Jhpiego in Malawi

**Quick Facts**

- **Estimated total population:** 17.2 million
- **Maternal mortality ratio:** 675 per 100,000 live births
- **Infant mortality rate:** 46 per 1,000 live births
- **Under-five mortality rate:** 71 per 1,000 live births
- **Total fertility rate:** 5.7
- **Contraceptive prevalence:** 42% (modern methods), 46% (all methods)
- **HIV prevalence:** 10.6%
- **Births with skilled provider:** 71%

**Sources:**

1. 2015 World Population Data Sheet;
2. Malawi Demographic and Health Survey 2010;

**Background**

Malawi is a landlocked country in Southeast Africa that ranks among the world’s least developed countries. With an estimated population density of 184 people per square kilometer, it is also one of the most densely populated in Africa. The economy is predominantly agricultural, with about 85% of the population living in rural areas. Health challenges faced by the country include: 1) a high maternal mortality ratio, ranked one of the highest in the world; 2) cervical cancer, which is the leading cause of cancer in women; and 3) the continuing HIV/AIDS crisis, including the problem of mother-to-child transmission of HIV and the risks faced by health workers of exposure to HIV and other communicable diseases at health facilities with substandard infection prevention (IP) practices.

Jhpiego began working in Malawi in 1999, initially under the global Training in Reproductive Health Cooperative Agreement with the U.S. Agency for International Development (USAID). Subsequently, Jhpiego provided support under a 2003–2007 Cooperative Agreement with USAID/Malawi. From 1999 to 2006, Jhpiego also implemented a cervical cancer prevention program in Malawi, originally with funding from the U.K. Department for International Development (DFID) and later from USAID and the Bill & Melinda Gates Foundation. From 2007 to 2009, with funding from USAID under the ACCESS Program, Jhpiego and its partner Save the Children worked in Malawi to increase utilization of maternal and newborn health (MNH) services. In 2009, this program transitioned to USAID’s global flagship Maternal and Child Health Integrated Program (MCHIP) award through which Jhpiego (as prime) partnered with Save the Children and PSI to collaborate with the Ministry of Health (MOH). The goal of this collaboration has been to improve the quality of reproductive health (RH) services, notably IP practices, basic emergency obstetric and newborn care (BEmONC), prevention of mother-to-child transmission of HIV (PMTCT), postpartum family planning (FP) and a neonatal resuscitation approach called “Helping Babies Breathe.”

From 2010 to 2011 Jhpiego, under MCHIP, facilitated the development of national standard operating procedures for voluntary medical male circumcision (VMMC) and implemented Malawi’s first pilot initiative on VMMC for HIV prevention in Mulanje, resulting in provision of male circumcision services to 4,348 men. In 2012, Jhpiego received additional funding through MCHIP to provide VMMC services to more than 8,000 males in Thyolo District. Jhpiego’s VMMC portfolio was further expanded in 2012, when it received a three-year award from the U.S. Department of Defense (DOD) to implement a VMMC project targeting the Malawi Defense Forces (MDF). A recent four-year DOD award is ensuring continuation of this important work to support the MDF to reach all military personnel with VMMC services and provide technical support to MDF personnel. In July 2013, USAID awarded Jhpiego a four-year MCHIP Associate Award solely focused on high-impact scale-up of VMMC services in five districts of Malawi. Jhpiego’s current work in VMMC is described in more detail under “Current Program Highlights” on the following page.
In November 2011, USAID awarded Jhpiego the five-year Support for Service Delivery Integration (SSDI-Services) Project, aimed at supporting the MOH to increase access to and quality of the essential health package of services across 15 Malawi districts, as depicted highlighted in blue in the map at left. This project, which received additional funding to support HIV care and treatment in 2015, is described in more detail below.

**Current Program Highlights**

**SSDI-Services**

The SSDI-Services Project is led by Jhpiego and is implemented in partnership with Save the Children, CARE and Plan International, as well as 10 local community-based organizations. The project focuses on improving access to services and enhancing the quality of care through training, clinical mentoring, supervision and facility improvements, as well as increasing community participation for better health outcomes. It leverages the work of two other USAID-funded projects—SSDI-Communication (led by the Johns Hopkins Center for Communication Programs) and SSDI-Systems (led by Abt Associates)—to support a comprehensive approach to strengthening health systems in 15 targeted districts.

Under this project, the team has been implementing interventions in MNH, child health, FP/RH, HIV, malaria and nutrition. In addition, MCHIP works in the areas of mentoring, performance and quality improvement, community mobilization and community-based services, performance-based incentives and monitoring and evaluation. Under the project extension, Jhpiego will provide technical leadership to expand the technical HIV/AIDS scope of the SSDI-Services project in four of the 15 SSDI districts (Salima, Lilongwe, Chikwawa and Nsanje) and address gaps in maternal, neonatal and child health (MNCH) in five of the 15 districts (Lilongwe Rural, Balaka, Machinga, Mangochi and Nsanje). The goals of activities under the expansion of the SSDI-Services project are as follows:

For HIV/AIDS:

- Increase population coverage of antiretroviral therapy services by ensuring that services are optimally implemented and utilized at the facility level
- Support the National Tuberculosis Control Program to open new tuberculosis initiation sites at facilities with existing antiretroviral services
- Scale up access to CD4 and viral load testing so that people living with HIV (PLHIV) can initiate treatment at earlier stages
- Increase uptake of FP services by PLHIV
- Provide clinical mentorship and community-based interventions to support implementation of the Positive Health, Dignity and Prevention package for PLHIV as an effective strategy for reducing risk behavior (including multiple partnering), incidence of sexually transmitted infections and unintended pregnancies

For MNCH:

- Address delay in the decision to seek care and in arrival at a health facility through promotion of accurate MNCH health information disseminated at the community level by health surveillance assistants and procurement of modes of transportation to enable women to access essential services
- Conduct additional community MNH trainings for health surveillance assistants
- Procure and distribute essential equipment to facilities for BEmONC, including “Mama Kits”
- Renovate maternity wards and improve water access in the facilities within the MNCH districts
VMMC

Jhpiego is supporting VMMC for HIV prevention in Malawi under two awards: 1) a four-year DOD award (which follows on a previous three-year award) to support the MDF to reach military personnel, their family members and civilian community members living near MDF bases with high-quality VMMC services; and 2) a four-year USAID Associate Award under MCHIP to support high-impact scale-up of VMMC services in five districts of Malawi. Under both of these awards, Jhpiego is building the capacity of MOH and MDF personnel in VMMC service provision by training providers and counselors, training trainers, renovating one site and providing VMMC equipment and supplies. It is also supporting the MOH to conduct high-volume VMMC campaigns and outreach, and strengthening the VMMC monitoring and evaluation system.

Key Accomplishments

SSDI-Services

- Between October 2011 and September 2015, a total of 1.5 million couple years of protection were generated through the adoption of FP methods across 15 districts.
- A total of 136,555 children have been reached with nutrition-supported programs.
- At supported sites, successful resuscitation of newborns increased from 30% in June 2012 to 93% in August 2013.
- Intermittent preventive treatment of malaria in pregnancy (IPTp) has been promoted via coaching and supervision, resulting in increased uptake of IPTp2 from 16% to 68% between July 2012 and June 2013, in SSDI-supported districts.
- The capacity of 280 community-based distribution agents was built in community-based FP, revitalizing community-based provision of FP in eight districts, and provision of Depo-Provera® by Health Surveillance Assistants was expanded to Chitipa, Dowa, Lilongwe and Mangochi Districts.
- Kangaroo Mother Care (KMC) rooms/sites have been identified/established in 170 health facilities in 15 districts.
- Due to capacity strengthening for BEmONC functions, 90 sites are currently providing BEmONC services.
- The capacity of health care providers has been built through training as follows: 226 providers trained in prevention of postpartum hemorrhage using misoprostol, 62 in Helping Mothers Survive, 80 in BEmONC, 399 in infant resuscitation/Helping Babies Breathe, 118 in KMC, 783 in emergency triage assessment and treatment, 117 in Integrated Management of Childhood Illness, 786 in rotavirus vaccine, 212 in long-acting and permanent methods of FP, 36 in bilateral tubal ligation, 229 in PMTCT, 200 in early infant diagnosis, 209 in provider-initiated testing and counseling for HIV, 181 in Community Case Management of Acute Malnutrition and 1,015 in performance and quality improvement.
- The capacity of Health Surveillance Assistants has been built through training as follows: 98 trained in community-based MNH, 722 in community case management/care for the sick child, 823 in providing Depo-Provera and 279 in HIV testing and counseling.
Equipment was distributed as follows: BEmONC equipment to 95 health centers and 26 hospitals, 600 manual vacuum aspiration kits for scaling up postabortion care, and newborn resuscitation equipment to 10 districts.

Jhpiego provided support to develop or review/update the following documents: national KMC guidelines, national RH guidelines, PMTCT standard operating procedures, malaria in pregnancy guidelines, mentoring implementation guidelines, standards for service delivery of the essential health package, national IP policy and quality assurance policy, guide on monitoring performance and quality improvement outcomes, and guidelines for integrated community essential health package interventions.

In addition, Jhpiego supported the development or review/update of national training manuals for integrated MNH, malaria case management, malaria in pregnancy and mentoring.

VMMC


A total of 45 MDF service providers trained in VMMC and 43 HIV counselors trained in the VMMC package. Under MCHIP (in Thyolo) and Sankhani (in Zomba, Chikwawa and Thyolo), 91 service providers trained in VMMC, and 95 HIV counselors in the VMMC package.

Ten VMMC trainers trained, thus establishing a cohort of trainers in VMMC in Malawi. As a result, the country is better prepared to tap into local expertise and utilize local trainers to scale up VMMC.

VMMC site renovations at Thyolo District Hospital; VMMC equipment and supplies (including IP supplies) provided to all sites.

MOH and MDF sites supported to conduct high-volume VMMC campaigns and outreach.

National monitoring and evaluation system for VMMC developed, including client registers, cards and forms; these efforts will ensure that the MOH’s monitoring and evaluation systems capture data on VMMC at the national and district levels. Also, printed VMMC facility monthly reporting forms for all supported sites.

Partners and Donors

National partners include the MOH (SWAp [Sector Wide Approach] Secretariat, RH Directorate, the National Malaria Control Program, Nursing Directorate, Directorate of Preventive Health Services, Directorate of Clinical Services, HIV Directorate and the National Tuberculosis Control Program), the Nurses and Midwives Council of Malawi and all 13 of Malawi’s nurse midwifery training institutions.

Current and past donors in Malawi include USAID, DOD, DFID and the Bill & Melinda Gates Foundation.

Jhpiego partners active in Malawi include: Save the Children, Plan, CARE and John Snow, International.

References

