Learning Question 1: *What are the contributions of systems thinking approaches and tools to changes in health system outcomes? How do systems thinking approaches affect health system outcomes?*

Use of Community Health Workers to Improve Access to Health Services in Malawi

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HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Context

Malawi's health system is characterized by a shortage of health care providers with a vacancy rate standing at 45%. Malawi's population has 85 percent of its people residing in rural areas with health services inaccessible in hard-to-reach areas.

Over the past two decades, Malawi has made significant advancements in providing quality health services in areas such as maternal, newborn, and child health; voluntary family planning and reproductive health; nutrition; malaria; tuberculosis; and HIV/AIDS. These gains have led to marked improvement in critical health outcomes, and have reduced maternal, newborn, and child mortality and morbidity.

Despite these investments, we have been unable to catch up with the growing demand for health services. One of the most significant barriers is a critical shortage of frontline health workers, with our public health facilities facing a vacancy rate of 45 percent. At the same time, emergencies such as the global COVID-19 pandemic, rapid population growth, and climate change further tax our already overburdened system. To strengthen the health system to respond to both growing demand and emerging challenges, USAID has supported the Government of Malawi on prioritizing staffing the health system with community health workers to provide primary health care at community level where most of the population lives. This has been a strategy in task shifting to improving access to service and ensuring universal health coverage in improving the health status of Malawians.

Activity Description

USAID supported service delivery through different projects and using different approaches to support the health systems. To deliver and implement primary health care interventions, USAID has supported government with development of the National Community Health Strategy to guide implementation of primary health care interventions. USAID has supported government by improving access to services through integrated family health outreach services. With this approach, health service providers take services to hard-to-reach areas to improve access to services. USAID has supported community health workers deliver maternal, child health and family planning services. The community health workers have implemented preventive health services including health education, immunizations, and growth monitoring. They provide nutrition supplements to malnourished children and provide family planning services at community level. Community health workers have been instrumental and key in implementing community based maternal and neonatal health (CBMNH) services. This has supported task shifting in a context where the shortage of health workers is at 45%. USAID has also supported community health improvement using grassroots structures such the community health action groups (CHAGS) working as champion communities to improve their own health.

The theory of change is that, if community health workers are utilized, supported and capacitated, then quality health services will be delivered at primary care level. This in turn improves access to services resulting in improved community health status. Use of community health workers and community health action groups results community ownership of health issues that affect them, but also provides locally led solutions that are sustainable in the long term,

Activity Impact

Community health workers implementation of primary health care interventions has improved access to services thereby supporting equity of health access to all. Capacitating community health workers with knowledge and skills has resulted in improvement in quality of health service delivery which is one of the health systems building blocks. Use of community health workers is directly linked to human resources / health workforce which is also part of the health systems building blocks. Over a decade, there has been an improvement in maternal and child health status marked by reduction in maternal mortality rate, reduction in child mortality, reduction in stunting, reduction in unmet need for family planning and in increase in contraceptive prevalence rate among married women. Access to health services has increased, with a marked increase in deliveries and births by skilled birth attendants. In the context of Covid 19, use of community health workers and community structures, supported adoption of covid containment measures as messaging around C19 came from community health workers and members they have known to serv them and trusted them. Also, since most people ere afraid to access services from health facilities as they feared them to be hot spots to contract C19, most of the services were readily provided at community level. This has proven to be a resilient and sustainable measure in the long term,

Evidence

The various Figures show the marked progress.

- Maternal mortality ratio reduced from 675 per 100,000 live births in 2010 to 439 per 100,000 live births in 2016 (MDHS).
- Deliveries attended by skilled birth attendants has increased from 52.2% in 2000 to 96.7% in 2020 (MDHS,2000; MICS, 2020)
- Child mortality rate reduced from 189/1000 in 2000 to 56/1000 in 2020 (MDHS,2010; MICS, 2020)
- Child stunting has decreased from 54.6% in 2000 to 35.5% in 2020 (MDHS, 2000; MICS, 2020)
- Immunization coverage has increased from 64% in2004 to 76% in 2016 (MDHS, 2016)
- Contraceptive prevalence rate has increased from 30.6% in 2000 to 64.7% in 2020 (MDHS,2000; MICS, 2020)

Figure 1. Reduced Maternal Mortality

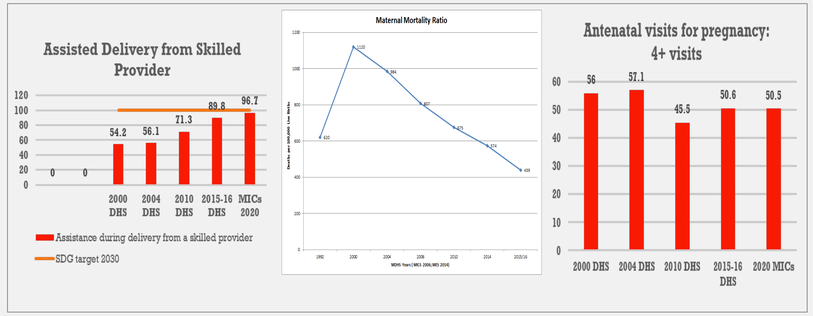
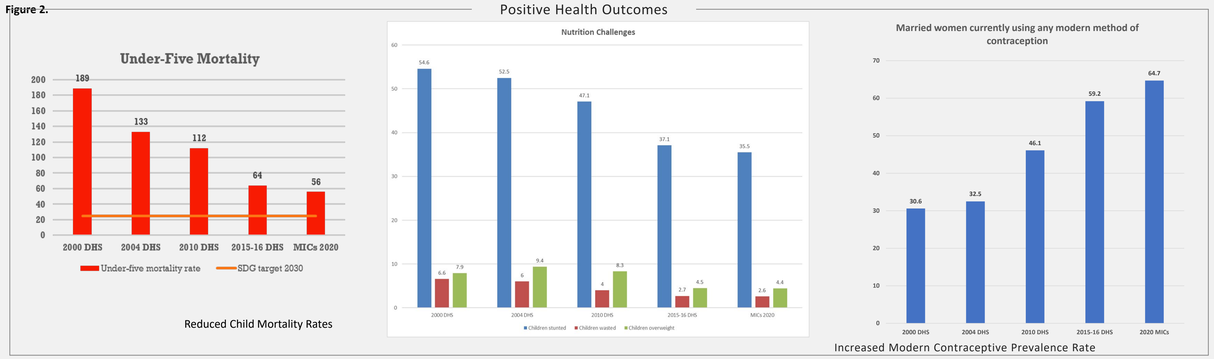


Figure 2. Positive Health Outcomes



Facilitators

Key facilitating factors:

- Collaboration and partnerships.
- Adapting outreach schedules and strategies to meet the needs of the communities.
- Good relationships with community members.
- Capacity building to improve providers skills.

Challenges

The health sector is vast, and as such maintain maternal and child health on the national agenda has faced four main challenges.

1. Competing priorities on different health programs that require the services of the same community health workers.
2. The Covid-19 pandemic added further strain on available health workforce.
3. Limited means of transportation by community health workers to deliver services.
4. Inadequate drugs and supplies for service delivery.

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Lessons Learned

Three critical lessons stand out.

1. Engaging and empowering communities with the right skills-set at the grassroots through the community health action groups (CHAGs) has proven to be sustainable in achieving mindset change and has enabled the champion community to own their own health problems and find solutions on the same.
2. Use and support for community health workers has proven to have positive health outcomes in the context of an inadequate health workforce as an approach to task shifting. Similarly, supporting integrated family health outreach clinics has reduced distances for health services resulting in improved access to services and ensuring equity of health services in hard-to-reach areas.
3. Support for service delivery through capacity building approaches has contributed to the quality of health services and improvement in skills for service providers whilst building the confidence in service provision by community health workers.

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