

Malawi Country Summary, March 2017



MCSP/Kelsey Freeman


Malawi - Selected Demographic and Health Indicators					
Indicator	Data	Indicator	Data	Indicator	Data
Population (1)	17,473,734	TFR (births per woman) (2)	4.4	DPT3 (2)	93%
Live births/year (1)	671,258	CPR (modern methods) (2)	59%	Pneumonia (2)	89.2%
MMR (per 100,000 live births) (2)	510	ANC +4 (2)	50.6%	ORT (2)	64.7%
NMR (per 1,000 live births) (2)	23	SBA (2)	94.8%	Stunting (height for age children <5) (2)	48%
U5MR (per 1,000 live births) (2)	64	IPTp3 (2)	89%	HIV prevalence (3)	10.6%

Sources: 1. United Nations Department of Economic and Social Affairs: Population Department; 2. National Statistical Office. *Malawi Demographic and Health Survey 2015-16: Key Indicators Report*; 3. Malawi Demographic and Healthy Survey 2010.

Strategic Objectives

- **Objective 1: New Vaccine Introduction** - Support the Ministry of Health (MOH)/EPI to successfully introduce inactivated polio vaccine (IPV) and measles-rubella (MR) vaccine and to make the switch to bivalent oral polio vaccine (bOPV) by assisting with pre-introduction, introduction and post-introduction activities.
- **Objective 2: National Capacity/Systems Strengthening** - Strengthen routine immunization and family planning (FP) by improving capacity building, planning, monitoring and vaccine and cold chain management systems.
- **Objective 3: District Capacity/Systems Strengthening** - Strengthen routine immunization systems and services through capacity building and improved planning, monitoring and vaccine and cold chain management.
- **Objective 4: Integration of FP and Immunization Services** - Increase integrated FP and immunization service delivery by ensuring the two essential services are routinely offered in both facilities and the surrounding community through village clinics and during outreach sessions.
- **Objective 5: Baby Friendly Hospital Initiative (BFHI)** - Revitalize the Baby Friendly Initiative in 15 hospitals and 3 centers of excellence in 15 SSDI districts

Program Dates	July, 2014 – September 30, 2017
Financial Status	Expenditures thru PY2 ██████; PY3 Budget ██████; Total ██████
Geographic Scope	National and district (Dowa and Ntchisi) Level

	No. of regions (%)	No. of districts (%)	No. of facilities (%)
Geographic Presence	National level, district specific support. 1 of 5 total regions (20%) Population: 17,473,734	2 of 29 districts (6.8%) Population: 1,093,018 (Dowa: 797,426; Ntchisi: 295,592)	42/780 health facilities (5%)
Technical Interventions	 <p>PRIMARY: Immunization, Nutrition, Family Planning CROSS-CUTTING: HSS & Equity, CH/CSE, SBCC</p>		

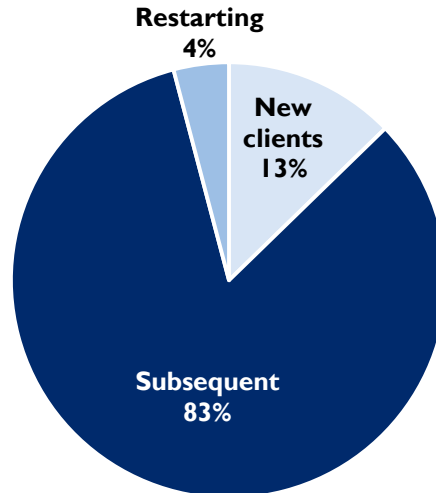
Key Accomplishments

MCSP's activities in Malawi started with its predecessor, MCHIP, in 2011 with a focus on new vaccine introduction and the strengthening of routine immunization services. In 2014, MCHIP transitioned to MCSP and supported the MOH and partners introduce the measles second dose (MSD) vaccine into the routine immunization system and revise the national Health Surveillance Assistant (HSA) curriculum to include new vaccines and strategies. In 2015, USAID Malawi expanded MCSP's scope beyond immunization to include family planning (FP)/immunization integration and revitalization of an earlier UNICEF-supported BFHI in health facilities across the country.

MCSP provided national level support for the successful global switch from trivalent oral polio vaccine (tOPV) to bOPV as part of the WHO polio eradication and endgame strategic plan. The program helped to train EPI coordinators from all 29 districts of the country and monitored safe withdrawal of tOPV from the cold chain system in Lilongwe. MCSP strengthened routine immunization systems by supporting the national effective vaccine management assessment (EVMA) where all assessed components scored above 80%, the passing standard for countries. Malawi even received an award from UNICEF for good performance. MCSP collaborated with the MOH and Save the Children to train and prepare over 100 health workers in MCSP priority districts to roll out immunization cStock, an SMS-based, open source, web-accessible logistics management information system that has improved access to life-saving commodities in Malawi. The country already uses cStock to better manage community-level health products; MCSP plans to build on those achievements to successfully incorporate vaccine commodities into the cStock registry. MCSP also supported the Government of Malawi to reach consensus on immunization indicators in order to advance the migration of immunization data into the District Health Information System 2 (DHIS 2) and ultimately help the Government of Malawi manage immunization program operations more effectively, monitor processes and improve communication.

In its priority districts, Dowa and Ntchisi, MCSP has made significant progress in integrating immunization, FP and breastfeeding services into clinic sessions. While immunization and FP are more advanced in the integration process, MCSP is working diligently to provide a 'one-stop shop' for mothers and caregivers. As a result, more than 90% of health facilities are providing integrated FP and immunization services with at least four service providers per outreach clinic session. Just over 300 HSAs have been trained in FP service provision; and more than 180 facility staff, 100 Area Development Committee (ADC) members and almost 500 community members have been oriented on FP/immunization integration.

Distribution of FP Clients by Status (5281 New Clients, 34520 Restarting Clients and 1702 Subsequent Clients) for Dowa and Ntchisi Districts - July to September 2016



In close partnership with the MOH, WHO and UNICEF, MCSP spearheaded the revitalization of BFHI in 10 hospitals and three high-volume centers of excellence. As a result, Malawi now has updated national breastfeeding and infant and young child feeding (IYCF) policies and training materials reinstating the Ten Steps to Successful Breastfeeding. The country also has a strong team of over 30 national BFHI master trainers freshly equipped with up-to-date training and resources who have already trained over 1,000 clinical and non-clinical staff in 15 hospitals and three centers of excellence. Trained clinical and non-clinical staff acquired strengthened knowledge and skills for successful implementation of the Ten Steps to Successful Breastfeeding and compliance with the updated policies to provide adequate counselling to women on exclusive breastfeeding. MCSP also made great strides in laying the ground work for strengthening referral linkages with community-based efforts. In Dowa district, MCSP immunization and BFHI teams developed a plan to jointly train over 1,500 village heads to track infants that are breastfeeding as well as their immunization status. We will continue to leverage the Baby Friendly Community Initiative to foster strong linkages between BFHI initiatives at health facility and community-levels and establishment of community level breastfeeding support groups while strengthening integration of breastfeeding into other community-level programs and tracking continued breastfeeding. In a bid to consolidate the gains made in the revitalization of BFHI program, MCSP is planning a joint-WHO meeting in Malawi that will bring together key stakeholders throughout the country to take stock of BFHI and identify ways of institutionalizing the initiative.

Also in Dowa and Ntchisi, as part of Malawi's Learning Agenda, MCSP has continued to support operationalization of the Reaching Every Child strategy by mobilizing communities to track infant immunization status with leadership from village heads and volunteers. As a result, health facilities with no stock-out of vaccines increased from 31% to 80%; health facilities using immunization monitoring charts increased from 46% to 85%; 100% of health facilities in the two districts are now monitoring their refrigerators' temperature twice per day up from 75%; and 94% of planned immunization sessions had been implemented in the two districts with significant improvements in data quality as well. MCSP conducted an analysis of the impact of REC and infant tracking and monitoring activities which revealed that infant tracking has helped tremendously to improve access to immunization services, especially for the previously unimmunized. There are fewer cancelled outreach sessions and missed opportunities due to improvements in cold chain, vaccine supply, and referral from other services. Communities implementing REC and infant tracking and monitoring activities well appear to have very high FP acceptance rates, potentially affecting the number of infants for vaccination. Village heads and volunteers are very proud of their community's coverage and feel joint responsibility, together with health services, for ensuring their community's children are fully vaccinated.

Challenges

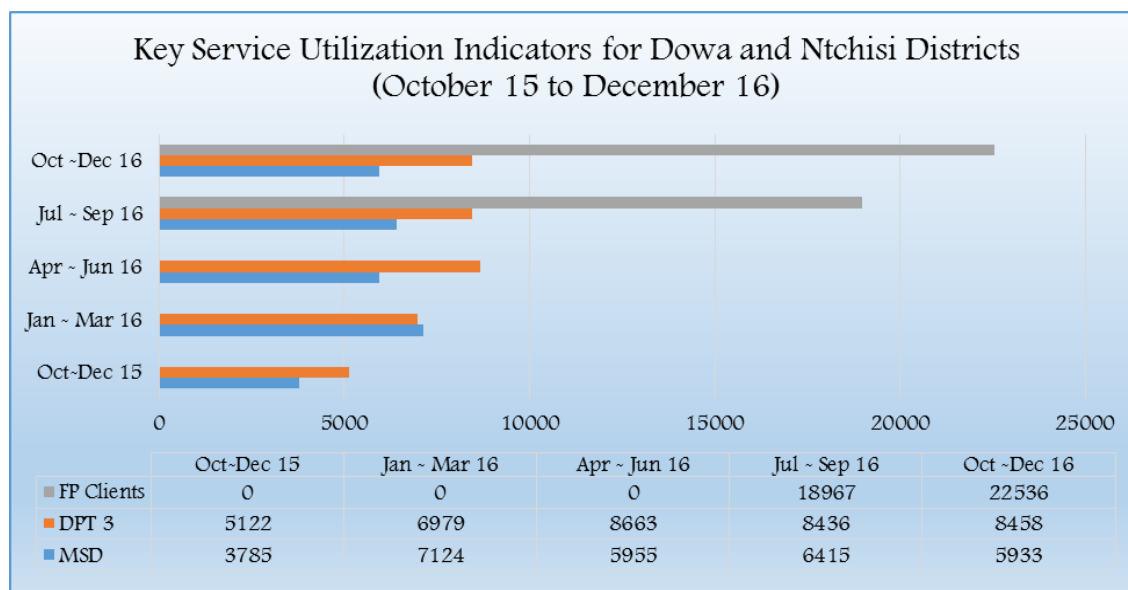
In January 2016, MCSP observed a drop in immunization coverage in priority districts. The decline was partly caused by canceled immunization clinics due to lack of gas for refrigerators and transportation of vaccines. This prompted MCSP to seek approval from USAID to assist with the procurement of 16 gas cylinders for Dowa and Ntchisi, and by July 2016 all of the health facilities had resumed their immunization sessions and improved their performance. MCSP hired vehicles also supported the distribution of vaccines when vehicles were unavailable. By March 2016, approximately 100 solar refrigerators were installed in a number of health facilities, including 4 in Dowa and 2 in Ntchisi, reducing the need for gas. MCSP has and will continue to advocate with District Health Management Teams to prioritize operational funds for gas and transport.

Poor data management in health centers continues to compromise coverage rates, and communication gaps between MOH departments have significantly hindered integration activities. As a result, MCSP will support the MOH re-introduce tally sheets for data generation instead of using the Under Two register. MCSP will also continue to support and advocate for integration activities in Dowa and Ntchisi while bridging communication gaps and strengthening relationships between departments.

MCSP will maintain its focus on harnessing government leadership, ownership and commitment for the BFHI program at every step of the process. This involves making adjustments for long delays in decision making and skillful negotiations with policy makers and implementers. To address some of these challenges, MCSP has implemented forward looking plans with government stakeholders and ensured joint and integrated planning with relevant programs; such as, planning jointly with the MOH at the central level and DHMT's resulted in timely release of clinical and non- clinical staff.

Way Forward

MCSP will continue to help prevent child deaths from preventable diseases by supporting the introduction of MR vaccine into the routine immunization system; ensuring implementation of integrated FP/immunization services are monitored and supported; and promoting exclusive breastfeeding practices at the health facility and community levels within the country. Key priorities for the remainder of the program include migrating immunization data into DHIS 2 and rolling out immunization cStock that helps prevent immunization sessions from being cancelled due to stock outs; conducting community awareness activities to create demand for FP/immunization integrated services and addressing barriers to FP uptake; and supporting the WHO stakeholders meeting aimed at taking stock of BFHI in Malawi; supporting community care groups and volunteers integrate breastfeeding into community level interventions; and training clinical and non-clinical staff in BFHI in 15 targeted districts and 3 centers of excellence.



System Strengthening Activities	Number
Number of health workers and instructors trained in Mid-Level Manager (MLM)	93
Number of immunization related supportive supervision visits by districts	20
Number of health facilities with micro-plans up-to-date	43
Number of HSAs trained in FP service delivery	306
Number of facilities enhanced for FP/Immunization	43
Number of BFHI master trainers updated	50
Number of hospitals and centers of excellence staff trained in breastfeeding	600

Selected Performance Indicators for PY2 and PY3(Q1)	
MCSP Global PMP Indicators	Achievement
Number of FP commodities distributed to clients through USG-supported programs in Ntchisi and Dowa districts	184,587 commodities distributed (oral contraceptives: 4,474; male condoms: 136,539; female condoms: 6,196; 3-month injectable-Depo-Provera: 34,618; 5 Year IUCD: 37; 3-Year Implant-Implanon: 1,435; 5-Year Implant-Jadelle: 1,212 and emergency contraceptive pills: 76)
Number of FP clients by status (new and existing) and method over time through USG-supported programs in Ntchisi and Dowa districts	41,503 clients (New clients: 5,281; subsequent clients: 34,520; restarting: 1,702). (Short term: 37,860 and long term: 3,643).
Number of children aged <12 months receiving 3 doses of DPT/Penta3 vaccine through USG-supported programs in Ntchisi and Dowa districts	37,658 children aged < 12 months received DPT/Penta in Ntchisi and Dowa with 100% completeness. This represents 40% towards achieving cumulative target of 94,243 for PY2 and PY3.
Number of children 15-23 months who received MSD through USG-supported programs in Ntchisi and Dowa districts	29,212 children 15-23 months received MSD in Ntchisi and Dowa districts. This represents 31% towards achieving cumulative target of 94,675 for PY 2 and PY3.
Number of people trained through USG-supported programs	1,828 people trained through USG support.