



Community HIV Providers and the Scale-up of DSD Services in Zambia

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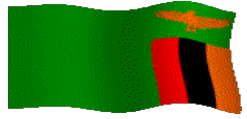
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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

The Science & Practice of
SCALE-UP

Presentation Outline



- Introduction & Developmental Direction
- Situational Analysis
- MoH's Response
 - Community Health Assistants (CHAs)
 - Community Health Strategy (CHS)
- Scale up of DSD Services



Introduction

- **Mission:**
 - Equity of access to cost-effective quality health services as close to the family as possible.
- **Vision:**
 - A Nation of Healthy and Productive Population
- **Goal:**
 - Improve the Health Status of the people to contribute to socio-economic development.

Developmental Direction



- The Government of the Republic of Zambia (GRZ) is committed to providing **universal, quality** and **equitable** health care services to the people of Zambia
- The National Health Strategic Plan (NHSP) is the main strategic driver for guiding the implementation of the health sector agenda and allocation of resources to sector priorities
- NHSP (2017-2021) promotes community health work explicitly and frames the Community Health Strategy (CHS) which stands on its own



COMMUNITY HEALTH STRATEGY

KEY TO A RESILIENT HEALTH CARE SYSTEM

- Community health care is an integral part of Primary Health Care (PHC)
- Essential for MoH through DHO in the decentralised context to ensure effective and efficient community health service delivery through frontline workers (formal setting & informal - voluntary)



Primary Health Care



First level of contact of individual, family and community with health care system. It is most effective and close to the people and includes:

- Community level
- Health Post
- Health Centres
- Level 1 Hospitals



Situation Analysis: Community Based Volunteers (CBVs)



- Zambia has been facing scarcity in human resources for health.
- Shortages of health workers are experienced at every service delivery level, including the primary level which also serves with outreach interventions to the communities
- The last decade has seen delivery of health services through community participation increasingly fragmented;
 - Contents and quality of services
 - Coordination mechanisms
 - Organisational structures



Situational analysis – Cont'd

- Supportive mechanism has been very weak due to the clinical demands on the formal health sector
- CBV lack an acknowledged regulatory framework and binding operational guidelines though they are guided by NHC and HCCs

CBVs: MoH's Response

- The HRH scarcity made it essential for community health institutions to have sufficient numbers of Community Based Volunteers (CBV) to assist the formal sector
- The CBV existing groups have been fragmented over the last decade in terms of quality and training levels
- In 2010, MoH introduced a cadre of Community Health Assistants (CHAs) to:
 - Expand available cadre of frontline workers in formal health sector
 - Serve as a link to the informal sector

CBVs - MoH's Response

- Formulation of the Community Health Strategy (CHS)
- Finalised only this year 2018
- Launch planned for July 2018



SOMETHING
UNEXPECTED HAPPENED
ALONG THE WAY

Community Health Strategy

- Tool for districts to engage communities, families and individuals to take responsibility for improving their own health status
- Provides guidance for engaging individuals, organisations & community leaders to improve the outcome of treatment of priority diseases
- Implementation with support of CP

Key Issues

- Empower communities to take responsibility of their own for improving their own
- Provide synergy to the community, health systems and leverage resources

Community Health Strategy

Expected to provide:

- Strengthening Systems, Coordination, Planning, Development & Management.
- Focus on Quality Vs Quantity.
- Community Participation
- Re-definition of service delivery Package.
- **Remuneration**, Supervision.
- Community health management information system + surveillance
- Inter-sectoral Collaboration
- Galvanize around determinants of Health
- **Financing for Community Health.**
- Strengthen referral Systems

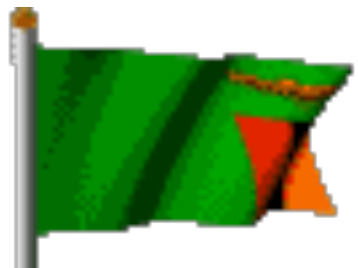


The Transformation Agenda

- Shifting entry point from Health Facility to Household / Community!
- **Community Health Assistant**

CHAs is now an established program with **1900 trained**. Decentralised scale up planned

- The Transformational Agenda is directly linked to the Community Health Strategy.



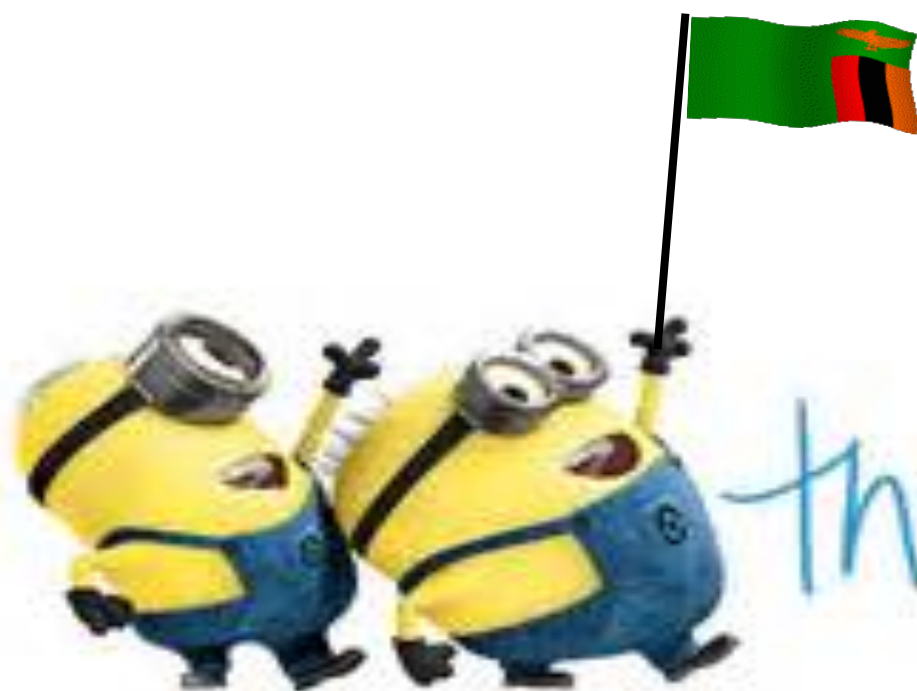
Scale up of DSD Services

- Draft scale up plan is in place
- Scale up to be initiated under the 'fragmented' community participation environment
- Scale to be done in a phased out approach
- No of ART patients (Dec 2017) – 851,017

Targets

By Dec 2019

- 20% of stable patients on cART to be enrolled in DSD
 - 34,800 patients



thank you!