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
  – Unprecedently 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

On average, each volunteer is covering 4 villages
## Implementation: Community engagement

<table>
<thead>
<tr>
<th>Households reached</th>
<th>Number of symptomatic People assisted</th>
<th>Number referred to HSAs</th>
<th>Number of People vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>5973</td>
<td>34</td>
<td>40</td>
<td>9133</td>
</tr>
</tbody>
</table>
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
Implementation Outcomes: Phone clinic
## Evaluation: was the pilot implementation able to accomplish its purpose?

<table>
<thead>
<tr>
<th></th>
<th>Questionnaire</th>
<th>Focus group discussion</th>
<th>In-depth interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Health Management Team and senior staff from COVID committee</td>
<td>20</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Community health workers</td>
<td>all</td>
<td>6-8 Community leaders (4 fGDs)</td>
<td>8</td>
</tr>
<tr>
<td>Community leaders</td>
<td>all</td>
<td>4FGDs (10-12 members from each target area)</td>
<td>4</td>
</tr>
<tr>
<td>Community volunteers</td>
<td>17 community volunteers. all the trained volunteers</td>
<td>4FGDs (10-12 members from each target area)</td>
<td>4</td>
</tr>
<tr>
<td>Community members</td>
<td>50 households per community (total of 200), selected randomly from</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>QECH Patients</td>
<td>20</td>
<td></td>
<td></td>
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</tbody>
</table>
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
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
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Adaptations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Untimely reporting</td>
<td>HSAs used to deliver &amp; collect all reporting forms</td>
</tr>
<tr>
<td>2. Resistance from some households, volunteers’ need for identification</td>
<td>Identification &amp; linkage with a humanitarian organization eg. Red Cross – t-shirts provided</td>
</tr>
<tr>
<td>3. Limited staff to support 24/7 service availability</td>
<td>MSF/DHO</td>
</tr>
<tr>
<td>4. High staff turn- short-term contracts</td>
<td>Resource Mobilisation</td>
</tr>
<tr>
<td>5. Unavailability of CHW</td>
<td>Extra support from team</td>
</tr>
<tr>
<td>6. Toll free line only accessible on 1 network</td>
<td>MoH</td>
</tr>
<tr>
<td>7. Received callers from other districts (e.g., mobile network unable to route calls based on caller location)</td>
<td>Engaged MOH- Digital health</td>
</tr>
</tbody>
</table>
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

KAMUZU UNIVERSITY
OF HEALTH SCIENCES

MALAWI RED CROSS SOCIETY

COOPER/SMITH

GEORGETOWN UNIVERSITY
Center for Innovation in Global Health

Blantyre
Prevention Strategy
Consortium