

# Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCH)

## MALAWI

**Program:** Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCH)

**Donor:** Government of Canada through Global Affairs Canada

**Initiative:** Partnerships for Strengthening Maternal, Newborn and Child Health (PS-MNCH)

**Budget:** \$35,084,743; Government of Canada contribution: \$31,122,612

**Duration:** 6 years (2016 to 2022, including COVID-19 response)

**Target Countries:** Ethiopia, Kenya, Malawi, Tanzania, Senegal

**Consortium Partners:** Amref Health Africa in Canada, Children Believe (formerly Christian Children's Fund of Canada), SickKids Centre for Global Child Health, WaterAid Canada

The CAIA-MNCH program in Malawi was implemented by Amref Health Africa in Chikwawa, Ntchisi, Neno, and Mwanza districts. Ntchisi district is in Malawi's Central Region, while the other three districts are in the Southern Region. The program sought to increase the capacity of the health care system in these districts, which have the lowest MNCH indicators in the country and are underserved and geographically marginalized. The decision to target these districts was made in collaboration with the Reproductive Health Directorate in the Ministry of Health (MoH).

The program in Malawi focused on **strengthening household and community-based disease prevention strategies, managing and controlling epidemics, and supporting community health workers**. This focus was prompted by Cyclone Idai in 2019, which led to Amref Health Africa prioritizing assistance in rebuilding health systems and focusing on community strategies to address health-related impacts from natural disasters.

Despite the contextual challenges, **Malawi saw a significant decline in both ultimate outcomes, noting a national Neonatal Mortality Rate of 27 deaths per 1,000 live births in 2016 to 22.4 deaths per 1,000 live births in 2019**. Similarly, the underweight prevalence in children under 5 was 12% in 2016 and subsequently decreased to 3.9% in 2019.

Despite program complications with prolonged political violence and pivoting program activities due to Cyclone Idai, the program was able to make a notable impact on the ground in the delivery of essential services, utilization of essential health services, and improvement in the expertise of health care workers. Across all age categories, **Malawi saw an increase in skilled attendants at delivery, with a total of 91% at baseline and 96% at endline.** There was also an increase in health care worker knowledge of EmONC service delivery with a total mean score of 82.5 on a knowledge questionnaire at baseline and 91 at endline, indicating impactful awareness of service delivery among health care workers in the community, which will positively contribute towards improved delivery of essential gender-sensitive RMNCH services in community health facilities.

## COVID-19 Response Highlights

The COVID-19 response in Malawi was implemented in six districts: Chitipa, Ntchisi, Mangochi, Mchinga, Zomba and Chikwawa.

Amref Health Africa in Malawi worked with the MoH to support their respective COVID-19 response plans in three key areas: health worker training; information dissemination and community engagement; and improved water, sanitation and hygiene (WASH) at the community level. Amref Malawi also coordinated its approach and activities with other local COVID-19 responses in targeted areas and ensured that there was coordinated and consistent messaging by following national strategies, as well as WHO guidance on Risk Communication and Community Engagement (RCCE).

Highlights of the COVID-19 response in Malawi include:

- **813 (M: 505, F: 308) health care workers and 8,092 (M: 4061, F: 4031) community health volunteers were trained** on COVID-19 infection, prevention and control (IPC), Behaviour Change Communication (BCC), and Sexual and Gender-Based Violence (SGBV) in the context of COVID-19 using both the Leap mobile health platform and in-person trainings.
- **Over 434,000 beneficiaries were reached directly**, and 15.5 million people were reached indirectly.
- **12,000 branded face masks for community health volunteers (CHVs)** were distributed with each CHV receiving 2 face masks. 49 health facilities were provided with WASH supplies including 49 non-touch handwashing stations, 600 bottles of liquid soap and 300 tablets of soap.
- **24,560 IEC materials** (posters, leaflets, and t-shirts) were distributed across the catchment areas of 60 HFs in the six districts (10 health facilities per district). The IEC materials addressed topics of SGBV and

reporting of SGBV cases, proper disposal of face masks, COVID-19 infection prevention for breastfeeding women.

- **600 vulnerable households in the districts were supported with 600 WASH kits** composed of 20L buckets with and without taps, water guard and soap. Further, the users of WASH kits were oriented on proper handwashing technique as well as treating drinking water with water guard.
- **300 tippy taps were installed** in 149 community-based child centres (CBCCs).
- **1,137 (M: 819, F: 318) teachers were oriented** on COVID-19 prevention measures to be implemented in their respective schools.
- **616 (M: 453, F, 163) community gatekeepers were oriented** on COVID-19 IPC. Community mobilization and awareness on COVID-19 prevention using mobile vans was also completed and reached 837,484 (M: 414,890, F: 422,594) people. During the mobilization and awareness exercise, messages focused on encouraging people to get vaccinated against COVID-19. This is in addition to the routine messages that emphasized the 3Ws (washing your hands frequently with soap, watch your distance – keep a 2-metre distance from the next person – as well as wearing a mask whenever you leave your home).