

Zambia's Community Health Workers

Access to a health worker is something that we all take for granted. But for many of the women and children living in vast, hard-to reach areas of rural Zambia, a country where there is just a single doctor for every 20,000 people, the chances are that they may not get to see one in their lifetime.

Community health workers are changing that.

A community health worker (CHW) is trained to provide the most essential life saving interventions—such as emergency front line care— and can **save children's lives** from many if not most of the major preventable child mortality causes like diarrhoea, pneumonia and malaria. CHWs also equip families with the knowledge and skills to prevent disease. They promote good nutrition, sanitation, and hygiene, and link families to essential services.

World Vision

WHY COMMUNITY HEALTH WORKERS?

How a child is cared for in their own home has a profound impact on their ability to survive and thrive during their first few days, months and years of life. Mothers need practical and social support so they can look after their child appropriately as they grow and develop. Families need knowledge and skills to best care for their children. Communities need people who know their needs and are trained to provide essential health advice and support.

This is where World Vision's **community health workers** in Zambia create their impact.

World Vision in Zambia

World Vision reaches more than **one million lives** (1,506,674) in Zambia. Within World Vision's coverage areas, there are an estimated **90,400** children under the age of five, **64,787** pregnant women, and **331,468** women of childbearing age.

WHY ZAMBIA?

Living in a rural area of Zambia can be deadly, especially for a pregnant mother or very young child, and much of Zambia is rural. Over half of Zambia's population lives in rural areas (64.1%), and Zambia is a **global health workforce crisis country**: For every 10,000 people, there are only 0.5 doctors and 7.1 nurses and midwives (WHO, 2014). Additionally, 1,100,000 Zambians are living with HIV/AIDS and 160,000 are children (UNAIDS, 2014). When a health worker is desperately needed in Zambia—such as during a difficult labor, infection, or when a newborn has a high fever—there may not be one.

Less than half (47%) of all births in Zambia are attended by a skilled health worker of any kind, a reality that contributes to Zambia's high child mortality rate: for every 1,000 live births in Zambia, 119 children will die before they reach their fifth birthday (WHO, 2015). In addition to the shortage of health workers at all levels, health facilities are distributed unequally throughout the country: only 50% of planned health posts are actually covered. Other issues plaguing Zambia's healthcare sector include outdated equipment, frequent drug stock-outs, poor maintenance, and poor road conditions.

A PORTRAIT: ZAMBIA'S COMMUNITY HEALTH WORKERS

Today, World Vision supports an estimated 48,500 community health workers in Zambia—3,500 in WV ADPs and 45,000 through STEPS-OVC. (September 2015).

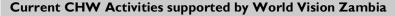
Community health workers carry critical health knowledge, skills, and tools into communities and homes and are essential to World Vision's work of saving lives, preventing disease, and helping children, mothers, fathers and communities to reach their full potential and flourish.

Who is a Community Health Worker?

A community health worker is a man or woman who is respected and trusted by his or her community. They are the first point of contact for many with the health system and are elected by the community. They live within the community and so they know and understand people and cultures.



In Zambia, World Vision works in partnership with the Ministry of Health to directly implement CHW programming. Zambia's CHWs are trained for six weeks using a specific government curriculum that covers a wide range of community health topics. In addition to workers with the title of CHW, there are other cadres of community health volunteers who are trained for a shorter period in specific health topics: safe motherhood action groups (SMAGs), malaria prevention, identifying malnourished children and supporting their families, repairing water pumps and giving key messages in WASH, specific advocacy for orphaned and vulnerable children, and ART adherence counseling.



Community disease surveillance, prevention of mother-to-child transmission of diseases such as HIV and TB, deworming, family planning and healthy timing and spacing of pregnancies, growth monitoring of children, health promotion and behavior change counseling, HIV prevention, infant and young child feeding, breastfeeding support, integrated community case management (iCCM), mHealth, PD Hearth (sustainably reducing child malnutrition using community wisdom), Timed and Targeted Counseling (TTC), Vitamin A supplementation, and WASH (water, sanitation, and hygiene)



CHW PROGRAMMING TECHNICAL OVERVIEW

- ☑ CHW programmes harmonized at national level under a single CHW policy fully operational
- ☑ National policy of I CHW per 500 people
- World Vision predominantly supports CHW programmes by direct implementation of programming
- ☑ mHealth capacity with existing mHealth initiatives underway
- ☑ TTC in current rollout (2 ADPs currently training)

Zambia is preparing for the adoption of TTC 2nd edition, introducing the promotion of early child development as well as equipping CHWs with skills for supporting psychosocial difficulties and maternal mental health problems. The government are increasingly recognizing the need for positive male involvement in family health, as well as the need to address the high rates of domestic violence.

EVIDENCE FOR IMPACT

Current research initiatives are focused on measuring impact of World Vision health programming, including CHWs, through the four-country (Zambia, Kenya, Cambodia, Guatemala) Child Health and Nutrition Impacts Study (CHNIS).

WHAT'S NEXT?

There is a significant need for scaling Zambia's CHW programming to meet World Vision Zambia's strategic goal of contributing to the measurable improvement in the wellbeing of 2,000,000 children by 2021. The most urgent next step is a **functionality assessment**, pending funding, for each World Vision area development programme (ADP). Currently World Vision Zambia supports an estimated 3,500 CHWs within their ADPs, but there is a need and opportunity to support more. A functionality assessment would determine from rural health centers in ADPs the numbers of CHWs overseen through the center, numbers of functional and active CHWs, and specific needs for each health center's specific context.

CURRENT FUNDING AND MAJOR GRANTS

STEPS-OVC is funded by USAID and implemented by World Vision as primary contractor in partnership with 13 other NGOs. STEPS-OVC supports 45,000 CHWs in Zambia outside of World Vision Zambia ADPs.

UNAIDS. (2014). People living with HIV [Data file]. Retrieved from http://aidsinfo.unaids.org/

World Health Organization (2013). Maternal mortality country profiles [Data file]. Retrieved from http://www.who.int/gho/maternal_health/countries/en/

World Health Organization. (2014). WHO Global Health Workforce Statistics [Data file]. Retrieved from http://www.who.int/hrh/statistics/hwfstats/en/

World Health Organization. (2015). Under-five mortality data by country [Data file]. Retrieved from http://apps.who.int/gho/data/node.main.525