

Section II. CHW Program Functionality Matrix

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

Level of Functionality: 1 = non functional 2 = partially functional 3 = functional 4 = highly functional

<p>1. Recruitment: How and from where a community health worker (CHW) is identified, selected, and assigned to a community, including selection criteria</p>			
<p>Resources: CHW recruitment guidelines</p>			
1	2	3	4 (best practice)
<p>In CHW recruitment:</p> <ul style="list-style-type: none"> • CHW is not from community • Community plays no role in recruitment • No or few selection criteria in place, well known or commonly applied 	<p>In CHW recruitment:</p> <ul style="list-style-type: none"> • CHW is not from community • Community only approves of final selection • Some selection criteria (literacy, gender, marital status, local residence) in place and are met when possible 	<p>In CHW recruitment:</p> <ul style="list-style-type: none"> • CHW is from community (except in special circumstances)¹ • Community participates in the final selection • Most selection criteria (literacy, gender, marital status, local residence) in place and are met when possible 	<p>In CHW recruitment:</p> <ul style="list-style-type: none"> • CHW is from community (except in special circumstances) • Community participates in entire recruitment process • All selection criteria— literacy, gender, marital status, local residence—exist and are met
<p>¹ All efforts should be made to recruit from the community. Special circumstances include cases in which having CHWs from outside the community responds to community demand to ensure client privacy or for other reasons.</p>			

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 program; clear expectations that define actions and behaviors necessary for the CHW to be successful; and tasks that are measurable activities that the CHW performs when providing services

Resources: CHW job description or terms of reference, organizational or government CHW policy and/or guidelines

1	2	3	4 (best practice)
<p>The CHW role:</p> <ul style="list-style-type: none"> • Is not defined or documented • Is not clear or agreed among CHW, community, and formal health system 	<p>The CHW role:</p> <ul style="list-style-type: none"> • Is not defined or documented • Has general expectations (e.g. working time) and tasks (e.g. nutrition counseling) but not specific expectations (e.g. services, visits, tasks/services per visit) • Is not always agreed/accepted among CHW, community and formal health system 	<p>The CHW role:</p> <ul style="list-style-type: none"> • Is clearly defined and documented, but community and other stakeholders played no part in defining the role • Has general expectations (e.g. working time) and tasks (e.g. nutrition counseling) but not specific expectations (e.g. services, visits, tasks/services per visit) • Is agreed and understood by CHW, community and general health system; occasional demands are made on CHW that he/she cannot meet 	<p>The CHW role:</p> <ul style="list-style-type: none"> • Is clearly defined and documented by all stakeholders • Is supported by government and/or organizational policies • Has specific expectations (e.g. workload, client load, time per patient, maximum distance and role of community) and tasks (e.g. weighing children for nutrition guidance, providing food supplements for HBC clients) • Is agreed and understood by CHW, community and general health system • Ensures full service coverage through referral • Is discussed and updated through a routine process

3. Initial Training: Training is provided to CHW to prepare for his/her role in service delivery and ensure s/he has the necessary skills to provide safe, effective quality care

Resources: Training plans and/or guidelines, training curricula, training databases or records

1	2	3	4 (best practice)
<p>Initial training:</p> <ul style="list-style-type: none"> • Is not done or minimal • Does not follow national/international guidelines for content or duration • Is not timely; CHWs are not enrolled in training within six months of joining 	<p>Initial training:</p> <ul style="list-style-type: none"> • Is provided to all CHWs within six months of recruitment • Does not meet national/international guidelines for content or duration • Does not include on-the-job training or practicums • Does not include community or government health service participation 	<p>Initial training:</p> <ul style="list-style-type: none"> • Is provided to all CHWs within six months of recruitment • Meets national/international guidelines for content and duration • Includes: core CHW topics¹, appropriate technical content, referrals, documentation, and has a practicum component • Does not include community or government health service participation 	<p>Initial training:</p> <ul style="list-style-type: none"> • Is provided to all CHWs within six months of recruitment • Meets national/international guidelines for content and duration • Includes: core CHW topics¹, appropriate technical content, referrals, documentation, and gender sensitivity and has a practicum component • Includes government health service and community participation

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

4. Continuous Training: Ongoing training is provided to update CHWs on new skills, to reinforce initial training, and to ensure practicing skills learned

Resources: Training plans and/or guidelines, training curricula, training databases or records

1	2	3	4 (best practice)
<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides no continuous training • Conducts occasional, ad hoc visits by supervisors with some coaching 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides irregular continuous training; less frequently than every 12 months • Enables CHWs to participate in occasional workshops on specific vertical health topics • Has no training plan and does not track which CHWs have attended training 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides continuous training at least every 12 months, for all CHWs • Has a training plan, but tracking of which CHWs have been trained is weak • Does not involve government health system or facilities in training 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides continuous training at least every 6 months for all CHWs • Has a training plan and routinely tracks CHWs trained • Adheres to national or international guidelines where possible • Offers opportunities in a consistent and fair manner to all CHWs • Involves government health system and/or facilities in training • Has health workers participate in training and/or conduct training at health center

5. Equipment and Supplies (including job aids): Requisite equipment and supplies are available when needed to deliver the expected services

Resources: Guidelines for CHW stocks and supplies, supply ordering procedures and forms, inventory forms and procedures

1	2	3	4 (best practice)
<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides no or incomplete, equipment, supplies, or job aids • Is unable to support defined CHW tasks due to inconsistent supply 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides equipment, supplies, and job aids • Experiences regular stock outs of essential supplies (≥ 2 times/year) that last more than one month • Has no regular process for ordering supplies (CHWs order when they run out) 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides equipment, supplies, and job aids • Experiences some stock outs; supplies regularly ordered and available. Takes into account CHW needs when ordering supplies • Does not regularly verify expiration dates, quality, and inventory 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides equipment, supplies, and job aids • Experiences no substantial stock outs • Takes into account CHW needs when ordering supplies • Regularly verifies expiration dates, quality, and inventory of all equipment and supplies

6. Supervision: Supportive supervision is carried out regularly to provide feedback, coaching, problem solving, skill development, and data review

Resources: Supervision plans and guidelines, supervisor job descriptions and qualifications, supervision checklists or other tools, supervision reports, supervision training documents

1	2	3	4 (best practice)
<p>CHW supervisors:</p> <ul style="list-style-type: none"> • Do not exist or provide no regular supervision 	<p>CHW supervisors:</p> <ul style="list-style-type: none"> • Conduct supervision less than 3 times per year • Collect mainly reports or data during supervision • Are not trained in supportive supervision • Have not been assigned and introduced to specific CHWs or communities • Do not provide individual performance support (problem-solving, coaching) 	<p>CHW supervisors:</p> <ul style="list-style-type: none"> • Conduct supervision visits every 3 months • Review reports, collect monitoring data, and provide problem-solving support during supervision visits • Are trained in supportive supervision • Are well known to CHWs and communities • Have and use basic supervision tools (checklists) • Consistently meet with the community • Use data/information for problem-solving and coaching during supervision meetings 	<p>CHW Supervisors:</p> <ul style="list-style-type: none"> • Conduct supervision visits every 1 to 3 months • Review reports, collect monitoring data, observe service delivery and provide problem-solving support during supervision visits • Are trained in supportive supervision, and conducting service delivery observations • Are well known to CHWs and communities • Have and use basic supervision tools (checklists) • Consistently meet with the community and make home visits with the CHW or provide on-the-job skill building • Use data/information for problem-solving and coaching during supervision meetings

7. Individual Performance Evaluation: Evaluation is conducted to fairly assess work during a set period of time			
Resources: Performance evaluation guidelines and tools, completed performance evaluation forms			
1	2	3	4 (best practice)
<p>A structured CHW individual performance evaluation:</p> <ul style="list-style-type: none"> • Does not exist or is not done 	<p>A structured CHW individual performance evaluation:</p> <ul style="list-style-type: none"> • Is conducted once a year • Is not based on individual performance • Includes evaluation of only coverage or monitoring data • Does not reward good performance 	<p>A structured CHW individual performance evaluation:</p> <ul style="list-style-type: none"> • Is conducted once a year and is documented • Is based on individual performance • Includes evaluations of service delivery and coverage or monitoring data (national/ program evaluation) • Includes community feedback on CHW performance • Provides some rewards for good performance, but they are ad hoc and inconsistent 	<p>A structured CHW individual performance evaluation:</p> <ul style="list-style-type: none"> • Is conducted once a year and is documented • Is based on individual performance • Includes evaluations of service delivery and coverage or monitoring data (national/ program evaluation) • Includes community feedback on CHW performance • Gives established rewards for good performance and community plays a role in providing rewards

8. Incentives: Financial: 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

Resources: Program guidelines for Incentives, records of incentive payments (as appropriate)

1	2	3	4 (best practice)
<p>The CHW program:</p> <ul style="list-style-type: none"> • Is completely volunteer: no financial or non-financial incentives are provided 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides no financial or non-financial incentives; but community recognizes CHW and sometimes gives small tokens 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides some limited financial incentives such as transport to training, but no salary or bonus • Provides some non-financial incentives • Has CHWs that are motivated and/or supported by the community through rewards (e.g. labor, farming, formal recognition at events) 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Provides both financial and non-financial incentives in line with expectations placed on CHW (e.g., number and duration of client visits, workload, and services provided) • Links incentives to performance • Ensures community offers gifts or rewards

9. Community Involvement: The role that community plays in supporting (supervising, offering incentives, providing feedback) a CHW

Resources: Community agreements, guidelines for community involvement, supervision reports detailing community feedback

1	2	3	4 (best practice)
<p>The community:</p> <ul style="list-style-type: none"> Plays no role in supporting CHWs 	<p>The community:</p> <ul style="list-style-type: none"> Sometimes collaborates with CHWs on campaigns or education Has some people who seek services from the CHW 	<p>The community:</p> <ul style="list-style-type: none"> Plays a significant role in supporting the CHW by discussing role or objectives and providing regular feedback to the CHW and supervisors Widely recognizes and appreciates the CHW Has little or no interaction with supervisor 	<p>The community:</p> <ul style="list-style-type: none"> Plays an active role supporting CHWs in all areas: e.g. developing role, providing feedback, solving problems, and providing incentives Helps to establish CHW as a leader in community Widely recognizes and appreciates the CHW Has leaders who regularly discuss health issues with the CHW using data Interacts with supervisors during visits, provides feedback on CHW performance, helps problem solve

10. Referral System: A process for determining when a referral is needed, a logistics plan is in place for transport and funds when required, and a process to track and document referrals

Resources: Referral guidelines, referral forms, emergency referral or logistics plans (may be part of guidelines), records and/or reports on referral

1	2	3	4 (best practice)
<p>The referral system:</p> <ul style="list-style-type: none"> • Is not in place or is inactive 	<p>The referral system:</p> <ul style="list-style-type: none"> • Is ad hoc with CHWs knowing when and where to refer clients, but no formal referral guidelines, process, logistics or forms 	<p>The referral system:</p> <ul style="list-style-type: none"> • Is in place with CHWs knowing when and where to refer clients based on established guidelines • Is facilitated by moderately reliable transport and/or access to referral facilities • Has a tracking and logistics system: clients are referred with a written slip, referrals are informally tracked by CHWs (verbal follow-up) • Is limited by no or inconsistent feedback from referral sites/providers to CHWs 	<p>The referral system:</p> <ul style="list-style-type: none"> • Is in place with CHWs knowing when and where to refer clients based on established guidelines • Is facilitated by very reliable transport and/or access to all referral facilities • Includes a logistics plan for emergencies that accounts for transport and funds and has demonstrated effectiveness • Includes a robust tracking system with standardized forms, recording and reporting • Ensures that information on referral services flows back to the CHW with a returned referral form

11. Opportunity for Advancement: The possibility for growth and advancement for CHWs, including certification, increased responsibilities, and a path to formal sector or change in role

Resources: HR policy documents, guidelines and criteria for advancement, performance evaluation documents

1	2	3	4 (best practice)
<p>The CHW program:</p> <ul style="list-style-type: none"> • Offers no opportunities for advancement 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Offers occasional advancement opportunities to CHWs who have been in the program for a specific length of time • Does not relate advancement to performance or achievement 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Offers advancement to CHWs who have been in the program for a specific length of time • Provides limited training opportunities to CHWs to learn new skills to advance roles • Provides advancement to CHWs for good performance, but evaluation of performance or achievement is not always consistent, clear or transparent 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Offers advancement to CHWs who perform well and who express an interest in advancement • Routinely provides training opportunities to help CHWs learn new skills and advance their roles • Has a clear, transparent and fair system to assess CHW performance and achievement for advancement purposes

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

Resources: CHW notebooks or recording formats, reporting formats, record keeping standards or guidelines

1	2	3	4 (best practice)
<p>The CHW program:</p> <ul style="list-style-type: none"> • Has no documentation processes or has informal processes that are followed inconsistently 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Has CHWs record visits in notebooks, but there are no standardized formats • Has CHWs that sometimes review their records with health facility staff • Does not discuss quality of monitoring forms or have routine discussions with CHWs or supervisors about data • Does not involve CHWs in data-based problem solving in the community 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Has CHWs document their visits and provide data on standardized formats • Ensures supervisors monitor the quality of documents, discuss them with CHWs and provide help when needed • Does not provide CHWs and communities with data summaries • Does not involve CHWs in data-based problem solving in the community 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Has CHWs document their visits and provide data on standardized formats and this is consistently done to a high standard • Ensures supervisors monitor quality of documents, discuss them with CHWs, and provide help when needed • Provides CHWs and communities with data summaries • Involves CHWs in data-based problem solving in the community

13. Linkages to Health System: 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

Note: 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.

Resources: National CHW program guidelines, national training guidelines, national referral forms, national supervision guidelines

1	2	3	4 (best practice)
<p>The CHW program:</p> <ul style="list-style-type: none"> • Is not linked to the health system or links are weak 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Is recognized by the health system, but the health system provides little or no support <p><i>Example: Policies exist that describe CHW role and occasional (\leq yearly) monitoring visits occur from MOH</i></p>	<p>The CHW program:</p> <ul style="list-style-type: none"> • Is supported by the health system through participation in, provision of, or joint monitoring of at least some of the following: <ul style="list-style-type: none"> ○ Training, supervision, referral, equipment and supplies, incentives, CHW performance assessment, advancement opportunities, reporting, and use and sharing of data • Shares data with the health system 	<p>The CHW program:</p> <ul style="list-style-type: none"> • Is provided comprehensive support by the health system through its consistent participation in, provision of and joint monitoring of: <ul style="list-style-type: none"> ○ Training, supervision, referral, equipment and supplies, incentives, CHW performance assessment, advancement opportunities, reporting, and use and sharing of data • Shares data with the health system • Has consistent and relatively smooth coordination with the health system

14. Program Performance Evaluation: General program evaluation of performance against targets, overall program objectives, and indicators carried out on a regular basis

Resources: Program performance evaluation guidelines, program indicators, reports

1	2	3	4 (best practice)
<p>CHW program performance evaluation:</p> <ul style="list-style-type: none"> • Is not done or is not conducted on a regular basis 	<p>CHW program performance evaluation:</p> <ul style="list-style-type: none"> • Is conducted yearly and covers CHW activities • Does not assess CHW achievements against program indicators and outcomes • Is not summarized and CHWs are not provided feedback on how the program is performing against expectations • Shows that the CHW program is realizing less than 75% of its targets (up to end of most recent quarter) 	<p>CHW program performance evaluation:</p> <ul style="list-style-type: none"> • Is conducted yearly and covers CHW activities • Assesses CHW achievements against program indicators and outcomes • 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 • Is summarized and CHWs are provided feedback on how they are performing • Shows that the CHW program is realizing at least 75% of its targets (up to end of most recent quarter) 	<p>CHW program performance evaluation:</p> <ul style="list-style-type: none"> • Is conducted yearly and covers CHW activities • Assesses CHW achievements against program indicators and outcomes • Includes an evaluation of the quality of service delivery provided by CHWs and the community and health facility staff are asked to provide feedback on CHW performance • Is summarized and CHWs are provided feedback on how they are performing • Shows that the CHW program is realizing at least 75% of its targets (up to end of most recent quarter)

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

Resources: National policies on CHWs, national CHW supervision guidelines, training and budget related to CHWs and CHW incentives

1	2	3	4 (best practice)
<p>The national health system:</p> <ul style="list-style-type: none"> • Does not recognize CHWs • Does not have plans or a process to create or support a CHW cadre 	<p>The national health system:</p> <ul style="list-style-type: none"> • Recognizes CHWs as helpful in communities but does not assign a formal role to them • Provides no support to CHWs; they are funded by NGOs or other stakeholders • Participates in the supervision of CHWs funded by NGO partners 	<p>The national health system:</p> <ul style="list-style-type: none"> • Recognizes CHWs as part of the formal health system and has policies that define their roles, tasks, and relationship to health system • Provides minimal financial support for CHWs through local or district budgets • Participates in supervision of CHWs through district health offices and/or facilities 	<p>The national health system:</p> <ul style="list-style-type: none"> • Recognizes CHWs as part of the formal health system and has policies that define their roles, tasks, and relationship to health system • Provides adequate financial support for CHWs, including incentives • Supervises CHWs through district health offices and/or facilities • Ensures CHWs are adequately supplied through national and local stores

