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TERMS OF REFERENCE FOR CONDUCTING THE COMMUNITY HEALTH WORKER; - ASSESSMENT AND IMPROVEMENT MATRIX (CHW AIM)

Consultancy Title	**Remote support on the CHW-AIM**
Location	**Blue Nile**
Task Type	Facilitation of a 2-stage assessment for CHWS in Blue Nile focus on; - 1. Assess functionality and guide improvement in programs delivering services at the community level 2. Provide action planning and best practices to assist in strengthening programs 3. Map functional VHT programs and gaps in coverage
Task duration	**6th of November-13th of** November 2025
Cost	***consultant shares basing on experience***
methods	***Data analysis, SPSS, co-creation workshop, report writing***

1. WORLD VISION SUDAN

In Sudan World Vision has been responding to the Darfur crisis since June 2004. World Vision had its head office in Khartoum which has since moved to Port Sudan at the red sea state. We are currently operating in response mode in a number of states namely: South Darfur, Blue Nile, East Darfur, South Kordofan, Khartoum, River Nile State, El Jazera and Port Sudan state. Our operations are on and off depending on the accessibility of the operational area and the prevailing security situation.

2. BACKGROUND AND OPPORTUNITY

As a result of the complexity of crisis in Sudan, to date, approximately 11 million people in Sudan do not have access healthcare and nutrition services due to poverty-associated and negative coping mechanisms and forbade access and outcomes, several critical services have been discontinued due to the continues conflict which significantly impacted on health and nutrition facilities, also poor accessibility to functional healthcare unities and Nutrition unities, in addition to influx of internally displaced persons (IDPs) are putting extra pressure on already weak services.

As the global community aims to fulfill its commitments to the UN Sustainable Development Goals, and the achievement of universal health coverage, dozens of countries have committed to the expansion of community health workers (CHWs) as the front line of their healthcare systems. Robust research demonstrates CHWs improve access to care, reduce maternal, newborn, and child mortality, improve clinical outcomes for chronic diseases, and prevent disease outbreaks.

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But there remains an important opportunity to improve the status quo approach to implementing national-scale CHW programs. While ample, high-quality evidence exists that small-scale CHW programs can reduce morbidity and mortality, three studies of CHW scale-up conducted in Burkina Faso, Ethiopia, and Malawi in 2016 documented limited access, quality, and mortality impact. The impact of these programs, and those of the dozens of other countries currently revamping their own national CHW programs, could be optimized if the most recent evidence and global best practices were incorporated into design and implementation.

To support the operationalization of quality CHW program design and implementation, partners in the CHW coalition have updated and adapted the Community Health Worker Assessment and Improvement Matrix (CHW AIM) Program Functionality Matrix. In this regard, World Vision Sudan being a community-based organization is interested in focusing on community health and hence working with a number of community structures to improve healthcare. Therefore, WVS would like to utilise this tool to identify design and implementation gaps in both small- and national-scale CHW programs, and close gaps in policy and practice starting with the Blue Nile state.

3. PURPOSE AND OBJECTIVES OF THE ASSESSMENT

CHW-AIM will be a pathway to assist the assessment, improvement and planning of CHW programs in Blue Nile by deepening understanding of the elements of a successful CHW program and the use of best practices as an evidence-based approach to improvement within Blue Nile.
The CHW-AIM, framed around 2 key resources, a program functionality matrix with 10 key components used by participants to assess the current status of their program and a service intervention matrix to determine how CHW service delivery aligns with national guidelines. Worksheets and tools to assist in the implementation of the two resources are included. Key health intervention matrices currently comprise, Community Health, MNCH, iCCM, Mobile clinics, IYCF-E and CMAM; additional services can be adapted for the assessment.
Purpose: The program functionality matrix will assist planning and implementing organizations to assess the status of their CHWs programs and develop strategies to address gaps and build on strengths. It will also help state institutions effectively plan geographic and programmatic coverage of CHWs programs through mapping the presence of existing functional programs.
Objectives of the assessment:

1. To assess functionality and guide improvement in programs delivering services at the community level for Blue Nile
2. To provide action planning and best practices to assist in strengthening programs
3. To map functional CHWs programs and gaps in coverage area and support action planning

4. METHODOLOGY

Facilitation: Although participatory in nature, the process should be led by a trained facilitator, either external to or a member of the organization. The facilitator's role is to guide the planning, implementation and follow up of the assessment. S/he runs the workshop and ensures active participation, consensus, completion of tools, and responsive action plans. A facilitation and training guide are included to orient the leader.
Participants: The assessment is carried out during a workshop with multiple stakeholders knowledgeable about how the program is managed or supported and the regions within which it functions. Between five and 25 attendees is reasonable, including field level managers, district level managers, CHWs, and CHW supervisors. The CHW-AIM process promotes the involvement of

CHWs as their experience and voices add to a fair assessment. All levels of staff should be evenly represented in the workshop if possible.

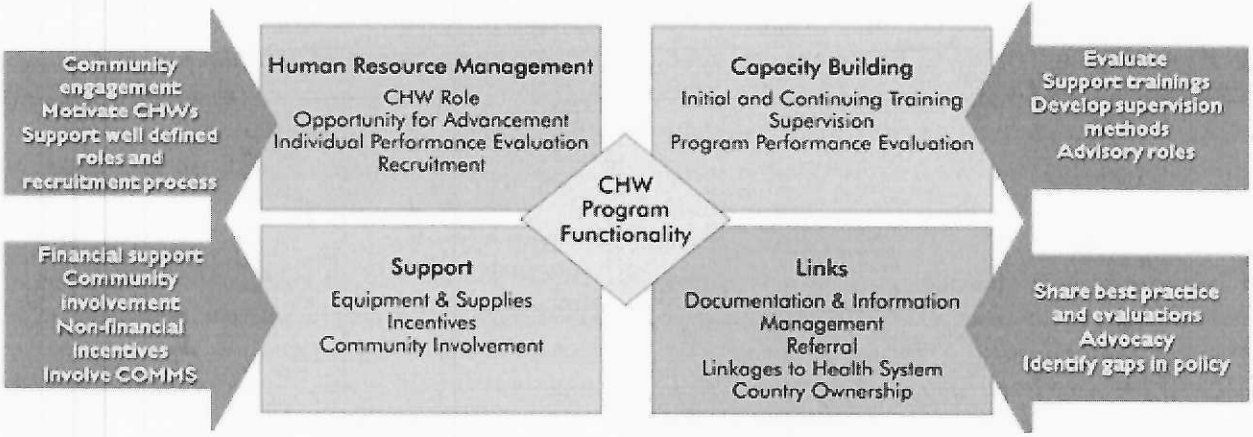
Approach: The CHW AIM approach is based on a guided self-assessment that allows a diverse group of participants to score their own program against fifteen programmatic components that contribute to successes or shortfalls, and four levels of functionality. Following the review, participants use the results to develop action plans to address weaknesses in performance.

The assessment approach encourages rich discussion on actual versus theoretical impressions of community-based programs. It also encourages country ownership through ease of use, up-front adaptation to country context, and step-by-step involvement. It allows host governments to quickly and efficiently map and assess programs using a rating scale based on best practice. The process can be expanded to include other service matrices and/or easily combined with other tools and approaches.

Limitations: The approach does not evaluate the quality of services delivered by individual health workers. The methodology relies on secondary evidence and self-reports for assessment; therefore, information collected cannot be used to evaluate individual CHW performance or CHWs contribution to coverage, effectiveness or impact.

Scoring of Programmatic Components

For each of the 10 components listed above, four levels of functionality are described, ranging from non-functional (Level 0) to highly functional as defined by suggested best practices (Level 3). Component definition Level of Functionality



- 0 = non functional
- 1 = partly functional
- 2 = functional
- 3 = best practice

These levels describe situations commonly seen in community health worker programs and provide enough detail to allow stakeholders to identify where their programs fall within that range. Level 3, the highest level, provides the currently accepted best practice for each component. Resources and tools to aid implementers in achieving a higher level of functionality are provided as part of this instrument.

5. TIMELINES

During the whole period of the consultancy, follow up meetings will be held between World Vision Sudan, and the consultant to tackle any problems anticipated in order addressed it beforehand. This task should be done in 30 days from contracting time.

6. EXPECTED OUTPUTS & DELIVERABLES.

The deliverables will include; -

1. Proposal and timelines plus a financial brief submitted.
2. Tools developed for the sampled 60 CHWs to be assessed prior to the co creation workshop
3. Timetable, schedule and methods for the scoring co-creation workshop for AIM
4. An action plan with celebrations and gaps for Blue Nile state Ministry of Health
5. A final report submitted including excels of the analysis of the scoring and 60 CHWs.

7. QUALIFICATION AND EXPERIENCE

a. This is an individual or firm submission
b. Familiarity with community research-based principles and formative research for fragile context
c. Minimum of one-year health and nutrition research experience. (evidence of a study where the candidate participated)
d. Extensive knowledge of issues relating to assessments in health and nutrition
e. Excellent planning, research, and analytical skills, attention to detail and the ability to work cost-effectively and efficiently.

8. YOU WILL BE REQUIRED TO SUBMIT THE FOLLOWING TO BE CONSIDERED; -

1. The Organization profile
2. The CHW expert on the team 3page CV
3. Firm or Consultants own deliverable on CHWs, preferable in Fragile context (Sudan preferred)
4. Two-page writing sample on CHWs status in Sudan, single spaced, font 12
5. A Proposal for this Work

A budget for this work considering the Withholding Tax (WHT) of 5% that going to be deducted by WVS as income Tax from the due payments

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