

MALAWI

Summary of national priorities



OVERVIEW OF COMMUNITY HEALTH SYSTEM AND SCALE UP PLAN

Community Health: Malawi is in the process of implementing its first-ever National Community Health Strategy (NCHS, 2017-2022); the NCHS is embedded in the Health Sector Strategic Plan (HSSPII) and the community health workforce includes both formal and non-formal cadres

Scale-up plan and vision: Malawi has a formal community health workforce that does not yet meet estimated needs (e.g., approximately 9,000 active HSAs/SHSAs out of a targeted minimum of 16,500).¹ Community Health cadres delivery the integrated community components of the Essential Health Package and focus on child and maternal health issues

Linkages with broader PHC system: Community health core team is directly linked through supervision, supply chain and referral networks to the health center and the broader PHC system

PRIORITY NEEDS

- 1 **Close the HR Gap:** Hire +7,000 additional HSAs, as well as increasing number of AEHOs, CHNs, CMAs
- 2 **Financing:** Improve integration, mobilization, efficiency and effectiveness of resources
- 3 **Infrastructure:** Construct 900 Health Posts and support CHW accommodations in hard-to-reach areas
- 4 **Integrated Community Health Information System:** Harmonize data reporting for Community Health System, and integrate all data into DHIS2

MAIN DEVELOPMENT PARTNERS

Funders



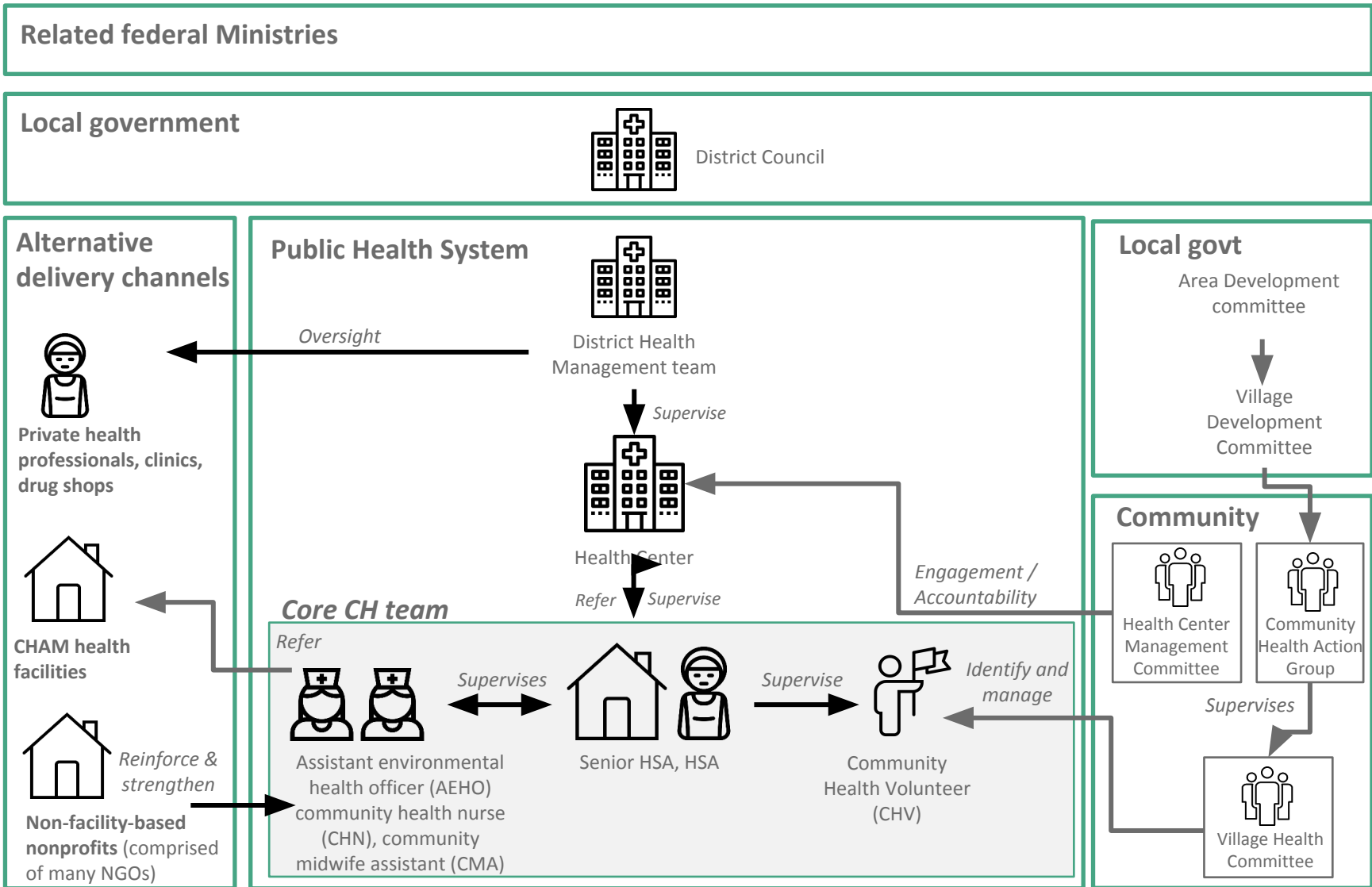
Implementing partners / NGOs



Note: (1) Malawi’s NCHS plan recommends that the health system employ a minimum of 17,000 total HSAs (15,000 HSAs and 1,500 Senior HSAs)

Source: MoH, National Community Health Strategy, 2017-2022

Community health system structure and delivery channels



Overview of community health system

MALAWI



COUNTRY INFO



Population:
18.1 million



Region:
Eastern and Southern Africa



KEYS FACTS

- Cadres and #/cadre:** The Community Health team is comprised of formal and non-formal cadres. The formal cadres include 9,000 Health Surveillance Assistants (HSAs) and Senior HSAs as well as Community Midwife Assistants, Community Health Nurses and Assistant Environmental Officers. The non-formal cadres include Community Health Volunteers, Village Health Committees, Community Health Action Groups
- Under-5 Mortality:** 64/1K
- Maternal Mortality:** 39/100K
- Status of national plan:** National strategy has been developed and costed and is in the process of being implemented through 2022
- Ministry department responsible for community health:** Community Health Services Section (CHSS) led by Doreen Ali, Deputy Director Preventive Health Services responsible for Community Health Service. CHSS is part of Preventive Health Services Directorate

DESCRIPTION OF COMMUNITY HEALTH CADRE (APE cadre– other cadres less formalized)

System element	Community Health Core team (HSAs, SHSAs, CHVs) and Community Health Extended Team (AEHO, CHN, CMA)
Services offered:	Prevention and control of communicable disease (malaria, TB, HIV, NTDs), prevention and control of NCDs, iCCM, RMNCH, Vaccines, Nutrition, WASH, health promotion, community health service management, first aid, disaster management, data management.
User fees:	User fees are not charged
Supervision:	AEHO, CHN and CMA are based at Health Center / SHSA supervised by AEHO, CHN and CMA / HSA supervised by SHSA / CHV supervised by HSA
Training:	HSAs pre-service training is 12 weeks as of now but is planning to be increased to one year; Senior HSAs will receive additional training for supervision
Compensation:	All cadres except for CHVs are full-time MoH staff with compensation
Data collection:	Today health and performance data are collected through vertical programs and registers with some reported through the national data system (DHIS II). Planning to develop and implement an integrated community health reporting tool.
Health system linkages:	Health Center is where supervisory members of Community Health Team are based including Assistant Environmental Health Officers, Community Health Nurses, and Community Midwife Assistants. Senior HSAs also spend time at health centers.
Community engagement:	CHVs are identified and supervised by Village Health Committees. Village Health Committees report to Community Health Action Groups. Community Health Action Groups link health issues to local government via the Village Development Committee. Health Centre Management Committees support Health Centers.

Scale-up and financing

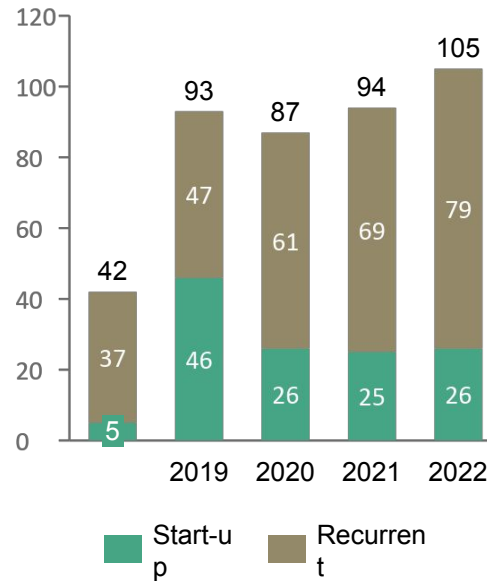


Scale-up plans

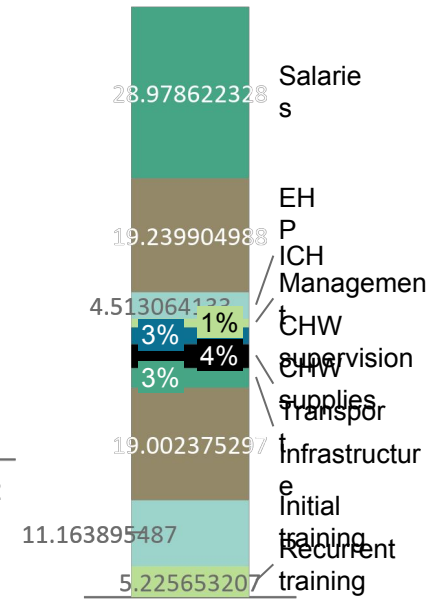
	From	To (by 2022)
# HSAs	~8,000	~15,500
# SHSAs	~1,200	~1,500
% HSAs delivering majority of community components of EHP	N/A	75%
# of health posts	~100	900
Child mortality /1k	64	48
Maternal mortality /100k	439	350

Financing for scale-up of CHW strategy

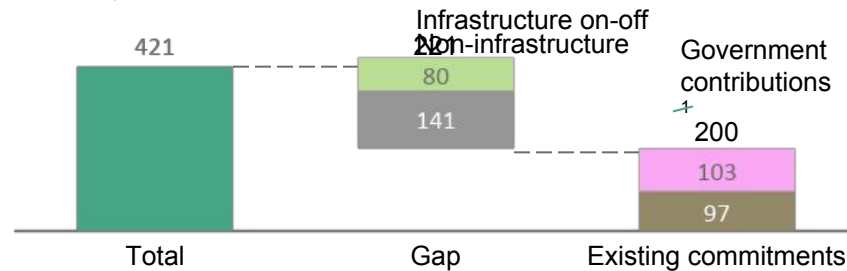
Cost of implementing the NCHS
USD millions, FY 2017-2021



NCHS cost disaggregation
%, FY 2017-2021



Aggregate NCHS financing gap
USD millions, FY 2017-2021



1: Mostly government salaries for CHWs.

		Needs
National levels	Finance	<ul style="list-style-type: none"> • Financing gap: Overall financing gap to implement strategy of ~\$220m (in particular closing the HR and infrastructure gap) • Financing mechanisms: Improve integration, mobilization, efficiency and effectiveness of resources (both at federal and district level)
	System design and policies	<ul style="list-style-type: none"> • Implement Completed Guidelines for CH System: Role Clarity, Community Structures, CH Indicator Handbook • Develop Guidelines for CH System: Infrastructure and Transport for Community Health, Integrated Community Health Service Delivery Guidelines
	System management and leadership	<ul style="list-style-type: none"> • Coordination: Strengthen coordination of strategy implementation at all levels (Government departments, Districts, partners, community) • Federal Community Health Team staff: strengthen team with additional staff, capacity & tools as well as provide flexible TA support on mHealth, infrastructure development, and curriculum development • Strengthen District Leadership: Establish District Community Health Technical Working Groups and orient newly identified District Community Health Coordinators
	Health products	<ul style="list-style-type: none"> • mHealth Platform: Develop integrated mHealth platform to support service delivery, reporting, and supervision for CHWs
	Political prioritization	<ul style="list-style-type: none"> • Community Prioritization: Form and strengthen community structures (e.g. VHCs, CHAGs, HCMCs) to ensure engagement and social accountability • District Prioritization: Advocacy tools and 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 for community health



		Needs
Program delivery	Community engagement	<ul style="list-style-type: none"> • Recruitment: Recruit more HSAs, SHSAs, AEHOs, CHNs, and CMAs in line with strategy • Deployment: Recruit HSAs from their catchment areas
	Recruitment & accreditation	<ul style="list-style-type: none"> • Revised HSA Pre-Service Training: Revise HSA pre-service training to be one-year for new HSAs and an abbreviated version for existing HSAs • Develop SHSA Pre-Service Training: Develop and provide all Senior HSAs with supervision training.
	Training	<ul style="list-style-type: none"> • Strengthen supervision and mentorship: Develop integrated supervision checklist, ensure Senior HSAs are supervising all HSAs on a monthly basis • Transportation: Provide Senior HSAs with motorcycles
	Supervision	<ul style="list-style-type: none"> • Performance Incentives: Incentives linked with performance and residing in catchment area (housing, transport)
	Remuneration/Reward & Advancement	<ul style="list-style-type: none"> • Develop HR Policy for HSAs including a clear career path
	Supply chain management (incl. commodities)	<ul style="list-style-type: none"> • Infrastructure: Construct Health Posts to reach target of 900 and support CHW accommodations in hard to reach areas • Supply Chain: Develop standardized supply chain system for CHWs integrated with health center supply system • Develop standard supply list for HSAs
	Data reporting and information systems	<ul style="list-style-type: none"> • Integrated Community Health Information System: Harmonize data reporting for Community Health System, and integrate all data into DHIS2 • Implement Community Health Scorecard • Hold feedback sessions with community on key performance indicators

Landscape of main development partners

		Funders	Implementing partners/NGOs	UN agencies
National system support	Finance		Financing Alliance for Health	
	System design and policies	  		 
	System management and leadership	 	 	
	Health product innovation		   	
	Political prioritization		 	
Program delivery	   Health Services Joint Fund (Norway, KfW, DFID)	         		

Existing coordination mechanisms

Community Health Technical Working Groups - Quarterly

Type of integration	Ongoing efforts	Opportunities going forward
Integration across programs, partners, and disease areas in community health systems	<ul style="list-style-type: none"> • Role Clarity Guidelines for all CHWs clarifying responsibilities across all programs • Community Health Indicator Handbook capturing indicators across all programs • VHCs and CHVs supporting community health across programs 	<ul style="list-style-type: none"> • Develop Integrated Community Health Service Delivery Guidelines • Disseminate and monitor on Guidelines of Management of Community Health Volunteers
Integration across sectors and agencies	<ul style="list-style-type: none"> • National Community Health Technical Working Group • National Partner Coordination Meetings • District Community Health Coordinator (Newly identified) • Health Center Management Committee linking community to health center • Quarterly community health scorecard 	<ul style="list-style-type: none"> • District Community Health Technical Working Groups • National Program Coordination Meetings • Establishing and supporting Community Health Teams to strengthen link between CHWs and Health Centers • Incorporating CH indicators into DHIS II
Integration of community health with the broader health system	<ul style="list-style-type: none"> • National Community Health Technical Working Group • National Partner Coordination Meetings • District Community Health Coordinator (Newly identified) • Health Center Management Committee linking community to health center • Quarterly community health scorecard 	<ul style="list-style-type: none"> • District Community Health Technical Working Groups • National Program Coordination Meetings • Establishing and supporting Community Health Teams to strengthen link between CHWs and Health Centers • Incorporating CH indicators into DHIS II