to Asia are facing shortages in their health care workforces, and an estimated 4,250,000 workers are needed to fill the gaps. CHWs have played an important role in linking communities to health services for over 50 years (WHO 2006). The importance of CHWs in health systems is becoming increasingly recognized as government institutions are unable to train enough health workers to meet their needs while at the same time the health workforce is being depleted by migration, HIV-related illness, and inadequate infrastructure. By providing basic health tasks, CHWs free up skilled health providers to offer more complex health care. Despite CHW achievements, there has not been a systematic approach to evaluating CHW program effectiveness.

The United State Government recognizes the importance of addressing the human resource crisis in order to bring critical health services to underserved populations. To help address this crisis, the United States Agency for International Development (USAID) is committed to increasing the number of functional CHWs serving in maternal, newborn and child health (MNCH) priority countries by at least 100,000 by 2013 (USAID 2008a/b). The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) also issued guidelines for the President's Global Health Initiative (GHI) to provide training and retention support for more than 140,000 new health workers in order to strengthen health systems (PEPFAR 2010a).

The emphasis on community support makes assessing the functionality of CHW programs increasingly important. However, evaluating CHW programs and how individuals delivering services are selected and supported can be difficult, particularly since characteristics, roles, and responsibilities for CHWs can vary vastly. This document proposes a working definition of a CHW and a matrix tool for assessing whether CHW programs are functional.

Community Health Workers

Known under a variety of titles, CHWs are generally members of their communities who are trained to carry out one or more functions related to health care. Their tasks range from health promotion to disease prevention and include curative care for tuberculosis (TB), care of HIV and AIDS patients, malaria control, referrals and reproductive health and family planning education and services, and care for children under the age of five. They may visit clients in their homes, their communities, or at clinics (WHO 2007). After discussions with key stakeholders including USAID and WHO, the CHW AIM process defined a community health worker as a health worker who performs a set of essential health services, receives standardized training outside the formal nursing or medical curricula, and has a defined role within the community and the larger health system.

The CHW AIM process defines a *community health worker* as a health worker who performs a set of essential health services, receives standardized training outside the formal nursing or medical curricula, and has a defined role within the community and the larger health system.

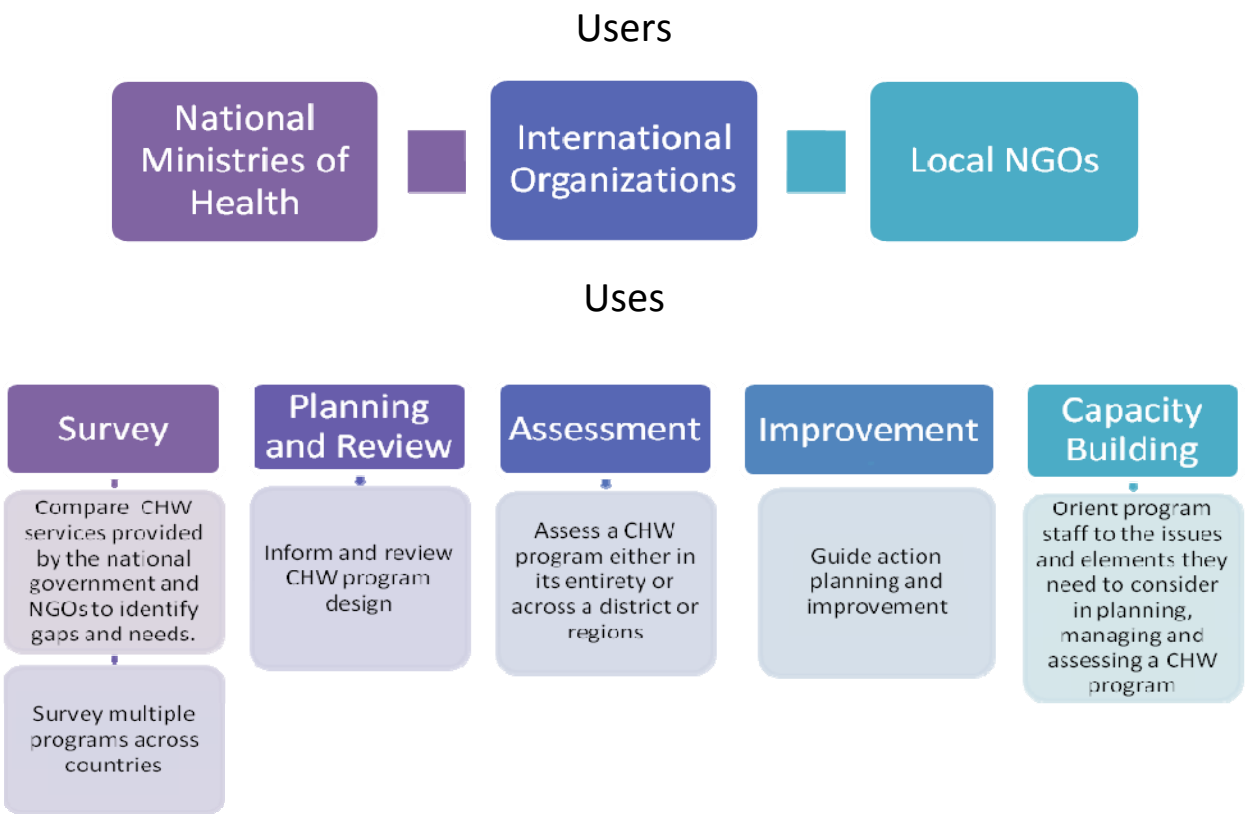
CHW AIM Toolkit Overview

The CHW AIM Toolkit assists the assessment, improvement, and planning of CHW programs by deepening understanding of the elements of successful programs and the use of best practices as an evidence-based approach to improvement. The toolkit is framed around two key resources: 1) a program functionality matrix with 15 key components used by participants to assess the current status of their programs, and 2) service intervention matrices to determine how CHW service delivery aligns with program and national guidelines. Worksheets and tools to assist in the implementation of the two resources are included. The key health intervention matrices currently included in CHW AIM address maternal, newborn, and child health (MNCH), HIV and AIDS, and tuberculosis (TB); additional services can be adapted for assessment.

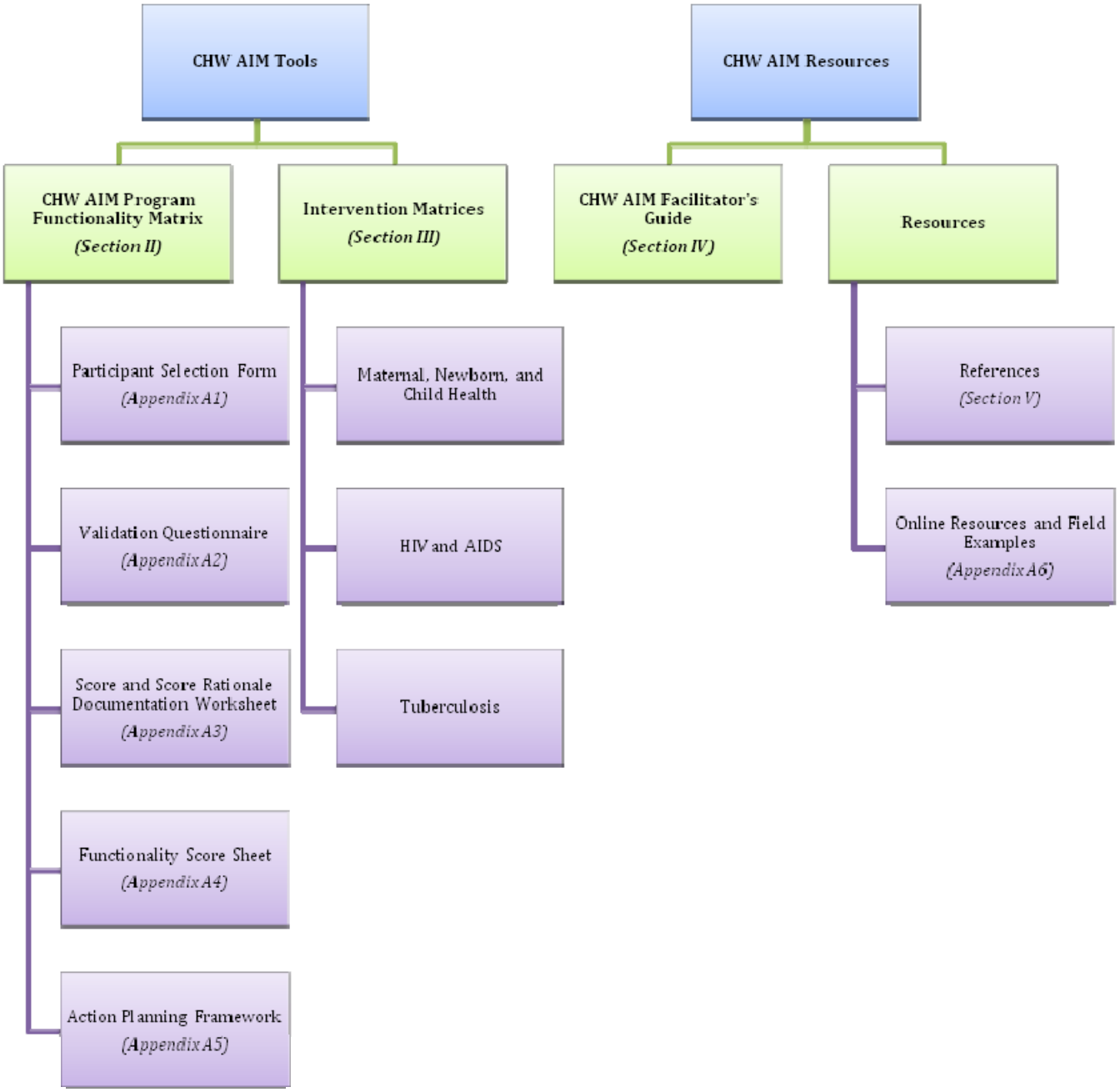
Audience: The toolkit is useful for any implementing partner such as a ministry of health, a non-governmental organization, or other organizations that implement and manage CHW programs.

Objectives: To provide a framework and process to enable governments and organizations to survey, assess, and improve the functionality of CHW programs.

Users and Uses: Although originally designed as a comprehensive assessment and improvement process, ministries of health, international development organizations, and local NGOs have used the process in a number of ways.



Contents: The toolkit contains all the materials to help programs assess the status of their CHW programs, align services with program and national guidelines, and develop strategies to address gaps and build on strengths as well as train others in how to use the tools. The following figure maps out the resources included in the CHW AIM Toolkit.



As a survey tool, the criteria and scoring included in the CHW AIM Toolkit has been used in desk reviews of CHW programs around the globe. International organizations have also used the tool to compare what elements and services covered by the CHWs they support versus the government cadre of CHWs. This exercise helped identify areas of overlap, gaps, and needs. Other programs have found the tool useful in planning. These programs use the best practices listed for CHW programs in the CHW Program Functionality Matrix to think through how they will put key elements of program functionality in place from the start. Still other programs have used the tool to do a quick desk assessment of their programs, find gaps, and start working with team members to address issues. Ministries of health are using the tool to do comprehensive assessments of their CHW programs on a district-by-district basis. Local and international NGOs have also used the tool to assess their CHW programs, identify gaps,

and develop action plans to address issues. Finally, some international NGO partners have noted that they use the tool to build staff awareness about the issues and elements they need to consider in planning, managing, and assessing a CHW program.

Although the tool has many potential uses, and users are encouraged to adapt it for their own purposes, most of the guidance provided in the remainder of this document relates to the methods and processes for using the tool in CHW program functionality assessments and improvement.

B. Program Functionality Matrix Process

Facilitation: Although participatory in nature, the process should be led by a trained facilitator, either external to or a member of the organization. The facilitator's role is to guide the planning, implementation, and follow-up of the assessment. S/he runs the workshop and ensures active participation, consensus, completion of tools, and responsive action plans. A facilitation guide is included as Section IV of this document. PowerPoint slides to orient the leader are available at: http://www.chwcentral.org/community-health-worker-assessment-and-improvement-matrix-chw-aim-toolkit-improving-chw-programs-and.

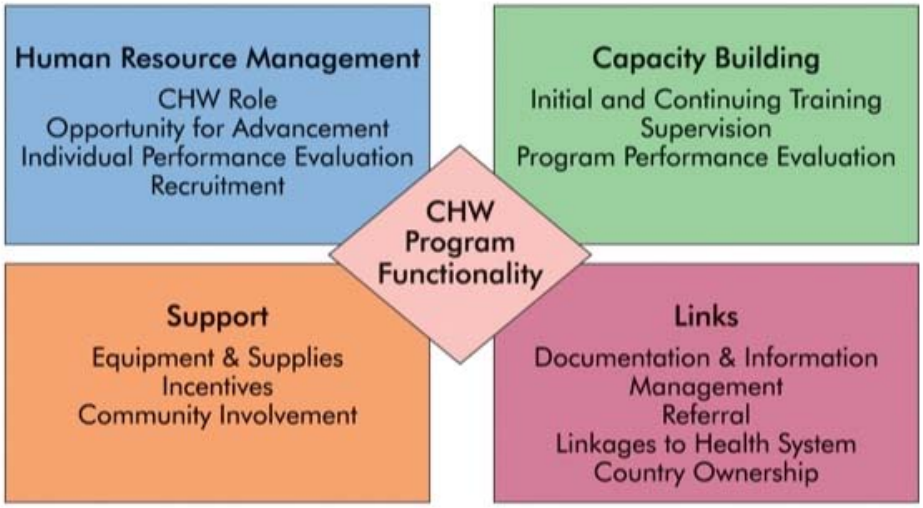
Participants: The assessment is carried out during a workshop with multiple stakeholders knowledgeable about how the program is managed or supported and the regions within which it functions. Between 15 and 25 participants is reasonable and should include field managers, district managers, CHWs, and CHW supervisors. The CHW AIM process promotes the involvement of CHWs as their experience and voices add to a fair assessment. All levels of staff should be evenly represented in the workshop if possible.

Approach: The CHW AIM approach is based on a guided self-assessment that allows a diverse group of participants to score their own programs against 15 programmatic components and 4 levels of functionality. Following the review, participants use the results to develop action plans to address weaknesses in performance.

The assessment approach encourages rich discussions on actual versus theoretical impressions of community-based programs. It also encourages country ownership through ease of use, up-front adaptation to country contexts, and step-by-step involvement. It allows host governments to quickly and efficiently map and assess programs using a rating scale based on best practices. The process can be expanded to include other service matrices and/or can be easily combined with other tools and approaches.

Limitations: The approach does not evaluate the quality of services delivered by individual health workers. The methodology relies on secondary evidence and self-reports for assessment; therefore, information collected cannot be used to evaluate individual CHW performance or CHW contributions to coverage, effectiveness, or impact.

Functionality Model



Programmatic Components

CHW AIM outlines 15 programmatic components that have been found to contribute to an effective CHW program.

1.	**Recruitment**	How and from where a community health worker is identified, selected, and assigned to a community, including selection criteria.
2.	**CHW Role**	The alignment, design, and clarity of role from community, CHW, and health system perspectives. The role generally includes a description of how the "job" contributes to the program; clear expectations that define actions and behaviors necessary for the CHW to be successful; and tasks that are measurable activities that the CHW performs when providing services.
3.	**Initial Training**	Training is provided to the CHW to prepare for his/her role in service delivery and ensure s/he has the necessary skills to provide safe, effective quality care.
4.	**Continuing Training**	Ongoing training is provided to update CHWs on new skills, to reinforce initial training, and to ensure practicing skills learned.
5.	**Equipment and Supplies**	The requisite equipment and supplies are available when needed to deliver expected services.
6.	**Supervision**	Supportive supervision is carried out regularly to provide feedback, coaching, problem solving, skill development, and data review.
7.	**Individual Performance Evaluation**	Evaluation is conducted to fairly assess work during a set period of time.
8.	**Incentives**	A balanced incentive package includes financial incentives such as salary and bonuses and non-financial incentives such as training, recognition, certification, uniforms, medicines, etc. appropriate to job expectations.

9.	**Community Involvement**	The role that the community plays in supporting (supervising, offering incentives, providing feedback) a CHW.
10.	**Referral System**	A process for determining when a referral is needed, a logistics plan is in place for transport and funds when required, and a process to track and document referrals.
11.	**Opportunity for Advancement**	The possibility for growth and advancement for CHWs, including certification, increased responsibilities and a path to the formal sector or change in role.
12.	**Documentation and Information Management**	How CHWs document visits, how data flows to the health system and back to the community, and how it is used for service improvement.
13.	**Linkages to Health Systems**	How the CHWs and communities are linked to the larger health system through involvement in recruitment, training, incentives, supervision, evaluation, equipment and supplies, use of data, and referrals.
14.	**Program Performance Evaluation**	General program evaluation of performance against targets, overall program objectives, and indicators carried out on a regular basis.
15.	**Country Ownership**	The extent to which the ministry of health has policies in place that integrate and include CHWs in health system planning and budgeting and provides logistical support to sustain district, regional and/or national CHW programs.

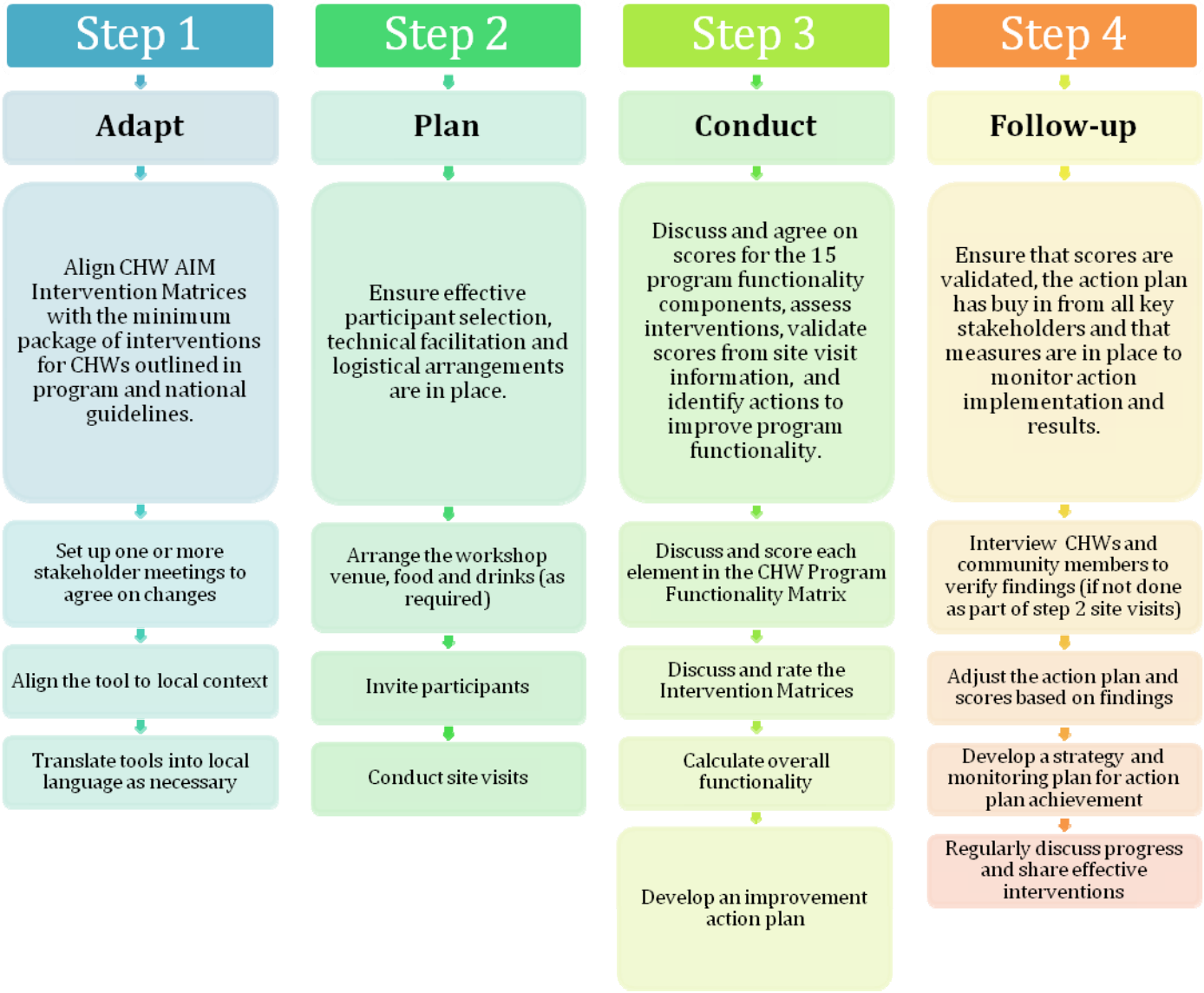
Scoring of Programmatic Components

For each of the 15 components listed above, four levels of functionality are described ranging from non-functional (level 1) to highly functional as defined by suggested best practices (level 4).

Level of Functionality			
1	**2**	**3**	**4**
Non functional	Partially functional	Functional	Highly functional

These levels describe situations commonly seen in CHW programs and provide enough detail to allow stakeholders to identify where their programs fall within that range. Level 4, ”highly functional”, provides the currently accepted best practice for each component. Resources and tools to aid implementers in achieving a higher level of functionality are provided as part of this instrument.

C. CHW AIM Process Steps



D. Using the Toolkit

The toolkit contains the tools and documents to guide the assessment and action planning process. It is available in hard copy and on the web to assist printing of the forms needed for data collection, scoring and action planning. It is divided into six sections.

Tool Kit Sections and Contents

Section I	**Introduction**	Provides an overview of the CHW AIM process, the functionality model and the four steps to prepare, plan, implement and follow up a CHW AIM program assessment as well as guidance on the contents of the toolkit.
Section II	**CHW Program Functionality Matrix**	Includes the assessment tool used to review a CHW program against 15 evidence-based best practices that define highly functional programs. Each of the 15 components is subdivided into four levels of functionality to enable programs to match their current status against a continuum of responses to guide their assessment.
Section III	**Intervention Matrices**	Includes the service delivery interventions in three key CHW program areas: Maternal, Newborn and Child Health (MNCH); HIV and AIDS; and Tuberculosis (TB).
Section IV	**Facilitator's Guide**	Explains the steps necessary to prepare for and implement a CHW program functionality assessment, use the assessment tools, guide action planning and provide follow up support.
Section V	**References**	Lists the publications and resources used in the development of the CHW AIM Toolkit.
Section VI	**Appendices**	Includes the tools needed to assist participant selection for the assessment workshop, gather documentation about current practices, document and score their assessment, and create a responsive action plan as well as a resource section for further guidance on effective interventions.

Section II. CHW Program Functionality Matrix

This section includes the assessment tool used to review a CHW program against 15 evidence-based best practices that define highly functional programs. Each of the 15 components is subdivided into four levels of functionality to enable programs to match their current status against a continuum of responses to guide their assessment. This tool contributes to the overall functionality score.

Copies of this assessment tool should be printed for all participants in the assessment workshop. In some settings, translation of the tool may also be needed.

Section II. CHW Program Functionality Matrix

Level of Functionality: 1 = non functional 2 = partially functional 3 = functional 4 = highly functional

1. Recruitment: How and from where a community health worker (CHW) is identified, selected, and assigned to a community, including selection criteria			
Resources: CHW recruitment guidelines			
1	**2**	**3**	**4 (best practice)**
In CHW recruitment: • CHW is not from community • Community plays no role in recruitment • No or few selection criteria in place, well known or commonly applied	In CHW recruitment: • CHW is not from community • Community only approves of final selection • Some selection criteria (literacy, gender, marital status, local residence) in place and are met when possible	In CHW recruitment: • CHW is from community (except in special circumstances)[!] • Community participates in the final selection • Most selection criteria (literacy, gender, marital status, local residence) in place and are met when possible	In CHW recruitment: • CHW is from community (except in special circumstances) • Community participates in entire recruitment process • All selection criteria— literacy, gender, marital status, local residence—exist and are met
[!] All efforts should be made to recruit from the community. Special circumstances include cases in which having CHWs from outside the community responds to community demand to ensure client privacy or for other reasons.			

2. CHW Role (Alignment, design and clarity of role from community, CHW, and health system perspectives): A role is a general description of how the "job" contributes to the program; clear expectations that define actions and behaviors necessary for the CHW to be successful; and tasks that are measurable activities that the CHW performs when providing services			
Resources: CHW job description or terms of reference, organizational or government CHW policy and/or guidelines			
1	**2**	**3**	**4 (best practice)**
The CHW role: • Is not defined or documented • Is not clear or agreed among CHW, community, and formal health system	The CHW role: • Is not defined or documented • Has general expectations (e.g. working time) and tasks (e.g. nutrition counseling) but not specific expectations (e.g. services, visits, tasks/services per visit) • Is not always agreed/accepted among CHW, community and formal health system	The CHW role: • Is clearly defined and documented, but community and other stakeholders played no part in defining the role • Has general expectations (e.g. working time) and tasks (e.g. nutrition counseling) but not specific expectations (e.g. services, visits, tasks/services per visit) • Is agreed and understood by CHW, community and general health system; occasional demands are made on CHW that he/she cannot meet	The CHW role: • Is clearly defined and documented by all stakeholders • Is supported by government and/or organizational policies • Has specific expectations (e.g. workload, client load, time per patient, maximum distance and role of community) and tasks (e.g. weighing children for nutrition guidance, providing food supplements for HBC clients) • Is agreed and understood by CHW, community and general health system • Ensures full service coverage through referral • Is discussed and updated through a routine process

3. Initial Training: Training is provided to CHW to prepare for his/her role in service delivery and ensure s/he has the necessary skills to provide safe, effective quality care			
Resources: Training plans and/or guidelines, training curricula, training databases or records			
1	**2**	**3**	**4 (best practice)**
Initial training: • Is not done or minimal • Does not follow national/international guidelines for content or duration • Is not timely; CHWs are not enrolled in training within six months of joining	Initial training: • Is provided to all CHWs within six months of recruitment • Does not meet national/international guidelines for content or duration • Does not include on-the-job training or practicums • Does not include community or government health service participation	Initial training: • Is provided to all CHWs within six months of recruitment • Meets national/international guidelines for content and duration • Includes: core CHW topics[1], appropriate technical content, referrals, documentation, and has a practicum component • Does not include community or government health service participation	Initial training: • Is provided to all CHWs within six months of recruitment • Meets national/international guidelines for content and duration • Includes: core CHW topics[1], appropriate technical content, referrals, documentation, and gender sensitivity and has a practicum component • Includes government health service and community participation
[1]Core training for CHWs: ability to access resources, coordination of services, crisis management, leadership, organizational skills, intrapersonal communication skills, confidentiality (source: Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review and Recommendations for Scaling Up, Global Health Workforce Alliance, 2010).			

4. Continuous Training: Ongoing training is provided to update CHWs on new skills, to reinforce initial training, and to ensure practicing skills learned			
Resources: Training plans and/or guidelines, training curricula, training databases or records			
1	**2**	**3**	**4 (best practice)**
The CHW program: • Provides no continuous training • Conducts occasional, ad hoc visits by supervisors with some coaching	The CHW program: • Provides irregular continuous training; less frequently than every 12 months • Enables CHWs to participate in occasional workshops on specific vertical health topics • Has no training plan and does not track which CHWs have attended training	The CHW program: • Provides continuous training at least every 12 months, for all CHWs • Has a training plan, but tracking of which CHWs have been trained is weak • Does not involve government health system or facilities in training	The CHW program: • Provides continuous training at least every 6 months for all CHWs • Has a training plan and routinely tracks CHWs trained • Adheres to national or international guidelines where possible • Offers opportunities in a consistent and fair manner to all CHWs • Involves government health system and/or facilities in training • Has health workers participate in training and/or conduct training at health center

5. Equipment and Supplies (including job aids): Requisite equipment and supplies are available when needed to deliver the expected services			
Resources: Guidelines for CHW stocks and supplies, supply ordering procedures and forms, inventory forms and procedures			
1	**2**	**3**	**4 (best practice)**
The CHW program: • Provides no or incomplete, equipment, supplies, or job aids • Is unable to support defined CHW tasks due to inconsistent supply	The CHW program: • Provides equipment, supplies, and job aids • Experiences regular stock outs of essential supplies (≥ 2 times/ year) that last more than one month • Has no regular process for ordering supplies (CHWs order when they run out)	The CHW program: • Provides equipment, supplies, and job aids • Experiences some stock outs; supplies regularly ordered and available. Takes into account CHW needs when ordering supplies • Does not regularly verify expiration dates, quality, and inventory	The CHW program: • Provides equipment, supplies, and job aids • Experiences no substantial stock outs • Takes into account CHW needs when ordering supplies • Regularly verifies expiration dates, quality, and inventory of all equipment and supplies

6. Supervision: Supportive supervision is carried out regularly to provide feedback, coaching, problem solving, skill development, and data review			
Resources: Supervision plans and guidelines, supervisor job descriptions and qualifications, supervision checklists or other tools, supervision reports, supervision training documents			
1	**2**	**3**	**4 (best practice)**
CHW supervisors: • Do not exist or provide no regular supervision	CHW supervisors: • Conduct supervision less than 3 times per year • Collect mainly reports or data during supervision • Are not trained in supportive supervision • Have not been assigned and introduced to specific CHWs or communities • Do not provide individual performance support (problem-solving, coaching)	CHW supervisors: • Conduct supervision visits every 3 months • Review reports, collect monitoring data, and provide problem-solving support during supervision visits • Are trained in supportive supervision • Are well known to CHWs and communities • Have and use basic supervision tools (checklists) • Consistently meet with the community • Use data/information for problem-solving and coaching during supervision meetings	CHW Supervisors: • Conduct supervision visits every 1 to 3 months • Review reports, collect monitoring data, observe service delivery and provide problem-solving support during supervision visits • Are trained in supportive supervision, and conducting service delivery observations • Are well known to CHWs and communities • Have and use basic supervision tools (checklists) • Consistently meet with the community and make home visits with the CHW or provide on-the-job skill building • Use data/information for problem-solving and coaching during supervision meetings

7. Individual Performance Evaluation: Evaluation is conducted to fairly assess work during a set period of time			
Resources: Performance evaluation guidelines and tools, completed performance evaluation forms			
1	**2**	**3**	**4 (best practice)**
A structured CHW individual performance evaluation: • Does not exist or is not done	A structured CHW individual performance evaluation: • Is conducted once a year • Is not based on individual performance • Includes evaluation of only coverage or monitoring data • Does not reward good performance	A structured CHW individual performance evaluation: • Is conducted once a year and is documented • Is based on individual performance • Includes evaluations of service delivery and coverage or monitoring data (national/ program evaluation) • Includes community feedback on CHW performance • Provides some rewards for good performance, but they are ad hoc and inconsistent	A structured CHW individual performance evaluation: • Is conducted once a year and is documented • Is based on individual performance • Includes evaluations of service delivery and coverage or monitoring data (national/ program evaluation) • Includes community feedback on CHW performance • Gives established rewards for good performance and community plays a role in providing rewards

8. Incentives: Financial: A balanced incentive package includes financial incentives such as salary and bonuses and non-financial incentives such as training, recognition, certification, uniforms, medicines, etc. appropriate to job expectations			
Resources: Program guidelines for Incentives, records of incentive payments (as appropriate)			
1	**2**	**3**	**4 (best practice)**
The CHW program: • Is completely volunteer: no financial or non-financial incentives are provided	The CHW program: • Provides no financial or non-financial incentives; but community recognizes CHW and sometimes gives small tokens	The CHW program: • Provides some limited financial incentives such as transport to training, but no salary or bonus • Provides some non-financial incentives • Has CHWs that are motivated and/or supported by the community through rewards (e.g. labor, farming, formal recognition at events)	The CHW program: • Provides both financial and non-financial incentives in line with expectations placed on CHW (e.g., number and duration of client visits, workload, and services provided) • Links incentives to performance • Ensures community offers gifts or rewards

9. Community Involvement: The role that community plays in supporting (supervising, offering incentives, providing feedback) a CHW			
Resources: Community agreements, guidelines for community involvement, supervision reports detailing community feedback			
1	**2**	**3**	**4 (best practice)**
The community: • Plays no role in supporting CHWs	The community: • Sometimes collaborates with CHWs on campaigns or education • Has some people who seek services from the CHW	The community: • Plays a significant role in supporting the CHW by discussing role or objectives and providing regular feedback to the CHW and supervisors • Widely recognizes and appreciates the CHW • Has little or no interaction with supervisor	The community: • Plays an active role supporting CHWs in all areas: e.g. developing role, providing feedback, solving problems, and providing incentives • Helps to establish CHW as a leader in community • Widely recognizes and appreciates the CHW • Has leaders who regularly discuss health issues with the CHW using data • Interacts with supervisors during visits, provides feedback on CHW performance, helps problem solve

10. Referral System: A process for determining when a referral is needed, a logistics plan is in place for transport and funds when required, and a process to track and document referrals			
Resources: Referral guidelines, referral forms, emergency referral or logistics plans (may be part of guidelines), records and/or reports on referral			
1	**2**	**3**	**4 (best practice)**
The referral system: • Is not in place or is inactive	The referral system: • Is ad hoc with CHWs knowing when and where to refer clients, but no formal referral guidelines, process, logistics or forms	The referral system: • Is in place with CHWs knowing when and where to refer clients based on established guidelines • Is facilitated by moderately reliable transport and/or access to referral facilities • Has a tracking and logistics system: clients are referred with a written slip, referrals are informally tracked by CHWs (verbal follow-up) • Is limited by no or inconsistent feedback from referral sites/providers to CHWs	The referral system: • Is in place with CHWs knowing when and where to refer clients based on established guidelines • Is facilitated by very reliable transport and/or access to all referral facilities • Includes a logistics plan for emergencies that accounts for transport and funds and has demonstrated effectiveness • Includes a robust tracking system with standardized forms, recording and reporting • Ensures that information on referral services flows back to the CHW with a returned referral form

11. Opportunity for Advancement: The possibility for growth and advancement for CHWs, including certification, increased responsibilities, and a path to formal sector or change in role			
Resources: HR policy documents, guidelines and criteria for advancement, performance evaluation documents			
1	**2**	**3**	**4 (best practice)**
The CHW program: • Offers no opportunities for advancement	The CHW program: • Offers occasional advancement opportunities to CHWs who have been in the program for a specific length of time • Does not relate advancement to performance or achievement	The CHW program: • Offers advancement to CHWs who have been in the program for a specific length of time • Provides limited training opportunities to CHWs to learn new skills to advance roles • Provides advancement to CHWs for good performance, but evaluation of performance or achievement is not always consistent, clear or transparent	The CHW program: • Offers advancement to CHWs who perform well and who express an interest in advancement • Routinely provides training opportunities to help CHWs learn new skills and advance their roles • Has a clear, transparent and fair system to assess CHW performance and achievement for advancement purposes

12. Documentation and Information Management: How CHWs document visits, how data flows to the health system and back to the community, and how it is used for service improvement			
Resources: CHW notebooks or recording formats, reporting formats, record keeping standards or guidelines			
1	**2**	**3**	**4 (best practice)**
The CHW program: • Has no documentation processes or has informal processes that are followed inconsistently	The CHW program: • Has CHWs record visits in notebooks, but there are no standardized formats • Has CHWs that sometimes review their records with health facility staff • Does not discuss quality of monitoring forms or have routine discussions with CHWs or supervisors about data • Does not involve CHWs in data-based problem solving in the community	The CHW program: • Has CHWs document their visits and provide data on standardized formats • Ensures supervisors monitor the quality of documents, discuss them with CHWs and provide help when needed • Does not provide CHWs and communities with data summaries • Does not involve CHWs in data-based problem solving in the community	The CHW program: • Has CHWs document their visits and provide data on standardized formats and this is consistently done to a high standard • Ensures supervisors monitor quality of documents, discuss them with CHWs, and provide help when needed • Provides CHWs and communities with data summaries • Involves CHWs in data-based problem solving in the community

13. Linkages to Health System: How the CHWs and communities are linked to the larger health system through involvement in recruitment, training, incentives, supervision, evaluation, equipment and supplies, use of data, and referrals *Note: Health system is made up of government, regions, districts, municipalities, and individual health facilities that provide resources, finances, and management to deliver health services to the population.*			
Resources: National CHW program guidelines, national training guidelines, national referral forms, national supervision guidelines			
1	**2**	**3**	**4 (best practice)**
The CHW program: • Is not linked to the health system or links are weak	The CHW program: • Is recognized by the health system, but the health system provides little or no support *Example: Policies exist that describe CHW role and occasional (≤ yearly) monitoring visits occur from MOH*	The CHW program: • Is supported by the health system through participation in, provision of, or joint monitoring of at least some of the following: o Training, supervision, referral, equipment and supplies, incentives, CHW performance assessment, advancement opportunities, reporting, and use and sharing of data • Shares data with the health system	The CHW program: • Is provided comprehensive support by the health system through its consistent participation in, provision of and joint monitoring of: o Training, supervision, referral, equipment and supplies, incentives, CHW performance assessment, advancement opportunities, reporting, and use and sharing of data • Shares data with the health system • Has consistent and relatively smooth coordination with the health system

14. Program Performance Evaluation: General program evaluation of performance against targets, overall program objectives, and indicators carried out on a regular basis			
Resources: Program performance evaluation guidelines, program indicators, reports			
1	**2**	**3**	**4 (best practice)**
CHW program performance evaluation: • Is not done or is not conducted on a regular basis	CHW program performance evaluation: • Is conducted yearly and covers CHW activities • Does not assess CHW achievements against program indicators and outcomes • Is not summarized and CHWs are not provided feedback on how the program is performing against expectations • Shows that the CHW program is realizing less than 75% of its targets (up to end of most recent quarter)	CHW program performance evaluation: • Is conducted yearly and covers CHW activities • Assesses CHW achievements against program indicators and outcomes • Does not include evaluation of the quality of service delivery provided by CHWs and the community is not asked to provide feedback on CHW performance • Is summarized and CHWs are provided feedback on how they are performing • Shows that the CHW program is realizing at least 75% of its targets (up to end of most recent quarter)	CHW program performance evaluation: • Is conducted yearly and covers CHW activities • Assesses CHW achievements against program indicators and outcomes • Includes an evaluation of the quality of service delivery provided by CHWs and the community and health facility staff are asked to provide feedback on CHW performance • Is summarized and CHWs are provided feedback on how they are performing • Shows that the CHW program is realizing at least 75% of its targets (up to end of most recent quarter)

15. Country Ownership: The extent to which the ministry of health has policies in place that integrate and include CHWs in health system planning and budgeting and provides logistical support to sustain district, regional and/or national CHW programs			
Resources: National policies on CHWs, national CHW supervision guidelines, training and budget related to CHWs and CHW incentives			
1	**2**	**3**	**4 (best practice)**
The national health system: • Does not recognize CHWs • Does not have plans or a process to create or support a CHW cadre	The national health system: • Recognizes CHWs as helpful in communities but does not assign a formal role to them • Provides no support to CHWs; they are funded by NGOs or other stakeholders • Participates in the supervision of CHWs funded by NGO partners	The national health system: • Recognizes CHWs as part of the formal health system and has policies that define their roles, tasks, and relationship to health system • Provides minimal financial support for CHWs through local or district budgets • Participates in supervision of CHWs through district health offices and/or facilities	The national health system: • Recognizes CHWs as part of the formal health system and has policies that define their roles, tasks, and relationship to health system • Provides adequate financial support for CHWs, including incentives • Supervises CHWs through district health offices and/or facilities • Ensures CHWs are adequately supplied through national and local stores

Section III. Intervention Matrices

This section contains service delivery interventions in three key CHW program areas: Maternal, Newborn and Child Health, HIV and AIDS, and Tuberculosis. For the assessment, use only the matrices that match the services that the CHWs are expected to deliver. The Intervention Matrices can be reviewed with all workshop participants or can be completed by program managers prior to the workshop and validated by the workshop group. Make enough copies of the matrix or use an overhead projector for the participants to review and indicate or validate which activities are currently performed by CHWs in the program under review. Findings from the matrix contribute to the overall program functionality score.

Section III. Intervention Matrices

III. A. Instructions

Instructions:

1. ***Identify the technical intervention areas***

   Use the intervention summary table for each technical area (MNCH, HIV and AIDS, and TB) to identify the areas in which CHWs are active. This is done by simply checking off the relevant area in the last column. This will help the group save time since only relevant areas, those in which CHWs are active, are to be assessed.

2. ***Complete the Intervention Matrices for the relevant areas***

   Next, turn to the detailed intervention matrix for the technical area(s) (MNCH, HIV and AIDS, and TB) and complete the form for the services and/or activities that are to be assessed based on the summary table.

   To be functional in a single intervention matrix, an activity must be complete, meaning all activities or tasks, as appropriate, must be marked "counsel," "provide," "refer," or "not applicable"; none may be marked "not done".

   A. Use the Intervention Matrix to check off how the program addresses each applicable activity.

   B. The table has three components: Services, Activities and Tasks.
      i. **Services** are highlighted in a dark tint and denoted by Roman numerals;
      ii. **Activities** are highlighted in a light tint and denoted by a lower case letter;
      iii. **Tasks** are under the activity. Note that not all activities have tasks associated with them. Some activities have associated tasks and others list the activity alone. For an intervention to be deemed "complete" at least one activity must be completed, meaning all tasks for that activity are either counseled for, provided, referred or done. Check the appropriated column.

   C. In cases where only an activity is present or where tasks are listed under the activities, choose whether the role of the CHW is to "counsel," "provide," or "refer," or whether the task is "not applicable," or "not done" using the following definitions.
      i. **Counsel:** The CHW provides education or counseling to assist the client, group, or community.
      ii. **Provide:** The CHW directly provides the service to the client or group.
      iii. **Refer:** The CHW refers the client to another CHW, to a qualified provider within the same facility or program, to another program, or to another facility for the service.
      iv. **Not applicable:** Applies only when:
         - The intervention is not included in the program or national guidelines/policies;
         - CHWs are not permitted to provide the service or to refer clients for the service, as it is not part of the tasks expected to be performed by the CHW.
      v. **Not done:** The CHW does not conduct the activity, which signals it should be investigated.

D. It is important to keep in mind that this section focuses on whether activities are conducted or referrals made and not on their quality.

E. **Not applicable**: Some activities and tasks have a section marked with NA (not applicable). For example, in the task “Newborn care counseling” the box under “counseling” is marked NA. In such cases, another column must be checked.

F. **Check off complete interventions**: In the “intervention complete” column, place a check mark ☑ if all applicable tasks are provided, counseled for, or referred. A program must have at least one complete activity to be functional.

III. B. CHW MNCH Intervention Summary Table

Maternal, Newborn, and Child Health Program Intervention Matrix Overview		✓
Service	**I. ANTENATAL CARE**	
Activities	Anticipatory counseling	
	Maternal nutrition	
	Tetanus Toxoid	
	De-worming	
	Malaria	
Service	**II. CHILDBIRTH CARE**	
Activities	Clean delivery/infection prevention	
	Active management of the third stage of labor (AMTSL) for prevention of post-partum hemorrhage (PPH)	
	Immediate essential newborn care	
	Maternal newborn complications	
Service	**III. POST-PARTUM/POST-NATAL CARE**	
Activities	Home visit/contact with mother/infant within 2–3 days of birth	
	Essential newborn care	
	Maternal nutrition counseling	
	Special care for low birth weight infant (Kangaroo care)	

Maternal, Newborn, and Child Health Program Intervention Matrix Overview		✓
	Post-partum family planning	
Service	**IV. CHILD NUTRITION**	
Activities	Infant and young child feeding (IYCF): counseling for immediate breastfeeding after birth; exclusive breastfeeding for 6 months; age-appropriate complementary foods	
	Vitamin A supplements (twice annually children 6–59 months)	
	Growth monitoring	
	Community-based management of acute malnutrition (CMAM) using ready-to-use therapeutic foods	
Service	**V. CHILD IMMUNIZATIONS**	
Activities	Mapping/tracking for immunization coverage	
	Participation in immunization campaigns	
	Baccilus Calmette-Guerin vaccine for tuberculosis (BCG)	
	Diphtheria, pertussis, and tetanus (DPT)	
	Polio	
	Haemophilus influenzae type B vaccine (HIB)	
	Hepatitis B	
	Measles	
	Other vaccines (e.g., Pneumococcal; Rotavirus, etc.)	

Maternal, Newborn, and Child Health Program Intervention Matrix Overview		✓
Service	**VI. CHILDHOOD ILLNESS**	
Activities	Pneumonia	
	Diarrhea	
	Malaria	
Service	**VII. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)**	
Activities	Antibody testing of pregnant women and mothers	
	Prophylactic anti-retroviral (ARVs)/ highly active antiretroviral therapy (for treatment of HIV) (HAART) to pregnant women/mothers	
	Prophylactic ARVs for infant	
	Early infant diagnosis	
	Tracking pregnant HIV-infected women	
	Tracking HIV-exposed infants	
Service	**VIII. PEDIATRIC HIV**	
Activities	Cotrimoxazole prophylaxis	
	HAART	
	Tracking, adherence support	

Intervention Matrix: Maternal, Newborn, and Child Health

	MATERNAL, NEWBORN and CHILD HEALTH INTERVENTIONS To be considered a functional CHW who provides MNCH services, the CHW's tasks must include at least one complete MNCH activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
I.	**ANTENATAL CARE**							
a.	**Anticipatory counseling**							
	Birth preparedness/complication readiness counseling (danger signs; skilled birth attendant)	NA						
	Newborn-care counseling	NA						
b.	**Maternal nutrition**							
	General counseling	NA						
	Iron Folate supplements							
c.	**Tetanus Toxoid**							
d.	**De-worming**							
e.	**Malaria**							
	Insecticide-treated nets							
	Intermittent preventive therapy for malaria in pregnancy (IPTp)							

	MATERNAL, NEWBORN and CHILD HEALTH INTERVENTIONS To be considered a functional CHW who provides MNCH services, the CHW's tasks must include at least one complete MNCH activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
II.	**CHILDBIRTH CARE**							
a.	**Clean delivery/infection prevention (hand washing, clean blade)**							
b.	**AMTSL for prevention of PPH (uterotonics, delayed cord clamping/cutting, controlled cord traction, uterine massage)**							
c.	**Immediate essential newborn care**							
	Immediate warming and drying							
	Clean cord care							
	Early initiation of breastfeeding							
d.	**Maternal newborn complications**							
	Referral for obstructed labor	NA						
	Newborn resuscitation	NA						
	Antibiotics for neonatal sepsis	NA						
	Low birth weight/premature infant care	NA						
	Antibiotics for maternal sepsis	NA						
	Referral for pre-eclampsia care	NA						

	MATERNAL, NEWBORN and CHILD HEALTH INTERVENTIONS To be considered a functional CHW who provides MNCH services, the CHW's tasks must include at least one complete MNCH activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Stabilize and refer for maternal hemorrhage	NA						
III.	**POST-PARTUM/POST-NATAL CARE**							
a.	**Home visitation/contact with mother/infant within 2–3 days of birth**							
b.	**Essential newborn care**							
	Clean cord care							
	Exclusive breastfeeding through 6 months							
	Thermal protection							
	Newborn immunization							
	Newborn eye care							
c.	**Maternal nutrition counseling**	NA						
d.	**Special care for low birth weight infant (Kangaroo care)**							
e.	**Post-partum family planning**							
	Family planning counseling	NA						
	Oral contraceptives							

	MATERNAL, NEWBORN and CHILD HEALTH INTERVENTIONS To be considered a functional CHW who provides MNCH services, the CHW's tasks must include at least one complete MNCH activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Condoms							
	LAM education	NA						
	Injectables (Depo-Provera, etc.)							
	Long-acting and permanent methods (IUD/tubal ligation; implants)							
IV.	**CHILD NUTRITION**							
a.	**IYCF: Counseling for immediate breastfeeding after birth; exclusive breastfeeding for 6 months; age-appropriate complementary foods**							
b.	**Vitamin A supplements (twice annually children 6–59 months)**							
c.	**Growth monitoring**							
d.	**CMAM using ready-to-use therapeutic foods**							
V.	**CHILD IMMUNIZATIONS**							
a.	**Mapping/tracking for immunization coverage**							
b.	**Participation in immunization campaigns**							
c.	**BCG**							

	MATERNAL, NEWBORN and CHILD HEALTH INTERVENTIONS To be considered a functional CHW who provides MNCH services, the CHW's tasks must include at least one complete MNCH activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
d.	**DPT**							
e.	**Polio**							
f.	**HIB**							
g.	**Hepatitis B**							
h.	**Measles**							
i.	**Other vaccines (e.g., Pneumococcal; Rotavirus, etc.)**							
VI.	**CHILDHOOD ILLNESS**							
a.	**Pneumonia**							
	Counsel danger signs, care seeking	NA						
	Assess and treat with antibiotics	NA						
	Refer for antibiotics	NA	NA					
	Refer after treating with initial antibiotics	NA	NA					
b.	**Diarrhea**							
	Hygiene counseling	NA						
	Point-of-use water treatment							

	MATERNAL, NEWBORN and CHILD HEALTH INTERVENTIONS To be considered a functional CHW who provides MNCH services, the CHW's tasks must include at least one complete MNCH activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Oral rehydration salts (ORS)							
	Zinc							
c.	**Malaria**							
	Insecticide-treated nets							
	Counsel danger signs, care seeking	NA						
	Testing with rapid diagnostic test							
	Treatment of malaria per national guidelines							
VII.	**PMTCT**							
a.	**Antibody testing pregnant women and mothers**							
b.	**Prophylactic ARVs/HAART to pregnant women/mothers**							
c.	**Prophylactic ARVs for infant**							
d.	**Early infant diagnosis**							
e.	**Tracking pregnant HIV-infected women**							
f.	**Tracking HIV-exposed infants**							

MATERNAL, NEWBORN and CHILD HEALTH INTERVENTIONS To be considered a functional CHW who provides MNCH services, the CHW's tasks must include at least one complete MNCH activity listed below.		**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
VIII.	**PEDIATRIC HIV**							
a.	**Cotrimoxazole prophylaxis**							
b.	**HAART**							
c.	**Tracking, adherence support**							

III. C. CHW HIV and AIDS Intervention Summary Table

HIV and AIDS Program Intervention Matrix Overview		✓
Service	**I. HIV Prevention**	
Activities	Education and health promotion campaign	
	Counseling and testing	
	Prevention of mother-to-child transmission of HIV (PMTCT)	
	Sexually Transmitted Infection (STI) screening, diagnosis and syndromic treatment	
	Male circumcision (MC)	
Service	**II. HIV Care**	
Activities	Adult facility-supported and home-based care	
	Pediatric HIV care	
Service	**III. HIV Treatment**	
Activities	Adult HIV treatment and adherence counseling	
	Pediatric HIV treatment and adherence counseling	
Service	**IV. HIV Support**	
Activities	Peer support group and follow-up	

HIV and AIDS Program Intervention Matrix Overview		✓
	Mental health	
	Psycho-social and spiritual support	
	Stigma and discrimination	
Service	**V. Orphans and Vulnerable Children (OVC)**	
Activities	Community awareness and support education	
	Caregiver/family support	
	Health and nutritional education and support	
	Educational counseling, support, and school placement	
	Human rights and legal issues for orphans and vulnerable children	
	Income generating and other economic capacity building	

Intervention Matrix: HIV and AIDS

HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.		**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
I.	**HIV Prevention**							
a.	**Education and health promotion campaign**							
	Educational and mass HIV and AIDS awareness events	NA						
	Community mobilization activities and campaigns	NA						
	Condom promotion and counseling	NA						
b.	**Counseling and Testing**							
	Pre-test and post-test counseling	NA						
	Couple counseling including counseling for discordant couples	NA						
	Rapid testing with same-day results interpretation							
	Risk-reduction counseling	NA						
	Prevention with positives counseling	NA						
	Stigma and discrimination counseling	NA						
	Counseling on gender-related issues	NA						
	Counseling on intravenous drug user (IDU) and harm-reduction	NA						

	HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	issues specifically related to most at-risk populations (MARPs) (where MARPs are included as a target population)							
	Condom-use counseling	NA						
	Condom provision							
	Refer for other services as required	NA	NA					
c.	**Prevention of Mother-to-Child HIV Transmission**							
	Pretest and post-test counseling	NA						
	Couple counseling including counseling for discordant couples	NA						
	Rapid testing with same-day results interpretation							
	Risk-reduction counseling	NA						
	Prevention with positives counseling	NA						
	Counseling on gender-related issues	NA						
	Stigma and discrimination counseling	NA						
	Antenatal care for HIV-positive mother							
	Prophylactic antiretroviral therapy for mother and child for PMTCT							
	Facilitating labor and delivery care							

	HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	of HIV-positive mothers							
	Post-natal and new born care for HIV-exposed children							
	Family planning services							
	Counseling on safer sex and on partner and children's HIV testing	NA						
	Referral for other services and follow-up of HIV-infected mothers and infants	NA	NA					
d.	**STI Screening, Diagnosis and Syndromic Treatment**							
	Screening for symptoms of STI							
	Diagnosis of simple STIs using the syndromic approach							
	Syndromic treatment of STIs							
	Contact tracing for partners							
	Condom use counseling and provision	NA						
	Referral for other services and follow-up	NA	NA					
e.	**Male Circumcision**							
	Sexual and reproductive health counseling	NA						
	Pre-surgical counseling	NA						
	Counseling on sexual and non-sexual HIV transmission	NA						

HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.		**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Counseling on the limitations of circumcision in HIV prevention	NA						
	Post-surgical counseling	NA						
II.	**HIV Care**							
a.	**Adult Facility-supported and Home-based Care**							
	Healthy living counseling	NA						
	Assessment of nutritional and other care and treatment needs (functional status)	NA						
	Nutritional counseling for patient and caregivers	NA						
	Nutritional support (including provision of nutritional commodities)							
	Counseling for use of safe drinking water and sanitation	NA						
	Basic opportunistic infection prophylaxis and management including: Cotrimoxazole prophylaxis for a form of pneumonia caused by a yeast-like fungus (PCP), bacterial infections, etc.), Tuberculosis, Toxoplasmosis, fungal infections							
	Malaria screening, prophylaxis, and treatment							
	Counseling and referral for cervical and/or anal cancer screening	NA						

	HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Basic palliative and end-of-life care							
	Chronic pain management							
	Tracking and home visits for treatment defaulters							
	TB case detection							
b.	**Pediatric HIV Care**							
	Healthy living counseling	NA						
	Immunization for HIV-exposed and infected children							
	Infant feeding counseling and support	NA						
	Growth monitoring							
	Assessment of nutritional status and care and treatment needs (functional status)							
	Nutritional support (including provision of nutritional commodities)							
	Nutritional counseling for patient and caregivers	NA						
	Counseling for use of safe drinking water and sanitation	NA						
	Identification and treatment for acute or chronic malnutrition							
	Universal Cotrimoxazole prophylaxis as indicated							

	HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Counseling and testing of other siblings in the same family	NA						
	Tracking and home visits for treatment defaulters	NA						
	TB case detection							
III.	**HIV Treatment**							
a.	**Adult HIV Treatment and Adherence Support**							
	Assessment of care and treatment needs, including psychological and support needs (functional status)							
	Treatment preparation							
	HIV drug adherence counseling and monitoring	NA						
	Treatment buddy/partner counseling	NA						
	Drug dispensing and dosing counseling	NA						
	Directly observed treatment (DOT) for highly active antiretroviral therapy (for treatment of HIV) (DOT-HAART) with DOT for TB							
	Basic side effects counseling and management	NA						
b.	**Pediatric HIV Treatment and Adherence Support**							
	Assessment of care and treatment needs, including psychological and support needs (functional status)	NA						

	HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Treatment preparation sessions							
	Counseling of primary and secondary treatment guardian	NA						
	HIV drug adherence counseling and monitoring	NA						
	Drug dispensing and dosing counseling	NA						
	DOT-HAART with DOT for TB							
	Basic side effects counseling and management	NA						
IV.	**HIV Support**							
a.	**Peer Support Groups**							
	Manage and lead support groups	NA						
	Address key issues in support groups including gender issues, gender-based violence (GBV), caregiver needs, MARP-specific issues, and youth needs as appropriate and required	NA						
	Educational and medical information materials through support groups	NA						
	Demonstrations on proper hygiene, storing and using safe drinking water, nutrition and healthy diets, and recipes	NA						

HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.		**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
b.	**Mental Health Issues in HIV**							
	Counseling and support for alcohol and substance use addiction	NA						
	Counseling and support for fear, anxiety, and depression	NA						
	Counseling and support for post-traumatic stress disorder	NA						
	Counseling and support for suicidal ideation and isolation	NA						
c.	**Psycho-social and Spiritual Support**							
	Counseling for HIV disclosure and discrimination issues	NA						
	End-of-life discussions and planning							
	Relevant religious/spiritual counseling and support	NA						
d.	**Stigma and Discrimination**							
	Awareness programs to reduce stigma and discrimination	NA						
	Community leader meetings to discuss issues related to stigma and discrimination	NA						
	Community advocacy and support for people living with HIV (PLHA), women and marginalized groups to ensure access to health services, care, and treatment	NA						
	Counseling and links to other	NA						

	HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	services (such as legal services and GBV support) to assist with issues related to stigma and discrimination.							
	Identification of patients in need of human rights and legal support	NA						
V.	**Orphans and Vulnerable Children**							
a.	**Community Awareness and Support Education**							
	Identification of orphans and vulnerable children in the community	NA						
	Promotion of information on and awareness of OVC issues	NA						
b.	**Caregiver/Family Support**							
	Assessment of family and caregiver support systems	NA						
	Psycho-social support services for vulnerable children							
	Psycho-social support and counseling services for caregivers							
c.	**Health and Nutritional Education and Support**							
	Health and wellness counseling	NA						
	Nutritional counseling	NA						
	Food availability and access to support							
	Referrals and links with social	NA						

	HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	welfare services in the community							
d.	**Educational Counseling, Support and School Placement**							
	Counseling and assessment of educational needs	NA						
	Assistance with referrals for school placement	NA						
e.	**Human Rights and Legal Issues**							
	Assistance for orphans and vulnerable children in need of human rights support							
	Assistance for orphans and vulnerable children in legal and inheritance issues							
f.	**Income Generating and other Economic Capacity Building**							
	Assistance for OVC families for social and community welfare support							
	Promotion of income generating ideas and activities for OVC							

III. D. CHW Tuberculosis Intervention Summary Table

Tuberculosis Program Intervention Matrix Overview		✓
Service	**I. TB PREVENTION, ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION (ACSM)**	
Activities	TB education and sensitization	
	TB social mobilization and advocacy	
Service	**II. TB CASE DETECTION AND FOLLOW-UP**	
Activities	TB case detection and follow-up	
Service	**III. TB TREATMENT AND CARE**	
Activities	Directly observed treatment short-course (DOTS)	
Service	**IV. TB HIV Co-Infection**	
Activities	HIV testing for TB clients	
	TB case detection, counseling and care for HIV clients	
	DOT and DOT-HAART for TB-HIV	
Service	**V. DRUG-RESISTANT TB**	
Activities	Identification, care and treatment for drug-resistant TB	
Service	**VI. TB SUPPORT AND CROSS-CUTTING ISSUES**	
Activities	Mental health issues and TB	
	General health and nutrition education and support	

Tuberculosis Intervention Matrix

	TUBERCULOSIS INTERVENTIONS To be considered a functional CHW who provides TB services, the CHW's tasks must include at least one complete TB activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
I.	**TB PREVENTION, ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION**							
a.	**TB Education and Sensitization**							
	Community mobilization activities and campaigns	NA						
	TB awareness including facts, prevention, treatment, and care							
	Specific TB-HIV and most at-risk populations (MARPS) education							
	Specific community/facility-based education about multi-drug resistance (MDR)-TB							
	Education/sensitization about stigma and discrimination and their effects	NA						
b.	**TB Social Mobilization and Advocacy**							
	Interact with local health and civic leaders to streamline and improve TB programs or policy	NA						
	Mobilization of community members for TB program and policy change	NA						

	TUBERCULOSIS INTERVENTIONS To be considered a functional CHW who provides TB services, the CHW's tasks must include at least one complete TB activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
II.	**TB CASE DETECTION AND FOLLOW-UP**							
a.	**TB case detection and follow-up**							
	CHW initiated identification and referral of presumed cases for screening for TB	NA						
	Contact tracing	NA						
	Tracking and home visits for defaulters	NA						
III.	**TB TREATMENT AND CARE**							
a.	**DOTS**							
	TB treatment preparation and drug adherence counseling	NA						
	DOTS provision as per national protocols							
	Assessment of nutritional and other care and treatment needs (functional status)							
	Drug adherence monitoring	NA						
	Treatment buddy/partner counseling, including universal precautions for prevention	NA						

	TUBERCULOSIS INTERVENTIONS To be considered a functional CHW who provides TB services, the CHW's tasks must include at least one complete TB activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Counseling for and management of side effects	NA						
	Healthy living counseling, including cessation of smoking and proper nutrition	NA						
	Refer for and monitoring of follow-up diagnostics and assessment including TB cure assessment	NA						
IV.	**TB-HIV**							
a.	**HIV testing for all suspected TB cases**							
	Pre-test and post-test counseling	NA						
	Couple counseling, including counseling for discordant couples	NA						
	Rapid testing with same-day results interpretation							
	Risk-reduction counseling and prevention with positives counseling	NA						
	Counseling on smoking cessation for TB-HIV	NA						
b.	**TB case detection, counseling and care for all HIV-infected persons**							
	Referral of all HIV clients for TB screening	NA						

	TUBERCULOSIS INTERVENTIONS To be considered a functional CHW who provides TB services, the CHW's tasks must include at least one complete TB activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Counseling on TB prevention	NA						
	Isoniazid preventive therapy (IPT) provision							
	Monitoring the adherence to clinic appointments and the IPT drug regimen and drug toxicity	NA						
c.	**DOT-TB and DOT-HAART for TB-HIV**							
	TB-HIV treatment preparation sessions	NA						
	TB-HIV drug adherence counseling and monitoring	NA						
	DOT with DOT-HAART provision							
	Counsel clients on management of side effects	NA						
	Counsel clients on infection control	NA						
	Counseling for family members or treatment buddies on adherence, infection control, universal precautions, and prevention	NA						
	Links to other services and follow-up including laboratory services, psycho-social care, legal services, etc.	NA						

	TUBERCULOSIS INTERVENTIONS To be considered a functional CHW who provides TB services, the CHW's tasks must include at least one complete TB activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
V.	**DRUG-RESISTANT TB**							
a.	**Identification, Care, and Treatment of Drug-Resistant TB**							
	Directly observed treatment short-course for drug-resistant TB (DOTS Plus) provision							
	Monitoring of and counseling for management of side effects	NA						
	Social, psychological, and nutritional support for multi-drug-resistant and extensively drug-resistant (MDR/XDR) TB patients							
	Monitoring of follow-up diagnostics and treatment recommendations							
	Counsel clients on infection control	NA						
	Counsel family members or treatment buddies on infection control, universal precautions and prevention	NA						
VI.	**TB SUPPORT AND CROSS-CUTTING ISSUES**							
a.	**Mental Health Issues in TB Infection**							
	Counseling and support for fear, anxiety, and depression	NA						

	TUBERCULOSIS INTERVENTIONS To be considered a functional CHW who provides TB services, the CHW's tasks must include at least one complete TB activity listed below.	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Activity Complete**
	Counseling and support for suicidal ideation and isolation	NA						
	Counseling and support for smoking and substance use cessation	NA						
b.	**General Health and Nutritional Education and Support**							
	Health and wellness counseling	NA						
	Nutritional counseling	NA						
	Food availability and access support	NA						
	Referrals and links with social welfare services in the community	NA						

Section IV. CHW AIM Facilitator's Guide

This guide explains the steps necessary to prepare for and implement a CHW program functionality assessment, use the assessment tools, guide action planning, and provide follow-up support.

At a Glance

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Step 3. Conduct the Assessment Workshop IV-10
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Section IV. CHW AIM Facilitator's Guide

Overview of CHW AIM

The Role of the Facilitator: This document is designed to help the Community Health Worker Assessment and Improvement Matrix (CHW AIM) facilitator plan, manage, and guide the assessment to ensure objectives are met effectively with clear thinking, active participation, and support from all involved. Facilitators can be either external to the organization or members of the organization. The major tasks of the facilitator are to ensure all steps are completed, discussions are open and helpful, agreement is reached, and time is monitored. It is equally his/her task to help the participants understand that the objective of the exercise is to measure CHW program functionality, i.e., the ability of the program to meet its intended purpose.

CHW AIM Purpose: The CHW AIM tool assists national or regional planners to identify current CHW service coverage and to assess the functionality of CHW programs, thus enabling them to strategically increase the number of CHWs where there are geographic or service gaps. The tool also assists NGOs, umbrella organizations, government program managers, CHWs, and supervisors to assess their CHW programs against best practices that define highly functional programs and to develop an improvement plan to address weaknesses in program performance or support. The assessment can be used repeatedly to measure change and to guide continuous improvement.

Tools: CHW AIM is designed around two main tools, the CHW Program Functionality Matrix and the Intervention Matrices for maternal, newborn and child health (MNCH); HIV and AIDS; and Tuberculosis (TB) programs. The first tool assists program managers, CHWs, community workers, stakeholders, NGOs, donors, and ministry staff to rate the CHW program in the 15 elements essential to program functionality. The Intervention Matrices help the group assess whether CHW tasks comply with national health guidelines. Templates, questionnaires, score sheets, and resource guides are included in the appendices of the CHW AIM toolkit to support the assessment.

Preparation: The facilitator should familiarize him/herself with the tools, resources, and timeline of the CHW AIM process. Training can also be provided to facilitators through the use of the Curriculum for Training of Facilitators to use the CHW AIM Toolkit. This document is available separately.

Preparation Checklist

Plan the Assessment	✓
1. Assemble and review CHW AIM workshop packet including tools and appendices.	
2. Meet with participating stakeholders, districts or programs, (which could be your own NGO) and lay out a timeline for assessment.	
3. Organize venue, budget, and refreshments.	
4. Send the invitation letter with Participant Selection Form (Appendix A1).	
5. Set up a meeting with the district health office to review the CHW Program Functionality Matrix (Section II) and the Intervention Matrices (Section III).	
Organize pre-workshop visits	
1. Use the Validation Questionnaire (Appendix A2) at 2-3 field sites and interview up to 6 CHWs in all. This can be done in preparation for the assessment or after the assessment as a means of verification.	
2. Work with program managers to assess Intervention Matrices.	
Prepare for the Workshop	
1. Identify and train group leaders using the presentation "Training Facilitators to Use the CHW AIM Toolkit".	
2. Arrange for and test the LCD projector at the venue (note that while an LCD projector is desirable, the process can be done simply with flip charts.	
3. Set up meeting room in a circle or U-shaped pattern.	
4. Compile additional material according to the session guidance. One per participant of each of the following: • Program Functionality Matrix • Intervention Matrix (completed) • Score and Score Documentation Worksheet	
5. Download tools needed for scoring and action planning from the CHW Central website (see http://www.chwcentral.org/community-health-worker-assessment-and-improvement-matrix-chw-aim-toolkit-improving-chw-programs-and) onto a laptop: • Appendix A4: Functionality Score Sheet • Appendix A5: Action Planning Framework	

The Four CHW AIM Steps

Steps: The facilitator is responsible for managing the four steps in the assessment and for guiding the process so it is carried out in a comprehensive, participatory, and effective manner.

Step	Objective	Estimated Time	Tools
1. Adapt Adapt tools to program context	Align Intervention Matrices with program and country guidance	Preparation: up to one month	Intervention Matrices (Section III)
2. Plan Plan for the assessment workshop	Organize assessment workshop		Participant Selection Form (Appendix A1) Validation Questionnaire (Appendix A2) (*This tool can instead be used after the assessment to validate findings.*)
3. Assess Conduct the assessment workshop	Conduct assessment and action planning	One to two days	CHW AIM Program Functionality Matrix (Section II) Score and Score Rationale Documentation Worksheet (Appendix A3) Functionality Score Sheet (Appendix A4) Action Planning Framework (Appendix A5)
4. Follow Up	Provide support for action plan achievement and re-assessments	Periodic	Validation Questionnaire (Appendix A2) (*if not completed prior to the assessment workshop*) Online Resources and Field Examples (Appendix A6)

Step 1. Adapt Tools to Program Context

Share the two main assessment tools with the program and key stakeholders, such as implementing partners and district representative, prior to the workshop. The Program Functionality Matrix (Section II) is based on international best practices, but discussing it can raise awareness about its contents and usefulness for assessing and strengthening CHW programs in particular country contexts. The Implementation Matrices for MNCH, HIV, and TB (Section III) should be reviewed against program and national guidelines, and appropriate adaptations made to ensure CHWs are providing services in line with the protocols.

> The facilitator is responsible for organizing a meeting with the organization(s), stakeholders or districts to be assessed to align the Intervention Matrices (Section III) with program guidelines to be sure the final tool includes only the interventions CHWs are required to provide. It is assumed those interventions are also in line with country criteria.
>
> **Suggested Timing: Preparation activities should begin approximately one month before the actual workshop.**

Meeting to Align Intervention Matrices

- Organize a meeting with all stakeholders to align the tools; identify and invite program leaders, field managers, district managers, CHWs and others familiar with the implementation details of the program.
- Use the meeting to review the relevant Intervention Matrices (Section III) to determine that the services performed by CHWs match program and national guidelines. Eliminate or mark as 'not applicable' those activities or tasks CHWs are not required or permitted to implement.
- Determine if there is a need for a written translation or if translators will be sufficient; use the most prevalent local language.

Orientation Meeting for Other Stakeholders

- Introduce the purpose of the assessment and its benefits and limitations to the district health staff and to other partners or supporters of the NGO or program.
- Review the tools, process, and products for the assessment; focus on the action plan for which their support will be helpful.
- Tell participants that they will receive an invitation to the assessment workshop.

Step 2. Plan for the Assessment Workshop

The facilitator needs to prepare technically and logistically for the assessment. This requires him/her to become familiar with the program's record keeping system and the role of community health workers. Depending on the number of stakeholders or the scope of the programs taking part, there may be a need for several workshops.

Suggested Timing: Preparation should begin one month before the actual assessment workshop

Plan the Assessment Workshop

- Work with local partners to determine how many programs (by districts or regions, multiple organizations, or multi-country) are to be assessed and how many workshops will be required. Several districts can be assessed at the same time if they have criteria in common, e.g., structure, CHW roles, and the manner in which supervision and training are provided. If districts function differently, it is better to conduct separate assessments.
- Identify the number and venues of workshops: between 15 and 25 people for a single workshop is a reasonable number. Ask partners to identify a venue such as a hotel or meeting hall that could host 15–25 people and provide or arrange for refreshments.
- Identify and invite participants. Explain to program managers who would be appropriate representatives such as MOH/district health staff, program managers, supervisors, and CHWs. The goal is to get a well-balanced team. Ask the organization to use the Participant Selection Form (Appendix A1) to identify and list participants for the workshop.

Sample Participant List

For a workshop with 25 participants, consider 6–7 CHWs, 4–6 supervisors, 4–5 regional/district managers, 5–6 stakeholders or NGO partners and, if desired, representatives from donors and other key partners such as USAID or other implementing partners.

- Send out the invitations and if a visit is not arranged prior to the workshop, ask that key documents such as supervisors' logs, CHW notebooks, and other relevant material be brought to the workshop to prepare stakeholders for their roles in the assessment.

- Documents include the following: supervisors' logs, job descriptions, recruitment procedures and number of CHWs, program indicators, targets and monitoring data, CHW notebooks, supply documentation, training records, and other documents illustrating field activities and what CHWs are responsible for delivering. If a visit is not possible before the workshop, ask the program manager to bring the documents to the event.

Conduct Visits to the Program Site(s)

- If possible arrange visits to up to three field sites to use the Validation Questionnaire (Appendix A2) to gather key information from up to six CHWs. This aids the assessment upfront. If this is not possible, validation can take place during the post-assessment visit to verify the discussions and scoring and to strengthen action planning.

Prepare the Budget for the Workshop

- Determine the quantity and type of supplies required:
    - Markers, flip chart paper, one copy per person of the CHW AIM Matrices, one copy of the Score and Score Rationale Documentation Worksheet (Appendix A3), one copy of the Action Planning Framework (Appendix A5), and one pen and notebook per participant.

Sample Workshop Budget

Budget Items:

- Venue for one day
- Meals and drinks for participants
- Transport costs for stakeholders and CHWS
- Supplies (pens, notebooks, documents)
- Lodging, if needed

Sample Workshop Costs in Zambia:

- One-day workshop for 13-21 participants ranged from $375 to $910
- Average workshop cost was $560

- Prepare the budget including supplies, refreshments, and cost of venue, transport, and lodging.

Identify Small-Group Leaders

- Identify and orient people in advance to be group leaders during the assessment workshop (see the presentation "Training Facilitators to Use the CHW AIM Toolkit" at the end of this section for more

guidance). Assist them to use the matrices and action planning tools appropriately. Criteria for small-group leaders include an ability to facilitate, to encourage discussion, to resolve issues, and to keep the process moving.

Review the Intervention Matrices Prior to the Workshop

- Facilitators and program managers should review the Intervention Matrices (Section III) in advance; they are designed to help program managers, supervisors, and CHWs define which tasks they implement and whether they can receive a functional score because they implement all the tasks in at least one activity, e.g., HIV counseling and testing. If according to policy guidelines CHWs are not permitted to provide the service; the service should be noted as "Not Appropriate" and will not affect the functionality assessment. Programs rate themselves only on the matrix relevant to the services they provide. For example, if they provide only HIV and AIDS services, only the HIV and AIDS matrix would be used. This exercise enables programs to assess the types of services they offer but does not evaluate the quality of service.
- In the following example, all activities under HIV and AIDS Education and Health Promotion Campaign are accessible to clients either through direct service provision, referrals, or information on where the service can be accessed or are 'not applicable' because they are not part of the CHW's role; thus this would be a functional activity. Counseling and testing would not be functional, as some activities are 'not done'. Based on the analysis of the matrices, managers should identify technical issues/interventions that they may want to address or implement and add them to the action plan and share this with all workshop participants for agreement and verification.

To be functional, an activity must be complete, meaning all tasks must be marked "counsel," "provide," "refer," or "not applicable"; none may be marked "not done."

Sample Intervention Matrix

HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below		**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Intervention Complete**
I.	**HIV Prevention**							
a.	**Education and health promotion campaign**							✓
	Educational and mass HIV and AIDS awareness events		✓					
	Community mobilization activities and campaigns		✓					

	HIV and AIDS INTERVENTIONS To be considered a functional CHW who provides HIV and AIDS services, the CHW's tasks must include at least one complete HIV and AIDS activity listed below	**Counsel**	**Provide**	**Refer**	**Not applicable**	**Not done**	**COMMENTS**	**Intervention Complete**
	Condom promotion and counseling	NA	✓					
b.	**Counseling and Testing**							
	Pre-test and post-test counseling	NA	✓					
	Couple counseling including counseling for discordant couples	NA	✓					
	Rapid testing with same-day results interpretation			✓				
	Risk-reduction counseling	NA				✓		
	Prevention with positives counseling	NA				✓		
	Stigma and discrimination counseling	NA		✓				
	Counseling on gender-related issues	NA				✓		
	Counseling on intravenous drug use (IDU) and harm-reduction issues specifically related to most at-risk populations (MARPs) (where MARPs are included as a target population)	NA				✓		
	Condom-use counseling	NA				✓		
	Condom provision					✓		
	Counseling for other services as required	NA				✓		

Sample Workshop Preparation and Implementation Schedule

Day 1: Preparation	**Day 2: Intervention**
• Meet with program managers. • Review and complete Intervention Matrix. • Review documents. • Conduct field visits (this can be done following the workshop if desired). • Reconfirm venue, meals, room set-up, and equipment for Day 2.	• Conduct CHW AIM Program Functionality Workshop - Score Program Functionality Matrix Components. - Review completed Intervention Matrix and verify. - Develop action plans.

Step 3. Conduct the Assessment Workshop

The facilitator takes responsibility for managing and guiding the workshop, managing time, and explaining the assessment, its purpose, and the agenda. S/he should make all participants feel comfortable and free to discuss the actions, ratings, and interventions. S/he should remind them that the workshop is not an evaluation of CHW performance or service quality but rather an effort to assess program functionality and guide improvement in programs using CHWs to deliver services to communities.

Suggested Timing: This activity will take one to two days.

Introduce the Process

- Welcome participants and let them introduce themselves. State the objectives of the workshop.

Assessment & Improvement Workshop Objectives:

- To assess functionality and guide improvements in CHW programs;
- To create action plans to work toward high functionality.

- Explain the CHW AIM process. Tell participants:
    - *"We are all here to jointly assess your current CHW program by rating it against 15 established best practices. This will help to collectively identify strengths, challenges, and actions to improve your program. During the assessment, each participant will have a chance to score the 15 components using a scoring guide and to suggest improvements. When scores differ, we will come to an agreement as a group. We will do the first component in plenary so everyone can see how the process works and will then break into small groups to do the other 14."*
- Pass out the CHW Program Functionality Matrix (Section II).
- Read the definition of recruitment and ask the participants to describe the process they use. They should score themselves from 1–4 based on how their program matches the criteria under each level of functionality. Note that there are no "half scores" such as 2.5. They must score a whole number and they should meet all the criteria to fit a particular score. Give them time to make their assessments and then ask how many scored 1, 2, 3 or 4; write the numbers on a flip chart.
- Ask those whose scores differ from those of the majority to justify their responses.

- Encourage discussion for up to 10 minutes until consensus is reached on a final score.
- After the exercise, ask if there are any questions, clarify them and provide feedback. State that they will use the Score and Score Rationale Documentation Worksheet (Appendix A3) to document and justify their scores. Explain that the 14 remaining sections will be done in small groups of seven or eight people.

Sample Workshop Agenda

8:30–9:00 Introduction and Workshop Overview

9:00–9:45 Challenges of Supporting CHWs

9:45–10:45 Adapt the Tools

10:45–11:00 Tea Break

11:00–12:00 Prepare for the Assessment

12:00–1:00 Conduct the Assessment

1:00–1:45 Lunch

1:45–3:10 Conduct the Assessment, continued

3:10- 4:00 Provide Follow-up Support

4:00–4:20 Wrap-up

4:20–4:35 Tea Break

Break Into Small Groups

- Breaking into small groups makes the process go faster, fosters more in depth discussion, facilitates communication, and improves CHW participation.
- Make sure that any required documents are available to the appropriate groups. For example, supervision report examples should be provided to the group scoring supervision. A list of suggested documents is provided above each of the 15 elements listed in the CHW Program Functionality Matrix after the heading "Resources:".
- If CHW validation interviews were conducted prior to the workshop (as opposed to following the workshop), ensure that a summary of findings is provided to each group so these can be used to inform discussions and scoring.
- To ensure that all types of participants are adequately represented in each small group, have each category (program managers, key stakeholders, supervisors, and CHWs) meet as a group and count off separately, then have all the number ones from one group and the number twos form another group and so on. Keep the groups manageable: seven to eight is a reasonable number for an active discussion,

especially if translation is necessary. Each group should be led by a trained group leader; the facilitator should circulate among them to aid with discussions.

- Each group will look at half the components, i.e., seven or fewer if there are more than two small groups. Ask each group to nominate a secretary to document the Score and Score Rationale Documentation Worksheet (Appendix A3) and present the results in plenary. The tool should be used to note the score, the rationale for the score, and potential actions. The comment section should be used to add pertinent information.
- Each small group will come to agreement on a score for each component. Where resource documents are listed, they should be reviewed by the group before scoring is done.

Sample Score and Score Rationale Documentation Worksheet

Component	Workshop Score	Rationale	Action Items	Comments
Recruitment	4	Organization recruits according to best practices: no exceptions found.		May consider documentation of process.
Individual Performance Evaluation	2	No established process or form for individual performance evaluation.	Develop form and guidance for performance evaluation.	
		No rewards for individuals performing well.	Develop system to reward individuals performing well.	

Conduct Scoring

- Participants score the components based on their discussion. The group then reviews the outlying scores by sharing and defending their rationale until consensus on a final score is reached. The rationale should be validated by evidence from the documents reviewed prior to the workshop.
- Once all groups have finished, return to plenary for presentations and consensus.
    - In this session, consensus among the groups is reached.
    - The facilitator or small group leader should place two columns on the flip chart: one for the 15 areas and the second to record the score.

Sample Flip Chart: Consensus Scoring

	Element	Score
1	Recruitment	4
2	CHW Role	4
3	Initial Training	4
4	Continuing Training	3
5	Equipment and Supplies	2
6	Supervision	2
7	Individual Performance Evaluation	1
8	Incentives	1
9	Community Involvement	3
10	Referral System	2
11	Opportunity for Advancement	1
12	Documentation and Information Management	3
13	Links to Health System	2
14	Program Performance Evaluation	1
15	Country Ownership	2

- Using the notes taken on the Score and Score Rationale Documentation Worksheet (Appendix A3), the secretary from each group should state the score, rationale, and action for each area. After each component (e.g., CHW Role), participants from other small groups should be encouraged to ask questions and, if desired, to challenge the score. If there is disagreement, a larger discussion occurs until agreement is reached. When consensus is reached, the presenter moves to the next area.
- If validation field visits are to be done after the workshop, then any scores that are revised based on the findings in the field need to be shared with workshop participants either through email or some other means.

Review the Intervention Matrix

- Following scoring, review the Intervention Matrices (Section III) to ensure agreement on the findings and to identify any actions that should be added to the action plan. If this was not done in advance, this exercise should take place at the workshop.

Determine Functionality

- The facilitator should complete the Functionality Score Sheet (Appendix A4). If an LCD projector is available, this can be done in plenary with the workshop group. A score of three in each component is necessary for a program to be deemed functional. The second part of functionality is provided through the intervention matrix. Check off any activity, which was deemed functional. Functional means that all tasks, applicable to the role of the CHW are conducted and none are noted as "Not Done". If a program is functional, all CHWs in the program can be counted as functional.

Start Action Planning

- Divide participants into the same small groups so they can develop actions for the areas they scored previously.
- Keep action plans reasonable and realistic. If action plans are too long, they become intimidating and difficult to manage. The workshop group should focus on developing actions for non-functional areas, those scoring less than three, first.
- Groups should mark high priority issues and actions – those that must be addressed or the program may be significantly compromised.
- Try to keep the total number of actions under 30 if possible. If there are a lot of actions, focus on those that need to be addressed in the next 6 months and then review the action plan at the end of the period and draft a new action plan if necessary.
- When each group has completed the Action Planning Framework (Appendix A5) for the areas assigned to them, the groups should exchange their plans and review what the other groups have developed. Once the action plan has been reviewed and discussed, each group should have an opportunity to ask questions, make clarifications, and agree on changes.
- The action plan is used to document issues identified, areas where a functional score was not achieved, and the interventions necessary to improve the current status. The following example demonstrates what needs to go into the plan. An assessment code is used when more than one NGO or district is assessed.

Sample CHW Program Action Planning Framework

Name**:** New Beginnings District/NGO: Date: 8 March 2013

Program Component	Issue	Improvement Activity	Person Responsible	Resources Needed	High Priority	Timeline	Indicator
Recruitment	Clinics not involved in recruitment of care givers	Involve clinic nurses in interviewing care giver candidates or in reviewing and agreeing on final selections	Supervisor	Stationery HQ TA to help define nurses' role in recruitment		April 2013	# of caregivers recruited with some approval/ involvement of clinic staff
CHW Role	Extra demands from community which CHW cannot meet	Hold sensitization meeting with communities on the role and expectations of the CHW	Supervisor	Stationery		May 2013	# of sensitization meetings held
Initial training	Lack of certificates for training	Advocate for certification policy after training at the district level	Program Manager	Venue Stationery		June 2013	Changed certification policy Certificates developed and issued Orientation workshop held
		Provide training certificates to all CHWs trained	Program Manager	Stationery		October 2013	# of trained caregivers who receive a certificate for training

Wrap-up

- At the end of the workshop, small group leaders should prepare the Score and Score Rationale Documentation Worksheet (Appendix A3), the Intervention Matrices (Section III), the Action Planning Framework (Appendix A5) and the Functionality Score Sheet (Appendix A4) so they can be provided to the program for its records and for additional review and modification as required on the following day. If possible print out a hard copy of the documents.

Step 4. Follow Up

This step is important to validate the results of the workshop, review and revise the action plan as necessary, develop a process for monitoring achievement of the actions in the plan, and to plan a re-assessment as desired.

- If not done before the workshop, conduct field visits at three different sites and use the Validation Questionnaire (Appendix A2) to interview up to 6 CHWs who did not participate in the assessment workshop. After verifying the information, review and update the action plan and scores if necessary. If any scores have changed, assessment leaders should notify all workshop participants and give them a chance to discuss and agree.
- Hold a follow-up action plan meeting with program managers and participants from the assessment workshop, including CHWs, to review and discuss how to complete the action plan and how to identify someone to take responsibility to ensure actions are implemented and monitored.
- Share the final action plan with all stakeholders for their knowledge and assistance.
- Discuss how the plan will be monitored. If more than one location or program has been involved, consider a meeting of representatives from all sites to periodically share effective actions and discuss challenges.
- Set a date for checking on progress.
- Determine if a second assessment is desirable to maintain improvements and then plan for it.

Presentation: Training Facilitators to Use the CHW AIM Toolkit

Training Facilitators to Use the Community Health Worker Assessment and Improvement Matrix (CHW AIM) Toolkit

Model Slides for Adaptation by Implementers

Workshop Goal and Objectives

Goal: To prepare facilitators to plan, conduct assessments, guide action planning and follow up on progress

Key Objectives: By the end of this training, participants will be able to:

- Demonstrate the role of the facilitator
- Define best practices
- Plan an assessment
- Use CHW AIM Tools to assess functionality
- Lead action planning to address gaps in meeting best practices
- Document assessment for organization
- Provide post workshop support for interventions/improvement

Slide 1.1

Best Practice Definitions

- A technique or methodology that, based upon experience and research, has proven to reliably lead to a desired result. (www.pemcocorp.com/library/glossary.htm)
- A system in which information is collected, analyzed and used to reformulate recommendations for all those involved in efforts to resolve a problem. It involves the gathering and application of knowledge about what is working in different situations and context through feedback, learning and reflection. (UNAIDS Best Practices 2001)

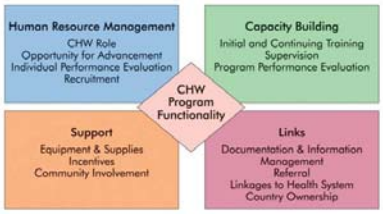
Slide 1.2

CHW AIM STEPS

- **Step One**: Adapting Tools to Program Context
- **Step Two**: Planning for the Assessment
- **Step Three**: Conducting the Assessment
- **Step Four**: Providing Follow-Up Support

Slide 1.3

Functionality Model



Slide 2.1

Sample Workshop Preparation & Implementation Schedule

Preparation

- Meet with program managers
- Review and complete the Intervention Matrix
- Review documents
- Conduct field visits for CHW interviews (this can be done following the workshop instead)

Implementation

- Conduct CHW AIM Workshop
- Score CHW-AIM Program Functional Matrix
- Review Completed CHW AIM Intervention Matrix and verify
- Develop CHW AIM Action Plans

Slide 4.1

Sample Participant List

- For a meeting of 25 participants, consider:
  - 6-8 CHWs
  - 3-5 Supervisors
  - 4-6 Regional/District Managers
  - 2-3 Partners or Implementing Representatives
  - 2-3 Representatives from donors and other key partners, such as USAID, MOH or coordinating partners

Slide 4.2

Sample Workshop Schedule

- 8:30-9:00: Welcome, introductions, agenda and objectives
- 9:00-9:30: Overview of the CHW AIM Process
- 9:30-10:45: Program Functionality Matrix review & scoring
- 10:45-11:00: TEA BREAK
- 11:00-12:00: Group work review & scoring
- 12:00-1:00: Plenary: Group Reports on Scores and Score Consensus
- 1:00-2:00: LUNCH
- 2:00-2:30: Review of CHW AIM Intervention Matrix and Technical Action Items
- 2:30-3:30: Group work: Action Planning
- 3:30-4:15: Action plan exchange, discussion and finalization
- 4:15-4:30: Wrap Up
- 4:30-4:45: TEA BREAK

Slide 5.1

USAID FROM THE AMERICAN PEOPLE | HEALTH CARE IMPROVEMENT PROJECT

This presentation was developed by Donna Bjerregaard of Initiatives Inc. in March 2011 for the USAID Health Care Improvement Project, to serve as a resource for facilitators who intend to apply the CHW AIM Toolkit.

For more information on applying the CHW AIM Toolkit, please visit CHW Central at www.chwcentral.org or contact chwcentral@initiativesinc.com or healthworkforce@urc-chs.com.

The USAID Health Care Improvement Project is made possible by the generous support of the American people through USAID and its Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition. The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Section V. References

This section lists the publications and resources used in the development of the CHW AIM Toolkit.

Section V. References

Baha'i International Community. 1996. Community health workers in Kenya stir broad changes. *One Country: The Online Newsletter of the Baha'i International Community* 7(4) March – January 1996.

Bhattacharyya K, Winch P, LeBan K, Tien M. October 2001. Community Health Worker Incentives and Disincentives: How They Affect Motivation, Retention and Sustainability. Published by the Basic Support for Institutionalizing Child Survival Project (BASICS II) for the United States Agency for International Development. Arlington, VA.

"Bold Solutions to Africa's Health Worker Shortage." August 2006. Published by Physicians for Human Rights (PHR) and Health Action AIDS.

Burkhalter BR, Green CP (Editors). 1999. Summary Report: High Impact PVO Child Survival Programs Volume 1: Proceedings of an Expert Consultation, Galludet University, Washington, DC June 21-24, 1998. Published by BASICS Project & CORE Group.

Catholic Relief Services. CRS Guide to Working with Volunteers. Baltimore, Maryland: CRS, 2012.

Chen L, Evans T, Anand S, Boufford J, Brown H, Chowdhury M, Cueto M, Dare L, Dussault G, Elzinga G. 2004. Human resources for health: overcoming the crisis. *Lancet* 364:1984-1990.

"Community Health Workers in Africa." 2008. *Health Systems Reporter*. February 27, 2008. Produced by the IDS Health and Development Information Team in collaboration with Eldis and the DFID Health Resource Center.

Darmstadt GL, Bhutta ZA, Cousens S, Adam T, Walker N, de Bernis L. 2005. Evidence-based, cost-effective interventions: how many newborn babies can we save? *Lancet* 365:977-988.

Gilson L, Walt G, Heggenhougen K, Owuor - Omondi L, Perera M, Ross D, Salazar L. 1989. National Community Health Worker Programs: How Can They Be Strengthened? *Journal of Public Health Policy*, 10(4): 518-532.

Haines A, Sanders D, Lehmann U, Rowe A, Lawn JE, Jan S, Walker DG, Bhutta Z. 2007. Achieving child survival goals: potential contribution of community health workers. *Lancet* 369: 2121-31.

Hall S. 2007. People First: African solutions to the health worker crisis. Published by African Medical and Research Foundation (AMREF).

Jennings, Larissa M. 2005. *Process Learning and Documentation:* Examining the Introduction of Community-Based Neonatal health Workers in Sylhet, Bangladesh. Center for Health and Population Research – ICDDR.B.

Lewin SA, Dick J, Pond P, Zwarenstein M, Aja G, Van Wyk B, Bosch-Capblanch X, Patrick M. 2005. Lay health workers in primary and community health care. *Cochrane Database Syst Rev* (1): CD004015.

Mukherjee JS, Eustahe FE. 2007. Community health workers as a cornerstone for integrating HIV and primary healthcare. *AIDS Care*, 19(Suppl1): S73-S82.

Prasad BM and Muraleedharan VR. 2007. Community Health Workers: a review of concepts, practices and policy concerns. From the HRH Global Resource Center. Available online at: **http://www.hrhresourcecenter.org/hosted_docs/CHW_Prasad_Muraleedharan.pdf**.

President's Emergency Plan for AIDS Relief (PEPFAR). 2006. Action Today, A Foundation for Tomorrow. Available online at: **http://www.state.gov/s/gac/rl/c16742.htm**.

President's Emergency Plan for AIDS Relief (PEPFAR). 2010a. Implementation of the Global Health Initiative. Consultation Document. Available online at: **http://www.PEPFAR.gov/documents/organization/136504.pdf**.

President's Emergency Plan for AIDS Relief (PEPFAR). 2010b. The U.S. President's Emergency Plan for AIDS Relief. Five-Year Strategy.

President's Emergency Plan for AIDS Relief (PEPFAR). 2010c. The U.S. President's Emergency Plan for AIDS Relief. Five-Year Strategy Annex: PEPFAR'S contributions to the Global Health Initiative.

Travis P, Bennett S, Haines A, Pang T, Bhutta Z, Hyder A, Pielemeier N, Mills A, Evans T. 2004. Overcoming health-systems constraints to achieve the Millennium Development Goals. *Lancet* 364:900-906.

United Nations. 2002. Millennium Project. Available online at **http://www.unmillenniumproject.org/documents/MainReportComplete-lowres.pdf**.

United States Agency for International Development (USAID). 2008. Interventions and Measuring Impact. Available online at: **http://www.usaid.gov/our_work/global_health/mch/publications/docs/mch08_masure_impact.pdf**.

United States Agency for International Development (USAID). 2008. Report to Congress: Working toward the goal of reducing maternal and child mortality: USAID Programming and Response to FY08 appropriations. Washington, DC: USAID. Available online at: **http://pdf.usaid.gov/pdf_docs/PDACL707.pdf**.

Wellins RS, Bernthal P, Phelps M. 2005. Employee engagement: The key to realizing competitive advantage. Published by Development Dimensions International.

World Health Organization (WHO). 2007. *Community health workers: What do we know about them?* Evidence and Information for Policy, Department of Human Resources for Health. Geneva: WHO.

World Health Organization (WHO). 1978. Declaration of Alma-Ata. Available online at: **http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf**.

World Health Organization (WHO). 2008. Task Shifting: rational redistribution of tasks among health workforce teams: global recommendations and guidelines. Geneva: WHO.

World Health Organization (WHO). 2006. Treat, Train, Retain. The AIDS and health workforce plan. Geneva: WHO.

Section VI. Appendices

This section includes the tools needed to assist participant selection for the assessment workshop, gather documentation about the program's current practices, document and score their assessment, and create a responsive action plan. There is also a resource section for further guidance on effective interventions. The Action Planning Framework and Functionality Score Sheet should be downloaded from the internet onto a laptop to enable participants to participate in creating and reviewing the process.

At a Glance

Appendix A1: Participant Selection Form VI-1
Appendix A2: Validation Questionnaire VI-3
Appendix A3: Score and Score Rationale Documentation Worksheet VI-7
Appendix A4: Functionality Score Sheet VI-10
Appendix A5: Action Planning Framework VI-13
Appendix A6: Online Resources and Field Examples VI-16

Section VI. Appendices

Appendix A1: Participant Selection Form

Instructions: *Send this form to the participating organizations or programs in advance to guide their selection of appropriate participants in the assessment process.*

Guidance for Using this Form: Selecting Participants for the CHW AIM Matrix Workshop			
The one-day CHW AIM workshop is an opportunity for program managers, health facility staff, CHWs, and key stakeholders to discuss the CHW program, to identify issues or problems, and to develop an action plan to address those issues/problems. The workshop works best when it includes a mix of decision makers and those with on-the-ground knowledge (such as CHWs and health facility staff). Use the following table to identify people who should be included in the workshop. Aim for between 15 and 20 people with no more than 25 as this would be too many to manage. The numbers provided below are just suggestions: you know your programs and what is needed.			
Representatives From	**Name**	**Title**	**Location**
From your CHW program management team and health facility staff (aim for 5–7); consider including someone from headquarters if this is appropriate in addition to local managers and supervisors			
From community health workers (aim for 5–6) who can speak for the program as a whole			

From key stakeholders such as district health offices, health facilities district area task forces (aim for 5-7)			

Appendix A2: Validation Questionnaire

Instructions: *Use this document either before or after the assessment workshop to verify the scoring established by workshop participants. Try to visit 2-3 field sites that did not participate in the workshop and interview up to 6 CHWs in total. Then compare responses with the scores and action plan to determine if any changes to either document are necessary. If conducted prior to the assessment, use the information as a guide during the discussion. If the interviews are after the assessment, discuss the changes with those who participated in the assessment.*

Type/title of Community Health Worker (CHW) _____ Date _____

1. How long have you worked as a CHW? _____ Months

2. Please describe how you were recruited.

3. How were you assigned to the community(s) in which you currently work?

4. Please describe the key tasks for which you are responsible.

5. Do you feel that what you do as a CHW meets the expectations of the community? Yes No

6. Please describe the initial training you received to prepare you for your role as a CHW.

Date(s) _____ Duration _____ days

Topics covered:

7. Please describe any additional training (refresher/ongoing training) you have received to help you fulfill your role as a CHW.

Date(s)	**Duration (days)**	**Topics Covered**

8. Do you have the supplies and equipment you need to provide the services you are expected to deliver? Yes No

9. Who is your supervisor? Name: _____

Title: _____

10. What does your supervisor do when he/she visits you?

Activity	**Done (Y/N)**	**Example**
Observation of service delivery		
Coaching and skills development		
Trouble shooting, problem solving		
Record Review		
Supply check		

11. Have you received a written evaluation of your work in the last 12 months? Yes No

12. If yes:

1. Who evaluated you? _____
2. How were you evaluated? _____
3. What was evaluated? _____

13. Do you refer clients for health services you do not or cannot provide? Yes No

14. If yes, do you complete a referral form for the client to take to the facility? Yes No

15. Please describe any feedback or counter referral you receive from the facility for clients you have referred.

16. Please describe the transportation systems available to get clients to referral facilities.

17. Please describe any opportunities for promotion or professional advancement you have through the CHW program?

18. Please describe any reports you compile on your clients?

a. What do you include in the reports? _____

b. To whom do you submit the reports? _____

c. How do you use the information you collect? _____

d. How does the program use the information you collect? _____

e. Are reports shared with the community? _____

f. No reports _____

19. Are reports or information about the program and its results shared with:

- ☐ You (CHW)
- ☐ With the community?
- ☐ With other stakeholders? _____

20. What are your biggest challenges as a CHW?

21. What changes are needed to help you do your job better?

Appendix A3: Score and Score Rationale Documentation Worksheet

Instructions: *This worksheet is for participants to note their scores and the evidence they have for choosing that score. They will use the action item column to suggest interventions that can help them move toward achieving the best practice. Note that scores can be revised after the workshop only if field visits or other information provides evidence that supports a different score (lower or higher) than that agreed on in the workshop. Rationales for original workshop scores and any revised scores should be documented in the comments section.*

Component	Score	Rationale	Action Items	Comments
Recruitment				
CHW Role				
Initial Training				
Continuous Training				
Equipment and Supplies				
Supervision				
Individual Performance Evaluation				
Incentives				

Component	Score	Rationale	Action Items	Comments
Community Involvement				
Referral System				
Opportunity for Advancement				
Documentation, Information Management				
Linkages to Health System				
Program Performance Evaluation				
Country Ownership				

Sample Score and Score Rationale Documentation Worksheet

Component	Score	Rationale	Action Items	Comments
Recruitment	4	Program recruits according to best practices: no exceptions found		
CHW Role	3	Program doesn't regularly discuss the role of the CHW with the community. Program uses a contract between the CHW and community that describes role and relationships and even specifies that community should farm a plot for CHW (not being done).	Schedule talks with the community to discuss role and expectations. Involve supervisors.	

Appendix A4: Functionality Score Sheet

The functionality assessment comprises two parts: the program functionality matrix score sheet and the intervention matrix assessment.

Part 1. CHW Program Functionality Matrix Score Sheet

Scoring Guidance: *On this sheet the components must add up to a minimum of 45 points. In addition, each component must score at least a 3.*

Instructions: *Put the score for each component under the column labeled score; add the scores and record the total.*

COMPONENT	**SCORE**
Recruitment	
CHW Role	
Initial Training	
Training	
Equipment and Supplies	
Supervision	
Individual Performance Evaluation	
Incentives	
Community Involvement	
Referral System	
Opportunity for Advancement	
Documentation Information Management	

Linkages to Health System	
Program Performance Evaluation	
Country Ownership	
A. All elements score greater than 2 (score of 3 or 4)?	☐ Yes ☐ No
B. There is at least one intervention area (activity) that is functional in the Intervention Matrix.	☐ Yes ☐ No
C. Total functionality assessment ☐ A: Yes + B: Yes = Functional ☐ A: No + B: Yes = Non Functional ☐ A: Yes + B: No = Non Functional ☐ A: No + B: No = Non Functional	

List the functional intervention areas for future reference:

_____

_____

_____

_____

_____

_____

_____

Note any intervention areas In need of improvement:

_____

_____

_____

_____

_____

_____

_____

Appendix A5: Action Planning Framework

Instructions: *Use this form to document the action plan; the plan should include the issue, the improvement activities suggested by the participants and documented on Appendix A3, the Score and Score Rationale Documentation Worksheet, should be expanded on and placed in the improvement activity column. Additional boxes should be completed as described below.*

Definitions for Action Planning Framework

Community Health Worker Program Component: This refers to the 15 items listed in the Community Health Worker Assessment Improvement Matrix (CHW AIM) tool: recruitment, CHW role, initial training, continuous training, equipment and supplies, supervision, performance evaluation, incentives, community involvement, referral system, professional advancement, documentation/information management, program performance management, community health facility links, and country ownership. In addition, actions from the clinical interventions: MNCH, HIV, and TB interventions may also be added by service area (e.g., antenatal care, HIV counseling and testing, TB psycho-social and spiritual support).

Issue refers to the gap, problem, or other concern identified during the review or discussion that should be addressed to improve CHW program functionality.

Improvement activity refers to the action that will be carried out to address the issue. It should be specific, actionable, and clearly stated.

Person responsible should be the person who will ultimately ensure the action is carried out. It could be the person who actually carries out the action but may also be someone in an oversight or management position who will ensure that all parties involved in the activity will carry out their duties and realize the activity as agreed.

Resources needed may refer to financial, material or technical resources including the technical assistance that the program will need to effectively carry out the action.

High Priority refers to actions that must be addressed or the program may be significantly compromised. They may also refer to actions that need to be done urgently so that other actions can be addressed.

Timeline refers to the period in which the activity will be carried out. Where possible the final date on which the activity is expected to be completed should be indicated.

Indicator refers to how the realization of the action will be measured.

Action Planning Framework

Program Component	Issue	Improvement Activity	Person Responsible	Resources Needed	High Priority	Timeline	Indicator

Sample Action Planning Framework

Program Component	Issue	Improvement Activity	Person Responsible	Resources Needed	High Priority	Timeline	Indicator
Equipment and Supplies	Frequent stock outs of CTA, ORS, MILD, FP products in some districts	Review and modify calculation of average monthly consumption (include needs of the CHW), including buffer stock	CHW Supervisor	Security stock	H	April 2013	number of stock outs of commodities each month
Performance Evaluation and Incentives	Communities currently are not following through on their commitment to provide incentives and support CHWs	Discuss with CHW and the community how to find a way to recognize CHWs	Program Manager			June 2013	number of CHWs recognized by community
Referral System	Clients are referred, but no formal system exists with standards for referral or methods for tracking referral.	Formalize the referral system by developing referral cards	Program Manager	Document referrals and feedback		May 2013	number of referrals tracked number of times feedback is documented

Appendix A6: Online Resources and Field Examples

Instructions: *This document should be reviewed in advance of the assessment to gather information about issues, interventions and best practices supporting CHW programs.*

A review of recently published literature on community health worker programs, primarily focusing on maternal and newborn child health, was conducted by the USAID Health Care Improvement (HCI) Project for the purposes of identifying key components of successful community health worker (CHW) programs, reviewing past successes and failures of CHW program implementation, and summarizing important lessons learned. This review of literature contributed to the development of the CHW Assessment and Improvement Matrix and is available at http://www.chwcentral.org/community-health-worker-assessment-and-improvement-matrix-chw-aim-toolkit-improving-chw-programs-and. From this review, the following examples were identified with links to relevant program examples and references.

Recruitment

There is extensive evidence that supports the best practice of recruiting CHWs from the community or giving the community a substantial role in recruitment and selection as the CHWs will have more credibility and will thus be able to achieve more. Although identifying the candidates with the appropriate skills and abilities within the community is not always possible, actively involving community leaders in defining a role for the CHW, identifying the necessary skills and characteristics, and allowing the community some say in who is assigned to them will enable CHWs to do their jobs more effectively.

http://model.pih.org/community_health_workers/chw_recruitment

http://www.who.int/hrh/documents/community_health_workers.pdf (pp. 6-8)

http://www.who.int/hiv/pub/meetingreports/TTRmeetingreport2.pdf (pp. 9-11, 37-47)

Example from the Field: Recruiting and Supporting Community Health Volunteers

BRAC developed a strategy for working with communities and community health volunteers (CHV) that paid attention to careful recruitment, training and supervision and providing a means for income. As BRAC moves into a new village they help to set up a village organization (VO), composed of poor women willing to improve their lives. The VO is asked to suggest candidates to be trained as CHVs. CHVs are all women volunteers chosen by their community, age 25-35, married with no children under 5 years, motivated, with some schooling and not living near a health facility or big bazaar to avoid competition. They receive 4 weeks of training on common illness; a few receive specialized training in TB or ARI. Monthly refresher trainings are provided to keep knowledge updated, discuss problems, replenish supplies and strengthen motivation. They assist up to 250 households, providing health and hygiene education, and referring clients as necessary. Supervision is conducted by BRAC doctors and program organizers on field visits. Volunteers are helped to earn a livelihood by selling essential drugs and other health products and have access to micro-loans.

Producing effective knowledge agents in a pluralistic environment: What future for CHWs? Standing, H., Chowdhury, M.A., 2008

Suggested Interventions

- Involve community and even households in identifying CHWs
- Advertise in newspaper/radio
- Set criteria: age, residency, gender, etc.

- Test on literacy/numeracy
- Interview
- Involve community and health center in final selection

Global Experience of Community Health Workers for Delivery of health Related Millennium Development Goals, WHO, GHWA 2010

CHW Role

Unclear expectations and poorly defined roles for CHWs are cited as frequent causes for the failure of many CHW programs. Communities often have different expectations for the CHWs than they have for themselves causing confusion and disappointment. Frequently communities expect CHWs to perform more of a curative role, whereas in reality many are unprepared and unable to do so.

http://www.who.int/hiv/pub/imai/om_4_community.pdf (pp. 10-12)

http://model.pih.org/community_health_workers/roles_and_functions

http://www.who.int/healthsystems/TTR-TaskShifting.pdf (pp. 32-33)

Initial and Continuous Training

Training is an integral component to ensuring that CHWs have the capacity and skills necessary to carry out their work in the community and to provide safe, high-quality care. Initial training aids in defining the role of CHWs and in preparing them for the work they will undertake; however, continuous training is also vital for CHWs to maintain and reinforce their present skills as well as to update them on new skills, practices, and procedures.

http://www.who.int/hrh/documents/community_health_workers.pdf (pp. 19-20)

http://pdf.usaid.gov/pdf_docs/PNADJ527.pdf (pp. 8-9)

http://model.pih.org/community_health_workers/training

http://www.who.int/hiv/pub/meetingreports/TTRmeetingreport2.pdf (pp.11-13, 49-57)

Jennings, Larissa M. 2005. *Process Learning and Documentation:* Examining the Introduction of Community-Based Neonatal health Workers in Sylhet, Bangladesh Center for Health and Population Research – ICDDR.B.

Experience from the Field: Training

CHWs require strong pre-service training programs to orient them to the basic science of health promotion, disease prevention, and treatment and care. Training should also cover ethical standards including confidentiality, non-discrimination, and other patient rights and education on the priority interventions they are expected to undertake, which is dependent on the epidemiology of disease within their communities, e.g. HIV and AIDS, TB, malaria, and child and maternal health. Ongoing in-service training systems are required to improve the skills and service delivery of community health workers.
www.healthworkforce.info/advocacy/Task_Shifting.pdf

Equipment and Supplies

To effectively carry out their work in the community, CHWs need access to the proper job aids, equipment and supplies. This requires procurement on a regular basis to avoid any substantial stock out periods.

http://www.who.int/hiv/pub/towards_universal_access_report_2008.pdf (pp. 105)

http://transition.usaid.gov/in/newsroom/pdfs/ashaplus_rpt.pdf (pp. 15)

Experience from the Field: Job Aids for Malaria Rapid Diagnostic Tests

A study in Zambia researched the effectiveness of job aids to enable CHWs to prepare and interpret rapid diagnostic tests (RDTs) accurately. Using 3 groups of CHWs, observers used structured observation checklists to score preparation of RDTs and read photographs showing different results. The first group used only the manufacturer's instructions; the 2nd, the job aid, a pictorial and scripted procedures card and the 3rd; the job aid after receiving 3 hours of training. All tools were pretested and translated into local language. Results showed group 1 completed 57% of the steps correctly, group 2, 82% and group 3 with additional training, 93%. The study concluded that CHWs with well-designed job aids and brief training can ensure high performance. *Harvey SA, Jennings L, Chinyam M. URC 2008. Improving CHW Use of Malaria Rapid Diagnostic Tests in Zambia: Package Instructions, Job and Job Aid-Plus-Training*

Job aids include medicines, health education materials such as counseling cards, first aid kits, and pots for demonstrating preparation of weaning foods, pens and pencils, flipcharts, notebooks, and boxes to store records.

(Henderson 2000). http://www.malariajournal.com/content/7/1/160

Supervision and Evaluation

There is strong documentation and wide acknowledgement that for programs to be successful, CHWs need regular and supportive supervision to help them carry out administrative tasks and to provide individual performance support (feedback, coaching, data-driven problem solving).

http://data.unaids.org/pub/Manual/2007/ttr_taskshifting_en.pdf (pp. 31-32)

http://model.pih.org/community_health_workers/supervision

http://www.who.int/hrh/documents/community_health_workers.pdf (pp. 20)

Experience from the Field: Supervision

Historically, clinical staff has directly supervised CHWs, but Partners in Health has introduced the role of *Accompagnateur* Leader. Chosen from among CHWs, whose high quality of work, leadership qualities and standing in the community, education and experience are appropriate. The number of CHWs supervised varies from 15 and 25 in Rwanda to up to 50 in Haiti. Supervisor responsibilities include seeing that CHWs visit their patients daily, administer medications correctly, and vigilantly monitor patient health. In addition, the leader helps the clinical team by answering patients' questions, joining the team on patient visits, and identifying problems between CHWs and patients. Using unannounced visits to patient homes, CHW leaders and health center staff identify problems between CHWs and patients. When a conflict does arise, the CHW is called to the health center to discuss the situation. CHW leaders meet regularly with HC staff to exchange information and discuss common issues and monthly for ongoing trainings.

http://model.pih.org/community_health_workers/supervision

Suggested Interventions:

- Set criteria for selection of supervisors
- Develop clear job descriptions
- Train on supportive supervision and equip with tools and job aids
- Define expectations
  - ratio of supervisor to supervisee
  - number of supervision visits
  - required documentation

Performance Evaluation

The objective of this process is to give constructive feedback on performance. Ideally a volunteer's performance should be appraised at the beginning of the assignment, every four to six months and at the end of the assignment. The frequency of performance management also should be determined by any significant changes in performance, activity, management or work activity. Assessment is an opportunity to learn about the achievements of the volunteer and what may still need attention. This improves the process for the volunteer and the program.

www.crsprogramquality.org

Experience from the Field: Performance Appraisal

Performance appraisal should review the status of the volunteer's objectives/goals; and measure such things as punctuality, consistency, reliability, flexibility, adaptability, enthusiasm, and interaction with others; ascertain the effectiveness of the position and whether the volunteer is a good fit for her/his particular assignment; and identify areas of weakness and need. Ideally, every area of contribution of the volunteer's work should be assessed and feedback offered. This will ensure optimal matching of skills to tasks, appropriate reallocation of tasks as necessary and overall improvement in individual and project performance. Assessing the actual amount of time individual volunteers contribute to the project on a weekly or monthly basis will help staff understand a volunteer's workload and determine how accurately project staff originally estimated the time needed for volunteer contributions as compared to the actual quantity of time volunteers spend on service delivery. This can help in the design of future projects involving volunteers.

Possible questions* for use during volunteer performance management sessions:

1. What part of volunteering are you enjoying the most?
2. What have you learned over the past four months?
3. What work relationships or partnerships have you built?
4. What actions have you taken over the past four months to achieve the objectives presented in your scope of work?
5. What are you struggling with? What can we do about this?
6. What will be your main focus for the next four months?
7. Do we need to make changes to any volunteer objectives?
8. What can I do to support you in the achievement of your responsibilities?

*Adapted from the required questions for Catholic Relief Services Coaching. See Catholic Relief Services. *CRS Guide to Working with Volunteers*. Baltimore, Maryland: CRS, 2012.

Incentives and the Opportunity for Advancement

Financial and non-financial incentives have been shown to influence the behavior and attitude of CHWs in a positive way. They are an important mechanism that can be employed to reward, retain, motivate, engage, and even improve performance. Many documents that refer to incentives cite the opportunity for advancement as a critical component for motivating and retaining CHWs.

http://www.ichrn.com/publications/factsheets/Incentive_systems_for_health_care_pro-EN.pdf

http://model.pih.org/community_health_workers/payment

http://www.who.int/hiv/pub/meetingreports/TTRmeetingreport2.pdf (14-15, 61-69)

Experience from the Field: Non-Financial Incentive Interventions

- To build respect and reduce potential conflict, orient community and community groups/institutions on health practices, the role of CHWs and their voluntary status before starting interventions.
- Involve and train community anchors such as churches, mosques, youth and women's associations as well as community leaders, to support and motivate CHWs by:
    - promoting them and recognizing their work;
    - providing morale support and
    - facilitating and following up on the implementation of health practices.
- Encourage community leaders to jointly organize talks in which CHWs provide information, are publicly recognized and shown to be supported.
- Use public events such as celebratory days to highlight achievements of CHWs.
- Recognize success of community as well as CHW to facilitate bond between them.
- Provide uniforms, t-shirts, badges, posters to give CHW sense of identity.
- Use monthly meetings, field visits and training sessions to provide continuing instruction and mentoring.
- Assess and strengthen teaching materials to address diverse aspects of community health.
- Use certificates and seek future opportunities for CHW's personal advancement in the health sector.
- Provide individual or group performance reviews to identify shortcomings and create a sense of competition.

Amare, Yared. 2009. Non-Financial Incentives for Voluntary Community Health Workers: A Qualitative Study. Working Paper No. 1, The Last Ten Kilometers Project, JSI Research & Training Institute, Inc., Addis Ababa, Ethiopia.

Community Involvement

One key component to the success of CHW programs is community involvement. The community needs to play an active role and feel invested in the CHW program. Active involvement and participation of the community helps define the role and expectations of the CHW and also enables the community to provide feedback on the CHW's performance.

http://www.prb.org/pdf06/WorkingWithTheCommunity.pdf

http://www.who.int/hrh/documents/community_health_workers.pdf (pp. 21)

http://www.thelancetglobalhealthnetwork.com/wp-content/uploads/Alma-Ata-1.pdf

http://futuresgroup.com/files/publications/Community-based_Workers_Improve_Health.pdf

Linkages to the Health System and Referral

Successful CHW programs are linked to and supported by primary healthcare facilities. Establishing effective linkages takes thought, planning and coordination. As part of an effectively linked system, successful CHW programs that provide quality care need to have a referral system in place to determine when a referral is necessary as well as an available means of transportation to get the patient to a health care facility. It is essential that the CHW is able to recognize the point at which a patient needs to be referred.

http://1millionhealthworkers.org/files/2013/01/1mCHW_TechnicalTaskForceReport.pdf (pp. 20-24)

http://futuresgroup.com/files/publications/Community-based_Workers_Improve_Health.pdf

http://data.unaids.org/pub/Manual/2007/ttr_taskshifting_en.pdf (pp. 44-45)

http://www.thelancetglobalhealthnetwork.com/wp-content/uploads/Alma-Ata-1.pdf

Guidance from the Field: Setting Up a Referral Network

Convene an initial stakeholders' workshop inviting key stakeholders from the national government, district(s), facilities, and civil society. **Conduct a participatory mapping exercise** to create a list of all organizations and facilities providing related services within the geographic area. Develop a directory of services including clinical and social service agencies and NGOs, their location, services and hours of operation and potential fees and any access issues.

Create systems to develop and support the referral network. Train key staff at each referral site and create MOUs to define roles and responsibilities. Ensure staff/CHWs are trained on how the network works. Create referral forms and registers to document the process and follow-up. Monitor the network's activities and use findings to improve the system. **Mobilize the community** to use and support the referral network and build demand.

Making a Referral

Identify client's immediate referral needs; assess which factors may make it difficult for the client to complete the referral (e.g., lack of transportation or child care, work schedule, cost, stigma) and try to address them. Make a note of the referral in the client's file and the referral register. Ensure follow-up is recorded and monitor the referral. Ask the client to give feedback on the quality of services to which he or she is referred.

Key Tools: · Directory of services · Referral form · Client tracking form · Referral register.

Adapted from: Establishing Referral Networks for Comprehensive HIV Care in Low-Resource Settings, FHI 2005.

USAID HEALTH CARE IMPROVEMENT PROJECT
University Research Co., LLC
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814

Tel: (301) 654-8338
Fax: (301) 941-8427
www.hciproject.org