

Afghanistan's Community Health Workers

▶ Access to a health worker is something that we all take for granted. But if you live in Afghanistan, where there are just **2.7 doctors for every 10,000** people, the chances are that you may not get to see one in your lifetime.

Community Health Workers are changing that.

A community health worker (CHW) is trained to provide the most essential life saving interventions—such as emergency front line care—and can **save children's lives** from many if not most of the major preventable child mortality causes in Afghanistan, like supporting and educating families to address the effects of chronic malnutrition that plague Afghanistan's children under five. CHWs also equip families with the knowledge and skills to prevent disease. They promote good nutrition, sanitation, and hygiene, and link families to essential services.



WHY COMMUNITY HEALTH WORKERS?

How a child is cared for in their own home has a profound impact on their ability to survive and thrive during their first few days, months and years of life. Mothers need practical and social support so they can look after their child appropriately as they grow and develop. Families need knowledge, skills and support to best care for their children. Communities need people who know their needs and are trained to provide essential health advice and support.

World Vision in Afghanistan

World Vision reaches over **on hundred thousand lives** (140,614) in Afghanistan. Within World Vision's coverage areas, there are an estimated **8,437** children under the age of five, **6,328** pregnant women, and **32,341** women of childbearing age.

This is where World Vision's **community health workers** in Afghanistan create their impact.

▶ WHY AFGHANISTAN?

Living in a rural area of Afghanistan can be deadly, especially for a pregnant mother or very young child, and much of Afghanistan is rural. Three-fourths of Afghanistan's population live in rural areas (74%), and Afghanistan is a **global health workforce crisis country**: For every 10,000 people, there are only 2.7 doctors and 5 nurses and midwives (WHO, 2014). When a health worker is desperately needed—such as during a difficult labor or when a newborn has a high fever—there may not be one.

Only 50.5% of all births in Afghanistan are attended by a skilled health worker of any kind, a reality that contributes to Afghanistan's high child mortality rate: for every 1,000 live births in Afghanistan, 91.1 children will die before they reach their fifth birthday (WHO, 2015). In addition to the shortage of health workers at all levels, Afghanistan's health system must recover from decades of conflict and instability that have rendered information and transportation systems weak, damaged roads, and resulted in dilapidated health facilities.

A PORTRAIT: AFGHANISTAN'S COMMUNITY HEALTH WORKERS

Today, World Vision supports an estimated **2,386 community health workers in Afghanistan** (October 2015). Community health workers in Afghanistan work as a male-female couple and are based in a health post, serving a population of 1000-1500 per pair.

“Community health workers carry critical health knowledge, skills, and tools into communities and homes and are essential to World Vision's work of saving lives, preventing disease, and helping children, mothers, fathers and communities to reach their full potential and flourish.”(quote by)

Who is a Community Health Worker?

A community health worker is a man or woman who is respected and trusted by his or her community. They are the first point of contact for many with the health system and are elected by the community. They live within the community and so they know and understand people and cultures.

Afghanistan's CHW system was established in 2003 through partnerships between the international community, including World Vision, and Afghanistan's ministry of public health. At the time, the partnerships focused on launching the program and having initial CHWs in place. Due to cultural, contextual, and conflict-related factors, communities nominated aged women as the initial CHWs. In the 11 years since, many of those CHWs have died and the majority of current female CHWs are illiterate (male CHWs are younger and generally partially literate), resulting in a pressing need to renew the system with younger, educated female CHWs. Over time, community acceptance of younger CHWs has grown, and women receive increased access to education opportunities.

CHW Activities supported by World Vision Afghanistan

Care groups or Parent support groups, Community management of acute malnutrition (CMAM) support, Deworming, growth monitoring of children under 5 years, health promotion / behavior change counseling (BCC), Infant and young child feeding (IYCF) and Breastfeeding Support, PD Hearth, TTC, WASH



CHW PROGRAMMING TECHNICAL OVERVIEW

- ☑ CHW programmes harmonized at national level under a single CHW policy – fully operational
- ☑ National policy of 2 paired CHWs (male and female) per 1000-1500 people
- ☑ World Vision predominantly supports local health services to implement CHW programmes by technical assistance and capacity building
- ☑ TTC implemented in some districts
- ☑ mHealth capacity

EVIDENCE FOR IMPACT

A review of the use of Afghanistan's CHWs to improve care-seeking behavior and use of services was conducted in 2013, through a research project funded jointly by USAID and World Vision. The project was implemented by World Vision in collaboration with Afghanistan's department of public health. CHWs in the project used a mobile phone application as a job aid to facilitate discussions about maternal and newborn child health, then uploaded information about the women's pregnancies to the mobile phones for record keeping, reporting, and follow up. When a woman went into labor, the CHWs made a referral call linking the women's family with a skilled provider at the nearest facility. After 20 months of this project, mothers in the implementation areas were significantly more likely than mothers in the comparison areas to have developed a birth plan (76% vs. 63%); to have had at least one antenatal care visit (73% vs. 53%); and two know at least two danger signs during pregnancy (71% vs. 58%).

WHAT'S NEXT?

A recent USAID functionality assessment of Afghanistan's CHWs found that just one of every two CHWs meet the 15 criteria for functionality. Many CHWs are elderly and illiterate, and have difficulty absorbing new information and conducting the required house visits; additionally, CHWs who have died need to be replaced. World Vision Afghanistan is working with the MoH to create an approach for renewing or strengthening the CHW system, and will be attempting to acquire funds to mobilize and train new cadres. In addition to this need, WV Afghanistan is supporting the MoH to select and train 20-40 CHWs for an Emergency Health and Protection programme supporting internally displaced persons. Finally, WV Afghanistan has a target to establish and work with a group of young women to support the existing CHWs, called Family Health Action Groups (FHAGs). Although not currently mobilised, the target for these is 11,840.

CURRENT FUNDING AND MAJOR GRANTS (Integrated Grants)

MUNCH Project funding 2,368 CHWs (DFATD)

Submitted: Immunisation proposal to DFATD to work with the CHWs and train them on vaccine administration
Emergency Health and Protection Project