



How Do Community Health Workers Contribute to Better Nutrition?

Malawi



About SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

About APC

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

Disclaimer

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI). The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the United States Government.

Recommended Citation

SPRING and APC. 2016. *How Do Community Health Workers Contribute to Better Nutrition?: Malawi*. Arlington, VA: Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project.

SPRING

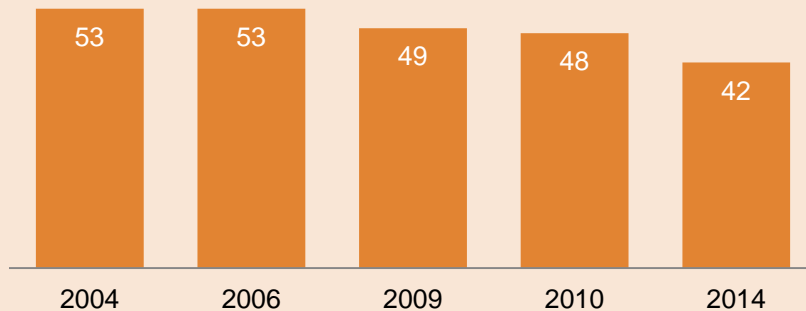
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In Malawi, nutrition-related health issues persist.



% children under 5

According to most recent data, **stunting** remains a major challenge in Malawi.



48%

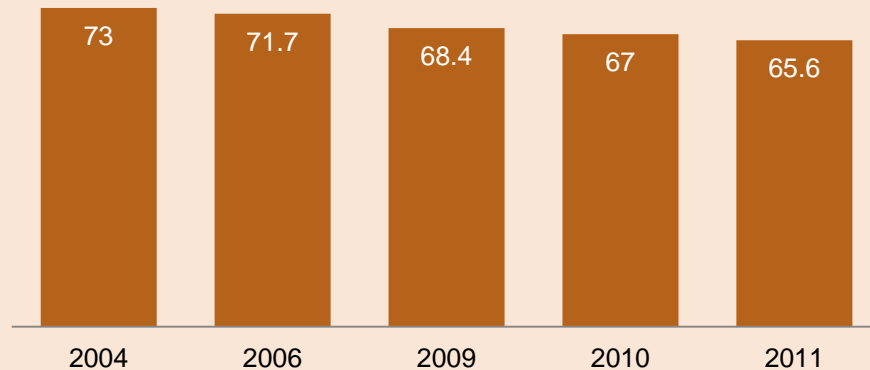
of women of reproductive age have anemia

That means **984 thousand** Malawian women have a critical micronutrient deficiency (2011)



% children under 5

Anemia also persists as a major issue for Malawi's children.



only 19%

of children 6–23 months of age receive a minimum acceptable diet (2015)

We know **evidence-based, cost-effective interventions** can improve nutrition outcomes.

It is estimated that the following 10 evidence-based, nutrition-specific interventions, if scaled to 90 percent coverage, could **reduce stunting by 20 percent** and **severe wasting by 60 percent**.

- Management of severe acute malnutrition
- Preventive zinc supplementation
- Promotion of breastfeeding
- Appropriate complementary feeding
- Management of moderate acute malnutrition
- Periconceptual folic acid supplementation or fortification
- Maternal balanced energy protein supplementation
- Maternal multiple micronutrient supplementation
- Vitamin A supplementation
- Maternal calcium supplementation

Studies have demonstrated the effectiveness of community health workers in achieving demonstrable health benefits directly related to the Millennium Development Goals (MDGs), including reducing child malnutrition and both child and maternal mortality.

- Perry and Zulliger (2012)

Community health workers play a critical role in providing these proven, evidence-based, cost-effective interventions.

By making basic primary care available at the community level, CHWs make it possible for women and children to receive the services they need for better health outcomes.

Frequently based in the communities where they are from, community health workers (CHWs) have direct access to the community and can link with other nutrition-related community-based service providers. They can provide clients with a range of services such as medical care, information, counseling, and referral.

However, CHWs are often expected to carry out a wide range of interventions with limited time, resources, and remuneration. They need appropriate academic curricula, training programs, and support systems – including systems for monitoring, supporting, and mentoring. Countries like **Malawi** must take this into consideration as they scale up and expand the services provided by CHWs.



Information on the services that community health workers provide and the systems that support them in doing their work **is often hard to find.**

To begin to fill this void, the two USAID-funded projects - **Advancing Partners and Communities (APC)** and **Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING)** - collaborated to conduct a desk review of existing policies and documents related to community health systems.

Due to the diversity and magnitude of community health programs in a given country, we collected information based on individual country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale.



These are our findings:

This is what community
health workers can do in
Malawi, according to
government policy.

See the Data Notes at the end for more on how data were collected and analyzed.

Community health service delivery in Malawi is guided by **multiple policies**.

Relevant Government Policies Reviewed	Last Updated
Malawi Health Sector Strategic Plan 2011-2016	2011
Handbook and Guide for Health Providers on the Essential Health Package in Malawi	2011
Health Promotion Policy	2013
Human Resources for Health Strategic Plan 2007-2011	Unavailable
Malawi Growth and Development Strategy II 2011-2016	2011
National Health Surveillance Assistant Programme of Malawi	2013



Malawi has **seven distinct cadres** of community health workers. We have information on nutrition services provided by **three**.*

1. Health Surveillance Assistants (HSA) provide an array of promotive, preventive, and curative PHC services, maintain village registers, and conduct community mobilization activities.

13,500 in country**

1 HSA : 1,000 people (about 200 households)

2. Community Leaders for Action on Nutrition (CLAN) conduct nutrition-related activities with caregivers, like parents, in communities, with an emphasis on education, prevention, and monitoring of nutrition interventions.

Number not available

Information not available in policy

3. Natural Leaders (NL) lead communities in becoming open-defecation free through community-led total sanitation efforts.

Number not available

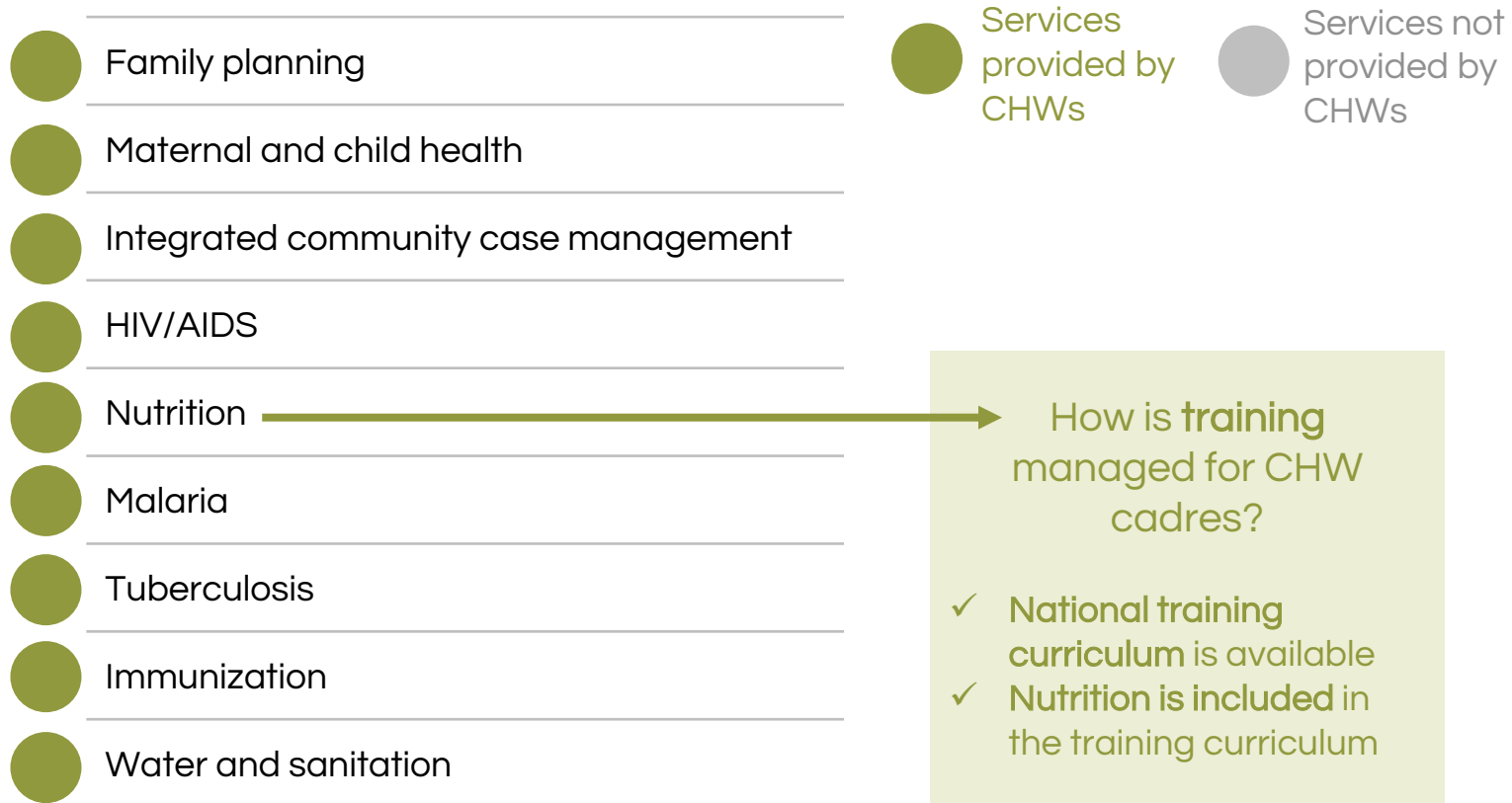
Information not available in policy

* In addition, to these three cadres, there are Village Health Committee (VHC) members, Community Based Distribution Agent (CBDA), Community Home Based Care Volunteers (CHBCV), and Peer Educator (PE). However, we had no documentation of these cadres providing nutrition services.

** There is conflicting information about the recommended number of HSAs in the country; the HSSP indicates there should be 13,500 with a ratio of 1 HSA: 1,000 people, but the National Health Surveillance Assistant Programme of Malawi recommends 27,000 to achieve the ideal ratio of 1 HSA: 500 people. The former is listed because the target ratio is expressed more explicitly in policy.



Community health workers in Malawi provide services in **multiple health service delivery areas.**





Community health workers
in Malawi support
improved nutrition
outcomes throughout the
continuum of care.



How we present our findings on nutrition services provided by community health workers.

Services, listed in tables, are categorized as nutrition **assessment**, **counseling**, or **support** actions.

Assessment	
<i>Activity / action to be taken</i>	 <i>Cadres of CHWs who conduct this task</i>
	

Counseling

Support

-  Services provided by CHWs
-  Service not provided by CHWs or not clearly specified in policy

The tables presented for each stage of life across the continuum of care include specific nutrition-related services queried as part of the Community Health Systems Catalog Assessment.

For each stage of life, we indicate if the service is provided by community health workers and which cadres have the responsibility to provide that service.

Community health workers who provide services are identified by cadre:

HSA- Health Surveillance Assistant

CLAN- Community Leader for Action on Nutrition

NL- Natural Leader

For adolescents

Counseling

Provide information/education/counseling (IEC) on iron/folate for women who are not pregnant and adolescent girls



Support

Provide/administer iron/folate for women who are not pregnant and adolescent girls



For pregnant women

Assessment

Monitor weight gain during pregnancy	●	--
Measure mid-upper arm circumference (MUAC) screening for pregnant women	●	--
Give information on hemoglobin testing for women who are pregnant	●	--
Test blood for hemoglobin levels	●	--

Counseling

Provide IEC on nutrition/dietary practices during pregnancy	●	HSA
Provide IEC on iron/folate	●	HSA
Provide IEC on insecticide-treated net use	●	HSA

Support

Provide/administer insecticide-treated nets	●	HSA
Provide/administer iron/folate	●	--



For breastfeeding women

Assessment

Monitor nutritional status of women who are breastfeeding (e.g., using MUAC)



--

Counseling

Provide IEC on correct positioning and attachment of the newborn during breastfeeding



HSA

Provide IEC on managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)



HSA

Provide IEC on nutrition/dietary practices during lactation



HSA



For newborns

Assessment

Weigh newborns



HSA

Counseling

Provide IEC on skin-to-skin contact between baby and mother/caregiver



HSA

Provide IEC on breastfeeding within 1 hour of birth



HSA



For children

Assessment

Scales to measure weight of children up to 2 years of age	●	HSA/CLAN
Use length boards to measure length of children up to 2 years of age	●	HSA/CLAN
Measure MUAC of children	●	HSA/CLAN
Screen children for bilateral edema	●	HSA/CLAN

Support

Provide/administer Vitamin A supplementation for children 6–59 months of age	●	HSA
Provide/administer micronutrient supplementation	●	HSA
Provide/administer deworming medication	●	HSA
Treating moderate acute malnutrition for children under 2 years of age	●	HSA
Treat severe acute malnutrition with ready-to-use therapeutic foods (RUTF) or ready-to-use supplementary foods (RUSF)	●	HSA

Counseling

Provide IEC on Vitamin A for children 6–59 months of age	●	HSA/CLAN
Provide IEC on general micronutrient supplementation	●	HSA
Provide IEC on de-worming medication	●	HSA/CLAN
Provide IEC on complementary feeding practices and continued breastfeeding (6–23 months of age)	●	HSA/CLAN
Provide IEC on exclusive breastfeeding (first 6 months of age)	●	HSA/CLAN
Provide IEC on introduction of soft, semi-solid foods at 6 months of age	●	HSA/CLAN
Provide IEC on continuing breastfeeding for children less than 6 months of age who have diarrhea	●	HSA
Provide IEC on increasing fluids and continuing solid feeding for children over 6 months of age with diarrhea	●	HSA



For all stages of life

Counseling

Provide IEC on handwashing with soap



HSA

Provide IEC on community-level total sanitation



HSA / NL

Provide IEC on household point-of-use water treatment

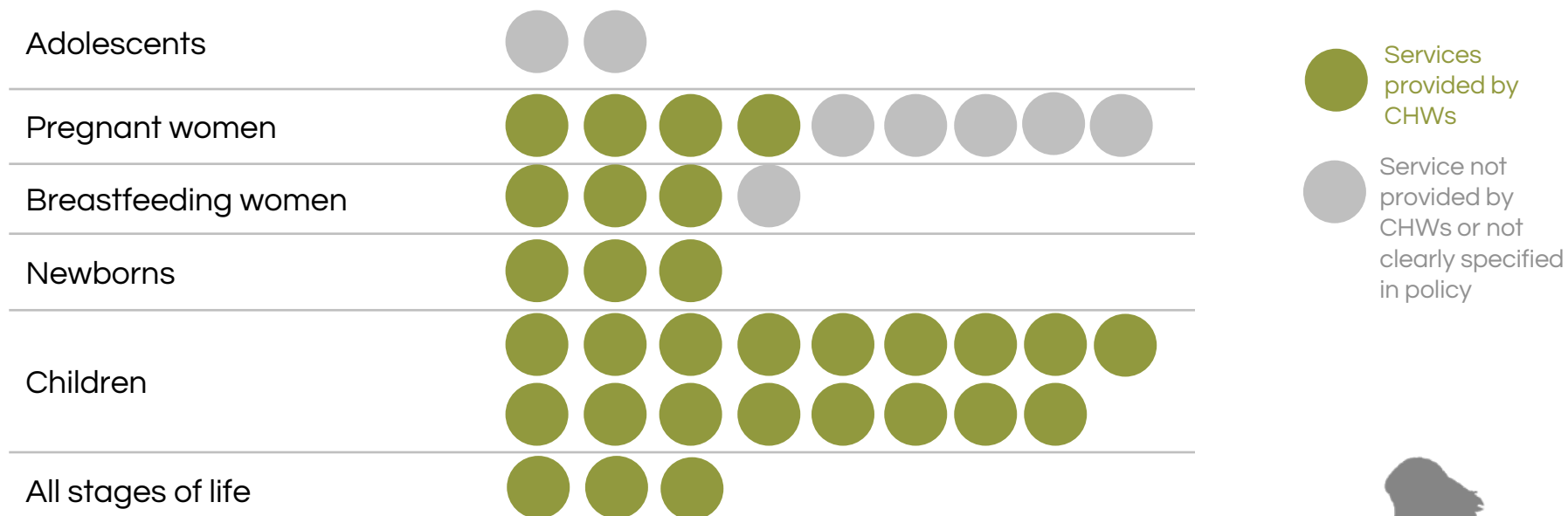


HSA / CLAN



Our key takeaways

In Malawi, three cadres of community health workers provide **30** of the recommended **38** nutrition services discussed in this assessment.



How to use this information

We invite in-country stakeholders to use this information to:



Identify which nutrition-related services CHWs can provide, according to policies;



Prioritize and/or reassign responsibilities to avoid overburdening CHWs;



Build a stronger foundation of policies, tools, and systems for CHWs to conduct their work;



Plan additional support to CHWs;



Design and conduct other in-depth assessments of community nutrition programs;



Inform program implementers to strengthen community health interventions.

This product was developed using information collected by APC, with input from SPRING, through a desk review of existing policies and documents related to community health systems. Due to the diversity and magnitude of community health programs in a given country, we collected information based on country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale. We encourage updates and validation to specific local contexts.

Data Notes

This document includes rich information about community-level nutrition policies and services in Malawi. The data represented here are based on a detailed analysis of survey responses and a review of select policies related to nutrition responsibilities of community health workers.

The data come with their own caveats. Policies do not always specify which particular actions CHWs are allowed or expected to perform, nor do they give any real indication of what actions CHWs actually do perform. Policies can be general, ambiguous, and/or contradictory. For instance, a policy might list "referral for antibiotics" but it doesn't specify which antibiotics.

You can learn more about how to map health workforce activities with the SPRING Nutrition Workforce Mapping Toolkit, available at spring-nutrition.org/publications/tools/nutrition-workforce-mapping-toolkit

This effort was undertaken as part of the wider Community Health Systems Catalog data collection effort.

You can find more details on the Community Health System in Malawi and data on other countries at:
www.advancingpartners.org/resources/chsc

References

Bhutta, Zulfiqar A., Jai K. Das, Arjumand Rizvi, Michelle F. Gaffey, Neff Walker, Susan Horton, Patrick Webb, Anna Lartey, Robert E. Black, The Lancet *Nutrition Interventions Review Group*, the *Maternal and Child Nutrition Study Group*. 2013. "Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?" *Lancet* 382 (9890):452-477. doi:10.1016/S0140-6736(13)60996-4. (<https://goo.gl/vxM6tT>)

Global Nutrition Report. "2015 Nutrition Country Profile, Malawi." 2015. (<https://goo.gl/EQ69AD>)

World Bank DataBank. "Health Nutrition and Population Statistics." 2016. World Bank Group: Washington, D.C. (<https://goo.gl/9XOgGz>)

Perry, Roger and Rose Zulliger. 2012. "How Effective Are Community Health Workers? An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-related Millennium Development Goals." JHU: Baltimore, MD. (<https://goo.gl/ROLw6e>)

Additional Resources on CHWs

Community Health Systems Catalog - An innovative and interactive reference tool on country community health systems intended for ministries of health, program managers, researchers, and donors interested in learning more about the current state of community health systems. (<https://goo.gl/N1QKYK>)

Essential Package of Health Services Country Snapshot Series - A series of country profiles that analyzes the governance dimensions of Essential Packages of Health Services (EPHS), including how government policies contribute to the service coverage, population coverage, and financial coverage of the package (<https://goo.gl/2M6FXr>)

Community Health Worker (CHW) Central - An online community of practice for sharing resources and experiences and discussing questions and ideas on CHW programs and policy. (<https://goo.gl/dacnl5>)

The Community Health Framework - A framework developed for government decision makers to structure dialogues, answer questions, develop recommendations, and foster continuous learning about community health. (<https://goo.gl/VZlmbm>)

Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems - A systematic review of CHW programs and their impact on health-related Millennium Development Goals (MDGs) as well as eight in-depth country case studies in Sub-Saharan Africa (Ethiopia Mozambique and Uganda), South East Asia (Bangladesh, Pakistan and Thailand) and Latin America (Brazil and Haiti). (<https://goo.gl/5G0Vbc>)

How Effective Are Community Health Workers? An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-related Millennium Development Goals - An update and supplement to the previous paper on the effectiveness of CHWs in providing a range of health services and improving health and nutrition outcomes. (<https://goo.gl/jKx2Zg>)

Additional Resources from Malawi

Malawi: Nutrition Profile – USAID is prioritizing our nutrition efforts on focus countries where there is high burden of stunting and the Rome Principles, including country ownership and coordination, can be realized in practice. (<https://goo.gl/KrKOfp>)

Motivation and job satisfaction of Health Surveillance Assistants in Mwanza, Malawi: an explorative study – A qualitative assessment used to identify factors that influence motivation and job satisfaction of health surveillance assistant (HSAs) in Mwanza district, Malawi. The results of this assessment can be used to inform development strategies for better performance from HSAs, and create a more effective health system in Malawi. (<https://goo.gl/ZEILY9>)

Health surveillance assistants as intermediates between the community and health sector in Malawi: exploring how relationships influence performance – The roles of CHWs is defined by interpersonal relationships. As intermediaries between communities and the health sector, there is increasing global interest in how to support them. This study was created to obtain in depth insight into the facilitators of and barrier to the creation of interpersonal relationships between HSAs and other community actors. (<https://goo.gl/7EpGDx>)

Community health worker incentives: Lessons learned and best practices from Malawi – Despite Malawi's progress in recent years, many health challenges still remain, and child death due to preventable diseases remains high. Through more than 3,000 village health clinics targeting hard to reach areas, CHW's and volunteers are providing promotive, preventive and curative health services. (<https://goo.gl/wHcedz>)

Strengthening Systems for Improved Nutrition Care, Support, and Treatment in Malawi – This technical report describes how USAID ASSIST worked with teams of district coaches and facility-based health care workers in eight facilities to apply a quality improvement approach to integrate nutrition services in HIV care. To improve outcomes, the teams worked to link clients with community-based nutritional or livelihood support. (<https://goo.gl/K6o8DT>)

Learn more at:
www.spring-nutrition.org



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