Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level

Community Health Roadmap

Afghanistan

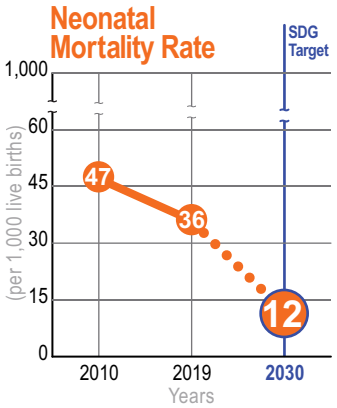
2021 Update

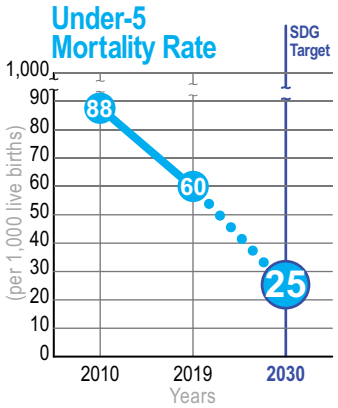
At a Glance: Country indicators

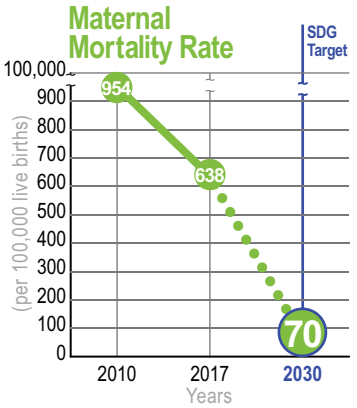
Population (2019):
38,041,754

Total number of community health workers (CHWs):
Current: 29,600
At scale-up (2025): 33,000

Gender disaggregation of CHWs:
Female: 49%
Male: 51%







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Community Health Overview

Community-based health care (CBHC) is the cornerstone of Afghanistan's health system. Afghanistan's community health workers (CHWs) support the delivery of the Basic Package of Health Services in their communities.

VISION: The CBHC national strategy (2015-2020) envisages better health for the Afghan community through achievement of the following results/objectives:

- Reach 90% of rural populations and 60% of urban poor and nomad populations with CHW service coverage
- Improve the quality of community-based primary health care (PHC) services at the household level
- Empower communities to identify their own health needs and take initiatives to solve identified health problems
- Strengthen governance and stewardship of the national CHW programme at all levels.

STATUS OF NATIONAL PLAN: Afghanistan's community health roadmap was developed in view of the national health strategy and CBHC national strategy. Costing of the roadmap (2021-2025) complements both CBHC and national health strategy costing.

Urgent Investment Actions

1. Mobilize sustainable financing to scale up and systematize CHW service coverage (home visits and referrals) in hard-to-reach areas of rural settings

2. Improve the quality of CBHC services and structure the contribution of CHWs to PHC with a prioritized, performance-based incentive approach

3. Reconfigure the CBHC strategic plan based on General Directorate for Disease Control and Prevention (GDDCP) strategy; systematize CHW selection, deployment and terms of reference (TOR); and standardize the package of services delivered by CHWs

4. Improve communications and information dissemination, promote service utilization, and empower communities as agents of their own health

5. Increase community engagement and ownership through capacity building of community health *shura* (councils)

6. Strengthen CHWs in urban areas through their selection, deployment and training; ensure sufficient supply of health commodities at urban health posts; and provide incentives for CHWs in urban areas.

Description of Community Health Structure

Cadres: Currently 29,600 CHWs, both male and female, working at health posts throughout the country.

Scale-up plan:
By 2025, increase the number of CHWs to 33,000, provide training to 2,000 new CHWs (excluding supervisory-cadre CHWs), and offer a performance-based incentive scheme for CHWs. The scheme will start in 10 provinces with gradual scale-up to all 34 provinces.

Services offered:

CHWs

- Health education
- Follow-up and referrals
- Provision of first aid
- Treatment of common illnesses
- Maternal, newborn and child health
- Community mobilization
- Home visits

Midwives

- Community midwives who work in a Family Health House (FHH) are part of the CBHC strategy but other midwives are not part of the CBHC network or system.

Family Health Action Groups (FHAGs)

- Promote healthy practices within the community
- Promote the use of services provided by CHWs
- Inform CHWs about health issues in the community
- Promote male engagement within the community

User fees:

- **None**

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Description of Community Health Structure

Supervision:

- CHWs are supervised by the community health supervisor and community health shura.
- Monitoring visits by provincial public health directorates, NGOs and central Ministry of Public Health (MoPH).
- Midwives are supervised by provincial public health directorates and NGOs.
- FHAGs are supervised by female CHWs and the community health supervisor.

Training:

CHWs
4 months of training is delivered in 3 phases

Midwives
26 months training by the Ghazanfar Institute of Health Science or midwifery training schools that are run by contracting NGOs

Family Health Action Groups
1-2 days a month of training, conducted by female CHWs

Remuneration:

CHWs
No applied system

Midwives
Midwives hired for work in health facilities receive regular salaries

Family Health Action Groups
No applied system

Description of Community Health Structure

Data collection:

CHWs
Community health data are integrated with DHIS2/HMIS. CHWs collect community data from NGO implementers of BPHS using HMIS and data registers (pictorial tally sheets); supervisors compile the monthly activity report for the health post; the head of clinic aggregates the monthly report and sends it to the provincial and central (MoPH) HMIS Officers as input to HMIS.

Midwives
Aggregate data are sent to HMIS Officers at provincial and central MoPH

Family Health Action Groups
No reporting system

Health system linkages:

CHWs
CBHC is linked with the PHC system. The health posts where CHWs work represent the lowest level of health service provision and are linked to the health facility through community health supervisors. Each health facility has several health posts in its catchment area.

Midwives
Midwives working in the health facility have linkages with the health system. Midwives working outside the health facility have no such linkages.

Family Health Action Groups
FHAGs are directly linked with female CHWs and then with upper levels of the health system.

Community engagement:

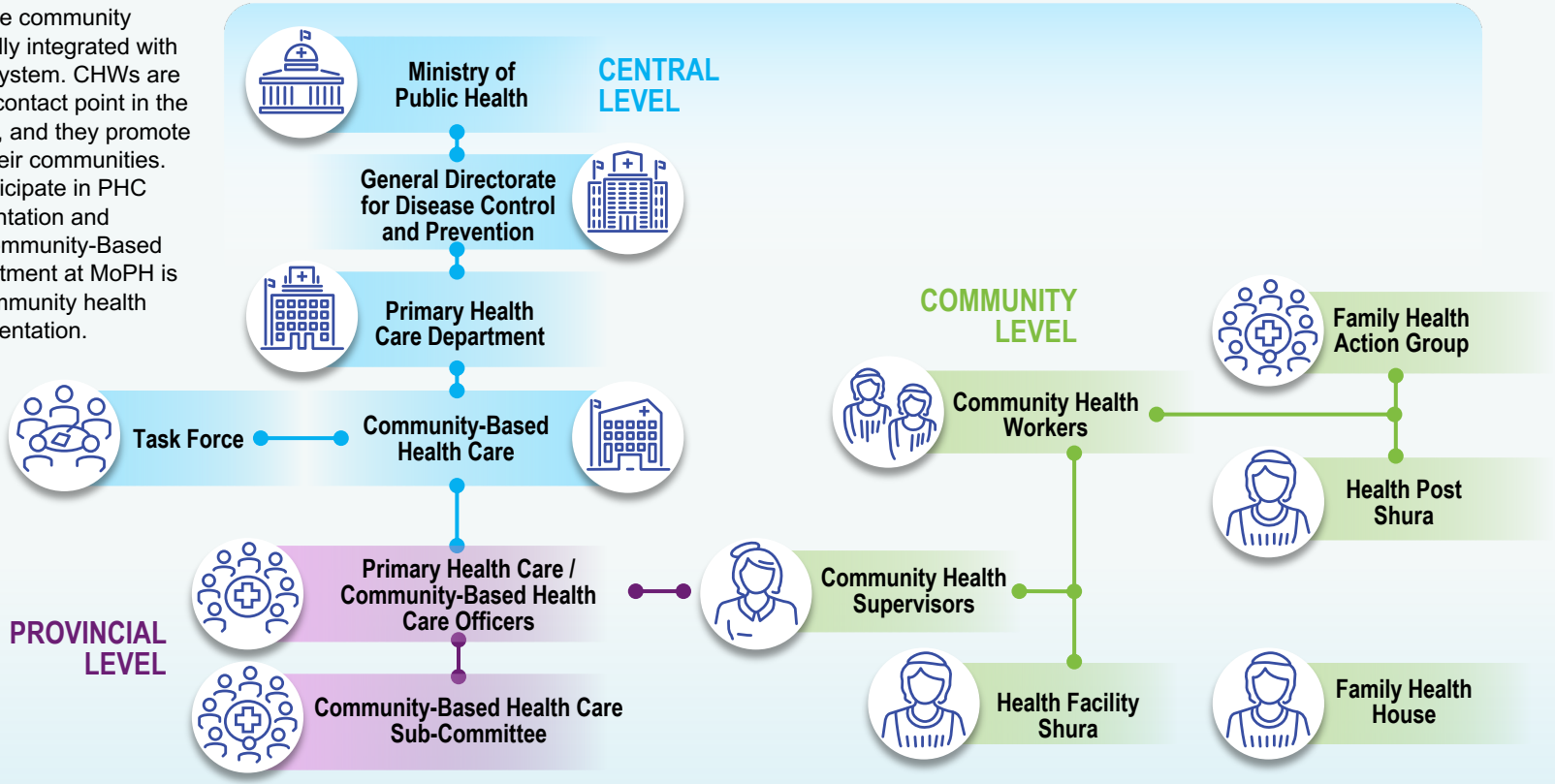
CHWs
CHWs are introduced by health *shura* and are accountable for health *shura*.

Midwives
Midwives are introduced by health *shura* and community elders.

Family Health Action Groups
FHAGs are introduced by CHWs and health shura and are accountable for health shura and CHWs.

Primary Health Care Structure at Community Level: supports service delivery, engagement and accountability

In Afghanistan, the community health system is fully integrated with the broader PHC system. CHWs are known as the first contact point in the PHC referral chain, and they promote PHC services in their communities. They regularly participate in PHC planning, implementation and evaluation. The Community-Based Health Care Department at MoPH is responsible for community health and CBHC implementation.



Primary Health Care Priorities and Progress at Community Level

Service Delivery

Service delivery structure, package and quality of care

Priorities (2021-2022)

- Improve the role of CHWs in social cohesion, women's empowerment, community mobilization in response to COVID-19 and RMNCH service continuation
- Implementation of HQIP (Harmonized Quality Improvement Package) /HP (health post) standards tool
- Implementation of CHW core competency assessment
- Revision of the CHW TOR.
- Capacity building of health *shura* on MNCH issues including community scorecard
- Increase number and qualification of CHS (Community Health Supervisor), hiring more female CHS
- Integration of FHH within the BPHS system

Progress (Sept. 2021)

- HQIP/HP standards tools revised
- Field test tool for evaluation of CHW core competencies implemented
- Health *shura* TNA (training needs assessment) conducted, guidelines revised and piloted

Health Workforce

Recruitment and accreditation

Priorities (2021-2022)

- Establishment of a Recruitment and Accreditation Board at national and provincial levels
- Development of standard operating procedures (SOPs) and tools
- Standardization of CHW human resource database; validation of data
- Implementation of a health post standards tool

Progress (Sept. 2021)

- Standards tool for use at health posts revised
- SOP developed on COVID-19 incentives for CHWs
- SOP developed on catalytic funding project
- CHW human resource database standardized; data collection ongoing

Training

Priorities (2021-2022)

- Revision of CHW and CHS training manuals and tools, including job aids
- Post-training follow-up
- Development of training database

Progress (Sept. 2021)

- CHS supervisory checklist is under revision
- SOP and training plan developed for urban CHWs

Health Workforce *(continued)*

Supervision

Priorities (2021-2022)

- Development of supportive supervision plans for implementation of CBHC programme, including costing at all levels
- Revision of supervision tools and checklist
- Pilot mentorship programme

Progress (Sept. 2021)

- Monitoring and supervision costed at all levels
- Supportive supervision at provincial level strengthened, through the catalytic fund

Remuneration/reward and advancement

Priorities (2021-2022)

- Application of rewards and recognition system
- Celebration of CHW day as an important annual event

Progress (Sept. 2021)

- National CHW Day celebrated at national and provincial levels
- In-kind donation provided for CHWs involved in mobile health team (MHT) project (home visits)
- CHW incentive guideline developed

Health Information Systems

Data reporting and information systems

Priorities (2021-2022)

- Implementation of community scorecards
- Establishment of feedback mechanism on key indicators for CHWs
- Building a culture of data use at all levels

Progress (Sept. 2021)

- Implemented community scorecards in 33 communities through MoPH and in 34 provinces through by Citizens' Charter National Priority Programme, Ministry of Rural Rehabilitation and Development

Supply Chain Management

Supply chain management (including commodities)

Priorities (2021-2022)

- Development of supply management SOPs
- Regular coordination meeting with NGO implementers of the Basic Package of Health Services (BPHS) on supply of kits for CHWs

Progress (Sept. 2021)

- 5 coordination meetings conducted, with NGO implementers of the BPHS, the Grant and Service Contract Unit and the Performance Management Office

Health products

Priorities (2021-2022)

- Digitalization of data collection, monitoring and information sharing
- Research and studies on community health issues
- Strengthening of CHW human resources database
- DHIS2 training with different groups/at different levels

Progress (Sept. 2021)

- Two small-scale study projects on: (1) conditional cash transfers, and (2) core competencies of MHTs/CHWs
- Begun integrating community health system data with DHIS2 and HMIS

Finance

Finance

Priorities (2021-2022)

- Endorsement of community health resources management (CHRM), proposal and costing
- Institutionalization of performance-based incentive scheme for CHWs; guidelines implemented in 10 provinces
- Advocacy for fundraising
- Establishment of a coordination mechanism for the allocation of funds

Progress (Sept. 2021)

- CHRM proposal, including performance-based incentive scheme for CHWs, is costed and shared
- Advocacy meeting conducted
- Performance-based incentives guidelines developed
- SOP developed for incentivization of urban CHWs

Leadership and Governance

System design and policies

Priorities (2021-2022)

- Revision of CBHC strategic plan based on GDDCP strategy; development of an operational plan and costing
- Reporting and follow-up system
- Development of policy advocacy paper for fundraising

Progress (Sept. 2021)

- Desk review and situation analysis conducted jointly with the Liverpool School of Tropical Medicine and UNICEF Regional Office for South Asia (ROSA)
- Costing of incentivization and public awareness completed
- Community-based forms of HMIS revised
- SOP developed for the control of COVID-19 at community level

Leadership and Governance *(continued)*

System management and leadership

Priorities (2021-2022)

- Upgrading and restructuring of CBHC at all levels
- Managerial and leadership capacity-building programme for CBHC staff at all levels
- Design and implementation of capacity-building programme for provincial staff
- Establishment of an end-user monitoring mechanism

Progress (2021-2022)

- CBHC officers recruited in two provinces
- Provincial PHC officers assigned as CBHC focal points with greater leadership role

Political priorities

Priorities (2021-2022)

- Development of an advocacy package and plan
- Establishment of a coordination mechanism with parliamentary health committee

Progress (2021-2022)

- No progress

Community Engagement

Community engagement

Priorities (2021-2022)

- Development of an operational manual on community engagement/mobilization; piloting of manual and tools on a small scale
- Production and broadcast of radio and TV spots
- Community dialogue

Progress (Feb. 2021)

- Messages and materials (posters, leaflets, brochures) distributed for CHWs; radio and TV spots broadcast in all provinces
- Community dialogue sessions conducted
- 9,781 CHWs trained on COVID-19 prevention and referral

Costs to Implement Primary Health Care at Community Level, 2021-2025

Total costs of CBHC implementation, 2021-2025: USD$118,597,967
Resource gap: USD$63,755,308

The total cost of implementation – USD$118 million – includes costs at both national and programme delivery levels and in terms of delivering the BPHS to communities (Table 1). The cost of BPHS delivery to communities is fully funded. National and programme delivery costs represent a resource gap of USD$63,755,308.

Table 1. CBHC implementation costs (in US dollars), including national level, programme delivery and BPHS delivery to communities, 2021-2025

CBHC Implementation category	Total cost	Resource gap
National level and programme delivery	USD$63,755,308	**USD$63,755,308** (unfunded)
BPHS delivery to communities	USD$54,842,659	**USD$0** (fully funded)
Total cost	**USD$118,597,967**	**USD$63,755,308** (93% of resources needed are for CHW incentives)

At national level, the largest cost driver and unfunded category is institutionalizing performance incentives to CHWs (Figure 1). CHWs are currently working as volunteers. The CHW incentivization scheme is based on performance indicators and would be implemented in all 34 provinces for 33,000 CHWs by 2025.

Under BPHS delivery, the largest cost drivers are CHW supplies and kits, training and human resources (Figure 2).

Figure 1.
National level and programme delivery: Breakdown of resource gap, 2021-2025

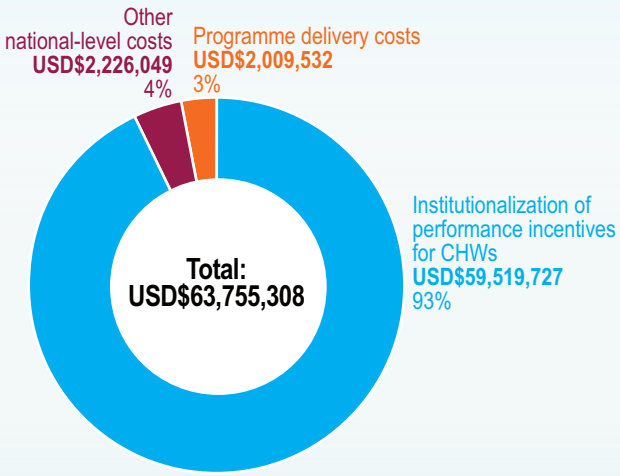
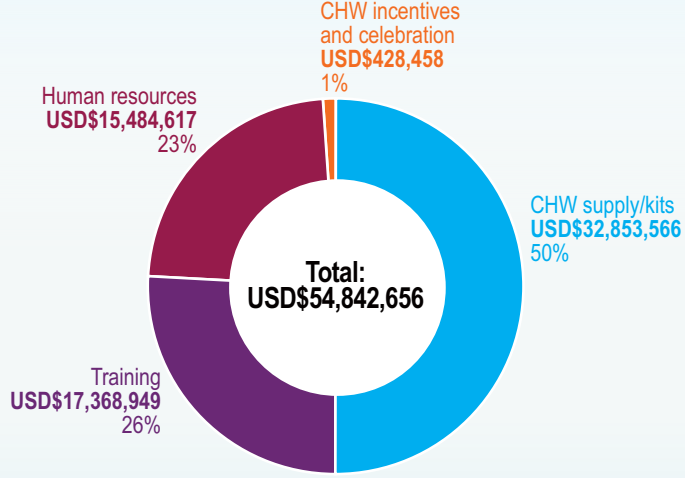


Figure 2.
BPHS delivery to communities: Breakdown of total costs, 2021-2025



Milestones in Integrating Community Health within Primary Health Care, 2015-2020

2015

More than 2,000 Health Posts and 8,000 FHAGs established

Establishment of 6,000 Health Posts and 10,000 FHAGs in rural and nomad settings (access)

2016

Expand CBHC-Urban program (utilization)

1,000 CHWs trained

2017

Service quality improvement tools development (quality)

Guideline and tools developed

Implementation of conditional cash transfer scheme for institutional delivery and referral by CHWS (C4D)

Piloted and expanded

2018

Establishment of 306 Family Health House (coverage)

207 FHH established

2019

CHW training on CBNC, CBHIIs, RDT, TBDOTs, Handbook, CLTS, Z&ORS (capacity)

25,000 CHWs trained

2020

More than 1,000 Programme monitoring and supervision visits done

Programme monitoring and supervision

Development Partners

Funders

Bill and Melinda Gates Foundation
European Union
GAVI
The Global Fund
Government of Canada
United Nations Population Fund (UNFPA)
UNICEF
USAID
The World Bank
World Health Organization

Implementing Partners

MoPH
BPHS and EPHS implementer NGOs

Coordination mechanisms

GDDCP coordination meetings
CBHC task force, working groups and subcommittee
Provincial Health Coordinating Committee
NGO coordination meetings

Acronyms and Sources Used

Acronyms

BPHS	Basic Package of Health Services
CBHC	community-based health care
CHS	community health supervisor
CHRM	community health resources management
CHW	community health worker
DHIS2	District Health Information System, version 2
FHAG	family health action group
FHH	Family Health House
GDDCP	General Directorate for Disease Control and Prevention
HMIS	health management information system
MHT	mobile health team
MoPH	Ministry of Public Health
NGO	non-governmental organization
P4P	Pay for Performance
PHC	primary health care
RMNCAH	reproductive, maternal, neonatal and child health
ROSA	Regional Office for South Asia (UNICEF)
SOP	standard operating procedure

Sources

Original country roadmap at www.communityhealthroadmap.org and subsequent versions.

Costing Analysis of Community-Based Health Care Roadmap, virtual presentation to the Institutional Community Health Conference, 19-22 April 2021.

Mortality: United Nations Inter-Agency Group for Child Mortality Estimation, childmortality.org.

Population: Primary Health Care Performance Initiative, https://improvingphc.org/indicator/population#?loc=&viz=0&ci=false, accessed 15 Aug. 2021.