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). Community Health cadres deliver 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.

MAIN DEVELOPMENT PARTNERS

Funders

Implementing partners / NGOs

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.

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).

Community health system structure and delivery channels

Related federal Ministries

Local government

Alternative delivery channels

Public Health System

District Health Management team

Health Center

Core CH team

Assistant environmental health officer (AEHO)
community health nurse (CHN), community midwife assistant (CMA)

Senior HSA, HSA

Community Health Volunteer (CHV)

Private health professionals, clinics, drug shops

CHAM health facilities

Non-facility-based nonprofits (comprised of many NGOs)

Oversight

Supervise

Refer

Supervises

Supervise

Identify and manage

Engagement / Accountability

Local govt

Area Development committee

Village Development Committee

Community

Health Center Management Committee

Community Health Action Group

Village Health Committee

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Overview of community health system

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.

- Status of national plan: A 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)

<table>
<thead>
<tr>
<th>System element</th>
<th>Community Health Core team (HSAs, SHSAs, CHVs) and Community Health Extended Team (AEHO, CHN, CMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services offered:</td>
<td>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.</td>
</tr>
<tr>
<td>User fees:</td>
<td>User fees are not charged</td>
</tr>
<tr>
<td>Supervision:</td>
<td>AEHO, CHN and CMA are based at Health Center / SHSA supervised by AEHO, CHN and CMA / HSA supervised by SHSA / CHV supervised by HSA</td>
</tr>
<tr>
<td>Training:</td>
<td>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</td>
</tr>
<tr>
<td>Compensation:</td>
<td>All cadres except for CHVs are full-time MoH staff with compensation</td>
</tr>
<tr>
<td>Data collection:</td>
<td>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.</td>
</tr>
<tr>
<td>Health system linkages:</td>
<td>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.</td>
</tr>
</tbody>
</table>
Scale-up and financing

### Scale-up plans

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

### Financing for scale-up of CHW strategy

#### Cost of implementing the NCHS

USD millions, FY 2017-2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Start-up</th>
<th>Recurrent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>42</td>
<td>5</td>
</tr>
<tr>
<td>2020</td>
<td>93</td>
<td>47</td>
</tr>
<tr>
<td>2021</td>
<td>87</td>
<td>61</td>
</tr>
<tr>
<td>2022</td>
<td>94</td>
<td>79</td>
</tr>
</tbody>
</table>

#### NCHS cost disaggregation

% FY 2017-2021

- Salaries: 28.97862238%
- EHP: 19.23990498%
- ICH Management: 4.51306413%
- CHW Supplies: 3%
- Transport: 3%
- Infrastructure: 4%
- Initial training: 4%
- Recurrent training: 4%

#### Aggregate NCHS financing gap

USD millions, FY 2017-2021

- Total: 421
- Gap: 80
- Existing commitments: 103

1: Mostly government salaries for CHWs.
### Priority Needs

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<table>
<thead>
<tr>
<th>National levels</th>
<th>Needs</th>
</tr>
</thead>
</table>
| **Finance** | • **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** | • **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** | • **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** | • **mHealth Platform**: Develop integrated mHealth platform to support service delivery, reporting, and supervision for CHWs |
| **Political prioritization** | • **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 |
### Priority Needs

<table>
<thead>
<tr>
<th>Program delivery</th>
<th>Needs</th>
</tr>
</thead>
</table>
| **Community engagement** | - **Recruitment**: Recruit more HSAs, SHSAs, AEHOs, CHNs, and CMAs in line with strategy  
- **Deployment**: Recruit HSAs from their catchment areas |
| **Recruitment & accreditation** | - **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** | - **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** | - **Performance Incentives**: Incentives linked with performance and residing in catchment area (housing, transport) |
| **Remuneration/Reward & Advancement** | - Develop HR Policy for HSAs including a clear career path |
| **Supply chain management (incl. commodities)** | - **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** | - **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

<table>
<thead>
<tr>
<th>National system support</th>
<th>Funders</th>
<th>Implementing partners/NGOs</th>
<th>UN agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td></td>
<td>Financing Alliance for Health</td>
<td></td>
</tr>
<tr>
<td>System design and policies</td>
<td>USAID, Gavi</td>
<td>unicef, World Health Organization</td>
<td></td>
</tr>
<tr>
<td>System management and leadership</td>
<td>USAID, MSH</td>
<td>unicef</td>
<td></td>
</tr>
<tr>
<td>Health product innovation</td>
<td>BILL &amp; MELINDA GATES FOUNDATION, dimagi, msh, Baobab Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political prioritization</td>
<td>USAID</td>
<td>Financing Alliance for Health, AMP HEALTH, unicef</td>
<td></td>
</tr>
<tr>
<td>Program delivery</td>
<td>USAID</td>
<td>Health Services Joint Fund (Norway, KfW, DFID)</td>
<td>unicef</td>
</tr>
</tbody>
</table>

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## Integration Opportunities

### Existing coordination mechanisms

**Community Health Technical Working Groups - Quarterly**

<table>
<thead>
<tr>
<th>Type of integration</th>
<th>Ongoing efforts</th>
<th>Opportunities going forward</th>
</tr>
</thead>
</table>
| Integration across programs, partners, and disease areas in community health systems | • 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 | • Develop Integrated Community Health Service Delivery Guidelines  
• Disseminate and monitor on Guidelines of Management of Community Health Volunteers |
| Integration across sectors and agencies                              | • 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 | • 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       | • 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 | • District Community Health Technical Working Groups  
• National Program Coordination Meetings  
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