



COMMUNITY HEALTH WORKERS

CAPACITY STATEMENT

1. Introduction

The World Health Organization (WHO) estimates a projected shortfall of 11 million health workers by 2030, mostly in low- and lower-middle income countries.¹ Community health workers (CHWs) play an important role in closing this gap and will be crucial to realising the promise of universal health coverage. CHW programmes are among the most cost-effective ways to reach vulnerable families and communities.

World Vision has decades of experience working with CHWs and currently supports almost 200,000 CHWs in 43 countries, including in some of the most fragile and dangerous settings worldwide. Most (85%) of the CHWs we work with are affiliated with Ministries of Health (MoH), and 73% are women.²

2. Global evidence for CHWs

The evidence for the effectiveness of CHWs in providing a range of preventive, promotive, and curative health services is summarised in the WHO [Guideline on health policy and system support to optimize community health worker programmes](#). Several systematic reviews and other studies have demonstrated the effectiveness of CHWs in delivering services related to reproductive, maternal, newborn, and child health; infectious diseases; noncommunicable diseases; neglected tropical diseases; and mental health.

Key highlights from the WHO summary of this evidence include:

- “CHWs providing community-based care for infants and children in resource-limited settings can reduce neonatal, infant and child mortality and morbidity, for example from malaria, pneumonia and diarrhoea.”

- “Almost all of the intervention studies involving CHWs showed a significant impact on reducing maternal mortality and on improving perinatal and postpartum service utilization indicators.”
- “The use of lay health workers, compared to usual health care services, probably increases breastfeeding, and there is some evidence of moderate quality that CHWs are effective in exclusive breastfeeding promotion.”
- “There is evidence, but low quality or inconsistent, that CHWs can increase immunization coverage through promoting vaccination and providing vaccination themselves.”
- “Most studies indicated that CHW family planning programmes increased the use of modern contraception and most reported an improvement in knowledge and attitudes concerning contraceptives.”
- “CHW-led interventions can reduce the burden of mental, neurological, and substance use disorders, including depression and post-traumatic stress disorder among adults, and can also improve child mental health outcomes.”
- “Task shifting and community-based outreach involving CHWs effectively links people living with HIV to care.”
- “CHW interventions have helped decrease the incidence of tuberculosis (TB).”

The 2015 publication, [*Strengthening Primary Health Care through Community Health Workers: Investment Case and Financing Recommendations*](#), lays out the case for CHW programmes, referencing studies that suggest scaling up CHW programmes could save an estimated three million lives per year.³

This estimate is reinforced by the 2013 publication, [*Expanding the population coverage of evidence-based interventions with community health workers to save the lives of mothers and children*](#), which uses the Lives Saved Tool (LiST) to model potential global impact. These projections of lives saved increase as the scale of CHW programme coverage expands.⁴

Henry Perry et al., in the 2014 publication [*Community Health Workers in Low-, Middle-, and High-Income Countries: An Overview of their History, Recent Evolution, and Current Effectiveness*](#), systematically outlines the types of CHW activities for which there is evidence of effectiveness. Consistent with WHO findings, these include interventions that reduce undernutrition and neonatal and under-five mortality, improve women’s health, and strengthen outcomes related to HIV, TB, and malaria.



3. World Vision's value proposition

World Vision is uniquely positioned as a partner of choice for CHW programming, given our extensive community-based presence, strong relationships with national governments, and global footprint.

- Our long-term community presence promotes trust and ensures that we support CHWs to deliver health and nutrition services that are contextually appropriate to each setting.
- Our strong partnerships with MoH enable us to approach our work with CHWs from a systems perspective, collaborating with MoH to assess and optimise the overall CHW programme.
- We are a clear and compelling voice in the global dialogue on CHW professionalisation and related issues, contributing thought leadership and technical assistance in areas such as CHW workload analysis, health systems support, and CHW-related gender analysis.

4. Our approach

World Vision's CHW programming focuses both on the **services** that CHWs deliver to families and communities and on the **systems** that support them.

4.1 CHW services

Overview

- World Vision field offices (FOs) support CHWs to deliver health and nutrition services that are most contextually appropriate in each setting.
- CHWs supported by World Vision are engaged in a wide range of activities, including home visitation programmes (41 FOs); growth monitoring and promotion with infant and young child feeding counselling (38 FOs); diagnosis and treatment of common childhood illnesses (14 FOs); vaccine promotion (33 FOs); community surveillance (14 FOs); HIV and AIDS and TB prevention and adherence support (10 FOs); and mental health and psychosocial support (14 FOs), among others.

Health promotion

- **World-class curricula:** CHWs are trained using curricula developed by MoH, often complemented by World Vision-developed materials as well. Examples of innovative CHW products include the [Timed and Targeted Counselling \(TTC\)](#) curriculum, recognised by WHO as one of the most comprehensive for maternal and child health,⁵ and [Nurturing Care Groups \(NCGs\)](#), which broadens the scope of CHW-delivered content to address the full range of holistic priorities for early childhood development outlined in the WHO and UNICEF Nurturing Care Framework for Early Childhood Development.⁶
- **Family-based approach:** World Vision supports CHWs to engage all key household influencers, including men and grandmothers, and to apply dialogue-based counselling approaches. These go beyond information-sharing to explore barriers to healthy behaviours and identify practical solutions.
- **Confidential reporting of abuse:** World Vision is committed to training all supported CHWs to recognise and confidentially report cases of child abuse (assuming agreement of the MoH and the ministry responsible for child protection), ensuring that such violations are appropriately addressed and mitigated.

Nutrition

- **Growth monitoring and promotion (GMP):** World Vision promotes decentralised GMP through its [Grow GMP](#) approach and strengthens CHWs' capacity to integrate appropriate infant and young child feeding counselling and maternal mental health assessment into each contact. In 2025, over 923,000 children under 5 participated in GMP programmes.
- **Nutritional rehabilitation through food-based approaches:** World Vision works closely with CHWs and other community volunteers to promote food-based approaches for the rehabilitation of moderate malnutrition. Over the past ten years, more than 480,000 children under 5 have been reached through the [Positive Deviance/Hearth \(PDH\)](#) methodology in 43 countries.
- **Nutritional rehabilitation of severe acute malnutrition:** CHWs supported by World Vision have contributed to community outreach for the rehabilitation of severe acute malnutrition in 21 countries as of 2025. Since 2010, more than 3.3 million women and children under 5 with acute malnutrition have been treated through World Vision's [community management of acute malnutrition \(CMAM\)](#) programmes in 35 countries. In some contexts, CHWs lead CMAM treatment in line with WHO simplified protocols.

Infectious Disease

- **Diagnosis and curative care:** CHWs supported by World Vision carry out [integrated community case management \(iCCM\)](#) for the diagnosis and treatment of diarrhoea, malaria, and pneumonia in children 0–59 months in 18 countries.
- **Vaccines:** World Vision works with CHWs to strengthen [immunisation delivery](#) through CHW-led vaccine monitoring, defaulter tracing, and campaign support. CHWs also administer vaccines in a limited number of countries.
- **Other services:** CHWs supported by World Vision contribute to integrated management of childhood illness (IMCI), directly-observed therapy for TB, short-course (TB-DOTS), HIV treatment adherence support, home-based care for people with chronic illness, and risk communication and community mobilisation (RCCM).

Figure 1 shows numbers of countries for the full list of CHW services supported by World Vision.

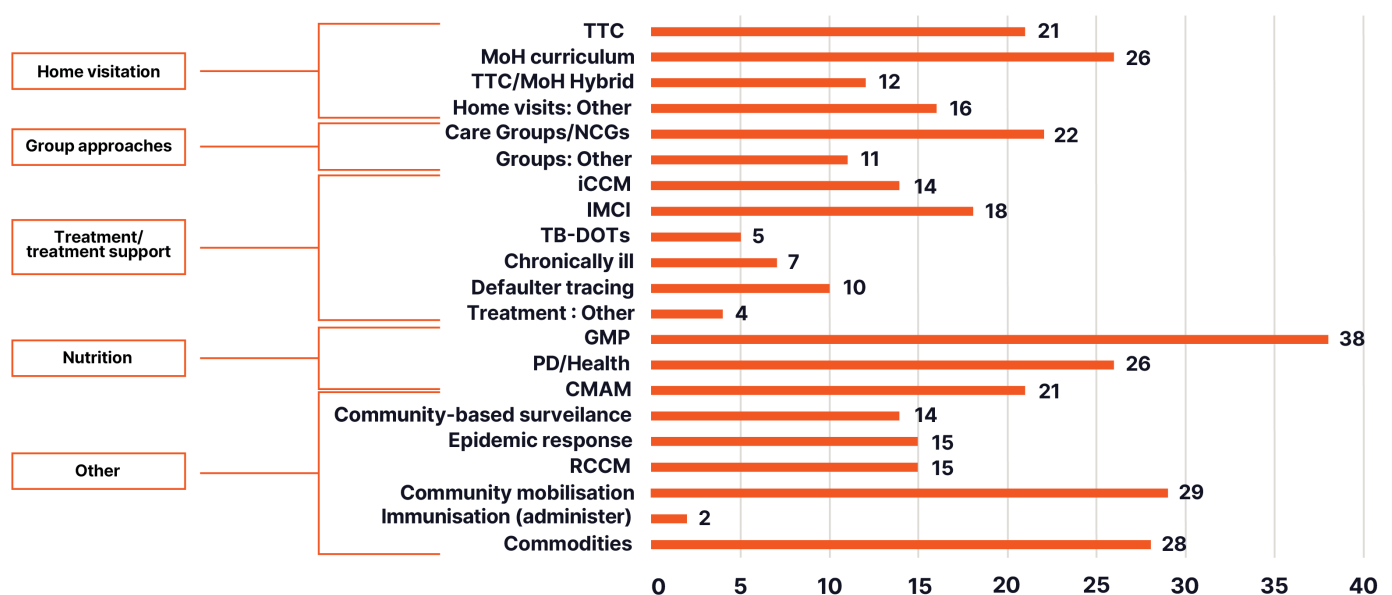


Figure 1: World Vision-supported CHW services: Number of countries



4.2 Systems support for CHW programmes

World Vision supports MoH to strengthen CHW programmes in a variety of ways:

- Co-authored the [*CHW Principles of Practice: Guiding principles for non-governmental organisations and their partners for coordinated national scale-up of community health worker programmes*](#). We promote government alignment and system strengthening in all our CHW work.
- Offers a [*CHW Harmonization Self-Assessment Tool*](#) to support non-governmental organisations (NGOs) in assessing their alignment with national CHW guidelines and coordination protocols.
- Introduced digital solutions across multiple CHW programmes, including [*remote training of CHWs in Sierra Leone*](#) for Ebola vaccine campaign preparedness and epidemic response; [*mobile phone applications for case management in Zambia*](#); and [*digital tools for midwives in Indonesia*](#), as examples. All digital initiatives align with principles of interoperability and scalability.
- World Vision FOs routinely assess CHW programmes for alignment with the *WHO guideline on health policy and system support to optimize community health worker programmes*,⁷ using the well-known [*Community Health Worker Assessment and Improvement Matrix \(CHW-AIM\)*](#), adapted by World Vision for NGO use and action planning.
- Recognising that strong CHW programmes depend on broader health system capacities, World Vision developed the [*Health Systems Assessment and Improvement Matrix \(S-AIM\)*](#). This tool assesses the seven community health system 'building blocks' to determine how effectively they support CHW programmes. In addition to routine FO-led S-AIM desk reviews and follow-up actions, World Vision has supported MoH in Uganda and Kenya to conduct national and sub-national S-AIM analyses and action planning.
- Findings from CHW-AIM and S-AIM assessments typically identify collaborative follow-up actions with MoH to strengthen system performance, which World Vision FOs pursue where feasible.
- All CHW-supporting offices are required to conduct desk-based assessments of CHW workload and to take corrective action where possible if the results show CHW overwork relative to work agreements and remuneration received. At national level, World Vision has supported MoH in Eswatini and Somalia with CHW workload analysis and subsequent programme adjustments.
- World Vision actively engages in national and global advocacy platforms and opportunities and supports the Monrovia Call to Action for investing in community health programs as an integral path to universal health coverage⁸ and the [*Bangkok Call to Action: Renewing our Commitment to Community Health Workers in a Time of Transition*](#).



5. Our Impact

5.1 The data

- MoH in 43 countries supported to strengthen their CHW programmes.
- Approximately 200,000 CHWs in 43 countries supported with training and improved working conditions, and covering approximately 100 million people.

5.2 Illustrative impact evaluations

- **Integrated Community Case Management (iCCM):** [The Niger Integrated Child Health Services: Rapid Access Expansion \(NICE/RACe\)](#) project was implemented from 2013 to 2018. A total of 1,313 CHWs were trained in iCCM to diagnose and treat malaria, pneumonia, and diarrhoea. By the 2016 midline, almost 500,000 rapid diagnostic tests had been carried out, with 320,000 malaria, 245,000 pneumonia, and 157,000 diarrhoea cases treated, and 16,000 severe cases referred, alongside the referral of 31,000 cases of child malnutrition. A Lives Saved analysis estimated a 13% decrease in under-five mortality in programme areas, from 137 per 100,000 in 2013 to 120 in 2016.⁹
- **Community Management of Acute Malnutrition (CMAM):** In response to severe drought in Angola in 2012, and in collaboration with MoH, World Vision trained 2,062 Community Health Activists (CHAs) to screen and treat children with uncomplicated severe or moderate acute malnutrition (SAM and MAM), following WHO-approved simplified CMAM protocols. These included admission and discharge based on mid-upper arm circumference (MUAC) measurements and standardised distribution of two ready-to-use therapeutic food (RUTF)/ ready-to-use supplementary food (RUSF) sachets per child per day. CHAs screened more than 700,000 children over a ten-month period and admitted and treated nearly 24,000 children with SAM and 53,000 with MAM. The SAM cure rate was 93.8%. An independent evaluation confirmed the accuracy of CHA-led screening and treatment processes and adherence to the simplified CMAM protocol.¹⁰

- **Care Groups:** The Nurturing Care Group (NCG) programme was piloted in Ghana from 2019 to 2020, with a focus on training community volunteers to cascade water, sanitation, and hygiene (WASH) and child protection behaviour change messages. Endline results showed that caregivers in intervention areas were less likely than those in control groups to use eight forms of physical violence against children and more likely to 'often' or 'always' praise a child in six specific ways, with an average 28 percentage point improvement across the indicators in the intervention group ($p < .0001$).¹¹ For WASH outcomes, detectable *E. coli* in drinking water decreased from 32.1% to 8% in intervention sites, compared to a 1.8 percentage point decrease in control sites. Several related water storage behaviours also improved.¹²
- **Timed and Targeted Counselling (TTC):** World Vision's TTC curriculum uses a dialogue counseling behaviour change approach to promote key health, nutrition, and other holistic practices from pregnancy through a child's second year of life. It has been implemented in over 25 countries to date. Select programme evaluation results are shown in Table 1.

Table 1. Select programme evaluations involving Timed and Targeted Counselling through CHWs

Project	Indicators	% increase from baseline
Pragati Child Survival Project in India (2003–2007) ¹³	Exclusive breastfeeding Timely initiation of semisolid foods Vitamin A supplementation in children 12–23m Full immunisation in children 0–23m	<ul style="list-style-type: none"> • 23 to 48% • 15 to 66% • 3 to 100% • 30 to 50%
AIM-Health Programme in Kenya, Mauritania, Sierra Leone, Tanzania, Uganda (2012–2015) ¹⁴	Newborn deaths Maternal deaths	<ul style="list-style-type: none"> • 71% reduction • 28% reduction
Alive & Thrive Project in Ethiopia ¹⁵	Early initiation of breastfeeding Pre-lacteal feeding Colostrum feeding Exclusive breastfeeding	<ul style="list-style-type: none"> • 65.6 to 75.2% • 13.6 to 3.2% • 71.2 to 83% • 57.9 to 82.8%
Timed and Targeted Counselling Project in Jerusalem, West Bank, and Gaza (2012–2013) ¹⁶	Minimum meal frequency Consumption of iron rich food Minimum meal diversity Introduction of food at six months Early initiation of breastfeeding Exclusive breastfeeding No bottle feeding	<ul style="list-style-type: none"> • 10.6 to 55.1% • 14.9 to 41.2% • 14.9 to 39.7% • 33.8 to 44.1% • 28 to 40% • 26 to 45% • 27.6 to 45.6%
Timed and Targeted Counselling Project, Hoima District, Uganda (2018–2020) ¹⁷	First antenatal care visit in first trimester Childbirth at health facility Postnatal care beyond 24 hours Exclusive breastfeeding	<ul style="list-style-type: none"> • 24.3 to 38.8% • 79.9 to 89.8% • 20.1 to 55.2% • 59.8 to 92.5%

5.3 Success stories

CHW systems support

In August 2025, World Vision supported the MoH in Eswatini to conduct a workload analysis of its national Rural Health Motivator (RHM) programme. Time and frequency estimates for all assigned RHM responsibilities were drafted by an Expert Reference Group and triangulated with RHM self-reports and time-motion studies. The final agreed estimates were then entered into the USAID-produced *Community Health Worker Coverage and Capacity (C3) Tool*.¹⁸

Results revealed that the work assigned to RHMs would require triple their available time if all activities were completed on schedule. In response, the MoH made significant adjustments to assigned workload components and population coverage targets. The MoH also plans to present these findings to the Ministry of Finance as justification for doubling the monthly RHM stipend. World Vision supported a similar exercise with the MoH in Somalia in 2026.

CHW services

CHWs trained by World Vision in the Democratic Republic of Congo (DRC) are leading community outreach and early detection efforts to stop the spread of mpox. In Sud-Ubangi province, the city of Gemena was once significantly affected by the outbreak, with many residents unaware of early symptoms and seeking care too late.

At the Salongo Health Center, head nurse Mimi frequently received patients in advanced stages of infection, complicating treatment and containment. With support from World Vision, more than 50 CHWs have now been trained to raise awareness and encourage early care-seeking. According to nurse Mimi, this has led to marked improvements in disease control. Read the story [here](#).

CHW impact

Baby Ayabonga lives in the remote mountains of Eswatini. His mother, Silungile, faced significant challenges during pregnancy due to the isolation of her village, where the nearest health facility is miles away. Initially, she relied on herbal remedies, believing they were sufficient to ensure a healthy pregnancy.

This changed when Sonto Hlophe, a dedicated CHW, began visiting her. "I started visiting Silungile when she was still pregnant," Sonto explains. "She was solely relying on home-made herbal drinks whose strength and toxicity could harm her and the baby, but I explained to her how important it was to attend regular antenatal care check-ups. I could see her doubt, but I kept encouraging her and she eventually understood the importance of the clinic visits."



Despite financial constraints, Silungile began attending Luyengo Clinic regularly. She delivered safely at the clinic, and Ayabonga was exclusively breastfed for the first six months. Silungile continues to follow the guidance provided by both Sonto and the clinic staff. "I'm so grateful for all the help," she says. "They helped me give my baby the best start in life." Read the story [here](#).

This is just one of the hundreds – if not thousands – of stories of impact to which the nearly 200,000 CHWs supported by World Vision are contributing worldwide.

6. Partnerships and funding

Most (56%) of World Vision's CHW programming is funded through its child sponsorship mechanism. Of the 43 FOs supporting CHWs, 34 have child sponsorship programming, while nine do not. These 34 FOs implement health and nutrition programming with CHWs across 554 geographic Area Development Programmes (ADPs).

Private non-sponsorship (PNS) funding accounts for nearly 8% of CHW programming, government grants for 16%, and multilateral grants for the remaining 20%. There are a total of 128 PNS- and grant-funded programmes working with CHWs, outside of ADPs.

World Vision's partnership with the Global Fund represents its largest source of health and nutrition funding. A total of 12,958 CHWs are supported through Global Fund-financed programmes.

World Vision actively participates in numerous global partnerships and fora supporting CHWs. World Vision is a member of the [Community Health Delivery Partnership \(CHDP\)](#), a country-driven collaboration of global, regional and national stakeholders that aims to strengthen community-level health systems, including the status, rights, and protections of CHWs.

World Vision is also an ally of the [Community Health Impact Coalition \(CHIC\)](#), a coalition of CHWs and global health organizations aiming to make professional CHWs the norm worldwide.

In addition, World Vision is a member of the Technical Advisory Group for [CHW Central](#) and previously served on the secretariat of the (now concluded) CHW Thematic Working Group of [Health Systems Global](#).

World Vision regularly collaborates with the [Africa Center for Disease Control and Prevention](#) (Africa CDC) on the '[two million CHWs](#)' initiative for the African continent, and with WHO to provide technical assistance on community health in jointly prioritised countries each year.



7. Looking ahead

There remains substantial work to strengthen both the systems that support CHW programmes and the services that CHWs deliver. World Vision is well positioned to leverage its private funding to mobilise additional resources and contribute to the following priority areas:

7.1 CHW systems support

There is a recognised set of processes that MoH can follow to establish strong, nationally-owned CHW programmes aligned with the *WHO guideline on health policy and system support to optimize community health worker programmes*. World Vision stands ready to support ministries across these areas, on a demand-driven basis and often in partnership with Africa CDC, the Community Health Delivery Partnership, and others.

- World Vision can support the development of Community Health Strategies through facilitated workshops using the S-AIM tool for community health systems assessment and strategic planning.
- In line with ministry-defined CHW service packages, World Vision aims to support at least one ministry per year to conduct a national CHW workload analysis, with associated recommendations for programme adjustments. This contributes to efforts to appropriately size or 'rightsize' the CHW workforce globally.
- Based on defined CHW services and workload/caseloads, programmes should be costed, using tools such as [The Community Health Planning and Costing Tool](#) developed by Management Sciences for Health and UNICEF.
- As part of programme costing, a return on investment (ROI) can be estimated using tools such as the forthcoming Johns Hopkins University and UNICEF ROI tool (expected 2026), or through bespoke analyses comparing costs and benefits in the categories of reduced morbidity and mortality, economic returns, and CHW remuneration gains.
- ROI findings, alongside national and global evidence, can inform the development of a CHW Investment Case to support engagement with Ministries of Finance, Parliament, and both domestic and external donors.
- Additional health system components relevant to CHW programmes can also be assessed and strengthened. These include, for example:
 - Medicines and commodities: development of supply chain strategies
 - Information systems: integration of CHW data into HMIS
 - Human resources for health (HRH): establishment and maintenance of CHW master lists.

7.2 CHW services and impact

World Vision aims to complete a synthesis of CHW programme impact from grant-funded evaluations within the next year.

World Vision will contribute to the scale-up of CHWs in Africa in line with Africa CDC's 'two million CHWs' initiative, and in other regions, by funding additional Nurturing Care Groups programmes, and/or supporting the upskilling and rightsizing of existing community volunteers, as appropriate to each context.

Evidence continues to grow for the effectiveness – and, in most cases, the cost-effectiveness – of CHWs in delivering a wide range of services. World Vision will build on and contribute to this evidence base through work with CHWs in the following areas:

- **Immunisation:** CHWs can contribute across the full vaccine delivery continuum, from community mobilisation to the safe administration of oral and injectable vaccines. Building on our experience supporting CHWs to promote, and in some cases provide, immunisations through the Core Group Partners Project in at least nine countries over 20 years, and the Gavi-funded *Reaching and Adapting Immunization Services Effectively to Reach Zero-Dose Children in the Sahel (RAISE 4 Sahel)* programme in seven Sahel countries, World Vision is well positioned to support expanded CHW involvement in immunisation, with particular emphasis on reaching zero-dose children.
- **Community Management of Acute Malnutrition (CMAM):** Updated [WHO guidelines on the prevention and management of wasting](#) recommend that CHWs can provide nutritional supplementation and treatment to infants and children aged 6–59 months, provided they receive adequate training and supervision. CHWs have been shown to deliver CMAM to quality standards, with the potential to double programme coverage and reduce costs compared with facility-based screening and care.¹⁹
- **Essential Nutrition Actions (ENA):** Large proportions of the global population, including the most vulnerable children, do not receive the full WHO-recommended package of [Essential Nutrition Actions](#). CHWs have an important role to play in expanding ENA coverage in their communities. Task-shifting selected responsibilities from facility staff to CHWs is evidence-based, effective, and enables greater coverage, scale, and equity.
- **Infectious disease control:** CHWs play a crucial frontline role in infectious disease control, as demonstrated during responses to COVID-19, Ebola, mpox, TB, HIV, and other vector-borne diseases in recent years. CHWs are essential for prevention messaging, surveillance, symptom monitoring, reporting, contact tracing, vaccination outreach, and linking people to care.
- **Mental health and psychosocial support (MHPSS):** As first points of contact with households, CHWs can be trained to recognise signs of mental distress (or respond when distress is disclosed by household members) and provide appropriate psychological first aid and onward referral where needed. CHWs can also be trained in simple stress management and problem-management techniques. World Vision is piloting WHO-developed CHW-led caregiver stress management during growth monitoring and promotion contacts, as well as a Problem Management Plus module within CHW-led Nurturing Care Groups.
- **Child Protection:** World Vision requires FOs to train all supported CHWs to recognise and appropriately refer suspected or disclosed cases of child maltreatment.
- **Fragile settings and humanitarian response:** CHWs are often the only remaining link to the health system when systems collapse during crises, and they frequently continue working even in the absence of formal support. World Vision will continue to leverage CHWs in these settings while ensuring that minimum working conditions are in place.



8. Call to action

World Vision's privately-funded programming provides a stable, long-term foundation for sustained engagement with CHWs. Building on this platform, World Vision seeks to leverage existing programmes to attract additional grant funding to:

- Improve the health, nutrition, and holistic well-being of approximately 100 million people each year through the reach of increasing numbers of CHWs delivering evidence-based services.
- Scale up the number of CHWs supported through the multiplier effect of the Nurturing Care Groups cascade approach.
- Continue investing in systems support to MoH, including national S-AIM community health assessments, CHW workload analyses, CHW programme costing, ROI analyses and investment cases, and CHW data integration, as examples.
- Invest in expanding CHWs service delivery in key areas such as immunisation, CMAM, essential nutrition actions, infectious disease control, MHPSS, and child protection reporting, with appropriate attention to manageable CHW workloads.
- Advance innovation, including strengthening the gender dimensions of CHW programmes and supporting MoH in digital transformation.

Endnotes

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