Improving access to quality healthcare for rural communities

On Call Africa Strategy

2022-2026
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Acronyms

Community Based Volunteer                                   CBV
District Health Office                                      DHO
Health Centre Committee                                     HCC
Healthcare Facility                                         HCF
Health System Strengthening                                 HSS
Ministry of Health                                          MoH
Monitoring, Evaluation, Accountability and Learning         MEAL
Neighbourhood Health Committee                              NHC
Rural Healthcare Facility                                   RHCF
Universal Health Coverage                                   UHC
Water, Sanitation and Hygiene                               WASH
World Health Organisation                                   WHO
Our vision
A world where all rural communities have access to quality healthcare as close to the home as possible.

Our mission
To improve health outcomes for marginalised rural communities in Zambia by improving access to quality healthcare.

Who We Are
On Call Africa was established in 2010 by a group of doctors and international development experts to address poor access to quality healthcare in remote rural Zambia, and work towards Universal Health Coverage. The organisation continues to be led by a skilled board of trustees in the UK, with support from a growing team of staff and volunteers both in the UK and Zambia. As an organisation we strive to support the achievement of national strategic objectives, while ensuring that we listen to, and are responsive to the communities that we support. We are a learning organisation that openly shares findings to influence policy and practice in Zambia, and to expand our reach globally.

Our Values
Our values define who we are, what we do, and how we do it:

**Inclusive:** We aim to make our services accessible for all and put measures in place to promote access to health services for those who are often excluded. We embrace diversity and promote inclusive decision making.

**Collaboration:** We work in partnership with Ministry of Health (MoH), communities, health facilities and like-minded partners to maximise impact and share learning.

**Honest:** We candidly share our resources and our learning regardless of outcomes to ensure that others can learn from what has and has not worked.

**Ambitious:** We work hard to continuously improve the quality of our work, and to improve health outcomes for rural communities. Our work continues to evolve as we strive for excellence in everything that we do.
Why We Are Needed

Around the world in low- and middle-income countries, more than 15 million people die each year from otherwise preventable causes.¹

Health worker density in rural Zambia is 12.2 to 10,000 people, compared with 22.8 minimum target set by WHO for universal health coverage.²

In 2014, 46% of rural households in Zambia still lived outside a radius of 5km from a health facility, compared to only 1% for the urban households.³

Neo-natal mortality ratio in Zambia is 27 per 1,000 live births. SDG 2030 target is a Neo-natal mortality rate no higher than 12 per 1,000 live births.²

Maternal mortality ratio in Zambia is 278 per 100,000 live births. SDG 2030 target is a maternal mortality ratio of lower than 70 per 100,000 live births.²

Universal Health Coverage is a global priority, with at least half of the global population not accessing the health services they require. Poor access to quality healthcare is a particular challenge in Zambia. A large and geographically dispersed population means that Zambians living in rural areas must travel long distances to access medical care. Poor roads and a long rainy season make these few facilities even harder to reach, a problem exacerbated by high poverty levels, limited health literacy and access to amenities promoting health.

Many rural health services are delivered by low skilled Community-Based Volunteers (CBVs) who do not currently operate within a legal framework or benefit from standardised supervision, training, incentives, or transport. Rural Healthcare Facilities (RHCFs) are often under resourced and ill equipped to deliver services and high-quality care. The Ministry of Health have limited funding due to the country’s high debt ratio, and they lack evidence of which interventions would most effectively address rural health system challenges.
Zambia was selected as the initial location for our work due to the low ratio of doctors to people and the dispersed nature of rural populations making access to healthcare particularly challenging. Zambia was also selected because there was clear political will to engage in health system strengthening in partnership with On Call Africa, and a safe and stable political environment for us to operate within.

On Call Africa have identified Southern and Western Province as our target regions for implementation in Zambia due to the complex challenges they face in accessing even basic healthcare. Southern Province has only one doctor per 16,000 people and facilities in Western Province suffer from extremely poor infrastructure.

From our headquarters in Livingstone, and our office in Sesheke, On Call Africa work in Southern Province and Western Province. We use learning from our work in these demanding contexts to influence national policies and practices in hard-to-reach rural settings.

Where We Work

Southern and Western Province, Zambia
Our 5 year strategy

Strategic goals

1. Improve access to, and quality of healthcare at rural healthcare facilities

2. Strengthen community health programmes in Zambia

3. Influence policy and practice at all levels of the Zambian rural health system

4. Expand our reach
1. Improve access to, and quality of healthcare at rural healthcare facilities

Why is this needed?

In 2014, 46% of rural households in Zambia still lived outside a radius of 5km from a health facility (the national MoH target), compared to only 1% for the urban households. In the communities that we target, households can be as far as 40km from the nearest HCF, a significant challenge exacerbated by poor roads and limited transport.

For those that can access HCFs in rural communities, challenges remain. Health worker density in rural Zambia is 12.2 to 10,000 people, compared with the 22.8 minimum target set by WHO for universal health coverage. Health workers that do operate, do so in rural health facilities lacking the infrastructure and equipment needed to provide basic health services to the communities they serve.

The Community Health Unit, within MoH, was established in Zambia in 2018, with an ambitious strategy to improve access to quality primary care at community level. However, they lack the funding, staffing and resources to deliver their strategy alone.

Aim

To support the MoH to develop, test and scale effective programmes that promote access to, and/or, quality of healthcare in remote rural communities in Zambia.

How We Will Accomplish This

1.1 Develop and test innovative programmes to strengthen rural health systems and improve quality of care at facility and community level

- Develop model rural health systems with partners and MoH.
- Identify and test innovative programmes to improve health system functioning, such as digital health, health promotion that utilises play, solar power, accessibility, health worker training, palliative care guidelines, WASH, infrastructure, outreach kits etc.

1.2 Scale interventions that effectively improve access to, and quality of healthcare at rural facilities

- Scale interventions where On Call Africa have demonstrated high impact
- Work in partnership to scale up interventions developed by others, which have a strong evidence base in similar contexts, such as WASH in RHCFs
- Build capacity of health facility and MoH staff to deliver and maintain interventions.

1.3 Share learning to promote adoption of effective interventions by MoH

- Peer reviewed papers and external evaluations
- Learning events and advocacy
2. Strengthen community health programmes in Zambia

Why is this needed?
Community Based Volunteers form a vital part of the health workforce in Zambia, providing a low-cost solution to the national health worker shortage. However, this is currently a deeply fragmented and incohesive system, with approximately fifteen cadres of volunteers working in different vertical programmes. The training for each of these groups of CBVs differs in content, length, and intensity. Selection criteria are not always clearly stipulated, and there are no standard guidelines for incentives or working hours for volunteers, which differ depending on the funder, implementing partner and districts in which the work is implemented.

Community structures are in place to supervise CBVs, provide community health services, and to hold government accountable for the delivery of services. However, these structures are not well supported and there is no formalised training to ensure the CBVs work effectively.

Aim
To support the Ministry of Health to develop high quality, and highly functioning standardised community led health programmes that improve access to quality healthcare for rural communities.

How We Will Accomplish This

2.1 Strengthen national Community Based Volunteer programmes
- Develop and pilot national standardised CBV packages in partnership with Ministry of Health. Packages to include: supervision, training, incentives, and transport solutions.
- Support the enhancement and piloting of digital health tools at community level to further support CBVs with their roles.
- Build capacity of CBVs to effectively deliver successful innovations, such as health promotion through play or effective rural transport solutions.

2.2 Strengthen community structures that operate within the health system
- Pilot interventions to strengthen or adapt existing community structures such as NHCs and HCCs.

2.3 Build MoH capacity to deliver community health programmes
- Deliver training to MoH representatives to ensure effective supervision, training, and support of CBVs and community structures.
- Ensure programmes are embedded in MoH for long term sustainability.
3. Influence policy and practice at all levels of the Zambian rural health system

Why is this needed?

The health system in Zambia is heavily dependent on external funding to deliver existing services and lacks the resources and capacity to develop and test innovative approaches that can improve health coverage cost effectively. The country’s high debt ratio makes it challenging for government to increase investment in the health sector, and external investment is likely to fall in Zambia due to the country obtaining and low-middle income status. The national Health Financing Strategy 2017-2027 outlines that the country faces challenges in terms of funding for primary care at district and community level.

These challenges mean that it is vital that the MoH and government efficiently invest their resources in the highest impact interventions available to them if they are to achieve their objective of Universal Health Coverage as close to the home as possible. This is particularly challenging for the newly formed Community Health Unit, who receive extremely limited resources to pilot new cost-effective ways of working, or scale high impact interventions.

Aim

On Call Africa strives to build evidence of highly effective rural health system strengthening interventions that can be scaled by MoH, to improve access to quality healthcare for rural communities in a cost effective and sustainable way.

How We Will Accomplish This

3.1 Build evidence for innovative scalable programmes that respond to national objectives

- Establish robust Monitoring, Evaluation, Accountability and Learning (MEAL) frameworks to measure impact of interventions.
- Produce learning papers and engage external evaluators.
- Share learning with MoH and partners.

3.2 Advocate for interventions, programmes, policies, and practice that drive health system improvements

- Advocate for MoH and partner adoption of high impact, cost-effective interventions
- Support MoH to develop and adopt guidelines and policies that improve practice

3.3 Support the Ministry of Health to scale cost-effective interventions

- Build capacity of MoH to adopt and deliver interventions, policies, and practice at scale.
- Support MoH to advocate for funding to facilitate scale.
4. Expand our reach

Why Is This Needed?

Achievement of UHC for rural communities is a global challenge and many countries are impacted by similar issues to those that we see in Zambia. Low health worker density, limited investment in healthcare facilities, poor transport, high levels of poverty, poor access to amenities and low health literacy provide complex challenges to many rural health systems globally. However, there is limited understanding of how low resource health systems can be strengthened in a cost-effective way, and limited evidence to support decision making.

Aim

We aim to develop high impact programmes and interventions that can be adopted at scale by Ministries of Health and partners. As such, we feel that we can have the greatest impact by expanding our reach within the regions that we operate and sharing learning to advocate for the Ministry of Health and partners to adopt cost-effective health interventions. Expansion within existing regions will allow us to test district wide interventions, while not putting pressure on our resources. Where strong evidence of impact has been developed, we will support the Ministry of Health and partners to adopt, scale and sustain interventions, rather than look to replace government delivery of services.

Once we have become more established in Southern and Western Province and have developed bodies of evidence that can inform global practice, we will look to publish research, and share learning to influence global practice. By the end of our five-year strategy, we intend to continue our expansion through increased South to South knowledge sharing and learning and will explore expansion into different contexts.

How We Will Accomplish This

4.1 Expansion within Zambia

• Increase service delivery in Southern and Western Province.
• Monitor, evaluate, and learn from programme delivery and share openly with MoH.
• Support the national roll out of effective interventions through capacity building of MoH.

4.2 Disseminate learning to inform global practice

• Publish peer reviewed papers.
• Hold dissemination events to share learning.
• Contribute towards international working groups.

4.3 Explore the possibility of expansion into new contexts

• Explore scaling our approach to different contexts that would benefit from our expertise.
• Develop clear plan for expansion into identified regions.
• Establish and/or strengthen relationship with MoH in identified region and assess where On Call Africa can add most value.
Growth

Between 2019 and 2021 our income grew from under £120,000 to over £500,000 per annum. Over the next five years we aspire for continued manageable growth through partnerships, and a diverse funding stream to enable us to deliver our ambitious objectives. To achieve our strategy, we aim to increase our income to over £3 million per annum over the next five years. However, we will not be funding driven at the expense of high quality, sustainable programmes that can be delivered at scale.

Governance

On Call Africa has quickly evolved from a volunteer and trustee led organisation, to a staff run organisation with trustee oversight. We will invest in appropriate trustee recruitment and training to ensure that we have a diverse and highly qualified board of trustees to lead the governance of the organisation and ensure delivery of our strategy. We will continue to review the functionality of our board, and strive for best practice, to ensure appropriate policies, procedures and controls are in place to ensure On Call Africa functions effectively. We will establish a Zambian advisory board to ensure Zambian voices are engaged in our organisational governance.

People and Culture

To deliver this strategy we will recruit high quality staff and volunteers from diverse backgrounds, that represent the communities that we support. We will invest in training, skills development, support, and leadership to help our team flourish.

We will continue to develop our culture, to reflect our values and create a positive working environment for our team. We will review and develop our systems to enable our staff, volunteers, and partners to deliver this strategy.

Volunteering

On Call Africa works with skilled international medical and public health volunteers who add significant value to our work in Zambia. Throughout our strategy, we will engage with volunteers who have the passion and skills to help us achieve our aims in the next 5 years. We want to harness volunteers’ knowledge to demonstrate impact and create sustainable change. In return we commit to offering an accessible and inclusive environment and to making sure that volunteers are safe and supported in their volunteering journey.

We also work with volunteers (primarily CBVs) in Zambia who are embedded within their communities, and support to enhance the health system. We want to collaborate and engage international and local specialists, share our learning, and create key recommendations to influence the Ministry of Health, both through our CBV programme and our quality improvement programmes.
Monitoring, Evaluation, Accountability and Learning (MEAL)

On Call Africa is a learning organisation which means that we see strong health systems as learning health systems. We aim to be accountable and transparent to promote scaling of effective programmes and learning from those that have not worked. MEAL is vital to promote internal learning and transparency within the organisation, and enables us to comprehensively track our outcomes, processes, and efficiencies. We utilise systems thinking in our MEAL design and ensure that we track key health system indicators for all aspects of our work, as well as programme specific data, to ensure we can measure impact and compare the effectiveness of different interventions. Evidence collected through this process helps to inform which innovations we look to scale in the future, and what we can learn from those which have not been successful.

OCA are committed to undertaking high quality MEAL for a range of reasons, including:

- **Accessibility:** to allow access to our learning; sharing it with internal and external actors plus better facilitating community, user, and partner input for future programmes.
- **Accountability and transparency:** to be accountable to programme participants, funders, partners, and communities that OCA works with about our operations and impact. We look to share what does and does not work openly, to help inform policy and practice in the health sector in Zambia, and globally.
- **Continuous improvement:** to make sure that OCA are having the biggest impact possible by improving programme design and delivery, scaling the most effective interventions, and tailoring programmes as specifically to the need as possible.

**Influencing**

Through this strategy we intend to place greater emphasis on influencing long-term sustainable change in the accessibility and quality of rural health services both within Zambia, and globally. We will place a greater emphasis on designing our programmes in a way that can be scaled by Ministries of Health and partners, to increase likelihood of adoption at scale and to maximise our influence. We will use evidence from our research and our practical experience to influence the Zambian government, service providers and institutions to enhance rural health systems through effective, affordable, and sustainable programmes.

**Reviewing our strategy**

Utilising our MEAL resources, we will review progress against strategic objectives on an annual basis, at our annual general meeting, and review changes that may be needed to help us better achieve our mission and vision. In the 12 months leading up to the completion of this strategy, we will begin a full strategy review through engagement with government, partners, and the communities we serve, to develop a clear strategy for the future including how we will expand into new geographies and increase our reach.
Health System Strengthening (HSS)

We are aware that HSS is vital to sustainable improvements in the healthcare sector. However, despite strong global consensus on the need to strengthen health systems, there is no established framework for doing so in low- and middle-income countries, and no formula to apply or package of interventions to implement. Many health systems simply lack the capacity to measure or understand their own weaknesses and constraints, which effectively leaves policymakers without evidence informed ideas of what they can and should strengthen.

To ensure that we learn from what works well in other contexts, and help to address gaps in knowledge, we consider all the health system building blocks within the WHO Health System Framework in the development, testing and scaling of interventions, and ensure that systems thinking, co-production, capacity building and partnerships are central to our efforts to HSS. We share our learning openly to help influence policy and practice in Zambia, and to contribute towards global learning on frameworks and interventions that can effectively strengthen health systems in low- and middle-income countries.

Systems Thinking

We utilise systems thinking as an approach to problem solving that views “problems” as part of a wider, dynamic system. We aim to develop a deeper understanding of the linkages, relationships, interactions, and behaviours among the elements that characterise the system. This approach can open powerful pathways to identifying and resolving health system challenges, and as such is a crucial foundation for any health system strengthening effort.

Co-production and capacity building

We work with communities, Ministry of Health, partners, system stakeholders and health workers to co-produce all elements of our work, ensuring they are designed with and for those who will be impacted by our interventions. Our interventions and projects aim to be needs driven, long term, and with sustained local ownership.

To build capacity with the Ministry of Health, partners, and communities, we follow the WHO ten steps to systems thinking, which enables us to design and evaluate interventions that consider the whole system to maximise impact and create sustainable change.

Partnerships

We understand the complexity of rural health systems in Zambia and know that holistic solutions require a cross- organisational approach to bring about lasting change. We recognise that we cannot be experts in all aspects of the health system. To ensure we address the needs of the whole health system, we work with skilled partners, government, charities, health institutions, funders, universities and private companies. This multi-disciplinary approach to programme delivery harnesses the best of knowledge, skill, and passion.
We ensure that our work is embedded at all levels of the health system to ensure co-production takes place to develop programmes that meet national objectives, as well as locally identified needs.

Working at all levels of the health system

On Call Africa operates at every level of the health system, helping to shape policy and design quality programmes, while also piloting and testing programmes at rural health facility, and community level, to build evidence of what does and does not work.

National level: OCA collaborates closely with the Community Health Unit within the MoH. We support the development of innovative approaches that meet national and strategic objectives, pilot and test these approaches to build evidence for wide-scale adoption. We also work together closely to support the scale of effective programmes, developed by the Community Health Unit, OCA, and our partners.

Provincial level: We work with provincial health offices to identify districts that are most in need of support and capacity building. As well as identifying capacity building gaps where they would benefit from our interventions.

District level: We work in close partnership with District Health Offices (DHO) to identify Rural Health Facilities that will benefit from our programmes. We ensure that DHOs have the capacity to deliver, maintain, and scale any interventions delivered at facility and community level through training, provisions, and support. We also support strategic planning sessions with the districts, identifying the biggest health concerns in their area, developing both strategic and implementation plans for public health interventions.

Rural Healthcare Facilities: We focus our service delivery at rural health facility and community level, ensuring our programmes are tailored to the individual needs of partner health facilities. We take an integrated approach to strengthening the whole health system by co-producing quality improvement plans that utilise systems thinking to consider all of the WHO building blocks of HSS. Our work at Rural Health Facility level includes health workers, transport, infrastructure, finance, communication, and reporting, CBVs, equipment and medicine supplies, and health service delivery.

Communities: Through CBVs and existing community structures we work with the facilities to develop programmes that improve access to quality healthcare, and health outcomes. We also support the strengthening of CBV programmes, and of the community structures that operate within the health system to build local capacity to address challenges that they have identified.
Model rural health system

In partnership with MoH, we are developing tools to assess the functionality of rural health facilities and create clear quality improvement plans that address identified needs. Through this work we are developing and testing innovative programmes that consider all elements of the health system. Element of this include; health worker training, health promotion utilising play, solar power, bicycle ambulances, improved infrastructure, outreach kits, and antibiotic resistance interventions.

Community Based Volunteer Programmes

In partnership with MoH, we are supporting the development of standardised national CBV packages that include supervision, training, incentives, and transport of CBVs. We are supporting them to develop guidelines to strengthen palliative care and mental health support at community level and supporting the development and piloting of digital health tools that can enhance CBV programmes nationally.

WASH in healthcare facilities

In partnership with WaterAid and MoH, we are supporting the roll out of government led WASH interventions at 27 rural healthcare facilities in Sesheke and Mwandi Districts. This programme ensures that the facilities meet the newly developed WASH in Healthcare Facilities standards developed by WaterAid and MoH, to ensure quality care can be delivered in a clean, safe, and hygienic and accessible health facilities.


3. National Community Health Strategy 2019-2021, Community Health Unit, Ministry of Health (MOH), Zambia

