

Strengthening District COVID-19 Response (SCORE) Project

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On behalf of SCORE Project Team

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The problem



- COVID-19 has had unprecedented impact on health care delivery, individuals, and communities across the world
 - Unprecedentedly high demand for health services
 - Shortages of staff and equipment
 - Limited access to accurate information by the public
- The Blantyre District Health Office (Malawi Ministry of Health) requested for ideas and interventions to help limit the healthcare delivery challenges

Conceptualisation



- Literature
 - Understanding response to previous epidemics in Africa
 - COVID-19 interventions in other countries
- Building on pre-existing local opportunities
 - Community health workforce
 - National health consultation phone platforms
- Building relationships with and engaging local partners
 - MOH Digital Health
 - MOH Clinical Services
 - Malawi Red Cross
 - Blantyre City Council
 - Village Reach

The Intervention



Community engagement

- Supporting village-level stakeholders in developing locally relevant COVID-19 information and response plans

Telephone clinic-based triage and onward referral of COVID cases

- A formal telephone-based clinical and public health triage and referral system

Community-led surveillance for documenting past and current disease burden

- Leveraging on elements of the earlier two components
- Collate community-based data
- Track calls to the phone clinic and reasons for calls over time

Community Engagement Set up

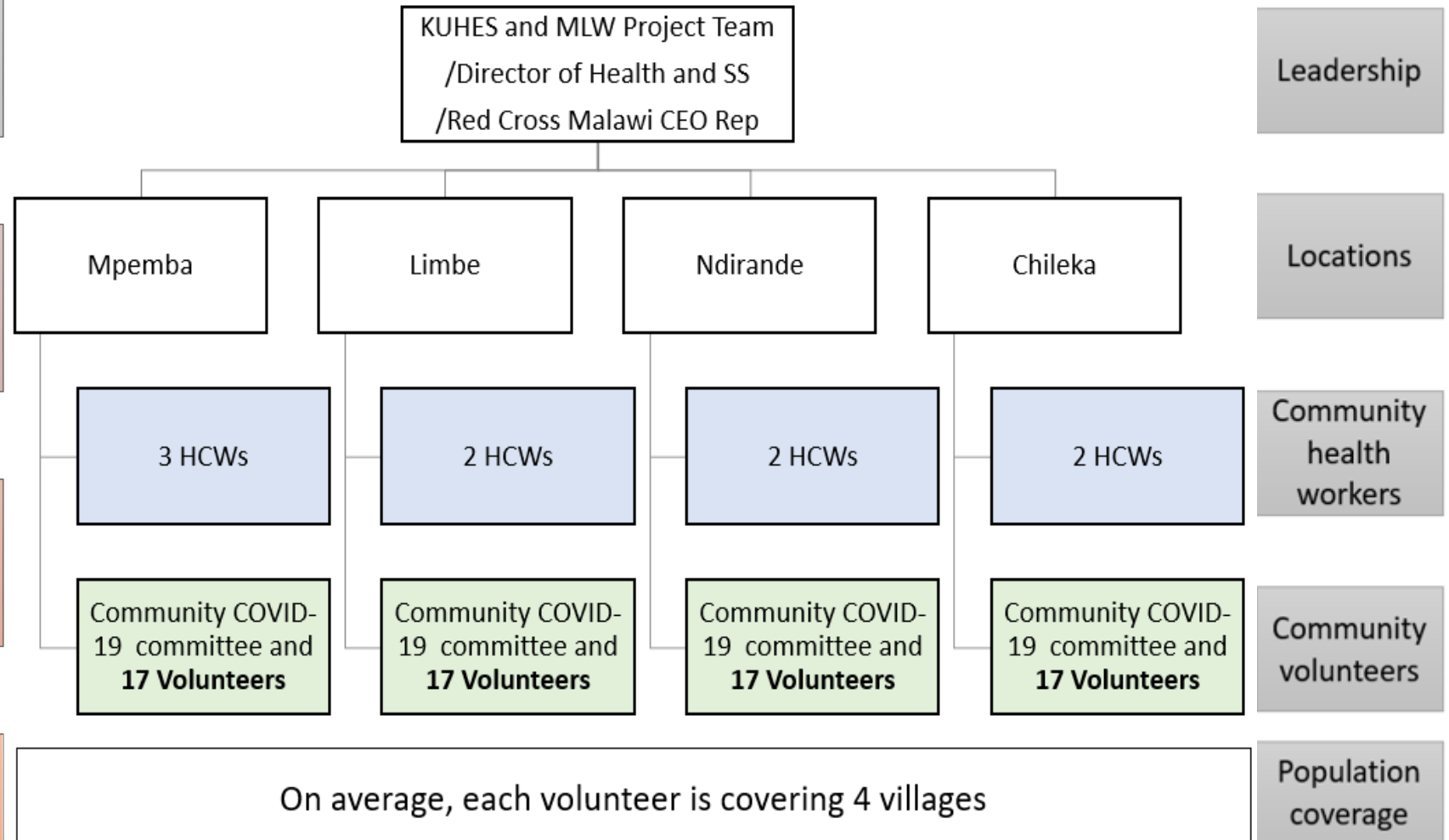


Trained and supported local community leaders to develop their own COVID-19 containment packages

Worked with community leaders and HSAs to identify community youth - containment packages

Identified and trained 68 community volunteers

Community volunteers facilitated implementation of community plans via home visits and responding to



Implementation: Community engagement



Households reached	Number of symptomatic People assisted	Number referred to HSAs	Number of People vaccinated
5973	34	40	9133

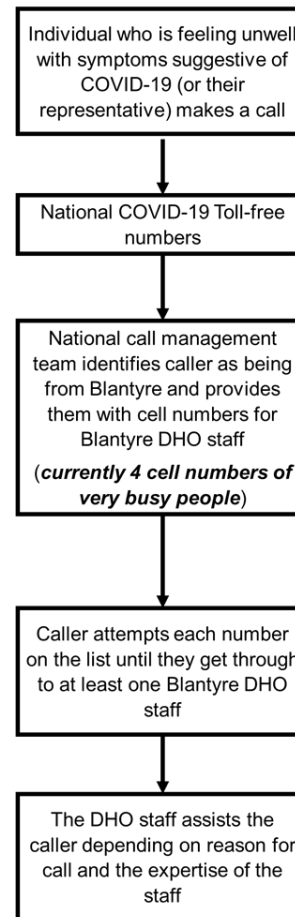


Telephone clinic set up



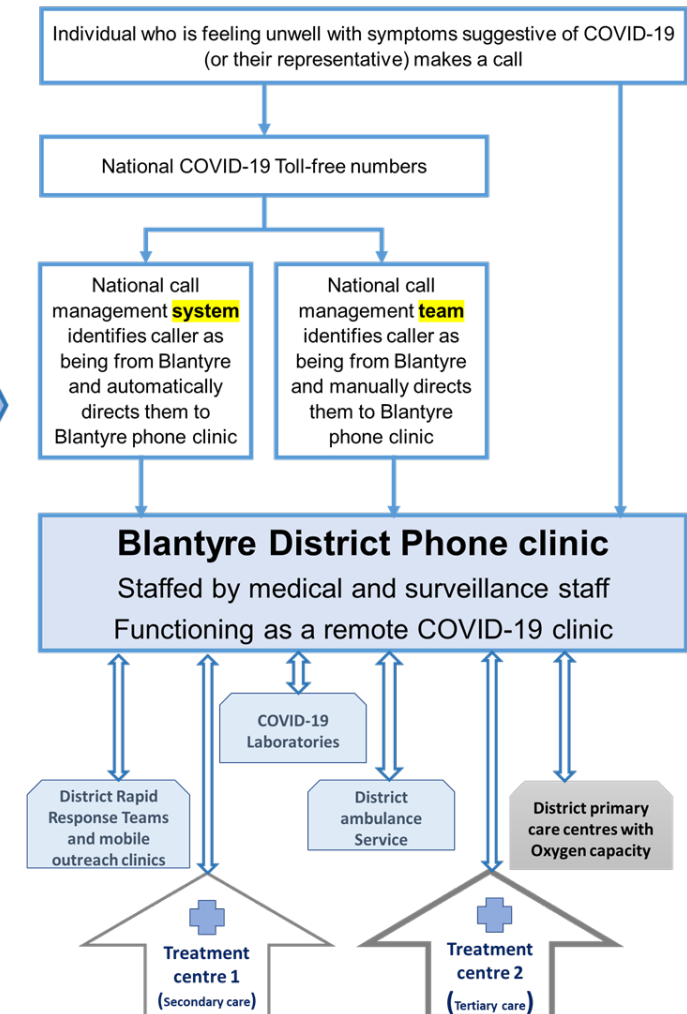
- Create a one stop shop for accessing COVID-19:
 - Information
 - Home care advice
 - Referral to available services in the district
- Ensure that the information and care provided is:
 - Credible
 - Evidence-based
 - In line with local guidance

Original system

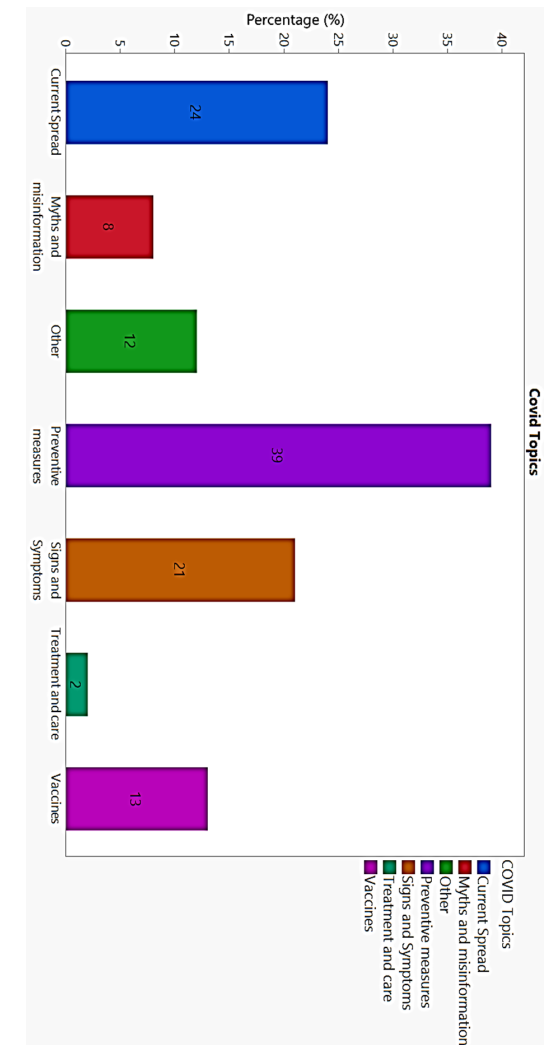
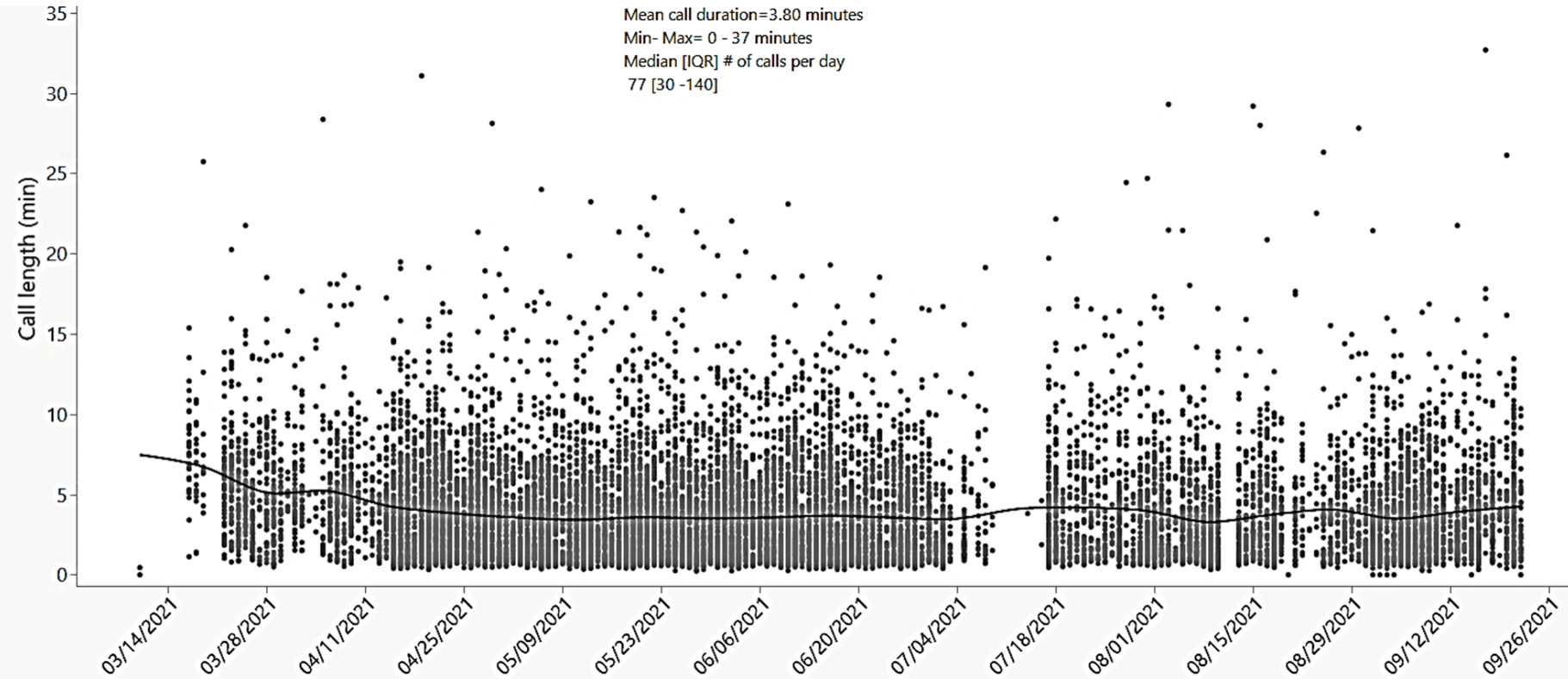


Improving to

Improvements with phone clinic



Implementation Outcomes: Phone clinic



Evaluation: was the pilot implementation able to accomplish its purpose ?



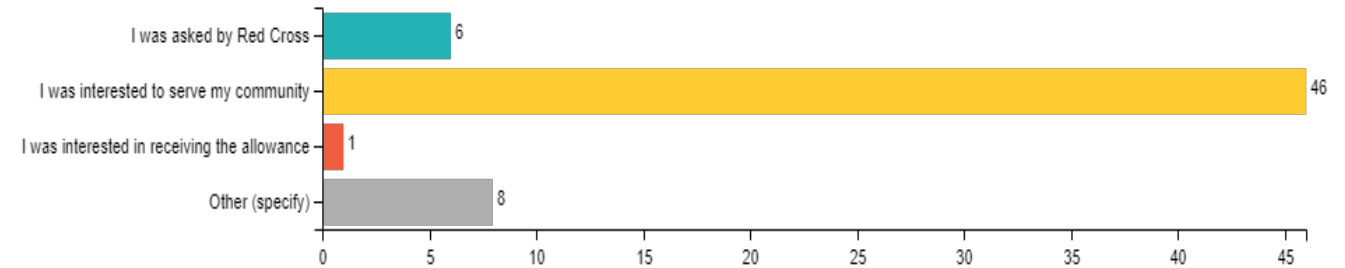
	Questionnaire	Focus group discussion	In-depth interviews
District Health Management Team and senior staff from COVID committee	20	0	5
Community health workers	all		8
Community leaders	all	6-8 Community leaders (4 fGDs)	4
Community volunteers	17 community volunteers. all the trained volunteers	4FGDs (10-12 members from each target area)	4
Community members	50 households per community (total of 200), selected randomly fro.		4
QECH Patients	20		

Preliminary Results: Perceived benefits of the project

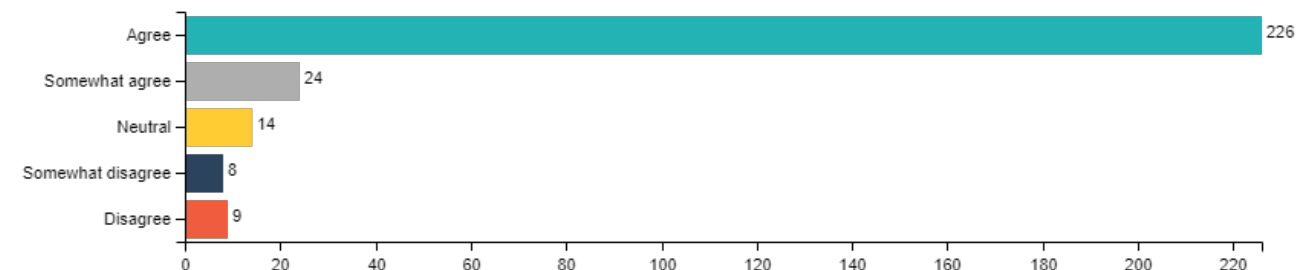


- The SCORE project was positively perceived by various stakeholders
 - **Access to reliable knowledge on COVID to communities-** information through Interactive Voice Response (IVR) feature & HCWs
 - **Standardized remote management of COVID-19 cases**
 - **Encouragement** of preventative actions, in particular vaccination
- Perceived benefits of project approaches:
 - Engagement with use of community volunteers **increased trust**
 - **partnership with existing strictures** such as HSAs
 - Multiple routes of information strengthened penetration

V1 - Why did you agree to become a community volunteer for this project? (say yes to all that apply)



ALL3 - The SCORE project helped to debunk myths and misinformation regarding COVID-19



Preliminary Results: Perceived challenges



- **Large geographical areas to cover** were large, presenting issues relating to transport and staff numbers
- **Inadequate resources** –transport, telephones, staffing , materials
- **Difficulties in overcoming residual rumours** and superstitions

Implementation Challenges: Self reflection



Challenges	Adaptations
1. Untimely reporting	HSAs used to deliver & collect all reporting forms
2. Resistance from some households, volunteers' need for identification	Identification & linkage with a humanitarian organization eg. Red Cross – t-shirts provided
3. Limited staff to support 24/7 service availability	MSF/DHO
4. High staff turn- short-term contracts	Resource Mobilisation
5. Unavailability of CHW	Extra support from team
6. Toll free line only accessible on I network	MoH
7. Received callers from other districts (e.g., mobile network unable to route calls based on caller location)	Engaged MOH- Digital health

Preliminary Results: Suggestions for Improvement

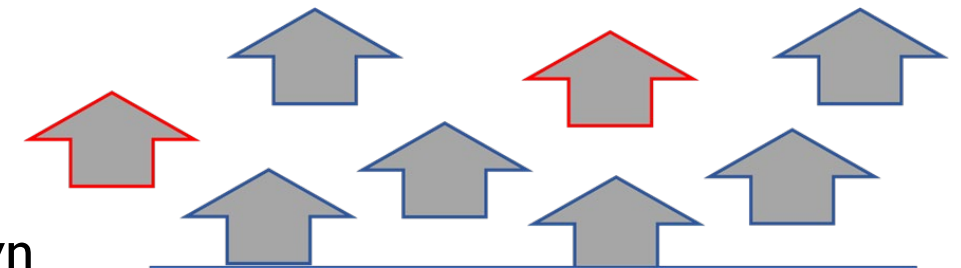


- **Recruitment of more staff** to cover larger areas (potentially inclusion of staff from hard-to-reach areas)
- **Provision of resources for volunteers** (including branded t-shirts, etc. for identification, assistance with transport, incentives)
- Extension of the project - **longer timescales**
- **Improving coverage** by visiting community settings, eg. schools

Lessons



- Local community volunteers- strengthening community reach for health system needs
- **Strengthening linkages** between community volunteers and HSAs and health facilities
- **Empower and capacitate** communities to solve their own problems
- Collaboration/**co-creation of solutions** with communities
- **Inclusion/participation** of communities in decision making for their own health
- Potential model for **decentralizing MOH national hotline** service to decongest workload at central level and to link clients directly to district health office.
- **National level acted as backup** when district hotline staff was not available
- Linkage to QECH for daily follow-up of COVID-19 patients.



**An empowered
and equipped
community can
manage its own
epidemic**

Acknowledgements



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