

# Malawi: Making use of community health workers to improve coverage – opportunities and challenges

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The Global Immunization Meeting,  
Geneva, Switzerland.

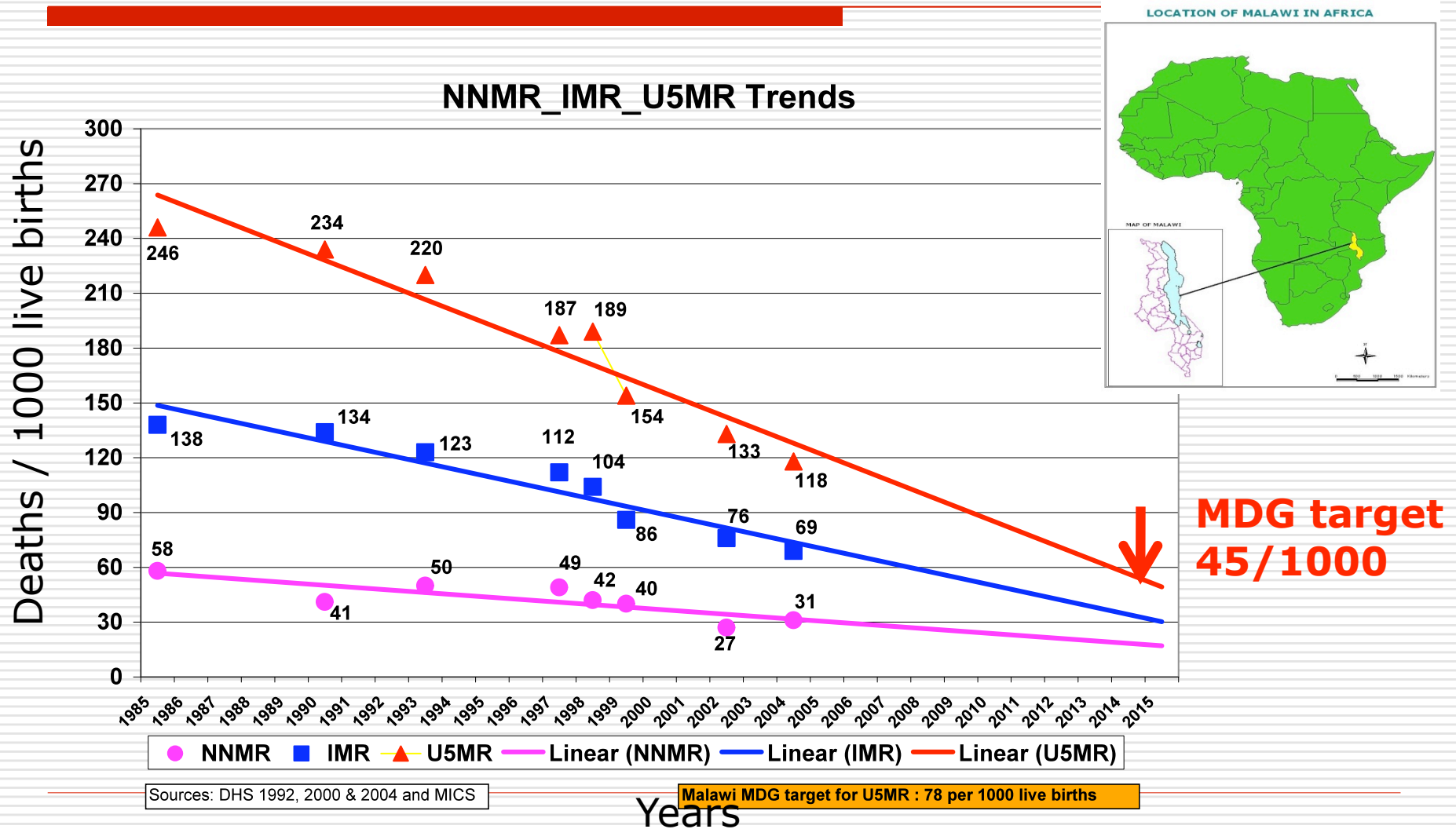
1<sup>st</sup> – 3<sup>rd</sup> February 2010

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*National EPI Manager*

# Malawi on track for MDG4

## Neonatal, Infant and U5 mortality, Malawi 1985 - 2006



# Selected demographic Data, Malawi 2009

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Total population	13,487,632
Population under one year:	659,382
Population under five years:	2,241,897
Infant mortality:	77 / 1000
Under five mortality:	134 / 1000

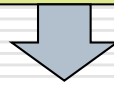
*(Source: NSO, Malawi)*

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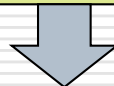
# Community Health Workers in Malawi

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**Vaccinator : 1950 – 1970s**



**Cholera Assistant: 1970s**



**Health Surveillance Assistant  
(HSA): 1980 – current**

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**HSA's are on the payroll of the Ministry of Health**

# Background on HSAs in Malawi (cont.)

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- Number of HSAs prior to 2006
  - Additional HSAs recruited around 2006
  - Current number of HSAs
  - Target HSA / Population ratio
  - Current HSA/ Population ratio
- 5,040
  - 6,000
  - 10,500 (17% yet to undergo formal pre-service training)
  - 1:1000
  - 1:1,200
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## Background (cont)

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- ❑ HSAs form a link between the community and the formal health service delivery
  - ❑ Live in the villages among the communities
  - ❑ Each HSA has a defined number of villages to cover, commonly 3 – 7 villages each
  - ❑ Newly recruited HSAs have MSCE (equivalent to “O” level or 12 years of primary and secondary education)
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# Current roles of HSAs

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## **Tasks done by all HSAs:**

- Immunization
- Growth monitoring
- Disease investigation
- Water and sanitation
- Health education / Community mobilization
- Service delivery during Child Health Days

## **Tasks done by selected HSAs:**

- HIV counselling and testing
  - Family planning
  - Treatment of minor / uncomplicated illnesses (malaria, pneumonia and diarrhoea)
  - Home visits for neonatal care referral etc
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# Community case management

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- **Drug Revolving fund** - community mobilization
  - **Bakili Muluzi Health Initiative** – treatment of cases by HSAs, no user fee
  - **Community Case Management (CCM)** – treatment of Malaria, diarrhoea, pneumonia among others
    - 692 HSAs from hard-to-reach areas in 10 (of the 28) districts trained since 2008;
    - Coartem, Co-trimoxazole and ORS and others
    - Plans to expand CCM with approximately 2000 additional HSAs to be trained
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# Role of HSAs in service delivery: EPI

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- ❑ Vaccination has been one of the core business of HSAs since their establishment
  - ❑ 60% or more of EPI service delivery done by HSAs
  - ❑ They cover most hard – to - reach areas with immunization
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# Role of HSAs in service delivery: EPI

HSAs are trained to do micro planning as part of the RED approach to delivering EPI services



# Role of HSAs in service delivery: EPI

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**Conduct  
static and out  
reach clinics**



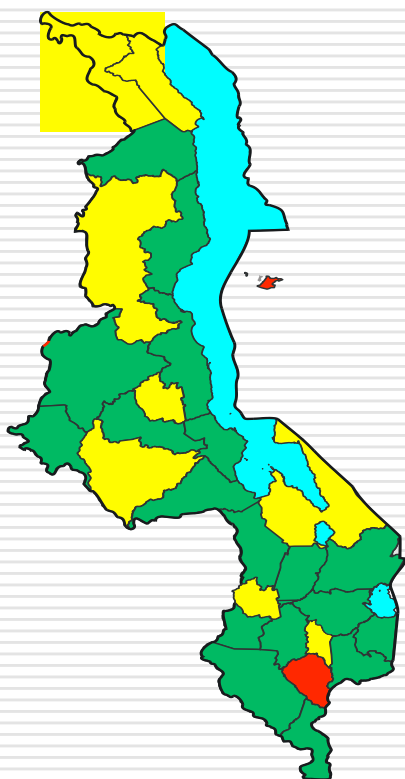
# Role of HSAs in service delivery: EPI

**HSA  
administering  
measles vaccine  
at outreach  
clinic**

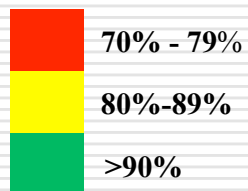
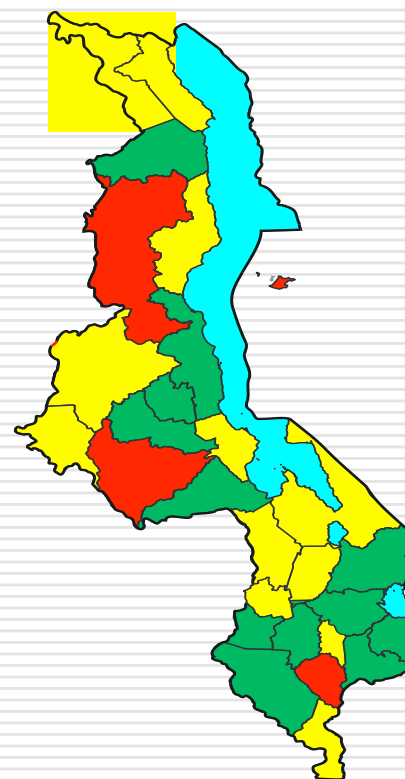


# Coverage of DPT-HepB+Hib3 and Measles per district, January – June 2009

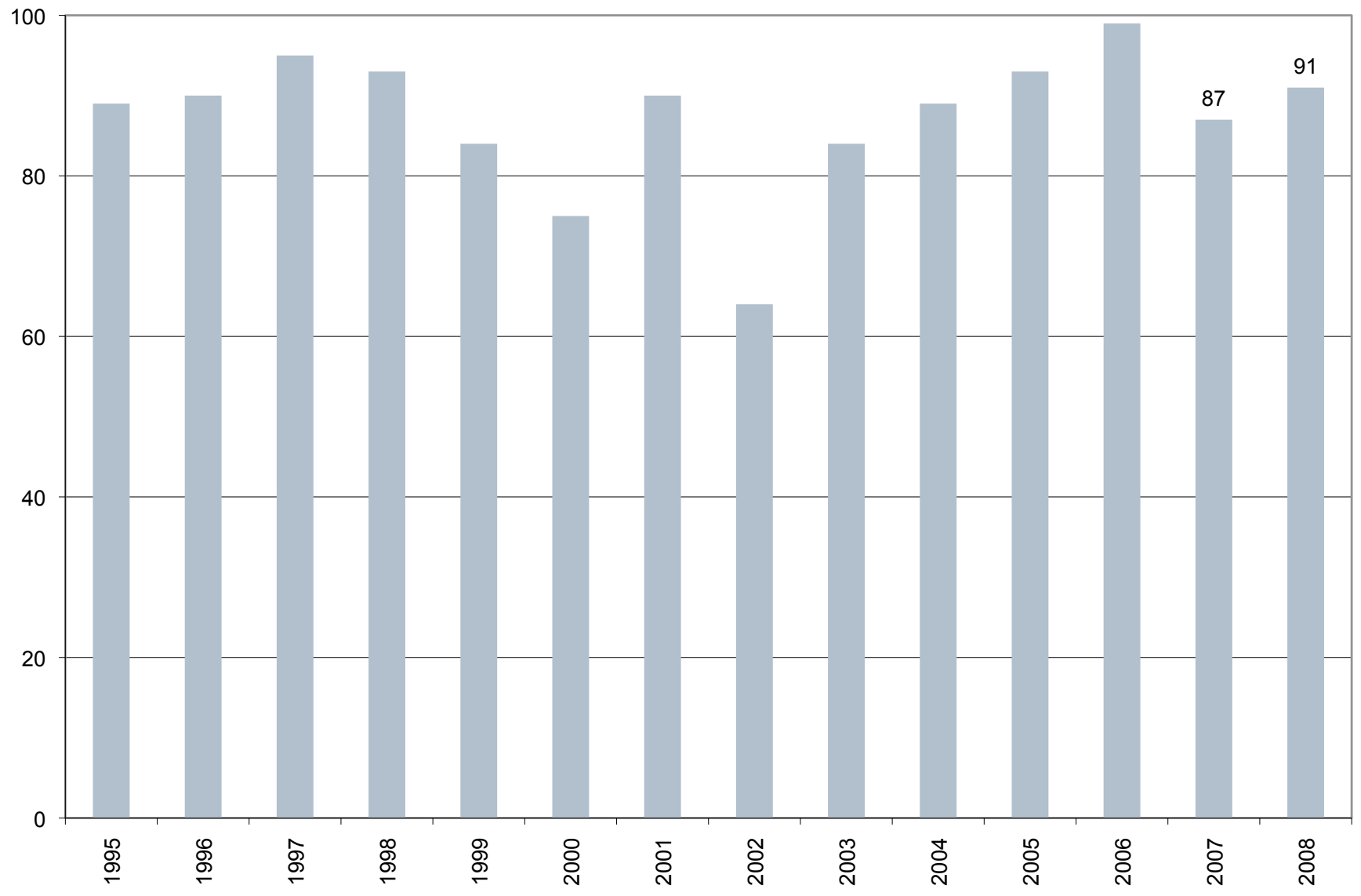
**DPT-HepB+Hib3**



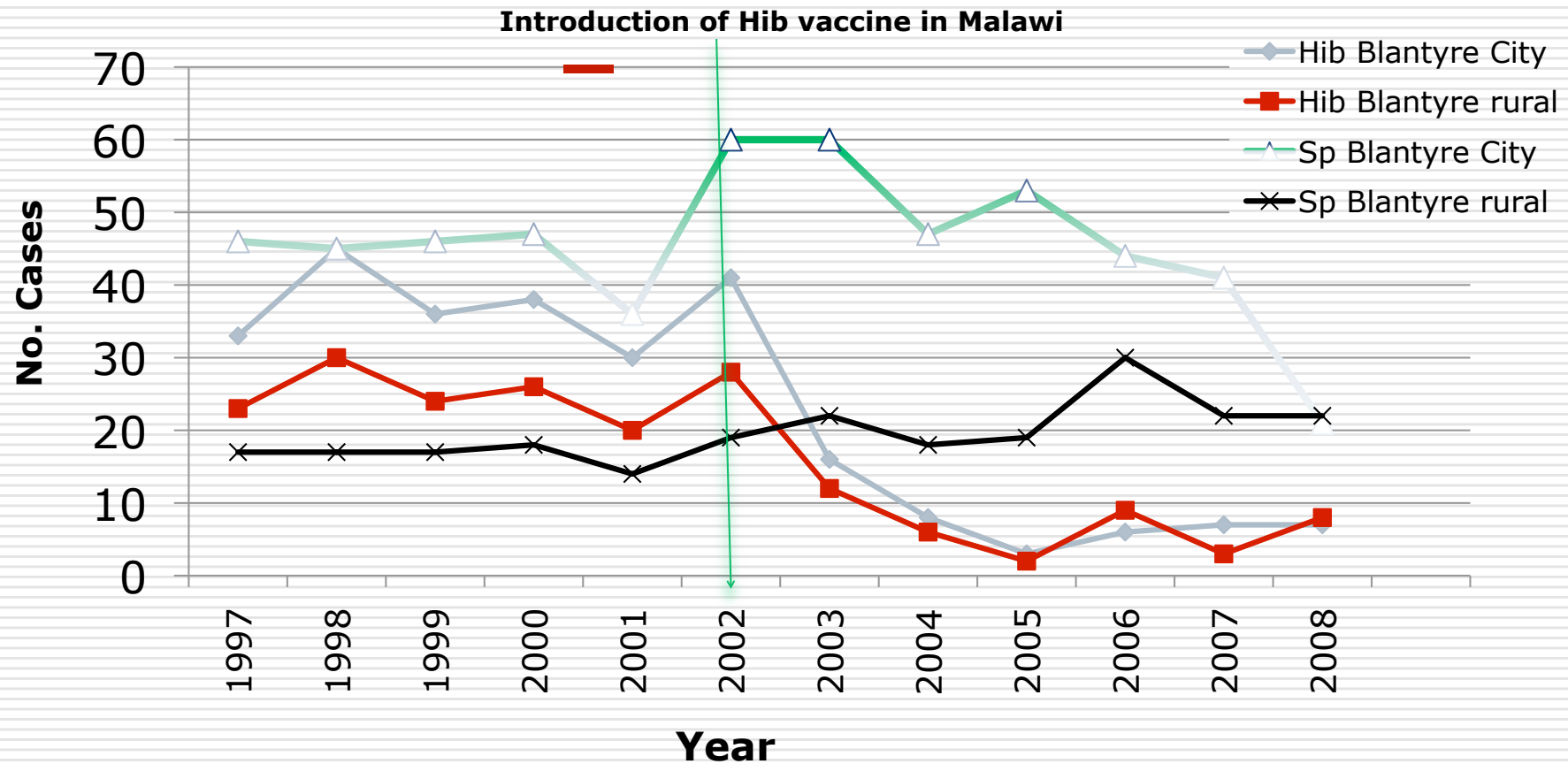
**Measles**



DTP3 Coverage - Malawi 1996-2008  
WHO-UNICEF estimates 2008



# Decrease in *Haemophilus influenzae* compared to *Streptococcal pneumoniae* meningitis cases per 100,000 admissions, QECH Blantyre, Malawi, 1997 - 2008



# Opportunities / strengths

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- ❑ Commitment of the Government of Malawi
  - ❑ Good support from implementing partners in HSA programs
  - ❑ Availability of infrastructure for HSA training
  - ❑ Existing chances for HSAs to rise within the government career structures through training
  - ❑ Recognition and acceptability of HSAs among the community
  - ❑ Over 90% of outreaches conducted
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# Challenges

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Include:

- ❑ the ever increasing duties assigned to the HSA
  - ❑ inadequate supportive supervision for HSAs
  - ❑ inadequate transport (pushbikes) for HSAs
  - ❑ inadequate funding for pre-service training
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# Future considerations

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- ❑ Need to develop a policy defining clear roles of HSAs in delivery of health services
  - ❑ Strengthen supportive supervision of HSAs
  - ❑ Sustaining both pre and in-service training of HSAs
  - ❑ Ensure HSAs have transport (bicycles) for travel
  - ❑ Upholding GoM efforts to sustain career paths and other incentives for HSAs
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*Zikomo*

*Thank You*

