

## **Malaria**

# **Rapid Access Expansion Programme in Malawi**

April 2018

### **High rates of preventable child mortality**

In 2015, the under-5 mortality rate was 64 deaths per 1000 live births, signaling Malawi's achievement of Millennium Development Goal 4 ahead of the 2015 deadline. The Government of Malawi committed to improving child health and as such was one of the first countries to participate in the RAcE Programme.

Although community health workers, known as health surveillance assistants (HSAs), provide integrated community case management (iCCM) of childhood diseases services at the local level in each of the country's 28 districts, the coverage and quality of these services can be improved. Malaria, pneumonia, and diarrhoea - all of which are preventable and curable – account for 53% of under-5 deaths.

[WHO country profiles on neonatal and child health](#)

### **Improving the quality and availability of child health services at the community level**

In April 2013, the RAcE programme was launched in four districts in Malawi, with the aim of improving the coverage, scope and quality of existing iCCM services, then expanded to 8 districts. Before concluding in September 2017, the Programme also piloted new initiatives and documented best practices to support scale-up at the national level.

### **Better quality and coverage of iCCM services**

The coverage of iCCM services in RAcE-supported districts was better than in other districts of the country. Grantees reported that RAcE areas also saw improved quality of care; fewer stock outs of commodities for diagnosis and treatment; and more accurate, comprehensive and regular reporting of case management data.

In addition, the RAcE programme helped to fully integrate iCCM data into Malawi's health information management system.

### **Partners**

Save the Children Malawi was the implementing nongovernmental organization and the main recipient of the RAcE grant. Save the Children

Malawi, Save the Children Canada, Medical Care Development International, D-Tree International, and WHO supported the Ministry of Health in implementing and monitoring the RAcE programme. ICF was the monitoring and evaluation agency.

Specifically, these partners supported the Ministry of Health in:

- effecting policy change for iCCM service expansion;
- training health workers and their supervisors;
- mobilizing communities to create demand for and support the provision of iCCM services;
- strengthening the procurement and distribution of iCCM commodities; and
- improving data collection and reporting.

### **Community health worker selection, training and compensation**

Health surveillance assistants are Ministry of Health employees. They are paid a small amount monthly to provide a range of promotional and curative health services. They have 10 to 12 years of education and 12 weeks of pre-service training. Under the RAcE programme, HSAs received six days of iCCM training and refresher training.

### **Challenges**

The main challenge for RAcE in Malawi was that approximately 30% of the HSAs did not live in their catchment area to provide diagnosis and treatment. This prevented the children's caregivers from accessing their services. To help resolve this, RAcE supported community mobilization activities aimed at motivating HSAs to reside in their catchment area. One method by which communities supported HSAs to live locally was by constructing houses and village clinics.

### **RAcE-supported operational research**

Treatment of possible severe bacterial infection: One study focused on the feasibility of delivering simplified treatments for possible serious bacterial infection (PSBI) and fast breathing in infants through public sector, outpatient care facilities. The secondary objectives were to evaluate whether first-level health facilities can deliver quality care for PSBI and fast breathing cases in young infants; assess capacity of health surveillance assistants to follow-up PSBI and fast breathing cases in young infants; and assess the acceptability by families of treatment offered at first-level facilities for young infants.

The study was conducted in 11 Ntcheu district health facilities. The district was selected as the HSAs have already been trained in Community Based Maternal and Newborn Care, a package that was developed with WHO support. The HSAs identified sick newborns during their routine post-natal visits and referred the young infants to health facilities for diagnosis and initiation of treatment. On return to the community, HSAs followed up, assessing the infants' condition and adherence to treatment. Based on the results of the study, Malawi preparing to introduce PSBI in its health facilities.

mHealth: The rise in the availability of mobile phones in low- and middle-income countries in the last decade has increased interest in the use of mobile technology in health programs to improve the quality of care. A

second study in Malawi focused on a mobile application developed to help improve the quality of care provided by health surveillance assistants through accurate classification and treatment of malaria, diarrhoea, and pneumonia among children under 5. The application adheres to the Malawi national iCCM protocol and guides HSAs through the assessment process to classify and recommend a treatment plan for each child.

Starting in 2014, the mobile application was piloted in four of the eight RAcE districts: Dedza, Mzimba North, Ntcheu, and Ntchisi. The study evaluated the effect of mobile applications on quality of care; data availability, completeness, and consistency; and facilitators or barriers to the use of the application. While HSAs using the mobile application correctly assessed and classified sick children at a higher rate than HSAs using paper tools, the tool did not have a measurable effect on treatment rates and questions remain regarding sustainability. Additional analyses will be needed to determine whether mHealth will be effective in the Malawi context.

## Policy changes

Malawi adopted WHO policy recommendations for iCCM implementation, and the strategy is now part of the national child health strategy. Dispersible amoxicillin was introduced to replace cotrimoxazole in the treatment of children with pneumonia, and malaria rapid diagnostic tests were rolled out in all RAcE districts.

A new community-based maternal and newborn care package also was introduced in three RAcE districts; in developing the package, a national team of experts from the Ministry of Health adapted the WHO newborn package to conform to Malawi's current policies and guidelines, and meet the needs of its communities.

## The RAcE Programme in numbers

Catchment population	Catchment under-five population	CHW trained*	CHW active*	Total cumulative cases treated*
1 625 036	276 256	1192	885	<ul style="list-style-type: none"> <li>• 1 328 893 malaria cases</li> <li>• 366 497 diarrhoea cases</li> <li>• 655 165 pneumonia cases</li> </ul>

\* Since the start of the Programme  
Data April 2018



WHO/ Amos Gumulira  
Nine-month-old Shakira is being treated for cough and fever at Matapila Village clinic, in Ntcheu.