Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level

Community Health Roadmap

Zambia

2021 Update

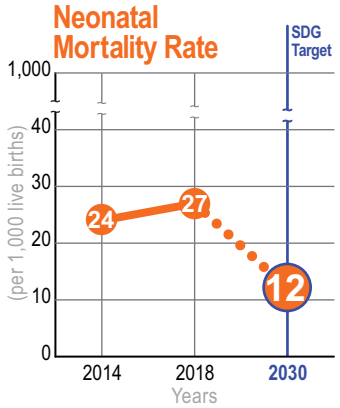
At a Glance: Country indicators

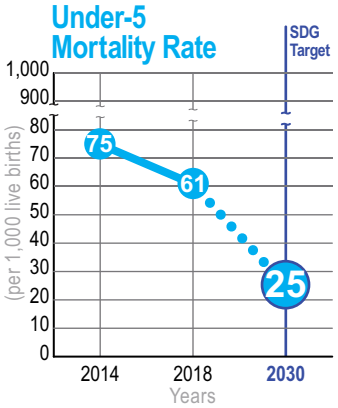
Population (2020):
18,400,566

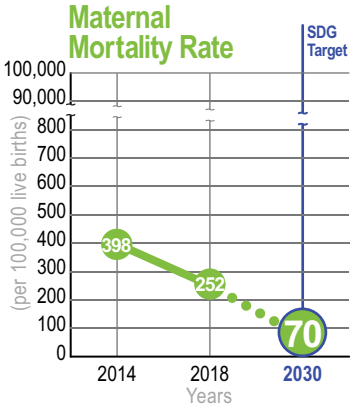
Total number of community health workers:

Community health assistants (CHAs):
Current (Sept. 2021): 1,345
At scale-up (Dec. 2021): 5,214

Community-based volunteers (CBVs):
96,019







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Community Health Overview

Zambia launched its **National Community Health Strategy** (NCHS, 2019-2021) in January 2020 and established a new Community Health Unit within the Department of Public Health in 2018. The strategy is being implemented and will be reviewed and extended by December 2021.

VISION: Zambia's vision is of a nation of healthy and productive people. The national health policy has adopted a human rights approach as a vehicle for delivering primary health services at community level. Community health services focus on providing promotive, preventive, curative and rehabilitative health services to the general public, in line with the packages of health services defined for these levels.

STATUS OF NATIONAL PLAN: NCHS 2019-2021 is in the process of implementation.

Urgent Investment Actions

1. System design. Develop community health guidelines and a community-integrated primary health care (PHC) package; revise the NCHS; and distribute community health policy.

2. Closing the human resources gap. Train 5,000 community health assistants (CHAs) by 2021; support provinces in the decentralized training of 2,800 CHAs.

3. Training of community health workforce. Develop standard selection and training guidelines for community-based volunteers (CBVs); train community focal points at provincial and district levels; develop and link the integrated performance management system for community health workers (CHWs) and their supervisors to the community scorecard; develop standardized basic training materials for CBVs in line with national health priorities.

4. Strengthen and ensure the quality of community health services. Roll out formal community health structures to 90 per cent of districts by 2021 in conformance with the decentralization policy; increase points of access so that all Zambians have access to quality basic health services within 5 kilometres of their homes by 2021; increase the national community health budget by 100 per cent per year between 2019 and 2021.

5. Community engagement. Social Accountability Manual developed; community scorecard developed, piloted and awaiting launch to scale-up implementation.

6. Community health management information systems (cHMIS). Train CHWs in cHMIS in remaining districts; roll out cHMIS and its M&E framework nationwide; make available timely community health data and use these data for decision-making by 2021.

Description of Community Health Structure

Cadres:

- To date, **3,191 CHAs** have been trained and 1,345 CHAs are deployed and remunerated by the government.
- **96,019 CBVs and community development agents (CDAs)** work directly with government and implementing partners in support of the work of CHAs

Scale-up: NCHS envisages to train and scale up to **5,000 CHAs by 2021**, in response to projected needs. It also envisages increased engagement of traditional leaders and custodians of culture, community awareness campaigns, and home visits by nurses and CBVs.

Services offered:

CHAs
Health promotion, disease prevention and control, PHC, environmental health, diagnostic and basic health-care procedures, reproductive and maternal health, child health, health commodities management.

CBVs/CDAs
CBVs working in health include community-based distributors of family planning services, HIV counsellors, caregivers and malaria control agents, among others. CBVs working in areas other than health provide social services in their communities.

Supervision:

Each CHA is supervised by the officer in-charge at the nearest 'parent' health facility (i.e., at the health facility, where CHA and the supervisor are co-located on-site; or at the nearest health facility, where the CHA and supervisor are at different locations).

Supervision is designed to be conducted at the health post on most days and in the community on a monthly basis.
CBVs are supervised by CHAs, health facility staff, CDAs and/or sponsoring NGOs.

User fees:
None

Description of Community Health Structure

Training:

- CHAs take a rigorous, 12-month course in basic health care and the treatment and prevention of common illnesses, which incorporates both theoretical (classroom) and practical training (in the community). Curriculum includes the health-care system, health behavioural change communication and promotion, environmental health, the human body, diagnostic procedures, basic first aid, reproductive health including family planning, child health, communicable and non-communicable diseases, medicines and commodity management.
- CBV training focuses on treating specific illnesses/diseases; courses range from 3 days to 1 month, according to the sponsoring NGO and the type of health programme.
- CBV course curriculum includes client rights; reproductive anatomy; family planning; commodity management; sexually transmitted infection/HIV prevention, treatment and management; prevention of mother-to-child transmission of HIV; youth-friendly services; reporting; referrals; follow-up; community assessment, and social mapping.

Remuneration:

- CHAs are government employees and receive a monthly salary of 4,500 Zambian *kwacha* (equivalent to approximately US$250), inclusive of civil servant benefits, and are provided with a bicycle, all-weather boots, backpack and uniform, all of which are property of the government.
- CBVs receive a cash stipend of 500 kwacha (US$25 to US$30). Other incentives (e.g., per diems, cash or in-kind payments, membership in community-level cooperatives, T-shirts, or formal social recognition) are based on the programme.

Description of Community Health Structure

Data collection:

- Community data collected by CHA link to the national HMIS [i.e., District Health Information System Version 2.0 (DHIS2)].
- CHAs and CBVs working in health are responsible for submitting community-level data (activity reports, stock sheets, registers of the number of clients they serve) to their supervisors at health posts and health centres; these data flow upward from the community level to district and provincial levels, then are entered in DHIS2.
- Health data collection is integrated with data collected by CDAs supporting community development programmes.

Health system linkages:

Community health care is anchored in PHC services at community and district levels through the care, management and coordination structures of health posts, health centres and district hospitals and outreach posts. Health centre committees (HCC) and health post committees (HPC) link PHC with communities through neighbourhood health committees (NHC) made up of local residents in a defined catchment area. NHCs monitor service delivery, participate in planning processes and coordinate CBVs.

Community engagement:

- CHAs provide services from their homes, health posts and health centres. They are expected to spend 20% of their time at the facility and 80% of their time in the community.
- CBVs provide services from their homes and in outreach posts.
- CBVs Incentives Guidelines developed, awaiting approval by Permanent Secretary for launch.

Primary Health Care Structure at Community Level: Supports service delivery, engagement and accountability

ALTERNATIVE CHANNELS

Private Providers:
Health professionals; clinics; drug shops

Non-profit:
NGOs and faith-based organizations

Traditional Healers & Herbalists

PUBLIC HEALTH SYSTEM

POLICY & STRATEGY

Community Health Unit at National Ministry of Health: At national level the CHU is responsible for strategy development and coordination of community health activities.

Provincial Focal Points: Each of Zambia's 10 provinces has a Provincial Health Office. A community health focal point person within each PHO oversees community in their province.

SUPERVISION & MONITORING

District Health Offices: Zambia is divided into 118 districts, each with their own district health office. In addition to operating district-level hospitals, DHOs have oversight of health posts and health centres. Community health focal points monitor and supervise the community health activities run from these facilities.

HEALTH FACILITIES

Health Centres: Offers primary health services with a team of between three and eleven health professionals

Health Posts: Offers primary health services in remote areas. Staffed by nurse in-charge and two CHAs.

COMMUNITY LEVEL SERVICES

CHAs: Community Health Assistants are stationed at health posts, but spend 80% of their time delivering services at community level.

CBVs: A number of different cadres of community-based volunteers offer a range of services at community level.

COMMUNITY STRUCTURES

TRADITIONAL LEADERS

WARD COUNCILLORS & COMMUNITY STRUCTURES

NHCs & HCCs: Neighbourhood Health Committees and Health Centre Committees act as a link between community and facility, and hold public service providers to account.

Primary Health Care Priorities and Progress at Community Level

Service Delivery

Systems strengthening, including COVID-19 response

Priorities (2021-2022)

- Strengthen community health systems and NHCs
- Continue essential community health services in the context of COVID-19; CHWs are involved in contact tracing, referrals and follow-up
- Develop COVID-19 public health guidelines for CHWs
- Generate demand for COVID-19 vaccination (COVAX)

Progress (Sept. 2021)

- NHC guidelines developed and launched
- Guidelines developed for the continuation of essential community health services
- COVID-19 public health guidelines developed for CHWs
- Guidelines developed for community/home-based management of COVID-19
- CHW involved in demand generation for COVAX
- CHWs prioritized for PPE; COVID-19 Action Fund lobbied for PPE for CHW
- Health staff, traditional leaders and law enforcement officers are trained and involved in screening/handling case of gender-based violence
- 2021 community health M&E framework being developed.
- Community health guidelines being developed
- Integrated primary health care package being developed
- CBVs incentives guidelines at draft stage awaiting Permanent Secretary approval before launch.
- CBVs legal framework for contracts developed and approved by Ministry of Justice.

Service Delivery *(continued)*

Access to health services

Priorities (2021-2022)

- Revitalize the referral and feedback system
- Develop a comprehensive, community health package for households)

Progress (Sept. 2021)

- Development of a comprehensive, community health package for households commenced (Aug. 2021)

Health Workforce

Recruitment and accreditation

Priorities (2021-2022)

- Develop certifications and standards of care for CHWs of different cadres

Progress (Sept. 2021)

- CBV mapping completed
- CBV data being migrated to a web-based platform, yet to be finalized

Training

Priorities (2021-2022)

- Develop CBV selection and training guidelines
- Train community focal points at provincial and district levels in their roles and responsibilities

Progress (Sept. 2021)

- 3,191 CHAs trained in 2020 (towards a target of 5,000 CHAs trained in 2021)
- CHA training is being transitioned to the district level, as part of a decentralized approach to training in which CHAs spend 70% of their training time on site at their health posts and in their communities, learning practical, hands-on skills; and 30% at formal training hubs, with learning through didactic, classroom instruction
- Development of CBV selection and training guidelines commenced (Aug. 2021)

Health Workforce *(continued)*

Supervision

Priorities (2021-2022)

- Strengthen mentorship and supervision of CHAs (a key area of focus of NCHS 2019-2021)
- Strengthen community health structures through orientation of provincial and district focal points in the NCHS

Progress (Sept. 2021)

- CHA supervisors and district CHA coordinators attend a five-day training at the district level, with orientation on the CHA programme and their CHA supervisory duties
- Supervisors receive a manual and monthly tools to facilitate routine supervision

Remuneration/reward and advancement

Priorities (2021-2022)

- Improve and standardize the provision of financial and non-financial incentives to CBVs
- Analyse performance-based remuneration data and revise salaries if necessary
- Develop a standard CBV incentive package

Progress (Sept. 2021)

- 1,345 CHAs are on the government payroll; they are also provided with bicycles, all-weather boots, backpacks and uniforms
- Development of a standard CBV incentive package commenced (Aug. 2021)

Health Information Systems

Data reporting and information systems

Priorities (2021-2022)

- Train CHWs in all districts in the use of the cHMIS
- Roll out cHMIS throughout the country
- Develop a systematic M&E framework for the NCHS 2019-2021
- Timely community health data available for decision-making; CHA reported data integrated with DHIS2 and accessible to MoH

Progress (Sept. 2021)

- 15% of CHWs have been trained in the use of cHMIS
- Community data collected by CHA are linked to DHIS2; community reporting tools developed (HIA4a assessment tool and HIA4b form)
- Development of M&E framework commenced (June 2021)

Supply Chain Management

Supply chain management (including commodities)

Priorities (2021-2022)

- Development of a separate kit for CHWs containing critical drugs and medical supplies
- Strengthen supply chain transparency, oversight, and management for community health cadres and improve last-mile delivery
- Increase the availability of critical supplies and commodities at community level; develop a unified list of standard supplies for CHWs

Progress (Sept. 2021)

- CHW kits are being procured from the health facility for distribution at the Community Health Unit
- Increased advocacy to ensure steady supply and availability of CHW kits

Supply Chain Management *(continued)*

Health products

Priorities (2021-2022)

- Simplify, integrate, and promote interoperability among different digital tools and innovations to facilitate the work of CHWs

Finance

Finance

Priorities (2021-2022)

- Mobilize resources to support the broader community health programme (including staff and commodities) and to provide support for CHVs to receive a standardized incentive package

Progress (Sept. 2021)

- Community health strategy investment case developed; sign-off pending
- Resources mobilized from USAID to cover the costs of CHA supervisor training, the salaries of CHA trainers and some CHA salaries; and from the Global Fund and UNICEF to cover CHA training
- The lack of sustainable financing to scale up the community health workforce remains an issue. As of early 2021, 1,661 CHAs were unemployed.

Leadership and Governance

System design and policies

Priorities (2021-2022)

- Development of community health guidelines
- Development of an integrated, community PHC package
- Revision of the NCHS to incorporate new trends
- Development of a comprehensive policy to guide the equitable distribution of partners across the country
- Printing, orientation and awarding of contracts to deserving CBVs/NHCs

Progress (Sept. 2021)

- NHC guidelines developed, launched and disseminated in six provinces
- CBV/NHC legal framework under development
- Development of national community health guidelines in progress

System management and leadership

Priorities (2021-2022)

- Development of a performance management system for CHWs and their supervisors, with linkages to the community scorecard (data harmonized across these two systems)
- Capacity building for leadership and governance for the entire community health system, from national to community level

Progress (Sept. 2021)

- Community Health Unit established in 2018
- Through a reorganization of staff, Public Health Specialists were made available at provincial and subdistrict levels
- Community health focal points appointed administratively
- Community Health Technical Working Group formed

Leadership and Governance *(continued)*

Political priorities

Priorities (2021-2022)

- Strengthened collaboration across government agencies, civil society, religious leaders, community leaders, and other partners towards a 'One Health' approach
- Action a multi-sectoral ward development committee (health, education, WASH) and make fully functional

Progress (Sept. 2021)

- Gender was considered in developing the NCHS; the strategy encourages gender-sensitive approaches to community health care.

Community Engagement

Community engagement

Priorities (2021-2022)

- Development of a social accountability Implementation manual and training package for NHCs
- Finance the NHC plan towards sustainability

Progress (Sept. 2021)

- Community Score Card and Accountability Manual Developed awaiting launch
- NHC is using data for evidence-based decision making, problem solving and identify priorities
- Training in the application of community scorecard done and piloted in two provinces
- CVBs guidelines developed awaiting Permanent Secretary approval before Launch
- Community health M&E framework developed and awaiting approval
- Development of community health guidelines underway
- Development of integrated PHC package underway.

Roadmap Implementation: Costs and resource gap

Estimated Total cost of implementing the NCHS, 2019-2021: US$184 million

Resource gap: US$32 million

Cost analysis conducted for the community health system estimated the total programme cost to implement objectives under NCHS 2019-2021 at US$184 million (Figure 1). On a per capita level, that means an annual average cost of US$2.32 per person for the period. Commodities and supplies were not included in the programme cost as they sit in the main government supply chain with CHWs receiving supplies of the health centre; these are quantified separately in the cost analysis (Figure 2).

Figure 1.
Total community health programme costs (in US$), 2019-2021 (excluding supplies and commodities)

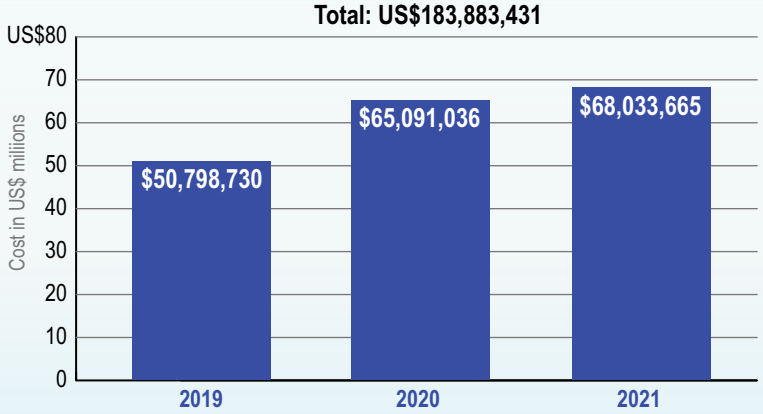
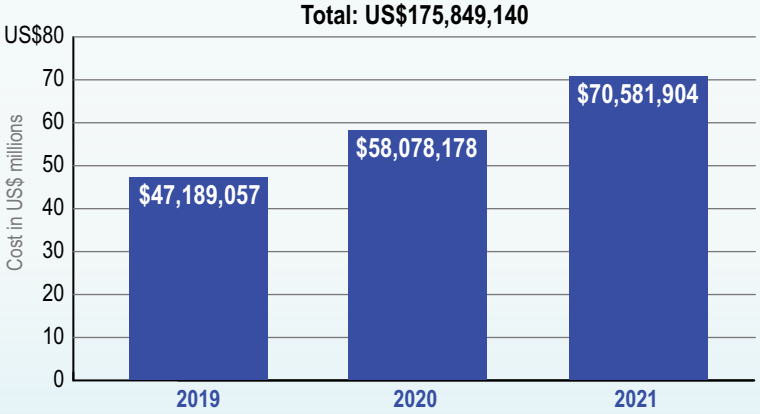


Figure 2.
Total cost of commodities and supplies, 2019-2021

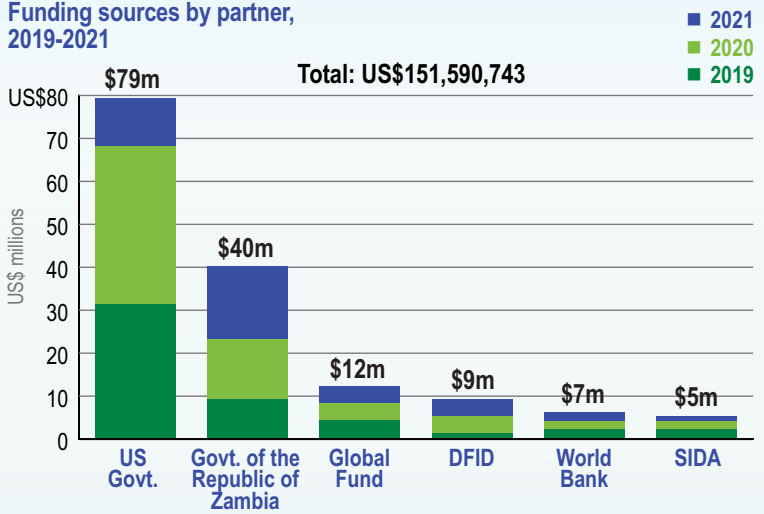


The cost analysis estimated a resource gap of US$32 million, which is summarized in Table 1. The cost analysis included a mapping exercise and analysis of the current available and predicted funding for the community health programme through 2021. Funding from six major funders, including the Government of the Republic of Zambia (GRZ), was tracked. Together these funders account for the majority of funding going to the community level for the period 2019-2021. GRZ represents 27% of funded sources; the other five donors represent 73% (Figure 3).

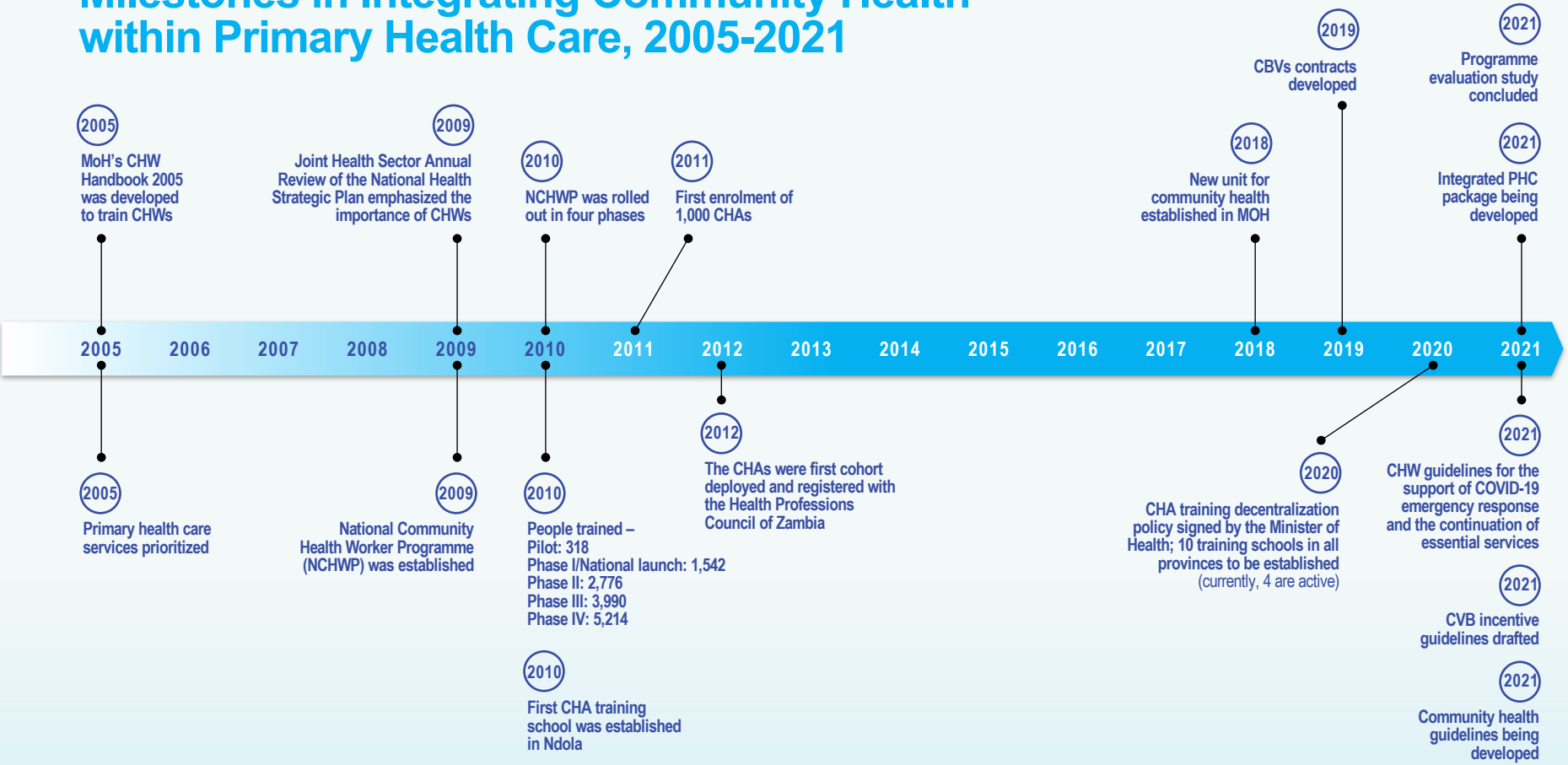
Table 1.
Community health funding gap (in US$; baseline scenario)

	2019	2020	2021	Total
Total community health cost (excluding commodities)	$50,798,730	$65,091,036	$68,033,669	**$183,923,435**
Total resources from mapping exercise	$49,475,233	$62,741,424	$39,374,086	**$151,590,743**
Total funding gap	**-$1,323,497**	**-$2,349,612**	**-$28,659,583**	**-$32,332,692**

Figure 3.
Funding sources by partner, 2019-2021



Milestones in Integrating Community Health within Primary Health Care, 2005-2021



Development Partners and Coordinating Mechanisms

Funders:

Bill and Melinda Gates Foundation
Clinton Health Access Initiative
Gavi
Global Financing Facility
The Global Fund
IntraHealth
Johnson & Johnson
Pfizer
SIDA (Sweden)
UKAID
UNICEF
USAID
The World Bank

Implementing Partners:

CARE
Clinton Health Access Initiative
Cmmb
Financing Alliance for Health
The Global Fund
JHPIEGO
Médecins sans Frontières
One Million Community Health Workers Campaign
Oxfam
Plan International
Save the Children
UNFPA
UNICEF
The World Bank
World Health Organization
World Vision

Coordinating Mechanisms:

- Ministry of Community Development, Mother and Child Health (MCDMCH)
- Provincial and district medical offices
- Neighbourhood Health Committees
- Strong government administrative structures down to community level

Acronyms and Sources Used

Acronyms:

CBV	community-based volunteer
CBW	community-based worker
CDA	community development agent
CHA	community health assistant
cHMIS	community health management information system
CHW	community health worker
COVAX	COVID-19 vaccination
DFID	U.K. Department for International Development
GRZ	Government of the Republic of Zambia
HCC	health centre committee
HMIS	health management information system
HPC	health post committee
MCDMCH	Ministry of Community Development, Mother and Child Health
MOH	Ministry of Health
M&E	monitoring and evaluation
NCHS	National Community Health Strategy
NCHWP	National Community Health Worker Programme
NHC	neighbourhood health committee
PHC	primary health care
SIDA	Swedish International Development Cooperation Agency
WASH	water, sanitation and hygiene

Sources:

Original country roadmap at www.communityhealthroadmap.org and subsequent versions.

Government of the Republic of Zambia, *Community Health Strategy 2017-2021*, 23 June 2017.

Government of the Republic of Zambia, *Investment Case for Zambia's Community Health Programme*, June 2020.

Mortality estimates: Demographic and Health Surveys, 2014 and 2018.

Population: Primary Health Care Performance Initiative, https://improvingphc.org/indicator/population#?loc=&viz=0&ci=false, accessed 15 Aug. 2021.