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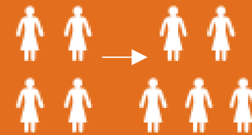
Urban Community Health Workers in Afghanistan

Building strong relationships and trust between community health workers and the communities they serve prior to public health emergencies can help ensure continuity of health seeking behaviors during times of crisis. When health services dropped during COVID-19 lockdowns, **women community health workers increased services 25%.**



25% in health services DURING lockdown

While health-seeking behavior significantly decreased during COVID-19 lockdown, CHW-run health posts received 9,915 visits in 3 months of lockdown—compared to 7,964 in the 3 months before COVID-19

Context

Even before the COVID-19 pandemic, Afghan women and girls of reproductive age faced significant risks to their health. An estimated 638 women died per 100,000 live births each year, around 40% of pregnant women lacked adequate ante-natal care, and skilled birth attendants were only present for about half of all deliveries.[i,ii] To increase access to maternal and primary health care, Afghanistan's Ministry of Public Health has rolled out a Basic Package of Health Services in rural communities. Urban areas are not covered by this package however, and have largely been left out of governmental and humanitarian healthcare initiatives. Most cities do have hospitals and private health clinics, but urban communities are often more complex in their social structure which can impede access to and affordability of their services. There is limited health service availability at the community level in urban areas, and issues like gender and social norms-related barriers, inadequate medical personnel and supply of essential drugs, and low health awareness further impede women's access and use of maternal care services.[iii]

Afghanistan's health system has been further weakened by the COVID-19 pandemic. Many health facilities have closed down due to lack of medicines, essential supplies, and lack of funds to pay for salaries of health

workers. As of February 2022, fewer than 10 of the country's 37 public COVID-19 health facilities remain functional.[iv] Only 10% of the population is fully vaccinated, and displacement caused by the ongoing conflict has intensified the scale and spread of the virus. Additional challenges include a prolonged drought and a measles outbreak which has infected thousands of people since the start of 2022, as well as earthquakes in June and July of 2022, further stretching existing resources and creating even greater strain on the health system.[v]

Community members were much more likely to seek services at CHW-run health posts given that they were **located in their own communities**, because of the **trust built with CHWs**, and because the CHWs were **visibly practicing COVID safety** by wearing PPE and implementing other measures.

Model

In order to address health staff shortages and improve access to essential maternal and child health services at the last mile, Afghanistan's Ministry of Public Health developed an approach for establishing health posts inside the homes of Community Health Workers (CHWs) in rural communities and equipping them with the skills and supplies needed to offer services. As early as 2005, CARE piloted this model with urban community health workers (uCHWs) as part of broader health programming through the OMID project. Currently, there are 36 active uCHWs participating in this project and operating in the 2nd, 16th, and 17th districts of the Kabul province.[vi]

When setting up health posts, uCHWs are selected from communities they serve, and are meant to be familiar with the local language and culture. They are trained on maternal health technical topics, and provided with tools and guidance for setting up health posts in their homes. Each health post is meant to cover 250-300 families. uCHWs receive additional training on conducting home visits and supporting health education on topics such as birth preparedness, clean and safe delivery, healthy timing and spacing of pregnancies, provision of first aid care, short-acting methods of contraception, and counseling. They also provide referrals to midwives and other providers at community-based health centers and private clinics for antenatal care, postnatal care and child health. Additionally, uCHWs train to engage with health shuras and community councils (comprised of both male and female community elders), and to establish family health action groups comprised of local women leaders that work to promote community-based health service delivery through the strengthening of care coordination and emergency care funds at the local level.

COVID-19 Adaptation

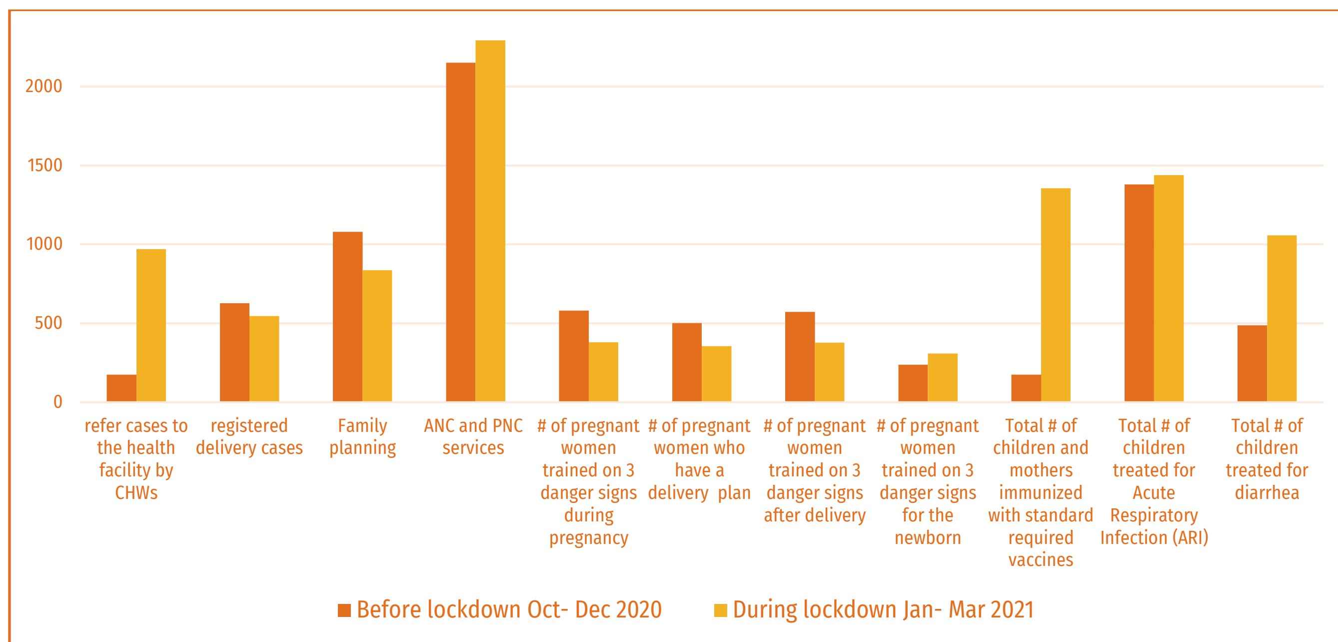
Health-seeking significantly decreased during COVID-19 lockdown due to fear of contracting the virus, and many of the health posts in CHWs homes were shut down at this time. In contrast, CARE-supported urban CHWs, particularly in Kabul and Balkh, were able to continue service provision in their homes due to the strong trust they had built with the communities they served and their recognized leadership among community members and as part of the health system. The relationship between CHWs and local communities was complemented by CARE's efforts to quickly provide CHWs with personal protective equipment and build capacity on WHO protocols for COVID-19 screening, detection, and referral of cases as well as risk communication and community engagement. During COVID-19 lockdown, the CHWs also continued provision of SRH, GBV services, and referrals to midwives at community-based health centers run by CARE. In addition to maintaining service delivery, the CHWs also began offering counseling and support to local women using mobile phones.

Impact

The home-based health posts run by CHWs played a crucial role in filling gaps when health services from static health facilities were shut down and/or disrupted. Despite health-seeking behavior significantly reducing overall due to fear of transmission of the virus, community members were much more likely to seek services at CHW-run health posts given that they were located in their own communities, because of the trust built with CHWs, and because the CHWs were visibly practicing COVID safety by wearing PPE and implementing other

measures. Furthermore, CHWs also continued to engage in community-level outreach to encourage health seeking. During the second COVID-19 lockdown (Jan-Mar 2021), the CHW-run health posts actually received an increased number of visits from community members when compared to before (9,915 vs. 7,964 in Oct-Dec 2020).

As seen in the chart below, while there were minor decreases in the number of patients receiving family planning services and pregnancy counseling, there was major uptake of maternal and child immunization (679%) and diarrhea treatment for children (117%), as well as increase in referrals to health facilities by CHWs (457%).



The success of this program has been attributed to the community systems strengthening approach that empowered CHWs to play a more effective role in planning and delivery of community health services, including in hard-to-reach areas for the most marginalized groups. The community-driven approach has also allowed communities that had previously felt disconnected from the formal health system to now engage in planning and delivery of health services. This not only improves health outcomes, but also invites community-ownership so that community councils support CHWs and the overall model even beyond the life of the project.

Authors

This brief was written by Sandhya Ganesa, Dr. Mohammed Anwer, and Shah Mahmood Wahab. The information in this brief is up to date as of June 2022. Further updates will be made as more data becomes available.

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[i] *Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva: World Health Organization; 2019. https://www.unfpa.org/sites/default/files/pub-pdf/Maternal_mortality_report.pdf

[ii] *State of World Population 2020: Defying the practices that harm women and girls and undermine equality*. UNFPA; June 2020. https://www.unfpa.org/publications/state-world-population-2020

[iii] *The Final Evaluation of the Opportunities for Mother and Infants Development Project: A reflection of the changes the project made in the community*. CARE International in Afghanistan; April 2021. https://careevaluations.org/evaluation/the-final-evaluation-of-the-opportunities-for-mother-and-infants-development-project/

[iv] *Afghanistan: Global support critical as COVID runs rampant.* IFRC; February 2022. https://www.ifrc.org/press-release/afghanistan-global-support-critical-covid-runs-rampant

[v] *Rapid Gender Analysis, Drought in Afghanistan*. CARE; August 2021. https://reliefweb.int/report/afghanistan/rapid-gender-analysis-drought-afghanistan-balkh-ghazni-herat-and-kandahar-0

[vi] *GSK-CARE International in Afghanistan Opportunities for Mother and Infant Development (OMID) in Afghanistan, REPORTING PERIOD: (July 2018 to June 2021).*