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

A Toolkit for Improving CHW Programs and Services

MARCH 2011

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.).

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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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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

DHMT District Health Management Team

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, pertusis, tetanus injection

GBV Gender-based violence

GHI Global Health Initiative

HAART Highly active antiretroviral therapy (for treatment of HIV)

HIB Haemophilus influenzae type B vaccine

HIV/AIDS Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

IDU intravenous drug user

IPT Isoniazid preventive therapy

IPTp Intermittent preventive treatment for malaria in pregnancy

IUD Intrauterine device

IYCF Infant and young child feeding

LAM Lactational amenorrhea method

MARPS Most at-risk populations

MC Male circumcision

MDR-TB Multi-drug resistant tuberculosis

MNCH Maternal, newborn and child health

MOH Ministry of health

NGO Non-government organization

ORS Oral rehydration salts

OVC Orphans and vulnerable children

PCP Pneumocystis pneumonia

PEP Post-exposure prophylaxis

PEPFAR 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

PPTCT Prevention of parent (mother) to child HIV transmission

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 NGOs assess and strengthen their CHW programs to improve their functionality. This section 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 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 organizations assess CHW program functionality and improve program 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 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 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/AIDS patients, malaria control, referrals and reproductive health and family planning education and services, and care for children under 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 and who 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 and who 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: a program functionality matrix with 15 key components used by participants to assess the current status of their programs and a service intervention matrix 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. Key health intervention matrices currently comprise MNCH, HIV and 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-government organization (NGO) or other organizations that implement and manage CHW programs.

Objectives: CHW AIM can be applied to:

- Assess functionality and guide improvement in programs delivering community services
- Provide action planning and best practices to assist in strengthening programs
- Identify the location of functional CHW programs and gaps in coverage

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

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 and a training guide are included to orient the leader.

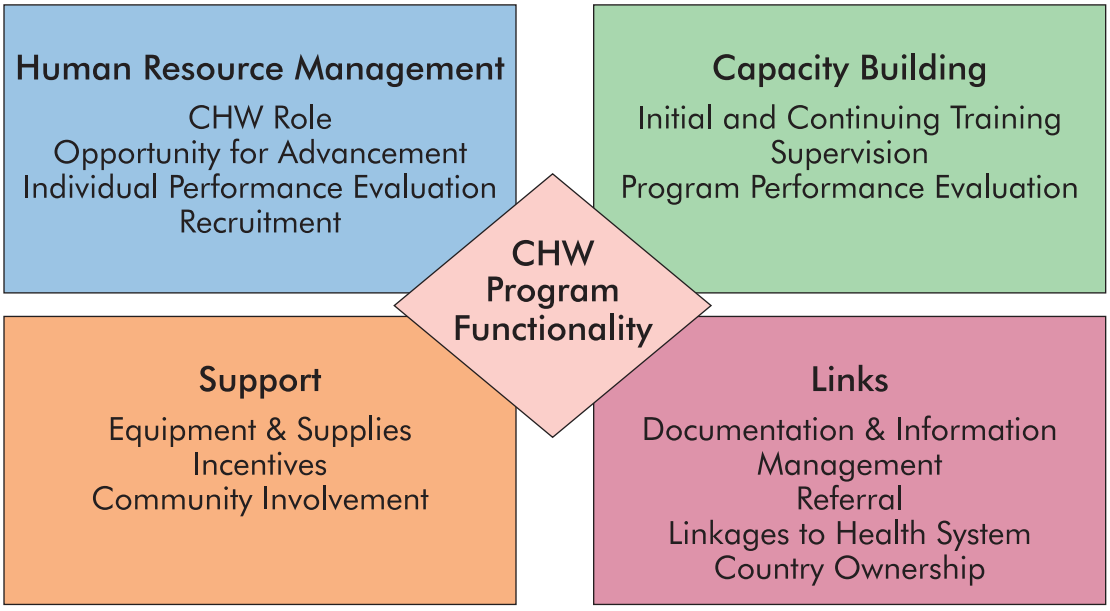
Participants: The assessment is carried out during a workshop with multiple stakeholders knowledgeable about how the program is managed or supported and the regions within which it functions. Between 15 and 25 participants is reasonable and should include field managers, district managers, CHWs, and 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 proposes 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.
2. CHW Role: The alignment, design, and clarity of role from community, CHW, and health system perspectives.
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 and quality care.
4. Continuing Training: Ongoing training is provided to update CHWs on new skills, to reinforce initial training, and to ensure s/he is 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 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 a CHW.
10. Referral System: A process for determining when a referral is needed, a logistics plan in place for transport and funds when required, a process to track and document referrals.
11. Opportunity for Advancement: The possibility for growth and advancement for a CHW.
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 0) to highly functional as defined by suggested best practices (level 3).

	Level of Functionality			
Component definition	0 = non functional	1 = partially functional	2 = functional	3 = best practice

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 3, the highest level, 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 Steps

Step 1: Adapt Tools to the Program Context

Through conversations with the ministry of health, CHW program leaders, and partner organizations, the CHW AIM intervention matrices are aligned with the minimum package of interventions for CHWs outlined in program and national guidelines. The adapted tool reflects specific needs, the strength of the overall health system, policies that govern CHW interventions, and evidence-based interventions.

Key activities in Step 1 include:

- Setting up one or several stakeholder meetings depending on program similarities;
- Aligning the tool to local context;
- Translating tools into local language as necessary.

Step 2: Plan the Assessment Workshop

The assessment occurs during a workshop with multiple stakeholders knowledgeable about a specific program, i.e., how it is managed or supported and the regions in which it functions. The workshop is most effective when it includes a diverse group of between 15 and 25 people including field and district managers, CHWs and their supervisors, and others who are very familiar with the program and can add their perspectives.

Key interventions in Step 2 include:

- Arranging the workshop venue;
- Reviewing key CHW program documentation;
- Conducting site visits;
- Inviting participants.

Step 3: Conduct the Assessment Workshop

During the workshop, participants are introduced to the tool, the process, and expected outcomes. Participants review the 15 programmatic components as a group to ensure comprehension and consistency, rate them individually, and then reach consensus on scores in small groups. A plenary session is held to discuss results and come to overall consensus. When participants reach consensus, scores for each programmatic component are recorded. For programmatic components, items rated at 2 or 3 are considered "functional." Participants also assess program interventions to determine if they are in compliance with the services and activities as defined in program and national guidelines. To be functional, all tasks in one activity must be completed. Action items to address weak or non-functional areas are discussed and documented in an action plan.

To validate the scores from the assessment workshop and to learn more about implementation, interviews with CHWs that did not participate in the workshop and conversations with community members are conducted in both low-performing and high-performing sites. Based on these semi-structured interviews, workshop scores and actions inconsistent with the information gathered are reviewed and revised.

Key interventions in Step 3 include:

- Scoring and consensus discussions on the CHW Program Functionality Matrix;
- Rating and consensus discussions on the Intervention Matrices;
- Overall functionality scoring;
- Action planning.

Step 4: Provide Follow-Up Support

After the assessment workshop, activities focus on validating the results, reviewing and revising the action plan as necessary, getting support from others for the plan, developing a process for monitoring the achievement of the actions, and planning re-assessments as desired. Working with the organizations and ministries that participated in conducting the assessment can help develop common approaches to achieving best practices based on the 15 components. In the event that several districts or branches participated in the assessment, creating opportunities for post-assessment meetings to share progress and challenges is a facilitating factor.

Key activities for Step 4 include:

- Field visits to interview CHWs and community members to verify findings;
- Adjusting the action plan and scores based on findings;
- Developing a strategy and monitoring plan for action plan achievement;
- Continual discussion of progress and sharing of effective interventions, to improve quality of care and outcome results, during monitoring visits or sharing meetings.

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 a CD-ROM to assist printing of the forms needed for data collection and downloading of the excel and word forms required for scoring and action planning. It is divided into six sections:

Section I. Introduction

This section 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

This section includes the assessment tool used to review a CHW program against 15 evidence-based best practices. Each of the 15 components is subdivided into four levels of functionality to enable organizations 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 should be printed for all participants in the assessment workshop. In some settings, translation of the tool may also be needed.

Section III. Intervention Matrices

This section contains service delivery interventions in three key CHW program areas: Maternal, Newborn and Child Health (MNCH), HIV/AIDS and Tuberculosis (TB). For the assessment, use only the matrices that match the services that the organization's CHWs are expected to deliver. Make enough copies of the matrix for the participants to review and indicate which activities are currently performed by them. Findings from the matrix contribute to the overall program functionality score.

Section IV. Facilitator's Guide

This section 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. Training Guide

This section includes a curriculum to train a cadre of facilitators to use the CHW AIM Toolkit to guide participant organizations to assess and improve their CHW programs. It can be used to train facilitators from a single organization or representatives from various sectors to create a pool of facilitators for organizations requesting assistance with an assessment. The participatory training material provides information, exercises and practicum experiences to prepare participants to complete the assessment process.

Section VI. Appendices

This section includes the tools needed to assist participant selection for the assessment workshop, gather documentation about the organization'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 plan and program functionality score sheet should be downloaded from the CD-ROM onto a laptop to enable participants to participate in creating and reviewing the process.

Section II. CHW Program Functionality Matrix

This section includes the assessment tool used to review a CHW program against 15 evidence-based best practices. Each of the 15 components is subdivided into four levels of functionality to enable organizations 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 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

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	1	2	3 (best practice)
1	**Recruitment** **How and from where a community health worker (CHW) is identified, selected, and assigned to a community, including selection criteria.**	CHW not from community and the community plays no role in recruitment. No or only a few criteria exist and are not well known or commonly applied.	CHW is not recruited from community and the community is not involved in the recruitment process but approves of final selection. Some criteria exist and are well known and applied but are general and/or do not address specific issues such as gender and marital status.	CHW is recruited from the community and the community is consulted on the final selection, or if due to special circumstances the CHW must be recruited from outside the community, the community is consulted on the final selection. Some criteria exist and are specific about literacy levels but do not address gender, marital status, or if the CHW should come from the local community or not.	CHW is recruited from community with community participation, or if due to special circumstance the CHW is recruited from outside the community, the community participates in and agrees with the recruitment process and is consulted on the final selection. All selection criteria— literacy, gender, marital status, local residence—are met when possible.

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	**1**	**2**	**3 (best practice)**
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 organization; expectations define actions and behaviors necessary for the CHW to be successful; tasks are measurable activities that the CHW performs when providing services.**	No formal CHW role is defined or documented (no policies in place) Role is not clear or agreed upon among CHW, community, and formal health system.	No formal CHW role is defined or documented (no policies in place) General expectations (e.g. working time) and tasks (e.g. nutrition counseling) are given to CHW but are not specific. CHW and community do not always agree on role/ expectations, such as demanding services or commodities not offered by CHW.	CHW role is clearly defined and documented (policies exist), but community played no part in defining the role. Role is clear to CHW and community but with little discussion of specific expectations. General agreement on role among CHW, organization, health system, and community although occasional demands are made on CHW that he/she cannot meet.	CHW role is clearly defined and documented; organization, health system, community, and CHW design the role/expectations and tasks and policies that support the CHW's role. Specific expectations (e.g. workload, client load, time per patient, maximum distance and role of community) and tasks (weighing children for nutrition guidance, providing food supplements for HBC clients) are clear among CHW organization, health system, and community and services/ commodities not offered by CHW are accessible at referral sites. Process for updating and discussing role/expectations and tasks is in place for CHW and community.

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	**1**	**2**	**3 (best practice)**
3	**Initial Training** **Training provided to CHW to prepare for role in service delivery and ensure he/she has the necessary skills to provide safe and effective care.**	No or minimal initial training is provided. Minimal initial training is provided (e.g., 1 workshop) that does not meet global or national recommendations for duration and content. CHWs are not enrolled in training within six months of joining the program although some CHWs attend workshops on specific topics.	Initial training is provided to all CHWs within six months of recruitment, but training does not meet national or international guidelines for duration and content. No on-the-job training is offered. No participation from community or from health center.	Initial training is provided to all CHWs within six months of recruitment that meets agreed-upon guidelines for duration and content. Content of training includes at a minimum: CHW role, links with health center, appropriate technical content, referrals, documentation, and intrapersonal communication. No participation from community or government health service during initial training.	Initial training based on defined expectations for CHWs is provided to all CHWs within six months of recruitment Content of training includes: core CHW topics[1], appropriate technical content, documentation, and gender sensitivity. Training is consistent with national or facility guidelines for community care, and government health service is involved in training. Some on-the-job training is conducted in the community with community participation, e.g. as role players, feedback providers, etc.
4	**Continuous Training** **Training to update CHW on new skills, reinforce initial training, and ensure he/she is practicing skills learned**	No ongoing training is provided Occasional, ad hoc visits by supervisors provides some coaching.	Continuous training is provided but is irregular or occurs less frequently than every 12 months. Partner organizations/NGOs provide occasional workshops on specific vertical health topics. No training plan exists and no tracking is done of which CHWs have attended training.	Continuous or refresher training is provided at least every 12 months, for all CHWs. A training plan exists, although tracking of which CHWs have been trained is weak. Government health system or health facility is not involved in refresher training.	Continuous training is provided at least every 6 months to update CHW on new skills, reinforce initial training, and ensure he/she is practicing skills learned. Training is tracked and opportunities are offered in a consistent and fair manner to all CHWs Government health system or health facility is involved in training with health workers participating in training and/or conducting training at the health center

1 Core training for CHWs: ability to access resources, coordination of services, crises 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.).

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	1	2	3 (best practice)
5	**Equipment and Supplies (including job aids)** **Requisite equipment and supplies are available when needed to deliver the expected services.**	No or incomplete, equipment, supplies, and job aids provided Inconsistent supply and restocking to support defined CHW tasks.	Equipment, supplies, and job aids are provided Stockouts of essential supplies occur regularly (2 or more times per year) and last more than one month. No regular process for ordering supplies exists (CHWs order when they run out).	Equipment, supplies, and job aids are provided Stockouts are limited. Supplies are ordered and available on a regular basis although procurement can be irregular. Organization and/or health facility takes account of CHW needs when ordering their supplies Supplies are not checked or updated regularly to verify expiration dates, quality, and inventory.	All necessary supplies, including job aids, are available with no substantial stockout periods. Organization and/or health facility takes account of CHW needs when ordering their supplies. Supplies are checked and updated regularly to verify expiration dates, quality, and inventory.
6	**Supervision** **Consistent support for coaching, problem solving, skill development, and data review**	No supervision or regular evaluation occurs outside of occasional visits to CHWs by nurses or supervisors when possible (once a year or less frequently).	Supervision visits conducted between 2 and 3 times per year to collect reports/data (or reports are collected through group meetings at the health facility). Supervisors are not trained in supportive supervision Supervisors are not assigned to CHWs or communities or are unknown to CHWs and communities No individual performance support offered on work (problem-solving, coaching)	Regular supervision visits at least every 3 months that include reviewing reports, monitoring data collected and providing problem-solving support to CHW. Supervisors are trained in supportive supervision and have basic supervision tools (checklists) to aid them The supervisor does not consistently meet with the community and does not make home visits with the CHW or provide on-the-job skill building Data/information is used for problem solving and coaching during supervision meetings	Regular supervision visit every 1–3 months that includes reviewing reports and monitoring data collected. Supervisors are trained in supportive supervision, have the technical skills to do service delivery observations, and have basic supervision tools (checklists) to aid them. Data is used for problem solving and coaching during supervision meetings Supervisor visits community, makes home visits with CHW, and provides skill coaching to CHW.

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	**1**	**2**	**3 (best practice)**
7	**Individual Performance Evaluation** **Evaluation to fairly assess work during a set period of time**	No regular structured evaluation of performance by CHW	A structured evaluation is conducted once a year that is not based on individual performance and includes an evaluation of only coverage or monitoring data There are no rewards for good performance	A structured evaluation is conducted once a year that is based on individual performance and includes an assessment of service delivery and an evaluation of coverage or monitoring data (national/program evaluation) Community is not asked to provide feedback on CHW performance There are some rewards for good performance such as small gifts, recognition, etc.	At least once a year an evaluation that includes individual performance including an assessment of service delivery based on documented supervisory feedback and an evaluation of coverage or monitoring data (national /program evaluation) Community is asked to provide feedback on CHW performance There are clear rewards for good performance, and the community plays a role in providing rewards
8	**Incentives** **Financial (salary, bonuses, transportation, money for meals, income from sale of products)** **Non-financial (training, certification, advancement opportunities, formal recognition, uniforms, medicines, bicycles)** **Community incentives (food, labor, recognition)**	Program is completely volunteer: no financial or non-financial incentives are provided	No financial or non-financial incentives provided by the program but recognition from community is considered a reward and the CHW is sometimes given small tokens from the community	Some limited financial incentives are provided such as transport to training, but there is no salary or bonus Some non-financial incentives are offered Community offers gifts or rewards (e.g. labor, farming, formal recognition at events)	Incentives are balanced, with both financial and non-financial incentives provided, and are in line with expectations placed on CHW, e.g., number and duration of visits to clients, workload, and services provided Incentives are partially based on performance relevant to expectations and include advancement opportunities and/or certification Community offers gifts or rewards

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	**1**	**2**	**3 (best practice)**
9	**Community Involvement** **Role that community plays in supporting (supervising, offering incentives, providing feedback) CHW**	Community plays no role in ongoing support to CHW	Community is sometimes involved (campaigns, education) with the CHW and some people in the community recognize the CHW as a resource	Community plays significant role in supporting the CHW (discusses role or objectives, provides regular feedback) CHW is widely recognized and appreciated for providing service to the community Community has little or no interaction with supervisor	Community plays an active role in all support areas for CHW such as developing role, providing feedback, solving problems, providing incentives and helps to establish CHW as a leader in community CHW is widely recognized and appreciated for providing service to community Community leader(s) has ongoing dialogue with CHW regarding health issues using data gathered by the CHW Community interacts with supervisor during visits to provide feedback and solve problems
10	**Referral System** **The process for:** **determining when referral is needed** **logistics planning for transport/ payment to a health care facility when required** **how a referral is tracked and documented**	No referral system in place CHW might know when and where to refer clients, but no logistics planning in place by the community for emergency referrals and information is not tracked or documented	CHW knows when to refer clients (danger signs, additional treatment needed, etc.) CHW and community know where referral facility is but have no formal referral process/logistics, forms Referral is not tracked by organization, community, or CHW	CHW knows when to refer clients (danger signs, additional treatment needed, etc.) CHW and community know where referral facility is and usually have the means to transport clients Client is referred with a slip of paper and informally tracked by CHW (checking in with family, follow-up visit), but information does not flow back to CHW from referral site	CHW knows when to refer clients (danger signs, additional treatment needed, etc.) CHW and community know where referral facility is, usually have means for transport and have a functional logistics plan for emergencies (transport, funds) Client is referred with a standardized form and information flows back to CHW with a returned referral form

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	**1**	**2**	**3 (best practice)**
11	**Opportunity for Advancement** **The possibility for growth and advancement for CHWs, including certification, increased responsibilities, path to formal sector or change in role**	No opportunities for advancement offered	Advancement opportunities are sometimes offered to CHWs who have been in the program for a specific length of time No other opportunities are discussed with CHWs Advancement is not related to performance or achievement	Advancement is sometimes offered to CHWs who have been in the program for a specific length of time Limited training opportunities are offered to CHWs to learn new skills to advance roles Advancement is intended to reward good performance or achievement, although evaluation is not always consistent, clear or transparent	Advancement is offered to CHWs who perform well and who express an interest in advancement if the opportunity exists Training opportunities are offered to CHWs to learn new skills to advance their roles and CHWs are aware of them Advancement is intended to reward good performance or achievement and is based on a fair evaluation
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**	No defined process for documentation or information management is followed Information is sometimes collected from CHWs (e.g. annually) by program	Some CHWs document their visits in notebooks which they take with them to the facility for review, but a standardized record format does not exist CHWs do not discuss quality of monitoring forms and do not have discussions with supervisors regarding data collected CHWs are not involved in problem solving in the community using data collected	CHWs document their visits and provide data on a standardized format Supervisors monitor quality of documents, discuss them with CHWs, and provide help when needed CHWs/communities do not receive data analyzed and no effort to use data in problem solving in the community is made	CHWs document their visits consistently Supervisors monitor quality of documents and provide help when needed CHWs/communities work with supervisor to use data in problem solving at the community level

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	**1**	**2**	**3 (best practice)**
13	**Linkages to Health System** **How the CHWs and communities are linked to the larger health system** **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**	Links to health system are weak or non-existent; CHW program works in isolation from health system	Health system recognizes contribution of CHWs to overall system but provides little or no support *Example:* Policies exist that describe CHW role and occasional monitoring visits occur from MOH to communities (yearly)	Health system provides some support to the fundamental mechanics of CHW program *training: supports initial and continuous training* *supervision: guidelines exist; health system supervisors have some involvement in CHW supervision* *referrals: health system guidelines are used for referrals* *some equipment/ supplies: are supplied by the health system to CHWs but may be incomplete or irregular so NGO ensures complete supply* *incentives: health system does not provide monetary or non-monetary rewards, but community or NGO does* *advancement: provides some opportunities though certification, use of data: CHW monitoring data are included in health facility/ system reporting and national health monitoring information system*	Health system has comprehensive support mechanisms for all fundamental aspects of CHW program *training: health system provides initial and continuing training and on-site coaching* *supervision: guidelines are clear; assigned supervisors visit CHW for performance review, coaching, and problem solving and document results* *referral: health system guidelines include referral, counter-referral, and information is used to improve system* *equipment/supplies: consistently supplied, tracked and resupplied to CHWs by health system* *incentives: monetary or non-monetary rewards from health system based on performance* *advancement: provides consistent opportunities though certification, job path, etc.* *use of data: CHW monitoring data are reviewed, analyzed, and included in health facility/ system reporting and national health monitoring information system*

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	**1**	**2**	**3 (best practice)**
14	**Program Performance Evaluation** **General program evaluation of performance against targets, overall program objectives, and indicators carried out on a regular basis**	No regular evaluation of program performance related to CHW interventions	Yearly evaluation conducted of CHW activities (may be sample), but it does not assess CHW achievements against program indicators and outcomes No feedback is provided to CHWs on how they are performing relative to program indicators and targets CHW program is realizing less than 75% of its targets (up to the end of the most recent quarter)	Yearly evaluation conducted of CHW activities (may be sample) that assesses CHW achievements in relation to program indicators and targets Assessment 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 Feedback is provided to CHWs on how they are performing in relation to program indicators and targets but does not include assessment of performance against service delivery standards CHW program is reaching at least 75% of its targets (up to the end of the most recent quarter)	Yearly evaluation conducted of CHW activities (may be sample) that assesses CHW achievements in relation to program indicators and targets The assessment includes an evaluation of the quality as well as the quantity of service delivery provided by CHWs, and the community is asked to provide feedback on CHW performance. Health facility workers are also asked to provide feedback based on data received from CHWs. Feedback is provided to CHWs on how they are performing in relation to program indicators and targets and against service delivery standards CHW program is realizing 75% or more of its targets (up to the end of the most recent quarter)

	Component Definition	Level of Functionality: 0 = non-functional	1 = partially functional	2 = functional	3 = highly functional
		0	**1**	**2**	**3 (best practice)**
15	**Country Ownership** **The extent to which the ministry of health has:** **integrated the CHW cadre in health system planning (e.g. policies in place);** **budgeted for local/ district/national financial support; and** **provided logistical support (e.g. supervision, supplies) to sustain CHW programs at the district, regional and/or national levels**	CHWs are not recognized as part of national health system and no plans are in process to create or support a CHW cadre No financial support is provided to CHW program (it is externally funded and managed) No supervision or supplies are provided to existing CHWs	CHWs are recognized as helpful in communities but their role is not formalized CHWs that exist are fully supported by external funding Some supervision is provided by district health offices in conjunction with NGO supervision; supplies for CHWs are not specifically allotted (CHWs use supplies allotted to health facilities)	CHWs are recognized as part of the formal health system (policies are in place that define their roles, tasks, relationship to health system) Minimal local/ district budgets exist but financing is not sufficient or budgets are not fully funded Some supervision is provided by district health offices in conjunction with NGO supervision; supplies for CHWs are not specifically allotted (CHWs use supplies allotted to health facilities)	CHWs are recognized as part of the formal health system (policies are in place that define their roles, tasks, relationship to health system) Adequate local/ district budgets exist and are generally fully funded Supervision is provided by local/ district/central health offices; supplies for CHWs are specifically allotted and generally available

Section III. Intervention Matrices

This section contains service delivery interventions in three key CHW program areas: Maternal, Newborn and Child Health (MNCH), HIV/AIDS and Tuberculosis (TB). For the assessment, use only the matrices that match the services that the organization's CHWs are expected to deliver. Make enough copies of the matrix for the participants to review and indicate which activities are currently performed by them. Findings from the matrix contribute to the overall program functionality score.

Section III. Intervention Matrices

III. A. CHW MNCH Interventions

Overview Instructions: This list provides an overview of all activities under MNCH. Review this list with the participants and check off the activities which are part of the CHW's role. Only the checked activities should be reviewed in Table One.

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)	
	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	

Maternal, Newborn, and Child Health Program Intervention Matrix Overview		✓
Service	**V. CHILD IMMUNIZATIONS**	
Activities	Mapping/tracking for immunization coverage	
	Participation in immunization campaigns	
	Baccilus Calmette-Guerin vaccine for tuberculosis (BCG)	
	Diphtheria, pertussis, tetanus injection (DTP)	
	Polio	
	Haemophilus influenzae type B vaccine (HIB)	
	Hepatitis B	
	Measles	
	Other vaccines (e.g. Pneumococcal; Rotavirus, etc.)	
Service	**VI. CHILDHOOD ILLNESS**	
Activities	Pneumonia	
	Diarrhea	
	Malaria	
Service	**VII. 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 (Human Immunodeficiency Virus) for HIV-infected women	
	Tracking HIV-exposed infants	
Service	**VIII. PEDIATRIC HIV**	
Activities	Cotrimoxazole prophylaxis	
	HAART	
	Tracking, adherence support	

Instructions:

To be functional, 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."

1. Use Table One to note how your program addresses each applicable activity.

2. The table has three components:
   a. The service is highlighted in a dark tint and denoted by Roman numerals;
   b. The activity is highlighted in a light tint and denoted by a lower case letter;
   c. The tasks are under the activity. Note that not all activities have tasks associated with them.

3. 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.
   a. **Counsel:** The CHW provides education or counseling to assist the client, group, or community.
   b. **Provide:** The CHW directly provides the service to the client or group.
   c. **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.
   d. **Not applicable:** Applies only when
      i. The intervention is not included in the program or national guidelines/policies;
      ii. 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.
   e. **Not done:** The CHW does not conduct the activity, which signals it should be investigated.

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

Table One: Maternal, Newborn, and Child Health Intervention Matrix

	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**
I.	**ANTENATAL CARE**						
a.	**Anticipatory counseling**						
	Birth preparedness/complication readiness counseling (danger signs; skilled birth attendant)						
	Newborn-care counseling						
b.	**Maternal nutrition**						
	General counseling						
	Iron Folate supplements						

	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
c.	**Tetanus Toxoid**						
d.	**De-worming**						
e.	**Malaria**						
	Insecticide-treated nets						
	IPTp						
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					
	Stabilize and refer for maternal hemorrhage	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
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**						
d.	**Special care for low birth weight infant (Kangaroo care)**						
e.	**Post-partum family planning**						
	Family planning counseling						
	Oral contraceptives						
	Condoms						
	LAM education						
	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**						

	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
V.	**CHILD IMMUNIZATIONS**						
a.	**Mapping/tracking for immunization coverage**						
b.	**Participation in immunization campaigns**						
c.	**BCG**						
d.	**DTP**						
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						
	Assess and treat with antibiotics						
	Refer for antibiotics						
	Refer after treating with initial antibiotics						
b.	**Diarrhea**						
	Hygiene counseling						
	Point-of-use water treatment						
	ORS						
	Zinc						

	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
c.	**Malaria**						
	Insecticide-treated nets						
	Counsel danger signs, care seeking						
	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**						
VIII.	**PEDIATRIC HIV**						
a.	**Cotrimoxazole prophylaxis**						
b.	**HAART**						
c.	**Tracking, adherence support**						

III. B. CHW HIV/AIDS Interventions

Overview Instructions: This list provides an overview of all activities under HIV/AIDS. Review this list with the participants and check off the activities which are part of the CHW's role. Only the checked activities should be reviewed in Table One.

HIV/AIDS Program Intervention Matrix Overview		✓
Service	**I. HIV Prevention**	
Activities	Education and health promotion campaign	
	Counseling and testing	
	Prevention of Parent (mother) to Child HIV Transmission (PPTCT)	
	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	
	Mental health	
	Psycho-social and spiritual support	
	Stigma and discrimination	
	Human Rights and Legal Support	
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 OVC	
	Income generating and other economic capacity building	

Instructions:

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

1. Use Table One to note how your program addresses each applicable activity.

2. The table has three components:
   a. The service is highlighted in a dark tint and denoted by Roman numerals;
   b. The activity is highlighted in a light tint and denoted by a lower case letter;
   c. The tasks are under the activity.

3. For each task, choose whether the role of the CHW is to "provide," or "refer," or "inform about" or whether the task is "not applicable," or "not done" using the following definitions.
   a. **Provide:** The CHW directly provides the activity to the client, group or community.
   b. **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 activity.
   c. **Inform About:** The CHW tells clients about the importance of the activity or its availability, but does not provide or refer directly for it.
   d. **Not applicable:** Applies only when:
      i. The intervention is not included in the program or national guidelines/policies;
      ii. CHWs are not permitted to provide or refer for the activity as it is not part of the tasks expected to be performed by the CHW.
   e. **Not done:** The CHW does not provide the activity, which signals it should be investigated.

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

Table One: HIV /AIDS Intervention Matrix

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	**Provide**	**Refer**	**Inform About**	**Not applicable**	**Not done**	**COMMENTS**
I.	**HIV Prevention**						
a.	**Education and health promotion campaign**						
	Educational and mass literacy activities						
	Community mobilization activities and campaigns						
	HIV/AIDS awareness event organization						
	Condom promotion and counseling						

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

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
c.	**Prevention of Parent (Mother) to Child HIV Transmission**						
	Pretest and post-test counseling						
	Couple counseling including counseling for discordant couples						
	Rapid testing with same-day results interpretation						
	Risk-reduction counseling						
	Prevention with positives counseling						
	Counseling on gender-related issues						
	Stigma and discrimination counseling						
	Antenatal care for HIV-positive mother						
	Prophylactic antiretroviral therapy for mother and child for PPTCT						
	Facilitating labor and delivery care 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						
	Counseling and links to other services and follow-up of HIV-infected mothers and infants						
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						
	Counseling and links to other services and follow-up						

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
e.	**Male Circumcision**						
	Sexual and reproductive health counseling						
	Pre-surgical counseling						
	Counseling on sexual and non-sexual HIV transmission						
	Counseling on the limitations of circumcision in HIV prevention						
	Counseling and links to other services and follow-up						
	Post-surgical counseling						
II.	**HIV Care**						
a.	**Adult Facility-supported and Home-based Care**						
	Healthy living counseling						
	Assessment of nutritional and other care and treatment needs (functional status)						
	Nutritional support (including provision of nutritional commodities)						
	Nutritional counseling for patient and caregivers						
	Counseling for use of safe drinking water and sanitation						
	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						
	Basic palliative and end-of-life care						
	Chronic pain management						
	Tracking and home visits for defaulters						

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
	Cluster of differentiation 4 (test used to assess the immune system of HIV patients) (CD4) testing						
	TB screening						
	Hemoglobin screening						
	Counseling and links to other services and follow-up						
b.	**Pediatric HIV Care**						
	Healthy living counseling						
	Immunization for HIV-exposed and infected children						
	Infant feeding counseling and support						
	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						
	Counseling for use of safe drinking water and sanitation						
	Identification and treatment for acute or chronic malnutrition						
	Universal Cotrimoxazole prophylaxis as indicated						
	Counseling and testing of other siblings in the same family						
	Tracking and home visits for defaulters						
	CD4 testing						
	TB Screening						
	Hemoglobin screening						
	Counseling and links to other services and follow-up						

HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below		Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
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						
	Treatment buddy/partner counseling						
	Drug dispensing and dosing counseling						
	Directly observed treatment for highly active antiretroviral therapy (for treatment of HIV) (DOT-HAART) with DOT for TB						
	Clinic and community adherence support system						
	Basic side effects counseling and management						
	Counseling and links to other services and follow-up						
b.	**Pediatric HIV Treatment and Adherence Support**						
	Assessment of care and treatment needs, including psychological and support needs (functional status)						
	Treatment preparation sessions						
	Counseling of primary and secondary treatment guardian						
	HIV drug adherence counseling and monitoring						
	Drug dispensing and dosing counseling						
	DOT-HAART with DOT for TB						
	Basic side effects counseling and management						
	Counseling and links to other services and follow-up						

HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below		Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
IV.	**HIV Support**						
a.	**Peer Support Groups**						
	Manage and lead support groups						
	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						
	Educational and medical information materials through support groups						
	Demonstrations on proper hygiene, storing and using safe drinking water, nutrition and healthy diets, and recipes						
b.	**Mental Health Issues in HIV**						
	Counseling and support for alcohol and substance use addiction						
	Counseling and support for fear, anxiety, and depression						
	Counseling and support for post-traumatic stress disorder						
	Counseling and support for suicidal ideation and isolation						
	Counseling and links to other community services						
c.	**Psycho-social and Spiritual Support**						
	Counseling for HIV disclosure and discrimination issues						
	End-of-life discussions and planning						
	Relevant religious/spiritual counseling and support						
	Counseling and links to other services						

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
d.	**Stigma and Discrimination**						
	Awareness programs to reduce stigma and discrimination						
	Community leader meetings to discuss issues related to stigma and discrimination						
	Community advocacy and support for people living with HIV (PLHA), women and marginalized groups to ensure access to health services, care, and treatment						
	Counseling and links to other services (such as legal services and GBV support) to assist with issues related to stigma and discrimination.						
	Counseling, support, and links to services						
e.	**Human Rights and Legal Support**						
	Identification of patients in need of human rights and legal support						
	Counseling on gender-related issues in HIV (including discrimination in property and land ownership, impoverishment, and rape)						
	Counseling and links to other services						
V.	**Orphans and Vulnerable Children**						
a.	**Community Awareness and Support Education**						
	Identification of OVC in the community						
	Promotion of information on and awareness of OVC issues						
b.	**Caregiver/Family Support**						
	Assessment of family and caregiver support systems						
	Psycho-social support services for OVC						
	Psycho-social support and counseling services for care-givers						

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	**Provide**	**Refer**	**Inform About**	**Not applicable**	**Not done**	**COMMENTS**
c.	**Health and Nutritional Education and Support**						
	Health and wellness counseling						
	Nutritional counseling						
	Food availability and access to support						
	Referrals and links with social welfare services in the community						
d.	**Educational Counseling, Support and School Placement**						
	Counseling and assessment of educational needs						
	Assistance with referrals for school placement						
e.	**Human Rights and Legal Issues**						
	Assistance for OVC in need of human rights support						
	Assistance for OVC 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. C. CHW Tuberculosis Interventions

Overview Instructions: This list provides an overview of all activities under TB. Review this list with the participants and check off the activities which are part of the CHW's role. Only the checked activities should be reviewed in Table One.

Tuberculosis Program Intervention Matrix Overview		✓
Service	**I. TB PREVENTION, ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION (ACSM)**	
Activities	TB education and sensitization	
	TB surveillance	
	Isoniazid preventive therapy (IPT) for eligible non-HIV infected patients	
	TB social mobilization and advocacy	
Service	**II. TB SCREENING AND CASE DETECTION**	
Activities	TB screening and case detection	
Service	**III. TB TREATMENT AND CARE**	
Activities	Directly observed treatment short-course (DOTS)	
	Cotrimoxizole Chemo-Prophylaxis	
	TB stigma and discrimination counseling	
Service	**IV. TB HIV Co-Infection**	
Activities	HIV testing for TB clients	
	TB testing for HIV clients	
	Intensive case finding of TB contacts	
	IPT for HIV-infected persons	
	DOT with directly observed treatment for HIV using highly active antiretroviral therapy (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	
	Peer support groups	
	Psychosocial and spiritual support	
	General health and nutrition education and support	

Instructions:

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

1. Use Table One to note how your program addresses each applicable activity.

2. The table has three components:
    a. The service is highlighted in a dark tint and denoted by Roman numerals;
    b. The activity is highlighted in a light tint and denoted by a lower case letter;
    c. The tasks are under the activity.

3. For each task, choose whether the role of the CHW is to "provide," or "refer," or "inform about" or whether the task is "not applicable," or "not done" using the following definitions.
    a. **Provide:** The CHW directly provides the activity to the client, group or community.
    b. **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 activity.
    c. **Inform About:** The CHW tells clients about the importance of the activity or its availability, but does not provide or refer directly for it.
    d. **Not applicable:** Applies only when:
        i. The intervention is not included in the program or national guidelines/policies;
        ii. CHWs are not permitted to provide or refer for the activity as it is not part of the tasks expected to be performed by the CHW.
    e. **Not done:** The CHW does not provide the activity, which signals it should be investigated.

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

Table One: 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		Provide	Refer	Inform about	Not applicable	Not done	COMMENTS
I.	**TB PREVENTION, ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION**						
a.	**TB Education and Sensitization**						
	Educational and mass literacy activities						
	Community mobilization activities and campaigns						
	TB awareness including facts, prevention, treatment, and care						
	Specific TB-HIV and most at-risk populations (MARPS) education						
	TB prevention education and promotion, including Baccilus Calmette-Guerin vaccine for tuberculosis (BCG) and infection prevention for caregivers						
	Education/sensitization about stigma and discrimination and their effects						
b.	**TB surveillance**						
	TB case monitoring and reporting						
	Screening of household and close contacts of TB cases						
	Monitoring and reporting on case clusters						
c.	**Isoniazid Preventive Therapy for eligible non-HIV Infected persons**						
	Monitor IPT						
	Monitor the adherence to clinic appointment, the IPT drug regimen, and drug toxicity						
	IPT outcome evaluation						
d.	**TB Social Mobilization and Advocacy**						
	Interact with local health and civic leaders to streamline and improve TB programs or policy						
	Mobilization of community members for TB program and policy change						

	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	Provide	Refer	Inform about	Not applicable	Not done	COMMENTS
II.	**TB SCREENING AND CASE DETECTION**						
a.	**TB screening and case detection**						
	CHW initiated screening for pulmonary TB						
	Identification of cases of advanced or extra-pulmonary TB						
	Contact tracing						
	Tracking and home visits for defaulters						
	Links to TB diagnostics services						
III.	**TB TREATMENT AND CARE**						
a.	**DOTS**						
	Assessment of nutritional and other care and treatment needs (functional status)						
	TB treatment preparation sessions						
	TB drug adherence counseling and monitoring						
	Treatment buddy/partner counseling, including universal precautions for prevention						
	TB drug stocking, distribution, dispensing and dosing counseling						
	DOTS as per national protocol Daily supervision of drug intake for duration of protocol						
	Administration of Vitamin B complex tablets						
	Counseling for and management of side effects						
	Healthy living counseling, including cessation of smoking and proper nutrition						
	Referral for and monitoring of follow-up diagnostics and assessment including TB cure assessment						

	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	**Provide**	**Refer**	**Inform about**	**Not applicable**	**Not done**	**COMMENTS**
	Screen for early diagnosis and prompt management of drug-resistant TB						
	Defaulter tracing						
	Counseling, links to other services such as support groups, psycho-social counseling, social services, or legal services						
b.	**Cotrimoxazole chemo-prophylaxis**						
	Provision of Cotrimoxazole to eligible TB cases						
	Monitoring of and counseling for side effects						
	Adherence monitoring and counseling						
c.	**TB stigma and discrimination education and counseling**						
	Counseling targeting TB stigma and discrimination issues related to TB treatment						
	Counseling targeting local myths concerning TB treatment						
IV.	**TB-HIV**						
a.	**HIV testing for all suspected TB cases**						
	Pre-test and post-test counseling						
	Couple counseling, including counseling for discordant couples						
	Rapid testing with same-day results interpretation						
	Risk-reduction counseling						
	Prevention with positives counseling						
	Stigma and discrimination counseling (for both HIV and TB)						
	Counseling on smoking cessation for TB-HIV						
	Links to other services and follow-up						

	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	**Provide**	**Refer**	**Inform about**	**Not applicable**	**Not done**	**COMMENTS**
b.	**TB screening for all HIV infected persons**						
	Referral of all HIV clients for TB screening						
	Routine screening for symptomatic TB among HIV clients						
	Counseling and follow-up on TB tests (all types, i.e., sputum, x-ray, rapid, etc.)						
c.	**Intensive case finding of TB contacts**						
	Contact tracing of all close and household contacts						
	Screening and case detection among close and household contacts of index TB-HIV co-infected person						
d.	**IPT for TB-HIV**						
	Refer for intervention and tests to exclude active TB						
	Provide IPT drugs						
	Monitoring the adherence to clinic appointments and the IPT drug regimen and drug toxicity						
	IPT outcome evaluation						
e.	**DOT-TB with DOT-HAART for TB-HIV**						
	TB-HIV treatment preparation sessions						
	TB-HIV drug adherence counseling and monitoring						
	Treatment buddy/partner counseling						
	TB-HIV drug stocking, distribution, dispensing, and dosing counseling						
	DOT with DOT-HAART						
	Counsel clients on infection control						
	Counsel family members or treatment buddies on infection control, universal precautions, and prevention						

	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	Provide	Refer	Inform about	Not applicable	Not done	COMMENTS
	Counseling for and management of side effects						
	Defaulter tracing						
	Links to other services and follow-up including laboratory services, psycho-social care, legal services, etc.						
V.	**DRUG-RESISTANT TB IDENTIFICATION AND MANAGEMENT**						
a.	**Identification, Care, and Treatment of Drug-Resistant TB**						
	Identification and referral of suspected cases of drug resistance						
	Directly observed treatment short-course for drug-resistant Tuberculosis (DOTS Plus) provision						
	Monitoring of and counseling for management of side effects						
	Social, psychological, and nutritional support for multi-drug resistant and extremely drug-resistant (MDR/XDR) TB patients						
	Monitoring of follow-up diagnostics and treatment recommendations						
	Counsel clients on infection control						
	Counsel family members or treatment buddies on infection control, universal precautions and prevention.						
	Confirmation of TB cure assessment (sputum negative results, etc.)						
	Specific community/facility-based education about Multi-drug resistance (MDR)-TB						

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		Provide	Refer	Inform about	Not applicable	Not done	COMMENTS
VI.	**TB SUPPORT AND CROSS-CUTTING ISSUES**						
a.	**Mental Health Issues in TB Infection**						
	Counseling and support for fear, anxiety, and depression						
	Counseling and support for suicidal ideation and isolation						
	Counseling and support for smoking and substance use cessation						
b.	**Peer support group**						
	Counseling and introduction to gender-specific support groups						
	Caring for caregiver support groups						
c.	**Psycho-social and spiritual support**						
	Psycho-social and spiritual support services for TB patients						
	Psycho-social and spiritual support services for caregivers/family						
	Counseling for TB and/or HIV disclosure and discrimination issues						
	End-of-life discussions and planning, as appropriate						
d.	**General Health and Nutritional Education and Support**						
	Health and wellness counseling						
	Nutritional counseling						
	Food availability and access support						
	Referrals and links with social welfare services in the community						

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 1. Adapt Tools to Program Context IV-4
Step 2. Plan for the Assessment Workshop IV-5
Step 3. Conduct the Assessment Workshop IV-10
Step 4. Follow Up IV-15

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 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 (currently for maternal, newborn and child health (MNCH); HIV/AIDS; and Tuberculosis (TB) programs). The first assists community workers, stakeholders, NGOs, donors, and ministry staff to rate the CHW program against 15 best practices essential to program functionality, and the second assesses whether CHW tasks comply with national health guidelines. Templates, questionnaires, score sheets, and resource guides are included in the appendices to support the assessment.

Preparation: The facilitator should familiarize him/herself with the tools, resources, and timeline of the CHW AIM process.

Preparation Checklist

Plan the Assessment	✓
1. Review CHW AIM packet including tools and appendices .	
2. Meet with participating organizations, (which could be your own NGO) and lay out a timeline for assessment.	
3. Organize venue, budget, and refreshments.	
4. Send invitation letter with Participant Selection Sheet (Appendix A1) and Documentation Needs (Appendix A2).	
5. Set up a meeting with the district health management team (DHMT) to review the Program Functionality Matrix (Section II) and the Intervention Matrices (Section III).	
6. If possible, arrange a visit to the organization to review the onsite documentation prior to the assessment.	
Organize pre-workshop visits to the organization	
1. Review NGO documentation (Appendix A2).	
2. Work with program managers to assess Intervention Matrices.	
Organize site visits	
1. Use the CHW Validation Questionnaire (Appendix A3) 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.	
Prepare for the Workshop	
1. Identify and train group leaders using Training Guidance (Section VI).	
2. Arrange for and test LCD projector at venue.	
3. Set up meeting room in a circle or U-shaped pattern.	
4. Prepare copies of the participant handbook.	
5. 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	
6. Download tools needed for scoring and action planning from the CD onto a laptop: • Appendix A5: CHW AIM Score and Assessment Sheets (excel file: CHW AIM Appendix A5.xlsx) • Appendix A6: CHW AIM Action Planning Framework (word file: CHW AIM Appendix A6.rtf)	

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 Tools to Program Context	Align Intervention Matrices with program and country guidance	Preparation: up to one month	Intervention Matrices (Section III)
2. Plan for the Assessment Workshop	Organize assessment workshop		Participant Selection Form (A1) Comprehensive Document Review Guide and Checklist (A2) CHW Validation Questionnaire (A3) (*This tool can instead be used after the assessment to validate findings.*)
3. Conduct the Assessment Workshop	Conduct assessment and action planning	One to Two days	CHW AIM Program Functionality Tool CHW AIM Score and Score Rationale Documentation Worksheet (A4) CHW Program Functionality Score Sheet (A5) CHW AIM Action Planning Framework (A6)
4. Follow Up	Provide support for action plan achievement and re-assessments	Periodic	CHW Validation Questionnaire (A3) (*if not completed prior to the assessment workshop*) Resources and Field Examples (A7)

Step 1. Adapt Tools to Program Context

Share the two main assessment tools with the program and key stakeholders, such as implementing partners and DHMT, 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. The implementation matrices for MNCH, HIV, and TB (Section III) should be reviewed by the program 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) 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.
>
> The facilitator should also discuss or share the Program Functionality Matrix and Interventions Matrices with key stakeholders, such as the district health management team (DHMT) or implementing partners, as their support will assist the assessment and follow-up.
>
> **Suggested Timing: Preparation activities should begin approximately one month before the actual workshop.**

Meeting to Align Intervention Matrices

- Organize a meeting with the organization(s) to align the tools; identify and invite organization 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 DHMT and to other partners or supporters of the NGO or organization.
- 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 organization's record keeping system and the role of community health workers. Depending on the number of organizations 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 organizations 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/DHMT, 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 6–8 CHWs, 4–6 supervisors, 4–6 regional/district managers, 3–5 NGO partners or implementing representatives and, if desired, representatives from donors and other key partners such as USAID, MOH or other coordinating 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.

Conduct Visits to the Organization

- Using the Comprehensive Document Review Guide and Checklist (Appendix A2), ask for, read through and discuss their materials. The documents will provide background information to help participants make decisions on CHW roles, scores, and needed actions.
  - 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.
  - If possible arrange visits to up to three field sites to use the CHW Validation Questionnaire (Appendix A3) to gather key information from up to 6 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:
  - Markers, flip chart paper, one copy per person of the CHW AIM tool, one copy of the Score and Score Rationale Documentation Worksheet (Appendix A4) and one copy of the CHW AIM Action Planning Framework (Appendix A6) 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 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 train people in advance to be group leaders during the assessment workshop (see Section V: Training Guide). 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

- Try to 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 a single activity, e.g. HIV counseling and testing. Tasks that are not part of the CHW role are noted as "Not Appropriate" and do not affect scoring. Organizations rate themselves only on the matrix relevant to the services they provide. For example, if they provide only HIV services, only the HIV matrix would be used. This exercise enables organizations to assess the types of services they offer but does not evaluate the quality of service.
- In the following example, all activities under HIV/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 "provide," "refer," "inform about" or "not applicable"; none may be marked "not done."

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	**Provide**	**Refer**	**Inform About**	**Not applicable**	**Not done**	**COMMENTS**
I.	**HIV Prevention**						
a.	**Education and health promotion campaign**						
	Educational and mass literacy activities	✓					
	Community mobilization activities and campaigns				✓		
	HIV/AIDS awareness event organization			✓			
	Condom promotion and counseling		✓				
b.	**Counseling and Testing**						
	Pre-test and post-test counseling	✓					
	Couple counseling including counseling for discordant couples		✓				
	Rapid testing with same-day results interpretation	✓					
	Risk-reduction counseling					✓	
	Prevention with positives counseling					✓	
	Stigma and discrimination counseling			✓			
	Counseling on gender-related issues					✓	
	Counseling on intravenous drug user (IDU) and harm-reduction issues specifically related to most at risk populations (MARPS) (where MARPS are included as a target population)					✓	
	Condom-use counseling					✓	
	Condom provision					✓	
	Counseling and links on follow-up services					✓	

Sample Workshop Preparation and Implementation Schedule	
Day 1: Preparation • Meet with program managers. • Review and complete CHW 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.	**Day 2: Intervention** • Conduct CHW AIM Workshop - Score CHW AIM Components. - Review Completed CHW AIM Intervention Matrix and verify. - Develop CHW AIM action plans.

Step 3. Conduct the Assessment Workshop

The facilitator takes responsibility for managing and guiding the workshop, keeping the process on 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 conduct action planning to work toward best practices.

- 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 11).
- Read the definition of recruitment and ask the participants to describe the process they use. They should score themselves from 0–3 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 full 2 or 3 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 0, 1, 2, or 3; 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 A4) 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 Adapting the Tools

10:45–11:00 TEA BREAK

11:00–12:00 Preparing for the Assessment

12:00–1:00 Conducting the Assessment

1:00–1:45 LUNCH

1:45–3:10 Conducting the Assessment Continued

3:10- 4:00 Providing Follow-Up Support

4:00–4:20 Wrap Up

4:20–4:35 TEA BREAK

	Component **Definition**	**Level of Functionality:** **0 = non-functional**	**1 = partially functional**	**2 = functional**	**3 = highly functional**
		0	**1**	**2**	**3 (best practice)**
1	**Recruitment** **How and from where a community health worker (CHW) is identified, selected, and assigned to a community, including selection criteria.**	CHW not from community and the community plays no role in recruitment. No or only a few criteria exist and are not well known or commonly applied.	CHW is not recruited from community and the community is not involved in the recruitment process but approves of final selection. Some criteria exist and are well known and applied but are general and/or do not address specific issues such as gender and marital status.	CHW is recruited from the community and the community is consulted on the final selection, or if due to special circumstances the CHW must be recruited from outside the community, the community is consulted on the final selection. Some criteria exist and are specific about literacy levels but do not address gender, marital status, or if the CHW should come from the local community or not.	CHW is recruited from community with community participation, or if due to special circumstance the CHW is recruited from outside the community, the community participates in and agrees with the recruitment process and is consulted on the final selection. All selection criteria— literacy, gender, marital status, local residence—are met when possible.

Break Into Small Groups

- 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 one's form one group and the number two's 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 Rationale and Action Sheet (Appendix A4) and present the results in plenary. The tool should be used to note the score, the rationale for the score, and potential actions. (*Do not enter anything in the validated score column at this point; this occurs during the post-assessment field visit*.) The comment section should be used to add pertinent information.
- Each small group will come to agreement on a score for each component.

Sample Score and Score Rationale Documentation Worksheet

Component	Workshop Score	Validated Score*	Rationale	Action Items	Comments
Recruitment	3		Organization recruits according to best practices: no exceptions found		May consider documentation of process
Individual Performance Evaluation	1		No established process or form for individual performance evaluation	Develop form for performance evaluation	
			No rewards for individuals performing well	Develop system to reward individuals performing well	

* To be determined during the post-assessment field visit

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
Recruitment	3
CHW Role	3
Initial Training	3
Continuing Training	2
Equipment and Supplies	1
Supervision	1
Individual Performance Evaluation	0
Incentives	0
Community Involvement	2
Referral System	1
Opportunity for Advancement	0
Links to Health System	1
Program Performance Evaluation	0

- Using the notes taken on the Score and Score Rationale Documentation Worksheet (Appendix A4), 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.

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.

Start Action Planning

- Review in advance the information from Resources and Field Examples (Appendix A7) to prepare for action planning.
- Divide participants into the same small groups so they can develop actions for the areas they scored previously. When each group has completed an action plan (Appendix A6) 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 or 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.

CHW Action Planning Framework

Organization Name: **New Beginnings** District/NGO: _____ Date: 8 October, 2010

Program Component	Issue	Improvement Activity	Person Responsible	Resources Needed	Priority: High, Medium, Low	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	L	March, 2011	# 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	H	November, 2010	# of sensitization meetings held
Initial training	Lack of certificates for training	Advocate for certification policy after training at the district level	Supervisor	Venue Stationery	M	November, 2010	Changed certification policy Certificates developed and issued Orientation workshop held.
		Provide training certificates to all CHWs trained	Supervisor	Stationery	M	November, 2010	# of trained caregivers who receive a certificate for training

Determine Functionality

- The facilitator should complete the CHW Program Functionality Score Sheet (Appendix A5) which has two parts: the Program Functionality score and the Intervention Matrix Assessment. The first part is used to compile and add the scores for each component. *An excel form can be downloaded from the CD to complete the scoring.* A score of two 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.
- At the end of the workshop, small group leaders should prepare the Score and Score Rationale Documentation Worksheet (Appendix A4), the Intervention Matrices (Section III), the Action Plan (Appendix A6) and the Program Functionality Score Sheet (Appendix A5) to provide the documents to the organization for its records and for additional review and modification as required on the following day. As 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 CHW Validation Questionnaire (Appendix A3) to interview up to 6 CHWs in all, who did not participate in the assessment, to verify workshop scores. After verifying the information, review and update the action plan and scores if necessary.
- Hold a follow-up action plan meeting with program managers and participants from the assessment workshop, including CHWs, to review the action plan and to discuss how to complete it. They should review the priorities (High, Medium, and Low) to ensure agreement on future actions.
- 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 organization 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.

Section V. Curriculum for Training of Facilitators to use the CHW AIM Toolkit

This curriculum contains the content, guidance, tools and exercises to train facilitators to lead CHW AIM assessments.

At A Glance

About this Curriculum V-1
Session 1: Introductions and Workshop Overview V-4
Session 2: Challenges of Supporting Community Health Workers V-11
Session 3: Step 1: Adapting the Tools V-14
Session 4: Step 2: Planning the Assessment Workshop V-17
Session 5: Step 3: Conducting the Assessment Workshop V-23
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Section V. Curriculum for Training of Facilitators to Use the CHW AIM Toolkit

About this Curriculum

Purpose: This curriculum was developed to create a cadre of facilitators who can use the CHW AIM Toolkit to guide participant organizations to assess and improve their CHW programs. It can be used to train facilitators from a single organization to conduct an assessment or to train representatives from various sectors to create a pool of facilitators for organizations requesting assistance with an assessment. This curriculum is included in the CHW AIM Toolkit as part of a package of tools including a facilitator's guide, assessment tools and intervention matrices.

Intended Audience: Up to 10 trainees

Duration: The training time alone is 6 hours and 40 minutes. It can be conducted over one or two days.

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

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

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

How to Use this Training Curriculum and Prepare for the Training

Curriculum Set Up: The training is broken into 6 key sessions, each of which has sub-sessions. Each of the 6 Sessions has its own learning objectives. The sessions are set up as follows:

- Session number and title
- Total session time
- Session Learning Objectives
- Materials Needed
- Work for the Trainer to do in Advance
- Session Overview
- Detailed Trainer Steps and Key Information

Training Approach and Methodologies: The training is meant to be participatory; exercises combined with discussion and presentations are included to build understanding of the material and the process. It is suggested that training be timed with an upcoming assessment to give participants a chance to immediately practice their knowledge and skills in a real setting. It would be helpful to pair newly trained facilitators with an experienced facilitator to enable support and immediate feedback.

Key Steps to Prepare for the Training

Preparation Checklist

✓	
	Confirm participant list
	Send out agenda and facilitator's guide to participants and ask them to read it in advance
	Identify/confirm venue and refreshments
	Set up training room
	Organize participant packets with relevant documents, pen/paper
	Prepare additional materials for distribution in the appropriate sessions
	Download from the CD: Appendix A5: CHW AIM Score and Assessment Sheets (excel file: CHW AIM Appendix A5.xlsx) Appendix A6: CHW AIM Action Planning Framework (word file: CHW AIM Appendix A6.rtf)
	Gather and test any audio visual equipment
	Review the session materials carefully and ensure that any co-facilitators are comfortable with the methodologies and content
	Go over the slide content. If an LCD projector and laptop computer are not available, copy the slide content onto flip chart paper in advance of the session
	Identify and ensure presence of translators as needed
	Identify and prepare small group leaders in advance for facilitation and documentation

Participant Selection Criteria: Participants selected for the training should, at minimum, have some experience in training and/or facilitation, ability to guide discussions, knowledge of CHW role, issues and support needs. Trainees should have the flexibility, time and interest to lead the CHW AIM process and potential to train others. Suggested participants should not exceed 10 per facilitator.

Identify a Training Site and Set up the Training Room: Identify a site large enough to comfortably seat the trainees and provide space for exercises, such as role plays and mock assessments. Ensure refreshments are available according to country/cultural expectations.

Gather Needed Materials, Supplies and Equipment:

1. LCD projector, if possible
2. 3 flip charts and stands
3. Markers, tape or other adhesive
4. Nametags
5. Registration/sign-in sheet
6. Notebook and pen
7. Participant packet, including:
   - Workshop Objectives
   - CHW AIM Toolkit:
     Section II. Program Functionality Matrix
     Section III. Intervention Matrices
     Section IV. Facilitator's Guide
   - Appendices:
     AI. Participant Selection Tool
     A2. Document Review and Checklist
     A3. CHW Validation Questionnaire
     A4. Score and Score Documentation Worksheet
     A5. Functionality Score
     A6. Action Plan Format
     A7. Resources and Field Examples

Prepare Small Group Leaders: During assessments, based on the size of the group, it is necessary to have 1-2 small group facilitators to assist in **Session 5**. During this training, at least 2 small groups will be created to review materials and conduct a mock assessment. The information and activities in **Session 5** will enable trainees to select and prepare representatives from the organization to take on this role during assessment workshops.

Participant Materials and Preparation: Send the Facilitator's Guide and Program Functionality Matrix to the participants and ask them to read the material in preparation for the workshop.

Training Dos and Don'ts[1]:

DOs:

- Maintain good eye contact
- Prepare in advance
- Use visual aids
- Speak clearly/ask if clarifications are needed
- Speak loud enough for all to hear
- Encourage questions
- Recap at the end of each Session
- Encourage active participation by asking questions, engaging quiet participants, and affirming contributions
- Discourage domination by one or a handful of participants
- Write clearly and boldly
- Use good time management
- Give feedback
- Position visuals so everyone can see them
- Avoid distracting mannerisms and distractions in the room
- Be aware of the participants' body language and energy levels; use energizers as needed
- Keep the group focused on the task
- Provide clear instructions and check to see if they are understood
- Evaluate as you go
- Be patient

DON'Ts:

- Talk to the flip chart or the slides
- Block the visual aids
- Stand in one spot—instead, move around the room
- Ignore the participants' comments and feedback (verbal and non-verbal)
- Read from the curriculum or the slides
- Shout at the participants
- Assume everyone has the same level of baseline knowledge
- Assume everyone can read and write at the same level
- Answer your mobile phone during the training

Training Agenda Overview:

Session	Topic	Timing
1	Introductions and Workshop Overview	35 minutes
2	Challenges of Supporting CHWs	45 minutes
3	Step 1: Adapting the Tools	60 minutes
4	Step 2: Planning the Assessment Workshop	65 minutes
5	Step 3: Conducting the Assessment Workshop	140 minutes
6	Step 4: Providing Follow-Up Support	55 minutes
7	Closing and Evaluation	20 minutes

1 Improving Retention, Adherence & Psychosocial Support within PMTCT Services A Toolkit for Health Workers, ICAP 2010

Session 1: Introductions and Workshop Overview

Total Session Time: 35 minutes

Session Learning Objectives:

By the end of this Session, participants will be able to:

1. Welcome participants and lead introductions
2. Review the training purpose, objectives, schedule and packet

Materials Needed:

- Participant packets for each person
- Flip chart, flip chart stand, tape or other adhesive, and color markers
- LCD projector and laptop computer (optional)
- Slides 1.1-1.3 (if no LCD projector is available, the content of these slides can be written on flip chart in advance of the session)

Work for the Trainer to do in Advance:

- Set up the training room so that participants are sitting in a circle or semi-circle instead of rows
- Prepare participant packets with relevant documents, pen/paper
- Review the session materials carefully and ensure that all facilitators are comfortable with the methodologies and content
- Review the slide content. If an LCD projector and laptop computer are not available, copy the slide content onto flip chart paper in advance of the Session

Session Overview:

Session Breakdown	Methodology	Approximate Time
1.1 Welcome and Registration	Trainer presentation	3 minutes
1.2 Introductions	Large group exercise	7 minutes
1.3 Workshop Objectives and Agenda	Interactive trainer presentation	5 minutes
1.4 Overview of CHW AIM Toolkit	Interactive trainer presentation and large group discussion	20 minutes
		Total: 35 minutes

Session 1: Trainer Steps and Key Information

1.1 Welcome and Registration (Trainer Presentation)

Step 1: Welcome everyone to the training and introduce yourself.

Step 2: Explain the goal of the training, which is to prepare participants to be able to lead CHW Assessment and Improvement Workshops. Explain that the training consists of discussion, interactive activities, and practice sessions to strengthen ability to plan, implement and support organization(s) to assess and improve their CHW programs.

Step 3: Ask everyone to sign the registration sheet if they have not done so already.

Step 4: Pass out materials and explain to participants how they will be used during the training. Ask participants if they had a chance to review the Facilitator's Guide and Program Functionality Matrix in advance, and what their initial thoughts were.

1.2 Introductions (Large Group Exercise)

Step 5: Facilitate an Introductory activity, starting with yourself and any co-facilitators, and then going around the room so each participant has a chance to introduce him/herself.

Key Information:

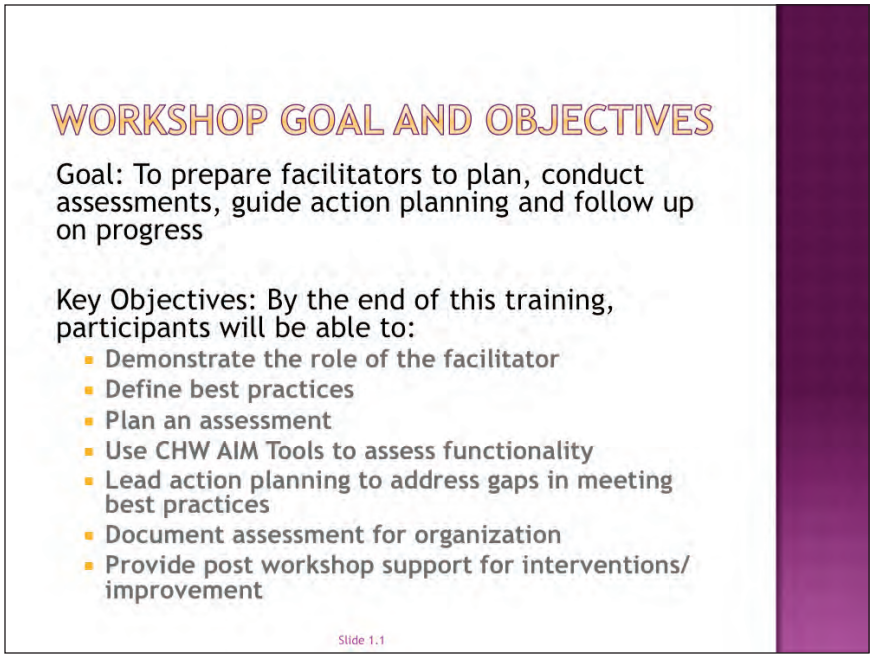
Ask participants to state their name, position, organization, and how long they have been working there. Then, choose one or more of the activities below:

- Ask participants to state 2 true things about themselves and 1 lie (not necessarily in this order). Encourage participants to be creative. The other participants should then guess which statement is the lie.
- Ask participants to choose 2 items that they have with them (such as in their bag) or that they are wearing that mean something special to them, and to briefly explain why.

Step 6: Present the workshop objectives, using Slide 1.1 or the pre-prepared flip chart. Refer participants to the first page of their packets, where the objectives are also written. Ask if there are any questions or clarifications on the learning objectives.

1.3 Workshop Objectives, Expectations, and Agenda (Interactive Trainer Presentation)

Key Information:



Step 7: Ask participants to discuss their expectations for the training and their roles facilitating CHW assessments; record responses on a flip chart. Discuss the expectations of participants after the workshop, including, as appropriate, when and where they will be conducting assessment workshops with partner organizations (or their own).

Key Information:

Align the workshop objectives with the participant expectations. Emphasize the goal of the workshop and try to cover the expectations that are relevant and suggest other ways for the participants to get additional information, including the CHW Central[2] website, which houses research, practices and policies to support CHW programs.

Step 8: Point participants to their packets or put the agenda on a flip chart and review the schedule. Be sure to include discussion of breaks and lunch, and any logistics such as transport, per diems, etc.

2 www.chwcentral.org CHW Central is a website dedicated to research, practices and policies related to community health workers.

Key Information:

Sample Workshop Agenda

8:30-9:05 Introduction and Workshop Overview

9:05- 9:50 Challenges of Supporting CHWs

9:50-10:50 Adapting the Tools

10:50-11:05 Tea Break

11:05-12:10 Preparing for the Assessment Workshop

12:10- 1:15 Conducting the Assessment

1:15-1:55 Lunch

1:55-3:10 Conducting the Assessment Continued

3:10-4:05 Providing Follow Up Support

4:05-4:25 Closing & Evaluation

Step 9: Ask participants to provide ideas for ground rules for the workshop. Write their thoughts on the flip chart and post it on a wall for general reference.

Key Information:

These suggestions will help the meeting stay on course. Suggestions include turning off cell phones, giving all members an equal opportunity to speak, respecting the comments of all and participating actively in the process.

1.4 Overview of CHW AIM Toolkit (Interactive Trainer Presentation, Large Group Discussion)

Step 10: Explain the purpose of the CHW program assessment process.

Key Information:

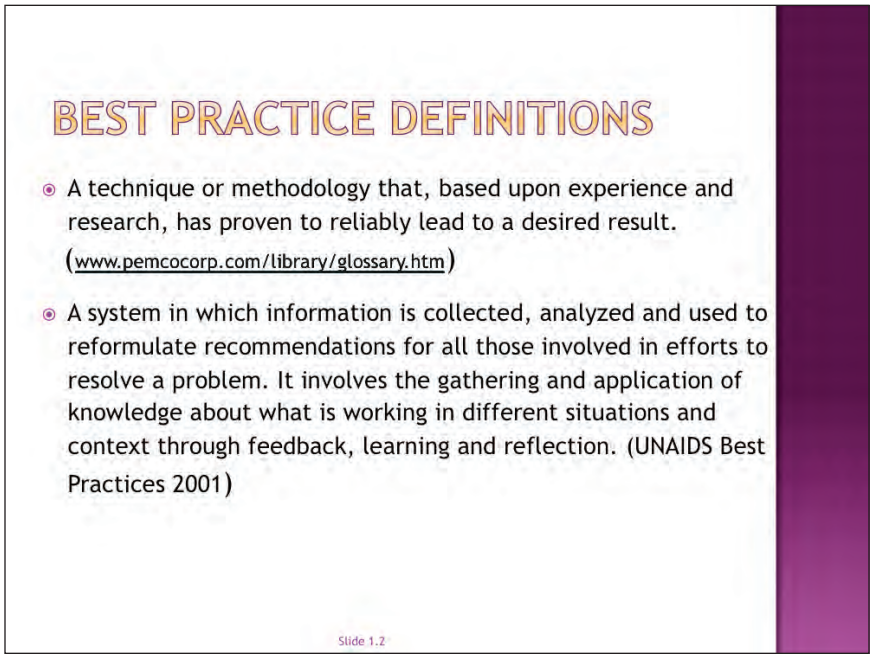
The CHW program assessment process is meant to measure functionality of CHW programs by rating the status of CHW programs against 15 proven best practices and to determine if CHWs provide services according to program and national guidelines. The assessment and action planning process help guide organizations to improve upon the areas of weakness identified during the assessment.

It is not meant to measure the performance of individual CHWs or the quality of programs. For this tool, a CHW is a health worker who performs a set of essential health services and who receives standardized training outside the formal nursing or medical curricula and has a defined role within the community and the larger health system. CHWs may be volunteers or salaried.

Step 11: Ask participants to brainstorm the definition of "best practices." Record their ideas on flip chart. Review slide 1.2 or the pre-prepared flip chart.

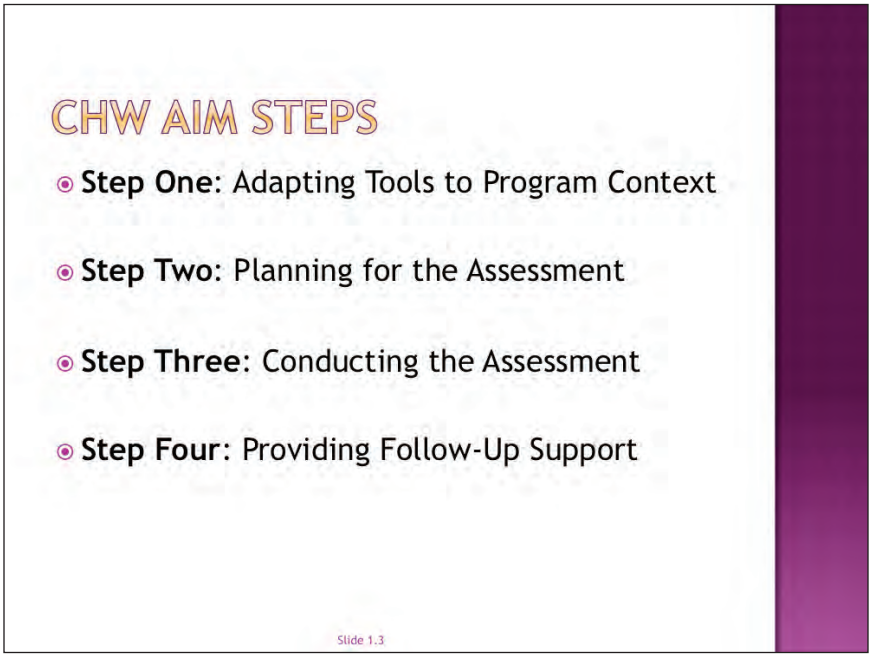
Explain that we will refer to best practices as we conduct the assessments and look for effective interventions for CHW improvement.

Key Information:



Step 12: Explain that there are 4 key steps to the assessment process, referring to Slide 1.3 or the pre-prepared flip chart.

Key Information:



Step 13: Explain that the participant packets contain all the tools needed to conduct an assessment. Review each of the tools in the packet and their purpose. Reassure participants that they will have time to learn more about each tool and practice using the tools during this training.

Key Information:

Overview of Participant Packet Contents

TOOL	PURPOSE
Facilitator's Guide	Provides guidance on how to prepare, implement and follow up an assessment.
Program Functionality Matrix	Key tool to assess program against 15 best practices.
Intervention Matrices	There are currently 3 intervention matrices: MNCH, HIV and TB which list the services clients should be counseled on, informed about, provided or referred; this list should be reviewed by the program to ensure CHWs are working within program guidelines, which should be informed by national guidelines.
Participant Selection Tool	Guidance for selecting appropriate representatives to attend the assessment.
Document Review and Checklist	Used to gather preliminary evidence of how the CHW program is run.
CHW Validation Questionnaire	Questionnaire to ascertain what CHWs do; can be used prior to the assessment or as verification post assessment.
Score and Score Documentation Worksheet	Tool for assisting assessment participants to document their ratings of current program vs. best practices, their rationale and suggestions for interventions to improve their programs list.
Functionality Score Sheet	It includes an Excel and manual template to calculate the scores on the program functionality matrix and an intervention assessment form to document the functional activities from the Intervention Matrices.
Action Plan Format	A template to assist participants to document their issues and actions for improvement, time frame for completion and responsible party.
Resources and Field Examples	An informative list of intervention examples and websites to support improvements.

Step 14: Ask participants if there are any questions on the information presented and discussions so far. Be sure to clarify any areas of uncertainty before moving to the next Session.

Session 2: Challenges of Supporting Community Health Workers

Total Session Time: 45 minutes

Session Learning Objectives:

By the end of this Session, participants will be able to:

1. Define the support needs of CHWs in delivering community level services
2. Identify common organizational challenges with CHW programs
3. Explain organizational interventions to strengthen CHW programs and CHW knowledge and skills

Materials Needed:

- Participant packets for each person
- Flip chart, flip chart stand, tape or adhesive, and color markers
- LCD projector and laptop computer (optional)
- Slide 2.1 (if no LCD projector is available, the content of this slide can be written on flip chart in advance of the session)

Work for the Trainer to do in Advance:

- Review the session materials carefully and ensure that all facilitators are comfortable with the methodologies and content
- Review the slide content. If an LCD projector and laptop computer are not available, copy the slide content onto flip chart paper in advance of the Session

Session Overview:

Session Breakdown	Methodology	Approximate Time
2.1 Overview of Session Objectives	Trainer presentation	3 minutes
2.2 CHW Challenges	Brainstorming and large group discussion	12 minutes
2.3 Organizational Challenges regarding CHWs	Brainstorming and large group discussion	12 minutes
2.4 Interventions to Improve CHW Programs	Brainstorming, large group discussion, trainer presentation	13 minutes
2.5 Session Recap	Large group discussion	5 minutes
		Total: 45 minutes

Session 2: Trainer Steps and Key Information

2.1 Overview of Session Objectives (Trainer Presentation)

Step 1: Present the Session learning objectives and explain to participants that before we discuss the assessment, it is important to understand challenges faced by CHWs and organizations as they try to provide services to the community.

2.2 CHW Challenges (Brainstorming and Large Group Discussion)

Step 2: Ask participants to reflect on their own experiences and brainstorm and discuss the following question: *What challenges do CHWs confront as they work in communities?*

Record key points of the discussion on a flip chart titled "CHW Challenges."

If needed, probe about: what issues do CHWs face in doing their job; what support needs do they have?

2.3 Organizational Challenges regarding CHWs (Brainstorming and Large Group Discussion)

Step 3: Ask participants to reflect on their own experiences and brainstorm about the following question: *What are the most common issues and challenges organizations and health facilities face when they take on community members as workers?*

Record responses on a flip chart titled "Organizational Challenges."

If needed, probe about: how CHWs are supervised, regularly supplied, trained, recognized, and retained?

2.4 Interventions to Improve CHW Programs (Brainstorming, Large Group Discussion, and Trainer Presentation)

Step 4: Based on the discussions about CHW and organizational challenges, ask participants to brainstorm and discuss key activities and interventions that could be undertaken to improve CHW programs, ensure the quality and added value of CHW services, and support CHWs to do their jobs effectively.

Record responses on a flip chart titled "Possible Interventions."

Step 5: Ask participants to discuss how each of these suggested interventions can address the challenges and build the capacity and retention of community health workers.

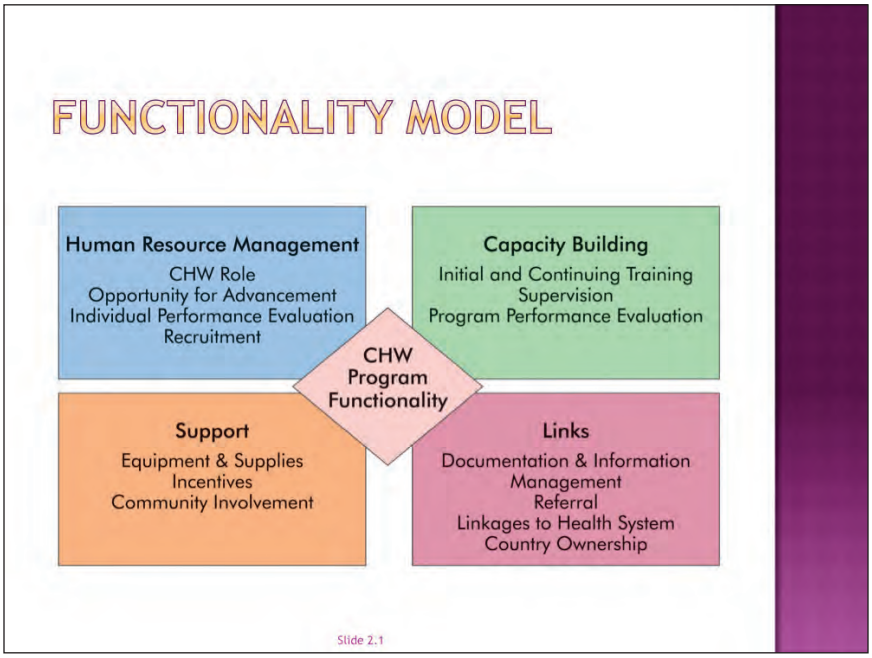
Step 6: Explain that despite examples of successful contributions of CHWs to service provision, there has not been a systematic way to assess the functionality of CHW programs.

The CHW AIM process has been developed to address that gap and to provide guidance for improvement based on internationally researched and recognized best practices.

Step 7: Show and explain Slide 2.1 or the prepared flipchart of this slide. Present the CHW Functionality Model and explain the 4 headings and information contained under each.

Ask participants to reflect on this model and explain that they will use the Program Functionality Matrix, which defines in detail all 15 components later in the training.

Key Information:



Organizations need to ensure the CHWs know their job, have the knowledge, support and equipment with which to do their job, are supported by communities, and linked to the overall health system. These are the components upon which functionality is measured. Remind them again it does not measure individual CHW performance.

2.5 Session Recap (Large Group Discussion)

Step 8: Ask if a participant will volunteer to summarize the key points of this Session. Fill in, as needed, and be sure to answer any questions before moving on to the next Session.

Session 3: Step 1: Adapting the Tools

Total Session Time: 60 minutes

Session Learning Objectives:

By the end of this Session, participants will be able to:

1. Describe how the Intervention Matrices are used
2. Present why the Intervention Matrices need to be reviewed
3. Describe the steps needed to align the matrices to program context

Materials Needed:

- Participant packets for each person
- Flip chart, flip chart stand, tape or other adhesive, and color markers
- Extra copies of the Intervention Matrices

Work for the Trainer to do in Advance:

- Review the session materials carefully and ensure that all facilitators are comfortable with the methodologies and content
- Make extra copies of the Intervention Matrix

Session Overview:

Session Breakdown	Methodology	Approximate Time
3.1 Overview of Session Objectives	Trainer presentation	3 minutes
3.2 Overview of the Intervention Matrices	Interactive trainer presentation, small group work	40 minutes
3.3 Rationale for Aligning the Tool	Interactive trainer presentation, large group discussion	5 minutes
3.4 Key Steps in the Alignment	Interactive trainer presentation, large group discussion	7 minutes
3.5 Session Recap	Large group discussion	5 minutes
		Total: 60 minutes

Session 3: Trainer Steps and Key Information

3.1 Overview of Session Objectives (Trainer Presentation)

Step 1: Present the Session learning objectives. Explain that in this Session, we will review the tools and process for aligning the Intervention Matrices.

3.2 Overview of the Intervention Matrices (Interactive Trainer Presentation, Small Group Work)

Step 2: Ask participants to turn to the MNCH Intervention Matrix (*Note that trainees may only be facilitators for one of the three services; adjust this exercise to cover in detail the service they will be using: HIV, TB or MNCH*) in their Participant Packets. Explain the interventions have been defined by USAID as those typical for a comprehensive maternal, newborn and child health program; however, CHW programs often include only some of the MNCH activities. Read the instructions and definitions of interventions. Describe the components of the tool, detailing the structure and review the definitions of the categories found in the instructions. Answer any questions about the tool before moving on.

Key Information:

Explain the matrix is divided into services, each of which has key activities, some of which are followed by tasks. The tasks and, where there are none, the activities need to be reviewed to determine if they are permitted to be conducted by CHWs based on the CHW role, the organization and/or national guidelines. The first task is to use the checklist to identify what activities are applicable and then to use that information for completing Table One. In this table, the participants need to identify how they are implemented, i.e. by counseling, providing, referring or if they are 'not done'.

Step 3: Break participants into small groups of 3 or 4. Ask each small group to review the MNCH Matrix, using their own experience/knowledge to determine if these tasks are permitted to be performed by CHWs. Ask the small groups to discuss the following question, record key points on flip chart, and prepare a 3-minute summary of their discussions.

- Which ones would they feel are not part of the CHW role as defined by their organization and national guidelines and should be marked 'not applicable'? Have them discuss their responses until they come to consensus on their decisions.

Step 4: After about 20 minutes, ask the small groups to reconvene as a large group. Ask each small group to take about 3 minutes to present the key points of their discussion to the large group.

Step 5: Ask the following questions to debrief with the large group:

- Was it difficult to come to agreement within your groups?
- What would have helped them in making their decisions? Probe for program or national guidelines, clear guidance on what CHWs do, etc.

Step 6: Ask the same small groups to review the HIV and TB Matrices; point out that the interventions change to "provide", "refer", "inform about", "not applicable" and "not done." Use the instructions to discuss the definition of each category. They should check only the tasks they feel are not part of the CHW role as per their own experience. The groups can then share their findings. PLEASE NOTE: If the trainees will only work with one Service, e.g. MNCH, it is not necessary to review the other two Services, i.e. HIV and TB.

Step 7: Summarize by stating the Intervention Matrix along with the Program Functionality Matrix are used to assess a program's functionality. Everyone from CHWs to program managers and stakeholders will have a chance to review the matrix; this requires agreement on the tasks performed by the CHWs, identifying those not applicable and noting how they are provided. For an activity to be functional no task can be listed as 'Not Done', one of the other interventions or 'not applicable' must be marked for all tasks under a single activity. If they meet those requirements, the activity is considered functional. The facilitator's role is to explain the process and assist participants to come to consensus on their decisions.

3.3 Rationale for Aligning the Tool (Interactive Trainer Presentation, Large Group Discussion)

Step 8: Ask why it is important to align the materials in different settings, and according to program or national guidelines.

If needed, probe for: tools are generic, to learn if CHWs are doing tasks that they are permitted to do and are doing all the tasks they should do, accuracy of functionality assessment, to gain support from the MOH district or other stakeholders for the process and action planning.

3.4 Key Steps in the Alignment Process (Interactive Trainer Presentation, Large Group Discussion)

Step 9: Discuss the following steps to assist the process.

Key Information:

Identify which Matrix is needed: Contact the organization to see if MNCH, HIV/AIDS and/or TB services are provided through the CHW program. Make copies of the appropriate tool for the review.

Gather documentation: The facilitator will need to review documentation from the organization regarding the responsibilities of the CHW; this will include job descriptions, CHW program and national guidelines, to guide the discussion around the tasks in the matrices.

Determine need for translation: Explain if there are many languages used, it may be necessary to translate the tool into a commonly used local language. It may be possible to use interpreters if language only affects a few participants.

Organize a team: It is best to review the Matrices prior to the assessment workshop to save time at the workshop. The exercise can take place two weeks before, at the pre-assessment meeting or the day before the assessment workshop. The team should include a subset of program managers and supervisors, DHMT representatives and CHWs. If it has to be done at the assessment workshop, all should participate.

Introduce the tool to Stakeholders: To gather support for the final action plan, it is helpful to share the tool with local Ministry representatives and implementing partners.

3.5 Session Recap (Large Group Discussion)

Step 10: Ask if a participant will volunteer to summarize the key points of this Session. Fill in, as needed, and be sure to answer any questions before moving on to the next Session.

Session 4: Step 2: Planning the Assessment Workshop

Total Session Time: 65 minutes

Session Learning Objectives:

By the end of this Session, participants will be able to:

1. Describe and carry out the steps to prepare for the assessment workshop
2. Understand and use the pre-assessment tools: Participation Selection Form, Comprehensive Document Review guide and Checklist, CHW AIM Validation Questionnaire

Materials Needed:

- Participant packets for each person
- Flip chart, flip chart stand, tape or adhesive, and color markers
- LCD projector and laptop computer (optional)
- Slides 4.1-4.2
- Observer Feedback Response copies

Work for the Trainer to do in Advance:

- Review the session materials, including the preparation checklist in the Facilitator's Guide, carefully and ensure that any co-facilitators are comfortable with the methodologies and content
- Review the slide content. If an LCD projector and laptop computer are not available, copy the slide content onto flip chart paper in advance of the Session

Session Overview:

Session Breakdown	Methodology	Approximate Time
4.1 Overview of Session Objectives	Trainer presentation	3 minutes
4.2 Preparing for the Assessment Workshop	Interactive trainer presentation, large group discussion, exercise	37 minutes
4.3 Using the Intervention Matrix and CHW Validation Questionnaire	Interactive trainer presentation, role play in small groups, large group discussion	20 minutes
4.4 Session Recap	Large group discussion	5 minutes
		Total: 65 minutes

Session 4: Trainer's Steps and Key Information

4.1 Overview of Session Objectives (Trainer Presentation)

Step 1: Present the Session learning objectives. Explain that in this Session, we will review the key steps and documents used to prepare for the assessment workshops and the timeline.

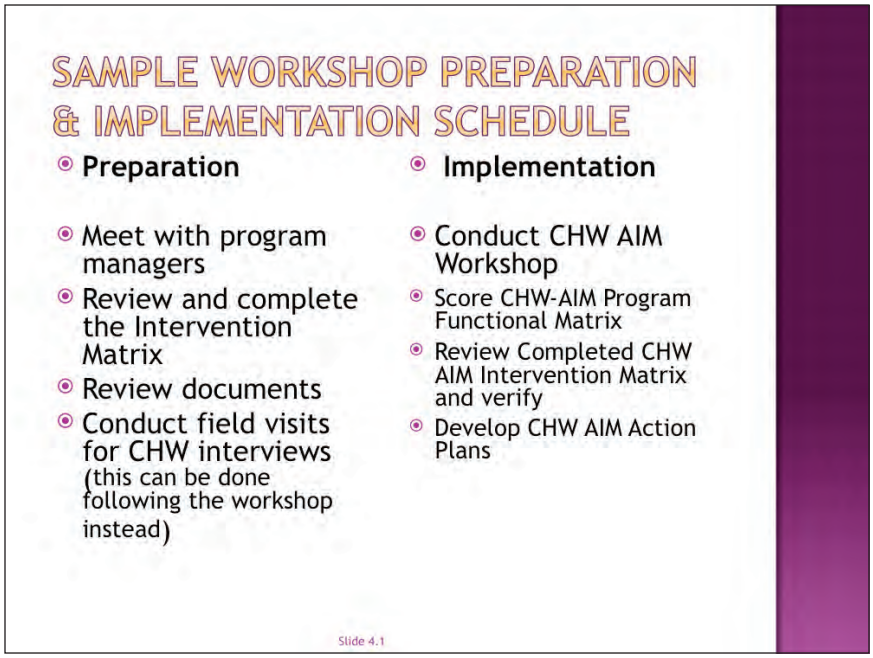
4.2 Preparing for the Assessment Workshop (Interactive Trainer Presentation, Large Group Discussion)

Step 2: Explain it is helpful to start planning about three weeks prior to the assessment to ensure all the steps in preparing for the assessment workshops can be accomplished. Ask participants to turn to the Preparation Checklist in the Facilitator's Guide so the tasks can be reviewed.

Key Information:

There are four distinct activities that need to be completed in advance of the workshop: planning, organizing pre-assessment visits and potentially site visits as well as preparing for the assessment workshop. There are tools in the appendix section to correspond to key tasks and the Facilitator's Guide provides guidance on all steps.

Step 3: To give context to the planning, review slide 4.1, the sample workshop preparation schedule, either on a flip chart or projector. Explain that it is flexible, but many activities should take place well in advance of the workshop.



Step 4: Review each of the key preparation steps under planning, allowing time for participants to ask questions and discuss each step as needed.

Discuss the relevance of the step to the actual assessment. State they will need to set up a meeting with the NGO(s) or other organizations prior to the workshop with an agenda stating all activities to be completed, people to be seen and documents to review.

Ask them to turn to Appendix A1 (Participant Selection Form) and A2 (Comprehensive Document Review) and explain how they are used.

Key Information:

It is assumed that the participating organizations, either NGOs or governmental, have been selected. The first step of the facilitator is to initiate contact with the organization to set up a time for the assessment and a preliminary meeting to discuss the process/schedule, selection of participants, invitations and to review documentation. Help the participants to think about an agenda for the meeting and determine if they can conduct the Intervention Matrix in the same meeting. Several forms (A1 and A2) will be introduced at the first meeting. It should be set up at least 2-3 weeks before the actual assessment to allow completion of all tasks. If it is not possible for a pre-assessment visit, ask the organization(s) to send the documents needed for the comprehensive document review before the assessment so facilitators can familiarize themselves and the DHMT or other invitees with the organization's systems and allow time the day prior to the assessment workshop to complete the Intervention Matrix.

Step 5: Ask participants to turn to the Participant Selection Form and spend a few minutes reading through the instructions and suggested representatives. Explain that this form should be given to the organization so they can identify appropriate participants. The role of the facilitator is to help program managers create a mix of people at the implementation, supervision and management level and help in sending out invitations.

Present slide 4.2 (or the pre-prepared flip chart) as a sample. Lead a discussion about the role of the various participants in helping the assessment or action planning process. In summary, remind participants that CHWs are an important part of the assessment workshops; they help shape the dialogue about the strengths and weaknesses of the CHW program.

Key Information:

Step 6: Ask participants to turn to Appendix A2: Comprehensive Document Review Guide. Explain this document is intended to obtain preliminary information on the organization's policies and procedures. This aids the facilitator during the assessment and the scoring process. Ask them to read through the instructions and tool. Ask if they have questions.

Key Information:

Give them an opportunity to practice using the checklist. Tell them to think about what documentation or information would help answer the question. *For example in recruitment, one may look for specific criteria for selecting CHWs, and a description of how the community participates in the selection.* Pick some questions from the form and select a few participants to speak to the group as if the group was made of participants at the assessment and to explain the purpose of the tool, pose the question and ask for any supporting documentation/evidence. Have the group give feedback about clarity, attitude, and appropriate documentation, etc.

Step 7: Ask them to comment on how they will use the information. Probe, as needed, about guiding decision making on ratings and interventions. Assist consensus building where there are differences of opinion during the workshop. Tell them the comment section on the form should be used to note how close the material approximates the definition of the best practice in the Program Functionality Matrix.

Key Information:

The Documentation Review is divided into two parts:

a) Review the actual documents to see what is in place for the CHW program.

b) Summarize the presence of the material and provide room for note-taking on whether it meets the best practice definition.

Facilitators should review all of the documents collected from the organization. The findings from the Documentation Review Guide should be shared with the other participating stakeholder invitees prior to the assessment so all have the same information.

4.3 Using the Intervention Matrix and Validation Questionnaire (Interactive Trainer Presentation, Role Plays in Small Groups, Large Group Discussion)

Step 8: Explain that is more efficient to complete the Intervention Matrix with participation of approximately five people, for example, program managers and CHWs and supervisors, during the preparatory program visit. This should be explained in the first call so that the right people are present at the meeting and the correct Matrix and number of copies are brought and time is included in the visit agenda.

At the review, provide a brief overview of the purpose of the assessment, and have all read/discuss the instructions. Clarify anything unclear.

Key Information:

Normally the CHW program is only providing services in one of the currently three intervention lists. Guide them to use their experience and understanding of the program to determine what CHWs do and how, e.g. do they provide/counsel, inform or refer, or it is not done or not applicable. The completed form should be taken back for review by all participants at the assessment workshop.

Step 9: Ask participants to turn to the CHW Validation Questionnaire and spend a few minutes reading through it. Then, explain why the CHW Validation Questionnaire was developed and how facilitators should use it. Explain it can be conducted prior to or after the assessment. If done in advance, it gives facilitators more information to assist the scoring and action planning process; if done after the assessment, it validates the action plan and scores, leading to acceptance or changes.

Step 10: Break participants into small groups of 5 participants each. Have the small group assign 1 person to play the role of the facilitator, 3 people the role of CHWs, and 1 person the role of observer.

Ask each small group to role play conducting the CHW Validation exercise, each playing their specific role. The person playing the role of the facilitator should explain the reason he/she is there and the purpose of this activity and emphasize it is a program assessment and not an assessment of individual CHWs. The facilitator should ask the first 7 questions on the Validation Questionnaire of the CHWs.

The person assigned to be the observer should use the checklist below to guide his/her observations.

As time allows, small group participants can switch roles so that, ideally, each person has a chance to play the role of the facilitator.

Key Information:

Observer Feedback Response Sheet (Session 4)

Performance	Y	N	Comment
Did the facilitator explain so that the CHWs understood their task?			
Did the facilitator reassure the CHW that this is not an individual assessment of his/her performance?			
Did the facilitator encourage questions from the CHWs?			
Did the facilitator maintain eye contact?			
Did the facilitator speak directly to the CHWs?			
Did the facilitator speak clearly?			
Did the facilitator show respect?			
Did the facilitator give the CHWs enough time to make a decision?			
Did the facilitator thank the CHWs for their time?			

Step 11: Bring the large group back together and debrief the activity. Use these questions to guide the discussion:

- What were your general observations about the way the facilitators conducted the activity?
- For those that had a chance to facilitate, what were your experiences? What was easy or difficult? How effective do you think you were? What would you improve next time?
- For those playing the roles of CHWs, what were your experiences? Do you think the facilitator explained the purpose of the activity well? Did you feel comfortable talking openly and honestly? Did you feel respected? What could the facilitator have done better?
- For those playing the role of observer, what were your observations? What did the facilitators do well? What suggestions do you have for improvement?

Ask if there are any questions about using the CHW Validation Questionnaire before moving on.

4.4 Session Recap (Large Group Discussion)

Step 12: Ask if a participant will volunteer to summarize the key points of this Session. Fill in, as needed, and be sure to answer any questions before moving on to the next Session.

Session 5: Step 3: Conducting the Assessment Workshop

Total Session Time: 140 minutes

Session Learning Objectives:

By the end of this Session, participants will be able to:

1. Learn and master the steps involved in leading an assessment workshop
2. Describe the role of a facilitator
3. Define and score functionality
4. Guide the action planning process
5. Prepare group leaders

Materials Needed:

- Participant packets for each person
- Flip chart, flip chart stand, tape or adhesive, and color markers
- LCD projector and laptop computer – (Excel Score Sheet and Action Plan downloaded)
- Slide 5.1
- Observer Feedback Response copies
- Case Study Materials:
  - Completed Score and Score Rationale Documentation Worksheet
  - CHW Validation Questionnaire
  - Completed HIV Intervention Matrix
  - Additional copies of the Score and Score Rational Documentation Worksheet (A4), the Action Plan Framework (A5) and Program Functionality Score Sheets (A6)

Work for the Trainer to do in Advance:

- Review the session materials carefully and ensure that all facilitators are comfortable with the methodologies and content
- Review the slide content. If an LCD projector and laptop computer are not available, copy the slide content onto flip chart paper in advance of the Session
- if no LCD projector is available, the content of the slide should be written on the flip chart in advance of the session

Session Overview:

Session Breakdown	Methodology	Approximate Timing
5.1 Overview of Session Objectives	Trainer Presentation	5 minutes
5.2 Facilitation Skills	Interactive Trainer Presentation, Large Group Discussion	15 minutes
5.3 Using the Program Functionality Matrix	Interactive Trainer Presentation, Small Group Activity, Role Play, Large Group Discussion	60 minutes
5.4 Using the Intervention Matrix	Interactive Trainer Presentation, Small Group Activity	10 minutes
5.5 Action Planning	Interactive Trainer Presentation, Role Play, Interactive Trainer Presentation, Role Play, Large Group Discussion	30 minutes
5.6 Program Functionality Scoring	Interactive Trainer Presentation,	10 minutes
5.7 Small Group Leaders	Interactive Trainer Presentation	5 minutes
5.8 Session Recap	Participant Presentation	5 minutes
		Total: 140 minutes

Session 5: Trainer's Steps and Key Information

5.1 Overview of the Session Objectives (Trainer Presentation)

Step 1: Review the objectives and explain that in this session, we will learn about and actually practice facilitating the assessment. The workshop is meant to be participatory and interactive, allowing all a voice in the process.

5.2 Facilitation Skills (Interactive Trainer Presentation, Large Group Discussion)

Step 2: In this workshop, you are being asked to be a facilitator. Ask for suggestions on the difference between a trainer and a facilitator. Ask participants what strategies they have used for encouraging participant involvement and managing conflict or decision making. Finally explain during this session, we will use some of these techniques.

Key Information:

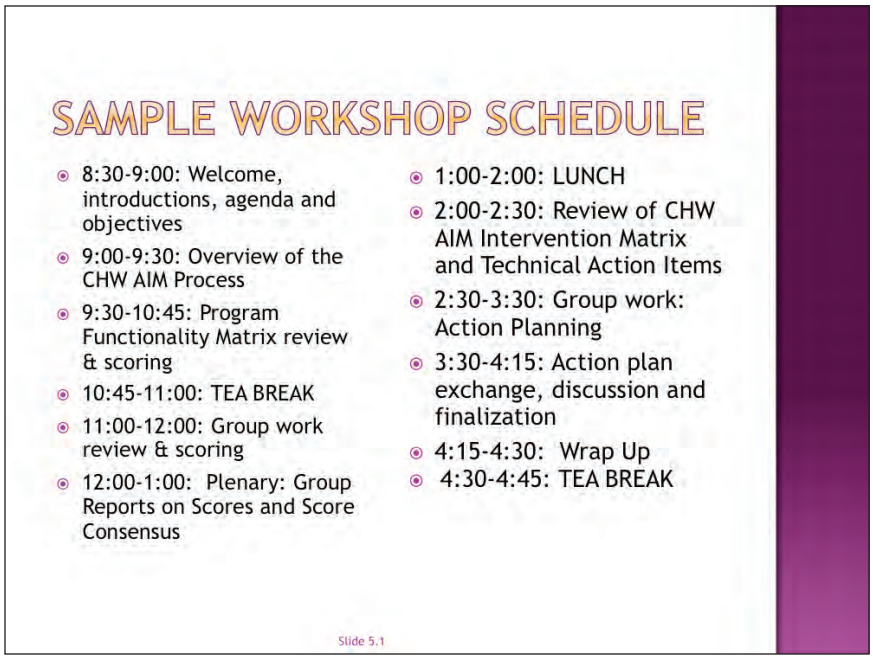
A trainer imparts knowledge and builds skill. A facilitator has to be objective as s/he plans, guides and manages the group process. This means he helps the group meet objectives by creating an atmosphere that encourages participation and facilitates the flow of ideas, solutions and decisions.

Good facilitation tactics: Focus on the outcome with a) a clear agenda; b) techniques such as active listening, open-ended questions, reaching out to quiet participants, and recognizing contributions; c) varying activities by using brainstorming, role plays, and icebreakers; d) consensus building through review of evidence, prioritization and voting exercises; and e) interventions to keep the participants on target: limit side conversations, re-start stalled discussions and derail domineering personalities.

Step 3: Ask them to turn to the agenda in their Facilitator's Guide and/or show slide 5.1 to present the workshop agenda. Demonstrate how to introduce the workshop. (*In the actual setting, the facilitator will have to make any adjustments to the time/agenda based on local needs.*)

Key Information:

Conduct the introduction as if you at an actual assessment to model the approach to the participants. Introduce yourself and warmly welcome the participants, state: "the objective of the workshop is to help your organization(s) assess their current CHW program against acknowledged best practices and to develop an action plan to address any areas where the score shows weaknesses. " Ask the group to introduce themselves and their position. Tell them, "The workshop should be completed in one day. During that time we will review the CHW AIM assessment process, use the Program Functionality Matrix to learn about best practices, have all participate in scoring and brainstorm actions to take to improve performance. In the end, your organization will have a better understanding of its strengths and weaknesses and an action plan to guide improvement." Review the steps and remind them that the approach is participatory and interactive; all are encouraged to participate.



5.3 Program Functionality Matrix (Interactive Trainer Presentation, Role Play, Large Group Discussion)

Step 4: Tell the participants "we will now practice using the process from assessment to action planning so you can learn how an assessment is done and how to lead one at the same time". Ask participants to turn to the Program Functionality Matrix (Part II). Explain the layout of the tool – starting with the definition and how that the definition is further broken down into criteria that helps the participants see where their program fits along the scale of functionality: from non-functional (0) to functional (3). Tell them to use the completed sample Comprehensive Document Review Guide and Checklist for CHW Programs beginning on page 32 and the CHW Validation Questionnaire beginning on page 36. Take time to review the information it provides.

Key Information:

Provide the completed Score and Score Rationale Documentation Worksheet and CHW Validation Questionnaire. Participants will work in small groups to assess their program against the best practice using the information from the completed samples. During the discussion they will write their rationale for choosing a score and actions that may improve the score on the Appendix A4: Scores and Score Rational Documentation Worksheet.

Step 5: Tell them we will conduct a mock assessment – similar to how they will do it in reality. Assign each of them a role: CHW, CHW manager, program manager, DHMT; depending on the number of participants, there can be 2 or 3 selected for each category of staff. Ask them as we conduct the exercises to think of themselves in their assigned role. Ask a participant to read the first definition: recruitment; ask the participants to discuss how their organization handles recruitment now (using information from the sample completed A1 and A2 documents.) Allow discussion and then read the criteria in each column of the Program Functionality Matrix to decide where they fall along the continuum. Encourage participation from all. Ask them to decide on a score, their rationale and the actions they want to include. Ask each person to state their score and put it on a flip chart. If there is disagreement, ask the outliers to explain their rationale. Continue until there is agreement. Have them document the final score, rationale and suggested actions on the Score and Score Documentation Worksheet.

Step 6: Once finished, ask if there any questions or probe: Did they stay in role – did all feel comfortable talking? Did they understand the criteria in each column? Was it easy or difficult to get consensus? What did they think about the task of identifying improvement actions? What was the benefit of having different cadre present?

Key Information:

Relate their responses to the assessment, a variety of input from different types of staff adds new information and views, helping to identify issues and solutions.

Step 7: Tell them to stay in role to practice action planning. Ask what is the purpose of action planning and recognize contributions. Summarize by stating it is a road map for organizations to improve. Ask them to take out the action plan framework from their packets and discuss the format and instructions. Review the sample action plan as an example. Also refer them to A7, the Resources and Field Example Appendix and its purpose.

Using the action plan framework, have them state what issue(s) was raised in recruitment, what activities were suggested to improve the score and what resources would be needed to make this happen and what indicator would they use to measure success and note it on the format (best if you can do so on the laptop).

After completing that activity, ask if they feel comfortable about action planning or if they have any remaining questions. Take time to respond to any questions.

Key Information:

The best practice column is the ideal, but there are steps to take to reach that level. Show how Appendix A7 can assist by suggesting effective and proven interventions. Help them to identify the issue in clear terms so the interventions respond to the need and help them get to the next level. Most interventions can be implemented at the program level but some may require external assistance, which is why having representatives form DHMT or partner can be helpful.

Step 8: Explain the next activity is meant to give all a chance to practice the steps as a participant and a facilitator. Tell them to keep in role and ask all playing CHWs, supervisors, program managers, and DHMT to sit separately. Ask each cadre to count themselves as 1 and 2 and then ask all the 1's to go into one group and 2's into another. This keeps the groups fully integrated. Appoint/or ask for a volunteer to be a leader for each group and a secretary to take notes on the Score and Score Rationale Documentation worksheet (A4). Explain now they will do the same exercise in small groups. Ask group 1 to discuss and complete the score and score rational documentation worksheet for Initial Training and Documentation; ask group 2 to do Incentives and Community Involvement. Tell them the facilitator and secretary should change for the second component to give more people a chance to facilitate. Provide feedback sheets to all and ask them to note their comments.

Key Information

The Documentation Worksheet (A2) provides enough information for this task; participants can supplement from their own experience when thinking about actions necessary to improve the components. Give them 30 minutes to complete the exercise, but ask them to change to the second component after 15 minutes. The facilitators should be reminded to encourage discussion from all participants, keep the exercise moving, help participants reach consensus and provide rationale and actions for improvement. The secretary should note down the consensus score, rationale and actions. You should roam the room to offer help as needed, particularly if there are bottlenecks in decision making. Provide each person with a Feedback Response Sheet.

Step 9: Ask the secretary(s) to present the final scores, rationale and actions for each group. The other group should be encouraged to ask questions and if necessary challenge the score. Give them time to reach agreement.

Step 10: Ask the group how they felt about the process: did it offer rich discussions and was reaching agreement difficult? Ask the participants to provide feedback to the facilitators and secretaries using the feedback form.

Key Information:

Observer Feedback Response Sheet (Session 5)

Performance	Y	N	Comments
Did the facilitator explain so that all understood their task?			
Did the facilitator encourage discussion?			
Did the facilitator help them come to consensus?			
Did the facilitator give enough time for discussion and decision making?			
Did the facilitator/secretary maintain eye contact?			
Did the facilitator/secretary speak clearly?			
Did the facilitator/secretary show respect?			

Step 11: Explain they have now addressed 5 of 15 components, we will now look at the remaining 10 components to review the definition and the best practice. Rotate reading of the remaining component definitions among participants. Ask the reader to describe how their organization addresses this component now and what score they would assign based on the description of the levels: 0-3. Others can ask questions or provide suggestions. The facilitator should mark the score on the score sheet. Talk about the best practice and interventions to help the organization reach the next level.

5.4 Intervention Matrix (Interactive Trainer Presentation, Small Group and Large Group Activities)

Step 12: Hand out the completed HIV Matrix, found on page 40. Create two small groups to review it. Remind them of the definition of functionality on the intervention matrix. Ask them to determine if a) there are any functional activities and b) an HIV intervention to be added to the action plan. Ask the groups to share their findings in plenary. Note the interventions on the Score Rationale Worksheet and record the functional activities for the scoring exercise.

5.5 Action Planning (Interactive Trainer Presentation, Role Play, Small and Large Group Discussion)

Step 13: Hand out blank copies of the Action Plan Framework. Ask the participants to resume the groups used for the assessment but to appoint a new facilitator and secretary to complete the action plan. Explain the facilitator's role is to help the group use their rationale statements and action items to complete the action plan. This involves clearly defining the issue, the action, who is responsible, the priority and timeframe. The secretary should record the information on their action plan framework (this works best if completed on the laptop). Ask the secretary to read the group's responses and put the information on the action plan framework which should be displayed on the projector. If no projector is available, replicate the action plan on a flip chart. The groups should review each other's suggested actions and give feedback or suggestions on the issue/interventions. Remind them to add any actions identified from the HIV Intervention Matrix.

Step 14: Ask the participants to give feedback using the Feedback Form to the facilitator for the action planning exercise

5.6 Program Functionality Scoring (Interactive Trainer Presentation, Large Group Discussion)

Step 15: Ask the group to take out the Program Functionality Score Sheet. Explain the sheet can be completed in Excel or manually. The facilitator simply enters the score for each component on the sheet and the Excel program calculates the cumulative score. The criteria for a functional CHW program is a 2 in every component, leading to a cumulative score of at least 30. If any component scores less than 2, the program cannot be called functional. Demonstrate by putting the scores for each component on the Excel form – using the 5 completed earlier and 10 just scored.

Step 16: Explain the second criteria for functionality is to have at least one activity be functional in the intervention matrix. Put the form on the projector and have them state which areas, if any, were functional on the HIV intervention list. Remember tasks or activities noted as 'Not Applicable' can still be functional as long as no task is checked "Not Done".

Key Information:

Remind them that if the program is functional, then all CHWs within the program are considered functional. This does not describe the quality of the program, but whether the services are accessible and the components are addressed. State functionality does not mean the best practice status has been reached, so it is important to note interventions that lead to improvement.

5.7 Small Group Facilitators

Step 17: Explain that to run simultaneous groups, it is helpful to prepare individuals to be Small Group Leaders. Normally they can come from the organization, but they should be oriented particularly to Session 5 so they support the assessment, action planning and scoring. As the chief facilitator, you will be there to assist. The potential leaders should be trained in advance as part of assessment workshop preparation activities.

Key Information:

An Assessment Workshop generally consists of between 15 and 25 participants; during small group sessions 5-7 people are organized to assess and action plan. The facilitator will need to identify and train these leaders as to their role prior to the workshop. The facilitator and training guide will assist in this process.

5.8 Session Recap (Large Group Discussion)

Step 18: Ask if a participant will volunteer to summarize the key points of this Session. Fill in, as needed, and be sure to answer any questions before moving on to the next Session.

Tools for Completing Exercises in 5.3 Program Functionality Matrix (Step 3) and 5.4 Intervention Matrix (Step 12)

COMPLETED Comprehensive Review Guide and Checklist for CHW Programs (Session 5.3, Step 3)

1. Recruitment of CHWs		
Does the program have written guidelines for recruiting CHWs?	Yes ✓ No ___	Comments: They lack specific criteria for selection
2. Role of CHWs		
Does the program have written guidelines describing the role of CHWs	Yes ___ No ✓	Comments: there is no clear guidance
Do written job descriptions exist for CHWs?	Yes ✓ No ___	Comments: although written, specific tasks are not documented
Is their role and task(s) clearly understood within the community?	Yes ✓ No ___	Comments: The community knows they provide guidance and support but sometimes asks for things/ advice CHW does not have/know
3. Initial Training		
Are there program records that track how many CHWs have received initial training?	Yes ✓ No ___	Comments:
Are there written guidelines that specify what topics should be covered during training?	Yes ✓ No ___	Comments: The national curriculum is used.
According to the program, is there a specific time period during which a CHW should receive initial training?	Yes ___ No ✓	Comments: they try to do it within 3 months but it is not documented and timing varies.
4. Continuous Training		
Are there program records that track how many CHWs have received training?	Yes ✓ No ___	Comments:
Are there written guidelines on how to select CHWs for continuous training?	Yes ___ No ✓	Comments: it is haphazard.
According to the program, is there a specific time period during which a CHW should receive continuing training?	Yes ___ No ✓	Comments: Sometimes they join trainings designed for other staff.

5. Equipment and Supplies		
Does a system exist for CHWs to regularly order equipment and supplies?	Yes ✓ No ___	Comments:
Are there written guidelines to determine what equipment and supplies CHWs need to deliver services?	Yes ___ No ✓	Comments: Based on demand
6. Supervision		
Are there program guidelines that specify how often supervision visits take place?	Yes ___ No ✓	Comments:
Are there guidelines that specify who should supervise CHWs?	Yes ✓ No ___	Comments:
Are there written guidelines to determine what should take place during a supervision visit?	Yes ___ No ✓	Comments: Generally re-supply is conducted
Do supervision checklists or any other supervision tools exist to help guide supervisors?	Yes ___ No ✓	Comments:
7. Individual Performance Evaluation		
Is there a process for conducting individual performance evaluations for CHWs?	Yes ✓ No ___	Comments: It is not documented but they do give feedback.
Does the process include community feedback?	Yes ___ No ✓	Comments:
8. Incentives		
According to program documents, are any financial or non-financial incentives provided to CHWs by the program?	Yes ✓ No ___	Comments: transport
According to program documents, are any financial or non-financial incentives provided to CHWs by the MOH?	Yes ___ No ✓	Comments:
Are incentives provided based on good performance?	Yes ✓ No ___	Comments: Yes, but it is not clearly documented what the criteria is, who identifies CHW or makes the decisions about recognition
9. Community Involvement		
Does the community play a role in supporting CHWs, (i.e. defining roles, providing feedback, providing incentives)?	Yes ✓ No ___	Comments: They contribute through DATF meetings.

10. Referral System		
Is there a process that CHWs follow to determine when a referral is needed?	Yes ✓ No ___	Comments:
Are formal referral slips used by CHWs?	Yes ✓ No ___	Comments:
Is there an established logistics plan for emergencies in the community?	Yes ___ No ✓	Comments:
Is there a system for the health center to provide CHWs with information about the patient once the referral has been made?	Yes ✓ No ___	Comments: Form has a tear off section for feedback, although it is not always used.
11. Opportunity for Advancement		
Are advancement opportunities for CHWs offered by the program?	Yes ___ No ✓	Comments:
If opportunities do exist, is there a process to inform CHWs of them?	Yes ___ No ___	Comments:
Are there clear guidelines for criteria for advancement?	Yes ___ No ___	Comments:
12. Documentation and Information Management		
Do CHWs have a notebook or other method for documenting their home visits consistently and for recording other data?	Yes ✓ No ___	Comments: They note date and information about patient/client status.
Do supervisors monitor the quality of documents and provide assistance when needed?	Yes ___ No ✓	Comments:
Is there a process for the supervisor or referral facility to work with CHWs to use data for solving problems?	Yes ___ No ✓	Comments:
13. Linkages to Health System		
Does the health system support any of the following: training, supervision, referral, logistics, incentives, advancement and/or use of data?	Yes ✓ No ___	Comments (Describe the type of support): MOH provides national training guidance and sometimes invites CHWs to training but does not require data, provide incentives or advancement opportunities or supplies.

14. Program Performance Evaluation		
Are CHW activities (can be a sample) evaluated based on program targets, objectives, and indicators?	Yes ___ No ✓	Comments:
Is there a systematic process for conducting program performance evaluations?	Yes ___ No ✓	Comments:
Is there a process to provide feedback to CHWs based on the evaluation?	Yes ___ No ✓	Comments:
15. Country Ownership		
Do national policies exist regarding the role of CHWs?	Yes ✓ No ___	Comments: They define the role of government CHWs which help programs as well.
Does the health system play a role in supervising, training and/or supporting CHWs?	Yes ✓ No ___	Comments: training only
Is there an authorized budgetary line item in the health sector's budget to financially support the CHW program?	Yes ___ No ✓	Comments:

COMPLETED CHW AIM Validation Questionnaire (Session 5.3, Step 3)

Type/title of Community Health Worker (CHW) ____*OVC Supporter*_____ Date *Jan 2011*

1. How long have you worked as a CHW? _____*12*_____ Months

2. Were you recruited to be a CHW by:
   (Check all that apply)
   1. The community _____
   2. The government _____
   3. NGO/CBO ✓
   4. Other (please explain) _____
   _____

3. Please describe how you were recruited.
   Responded to newspaper announcement

4. How were you assigned to the community(s) in which you currently work?
   It is my community and those nearby

5. Do you know what you are expected to do as a CHW? Yes✓ No

6. Please describe the key tasks for which you are responsible.
   Providing information on HIV prevention to families and at major events; providing condoms and encouraging people to go for counseling and testing; working with OVC and their caregivers, helping them with nutrition information and linking them to sources of food supplies; ensuring orphans get enrolled in school and keeping records on my activities

7. Do you feel that what you do as a CHW meets the expectations of the community? Yes No✓
   Sometimes they need food, money or transport or health care that I can't provide

8. Please describe the initial training you received to prepare you for your role as a CHW.
   Date ____*April 2009*_____
   Duration ____*2*_____ days
   Topics covered: *HIV, counseling, OVC care and record keeping*

9. Please describe any additional training (refresher/ongoing training) you have received to help you fulfill your role as a CHW. *NONE*

Date	Duration (days)	Topics Covered

10. If you haven't received any ongoing training, please explain...

So far no training has been offered

11. Do you have the supplies and equipment you need to provide the services you are expected to deliver? *Most of the time* Yes No

12. If you have experienced shortages or stockouts of supplies, please provide the following information about the commodity or commodities.

Commodity	Stockout in the last six months (Y/N)	Stockout Duration (weeks)	Remarks

13. How do you get more supplies?

1. How often do you get them? Every __*two months*_____
2. What form(s) do you use? ___*no forms; I tell the supervisor*_____
3. How do you get the form(s) and to whom do you submit them? ___*X*_____

14. Who is your supervisor? Name: ___*Mary*_____

Title: ___*Program Officer*_____

15. How often does your supervisor visit you?

1. More than once a month _____
2. Once a month _____
3. Once in three months ✓
4. Once in six months _____
5. Less than once in six months _____

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

Activity	Done (Y/N)	Example
Observation of service delivery	*No*	
Coaching and skills development	*No*	
Trouble shooting, problem solving	*Sometimes*	
Record Review	*Yes*	
Supply check	*Yes*	

17. Have you received a formal evaluation of your work in the last 12 months? Yes No✓

18. If yes:

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

19. Does the community you work in provide you with any of the following?

Activity	Done (Y/N)	Example
Feedback	*No*	
Support (financial/gifts in kind)	*No*	
Formal recognition/appreciation	*No*	
Guidance on your work	*No*	

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

21. Do you complete a referral form for the client to take to the facility? Yes No✓

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

NONE

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

NONE

24. Do you have opportunities for promotion or professional advancement through the CHW program? Yes No✓

25. If yes, please describe them.

26. Do you compile reports on your clients? Yes✓ No

If yes:

1. What do you include in the reports? ___*# of visits, to whom and dates; whether the OVC are in school, whether they are on meds and have enough medication, whether the care giver needs more information or guidance, and any health problems*_____
2. To whom do you submit the reports? ___*supervisor*_____
3. How do you use the information you collect? ___*I don't use the full report just my notebook*_____
4. How does the program use the information you collect? __*don't know*_____
5. Are reports shared with the community? ___*not that I know of*_____

27. Do you compile information from your record books into monthly or quarterly reports? Yes No

Some of it

28. Are compiled results shared with you and other CHWs? Yes No✓

29. Are reports or information about the program and its results shared with the community? Yes No✓

30. What are your biggest challenges as a CHW?

Having enough time and transport to reach families and schools

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

Transport allowance, more feedback on how I am doing, more time to talk to other CHWs

COMPLETED HIV Intervention Matrix (Session 5.4, Step 12)

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

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	**Provide**	**Refer**	**Inform About**	**Not applicable**	**Not done**	**COMMENTS**
I.	**HIV Prevention**						
a.	**Education and health promotion campaign**						
	Educational and mass literacy activities	X					
	Community mobilization activities and campaigns	X					
	HIV/AIDS awareness event organization	X					
	Condom promotion and counseling	X					
b.	**Counseling and Testing**						
	Pre-test and post-test counseling	X					
	Couple counseling including counseling for discordant couples		X				
	Rapid testing with same-day results interpretation		X				
	Risk-reduction counseling		X				
	Prevention with positives counseling	X					
	Stigma and discrimination counseling	X					
	Counseling on gender-related issues	X					
	Counseling on intravenous drug user (IDU) and harm-reduction issues specifically related to most at risk populations (MARPS) (where MARPS are included as a target population)				X		
	Condom-use counseling	X					
	Condom provision	X					
	Counseling and links on follow-up services	X					

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
c.	**Prevention of Parent (Mother) to Child HIV Transmission**						
	Pretest and post-test counseling		X				
	Couple counseling including counseling for discordant couples	X					
	Rapid testing with same-day results interpretation		X				
	Risk-reduction counseling	X					
	Prevention with positives counseling	X					
	Counseling on gender-related issues	X					
	Stigma and discrimination counseling	X					
	Antenatal care for HIV-positive mother		X				
	Prophylactic antiretroviral therapy for mother and child for PPTCT		X				
	Facilitating labor and delivery care of HIV-positive mothers		X				
	Post-natal and new born care for HIV-exposed children		X				
	Family planning services		X				
	Counseling on safer sex and on partner and children's HIV testing	X					
	Counseling and links to other services and follow-up of HIV-infected mothers and infants	X					
d.	**STI Screening, Diagnosis and Syndromic Treatment**						
	Screening for symptoms of STI					X	
	Diagnosis of simple STIs using the syndromic approach					X	
	Syndromic treatment of STIs					X	
	Contact tracing for partners					X	
	Condom use counseling and provision	X					
	Counseling and links to other services and follow-up	X					

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
e.	**Male Circumcision**						
	Sexual and reproductive health counseling					X	
	Pre-surgical counseling					X	
	Counseling on sexual and non-sexual HIV transmission					X	
	Counseling on the limitations of circumcision in HIV prevention					X	
	Counseling and links to other services and follow-up					X	
	Post-surgical counseling					X	
II.	**HIV Care**						
a.	**Adult Facility-supported and Home-based Care**						
	Healthy living counseling	X					
	Assessment of nutritional and other care and treatment needs (functional status)	X					
	Nutritional support (including provision of nutritional commodities)	X					
	Nutritional counseling for patient and caregivers	X					
	Counseling for use of safe drinking water and sanitation	X					
	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		X				
	Malaria screening, prophylaxis, and treatment		X				
	Counseling and referral for cervical and/or anal cancer screening	X					
	Basic palliative and end-of-life care	X					
	Chronic pain management	X					
	Tracking and home visits for defaulters	X					

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
	Cluster of differentiation 4 (test used to assess the immune system of HIV patients) (CD4) testing					X	
	TB screening					X	
	Hemoglobin screening					X	
	Counseling and links to other services and follow-up					X	
b.	**Pediatric HIV Care**						
	Healthy living counseling		X				
	Immunization for HIV-exposed and infected children		X				
	Infant feeding counseling and support		X				
	Growth monitoring		X				
	Assessment of nutritional status and care and treatment needs (functional status)		X				
	Nutritional support (including provision of nutritional commodities)		X				
	Nutritional counseling for patient and caregivers		X				
	Counseling for use of safe drinking water and sanitation		X				
	Identification and treatment for acute or chronic malnutrition		X				
	Universal Cotrimoxazole prophylaxis as indicated		X				
	Counseling and testing of other siblings in the same family		X				
	Tracking and home visits for defaulters	X					
	CD4 testing					X	
	TB Screening					X	
	Hemoglobin screening					X	
	Counseling and links to other services and follow-up					X	

HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below		Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
III.	**HIV Treatment**						
a.	**Adult HIV Treatment and Adherence Support**						
	Assessment of care and treatment needs, including psychological and support needs (functional status)		X				
	Treatment preparation		X				
	HIV drug adherence counseling and monitoring	X					
	Treatment buddy/partner counseling	X					
	Drug dispensing and dosing counseling	X					
	Directly observed treatment for highly active antiretroviral therapy (for treatment of HIV) (DOT-HAART) with DOT for TB	X					
	Clinic and community adherence support system	X					
	Basic side effects counseling and management	X					
	Counseling and links to other services and follow-up	X					
b.	**Pediatric HIV Treatment and Adherence Support**						
	Assessment of care and treatment needs, including psychological and support needs (functional status)		X				
	Treatment preparation sessions		X				
	Counseling of primary and secondary treatment guardian		X				
	HIV drug adherence counseling and monitoring		X				
	Drug dispensing and dosing counseling		X				
	DOT-HAART with DOT for TB		X				
	Basic side effects counseling and management		X				
	Counseling and links to other services and follow-up		X				

HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below		Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
IV.	**HIV Support**						
a.	**Peer Support Groups**						
	Manage and lead support groups	X					
	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	X					
	Educational and medical information materials through support groups	X					
	Demonstrations on proper hygiene, storing and using safe drinking water, nutrition and healthy diets, and recipes	X					
b.	**Mental Health Issues in HIV**						
	Counseling and support for alcohol and substance use addiction	X					
	Counseling and support for fear, anxiety, and depression	X					
	Counseling and support for post-traumatic stress disorder	X					
	Counseling and support for suicidal ideation and isolation	X					
	Counseling and links to other community services	X					
c.	**Psycho-social and Spiritual Support**						
	Counseling for HIV disclosure and discrimination issues	X					
	End-of-life discussions and planning	X					
	Relevant religious/spiritual counseling and support	X					
	Counseling and links to other services	X					

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
d.	**Stigma and Discrimination**						
	Awareness programs to reduce stigma and discrimination	X					
	Community leader meetings to discuss issues related to stigma and discrimination	X					
	Community advocacy and support for people living with HIV (PLHA), women and marginalized groups to ensure access to health services, care, and treatment	X					
	Counseling and links to other services (such as legal services and GBV support) to assist with issues related to stigma and discrimination.	X					
	Counseling, support, and links to services	X					
e.	**Human Rights and Legal Support**						
	Identification of patients in need of human rights and legal support		X				
	Counseling on gender-related issues in HIV (including discrimination in property and land ownership, impoverishment, and rape)	X					
	Counseling and links to other services	X					
V.	**Orphans and Vulnerable Children**						
a.	**Community Awareness and Support Education**						
	Identification of OVC in the community	X					
	Promotion of information on and awareness of OVC issues	X					
b.	**Caregiver/Family Support**						
	Assessment of family and caregiver support systems	X					
	Psycho-social support services for OVC	X					
	Psycho-social support and counseling services for care-givers	X					

	HIV /AIDS INTERVENTIONS To be considered a functional CHW who provides HIV/AIDS services, the CHW's tasks must include at least one complete HIV/AIDS activity listed below	Provide	Refer	Inform About	Not applicable	Not done	COMMENTS
c.	**Health and Nutritional Education and Support**						
	Health and wellness counseling	X					
	Nutritional counseling	X					
	Food availability and access to support	X					
	Referrals and links with social welfare services in the community						
d.	**Educational Counseling, Support and School Placement**						
	Counseling and assessment of educational needs	X					
	Assistance with referrals for school placement	X					
e.	**Human Rights and Legal Issues**						
	Assistance for OVC in need of human rights support		X				
	Assistance for OVC in legal and inheritance issues		X				
f.	**Income Generating and other Economic Capacity Building**						
	Assistance for OVC families for social and community welfare support	X					
	Promotion of income generating ideas and activities for OVC					X	

Session 6: Step 4: Providing Follow-Up Support

Total Session Time: 55 minutes

Session Learning Objectives:

By the end of this Session, participants will be able to:

1. Provide follow up to organizations after the assessment workshop
2. Understand the importance of and how to share assessment results with the entire organization

Materials Needed:

- Participant packets for each person
- Flip chart, flip chart stand, tape or other adhesive, and color markers
- LCD projector and laptop computer (optional)
- Completed Action Plan
- Observer Feedback Form – (Session 6)

Work for the Trainer to do in Advance:

- Review the session materials carefully and ensure that any co-facilitators are comfortable with the methodologies and content
- Review the slide content. If an LCD projector and laptop computer are not available, copy the slide content onto flip chart paper in advance of the Session
- Review completed action plan and score sheet

Session Overview:

Session Breakdown	Methodology	Approximate Time
6.1 Overview of Session Objectives	Trainer Presentation	3 minutes
6.2 Post-Workshop Tasks	Interactive Trainer Presentation	10 minutes
6.3 The Follow-Up Site Visit	Interactive Trainer Presentation, Large Group Discussion	10 minutes
6.4 Action Plan Review	Interactive Trainer Presentation, Large Group Discussion	25 minutes
6.5 Action Plan Monitoring	Interactive Trainer Presentation, Large Group Discussion	7 minutes
		Total: 55 minutes

Session 6: Trainer's Steps and Key Information

6.1: Overview of Session Objectives (Trainer Presentation)

Step 1: Present the Session learning objectives and explain the session will cover the post-assessment workshop and follow-up tasks.

6.2 Post Workshop Tasks (Trainer Interactive Presentation)

Step 2: Explain the facilitator has several tasks to complete to properly close the assessment. State what they are and ask if there are questions.

Key Information:

a) Finalize the documents for the organization's records:
- Score and Score Rationale Worksheet, Action Plan and Functionality Score Sheet.

b) Make post-assessment field sites to:
- Conduct CHW interviews with the CHW Validation Questionnaire (if not done previously) and compare scores and actions to the existing score and action plan.

c) Organize a post-assessment visit to the organization(s) to
- Discuss any proposed changes to scores and the action plan based on the findings from the questionnaires.
- Introduce the process and action plan to the organization and
- Develop a plan for monitoring and achieving the action plan.

6.3 Conducting Site Visits (Interactive Trainer Presentation, Large Group Discussion)

Step 3: Remind participants that the purpose of using the CHW Validation Questionnaire after the assessment is to verify the assessment findings. Arrange with the program manager a time to visit up to 3 sites to interview 6 CHWs in all who have not participated in the CHW program assessment. If there are several locations, this may take more than 1 day.

Ask what they may find during the interviews: suggest if necessary, differing answers, reluctance to respond; unrelated issues brought up. Ask how they might respond to these situations.

Key Information:

Help them think through the situation: maybe different locations handle issues differently, which means standards are not uniformly applied or perhaps understood and should be an action item; try to develop a relationship with the CHW or ask for a member of the organization to accompany you, explain again why you are here and suggest they talk to their supervisor or program manager.

Step 4: After the interviews, determine if scores should be amended and if additional actions need to be addressed. Put the change in the validated column of the Score and Score Rationale Worksheet and note the additional actions needed.

6.4 Action Planning (Interactive Group Discussion, Role Play, Large Group Discussion)

Step 5: Ask the program manager for a time to meet with the assessment participants and anyone else s/he feels should be present to discuss the action plan. This meeting may be conducted in association with the field site visits, if convenient.

Step 6: Tell the participants we will hold a mock action plan review meeting. Ask for a volunteer to lead the meeting, while others play members of the organization/assessment team. The facilitator should explain for new members what took place, what was accomplished and why s/he is here today. The task is to review the action plan, bring up any changes based on the Validation Questionnaire and get people to agree on the priorities, timeline and responsible people. Allow 10 minutes for discussion.

Step 7: Let the group provide feedback expressing how they felt about the process, did they understand what the assessment was about and the proposed actions, did they feel engaged in the process. Ask the facilitator if s/he felt comfortable leading the meeting.

6.5 Developing a Monitoring Plan (Interactive Trainer Presentation, Large Group Discussion)

Step 8: Explain developing a plan is easier than achieving it. Ask participants for suggestions on how the organization could monitor progress. Probe for appointing a task master, organizing work groups to develop procedures, holding update meetings, meeting with other NGOs or organizations who participated in an assessment and share best practices, have the facilitator come periodically to help them review progress and share new interventions.

6.6 Closing the Meeting

Step 9: Ask what key things should be stated at the end of the workshop. Probe for thanking the group, determining a time for the next visit, maintaining contact to discuss challenges and new interventions, determine need/desire for follow up assessments, organizing a sharing meeting with multiple districts or NGOs.

Session 7: Closing and Evaluation

Total Session Time: 20 minutes

Session Learning Objectives:

By the end of this Session, participants will be able to:

1. Plan for trainee next steps

Materials Needed:

- Certificates if relevant
- Evaluation Forms

Work for the Trainer to do in Advance:

- Prepare the Evaluation form or process
- Prepare certificates for each participant
- Determine what assessments are upcoming and support

Session Overview:

Session Breakdown	Methodology	Approximate Time
7.1 Next Steps for Participants	Large Group Discussion	10 minutes
7.2 Workshop Wrap-up, Evaluation, and Closing	Large Group Discussion	10 minutes
		Total 20 minutes

Session 7: Trainer's Steps and Key Information

7.1: Next Steps

Step 1: Review the objectives of the workshop. Talk about the need for strong, effective CHW programs to meet the needs of their communities and how understanding the gap between present status and best practice strengthens the management and effectiveness of CHW programs. Summarize the four steps and their importance.

Step 2: Ask each participant to comment on what they learned and what their plans are for conducting an assessment. Talk about the benefits of pairing up to conduct workshops and sharing successes and challenges.

7.2 Evaluation

Step 3: Ask if there are questions. Thank the participants for their time and ask them to fill in the Evaluation Form. Provide certificates as appropriate.

Evaluation Form

Please, indicate your agreement with the statement by checking the appropriate box below

Training of Trainers for CHW AIM Assessment Workshop					
1. My expectations were met					
2. I understand the role of a facilitator					
3. I can guide participants to use the assessment tools					
4. I can describe a best practice					
5. I can lead the scoring process					
6. I feel confident to facilitate an assessment					
What did you like the most?					
What would you change?					

Section VI. Appendices

This section includes the tools needed to assist participant selection for the assessment workshop, gather documentation about the organization'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 plan and program functionality score sheet should be downloaded from the CD-ROM onto a laptop to enable participants to participate in creating and reviewing the process.

At A Glance

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Appendix A1: Participant Selection Form for Workshop VI-1

Appendix A2: Comprehensive Document Review Guide and Checklist for CHW Programs VI-2

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Assessment

Appendix A4: Score and Score Rationale Documentation Worksheet VI-9

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CHW Program Functionality Matrix Score Sheet VI-11
Intervention Matrix Assessment VI-12

Action Planning

Appendix A6: CHW AIM Action Planning Framework VI-13

Follow-Up

Appendix A7: Resources and Field Examples VI-16

Appendix A8: References VI-23

** This form may be used before the assessment to gather key information to guide it or after the assessment to verify scores and rationales. In the latter case, this may necessitate revisions or additions to the scores and action plans.*

Section VI. Appendices

Preparation

Appendix A1: Participant Selection Form for the Assessment Workshop

Instructions: *Send this form to the participating organizations 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**
your organization's 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			
community health workers (aim for 5–6) who can speak for the program as a whole			
key stakeholders such as district health management teams, health facilities district area task forces (aim for 5-7)			

Preparation

Appendix A2: Comprehensive Document Review Guide and Checklist for CHW Programs

Instructions: *This document should be completed in advance of the assessment workshop by the facilitator as part of pre-workshop preparation; If possible, conduct interviews with program managers and supervisors to review documentation and understand how the program functions and how the documentation might inform the workshop assessment and scoring process. Note in the Comments Section any key elements that support or do not support best practices. Documents can also be brought to workshops as supporting evidence during participant discussions.*

Review of CHW Program Policies and Procedures

Wherever applicable, ask to see the documentation

1. Recruitment of CHWs		
Does the program have written guidelines for recruiting CHWs?	Yes___ No___	Comments
2. Role of CHWs		
Does the program have written guidelines describing the role of CHWs	Yes___ No___	Comments
Do written job descriptions exist for CHWs?	Yes___ No___	Comments
Is their role and task(s) clearly understood within the community?	Yes___ No___	Comments
3. Initial Training		
Are there program records that track how many CHWs have received initial training?	Yes___ No___	Comments
Are there written guidelines that specify what topics should be covered during training?	Yes___ No___	Comments
According to the program, is there a specific time period during which a CHW should receive initial training?	Yes___ No___	Comments
4. Continuous Training		
Are there program records that track how many CHWs have received training?	Yes___ No___	Comments
Are there written guidelines on how to select CHWs for continuous training?	Yes___ No___	Comments
According to the program, is there a specific time period during which a CHW should receive continuing training?	Yes___ No___	Comments
5. Equipment and Supplies		
Does a system exist for CHWs to regularly order equipment and supplies?	Yes___ No___	Comments
Are there written guidelines to determine what equipment and supplies CHWs need to deliver services?	Yes___ No___	Comments

6. Supervision		
Are there program guidelines that specify how often supervision visits take place?	Yes___ No___	Comments
Are there guidelines that specify who should supervise CHWs?	Yes___ No___	Comments
Are there written guidelines to determine what should take place during a supervision visit?	Yes___ No___	Comments
Do supervision checklists or any other supervision tools exist to help guide supervisors?	Yes___ No___	Comments
7. Individual Performance Evaluation		
Is there a process for conducting individual performance evaluations for CHWs?	Yes___ No___	Comments
Does the process include community feedback?	Yes___ No___	Comments
8. Incentives		
According to program documents, are any financial or non-financial incentives provided to CHWs by the program?	Yes___ No___	Comments
According to program documents, are any financial or non-financial incentives provided to CHWs by the MOH?	Yes___ No___	Comments
Are incentives provided based on good performance?	Yes___ No___	Comments
9. Community Involvement		
Does the community play a role in supporting CHWs, (i.e. defining roles, providing feedback, providing incentives)?	Yes___ No___	Comments
10. Referral System		
Is there a process that CHWs follow to determine when a referral is needed?	Yes___ No___	Comments
Are formal referral slips used by CHWs?	Yes___ No___	Comments
Is there an established logistics plan for emergencies in the community?	Yes___ No___	Comments
Is there a system for the health center to provide CHWs with information about the patient once the referral has been made?	Yes___ No___	Comments

11. Opportunity for Advancement		
Are advancement opportunities for CHWs offered by the program?	Yes___ No___	Comments
If opportunities do exist, is there a process to inform CHWs of them?	Yes___ No___	Comments
Are there clear guidelines for criteria for advancement?	Yes___ No___	Comments
12. Documentation and Information Management		
Do CHWs have a notebook or other method for documenting their home visits consistently and for recording other data?	Yes___ No___	Comments
Do supervisors monitor the quality of documents and provide assistance when needed?	Yes___ No___	Comments
Is there a process for the supervisor or referral facility to work with CHWs to use data for solving problems?	Yes___ No___	Comments
13. Linkages to Health System		
Does the health system support any of the following: training, supervision, referral, logistics, incentives, advancement and/or use of data?	Yes___ No___	Comments (Describe the type of support)
14. Program Performance Evaluation		
Are CHW activities (can be a sample) evaluated based on program targets, objectives, and indicators?	Yes___ No___	Comments
Is there a systematic process for conducting program performance evaluations?	Yes___ No___	Comments
Is there a process to provide feedback to CHWs based on the evaluation?	Yes___ No___	Comments
15. Country Ownership		
Do national policies exist regarding the role of CHWs?	Yes___ No___	Comments
Does the health system play a role in supervising, training and/or supporting CHWs?	Yes___ No___	Comments
Is there an authorized budgetary line item in the health sector's budget to financially support the CHW program?	Yes___ No___	Comments

Preparation

Appendix A3: CHW AIM 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. Were you recruited to be a CHW by:

   (Check all that apply)

   1. The community _____
   2. The government _____
   3. NGO/CBO _____
   4. Other (please explain) _____

   _____

3. Please describe how you were recruited.

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

5. Do you know what you are expected to do as a CHW? Yes No

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

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

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

   Date _____

   Duration _____ days

   Topics covered:

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

Date	Duration (days)	Topics Covered

10. If you haven't received any ongoing training, please explain...

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

12. If you have experienced shortages or stockouts of supplies, please provide the following information about the commodity or commodities.

Commodity	Stockout in the last six months (Y/N)	Stockout Duration (weeks)	Remarks

13. How do you get more supplies?

1. How often do you get them? Every _____

2. What form(s) do you use? _____

3. How do you get the form(s) and to whom do you submit them? _____

14. Who is your supervisor? Name: _____

Title: _____

15. How often does your supervisor visit you?

1. More than once a month _____
2. Once a month _____
3. Once in three months _____
4. Once in six months _____
5. Less than once in six months _____

16. 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		

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

18. If yes:

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

19. Does the community you work in provide you with any of the following?

Activity	**Done (Y/N)**	**Example**
Feedback		
Support (financial/gifts in kind)		
Formal recognition/appreciation		
Guidance on your work		

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

21. Do you complete a referral form for the client to take to the facility? Yes No

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

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

24. Do you have opportunities for promotion or professional advancement through the CHW program? Yes No

25. If yes, please describe them.

26. Do you compile reports on your clients? Yes No

If yes:

1. What do you include in the reports? _____
2. To whom do you submit the reports? _____
3. How do you use the information you collect? _____
4. How does the program use the information you collect? _____
5. Are reports shared with the community? _____

27. Do you compile information from your record books into monthly or quarterly reports? Yes No

28. Are compiled results shared with you and other CHWs? Yes No

29. Are reports or information about the program and its results shared with the community? Yes No

30. What are your biggest challenges as a CHW?

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

Assessment

Appendix A4: Score and Score Rationale Documentation Worksheet

Instructions: *This worksheet is for participants to assist them to note their scores and what 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 (*) 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	Workshop Score	Validated Score*	Rationale	Action Items	Comments
Recruitment					
CHW Role					
Initial Training					
Continuous 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					

EXAMPLE: Score and Score Rationale Documentation Worksheet

Component	Workshop Score	Validated Score*	Rationale	Action Items	Comments
Recruitment	3	3	Organization recruits according to best practices: no exceptions found		
CHW Role	3	2	Don't regularly discuss the role of the CHW with the community. Organization 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.	

Assessment

Appendix A5: CHW AIM Score and Assessment Sheets

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 30 points. In addition, each component must score at least a 2. Individual scores cannot be averaged to reach 30.*

Instructions: *Put the score for each component under the column labeled score; Excel will provide the total. If done manually, 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	
Program Functionality Total Score	

Part 2. Intervention Matrix Assessment

Instructions: *For the following tables, check off all activities in which all applicable tasks or activities were assessed to be functional. If several programs or districts are assessed, use separate score sheets for each.*

CHW MNCH Interventions

Service	**✓ only those identified as functional service areas**
I. Antenatal Care	
II. Childbirth Care	
III. Post-Partum/Post Natal Care	
IV. Nutrition	
V. Immunizations	
VI. Childhood Illness	
VII. PMTCT	
VIII. Pediatric HIV	

CHW HIV/AIDS Interventions

Service	**✓ only those identified as functional service areas**
I. HIV Prevention	
II. HIV Care	
III. HIV Treatment	
IV. HIV Support	
V. Orphans & Vulnerable Children	

CHW TB Interventions

Service	**✓ only those identified as functional service areas**
I. TB Prevention, Advocacy, Communication and Social Mobilization (ACSM)	
II. TB Screening and Case Detection	
III. TB Treatment and Care	
IV. TB HIV Co-Infection	
V. Drug Resistant TB	
VI. TB Support and Cross- Cutting Issues	

Action Planning

Appendix A6: CHW AIM 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 A4, 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 organization will need to effectively carry out the action.

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	Priority: High, Medium, Low	Timeline	Indicator

EXAMPLE: Action Planning Framework

Program Component	Issue	Improvement Activity	Person Responsible	Resources Needed	Priority: High, Medium, Low	Timeline	Indicator
Equipment and Supplies	Frequent stockouts 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		April 2011	# of stockouts 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 2011	# 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 2011	# of referrals tracked # times feedback is documented

Follow-Up

Appendix A7: 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 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 on the HCI Portal at www.hciproject.org. 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://www.mostproject.org/CHVs/CommunityHealthWorkers.pdf (pp. 42-43)

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: Recruting 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,
- 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://www.mostproject.org/CHVs/CommunityHealthWorkers.pdf (p (11)

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. 27-28)

http://pdf.usaid.gov/pdf_docs/PNADJ527.pdf (pp. 11-12)

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/AIDS, TB, malaria, and child and maternal health. On-going 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 stockout periods.

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

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, A.; 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.mostproject.org/CHVs/CommunityHealthWorkers.pdf*** *pg 37*

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. 35-36)

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, CHWs have been directly supervised by clinical staff, 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

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.mostproject.org/CHVs/CommunityHealthWorkers.pdf (pp. 31-40)

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)

Non-Financial Incentives: Key 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,
  - 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.phishare.org/files/4457_WorkingWithTheCommunity.pdf (pp. 6-10)

http://www.mostproject.org/CHVs/CommunityHealthWorkers.pdf (pp. 41-45)

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

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

Referral System

Every successful CHW program that provides quality care needs 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://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 government, district, facility staff, NGO/FBO/CBO. **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

Follow-Up

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