

»» Project Information

Implemented by:

Health – Malawi

Saving lives of mothers and children.

When a woman becomes pregnant in Malawi, the joy about the new born can quickly turn to grief and even poverty. Only in the world's poorest developing countries do so many infants and mothers die at birth or soon after.

In Malawi, the distance to the next health station is generally long and getting there is expensive for most people. In addition the costs of a birth under medical supervision are barely affordable for poorer families, although the actual cost of the treatment is covered by the Malawian Government. Instead, pregnant women and an accompanying person have to pay for board and accommodation during their hospital stay. At the same time, the mother is absent from the family, both as a worker and as mother of any other children. Therefore the costs for a birth under medical supervision is estimated to be equivalent to the income of 50 working days, making it too expensive for any poor family.

Context

With an average annual per capita income of about USD 350, the country is among the world's poorest. In rural areas the provision of medical services is often poor or non-existent. Women give birth at home in unsatisfactory medical and hygienic conditions, without the assistance of a doctor or trained midwife. In order to change the situation, the Malawian Government made it legally mandatory to give birth in a health station and to penalize non-compliance. But despite such measures the situation did not improve. In 2014 for every 100,000 live births, 570 mothers die. This is one of the highest mortality rates globally. Moreover, 42 out of 1,000 infants do not survive.

Project approach

To improve this depressing situation, German development cooperation together with other international donors set up a work programme to support the Malawian Government to improve service delivery in the health sector.

On the initiative of the Federal Chancellor Angela Merkel and Norway's former prime minister, Jens Stoltenberg, the two countries are financing a pilot project known as the "German-Norwegian Mother-Child Health Initiative" that aims at reducing maternal and infant mortality.

Project name	German-Norwegian Mother-Child Health Initiative
Commissioned by	Federal Ministry for Economic Cooperation and Development (BMZ)
Country/Region	Malawi (Sub-Saharan Africa)
Lead executing agency	Malawi Ministry of Health





As they do not have to pay for travel and accommodation, women and children from poorer families can afford to be treated in a hospital. Source: Christian Kampen.

For this reason, as part of the project, Germany and Norway take over the costs for travel and accommodation to provide an incentive to give birth in a health station. As a result women go much earlier to the next health station and stay even longer after birth. In doing so, the danger of deadly complications and infections of mother and child are dramatically reduced.

Another reason for avoiding the trip to the health center is the often low quality of the services offered. In many cases rural healthcare facilities lack basic equipment and necessary infrastructure, such as delivery room capacity and accommodation facilities, to cope with the rising number of births. There is also a shortage of competent and motivated specialists. Higher qualified staff prefer to work in the urban centers, where living conditions are better than in rural areas, or even abroad.

To increase the quality and motivation of staff and medical services, the project finances a variety of incentives designed to reward outstanding labour. This includes possibilities for further training and improved equipment in the health units. The project also finances small-scale extension measures that enable health facilities to manage the growing number of deliveries.

Impact

The project aims to lower rates of mortality among mothers and children. Up to now, about 80.000 women used the project to deliver under improved conditions. In addition the motivation employees in the health sector improved and service delivery is of better quality

today. In the medium term, this should enhance employee morale in general, which will have a positive impact on the health services.

Under the first phase, Norway and Germany made each about USD 5 million available, which is initially implemented in the central west and south-east zones of Malawi.

In addition the project impact is monitored by independent research, in order to find out if the intended results are actually achieved. First results are very promising and have been shared with the Malawian Government, other donors and civil society in early 2016. At the moment Germany and Norway in cooperation with the Malawian Government explore ways on how to roll out the project across the country. To make this happen, an additional amount of EUR 10 Mio. have been provided by the German Government.



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