



The Health Programme in Malawi

Maternal mortality remains unacceptably high in Malawi.

Many women especially those in rural areas still live too far away from health facilities to be able to receive care in time. Women living in hard-to-reach areas face many logistical and financial barriers to access good quality health care services. This combined with high fertility rates of 4.8 and 3.0 on average for rural and urban women respectively and rising teenage pregnancies means a lot of women still face the risk of death or disability throughout their reproductive years. The pace of scaling up community-based maternal and newborn care is slow and crippled with human resources shortages.

Under-five mortality has reduced to a level that surpassed the 2015 target of the Millennium Development Goals but progress in newborn mortality was suboptimal.

Newborn deaths are currently the largest contributor to overall under-five deaths with the vast majority dying from severe infections, prematurity and birth complications. Diarrhea, malaria, and pneumonia remain the leading causes of illness and death among children. Many of these deaths can be prevented with improved prenatal care, timely identification and treatment of infections, improved mother and child nutrition, and improved immunization coverage especially among children who come from families living in poverty, rural areas or during emergencies.

The overall goal of the UNICEF health programme in Malawi is to have a well-nourished population that effectively contributes to economic growth and prosperity of the country. This is achieved through the following programs:

Maternal and Newborn Care

Through the Maternal and newborn care program, UNICEF aims at strengthening the existing health system to make quality health care services available for mothers and their babies through the upskilling health care providers, renovating and constructing newborn care units, providing essential supplies, and improving the Community Based Maternal and Newborn Care services and referral systems. In addition, UNICEF also supports data management for improved decision-making and high-level advocacy for appropriate policies and strategies, national planning and management of maternal and neonatal health services.

Community Health

The Community Health Program aims at bringing cost-effective, integrated, quality health care services closer to the people. To achieve this UNICEF supported the Ministry of Health to develop a community health strategy and continues to support the community health department to integrate health services from the national to the community level.

Immunisation

UNICEF provides technical assistance to the Malawi Expanded Programme on Immunisation (EPI) to improve immunization planning. It also supports the Ministry of Health to improve the quality of services and equity in immunisation coverage. Through a Reach Every Child (REC) approach UNICEF strengthens community health system for immunisation and uses communication to sustain immunisation coverage in districts with low immunisation coverage. UNICEF also supports emergency response activities to vaccinate preventable diseases like polio and measles when outbreaks occur.

Evidence Based Planning for the Health Services in Malawi

UNICEF supports the Ministry of Health to decentralize and achieve universal coverage of reproductive, maternal, newborn, child, and adolescent health service through the implementation of the District Health Performance Improvement (DHPI) approach; turning the current monthly district implementation plans into multiyear strategic and evidence based district plans.

Emergency Health

UNICEF builds the capacities of health institutions, communities and individuals to withstand emergency health issues associated with flooding, malnutrition and drought through rapid identification, referral, and treatments. UNICEF supports the Ministry of Health to conduct periodic supportive supervision, rapid assessments, campaigns targeting common childhood illnesses like Malaria, Pneumonia and diarrhea, oral cholera vaccination, and messaging on key health hygiene and sanitation. The project also supports data recording, reporting and analysis on emergency health issues.



Steve Semo assessing a child for malnutrition at Chimpambu village clinic.

Photo Credit: ©UNICEF Malawi 2018

Chimpambu Village Clinic Saving Lives

By Naomi Kalemba, UNICEF Malawi

One morning, five-month-old Elita Kabison of Chimphandu village woke up with a fever. Her mother noticed that she was also refusing to breastfeed. Elita's mother quickly took her to Chimphandu village clinic for treatment. She was first in line. The Health Surveillance Assistant, Steve Semo, evaluated the baby and concluded that she had malaria. He gave her an anti-malaria drug and she took the first dose at the clinic. He sent the relieved mother home with the baby and instructions to bring her back for a follow up check after five days.

Health Surveillance Assistants are taught how to assess and treat diarrhea, malaria and pneumonia in children aged 2-59 months. In addition, they also administer vaccines, conduct growth monitoring sessions, to check for malnutrition, and administer family planning. They also use village clinics to teach mothers new behaviours such as identifying danger signs in sick children, knowing when to seek medical care, and improved hygiene and sanitation to prevent diseases.

Group village headman Chimphandu explained that. **"Before 2014, we used to bury at least two children every month,"** he said. **"Now child deaths have reduced to two every year. Two every month was too much to bear for us."**

District health officer for Dedza district, Dr Jere, agreed. **"In a community of 3,488 people, 193 of which are under the age of five, two deaths a month were too much by any standard."** He added: **"There are now 271 village clinics in Dedza district which provide treatment for common illnesses to over 128,098 under five children living in hard to reach areas."**

The residents of Chimphandu village are building a house for Steve, so that he can live closer to the village clinic. The fact that the community are doing this with their own time and money, shows how much value they place in the Health Surveillance Assistants and the lifesaving services they offer through the village clinics.

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