Health Surveillance Assistants as Change agents for Community Case Management

Humphreys Nsona

Ministry of Health, Malawi

Introduction

- Malawi in the 1970s, experienced outbreaks of diseases like the small pox, cholera and other communicable diseases.
  - Community individuals then, were identified at respective community sites to support MoH and perform as mere volunteers
  - Later the Ministry came up with EPI programme, the same type of people were used
  - Lessons learnt based on the success of handling the outbreaks by those individuals

Coincidence

- In 1978 following the Alma Ata Declaration, PHC came into being and MoH decided to engage the individuals to be identified by the members of the community. PHC volunteers/workers
- Due to high attrition rate of the individuals/volunteers, the Ministry decided to recruit these workers/ volunteers on permanent basis as **Health Surveillance Assistants (HSAs)** in 1984**.**
- Civil servants - on a salary of $100/month

Objectives of the HSA Programme

- Provide basic Promotive, Preventive and Curative care to individuals, families and groups within the community
- Promote community participation in health care activities, in line with the Primary Health Care (PHC) / Essential Health package (EHP).
- Provide disease surveillance services of the health problems in the community

Programme Philosophy

- The Ministry of Health in Malawi believes that providing essential health care at community level contributes highly in the reduction of morbidity and mortality rates

  – Improving the health status of the individuals, families and communities.

Job Descriptions for HSAs

- Community facility's inspection
  - Refuse disposal sites in and around the homes, water supply points, market places, prayer houses, schools
- Conducting home visits and community data collection through village health registers (VHRs)
- Running and maintaining community case management sites (village clinics)
- Support and participate the running of outreach immunization clinics
- Conducting community feedback meetings.

Recruitment and Training of HSAs

- Current numbers of HSAs nationwide 10,450
  - Country has just joined the 1 million campaign for CHWs strategy
- Trained for 12 weeks on basic health care –Cordinated by MoH, Facilitated by District trainers
- Each HSA has a catchment area and serves a population of 1000 - to be effective
- In 2010, upgraded to grade ‘M’ and ‘N’ (most are ‘O’ level holders academically
  - Previously the HSAs were at grades ‘O’ and ‘N’

Training Costs

- The training of one HSA costs about US$ 1500 per individual for 12 weeks)
  - The MOH (Preventive Health Directorate) in liaison with the respective districts reviews, compiles and presents the budgets to the accounts section for payment through administration department of the MOH.

Training Format

- The training is modular - *Preventive Health, Family Health, and Basic Management and Administration*
- Presentation is 60% theory and 40% practical
- Progress of training is based on continuous assessment with weekly and final exams given at the end of training
- The HSAs who pass the examinations are given certificates

Regulation

- HSAs always work under close supervision of the Ministry of Health employer

- HSAs, like other officers, are protected or disciplined by the Ministry should there be disciplinary issues
  - However, the medical council of Malawi offered to regulate them on condition that their training period is extended to about one academic year

With HSAs in Malawi

- Districts identified 4,000 hard to reach areas in all 29 districts
- 3,746 iCCM sites established from 29 districts
  - 10 in 2009
  - scale-up 2010 – nationwide
- Supervision, Monitoring, Mentorship & Training
- Supply Chain in 24 districts with 2,668 using CStock application

Challenges - Lessons Learned

- Competing Priorities - increasing responsibilities through task shifting to HSAs.
- Deployment Issues (residency)
  - HSAs are supposed to work in their designated communities
  - Recognition of good performance – promoted to Senior HSAs
- System Supports
  - HSAs have never failed the system rather the system fails the HSA

Conclusion

Better understanding of program planning and management is essential for **PROGRESS**.

Good MOH leadership remains key for standardisation and policy adherence.