Well child and adolescent care services in Malawi

Mapping service delivery for children and adolescents 0-19 years as part of the broader service delivery reform

25 February 2025

World Health Organization

unicef
for every child

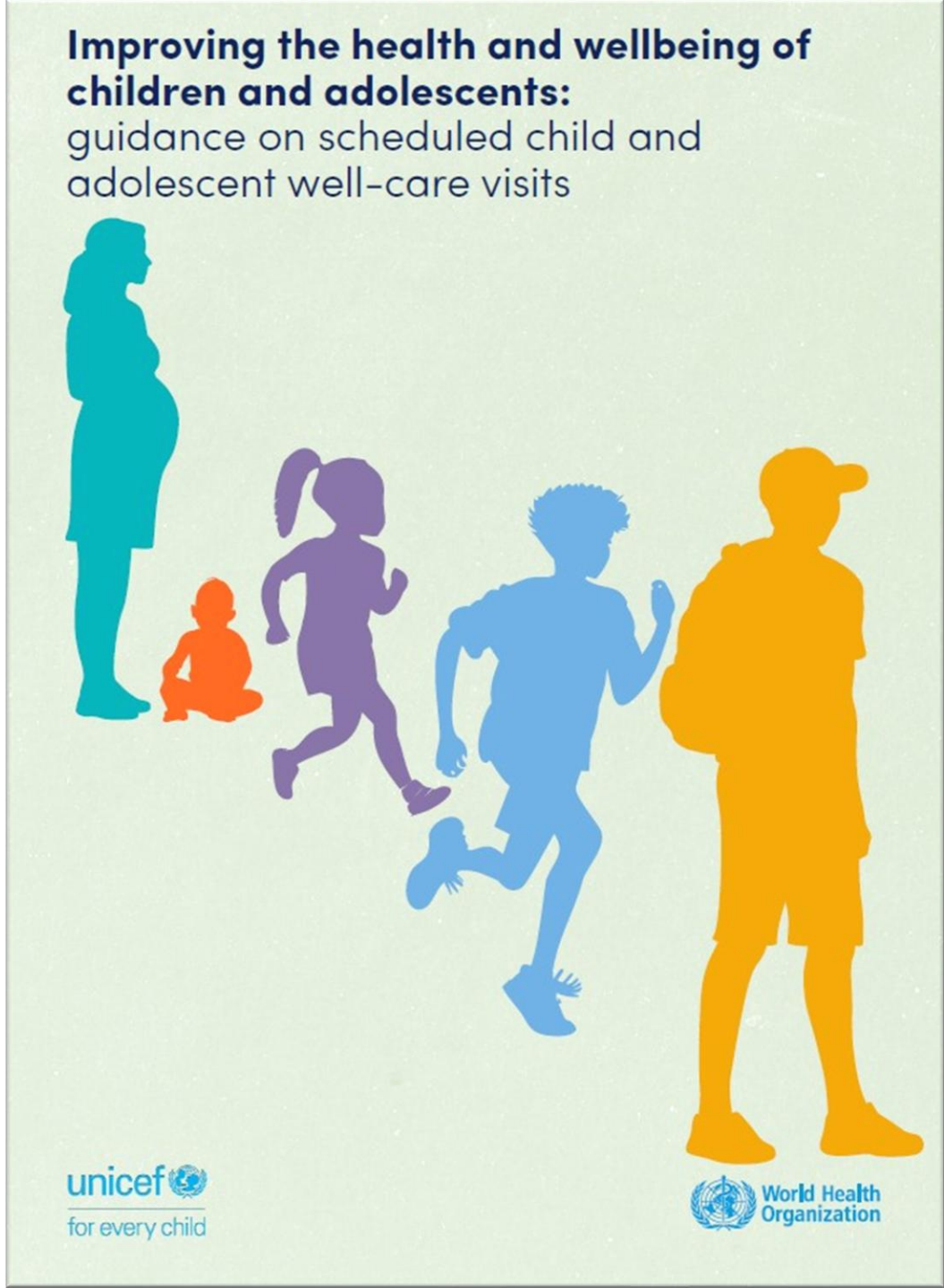
Malawi context

Malawi has embraced a lifecourse approach to health as outlines in the HSSP III (Health Sector Strategic Plan III) and the Child Health Strategy II

Malawi has adopted the well child visit approach with focus on 0-19 years

67% of Malawi population is aged between 0-19 years

- High prematurity rates – 14%
- 37% children 0-59 months are stunted
- High adolescent pregnancy 136/1000 (MICS 2020)
- 10% children 2-17 years have difficulties in at least developmental domain (MICS 2020)



Discussion points

- What does ‘scheduled visits’ mean in the Malawi context?
- Documentation: how is information for an individual child tracked, accessible throughout the lifecourse? What are gaps, opportunities
- Packaging of interventions
  - Are there missed opportunities for integrating/ better packaging of interventions?
  - What is needed to strengthen integration, bundle interventions across programmes
- Are there some major gaps in the existing services
  - Specific interventions (e.g. developmental monitoring)
- How does this effort link with and inform as well as benefit from the broader service delivery reform?
- What are health systems implications of some of the changes we discussed (e.g. HR)?

Objective

To map the health interventions that are currently part of the Health Services Package for children and adolescents in Malawi aged 0-19 years– along the life-course and rethink schedule and interventions for scheduled well-care visits

Specific Objectives

- To map existing interventions and intervention packages against the well child and adolescents visit guidance
- To identify any gaps and opportunities
- To prioritize interventions within the existing health system context

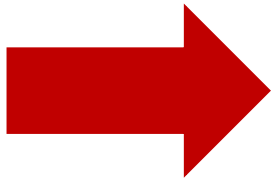
Phase I: Mapping existing services across the lifecourse

Lifecourse stages

Preconception	Antenatal care	Newborn/ Postnatal care	1-11 months	1-4 years	5-9 year	10-19 years

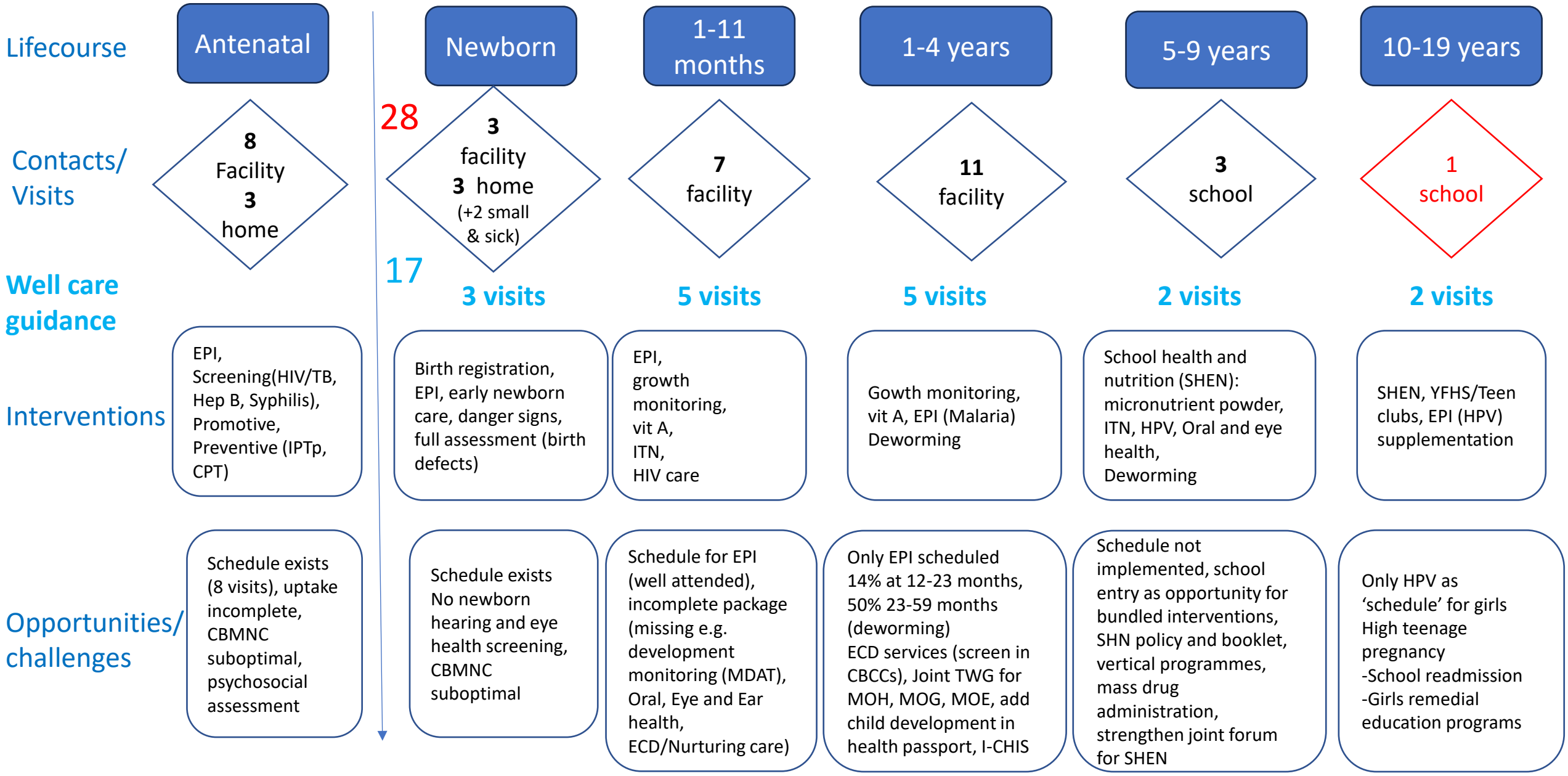
For each lifecourse stage

- Policies and legislation
- Guidelines and standards
- Interventions (ongoing)
- Infrastructure
- Providers, cadres/teams
- Leadership and Governance
- Coordination a) within MoH b) other sectors
- Funding
- Geographical coverage
- M&E (data sources, patient and home based records).
- Analysis, reporting

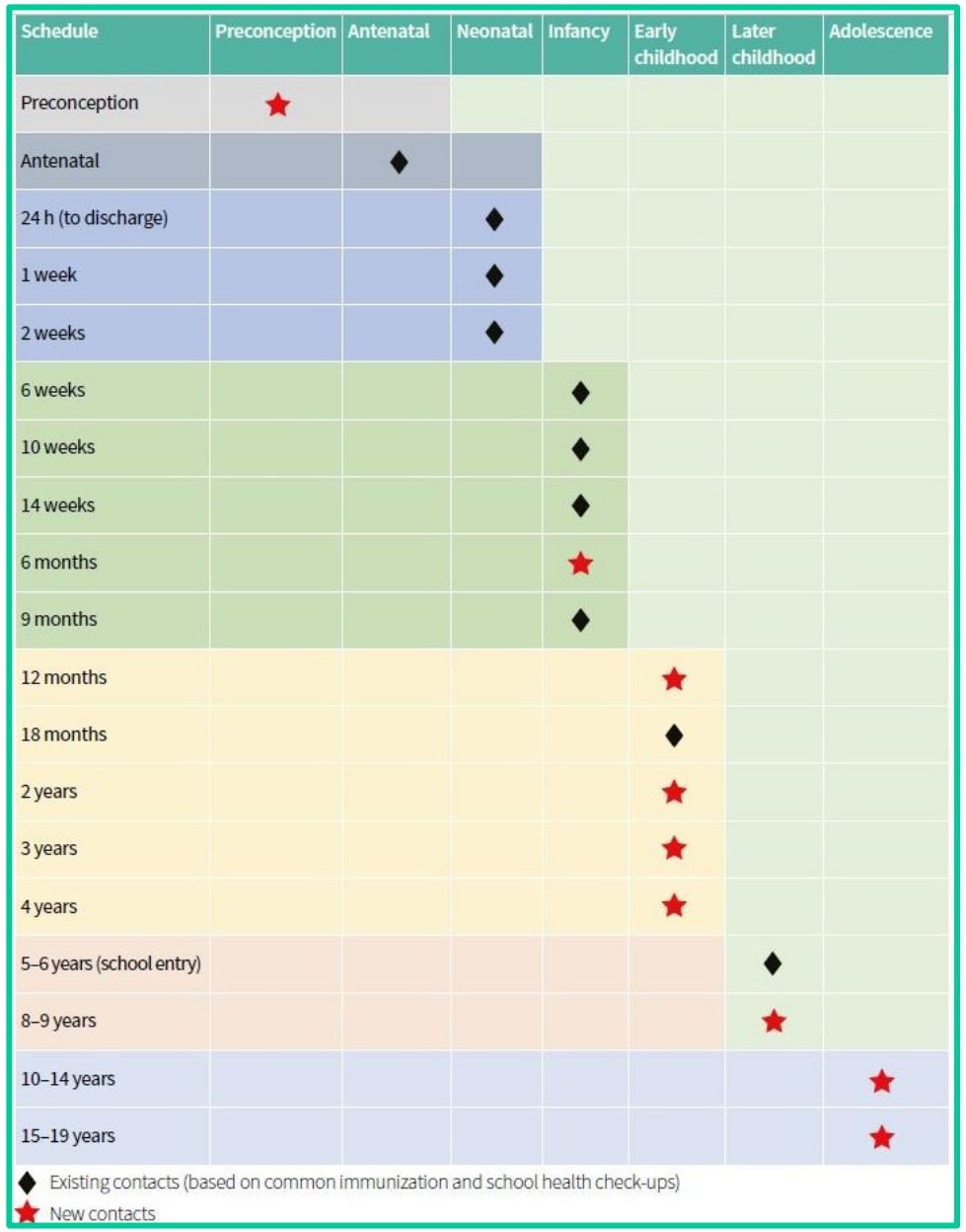


- Challenges
- Opportunities
- Possible actions

Child and adolescent well-care services in Malawi



Recommended schedule (17 contacts)



Schedule	Preconception	Antenatal	Neonatal	Infancy	Early childhood	Later childhood	Adolescence
Preconception	★						
Antenatal		◆					
24 h (to discharge)			◆				
1 week			◆				
2 weeks			◆				
6 weeks				◆			
10 weeks				◆			
14 weeks				◆			
6 months				★			
9 months				◆			
12 months					★		
18 months					◆		
2 years					★		
3 years					★		
4 years					★		
5–6 years (school entry)						◆	
8–9 years						★	
10–14 years							★
15–19 years							★

◆ Existing contacts (based on common immunization and school health check-ups)
★ New contacts

NB: Antenatal contacts not included

Malawi schedule (27 contacts)

Schedule	Preconception	Antenatal	Neonatal	Infancy	Early childhood	Later childhood	Adolescence
Preconception	None						
Antenatal		8 contacts					
1st trimester		◆					
3rd trimester		◆					
24h			◆				
48h			◆				
2 weeks			◆				
day 3			◆				
day 7			◆				
day 14			◆				
6 weeks				◆			
10 weeks				◆			
14 weeks				◆			
5 months				◆			
6 months				◆			
7 months				◆			
9 months				◆			
12 months					◆		
15 months					◆		
16 months					◆		
22 months					◆		
24 months					◆		
every six months vitamin A to 59 months					◆		
6 years						◆	
8 years						◆	
10 years							◆

CBMNC | Newborn | Infant | Malaria vaccine – 11 districts | 1-4 years | 5-9 years | 10-19 years

Key issues emerging

- Policy & guidance ≠ implementation & coverage
- Services for certain lifecourse stages are already designed to have a) schedule, b) integrated package of interventions: e.g. ANC and PNC
- Other stages: no clear schedule and/or no bundling of interventions
  - For the early years: immunization at the center, some packaging (growth monitoring, supplementation) but clear gaps, e.g. early identification of congenital defects, developmental monitoring, support to caregivers/nurturing care
  - 5-19 years: some proposed schedule (5-10) but not implemented, no bundling fragmentation
- Documentation of individual patient data: home based records exist, massive implementation gaps, not covering the whole lifecourse, opportunity to revise & reflect schedule & intervention packages
- Cross sector opportunities, e.g. leveraging broader community platform/cadres (e.g. CMAs),school platform (CHNs), CBCCs, and other linkages that need to be improved

How does this work align with and contribute to the service delivery reform

- Reform is looking at cadres, platforms, interventions & integration, systems requirements

- Child health service mapping brings:
  - Situational analysis of child and adolescent health services
  - Importance of schedule
  - Age-appropriate bundles of interventions

Looking ahead

- Mapping existing services against well child guidance and Malawi intervention mapping
- Identifying priorities and opportunities for scheduling and bundling certain interventions across levels of care (community/facility)
  - Alignment with service delivery reform
  - Policy implications
  - Systems requirements
  - Consider referral pathways, referral care
- Piloting with one or two districts – models for scale
- Clear communication/socialization to all relevant actors: national, district, community (providers & clients!)
- Document learning, best practices – for national scale, global operational guidance, cross-country learning

How can we better document individual patient data throughout the lifecourse for use by care providers, caregivers, children/adolescents

- Home based records exist – but challenges with design and use
  - Needs to meet the needs of different user groups: providers, caregivers/adolescents, managers
- Not filled
- Often replaced (no continuous information)
- Possible next steps
  - Rethink and optimize **content and design** of home based records
    - Include schedule and key intervention packages in HBR?
    - Developmental milestones
  - Optimize implementation and use

Newborn/neonate – facility based

Birth

Birth registration, vaccine, breast feeding, full examination (jaundice, birth defects), ITN

ARV prophylaxis, Hepatis B vaccine, Treatment of Ois , HIV risk assessment, CPT

- Health facility or community

- Small sick newborn unit, KMC unit, Postnatal ward, homes

- Nurse, clinicians, community midwife assistants, HSAs

48 hours

- Breastfeeding, defects, urine and stool

- Health facility or community

- Small sick newborn unit, KMC unit, Postnatal ward-

- Clinician, Nurse, community midwife assistants, HSAs

2 week

Breastfeeding, high risk defects, urine and stool

- Health facility or community

- Small sick newborn unit, KMC unit, Postnatal ward-

- Clinician, Nurse, community midwife assistants, HSA

Newborn/neonate – 3 routine post discharge CBMNC visits

HSA/CMA home visit first month – Day 3	HSA home visit first month – Day 7	HSA home visit first month – Day 14
Assessment on • Breastfeeding • Danger signs (colour coded) • Temperature • Umbilicus • Weight • Hygiene • Referral to facility	Assessment on Breastfeeding Danger signs (colour coded) Temperature Umbilicus Weight Hygiene Referral to facility	Assessment on Breastfeeding Danger signs (colour coded) Temperature Umbilicus Weight Hygiene Referral to facility

Small and sick newborn visits in neonatal period

Pre-term

- Birth defects – referred
- cKMC – 5 post discharge visits (routine +2)
- Facility based
- HSA

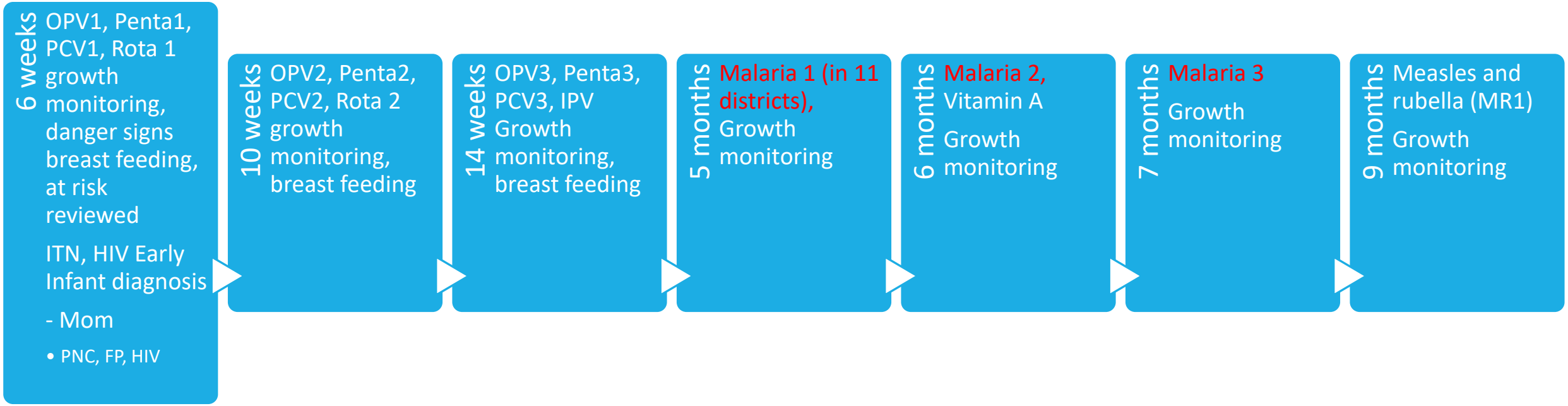
Birth asphyxia

- Screening as per routine 3 visits
- No extra pathway
- Some facilities referring to physiotherapist and post discharge clinic

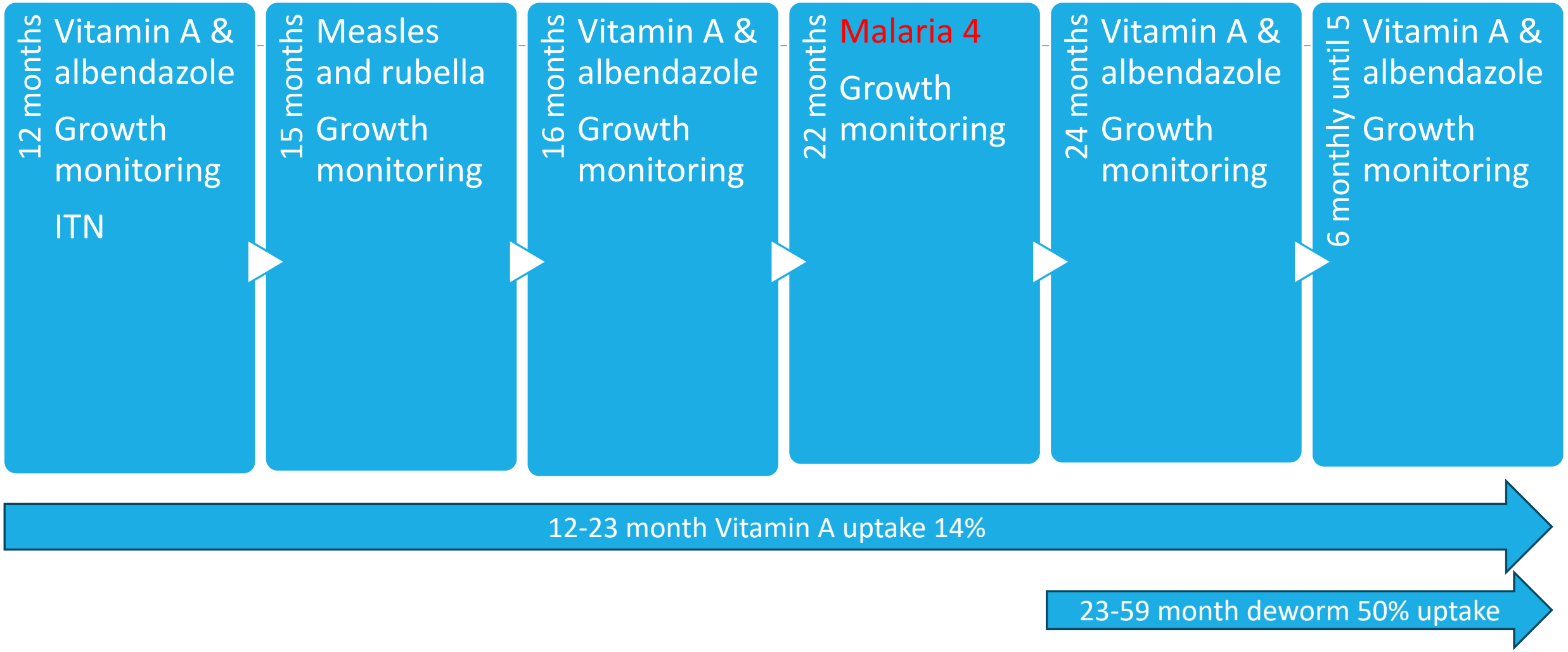
Other at risk babies

- Follow routine pathway
- and specific follow-up plan

1-11 months schedule



1-4 years


12 months
Vitamin A & albendazole
Growth monitoring
ITN
15 months
Measles and rubella
Growth monitoring
16 months
Vitamin A & albendazole
Growth monitoring
22 months
Malaria 4
Growth monitoring
24 months
Vitamin A & albendazole
Growth monitoring
6 monthly until 5
Vitamin A & albendazole
Growth monitoring
12-23 month Vitamin A uptake 14%
23-59 month deworm 50% uptake

Services 5-9 years

Oral health

- Oral health day and weeks
- Oral health promoters, dental therapists, dental surgeons
- Countrywide but limited resources

Eye health

- No scheduled assessment
- Personnel at district level
- Part of SHEN program

NCDs

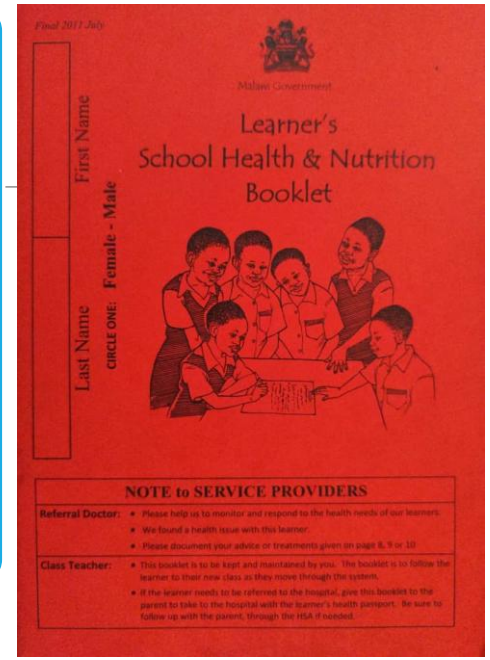
- Growth and nutrition
- Development
- Mainly curative
- No screening
- Health promotion

SHEN

- Micronutrient powder
- ITN, malaria tests and treatment
- Albendazole, praziquantel
- 9 years - HPV vaccine
- Providers - HSAs, teachers, Community nurses
- Countrywide

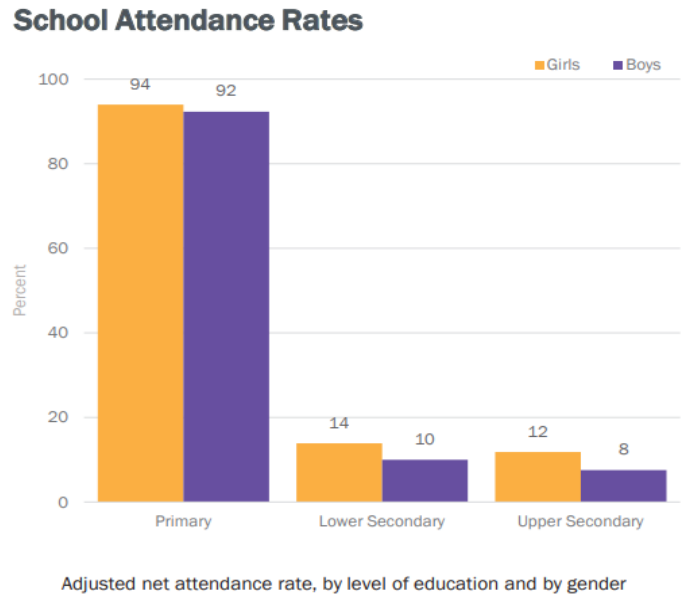
Children corners

- Community based with volunteer facilitators
- Guidelines available
- Opportune platforms eg under tree
- In 10 UNICEF support districts

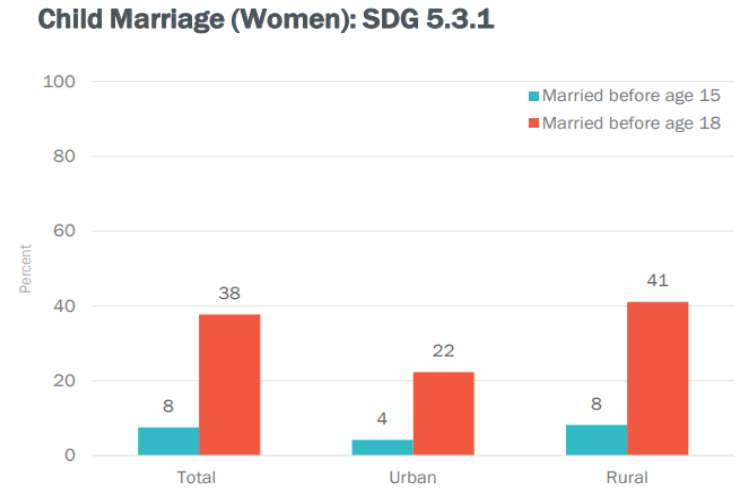


10-19 years – challenges and opportunities

Observation/challenges	Opportunities	Possible action
High teenage pregnancies, low acceptance & adherence to methods	YFHS	-Keep girls in school -School readmission -Girls remedial education programs
No routine visits except HIV follow-up care	Mother groups, volunteers at community level	Create scheduled visits?
Documentation SHEN booklet not used and not linked health system	SHEN coordinators and community health nurses	Revise health passport to include Electronic data capturing
No policy or guidelines on preconception care	Sexual Reproductive Health Rights Policy, National Strategy for Adolescent Girls and Young Women	Expand the two policies
What about the girls who are not in school or attending YFHS??		



Adjusted net attendance rate, by level of education and by gender



Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area

Thank you