

# COMMUNITY HEALTH SYSTEMS CATALOG

## COUNTRY PROFILE: KENYA

JULY 2017



### **Advancing Partners & Communities**

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# ACRONYMS

APC	Advancing Partners & Communities
CHA	community health assistant
CHC	community health committee
CHEW	community health extension worker
CHMT	county health management team
CHS	community health system
CHV	community health volunteer
CSO	civil society organization
DHIS	district health information system
FP	family planning
HFMC	health facility management committee
HSICF	Health Sector Intergovernmental Consultative Forum
IUD	intrauterine device
KEPH	Kenya Essential Package for Health
MOH	Ministry of Health
NGO	nongovernmental organization
TB	tuberculosis
USAID	United States Agency for International Development
WASH	water, sanitation, and hygiene

# INTRODUCTION

This Community Health Systems (CHS) Catalog country profile is the 2016 update of a landscape assessment that was originally conducted by the Advancing Partners & Communities (APC) project in 2014. The CHS Catalog focuses on 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Population and Reproductive Health, and includes specific attention to family planning (FP), a core focus of the APC project.

The update comes as many countries are investing in efforts to support the Sustainable Development Goals and to achieve universal health coverage while modifying policies and strategies to better align and scale up their community health systems.

The purpose of the CHS Catalog is to provide the most up-to-date information available on community health systems based on existing policies and related documentation in the 25 countries. Hence, it does not necessarily capture the realities of policy implementation or service delivery on the ground. APC has made efforts to standardize the information across country profiles, however, content between countries may vary due to the availability and quality of the data obtained from policy documents.

Countries use a wide variety of terminology to describe health workers at the community level. The CHS Catalog uses the general term “community health provider” and refers to specific titles adopted by each respective country as deemed appropriate.

The CHS Catalog provides information on 136 interventions delivered at the community level for reproductive, maternal, newborn, and child health; nutrition; selected infectious diseases; and water, sanitation, and hygiene (WASH). This country profile presents a sample of priority interventions (see Table 6 in the Service Delivery section) delivered by community health providers and for which information is available.

APC regularly updates these profiles and welcomes input from colleagues. If you have comments or additional information, please send them to [info@advancingpartners.org](mailto:info@advancingpartners.org).

# KENYA COMMUNITY HEALTH OVERVIEW

Since Kenya's independence in the 1960s, the country has undergone a series of health care reforms aimed to decentralize fiscal and programmatic responsibilities to local authorities. In 2010, Kenya approved a new constitution devolving political, management, and financial responsibilities, including health, to local authorities. By that time, efforts to improve community health, including an updated package of essential health services, had improved child and maternal health indicators, including contraceptive use.

Currently, the *Kenya Health Policy* provides an overall framework under which the community health system operates. It sets Kenya's health goals over a 16-year period, outlines strategies to achieve those goals, and delineates responsibilities within the decentralized system, specifying the roles of the national and county levels. The policy also establishes guidelines for collaboration and partnership between stakeholders at all levels of the health system to ensure harmonized implementation. The *Kenya Health Sector Strategic and Investment Plan* sets additional shorter term goals for the community health system, and defines the services included in the Kenya Essential Package for Health (KEPH).

The *Strategy for Community Health* guides the lowest level of health service provision, specifies the management and implementation structures of the community health system, and lays out strategic objectives with the ultimate goal of sustaining a community-led health system. The strategy also defines the roles and responsibilities of stakeholders at the national, county, sub-county, and community levels, including community health providers.

**Table 1. Community Health Quick Stats**

Main community health policies/strategies	<i>Kenya Health Sector Strategic and Investment Plan, July 2013–June 2017</i>	<i>Strategy for Community Health 2014–2019</i>	<i>Kenya Health Policy 2014–2030</i>
Last updated	2012	2014	2014
Number of community health provider cadres	2 main cadres		
	Community health extension worker (CHEW)	Community health volunteer (CHV)	
Recommended number of community health providers	<i>Information not available</i>	Policy recommends a range between 120,886 and 250,020 <sup>1</sup>	
Estimated number of community health providers	1,165 CHEWs <sup>2</sup>	18,038 CHVs <sup>2</sup>	
Recommended ratio of community health providers to beneficiaries	2 CHEWs : 1 community unit <sup>3</sup> or approximately 5,000 people	20 CHVs : 1 community unit or approximately 5,000 people	
Community-level data collection	Yes		
Levels of management of community-level service delivery	National, county, sub-county, community		
Key community health program(s)	Programs are implemented at the county level, and therefore differ		

<sup>1</sup> Policy differs on the recommended number of CHVs. The *Kenya Health Sector Strategic and Investment Plan* (2012) recommends 250,020, while the *Health Sector Human Resources Strategy* (2014) recommends 120,886.

<sup>2</sup> As of 2011.

<sup>3</sup> The recommended ratio may increase to 5 CHEWs to 1 community unit in future policies.

**CHEWs were introduced as a cadre to fill the service gap between the household and health facility levels. They provide a link between the two levels, expanding access to primary health care.**

This profile focuses on two cadres of community health providers in Kenya: community health volunteers (CHVs) and community health extension workers (CHEWs). CHEWs were renamed community health assistant (CHA) IIIs in 2013, to align with the terminology of two higher-level cadres of health workers—CHA IIs and CHA Is. All types of CHAs operate out of health facilities, but CHA IIIs also provide services within the community. However, because

subsequent policies on health provider roles and responsibilities continue to refer to CHA IIIs as CHEWs, this profile uses that terminology.

CHEWs and CHVs implement KEPH services within a community unit, or geographic area covering approximately 5,000 people. CHEWs and CHVs serve as the link between community units and their corresponding health facility, extending services that have traditionally been based at facilities to the household level.

Programs are implemented at the county level. Specific programs and the services that CHEWs and CHVs provide can therefore differ from county to county. There are a large number of programs operating in Kenya, and at the community level most use CHEWs and CHVs to provide services guided by the KEPH. While nongovernmental organizations (NGOs) implement some programs, they still operate under the guidance of the MOH and county officials.

Civil society organizations (CSOs) and community groups are heavily involved in Kenya's community health system. CSOs support health service delivery planning, policy development, and implementation through participation in national coordinating committees for community health, and in health management committees at the county and sub-county levels. Community health committees (CHCs) provide leadership, oversight, and coordination of community services and activities within the community unit. They work with CHEWs and CHVs to mobilize communities for health promotion and prevention activities.

For the most part, policies are clear and understood but not necessarily comprehensive. For example, the *Strategy for Community Health* acknowledges that policy does not include a clear monitoring and evaluation plan for the community level. It offers guidance to assess additional weaknesses in the monitoring system, including steps to address them.

Gender is addressed in a number of Kenya's policies. Gender equity is included in the guiding principles for the community health system, and CHVs are trained on prevention and response to sexual and gender-based violence.

**Table 2. Key Health Indicators, Kenya**

Total population <sup>1</sup>	45.4 m
Rural population <sup>1</sup>	74%
Total expenditure on health per capita (current US\$) <sup>2</sup>	\$78
Total fertility rate <sup>3</sup>	3.9
Unmet need for contraception <sup>3</sup>	17.5%
Contraceptive prevalence rate (modern methods for married women 15-49 years) <sup>3</sup>	53.2%
Maternal mortality ratio <sup>4</sup>	510
Neonatal, infant, and under 5 mortality rates <sup>3</sup>	22 / 39 / 52
Percentage of births delivered by a skilled provider <sup>3</sup>	61.8%
Percentage of children under 5 years moderately or severely stunted <sup>3</sup>	26%
HIV prevalence rate <sup>5</sup>	5.9%

<sup>1</sup>PRB 2016; <sup>2</sup>World Bank 2016; <sup>3</sup>Kenya National Bureau of Statistics, MOH, National AIDS Control Council, Kenya Medical Research Institute, National Council for Population and Development, and The DHS Program, ICF International, 2015; <sup>4</sup>World Health Organization 2015; <sup>5</sup>UNAIDS 2015.

# LEADERSHIP AND GOVERNANCE

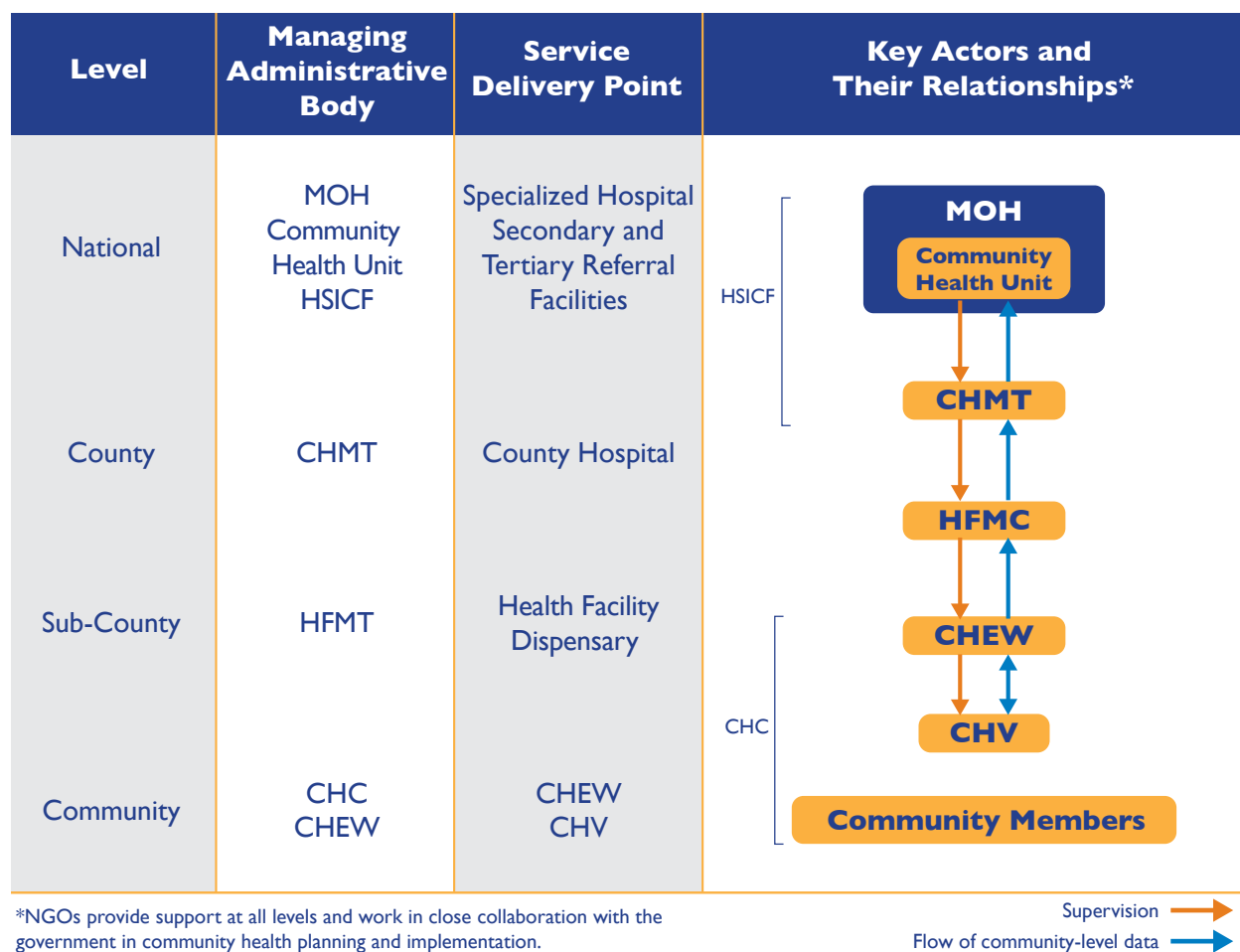
Community-level service delivery in Kenya is managed and coordinated across the national, county, sub-county, and community levels. Each has a distinct role in supporting policy and program efforts.

- At the **national level**, the MOH's Community Health Unit provides overall guidance for the community health system. It develops policy and strategic plans, sets priorities, coordinates partners, and mobilizes resources. The MOH also provides technical assistance to build capacity at the county level as needed. The county and national governments consult and cooperate through the Health Sector Intergovernmental Consultative Forum (HSICF).
- Kenya's decentralized health system is largely managed at the **county level**. A county health management team (CHMT), led by a county community health coordinator, provides leadership for the overall health management in the county. It conducts strategic and operational planning; monitors and evaluates health service delivery; mobilizes resources; and coordinates with the MOH. The CHMT coordinates and collaborates with stakeholders through county health stakeholder forums that include faith-based organizations, NGOs, CSOs, and other development partners.
- Health facility management committees (HFMCs) are responsible for implementation of the community health system at the **sub-county level**. Based at the health facility, HFMCs coordinate the delivery of health services, meet monthly to set service delivery priorities, manage challenges, and supervise CHEWs linked to that facility. HFMCs comprise health facility staff and community leaders.
- The **community level** is divided into community units, which are geographic areas that include approximately 5,000 people. CHCs and CHEWs lead and oversee health programs within the community unit. CHCs are made up of 11–13 members of the community unit, of whom one-third must be women, and are required to include one CHEW and one CHV. CHCs focus on broad management, such as developing annual plans, facilitating resource mobilization, and liaising with other stakeholders. CHEWs oversee the day-to-day implementation, provide health services, and supervise CHVs. CHCs and CHEWs work together to implement health strategies, develop work plans, and monitor and evaluate program implementation.

Development partners, including NGOs, provide support at all levels of the health system, including policy development, resource mobilization, implementation support, research, involvement in stakeholder forums, and monitoring and evaluation.

Figure 1 summarizes Kenya's health structure, including service delivery points, key actors, and managing bodies at each level.

Figure 1. Health System Structure



## HUMAN RESOURCES FOR HEALTH

Community health committees manage the lowest level of service delivery in Kenya, and help ensure community engagement. The committee structure and eligibility criteria are standardized through national policy, and committee members undergo training to ensure effective implementation of the health system.

CHEWs and CHVs have different roles within the health system. Multiple CHEWs are assigned to each health facility, one to oversee each community unit. Each CHEW oversees 20 CHVs in their community unit. Both cadres provide KEPH services at the household level, including maternal, newborn, and child health, FP, nutrition, and infectious diseases. CHVs are unpaid volunteers. CHEWs are salaried and were introduced to fill the gap between

households and health facilities. They spend some of their time at the health facility, work with CHCs to ensure smooth implementation of health services, and link households to health facilities.

Table 3 provides an overview of CHEWs and CHVs.



**Table 3. Community Health Provider Overview**

	<b>CHEW</b>	<b>CHV</b>
<b>Number in country</b>	1,165 <sup>1</sup>	18,038 <sup>1</sup>
<b>Target number</b>	<i>Information not available</i>	Policy recommends between 120,886 and 250,020 <sup>1,2</sup>
<b>Coverage ratios and areas</b>	2 CHEWs : 1 community unit <sup>3</sup> or approximately 5,000 people Operate in urban, rural and peri-urban areas.	20 CHVs : 1 community unit or approximately 5,000 people Operate in urban, rural and peri-urban areas.
<b>Health system linkage</b>	CHEWs are employed by the government and provide services from the KEPH at the community level. They link the household with the health facility, with support from CHVs.	CHVs provide services from the KEPH at the community level. They support CHEWs to link the household with the health facility.
<b>Supervision</b>	CHEWs are supervised by the HFMC at the health facility.	CHEWs supervise all of the CHVs in their community unit.
<b>Accessing clients</b>	On foot Bicycle Clients travel to them Motorbikes	On foot Bicycle Clients travel to them
<b>Selection criteria</b>	Certificate from a recognized institution in any of the following disciplines: community health, psychology, counseling, social work, or community development Certificate in computer application skills from a recognized institution	Permanent resident of the community Mature, responsible, acceptable, and respected members of the community Self-supporting Ready to volunteer services to the community Completed Form 4 <sup>4</sup> and literate, unless where the situation does not allow Possesses leadership qualities
<b>Selection process</b>	The Public Service Commission of Kenya appoints CHEWs	CHVs are selected by CHEWs and CHCs. Policy does not provide further detail.
<b>Training</b>	CHEWs undergo an initial basic training over a 2-week period, and continue with additional training and refresher courses every 3 months or as needed.	The training course for CHVs is divided into 2 phases. The first includes 6 Basic Modules, which cover basic competencies for CHVs over 10 days. All CHVs must complete this first phase before beginning work. The second phase includes Technical Modules based on local need. The duration of each technical module ranges from 2 to 5 days. Both phases combined take approximately 6 weeks.

**Table 3. Community Health Provider Overview**

	<b>CHEW</b>	<b>CHV</b>
<b>Curriculum</b>	<p><i>Linking Communities with the Health System: The Kenya Essential Package for Health at Level 1: A Manual for Training CHEWs</i>, 2007. Includes modules on principles and approaches in health and development; initiating community-based KEPH; training community health volunteers; service delivery at the community level (pregnancy, childbirth, and newborn; community child care; care of the sick child; the chronically ill; tuberculosis; disease control; disability; rehabilitation; health promotion; key messages by cohort); and management of KEPH. New curricula may be available but were not at the time of publication.</p>	<p>CHVs rely on 7 training manuals covering a range of health topics. They include: <i>CHVs Integrated Curriculum</i>, 2013; <i>CHVs Basic Modules Handbook</i>, 2013; <i>Water, Sanitation and Hygiene</i>, 2013; <i>Community Nutrition</i>, 2013; <i>Integrated Community Case Management</i>, 2013; <i>Maternal and Newborn Health</i>, 2013; <i>Family Planning</i>, 2013; <i>HIV, TB and Malaria</i>, 2013; and <i>Non-Communicable Diseases</i>, 2015.</p>
<b>Incentives and remuneration</b>	<p>CHEWs receive salaries of 16,000 KSh, equivalent to approximately \$157 US, but the amount varies by information source. CHEWs also receive a variety of non-financial incentives including formal social recognition for their service and motorbikes.</p>	<p>There is no specified set of financial incentives that must be provided to CHVs, but financial and non-financial incentives can be customized by the CHC. CHVs receive a variety of non-financial incentives including bicycles, formal social recognition for their service, and opportunities for career advancement.</p>

<sup>1</sup> As of 2011.

<sup>2</sup> Policy differs on the recommended number of CHVs. The *Kenya Health Sector Strategic and Investment Plan* (2012) recommends 250,020, while the *Health Sector Human Resources Strategy* (2014) recommends 120,886.

<sup>3</sup> The recommended ratio may increase to 5 CHEWs to 1 community unit in future policies.

<sup>4</sup> Form 4 is the equivalent of completing secondary school.

# HEALTH INFORMATION SYSTEMS

Kenya's community health information system was recently linked to the district health information system (DHIS), facilitating data exchange and management between the community and higher levels of the health system. However, according to policy, the specifics of this integration are still in process.

CHVs collect data on basic household information, health status, household health promotion practices, births, deaths, and the health services and activities CHVs conduct. They compile their data using a household register and CHV log book and submit them to their supervising CHEW. CHEWs compile the data from all of the CHVs in their community unit into a CHEW summary form, which they give to CHCs and CHVs for action planning and to improve the management of service delivery.

Under the new integrated data system, CHEWs will submit the data from their summary form to the health facility, where it will be integrated into the DHIS. The Community Health Unit at the MOH uses the data from all health facilities to track program progress, and creates an annual health sector performance report.

The blue arrows in Figure 1 depict the flow of information through Kenya's health system.

## HEALTH SUPPLY MANAGEMENT

CHEWs receive a supply kit from the health facility that is intended to support services for the 5,000 people in the community unit for three months. It contains drugs, supplies, and basic equipment and is delivered to each CHEW quarterly. Some CHVs receive bags and kits, but only in community units supported by implementing partners. CHVs sometimes stock kits with supplies provided through a revolving fund generated by users.

Information was not available about where CHEWs and CHVs should get emergency backup supplies. In practice, they borrow supplies from other CHVs, CHEWs, or from the health facility.

**Table 4. Selected Medicines and Products Included in the Kenya Essential Medicines List 2016**

Category		Medicine / Product
<b>FP</b>	<input type="checkbox"/>	CycleBeads®
	<input checked="" type="checkbox"/>	Condoms
	<input checked="" type="checkbox"/>	Emergency contraceptive pills
	<input checked="" type="checkbox"/>	Implants
	<input checked="" type="checkbox"/>	Injectable contraceptives
	<input checked="" type="checkbox"/>	IUDs
	<input checked="" type="checkbox"/>	Oral contraceptive pills
<b>Maternal health</b>	<input checked="" type="checkbox"/>	Calcium supplements
	<input checked="" type="checkbox"/>	Iron/folate
	<input checked="" type="checkbox"/>	Misoprostol
	<input checked="" type="checkbox"/>	Oxytocin
	<input checked="" type="checkbox"/>	Tetanus toxoid
<b>Newborn and child health</b>	<input checked="" type="checkbox"/>	Chlorhexidine
	<input checked="" type="checkbox"/>	Cotrimoxazole
	<input checked="" type="checkbox"/>	Injectable gentamicin
	<input checked="" type="checkbox"/>	Injectable penicillin
	<input checked="" type="checkbox"/>	Oral amoxicillin
	<input checked="" type="checkbox"/>	Tetanus immunoglobulin
	<input checked="" type="checkbox"/>	Vitamin K
<b>HIV and TB</b>	<input checked="" type="checkbox"/>	Antiretrovirals
	<input checked="" type="checkbox"/>	Isoniazid (for preventive therapy)
<b>Diarrhea</b>	<input checked="" type="checkbox"/>	Oral rehydration salts
	<input checked="" type="checkbox"/>	Zinc
<b>Malaria</b>	<input checked="" type="checkbox"/>	Artemisinin combination therapy
	<input type="checkbox"/>	Insecticide-treated nets
	<input checked="" type="checkbox"/>	Paracetamol
	<input type="checkbox"/>	Rapid diagnostic tests
<b>Nutrition</b>	<input checked="" type="checkbox"/>	Albendazole
	<input type="checkbox"/>	Mebendazole
	<input type="checkbox"/>	Ready-to-use supplementary food
	<input checked="" type="checkbox"/>	Ready-to-use therapeutic food
	<input checked="" type="checkbox"/>	Vitamin A

Policy indicates that CHEWs and CHVs should safely dispose of medical waste, including sharps, but does not specify where to do this.

The full list of commodities that CHEWs and CHVs provide is not available but Table 4 lists information about selected medicines and products included in the *Kenya Essential Medicines List, 2016*.

## SERVICE DELIVERY

The KEPH specifies service packages for six life-cycle cohorts: pregnancy and newborn (up to 2 weeks of age); early childhood (2 weeks to 5 years); late childhood (6–12 years); youth and adolescence (13–24 years); adulthood (25–59 years); and elderly (60+ years). CHEWs and CHVs provide services for all six cohorts. While the KEPH is intended to guide service provision nationwide, programs are implemented differently at the county and sub-county levels in Kenya, so services that CHEWs and CHVs provide may differ.

When a patient requires care beyond the skill level of a CHV or CHEW, he or she is referred to the nearest health facility. CHVs and CHEWs can also refer to each other. Health facilities counter-refer patients to CHEWs and CHVs for follow-up.

Using FP as an example, CHVs and CHEWs can provide condoms, CycleBeads®, oral contraceptive pills, injectable contraceptives, emergency contraceptive pills, and information on the Standard Days Method, other fertility awareness methods and the lactational amenorrhea method. They may refer clients to the health facility for the same methods they are able to provide, as well as implants, intrauterine devices (IUDs), and permanent methods.

Table 6 provides details about selected interventions delivered by CHEWs and CHVs in the following health areas: FP, maternal health, newborn care, child health and nutrition, tuberculosis (TB), HIV, malaria, and WASH.

**Table 5. Modes of Service Delivery**

Service	Mode
<b>Clinical services</b>	Door-to-door
	Periodic outreach at fixed points
	Health posts or other facilities
	Special campaigns
<b>Health education</b>	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
<b>Community mobilization</b>	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups

**Table 6. Selected Interventions, Products, and Services<sup>1</sup>**

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
<b>FP</b>	Condoms	CHEW, CHV	CHEW, CHV	CHEW, CHV	CHEW, CHV
	CycleBeads®	CHEW, CHV	CHEW, CHV	CHEW, CHV	CHEW, CHV
	Emergency contraceptive pills	CHEW, CHV	CHEW, CHV	CHEW, CHV	CHEW, CHV
	Implants	CHEW, CHV	No	CHEW, CHV	No
	Injectable contraceptives	CHEW, CHV	CHEW, CHV	CHEW, CHV	CHEW, CHV
	IUDs	CHEW, CHV	No	CHEW, CHV	No
	Lactational amenorrhea method	CHEW, CHV		CHEW, CHV	CHEW, CHV
	Oral contraceptive pills	CHEW, CHV	CHEW, CHV	CHEW, CHV	CHEW, CHV
	Other fertility awareness methods	CHEW, CHV		CHEW, CHV	CHEW, CHV
	Permanent methods	No	No	CHEW, CHV	No
	Standard Days Method	CHEW, CHV		CHEW, CHV	CHEW, CHV
<b>Maternal health</b>	Birth preparedness plan	CHEW, CHV	CHV	CHV	CHV
	Iron/folate for pregnant women <sup>2</sup>	CHEW, CHV	CHEW, CHV	Unspecified	CHV
	Nutrition/dietary practices during pregnancy	CHEW, CHV		CHV	CHEW, CHV
	Oxytocin or misoprostol for postpartum hemorrhage	Unspecified	Unspecified	Unspecified	Unspecified
	Recognition of danger signs during pregnancy	CHEW, CHV	CHEW, CHV	CHEW, CHV	Unspecified
	Recognition of danger signs in mothers during postnatal period	CHEW, CHV	CHEW, CHV	CHEW, CHV	Unspecified
<b>Newborn care</b>	Care seeking based on signs of illness	CHEW, CHV			CHEW, CHV
	Chlorhexidine use	Unspecified	Unspecified	Unspecified	Unspecified
	Managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	Unspecified		Unspecified	Unspecified
	Nutrition/dietary practices during lactation	CHEW, CHV		CHV	CHEW, CHV
	Postnatal care	CHEW, CHV	CHEW, CHV	CHEW, CHV	CHEW, CHV
	Recognition of danger signs in newborns	CHEW, CHV	CHV	Unspecified	CHV

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
<b>Child health and nutrition</b>	Community integrated management of childhood illness	CHEW, CHV	CHV	CHV	CHV
	De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years <sup>3</sup>	CHEW, CHV	CHEW, CHV	Unspecified	CHV
	Exclusive breastfeeding for first 6 months	CHEW, CHV		Unspecified	CHEW, CHV
	Immunization of children <sup>4</sup>	CHEW, CHV	Unspecified	CHEW, CHV	CHEW, CHV
	Vitamin A supplementation for children 6–59 months	CHEW, CHV	CHV	Unspecified	Unspecified
<b>HIV and TB</b>	Community treatment adherence support, including directly observed therapy	CHEW, CHV	CHV	Unspecified	CHV
	Contact tracing of people suspected of being exposed to TB	CHEW, CHV	CHV	Unspecified	CHV
	HIV testing	CHEW, CHV	No	CHV	Unspecified
	HIV treatment support	CHEW, CHV	CHV	CHV	Unspecified
<b>Malaria</b>	Artemisinin combination therapy	CHEW, CHV	CHEW, CHV	Unspecified	Unspecified
	Long-lasting insecticide-treated nets	CHEW, CHV	CHEW, CHV	Unspecified	Unspecified
	Rapid diagnostic testing for malaria	CHEW, CHV	CHV	Unspecified	Unspecified
<b>WASH</b>	Community-led total sanitation	CHEW, CHV	CHV		
	Hand washing with soap	CHEW, CHV			
	Household point-of-use water treatment	CHEW, CHV			
	Oral rehydration salts <sup>5</sup>	CHEW, CHV	CHEW, CHV	CHV	CHV

<sup>1</sup> The most recent curriculum available for CHEWs was developed in 2007; it is therefore possible that CHEWs may now be able to provide additional services than indicated in this profile.

<sup>2</sup> CHEWs and CHVs can also provide iron/folate to non-pregnant women and adolescent girls.

<sup>3</sup> CHEWs and CHVs can also provide de-worming medication to those other than children under 5 years.

<sup>4</sup> CHEWs and CHVs provide BCG, oral polio vaccine, PENTA 1-3, PCV 1-3, measles, and yellow fever vaccinations. Policy does not specify if CHWs and CHVs can also provide immunizations to newborns.

# KEY POLICIES AND STRATEGIES

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