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MCH PROGRAM DESCRIPTION

Malawi



Overall MCH and health sector situation

Despite sustained efforts to improve the quality of life for its people, Malawi, with a population of approximately 13 million people, remains one of the poorest countries on earth, with a GDP per capita of \$600. Malawi's poverty is starkly represented in its demographic and health indicators – an average life expectancy of 37 years, a literacy rate of 63 percent, and 55 percent of the population living on less than \$1 per day. Food insecurity is widespread and chronic.

Malawi's major health challenges are high HIV/AIDS prevalence (12 percent), high MMR (984/100,000), coupled with high fertility (6), and high infant and child mortality rates (76/1,000 and 133/1,000, respectively). Lack of knowledge about healthy behaviors, chronic malnutrition, and communicable disease outbreaks, as well as disparities in access to quality health services exacerbate the situation. Analyses of maternal deaths in Africa indicate that hemorrhage and infections remain the major causes of maternal mortality. Although neonatal mortality has declined sharply from

49 to 27 per 1,000 live births since 2000, it accounts for one-third of infant deaths and 20 percent of deaths among children under 5. Care-seeking for treatment of major childhood illnesses such as pneumonia and diarrhea remains poor. While diarrhea incidence has declined, ORS use remains at 61 percent and ORT at 71 percent. Full immunization coverage of children age 12 to 23 months has declined to 64 percent from previous levels in 1992 and 2000 (82 and 70 percent, respectively). Rates of malnutrition remain relatively unchanged from 1992 and 2000 levels, with 48 percent of children under 5 stunted, and of these, 22 percent are severely stunted. Malaria is a major public health problem, especially among pregnant women and children under 5, with malaria accounting for more than 40 percent of all outpatient visits. Notwithstanding the above, Malawi has achieved extraordinary reductions in child and infant mortality over the last decade, and is one of the few African nations on track to meet MDG4.

Despite significant donor resources to the health sector, Malawi's health system remains weak and is confronted by critical shortages in human resources, frequent stock outs of essential drugs, weak HMIS and health management capacity – all within a context of decentralization that is occurring as an “event rather than a process.” The single biggest constraint on service delivery is the severe shortage of health manpower. From the 2006 Sector Wide Approach (SWAp) Annual Review, on average, vacancy rates for nurses and medical doctors stood at 61 percent and 62 percent, respectively, in the public health sector. The health system in Malawi has undergone two major changes in the last few years. The MOH and the donor community have implemented a SWAp, which focuses on improving the delivery of the essential health package. Further, the MOH has devolved the delivery of health services to the district level whereby district assemblies, in conjunction with the district health management team, have authority over their capital cost and recurrent cost budgets and are able to set their own priorities within the essential health package.

MCH interventions at the Mission level

USAID/Malawi's maternal and child health portfolio for the next 5 years will 1) respond to the roadmap for accelerating the reduction of maternal and neonatal mortality and morbidity in Malawi, by supporting a few high-impact, evidence-based interventions that address the highest causes of maternal and neonatal death, such as emergency

obstetrics, treatment of postpartum hemorrhage, and essential newborn care; 2) improve the effectiveness, quality, and accessibility of child health services through the development and implementation of high-impact interventions that prevent and reduce illness, mortality, and malnutrition among children under the age of 5 (including IMCI and community-based treatment); 3) promote general child nutrition at community level to advance and increase coverage of nutrition interventions such as essential nutrition actions, with a focus on infant and young child feeding and community-based therapeutic care; 4) promote routine immunization for vaccine-preventable childhood diseases and polio eradication efforts, focusing on service delivery, improved planning, vaccine forecasting, and monitoring and evaluation; and 5) promote consistent and appropriate use of point-of-use (POU) water treatment products by primary caregivers to reduce diarrheal disease mortality and morbidity of children under 5.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

USAID/Malawi's MCH program works both at national and district levels to expand service coverage and utilization. USAID child health programs will focus on 8 of the 28 districts in Malawi to improve the effectiveness and accessibility of child health and nutrition services through community-based approaches with a focus on training village clinics and community health volunteers to deliver a package of high-impact child health/nutrition interventions (preventive and selected treatment); strengthening zonal and district support systems (especially supportive supervision) for the prevention and management of childhood diarrhea, pneumonia, malaria, and malnutrition; and reinforcing behavior change through multiple communication modes: media/radio, interpersonal, civil leaders, and health workers.

For maternal and neonatal health, the USAID program works closely with the MOH on implementation of integrated community and facility-based essential maternal and newborn care interventions focusing on antenatal care, basic emergency obstetric and newborn care, and postpartum care in three focus districts. USAID is also working at national level to scale up performance and quality improvement in reproductive health, work with providers at hospitals and health centers to prevent malaria in pregnancy, improve national capacity to train skilled providers in basic emergency obstetric and neonatal care, as well as train and supervise service providers at district level. The program also focuses on strengthening preservice training on basic emergency obstetric care for all registered nurse midwives, nurse midwife technicians, and medical assistants, and supports provision of essential newborn care as well as kangaroo mother care for low birthweight babies.

USAID's MCH program also supports the Small Project Assistance Program through the U.S. Peace Corps, in collaboration with host country and community counterparts and NGOs, to support sustainable, grassroots community development through community grants, capacity building and other forms of collaboration. Activities supported under this program include the rehabilitation of under-5 and maternity clinics; MCH and nutrition training programs for mothers; rehabilitation of guardian shelters; and construction of safe drinking water sources, and hygiene education programs.

New areas of support will include micronutrient activities such as strengthening monitoring and use of iodized salt at the ports of entry into Malawi, in retail shops, local markets, and at community and household levels to ensure that Malawi can reach the long-term goal of elimination of iodine deficiency disorders within the next 3 years; and promoting management of acute malnutrition through scaling up of CTC to new districts. Additional activities include support to routine immunization, focusing on service delivery, planning, vaccine forecasting, and monitoring and evaluation.

Specific actions supported as part of the MCH approach

Broad-based health system strengthening and human resource issues are a major focus of donor support through the SWAp, GAVI HSS, and Global Fund grants. USAID program assistance, in addition to MCH areas cited above, will also focus on drugs and medical supply chain management, quality assurance and supervision, improved HMIS, and strengthened zonal and district support systems.

The USAID program's geographic focus

The USAID MCH program focuses geographically on 13 high-need districts that cover approximately one-third of the population.

The Mission program's relationship to the country's health sector and development plans and strategies

The goal of the USAID/Malawi integrated health, population, and nutrition program to help achieve healthier Malawian families is in line with identified priorities of the Government of Malawi stated in the Joint Program of Work for the Health Sector Wide Approach 2004–2010 and the Malawi Growth and Development Strategy.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG support for HIV/AIDS interventions in Malawi will continue to be in the areas of prevention, care, treatment, and cross-cutting issues. Currently, USAID is working to expand the reach of service delivery, emphasizing referral systems that link communities, families, and mothers and infants to PMTCT and other HIV/AIDS services. USAID and its partners are currently working to strengthen the integration of child health and nutrition services, pediatric HIV care and PMTCT, as well as HIV/AIDS and family planning.

In support of Malawi's national malaria control program, PMI supports the four key intervention strategies to prevent and treat malaria: IRS, ITNs, use of Coartem as the first-line drug for malaria, and IPTp. Linkages with MCH programs will be achieved through common implementing partners and use of integrated service delivery platforms at both facility (ANC, IMCI) and community (community-based treatment and ITN distribution) levels. As a PMI country, USAID/Malawi, in collaboration with the Government of Malawi, has developed a 3-year strategy outlining the approaches and principles that will be used to reduce current malaria-related mortality by 50 percent.

Planned results for the Mission's MCH investments over the next 5 years

In the next 5 years, USAID/Malawi maternal and child health portfolio activities will contribute to the Malawi Government Accelerated Child Development efforts to increase coverage of selected high-impact maternal, newborn, and child health and nutrition interventions to at least 80 percent by 2011, in order to reduce child death by two-thirds by 2015. Activities will also support the Malawi Government's MOH roadmap for accelerating reduction in maternal and neonatal morbidity and mortality toward the achievements of the MDGs by lowering MMR from 984/100,000 live births by 25 percent, increasing the rate of delivery by a skilled birth attendant from 49 to 60 percent, increasing overall childhood vaccination coverage to 75 percent, and providing in-service training related to the BPHS and including quality assurance, counseling techniques, and patient communication for behavior change, for more than 300 nurses, midwives, and physician assistants in preservice institutions as a means of improving the quality and impact of health care.

MCH COUNTRY SUMMARY: MALAWI	VALUE
MCH FY08 BUDGET	4,955,000 USD
Country Impact Measures	
Number of births annually*	546,000
Number of under-5 deaths annually	73,000
Neonatal mortality rate (per 1,000 live births)	27
Infant mortality rate (per 1,000 live births)	76
Under-5 mortality rate (per 1,000 live births)	133
Maternal mortality ratio (per 100,000 live births)	984
Percent of children underweight (moderate/severe)	23%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	95%
Percent of women with at least four antenatal care (ANC) visits	56%
Percent of women with a skilled attendant at birth	57%
Percent of women receiving postpartum visit within 3 days of birth	21%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	70%
Immunization	
Percent of children fully immunized at 1 year of age	51%
Percent of DPT3 coverage	82%
Percent of measles coverage	79%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding	78%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	65%
Percent of children under 6 months exclusively breastfed	53%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	71%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	20%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	76%
Percent of population with access to improved sanitation**	60%
<small>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report (Unless otherwise noted, the data source is the 2004 Demographic and Health Survey.)</small>	