



Summary report of 2-day workshop - Developing a Road Map for Health Surveillance Assistant Training



Blue Waters Hotel 23rd – 24th August 2017

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ACRONYMS

AEHO	Assistant Environmental Health Officer
CHAM	Christian Health Association of Malawi
CMA	Community Midwife Assistant
COM	College of Medicine
DEHO	District Environmental Health Officer
DHO	District Health Officer
DNO	District Nursing Officer
cEHP	community Essential Health Package
HIV	Human Immunodeficiency Virus
HR	Human Resources
HSAs	Health Surveillance Assistants
KCN	Kamuzu College of Nursing
MEHA	Malawi Environmental Health Association
MoH	Ministry of Health
MCHS	Malawi College of Health Sciences
MCM	Medical Council of Malawi
NCHE	National Council for Higher Education
NCHS	National Community Health Strategy
ORT	Other Recurrent Transactions
PMPBM	Pharmacy, Medicine and Poisons Board of Malawi
ToRs	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage

Introduction

The Ministry of Health (MoH) through the Community Health Section under the Department of Preventive Health Services is strengthening and spearheading integrated community health services at community level. One of the core principles of the National Community Health Strategy (NCHS) is integration of community health services at point-of-care in order to contribute to the attainment of Universal Health Coverage (UHC) in the country.

Among issues in the NCHS that affect integration of community health services in Malawi is inadequate training of Health Surveillance Assistants (HSAs) to effectively provide all community Essential Health Package (cEHP). Hence, one of the key interventions in the strategy to solve this issue is to: **“Revise HSA pre-service and in-service training curriculum (including training manual and job aids) to increase the duration and scope – ensuring the content covers all roles and responsibilities within the updated HSA job description – and obtain accreditation from the appropriate regulatory body”** (NCHS, 2.3.1)

With this in mind, the MoH, the University of Strathclyde and the Malawi Polytechnic held a 2 day workshop to:

- (a) Explore the way forward on HSA training to support development, and
- (b) Develop a draft Road Map for HSA curriculum review and implementation.

Programme

The 2 day meeting took place at the Blue Waters Hotel in Salima District. To meet the specified objectives, the programme was developed to ensure the interaction and inputs of all participants (Appendix) and provide a cohesive proposed road map for HSA training and delivery development.

Day 1

- Background to the NCHS with specific reference to HSA training including challenges identified during strategy development
- Outline of the draft role clarity findings for HSAs
- Outline of the accreditation processes for the Medical Council of Malawi (MCM)
- Group work to identify:
 - Current challenges faced in HSA training (content and delivery)
 - Possible solutions to current challenges

Day 2

- Summary of findings from Day 1
- Development of the Road Map for HSA Training Review
 - Identification of key outputs
 - Identification of key activities
 - Production of proposed timeline

Methodology

The workshop was formatted to ensure input and interaction from all participants in the road map process. This was achieved through a series of group activities as outlined below.

1. Overview and background

To ensure that all members were up to date and fully informed of progress on HSA activities outlined in the Community Health Strategy, the Community Health Section provided a short presentation on the current needs in relevant HSA training and support. This was then supported by sharing the draft outline of the role clarity exercise which the unit has also undertaken.

In order to ensure the group had a clear understanding of the criteria required for accreditation of courses, and factors for inclusion and consideration, a short presentation was also provided by the Medical Council of Malawi and the Malawi College of Health Sciences.

2. World (Chambo) Café

For the remainder of Day 1, the participants were tasked to work in groups based on a World Café format, whereby they held short period discussions in groups of 4 or 5, which were repeated with alternative group members (3 sessions of 20 minutes each) to achieve cross pollination and ensure a wide range of perspectives were shared (<http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/>). Groups were tasked with two key questions:

(a) What are the challenges facing HSA training at present?

(b) How can these challenges be overcome?

At the end of each discussion, key issues were harvested from the group and consolidated as a group response.

3. Road Map Development

Having consolidated the discussion points of Day 1, groups were then tasked to focus on the specific area of HSA curriculum review and delivery. Each group required to:

- Identify the outputs we need to achieve complete training review
- Determine how will we achieve each of these outputs?
- Suggest in what order these activities should take place?
- Identify the key stakeholders to be involved in each of these activities?
- Suggest the time needed for each of these activities/steps?

The findings from Day 2 were then harvested from each group, and consolidated by the facilitators to form the proposed Road Map outlined in this report.

Summary of Findings

Identification of Challenges

Participants were tasked to work in groups based on a World Café format, whereby they held short period discussions in groups of 4 or 5, which were repeated with alternative group members to achieve cross pollination and ensure a wide range of perspectives were shared. Challenges were discussed and were found to be aligned with 5 thematic areas, although in some cases challenges were relevant to more than one thematic area. Findings are summarised in Table 1.

Table 1: Summary of Challenges Currently Facing HSA Training

Thematic Areas	Specific Challenges
Training delivery	Duration too short for material and responsibilities Recruitment before training means some are not capable MoH not budgeting adequately for HSA training Trainers not trained adequately Clinical and preventive practice do not receive enough time or resources
Training content	Training needs to be more comprehensive and reduce adhoc NGO training No fixed time for curriculum review Outdated and inappropriate content and modules
Training quality	MCM cannot accredit current programme due to duration Unstandardized mentorship at health centres No fixed time for curriculum review Trainers not trained adequately No training institution supervising the centres Trainers are not dedicated to training only (multiple roles)
Training facilities	Expensive to train 1 HSA Clinical and preventive practice do not receive enough time or resources Poor infrastructure in training centres
Competence	Assessment is not competence based Unstandardized mentorship at health centres Lack of consistency on who is trained from the District No selection criteria used for HSA entry

Proposed Solutions

Proposed solutions were discussed in 5 thematic groups, which participants moved around to share their insights and ideas. All proposed solutions were consolidated under each specific thematic group, although there were a number of solutions, which were pertinent to more than one specific area. Nevertheless there was consistency across all participants on the potential solutions available. Proposed solutions to specific challenges are outlined in Table 2.

Figure 1: Group work to determine challenges and possible solutions

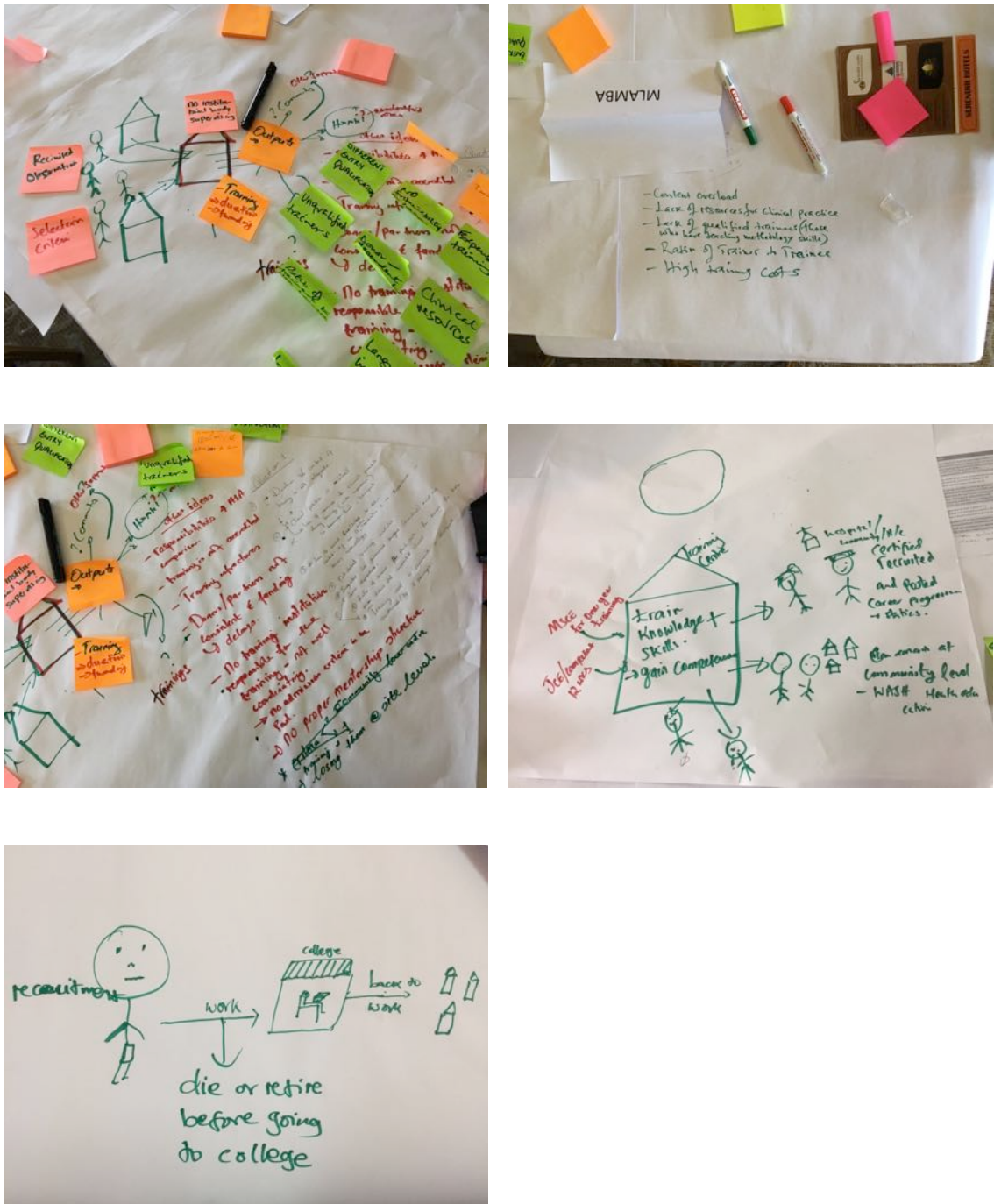


Table 2: Proposed solutions to identified challenges

Thematic area	Challenges	Proposed Solutions
Training delivery	Duration too short for material and responsibilities Recruitment before training means some are not capable MOH not budgeting adequately for HSA training Trainers not trained adequately Clinical and preventive practice do not receive enough time or resources	Extend training to 1 – 1.5 years Qualification before recruitment Integrate training to MoH Other Recurrent Transactions (ORT) budget Resource mapping with donors with appropriate succession planning Trainers to be qualified to teach (pedagogy) QA systems for training delivery Governing institutions for training delivery 30 theory:70 practical for programme implementation Resources in place before training/practical
Training content	Training needs to be more comprehensive and reduce adhoc NGO training No fixed time for curriculum review Outdated and inappropriate content and modules	Increase community attachment (knowledge and mentorship) Must reflect purpose of HSA (role clarity) Must be integrated with training of other cadres to ensure consistency During and after training must be supported by other appropriate cadres Support training institutions on syllabus and curriculum development Curriculum review standardized every 5 years Ensure content includes adequate practical attachment Add emerging issues to curriculum
Training quality	MCM cannot accredit current programme due to duration Unstandardized mentorship at health centres No fixed time for curriculum review Trainers not trained adequately	Move training to accredited institutions, e.g. Malawi College of Health Sciences (MCHS) Agree and enforce proper selection criteria Extend duration – 1 year theory 6 months practical Competence based curriculum – 30% theory 70% practical

Thematic area	Challenges	Proposed Solutions
	<p>No training institution supervising the centres Trainers are not dedicated to training only (multiple roles)</p>	<p>5 year review of curriculum Train mentors to provide standardized approach Mentors to be based in the community for practical attachments Quality improvements in training content and delivery CPD programme for after basic training</p>
Training facilities	<p>Expensive to train 1 HSA Clinical and preventive practice do not receive enough time or resources Poor infrastructure in training centres Trainers lack skills and adequate time for preparation</p>	<p>Understanding needed of the cost of training one HSA Regulatory bodies need to meet and agree who is responsible for HSA certification Agree where training is to take place - consider training in community colleges, existing colleges and universities, MoH centres. Formal trainers to be recruited for HSA training rather than those with other duties Trainers to have appropriate competencies Training centres will need to have adequate facilities and be approved by MCM Maintenance and management of training centres to be formalised in MoH budget</p>
Competence	<p>Assessment is not competence based Unstandardized mentorship at health centres Lack of consistency on who is trained from the District No selection criteria used for HSA entry</p>	<p>Integrated methods used to determine and evaluate competence Train before recruitment Standardized prerequisite qualifications for HSA training Consider Community Midwife Assistant (CMA) model of training Career progression should follow the Assistant Environmental Health Officer (AEHO) route and be focused on preventive health</p>

Key Questions to be Addressed

Group discussions highlighted a number of key issues that require to be resolved prior to curriculum review being undertaken. It is recognised that some of these issues will be informed by the curriculum development process, however initial agreements will be required for effective progress:

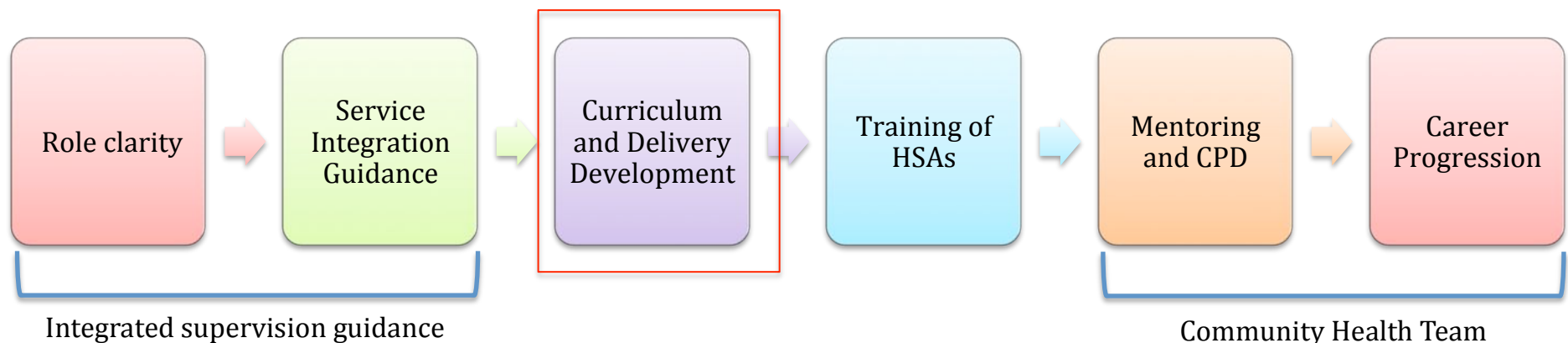
- Qualification
 - What qualification will they graduate with?
 - Who will accredit the qualification
 - What will the qualification mean in terms of career progression
- Where will the training take place?
 - Will the training continue to take place at the MoH training centres or will it be transferred to alternative learning institutions?
 - Will there need to be alternative arrangements for existing HSA re-training and new HSAs?
- In conjunction with the question of institution:
 - Who will train them
 - What capacity will be needed in trainers
 - What capacity will be needed in mentors and supervisors for practicals
 - What facilities will be needed for training
- What are the entry requirements?
- Will the system change to recruitment of suitably qualified personnel?
 - Move away from current recruit then train practice
 - Implications on the desire to have people from the specific communities they work in
 - Lessons to be learned from CMAs
- What are the cost and budgetary implications?
 - Training of existing HSAs
 - Should new HSAs be recruited from a self sponsored population of qualified personnel?
- How will the curriculum be developed?
 - Who will work on specific modules?
 - Who will approve content?

Integration of HSA Curriculum Review with other HSA Related Activities

Day two was focussed on the specific needs of the HSA curriculum development, including the method of delivery. Nevertheless, it was important for participants to understand where this activity lies in the other supporting work being undertaken by the Community Health Section. This was to allow a more focussed approach to the curriculum review, with an understanding that some of the parallel and complimentary issues are being addressed elsewhere. The outline of these are depicted in Figure 2, and the Community Health Unit indicated that they are currently working on:

- Role clarity
- Service integration guidance
- Integrated supervision guidance
- Community health team guidance

Figure 2: Outline of where HSA curriculum development fits within other timelines and activities



Development of Draft Road Map

Four groups worked on 5 key questions to develop a draft road map for the review and development of the HSA training programme.

- What outputs do we need to achieve?
- What are the activities needed to achieve these outputs?
- In what order should these activities take place?
- Which stakeholders should be involved in these activities?
- What time period should be attached to these activities?

Each group produced a draft road map which were presented to the larger group and a consensus reached on the main activities required to take place, and key questions which need to be resolved before and during review and development of the training programme. This consolidated Road Map is outlined in Figure 4.

Proposed Stakeholders

Although not an exhaustive list the following categories and specific stakeholders were proposed:

Category	Specific
Ministry of Health	<ul style="list-style-type: none"> • Clinical <ul style="list-style-type: none"> - Nursing - Nutrition - HIV/AIDS • Preventive Health <ul style="list-style-type: none"> - Community Health - Environmental Health - Epidemiology - Health Education • Planning • Human Resources • District <ul style="list-style-type: none"> - District Environmental Health representatives - District Nursing representatives - District Health Officer representatives
Other Ministries	<ul style="list-style-type: none"> • Ministry of Agriculture, Irrigation and Water Development <ul style="list-style-type: none"> - Department of Water Supply - Department Of Veterinary Services • Local Government •
Regulatory bodies	Nursing and Midwife Council of Malawi Medical Council of Malawi Pharmacy, Medicines and Poisons Board Malawi National Council for Higher Education Malawi Environmental Health Association

Category	Specific
Academic institutions	Christian Health Association of Malawi (CHAM) Malawi College of Health Sciences University of Malawi - Kamuzu College of Nursing University of Malawi - College of Medicine University of Malawi - The Polytechnic University of Strathclyde University of St Andrews
NGOs	Management Sciences for Health (ONSE) Village Reach Millennium promise World Vision Red Cross Family Health International Clinton Health Access Initiative Save the Children United Purpose Population Services International Malawi
Donors	USAID Irish Aid Dfid
Multilateral organisations	UNFPA UNICEF WHO

Figure 3: Road Map Development



Proposed Road Map

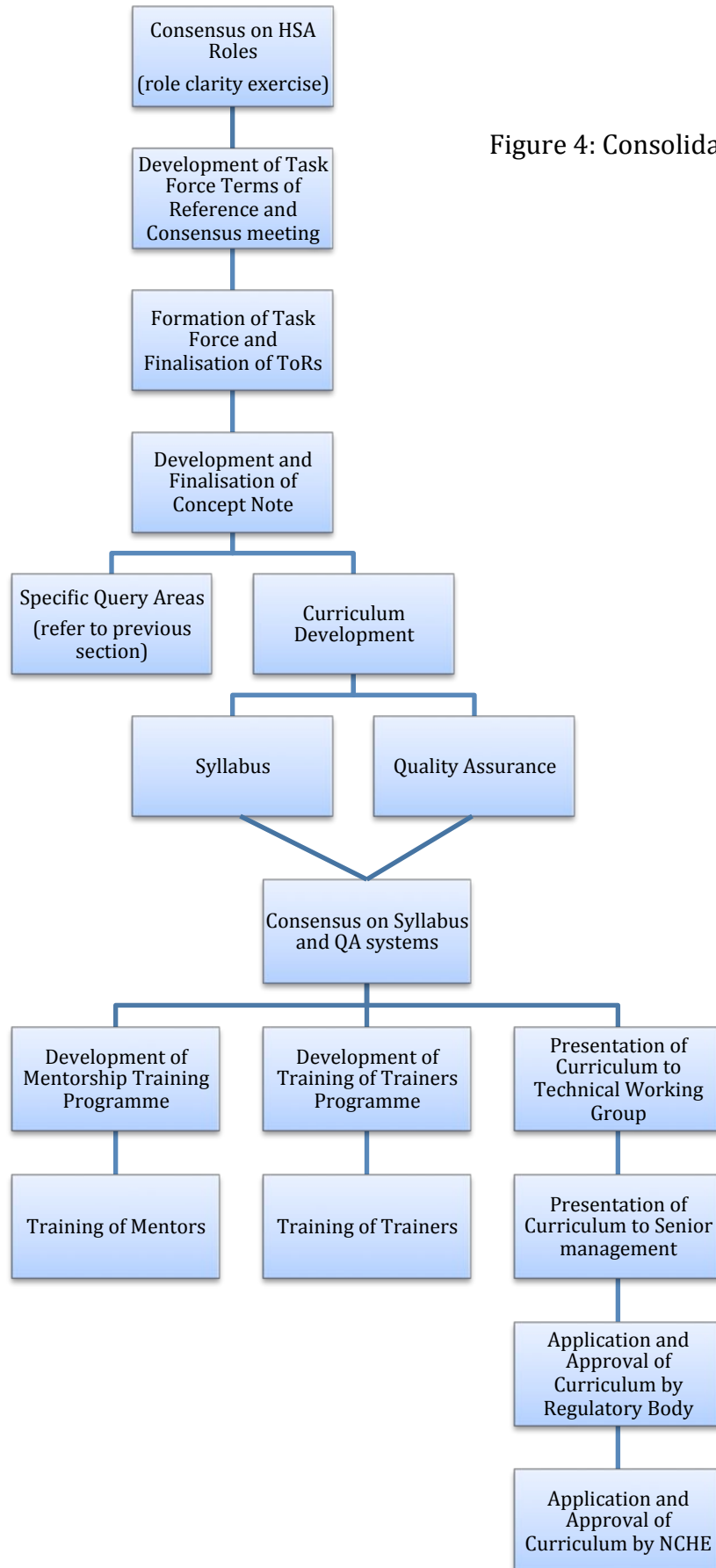


Figure 4: Consolidated Road Map

First Steps

As outlined in the Road Map , and agreed by all participants, the next steps are proposed as follows:

1. Consensus building with the Ministry of Health on the roles of HSAs

This activity is already underway with the Ministry of Health Community Health Section. It is anticipated that these should be finalised through a range of dialogues by November 2017

2. Development of Task Force

The development of the HSA training programme will need to be led by a well defined Task Force. It was proposed that the following steps be taken:

- Propose members and develop draft Terms of Reference (ToRs)
- Circulate proposed members and ToRs for comments
- Finalise Task Force team
- Finalise Task Force ToRs
- Development of Concept Note
- Concept note approved by Technical Working Group
- Delivery of activities in concept note.

The Task Force should be developed by November 2017

Appendix 1: List of Participants

	Name	Organisation	Position	Email
1	Doreen Namagetsi Ali	Ministry of Health – Community Health	Deputy Director Preventive Health Services	alidoreen@yahoo.com
2	Matthew Ramirez	Ministry of Health - Community Health	Management Partner	matthew.ramirezwampforhealth.org
3	Elizabeth Chingayipe	Ministry of Health - Community Health	Chief Preventive Officer – Community Health	elizchingayipe@yahoo.co.uk
4	Janet Guta	Ministry of Health - Nutrition	Deputy Director Clinical Services (Nutrition)	janet.guta@gmail.com
5	Hendrick Mgodie	Ministry of Health - EH	Environmental Health Officer	
6	Emily Chirwa	Ministry of Health - Planning	ADDPD	emilyzitazool@gmail.com
7	Twambilire Phiri	Ministry of Health - RHD	Chief Reproductive Health Officer	twambilirephiri@yahoo.co.uk
8	Patrick Boko	Ministry of Health – HRD	Principal HRD Officer	pensecond@gmail.com
9	Esther Lipita	Malawi College of Health Sciences	Lecturer	esilipita@gmail.com
10	Chifundo Makwakwa	PSI - Malawi	SD Manager	cmakwakwa@psimalawi.org
11	Rodney Masese	Kamuzu College of Nursing	Lecturer	emasese@kcn.unima.mw
12	Dalitso Midiani	Ministry of Health – HIV & AIDS Dept.	PMCT/EID Officer	dalomidiani@gmail.com
13	Florence Mbendela	Family Health International - FANTA	NTA	fmbendela@fhi360.org
14	Pamela Gunda	FHI360 - FANTA	Senior Medical Officer - Nutrition	pgunda@fhi360.org
15	Isaac Dambula	Ministry of Health – M&E Division	Deputy Director	idambula@yahoo.co.uk
16	Michael Udedi	Ministry of Health – Clinical Services	Assistant Director - NCDs	mphatsoudedi@yahoo.co.uk
17	Ajib Phiri	COM/Paediatric Association	Lecturer - Paediatrician/Vice President	phiria@medcol.mw
18	Amanda Manjolo	MSH - ONSE	Capacity Building Advisor	amanjolo@msh.org
19	Noel Kalanga	College of Medicine (COM)	Lecturer	nkalanga@medcol.mw
20	Steven Chipala	Ministry of Health	Environmental Health Officer	stevegidon@gmail.com
21	Samuel Gamah	Ministry of Health – Community Health	M&E and ICT Officer	sgamah@gmail.com
22	Mwachumu Chipala	Medical Council of Malawi	Inspections Officer	mwachumu@gmail.com
23	Lucy Mkutumula	Ministry of Health – Nursing Midwifery	Deputy Director – Nursing Midwifery Services	lucymkutumula@gmail.com
24	Precious Phiri	Ministry of Health – Community Health	Principal Environmental Health Officer	phiriwilliamprecious@yahoo.com
25	Tracy Morse	University of Strathclyde/WASHTED	Research Fellow	tracy.thomson@strath.ac.uk
26	Tara K. Beattie	University of Strathclyde	Lecturer	t.k.beattie@strath.ac.uk
27	Save Kumwenda	Polytechnic, WASHTED	Senior Lecturer/Research Fellow	skumwenda@poly.ac.mw
28	Kingsley Lungu	Polytechnic, WASHTED	Senior Lecturer/Research Fellow	klungu@poly.ac.mw

Appendix 2: Presentations from Workshop



Community Health Overview

Community Health
Ministry of Health
23 August, 2017

Malawi Ministry of Health

What is community health in Malawi?

Provision of basic health services in rural and urban communities with the participation of people who live there

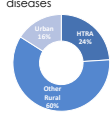
- Community health system is an integral part of the health system and plays a key role across promotion, prevention, and curative services across the country

Malawi Ministry of Health

How important is community health in Malawi?


Demographics

- +84% rural with +24% in hard to reach areas (>5km to HF)
- +50% of DALYs from HIV/AIDS, LRIs, malaria, diarrheal diseases




CHWs

- MoH employs cadre of full-time CHWs of HSAs and SHSAs
- HSAs/SHSAs make up over 50% of health workers in MOH



CH System

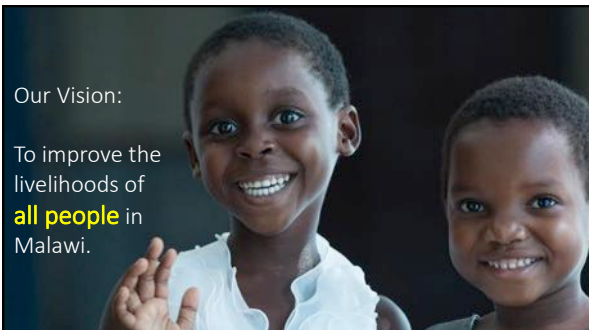
NCHS goes beyond CHWs and addresses building blocks of CH system



Ministry of Health

What is the Vision and mission of CHS?

Malawi Ministry of Health



Our Vision:

To improve the livelihoods of **all people** in Malawi.

Our Mission

To ensure quality, integrated community health services are affordable, culturally acceptable, scientifically appropriate, and accessible to **every household** through community participation to promote health and contribute to the socio-economic status of people in Malawi.

Malawi Ministry of Health

What is the Impact of HSA curriculum Review On CHS?

Thematic 1: Service Delivery

Challenges


- Limited integration of community health services at the point of care,
- Lack of clarity on roles

Strategic recommendations:

- Fully integrate community health services at the point of care
- Build Community Health Teams.

Deliver the Essential Health Package at community level through integrated services provided by CHWs in Community Health Teams.

- Increase integration of community health services at the point of care



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What is the Impact of HSA curriculum Review On CHS?

Thematic 2: Human Resource

Challenges


- Sub-optimal performance of CHWs
- Lack of incentives and clear career paths for CHWs

Strategic recommendations:

- Develop and roll out an integrated, government-led training programme for all CHWs in the CHT

Build a sufficient, equitably distributed, well-trained community health workforce.

- Provide high-quality, integrated pre-service and in-service training to all CHWs



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What is the Impact of HSA curriculum Review On CHS?

Thematic 3: ITC

Challenges


- Lack of integrated data collection tools and systems,
- Inaccessibility of data at the community level.

Strategic recommendations:

- Provide sufficient training for HSAs, their supervisors, and CHVs on data and ICT

Promote a harmonised community health information system with a multi-directional flow of data and knowledge.

- Build CHW and community capacity in data management.





Malawi Ministry of Health 9



With high quality HSA's curriculum and training, we can all contribute to improved livelihoods for all people in Malawi

What are considerations in line with NCHS?



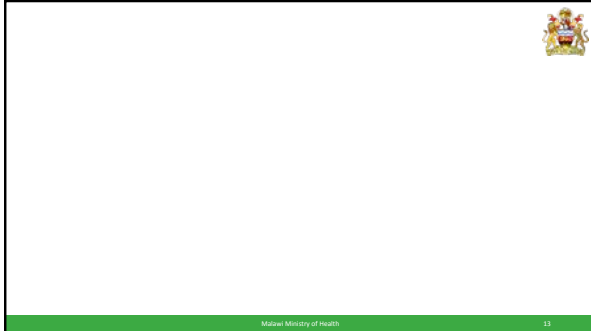


Malawi Ministry of Health 11

Key considerations for HSA Training Curriculum

Training Curriculum Today	Key Considerations
<ul style="list-style-type: none"> 12 Week Training Covers over 20 topics Each week covers different program Each week includes an assessment quiz Practical sessions are included Meant to be done 12 weeks straight Conducted with classroom Not approved by Medical council 	<ul style="list-style-type: none"> Service delivery not integrated today Lack of clarity on roles Too many tasks Significant variance on what HSAs are trained on, HSAs called to many different trainings HSAs spending too much time in health centers and outside their catchment area HSAs providing clinical services HSAs not sufficiently or consistently engaging with communities Issues with data quality and village health register not in use


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Feedback on recent HSA pre-service trainings

- Delay in allowance disbursements
- Delay in payment to suppliers
- Little amount of allowance given per day
- Inadequate and late supply of stationery during HSA trainings
- Late payment to suppliers
- Cost of meals and accommodation affected by 20% surtax
- Halls not paid for entire period
- Administration fuel not allocated.
- Untimely supply of practical materials
- Some HSAs who attended 8 weeks training were old and about to retire but were still proposed for ICCM implementation

Ministry of Health 24



HSA Curriculum, Review And Development

Wednesday 23rd Programme

- 9:00 Opening Prayer and Introductions
- 9:05 Welcome from Deputy Director for Community Health
- 9:15 Background presentations from Ministry of Health
- 10:15 Tea Break
- 10:45 Group Session Introduction
- 11:00 Group session 1
- 12:30 Lunch
- 14:00 Group session 2
- 15:00 Tea break
- 15:30 Group Session 3
- 17:00 Close for Day 1



Welcome to the Chambo Café

HSA training





Objective of two days

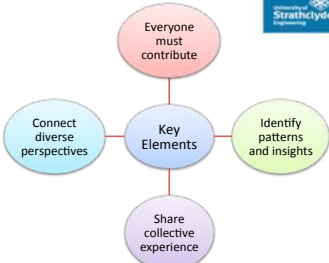

- To identify and discuss the way forward for HSA training and competence in Malawi to support HSSP II and Community Health Strategy







Café Format

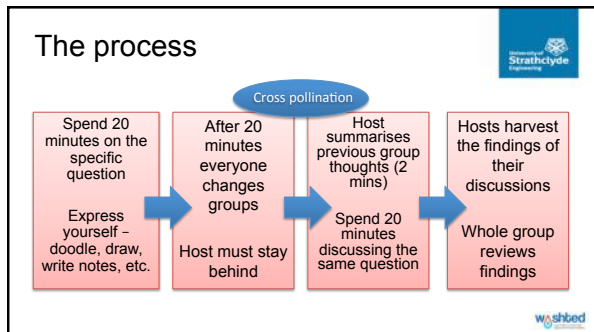
- To help participants have collaborative dialogue, engage actively with each other and create constructive possibilities for action.

The process

- Work in conversation clusters
- No more than 5 people per table
- Identify a host

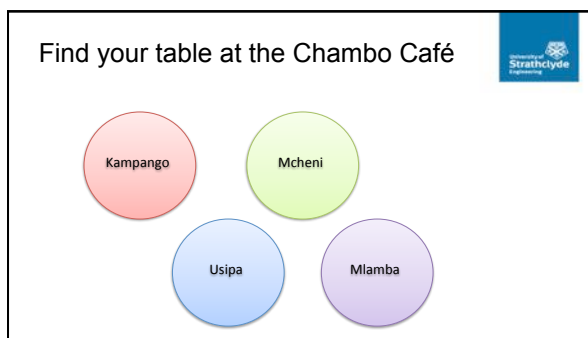


Café Etiquette

- Focus on what really matters
- Contribute your ideas & thinking
- Speak your mind and heart with humility
- Listen to understand
- Connect your ideas with others
- Play, doodle and draw – use your tablecloths to full effect
- Have fun!

Role of the Table Hosts

- Remain at the table when others leave and welcome newcomers from other tables for the next round of conversation.
- Briefly share key insights from the prior conversation so others can link and build using ideas from their respective tables. But please be brief (max 2 mins) so the conversation can start.
- Encourage people at your table to draw on the tables - ideas, discoveries, and deeper questions as they emerge.
- A person should only host for one question



Chambo Café

- 2 questions to address for the rest of today
- 1.5 hours allocated to each question
- These will help focus discussions for Day 2

Question 1

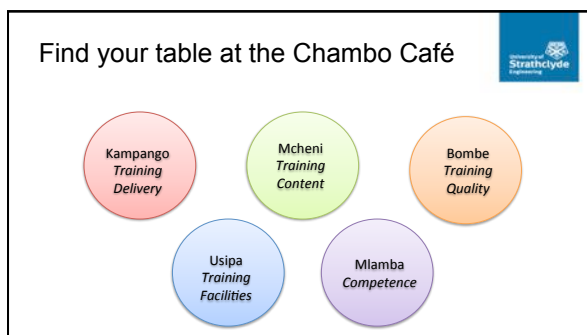
- What are the challenges facing HSA training at present?
 - Try to identify at least 3 key challenges and be as specific as possible
 - Remember to focus on training only



THEMES	Specific Issues
Training delivery	Duration too short for material and responsibilities (n=12) Recruitment before training means some are not capable (n=1) MOH not budgeting adequately for HSA training (n=3) Trainers not trained adequately (n=9) Clinical and preventive practice do not receive enough time or resources (n=3)
Training content	Training needs to be more comprehensive and reduce ad hoc NGO training (n=2) No fixed time for curriculum review (n=4) Outdated content and modules (n=2)
Training quality	MCM cannot accredit current programme due to duration (n=5) Unstandardized mentorship at health centres (n=3) No fixed time for curriculum review (n=4) Trainers not trained adequately (n=9) No training institution supervising the centres (n=10) Trainers are not dedicated to training only (multiple roles) (n=2)
Training facilities	Expensive to train 1 HSA (n=0) Clinical and preventive practice do not receive enough time or resources (n=3) Poor infrastructure in training centres (n=4)
Competence	Assessment is not competence based (n=5) Unstandardized mentorship at health centres (n=3) Lack of consistency on who is trained from the District (n=4) No selection criteria used for HSA entry (n=5)

Question 2

- How can these challenges be overcome?
 - Training delivery
 - Training content
 - Training quality
 - Training facilities
 - Competence



Development of HSA training programme

Programme for Day 2

- 08:30 Summary of Day 1
- 09:00 Exercise 1 – Key stages of training programme development
- 10:00 Tea break
- 10:30 Exercise 2 – Key stakeholders
- 11:30 Exercise 3 - Duration of process stages
- 12:30 Lunch
- 1:30 Consolidation and agreement of Road map
- 3:30 Closing remarks

Training delivery

Specific Issues	Proposed solutions
<ul style="list-style-type: none"> • Duration too short for material and responsibilities (n=12) • Recruitment before training means some are not capable (n=1) • MOH not budgeting adequately for HSA training (n=3) • Trainers not trained adequately (n=9) • Clinical and preventive practice do not receive enough time or resources (n=3) 	<ul style="list-style-type: none"> • Extend training to 1 – 1.5 years • Qualification before recruitment • Integrate training to MoH OMT budget • Resource mapping with donors with appropriate succession planning • Trainers to be qualified to teach (pedagogy) • QA systems for training delivery • Governing institutions • 30 theory:70 practical • Resources in place before training/practical

Training content

Specific Issues	Proposed solutions
<ul style="list-style-type: none"> • Training needs to be more comprehensive and reduce ad hoc NGO training (n=2) • No fixed time for curriculum review (n=4) • Outdated content and modules (n=2) • Content in some areas is confused and unsuitable for HSAs 	<ul style="list-style-type: none"> • Increase community attachment (knowledge and mentorship) • Reflect purpose of HSA (role clarity) • Be supported by other appropriate cadres • Support training institutions on syllabus and curriculum development • Curriculum review standardized every 5 years • Need for adequate practical attachment • Add emerging issues to curriculum

Training Quality

Specific Issues	Proposed solutions
<ul style="list-style-type: none"> • MCM cannot accredit current programme due to duration (n=5) • Unstandardized mentorship at health centres (n=3) • No fixed time for curriculum review (n=4) • Trainers not trained adequately (n=9) • No training institution supervising the centres (n=10) • Trainers are not dedicated to training only (multiple roles) (n=2) 	<ul style="list-style-type: none"> • Move training to accredited institutions • Proper selection criteria • Extend duration – 1 year theory 6 months practical • Competence based curriculum – 30% theory 70% practical • 5 year review of curriculum • Train mentors to provide standardized approach • Mentors to be based in the community • Quality improvements in training content and delivery • CPD programme for after basic training

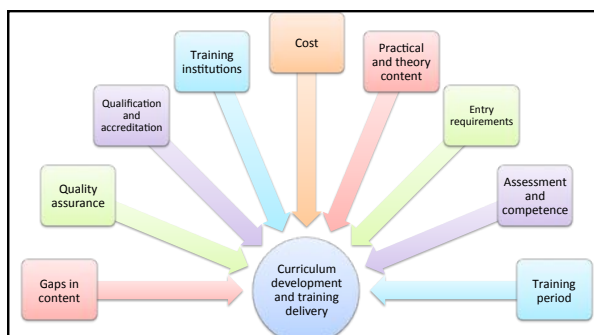
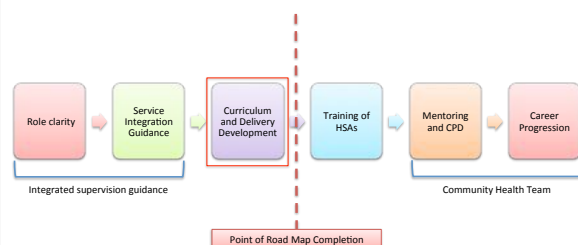
Training Facilities

Specific Issues	Proposed solutions
<ul style="list-style-type: none"> • Expensive to train 1 HSA (n=0) • Clinical and preventive practice do not receive enough time or resources (n=3) • Poor infrastructure in training centres (n=4) 	<ul style="list-style-type: none"> • Understanding needed of the cost of training one HSA • Regulatory bodies need to meet and agree who is responsible for HSA certification • Consider training in community colleges • Formal trainers to be recruited for HSA training rather than those with other duties • Trainers to have appropriate competencies • Training centres will need to have adequate facilities and be approved by MCM • Maintenance and management of training centres to be formalised in MoH budget

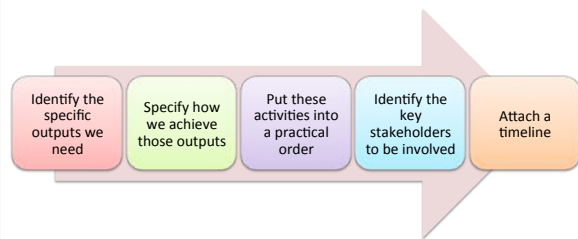
Competence

Specific Issues	Proposed solutions
<ul style="list-style-type: none"> Assessment is not competence based (n=5) Unstandardized mentorship at health centres (n=3) Lack of consistency on who is trained from the District (n=4) No selection criteria used for HSA entry (n=5) 	<ul style="list-style-type: none"> Integrated methods used to determine and evaluate competence Train before recruitment Standardized prerequisite qualifications for HSA training Consider CMA model of training Career progression should follow the AEHO route and be focused on preventive health

How does all this fit in the planned CH activities



How do we turn this into a practical and realistic road map?



Activity 1

- Identify the outputs we need to achieve complete training review
- How will we achieve each of these outputs?
- In what order should these activities take place?

Activity 2

- Who are the key stakeholders to be involved in each of these activities?

Activity 3

- What is the time needed for each of these activities/steps?

MEDICAL COUNCIL OF MALAWI

INTRODUCTION

INTRODUCTION

- ▶ Medical Council of Malawi is a sub-vented parastatal Institution established by an Act of Parliament, the Medical Practitioners and Dentists Act 1987, Chapter 36:01 of the Laws of Malawi.
- ▶ Council started its operations in May 1988.

MANDATE

- ▶ Registration and disciplining of Medical Practitioners, Dentists, and Allied Health Professionals
- ▶ Inspection and licensing of all health facilities in Malawi
- ▶ Regulating the Medical Profession and Training

MISSION STATEMENT

- ▶ To protect the general public and registrable medical, dental and allied health professionals and guide the medical profession

GOVERNANCE STRUCTURES

- ▶ Medical Council of Malawi carries out its mandate and responsibilities through the Council or Board.
- ▶ It has a secretariat headed by the Registrar He/She is assisted by two Assistant Registrars:
 - ▶ Assistant Registrar-Professional practice
 - ▶ Assistant Registrar-Finance and administration

Committees of the Council

- ▶ Finance and Establishment
- ▶ Inspectorate and Registration
- ▶ Education and Training
- ▶ Adhoc committee (handles disciplinary issues)

WHY WAS MEDICAL COUNCIL FORMED?

- ▶ Medical profession is a highly regulated profession because it deals with the most valuable asset—life. Therefore, only those who are qualified and allowed by law should practise it.
- ▶ The Medical Practitioners and Dentists Act was put in place to protect the public from unscrupulous practitioners.

WHY REGISTER?

- ▶ It is a legal requirement
- ▶ Registration gives practitioners freedom and authority to examine and treat patients
- ▶ Registration allows a practitioner to charge medical fees if one is in private practice or self employed
- ▶ Registration gives medical practitioners authority to issue medical reports, death certificates, and sick leave notification

WHY REGISTER?

- ▶ Registration protects the practitioner from legal suits for wrong doing in the course of his/her duties where the cause of such mishap is beyond the practitioners control
- ▶ Registration certificate is a gateway to further studies and formal employment abroad.

FUNCTIONS OF THE COUNCIL

- ▶ To assist in the promotion and improvement of the health of the population
- ▶ To control and exercise authority affecting the training of persons in, and the performance of the practices pursued in connexion with diagnosis, treatment or prevention of physical or mental deficiencies in human beings.

FUNCTIONS OF THE COUNCIL cont..

- ▶ To exercise disciplinary control over the professional conduct of all persons registered under this act and practising in Malawi.
- ▶ To promote liason and standards in the field of medical training in Malawi or elsewhere
- ▶ To advise the Minister on any matter falling within the scope of this act
- ▶ To communicate to the Minister any information acquired by the Council relating to matters of public health

POWERS OF THE COUNCIL

- ▶ To remove any name from any register or, subject to such conditions as the council may impose, restore it thereto
- ▶ To approve of institutions in Malawi for the training of medical and related personnel
- ▶ To recognize any qualification held by the applicant for registration
- ▶ To perform such functions as may be prescribed or assigned to the council by the Minister

CURRICULUM REVIEW AND DEVELOPMENT GUIDELINES


- Development of curriculum MCM should be involved
- Review of curriculum there is no need to invite Medical Council of Malawi
- Follow MCM template during development and review

STEPS FOR DEVELOPMENT



1. Concept paper
2. Call stake holders- give recommendations
3. If syllabus is not available it should be developed before curriculum is approved by MCM
4. Duration of the course should not be less than 1 year

END

▶ THANK YOU



HSA Curriculum, Review And Development

Wednesday 23rd Programme

- 9:00 Opening Prayer and Introductions
- 9:05 Welcome from Deputy Director for Community Health
- 9:15 Background presentations from Ministry of Health
- 10:15 Tea Break
- 10:45 Group Session Introduction
- 11:00 Group session 1
- 12:30 Lunch
- 14:00 Group session 2
- 15:00 Tea break
- 15:30 Group Session 3
- 17:00 Close for Day 1



Welcome to the Chambo Café

HSA training





Objective of two days

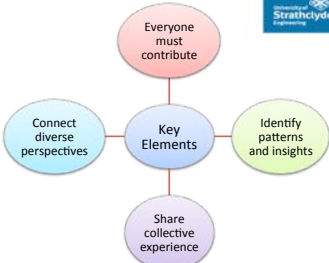

- To identify and discuss the way forward for HSA training and competence in Malawi to support HSSP II and Community Health Strategy







Café Format

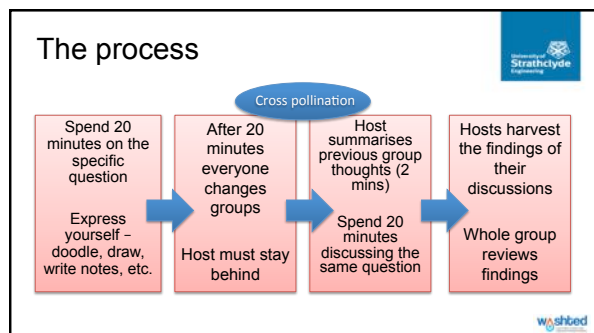
- To help participants have collaborative dialogue, engage actively with each other and create constructive possibilities for action.

The process

- Work in conversation clusters
- No more than 5 people per table
- Identify a host



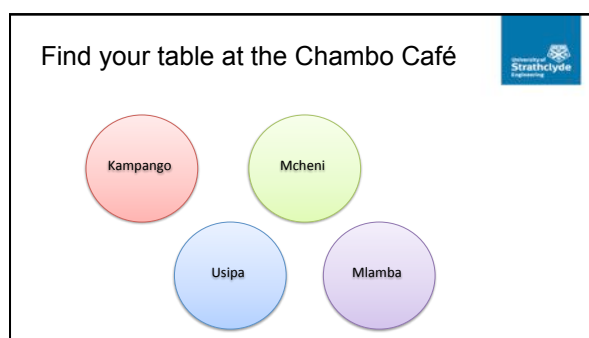
Café Etiquette

- Focus on what really matters
- Contribute your ideas & thinking
- Speak your mind and heart with humility
- Listen to understand
- Connect your ideas with others
- Play, doodle and draw – use your tablecloths to full effect
- Have fun!

Strathclyde Engineering

washbed

- ### Role of the Table Hosts
- Remain at the table when others leave and welcome newcomers from other tables for the next round of conversation.
 - Briefly share key insights from the prior conversation so others can link and build using ideas from their respective tables. But please be brief (max 2 mins) so the conversation can start.
 - Encourage people at your table to draw on the tables - ideas, discoveries, and deeper questions as they emerge.
 - A person should only host for one question
- Strathclyde Engineering
- washbed



- ### Chambo Café
- 2 questions to address for the rest of today
 - 1.5 hours allocated to each question
 - These will help focus discussions for Day 2
-
- Strathclyde Engineering
- washbed

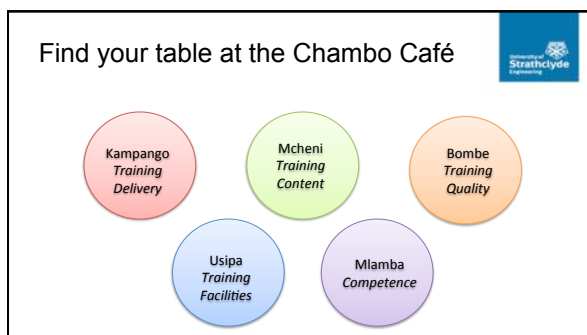
- ### Question 1
- What are the challenges facing HSA training at present?
 - Try to identify at least 3 key challenges and be as specific as possible
 - Remember to focus on training only
- Strathclyde Engineering
- washbed



THEMES	Specific Issues
Training delivery	Duration too short for material and responsibilities (n=12) Recruitment before training means some are not capable (n=1) MOH not budgeting adequately for HSA training (n=3) Trainers not trained adequately (n=9) Clinical and preventive practice do not receive enough time or resources (n=3)
Training content	Training needs to be more comprehensive and reduce ad hoc NGO training (n=2) No fixed time for curriculum review (n=4) Outdated content and modules (n=2)
Training quality	MCM cannot accredit current programme due to duration (n=5) Unstandardized mentorship at health centres (n=3) No fixed time for curriculum review (n=4) Trainers not trained adequately (n=9) No training institution supervising the centres (n=10) Trainers are not dedicated to training only (multiple roles) (n=2)
Training facilities	Expensive to train 1 HSA (n=0) Clinical and preventive practice do not receive enough time or resources (n=3) Poor infrastructure in training centres (n=4)
Competence	Assessment is not competence based (n=5) Unstandardized mentorship at health centres (n=3) Lack of consistency on who is trained from the District (n=4) No selection criteria used for HSA entry (n=5)

Question 2

- How can these challenges be overcome?
 - Training delivery
 - Training content
 - Training quality
 - Training facilities
 - Competence



Development of HSA training programme

Programme for Day 2

- 08:30 Summary of Day 1
- 09:00 Exercise 1 – Key stages of training programme development
- 10:00 Tea break
- 10:30 Exercise 2 – Key stakeholders
- 11:30 Exercise 3 - Duration of process stages
- 12:30 Lunch
- 1:30 Consolidation and agreement of Road map
- 3:30 Closing remarks

Training delivery

Specific Issues	Proposed solutions
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Training content

Specific Issues	Proposed solutions
<ul style="list-style-type: none"> • Training needs to be more comprehensive and reduce ad hoc NGO training (n=2) • No fixed time for curriculum review (n=4) • Outdated content and modules (n=2) • Content in some areas is confused and unsuitable for HSAs 	<ul style="list-style-type: none"> • Increase community attachment (knowledge and mentorship) • Reflect purpose of HSA (role clarity) • Be supported by other appropriate cadres • Support training institutions on syllabus and curriculum development • Curriculum review standardized every 5 years • Need for adequate practical attachment • Add emerging issues to curriculum

Training Quality

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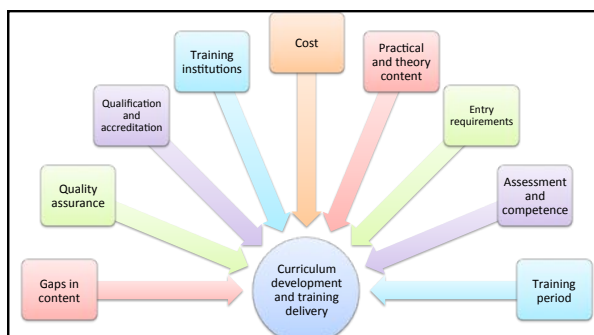
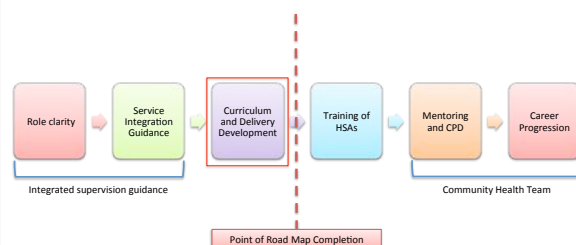
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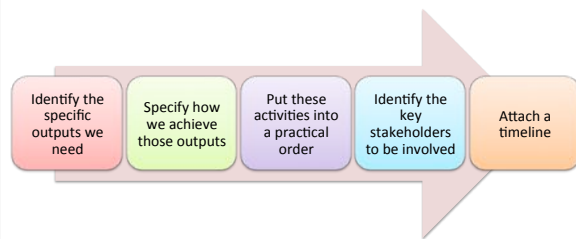
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