AFGHANISTAN
### Community Health
Afghanistan has 28,000 volunteer community health workers both male and female and working throughout the country.

#### Scale-up plan and vision
Afghanistan is currently implementing a national Community Based Health Care Strategy (2015-2020) with vision “Better health for Afghan community”

**Per strategy**
- a) the CHWs’ service coverages shall be increased among 90% of rural and 60% of poor urban and nomad populations
- b) quality of community based PHC services at household level is improved
- c) communities are empowered to identify their own health needs and take initiatives to solve identified health problems and
- d) governance and stewardship the national CHW program is strengthened at all levels

**Linkages with broader PHC system**: PHC in Afghanistan is primarily delivered through the Basic Package of Health Services. CHWs support the primary healthcare services through their association with health posts linked to lower-level health facilities.

### National Priorities

1. Mobilize sustainable financing to scale up (coverage) and systematize CHWs services (home visit and referral) in the hard to reach areas of rural sitting

2. Improve the quality of services delivered through the CBHC system and structuring the community health workers’ contribution to PHC with a prioritized performance based incentive approach

3. Reconfigure the CBHC strategic plan based on GDDCP strategy; for selection and deployment of CHWs, CHWs’ TOR and the standard package of services delivered by CHWs.

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

5. Increase community engagement and ownership by capacity building of community health Shura

### Main Development Partners

**Funders**
- The World Bank
- USAID
- EU

**Implementing partners / NGOs**
- BPHS and EPHS NGOs

**UN Agencies**
- UNICEF
- UNFPA
- World Health Organization
Community health system structure and delivery channels

Public Health System

- MOPH DGDCP
- MOPH PHC Directorate
- MOPH CBHC Department
- CBHC Task Force
- PHCC CBHC Subcommittee
  - CHS
  - Health Facility Shura
  - CHW
  - Community Health Shura
  - FHAG
  - Community
Overview of community health system

### Country Info
- **Population:** 32.2 million (estimated by NSIA)
- **Region:** ROSA
- **Under 5 Mortality:** 55/1000 live births
- **Maternal Mortality:** 1291/100000 live births

### Description of Community Health System by Main Cadres

<table>
<thead>
<tr>
<th>Element</th>
<th>Community Health Workers</th>
<th>Midwives</th>
<th>Family Health Action Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services offered:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health education</td>
<td></td>
<td>Not in CBHC system yet, but had contribution in Family Health House</td>
<td></td>
</tr>
<tr>
<td>Follow up and Referrals</td>
<td></td>
<td></td>
<td>Implement and demonstrate healthy practices</td>
</tr>
<tr>
<td>Provision of first aid</td>
<td></td>
<td></td>
<td>Talk with neighbors and promote healthy practices</td>
</tr>
<tr>
<td>Treatment of common illnesses</td>
<td></td>
<td></td>
<td>Promote use of services provided by CHW</td>
</tr>
<tr>
<td>Mother and child health</td>
<td></td>
<td></td>
<td>Inform the female CHW about health issues of village</td>
</tr>
<tr>
<td>Community mobilization</td>
<td></td>
<td></td>
<td>Encourage families to follow the CHW’s recommendation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide wider contact with the men of the community,</td>
</tr>
</tbody>
</table>

### User fees:
- PHC services are free of charge based on the Afghanistan constitution.

### Supervision:
- Community health supervisor is responsible
- Female CHWs and CHS is responsible
- Monitoring visits by provincial public health directorates, NGOs and central MoPH

### Training:
- Four months in 3 phases
- One or two day in a month by CHWs

### Compensation:
- No applied system
- No applied system

### Data collection:
- CHWs – CHS in HF, NGO CBHC officer
- HMIS officer at provincial - Central MoPH
- No reporting system

### Health System linkages:
- CBHC is known as cornerstone of health system and backbone of Basic Package of Health Service. CHWs are working in Health Posts which is the lowest level of health service provision in BPHS and are linked to health facility through community health supervisors. Each HF has several health posts in its catchment area.
- CBHC is known as cornerstone of health system and backbone of BPHS. The draft Disease Prevention and Control strategic plan has highlighted community based health care as the PHC platform.

### Community engagement:
- CHWs are introduced by health shura and are accountable for health shuras
- FHAGs are introduced by health shura and are accountable for health shuras and CHWs

### Keys Facts
- **Cadres and #/cadre:** 28,000 community health workers
- **Status of national plan:** 6000 new CHWs are planned and 2000 trained excluding the supervisory cadre
- **Ministry department responsible for community health:** Community Based Health Care
- **Population:** 32.2 million (estimated by NSIA)
- **Region:** ROSA
- **Under 5 Mortality:** 55/1000 live births
- **Maternal Mortality:** 1291/100000 live births

Community Health Roadmap || 2019 || 4
## Scale-up and financing

### Scale-up plans

<table>
<thead>
<tr>
<th></th>
<th>From 2015</th>
<th>To (by 2021/2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CHWs</td>
<td>28000</td>
<td>33000</td>
</tr>
<tr>
<td>Establish functional linkages to PHC system</td>
<td>CHWs are providing PHC services at community level and it is a part of PHC system</td>
<td>Regularly participate in PHC planning, implementation and evaluation</td>
</tr>
<tr>
<td>Maternal mortality /100,000 (2015)</td>
<td>1291/100,000 live births</td>
<td>MoPH National target: reduced by 30% CBHC will contribute</td>
</tr>
<tr>
<td>U5 mortality / 1k (2017)</td>
<td>55/1000 live births</td>
<td>MoPH National target: reduced by 35% CBHC will contribute</td>
</tr>
<tr>
<td>TB detection rate (2017)</td>
<td>70.5%(2017)</td>
<td>No target available</td>
</tr>
<tr>
<td>Malaria cases per 1k (2017)</td>
<td>11/1000 population 2017</td>
<td>7/1000 estimated incidence 2010-2021</td>
</tr>
<tr>
<td>HIV+ women receiving ARVs for PMTCT</td>
<td>No data available</td>
<td>No data available</td>
</tr>
<tr>
<td>Children below 5 years who are stunted (2013)</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>National level</td>
<td>Needs</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------</td>
<td></td>
</tr>
</tbody>
</table>
|Finance         | • Institutionalization of performance incentive to CHWs  
|                | • Advocacy for fund raising  
|                | • Establishing coordination mechanism for allocation of funds |
|System design and policies | • Conducting situation analysis  
|                | • Revision CBHC strategic plan based on GDDCP strategy, develop operational plan and costing  
|                | • Develop Policy advocacy paper and events for fund raising, coordination, incentivization, recognition and public awareness  
|                | • Reporting and follow up system |
|System management and leadership | • Up grading and re-structuring of CBHC at all levels (central level upgrade the department to Directorate, increasing the staff and at provincial level hiring of CBHC focal points in Provincial public health Directorates)  
|                | • Managerial & leadership capacity building program for CBHC staff at all levels  
|                | • Establishment of end user monitoring mechanism |
|Health product  | • Digitalization of data collection, monitoring and information sharing  
|                | • Conducting researches and studies on Community health issues |
|Political priorities | • Developing advocacy package and plan  
<p>|                | • Establishment of coordination mechanism with health committee of parliament |</p>
<table>
<thead>
<tr>
<th>Program Delivery</th>
<th>Needs</th>
</tr>
</thead>
</table>
| **Community engagement** | • Developing engagement mobilization operational manual, tools and piloting in small scale  
                      • Developing radio and TV spots  
                      • Conducting community dialogue |
| **Recruitment & accreditation** | • Establishing Recruitment and accreditation board at national and provincial levels  
                       • Developing SOPs and tools  
                       • Standardization of CHWs HR data base (validation)  
                       • Implementation of HP standards tool |
| **Training** | • Revision of CHW and CHS training manuals and tools including job aids  
                      • Conducting post training follow-up  
                      • Developing training database |
| **Supervision** | • Developing supportive supervision plan for implementation of CBHC program including cost at all levels  
                      • Revision of supervision tools and checklist  
                      • Piloting mentorship program |
| **Remuneration/reward & advancement** | • Applying reward and recognition system  
                      • Celebration of CHW day as an important national annual event. |
| **Supply chain management (incl. commodities)** | • Developing supply management SOPs  
                      • Conducting regular coordination meeting with BPHS NGOs on CHW kit supply |
| **Data reporting and information systems** | • Implement community scorecard  
                      • Establish feedback mechanism on key indicators for CHWs  
                      • Improving data use culture at all levels |
## Landscape of main development partners

<table>
<thead>
<tr>
<th>National levers</th>
<th>Funders</th>
<th>Implementing partners/NGOs</th>
<th>UN Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>USAID, World Bank, European Commission, GAVI, Global Fund, Canadian government, BMGF</td>
<td>MoPH and BPHS implementer NGOs</td>
<td>UNICEF, UNFPA, WHO</td>
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<td>System design and policies</td>
<td>USAID, World Bank, European Committee, Gavi, Global Fund, Canadian government</td>
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<td>Political prioritization</td>
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## Integration Opportunities

### Existing coordination mechanisms

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<th>Type of integration</th>
<th>Ongoing efforts</th>
<th>Opportunities going forward</th>
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<tbody>
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<td>Integration of community health with the broader health system</td>
<td>CBHC is already integrated in national health system</td>
<td>• Global and national levels commitments (Astana deceleration and health policy)</td>
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<td>• Citizen charter</td>
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<td></td>
<td>• National health policy and CBHC strategy</td>
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<td>Integration across programs, partners, and disease areas in community health systems</td>
<td>Integration of CBNP, community dialogue, CLTS, CB-MM, ECD, and CB-DoTs with CBHC</td>
<td>MoPH task forces</td>
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<td></td>
<td></td>
<td>RMNCH coordination meetings</td>
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<tr>
<td>Integration across sectors and agencies</td>
<td>Integration community health related programs of Ministry of rural rehabilitation (work on CLTS), MoE, MoHE, MoWA, MoTC and other ministries and agencies</td>
<td>Coordination forum is established</td>
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AFGHANISTAN

PHCC

NGOs coordination meeting

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Integration of community health with the broader health system

- CBHC is already integrated in national health system
  - Global and national levels commitments (Astana deceleration and health policy)
  - Current health system BPHS and EPHS
  - Donor and partners interest
  - Community health services acceptances by community
  - Involvement of community health in all MoPH programmes and plans
  - Citizen charter
  - National health policy and CBHC strategy

Integration across programs, partners, and disease areas in community health systems

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