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BLC TECHNICAL BRIEF

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Community Health Workers and their Role in Implementing HIV Services in Angola

Community Health Workers are Key to the Achievement of Primary Health Care Goals

The World Health Organization's (WHO) 2008 World Health Report¹ critically assessed the way that health care was organized, financed, and delivered in rich and poor countries around the world. It documented deficiencies in the functioning of health systems that have left the health status of different populations dangerously out of balance. To direct health systems towards better performance, the WHO declared the need for a return to primary health care (PHC), arguing that its values, principles, and approaches are more relevant than ever before.

A key ingredient of primary health care is the use of community health workers (CHWs)². The increasing focus on the human resource crisis in the health sector, and particularly in the sub-Saharan Africa region, has brought renewed attention and debate about the role that CHWs may play in extending services to hard-to-reach groups and geographic areas. In addition to the renewed global emphasis on PHC, other issues contributing to an examination of the current and potential contributions of CHWs include decentralization of health care management, and task shifting.

¹ World Health Organization, "The World Health Report 2008 - Primary Health Care (Now More Than Ever)," WHO: Geneva, 2008.

² Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic review, country case studies, and recommendations for integration into National Health Systems, WHO and Global Health Workforce Alliance, 2010.



A community health worker providing community-based services to a woman in Cunene, Angola

What is a Community Health Worker?

CHWs may include traditional birth attendants, caregivers, community mobilizers, and peer counselors/educators. They are an integral part of many health care systems, especially in developing countries, and are now recognized by the WHO and the Global Health Workforce Alliance as a vital component of the health workforce needed for the progression of health-related Millennium Development Goals (MDGs) through task shifting. Task shifting is a process that involves the rational redistribution of tasks among health workforce teams. To make more efficient use of available human resources for health, specific tasks are delegated from highly qualified healthcare workers to those with shorter training and fewer qualifications, but who are able to adequately perform the tasks. A task shifting approach is one way to strengthen and expand the health workforce to rapidly increase access to HIV and other health services.

CHWs are a promising health workforce resource because:

- There is an abundant supply of potential recruits.
- Their effectiveness has been demonstrated in numerous formal studies and evaluations.
- They can be trained in a relatively short period of time.
- They can be highly cost-effective, relative to similar services provided by higher-level staff based at health facilities, although more studies in this area are needed.
- They usually live in the communities where they work and typically have credibility and understand the context to better respond to challenges and opportunities.

The most effective CHWs are those who have strong ties to the communities they serve, have clearly defined roles in the health care system, receive appropriate training, and are regularly supervised.

While their specific role varies in different contexts, CHWs generally play a foundational role in reaching households with essential services and providing a referral link to enable people to more readily and effectively access higher-level services within the health system. Field research has demonstrated that programs using CHWs make important contributions to: improving health- and nutrition-related behaviors, increasing utilization of key preventive and curative health services, and diagnosing and treating serious illnesses at the community level.

CHWs and the response to HIV and AIDS

CHWs are playing a crucial role in expanding access to HIV prevention, treatment, and care. In various contexts, they provide: education to improve knowledge of HIV and AIDS; supportive care to people living with HIV; and guidance on adherence to antiretroviral therapy (ART) and tuberculosis treatment. They serve as linkages between communities and health facilities, referring those who require care and supporting those who need long-term or life-long treatment.

However, the 2010 Global Review of CHW experiences, commissioned by WHO and USAID and conducted by the Global Health Workforce Alliance, found that in 266 original studies of CHW experiences, HIV was not a major focus of training for CHWs, and when it was, it focused primarily on creating awareness and supporting adherence to treatment. The review found that in fewer country contexts, they also carry out HIV counseling and testing (HCT).

Regardless of the training focus, the review concluded that CHWs can contribute to increasing the number of mothers and newborns receiving ART as well as behavior change through awareness and education. Studies have documented that CHWs can effectively perform all of these roles and expand coverage of services when properly trained, supervised, and supported.

In their examination of the effectiveness of CHWs, Perry and Zulliger³ noted that current reviews and discussions among persons with considerable experience with CHW programs have yielded consensus on several principles for effective CHW programs.⁴

³ Henry Perry and Rose Zulliger, "How Effective Are Community Health Workers? An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-related Millennium Development Goals, Departments of International Health and Health, Behavior and Society Johns Hopkins Bloomberg School of Public Health, September 2012.

⁴ Ibid

Principles for Effective Functioning of CHW Programs and how they have been applied in Angola

In Angola, through support from international and local civil society organizations (CSOs), Community Health Agents (CHAs), Angola's term for CHWs, are providing HIV primary prevention to the general population through HIV prevention sensitization sessions in small groups and home visits; HCT at health facilities and in communities; and community-wide events, including school campaigns. The CHAs are also providing HIV secondary prevention to people living with HIV (PLHIV) through home visits and sensitization sessions at health facilities, as well as individual sensitization sessions to key populations such as men who have sex with men and female sex workers.

The USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC), implemented by Management Sciences for Health, supports local CSOs and provincial government to deliver improved evidence- and community-based HIV prevention services that promote healthy behaviors among families. These CSOs use CHAs to provide services in Angola in four provinces and to different target populations—together contributing to improved HIV prevention services in the country.⁵

CHW program principles can be categorized into the following:

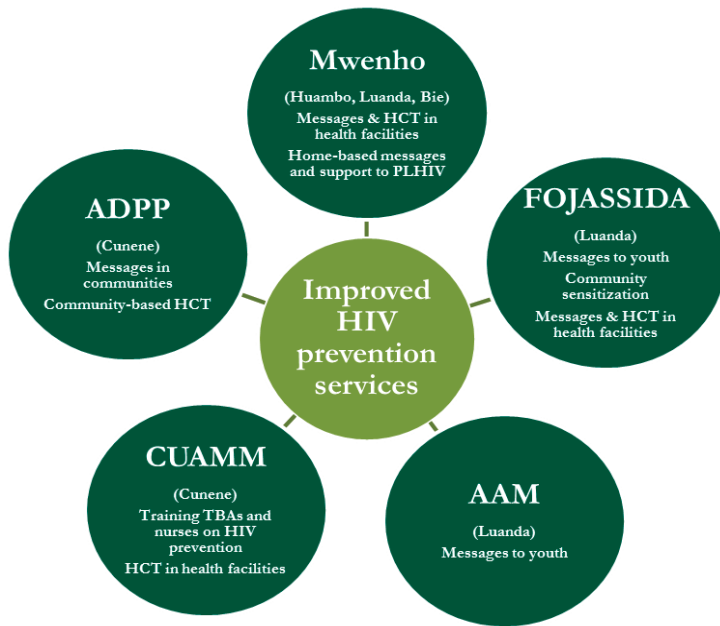
- a. Create systems and a framework
- b. Collaborate with other stakeholders
- c. Provide continuous support

Figure 1. BLC intervention areas where CHWs are delivering services in Angola



⁵ A variety of stakeholders such as Population Services International and ANASO use CHAs to deliver a range of services, including PMTCT, community mobilization, secondary HIV prevention, and home-based malaria, HIV, and TB screening and diagnosis.

Figure 2. Angolan CSOs contributing to HIV services with funding from USAID through BLC



Application in Angola

- BLC is working with Angola’s National Institute for the Fight against AIDS (INLS) to train and certify CHAs to provide HCT in rural communities. This is being piloted with ADPP in the province of Cunene, which in 2013 had a 4.8% HIV prevalence rate, slightly above the national average of 4.7%,⁶ and an estimated rate of 40% HIV-positive patients lost to follow up.⁷ CHA training incorporates key messages to sensitize communities about the national domestic violence law and gender-based violence.
- BLC is also working with the INLS and Angola Network of AIDS Service Organizations (ANASO) to develop national HIV prevention minimum standards to harmonize interventions in Angola. These standards will identify which services CHAs can provide and make recommendations for CSOs on incorporating CHAs and these services into their programming.

⁶ Relatório de Progresso da Resposta Global à SIDA (GARPR, 2014) República de Angola, May 2014. Page 15
⁷ Minutes from Second Quarterly Provincial HIV/AIDS Acceleration Plan Forum in Cunene. February 27, 2014.

a) Create systems and a framework

CHWs should be seen as a **long-term and essential component** of the health workforce in low-income settings. Even after the epidemiologic transition has been completed and maternal and child health and infectious diseases are no longer priorities, CHWs will be needed for the prevention, detection and treatment of chronic conditions, and for assistance in the care of the elderly.

Countries need a **comprehensive policy framework that is supportive of CHW programs**, ensures adequate financial support, enables CHWs to deliver interventions proven to be effective and recommended by or endorsed by the WHO, and that ensures that CHWs who are diagnosing and treating patients or performing potentially dangerous or unsafe procedures (such as giving injections) are doing so with proper training and supervision.

- **CHW programs need long-term stable financial support** from governments at various levels, from the national to the local level. This should include adequate financial and non-financial incentives.
- **The number of CHWs should be adequate** to achieve sufficient programmatic coverage in the population.
- **CHW roles need to be well-defined** and have clearly defined job descriptions.



CHW at a meeting in Cunene

Creating systems and frameworks - Top three tips:

1. **Align programming to national priorities and strategies, and train CHWs using national guidelines.** If not available, support government to develop national guidelines.
2. **Advocate for civil society playing a role at policy level.**
3. **Work at all levels (national, provincial, and community) to integrate CHAs into annual healthcare plans and budgets.** This includes provision of incentives, supervision, and training.

b) Collaborate with other stakeholders

Community health workers cannot effectively work in isolation. Successful programs require support and engagement with the communities in which they work, as well as local health facilities.

- **Communities need to be partners in CHW programs**, with the opportunity to participate in their design, in the selection of CHWs, and in providing oversight to CHW performance at the community level.
- **CHWs need effective linkages with the formal health system** for supervision, continuing education, receipt of supplies and medicines, and referral of patients.
- **CHWs need to be properly equipped and supplied** by logistical support systems.

Application in Angola

- **Mwenho's** project objectives are to collaborate with public health facilities in Huambo, Luanda, and Bie provinces to increase women's knowledge of HIV transmission and prevention as well as the importance of HCT and treatment. Mwenho holds group information sessions in health facilities on these topics. It also conducts family visits to convey messages about gender-based violence, legal rights and protection of women and girls, and norms about masculinity related to HIV and AIDS.

Results 2013-2014: Mwenho's CHAs reached 627 PLHIV and 8,586 individuals with HIV prevention messages; tested 1,766 people for HIV and delivered their results. In collaboration with facility HCT nurses, Mwenho also conducted home visits to PLHIV who were taking ART but were "lost to follow up," or did not return for appointments and medication. Together, the CHAs and health facility nurses provided counseling on ART adherence and related issues to improve quality of life of the PLHIV.

- **Doctors with Africa CUAMM's** project objectives are to improve access to HIV and AIDS prevention and treatment services in Cunene Province by enhancing HIV awareness and referral systems between communities and health facilities, and to improve health service delivery by strengthening the Health Information System and Health Unit's capacity.

Results 2013-2014: CUAMM trained 138 traditional birth attendants to provide HIV prevention messages. They have reached 315 PLHIV; provided 6,018 people with messages on HIV prevention, gender-based violence, legal rights and protection of women and girls, and norms about masculinity related to HIV and AIDS; and tested 1,825 people for HIV and delivered their results.

Collaborating with other stakeholders - Top two tips:

1. **To prevent logistical challenges and subsequent delays in service delivery, link with national and community structures to access supplies.** In Cunene, the INLS and local health facilities provide CHAs with condoms and HIV testing kits, and BLC is promoting coordination meetings between civil society, INLS, and local government to further facilitate processes.
2. **Collaborate with various government ministries, not just the Ministry of Health.** Other ministries, such as Education and those focusing on gender issues, have a role to improve services. For example, CSOs such as AAM provide sensitization sessions in schools.



Traditional birth attendants present information to women at a health facility

c) Provide continuous support

- **CHW programs need to receive systematic monitoring and evaluation**, including periodic transparent independent evaluation. Operations research on CHW programs should be encouraged through research funding for investigators. National demographic and health surveys should begin to collect information on CHW functioning.
- **Appropriate pre-service and continuing in-service education** should be provided to CHWs, and should be standardized. There should be opportunities for professional growth and career advancement.
- **Supportive supervision and constructive feedback.**
- **Mobile health technology holds enormous potential** for the training, supervision, continuing education, and technical support for CHWs. It also holds potential for assistance with the patient referral process and for strengthening community-based health information systems. Other technological advances, such as the further development of cheap rapid diagnostic tests, can improve the capacity of CHWs to provide diagnosis and treatment at the community level.

Application in Angola

- **In collaboration with the INLS**, CHAs are implementing a home-based HIV testing project in Cunene Province⁸—the first of its kind in Angola, where HCT has traditionally been available only at health facilities. A total of 281 CHAs have been trained in HIV prevention, of which 127 were certified to conduct home-based HCT using an INLS curriculum. The CHAs offer HCT at homes and community gatherings.

Results 2013-2014: The home-based HCT pilot project is thriving: CHAs tested 21,813 people and reached 24,833 people with HIV prevention messages in one year. The CHAs are demonstrating sufficient knowledge and skills to collect and report good-quality data, making few errors and regularly improving in their data collection forms and reports.

⁸ The province of Cunene has the country's highest HIV prevalence, at 4.7% of the general population (National Institute for the Fight against HIV and AIDS, 2011). The INLS has identified this province as a priority for HIV prevention and testing interventions.

Voices from the field:

“Traditional Birth Attendants are central figures in the Angolan culture, and one of the most precious resources in the health field,” “[They] have a key role in the community; they are respected and influential. This makes them one of the best ways to deliver health education, especially to other women.”

- Laura Marin, Public Health Manager for Doctors with Africa CUAMM in Cunene

Providing continuous support - Top three tips:

1. **For fast start-up, look for CHAs already working in the community.** These people tend to already be motivated and committed to serving their communities. In Cunene, CHAs who had been previously working on improving sanitation and building latrines joined ADPP's HIV prevention program.
2. **Provide CHAs with comprehensive primary health care training** to promote their versatility and long-term usefulness. BLC's initial HIV and HCT training to CHAs has been supplemented by additional training on health promotion and gender-based violence.
3. **Provide CHAs with data collection training** in order to collect reliable information on households and beneficiaries—guiding future plans and programming.

Voices from the field:

“I start with a home-based sensitization session on HIV prevention and then I ask for permission to test family members...the majority of people accept to be tested. Some come to my house to ask for testing and counseling. I feel that the more we test, the less stigma there is.”

- Penitencia, CHA trained in HCT

HIV in Angola

Many countries in sub-Saharan Africa discovered too late that they had an HIV epidemic, and some countries were slow to respond. This has had devastating consequences in terms of deaths due to AIDS and new HIV infections among adults and children. Due in part to Angola's civil war and resulting isolation, it is one of the few countries in the region with a relatively low HIV prevalence, giving the country a unique opportunity to reduce the prevalence by implementing relevant and context-specific HIV prevention and treatment interventions. By exploring new approaches, such as home-based HCT by CHAs, Angola is demonstrating its commitment to provide needed health services to communities.

With an estimated 2.9% of the adult population living with HIV,⁹ Angola has one of the lowest HIV prevalence rates in Sub-Saharan Africa. However, Angola is surrounded by high-prevalence countries like Zambia (12.7%) and Namibia (13.3%).¹⁰ The number of new cases of HIV has increased in cities with high population density, such as the capital, Luanda, and along transport corridors. In addition to greater post-war population mobility, the increase is due in part to poverty, limited access to primary health care, and high-risk sexual practices, such as multiple concurrent partnerships and sex work. Angola has low uptake of prevention of mother-to-child transmission of HIV (PMTCT) treatment and low ART coverage.¹¹ The low coverage rates and the limited health infrastructure, coupled with the potential increase in the HIV incidence rate, are significant challenges requiring attention. Angola's 2010 Knowledge, Attitudes, and Practices (KAP) survey among people aged 15 to 24 years identified knowledge gaps, highlighting the need for HIV prevention among youth.¹²

The INLS and the Government of Angola are striving to address the country's challenges by scaling up HIV services, such as ART and PMTCT. However, there is insufficient access to services due to the country's limited health infrastructure. Angola has a shortage of health facilities, particularly in rural areas; people may travel up to 50 kilometers to reach a health facility. A lack of public transport aggravates this situation, and many people therefore only visit health facilities when they are seriously ill. Like many other African countries, Angola also faces a shortage of health staff, and is not able to conduct outreach services.

Local civil society organizations (CSOs) and their CHAs, who are often volunteers or receive a small stipend, play a key role in the Ministry of Health's overall strategy for improved health in Angola. The CHAs are trained in HIV prevention, transmission, treatment, and behavior change communication, and link communities to health services, providing much-needed care, support, and education. Acknowledging the important role that CSOs and their CHAs have, the INLS is increasingly working with these organizations for an integrated and unified country response.

At a Glance: Various modalities for Increased Prevention, Diagnosis, and Treatment of HIV and AIDS, supported by partners in Angola

1. PAF (Paciente Ajudante de Formador), Patient supporter of Trainer –pilot project supported by the USAID funded Project SASH, to recruit, train and place PLHIV at urban health facilities to conduct HCT and follow up to those who test positive (Jhpiego).
2. CHAs from CSO organizations targeting key populations such as those supported by PSI in Luanda, Benguela, Huila, Huambo and earlier in Cunene along the primary trucking routes to Namibia to reach female sex workers and their clients, long distance truckers and men having sex with men (in Luanda). During 2013, the 6 supported partners provided prevention services to nearly 7,150 female sex workers, 6,687 truckers and clients of female sex workers, 415 high risk men having sex with men. Curricula for prevention includes HIV; STI; family planning methods; alcohol prevention; and gender-based violence.
3. Traditional Birth Attendants (TBAs) to conduct Mutual Support Groups (GAM) Grupos de Ajuda Mutua, to do secondary prevention among mothers living with HIV/AIDS. TBAs also conduct group/ individual sensitization sessions to refer for HCT at health facilities, trained and supported by CUAMM, Doctors for Africa, with support from various donors, including USAID.
4. Other recorded experiences of CHAs include training and incorporation of CHAs within municipal health budgets by Amosmid in Huambo, CHAs supported by Africare in Huila, Church-based groups such as Pastoral da Criança in Luanda and the Ministry of Women and the Family (MINFAMU), also in Luanda.

9 National Institute for the Fight against HIV and AIDS (INLS). 2012.

10 Global Report: UNAIDS report on the global AIDS epidemic 2013.

11 There are more than 203,000 people living with HIV in Angola, yet only 28% are on ART.

12 Close to 70% of Angola's population is under the age of 24 years. The KAP survey revealed that 43% of young people have had sex by the age of 15, and only 51% of male and 38% of female youth know that condom use is a method of HIV prevention.

Leading by example: Community Health Agents change lives in Angola



CHA Paula Felizberto

What do you associate with the word “agent”? It is a word used in the fields of philosophy, chemistry, economics, and law enforcement (think 007). While used in a wide variety of contexts, its meaning stays consistent and involves an element of action. In philosophy, “agent” refers to “an entity that is capable of action”; in chemistry, “any power, principle, or substance by which something is accomplished.” Angola uses this term to refer to those who work to improve health in communities, and these community health agents are an important part of the country’s health care provision.

Paula Felizberto, a 41-year-old mother of five, decided to use the challenges she experienced in her life for the good of others. She now supports others living with HIV and provides HIV prevention education as a CHA for the civil society organization Mwenho in Huambo, Angola.

Paula became concerned about her health and tested positive for HIV. She then realized the cause of her husband’s death: AIDS. Paula’s mother and uncle supported her and gave her “the strength to go ahead with her life.”

Paula started ART a few months after her diagnosis. She was tested for HIV at Evaloko Health Center and met CHAs from Mwenho who were promoting self-care group sensitization sessions. After interacting with the Mwenho CHAs, Paula was motivated to join them to support other people affected by HIV and AIDS. CHAs encourage people to adhere to ART and engage those who have stopped taking their treatment. Paula believes that the real disease is the discrimination that people living with HIV frequently experience.

One of the lives Paula has touched in her work is a woman living with HIV who had been rejected by her family

and community and felt lost. She stopped taking ART and wanted to die. Paula visited the woman at home, sensitized her family about HIV and AIDS, and shared her own HIV status to prove that HIV does not mean the end of life, but that people living with HIV can have long and healthy lives. Paula’s support encouraged the woman to re-start treatment, and she started to work in the local bakery. Her health has improved and her family is now supportive of her.

Paula recently learned that her fifth daughter is also living with HIV. She has started ART and is healthy. Paula plans to continue her work as a CHA—she now feels recognized by the community she serves.



CHA Olga Isabel João

Olga Isabel João is 28 years old. After her husband’s death in 2003, Olga began feeling very sick. She faced discrimination from her family once she discovered her HIV-positive status. Her mother gave Olga separate towels and silverware, believing Olga might infect other family members with HIV. They told her that she was infected with HIV because of inappropriate sexual behavior; Olga had a boyfriend, just like all of her peers. She felt abandoned in her own home.

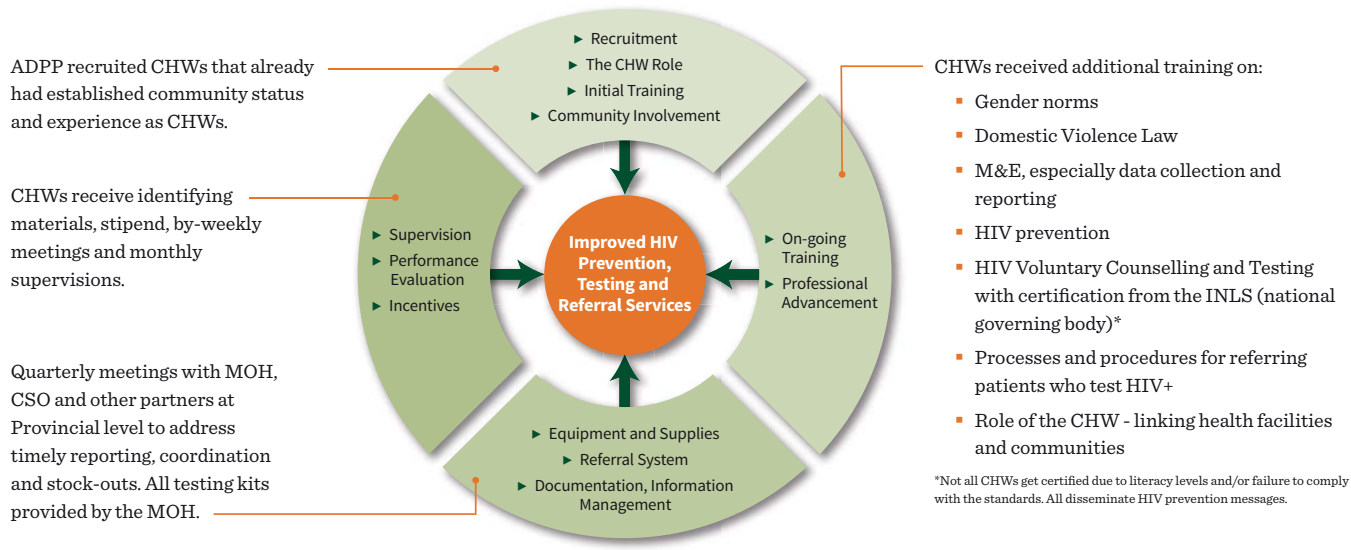
Anti-retroviral therapy was not yet available in the public sector in Angola, but Olga decided to go to the Huambo Central Hospital for care. At the hospital, Olga met Mwenho CHAs providing sensitization sessions on secondary HIV prevention to people living with HIV. Olga has since joined Mwenho as one of their most active CHAs. She is healthy and fit, and adheres to the treatment she now receives. Her family realized that they were wrong to believe that Olga’s life was over because of her HIV status, and she has forgiven them.

Paula and Olga are leading by example, using the challenges they have experienced to improve the lives of others and make a difference in their communities.



ADPP supported CHAs (in orange shirts) conducting a health talk with several family members in the community of Nehone, Cunene

CHW Program Framework and its application in Cunene



For more information contact:

Building Local Capacity Project (Regional Office)

Ditsela Place
 1204 Park Street (Cnr Park and Jan Shoba Streets)
 Hatfield, Pretoria, South Africa
 Tel: +27 12 364 0400; Fax: +27 12 364 0416
 blcsouthernafrika@msh.org; www.msh.org

Projecto Construir Capacidade Local em Saúde (Angola)

Rua Eduardo Mondlane,
 N°s. 207/207 A, Bairro Sagrada Família,
 Luanda, Angola
 Tel: +244 92 324 9434



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