Strengthening rapid scaling-up of Maternal, Newborn and Child Health interventions in Africa

Report of the first mission to Malawi

13 - 20 February 2007

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Background

In the third quarter of 2006, the Partnership for Maternal, Newborn and Child Health obtained a grant from the Bill and Melinda Gates Foundation to achieve the maximum reduction in maternal, newborn and child mortality within a four year period in three high burden countries in Africa, namely in Burkina Faso, Malawi and Mozambique. An additional three large countries (Ethiopia, DR Congo, Nigeria) would be supported to build partnership towards a common MNCH agenda.

The objectives of the grant are to

- Engage governments and partners in concerted, accelerated efforts sufficient to achieve coverage levels for high impact MNCH interventions consistent with at least a 25% reduction in child mortality (under-five years) within three years.
- Provide independent evaluation of progress and outcomes
- Support rapid expansion of evidence based MNCH interventions, by conducting value added activities through PMNCH, developing and maintaining high levels of coordinated commitment and support for MNCH among the partners and governments

The Grant Proposal specifies that

- **Interventions**: would be based on the Africa child survival strategy and the Roadmap for maternal and newborn health.
- **Implementation**: would be supported by WHO, UNICEF, WB, UNFPA and other bilateral and multilateral donors.
- **Monitoring and Evaluation**: would be based on a framework adapted at country level with the modeling tool to estimate impact of different scenarios
- **Planning Process**: would assess potential MNCH gaps, model scaling up scenarios, leverage additional resources, and result in an implementation plan that would include strategic and catalytic activities to accelerate MNCH interventions.
- **Timeline:** an implementation plan should be ready by end of May 2007 for approval by the Management Committee, upon which funds would be released immediately.
- **Funds:** amount to US$ 2.5 million per year for three years for implementation and US$ 330,000 for evaluation.

**General objective of the mission**

To assist in the development of a proposal and action plan to scale-up MNCH interventions using grant money made available to the Partnership for Maternal, Newborn and Child Health (PMNCH) by the Bill and Melinda Gates foundation.

**Specific objectives**

- Brief national stakeholders in MNCH on the objectives and scope of the grant.
- Assess the current situation for MNCH, by examining national data on MNCH-related epidemiology and intervention coverage, policies and programmes.
- Discuss the major strategic directions in health sector development and map the national aid architecture for MNCH.
- Review current plans for scaling-up MNCH interventions, including in the Health Sector Development Plan supported by the SWAp, the IMCI strategic plan, the Roadmap for reducing maternal and newborn mortality, the national immunization strategy, the national plans of action for malaria, HIV/AIDS and nutrition.
- Identify opportunities for strengthening the coverage of MNCH interventions including through leveraging additional funds from existing financing mechanisms (SWAp, EU, GAVI, GFATM).
- Facilitate a gap analysis considering the goal of national child mortality reduction of 25% in year 4.
- Identify potential activities to be covered by the grant, including activities to harmonize and align existing plans and resources, provide technical support to build capacity, scale-up interventions, and monitor progress.
- Discuss key indicators for assessing progress and initiate the development of the evaluation plan.
- Propose a national coordination mechanism for use of the funds.
- Initiate the development of a concrete action plan, and agree on immediate next steps to enable submission of a proposal to the management committee no later than end of April 2007.

**Overall expected outcome**
National coordination mechanism established, development of a concrete action plan initiated, concrete next steps agreed and technical support committed as needed.

Participants

The mission was completed by members of the national core team established by the Ministry of Health in January 2007 to develop the grant proposal, four external staff from WHO, PMNCH and UNFPA, and staff from WHO, UNFPA and UNICEF country offices. The list of participants is attached as Annex 1. Linkages were made with facilitators of the UNICEF/SNL workshop on newborn health, health on 14 - 15 February 2007 in Lilongwe to plan for community activities to improve newborn health.

Proceedings

During the first two days of the mission meetings were held with managers from national programmes relating to MNCH, namely Immunization, Integrated Management of Childhood Illness (IMCI), Reproductive Health (including maternal health), and Nutrition. Briefings on Malaria and HIV/AIDS were given by staff from WHO and UNICEF. The team attended the session on 'Scanning the policy environment for opportunities to improve newborn health' in the UNICEF/SNL workshop on Newborn Health in the morning of Day 2. A working dinner was held in the evening to brief senior managers in the MOH on the grant proposal, which was attended by the Director of Technical Services and the Deputy Director of Planning. On the morning of day 3, a roundtable discussion was held with representatives from key bilateral partners and NGOs. Meetings of the national core team started on day 3 in the afternoon, and continued through day 4 mornings in preparation of the debriefing with the Permanent Secretary and senior officials of the MoH on day 5. After this debriefing, Her Excellency the Minister of Health kindly received the team for a courtesy call. On day 6, the core team met to plan concrete next steps, followed by a meeting of the WHO staff with the IMCI programme manager to discuss programme issues. In the afternoon of day 6, the WHO staff attended a conference call of the PMNCH management team for the grant and provided a brief update of the findings. The agenda is available as Annex 2.

Findings

Epidemiology

It was difficult to ascertain and reconcile data on maternal and under five mortality from various sources. It will be important to analyse and agree the most accurate baseline data as a basis for setting targets in the impact evaluation.

Child mortality

The Malawi country profile prepared in WHO/CAH reports an under five mortality rate of 177/1000 live births in 2004 (source CHERG data), while government and the State of
the World Children 2007 report a rate of 133/1000 for the same year. Based on the
decline in mortality reported in the period 2000-2004, WHO reports that the UMR will be
134/1000 live births in 2015, far from the projected MDG target of 80. The preliminary
results of MICS 2006 however report an under-five mortality rate of 118. Table 1
summarizes results.

Table 1

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<tr>
<th></th>
<th>2000</th>
<th>2004</th>
<th>2006</th>
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<tbody>
<tr>
<td>Under five mortality</td>
<td>189 (UNICEF)</td>
<td>133 (MICS)</td>
<td>118 (MICS)</td>
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<tr>
<td>infant mortality</td>
<td>104 (UNICEF)</td>
<td>76 (MICS)</td>
<td>69 (MICS)</td>
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<td>neonatal mortality</td>
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<td>27 (MICS)</td>
<td>31 (MICS)</td>
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Maternal mortality
The State of the World's Children and DHS 2004 report 1800 deaths/100,000 live births.
Government at present reports 984 deaths/100,000 live births.

Coverage of MNCH interventions
District-based coverage data on key MNCH interventions are available for the first time
as a result of MICS 2006. Annex 3 is a summary of key indicators at national level. Data
show great variability with some coverage data moving forward, while others are still
very low. For example, there is high coverage of antenatal care (at least one visit) at
91.8%. (2004 levels of TT2 and IPT were 66% and 73% respectively while PMTCT was
very low at 4%). The rate of fully immunized children is 71.4%. Skilled attendance at
birth is 53.6% while the proportion of children 0-5 months who are exclusively breastfed
is 56.4%. Antibiotic treatment of suspected pneumonia is 29.2% and the proportion of
under fives sleeping under an insecticide treated net was found to be 23%.

- Sector-wide approach (SWAp) 2005 - 20011:
  - Essential Health Package
  - Programme of Work
- ACSD strategic plan
- Roadmap to reduce maternal and newborn mortality
- Partners in MNCH:
  - MNCH-related programmes in the Ministry of Health
  - Development partners in MNCH:

Development of an implementation plan for accessing the grant Opportunities for
MNCH
The team identified the following opportunities for scaling-up MNCH interventions in
Malawi.

- Many stakeholders in health: UNICEF, WHO, UNFPA, STC-SNL-CS22,
  MSH, DFID, GAVI, USAID, WORLD VISION, AFRICARE, MSF,
  NORAD, CIDA, AMDD, WB, GLOBAL FUND, CHAM, ....
Programme of work for the health sector agreed under SWAp
Predictable funding available through SWAp
Community-based health services in expansion
Maternal and child health policies and strategies are in place, i.e. the 'Road Map to reduce maternal and newborn health' and the 'Accelerated Child Survival and Development strategy'.

**Bottlenecks to high level coverage of interventions**
- Human resource crisis with vacancy rates of nurses and doctors of over 60%
- Limited capacity for planning and management for MNCH in the context of the SWAp at district level
- Limited evidence of the extent to which HSAs are well integrated into the health system and possible overloading to deliver a broad menu of services
- Insufficient support supervision for MNCH health care providers at all levels

**Principles**
The Programme of Work of the SWAp will guide the selection of activities for the grant. Intervention packages will be selected from within the Essential Health Package and activities support according to the six pillars defined as part of the SWAp.
It was agreed that the grant would be used to:

- Accelerate service delivery of a small set of high impact interventions
- Strengthen managerial capacity at all levels for MNCH planning and implementation
- Facilitate leveraging of additional financial resources and partner harmonization towards the MNCH component of the POW.

**Selection of interventions, intervention packages, service delivery levels and geographical coverage for implementation**
The Lancet series on maternal, newborn and child survival identify more than 30 interventions that are effective to improve newborn and child health, and thus achieve the outcome target of the grant. Even considering the highest impact interventions, the list is still very long. The team identified high-impact interventions identified in the Malawi EHP and ACSD strategy, and listed them according to delivery levels. They then identified a preliminary set of delivery strategies as follows:

- Increase the number and strengthen the role of Health Surveillance Assistants (HSA) who have been identified as the cadre for delivering community interventions the EHP.
- Increase the coverage of IMCI trained staff in health centres
- Ensure skilled attendance at birth, basic Emergency Obstetric and Newborn Care (EmONC) and Baby Friendly Hospital accreditation in selected health centres
• Ensure adequate referral care for mothers and children in the district hospital

It was clear that the financial needs for meeting MNCH needs in the health sector in Malawi far exceed the funds that can be made available through the grant. This raised the question whether it would be necessary to limit geographical coverage and the intervention packages to be supported by the grant - in order to demonstrate 'proof of concept'. Since the grant is also intended to support strategic and catalytic activities and build upon already available resources for MNCH (both with the SWAp basket as well as discreet funding), it was agreed that decisions as to the scope of the grant coverage could only be taken after more analytic work to map available partners and resources, impact modelling of implementation scenarios, and costing of intervention packages. The results of these exercises would enable evidence-based decision-making and strategic allocation of the available funds.

Activities to improve service delivery to be considered
Given the strength (or weakness) of the health system in Malawi, the team agreed that it would be critical to stimulate balanced and coordinated investment in activities to strengthen human resources for MNCH as well as to strengthen essential health system supports. Areas of activity to be considered in the implementation plan are:

- **Human resources**: setting of policies and guidelines, in-service training, pre-service training, supportive supervision, and on-the-job training.
- **Health system supports**: upgrading of health facilities, availability of essential drugs and equipment, transport and referral pathways, telecommunication, community mobilization, and health information data collection and use.

Coordination
Under the SWAp governance structure, a Technical Working Group has been established for Reproductive Health which includes maternal health. In the area of child health, several Technical Working Groups are operational e.g. for Immunization, IMCI, Nutrition, Malaria and HIV/AIDS. The team proposed as the way forward:

- Establish a Technical Working Group on Child Health (possible home in IMCI unit)
- Establish a Task Force to coordinate between SRH and Child Health Technical Working Groups

In the debriefing, her Excellency the Minister of Health made a commitment to putting a task force in place as soon as possible. The procedures for establishing a Technical Working Group for Child Health will take more time but can be proposed to the SWAp Management team in March.

District planning and implementation
The DHMTs are supported by planning guidelines issued by the MOH Planning unit to develop annual district implementation plans (DIP). To ensure adequate content of MNCH activities in these plans, it is important that district medical officer have clear guidance on objectives, targets and activities to improve MNCH. For ACSD, micro planning was supported by UNICEF in more than 10 districts and detailed ACSD plans are now available for 8 districts. A costing exercise is planned for 4 - 10 March using the Marginal Budgeting for Bottleneck approach. For the Roadmap, planning is less structured and it was agreed that it would be useful to develop an operational plan that would guide the implementation of the Roadmap at national and district levels. Costing data for the Roadmap are available at national level, and a workshop to build district capacity using the Essential Health Technology Package (EHTP) was scheduled from 19-23 February 2007 in Blantyre supported by WHO/MPS. In light of these findings, the following activities were proposed to be considered in the implementation plan:

- Develop an operational plan for the Roadmap
- Review and strengthen guidelines for planning of MNCH at district level
- Support DHMTs to set MNCH targets and integrate MNCH activities in DIP on an annual basis

**Support for policy**

The HSA has been identified in the EHP and ACSD strategy as the key provider by whom community-based interventions will be delivered. Interventions to be delivered by the HSA have been identified in the EHP and have been extended under ACSD. There are also great expectations of the HSA by other technical programmes, e.g. the HIV/AIDS programme would like to strengthen their role as counsellors. A rapid review of experience in IMCI revealed that the actual experience of involving HSAs in the delivery of child health interventions is quite limited. After the review of community IMCI in Malawi in 2004, 5-day clinical IMCI courses were introduced to train 30 HSAs in 8 districts and 40 HSAs in 2 districts (320 in total). Their case management responsibilities include management of malaria, pneumonia, diarrhoea, eye infections and helminth infestation. They were given drug kits purchased by discrete funds and it was anticipated that a drug revolving system could be put in place. There has been no systematic follow-up of their performance thought it has become clear that a drug revolving mechanism was not a feasible option. The team recommended to:

- Conduct a systematic evaluation of HSAs performance as a basis to identify critical actions to strengthen their performance and integration into the health system.
- use the outcomes of the evaluation to reformulate the functions of the HSA, the training curriculum, and the health system supports that should be in place to ensure optimal use of this cadre

Some specific issues were identified in the policy arena, that it would be important to support, as part of the implementation plan. The EHP will be reviewed and a new costing exercise conducted. To ensure that MNCH is adequately reflected, the team
recommended that one activity in the implementation plan should be to participate actively in the planned review and costing of the EHP.

Newborn mortality contributes to about 25% of under-five mortality. In the UNICEF/SNL workshop that was held concurrently with the planning mission, recommendations were made to test implementation of community-based support for newborn health in 3 districts with the technical assistance of Save the Children Malawi and SNL. A national team with also participate in a capacity building training on essential newborn care convened by WHO in Nairobi in March. National capacity is therefore in place to ensure that newborn health is adequately integrated in training of health workers.

**Leveraging additional resource**

A number of funding opportunities were identified during the mission. It was noted that the African Development Bank has just provided a grant of US$ 20 million for reproductive health, the European Union through WHO has provided over 1 million Euros to scale up maternal and newborn interventions in 3 districts, SNL/UNICEF are planning to scale up newborn interventions in 3 districts, UNICEF will receive funds for scaling-up ACSD over several years. In addition partners like MSH run large scale programmes to strengthen both management and service delivery for MNCH nation-wide. To fulfil the objective of partnership and resource leveraging it was agreed that as part of planning for the implementation plan, the core team possibly with assistance of a consultant would:

- Map the work of partners in MNCH
- Build partnership towards a common MNCH agenda by involving key partners in the development of the implementation plan, by establishing a reference group and holding a stakeholder meeting.

**Support for implementation of the grant**

The human resource crisis also affects capacity at a managerial level. Five zonal teams have been established to support clusters of about 5 districts, focusing mostly functions of oversight and integrated supervision. In addition, technical units like IMCI have assigned focal persons in each zone who add this responsibility to their regular duties and are stationed in one district. It was agreed that in order to strengthen capacity for planning, implementation and supervision of MNCH at scale, it would be necessary to:

- Strengthen zonal teams with an MNCH responsible officer
- Assign a full-time time person at national level to build partnership and provide oversight to the implementation of the grant
- Plan for technical assistance by national and international experts for selected activities identified in the implementation plan for the grant

**Funding flows**

It was clarified that the discrete funds will flow through the main implementing agencies to Government (WHO, UNICEF, UNFPA, World Bank) and that the simplest arrangement will be agreed with Government, with implementation guided by the
principles adopted in the Paris Declaration. Various options were discussed but no final recommendation made.

**Evaluation**
There was strong concern about the feasibility of the outcome target of 25% under-five mortality reduction for the Malawian context. The discussion clearly brought forward the tension between a 'project' approach to achieve the outcome and the 'systems' approach promoted by Government to gradually improve the performance of the system as a whole. It was agreed that the outcome target would be measure of collective success in the sector, and that the evaluation should include additional indicators on health system performance (e.g. partner alignment, harmonization). The national core team also emphasized the critical importance of building the evaluation design on agreed indicators and monitoring mechanisms in the POW. Work is currently in progress under the SWAp to strengthen these mechanisms and more fact-finding will be done during a next mission of a JHSPH evaluation expert.

**Assumptions**
The team identified the following assumptions as critical to the success of grant implementation:

- Steady progress in decentralization
- Steady progress in meeting POW targets for human resources in the selected districts
- Steady progress in implementation of the EHP Capital Investment Plan in the selected districts
- Assignment of few critical technical and managerial staff and full-time national person to jump-start progress feasible
- Coordination and harmonization of partners (including private sector) feasible

**Strategic options for the implementation plan**
While it was agreed that a decision on how to use the grant could not be pre-empted pending the completion of the Next Steps, the following options were summarized for future consideration:

- Focus on limited number of districts versus support to country-wide implementation
- Focus on health centres and their catchments communities versus all levels of health system
- Focus on broader menu of high impact interventions or selected intervention packages, such as
  - Birth spacing/FP
  - Antenatal care (incl. PMTCT)
  - Skilled attendance, B-EmONC, postnatal care and BFHI in selected health centres
Support for good home care practices for mother, newborn and child (postnatal care, ITNs, nutrition, care-seeking)
 Integrated case management of newborn and childhood illness (incl. paediatric HIV)

Focus on management at zonal and district levels versus all health system functions

Next steps

Review the results of the recent MICS and identify disparities between districts in MNCH outcome and coverage indicators
Conduct mapping partners and of additional funding sources already in pipeline (identify objectives, targets and expected results)
Identify incremental costs for reaching high coverage of the intervention packages within ACSD (with TA of UNICEF, 4-10 March)
Do impact modelling of implementation options and start design of evaluation plan (with TA of JHSPH, linked with previous))
Set criteria and decide on initial districts for implementation
Assist districts in planning for MNCH, set district targets, and assess resource gaps
Identify activity categories, staffing and technical assistance to be covered in the implementation plan
Conduct a stakeholders meeting to discuss the plans
Develop the implementation plan and submit first draft by April 2007