



Govt of Malawi

**UNFINISHED AGENDA FOR
ACCELERATED CHILD SURVIVAL AND DEVELOPMENT IN MALAWI**

Overview of the **Child Health Strategy**

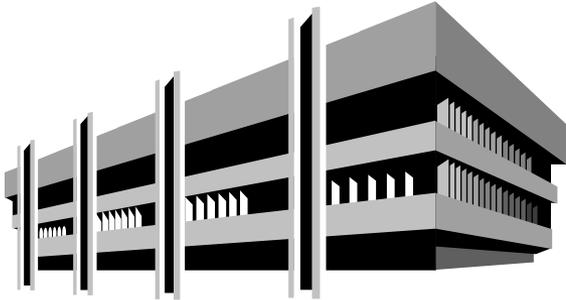
*For Survival and Health Development of
Under-five Children in Malawi*

2014-2020

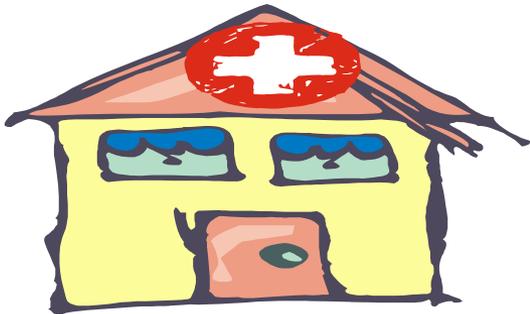
What we now know -Current situation

- Malawi has saved 280,000 children's lives and achieved MDG4
- Malawi was one of the earliest and fastest adopters of internationally recognized policies to save child lives
- In 1990 only 75 out of every 100 children in Malawi survived to the age of 5
- By 2013, 93 out of every 100 children reached the age of 5
- The top 3 life saving interventions – Game changers were
 - Treatment of childhood illnesses (diarrhea, pneumonia and malaria)
 - ITN
 - Vaccines

Where do children die?



In Hospitals: 1-2%



In Health Centres: 20-50%



In the homes: 50-60%

Child Health Strategy as A Broader Concept

- Advocates for a paradigm shift in implementation of activities (Not doing business as usual)
- Calls for intra-sectoral collaboration –Health
- Calls for Acceleration (effective speed) – no modelling
- Calls for highest level of commitment from all partners (an equivocal declaration)
- Emphasizes on minimum package of high impact cost effective interventions
- Promotes offering of packages of services for each service delivery point

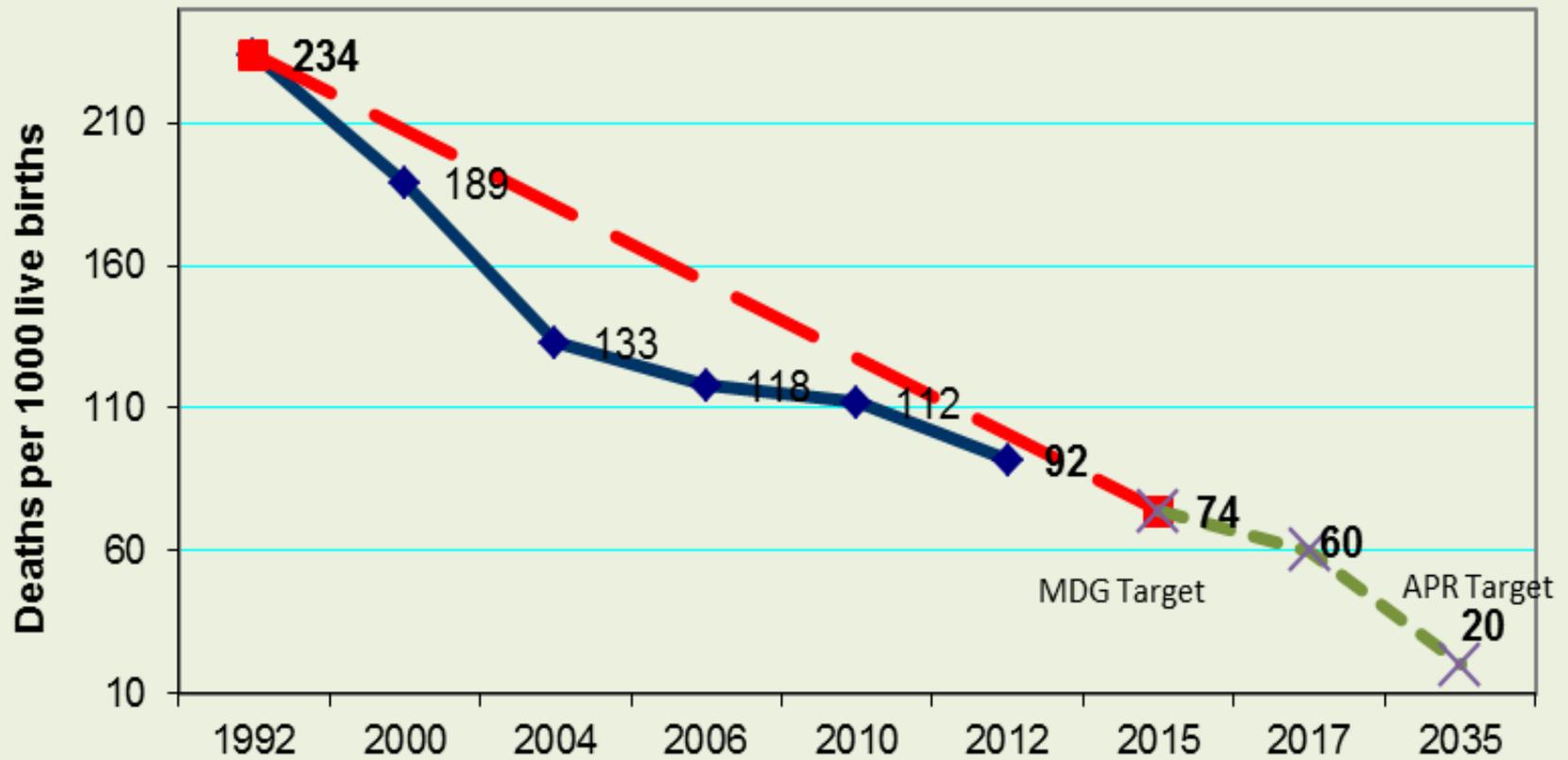
Why an Integrated Intra-sectoral Approach?

- Vertical programs can save children from one illness but still die from another condition
- Children present with multiple conditions which require integrated management
- Parents and caregivers can save children's lives if they have knowledge of management of simple conditions at home
- Many factors that affect quality of care such as community behaviors are best addressed through an integrated approach
- Most preventive health interventions require community involvement

**Progress in achieving
MDG4 Based on DHS and
MICS Reports**

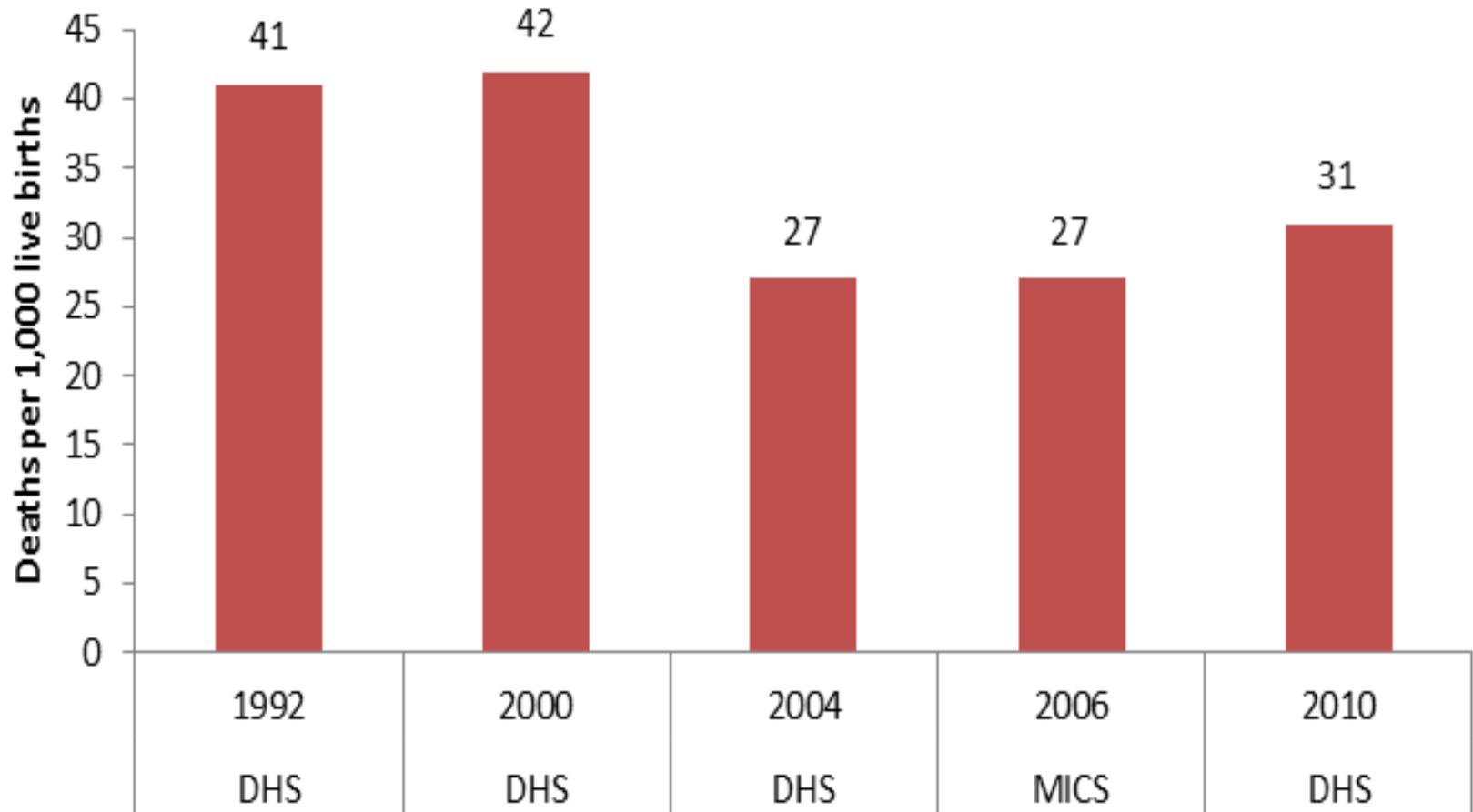
Trends in Under Five Mortality Rate

Under-five mortality rate



Trends in Neonatal Mortality Rate

Neonatal mortality rate, 2010



Implication for Malawi

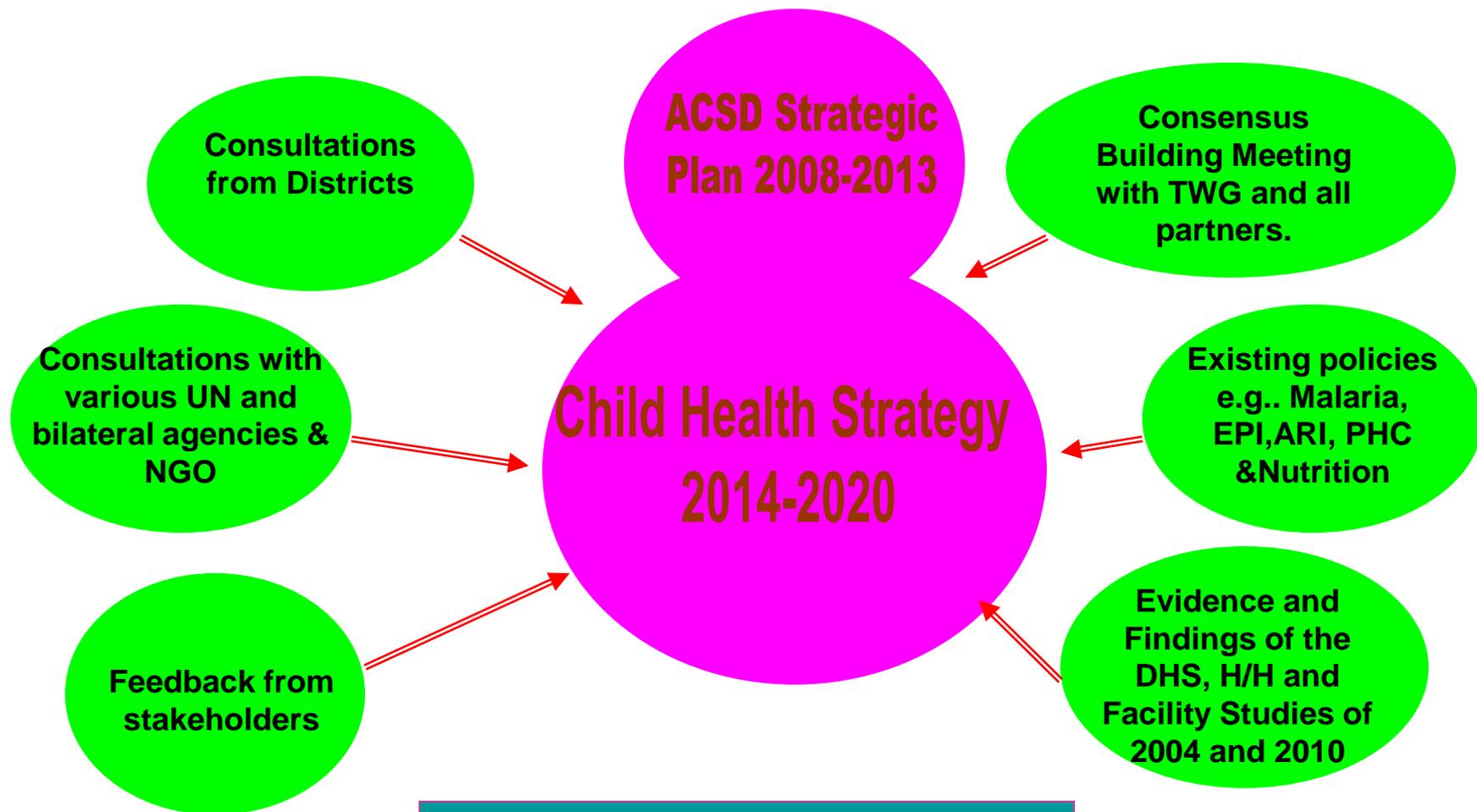
- We should not be complacent
- Need for more effort and resources
- Promote intra-sectoral approach and accelerate High Impact interventions

These motivated the development of the Child Health Strategy to guide speedy implementation of HII

The Child Health Strategy

- Developed to operationalize the implementation of child health interventions
- Stipulates approach, service delivery points and says who does what and how
- Provides strategic directions and priority interventions
- Outlines partnerships, sectoral roles and budgets

The Process of Child Health Strategy Development



COINCIDENCE

Parts of the Strategic Plan

- Introduction
- Background information
- Strategic Issues
- Strategic Directions
 - Vision
 - Mission
 - Guiding Principles
 - Goal
 - Objectives
 - Expected Results
- Priority Areas for Interventions
- Supporting Strategies
- Institutional Framework
Key Strategic Issues
- Monitoring & Evaluation
- Costing and Financing
the Strategy

Introduction & Background information

- **Introduction** describes the global and Malawi child and maternal health indicators and the need for interventions. It also highlights general overview of what the document is all about
- **Background information** describes generally
 - The country profile
 - The disease burden
 - The current interventions in maternal and child health in Malawi
 - Service delivery modes

Strategic Directions

Vision : The vision is to keep all children in Malawi healthy and free from all common childhood illnesses so as to survive, grow and develop to their full potential

Mission: The mission is to provide holistic and integrated services for the delivery of a comprehensive package of quality, equitable and efficient child health interventions for the survival of children under five years of age in Malawi

Goal: is to achieve a reduction in childhood morbidity and mortality according to MDGs targets for 2015 and for *A Promise Renewed* target of 20 under-five deaths per 1000 births by 2035.

By the end of the Child Health Strategy in 2020, it is projected that there will be a reduction in under-five mortality to 66 deaths per 1000 births and neonatal mortality to 21 deaths per 1000 births.

Guiding Principles

- Child Health Strategy will be implemented in the context of the EHP and SWAP
- The Strategy is aligned and seeks to achieve milestones for global and national commitments and goals and will be delivered through recognition of the human rights based approach to programming
- The operational decision-making process of the Child Health Strategy will be decentralised to local assemblies and communities to ensure acceleration of universal coverage of high impact RMNCH interventions

Guiding Principles

- The Child Health Strategy is developed in cognisance of existing policies and programmes addressing child survival issues
- The Strategy ensures continuity of interventions envisioned in the National Roadmap for Accelerated Reduction of Maternal and Neonatal Morbidity and Mortality in Malawi and other RMNCH and Nutrition interventions
- There shall be transparency, accountability and good governance in the provision of child care goods and services by all stakeholders.

Guiding Principles

- The strategy will strive to put in place mechanisms for securing commitment from and constantly engage programmes and partners in fulfilling their mandate towards child survival
- The policy seeks to strengthen and build new partnerships, through;
 - Creating opportunities and entry points for new partners to participate
 - Devolving implementation to each service delivery unit
 - Decentralised levels in order to reach the child, household and community more effectively

Strategic Objectives

- To achieve universal coverage of selected high-impact interventions for maternal, newborn and child survival and development by 2020
- To strengthen interventions that promote uptake of high impact interventions by 2020
- To strengthen the capacity of systems for leading, managing and providing high-impact and low-cost priority interventions for women and children by 2020

Strategic Issues

- Limited Access and inadequate coverage of high impact interventions e.g 60% of children die at home
 - Aiming at bringing services closer to people
- Intersectoral collaboration and coordination
 - Strengthening coordination mechanism and harmonising service delivery to maximize benefits from collaborating partners
- Financing Mechanism
 - Health and Nutrition-SWAp
 - Securing funds to finance other interventions ie Global Fund, GAVI and RMNCH

Strategic Issues cont..

- **Systems Capacity**

- Efforts aimed at improving availability and supply of drugs, availability of motivated staff, improving knowledge and skills of staff
- Improved management for policy direction
- Program management- plan, budget, implement and report
- System supervision
- Physical infrastructure and equipment

Priority Areas for Interventions

- Target conditions
 - Neonatal conditions (sepsis, asphyxia, preterm),
 - Malaria,
 - Acute respiratory infections (pneumonia),
 - Diarrhoea,
 - HIV/AIDS, and
 - Malnutrition.

Priority high impact interventions for new born and child survival

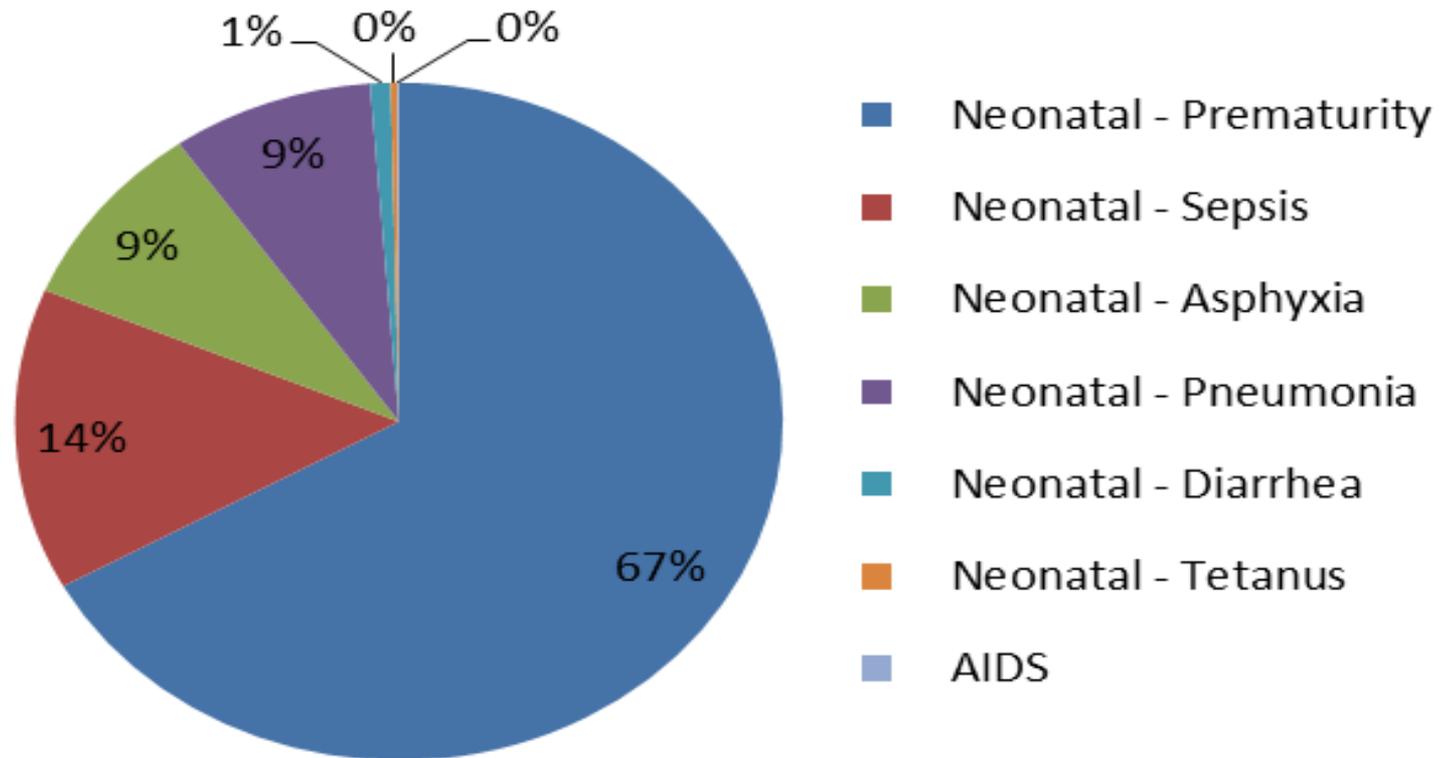
1. Long lasting Insecticide nets (LLINs)
2. Intermittent Presumptive Treatment (IPT) in pregnancy
3. Breastfeeding
4. Complementary feeding
5. Immunization and Vitamin A
6. Focused antenatal care and clean delivery
7. Management of preterm labour
8. Postnatal care for mother and newborns
9. Water and sanitation
10. Care for asphyxiated newborns
11. Integrated Community case management
12. Timely and correct treatment of malaria
13. HIV, AIDS and Paediatric ART
14. Antibiotics for sepsis, pneumonia
15. Care for pre-term babies and LBW

Packages of services and delivery strategy

- Rationale for packaging
 - For purposes of convergency (to be delivered at one service delivery point)
 - To avoid missing opportunities
 - To leverage resources
- Packages of services
 - Community-based preventive and curative interventions
 - outreach and facility-based preventive interventions
 - Individual oriented Clinical Services (facility based)

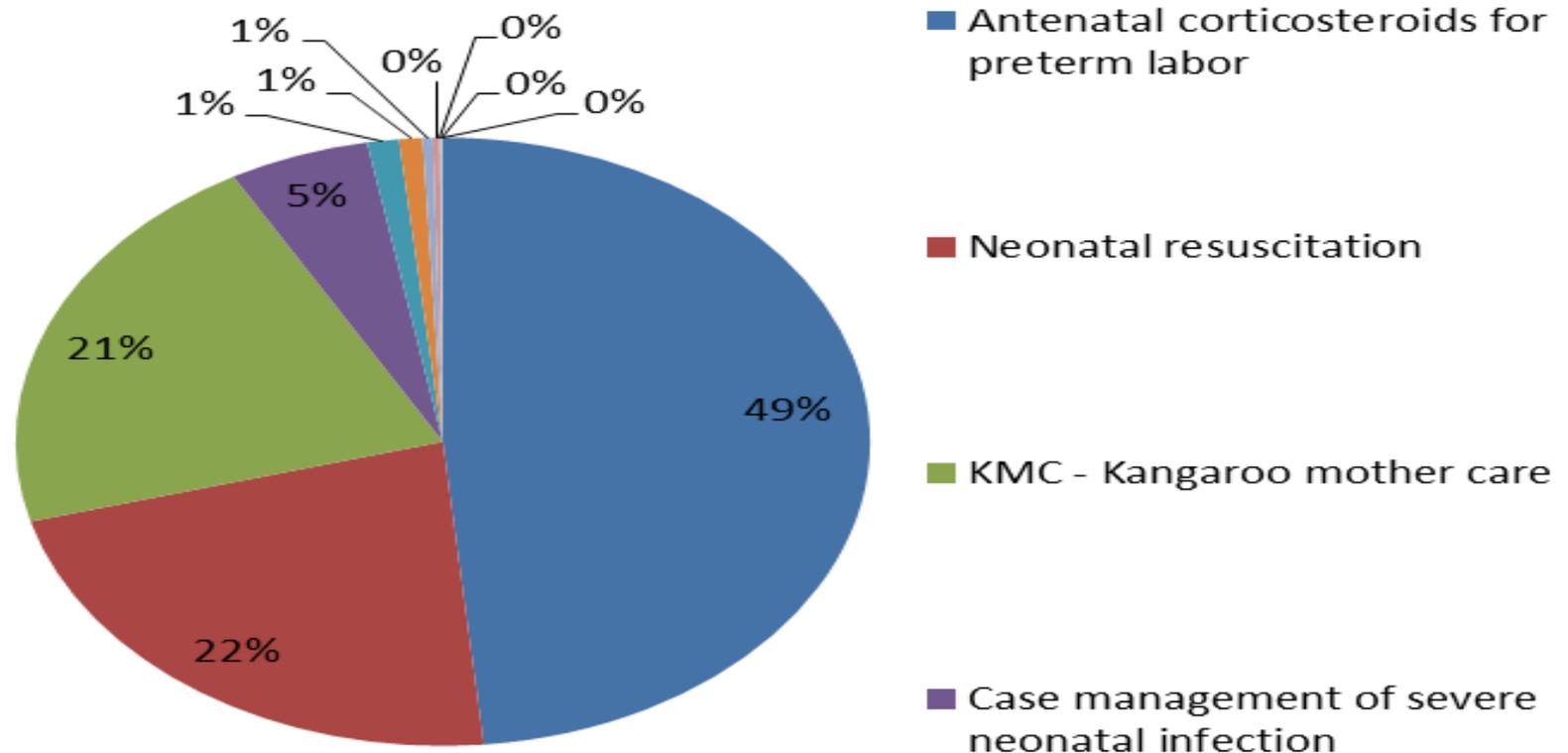
Effectiveness and Efficiency = Lives Saved

Neonatal deaths averted by cause in 2020



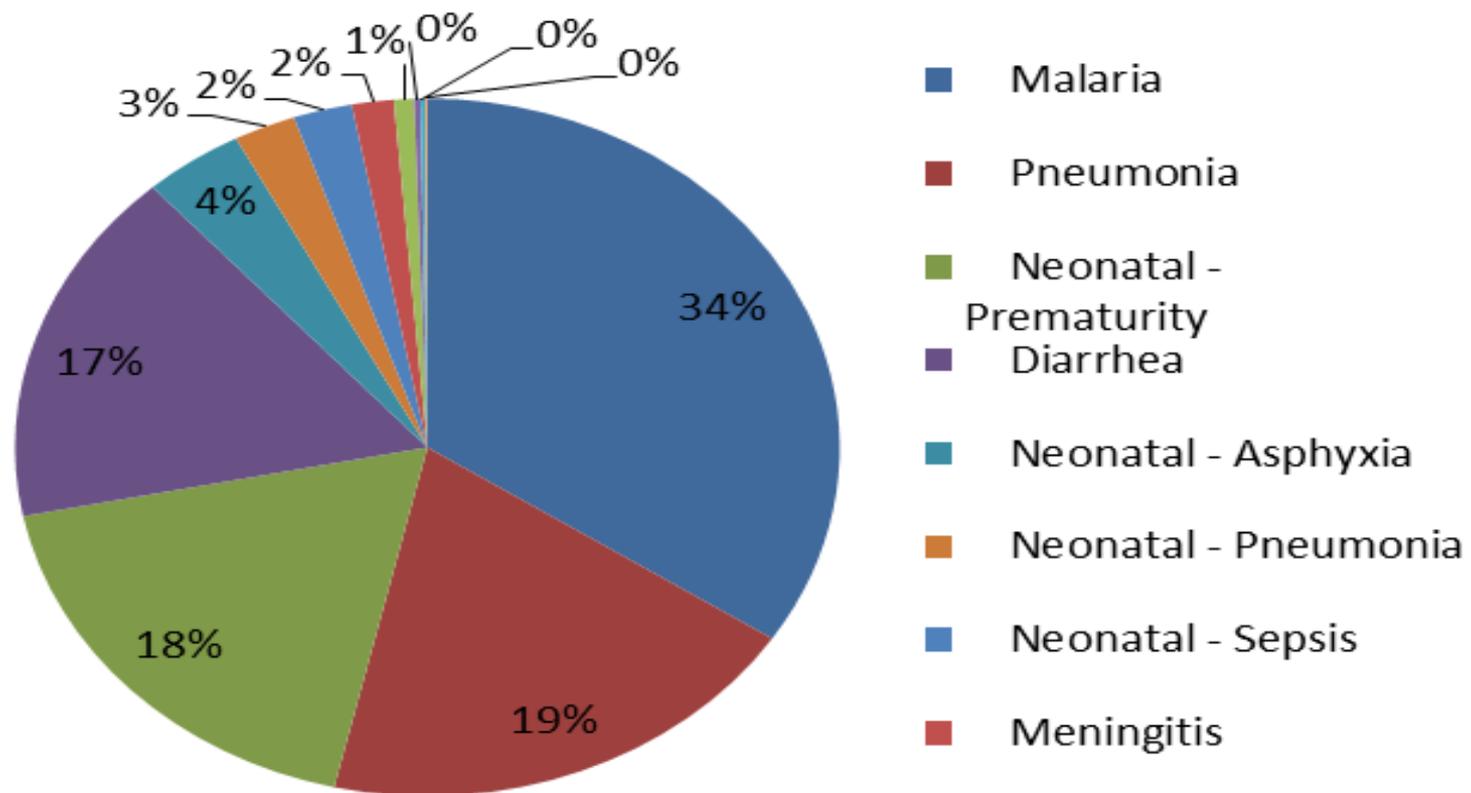
Effectiveness and Efficiency = Lives Saved

Neonatal deaths averted in 2020 by Intervention



Effectiveness and Efficiency = Lives Saved

Under five deaths averted by cause in 2020



Areas/Levels of focus

- **Targets for community-based preventive and curative interventions**

Targets for facility-based preventive interventions including outreach

Targets for individual –oriented clinical services

Delivery Mechanisms/Strategies

1. Home /Family and Community-based interventions
2. Village Clinic Days by HSAs
3. Outreach/Mobile Services
4. Health Centres and Hospitals
5. Mass campaigns e.g. Child Health Days
6. Other delivery strategies e.g. Community meetings

Supporting Strategies

- Logistical Management
 - To strengthen capacities for logistics planning, and management at all levels;
 - *Ref page 64*
- Resource Mobilisation & Management
 - To strengthen capacities in resource mobilization, utilization and performance based accountability at national, district and lower levels
 - To build capacity for gap analysis, resource management and reporting
 - Coordinated national response to child survival
 - *Ref page 65*

Supporting Strategies cont..

- Intra-sectoral collaboration & Strategic partnership
 - Strengthen coordination structure
 - Data base of partners their roles, coverage, programmes and resources
 - Develop and harmonise coordinated framework for community level interventions
 - Common system for supervision
 - Focal point person
 - Review meetings

Supporting Strategies cont..

- **Supervision**

- Consistent, frequent & more regular supervision that helps to identify problems early & make immediate remedial action
- Common supervisory mechanism & checklists
- Involvement of relevant service level members in a participatory process



Institutional Framework

- To ensure an effective Intra-sectoral response through a managed partnership
- MOH will provide the overall leadership through its administrative structure from the headquarters to the community level.
- There is diagrammatic representation of the framework
 - Administrative through established offices
 - Collaborative through committees

Managed Partnership

- Recognition and acceptance of the complementary roles of each of the partners in the institutional framework
- Shared responsibility to advocate and support other partners to discharge their mandates
- Unequivocal declaration of interest and commitment by all partners

Roles and Responsibilities

- The strategy demands an intra-sectoral approach with a common set of roles and responsibilities amongst child health programmes in the MoH. Specifically programmes and partners should;
 - Articulate their mandate and action plan for the implementation of child health including resource mobilisation.
 - Support health promotion and education related to all the elements in the Malawi minimum package of high impact interventions.
 - Provide policy, programmatic and administrative guidance and support to the relevant components according to their specific mandate.

Monitoring & Evaluation

- For timely, complete, accurate and comparable data at all levels
- M & E will be done for;
 - Local monitoring to improve services management.
 - Monitoring coverage to strengthen health systems.
 - Real time monitoring and national evaluation platform for implementation strength.

Costing and Financing the Strategy

- The costs for the delivery of high impact interventions include programme costs, drugs, commodities and supplies and a share of health system costs exclusively for the concerned high impact interventions; human resources; trainings; transport and logistics; infrastructure and equipment; supervision, monitoring and evaluation; and communication for behaviour change.
- MK 359, 860,914, 851 = **U\$3.57 billion** for five years
- Costing Methodology
 - Major costs are estimated from the LiST and the one UN costing tools
 - Activity Based Costing for non-health interventions

A call for Action/ Our appeal

- Partner support should go beyond declaration of interest- put mechanism for implementation
- Joint efforts to mobilize resources for child health interventions implementation
- Partners and programs should earmark resources for child health components within their mandates