



# **The Government of Malawi Ministry of Health**

## **Community health workers in Malawi: overview, challenges, perspectives/opportunities**

GTFCC WG on Case Management, Veyrier du Lac, France

5 and 6 November 2018

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# Context

- Malawi health system: decentralized
- MOH, 5 Zonal Health Support Offices (ZHSOs), 29 District Health Offices (DHOs),
- 4 tiers of health service delivery: **community\***, primary, secondary and tertiary
- Community health: provision of basic health services in rural and urban communities with the participation of people who live there
- Community health facilities include village clinics, health posts, dispensaries, health centers and district hospitals
- Community health services have contributed to historical improvements in Malawi's health outcomes (women & children +++)

# Community health Strategic Objectives

- Deliver integrated community health services which are affordable, culturally acceptable, scientifically appropriate, and accessible to every household through community participation
- Build a sufficient, equitably distributed, well-trained community health workforce
- Promote a harmonised community health information system with a multi-directional flow of data and knowledge
- Provide sufficient supplies, transport and infrastructure for CHW
- Strengthen community engagement in and ownership of community health
- Ensure sufficient policy support, coordination and funding for community health.

# Community Health System

[Community Health Structure](#)

# Community health workers - Background

- Started in 1973 with establishment of Cholera Assistants following an outbreak of cholera
- Then Cholera Assistants → Health Surveillance Assistants (HSAs):
  - Initially: prevention & promotion services
  - Because of human resources gaps → curative services without adequate supportive supervision
  - ❖ **HSAs = backbone of the Community Health Team**, live in their catchment areas, members of the communities they serve, salaried civil servants
- Currently, Community Health Workers (CHW are) :
  - Civil Servants : HSAs, Community Health Nurses (CHNs), Community Midwife Assistants (CMA), Assistant Environmental Health Officers (AEHOs)
  - Community Health Volunteers (CHVs)
- Malawi has > 17,000 health workers and HSAs alone, account for > 50%

# Constraints in CHW system

- Community health system faces **resources constraints** and **inconsistencies** which negatively affect health outcome:
  - Shortage of 7,000 CHWs (→ for 2022 is 1 HSA per 1,000 people )
  - Existing CHWs unevenly distributed across the country
  - Lack of clarity on their roles & tasks
  - Inadequate training and supervision
  - Limited access to transport
  - Inadequate accommodation

# Community health workers training

- HSAs Training (*decentralized to the district since 2007*)
  - 12-week pre-service HSA training
  - In-service training
  - On-the-job training
- Challenges
  - Given the expanded scope of work for HSAs, the 12-week pre-service HSA training does not adequately equip HSAs with the skills they need
  - No dedicated pre-service training for SHSAs
  - Follow-up training **inconsistent** → many supplementary trainings come from partners or programs, limited national coordination on HSA capacity building

# Recommendations for CHW training

In order to have high-quality, integrated pre-service and in-service training to all CHWs

➔ There is need to develop and roll out an integrated, standardized and consistent government-led training program for all CHWs

➔ Interventions/activities:

- Revise and roll out HSA pre-service training (↗ duration and scope)
- Launch of new integrated training packages:
  - SHSA pre-service training,
  - Supervisor training for AEHOs, CHNs, and CMAs
- Strengthening on-the-job training



# Other Community Health challenges

- Insufficient infrastructure, particularly clinic shelters and HSA housing
- Inadequate and low-quality transport for CHWs
- Supply shortages due to poor supply chain management ( regular stock-outs of critical medicine, drug mismanagement, no standard supply list for HSAs)
- Limited career paths
  - ➔ demotivation

## ➔ NCHS 2017/22 - Interventions/activities

- Rehabilitate and construct community health infrastructure (health posts, housing units)
- Provide reliable transport (procurement of durable, high-quality bicycles and motorcycles)
- Launch of a Standard Supply List for HSAs, training for CHWs on supply management and logistics and for community structures on drug monitoring and expansion of electronic supply and drug management to cover all of community health

# HSA activities

## Activities conducted by all HSAs

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| <ul style="list-style-type: none"><li>• Disease <b>surveillance</b></li><li>• <b>Water and sanitation inspection</b> (schools, homes, churches)</li><li>• <b>Health education</b> (malaria, TB, HIV and AIDS, nutrition, <b>water and sanitation</b>, family planning, <b>vaccinations</b>)</li><li>• <b>Immunizations</b></li></ul> | <ul style="list-style-type: none"><li>• Run <b>village/outreach health clinics</b> (in villages &gt; 5-8 kms from a health facility), growth monitoring</li><li>• Referrals to nearby health facility</li><li>• Vermin and vector control</li><li>• Collection of vital statistics and maintenance of a village register</li></ul> | <ul style="list-style-type: none"><li>• Management of community health committees and CHVs</li><li>• Monthly submission of data (treatment records) to the health center</li></ul> |
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# HSAs roles and responsibilities in cholera control

## Activities conducted by all HSAs

- **Health promotion**
- Disease **surveillance**:
  - detection of suspect cases from the community
  - stool collection for RDT/culture
- Cases & deaths **reporting** to HF within 24 hrs
- Member of the **Investigation** Team (Rapid Response Team). To conduct the team around their catchment areas
- Response to an outbreak
  - Intensive health promotion activities incl. environmental sanitation and hygiene, ensure safe water, promoting food hygiene, promotion of hand washing with soap
- **Oral cholera vaccine (OCV)**: sensitization then administration
- **Case management** at CTC
- **Documentation**; patient admission form, in patient register, Line list form, Case based form.

# Training on revised cholera training manual for CHW

- **Cholera Response Manual for Health Care Workers** (*revised in Sept/Oct. 2018, TOT, zonal trainings and RRT trainings in Nov. 2018*) – ppt format, funds sought for guidelines drafting
  - Cholera: background, epidemiology, symptoms
  - Detection and confirmation of cholera outbreak: surveillance before/during an outbreak (case definition, line listing (LL)), collection & transport of specimen , lab test, data collection about cases, cases reporting
  - Field investigation of a suspected epidemic of cholera: community investigation, LL analysis & interpretation
  - Response to an epidemic of cholera incl, OCV administration
  - Clinical management of cholera incl. management of a cholera camp
  - Health promotion: hygiene measures, how to prepare chlorine solutions?
  - Documentation

Thank you