Republic of Malawi

Ministry of Health

NATIONAL REPRODUCTIVE HEALTH STRATEGY

2006 - 2010

June 2006

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JHPIEGO An Affiliate of Johns Hopkins University

A GLOBAL LEADER IN IMPROVING HEALTH CARE FOR WOMEN AND FAMILIES

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Table of contents

Foreword 5

Acknowledgements 6

Acronyms 7

Executive summary 10

Chapter 1: Introduction 11

1.1 General Background 11
1.2 Background of Health services 11
1.3 National Reproductive Health Programme 13

Chapter 2: Strategies for National RH Programme components 15

2.1 Family Planning 17
2.2 Maternal and Neonatal Health 19
2.3 Sexually transmitted infections, including HIV/AIDS 22
2.4 Reproductive Cancers 25
2.5 Infertility 26
2.6 Harmful Practices 27
2.7 Obstetric Fistula 29

Chapter 3: Strategies for special groups 29

3.1 Adolescents/youth in Reproductive Health 30
3.2 Male involvement in RH 31

Chapter 4: Strategies for cross-cutting issues 32

4.1 Human Resources 32
4.2 Supporting Systems 34

Bibliography 37

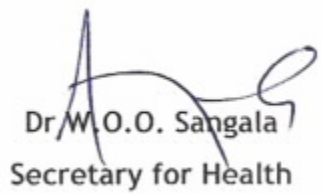
Foreword

Malawi produced its first National Reproductive Health (RH) strategy in 1999 to cover the time period 1999-2004. This document is an update of that first strategy and reflects accomplishments to date, challenges currently faced by the national RH programme and critical issues to be addressed during the time period of this revised RH strategy.

The Ministry of Health supports the concept of comprehensive RH as defined during the 1994 International Conference on Population and Development in Cairo and subsequently endorsed at the 1995 Fourth World Conference on Women at Beijing:
"A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity in all matters related to the reproductive system and its functions and processes."

The Malawi Government believes that individuals and couples have the right to have access to comprehensive, high quality RH care and services and that the use of these services is a critical factor in the socio-economic development and well-being of every Malawian, especially women. This national RH strategy aims at giving direction and guidance to the implementation of the national RH programme, so as to achieve the highest possible level of quality integrated RH for all Malawians. The strategy therefore addresses a number of critical RH components, including: family planning, maternal and neonatal health, sexually transmitted infections and HIV/AIDS, reproductive cancers, infertility and harmful practices, as well as cross-cutting systems and approaches that support delivery of these services.

The Ministry of Health is fully committed to the implementation of this strategy and welcomes collaboration with all necessary stakeholders in mobilising the necessary resources and improving access to and use of quality RH services in Malawi.



Dr W.O.O. Sangala
Secretary for Health

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral Therapy
BCC	Behaviour Change Communication
BCI	Behaviour Change Initiative
BEmOC	Basic Emergency Obstetric Care
BLM	Banja La Mtsogolo
BTL	Bilateral Tubal Ligation
CBD	Community Based Distribution
CHAM	Christian Health Association of Malawi
CMS	Central Medical Stores
COM	College of Medicine
CPR	Contraceptive Prevalence Rate
CFR	Case Fatality Rate
CSO	Community Support Organisation
CYP	Couple Years Protection
DHMT	District Health Management Team
DHO	District Health Officer
DIP	District Implementation Plan
DPs	Development Partners
EC	Emergency Contraception
EHP	Essential Health Package
EmOC	Emergency Obstetric Care
EN/M	Enrolled Nurse/Midwife
EP&D	Economic Planning and Development
FP	Family Planning
FPAM	Family Planning Association of Malawi
GoM	Government of Malawi
HEU	Health Education Unit
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMIU	Health Management Information Unit
HR	Human Resources
HSA	Health Surveillance Assistant
HTC	HIV Testing and Counselling
HTSS	Health and Technical Support Services
IP	Infection Prevention
IPT	Intermittent Presumptive Treatment
ITN	Insecticide Treated Net
IUCD	Intra-uterine copper device
IEC	Information, Education and Communication
JHU/CCP	Johns Hopkins University/Centre for Communication Programmes
JSI	John Snow International
KCN	Kamuzu College of Nursing

LATH	Liverpool Associates in Tropical Health
LMIS	Logistics Management Information System
LTPC	Long Term/Permanent Contraception
M&E	Monitoring and Evaluation
MACRO	Malawi AIDS Counselling and Resource Organisation
MANASO	Malawi Network of AIDS Service Organisations
MANET+	Malawi Network of People Living with HIV/AIDS
MASAF	Malawi Social Action Fund
MCHS	Malawi College of Health Sciences
MDA	Maternal Death Audit
MDG	Millennium Development Goal
MDHS	Malawi Demographic Health Survey
MGDS	Malawi Growth and Development Strategy
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MoEPD	Ministry of Economics, Planning and Development
MoF	Ministry of Finance
MoH	Ministry of Health
MoLG	Ministry of Local Government
MTCT	Mother To Child Transmission
MPRSP	Malawi Poverty Reduction Strategy Paper
NAC	National AIDS Commission
NAPHAM	National Association of People Living with HIV/AIDS in Malawi
NGO	Non Governmental Organisation
NMCM	Nurses and Midwives Council of Malawi
NMT	Nurse/Midwife Technician
NSO	National Statistics Office
NYCOM	National Youth Council of Malawi
PAC	Post Abortion Care
PAM	Physical Assets Management
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother-to-Child Transmission
PoW	Programme of Work
PSI	Population Services International
PQI	Performance and Quality Improvement
RH	Reproductive Health
RHU	Reproductive Health Unit
RNM	Registered Nurse/Midwife
SM	Safe Motherhood
SMA	Syndromic Management Approach
STI	Sexually Transmitted Infections
SVA	Single Visit Approach
SWAp	Sector Wide Approach
SWOT	Strengths, Weaknesses, Opportunities and Threats
TA	Traditional Authority

TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VHC	Village Health Committee
VIA	Visual Inspection with Acetic Acid
VSC	Voluntary Surgical Contraception
WCBA	Women of Child Bearing Age
WHO	World Health Organization
WRA	White Ribbon Alliance
YFHS	Youth Friendly Health Services
ZHSO	Zonal Health Support Office

Executive summary

This National Reproductive Health Strategy 2006 – 2010 is an updated version of the first RH strategy (1999 – 2004) and in line with the concept of comprehensive RH as defined during the 1994 International Conference on Population and Development in Cairo: *"A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity in all matters related to the reproductive system and its functions and processes."*

The document was developed in a participative way with input from all stakeholders involved in RH in Malawi keeping in mind the purpose and goal of the national RH programme:
The purpose of the national RH programme is:

- ***To promote through informed choice, safer reproductive health practices by men, women and young people, including increased use of high quality, accessible reproductive health services***

The goal of the national programme is:

- ***Improved sexual and reproductive health for all men, women and young people in Malawi, especially the vulnerable and underserved***

The process started with defining the current status of the programme with its achievements to date, and an in-depth analysis of the strengths and weaknesses within the programme as well as the opportunities and threats from outside the programme. This SWOT analysis has formed the basis of the suggested strategic direction for the coming five years.

The document has set strategies and broad activities with specific targets for each component of Reproductive Health, which are family planning, maternal and neonatal health, prevention and management of STI/HIV/AIDS, prevention, early detection and management of cervical, breast and prostate cancer, infertility and mitigation of harmful practices.

Besides the essential components of RH, separate objectives, broad activities and specific targets have been set for young people and male involvement in RH as they are critical to achieving the purpose of the programme.

Reproductive Health services are not delivered in isolation but within the delivery of the EHP and based on the priorities set in the joined Programme of Work (POW) within the concept of a Sector Wide Approach (SWAp). The final chapter therefore covers

strategies, broad activities and specific targets for cross-cutting issues within the health sector that need to be addressed to achieve the goal of the programme.

This strategy aims at giving direction and guidance to all stakeholders involved in the planning and delivery of high quality, accessible, affordable and convenient comprehensive RH services to all women, men and young people in Malawi.

Chapter 1: Introduction

1.1 General Background

Malawi is a land-locked country in Southern Africa, bordered by the United Republic of Tanzania to the North and Northeast; the Republic of Mozambique to the East, South and Southwest; and the Republic of Zambia to the West and Northwest. It has a total surface area of 118,484 square kilometres, of which approximately 80% is land. The remaining area is mostly composed of Lake Malawi, which is about 475 kilometres long and runs down Malawi's eastern boundary with Mozambique. Administratively, the country is divided into three regions, The North, Central and South. The Southern Region is the largest in terms of size and population. There are 27 districts, out of which 12 are in the Southern Region, 9 in the Central Region and 6 in the Northern Region. Each District is made up of several Traditional Authorities (TAs), which are in turn composed of villages, the smallest administrative unit in Malawi.

Malawi's current population is 11,937,934, with females making up approximately 51% of this figure (NSO 2004). Roughly 85% of the population is found in the rural area (NSO 2004). The average annual growth rate between 1993 and 2003 was 2.1 (WHO, 2005), attributed mainly to a high total fertility rate of 6.0 (MDHS 2004). Life expectancy has declined from 44 in 1992 (MDHS 1992) to 40 years in 2005 (MGDS 2006). Estimated HIV prevalence among adults aged 15 to 49 stands at 14.0% of which 55.7% are women. HIV prevalence among 15-24 year old pregnant women stands at 14.3% (NAC, Sentinel Surveillance 2005).

Malawi is one of the poorest countries in the world with an estimated GNP per capita of US $ 170.00 in 2000 (World Bank, 2004). The poverty headcount and extreme poverty headcount measured by consumption based on poverty line in 2005 stand at 52.4% and 22.4% respectively (MGDS, 2006) while around a third of the households (33%) are categorised as food-insecure (MGDS, 2006).

1.2 Background of Health Services

Nearly all health care services in Malawi are provided by three main agencies. The Ministry of Health (MoH) provides about 60%,

the Christian Health Association of Malawi (CHAM) and other private-not-for-profit NGOs provide about 36% and the Ministry of Local Government (MoLG) provides 1%. The remaining 3% comprises of the private-for-profit sector, mainly limited to the urban areas, as well as health services provided by private companies, commercial companies, the Army and the Police.

There are three levels in the health system, namely: primary level comprising of health centres, health posts, dispensaries, and rural or community hospitals; secondary level made up of district and CHAM hospitals; and the tertiary level consisting of the central hospitals and one private hospital with specialist services.
Health care resources are unevenly and inadequately distributed. Only 46% of the population has access to formal health facility within a 5km radius, and only 20% of the population lives within 25 km of a hospital (Essential Health Package document, 2004). Access to RH services is worse in rural areas as there is a particularly significant mal-distribution of health personnel, which favours urban areas, and the secondary and tertiary levels of care. Half of Malawi's doctors work in its four central hospitals together with 25% of the nurses (MoH 2003). An estimated 97% of government-employed clinical officers and 82% of government-employed nurses are in urban or semi-urban areas (MoH 2003), and many established posts are not filled, especially in the rural areas.

The following table shows the vacancy rate by cadre in 2003 (Planning Department – MOH, 2004).

Cadre	MOH			CHAM		
	Posts	Filled	Vacancy rate (%)	Posts	Filled	Vacancy rate (%)
Specialist doctor	151	27	82.0%	n.a.	n.a.	n.a.
Medical Officer	93	63	32.3%	36	21	41.7%
Clinical Officer	563	425	24.5%	123	79	35.8%
Medical Assistant	464	285	38.6%	278	154	44.6%
RH Officer	258	0	100%	n.a.	n.a.	n.a.
Nursing Officer	883	200	77.4%	n.a.	n.a.	n.a.
Nursing Sister	2,791	341	87.8%	n.a.	n.a.	n.a.
Community Nurse	268	189	29.5%	n.a.	n.a.	n.a.
Enrolled Nurse/Midwife	1,906	1,113	41.6	n.a.	n.a.	n.a.
Nursing (combined)	5,966	1,932	67.6%	1,933	905	53.2%
Health education officer	76	16	78.9%	n.a.	n.a.	n.a.
Health Surveillance Assistant	4,324	4,324	0%	n.a.	n.a.	n.a.

n.a. = not applicable

The vision of the Ministry of Health is *to improve the health status of all Malawians through the provision of effective, efficient and safe health care* (Vision 2020, 1999).
Its mission is *to stabilize and improve the health status of Malawians by improving access, quantity, cost-effectiveness and quality of the EHP and related services so as to alleviate the suffering caused by illness, and promoting good health, thereby contributing to poverty reduction* (POW, 2004).

The Ministry of Health recently completed and launched a national Programme of Work (PoW), tied to the now-established Sector Wide Approach (SWAp) and delivery of the Essential Health Package (EHP). This six-year PoW (2004-2010) details those priority health activities that will be undertaken by the MoH, development partners and selected not-for-profit NGOs and also references the necessary strategies and resources for programme implementation. The cost of delivering the EHP has been calculated at $17.53 per capita per year but only about $12 per capita per year is currently available.

The POW is based on priorities and key activities identified by the various departments in the Ministry of Health for EHP and non-EHP services implementation. The EHP comprises of eleven key components, together with the essential supporting structures and systems, which addresses the major causes of death and diseases in Malawi.
A number of critical RH issues, including family planning (FP), maternal and neonatal health (MNH) and sexually transmitted infections (STIs), among others, are included as part of the delivery of the EHP. Services referenced in the EHP should be available to every individual in Malawi free of charge. Improved access to the EHP and other health-related activities are considered key to the improvement of the health status of Malawians. The EHP is part of Malawi's Poverty Reduction Strategy.

The MoH is committed to the government policy on decentralization (GoM, National Decentralization Policy, 1998) with subsequent enforcement of the Local Government Act in 1999, which for the health sector means the devolution of health service delivery to district assemblies. In this context, the MoH will retain stewardship responsibilities for the health sector namely; policy formulation, policy enforcement, regulation, establishment of standards, training and curriculum

development and international representation on Malawi's health issues. The MoH will have direct links with district assemblies in terms of professional and operational issues as instruments of the delivery of the health services. In the short term, the MoH through the District Health Management Team (DHMT) will continue to involve District Assemblies in the development of District Implementation Plans (DIPs). In the medium to long term it is expected that the DHMT will continue the development of DIPs as part of the district assembly structures

In September 2000 Malawi was one of the countries that signed the Millennium Declaration, thus committing itself to attainment of the Millennium Development Goals (MDGs). Two of these goals are directly linked to improvements in RH – MDG #4 on reduction of child mortality (reducing the under-five mortality rate by two-thirds between 1990 and 2015) and MDG #5 on improving maternal health (reducing the maternal mortality ratio by three-quarters between 1990 and 2015), and this strategy is in line with these goals.

1.3 National Reproductive Health Programme

The national RH programme supports and complies with these overarching health policies and systems and seeks to encourage integration of services as well as increasing equity and access to services. The RH programme has produced a national RH policy and national RH service delivery guidelines to guide planning and service delivery.

Purpose, goal and components of the national RH programme

The purpose of the national RH programme, as per the national RH policy, is:

- *To promote through informed choice, safer reproductive health practices by men, women and young people, including increased use of high quality, accessible reproductive health services*

The programme's goal is:

- *Improved sexual and reproductive health for all men, women and young people in Malawi, especially the vulnerable and underserved*

The national RH programme includes the following components:

- **Family planning**
- **Maternal and Neonatal Health (including management of unsafe abortion)**
- **Prevention and management of STI/HIV/AIDS**
- **Prevention, early detection and management of cervical, breast and prostate cancer**
- **Infertility**
- **Mitigation of harmful practices**
- **Obstetric fistula**

Current status of the national RH programme

There have been a significant number of achievements by the national RH programme since the previous 1999-2004 strategy. The Sector Wide Approach, as referenced above, was piloted as a mini-initiative within the national RH programme with good success, as it encouraged improved integration of all programme components.
Improvements have been made particularly in the area of FP, STIs, management of unsafe abortion and cervical cancer prevention. However, the status of maternal health remains a big challenge for Malawi, hence the development of a Road Map for accelerating the reduction of Maternal and Neonatal Mortality and Morbidity in Malawi.

The following table shows the trends in several key RH indicators over the past 12 years.

INDICATORS	1992	2000	2004
Total fertility rate (TFR)	6.7	6.3	6.0
Modern contraceptive prevalence rate (CPR)	7%	26%	28%
Unmet need for family planning	36%	30%	28%
Delivered by skilled attendant	55%	56%	57%
Maternal mortality ratio (MMR)	620/100,000	1120/100,000	984/100,000
Neonatal mortality rate (NMR)	42/1,000	49/1,000	27/1,000
HIV prevalence among the adult population		14.4%	14.0%
HIV prevalence among 15-			14.3%

24 year old pregnant women			

RH core impact and outcome indicators and targets for 2010

There are many indicators to monitor the implementation of this RH strategy but a few indicators have been selected to monitor the overall impact of the programme. Those key indicators are as follows:

Impact Indicators	Target by 2010
Maternal Mortality Ratio (MMR)	560 /100,000 live births
Neonatal Mortality Rate (NMR)	25/1,000 live births
Total Fertility Rate (TFR)	4.9
Case Fatality Rate (CFR)	1%
Outcome Indicators	
Contraceptive Prevalence Rate (CPR)	40%
HIV prevalence (15-24 year old pregnant women)	12%
% of health facilities providing basic EmOC services	50%
% of deliveries by skilled attendants	75%
% of pregnant women counselled and tested for HIV	80%
% of HIV infected pregnant women receiving comprehensive package of PMTCT	80%
% of health facilities providing YFHS	60%
National ratio nurse/midwife to population	1:1700

Chapter 2: Strategies for national RH programme components

The purpose of the national RH programme is to *promote through informed choice, safer reproductive health practices by men, women and young people, including increased use of high quality, accessible reproductive health services.*

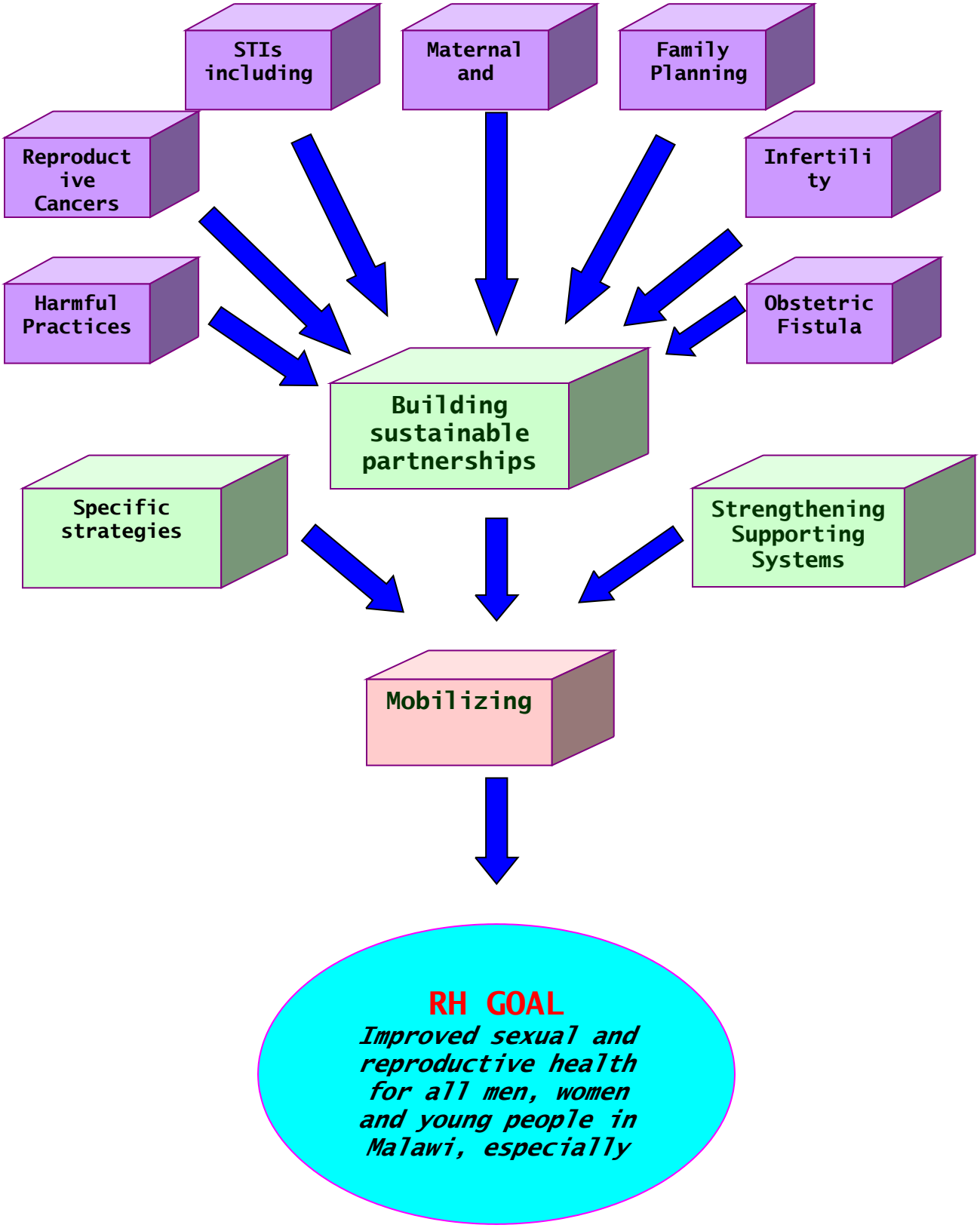
It is the philosophy of the Ministry of Health that services be as integrated as possible, particularly in the area of RH. The broader RH agenda must be integrated into each specific RH service that is offered, so that there are no missed opportunities for holistically addressing the client's RH needs.

Services should be packaged in such a way as to support health staff in delivering quality integrated RH services.

This national RH strategy is the framework to guide implementation of a comprehensive and integrated RH programme. A SWOT analysis has been conducted for each RH component, strategies have been formulated and supporting activities have been suggested to maintain the overall programme purpose. The activities in *bold, italicized type* are defined as the most critical ones to be addressed during the time period covered by this strategy.

The following figure shows how the different components are linked and complement each other to achieve the Reproductive Health goal.

Strategic Directions for Reproductive Health in Malawi from 2006 – 2010



2.1 Family Planning

Over the past 12 years the FP programme has been well-integrated into service delivery and is perceived as the driving force in bringing about the decline in the total fertility rate. In the past four years the total fertility rate (TFR) decreased from 6.3 in 2000 to 6.0 in 2004 while the modern contraceptive prevalence rate (CPR) increased from 26% in 2000 to 28% in 2004. The use of injectable contraceptives among WCBA increased from 16% in 2000 to 18% in 2004 while female voluntary surgical contraception (VSC) increased from 4.7% in 2000 to 5.8% in 2004. However, unmet need remains high at 28%, with services being primarily facility-based.

SWOT analysis

Strengths

- *More than 300 health facilities provide FP services*
- *FP integrated into pre-service nursing / medical curricula*
- *FP integrated into comprehensive RH services*
- *Successful CBD programmes in some districts*
- *Wide variety of methods available including female condom and emergency contraception*
- *RH policy and FP guidelines in place*
- *Logistics management information system for FP commodities in place*
- *Post abortion care linked with FP services*

Opportunities

- *More attention from partners on FP in the efforts to reduce maternal mortality*
- *Re-positioning of FP by Development Partners*

Weaknesses

- *Lack of trained long-term/permanent contraception (LTPC) providers*
- *FP in-service training not seen as priority*
- *Inadequate infrastructure due to other competing RH programmes*
- *Decrease in outreach FP services (lack of fuel, human resources)*
- *CBD services not sustainable despite successful pilot programme*
- *Lack of IEC materials for Family Planning*
- *No synergies between FP and HIV Services*
- *Existing FP services not youth*

Threats

- *Commodity insecurity due to switch from donor procurement to government procurement under SWAp*
- *Resistance among political, community and faith leaders to promote condoms for FP*
- *High unmet need for FP*
- *Lack of male involvement in FP*
- *Religious beliefs*

friendly
- *Providers not trained in the Standard Days Method*

Strategies

- **Strengthening the availability, access to, and utilization of FP services at health facility and community level**
- **Strengthening human resources to provide quality FP services**
- **Strengthening contraceptive commodity security**
- **Strengthening behaviour change interventions**
- **Strengthening the integration of FP services into the other EHP components**
- **Strengthening monitoring and evaluation mechanisms for better decision-making and service delivery of FP services**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Expand CBD services to all communities	*RHU*	• *DHOs* • *CHAM* • *BLM* • *FPAM* • *Community*	*% of contraceptives provided through CBD programme*	*3%*	*10%*	*CBD programme reports*
Increase commodity availability	*RHU*	• *HTSS* • *CMS* • *JSI Deliver* • *UNFPA* • *UNICEF* • *USAID* • *DHO*	*% of facilities with no stock out of commodities for FP services for more than a week at a time*	*To be established in 2006*	*80%*	*LMIS reports* *Supervision reports* *Facility surveys*
Increase sites providing FP services and hours of operation	DHO	• CHAM • BLM • FPAM	# of health facilities providing FP services five days a week	300	400	Supervision reports Facility surveys
Increase FP outreach services	DHO	• CHAM • BLM • FPAM • Community	% of contraceptives provided through outreach program	To be established in 2006	10%	LMIS
Promote integration of FP into HIV services	RHU	• HIV/AIDS unit • DHO • CHAM • BLM • FPAM • NAC • Other NGOs	% of CT/ART clinics offering FP services or referrals	To be established in 2006	50%	Supervision reports Facility surveys
Increase no. of service providers trained in FP, including LTPC and the standard days method	RHU	• DHO • CHAM • BLM • FPAM • Regulatory bodies • Training institutions	# of providers trained in FP # of providers trained in each method: BTL Norplant Vasectomy IUCD	To be established in 2006	1000 200 400 50 50	HR database RHU training reports
Improve monitoring and evaluation of FP services	RHU	• HMIU • ZHSO • DHO • CHAM • BLM • FPAM • USAID	% of sites providing FP services which are submitting complete HMIS information on FP on a quarterly	To be established in 2006	80% 100%	HMIS HMIS

		• UNFPA • Community • Regulatory bodies	basis % of DHOs which are submitting complete HMIS information on FP on a quarterly basis	88%		
Expand demand generation for FP	HEU	• RHU • DHO • CHAM • BLM • FPAM • Ministry of Information • Community • Other NGOs	# of IEC materials produced CPR	28%	40%	MDHS

2.2 Maternal and neonatal health

Malawi has one of the highest maternal mortality ratios globally, currently estimated at 984 per 100,000 live births, down from 1120 per 100,000 live births in 2000 (MDHS, 2004). Adolescent pregnancies comprise 25% of all births and 20% of maternal deaths. Some of the underlying causes of the high maternal death ratio include early childbearing and the high fertility rate.

The national RH programme has shifted from its previous approach of identifying "at risk" pregnancies to one of improving access to skilled attendants at childbirth and improving availability of and access to quality emergency obstetric care (EmOC).

An assessment on availability of EmOC services was conducted in 2005 and resulted in the development of a Road Map for accelerating the reduction of maternal and neonatal mortality and morbidity in Malawi.

Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS is an integral part of antenatal services and MTCT is by far the largest source of HIV infection in children below the age of one year. Prevalence of HIV among pregnant women is estimated at 13% in the rural areas and 20.4% in the urban areas (sentinel surveillance, 2005). It ranges from 6.3% in a rural setting (Thonje) to 27% in an urban setting (Blantyre). HIV may be transmitted during pregnancy, through childbirth, or through breast feeding and about 32% of babies born to an infected mother will be infected in the absence of any preventive measures. PMTCT of HIV remains a very dynamic field and the national RH strategy will need to be responsive to emerging issues.

<u>SWOT analysis</u>

Strengths

- *Development of obstetric care protocols to support service delivery*
- *Establishment of comprehensive postabortion care (PAC) services in 49 health facilities*
- *Development of Malawi National Road Map for MNH and priority interventions shared with DHMTs*
- *Readiness to accept the shift of approach from risk assessment to use*

Opportunities

- *NMCM has developed a one year continuing education programme that includes midwifery for ENM and NMTs to strengthen their skills and competencies*
- *Increased political will*
- *KCN is reviewing the BSc programme to include midwifery*
- *Increased support in MNH from Development Partners*

of EmOC and skilled attendants for MMR reduction
- *Over 1,000 service providers have been trained in Life Saving Skills*
- *93% coverage of first antenatal visit*
- *Antenatal routine syphilis screening reintroduced*
- *Intermittent presumptive treatment (IPT) and insecticide treated net (ITN) activities integrated into service delivery*
- *Midwifery once again compulsory component of ENMT pre-service education*
- *Introduction of the post-basic midwifery programme at KCN*
- *Competencies for EN/M and NMT to include other basic EmOC services have been revised*
- *Introduction of maternal death audit at facility level and MD notifiable event*
- *Some successful community based maternal and neonatal health projects have been initiated in Mchinji, Dedza, Nkhatabay and Monkeybay*
- *Upgrading of facilities to include maternity services*
- *Development of PMTCT guidelines, handbook for service providers and a five year scale up plan*
- *Over 500 trainers, service providers and tutors trained in PMTCT*
- *PMTCT Supervision and Monitoring tool in place*
- *PMTCT services are provided at 89 service delivery points*
- *PMTCT sites assessed for renovation*
- *PMTCT task force in place*

Weaknesses

- *Only 2% of health facilities are providing basic EmOC services*
- *Focused antenatal care not fully implemented*
- *Partograph not widely used to monitor progress of labour*
- *No compulsory midwifery for RN training*
- *Poor quality of care from antenatal, through labour delivery and postnatal*
- *Lack of priority of MNH at all*

Threats

- *High HIV/AIDS prevalence*
- *Lack of infant feeding options for PMTCT*
- *RNMs leaving the country*
- *Limited awareness on danger signs in pregnancy among the community*
- *Delays in accessing care*
- *Inadequate community mobilization/male involvement with regard to PMTCT*
- *Lack of male involvement in MNH*

levels
- *Lack of clarity on role/responsibilities of traditional birth attendant (TBA)*
- *Lack of community mobilization in MNH*
- *Existing MNH services not male friendly*
- *Low coverage of post natal follow up*
- *Post of National SM Coordinator vacant*
- *Lack of supervision of TBAs*
- *Lack of skilled and competent service providers*
- *Inadequate and inconsistent supply of essential drugs and supplies*
- *Inadequate output of midwives from the training institutions*
- *Lack of rolling out projects based on best practices*
- *Poor linkages with CT and ARV scale up*
- *Poor infrastructure to integrate PMTCT services*
- *Poor conditions of service for the skilled provider*
- *Lack of supervision at all levels*
- *Post Abortion Care not available at all health facilities*
- *Neonatal Health Care not perceived as priority*
- *Uptake of PMTCT services is very low*

Strategies

- **Improving the availability of, access to, and utilization of quality maternal and neonatal health care**
- **Strengthening human resources to provide quality skilled care**
- **Strengthening the referral system**
- **Advocating for increased commitment and resources for maternal and neonatal health care**
- **Empowering communities to ensure continuum of care between the household and health care facility**
- **Strengthening monitoring and evaluation mechanisms for better decision-making and service delivery of maternal and neonatal health services**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Increase the number of health workers providing quality	*RHU*	• *HR unit* • *DHO* • *Training institutions* • *CHAM*	*# of health care workers given in-service training for MNH service provision*	*To be established in 2006* *427 nurses*	*600 per year* *670*	*HR database* *Reports*

skilled care		• *Regulatory bodies* • *DPs* • *Nurses Association of Malawi* • *Ministry of Education*	*# of graduates from nursing, midwifery or medical schools whose pre-service education includes competency based obstetric and neonatal health service provision*	*per year* *20 MO per year*	*nurses per year* *64 MO per year*	*from training institutions*
Improve the availability and access to Basic EmOC services	*RHU*	• *Planning Unit* • *DHO* • *CHAM* • *Private sector* • *Development partners* • *Ministries of Finance, EP&D and Works* • *Other NGOs*	*% of facilities providing BEmOC*	*2%*	*50%*	*Supervision reports Facility surveys (signal functions)*
Improve the quality of MNH care by introducing comprehensive standards-based management approach	**RHU**	• **Nursing Unit** • **JHPIEGO** • **ZHSO** • **DHO** • **CHAM** • **Regulatory bodies** • **DPs** • **Private sector** • **Communities**	**CFR** **# of facilities providing MNH care according to standards**	**3.4%** **To be established in 2006**	**1%** **200**	**HMIS** **Facility surveys**
Improve the communication and transport system	**RHU**	• **Transport Unit** • **DHO** • **CHAM** • **DPs** • **Private sector** • **Ministries of Finance, EP&D and Works)** • **Other NGOs** • **Communities**	**% of facilities with functional communication system** **# of motorised ambulances available per 10,000 population**	**30%** **0.2**	**100%** **1**	**PAM reports** **District reports**
Improve monitoring and evaluation of MNH care at all levels	**RHU**	• **HMIU** • **ZHSO** • **DHO** • **CHAM** • **Development partners** • **Private sector** • **Community** • **Regulatory bodies**	**% of facilities conducting formal maternal and neonatal death reviews** **% of districts conducting monthly maternal and neonatal death audits.**	**To be established in 2006**	**80%** **100%**	**Supervision reports** **Maternal and neonatal death audit reports**
Increase community initiatives for MNH including male involvement	*RHU*	• *DHO* • *Community* • *DPs* • *Other NGOs*	*% of TAs with community initiatives for MNH*	*To be established in 2006*	*80%*	*Data from DHOs*
Conduct advocacy for increased resources for MNH care	*RHU*	• *WRA* • *CHAM* • *Media* • *DPs* • *Ministry of*	*% of health budget to MNH at national and district levels*	*To be established in 2006*	*25%*	*National Health Accounts District Assembly*

		• *Finance* • *Parliamentary committee for health*				*budget summaries*
Increase provision of PAC services	RHU	• DHO • JHPIEGO • CHAM • Private sector • USAID	# of facilities providing PAC services	81	250	HMIS
Increase provision of PMTCT services	HIV/AIDS unit	• RHU • DHO • CHAM • Private sector • UNICEF • NAC • Other NGOs	# of facilities providing PMTCT services % of pregnant women counselled and tested % of HIV positive pregnant women receiving comprehensive package of PMTCT	89 5.3% To be established in 2006	300 80% 80%	HMIS HMIS HMIS

2.3 Sexually transmitted infections, including HIV/AIDS

STIs on their own pose a significant burden of disease with serious complications and they facilitate HIV acquisition, transmission and progression. According to the MDHS 2000, 11% of women and 8% of men reported to have had an STI in the past 12 months. However, the prevalence of syphilis among pregnant women has significantly decreased from 3.9% in 2003 to 1.9% in 2005 (sentinel surveillance, 2005).

The HIV prevalence among adults in Malawi increased rapidly from the late 1980s to the early 1990s and stabilized by the end of the 1990s. The estimated HIV/AIDS prevalence among adults in Malawi is at 14.0% (sentinel surveillance, 2005), a small decrease from 14.4% in 2003. The Government of Malawi through the HIV/AIDS Unit of the Ministry of Health is rapidly scaling up HTC services and access to ART.

<u>SWOT analysis</u>

Strengths

- *STI syndromic management approach (SMA) guidelines and training materials in place*
- *Routine antenatal syphilis screening reintroduced in all hospitals in Malawi*
- *Over 1,500 trainers and service providers trained in syndromic*

Opportunities

- *Increased funding for HIV/AIDS*
- *HIV positive women get more organised within support groups*
- *Circumcision practice*

management of STIs
- *A variety of communication materials have been developed for early STIs detection and treatment*
- *1,000 nonhuman condom dispensers procured and districts oriented*
- *National condom strategy has been developed*
- *Research initiated on acyclovir for the management of genital ulcers disease*
- *Introduction of female condom in 21 sites*
- *Sexual assault and rape guidelines have been developed*
- *Logistics management information system for STI drugs and condoms in place*

Weaknesses

- *Insufficient advocacy to ensure STI prevention and treatment is on the agenda*
- *Partner notification and treatment is not well-established*
- *Inability to reach vulnerable groups with STI treatment and prevention (prisons, young people, and commercial sex workers)*
- *Second line treatment of STIs is not available*
- *Inadequate resources to scale out antenatal syphilis screening at health centre level*
- *Surveillance system not in place to monitor treatment failure*
- *No strategies in place to involve women with HIV/AIDS*

Threats

- *HIV overshadows attention on other treatable STIs*
- *Resistance among political, community and faith leaders to promote condoms for STI prevention*
- *Continued delays in accessing treatment linked to self-medication and/or treatment by traditional healers*
- *Low utilisation of male and female condoms*
- *Lack of support groups for women and their partners who are affected by HIV*
- *Illiteracy and ignorance*
- *Poverty and unemployment*
- *Stigma*

Strategies

- **Strengthening human resources to provide STI services**
- **Strengthening STI commodity security**
- **Strengthening quality of services**
- **Strengthening behaviour change interventions**
- **Strengthening HIV activities within RH services**
- **Strengthening involvement of people living with HIV/AIDS**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Improve knowledge, skills, and	RHU	• HR Unit • DHO • CHAM	Revised protocols and guidelines in place		By 2008	Independent review of protocols

competencies of health workers in STIs		• BLM • FPAM • NAC • UNICEF • Training institutions • Regulatory bodies	# of providers who have received in-service training on STI management	1000	2000	and guidelines HR database RHU training reports
Promote early detection and treatment of STIs	*RHU*	• *HEU* • *DHO* • *CHAM* • *BLM* • *FPAM* • *Private sector* • *Other NGOs*	*# of clients reporting with STIs* *% of STI clients receiving correct management and treatment for STIs*	*210,000* *To be established in 2006*	*300,000* *70%*	*HMIS* *Exit interviews Facility surveys*
Ensure the timely availability of essential drugs and supplies including reagents & condoms	RHU	• HTSS • CMS • JSI Deliver • UNICEF • DHO	% of facilities with no stocks out of STI drugs for more than a week at a time	To be established in 2006	80%	LMIS reports
Improve quality of care in STIs by introducing comprehensive standard-based management approach	RHU	• ZHSO • DHO • CHAM • BLM • FPAM • Private sector • JHPIEGO • Private Sector • Regulatory bodies • Communities	Revised protocols, guidelines and monitoring tools in place % of STI clients receiving correct management and treatment for STIs	To be established by 2006	By 2008 70%	Independent review of protocols, guidelines and monitoring tools Exit interviews Facility surveys
Promote health seeking behaviour in the community on issues of STIs	HEU	• RHU • DHO • CHAM • BLM • FPAM • Ministry of Information • PSI • Community	# of clients reporting with STIs	210,000	300,000	HMIS
Expand HIV testing and counselling within RH services	HIV/AIDS Unit	• RHU • DHO • NAC • MACRO • CHAM • BLM • UNICEF • Other NGOs	% of MCH clinics providing HTC services % of STI clinics providing HTC services	To be established in 2006	50% 50%	Facility surveys Supervision reports
Establish referral mechanisms between RH and other HIV/AIDS related services	RHU	• HIV/AIDS Unit • DHO • NAC • CHAM • BLM • FPAM • Other NGOs	% of HIV positive pregnant women referred to other support services % of STI clients referred to other support services	To be established in 2006	20% 20%	• HIV /AIDS sentinel surveillance • ART register • Reports from CSOs
Ensure representation of people living with HIV/AIDS in	RHU	• HIV/AIDS Unit • DHO • NAPHAM • MANASO • MANET	# of districts that actively invite participation of PLWHIVs in	To be established in 2006	10	DHO reports

planning, implementation and M&E of RH programs		• DPs • Community	delivery of RH services			
Ensure representation of people living with HIV/AIDS in trainings such as PMTCT, STI, community education and BCI	RHU	• HIV/AIDS Unit • DHO • Training institutions • NAPHAM • MANASO • MANET • Other NGOs	% of RH in-service trainings at district level which involve people living with HIV/AIDS	To be established in 2006	15%	Training reports

2.4 Reproductive cancers

Although the national RH policy notes that reproductive cancer services is a critical component of the national RH programme, only cervical cancer is addressed by the national programme at present. There are no active screening programs for breast and prostate cancer although women accessing FP methods are informed about self examination of the breasts.

Cervical cancer constitutes 78.6% of all documented female cancers in Malawi, with 80% of cervical cancer hospital admissions presenting in inoperable stages. In 2004 Malawi adopted a strategy to introduce a national cervical cancer prevention programme, using a single visit approach (SVA) with screening through visual inspection with acetic acid (VIA) and treatment/management through cryotherapy and/or referral.

SWOT analysis

Strengths
- *Guidelines and strategy for cervical cancer prevention have been developed*
- *13 sites are providing cervical cancer prevention services through VIA and cryotherapy*
- *9 national cervical cancer prevention trainers and 28 service providers have been trained*
- *Technicians have been trained in repair of cryotherapy machines*

Opportunities
- *Development of a vaccine*

Weaknesses
- *Cervical Cancer Services not widely available*
- *Demand not fully generated due to limited services*
- *Delay in developing IEC materials*

Threats
- *Other competing RH priorities*
- *Lack of cancer awareness*

Strategies

- **Strengthening awareness on reproductive cancers and services available**
- **Strengthening human resources to provide cervical cancer services**
- **Strengthening monitoring, evaluation and research in cervical cancer**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Develop and implement communication	HEU	• RHU • DHO • Ministry of	% of women aged 30-45 in areas where services	To be established in	80%	Survey

strategy targeting communities, service providers and other relevant groups		• Information • WRA • JHPIEGO • CHAM • BLM • FPAM • PSI • CARE	are available screened and managed for cervical cancer	2006		
Increase the number of sites where quality cervical cancer services are provided	*RHU*	• *DHO* • *CHAM* • *BLM* • *FPAM* • *COM* • *Private sector*	*# of hospitals and health centers which provide cervical cancer screening and treatment*	*48*	*125*	*HMIS Supervision reports Facility surveys*
Incorporate reproductive cancer component into in-service training	RHU	• DHO • CHAM • BLM • FPAM • Training institutions • Regulatory bodies	# of providers who have received in-service training on reproductive cancer prevention, screening and management	51	250	HR database RHU training reports
Conduct rigorous evaluation or other research to guide programme implementation for cervical cancer prevention	RHU	• COM (Centre for RH) • DHO • Centre for Social Research • National Cancer Registry	# of research documents produced and disseminated	0	3	HMIS

2.5 Infertility

It is estimated that infertility affects about 10% of all individuals and couples in Malawi. Family Planning (FP) and STI service providers provide some information on infertility as part of their counseling services and more advanced diagnosis is taking place at Central hospitals, which also provide some level of therapeutic services. One of the goals of the national STI programme is to prevent secondary infertility by prevention and early detection of STIs.

<u>SWOT analysis</u>

Strengths
- *Screening is done randomly at family planning, OPD, and STI clinics*
- *More advanced diagnosis and treatment is done at central hospitals*

Opportunities
- *Development of new technologies in diagnosis and treatment*

Weaknesses
- *Lack of guidelines for detection and management of infertility*

Threats
- *Infertility seen primarily as a woman's issue, not a couple issue*

- *Lack of information to link STIs and infertility*
- *No documentation of the magnitude of the problem*
- *Lack of awareness of services*
- *Delayed marriages in urban settings*

Strategies

- **Strengthening awareness on infertility and services available**
- **Strengthening human resources to provide infertility services**
- **Strengthening research in infertility**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Develop and implement communication strategy targeting traditional healers, traditional leaders, service providers and communities	HEU	• RHU • Ministry of Information • WRA • Local Government • CHAM • BLM • FPAM • Umoyo Network • Ministry of Gender	# of IEC materials produced	0	1 poster 1 leaflet for service providers 1 leaflet for clients	HEU database
Develop guidelines and standards for infertility service delivery and training	RHU	• DHO • Training institutions • COM (Centre for RH) • Regulatory bodies • CHAM • BLM • FPAM	Development of guidelines and standards # of nursing, midwifery, and medical schools which have incorporated competency-based curricula for infertility	 0	By 2008 10	Guidelines and standards document Independent curricula assessment
Incorporate appropriate infertility management into existing in-service training materials	RHU	• DHO • Regulatory bodies • CHAM • BLM • FPAM • COM (Centre for RH)	# of providers who have received in-service training on infertility management	0	40	HR database
Conduct research on magnitude and causes of infertility in Malawi	RHU	• COM (Centre for RH) • Centre for Social Research • DHO	Research document produced and disseminated	0	1	HMIS

2.6 Harmful practices

Harmful practices are those that can endanger the lives of individuals and couples leading to diseases, disability or even death and include:

- **Initiation practices**
- **Wife inheritance**
- **Fisi (hiring of the man for sex and conception)**
- **Dry sex**
- **Death ritual (hiring of a man to drive out spirits)**
- **Use of traditional herbs to induce labour**
- **Traditional treatment of vulval/vaginal warts and haemorrhoids**
- **Rape**
- **Battery**
- **Domestic violence**
- **Incest**
- **Psychological abuse**
- **Sexual harassment**
- **Genital mutilation**

No systematic interventions have yet been implemented to address the issue of harmful practices. Research is currently ongoing to inform programme development.

SWOT analysis

Strengths
- *Guidelines developed for service providers on management of victims of sexual assault and rape*
- *EC and Post Exposure Prophylaxis services are available to sexually assaulted women*
- *Training manual has been drafted by HEU for traditional leaders on modification of harmful practices*
- *On going research on the mapping of harmful practices in the country*

Opportunities
- *Increased media attention*

Weaknesses
- *Insufficient information available to support development of interventions*
- *Poor attitude of providers towards victims of sexual assault*

Threats
- *Deeply entrenched cultural beliefs*
- *Influence of traditional healers*
- *Difficulties in accessing government health facilities*
- *Illiteracy and ignorance*
- *Poverty*

Strategies

- **Strengthening awareness on harmful practices that have a negative effect on reproductive health**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Ensure that available research on prevalence and danger of harmful RH practices is widely disseminated among all stakeholders and the target group	RHU	• HEU • DHO • Ministry of Gender • COM (Centre for RH) • Training institutions • Ministry of Information • NAC • Local government • TAs	# of stakeholders dissemination workshops	0	1 per year	Dissemination workshop reports
Work with custodians of culture in modifying harmful practices	RHU	• HEU • Ministry of Gender • COM (Centre for RH) • Communities	% of TAs who are promoting change on harmful practices in their communities		25%	Follow-up study report

2.7 Obstetric fistula

Obstetric fistula is common among young child bearing women and mostly caused by prolonged/obstructed labour. Only a few clinicians in Malawi have the skills to repair Obstetric Fistulas and no systematic referral system is in place.

SWOT analysis

Strengths
- *Initial assessment has been done*
- *Training manual has been drafted*

Opportunities

Weaknesses
- *Limited number of trained providers to perform obstetric fistula operation*
- *Partograph not widely used to monitor progress of labour*

Threats
- *Management requires highly specialized skills*

Strategies

- Strengthening awareness on the magnitude and gravity of the problem of obstetric fistula and the availability of obstetric fistula repairs
- Strengthening the management of obstetric fistula

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Develop and implement communication strategy targeting service providers and communities	HEU	• RHU • DHO • Ministry of Information • White Ribbon Alliance • Local Government • UNFPA • CHAM • BLM • FPAM	# of IEC materials produced	0	1 poster 1 leaflet for service providers 1 leaflet for clients	HEU database
Establish a national centre of excellence for clinical management of obstetric fistula	RHU	• Clinical Unit • Central Hospitals • Training institutions • COM (Centre for RH) • Regulatory bodies • UNFPA	# of fistula repairs per year % of fistulas repaired successfully	To be established in 2006	500 60%	Obstetric fistula register

Chapter 3: Strategies for special groups

The goal of the national RH programme is to improve sexual and reproductive health for all men, women and young people in Malawi, especially the vulnerable and underserved. To achieve this goal, it is important not only to develop strategies for the different components of the programme but also specific strategies for adolescents and male involvement in Reproductive Health.

3.1 Adolescents/youth in Reproductive Health

SWOT analysis

Strengths
- *Youth friendly strategy and implementation framework has been developed*
- *Operational standards for Youth Friendly Health Services (YFHS) are in draft*

Opportunities
- *Increased support from Development Partners*
- *Possible synergies with HIV/AIDS programme*
- *Nursing and midwifery curricula has already components of adolescent RH*
- *Undergraduate and postgraduate training curricula at COM has already incorporated adolescent RH*

Weaknesses
- *Most providers not trained in provision of youth friendly health services (YFHS)*
- *Existing health services not youth friendly*

Threats
- *Increasing rural-urban migration in search of employment*
- *Lowering of sexual mores in the society*

Strategies

- **Improving the availability of, access to, and utilization of quality youth friendly health services**
- **Strengthening human resources to provide quality youth friendly health services**
- **Strengthening research on RH knowledge and attitudes in young people**
- **Strengthening behaviour change interventions**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Increase the number of facilities providing YFHS	*RHU*	• *DHO* • *CHAM* • *BLM* • *FPAM* • *Other NGOs* • *UNFPA* • *UNICEF* • *NYCOM* • *Ministry of*	*% of health facilities providing YFHS*	*To be established in 2006*	*60%*	*Supervision reports Facility surveys*

		• *Youth*				
Increase number of service providers trained in YFHS	*RHU*	• *DHO* • *Regulatory bodies* • *CHAM* • *BLM* • *FPAM* • *Other NGOs* • *NYCOM* • *UNFPA* • *UNICEF* • *Ministry of Youth*	*# of service providers trained in YFHS*	*To be established in 2006*	*500 per year*	*HR database RHU training reports*
Increase access to YFHS by supporting youth peer education programmes at community level	RHU	• DHO • CHAM • BLM • FPAM • Other NGOs • NYCOM • UNFPA • UNICEF • Ministry of Youth • Ministry of Education	# of peer educators actively providing peer education on RHS	To be established in 2006	2 per TA	NYCOM reports
Integrate youth friendly health services into pre-service	RHU	• Training institutions • Regulatory bodies	# of training institutions teaching YFRHS at pre-service level	0	14	Independent review of curricula Supervision reports
Conduct research on knowledge and attitudes about RH issues	RHU	• DHO • CHAM • BLM • FPAM • Other NGOs • NYCOM • UNFPA • UNICEF	# of research documents produced and disseminated	0	3	HMIS
Promote BCI to young people on RH issues	HEU	• RHU • NYCOM • BLM • UNFPA • UNICEF • USAID	# of skills trainings conducted per district per year # of facilities with YFHS materials	To be established in 2006	2 300	NYCOM HEU database

3.2 Male involvement in Reproductive Health

SWOT analysis

Strengths
- *Successful 'male championship' project initiated in one district (Mwanza) and rolling out*

Opportunities
- *Gender based violence gets more attention in the media*

Weaknesses
- *Lack of community involvement and/or mobilization in RH issues*
- *Existing RH services not male*

Threats
- *Increasing rural-urban migration mainly in search of employment*
- *Illiteracy and ignorance*

friendly
- *Men not aware of dangerous signs in pregnancy*
- *Poverty*
- *Cultural beliefs*

Strategies

- **Strengthening male involvement in RH issues and services**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Sensitize men on RH issues and services (e.g. FP, birth preparedness, danger signs in pregnancy)	*RHU*	• *HEU* • *DHO* • *CHAM* • *BLM* • *FPAM* • *Other NGOs* • *DPs* • *Media* • *Community* • *Ministry of Gender*	*% of men accompanying their partners to RH services (ANC, delivery, postnatal, PMTCT, FP)* *% of men who do not know any signs or symptoms of pregnancy complications*	*To be established in 2006* *65%*	*20%* *40%*	*Facility surveys* *Exit interviews* *DHS reports*

Chapter 4: Strategies for cross-cutting issues

There are a number of crosscutting systems, issues and approaches that affect the national RH programme as a whole and as such need to be addressed to support delivery of quality RH services. Several activities have been identified as priority issues to be tackled by the Ministry of Health over the course of implementing this national RH strategy.
The following have been identified as the key cross-cutting issues that influence the performance of the national RH programme:

- **Human resources, including pre- and in-service training**
- **Supporting systems**
  - **Supply and logistics**
  - **Communication and Transport**
  - **Quality performance**
  - **Supervision**
  - **Monitoring and evaluation**
  - **Demand generation**
  - **Research**

4.1 Human resources

SWOT analysis

Strengths

- *MoH has developed a 6 year emergency HR plan*
- *Many RH components areas already integrated into pre-service nursing / medical curricula (FP, STIs, MNH, PAC, Cervical Cancer, Infertility, etc.)*
- *Intake in nursing and midwifery schools is increasing*
- *Midwifery once again compulsory component of NMT pre-service education*
- *Competencies for ENM and NMT to provide basic EmOC services reviewed*
- *Another RN training college has opened*

Opportunities

- *Significant donor attention to the HR crisis*

Weaknesses

- *Limited knowledge, poor attitude and low morale among health workers – pay package low and low chances of further studies*
- *Inadequate capacity of schools to train enough skilled professionals*
- *Poor deployment of staff – i.e. periodic rotation of staff within the facility*
- *No proper deployment policies*
- *Poor management of existing human resources*
- *Inability to retain staff, particularly in the rural areas*
- *Insufficient staff in RHU*
- *Lack of sufficient skilled and competent service providers (some facilities manned by HSAs)*

Threats

- *Further brain drain*
- *Lack of proper housing & children's education*
- *HIV/AIDS among health staff*

Strategies

- **Strengthening human resources to provide quality RH services**
- **Strengthening employment and deployment policies for RH service providers**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Aggressively market the medical and allied health professions to potential candidates in secondary schools	HR Unit	• RHU • Training institutions • Regulatory bodies • Media • Private institutions • DPs	Ratio of applications to actual training places	To be established in 2006	4:1	Data from training institutions

Expand infrastructure at training institutions to accommodate double number of trainees	Planning Unit	• RHU • Training institutions • Regulatory bodies • Private sector • Ministry of Works • CHAM • DPs	# of training institutions renovated/ refurbished for double intake	To be established in 2006	14	Physical observations
Increase number of students graduating out annually from training institutions	*Training institutions*	• *RHU* • *Regulatory bodies* • *CHAM* • *Ministry of Education*	*# of students graduating out annually*	*427 nurses* *20 MOs*	*670 nurses* *64 MOs*	*Data from training institutions* *Regulatory bodies*
Strengthen pre-service curricula and competency in FP, MNH, STIs, reproductive cancers, infertility management and YFHS	RHU	• RHU • Training institutions • Regulatory bodies • CHAM	# of pre-service training institutions using curricula which cover a comprehensive spectrum of RH	0	14	Independent review of curricula
Ensure comprehensive RH service delivery is addressed in in-service training	RHU	• DHO • ZHSO • CHAM • BLM • FPAM • Regulatory bodies	# of providers who have received comprehensive RH in-service training	To be established in 2006	200	HR database
Develop and implement favorable employment and deployment policies, especially in difficult working conditions, to ensure equitable distribution of health professionals	*HR Unit*	• RHU • DHO • CHAM • BLM • FPAM • Other NGOs • DPs • Private sector	*Employment and deployment policy* *National ratio nurse/midwife to population* *Ratio nurse/midwife to population by district* *% of health centres with minimum practicing midwifery trained staff*	 *1:4000*	*Policy in place* *1:1700*	*Independent review of employment and deployment policies* *HR M&E database*
Provide an attractive remuneration package for all health professionals	*HR Unit*	• RHU • CHAM • DPs	*% of annual salary increase* *% increase in the three year retention of nurse/midwives*	 *To be established in 2006*	*Annual increase of 50%* *75%*	*PPMIS* *HR database*

4.2 Supporting systems

SWOT analysis

Strengths

- *Logistics management information system (LMIS) in place for STI drugs, condoms and FP commodites*
- *Direct delivery of supplies to health centers*
- *Staff trained in commodity security*
- *Central Medical Stores (CMS) will receive technical assistance to build its capacity*
- *Successful performance and quality improvement (PQI)/infection prevention (IP) implemented*
- *Standards and supervision check lists available for most RH components*
- *RH incorporated into integrated supervisory checklist*
- *Development of national BCI strategy*
- *Development of policy and strategy for HEU in progress*
- *Availability of wide range of research data*
- *Guidelines for planning of service delivery at district level available*

Opportunities

- *Development Partners willing to provide supply support*
- *Local donors willing to contribute but have not yet been tapped*
- *Increased interest by Development Partners for community based initiatives*
- *NMCM has included RH in its monitoring tools*

Weaknesses

- *Inadequate and inconsistent supply of essential drugs, supplies and equipment*
- *Lack of adequate supportive supervision at all levels*
- *Lack of accountability and care of supplies leading to loss and mismanagement*
- *Poor logistic management*
- *Weak procurement system at central level*
- *Weak referral and communication systems*
- *Poor quality of services*
- *Lack of overall monitoring system (to routinely and reliably measure progress against objectives)*
- *RH strategy not widely disseminated and utilized by partners and service providers*

Threats

- *Donor prescription and choice of areas to provide support*
- *Transitional period from mainly discrete supported programmes to SWAp*
- *Functioning of zonal offices dependent on donors*
- *Lack of financial resources within SWAp*
- *Inadequate political will for RH issues*
- *Decentralization without adequate back-up support*
- *Lack of community involvement and/or mobilization in sexual and RH issues*

- *Lack of consistency in planning across districts*
- *Failure to translate research into practice*
- *Lack of rolling out projects based on best practices*
- *Evidence based care not always implemented*
- *Lack of high level commitment to address sensitive policy issues*

Strategies

- **Strengthening commodity supply and logistics management system**
- **Strengthening the referral system**
- **Strengthening the quality of RH services**
- **Strengthening the supervision of RH services**
- **Strengthening monitoring and evaluation of RH services**
- **Strengthening behaviour change interventions**
- **Strengthening research in reproductive health issues**

Activity	Resp. Unit	Partners	Indicator	Baseline (2005)	Target (2010)	Means of Verification
Increase RH commodity availability	*RHU*	• *HTSS* • *CMS* • *JSI Deliver* • *UNFPA* • *UNICEF* • *USAID*	*% of facilities with no stock outs of RH commodities (FP, STI drugs, TTV, essential obstetric drugs and supplies) for at least a week at a time*	*To be established in 2006*	*80%*	*LMIS* *Supervision reports*
Improve communication and transport system	*RHU*	• *PAM* • *DHO* • *CHAM* • *Other NGOs* • *DPs* • *Ministries of Finance, EP&D and Works* • *Private sector* • *Communities*	*% of facilities with functional communication system* *# of motorized ambulances available per 10,000 population* *% of districts with functional ambulances that satisfy requirements*	*To be established in 2006*	*80%* *1 per 10,000 population* *80%*	*Facility surveys* *PAM database*
Improve the quality of RH services, including FP, MNH, STIs and others, by introducing an integrated, comprehensive standards-based management approach	RHU	• Nursing Unit • ZHSO • DHO • CHAM • BLM • FPAM • JHPIEGO • Other NGOs • Regulatory bodies • Training institutions • Private sector	% of facilities utilizing the standards based management approach % of facilities providing RH care according to standards	To be established in 2006	90% 80%	Supervision reports Facility surveys
Increase supervision of RH services at all levels	RHU	• ZHSO • DHO • CHAM • BLM	% of facilities supervised quarterly	To be established in 2006	80%	Supervision reports

		• FPAM • Regulatory bodies				
Improve monitoring and evaluation of RH services at all levels	RHU	• HMIU • ZHSO • DHO • CHAM • BLM • FPAM • Other NGOs • Private sector • Regulatory bodies • Community	% of facilities reporting on RH related indicators through HMIS on quarterly basis	88%	100%	HMIS
Develop and implement communication strategy for RH services	HEU	• RHU • Ministry of Information • BLM • FPAM • PSI	% of ANC attendances in 1st trimester % of deliveries by skilled attendants CPR	7% 38% 28%	20% 75% 40%	HMIS
Conduct qualitative research on knowledge and attitudes among selected communities about RH issues	RHU	• DHO • CHAM • BLM • FPAM • Other NGO • Centre for Social Research • COM (Centre for RH) • UNFPA • UNICEF • NYCOM	# of research documents produced and disseminated	0	5	HMIS

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