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 **BASICS**

IMPROVING CHILD HEALTH IN MALAWI

BASICS III

INTRODUCTION

Despite sustained efforts to improve the quality of life for its people, Malawi remains one of the poorest countries on earth. The vast majority of Malawians live in poverty, with limited access to basic health services and clean water. Severe food insecurity and widespread malnutrition have exacerbated already high rates of maternal, neonatal, and child mortality. HIV/AIDS has dealt a tremendous blow to the people of Malawi, crippling the country's economy and devastating its families. The nation faces a severe shortage of health workers and is further burdened by a very weak health infrastructure that is in the process of decentralizing authority to the district level.

Notwithstanding, Malawi has made tremendous advances in child health, having achieved extraordinary reductions in child and infant mortality, and being one of the few African nations to be on track to meet the MDG for child mortality. The Ministry of Health (MOH) has provided significant and progressive leadership to build on these achievements, as evidenced by initiatives like the new Essential Health Package and the National Strategic Plan for Child Survival and Development.

USAID/BASICS was awarded a 4 year contract (2008-2011) to implement a project to strengthen delivery and maximize coverage of essential child health and nutrition interventions in 8 target districts. BASICS' approach, which is aligned with the MOH's National Strategic Plan for Accelerating Child Survival and Development, has focused on invigorating district systems to attain and sustain decreased infant and child mortality in Malawi. The project provides a great opportunity to reinforce the GOM's development goals, enhance MOH Child Survival policies, and strengthen its capacity to deliver an essential package of quality child health and nutrition services at scale to ultimately reach the MDG 4 target for reducing under-five mortality in Malawi.

The following four components have guided the implementation of the technical approach:

1. Improved prevention and management of childhood illness
2. Improved infant and child nutrition
3. Support the efforts of the Ministry of Health in Malawi in PMTCT and pediatric HIV through technical support to the PMTCT Advisor and HIV/AIDS Technical Assistance Positions in the Ministry of Health
4. Strengthening of community malaria interventions through a small grants program.

ACTIVITIES AND RESULTS

Prevention and Management of Childhood Illness

USAID/BASICS has provided assistance to the Malawian MOH in child survival at policy, district, facility, and community levels. Over the past two years, USAID/BASICS has supported the MOH to finalize and disseminate its national child health policy, the Accelerated Child Survival and Development Strategy. In addition, we have made substantial progress in laying the foundations for ACSD implementation in 8 BASICS districts through creation of Technical Working Groups, orientating District Executive Committees, training of trainers and health workers in ACSD and IMCI. The outcome is that more 240 HAS's have been trained to provide CCM thereby rapidly expanding access to children under 5 at community level..

BASICS is supporting the MOH's initiative to implement zinc and low osmolarity ORS to manage diarrheal disease. These efforts have included the alignment of the EHP and EDL to incorporate Zinc as supplement and the development of an implementation plan for zinc and low osmolarity ORS. BASICS has supported the quantification of Zn needs and the development of a training package and communication strategy.

USAID/BASICS has been involved in the MOH's Emergency Triage Assessment and Treatment/Pediatric Hospital Initiative (ETAT/PHI) initiatives through organizing and facilitating ETAT Training of Trainers (TOT) in Phalombe, Zomba, Balaka, Chikwawa and Nsanje districts. BASICS has supported the training of staff in Chikwawa, Mangochi, Salima and Zomba. This initiative is being supported by WHO through the Catalytic In itiative – the outcome of the inputs from BASICS and WHO is that hospitals in 15 districts have now been introduced to ETAT/PHI. Finally, BASICS is preparing to procure and distribute essential child health equipment to 16 facilities. The ETAT/PHI initiative also was used as a model for BASICS/Afghanistan work when trainers from the Malawi ETAT/PHI traveled to Afghanistan to conduct training in June 2009 and help that country initiate an ETAT/PHI program..

Nutrition

BASICS has worked towards the improvement of nutrition interventions at the national level by participating in the National Nutrition Review and Planning Sessions and CTC Technical Working Group Meetings, and establishing district-level Nutrition Program Committees.

We have attempted to expand coverage and improve the quality of treatment for severe acute malnutrition through CTC/CMAM. Activities have included the operationalization outpatient therapeutic programme (OTPs) in Phalombe, Kasungu and Zomba and supportive supervision of existing sites in 3 other districts (Balaka, Chikwawa and Mangochi). In addition, on-going training and refresher courses for health providers, HSAs, and volunteers have contributed to a the maintenance of

adequate standards of care for children admitted to OPTs. Nurses and clinicians were trained and supervised in CTC/CMAM in 6 districts. HSAs were trained on OPT admission criteria and procedures and treatment and counseling to the care giver. Volunteers were trained to identify, refer and follow up cases identified in the community.

As part of BASICS' commitment to improving health at the community level, we have established Mother and Father Support Groups (MFSG) in 2 districts (Phalombe and Zomba) to increase coverage of community-based ENA. Training curricula and IEC materials about essential nutrition actions (ENA) for MFSG facilitators have been drafted and translated into Chichwea. MFSG facilitators have been trained in the 2 districts. The MFSGs are an opportunity to promote ENA actions, such as the promotion of exclusive breastfeeding and supporting the transition to exclusive replacement feeding in areas of high HIV/AIDS prevalence. As a result, health facilities with MFSGs in their catchment areas are experiencing a decreased number of infants with common health problems and are reporting increased demand for reproductive health services. In Phalombe at Holy Family Hospital, data suggests that MFSGs are impacting the number of children admitted into Nutrition Rehabilitation Units (NRUs) and OPTs.

BASICS recently completed an assessment of the Community Essential Nutrition Actions (ENA) Program, which has been underway since April 2008. The purpose was to determine the program's impact on nutritional status, use of health services, and male involvement, and to identify any gaps to address before considering scale-up. As of July 2009, the program was active in 31 villages of Phalombe and Zomba districts with a total of 261 trained facilitators serving 1,617 children under two years of age, as well as pregnant and lactating women.

The most important finding is that the program has not focused enough on strengthening growth monitoring and promotion and effective counseling by program workers to improve maternal and infant and young child feeding practices. Thus, no impact was seen on nutritional status. However, the frequency of home visits by volunteer facilitators increased significantly, as well as husbands' assistance to reduce their wives' workload in pregnancy. The program has successfully mobilized communities, promoted local ownership and engaged village chiefs. The assessment recommended that over the next two years the program focus on preventive activities to improve maternal, infant and young child feeding practices, child growth and nutritional status. This will be done in two ways, with growth monitoring and promotion as a core strategy. First, the program will build on the presence of the existing facilitators in the 31 villages, and strengthen their skills as persuasive nutrition behavior change counselors. Second, it will begin to work with health surveillance assistants and volunteers at existing MOH monthly village outreach clinics to transform the growth monitoring and promotion done there into effective, preventive nutrition encounters for thousands of mothers and children. Volunteers will follow-up in the villages, making home visits to counsel families with women and children at nutrition risk.

Finally, as part of the MOH's Child Health Days with BASICS support, Vitamin A was provided to children in the 8 districts. Annually, more than a million children benefit from these child health day activities.

Pediatric HIV/AIDS and PMTCT

BASICS has provided on-going technical assistance to the MOH to scale up PMTCT and implement a nationwide PMTCT service provider training. Through this effort, BASICS has contributed to strengthened capacity in the central MOH and improved overall coordination of HIV/AIDS services. Key achievements have included:

- Developed and costed 5-year PMTCT scale up plan with targets and indicators.
- Incorporated chapter on Young Child and Infant Feeding Guidelines into PMTCT training package.
- Developed Pediatric HIV Orientation Module for front-line health care workers.
- Participated in development of PMTCT counseling tools, HIV/AIDS guidelines, and curricula.
- Provided management support by assisting the MOH to develop PMTCT workplans and budgets and to quantify needed HIV/AIDS drugs and supplies to prevent stock-outs.

Through the national TA activity and an innovative mentoring program PMTCT services have been implemented in all 28 districts in Malawi. District level activities have included the development of district-level PMTCT workplans and orienting PMTCT trainers and health workers in pediatric HIV/AIDS testing, care, and treatment using the newly developed guidelines and training manuals. In addition, BASICS trained health workers in CPT guidelines and printed and distributed CPT registers and cards to health facilities.

Supervision and mentorship have strengthened the quality of services provided. For example, BASICS has conceptualized a system of mentoring meetings which will bring together the MOH and key partners to establish a quarterly mentoring and supervision process that strengthens the capacity of district level coordinators to support PMTCT implementation at the district level. Through this, PMTCT mentoring has become active in 5 zones.

BASICS has also been involved in strengthening HIV testing and counseling (HTC). We funded HTC supervision by the National HIV Unit in all districts in the South East and South West Zones. In addition, BASICS oriented HTC counselors in pediatric HIV/AIDS testing and counseling and we continue to support 16 Voluntary Counseling and Testing (VCT) counselors in the 8 districts who over the past 2 years have tested 34728 clients. In order to build on the important work done by HTC counselors, BASICS has designed and will pilot the use of NGOs grants as a mechanism to fund and supervise additional HTC counselors in the districts. BASICS will issue grants to 2 NGOs for one year to hire

and deploy these counselors to facilities. The program will be evaluated and recommendations for expansion will be provided to the MOH and USAID.

HIV/AIDS

BASICS has also provided on-going assistance and support to the head of the HIV Unit in the MOH through policy advice, preparation of presentations and meetings, development of written correspondence, and establishment of the HIV Unit's website. Specific achievements have included the development of the WHO/PEPFAR-supported international guidelines for task shifting and the finalization of job aids for adult and pediatric clinical staging and the administration of adult and pediatric CTX prophylaxis. Significant support has also been provided for ART activities through the development of training curricula (in-service and refresher courses) and M&E tools.

Malaria

BASICS established a malaria small grants program in Malawi with PMI funding. The objectives of the grants were to initiate community-based, behavior change communication programs in identified districts to:

- Educate people on the importance of using ITNs every night all year, particularly for children under five, pregnant women and/or people living with HIV/AIDS.
- Increase awareness of the importance of pregnant women receiving at least two doses of IPTp.
- Increase acceptance, compliance, and awareness of the change in first-line drug from sulphadoxine pyremethamine (SP) to artemether-lumafantrine (LA) in the community.
- Sensitize caregivers on the importance of prompt treatment with LA and on the key signs and symptoms of malaria and other common childhood illness.

The first year (cycle 1), grants were awarded to 5 NGOs working in 6 districts from June 2008-2009 to work with the DHMTs, HSAs, volunteers and other community structures (i.e. drama groups, community leaders) in malaria prevention efforts. Cycle one grantees included Project Hope (Phalombe and Mulanje), CCAP Synod Livingstonia (Chitipa), World Medical Fund (Nkhotakota), St. John's Ambulance (Blantyre), DAPP (Zomba), and Red Cross (Dowa). BASICS developed a training manual for volunteers to be used by NGO partners and conducted routine monitoring and supervision activities with grantees to improve the quality of the intervention. Grantee activities have included household visits, public talks, drama groups, and mass information campaigns.

In April 2009, BASICS sent a team to review the grant program to assess its scalability (coverage, quality of messages) and effectiveness (NGO capacity, collaboration, adequacy of resources) and make recommendations about program expansion. The review found that volunteers were an effective mechanism to reach communities with messages about malaria prevention and control and NGOs were appropriate structures

to support the NMCP and DHMTs achieve these objectives. The review also found that the use of several strategies, particularly household visits and health talks, was critical for message uptake. This is in-line with the NMCP's BCC Strategy which recognizes the critical role of interpersonal communication to promote behavior change. The review recommended that the program be expanded to other districts in Malawi and that the grant contract timeframe be extended from one to two years to ensure that the objectives are achieved.

As a result of the review, cycle one grantees were given a 3-month no-cost extension to finalize activities. Cycle one grantees operating in 4 out of the 6 (Project Hope, DAPP, CCAP Synod Livingstonia, and St. John's Ambulance) districts will be given new contracts for another year (October 09-2010) to continue operating in current districts. In addition, a second cycle of 4 grantees operating in 4 additional districts (COOPI in Salima, Development Communications Trust in Chiradzulu, Sue Ryder Foundation in Balaka, and Red Cross in Kasungu) were awarded for one year (August 2009-2010).

Table 1. Progress towards achieving annual targets

| Indicator | 2009 Target | 2009 Achievement |
|--|------------------------|-----------------------------|
| 1. Number of babies aged 0-28 days treated with cotrimoxazole or other antibiotics by doctors, nurses, clinical officers, medical assistants and HSAs | 2000 | 1525 |
| 2. Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs | 5000 | 13088 |
| 3. Number of people reached through community outreach activities that promote the correct and consistent use of ITNs (OP indicator) | 1764444 | 1,811,709 |
| 4. Number of people reached through community outreach that promote treatment of malaria according to national guide lines (OP and task order indicator) | 1,764,444 | 1,821,532 |
| 5. Number of people trained in malaria treatment or prevention with USG funds (OP and task order indicator) | 10704 | 9,823 |
| 6. Number of private drug distributors trained on the new drug policy. | 50 | 565 |
| 7. Number of new service delivery approaches introduced (Task Order Indicator). | 2 | 0 |
| 8. Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 8 | 16 |
| 9. Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 20,000 | 26567 |
| 10. Number of health workers newly trained in the provision of PMTCT services according to national and international standards | 0 | 60 |
| 11. Number of service outlets providing counseling and testing according to national and international standards | 8 | 8 |
| 12. Number of individuals trained in counseling and testing according to national and international standards | 240 | 402 |
| 13. Total number of individuals who received counseling and testing for HIV and received their test results | 40,000 | 62207 |
| 14. Number of local organization provided with technical assistance for HIV-related policy development | 1 | 2 |
| 15. Number of local organization provided with technical assistance for HIV institutional capacity building | 1 | 2 |
| 16. Number of people trained in child health and nutrition through USG-supported health area programs | 1000 | 1614 |
| 17. Number of children reached by USG-supported nutrition | 3500 | 5516 |
| 18. Number of policies drafted with USG support | 2 | 2 |

Table 2. BASICS indicator tracking sheet, FY 2009

| Activity | FY09Target | Total |
|---|-------------------|--------------|
| Accelerating Child Survival and Development | | |
| HSA's trained in CCM | 160 | 262 |
| HSA's trained in M&E | | 19 |
| HSA's trained in drug management | | 59 |
| Number of HSA's trained in HII for ACSD | | 90 |
| Health workers trained as trainers in ACSD | 40 | 36 |
| Health centre officers in charge trained in ACSD | 60 | 89 |
| Pediatric Hospital Initiative | | |
| Health workers trained as trainers in PHI | 16 | 12 |
| Health workers trained in PHI | 60 | 288 |
| Pediatric Hospital Initiative service provision | | |
| Number of babies aged 0-28 days treated with cotrimoxazole or other antibiotics by doctors, nurses, clinical officers, medical assistants and HSA's | 2000 | 1525 |
| Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs | 5000 | 13088 |
| Number of people trained in child nutrition through USG supported health area programs- Community-based Therapeutic Care | | |
| Health workers trained as trainers in CTC | | 0 |
| Nurses and clinicians trained in CTC | 30 | 104 |
| Extension workers and HSA's trained in CTC | | 169 |
| Volunteers trained in CTC | 500 | 455 |

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Table 2. BASICS indicator tracking sheet, FY 2009 (cont.)

| Activity | FY08 Target | Total |
|--|--------------------|--------------|
| Nutrition service provision | | |
| Children reached by USG supported nutrition programs | 3500 | 5516 |
| Children provided with vitamin A supplementation | | 1145608 |
| HIV testing and counselling (HTC) | | |
| children aged 0-17 months tested for HIV | | 2272 |
| children aged 18-14 months tested for HIV | | 6193 |
| People aged 15 years and over tested for HIV | | 44210 |
| # People tested at outreach clinics | | 9532 |
| People of all ages tested for HIV | 40000 | 62207 |
| Number of routine testing (sites) | 8 | 8 |
| ART and palliative care (excluding TB/HIV) | | |
| Individuals aged 0-14 newly initiating ART | | 864 |
| Health workers trained to deliver cotrimoxazole therapy | | 464 |
| Pediatric HIV capacity enhanced | | |
| Number of facilities oriented in pediatric HIV/AIDs | 80 | 0 |
| Number of health workers oriented in pediatric HIV/AIDS | 800 | 0 |
| PMTCT | | |
| Service outlets providing the minimum package of PMTCT services | 8 | 8 |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 20,000 | 26567 |
| Number of health workers newly trained in the provision of PMTCT services according to national and international standards | | |
| People oriented in community based ENA/infant feeding | 96 | 38 |
| Community members trained as MFSG facilitators | 1200 | 142 |

Click on the titles below to access reports and other materials developed during USAID/BASICS' Malawi program.

| Title | Type | Description | Technical Focus Area(s) |
|---|------------------------------|---|--|
| USAID/BASICS Baseline Report | Baseline Assessment Report | Overview of health status in USAID/BASICS' 8 focus districts in Malawi. | <ul style="list-style-type: none"> ▪ Child health ▪ Malawi |
| Pediatric Hospital Initiative Report | Baseline Assessment Report | Overview of status of pediatric care at hospital level in USAID/BASICS' 8 focus districts in Malawi. | <ul style="list-style-type: none"> ▪ Child survival (hospital level care) |
| Assessment of the Community Essential Nutrition Actions (ENA) Program of USAID/BASICS in Malawi | Assessment Report | Assessment of USAID/BASICS' community level ENA and Mother/Father Support Group program. Provides findings about impact of program and recommendations for scaling up. | <ul style="list-style-type: none"> ▪ Nutrition |
| PMCTC Scale Up Plan | National Health Plan | National 5-year that details how PMTCT will be scaled up in Malawi. | <ul style="list-style-type: none"> ▪ PMTCT |
| Curriculum and Training Materials for Mother Father Support Group Facilitators | Curriculum | Training curriculum and materials for community-level facilitators for the USAID/BASICS Mother/Father Support Group program in Malawi which focuses on improved nutrition status of children under 2. | <ul style="list-style-type: none"> ▪ Community ▪ Nutrition |
| Pediatric HIV Orientation Module | National Training Guidelines | Training module for front line health workers about the identification, care and treatment of pediatric HIV in Malawi. | <ul style="list-style-type: none"> ▪ PMTCT ▪ HIV/AIDS |
| Job Aids for adult and pediatric clinical staging and the administration of adult and pediatric CTX prophylaxis | Job Aids | Job aids for health workers to assist in the identification, treatment and care of children and adults afflicted with HIV/AIDS in Malawi. | <ul style="list-style-type: none"> ▪ HIV/AIDS |

| Title | Type | Description | Technical Focus Area(s) |
|--|-------------------|--|--|
| Guidelines for the use of Antiretroviral Therapy In Malawi | Guidelines | Guidelines tools to improve the quality of the provision of ART by health workers in Malawi. | <ul style="list-style-type: none"> ▪ HIV/AIDS |
| USAID/BASICS Grant Manual | Grant Manual | Programmatic manual that describes the process of grants management for USAID/BASICS issued grants. | <ul style="list-style-type: none"> ▪ Programmatic |
| Malawi Malaria Grant Program Review | Assessment Report | Assessment of USAID/BASICS PMI Malaria Grant Program in Malawi after the first year of implementation. Details findings about the effectiveness of the model and provides recommendations about scaling up the program to other districts. | <ul style="list-style-type: none"> ▪ Malaria |