

MINISTRY OF HEALTH AND POPULATION

DIRECTORATE OF PREVENTIVE HEALTH SERVICES

COMMUNITY HEALTH SERVICES SECTION



ACTIVITY REPORT ON COMMUNITY ENGAGEMENT WITH DISTRICT COUNCILS' COMMUNITY LEADERSHIP AND STRUCTURES ON COVID-19 RESPONSE

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## Contents

1. Introduction	3
1.1 Background	3
1.2 Activity Objectives	4
1.3 Methodology	4
2 Key Findings on Engagement Meeting with District Councils	6
1. Salima District Findings	6
2. Nkhota kota District	10
3. Nkhata bay district Findings	17
4. Karonga district findings	21

## 1. Introduction

### 1.1 Background

The Ministry of Health Malawi in collaboration with National Community Health Ambassador for Malawi continues to work tirelessly in efforts of the prevention, control and management of Covid19 Pandemic in the country. In line with National Community Health Strategy (NCHS), strong community health system is critical for comprehensive health response to disaster and emergency such as COVID19 pandemic in our country. Therefore, the Ministry in collaboration with stakeholders continues to support the full-fledged implementation of Operational Guide of Community Health Workers on COVID-19 Response for integration of COVID19 response into routine community health services at community level.

One of core functions of National Community Health Ambassador for Malawi is to support Ministry of Health and District Councils on advocacy for more resources towards implementation COVID-19 response. Also, the National Community Health Ambassador has a role to learn and share best practices or lessons learnt from districts on the role of community engagement on COVID-19 response through community leadership and community structures. In addition, the National Community Health Ambassador to draw key achievements or successes on community COVID-19 response and challenges in the implementation of community COVID-19 response. Last, the National Community Health Ambassador has a role to share or highlight best practices (positives), key lessons learnt, strengths and challenges or gaps for further support by district councils, partners, and Ministry.

In view of vital role of the National Community Health Ambassador in the fight against COVID-19 pandemic in the country, the CHSS with support from ONSE and in collaboration with Community Health Ambassador for Malawi undertook the Engagement Meetings with District Councils and community leadership including community structures on COVID-19 Response at community level in Salima, Nkhotakota, Nkhatabay and Karonga districts.

The aim of this activity is to support the Community health Ambassador for Malawi to undertake Engagement Meetings with District Councils and community leadership including community structures on COVID-19 Response at community level in Salima, Nkhotakota, Nkhatabay and Karonga districts. The ambassador was accompanied by three officers from Community Health Services Section and Director of Community Engagement and Community Mobilization.

Hence, the purpose of this report is to provide the detailed findings of Engagement Meetings with District Councils and community leadership on community COVID-19 response.

## 1.2 Activity Objectives

To understand the key roles of community structures on COVID-19 Response

- a. To evaluate coordination between community leadership and community structures on COVID-19 Response
- b. To document successes and challenges of community structures on COVID-19 Responses
- c. To identify the key priorities for support of community leadership and community structures on COVID-19 Response

## 1.3 Methodology

The team used couple of techniques in the Engagement Meetings with District councils and community leadership including community structures: First, the team held initial meeting with district team on the current implementation of COVID-19 response at community level. Second, the team in collaboration with district team held various Engagement Meetings with community leadership and structures such as Health Centre Management Committees (HCMCs), Community Health Action Group (CHAGs), Village Health Committees (VHCs), Area Development Committees (ADCs) and Village Development Committees (VDCs). Also, the team held meetings with community leadership through local leaders such as Traditional Authority, Group Village headmen, religious leaders and community Based Organizations (CBOs) on their role in the implementation of COVID-19 response at community level. Last, the team held Feedback Meetings with District Councils Authorities on the field key highlights: Key roles of community leadership and structures on implementation of COVID-19 response at community level, lessons learnt and key challenges.



## 2 Key Findings on Engagement Meeting with District Councils

### 1. Salima District Findings

#### COVID-19 Situation in Salima district

Since the onset of COVID-19 in the district, about 557 suspected individuals recorded and 447 of these individuals have been discharged with 87 or 47 cumulative active cases. Out of 47 confirmed cases, 36 cases are cured and with 11 active cases. Imported 21 cases and local transmission 26 cases. Distribution by gender: 37 male cases and 10 female cases. Lastly, distribution by age: age range 7-65, average age is 32. Currently, there are no deaths.

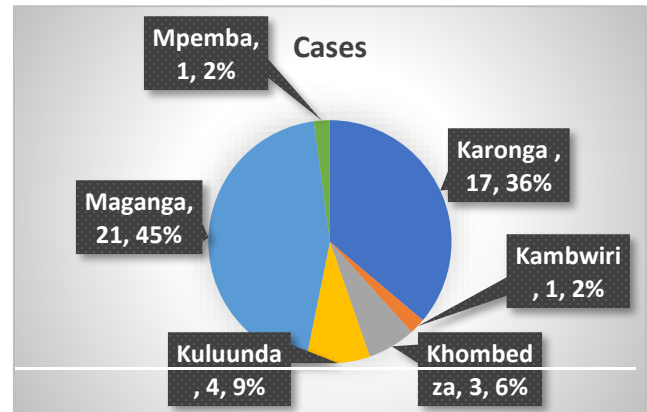


Figure 1: Distribution of cases by Traditional Authority by August, 2020

The distribution of cases by health facility indicates that Salima DHO and ADMARC have the highest number of cases.

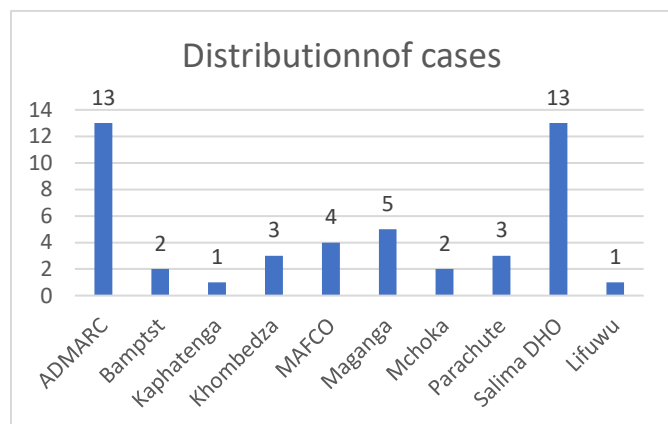


Figure 2: Distribution of cases by health facility by August, 2020

## Key roles of community structures on COVID-19 Response

There are several community structures that undertake key roles in community COVID-19 response. These community structures include HAC



Figure 3: CHAG Engagement meeting in Salima

- Council community interventions
  - Promote govt. preventive measures such as use of masks by everyone; promote to stay at home; restriction to recommended number of people
  - Create ownership of preventive measures by raise awareness of full council, ADCs, market committees, community structures (CHAGs, VHCs, ADCs) on COVID-19 response.

### Opportunities:

- Chiefs set community by-laws
- Chiefs meet people on daily basis
- ADCs act as hub for support and coordination different structures and stakeholders on COVID-19 response
- Chiefs and ADCs are willing to support on COVID-19 response

### Roles of Community leaders (Chiefs)

- Support in follow-up of cases
- Support in identification of people coming from other countries such as South Africa
- Support in informing the health facilities including HSAs about people coming from other countries such as South Africa
- Support in dissemination of key messages on COVID-19 at funeral ceremonies, churches.

### Roles of ADCs: this the hub of the development at the Traditional Authority Level

- Support in dissemination of COVID-19 messages in communities through its members such as chiefs
- Support in providing feedback to communities

**Challenges:**

- Chiefs to enforce preventive measures e.g no. of people during funeral is difficult
- Chiefs face a challenge of limited resources such as
- Difficulties in entry of many peoples from different places due to market days and businesses at lake.
- Difficulties in control of congestion of people in bottle stores
- Infrequent feedback meetings with community including chiefs on new developments
- Inadequate community awareness on COVID-19
- Inadequate awareness on the current support by partners in the area on COVID-19
- Limited written feedback on the progress on COVID-19 response by CHWs, community structures



Feedback meeting with the district council in Salima

The feedback meeting with District Commissioner, Director of Health and social services, National Community Health Ambassador and Chief Primary Health Care Officer at MoH.



*Figure 4: Feedback meeting with Senior District Council Official in Salima*

## 2. Nkhota kota District

The team started with preliminary courtesy call to the DHO where the team held the introductory meeting with DMO and an environmental health officer together with district ONSE coordinator. The meeting started with self-introduction of members. Then, remarks by MOH followed by ONSE remarks.



Figure 5: Nkhotakota CHAG Engagement meeting

### COVID-19 Situation in Nkhota kota district

Since the onset of COVID-19 in the district, about 184 suspected individuals recorded and 184 of these individuals have been discharged with 84 cumulative active cases. Out of 84 confirmed cases, 82 cases are cured and with 1 active cases. Imported 63 cases and local transmission 21 cases. Distribution by gender: 61 male cases and 23 female cases. Lastly, distribution by age: age range 0-5 = 4, 5-12= 0, 13-18= 2, 19-24=10, 25-35=29, 35 and above 39, average age is 18 and above. Currently, there is one death.

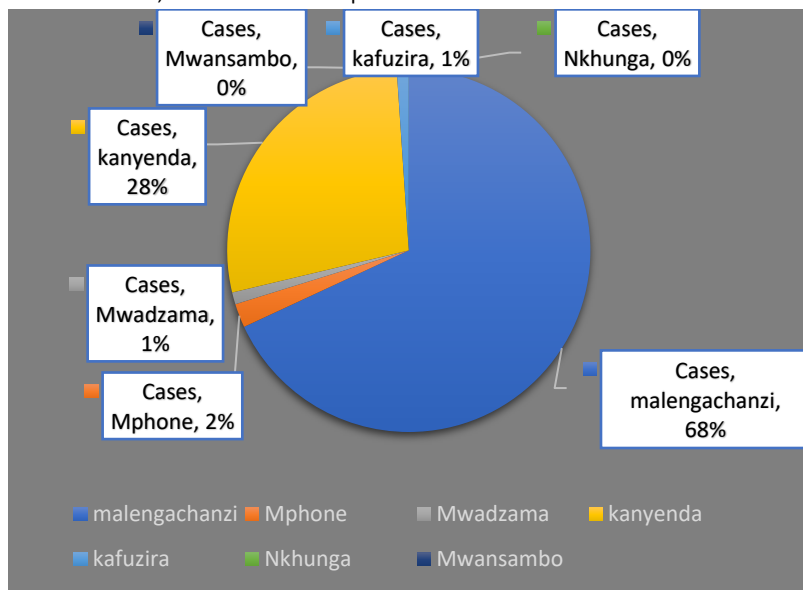


Figure 6: Distribution of cases by Traditional Authority by August 2020

The distribution of cases by health facility indicates that Nkhota Kota DHO and xxxx have the highest number of cases.

Figure 8: Distribution of number cases by health facility by August 2020

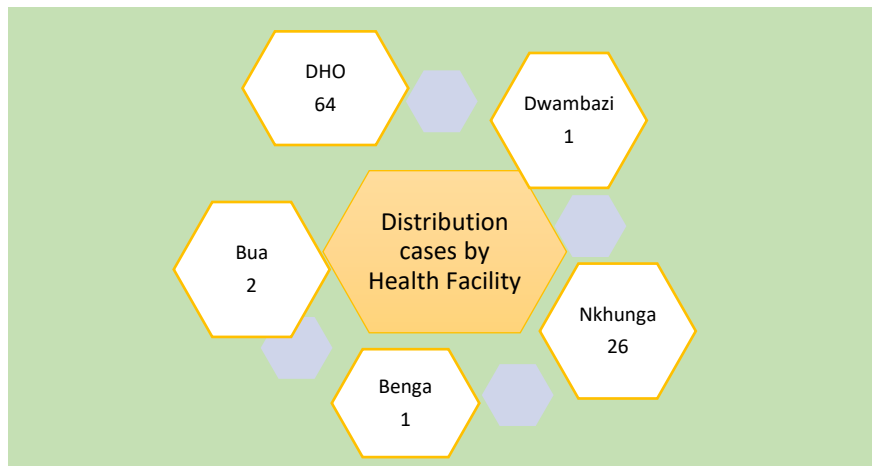


Figure 7: Figure 3: Distribution of cases by health facility by August 2020

#### Surveillance and case management

- Conducting disease surveillance of COVID-19 in community
- Undertaking case management and severe cases have been referred to DHO

#### 1. Coordination

- Undertaking coordination meetings: weekly and monthly. Meet all stakeholders at council for information sharing
- Undertaking coordination meetings

#### Field Visit to TA Mwadzama-STA Khanga

- i. Engagement meeting with ADC, CHAG and HCMC
  - Introduction: The meeting started with open prayer by one of members. This was followed by self-introduction by members.
  - Remarks: the STA appreciated the ONSE for the support to the people on community health. Further, ONSE has been providing health advice support on community health.

ii. ADC Progress Report On COVID-19

- Background information: Khanga ADC started in August, 2016. It has 63 villages with population 25,000. The ADC was oriented on COVID-19 in order undertake its roles in contribution to COVID-19 response.

- Key COVID-19 interventions: banning of public gatherings such as weddings, michezo yajando; stopping of chief installation ceremony of sub-chiefs; reducing the number of people to sleep on the funeral and other

Key COVID-19 interventions:

1. Compliance of social distance
  - Banning of public gatherings such as weddings, michezo yajando;
  - Stopping of chief installation ceremony of sub-chiefs;
  - Support to compliance in reduction of the number of people to sleep on the funeral and other gatherings;
2. Supporting in community-based disease surveillance
  - Undertaking surveillance of visitors from other countries such as South Africa
  - Reporting these visitors to health officials for prompt action

gatherings; supporting in undertaking surveillance of visitors from other countries such as South Africa and reporting these visitors to health officials for prompt action. Among 20 visitors identified and reported, none of were found positive. Furthermore, promote use of masks; frequent handwashing with soap; and promoting social distance of 1 metre and above between people; monitor the VDCs on the implementation of COVID-19 response. Among all VDCs 3 of them were reporting to the district council

In the remarks, the DMO narrated that district health sectors work with different stakeholders in undertaking the COVID-19 response interventions in the district. Hence, district health sector in collaboration with stakeholders has implemented a number of community health interventions in response to COVID-19:

- i. Orientations and IEC:
- ii. Orient structures on COVID-19 including response: community leaders,
- iii. Conducting IEC messages on COVID-19 by community structures
- iv. Orientation of health centre management committees
- v. Orientation of health facility rapid response teams on COVID-19

However, these structures need continued orientations and feedbacks to update them on new developments on COVID-19

- them were not complying to set preventive measures. Therefore, review meetings are routinely undertaken to reinforce the compliance to COVID-19n response measures.

### Christians: Key roles of Religious leaders (churches)

- Reinforces handwashing of each member before and after entering service
- Monitor social distance adherence or at least 1 metre apart
- Follow-up of members in communities for IEC messages through church network platform
- Ensure the church service is not more than 30 minutes.

### Muslim: Key roles on COVID-19 response

- Muslim district chairperson conduct briefings of Muslim leaders on COVID-19
- Reinforces social distance by stopping gatherings
- Using coran principle, each member should wash hands and feet with soap before and after service
- Monitor adherence to social distance during service by reducing number of members in line from 27 to 10 members each.
- Reinforces use of masks by all members excepts children at all times including during service
- Hold feedback meetings with centre leaders on COVID-19 response progress

### CBOs: Key roles on COVID-19 response

- Explore issues influencing COVID-19 transmission in communities
- Conduct IEC sessions in communities on COVID-19 including frequent handwashing, continuous use of masks and compliance of social distance of at least 1 metre apart.
- Hold feedback meetings with VDCs on COVID-19 response progress

### iii. Coordination with community structures

- ADC receives reports from CHAGs and other structures
- ADC work together with NGOs on COVID-19 response such as Afikepo and pachere
- ADC mobilize local resources from partners: AFIKEPO supported with soap; Pakachere supported the training.

### iv. Reporting system

- i. CHAG reports to VDC once per month by submitting written report. However, less than 15 CHAGs submitted written reports to the VDCs

### VDCs and community leaders: Key roles on COVID-19 response

- Coordinate community structures including CHAGs on COVID-19 response
- Conduct community meetings with CHAGs, CBOs and other structures on COVID-19 prevention and control
- Set by-laws supporting COVID-19 response such as a ban of community gatherings like wedding ceremony except at church, sleeping at funerals as well as ensuring that funeral ceremonies finish by 11:00 am.
- Reinforces the compliance to social distance in public events such as funerals
- Work with community structures such as CHAGs & CBOs in visiting communities for IEC messages
- Support in mobilization of COVID-19 supplies such as buckets for churches

v. **Way-forward:** a number of interventions were highlighted:

- Orientation of ADC members on COVID-19 as these members have been just elected into positions.
- Community health workers will be invited to ADC meeting for short presentation on COVID-19 every month.
- Monitor the implementation of COVID-19 response activities and compliance to set preventive measures
- Conduct meeting with market committees on compliance to use of masks by all people during the markets.
- CHAGs contributions will be used to buy masks.

vi. **Challenges/gaps on COVID-19 response**

- There a problem of transport to support ADC members to reach all communities especially hard to reach areas.
- The ADC and VDC members are not trained on their roles as they have been just elected into the office.
- Community health workers such as HSAs were not trained on operational COVID-19 guide

### Key community challenges

- Lack of transport to support ADC members to reach all communities especially hard to reach areas.
- The ADC and VDC members are not trained on their roles as they have been just elected into the office.
- There is no written format of reporting system for structures
- Some CHAGs are not giving feedback to VDCs and ADCs through monthly reports
- HSAs were found not trained on the COVID-19 guide

- vii. **Closing remarks:** The TA expressed his appreciation to the Community Health Ambassador for Malawi for visiting the area for the first time and having interface meeting on COVID-19 response.
- viii. **Lessons learnt**  
There are several lessons learnt form district. For more details see the box below.

#### **Lessons learnt**

- Where ADCs & VDCs are active and strong, there is strong support and coordination with structures:
- ADCs receives written reports from CHAGs
- CHAGs submits written reports to VDCs
- ADCs work in collaboration with stakeholders, e.g. NGOs,
- Where ADCs are active and strong, support in mobilizes local resources form partners on COVID-19
- CHAG members contribute money to buy cloth for making masks influences use of masks
- The participation of TA in community meetings reinforces adherence to preventive measures
- Health Centre Management Committee (HCMC) submit reports to ADCs, health issues are integrated into developmental agenda at council level

#### **ix. Feedback meeting with District Council**

##### **Key council challenges**

- Limited use of masks by the public such as in markets
- There is myth that in hot areas COVID-19 is not a big problem.
- Resources for dissemination of gazette regulations on COVID-19 response at all levels

### Way-forward

- Set up the mobile van to disseminate messages to markets, communities, and other settings
- Council to come out with markets regulations based on gazette regulations as part of implementation and enforcement of government gazette regulations on COVID-19 response.
- Share key messages on COVID-19 stakeholders using forums as part of feedback loop
- The Co-chair on Presidential Committee on COVID-19 support share key messages on the myth on the myth that in hot areas COVID-19 is not a big problem and on other key areas
- Integrate COVID-19 plan into existing plans to leverage resources to support COVID-19 response with available resources and vice versa.



### 3. Nkhata bay district Findings

The team started with preliminary courtesy call to the DHO where the team met both DHO and district ONSE Representatives. Then, there was an introductory meeting with DHO and district ONSE team members prior to field visit. The meeting started with self-introduction of members. Then, remarks by MOH followed by ONSE remarks.

In the remarks, the DHO team narrated that district health sector in collaboration with different stakeholders have been undertaking the COVID-19 response interventions in the district. Hence, district health sector in collaboration with stakeholders has implemented a number of community health interventions in response to COVID-19 and these include:

1. Orient structures as well as community leaders on COVID-19
2. Conducting IEC messages on COVID-19
3. Orientation of health centre management committees

### 4. Orientation of community health workers on COVID-19

However, these structures need continued orientations and continuous feedbacks as to update them on new developments on COVID-19.



Figure 9: Nkhata bay DHO Field Planning Meeting with DHO Team

The team visited two areas as part of community engagement meetings with community leadership and community structures: Malanda ADC and CHAGs, HCMC and VHC in TA Malanda.

### COVID-19 Situation in Nkhata bay district

Table 1: Distribution of cases by Traditional Authority by August, 2020

Traditional authority (TA)	Number of Cases
Fukamalaza	1
Fukamapiri	2
KABUNDULI	4
MALANDA	32
MALENGAMZOMA	2
MANKHAMBIRA	10
M'BWANA	2
MKUMBIRA	89

MZUZU	10
TIMBIRI	6
ZILAKOMA	1
<b>Total</b>	<b>159</b>

Since the onset of COVID-19 in the district, about 632 suspected individuals have been recorded and 628 of these individuals have been discharged. Out of 194 confirmed cases, 190 cases are cured and with 2 active cases. As of August, 2020, Nkhatabay had imported 26 cases and local transmission cases were 131. Distribution by gender: 107 male cases and 50 female cases. Lastly, distribution by age: age range 0-5=0, 6-17=3, 18-29=36, 30-39= 65, 40-29=34, 50-59= 11, 60-69=3, 70+=4, average age range =30=39. Currently, there are 2 deaths.

The distribution of cases by health facility indicates that Nkhata bay DHO and Chintheche Rural Hospital have the highest number of cases.

*Table 2: Distribution of cases by health facility by 2020*

Health Facility	Number of Cases
DHO	112
Vizara	1
Chilambwe	2
Chintheche	27
Kande	3
Kavuzi	1
Liuzi	1
Maula	2
Mpamba	4
Mwaya	1
Usisya	2

#### **x. Coordination with community structures**

There is a good relationship between ADC and HC in implementation of COVID-19 response.

- ADC work together with health centre, NGOs on COVID-19 response
- ADC invites community health workers such as HSAs to disseminate COVID-19 messages to ADC members.
- ADC also invites CBOs, CHAGs, CBCCs and youth clubs to share feedback on COVID-19 response.
- ADC works with different organizations in implementation of COVID-19 response: ONSE, CPAR, World Relief, RIPLLE Africa, PDI, and Others

- ADC also works with CHAGs, CBOs, Youth, religious leaders and community health volunteers on COVID-19 response
- ADCs submit reports to TA for approval and send to council

**ADC: Key roles on COVID-19 response**

- Explores issues influencing COVID-19 transmission in communities
- Addresses the myths such as COVID-19 is for white people
- Receives and consolidate reports from CHAGs and other structures
- Conduct IEC sessions in communities on COVID-19 including frequent handwashing, continuous use of masks and compliance of social distance of at least 1 metre apart.
- Hold coordination meetings with CHAG, CBOs, Youth, religious leaders and others on COVID-19 response.
- Reinforce adherence to social distance by restrictions of community events such as youth meeting and football.
- Mobilize local resources from partners: World Relief, CPAR Malawi, ONS, RIPPLE Africa, PDI and others for COVID-19 response
- Receive reports form VDCs on COVID-19 response progress

Ripple Africa	PIDI
<ul style="list-style-type: none"> <li>▪ Bought supplies such as buckets for markets, lakeshore and ADC</li> <li>▪ Distributed masks to ADC for distribution to communities</li> <li>▪ Briefed ADCs on COVID-19 response</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supported community COVID-19 meetings</li> <li>▪ Support on COVID-19 IEC messages</li> <li>▪ Give advice to community health workers when they feel some symptoms and signs of COVID-19</li> </ul>

**Key lessons learnt from community leadership**

- Traditional Authority (TA), acts as “a Servant Leader’ as he leads by example in implementation and compliance to COVID-19 response.
- He motivates community structures and community for adherence to COVID-19 response
- The sale of masks door by door through structures reinforces use of masks by community members
- The TA holds one-day meeting in a month as Chief Council set a feedback platform for sharing COVID-19 response feedback such as follow-up of travelers on COVID-19
- By-laws set by chief council and ADC reinforces implementation of COVID-19 Gazette Regulations such as each shop must have a hand washing facility and any customer must wash hands before and after touching shop item.

### **HCMC, CHAG & VHC:**

These structures undertake several tasks including:

- Conduct household visits to support COVID-19 IEC messages
- Reinforce with chiefs the COVID-19 preventive measures such as handwashing with soap and use of masks
- Track visitors from other countries such as South Africa, Mozambique and Tanzania
- Report visitors from other countries to community health workers like HSAs
- Provide advice on COVID-19 Preventive measures: handwashing in churches and other settings, observing social distance in communities such as in believed family and during funeral ceremony
- Promote household hygiene practices

### **xi. Reporting system**

Structures share reports as part of feedback on performance

- VHCs submit reports to CHAGs
- This is done on monthly basis
- CHAG reports to VDC once per month.
- HCMC submits reports to ADC as an accountability
- HCMC also submits reports to DHO as an accountability
- ADCs submits reports to district council as an accountability

However, there is no official reporting tool for these structures except CHAG and HCMCs on the functionality of health centers.

### **Challenges:**

- People when see a person put a mask, say COVID-19
- Beach committees are not trained on COVID-19 response

**WAY FORWARD**

- Continue to sensitize chiefs, religious leaders and community structures including CHAGs on COVID-19 response
- Continue monitoring of compliance to COVID-19 Gazette Regulations implementation
- Address the discrimination of that those who put masks means its COVID-19
- Continue community meetings with CHAGs, CBOs, ADCs, VDCs and other structures on COVID-19 prevention and control
- Reinforce the set by-laws on COVID-19 response such as a ban of community gatherings like wedding ceremony except at church, sleeping at funerals
- Reinforces the compliance to social distance in public events such as funerals, markets and other places

4. Karonga district findings

The team started with preliminary curtesy call to the DHO where the team met both DHO and district ONSE Representatives. Then, there was an introductory meeting with DHO and district ONSE team members prior to field visit. The meeting started with self-introduction of members. Then, remarks by MOH followed by ONSE remarks.

In the remarks, the DHO team narrated that district health sector in collaboration with different stakeholders have been undertaking the COVID-19 response interventions in the district. Hence, district health sector in collaboration with stakeholders has implemented a number of community

COVID-19 and these include:

1. Orient structures on COVID-19 including response: community leaders,
2. Conducting IEC messages by community structures on COVID-19
3. Orientation of health workers

However, these structures need continued orientations and feedbacks to update them on new developments on COVID-19.

The team visited several areas as part of community engagement meetings with community leadership and community structures: .....

**COVID-19 Situation in Karonga district**

*Table 3: Distribution of cases by Traditional Authority by August, 2020*

Traditional authority (TA)	Number of Cases
Kyungu	45

Wasambo	18
Mwirang'ombe	6
Kilipula	5
Mwakaboko	2
Unknown	4

Since the onset of COVID-19 in the district, about 80 suspected individuals recorded and 59 of these individuals have been discharged with 17 cumulative active cases. Out of 80 confirmed cases, 59 cases are cured and with 17 active cases. Imported 7 cases and local transmission 73 cases. Distribution by gender: 70 male cases and 10 female cases. Lastly, distribution by age: age range 10-69, average age is 73. Currently, there are 4 deaths.

*Table 4::Distribution of cases by health facility by 2020*

Health Facility	Number of Cases
Mpata	1
KDH	45
Songwe Border Wellness Center	3
Atupele	2
Chilumba Barracks	4
Chilumba Rural Hospital	9
Nyungwe	6
Kaporo	3
Fulirwa	1
Kasoba	2

The distribution of cases by health facility indicates that Karonga DHO and Chilumba Rural Hospital had the highest number of cases. 4 Cases were lost to follow-up

### VDCs and community leaders: Key roles on COVID-19 response

- Coordinate community structures including CHAGs on COVID-19 response
- Conduct community meetings with CHAGs, CBOs and other structures on COVID-19 prevention and control
- Set by-laws supporting COVID-19 response such as a ban of community gatherings like wedding ceremony except at church, sleeping at funerals as well as ensuring that funeral ceremonies finish by 11:00 am.
- Reinforces the compliance to social distance in public events such as funerals
- Work with community structures such as CHAGs & CBOs in visiting communities for IEC messages
- Support in mobilization of COVID-19 supplies such as buckets for churches

#### 1. **Way-forward:** a number of interventions were highlighted:

- Orientation of ADC members on COVID-19 as these members have been just elected into positions.
- Community health workers will be invited to ADC meeting for short presentation on COVID-19 every month.
- Monitor the implementation of COVID-19 response activities and compliance to set preventive measures
- Conduct meeting with market committees on compliance to use of masks by all people during the markets.
- CHAGs contributions will be used to buy masks.

#### 2. **Challenges/gaps on COVID-19 response**

- There a problem of transport to support ADC members to reach all communities especially hard to reach areas.
- The ADC and VDC members are not trained on their roles as they have been just elected into the office.
- Community health workers such as HSAs were not trained on operational COVID-19 guide

### Key community challenges

- Lack of transport to support ADC members to reach all communities especially hard to reach areas.
- The ADC and VDC members are not trained on their roles as they have been just elected into the office.
- There is no written format of reporting system for structures
- Some CHAGs are not giving feedback to VDCs and ADCs through monthly reports
- HSAs were found not trained on the COVID-19 guide

3. **Closing remarks:** The TA expressed his appreciation to the Community Health Ambassador for Malawi for visiting the area for the first time and having interface meeting on COVID-19 response.

- i. Lessons learnt



### Lessons learnt

- Where ADCs & VDCs are active and strong, there is strong support and coordination with structures:
- ADCs receives written reports from CHAGs
- CHAGs submits written reports to VDCs
- ADCs work in collaboration with stakeholders, e.g. NGOs,
- Where ADCs are active and strong, support in mobilizes local resources form partners on COVID-19
- CHAG members contribute money to buy cloth for making masks influences use of masks
- The participation of TA in community meetings reinforces adherence to preventive measures
- Health Centre Management Committee (HCMC) submit reports to ADCs, health issues are integrated into developmental agenda at council level

### ii. Feedback meeting with District Council

#### Key council challenges

- Limited use of masks by the public such as in markets
- There is myth that in hot areas COVID-19 is not a big problem.
- Resources for dissemination of gazette regulations on COVID-19 response at all levels

### Way-forward

- Set up the mobile van to disseminate messages to markets, communities, and other settings
- Council to come out with markets regulations based on gazette regulations as part of implementation and enforcement of government gazette regulations on COVID-19 response.
- Share key messages on COVID-19 stakeholders using forums as part of feedback loop
- The Co-chair on Presidential Committee on COVID-19 support share key messages on the myth on the myth that in hot areas COVID-19 is not a big problem and on other key areas
- Integrate COVID-19 plan into existing plans to leverage resources to support COVID-19 response with available resources and vice versa.

#### 4. Conclusion

##### Conclusion

- There is a need to continue disseminating messages to health facilities, markets, communities, and other settings
- There is a need for the Council to continue to operationalize its regulations based on gazette regulations as part of implementation
- There is a precondition for the Council continue the enforcement of government gazette regulations on COVID-19 response.
- It is essential for the Council to share key messages on COVID-19 stakeholders using various forums as part of feedback loop
- The Co-chair on Presidential Committee on COVID-19 support share key messages on the myth that in hot areas COVID-19 is not a big problem and on other key areas
- The Council needs to continue integrating COVID-19 plan into existing plans to leverage resources to support COVID-19 response with available resources and vice versa.

#### 5. Recommendations

##### Recommendations

- Council to continue to disseminate messages to health facilities, markets, communities, and other settings
- Council to operationalize its regulations based on gazette regulations as part of implementation
- Council to continue the enforcement of government gazette regulations on COVID-19 response.
- Council to share key messages on COVID-19 stakeholders using various forums as part of feedback loop
- The Co-chair on Presidential Committee on COVID-19 support share key messages on the myth that in hot areas COVID-19 is not a big problem and on other key areas
- Council to continue integrating COVID-19 plan into existing plans to leverage resources to support COVID-19 response with available resources and vice versa