

Malawi's Community Health Workers

▶ Access to a health worker is something that we all take for granted. But if you live in Malawi, where there are just **0.19 doctors for every 10,000** people, the chances are that you may not get to see one in your lifetime.

Community health workers are changing that.

A community health worker (CHW) is trained to provide the most essential life saving interventions—such as emergency front line care—and can **save children's lives** from many if not most of the major preventable child mortality causes like diarrhoea, pneumonia and malaria. CHWs also equip families with the knowledge and skills to prevent disease. They promote good nutrition, sanitation, and hygiene, and link families to essential services.

WHY COMMUNITY HEALTH WORKERS?

How a child is cared for in their own home has a profound impact on their ability to survive and thrive during their first few days, months and years of life. Mothers need practical and social support so they can look after their child appropriately as they grow and develop. Families need knowledge and skills to best care for their children. Communities need people who know their needs and are trained to provide essential health advice and support.

This is where World Vision's **community health workers** in Malawi create their impact.

WHY MALAWI?

Living in a rural area of Malawi can be deadly, especially for a pregnant mother or very young child, and much of Malawi is rural. The majority of Malawi's population lives in rural areas (84%), and Malawi is a **global health workforce crisis country**: For every 10,000 people, there are only 0.2 doctors and 3.4 nurses and midwives (WHO, 2014). Additionally, a staggering 1,100,000 Malawians are living with HIV/AIDS and 130,000 are children (UNAIDS, 2014). When a health worker is desperately needed in Malawi—such as during a difficult labor, infection, or when a newborn has a high fever—there may not be one.

Only 65.8% of all births in Malawi are attended by a skilled health worker of any kind, a reality that contributes to Malawi's high child mortality rate: for every 1,000 live births in Malawi, 64 children will die before they reach their fifth birthday (WHO, 2015). In addition to the shortage of health workers at all levels, access to health facilities remains challenging for a significant portion of Malawi's population. According to the most recent published WHO report on Malawi's health system, 46% of Malawi's rural population lives more than 5km from a health facility (WHO-AFRO, 2005).

A PORTRAIT: MALAWI'S COMMUNITY HEALTH WORKERS

Today, World Vision supports an estimated 12,000 community health workers in Malawi. (October 2015). Malawi's main CHW cadres are Health Surveillance Assistants (HSAs), Care group volunteers, Growth monitoring volunteers, Safe Mother groups, and Lead farmer volunteers organizing PD/Hearth nutrition programming.

Community health workers carry critical health knowledge, skills, and tools into communities and homes and are essential to World Vision's work of saving lives, preventing disease, and helping children, mothers, fathers and communities to reach their full potential and flourish.



World Vision in Malawi

World Vision reaches over **one million lives** (1,145,713) in Malawi. Within World Vision's coverage areas, there are an estimated **68,743** children under the age of five, **45,829** pregnant women, and **252,057** women of childbearing age.

Who is a Community Health Worker?

A community health worker is a man or woman who is respected and trusted by his or her community. They are the first point of contact for many with the health system and are elected by the community. They live within the community and so they know and understand people and cultures.

HSA's are at the top of the CHW programming structure, and in some cases are looked to as village doctors. They are paid by the Malawi MOH and are trained in primary healthcare; World Vision Malawi supports through organizing and funding trainers for MOH personnel. Care Groups have been set up, and volunteers are elected by groups of 8-10 households and trained in health and nutrition issues. These lead volunteers form groups serving 100 households, and report to 1 HSA each fortnight to give feedback and guidance on current health issues identified by the community. Lead farmers, although part of an agriculture initiative, play an important role in PD/Hearth, kitchen gardening, and referring families to care groups and HSA's when health issues are identified.

CHW activities supported by World Vision Malawi

Care Groups or parent support groups, community disease surveillance, Community IMCI, Community Management Of Acute Malnutrition (CMAM) support, Community PMTCT support, deworming, Early Child Development (ECD), essential newborn care, family planning and Healthy Timing and Spacing of Pregnancy (HTSP), growth monitoring of children, Health promotion / behavior change counseling (BCC), HIV prevention, immunization (giving vaccines, not just mobilisation), Infant Young Child Feeding (IYCF) and breastfeeding Support, Integrated Community Case management (iCCM), maternal and newborn care, mHealth, PD Hearth, Postnatal and Newborn care (PNC), Timed and Targeted Counseling (TTC), Vitamin A supplementation, WASH.



CHW PROGRAMMING TECHNICAL OVERVIEW

- CHW programmes harmonized at national level under a single CHW policy – partially operational
- National policy of 1 CHW per 500 people
- World Vision predominantly supports CHW programmes by technical assistance and capacity building
- TTC is currently implemented in 1 ADP, through the Care Group approach, currently in a grant setting, with plans to scale up.

EVIDENCE FOR IMPACT

The I-LIFE Health and Nutrition program is a care group model serving over 65,000 rural households in Malawi with positive results on household health behavior. At the time of an evaluation study in 2008, national average rates for breastfeeding within 30 minutes of birth and exclusive breastfeeding for infants under six months of age were 58% and 57% respectively. In contrast, a household survey found that 75% of children under six months of age in I-LIFE program participating households are breastfed within 30 minutes after birth, and 69% are exclusively breastfed, an average rate increase of 17% and 12% respectively.

WHAT'S NEXT?

Malawi faces a significant gap in CHW programming: the current policy is 1 HSA to 500 households, but in most areas the ratio is 1 HSA to 1,000 households and CHW volunteers alone do not have the capacity to fill this gap. Ideally, every 10 households, especially rural households, would be served by a CHW volunteer; as there are an estimated 3.4 million households (17 million population divided by average household size 5), Malawi needs an estimated 340,000 CHWs for ideal coverage. World Vision Malawi has adopted TTC as part of their Technical Approach and has plans to scale up TTC 2nd edition in the care group setting, if the pilot proves successful.

CURRENT FUNDING AND MAJOR GRANTS

World Bank / Global Fund for Malaria – WV Malawi responsible for refresher training and supervision of 5,700 HSA's in new guidelines for malaria control and management; also increases number of HSA's doing iCCM from 3,000 and pays for full training (12 weeks) of new HSA's

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