Rotary Healthy Communities Challenge

Project Overview



The Rotary Health Communities Challenge (RHCC) is a three-year project spanning four countries: the Democratic Republic of the Congo (DRC), Mozambique, Nigeria, and Zambia. RHCC is jointly funded by The Rotary Foundation, the Gates Foundation, and World Vision. RHCC aims to reduce severe disease and death from malaria, pneumonia, and diarrhea in children under five years of age by increasing access to community-level testing and treatment services through integrated community case management (iCCM).

Rotary has been active in public health for decades, beginning with polio immunization campaigns. While they continue to fight the embers of that disease, nearly 20 years ago Rotary decided to also invest in malaria control and elimination. In 2021, Zambia launched the inaugural Programs of Scale, an initiative of The Rotary Foundation—with matching funding from the Gates Foundation and World Vision—that trained, equipped, and deployed 2,500 community health workers (CHWs) in ten districts across two provinces. This project laid the foundation for RHCC.

"I watched community health workers learn, practice, and embrace their responsibilities with real passion—bridging the gap between remote communities and formal medical services. This experience deepened my appreciation for the power of grassroots health initiatives and reminded me of Rotary's unique role in saving lives and building healthier, more resilient communities."

Natasha Maimuna Banda, Rotary Club of Samfya, Zambia

RHCC, which runs from 2024 to 2027, is coordinating with ministries of health to increase access to community-level health care to develop and strengthen digital reporting platforms and engage communities to prevent childhood illness.



A community health worker in Chisamba District, Zambia, reacts to receiving a bicycle that allows her to provide lifesaving testing and treatment services.

In each project country, RHCC is coordinated by a Country Committee chaired by a Rotary Member and comprised of Rotarians, implementing partners, and representatives from the Ministry of Health and the National Malaria Program. Rotary members are responsible for advocacy and communication activities and engaging Rotary Clubs to provide direct support to RHCC implementation. The active engagement from Rotary members in each project country is a unique aspect of the RHCC project structure, focusing on longer-term engagement and sustainability.

PATH is the main implementing partner in Nigeria and provides technical assistance in the other three RHCC countries; World Vision is the main implementing partner in DRC, Mozambique, and Zambia. Across all four project countries, PATH is leading the support for high-quality data management and reporting, coordinating project learnings, and tracking and visualizing the impact of RHCC.

Nigeria

In Nigeria, RHCC will train and equip 2,750 CHWs with the skills and resources needed to deploy iCCM, increasing access to quality care for communities in project areas. To achieve this, PATH is working with the National and State Primary Health Care Development Agencies to support ongoing iCCM implementation in Kebbi and Akwa Ibom states through engagement with local CHW cadres known as Community Health Influencers Promoters and Services (CHIPS) agents, Community Engagement Focal Persons, and Community Health Extension Workers.

The selected CHIPS agents will be verified, trained, and equipped with essential reporting tools and the necessary commodities to test and treat malaria, pneumonia, and diarrhea. CHIPS agents will receive ongoing supportive supervision and mentorship throughout the life of the project. The project also supports community-level digital data collection using a DHIS2 instance developed by PATH—this platform will streamline reporting and enable migration to the national system. In 2026, the National Primary Health Care Development Agency will launch a new community health workforce model and strategy, and RHCC will adjust its support to align with the government system.

"The welcoming warmth, enthusiasm, and expectations displayed by the selected communities for RHCC project during Advocacy visits to introduce the new health initiative was magical."

Dr. Dele Balogun, Rotarian, Former District Governor

Mozambique

In Mozambique, RHCC operates in four districts across Tete and Manica provinces. PATH's technical assistance is guiding the project on digital tools and data visualizations, including on the country's community-level reporting platform, upSCALE; reviewing and adapting digital aspects of iCCM training materials; and supporting trainings and data review meetings for Agentes Polivalentes Elementares (APS), Mozambique's CHW cadre.

Mozambique requires a six-month training period for APS and accordingly the project designed its support to align with the Ministry of Health guidelines. To complement the work of the APS, RHCC is also training and deploying community health volunteers who conduct home visits, provide health promotion and counseling, and who refer suspected cases of malaria, pneumonia, and diarrhea to the APS. In Mozambique the project aims to train, equip, and deploy 280 APSs and 4,300 community health volunteers.

Democratic Republic of the Congo

In DRC, the technical assistance provided by PATH centers on monitoring and evaluation, with specific activities focused on strengthening the capacity of personnel through training in data management and use. RHCC is leveraging the presence of the PATH malaria project MACEPA in DRC and their partnership with BlueSquare, a global data company focused on digital health in low- and middle-income countries. Their mobile application, IASO, prioritized by the DRC Ministry of Health, will be the project platform for community-level reporting, supporting data quality and use through supportive supervision and visualization dashboards, and facilitating peer-to-peer learning and information exchange for CHWs providing iCCM services.

RHCC in DRC is collaborating with The Global Fund to Fight AIDS, Tuberculosis and Malaria, and SANRU, a nongovernmental organization for primary health care in rural areas, to ensure adequate supply and delivery of both malaria and non-malaria commodities. Overall, the project operates in 14 Health Zones in Kasai Province and aims to establish 1,000 community care sites which will introduce 2,000 CHWs providing iCCM services.

Zambia

In Zambia, RHCC is active in six districts across two provinces. The national malaria program requested that the project cover the country's remaining high malaria transmission areas that had yet to implement iCCM. As a part of a package of technical assistance, PATH collaborated with the Zambia Ministry of Health and the National Malaria Elimination Centre to adapt the existing malaria rapid reporting system and develop a DHIS2 instance for RHCC that includes pneumonia and diarrhea, and malnutrition for referral.

RHCC in Zambia is testing and evaluating a new approach to the attachment period, the six weeks between training and deployment, by structuring supervisor interactions when CHWs are managing patients at the health facility. PATH is also leveraging the RHCC project platform to expand the rollout of electronic routine data quality audits, streamlining that facility-level activity through digitalization. Overall, the project will be introducing 2,086 CHWs in Zambia.

