

# Malawi



Quality, Equity, Dignity  
A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health

## Country context

POPULATION & MORTALITY RATES	2017	2020	2022
Population (in million)	17.88	18.4	19.35
Maternal Mortality Ratio per 100,000 live births <sup>1</sup>	439	381	
Neonatal Mortality Rate per 1,000 live births <sup>1</sup>	27	26	22
Stillbirth Rate per 1,000 births <sup>1</sup>	14	-	-

NATIONAL COVERAGE OF KEY INTERVENTIONS (2020)	%
Antenatal care (4 or more visits) <sup>4</sup>	51
Skilled birth attendance during delivery <sup>5</sup>	96
Institutional deliveries <sup>6</sup>	97
Post natal visit for baby (within 2 days of birth, medically trained provider) <sup>6</sup>	88
Postnatal care for mother (within 2 days of birth, medically trained provider) <sup>6</sup>	84
Caesarean section rate <sup>7</sup>	-
Family planning <sup>8</sup>	79
Initial breastfeeding (1 hour of birth) <sup>9</sup>	60
Exclusive breastfeeding rate (of infants under age of 6 months) <sup>10</sup>	64

1. United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022. Online Edition. <https://population.un.org/wpp/Download/Standard/MostUsed/>  
2. National Statistics Office 2018 and 2020 projections.  
3. Malawi Demographic Health Survey 2015/2016.  
4. World Health Organization (2023). Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. <https://apps.who.int/iris/handle/10665/366225>  
5. WHO/SHR Global Database. Percentage of women aged 15–49 years attended at least four times during pregnancy by any provider, September 2022.  
6. UNICEF/WHO joint database on SDG 3.1.2 Skilled Attendance at Birth, May 2022.  
7. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Maternal and Newborn Health Coverage Database, New York, May 2022.  
8. WHO Global Health Observatory. <https://www.who.int/datalgho>  
9. United Nations, Department of Economic and Social Affairs, Population Division (2020). Estimates and Projections of Family Planning Indicators 2020. New York: United Nations.  
10. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Ever breastfed, Early initiation of breastfeeding, Exclusively breastfed for the first two days after birth, New York, October 2022.

## Milestone progress (2017-2022)

STRATEGIC OBJECTIVES	MILESTONE DELIVERABLES	2017	2020	2022
LEADERSHIP	Supportive governance policy and structures developed or established	Not started	On track	On track
	Quality of care for maternal and newborn health roadmap developed and being implemented	Not started	On track	On track
	On-site coaching visits occurring in learning districts	Not started	On track	On track
	Quality improvement coaches trained	On track	On track	On track
ACTION	QoC coaching manuals developed	On track	On track	On track
	Learning districts and facilities selected and agreed upon	On track	On track	On track
	QoC implementation package developed	On track	On track	On track
	Adaptation of MNH QoC Standards	On track	On track	On track
LEARNING AND ACCOUNTABILITY	Orientation of learning districts and facilities	On track	On track	On track
	Mechanism for community participation integrated into QoC planning in learning districts	Not started	On track	On track
	A research institution to facilitate documentation of lessons learned identified and is active	Not started	On track	On track
	District learning network established and functional (reports of visits)	On track	On track	On track
LEARNING AND ACCOUNTABILITY	Common indicator data collected, used in district learning meetings, and reported upwards	On track	On track	On track
	Baseline data for MNH QoC common indicators collected	On track	On track	On track
	Common set of MNH QoC indicators agreed upon for reporting from the learning districts	On track	On track	On track

Key: On track (achieved) In progress (initiated but not completed) Not started No information

## Ensuring MNH QoC core indicators are available in routine HMIS

DATA ELEMENTS	Integrated into HMIS	Collected	Reported	Used	Source
Pre-discharge maternal deaths	Yes	Yes	Yes	Yes	Maternity register, inpatient register
Maternal deaths by cause	Yes	Yes	Yes	Yes	Maternity register, inpatient register
Neonatal deaths by cause	Yes	Yes	Yes	Yes	Maternity register, inpatient register
Facility stillbirth rate (disaggregated by fresh/macerated when possible)	Yes	Yes	Yes	Yes	Maternity register, inpatient register
Pre-discharge neonatal mortality rate	Yes	Yes	Yes	Yes	Collecting in numbers not rate
Obstetric case fatality rate (disaggregated by direct/indirect when possible)	Yes	Yes	Yes	Yes	MPDSR reports, 2020 EmONC assessment 2020
Pre-discharge counselling for mother and baby (woman-reported)	Yes	Yes	Yes	Yes	PNC register
Companion of Choice (woman-reported)	No	No	No	No	Not reported but in respective maternity care guidelines. A tool has been developed and rolled out in Nasawa Health Centre in Zomba district where mothers are encouraged to have companion of choice
Women who experienced physical or verbal abuse in labor or delivery (woman-reported)	No	Yes	Yes	Yes	Reported by the Hospital Ombudsman
Breastfeeding within one hour	Yes	Yes	Yes	Yes	Maternity register, PNC register
Immediate postpartum prophylactic uterotonics for PPH prevention	Yes	Yes	Yes	Yes	Maternity register
Birthweight documented	Yes	Yes	Yes	Yes	Maternity register, PNC register
Premature babies initiating KMC	Yes	Yes	Yes	Yes	Maternity register, KMC register
Basic Hygiene Provision	No	Yes	Yes	Yes	Periodic facility survey & Exit interview form for clients
Basic sanitation available to women and families	No	Yes	Yes	Yes	Periodic facility survey & Exit interview form for clients

Key: YES NO No information

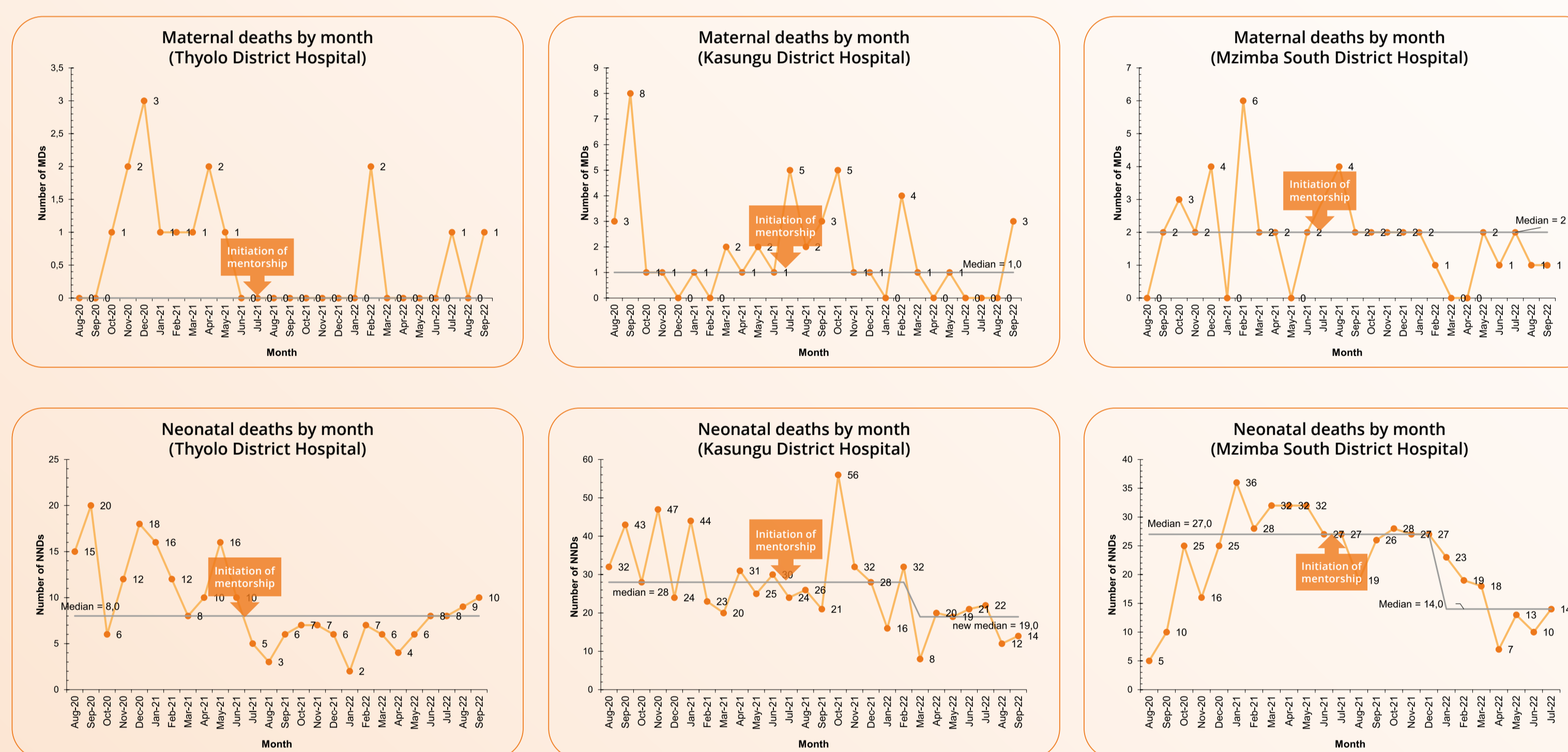
## Creating an enabling environment for sustainability and scaling up of MNH QoC

### Healthcare worker mentorship

As part of national efforts to build capacities for MNCH QoC, a mentoring programme to ensure continuous mentorship, supportive supervision and capacity building of healthcare workers and district health officers was established in the learning districts. On average, four national QI and clinical mentors and 12 mentees were engaged per district in the nine districts. Resources were developed to support the rollout and assess the effectiveness of this program, these include self-assessment and agreement forms, a mentoring guide, mentee logbook and QI documentation journals. After completion of the program, mentees have the opportunity to upgrade to mentors to support QI initiatives in the learning districts.

Facility and district health workers have seen their QI skills improved over time and a pool of QI mentors have been formed within districts. Improved MNH outcomes have been observed in the districts due to the availability of QI teams who have the knowledge and skills to run effective MNH QI projects.

### MMR and NMR data before and after the initiation of the mentorship programme



### Learning from quality-of-care leadership practice

To address verticalization and fragmentation from various quality initiatives in different departments, a Quality Management Directorate was established in the Ministry of Health to provide holistic and systematic leadership for quality in 2017. Previously, this was a quality improvement unit in the Directorate of Policy and Planning. The mandate of MoH-QMD is to provide strategic leadership and coordination of quality management across the health sector. The Quality Management Policy for the Health Sector (2017) and Quality Management Strategy (2017 to 2022) is accompanied by the National MNCH Quality of Care Roadmap (2017 to 2022) as a pathfinder for implementing the wider Quality Management Strategy.

QMD capacity was strengthened through filling positions, identifying learning districts and facilities, adapting MNCH quality standards and orientating and implementing standards, developing manuals for quality improvement training and mentorship, establishing and capacity building quality improvement support teams and Work Improvement Teams and strengthening a complaint redress mechanism to improve the experience of care for service users. An MNCH QoC Steering Committee led by MoH QMD and Reproductive Health Directorate monitors and responds to the implementation of the strategy.

In order to advance work for MNCH and further programmes, roles and responsibilities have been defined in the Health Sector Strategic Plan III (2023-2030). The MoH-QMD is responsible for coordinating the integration of quality-of-care standards in all MoH Directorates such as Policy and Planning, Nursing, Clinical Care, Reproductive Health. All Directorates participate in the quality-of-care assessments, capacity building initiatives such as collaborative learning sessions, reporting and sharing information. More participation of the Nursing and Clinical Care Directorates in quality-of-care initiatives will be key.

### Building learning health systems for quality MNCH

The Ministry of Health held two National QoC Conferences, one in 2019 and a second in 2022. In 2022, the National QoC Conference was organized under the theme "Investing in Quality Health Care: A Roadmap to Achieving Universal Health Coverage and Sustainable Development Goals". Officially opened by the Minister for Health Minister of Health, Honourable Khumbize Kandodo Chiponda MP, the conference objective was to take stock of the progress by quality improvement initiatives in the context of Health Sector Strategic Plan II implementation towards achieving UHC and SDG3 targets by 2030.

#### Objectives of the first quality of care conference:

- Launch the National Quality of Care Standards.
- Share progress made by various stakeholders in Quality Management.
- Share progress since the launch and roll-out of the QoC MNCH Network in Malawi in 2017.
- Discuss plans to re-energize, better position and sustain QI initiatives and to inform the revision of the Quality Management Policy and Quality Management Strategy (2023-2030).

Directors of Central Hospitals & teams, Directors of Health and Social Services & teams, District Health Officers, CHAM and private health facilities, civil society, development partners, academia and research institutions, journalists attended. A total of 130 abstracts were submitted from MoH, districts health facilities and academia. A total of 17 abstracts (oral and poster presentations) from learning districts of Lilongwe, Mangochi, Thyolo, Blantyre, Nkhatabay, Kasungu, Mzimba south, Zomba, Dedza were selected from a competitive abstract review process.

#### Next steps: The conference demonstrated that there is valuable learning activity at community, facility and district level with the follow key recommendations:

- Managers in the healthcare system should promote use of the launched quality of care standards at all levels.
- The MoH-QMD and partners should consider an integrated approach to QI and health systems strengthening in the next phase of implementation.
- All stakeholders in health care should prioritize people-centered care as an integral part of capacity building. All key principles about people-centered care should be an integral part of capacity building for district health managers and health workers.
- The Office of the Ombudsman should empower health service users to be involved in their own health, to know and demand for quality health services.

Collaborative learning sessions have been facilitated by WHO, GIZ, USAID and UNICEF in 9 of the 29 districts in Malawi to facilitate sharing of good practices, experiences and learning from 37 health facilities across nine learning districts. Change ideas are being harvested, and documented in a change package with lessons learned to improve MNH quality of care. A national documentation workshop was held to facilitate harvesting of change ideas and development of a change package. The Ministry of Health at national and district level, and District QI focal points have developed QI documentation plans that will be implemented in 2023.

The next steps are: firstly, a Quality-of-Care Conference will be held each two-years as a forum to encourage the documentation and sharing of learning and practice in districts and facilities. Secondly, QMD is working to establish a National Learning Centre at Kamuzu University of Health Sciences to facilitate learning and documentation of QI learning, both on clinical and management practices, and support the sharing of this learning between facilities and districts, to foster collaboration and proactively seek out learning, create opportunities for sharing and dissemination and use implementation science to generate evidence for scale up.

### Success stories in districts

#### Reduction of maternal and neonatal mortality in Thyolo district

Thyolo district hospital, a secondary level facility, has reduced maternal and neonatal mortality by more than 50% between 2017 and 2022 (the MMR was reduced in the district from 54.1/100,000 live births to 18.1/100,000 live births and NMR from 24/1000 live births to 12/1000 live births). This has been reported as possible due to the combination of strengthening maternal death audits and review of near misses, improved monitoring of pregnant women in labour through the development of monitoring tools and continued professional development activities. Additionally, improvement in referral systems, allocation of ambulances in clusters and ongoing clinical mentorship of health workers is reported to have contributed to the mortality reduction.

#### Increased QI documentation in Zomba District

Maternity documentation tools have been revised to allow the health facility to report on the adapted MNCH QoC standards and conduct daily documentation to ascertain completeness of file during changing shifts. Nasawa Health Centre reported a completeness rates of 90% in 2022 as a result of the standardization of maternity documentation tools and uninterrupted supply stationery. The facility managed to increase the percentage of newborns receiving comprehensive subsequent post-natal assessment and routine care from 12% to 100% between July and September 2022. Documentation of MNH registers and quality reports have been achieved when the facility started conducting data review meetings every month. Nasawa Health Centre has developed several tools to facilitate the provision of quality care such as the companion of choice and the consent to care forms, complications tally chart, general cleaning schedule and postpartum care record. Policies and guidelines were developed and well documented like the admission policy to ensure that the standards are met. The allocation of a team leader by the charge nurse at every shift with well documented roles and responsibilities has influenced the use of these tools. Progress has further been attributed to professional development from continuous QI mentorship and collaborative learning sessions at both National and District levels.

#### Reduction of neonatal birth asphyxia at Matawale health centre

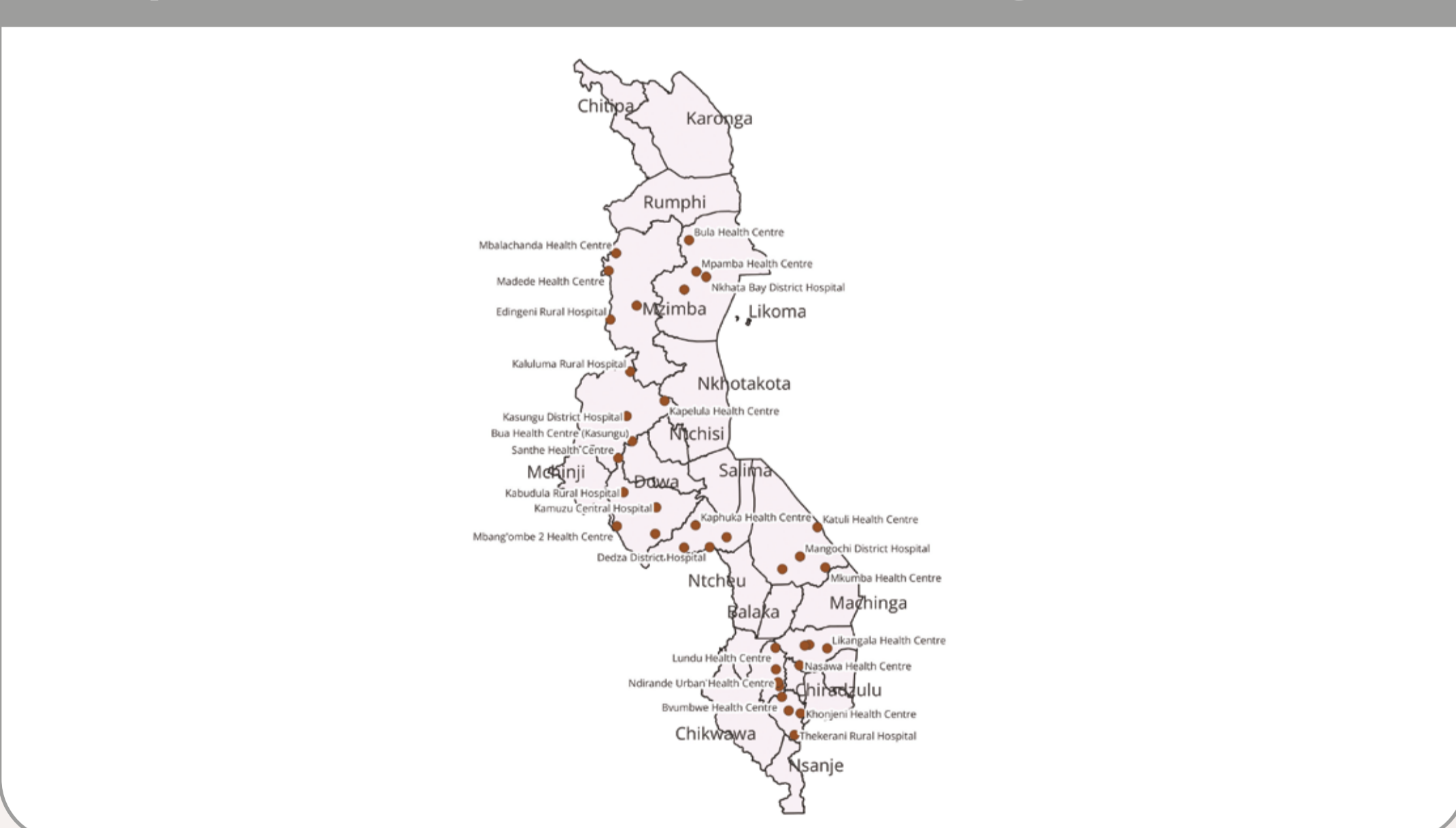
The proportion of birth asphyxia reduced from 8% in 2020 to 3% in 2022. The reduction has been attributed to the strengthening of perinatal audits and utilization of monitoring tools of maternal and neonatal care in the delivery and postnatal wards. The rate of fresh stillbirth has also reduced from 9% in 2020 to 3% in 2022 through strengthening of monitoring of pregnant women in labour.

### Developing assessment tools for quality MNCH

In 2019, the Ministry of Health Malawi finalized the adaptation of the Quality of Care Standards for maternal and newborn health and pediatric care. In 2020, the MoH-QMD, through a consultative process with key in-country stakeholders, developed digital quality improvement assessment tools to enable health facilities to report on the adapted standards.

The QoC assessment tools are comprehensive and use a scoring method on each standard to measure how each facility is performing. Facilities are to use the QoC tools to report on MNH routine care and management of complications, availability of MNH equipment and perform standards-based audit and MNH QoC client interviews. The quality improvement approach has been used to close the existing gaps in health service delivery. These tools will be revised based on feedback and experiences from health facility teams and also adapted for further programmes.

## Map of the districts and learning facilities



## Taking forward the unfinished and emerging agenda for quality MNCH

The MNCH QoC standards have been integrated into the National Quality of Care Standards (2022) and the Health Sector Strategic Plan III (2022 to 2030). The implementation of the National Quality Standards will be led by MoH-QMD with all Directorates in the Ministry of Health.

Implementation faces key challenges: infrastructure (WASH, old buildings and old equipment), inadequate resources (equipment, supplies, human resources and no direct funding to district health teams), limited coordination between HIV and MNCH programmes, staff turnover in public health facilities, limited documentation of lessons learned and potential change ideas, sustaining the use of the online Continuous Professional Development programme, and culture of integrating QI in routine health services delivery and to achieving positive patient outcomes.

#### The agenda to 2030 is to:

- Strengthen leadership, governance and learning structures at national, district and community level.
- Advocate for increased partner support and investments to scale up the implementation of MNCH QoC and quality across all programmes beyond the learning districts in a stepwise approach.
- Improvement of data quality and the collection and use for planning, decision making to improve service delivery.
- Building the health worker capacity and institutionalizing QI; advancing the mentoring and training activity includes incorporating QI coaching in district implementation plans, QI in preservice curriculums for health providers, promoting use and effectiveness of the online CPD platform.
- The implementation of performance management systems to incentivize QI is also planned.
- Ensure essential medicine and equipment and improve capacity to maintain equipment.