



Role of Community-Based Volunteers (CBVs) in expanding Zambia's National Health Insurance Scheme (NHIS): Lessons from a Ministry-led exercise

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AT A GLANCE

Why this matters

Nearly 80% of Zambia's workforce is employed in the informal sector, yet most remain uncovered by the National Health Insurance Scheme (NHIS). Without financial protection, these households face high out-of-pocket costs and limited access to care.

Community-Based Volunteers (CBVs) are trusted, present in every district, and regularly engage with households. With the right training and support, they can help close this gap by raising NHIS awareness, supporting enrollment, and linking people to accredited health services.

How was the exercise done

In 2024, the Ministry of Health led a series of joint discussions with NHIMA and partners to explore how CBVs could better support NHIS implementation. This included technical workshops, stakeholder consultations, and reviews of current tools and delivery systems.

The process identified practical, government-led actions to strengthen collaboration between NHIS and Zambia's community health platform.

Background

Zambia is committed to achieving Universal Health Coverage (UHC), ensuring that everyone can access essential health services without financial hardship. To support this goal, the government introduced the National Health Insurance Scheme (NHIS) in 2018 as a key health financing mechanism.

The scheme is managed by the National Health Insurance Management Authority (NHIMA). Since its launch, NHIS has made strong progress in enrolling formal sector workers, with nearly full coverage. However, the informal sector - which makes up close to 80% of Zambia's 3.7 million labour force - remains largely uncovered. Expanding coverage to this group is essential for equity, sustainability, and national UHC targets.

Community-Based Volunteers (CBVs) form the backbone of Zambia's primary health care system. With over 90,000 CBVs nationwide, they are often the first point of contact for rural households and provide a wide range of services - from maternal and child health to disease prevention. Their community trust, local knowledge, and wide reach make them ideally placed to support NHIS awareness, registration, and referrals.

Recognizing this opportunity, the Ministry of Health, NHIMA, and the Financing Alliance for Health jointly conducted a review in early 2024. Through document analysis, stakeholder consultations, and technical workshops, the review explored how CBVs could be more effectively engaged in supporting NHIS implementation - especially to expand coverage among informal sector populations.

Key findings

- Awareness of NHIS is growing, but many informal sector workers still lack clear information on how to enroll or use the benefits.
- CBVs are not yet formally trained or equipped to support NHIS-related outreach, limiting their potential to expand coverage.
- Referral forms exist, but linkages between CBVs and NHIS-accredited facilities are inconsistent and informal.
- CBVs have limited ways to share feedback with NHIS teams or health facility staff, despite their frontline experience.
- Current enrollment systems are not well adapted to the needs of informal workers or rural communities.

Recommendations

- Boost informal sector enrollment by running targeted NHIS campaigns with simple messages, mobile registration, and flexible payment options (e.g. mobile money or subsidies).
- Train CBVs on NHIS through clear, practical sessions covering benefits, eligibility, and how to support enrollment in their communities.
- Strengthen referral systems by creating standard protocols that link CBVs with NHIS-accredited facilities and ensure joint follow-up.
- Create a feedback channel so CBVs can regularly share community-level insights with NHIS and health facility teams.
- Simplify NHIS registration to reflect the realities of informal workers and rural households, making it easier to sign up and stay enrolled.

Problem statement

Despite strong progress in rolling out the NHIS, informal sector coverage in Zambia remains limited. At the same, CBVs, despite their important role are not yet systematically engaged in NHIS implementation.

This raises several practical questions:

What is limiting NHIS coverage? What barriers are limiting its coverage expansion? What are the barriers to involvement of CBVs in NHIS activities? What is needed to support their engagement? How can the existing community health platform be better aligned with the goals of NHIS to reach informal sector workers more effectively?

To answer these questions, a review was conducted to assess current practices and identify opportunities to strengthen CBV roles in advancing NHIS coverage - especially among rural populations.

Objectives & scope of exercise

To explore these questions, the Ministry of Health, NHIMA, and the Financing Alliance for Health conducted a joint review in 2024 with the following objectives:

- Review how CBVs are currently involved in NHIS-related activities, such as awareness, registration, and referrals, and identify what is working well and where there are gaps
- Develop clear, practical recommendations on how to strengthen CBVs' roles in expanding NHIS coverage
- Share these findings with the Ministry of Health, NHIMA, and other partners to guide future planning and action

Method

This review applied a two-phased collaborative approach to assess how CBVs can better support the expansion of Zambia's NHIS, particularly for the informal sector.

With the right tools and support, Zambia's CBVs can help unlock NHIS access for millions of informal workers - bringing the country closer to universal health coverage.

The first phase involved desk review of national policies, operational guidelines, and training materials related to NHIS and CBV roles. The review examined how CBVs are currently engaged in awareness-raising, registration, and referral efforts, and assessed the extent to which they are supported to carry out these tasks. Comparative insights from countries such as Ghana and Rwanda were also considered to highlight relevant lessons for Zambia.

Second phase focused on engaging key stakeholders - including officials from the Ministry of Health, NHIMA, and local leaders - through targeted consultations and technical discussions. These engagements helped validate findings from the desk review, surface practical challenges, and identify feasible opportunities for improving CBV involvement in NHIS-related activities.

The evidence gathered informed the development of this policy brief, which aims to offer clear, actionable recommendations grounded in Zambia's health system realities and aligned with national UHC goals.

What is Zambia's NHIS?

The National Health Insurance Scheme (NHIS) is a cornerstone of Zambia's strategy to achieve Universal Health Coverage (UHC).

Introduced in 2018 under Act No. 2, the NHIS is managed by the National Health Insurance Management Authority (NHIMA) and aims to ensure that all Zambians can access quality healthcare without facing financial hardship.

- Established: 2018
- Managing Body: NHIMA
- Total members: 4.4 million
- Formal sector coverage: 99%
- Informal sector coverage: 52%
- Informal sector size: ~78% of Zambia's labor force

Community Based Volunteers (CBVs) in Zambia



Who they are:

CBVs, currently 90,000+ across Zambia, are trusted members of the community who deliver essential health services - especially in rural and hard-to-reach areas where formal health workers are limited.

What they do:

CBVs support a wide range of preventive and basic health services, including: Maternal and child health, Immunization, HIV, Tuberculosis (TB), Malaria prevention and screening, Health education on sanitation, nutrition, and hygiene, first aid and early identification of danger signs.

Why they matter:

- CBVs are often the first point of contact for health advice in areas where facilities are far away.
- Their deep community trust makes them powerful messengers for health campaigns and behavior change.
- They can be key actors in expanding NHIS coverage, especially for Zambia's large informal workforce.

So what?

Despite their wide reach, CBVs often lack standard training, consistent incentives, and formal integration with national health and insurance systems. Strengthening CBVs - through training, support, and clear NHIS linkages - can:

- Expand access to care
- Boost NHIS enrollment
- Improve early detection and referrals
- Reduce health inequities

Investing in CBVs is one of Zambia's clearest pathways to accelerating progress toward UHC.

Findings and Recommendations

	What should be done
 <p>Many CBVs and informal workers are not enrolled in NHIS. Scheme covers only about half the informal workers. CBVs themselves are often not registered, which affects their ability to promote the scheme.</p>	<p>Ensure all CBVs are enrolled in NHIS to build confidence in the scheme. Support CBVs to engage their communities through door-to-door outreach, community meetings, and by assisting with registration.</p>
 <p>CBVs and communities have limited awareness of NHIS. Many people are unsure what NHIS covers, who is eligible, or how to register. CBVs also lack clear, consistent materials to explain the scheme.</p>	<p>Provide CBVs with easy-to-understand materials in local languages, using visuals and clear examples. Use trusted local channels - such as radio, community leaders, and health talks - to improve public understanding.</p>
 <p>NHIS is not included in CBV training. CBVs are not systematically trained on NHIS. Many feel unprepared to explain the scheme, address community concerns, or support the enrollment process.</p>	<p>Embed NHIS content into all CBV training and refresher programs. Use job aids, role-plays, and supportive supervision to build confidence and reinforce learning</p>
 <p>Premiums are difficult to afford, and registration is hard to access. Many informal workers earn irregular incomes and cannot pay premiums in one installment. In rural areas, access to registration points is limited, and the process is often seen as complex.</p>	<p>Offer flexible payment options, such as mobile money installments or seasonal contributions. Simplify registration steps and enable CBVs to support on-the-spot enrollment through mobile or paper-based forms. Consider partnerships with microfinance institutions.</p>
 <p>There is need for referral systems between CBVs and NHIS-accredited facilities. After enrolling, many people are unsure where to go for care. CBVs also lack clear guidance on how to refer clients to NHIS services or follow up on their care.</p>	<p>Develop simple referral tools (such as forms or registers) and assign focal points at facilities to respond to CBV referrals. Strengthen feedback loops between CBVs and health facilities.</p>
 <p>CBVs need structured way to share feedback about NHIS. CBVs often encounter challenges - such as misinformation, unclear procedures, or community concerns - but have no formal channel to report them.</p>	<p>Establish regular, low-cost feedback mechanisms such as WhatsApp groups, SMS check-ins, or periodic review meetings. Use this feedback to inform NHIS communication, training, and operations.</p>