

REPUBLIC OF KENYA



MINISTRY OF HEALTH

# COMMUNITY HEALTH VOLUNTEERS TRAINING AND CERTIFICATION GUIDELINES



Division of Community  
Health Services

*"Afya Yetu, Jukumu Letu"*



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## FOREWORD

In 2006 Kenya adopted a community-based approach (Community Health Strategy), as articulated in the Second National Health Sector Strategic Plan (NHSSP II: 2005-2010), defined a new approach for health care service delivery to Kenyans. This approach emphasized a more proactive approach of promoting individual's and community's health to prevent the occurrence of diseases. Community health is one of the flagship projects in Kenya's vision 2030 and is recognized as the level 1 of health care in the Kenya Health Act, 2017. The Kenya Community Health Policy 2020-2030 provides policy direction for Community Health Services.

Community Health Volunteers (CHVs) are key in delivery of community health services. CHVs are community members who are selected through a public meeting and entrusted with the responsibility of the health service delivery in the community with focus on preventing illness and promoting health. Upon selection, the volunteers undergo basic training to gain competencies that allow them to provide prescribed community health services at the household level. The Community Health Assistant (CHA) who are professional workers and provide mentorship and supervision on a day to day basis to CHVs.

The CHV Training and Certification guidelines is expected to provide a standardized mechanism for counties to assess and certify the community health workforce.



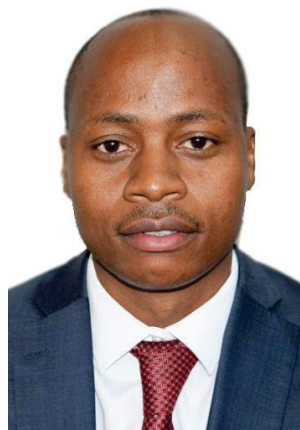
**Dr. Patrick Amoth, EBS | Ag. Director General for Health**



## PREFACE

A healthy population is critical to improved productivity necessary for sustainable economic growth. The Government of Kenya through the Ministry of Health has demonstrated this commitment in prioritizing achievement of Universal Health Coverage (UHC) through Primary Health Care (PHC) approach.

The Ministry through the Division of Community Health has demonstrated the importance of this approach by supporting and sustaining the provision of quality health services at the community level by investing in a credible, committed and community-based workforce. The Community Health Volunteers (CHVs) serve as the front-line health service providers at the household level and the community at large. CHVs serve in a Community Health Unit (CHU) with an approximate population of 5,000 in a defined geographical area. Each CHU is assigned 10 Community Health Volunteers who are supervised by a Community Health Assistant.



In building a dedicated and well aligned workforce at the community health level, ongoing training and refresher updates are critical. These guidelines address key issues in community health trainings, management, deployment and certification of the CHVs.

It is my hope that these guidelines will be utilized by all community health stakeholders to improve the quality of community health services.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

**Dr. Mulwa A. M. | Ag. Director of Medical Services/Preventive & Promotive Health Services**

## ACKNOWLEDGMENTS

The guideline development process was supported by various stakeholders from MOH technical divisions and officers from partner organizations. These officers participated in several virtual and physical meetings to finalize these guidelines.

Our gratitude and appreciation go to the MOH officers from other divisions and community health partners: Amref Health Africa in Kenya, Living Goods, Lwala Community Alliance, USAID-IntraHealth and KMTC, who actively participated in the workshops. Special appreciation goes to the County Community Health Focal Persons for their invaluable contributions through the virtual meetings.

Our appreciation goes to the officers at the Division of Community Health who guided the drafting process under the leadership of Dr. Maureen Kimani, coordinated by Charity Tauta, supported by John Wanyungu, Beth Gikonyo, Daniel Kavoo, Hillary Chebon, Samuel Kiogora, Jane Koech, Tabitha Waweru and DCH interns.

The development of the Community Health Volunteers Training and Certification Guidelines document has been financed and technically supported by Amref Health Africa in Kenya through Johnson & Johnson funding. Finally, we are indebted to the Ministry for providing an enabling environment to develop these guidelines.



A handwritten signature in blue ink, appearing to read 'Salim Hussein'.

**Dr. Salim Hussein | Head, Department of Primary Health Care**



## ACRONYMS

CCHFP	County Community Health Focal Person
CHA	Community Health Assistant
CHO	Community Health Officer
CHU	Community Health Officer
CHV	Community Health Volunteer
CHW	Community Health Worker
DCH	Division of Community Health
ECHIS	Electronic Community Health Information System
GATHER	Greet-Ask-Tell-Help-Explain-Remind
MOH	Ministry of Health
PHC	Primary Health Care
RDT	Rapid Diagnosis Test
SCCFHP	Sub County Community Health Focal Person
SDGs	Sustainable Development Goals
SMEs	Subject Matter Experts
SOPs	Standard Operating Procedures
UHC	Universal Health Coverage
WHO	World Health Organization

## 1.0 INTRODUCTION

Globally, guidelines on Health Policy and System Support to Optimize Community Health Worker Programs (WHO, 2018) recommend using competency-based formal certification for Community Health Volunteers (CHVs) who have successfully completed pre-service training. These guidelines note that credentialing provides a formal recognition which is awarded to those meeting predetermined standards. Certification may also increase motivation, sense of self-esteem and respect from community and other health volunteers. Further, the Community Health Workers (CHW) Assessment and Improvement Matrix (AIM Tool), recommends that CHVs health knowledge and competencies are assessed and certified prior to practicing and retention at regular intervals.

The Constitution guarantees the right to the highest attainable standards of health. To achieve this, the Constitution provides for devolved health care i.e. National government and 47 County governments. The National and County governments have different mandates. The counties have allocated resources for healthcare and supported the provision of healthcare services at the community level though with varying levels of commitment.

Kenya, like most countries across the world, is striving to attain the Sustainable Development Goals (SDGs) by 2030. In this regard, the Ministry of Health envisions to achieve this through the Universal Health Coverage (UHC) agenda which seeks to provide accessible, affordable and quality health services through Primary Health Care (PHC) approach. Thus, a strong community health system is critical for the UHC agenda to be realized. The Kenya Community Health Strategy 2020-2025 intends to build the capacity of individuals and households to know and progressively realize their rights to equitable, good quality health care and demand services as provided for in the Constitution of Kenya, 2010.

Despite the impressive gains made in enhancing access to Community Health Services, gaps exist in CHV training and certification. To bridge these gaps, the Ministry of Health and stakeholders are implementing an Integrated CHV Training Curriculum consisting of Basic and Technical Modules. However, different trainings have been delivered by an array of partners with no uniformity in content and training delivery methods as per the curriculum nor certification. Hence, the varied level of knowledge and competence amongst community health workers.

## 2.0 RATIONALE

The implementation of community health strategy requires the training and orientation of all national, county and community stakeholders. Currently there is fragmented delivery of community health training, management and deployment of CHVs. Community health workforce assessment and certification mechanism does not exist.

The evaluation of community health services implementation of 2018 identified inadequate capacity building of community health workforce as a major challenge. It also identified a lack of an accreditation system for community health workforce.

This CHVs Training and Certification Guidelines will ensure that CHV training meets a set standard and that CHVs acquire the necessary competencies to deliver services to the households. It will also enhance the delivery of quality community health services.

### 2.1 OBJECTIVES

The CHVs Training and Certification Guidelines are intended to:

1. Provide integrated criteria for selection and training of Community Health Volunteers.
2. Outline the certification process for training CHVs on the Basic and Technical Modules.
3. Establish a mechanism for continuous skills development
4. Provide a mechanism for knowledge management and quality assurance

## 3.0 TRAINING OF COMMUNITY HEALTH VOLUNTEERS

### 3.1 SELECTION OF CHVS FOR TRAINING

The selection criteria will be based on the Kenya Community Health Policy 2020 - 2030.

Minimum entry requirements

- Must be a citizen of Kenya
- Must meet the requirements of Chapter Six of the Constitution of Kenya 2010
- Should be above the age of 18 years and of sound mind
- (S)he must be a responsible and respected member of the community.
- Is self-supporting and understands that the role of a Community Health Volunteer does not draw a monthly income
- Is willing and ready to provide services to the community without charging
- (S)he must be a resident (including overnight stay) of respective community that is selecting him/her for a continuous period of not less than five years prior to the appointment date
- Is a form four leaver and literate, unless where the situation does not allow.
- Is not disqualified for appointment to office by the above criteria or by any law.

### 3.2 TRAINING APPROACH

The training of CHVs will be modular based. The training shall be based on the approved Community Health Volunteers Integrated Curriculum that has Basic and Technical Modules. All CHVs MUST be trained for 10 days in the Basic Modules before being deployed to serve households. The Technical Modules shall be delivered in a phased manner; based on the duration of each specific module and county health priorities.

Additional trainings may be introduced based on emerging trends and county specific health needs.

### 3.3 TRAINING MODULES

There are 14 modules, 6 Basic and 8 technical modules. These modules are designed in a simplified manner to provide the requisite knowledge and skills to deliver quality community health services.

### 3.4 COMPETENCES

#### 3.4.1 Basic Module Competences for Community Health Volunteers

These guidelines aim at highlighting the competences of the Community Health Volunteers (CHVs) after Basic Modules training. On completion of these trainings, a CHV will be able to demonstrate the following competences:

##### Module 1: Health and Development in the Community

- Ability to effectively offer community health services through Kenya Essential Package for health at level 1.

### **Module 2: Community Governance and Leadership**

- Ability to demonstrate leadership, problem solving skills, organization, management and coordination of community health services.

### **Module 3: Communication, Advocacy and Social Mobilization**

- Ability to effectively communicate and demonstrate counseling, mobilization and advocacy skills as well as enhancing community dialogue techniques.

### **Module 4: Best Practices for Health Promotion and Disease Prevention**

- Ability to demonstrate health promotion skills for disease prevention at individual, household and community levels.

### **Module 5: Basic Healthcare and Life saving Skills**

- Ability to offer basic health care and simple lifesaving skills at community level.

### **Module 6: Management and use of Community Health Information including eCHIS**

- Ability to collect and report community health data using manual registers or eCHIS

## **3.4.2 Technical Module Competences for Community Health Volunteers**

On completion of each specific Technical Module training, a CHV will be able to demonstrate the following competences:

### **Module 7- Water, Sanitation and Hygiene**

- Ability to demonstrate knowledge on causes and routes of water contamination and dangers of using contaminated water in the community
- Demonstrate skills in water quality improvement in the community.

### **Module 8 - Community Nutrition**

- Ability to demonstrate the importance of food nutrients in relation to human health, development and food security
- Ability to assess, screen and refer cases of malnutrition

### **Module 9 - Integrated Community Case Management**

- Ability to manage common childhood illnesses for children aged between two months and five years at household and community level, identify danger signs and make appropriate referrals

### **Module 10 - Maternal and New Born Health**

- Ability to advice the pregnant woman on antenatal care, labor, delivery and post-natal care as well as recognize danger signs at each stage
- Ability to identify danger signs and advice the mother on the newborn care and make appropriate referral

### **Module 11- Family Planning**

- Ability to counsel women on all Family Planning methods and their effectiveness, advantages, non-contraceptive benefits and make appropriate referral
- Ability to demonstrate basic counseling skills in FP applying the acronym GATHER

## **Module 12 - HIV/TB/Malaria**

- Ability to demonstrate understanding on the transmission, prevention, treatment & support adherence in HIV/AIDS and make appropriate referral
- Ability to demonstrate understanding on the transmission, prevention, treatment and support adherence in TB
- Ability to identify TB treatment interrupters and make appropriate referral
- Ability to demonstrate understanding on the transmission, categories, prevention, testing and treatment for Malaria

## **Module 13 - Non-Communicable Diseases (NCDs)**

- Ability to demonstrate understanding of the different NCDs such as diabetes, hypertension and cancer and importance of their regular screening.
- Ability to conduct basic screening for diabetes and hypertension among households' members in consultation with a CHEW.
- Ability to facilitate referral of suspected household members with any NCD for appropriate management and follow-up.
- Ability to support treatment adherence and carry out treatment defaulter tracing.
- Ability to share information on prevention of complications of NCDs.
- Ability to provide promotive and preventive health information on healthy lifestyle.
- Ability to provide psycho-social support community members with NCDs.
- Ability to inspire community members with NCDs to form support groups.

## **Module 14 - Nurturing Care**

- Ability to demonstrate understanding the components of nurturing care.
- Ability to identify developmental delays in children.
- Ability to demonstrate responsive care-giving services at community and household level.
- Ability to demonstrate the importance of age-appropriate communication and play in early childhood.
- Ability to educate and support mothers and caregivers on child safety and security at home.

## **3.5 COMMUNITY HEALTH VOLUNTEERS TRAINING METHODOLOGY**

A participatory training methodology will be adopted. This will include:

- Demonstrations
- Group discussions
- Brainstorming
- Lectures
- Simulations
- Role plays

### 3.6 MODE OF LEARNING

The mode of learning will be face-to-face, e-learning or blended.

- » **Face to face** - Learning will take place in the community health unit where the CHVs and the trainers will interact in key practical areas.
- » **E-learning** - Electronic learning can be done via different platforms depending on the nature of the audience they may include the MOH Virtual academy and M-health platforms.
- » **Blended** - Includes use of both face to face and e learning. This will also depend on the nature of the audience

### 3.7 TRAINERS OF CHVS

The trainers of CHVs are certified Community Health Assistants, Community Health Officers and subject matter experts (SMEs), with supervision from the Sub County Health Management Team. Training will be done within the Community Health Unit and other relevant setting within which the community health volunteers will be serving.

*NB: Master Trainer of Trainers (National and County) will train the County and Sub-County Trainers: who will then train the CHA to train the CHVs.*

### 3.8 ROLES OF THE TRAINERS

Trainers will play an integral role, which will include:

- Participating in the selection of the participants
- Setting goals and agreeing on a training plan for the duration of the training including attendance of learning sessions.
- Reviewing the trainee's knowledge and skills based on the module, as an aid to setting goals for the current training.
- Familiarizing with the training curriculum in order to facilitate the development of the trainee's learning objectives and evaluation requirements.
- Act as a supervisor to the trainee.
- Organizing and coordinating the trainings (trainers identify the venues and source for training materials)
- Conducting the trainings, practical sessions, assessment and post-training follow-up.
- Writing training and evaluation reports, as well as the preparing the work plan.
- Recommend the awarding of certificates
- Resource mobilization

## 4.0 CERTIFICATION OF COMMUNITY HEALTH VOLUNTEERS

### 4.1 CHVS CERTIFICATION PROCESS

Certification is a process that ensures Community Health Volunteers are assessed through a standardized criterion for knowledge, skills, and competencies gained over a specific period of time i.e. 6 months' practice after the Basic Module training.

The qualification process shall start with the training using the CHVs curriculum which aims at acquisition of specific competencies.

This certification process will eventually lead to the issuance of a certificate and an Identification Card as proof of capacity to provide community health services.

### 4.2 PROCEDURE FOR CERTIFYING CHVS

1. CHVs certification process will begin with an assessment on competencies in the modules. This will act as an entry point for certification as a CHV.
2. The certification process will follow eligibility, qualification and training criteria.
3. The Sub County Community Health Focal Person shall be responsible for coordination of the assessment.
4. A ToT trained CHA and a trained Link Health Facility Officer will administer the assessment.
5. The CHA compiles a list of the assessed CHVs (those who qualified and those who did not qualify) for certification and submits to the Sub County Community Health Focal Person (SCCHFP).
6. The SCCHFP shall submit a copy of the list of CHVs to the County Community Health Focal Person (CCHFP).
7. An electronic database of all CHVs shall be maintained at all levels (National, County and Sub County).
8. The National and County Departments of Health will do the certification centrally.
9. Identification Cards shall be issued after the CHVs complete the Basic Module training and practiced for six months.
10. Technical modules certification will be issued in a phased manner.

*Note: The certification shall remain valid for five years and is subject to renewal unless a CHV fails to meet Chapter 6 of the Constitution of Kenya, voluntarily relinquishes their duties or failure to adhere to ethics.*

### 4.3 MAINTAINING CERTIFICATION

This process will ensure continuous high quality standards are maintained among the CHV. The process will entail:

- Existence of a registry that will track all the CHVs
- The data base will define the validity period of certification
- Ensuring the CHVs are updated quarterly on health issues
- Ensuring that the CHVs have undergone at least half of the quarterly updates.
- Cleaning of the registry to align with those that are reporting



## 4.4 ASSESSMENT

The CHA and/or CHO, Link Health Facility representative and the SMEs shall administer the assessments. A CHA and/or CHO shall conduct supportive supervision to CHVs to identify and document gaps and challenges in service delivery. The outcome of the support supervision and assessment shall inform the necessary remedial action for continuous training, which will lead to improved service delivery.

The assessment will be conducted using the following tools:

1. Written test
  - a. Pre-test is issued on the first day before training starts to gauge the pre-existing knowledge of the trainee
  - b. Post-test is issued on the last day of training to gauge how much knowledge the trainee has gained.
2. Practical assessment checklist

This mode of assessment involves the CHV being assessed at the household level.

*NB: Persons with disability can be assisted to undertake both written and practical assessments. The duration of assessment can also be prolonged. Persons with low literacy levels will be tested orally; however, they will be required to undertake the practical assessment.*

## 4.5 CERTIFICATION STANDARD OPERATING PROCEDURES

A Standard Operating Procedure (SOP) aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with set regulations.

The following are SOPs for certifying CHVs:

1. The process of selection, recruitment and retention is as per the Community Strategy Implementation Guidelines and Policy. These include:
  - Stringent adherence to the eligibility criteria
  - Recruitment process should be a public process
  - The CHV should reside within the locality
  - A CHV should attain a minimum age of 18 years to be allowed to practice
2. Training of CHVs should be:
  - Curriculum based
  - Conducted within the locality
  - Phased approach starting with the Basic Modules.
  - Based on practical exposure where applicable
3. Quality assurance during training:
  - Procedures shall be in accordance with ISO certification specifications.
  - The trainings should utilize the CHV curriculum

#### 4. Certification process:

- The certification process shall be conducted by County Governments.
- Certificates shall be serialized centrally from the Division of Community Health and issued by County Governments.
- The Division of Community Health will keep a national training database

## 4.6 PREPARATION FOR PRACTICAL ASSESSMENT

A trained facilitator (CHA/CHO/SMEs) shall lead the preparation for the practical assessment process. The immediate supervisor of the CHV should work in consultation with a trained facilitator from the link health facility. The facilitator's role is to guide the planning, implementation, and follow-up of the assessment. S/he runs the session and ensures active participation, consensus, completion of tools (as applicable) and responsive action plans.

### 4.6.1 Steps for Practical Assessment Preparation

1. The facilitator identifies the number of trained CHVs who are ready and willing to undertake the assessment.
2. The facilitator will select and assess the household where the assessment will be conducted in readiness for the practical assessment.
3. The household head will be consulted to give a convenient date and time when the assessment will be conducted.
4. The date and time of the briefing and assessment will be communicated to the particular CHV to be assessed prior to the assessment.
5. The facilitators will ensure the assessment checklist, tools and equipment are ready and available for the assessment.
6. The assessment team and CHV plan and agree on the meeting place and time for the actual assessment exercise

### 4.6.2 Practical Assessment

The practical assessment shall focus on the CHV's competencies on the modules. The assessment should be held in a relaxed and conducive environment that encourages rich discussions on actual versus theoretical impressions of module. The assessment methodology will primarily be observational and oral.

## 4.7 CRITERIA FOR CERTIFICATION

1. All the conditions for selection criteria must have been met as per the Kenya Community Health Policy (2020-2030).
2. The CHV training must be facilitated by a trained facilitator.
3. The duration for basic training is ten days where all the Basic Modules are covered.
4. After 6 months of practice, the CHV will undergo a practical assessment where trained facilitators will assess him/her using a checklist
5. Upon successfully passing the practical assessment with a pass mark of 40%, a Certificate and a CHV Identification Card shall be issued.
6. The Technical Modules will be delivered as per the recommended duration for the particular module.
7. Upon the completion of training of each of the Technical Modules, the CHV will be assessed and a certificate issued for that particular module.

## 5.0 REFERENCES

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## 6.0 LIST OF CONTRIBUTORS

Dr. Salim Hussein	MOH-HEAD, DPHC	Alex Irungu	Amref Health Africa
Dr. Maureen Kimani	MOH-HEAD, DCH	Aloise Gikunda	Amref Health Africa
John Wanyungu	MOH-DCH	Anne Gitimu	Amref Health Africa
Charity Tauta	MOH-DCH	Herbert Baraza	Amref Health Africa
Beth Gikonyo	MOH-DCH	Ken Ogendero	Living Goods
Daniel Kavoo	MOH-DCH	Zipporah Nyangacha	Living Goods
Hillary Chebon	MOH-DCH	Julius Mbeya	Lwala Community Alliance
Jane Koech	MOH-DCH	Doreen Awino	Lwala Community Alliance
Samuel Kiogora	MOH-DCH	Sospeter Ndaba	USAID-IntraHealth
Tabitha Waweru	MOH-DCH	Agnes Ngina	DCH Office Administrator
John Toweett	MOH-DPHS&FM	Faith Mukami	DCH Intern
Dr. Athenasius Ochieng	MOH-DHP	Teresia Njeri	DCH Intern
Dr. Lily Nyaga	MOH-M&E	Joyline Korir	DCH Intern
Dr. Valeria Makori	MOH-DPPH	Fredrick Oroko	DCH Intern
Martin Thendu	MOH-HIS	Maureen Chepkemai	DCH Intern
Charles Korir	KMTC		
David Kiminta	KMTC		
Fidelis Kangengi	KMTC		
Samuel Mwangi	KMTC		

## 7.0 ANNEXES

**Table 1: Assessment Preparation Guide and Scoring**

This table indicates the key commodities & supplies, skills to be assessed, methods of assessment and scoring criteria based on both Basic and Technical Modules.

*Table 1: Assessment Preparation Guide and Scoring*

Commodities & Supplies	Skills/quality assessed	Method of assessment	Scoring (Award marks in a scale of 0 -3)
The assessor should have materials and equipment required for the assessment	As per the Basic and Technical Modules Check lists	Observation and Oral	(Award 3 points) - able to demonstrate 3 tested skills  (Award 2 points) - able to demonstrate at least 2 tested skills  (Award 1 point) - able to demonstrate at least 1 tested skill  (Award 0 point) - If not able to demonstrate any of the skills tested

**Table 2: Program for CHV Practical Assessment**

The table below shows a sample program to be used during a practical assessment session.

*Table 2: Sample Program for CHV Practical Assessment*

Time	Activity	Responsible Person	Task
	Arrival at the household	CHA	The team should be at the Household at least 10 minutes before the agreed time.
10 Mins	Introduction	CHV	The CHV introduces the team to the household, explains to the family the purpose of the meeting, and appreciates them for accepting to be visited.
1 hour	Assessment continues	Assessor	Each assessor will use the checklist for the assessment and give guidance where necessary.  At the end of the exercise, the CHV and assessors thank the family and ask if they have any questions.
20 Mins	Debrief	Assessor	The assessors thank the family as they leave the household.  The team leave the household to a private place for debrief.  The assessors compile their findings then give feedback and recommendations to the CHV.
At the end of the assessment	Report writing and Certification	Assessors	The assessors will submit the report and list of assessed CHVs to the Sub-County Community Health Focal Person for verification and onward transmission to County Community Health Focal Person for compilation of a county list of all CHVs who have been trained and assessed.
		Sub-County Community Health Focal Person	
		County Community Health Focal Person	The list will be forwarded to the national Community Health office for printing and issuance of certificates and CHV Identification Card.



