



Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa



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History and Future of Community Health Workers in Malawi

Ministry of Health
March 27, 2017



Malawi Ministry of Health



Malawi Context

Malawi's population is 17 million

84%

Rural

24%

Not within 8km of
health facility

53%

Of deaths caused by top 4 illnesses
(HIV/AIDS, LRI, Diarrhoeal, Malaria)¹

4%

Rural access to
power

61yrs

Life expectancy





Community Health in Malawi

Before the nineties Malawi's community health was delivered by:



Volunteers



Health Inspectors



Primary Health Nurses

Since then until
today community
health has primarily
been delivered by
Health Surveillance
Assistants (HSAs)



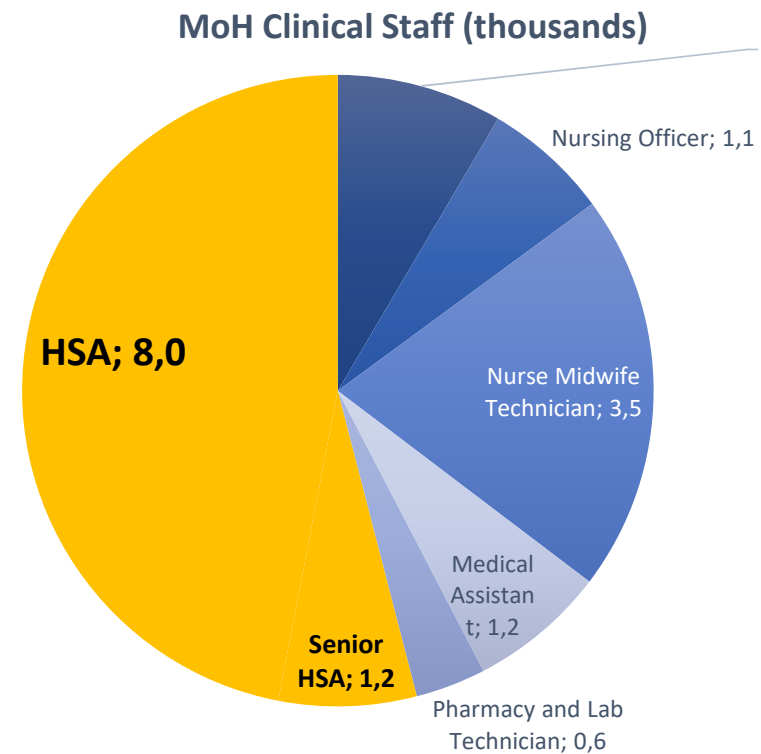


HSA's are full-time CHWs employed by MOH

HSA's are meant to reside in their catchment area

The recommended HSA to population ratio is 1 to 1,000 people

HSA's & Senior HSA's are over half of MoH's clinical staff



HSA's have a wide range of responsibilities and must work alongside key partners



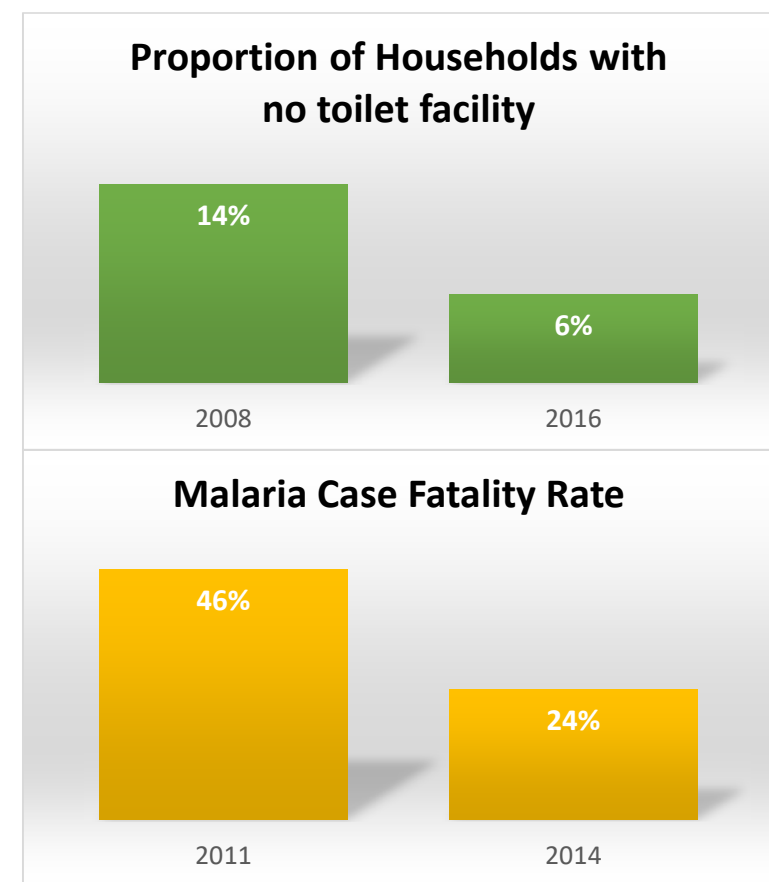
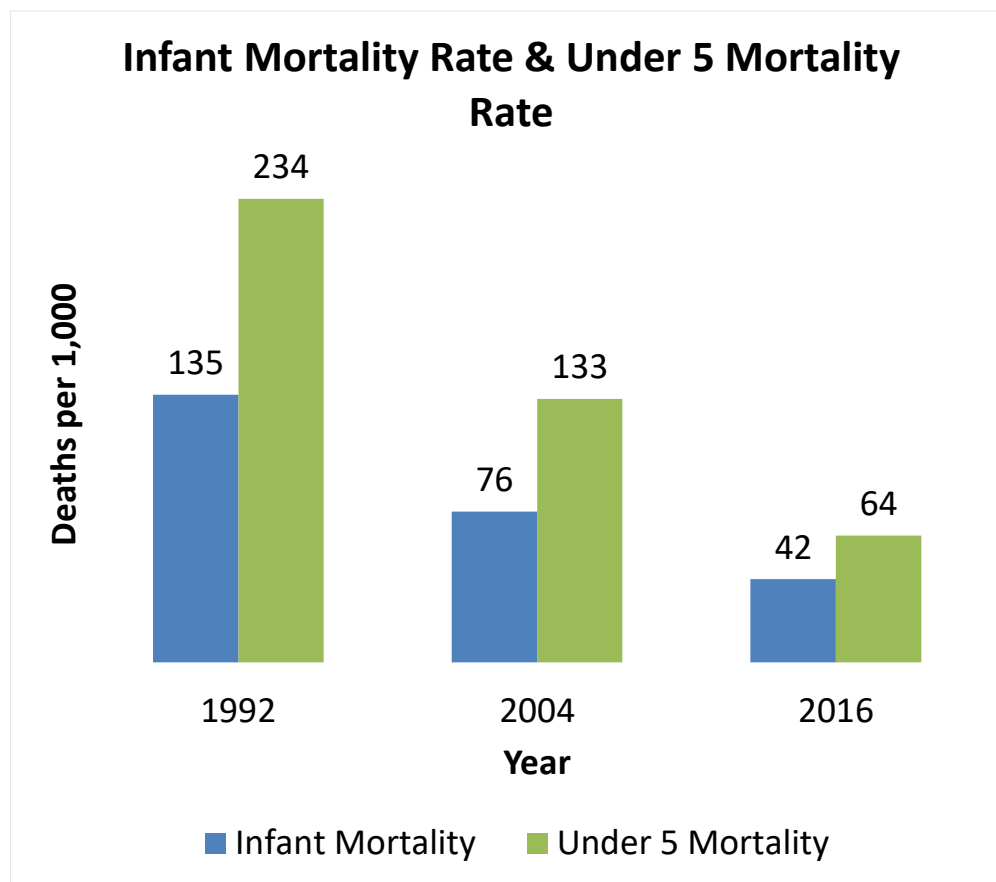
HSA Responsibilities

-  Health promotion
-  Prevention
-  Disease surveillance
-  Basic curative services

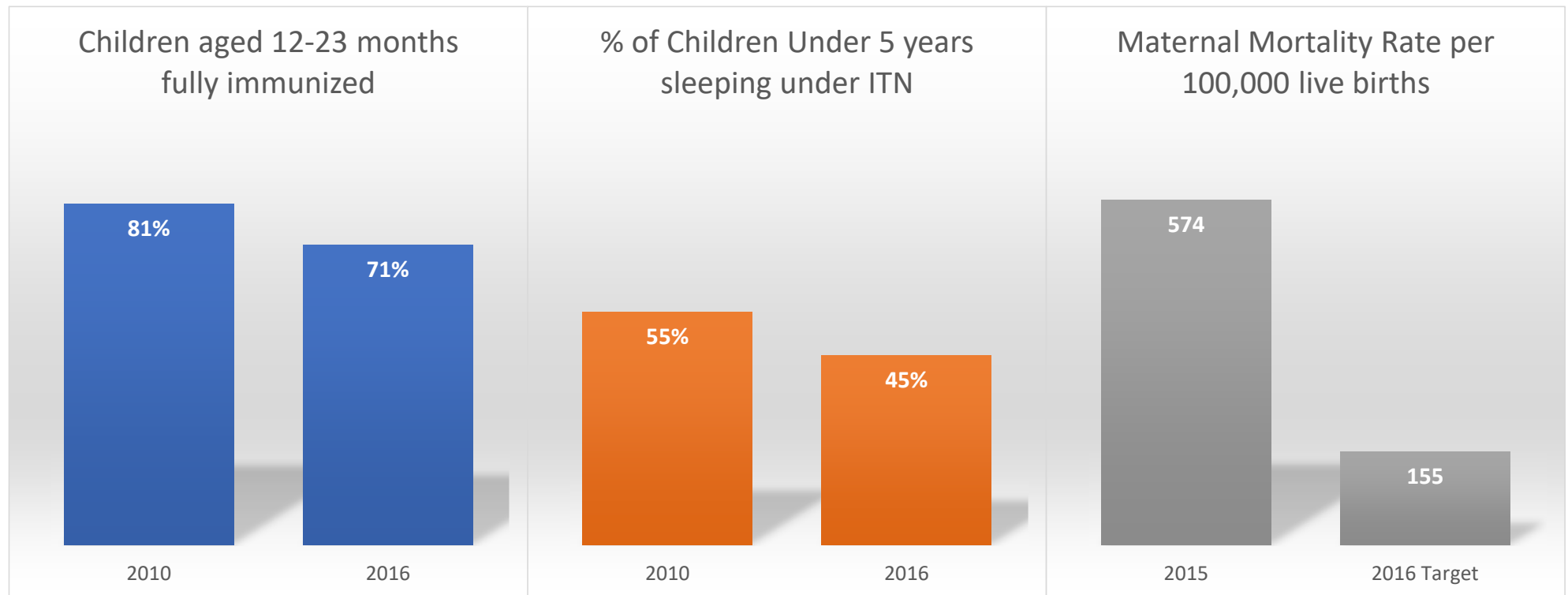
HSA Key Partners



Community health activities have contributed to significantly improved health outcomes for Malawi



However, Malawi continues to face sub-optimal health coverage and outcomes



Significant resource constraints and inconsistencies of community health services contribute to these sub-optimal outcomes

51%

of HSAs not staying in their Catchment Area

0

Senior HSAs trained in supervision

+7,000

New HSA's needed to reach policy level

NO

National Community Health Strategy or Policy

The MOH is acting quickly to address this

The Community Health Services (CHS) section has been strengthened to address these challenges as the overall community health coordinator for Malawi



Our Vision:

To improve the livelihoods of **all people** in
Malawi.



Our Mission

To ensure quality, integrated community health services are affordable, culturally acceptable, scientifically appropriate, and accessible to **every household** through community participation to reduce deaths and the socio-economic burden of illness in Malawi.

In 2017 the CHS section has made significant progress through teamwork, partnership, and participation



Situation Assessment



Developed Partnerships and
Mobilized Resources



Consultative Workshops

Malawi's first ever National Community Health Strategy

But we are just getting started...

Phase 1 Strengthen the System



Clarify roles and teams for CHWs



Develop Integrated Training Curriculums



Establish standard CHW supply list



Establish CHW HR and Residency Policy



Integrated community health indicators

Phase 2 Implement of the System



Hire more CHWs



Train CHWs on integrated service



Provide all CHWs with critical supplies



CHW housing and service structures



mHealth and digital data collection

Assessing the System



**This is more than just a
strategy.**

With a stronger
community health system
we can all contribute to
improved livelihoods for
all people in Malawi



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