

Section VI. Appendices

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

At a Glance

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Section VI. Appendices

Appendix A1: Participant Selection Form

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

Guidance for Using this Form: Selecting Participants for the CHW AIM Matrix Workshop			
<p>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.</p>			
Representatives From	Name	Title	Location
From your CHW program management team and health facility staff (aim for 5–7); consider including someone from headquarters if this is appropriate in addition to local managers and supervisors			
From community health workers (aim for 5–6) who can speak for the program as a whole			

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

Appendix A2: Validation Questionnaire

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

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

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

2. Please describe how you were recruited.

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

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

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

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

Date(s) _____ Duration _____ days

Topics covered:

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

Date(s)	Duration (days)	Topics Covered

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

9. Who is your supervisor?

Name: _____

Title: _____

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

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

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

12. If yes:

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

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

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

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

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

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

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

a. What do you include in the reports? _____

b. To whom do you submit the reports? _____

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

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

e. Are reports shared with the community? _____

f. No reports _____

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

You (CHW)

With the community?

With other stakeholders? _____

20. What are your biggest challenges as a CHW?

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

Appendix A3: Score and Score Rationale Documentation Worksheet

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

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

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

Sample Score and Score Rationale Documentation Worksheet

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

Appendix A4: Functionality Score Sheet

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

Part 1. CHW Program Functionality Matrix Score Sheet

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

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

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

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

List the functional intervention areas for future reference:

Note any intervention areas In need of improvement:

Appendix A5: Action Planning Framework

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

Definitions for Action Planning Framework

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

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

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

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

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

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

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

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

Action Planning Framework

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

Sample Action Planning Framework

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

Appendix A6: Online Resources and Field Examples

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

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

Recruitment

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

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

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

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

Example from the Field: Recruiting and Supporting Community Health Volunteers

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

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

Suggested Interventions

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

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

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

CHW Role

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

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

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

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

Initial and Continuous Training

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

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

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

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

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

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

Experience from the Field: Training

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

www.healthworkforce.info/advocacy/Task_Shifting.pdf

Equipment and Supplies

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

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

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

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

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

Harvey SA, Jennings L, Chinyam M. URC 2008. Improving CHW Use of Malaria Rapid Diagnostic Tests in Zambia: Package Instructions, Job and Job Aid-Plus-Training

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

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

Supervision and Evaluation

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

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

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

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

Experience from the Field: Supervision

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

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

Suggested Interventions:

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

Performance Evaluation

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

www.crsprogramquality.org

Experience from the Field: Performance Appraisal

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

Possible questions* for use during volunteer performance management sessions:

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

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

Incentives and the Opportunity for Advancement

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

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

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

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

Experience from the Field: Non-Financial Incentive Interventions

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

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

Community Involvement

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

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

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

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

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

Linkages to the Health System and Referral

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

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

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

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

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

Guidance from the Field: Setting Up a Referral Network

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

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

Making a Referral

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

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

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