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**MALAWI**

## The USAID portfolio in Health, Population and Nutrition (HPN)

Goal: Promote and improve health and well-being of Malawians through investing in sustainable, high-impact health initiatives in line with identified priorities of the Government of Malawi for the health sector stated in the **Joint Program of Work for the Health Sector Wide Approach (SWAp) 2004-2010** and the Malawi Growth and Development Strategy through the implementation of the **Essential Health Package**.

*The program aims to improve access to quality health care and encourage the development of strong health policies, financing, planning and management.*



# Malawi Targets: Defined by Roadmap for Accelerating Reduction in Maternal Mortality and Morbidity, also shared by MGD's

Maternal Mortality Rate: by 2010 decrease to 560/100,000

Neonatal Mortality Rate: by 2010 decrease to 25/1,000

- % of facilities providing Focused Ante Natal Care (FANC): 2010 (60); 2015 (100)
- % of pregnant women receiving skilled care at delivery: 2010 (40); 2015 (60)
- % pregnant women giving birth by Caesarean Section: 2010 (5); 2015 (8)
- % of health newborns receiving Essential Neonatal Care : 2010 (50); 2015 (70)

## Strategies:

- Improving the availability of, access to and utilization of quality Maternal and Neonatal Health (MNH) care including family planning services and PMTCT
- Strengthening clinically-based human resources to improve the quality of care
- Strengthening the referral system between primary, secondary, and tertiary care
- Advocating for increased commitment and resources for MNH care including FP/RH services
- Empowering communities to ensure continuum of care between household and health facility

# USAID Programming

- Three districts in each zone plus policy and systems support.
- Coverage for approximately eight million Malawians.
- Works to saturate covering all facilities in each targeted district.
- Three procurements, each with evaluations of interventions at baseline and mid and end points.
- Funded through USAID's MNCH/FP, Nutrition funds plus PEPFAR and PMI.

# Constraints: Quality

- Poor Quality of Care:
  - Lack of more than one ANC visit (late first visit)
  - Delivery in facility (approx 75%), doesn't mean SBA
  - Lack of commodities like oxytocin, plastic sheeting, razor blades
  - Poor infrastructure, with a lack of privacy, often not hygienic, with no running water or electricity
  - Perception of lack of quality of care impeding health seeking behavior
  - Delayed referrals

# Lack of quality and quantity of ANC

- Women should attend four ANC visits that cover history, physical exam, provision of iron, tetanus, and malaria prophylaxis.
  - USAID:
    - Expansion of quality ANC care
    - Incentivizing multiple visits and couples attendance at ANC
    - Distribution of mosquito nets and SP
    - Supply chain strengthening and quantification.

# Limited Capacity of SBA's

- Increase provision of the complete package of BEmONC services, post-abortion care, and PMTCT.
  - USAID:
    - Expand skills in the Active Management of the Third Stage of Labor and BEmONC
    - Expanding use of performance-based incentives to improve quality of care
    - Electronic Data System for Performance Quality Improvement
    - Expand capacity of nurses in skills through supportive supervision and clinical mentoring
    - Ensure access to educational material and educational reminder materials
    - Integration across technical areas with a clear division of labor

# Severe Human Resources Crisis

- Severe shortages of nurses often results in women delivering alone and their labor not being managed.
  - USAID:
    - Increase number of nurses and HSA's to ensure that they are adequately trained and appropriately deployed
    - Provide technical assistance to MOH to assist with usage and “flow” of patients to better integrate services and better utilize personnel
    - Clarify HSA's role and advise on task shifting as appropriate

# Supply Chain and Quality of Care

- Lack of commodities and medical supplies
  - USAID:
    - Create a parallel supply chain
    - Provide technical assistance to quantify and forecast
    - Strengthen integrated commodity chains for essential drugs through technical assistance
    - Ensure 100% coverage of utero-tonics
    - Facilitate the secondment of two technical advisors to sit with HTSS Director (or above) to assist in the reform of the supply chain



# Infrastructure Challenges

- There are not enough facilities to cover the population and the facilities are poorly distributed and need assistance with design and to ensure they are fitted fully.
  - USAID:
    - Assist in designing the infrastructure piece of POW and update CIP
    - Create new templates and architectural designs with MOH
    - Rehabilitate, renovate, and update primary health care facilities and community hospitals as well as staff housing
    - Create community-fund for small infrastructure improvements
    - Re-work flow of facilities
    - Collaborate with ESCOM to ensure power supply, pursue solar, and link with MCC
    - Create bore holes as appropriate and ensure maintenance
    - Purchase appropriate equipment

# Continuum of Care

- Women often times don't have access to timely care and don't have the needed information to make informed decisions.
  - USAID:
    - At community level, HSA's provide:
      - Antenatal and postnatal home visits
      - Motivate and encourage focused antenatal care; health facility delivery, postnatal care, newborn care; family planning as mentioned before
      - Counseling /Health Education on PMTCT , nutrition, birth preparedness / complication readiness, essential newborn care, family planning
      - Screen and refer for danger signs for better referral chain
      - Creation of Community Action Groups who advocate at district level with DHO and also assist in creating transportation solutions

# Household to Hospital Continuum of Care

- Community and Maternal Newborn Health initiative (CMNH )
- Community Mobilization (CM)
- FP/HIV integration for testing and provision of methods
- Community Case Management (CCM), especially for child health and malaria

# Neonates

- Neonatal causes of death are quite preventable and are linked to quality of care in labor and delivery.
  - USAID:
    - Ensure better obstetric care for the betterment of neonate outcomes
    - Controlled cord traction and drying
    - Newborn resuscitation through Helping Babies Breathe
    - Kangaroo Mother Care (Facility and Ambulatory)
    - Post-Partum Family Planning

# USAID programming: Systems

- Revision of maternal newborn health standards and guidelines
- Support to the Roadmap
- Revision of RH strategy 2011-2015
- Improvement of pre-service and in-service nursing curriculum to include BEmONC and BEmONC integrated into competency-based training
- Pre-service training of nurses and HSA's