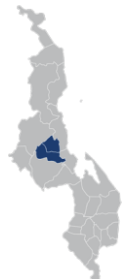


Malawi PY4 Summary & Results

	Geographic Implementation Areas Regions <ul style="list-style-type: none"> • 1/4 (25%)—Central Districts <ul style="list-style-type: none"> • 2/28 (7%)—Dowa, Ntchisi Facilities <ul style="list-style-type: none"> • 43/780 (5.5%) 	Population Country <ul style="list-style-type: none"> • 19,196,246 MCSP-supported areas <ul style="list-style-type: none"> • 15,913
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Technical Areas



Program Dates

June 1, 2014–May 31, 2018

Cumulative Spending through End of PY4

██████ of Maternal and Child Health Field Support
 ██████ of Core FP and
 ██████ of Core Nutrition

Demographic and Health Indicators

Children ages 12–23 months who received Penta3	93%
U5MR (per 1,000 live births)	63
Early initiation of breastfeeding	76%
Minimal acceptable diet among 6–23 months	8%

Sources: Malawi DHS 2016.

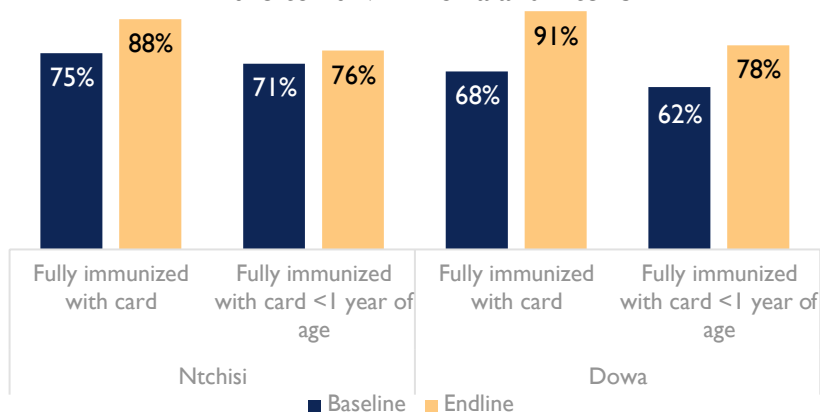
Strategic Objectives

- Support the MOH to introduce new vaccines.
- Strengthen national capacity and systems for RI and FP.
- Strengthen district capacity and systems for RI and FP (Dowa/Ntchisi, all 43 health facilities and surrounding catchments).
- Integrate FP and immunization services (Dowa/Ntchisi, all 43 health facilities and associated outreach sites).
- Revitalize the Baby-Friendly Hospital Initiative (BFHI) in 54 hospitals across Malawi.

Key Accomplishment Highlights

- Supported the MOH EPI to develop a national immunization policy that guides the country on immunization-strengthening principles.
- From 2015 to 2017, increased the percentage of fully immunized children from 75% to 88% in Ntchisi and from 68% to 91% in Dowa.
- Reduced barriers to use of FP and immunization services on the same day, increased access to FP services at community level, and increased community support for both services through engagement with area development committee members to lead sensitization in their communities.
- Revitalized and scaled up the BFHI across all 28 districts in the country.

Figure 1. Increase in fully immunized children from 2015 to 2017 in Dowa and Ntchisi



Source: Cluster coverage survey conducted as a baseline in February 2015 and endline in November 2017.

Malawi

Key Accomplishments

MCSP was launched in 2014 as part of USAID’s initiative and the Government of Malawi’s commitment to improve the health of Malawian women and children to prevent child and maternal deaths. MCSP continued to build on the success of its predecessor, the Maternal and Child Health Integrated Program, by providing technical assistance to the MOH and EPI for national-level capacity-building in immunization, new vaccine introduction, and operationalizing the Reaching Every Child strategy in two districts, Dowa and Ntchisi. In 2015, at USAID Malawi’s request, MCSP expanded its scope to include FP/immunization integration and revitalization of an earlier UNICEF-supported BFHI in health facilities across the country. In the final year of implementation, MCSP focused on building capacity of the MOH, improving data quality and monitoring, and working with district health management teams in Dowa and Ntchisi to integrate implementation of the Reaching Every Child approach into immunization, FP, and nutrition services to help facilities and districts plan activities, review progress, and monitor and report data. MCSP also prioritized iterative learning that helped the MOH and partners continually adjust program strategies and activities for greater impact, and provide insight into future investments and programming.

Strengthening of Routine Immunization

MCSP’s capacity-building efforts focused on training, policy and curriculum development, and supervision and mentoring. MCSP improved health workers’ skills at all levels of the health system, empowering them to lead, manage, and deliver quality immunization services where they are based. At the national level, MCSP supported the MOH EPI to develop a national immunization policy that guides the country on immunization-strengthening principles.

At the district level, in Dowa and Ntchisi, MCSP implemented all five components of Reaching Every Child, aimed at reaching all children with vaccination and reducing inequities in immunization coverage. To complement the strategy, MCSP integrated the My Village My Home tool to register newborns and track infants’ immunization status. As a result of MCSP’s Reaching Every Child support in the two districts, between 2015 and 2017, the percentage of fully immunized children increased from 75% to 88% (Ntchisi) and from 68% to 91% (Dowa) (Figure 1), and the dropout rate from Penta1 to Penta3 was 2.7% (target was < 10%).

In collaboration with Save the Children, MCSP piloted immunization cStock, an SMS-based stock management system, to reduce the occurrence of vaccine stock-outs in Ntchisi and Dowa health facilities. Fewer stock-outs mean more vaccines are available when clients need them. After MCSP’s pilot of cStock, the percentage of facilities with no vaccine stock-outs increased from 30% to 97% from 2015 to 2017 in Dowa and Ntchisi.

Integration of FP and Immunization Services

In Dowa and Ntchisi, MCSP leveraged core FP funds with field support and focused its technical assistance on equipping over 300 health surveillance assistants with FP knowledge and skills, including the ability to provide pills and injectable contraceptives, plus client referrals to health facilities for other FP methods. MCSP also oriented health facility staff on FP and immunization service integration, targeting staff based at health facilities and those conducting outreach services. To support service integration and serve as resources for the future, MCSP utilized both core FP and field support to introduce communication materials and referral tracking tools that helped refer clients from one service to the other. As a result, MCSP observed continued increase in total contraceptive users and no negative effect on immunization doses administered or dropout. Caregivers noted benefits in terms of time savings, convenience, access, and improved knowledge/understanding of other services.

At the community level, MCSP engaged leaders and area development committees from the districts to solicit their support in addressing key barriers to accessing FP and immunization services—including concerns and misconceptions about FP and partner opposition—and to promote the use of FP and immunization services.

As a result of this collaboration, MCSP noted improvement in relationships between health surveillance assistants and community members, an increase in total community-based FP use, and trends in use of FP shifting from facility to community. Together, health surveillance assistants and community leaders effectively advocated for integrated services and generated greater male involvement in communities. MCSP also coordinated stakeholder engagement among other development partners working in the districts to streamline support and prevent overlap of activities.

Revitalization of the BFHI

MCSP supported the MOH in the revitalization and scale-up of the BFHI in Malawi. Following initial revitalization efforts and training of over 1,900 staff from 54 health facilities across all 28 districts in the country, MCSP and the MOH provided facility-based mentorship and coaching to health providers. This aimed to further improve their capacity in breastfeeding knowledge and counseling skills, and to increase their readiness for Baby-Friendly designation.

To integrate newborn care into the BFHI, MCSP complemented field support funds with core funds to train clinical maternity ward staff in eight hospitals previously trained in the BFHI under MCSP on care and feeding for the small and sick newborn using the Essential Care for Small Babies Provider Guide. Training provided education and hands-on demonstrations on skin-to-skin care, feeding breast milk using a nasogastric tube, hand-expressing breast milk, cup feeding, and caring for the sick and/or small newborn. This effort built the capacity of 118 clinical maternity ward staff, including nurses, clinicians, and nurse-midwives.

In total, over 1,900 staff from 54 health facilities in all 28 districts received training in the BFHI, five hospitals completed successful external assessments, and three hospitals received a Baby-Friendly designation. This resulted in more than 80,000 mothers receiving counseling on exclusive breastfeeding before discharge from the facility after childbirth.

Way Forward

Malawi’s MOH EPI and its reproductive health and nutrition programs have made significant progress with MCSP support. Future investments should focus on continuing to sustain high immunization coverage rates and prevent gaps in coverage as seen with three doses of pentavalent vaccine coverage in 2013. Support should be prioritized on maintaining community engagement; conducting regular review meetings; providing integrated supportive supervision at all levels; conducting post-training follow-up activities, such as peer-to-peer visits between high- and low-performing districts; providing mentorship; conducting monitoring and feedback activities; and conducting data quality self-assessments. Sustained resources to support staffing at facilities and outreach sites are needed, as well as a review of roles and responsibilities between nurses and health surveillance assistants to prevent duplication and maximize human resources. Ongoing support from the national, district, community, and hospital levels for the BFHI must continue to ensure its success in Malawi. This will require sustained advocacy efforts from partners, policymakers, and other stakeholders to support the BFHI.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Number of children < 12 months who received three-dose diphtheria, pertussis, tetanus/three-dose pentavalent vaccine through US Government-supported programs in Ntchisi and Dowa districts	15,141 (target: 20,292, 75% achieved)
Number of health facilities with microplans up-to-date in Dowa and Ntchisi	43 (target: 43, 100% achieved)
DPT1 to DPT3 dropout rate	4% (target: <10%, achieved)
Number of targeted villages registering newborns and tracking the immunization status monthly	2,178 (target: 2,345, 93% achieved)

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Number (and proportion) of hospitals with self-assessment plans for BFHI, as a measure of their commitment	100% (target: 100%, 100% achieved)
Proportion of hospitals implementing the Ten Steps of Breastfeeding	100% (target: 80%, >100% achieved)
Proportion of women who initiate breastfeeding within 1 hour	88% (target: 80%, 100% achieved)
Number of health facilities trained to strengthen the integration of feeding of sick and small newborns	8 (target: 8, 100% achieved)