

Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level



Community Health Roadmap

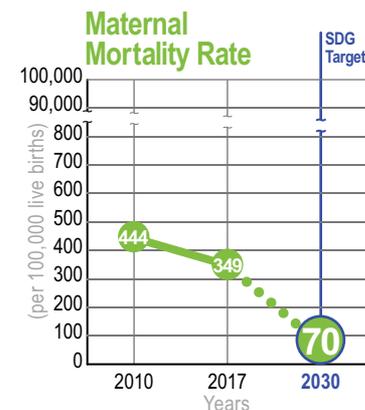
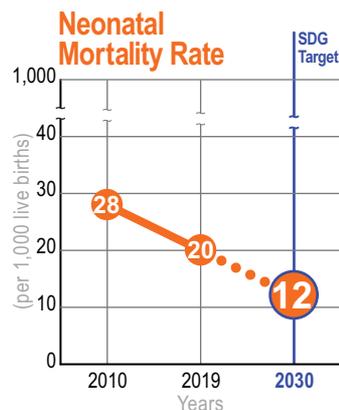
Malawi

2021
Update

At a Glance: Country indicators

Population (2019):
18,628,747

Total number of community
health workers (CHWs):
9,000



Community Health Overview

Malawi's first **National Community Health Strategy** (NCHS, 2017-2022) defines a new community health system in which community health cadres, both formal and non-formal, deliver services of the Essential Health Package, with a focus on child and maternal health. It envisages an integrated approach to service delivery and is embedded in Malawi's Health Sector Strategic Plan (HSSPII).

VISION: Provision of high-quality community health services to all people in Malawi.



STATUS OF NATIONAL PLAN: NCHS is in the process of being implemented through 2022. Next steps towards implementation are to:
(1) incorporate roadmap priorities into Ministry of Health (MoH) plans,
(2) implement the financing strategy, and
(3) address resource gaps with partners.



© UNICEF/JN03986510

Urgent Investment Actions



1. Human resources: Hire another 7,000 Health Surveillance Assistants (HSAs) and increase the number of Assistant Environmental Health Officers (AEHOs), Community Health Nurses (CHNs) and Community Midwife Assistants (CMAs).



2. Financing: Improve the integration, mobilization, efficiency and effectiveness of resources.



3. Infrastructure: Construct 900 health posts and support 1800 accommodations for CHWs in hard-to-reach areas.



4. Service delivery at the community level. Continue to deliver a range of services; implement integrated community-based health service delivery at all community point of care.



5. Integrated community health information system: Harmonize data reporting for community health system and integrate all data into DHIS2 (national data system); promote the use of these systems by HSAs.



6. Supply chain for CHWs: Enhance the functionality of stock to strengthen the supply chain as an accountability mechanism.



7. Community engagement: Build community engagement as part of a functional community structures in health facilities and community as well as social accountability in health.

Description of Community Health Structure



Cadres:

Currently, 9,500 HSAs and Senior HSAs (SHSAs) make up the formal cadre; their extended team includes AEHOs, CHMs and CMAs. Community health volunteers, Village Health Committees and Community Health Action Groups make up the informal cadre.



Scale-up: The NCHS plan recommends an increase in the number of HSAs and SHSAs employed by the health system: from 9,500 currently to at least 16,500 (15,000 HSAs and 1,500 SHSAs) by 2022.

Targets: 1 HSA per 1,000 people; 1 SHSA per 10 HSAs; sufficient AEHOs, CHNs and CMAs to staff health facilities, centres and structures.



Services offered:

Prevention and control of communicable diseases (malaria, TB, HIV, neglected tropical diseases) and non-communicable diseases (NCDs), integrated community case management (iCCM), RMNCH, vaccines, nutrition, WASH, health promotion, community health service management, first aid, disaster management, data management.



User fees:

None



Supervision:

SHSAs are supervised by AEHOs, CHNs and CMAs. HSAs are supervised by SHSAs.



Training:

Currently, HSAs receive 12 weeks of pre-service training, and SHSAs will be offered additional, supervisory training. The 12-week, pre-service training will be replaced with a modular, 1-year course, once curriculum is endorsed.

Description of Community Health Structure



Compensation:

All cadres except for CHVs are full-time, salaried MoH staff.



Health system linkages:

The community health core team (HSAs, SHSAs and CHVs) is directly linked through supportive supervision and mentorship, supply chain and referral networks to the health centre and the broader PHC system.

Supervisory members of the community health team (AEHO, CHNs and CMAs) are based at the health centre; SHSAs also spend time at the health centre.



Data collection:

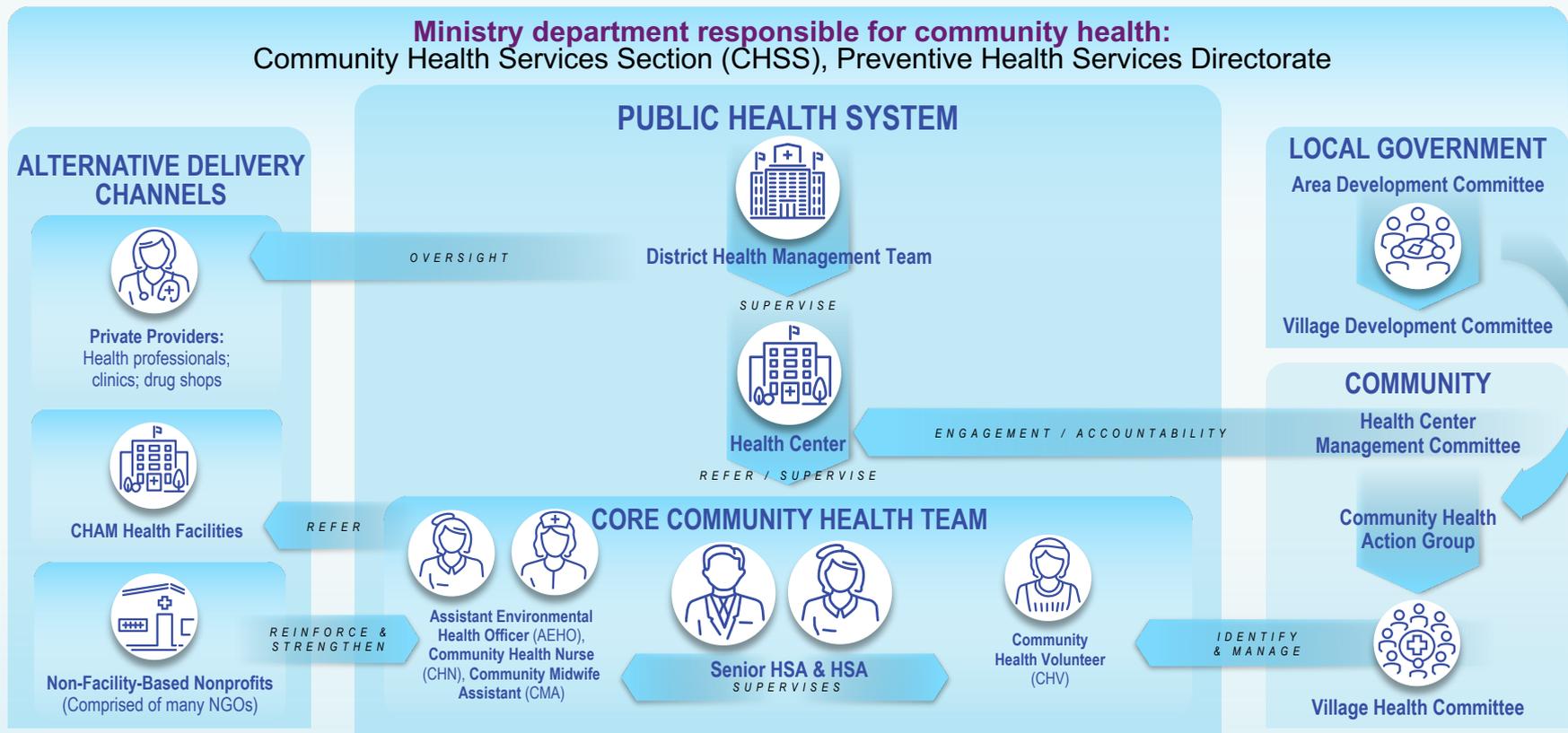
- Currently, health and performance data are collected through vertical programmes and registers; some data are reported through the District Health Information System (DHIS2). The integrated community health register as community data collection tool as well as an integrated community health reporting tools has been developed and implementation has started in a few districts.
- Community health data captured: number of active CHWs in the district, reporting rate by month, supply chain management data, client health records, routine health indicator data.
- Currently, the community health register only captures community-based health information and few community health indicators have been linked to DHIS2 as part of HMIS. Electronic Integrated Community Health Information System (eCHIS) known as Integrated Community Health Information System (iCHIS) implementation strategy is currently being designed and planned to be completed by March 2022.



Community engagement:

CHVs are identified and supervised by Village Health Committees (VHCs), which in turn report to Community Health Action Groups (CHAGs). The groups link health issues to local government via Village Development Committees. Health Centre Management Committees (HCMCs) and Hospital Management Committees provide support to the health centres and hospitals respectively.

Primary Health Care Structure at Community Level: Supports service delivery, engagement and accountability



Primary Health Care Priorities and Progress at Community Level

Service Delivery



Service delivery structure, package and quality of care

Priorities (2021-2022)

- Deliver a range of services at the community level
- Pilot integrated community health service delivery [immunization; iCCM; maternal, neonatal and child health care; nutrition assessment and community management of acute malnutrition (CMAM); TB/HIV risk assessment, etc.]

Progress (Sept. 2021)

- Demonstration of integrated community health service delivery in two districts is ongoing
- Integrated community health services delivery guidelines developed
- Community health guidelines in the context of COVID-19 (Guidelines for community health workers for COVID-19 response at community level) were adapted and disseminated at district level, as well as iCCM guidelines
- The service continuity monitoring tool and scorecard were used during the pandemic

Health Workforce



Recruitment and accreditation

Priorities (2021-2022)

- Hire an additional 7,000+ HSAs and increase the number of AEHOs, CHNs and CMAs
- Address the challenges of CHW deployment in hard-to-reach communities (i.e., through provision of accommodations, bicycles/motorcycles for transport)

Progress (Sept. 2021)

- Approximately 2,000 HSAs recruited

Health Workforce

(continued)



Training

Priorities (2021-2022)

- Revise HSA training to include a 1-year, pre-service training for new HSAs and an abbreviated version for existing HSAs
- Develop and provide all SHSAs with supervision training
- Address coordination challenges in terms of quality control of HSA training (i.e., training is conducted by MOH and funded by the partners)

Progress (Sept. 2021)

- 392 HSAs trained with support from the Global Fund
- The training of 35 HSAs and of 50 HSAs under way by GAVI and USAID respectively
- New 1-year training curriculum for HSAs approved
- Senior HSA supervisory Training manual developed

Supervision

Priorities (2021-2022)

- Develop an integrated supervision checklist; ensure SHSAs are supervising all HSAs on a monthly basis
- National mentorship course

Progress (Sept. 2021)

- Mentorship guideline developed
- Integrated community health supervision training manual developed
- Integrated supervision checklist developed

Health Workforce

(continued)



Remuneration/reward and advancement

Priorities (2021-2022)

- Develop human resources policy for HSAs including a clear career path
- Link incentives with performance and offer incentives (housing, transport) for HSAs residing in catchment area

Health Information Systems



Data reporting and information systems

Priorities (2021-2022)

- Harmonize CHIS data reporting and integrate all data into DHIS2; DHIS2 tracker will be used by HSAs
- Integrate supply chain issues as part of CHIS
- Implement community health scorecards
- Hold feedback sessions with communities on key performance indicators

Progress (Sept. 2021)

- 48,000 copies of integrated community health registers printed
- Trainings of HSAs and other community health workers have been done in some districts but also trainings of community health workers on community health register commenced in some districts
- Integrated community health scorecard guidelines
- **CHIS-DHIS2 integration:** Situational assessment, workflow specifications/systems requirements, platform selection have commenced; processes for design phase are under way

Supply Chain Management



Supply chain management (including commodities)

Priorities (2021-2022)

- Construct health posts towards the infrastructure target of 900 operational health posts by 2022
- Standardize the supply chain system for CHWs; integrate it holistically with health centre and national supply systems; develop standard supply lists, standard operating procedures, distribution system
- Integrate supply chain as part of CHIS (C-Stock); use C-Stock as an accountability mechanism

Progress (Sept. 2021)

- 53 health posts constructed with support from ICDER, JTI, Malawi Red Cross Society and other private companies; processes to construct another 75 health posts under way with support from Gavi and the Global Fund
- Integration of C-Stock and its use as an accountability mechanisms will help address challenges of medicine stock-outs and shortages for CHWs, and HSA accountability for supply distribution

Health products

Priorities (2021-2022)

- Develop an integrated mobile health (mHealth) platform to support service delivery, reporting and supervision for CHWs

Finance



Finance

Priorities (2021-2022)

- Address the overall financing gap of US\$220 million for strategy implementation (i.e., human resources and infrastructure are main areas of gap)
- Improve the integration, mobilization, efficiency and effectiveness of resources at both federal and district levels
- Increase accountability of partners in financing community health priorities and strategy implementation

Progress (Sept. 2021)

- Development of an integrated financing strategy for community health in progress
- Secured funding for health systems strengthening from Gavi and Global Fund grants
- Development of a Global Financing Facility (GFF) investment case in progress and in dialogue with World Bank on human capital investment

Leadership and Governance



System design and policies

Priorities (2021-2022)

- Review community health strategy; complete the costing exercise
- Develop guidelines on infrastructure and transport for community health; develop guidelines on integrated community health service delivery
- Implement community health system guidelines covering community structures and roles; develop community health indicator handbook
- District partner mapping and resource mobilization

Progress (Sept. 2021)

- Community health strategy to be completed by Nov. 2021; costing exercise is under way
- Community health systems guidelines: Community Health Infrastructure Guidelines for Health Posts; Role Clarity Guidelines for Community Health Workers approved and printed while, Integrated Community Health services Delivery Guidelines developed.
- The National Community Health strategy is under review process prior to development of second generation National Community Health strategy

Leadership and Governance

(continued)



System management and leadership

Priorities (2021-2022)

- Strengthen coordination of community health strategy implementation at all levels (with government departments, districts, communities and partners)
- Strengthen federal community health team staff, through deployment of additional staff, capacity building and tools; provide technical assistance on mHealth, infrastructure and curriculum development
- Strengthen district leadership by establishing District Community Health Technical Working Groups and orienting newly identified District Community Health Coordinators

Progress (Sept. 2021)

- Supporting district community health systems is ongoing
- Continued program coordination engagement
- Continued community health technical stakeholders' engagement
- Continued partner and private-sector coordination and engagement
- Partner mapping completed through the planning department
- Participation by partners in quarterly work planning meetings and in activity costing exercises

Political priorities

Priorities (2021-2022)

- **Community prioritization:** Form and strengthen community structures (e.g., VHCs, CHAGs and HCMCs) to ensure engagement and social accountability
- **District prioritization:** Develop tools and build capacity for advocacy for community health at the district council level
- **National prioritization:** Identify an ambassador for community health and meet with members of parliament

Progress (Sept. 2021)

- The community structures are in place in health facilities and some communities such as HCMCs, HMCs, CHAGs, VHCs
- In some health facilities, community structures hold integrated community scorecard and interface meetings

Community Engagement



Community engagement

Priorities (2021-2022)

- Recruit more HSAs, SHSAs, AEHOs, CHNs and CMAs in line with strategy
- Recruit HSAs from their catchment areas
- Optimize functionality of community structures (community assessment, monitoring of services, use of scorecard)



© UNICEF/UN0286867/Pratikko

Progress (Sept. 2021)

- Gap analysis of village health structure is ongoing
- Participation of community structures in integrated community scorecard processes
- Involvement of community structures such as HCMCs, HMCs, CHAGs & VHCs including community health volunteers in community health delivery including outbreak response and disaster management

Opportunities for Integration

Type of integration



Integration across programmes, partners and disease areas in community health systems

Ongoing efforts

- Guidelines clarifying CHW responsibilities across all programmes
- Community Health Indicator Handbook capturing indicators across all programmes
- VHCs, care groups and CHVs supporting community health across programmes

Opportunities going forward

- Develop guidelines on Integrated Community Health Service Delivery
- Disseminate guidelines and monitor the management of CHVs

Integration across sectors and agencies and within the broader health system

Ongoing efforts

- National Community Health Technical Working Group
- National Partner Coordination Meetings
- District Community Health Coordinator (newly identified)
- Health Centre Management Committee linking community to health centre
- Quarterly community health scorecard

Opportunities going forward

- District Community Health Technical Working Groups
- National Programme Coordination Meetings
- Establishing and supporting community health teams to strengthen linkages between CHWs and health centres
- Incorporating community health indicators into DHIS2

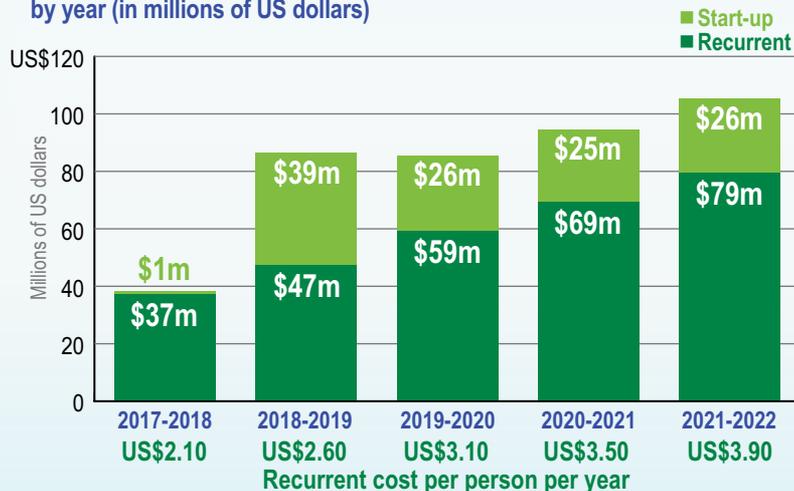
Roadmap Implementation: Costs and resource gap

Cost of implementing NCHS 2017-2022: US\$407 million

Resource gap: US\$220 million

Malawi has estimated the total cost of implementing NCHS 2017-2022 at US\$407 million, or US\$81 million annually on average for the 5-year period. Costs increase each year as Malawi scales up the size of the formal CHW cadres (Figure 1).

Figure 1.
Cost to implement the NCHS,
by year (in millions of US dollars)



Overall cost is US\$3.90 per person per year, based on recurrent costs in the fifth year of implementation. CHW salaries, delivery of community-level interventions within the Essential Health Package (EHP), infrastructure and training are the largest cost drivers (Figure 2).

Figure 2.
Breakdown of total costs to implement the NCHS,
by type of input (%)



Milestones in Integrating Community Health within Primary Health Care, 2017-2021

Malawi has been implementing community health since the 1970s.

Early 2017: Ministry of Health in collaboration with partners made an assessment of community health implementation

2018: Malawi Government in collaboration with partners developed National Community Health Acceleration Roadmap

2019: Malawi Government set 9th October as a National Community Health Commemoration Day

2017

2018

2019

2020

2021

2017: Malawi Government in collaboration with partners developed its first-ever National Community Health Strategy

2018-2021: Malawi Government in collaboration with partners is implementing the Community Health Roadmap.

Development Partners and Coordinating Mechanisms

Funders:

Bill and Melinda Gates Foundation
Gavi
GIZ
Health Services Joint Fund (DFID, KfW and Royal Norwegian Embassy)
U.K. Dept. for Intl. Development (DFID)
UNFPA
UNICEF
USAID
World Health Organization

Implementing Partners:

AMP Health
AMREF Health Africa
Baobob Health
CHAM (Community Health Association of Malawi)
Dimagi, Inc.
d.tree (digital global health)
Financing Alliance for Health
The Global Fund
LIN

Médecins sans Frontières
MSH
Partners in Health
PLAN International
Save the Children
Village Reach
World Vision
UNFPA
UNICEF
World Health Organization

Coordinating Mechanisms:

Community Health Technical Working Group (meets quarterly)

BILL & MELINDA
GATES foundation



Acronyms and Sources Used

Acronyms:

AEHO	Assistant Environmental Health Officer
CHAG	Community Health Action Group
CHIS	community health information system
CHN	Community Health Nurse
CHV	community health volunteer
CHW	community health worker
CMA	Community Midwife Assistant
CMAM	community management of acute malnutrition
DHIS2	District Health Information System, version 2
eCHIS	electronic Community Health System Information System
EHP	Essential Health Package
GFF	Global Financing Facility
HCMC	Health Centre Management Committee
HSA	Health Surveillance Assistant
HSSPII	Health Sector Strategic Plan II
iCCM	integrated community case management
MoH	Ministry of Health
NCD	non-communicable disease
NCHS	National Community Health Strategy
RMNCH	reproductive, maternal, neonatal and child health
SHSA	Senior Health Surveillance Assistant
VHC	Village Health Committee
WASH	water, sanitation and hygiene

Sources:

Original country roadmap at www.communityhealthroadmap.org and subsequent versions.

'The Malawi Journey Towards Implementation of Community Health Priorities', PowerPoint presentation, Ministry of Health, Community Health Services Section, Feb. 2021.

Government of the Republic of Malawi, Ministry of Health, *National Community Health Strategy 2017-2022: Integrating health services and engaging communities for the next generation*, July 2017.

Mortality: United Nations Inter-Agency Group for Child Mortality Estimation, childmortality.org.

Population: Primary Health Care Performance Initiative, <https://improvingphc.org/indicator/population#?loc=&viz=0&ci=false>, accessed 15 Aug. 2021.