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OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Malawi

Strengthening the maternal and child health programme

Estimated UNFPA contribution:	\$ 1,038,460
Estimated value of the Government's contribution:	\$ 4,056,000
Duration:	Three years
Estimated starting date:	January 1980
Executing Agency:	World Health Organization (WHO)
Government Co-operating Agency:	Ministry of Health

## I. Summary

1. UNFPA proposes to assist the Republic of Malawi in strengthening its maternal and child health programme with a contribution of \$1,038,460 over a three-year period (1980-1982). This support represents a second phase of assistance to this programme, already supported by UNFPA in 1978-1979, to allow the Ministry of Health to expand and improve its ongoing immunization campaign to infants and children. During this second phase, UNFPA will support a wide range of activities aimed at developing Malawi's maternal and child health care delivery system so that health and health education services can be provided to a greater number of women and children. Malawi is among the countries to which UNFPA is giving special attention in accordance with its priority system established in 1977.

2. Faced with increasing budgetary constraints and a growth in demand for health services, Malawi has not been able to provide adequate health services to its population, especially to those who suffer most, children and mothers. The high death toll among infants, young children and mothers, and the widespread morbidity among them, are largely due to preventable health problems, communicable disease complicated by malnutrition, and to a lack of effective health education. Assistance to Malawi's maternal and child health programme should help make the country self-sufficient in its attempt to overcome these problems and lower the present very high rates of morbidity and mortality.

## II. Background

3. Malawi is a land-locked country with an area of 118,500 square kilometres of land and 24,200 square kilometres of lake surface. According to United Nations estimates, the population is about 6.16 million. Malawi is one of the more densely populated countries in Africa; over-all population density is about 41 persons per square kilometre, but the Southern Region has a density as high as 85 persons per square kilometre. About 34 per cent of the population live in urban areas; an estimated 25 per cent are literate.

4. According to United Nations estimates the population is growing at a rate of 3.2 per cent annually. The gross reproduction rate is 3.5 and the general fertility rate is 230 births per thousand. The crude birth and death rates are 51 and 19 per thousand respectively. An estimated 44 per cent of the women are of child-bearing age. With about 48 per cent of the population under 15 years of age, the potential is great for rapid population growth in the next decades.

5. Life expectancy at birth is 44 years for males and 47 years for females. The infant mortality rate is estimated at 142 per thousand and the mortality rate of children under five years at about 68 per thousand. Communicable diseases are the main cause of high infant and child morbidity and mortality; the most serious of these are respiratory infections, malaria, measles, whooping cough, gastroenteritis and tuberculosis. Malnutrition is an important contributory factor in morbidity and mortality. Among expectant mothers, the main health problems are anaemia and disproportion of the pelvis. Premature labour, another problem, seems to be correlated with malaria, anaemia and undernourishment.

6. According to World Bank estimates, the country had a per capita gross national product of \$180 in 1978.
7. The Government of Malawi considers the size of the population, present and anticipated, as well as the population growth and fertility rates, acceptable.
8. At the centre of Malawi's health infrastructure are district hospitals in each of the country's 24 districts; three of these provide specialist services and also function as referral hospitals. At the periphery are primary health centres, sub-centres and health posts. The first two have facilities for in-patients. In December 1977 there were 29 primary centres and 432 sub-centres. Most of the health posts are supervised by a mother-and-child-health assistant. Christian missions have established medical facilities, usually at some distance from population centres, and complement Government efforts. In 1972, there were an estimated 7,400 hospital beds in 377 institutions which included hospitals, clinics and maternity units.
9. The current (1973-1988) national health plan gives priority to the development of maternal and child health services and to preventive medicine. To provide maternal and child health care the Government has established an infrastructure of fixed and mobile clinics for children under five and pregnant women. Each health unit is expected to conduct clinics on a weekly or monthly basis. As of 1977, Malawi had conducted 317 fixed and 531 mobile maternal and child health clinics but possibilities for running these clinics are limited by the availability of space, equipment, and staff. Thus, as of 1979, only about half of the children under five were being covered by the health services. Family planning services are available but are offered only within private medical practice.
10. Expansion of maternal and child care services was hampered by an acute shortage of medical and para-medical staff especially in the rural areas. In 1972, there were only 114 physicians in the country, one for 40,000 people. Midwives and auxiliary medical staff thus have to run the rural health facilities. The national health plan calls for expanding training facilities for para-medical staff. A new school for medical, laboratory and pharmacy assistants is being built, while local hospitals and the University of Malawi are to increase their intake of students. Also, the National School of Nursing will be enlarged to train more nurses.
11. Among the population activities, UNFPA has assisted the 1977 population census and related activities (strengthening mapping capability and supporting census-data analysis) with a contribution of \$692,000 through 1978 and \$400,200 in 1979. This support is intended to help the Government generate and analyze basic demographic and socio-economic data for use in planning as well as to train nationals in data-collection and census-cartography methods. UNFPA also assisted Malawi in establishing a related system for collecting labour statistics and in training nationals to maintain this system.

12. UNFPA allocated a total of \$118,000 to support the first, one-year phase of improving Malawi's maternal and child health programme. During this phase, training courses were held for health staff and for traditional birth attendants. Equipment and vehicles were purchased and distributed.

13. Other multilateral population assistance was given by UNDP, later replaced by UNFPA, especially in support of the census and related activities. Census activities have received bilateral assistance from the United Kingdom Ministry of Overseas Development. In the health sector, the United Nations Children's Fund (UNICEF), World Health Organization (WHO) and World Food Programme (WFP) have been providing assistance within their mandates, while bilateral support has been received from the Governments of the Federal Republic of Germany, the United Kingdom and the United States, as well as from the European Economic Community.

### III. The project

14. The over-all objective of the project is to promote the health and welfare of mothers and children, thereby contributing to the achievement of one of Malawi's main health goals.

15. The immediate, specific objectives are to: strengthen and upgrade existing maternal and child health services and increase the number of service delivery points; reach more women with ante-natal services, and more children with immunization services; identify nutritional problems and improve the nutritional status of mothers and children through education and the supply of supplementary food; strengthen the planning, co-ordination, and implementation of health education at all levels; expand training programmes for health personnel, both to increase their number and to upgrade the maternal and child health qualifications of some workers already in the field; and systematize and co-ordinate the collection and analysis of maternal and child health service statistics, and then use the information obtained to improve services.

16. The Maternal and Child Health Department of the Ministry of Health will have over-all responsibility for directing the project. The project will build on the existing infrastructure of rural under-five and ante-natal care clinics, run under the supervision of the district health staff headed by the district maternal and child health co-ordinators. There are two district co-ordinators for each district: a medical or health assistant with field experience and the second a trained nurse or midwife. The co-ordinators will also be responsible for maintaining maternal and child care services statistics. They are in turn supervised by regional supervisors, who are health inspectors with experience in maternal and child health field work and who work under the direct guidance of the Maternal and Child Health Department of the Ministry of Health. The project's health education activities will be integrated into the country's system of extension services.

17. The UNFPA contribution will support, over a two-year period, the services of the following international advisers: one maternal and child health medical officer with public health experience, two nurses (public health/midwifery), one health educator, and one health nutritionist. These advisers will assist in designing and implementing the training for various categories of medical and para-medical staff.

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Other components to be funded by UNFPA will include local training costs and fellowships, audio-visual equipment, some medical equipment, eight national public health nurse posts, and vehicles.

18. The components of UNFPA assistance over the three years of the project are:

	<u>1980</u> \$	<u>1981</u> \$	<u>1982</u> \$	<u>Total</u> \$
International advisers	165 620	243 600	87 610	496 830
Local personnel: salaries of 8 public health nurses	19 200	15 300	11 500	46 000
Local training costs	23 750	25 040	25 040	73 830
Fellowships	60 000	88 000	40 000	188 000
Vehicles	144 000	-	-	144 000
Audio-visual and medical equipment	55 000	-	-	55 000
Maintenance of equipment	<u>11 000</u>	<u>11 600</u>	<u>12 200</u>	<u>34 800</u>
	478 570	383 540	176 350	1 038 460

19. The Government contribution is estimated at \$4,056,000 and will mainly cover salaries of national staff associated with the project and the cost of drugs (vaccines and others). The Government will also be responsible for any other project costs not specifically funded by UNFPA.

#### IV. Recommendation

20. The Executive Director recommends that the Governing Council:

(a) Approve the maternal and child health project in Malawi in the amount of \$1,038,460 for three years;

(b) Authorize the Executive Director to allocate the funds and make the appropriate arrangements with the Government of Malawi and the Executing Agency.

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