Safe motherhood Initiative: The Case of Malawi
Outline of presentation

• Context
• Priority areas and interventions
• Game changers
• Challenges
• Conclusion
My story about Safe motherhood
### Context Population statistics

<table>
<thead>
<tr>
<th></th>
<th>DHS 2010</th>
<th>DHS 2015/16</th>
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<tbody>
<tr>
<td>Total population</td>
<td>14 million</td>
<td>17 million</td>
</tr>
<tr>
<td>Skilled attendance at birth</td>
<td>71%</td>
<td>90%</td>
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<tr>
<td>Maternal Mortality Ratio/100,000 LB</td>
<td>675</td>
<td>439</td>
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<tr>
<td>Neonatal Mortality Rate</td>
<td>31/1000</td>
<td>27/1000</td>
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<tr>
<td>Infant Mortality Rate</td>
<td>66/1000</td>
<td>42/1000</td>
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<tr>
<td>Total fertility Rate</td>
<td>5.7</td>
<td>4.4</td>
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<tr>
<td>Contraceptive Prevalence rate</td>
<td>42%</td>
<td>58.6%</td>
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<tr>
<td>Unmet need</td>
<td>26%</td>
<td>19.4%</td>
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Programme Goal

Improved sexual & reproductive health for all men, women and young people in Malawi, especially the vulnerable and underserved.
Activities implemented to reduce Maternal and Newborn Morbidity and Mortality

- Safe Motherhood initiative-1998
- Sector-wide Approach and Plan of Work (2005 – 2011, the Health Sector Strategic Plan 2011-16)
- Focused Antenatal Care
- The Every Newborn Action Plan and all other plans
- The FP costed implementation plan
- The EmONC needs assessment district Action Plans developed and costed
- Building Maternity waiting homes
- Community based interventions
Maternal Mortality Ratio

Maternal mortality in Malawi – trend and projection

Maternal mortality per 100,000 live births

Year of survey


MDG target 155

PoW 1 2004 - 2011

projection 435
Mortality rate trends in Malawi

Maternal mortality ratio

Death per 100,000 live births


MDG TARGET (projected)
Neonatal mortality rate trends in Malawi (2004-2014)

Neonatal deaths per 1000 livebirth

<table>
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<tr>
<th>Year</th>
<th>2004</th>
<th>2006</th>
<th>2014</th>
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<tr>
<td></td>
<td>28</td>
<td>33</td>
<td>29</td>
</tr>
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Year
Challenges: Quantity and Quality of Midwives

- Education, Regulation Association-ICM Triad
- Faculty development and retention
- Progressive curriculum development
- Increasing intakes
- Theory vs practice
- Career progression
- Retention after graduation
Other Challenges

- Other Resources - material resources as well as financing
- Infrastructure and referral system
- Quality of care including Fragmentation
- Leadership and governance - Accountability
Game changers

- Political will including Leadership and governance
- Education and retention of midwives
- Enabling environment
- Collaboration and partnerships-Private sector
- Active role of Civil Society and stakeholders
- Investment for innovation
- Generating evidence for policy, practice and education-Lancet series in Midwifery
- Advocacy for maternal and newborn care
• “Safe motherhood is a multi-sectoral issue that can be effectively addressed by both national and continental authorities…” Former AU commission chairperson, H.E. Dr. Nkosazana Zuma,: (2013)
Conclusion

- There is commitment by Governments-Low resource setting, Partners and stakeholders to advance SRHR for the health of mothers and their families since SMI Inception.
- With concerted efforts it is possible to maintain gains made and work towards preventable maternal and newborn deaths.
- No woman should die while giving life—My story.
- What’s my dream for SMI?
“If your dreams don’t scare you, they are not big enough”