ADVANCING PARTNERS & COMMUNITIES

COUNTRY PROFILE: AFGHANISTAN

AFGHANISTAN COMMUNITY HEALTH PROGRAMS
AUGUST 2014

USAID FROM THE AMERICAN PEOPLE

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Advancing Partners & Communities

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COUNTRY PROFILE*

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* Adapted from the Health Care Improvement Project's Assessment and Improvement Matrix for community health worker programs, April 2010, and PATH's Country Assessments of Community-based Distribution programs, 2011.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
APC	Advancing Partners & Communities
BPHS	basic primary health services
CBHC	community-based health care program
CHS	community health supervisor
CHW	community health worker
C-IMCI	community-based integrated management of childhood illness
DMPA (IM)	Intramuscular Depo-Provera
FAM	fertility awareness method
FP	family planning
HIV	human immunodeficiency virus
HMIS	health management information system
HP	health post
IUD	intrauterine devices
LAM	lactational amenorrhea method
MCH	maternal and child health
MoPH	Ministry of Public Health
NGO	nongovernmental organizations
ORS	oral rehydration solution
PMTCT	prevention of mother-to-child transmission
PPHO	Provincial Public Health Office
SDM	standard days method
USAID	U.S. Agency for International Development

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program* and who supervises it (government, nongovernmental organizations [NGOs], combination, etc.)? *Please list all that you are aware of.* **If there are multiple programs, please add columns to the right to answer the following questions according to each community health program.*	The **Community Based Health Care Program (CBHC)** is the foundation for community-based health services in Afghanistan. The Ministry of Public Health's (MoPH) CBHC Department supervises the program. The CBHC Department oversees and supports implementation, further development, and improvement of CBHC programs. Depending on the region, the program is implemented by either the MoPH or non-governmental organizations (NGOs) - 3 provinces are MoPH; 31 are NGO. The CBHC Department partners coordinate with MoPH departments to comprehensively manage the program. The MoPH departments include: Health Care Promotion Department, Reproductive Health Department, Mental Health Department, Disability Department, TB Control program, Malaria Control program, Child Health and Adolescent Department, Public Nutrition Department, and Monitoring and Evaluation (M&E) Department.

2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	While community-based health services existed prior to years of war and conflict, the MoPH created an official CBHC program in 2002. The CBHC program is implemented nationally (in all 34 provinces).[1] The program is an integral component of MoPH's Basic Primary Health Services (BPHS) package. The BPHS identifies essential, cost-effective, and high impact interventions and services for all levels of the primary health care system, including the community-level. It is also one of the country's foundations of health service delivery. The CBHC program is scaling up to expand services to 90% of the population, with current coverage estimated at 66% of the population.
3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? *Please note specific districts/regions, if known.* ☐	The program operates across Afghanistan in peri-urban and rural areas.
4	If there are plans to scale up the community health program, please note the scope of the scale up (more districts, regional, national, etc.) as well as location(s) of the planned implementation sites.	The MoPH aims to expand CBHC services through training of an additional 10,000 community health workers (CHWs) over two years to areas not covered by a BPHS facility or a health post (HP). Additionally, a new community-level service delivery mode called Family Health Houses, staffed by Community Midwives, is currently being piloted. The pilot will bring skilled service delivery staff and well-equipped health posts to rural areas currently served by the CHBC program. Community Midwives currently operate outside of the CBHC program. The pilot will be evaluated for effectiveness, scalability, and sustainability and could be incorporated the CBHC program by the Reproductive Health Policy and Strategy.

[1] Kabul, Logar, Wardak, Nangarhar, Kunar, Laghman, Nooristan, Khost, Paktia, Paktika, Zabul, Gahzni, Kandahar, Farah, Nimroz, Helmand, Urozgan, Ghor, Bamyan, Daikundi, Hirat, Badghis, Faryab, Sar-e-Pul, Jawzjan, Balkh, Samangan, Baghlan, Takhar, Kunduz, Badakhshan, Pawan, Panjshir, and Kapisa.

5	Please list the health services delivered by CHWs[2] under this program. Are these services part of a defined package? Do these services vary by region?	The CBHC program implements the standard package of primary health services at the community level laid out in BPHS. The CBHC program aims to reduce mortality and morbidity rates, particularly targeting mothers and children, by providing evidence-based health care in communities and promoting health lifestyles through community engagement and empowerment. The BPHS framework defines services to be provided by the CHWs through the CBHC program. The service package is intended to be delivered by all CHWs. The services include: maternal and newborn health (e.g. antenatal and postnatal care, promotion of birth preparedness, and micronutrient supplementation); family planning (FP) counseling and distribution of FP commodities; promotion of routine immunization and expanded program on immunization outreach; disease surveillance, reporting and outbreak response; management of acute health issues; diagnosis, support and referral for communicable diseases; mental health awareness, support, and referral; and disability services. Community-based integrated management of childhood illness (C-IMCI) is a significant component. CHWs also use information, education and communication materials to aid in health promotion. The CBHC program relies on community participation and partnership between communities, health facilities staff, and community-based forums (e.g. Family Health Action Groups).
6	Are family planning (FP) services included in the defined package, if one exists?	Yes, FP services are included in the CBHC strategy.
7	Please list the family planning services and methods delivered by CHWs.	The CBHC program includes FP awareness, counseling on the Lactational Amenorrhea Method (LAM) with exclusive breastfeeding for a child's first six months, distribution of oral contraceptives and condoms, and administration of injectable contraception.
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination?)	Basic health services are delivered at community HPs based in CHWs' homes. A HP is staffed by two CHWs (one male, one female). CHWs provide services to clients visiting a HP. In addition, CHWs are required to conduct monthly household visits to their catchment areas, primarily as follow-up visits and for promotional activities.

[2]The term "CHW" is used as a generic reference for community health workers for the purpose of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	**CHWs** are the only cadre of health care service providers in the community. CHWs are male and female volunteers who are based out of a HP in the community they serve.
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	All CHWs have the same responsibilities. However, male CHWs usually provide services to male clients, and female CHWs provide services to female clients, especially for reproductive health services.
11	Total number of CHWs in program? *Break down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.*	Currently, there are 27,831 CHWs. Approximately half of the CHWs are female (13,614). The number of CHWs increased from approximately 2,500 in 2004 to 20,000 in 2008.
12	Criteria for CHWs (e.g. age, gender, education level, etc.) *Break down by cadre, if known.*	Members of the community committees, known as *Shura-e-sehie (Shura),* select and support CHWs. The CHW should be a resident of the local area, age 20-50; volunteer and be motivated to serve as a CHW; and be a respected person in the area. Basic literacy is an advantage, but is not required. Women are encouraged to volunteer - MoPH guidelines require at least 50% of the CHW trainees to be women.
13	How are CHWs trained? Note length, frequency, and requirements of training. *Break this down by cadre, if known.*	CHWs are trained over a four-month period. There are three phases of classroom training (each three weeks in length). In between each phase, CHWs practice what he/she has learned under the supervision of the Community Health Supervisor (CHS), who are health facility staff and support CHWs in their catchment area. At the end of each phase, the CHW receives medicine/commodities and supplies for the CHW kit which is stored at the HP. A CHW is considered an "Active CHW" at the end of the first phase. All CHWs take regular refresher trainings (biannually) or as suggested by the CHS. The refresher trainings are conducted by the service delivery implementing agencies.

14	Do the CHWs receive comprehensive training for all responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	Yes, the four-month training is comprehensive and covers all of the CHWs responsibilities. This training is reinforced through refresher trainings.	
15	Please note the health services provided by the various cadres of CHW as applicable (e.g. who can provide what service).	CHWs are trained to provide high impact primary care in the community. They are encouraged to provide referrals to those needing higher-level preventive services or care beyond the scope CHW responsibilities. They also promote healthy behaviors and lifestyles in the community. CHWs offer limited curative care, including diagnosis and treatment of malaria, diarrhea, and acute respiratory infections (e.g. pneumonia); tuberculosis treatment and adherence support; growth promotion nutrition counseling; and micronutrients supplementation. CHWs are responsible for treating minor illnesses and conditions common in children and adults. CHWs also provide health promotion services/behavior change communication on various topics, including family planning counseling, birth preparedness, safe home deliveries with a skilled birth attendant), awareness of the danger signs of pregnancy, the need for urgent referral when delivery complications occur, basic essential newborn care, prevention of mother-to-child transmission (PMTCT) of HIV, and other MCH-related education and awareness. Additionally, CHWs provide information and education for disability and mental health, and for identification of persons with disabilities and mental conditions.	
16	List family planning services provided by cadre(s) as applicable.	All CHWs are trained to provide FP services. However, female clients tend to seek services from female CHWs and men prefer seeking care from male CHWs.	
		Information/ education	LAM, condoms, oral contraceptives, injectable contraceptives and long-term methods
		Method counseling	LAM, condoms, oral contraceptives, and injectable contraceptives
		Method provision	Distribution of condoms, oral contraceptives, and injectable contraceptives
		Referrals	IUDs and permanent methods

17	Do CHWs distribute commodities in their communities (zinc tablets, FP methods, etc.)? Which programs/products?	The regular supply of essential drugs that CHWs utilize include: • Analgesics: Acetaminophen • Antidotes: Activated charcoal • Antihistamines: Chlorpheniramine Maleate • Anti-bacterial: Co-trimoxazole • Anti-malarials: Chloroquine, Fansidar • Antenatal Supplements: Ferrous Sulfate and Folic Acid • Anti-infectives: Gentian Violet and Tetracycline • Disinfectants: Chlorhexidine. Chlorine releasing compound • Oral Rehydration: Salts: ORS and Zinc tablets • Contraceptives: Oral, condoms, DMPA • Vitamins and Minerals: Retinol Zinc • Antacid: Aluminum Hydroxide and Magnesium Hydroxide • Anti-Helminthes: Mebendazole
18	Are CHWs paid, are incentives provided, or are they volunteers? *Please differentiate by cadre, as applicable.*	CHWs are volunteers; however, they should be compensated for legitimately incurred expenses. In the 2010 BPHS, approved compensation of Afs100 [$1.78 USD] per month for routine work travel and an additional (Afs50) [$0.89 USD] for expenses associated with authorized tasks (e.g. accompanying a suspected TB patient to facility with a laboratory). Because financial incentives are not provided to CHWs, the MoPH encourages the community to compensate/recognize CHWs through various traditional incentives. It is at the discretion of the community to decide how to incentivize CHWs. Examples of traditional incentives include in-kind, especially at the time of harvesting. CHWs are not supposed to provide care in exchange for services nor are they supposed avoid service provision to a client if no incentive is provided.
19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	The implementing NGO or the MoPH is responsible for reimbursement or incentives depending on the province.
20	Do CHWs work in urban and/or rural areas?	CHWs work in rural and peri-urban areas. Operational research has been approved by the MoPH to investigate the feasibility of CHW in urban areas. However, to date these activities have not begun.

21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	Yes, CHWs are required to be residents of the community they serve.
22	Describe the geographic coverage/catchment area for each CHW.	Each HP, which includes two CHWs per site, should cover a population of 1,000–1,500 people (100–150 families/households). The MoPH also allows establishment of HPs for lower population up to 400 under exceptional circumstances in very remote areas with scattered populations.
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	CHWs are not provided with transportation to perform regular responsibilities covered in the CHW job description; therefore, CHWs walk to household/community visits.
24	Describe the CHW role in data collection and monitoring.	CHWs are required to complete specially-designed CHW pictorial forms, the Health Post Pictorial Tally Sheet, to report their monthly activities. The tally sheet is submitted to the CHS, who feed the data into the health management information system (HMIS). CHWs are also required to report deaths and other activities and inform the health facility of disease outbreaks. Additionally, CHWs manage the HP and are responsible for managing supplies and reporting use and stock levels. This data is reported to the CHS and it is submitted through monthly reports.

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes, the CBHC program is managed through a semi-decentralized system. CBHC policies and guidelines are approved by the CBHC Department in the MoPH. However, sub-national level offices help manage the CBHC program implementation. Support is provided by: • CBHC Department (MoPH) [central level] • Relevant Technical MoPH Departments [central level] • Provincial Liaison Office [MoPH central level] • Provincial Public Health Office (PPHO) [provincial level]
26	Is the MOH responsible for the program overall?	Yes.
27	What level of responsibility do regional, state, or local governments have for the program, if any? *Note responsibility by level of municipality.*	At the central level, the MoPH's CBHC Unit is responsible for oversight, support, and further development of implementation of CBHC program at the national level. Additionally, the MoPH Strengthening Mechanism provides management and oversight for MoPH-implemented provinces. At the provincial level, the Provincial MoPH CBHC officers supervise and monitor the program. The CBHC officer is responsible for coordination among stakeholders, planning and monitoring of the CHBC activities, and reporting to the Provincial Public Health Directors. In provinces where CBHC is implemented by the MoPH, the CBHC officers are referred to as CBHC Coordinators, and are responsible for day-to-day management of the CBHC activities and CHSs report to them. At the local or community-level, CHSs provide supportive supervision to CHWs at HPs.
28	What level of responsibility do international and local NGOs have for the program, if any?	In the 31 districts where NGOs are responsible for implementing the CBHC, they are responsible for management, implementation, supervision and coordination with the CBHC Department and other relevant technical ministries (according to the services provided).[3] The CBHC program is primarily implemented by NGO partners who are responsible for implementing all CBHC activities including: • monitoring and supervision • establishment of HPs • monitoring of supplies and recruitment needs • initial and refresher training, and

[3] Agency for Assistance and Development of Afghanistan (AADA), Afghanistan Center for Training and Development (ACTD), Afghan Health and Development Services (AHDS), Aga Khan Development Network (AKDN), Bakhtar Development Foundation (BDN), BRAC, Care of Afghan Families (CAF), Coordination of Humanitarian Assistance (CHA), Humanitarian Assistance and Development Association for Afghanistan (HADAAF), HealthNet TPO (HN-TPO), International Medical Corps (IMC), Merlin, Medical Refresher Courses for Afghans (MRCA), MOVE, Organization for Health Promotion and Management (OHPM), Sanayee Development Organization (SDO), Première Urgence – Aide MédicaleInternationale (PU-AMI), Solidarity for Afghan Families (SAF), The Swedish Committee for Afghanistan (SCA), Social and Health Development Organization (SHDP), World Vision.

		• hiring and deployment of CHWs and CHSs. All NGOs work in close coordination with the MoPH.[4]
29	Are CHWs linked to health system? Describe the mechanism.	CHWs are directly linked to the health system via the CHSs and through referral mechanisms. As a health facility staff member, CHSs are the key link between the facility and the communities in the catchment area. CHWs can directly refer cases to the health facilities and vice versa. Each health facility supervises and supplies a defined number of HPs (e.g. a comprehensive health center or district hospital can cover between 20-30 HPs).
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO(s)? If so, describe how they share supervision responsibilities.	CHWs are directly supervised by the CHS. However, other MoPH and community groups provide in-direct oversight and supervision. The supervision process of CHWs includes: 1. CHSs conduct direct, routine supervision of the CHWs. The *Shura* also provides support and supervision for CHWs, in terms of monitoring for community satisfaction. 2. CBHC officers (NGO staff members) and CHBC coordinators (MoPH staff members) supervise CHSs at the provincial level and may attend supportive supervision visit with the CHSs or independently. 3. The MoPH CBHC Monitoring and Evaluation Department, and other MoPH technical departments conduct regular monitoring of the CHWs activities based on their respective monitoring plans. In terms of responsibilities, CHSs provide technical supervision of the CWHs. They conduct monthly meetings and supportive supervision; restock commodities; conduct M&E tasks; and provide in-service/refresher trainings for the CHWs. CHSs also regularly meet with the *Shura* who support and supervise the CHWs in the community. In addition, the *Shura* work with CHWs to conduct outreach services to encourage uptake of preventive health services among families. In NGO implemented provinces, NGOs are responsible for all hiring, supervision and M&E. Regardless of MoPH or NGO-led activities, CBHC activities are monitored using the MoPH approved CBHC National Monitoring Checklist.
31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	CHWs refer complicated cases to the nearest BPHS upper-level health facility that provides the needed services.

[4]NGOs are awarded contracts for BPHS implementation through the Grant and Contract Management Unit. However, all technical departments and the contracted NGOs are responsible for coordinating CBHC activities with each other. Furthermore, each department regularly monitors NGOs CBHC activities which are technically related to each of the concerned department. All donors supporting BPHS are partners; USAID also provides special institutional development support to CBHC Department through its technical assistance projects. Occasionally, NGOs that are not BPHS implementers may carry out CBHC activities; however a database is not available. Three out of 34 provinces are covered under contract-in mechanism for the implementation of BPHS; which is 11% of primary health care services in the country (which also include CBHC activities).

32	Where do CHWs refer clients specifically for FP services? *Note method.*	If needed, CHWs refer to upper-level BPHS health facilities, all of which provide family planning commodities and services. However, certain methods, e.g. tubal ligation, can only be performed at district hospitals and provincial hospitals by tracked medical personnel.	
		SDM/fertility awareness methods	NA
		Condoms	NA
		Oral pills	NA
		DMPA (IM)	NA
		Implants	Not available in Afghanistan; no referrals provided.
		IUDs	Sub-Health Center, Basic Health Center, Comprehensive Health Center, Mobile Health Team, District Hospital
		Permanent methods	District Hospital, Provincial Hospital
		Emergency contraception	NA
33	Are CHWs linked to other community outreach programs?	CHWs are linked to immunization campaigns such as the polio eradication campaigns (also called "National Immunization Days") and routine immunization outreach activities conducted by the health facilities. The CHW's main roles in immunization campaigns are community awareness and mobilization. Immunizations are conducted by vaccinators at the health facilities.	
34	What mechanisms exist for knowledge sharing between HEWs/supervisors?	Knowledge sharing is conducted through CBHC refresher trainings for CHWs and CHSs, and monthly CHW meetings. These activities take place at the facility, district, and provincial levels.	

35	What links exist to other institutions (schools, churches, associations, etc.)?	CHWs are required to work with community-based forums prescribed under the BPHS: 1. Actively participate in community meetings and major community events 2. Actively work with mothers' groups (and Family Health Action Groups) to promote healthier homes and maternal and child health 3. Actively cooperate with the Community Shura-e-sehie (i.e. Health Council) There is no formal link with other associations; however CHWs facilitate the work of the Community Development Council for non- health activities.
36	Do vertical programs have separate CHWs or "shared/integrated"?	The CBHC is a well-established program within the MoPH. Aspects such as financing and implementation are delivered in an integrated manner with BPHS. Thus, community-level services and interventions are integrated. Various MoPH programs rely on the CBHC program to carry out community-level health care.
37	Do CHWs have data collection/reporting systems?	Yes, CHWs complete a monthly Health Post Pictorial Tally Sheet recommended by the National HMIS-Procedures Manual. This reporting form is specifically designed for CHWs who submit it to CHSs.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees). ☐	The CBHC program is entirely donor funded. Vertical community-based activities and community-nutrition activities are funded by specific donors. There is no user fee scheme under BPHS program.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	CHWs are supplied by the NGO-supported health facilities and in three provinces by MoPH-managed health facilities.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	CHWs are trained on safe disposal of medical waste, especially sharp materials and needles. The most common disposal methods are incineration, burial, and use of safety boxes for sharp waste materials.

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? *Please provide a link if available online.*	Yes, there is a Community-Based Health Care Policy and Strategy 2009-2013.
42	Is the community health program policy integrated in overall health policy?	Yes, the *National Health and Nutrition Policy (2012-2020)* refers to the CBHC program as the foundation of prevention and health promotion. The policy aims to strengthen the CBHC program to ensure active community participation and partnerships between communities, health providers, and health facilities. The *Basic Package of Health Services (BPHS) for Afghanistan (2010),* which serves at the MoPH's core policies/strategies for the delivery of primary health care, recognizes the CBHC program as basis for successful implementation of the BPHS.
43	When was the last time the community health program policy was updated (Months/years?)	The most updated version of the CBHC policy available covers the period 2009-2013.
44	What is the proposed geographic scope of the program, according to the policy? (Nation-wide? Select regions?)	The CBHC program is implemented nationwide.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	Yes, the CBHC program policy includes the services provided by the CHW. However, the BPHS indicates the health services/interventions that are provided at each level of the health care system, including at the community level.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	Yes, the Afghanistan National Reproductive Health Strategy 2012-2016 guides FP service delivery. The BPHS strategy also defines provision of FP services by CHWs and limits this provision to oral and injectable contraceptives. CHWs cannot provide IUDs or permanent methods.

VI. INFORMATION SOURCES

Community Based Health Care Department, Ministry of Public Health. 2013. CBHC On-Budget plan document. Internal document.

CBHC Policy and Strategy 2009-2013. Available at:

http://moph.gov.af/Content/Media/Documents/CBHCPOLICYSTRATEGYFINALEnglish41220131034475755332532 5.pdf (accessed July 2014)

Grant and Contract Management Unit, Ministry of Public Health. 2014. Contact List of NGOs as of April 2014. Internal document.

Islamic Republic of Afghanistan, Ministry of Public Health. 2005. *Community Health Care Workers Training Manual.* Available at: http://moph.gov.af/Content/Media/Documents/CHW_MANUAL-ENGLISH41220131085018553325325.pdf (accessed July 2014).

Islamic Republic of Afghanistan, Ministry of Public Health. Personal Communication (May 2014). *National Health and Nutrition Policy 2012-2020*.

Islamic Republic of Afghanistan, Ministry of Public Health. Personal Communication. (May 2014). *Basic Package of Health Services 2010*.

Islamic. Republic of Afghanistan, Ministry of Public Health. 2006. *National Health Management Information System-Procedures Manual*. Available at: http://moph.gov.af/Content/Media/Documents/Afghanistan-HMIS-Guideline30122010104756600.pdf (accessed July 2014).

Reproductive Health Taskforce, Ministry of Public Health. 2012. *National RH Strategy 2012-2016*. Available at:

http://moph.gov.af/Content/Media/Documents/RHStrategy_English151201314234079155332532 5.pdf (accessed July 2014)

UNFPA Afghanistan. 2013. "The Family Health House Model Expands its Reach to Heart Province." Available at: http://countryoffice.unfpa.org/afghanistan/2013/02/24/6300/the_family_health_house_model_expands_its_reach_to_herat_province/

VII. AT-A-GLANCE GUIDE TO AFGHANISTAN COMMUNITY HEALTH SERVICE PROVISION

Intervention		Community Health Workers			
Family Planning	*Services/Products*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM	NA	NA	NA	NA
	Condoms	X	X	X	X
	Oral pills	X	X	X	X
	DMPA (IM)	X	X	X	X
	Implants				
	IUDs	X	X		X
	Permanent methods				
	Emergency contraception				
HIV/AIDS	VCT				X
	PMTCT	X	X		X

Intervention		Community Health Workers			
MCH	Misoprostol (for PPH)				
	Zinc	X	X	X	
	ORS	X	X	X	
	Immunizations	X	X		X
	Antenatal Care	X	X	X	X
	Postnatal Care	X	X	X	X
	Birth Preparedness	X	X		X
	Safe Home Delivery	X	X		X
	Newborn Care	X	X	X	X
	Micronutrient Supplementation	X	X	X	
	Newborn Physical Anomalies	X	X		X
	Exclusive Breast Feeding	X	X	NA	
	C-IMCI	X	X	X	X
	Community Based Nutrition	X	X	X	X

Intervention		Community Health Workers			
Malaria	Bednets	X	X	X	X
	Chloroquine	X	X	X	X
	Fansidar	X	X	X	X
TB	DOTs	X	X	X	
	Case Identification	X	X		X
Mental Health	MH Awareness, Case Detection	X	X		X
Disability		X	X		X

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