


# Malawi EOP Summary & Results

	<b>Geographic Implementation Areas</b> <i>Regions</i> <ul style="list-style-type: none"> <li>Baby-Friendly Hospital Initiative: 3/3 (100%)</li> <li>Other program activities: 1/3 (33%)—Central</li> </ul> <i>Prefectures</i> <ul style="list-style-type: none"> <li>2/28 (7% of country total)—Dowa and Ntchisi</li> </ul> <i>Facilities</i> <ul style="list-style-type: none"> <li>43/780 (5.5%)</li> </ul>	<b>Population</b> <i>Country</i> <ul style="list-style-type: none"> <li>19.1 million</li> </ul> <i>MCSP-supported areas</i> <ul style="list-style-type: none"> <li>1.18 million</li> </ul>
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## Technical Areas:



### Program Dates

June 1, 2014–May 31, 2018

### Total Funding through Life of Project

\$3,482,000

### Demographic and Health Indicators

Indicator	# or %
Children ages 0–11 months who received all basic vaccinations from the HMIS	76%
Children ages 12–23 months who received Penta3 (by card)	93%
CPR	59%
U5MR (per 1,000 live births)	63
IMR (per 1,000 live births)	42
Early initiation of breastfeeding (within 1 hour of birth)	76%

Source: Malawi DHS 2016

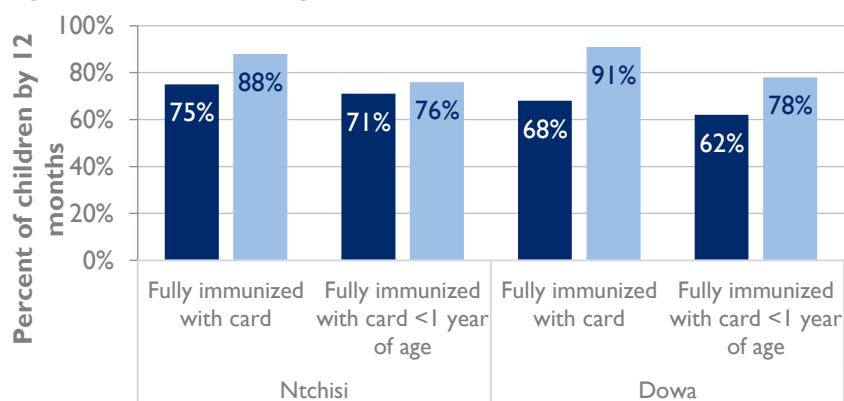
### Strategic Objectives through the Life of Project

- Support the MOH to introduce three new vaccines: measles second dose, bivalent oral polio vaccine, and measles-rubella.
- 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 catchment areas).
- 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 all 28 districts of Malawi.

### Key Accomplishment Highlights through the Life of Project

- Supported the MOH EPI to develop a national immunization policy that guides the country based on immunization strengthening principles.
- From 2015 to 2017, provided technical assistance to the MOH EPI to increase the percentage of fully immunized children by 12 months old from 75% to 88% in Ntchisi and 68% to 91% in Dowa, as documented by the cluster coverage survey.
- Reduced barriers to use of FP and immunization services on the same day, increased access to voluntary FP services at community level, and increased community support for both services through engagement with area development committees.
- Revitalized and scaled up BFHI across all 28 districts and 54 hospitals.

**Figure 1. Increase in fully immunized children from 2015–2017**



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

■ Baseline ■ Endline

# Malawi

## Background

MCSP's program in Malawi 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 and to prevent child and maternal deaths. MCSP continued to build on its predecessor, MCHIP's, success by providing technical assistance to the MOH and the EPI for national-level capacity-building, new vaccine introduction, and operationalizing the REC strategy in two low-performing districts, Dowa and Ntchisi. In 2015, at the USAID Mission in Malawi's request, MCSP expanded its scope to include the integration of FP and immunization services and the revitalization of an earlier UNICEF-supported BFHI in hospitals across the country. In the final year of implementation, MCSP focused on building the MOH's technical capacity to deliver high-quality services, improving data quality, and working with district health management teams in Dowa and Ntchisi to operationalize the REC approach to help facilities and districts plan activities, review progress, and monitor and report their service data. MCSP also prioritized iterative learning that helped the MOH and partners to continually adjust program strategies and activities for greater impact, and provide insight into future investments and programming.

## Key Accomplishments

### *Strengthened RI*

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. Consequently, process indicators that measure the strength of the immunization system were improved in the two districts between 2015 and 2017: 95% of planned outreach sessions were conducted, as opposed to 55% at baseline; 100% of health facilities received supportive supervision, had updated monitoring charts, and microplans, compared to 30%, 45%, and 0%, respectively, at baseline. MCSP also supported the MOH EPI to develop a new national immunization policy that guides the country based on immunization strengthening principles.

[At the district level, in Dowa and Ntchisi, MCSP implemented all five components of REC](#)—planning and management of resources, engaging with communities, supportive supervision, using data for action, and reaching all eligible populations—aimed at reaching all children with vaccination and reducing inequities in immunization coverage. To complement the REC strategy, community leaders used the integrated My Village My Home tool to register newborns and track infant immunization status. MCSP also contributed to the global evidence base on birth tracking for RI by sharing its experience with other countries interested in or already engaging communities in a similar way. As a result of MCSP's REC support in the two districts, between 2015 and 2017, the percentage of fully immunized children by 1 year old increased from 75% to 88% in Ntchisi and from 68% to 91% in Dowa (Figure 1), and the dropout rate from first to third dose of pentavalent vaccine stayed at approximately 4%, achieving the WHO target of under 10%. MCSP also discovered that while [vaccination coverage in Dowa and Ntchisi districts was high, many children received invalid doses](#), calling for immediate action to educate the service providers on administration of valid doses when the child had reached the minimum age for the vaccine, with the proper spacing according to the national schedule, and before 1 year old. MCSP helped the districts improve on timely vaccination and decrease the number of invalid doses administered.

In collaboration with Save the Children, MCSP also piloted immunization cStock, an SMS-based stock management system developed by John Snow Inc. and Dimagi under the Improving Supply Chain for Community Case Management project that was funded by the Bill & Melinda Gates Foundation. The purpose was to test cStock's use in reducing the occurrence of vaccine stock-outs at the health facility level. After MCSP's pilot of cStock, from 2015 to 2017, the percentage of facilities with no vaccine stock-outs increased to 97% in Dowa and Ntchisi from 30% at baseline. To gain support for rollout in other districts, the MOH uses Dowa and Ntchisi as prime examples of how stock management can be improved with cStock.

## ***Integrated FP and Immunization Services***

In Dowa and Ntchisi, MCSP leveraged field support and secured an investment of core funding to target previously missed opportunities of offering PFP to meet demand for limiting and spacing of pregnancies. MCSP accomplished this by equipping over 300 health surveillance assistants with FP knowledge and skills, including the ability to provide FP counseling, pills and injectable contraceptives, and 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 introduced communication materials and referral tracking tools that helped guide the referral of clients from one service to another. At the community level, [MCSP engaged leaders and area development committees from the districts to solicit their support in addressing key barriers to FP and immunization services](#) (including concerns and misconceptions about FP and partner opposition) and to promote the use of FP and immunization services. Together, health surveillance assistants and community leaders effectively advocated for integrated services and greater male involvement in FP and infant health. MCSP also coordinated stakeholder engagement among other development partners working in the districts to streamline support and prevent overlap of activities.

A mixed-methods process evaluation study revealed increasing trends in total voluntary FP use that began before the intervention and statistically significant increases in total FP users between similar pre- and post-intervention periods in 2016 and 2017. Results indicated shifts in use of FP services from health facilities to outreach sites, where use increased significantly shortly after the start of the intervention. No substantial changes were noted in the FP method mix or the uptake of the pentavalent vaccine. Mothers and fathers of infants noted the benefits of integration, including time savings, convenience, access, and improved knowledge/understanding of other services. Health workers observed that the service integration had improved their provision of health services in terms of more effective referral processes and ability to provide more holistic care to clients. The main challenges for service integration mentioned by service providers related to increased workload and documentation challenges. Integrated service provision and use were affected by availability of human resources and commodities, data collection procedures and availability, community linkages, sociocultural barriers, organization of services and days available, and supervision and commitment of health surveillance assistants. Results from this study complement results from a study on FP and immunization service integration expansion in Liberia in helping to understand how operationalization of FP-immunization integration can be optimized for improved service delivery and health outcomes.

## ***Revitalized the BFHI***

MCSP supported the MOH in the [revitalization and scale-up of BFHI in Malawi](#). Following initial revitalization efforts and training of over 1,900 staff from 54 health facilities across all 28 districts of 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, which requires adherence to the [Ten Steps to Successful Breastfeeding](#) and passing an external assessment.

To integrate newborn care into BFHI, MCSP once again complemented field support funds with core funds to train clinical maternity ward staff in eight hospitals previously trained in 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 staff, including nurses, clinicians, and nurse-midwives, to extend the global effort of protecting, promoting, and supporting breastfeeding. Over life of the program, over 1,900 staff from 54 health facilities in all 28 districts of Malawi received training in BFHI, five hospitals completed successful external assessments, and three hospitals received BFHI designation. Between 2015 and 2017, this resulted in more than 80,000 mothers receiving counseling on exclusive breastfeeding before discharge after childbirth.

Through updating Malawi's BFHI training package and building the capacity of the MOH's BFHI master trainers, MCSP helped to ensure that the country could sustain and continue to grow BFHI to improve

breastfeeding practices. The MOH pledged to sustain BFHI and communicated its plans to integrate the initiative in national policies and protocols.

## Recommendations for the Future

- **Prioritize sustained strategies that will prevent future gaps in immunization coverage, including those that ensure accountability.** Malawi's MOH EPI, reproductive health, and nutrition programs made significant progress with MCSP support. Future investments should focus on sustaining high immunization coverage rates and prevent gaps like those experienced in 2013, when pentavalent vaccine coverage fell in some districts. Focus must remain on maintaining community engagement; conducting regular review meetings; providing integrated supportive supervision at all levels; conducting post-training follow-up activities, including peer-to-peer visits between high- and low-performing districts; providing mentorship; conducting monitoring and feedback activities; and conducting data quality self-assessments.
- **Provide sustained resources to support staffing at facilities and outreach sites.** A review of roles and responsibilities between nurses and health surveillance assistants could also prevent duplication and maximize human resources.
- **Continue providing ongoing support from the national, district, community, and hospital levels for BFHI to ensure its success in Malawi.** This will require sustained advocacy efforts from partners, policymakers, and other stakeholders to support BFHI. Learnings and recommendations from MCSP including BFHI implementation were shared with WHO, the MOH, and USAID's Organized Network of Services for Everyone's Health, a project anticipated to begin supporting BFHI implementation.

Selected Performance Indicators for LOP	
Global or Country Performance Monitoring Plan Indicators	Achievement
Number of children < 12 months who received three-dose diphtheria-tetanus-pertussis/three-dose pentavalent vaccine through USG-supported programs in Ntchisi and Dowa districts	35,049 (target: 47,586; 74% achieved) <sup>1</sup>
Number of FP clients, by status (new and existing) and methods	95,118 (target: 89,349; 94% achieved) <sup>2</sup>
Number of health facilities with up-to-date microplans in Dowa and Ntchisi	43 (target: 43; target achieved)
First- to third-dose diphtheria-tetanus-pertussis dropout rate	4% (target: <10% achieved; target achieved)
Number of targeted villages registering newborns and tracking the immunization status monthly	2,178 (target: 2,345; 93% achieved)
Number (and percentage) of hospitals with self-assessment plans for BFHI, as a measure of their commitment	100% (target: 100%; target achieved)
Percentage of hospitals implementing the Ten Steps of Breastfeeding	100% (target: 80%; target exceeded)
Percentage of women who initiate breastfeeding within 1 hour	88% (target: 80%; target achieved)
Number of health facilities trained to strengthen the integration of feeding of sick and small newborns	8 (target: 8; target achieved)

<sup>1</sup> Source of administrative data is from the district vaccination data management tool. Due to denominators generated from old census data and poor data quality, data are inaccurate. However, the endline cluster coverage survey, conducted by MCSP in 2017, with a representative sample of 618 children, showed that three-dose diphtheria-tetanus-pertussis coverage of children by 12 months old in Dowa and Ntchisi districts was above 90%.

<sup>2</sup> Data collected in PY2 and PY3.

For a list of technical products developed by MCSP related to this country, please click [here](#).