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Strengthening Health Outcomes
through the Private Sector

Malawi Program Profile



PROFILE

Summary: The Strengthening Health Outcomes through the Private Sector (SHOPS) project implemented a four-year program funded by the United States Agency for International Development (USAID) from January 2012 to September 2015 in Malawi. The program had four overarching goals: improve the enabling environment for the private sector to ensure improved access to quality health care services, strengthen the capacity of nonprofit health facilities to deliver priority services in a sustainable manner; increase the role of the commercial sector in delivering priority health services, and increase the demand for diarrhea prevention and treatment products and services. This profile presents the goals, components, results, and the following lessons learned from the SHOPS program in Malawi.

- The overall health system benefits when the private sector is included in national plans, regulatory frameworks, and training programs.
- Public and private providers can be trained together, efficiently increasing the skills of both, while strengthening linkages between them.
- Commercial providers respond positively to coordination efforts.
- Thinking broadly about private providers taps into a diverse set of stakeholders who can contribute to development goals.

Keywords: child health; contraceptives; diarrhea; family planning; improved latrines; Malawi; neonatal health; professional associations; ORS; public-private partnerships; water, sanitation, and hygiene; zinc

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Cover photo: Jessica Scranton

Project Description: The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

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Malawi Program Profile

CONTEXT

Located in southern Africa, Malawi is home to more than 16 million people (National Statistical Office, 2008), many of whom contend with poor health and stagnating economic indicators. Two-thirds of Malawians live in poverty, defined as living on less than \$1.25 per day (United Nations Development Program, 2014). In 2013, Malawi was ranked 174 out of 187 in the Human Development Index (United Nations Development Program, 2014) and as of 2012, life expectancy at birth was only 59 years (World Health Organization, or WHO, 2012a).

While poverty levels and ill health remain high, recent results from health surveillance surveys suggest reason for increased optimism. According to the United Nations Inter-agency Group for Child Mortality Estimation, between 2004 and 2014 Malawi experienced a significant reduction in the under-5 child mortality rate, from 133 per 1,000 live births down to 71 per 1,000 (UNICEF, 2014). Similarly promising is a recent increase in the percentage of women whose last delivery took place in a health facility, which grew from 57 percent in 2004 to 73 percent in 2010 (Malawi Demographic and Health Survey 2010). Use of modern family planning is also on the rise in Malawi; between 2004 and 2012, the modern contraceptive prevalence rate increased from 28 to 46 percent (Malawi Demographic and Health Survey 2004; World Health Organization [WHO], 2012a). As a result, Malawi is on track to achieve four of the eight Millennium Development Goals: reducing child mortality; combating HIV and AIDS, malaria, and other diseases; ensuring environmental sustainability; and strengthening global partnerships for development.

Other indicators show less promise. Malawi continues to have a high maternal mortality rate of 510 per 100,000 (WHO, 2014). Improving maternal health is one of the four Millennium Development Goals that Malawi is unlikely to meet, along with eradicating extreme poverty and hunger, achieving universal primary education, and promoting gender



Jessica Scranton

equity (Malawi Ministry of Finance, 2014). Malawi also suffers from a shortage of human resources for health against WHO standards, particularly in the ratio of doctors to inhabitants. The WHO standard is 1 doctor for 10,000 inhabitants, while Malawi only has 1 doctor for every 50,000 inhabitants. However, Malawi surpasses the minimum ratio of nurses and midwives recommended by WHO, with 3.4 for 10,000 inhabitants against the WHO standard of 2 for every 10,000 inhabitants (WHO, 2012a). However, many of the country's health providers lack the high quality skills necessary to provide appropriate care to patients and are disproportionately distributed within cities, thus limiting rural access to care and treatment.

Continued efforts are necessary to combat extreme poverty and poor health conditions. Given the realities of decreasing donor funding and a policy environment amenable to expanding the role of private providers in the provision of health services, USAID/Malawi commissioned the SHOPS project to conduct a private sector assessment (PSA) in May 2011 to examine opportunities and constraints for strengthening the private health sector in the provision of essential health services. During the PSA, SHOPS reviewed how stakeholders'

perceptions regarding private sector involvement in the health system influenced the country's policy environment. The project also analyzed the private sector's involvement in providing essential health services, its sustainability, and opportunities for expansion.

While the public sector is the largest provider of health services in the country, approximately 40 percent of services are provided by private entities, including the Christian Health Association of Malawi (CHAM), commercial providers, and other nonprofit organizations. These private actors, particularly CHAM, are crucial for expanding access to essential health services in rural areas. In addition to CHAM, there is a small but growing commercial health sector that could be better organized and engaged. The PSA report identified opportunities and constraints for expanding the nascent commercial health sector. Opportunities included improving business and management practices for private providers and using networking and franchising to organize and strengthen service delivery. Constraints included high levels of poverty, which limited demand for commercial health services, and a lack of strong private provider associations.

The PSA also found that, while adequate policy mechanisms are in place to support the use of the private health sector in national health objectives, there is unorganized and insufficient private sector representation in vital policy decisionmaking bodies. The PSA report described opportunities to foster an enabling policy environment by strengthening regulatory and market conditions more conducive to commercial practice; strengthening the capacity of the Ministry of Health (MOH) to provide effective stewardship over the private health sector; and revitalizing public-private dialogue through a reinvigorated public-private partnership technical working group (PPP-TWG). Overall, the PSA found tremendous opportunities in Malawi to improve the relationship between CHAM and the MOH to increase access to essential health services for rural Malawians, promote the sustainability of CHAM beyond support from the MOH, expand service delivery through the private sector, and improve regulatory and policy conditions for the growth of commercial health services.

GOALS

Based on the findings of the PSA, four overarching goals formed the basis of the SHOPS program in Malawi:

- Improve the enabling environment for the private sector to ensure improved access to quality health care services.
- Strengthen the capacity of nonprofit health facilities to deliver priority services in a sustainable manner.
- Expand the role of the commercial providers in delivering priority health services.
- Increase the demand for diarrhea prevention and treatment products and services.

Timeline

May 2011: Conduct private sector assessment

January 2012: Launch program

March 2012: Establish Ministry of Health public-private partnership desk; engage Christian Health Association of Malawi

June 2012: Initiate private provider mapping and child health training program

July 2012: Engage family planning social franchisees

January 2013: Accredite private HIV service providers

October 2013: Conduct peri-urban sanitation marketing assessment

November 2013: Initiate Helping Babies Breathe program

December 2013: Begin pilot communal chlorine dispensers program

September 2015: End program

Components



COMPONENTS

Strengthening the Enabling Environment

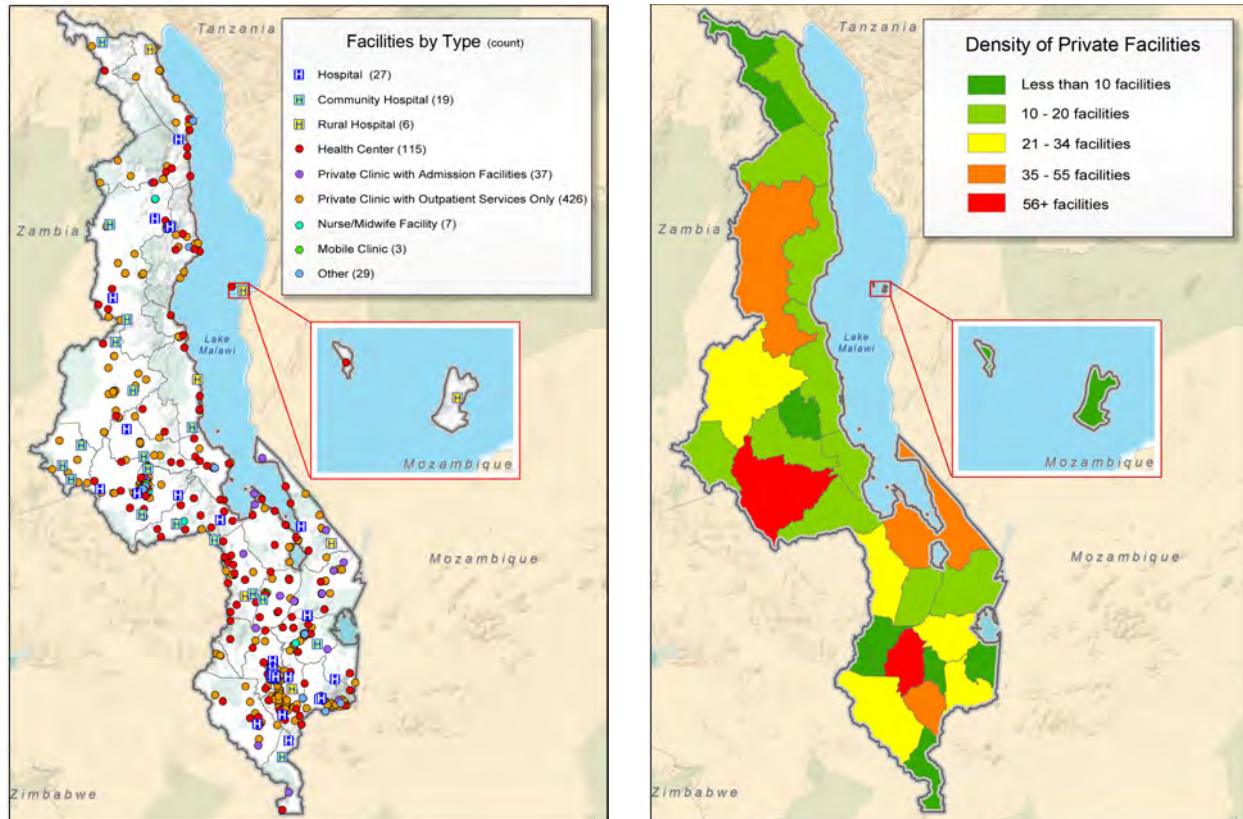
To ensure that the private sector was able to contribute high quality and well-coordinated services in Malawi, SHOPS first aimed to foster an enabling environment. The project assisted in revitalizing the PPP-TWG within the MOH and supported national agencies to strengthen the working group's regulatory capacities and help it actively engage with the private sector. SHOPS mapped and surveyed the private sector to inform policies, especially related to the lesser-understood commercial sector. Acting as an unbiased broker between the MOH and CHAM, the largest private association, SHOPS strengthened service level agreements (SLAs) that enabled CHAM facilities to provide essential health services free of charge to their clients and receive payments from the MOH for services provided. The project also built the capacity of professional health associations to advocate for their members and advance the use of best practices for quality improvement across the public and private sectors.

Strengthening regulatory bodies

Maintaining the quality of health services and products delivered by the private sector is an important step toward ensuring consumer safety and strengthening trust in the private sector. To that end, SHOPS provided technical assistance to the MOH to revitalize its PPP-TWG, which would serve as the consultative forum for reviewing PPP policy and guidelines. With SHOPS assistance, the TWG established a PPP desk within the MOH planning unit and finalized the PPP strategy. The document provided guidance on prioritizing and implementing PPPs.

SHOPS supported the review of regulatory standards for the public and private sectors, ensuring that the private sector had a voice in the review and approval. The project supported the Malawi Medical Council and the Nurses and Midwives Council in revising their monitoring tools, while working closely with the private sector, and trained inspectors in the revised tools. The Medical Council of Malawi used the revised tools

Figure 1. Private provider maps



to visit private clinics, advising managers on how to improve their facilities and closing clinics that failed inspection. The Nurses and Midwives Council inspected private facilities that provided maternal health and delivery services, noting poor-performing facilities and performing re-inspections to ensure that recommendations for improvement were addressed.

The project also supported the Malawi Pharmacy, Medicines and Poisons Board and private sector stakeholders in revising the Good Manufacturing Practices and medicines registration guidelines, and in developing product recall and drug destruction tools specific to Malawi. With the support of SHOPS, the MPPB finalized the guidelines, forms, and standard operating procedures for registration, inspection, licensing, and quality control of narcotics and psychotropic substances and then conducted training on these tools.

Private sector mapping

Building on the PSA, SHOPS systematically mapped and surveyed private sector providers nationwide to assess their size and geographic distribution. This activity, the first and most comprehensive attempt to map and characterize the private health sector in Malawi, showed the clinical capacity of the private health sector. The visual representation of the geographic distribution of private facilities on maps (Figure 1) resulting from this exercise provided a reference point for stakeholders to identify potential gaps in private sector service provision or coverage.

CHAM Secretariat

The CHAM Secretariat signed a memorandum of understanding in 2002 with the MOH, whereby the MOH agreed to pay the salaries of the CHAM member unit staff and subsidize user fees through SLAs. Structured to compensate CHAM units for their role in delivering the national essential health package to communities, SLAs were a significant portion of CHAM facilities' revenue. Ensuring well-constructed SLA contracts between the district health offices and the CHAM facilities allows for sustainable provision of essential health care to populations that cannot access public health facilities. The PSA found that the greatest challenge facing the MOH-CHAM relationship was difficulty in the implementation of SLAs. While these SLAs allowed the MOH to contract directly with CHAM

Private provider maps allowed stakeholders to identify potential gaps in private sector coverage.

and expand lifesaving essential health services to rural areas, the SLAs had enormous operational challenges, including disagreements over costing and reimbursements, decentralized and inconsistent oversight, and an insufficient policy framework supporting their administration.

To strengthen the relationship between CHAM and the MOH, SHOPS hosted a series of workshops in all five health zones of the country for representatives of the MOH and 69 CHAM facilities to discuss key issues in SLA management and implementation. At these meetings, SHOPS helped revise guidelines for executing the agreements by facilitating opportunities for CHAM representatives to provide feedback. SHOPS and a team of local medical professionals implemented a study to track cost data and verify the price list for 95 maternal, neonatal, and child health services covered by the SLAs at five CHAM facilities and two MOH facilities. The findings support the notion that the service units defined by the SLA taskforce are close to capturing the range of services provided through the SLAs on maternal, newborn, and child health services.

Professional associations

One additional channel through which SHOPS worked to foster an enabling environment for the private sector and build ties between the public and private sectors was building the capacity of Malawian professional associations. SHOPS provided support for MOH PPP staff and association leadership to attend a regional conference on PPPs in Dar es Salaam, Tanzania in 2012. The project then conducted a workshop in Malawi where Malawi-based professional associations presented their organizational structures and functions so that other Malawian associations could learn from them. Eighteen associations attended the workshop,

which was facilitated by SHOPS consultants from Kenya who shared their experience creating regional private sector professional associations.

To continue building the potential of professional associations to improve the quality of maternal and child health care, SHOPS held two three-day workshops that brought together members of the Association of Malawian Midwives (AMAMI), the Pediatric and Child Health Association (PACHA), the Association of Obstetricians and Gynecologists of Malawi, the National Paramedical Private Practitioners Association of Malawi (NAPPPAM), the Medical Association of Malawi, and the Nurses' Union. USAID's Survive & Thrive Global Development Alliance, which connects professional associations from the United States with international associations for knowledge sharing and capacity building, facilitated these workshops. Through this partnership, SHOPS supported U.S. mentors from the American College of Nurse Midwives, the American Academy of Pediatrics, and the American Congress of Obstetricians and Gynecologists to provide training on association leadership and quality improvement best practices.

Results

Regulatory bodies and tools increase quality of care

After two years of quarterly meetings supported by SHOPS, the PPP desk at the MOH was fully institutionalized. The PPP-TWG continues to meet to review PPP policy and guidelines and has gained the support of the MOH and additional implementing partners. The project's support of the Malawi Medical Council, Nurses and Midwives Council, and the Malawi Pharmacy, Medicines and Poisons Board resulted in four revised and two new tools and guidelines, which continue to be used to provide structured oversight of the private health sector. These results represent improvements in an enabling environment that will continue to benefit the private sector after the end of the SHOPS project.

CHAM-MOH contractual agreements strengthened

The Christian Health Association of Malawi and the MOH adopted an SLA price list that resulted from the project's costing study, which now forms the basis for negotiations on existing and new SLAs.

The SLA guidelines introduced by SHOPS are also now in use, and 72 facilities are directly benefiting from this clearer guidance. The guidelines clarify an SLA eligibility criterion regarding a CHAM facility's minimum distance from the nearest public facility to avoid competition and ensure accessibility. The guidelines also clarify the reimbursement process, in which the CHAM facility must invoice the district health office for the number of services provided that qualify under the SLA. The revised processes and guidelines will become especially useful when the MOH renegotiates its contractual agreements with CHAM.

Professional associations empowered

The initial workshop and regional exchanges with professional associations served to motivate several associations to complete the process to be recognized as a formal association by the Malawian government. Both NAPPPAM and PACHA acknowledged that learning from the successes of sister associations across the region motivated them to register their associations and develop their memberships. With SHOPS support, AMAMI completed a proposal to fund Helping Babies Breathe (HBB) training that targets their membership. Since that time, AMAMI has also begun receiving funding from UNICEF and the International Confederation of Nurses, due in part to the skills that SHOPS provided. PACHA has received funding from UNFPA and has begun training nurses and clinicians in neonatal care. NAPPPAM, inspired by the efforts of AMAMI and PACHA, identified office space for its growing association and is in the process of hiring full-time personnel.

Building on the professional association strengthening workshops, SHOPS supported annual meetings for the leadership and members of AMAMI, PACHA, the Association of Obstetricians and Gynecologists of Malawi, and NAPPPAM, allowing them to share their quality-of-care and interdisciplinary knowledge and advance their strategic planning processes. As these professional associations continue to demonstrate their utility to their members and implementing partners, SHOPS foresees their continued growth and contributions to the development of their public and private sector members.

Strengthening the Capacity of Nonprofit Health Facilities

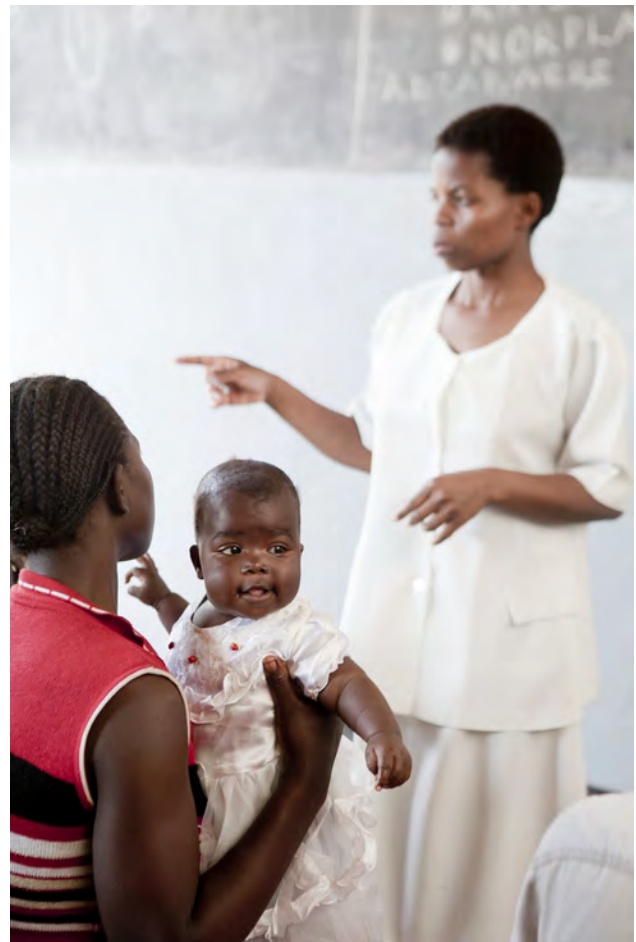
Providing nearly 95 percent of all nongovernmental health services in Malawi, CHAM is by far the largest private provider association, with more than 170 member facilities nationwide. CHAM is an ecumenical umbrella organization of church-owned health units in Malawi and is jointly managed by the Episcopal Conference of Malawi, which regulates the operations of the Catholic Church, and the Malawi Council of Churches, which regulates the operations of Protestant-member churches. SHOPS worked with CHAM to build the capacity of its member units at the management and provider levels. The project also assisted the CHAM Secretariat in formulating its next five-year strategic plan, provided newborn and child health training opportunities to CHAM providers, and enabled both CHAM and MOH hospitals to audit cases of pediatric death.

CHAM facility capacity building

To increase the impact and sustainability of CHAM, SHOPS evaluated nine of the association's facilities using the ProCapacity Index to assess the organizational, programmatic, and financial capacity of NGOs. This exercise indicated that diversifying funding sources and improving financial planning and clinical efficiency would improve sustainability. SHOPS developed a set of interventions to address the deficiencies and piloted the interventions at several CHAM facilities (Figure 2).

To diversify funding sources, SHOPS provided technical assistance to several CHAM facilities in grant writing, identifying income-generating opportunities, and donor relations. This technical assistance improved the ability of several facilities to manage donor relations and prepare proposals, resulting in three grants being awarded to one of the facilities. The interventions at the pilot hospitals were so successful that CHAM arranged for trainings in proposal writing and donor relations at other CHAM facilities.

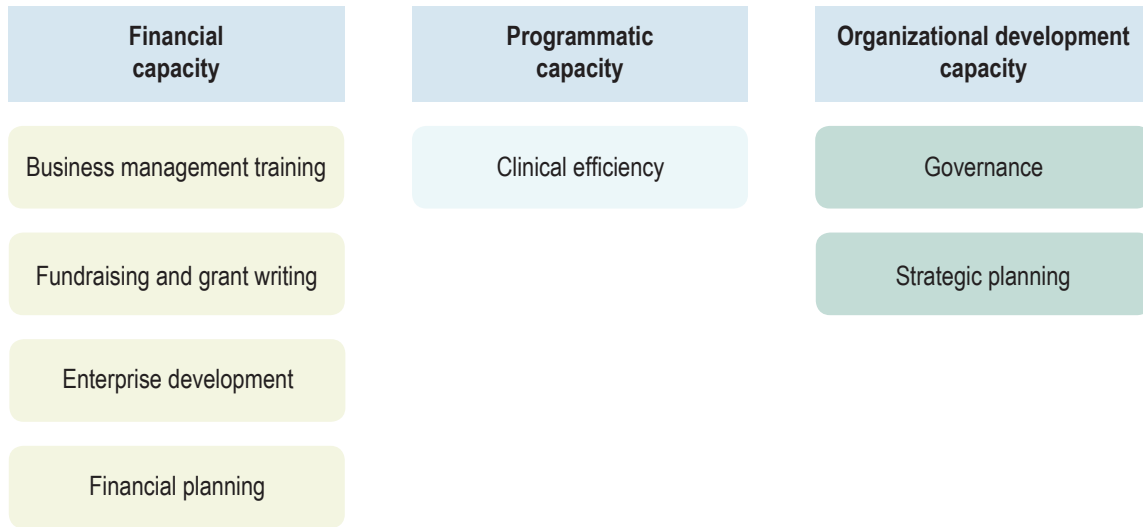
In the area of financial planning, SHOPS developed a new budgeting tool that helped each facility control expenditures. SHOPS also conducted a financial training program for 41 non-financial facility managers, ensuring that these clinicians and clergy members thoroughly understood general financial management.



Jessica Scranton

SHOPS provided training for a number of facilities on lean management, which identifies and corrects clinical inefficiencies by restructuring service delivery and decreasing time and resource waste. After the training, facility managers performed a baseline assessment and implemented identified changes. As a result, several facilities reported a reduction of up to 50 percent in outpatient waiting times and an improvement in patient satisfaction.

Figure 2. Technical assistance to CHAM facilities



SHOPS conducted a three-day symposium on strategic planning and governance for senior managers and board members of five CHAM hospitals and three professional associations. Project members met with each board of directors to identify assistance needs and develop a robust governance structure and organizational strategy. Based on these discussions, a work plan for governance and strategic planning for each facility was developed.

CHAM Secretariat strengthening

In the final year of the program, SHOPS provided support to the CHAM Secretariat to formulate a five-year strategic plan to respond to organizational challenges and a changing donor landscape. The plan addressed governance and financial management concerns within the Secretariat, the changing relationship with the MOH, reduced donor support, and technical support and coordination services offered to member facilities. The Secretariat was fully engaged in the planning process and regional consultative meetings were held with the proprietors of CHAM facilities throughout the country. CHAM’s board of directors approved the strategic plan, which will guide the organization over the next five years.

Helping babies survive

The care provided during the first 48 hours of a newborn’s life is critical to survival. Nowhere is this more true than in Malawi, which has the world’s highest rate of preterm birth (WHO, 2012b). Advances in care for term and preterm babies developed and tested in the industrialized world have dramatically increased the survival rate of newborns. To tap into existing clinical expertise and improve the quality of care in Malawi, SHOPS partnered with AMAMI and the Survive & Thrive Global Development Alliance to accelerate the HBB training curriculum, introduce the Essential Care for Every Baby (ECEB) training curriculum, and develop an integrated supportive supervision tool for HBB and ECEB. With financial support from SHOPS, AMAMI conducted HBB and ECEB trainings and supportive supervision visits to 151 providers based at CHAM facilities and public hospitals in all regions of the country.

Integrated management of childhood illnesses

Integrated management of childhood illnesses (IMCI) is an approach that advocates screening every sick child for the presence of danger signs, including fever, diarrhea, cough, difficulty breathing, anemia, and signs of malnutrition, rather than just focusing on the presenting symptoms. The MOH first adopted this proactive clinical approach in 1998 and requested that SHOPS help them review the IMCI training package for facilities in October 2014. SHOPS, together with an interdisciplinary team of experts, aligned the training package to the flip chart used for training and developed a more interactive approach for delivering the materials to motivate participants. SHOPS tested and used the revised materials to train 175 providers, including those at sugar estates, in IMCI in collaboration with USAID's Support for Service Delivery Integration (SSDI)-Services project. To support the integration of IMCI protocols and provide ongoing monitoring of trained personnel, SHOPS trained a team of 12 IMCI supervisors from the MOH and CHAM and supported those supervisors in visiting providers trained in IMCI protocols.

Emergency triage and treatment

Sick children arriving with their caretakers at Malawi's busy health facilities are often required to wait before seeing a health worker. In some cases, this waiting time, which is in addition to the time spent traveling to the facility, can make the difference in a young child's life. To address this critical issue, the MOH adopted emergency triage and treatment (ETAT) procedures. SHOPS provided the first ETAT trainings for public and private providers in Malawi in collaboration with the Acute Respiratory Infection Program of the MOH and the SSDI-Services project. Five sessions of trainings on ETAT, each five days in length, were conducted with 201 nurses, medical assistants, and clinical officers at health facilities, which taught providers how to triage sick children into categories such as emergency, priority, and non-urgent and provide appropriate emergency treatment for those in need. By conducting the provider ETAT trainings at health facilities, SHOPS was also able to conduct one-day ETAT orientation sessions with 104 health facility support staff, including cleaners, clerks, and guards, enabling them to assist in spotting the key signs of



Amos Gumulira

The Helping Babies Breathe curriculum teaches neonatal resuscitation skills to nurse midwives.

pediatric emergencies and making sure children exhibiting those signs get assisted faster.

Following the ETAT trainings, SHOPS trained a team of 10 ETAT supervisors from the MOH and CHAM and financed supportive supervision visits to private facilities. The supervisors from the Acute Respiratory Infection Program identified issues and provided guidance in addressing them. Supervisors directed the facilities to procure the necessary emergency equipment. Overarching issues were discussed at the annual meeting of NAPPPM.

Pediatric death audits

In an effort to understand and document pediatric cases that resulted in death, SHOPS and SSDI-Services collaboratively supported five rounds of pediatric death audits in private and public hospitals in the districts of Balaka, Lilongwe, and Machinga. During each audit, staff from the MOH and CHAM reviewed the charts and reports of children who had died at the facility. The audits sought to determine whether the death was preventable and if so, identified improvements in care that could prevent future deaths. The audit team made careful

considerations to maintain objectivity and identify weaknesses in care systems rather than placing blame on individuals.

Results

CHAM facilities improve financial and program management

The support SHOPS provided to nine CHAM facilities resulted in a myriad of tangible improvements. SHOPS helped finance departments and their non-financial managers see the need for accurate budgeting and reporting. The new indicators and targets allow them to monitor their progress against pre-established targets. The project was also able to help hospital administrators use a business model instead of a charity model in managing their facilities; they needed to increase revenues to ensure their sustainability partially independent from donor funding. Facilities have since undertaken costing studies to incorporate the transport, storage, and dispensing costs of medicines into their budgets to improve their cost recovery. Increased fundraising activities, such as renting excess space, have enabled facilities to reduce old liabilities. Proactive and participatory

Timothy Kachule



Support staff learn lifesaving steps in an ETAT training, held at their facility.



Amos Gumulira

The Essential Care for Every Baby curriculum builds on the Helping Babies Breathe training. Participants learn proper feeding and temperature regulation for newborns.

management has improved procurement processes and earned the confidence of several pharmaceutical suppliers who are now extending lines of credit to the facilities.

Several of the participating facilities have made their clinics more efficient. Previously, St. John's Hospital collected blood samples through a small window—an uncomfortable arrangement for patients and difficult for staff. As a result of the lean management assessment, the hospital established a phlebotomy room for collecting blood samples. Likuni Mission Hospital used the lean management activity to restructure its outpatient department and drastically reduced patient waiting times from as many as four hours to less than one hour. To accomplish this, the hospital started a coupon system to attend to people on a first-come-first-serve basis, and they rearranged the location of some services to create a better patient flow.

Another ProCapacity Index assessment at Likuni Mission Hospital captured an example of the financial and programmatic improvements. From 2012 to 2014, the hospital scored 39 percent in the financial area (a 15 percent increase) and 66 percent in the programmatic area (a 17 percent increase). As the CHAM Secretariat's five-year strategic plan re-emphasizes technical support to its

member units, Likuni's activities and improvements can be replicated by other CHAM facilities.

Innovative neonatal skills introduced

The SHOPS project's assistance to AMAMI in conducting HBB trainings and supportive supervision formed an essential component of the national rollout of this lifesaving curriculum and ensured the participation of nonprofit providers. Through the Survive & Thrive Global Development Alliance, SHOPS provided technical assistance to strengthen the MOH's supervisory role. The supervision tool created during this process now serves as a model for all implementing partners supporting HBB across the country. Supervisory visits have observed that trained providers have returned to their facilities, where they created HBB corners in delivery rooms where the necessary HBB materials are organized. Posters serve as a reminder of all the steps, and a neonate simulator allows providers to practice their skills and teach other providers these lifesaving skills. By introducing the Essential Care for Every Baby curriculum in Malawi, SHOPS has further expanded training opportunities for public and private sector midwives and other providers, and the integrated supportive supervision for both HBB and Essential Care for Every Baby ensures that new skills will be included in everyday practice.

Family and midwife grateful for neonatal skills

On a supportive supervision visit to a hospital in Nkata Bay, a midwife retold a story of a baby who was born with no visible signs of life. The midwife said that, before the HBB training, she would have declared the baby stillborn. However, with the skills gained during the training, she was well-prepared to quickly assess and resuscitate the baby. The baby survived, and both the midwife and the family are forever grateful for these skills being introduced to their hospital.

MOH and CHAM providers and support staff received joint training

Providers trained in ETAT protocol	201
Providers trained in IMCI	175
Providers trained in HBB and ECEB	151
Support staff trained in ETAT protocol	104



Mike Daliious

Naomi Muheka

Joint public-private trainings for IMCI and ETAT strengthen health systems

Naomi Muheka is the head of the public Matawale Health Center and has been assisting SHOPS as an IMCI program coordinator. In this latter role, she has trained public and private providers in IMCI (see table above). She said, “Most of the CHAM and [other] private providers have been sidelined” during the IMCI rollout by the MOH. As she sees it, “The problem is that patients can go to either the public or private facilities and they see that the management of childhood illnesses varies.” Muheka believes that this can cause patients to lose confidence in the health system. She commented that joint trainings “allow us to come together and discuss the challenges in both the public and private facilities.” During this process, she noted that the joint trainings served as an opportunity to “reinforce the referral system between the public and private facilities.” Private providers often refer patients who require more advanced inpatient care to public hospitals. Public facilities often face shortages of critical medicines, so they often refer those same patients to private providers whom they know stock the needed medicines. The joint trainings provided an opportunity for providers to get to know one another and helped strengthen referrals, providing quality and timely care to patients.

Increasing the Role of Commercial Providers

The commercial health sector in Malawi consists of more than 400 private clinics. Although they provide a small percentage of services when compared to public and CHAM facilities, they are an important source of care for many Malawians. As the country continues to grow in population and economically, their role will increase. Ensuring that commercial providers have adequate knowledge and skills is a critical step in expanding access to quality care. To do so, SHOPS partnered with several organizations to reach commercial providers and coordinate their services with public and CHAM facilities.

Financial and business management training for family planning providers

SHOPS identified an opportunity to strengthen commercial family planning providers by improving their business and financial management skills to foster the sustainable provision of family planning products and services. Partnering with two social franchises, supported by PSI and Marie Stopes International, SHOPS trained 124 family planning franchisees in financial and business management. The training program built the providers' capacity to track costs, manage budgets, maintain inventories, and market their services with the goal of strengthening and growing their businesses.



Jessica Scramton



Mike Dailious

Dester Masko, the clinical officer and director of the Chinamwali Private Clinic, introduced new systems that allow his staff to operate the clinic in his absence.

Family planning trainings for non-franchised providers and pharmacies

With the success of the franchise trainings, SHOPS turned its focus to private providers outside of social franchises. Using the national curriculum for family planning service delivery, SHOPS conducted five-day trainings for private providers, including those at sugar estates. The project certified 52 providers in family planning methods, including long-acting reversible contraceptive (LARC) methods. Through its strong ties with the MOH, SHOPS connected the providers with their district health offices, which now provide family planning products for them to offer to their clients free of charge. The private providers charge a service fee for their family planning consultations and attract more clients with a lower overall cost to clients.

As condoms, oral contraceptive pills, and emergency contraception are available in Malawi at pharmacies and drug stores, SHOPS conducted family planning counseling training sessions for 53 pharmacy and drug store owners. The training sessions included marketing messages for potential customers and

a list of side effects, so that pharmacists and drug store owners could assist their customers in choosing the method that is right for them.

HIV and Tuberculosis training for commercial providers

With Malawi's HIV prevalence rate remaining near 11 percent, SHOPS sought to integrate the private sector in the provision of HIV-related services. In December 2012, SHOPS awarded a grant to the Malawi Business Coalition for AIDS (MBCA) to implement four activities: antiretroviral therapy training, tuberculosis (TB) detection and management training, follow-up supervisory visits, and hosting national policy fora for HIV and AIDS service providers, ensuring that private providers were represented in the policy dialogue process. MBCA trained 29 private providers in HIV and AIDS-related services and hosted two three-day private sector TB detection and management training sessions for the same 29 private providers and 31 private sector paramedical staff, contributing to Malawi's national goal of 70 percent case detection and 85 percent treatment success rate.

Mike Daliouis



Drug store owners trained in family planning marketing messages and side effects help their customers find the right contraceptive method for them.

Results

Financial and business management skills lead to tangible gains

The clinics that benefited from financial and business management trainings (see table) continue to grow to meet the demand of family planning services. Participating directors reported an increase in their clinics' ability to track finances and inventory, and several directors reported using business planning skills to re-conceptualize the demand for their services and expand their businesses.

Role of the private sector in providing family planning services increased

The SHOPS training of 52 commercial providers in LARC methods expanded the contraceptive method mix available to private patients. By the end of the SHOPS program in Malawi, these newly trained providers delivered 1,936 LARC services to their clients and are now accessing family planning commodities at no cost from the MOH, charging only a consultation fee to their clients. By involving trainers from the government in the LARC trainings, SHOPS enabled the private providers to

SHOPS trained commercial providers and pharmacy and drug store owners

Family planning social franchise directors trained in financial and business management	124
Private providers trained in HIV and TB services	60
Non-franchised private providers trained in LARC methods	52
Pharmacy and drug store owners trained in family planning methods	53

be accredited by the MOH in the provision of LARC methods. This public-private initiative enhanced the MOH's role as steward of private sector services, built its trust in private providers to deliver priority services, and expanded access to modern family planning methods.



Clinical Officer Felix Manjomo, owner of Moyo Private Clinic, stands in front of his newest clinic. After improving his financial management and planning skills through the SHOPS training program, he was able to expand his health business.



Malawi Business Coalition against AIDS continues to offer training

Since their accreditation by the MOH, all 29 providers trained by MBCA have continued to provide HIV and TB services. SHOPS, having seen the dedication of these providers during the MBCA trainings, offered additional clinical and business management training opportunities to the providers and observed the growth of their clinics as a result of these training opportunities.

By leveraging the initial support from SHOPS, MBCA established the ability to train private providers in the provision of HIV and TB services. With additional funding from the National AIDS Commission, MBCA has continued to train private providers and expand the crucial role of the private sector in providing these priority health services.



Pharmacies are the first stop for many caregivers looking for diarrhea treatment.

Increasing the Demand for Diarrhea Prevention and Treatment Products

Diarrheal disease is a major contributor to under-5 mortality in Malawi, yet simple and lifesaving products and services have the potential to stop the spread of the disease. To increase demand for these products and services, SHOPS promoted products with mass media campaigns; trained providers, pharmacists, and drug store owners; and piloted innovative supply and design methods.

Zinc and ORS

A combined treatment of zinc and oral rehydration solution has been proven to reduce the severity and duration of diarrhea in children. SHOPS identified and trained 844 private health providers in managing diarrhea with zinc and ORS. To increase the reach of this simple and affordable intervention, the trainings included nurses and clinicians, as well as pharmacy and drug store owners. SHOPS conducted supportive supervision visits to the trained providers to integrate zinc and ORS into daily practice.

To improve caregiver awareness of the new diarrhea treatment protocols that focus on the use of zinc and ORS, SHOPS developed a radio jingle in English and translated it into three local languages. The message was aired three times a day on two popular local radio stations throughout the diarrhea season from 2012 to 2013, and seven billboards promoting the use of zinc and ORS were erected across the country to reinforce the message.

Water treatment

Increasing the access and use of water treatment products provides another opportunity to limit the spread of diarrheal disease. SHOPS tested four models for promoting chlorine-based water treatment products, including free distribution, water hygiene kits, commercial sales, and community-based sales. The study found that the product WaterGuard, marketed by PSI since 2003, was by far the most popular, well-regarded and easiest to use. To promote household use, SHOPS aired WaterGuard promotional messages on two national radio



Advertisements reminded consumers of the importance of treating drinking water. They were placed in stores selling WaterGuard.

stations for three four-month periods during the 2012, 2013, and 2014 diarrhea seasons. SHOPS also led the printing of 1,000 poster boards in 2014 to market WaterGuard's new branding at stores where it is sold, and the painting of 50 WaterGuard billboards in 2015.

Many rural areas in Malawi struggle to maintain access to safe drinking water, where communities rely on boreholes, shallow hand-dug wells, and surface water, and are far from stores that sell WaterGuard. Providing a water treatment method accessible to these communities greatly improves health especially for children and the elderly. To consistently reach these rural communities with a water treatment method, SHOPS supported Evidence Action in piloting the Dispensers for Safe Water (DSW) project in Malawi. Evidence Action's previous experience in Kenya and Uganda indicated a high usage rate of communal chlorine dispensers, which are mounted near water sources to treat water

at the source—reducing chlorine costs through bulk purchasing and increasing use through social pressure. SHOPS assisted the DSW project with installing 50 dispensers in the district of Zomba, encouraging community members to use the dispensers, and monitoring the usage rate of the dispensers from March 2014 to January 2015.

To ensure the DSW project's sustainability in Malawi, SHOPS worked with Evidence Action to replicate a new carbon credit financing mechanism and pilot newly designed solid chlorine dispensers. Carbon credits are awarded to projects that reduce carbon emissions or reduce the demand for activities that lead to carbon emissions. In this case, the alternative to treating water with chlorine was to boil water. By introducing an acceptable system for dispensing chlorine within communities, the project reduced the amount of fuel burned to boil water, thereby decreasing the demand for fuel. Both of these reductions were counted toward the accumulation of carbon credits, the sale of which will generate operating funds for the project moving forward. The pilot of solid chlorine dispensers was initiated to reduce the distribution costs of the chlorine and reduce the frequency of refilling the dispensers, two key barriers to the sustainability of the DSW project.

Peri-urban sanitation

Another challenge to preventing the spread of diarrheal disease involves the separation of people from their waste. This is especially challenging in unplanned peri-urban areas, where the population density is high and sanitation infrastructure is absent. A sanitation assessment by SHOPS revealed that communities, with the support of NGOs, created a host of ingenious products and services to meet this basic need. However, many challenges remained, especially that people living in unplanned peri-urban areas had limited resources and the improved latrines promoted at that time were too expensive for the majority of peri-urban households. SHOPS identified several key water, sanitation, and hygiene (WASH) implementing partners, including Water for People, WaterAid, Hygiene Village, and the Water and Environmental Sanitation Network (WES Net), and continuously included them in the redesign, feedback, and dissemination processes.



Amos Gumulira

Chlorine dispensers mounted near boreholes were well-accepted by the surrounding communities.

The project worked directly with local masons and sanitation experts to redesign an improved latrine specifically for the needs of peri-urban households at a price they could afford. The participants emerged from the design process with new construction approaches and built prototypes of the redesigned latrines. The design, named the “transitional” latrine, minimized the construction materials, reducing the cost. It consisted of basic and upgraded versions that allowed households to spread the cost over time. SHOPS facilitated the process of receiving feedback from households and sanitation experts and modified the design based on this feedback.

Once the design was finalized, SHOPS selected qualified masons from each peri-urban area in Lilongwe and Blantyre to attend a five-day workshop, at which they were given the opportunity to build the “transitional” latrines (designed to be built in phases), discuss marketing strategies, and share their construction and business skills. In total, 34 masons were trained in the transitional design. During the training, the masons worked in groups to build the transitional latrines with construction guidelines that allowed the household to modify the design and build a basic improved latrine first and then upgrade it, to see how households could spread the cost of the latrine over time.

To create demand for the new transitional latrine design, SHOPS produced marketing materials for each of the trained masons. The masons were able to customize the posters and brochures before distributing them in their peri-urban areas. At the request of the masons, SHOPS also organized open days throughout the targeted areas to further promote the transitional latrine and the trained masons, in collaboration with the MOH health education team.



Mike Dailious

The transitional latrine design is a low-cost option promoted by masons in peri-urban areas.

Results

Demand for zinc and ORS increased

SHOPS supportive supervision visits to private providers have revealed increased prescriptions of zinc and ORS and reduced prescription of antibiotics for uncomplicated diarrhea. Supportive supervision visits to pharmacies and drug stores have also noted an increase in awareness of zinc and ORS.



Mike Dailious

Millias Misoya

Changing prescribing practices for diarrhea management

Millias Misoya has been a clinical officer with the Medical Aid Society of Malawi for the past three years. He participated in a SHOPS-funded diarrhea management training for private sector providers. The course covered the new treatment protocol for childhood diarrhea, including zinc and ORS. Before the course, Misoya reported that he had been prescribing antibiotics for uncomplicated diarrhea, noting that when caretakers of children came to his health facility, they expected to receive medicine. Since the training, Misoya has taken time to explain the use of zinc to caretakers, and he reported that they accepted this new form of treatment. “The public health centers in this area are also prescribing zinc and ORS for childhood diarrhea, which helps people accept this new treatment” said Misoya. When asked how the patients fared using zinc, Misoya said, “The zinc patients have not returned, so I can’t know for sure, but the fact that they have not returned for further treatment is a good sign.” In addition to introducing zinc, Misoya also reported that he started prescribing a more effective antibiotic for complicated cases of childhood diarrhea, as recommended during the training.

Chlorine dispensers dramatically increase water treatment rates

SHOPS supported Evidence Action in monitoring household use of the chlorine dispensers by testing household water supplies for the presence of chlorine. Over the course of the program, the average total chlorine rates—indicating the use of chlorine—increased from 68 percent to 90 percent and the average free chlorine—indicating proper chlorine treatment—increased from 51 percent to 73 percent (Figure 3). These usage levels far exceed the baseline self-reported use of chlorine at 27 percent and represent a level of chlorine use that would have strong protective effects on the health of the communities. In fact, the Zomba District Health Office credited the program with preventing cholera in its district during an outbreak of the disease in 2015.

The DSW project registered for carbon credits, and by leveraging other sources of funding—including USAID Development Innovation Ventures funds, has installed enough dispensers to begin receiving carbon credits in 2016. The solid chlorine dispenser pilot demonstrated that switching to solid chlorine could reduce distribution costs by a factor of 10 and reduce refilling frequency from every two weeks to every six months.



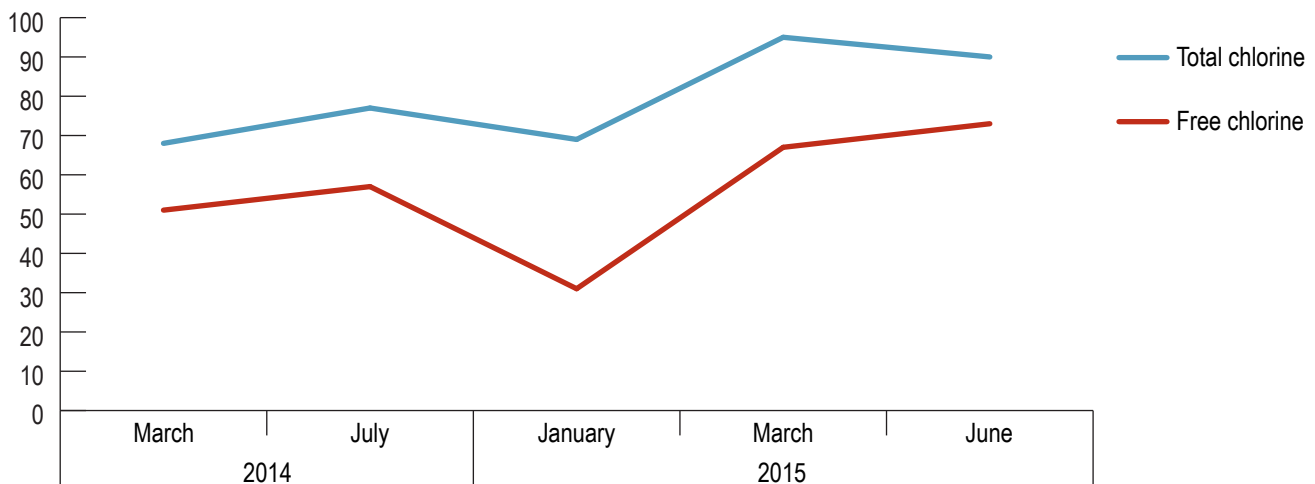
Mike Dalious

The transitional latrine design is a low-cost option promoted by masons in peri-urban areas.

Transitional latrines expand access to improved sanitation

Masons had quickly included the transitional design in their marketing efforts, reporting a strong interest in the new design due to its modern look and affordability. By June 2015, 338 people had gained access to improved sanitation. The SHOPS program in Malawi had distributed more than 6,000 posters and brochures to the trained masons and hosted more than 30 open-day events to enable them to scale up their marketing efforts and sanitation businesses. With these inputs, SHOPS and the masons expect sales of the transitional latrines to continue expanding access to improved sanitation across peri-urban Malawi.

Figure 3. Chlorination rates increased over the course of the program (%)



Lessons Learned



LESSONS LEARNED

The diverse and innovative private sector is a critical source of health care products and services in Malawi and has the potential to substantively strengthen outcomes across numerous health areas. The SHOPS program played a critical role over the last four years in enabling the private sector to realize its potential. The project did this by forming PPPs as an honest broker; supporting nurses, clinicians, and pharmacy owners with advanced training opportunities; and harnessing the ingenuity of private non-health players such as masons. SHOPS identified the following lessons in managing this program.

The overall health system benefits when the private sector is included in national plans, regulatory frameworks, and training programs.

Private providers are often overlooked in government and implementing partner planning, supervisory visits, and trainings for new treatment protocols. Given that the private health sector provides an estimated 40 percent of the health services delivered every year in Malawi and is a sustainable source of essential health care, this sector should be considered an integral component of the national health system. SHOPS increased the awareness of the private sector through the PSA and private provider mapping activity and demonstrated that PPPs are an effective way to engage the private sector and increase health coverage and the quality of care.

Public and private providers can be trained together, efficiently increasing the skills of both while strengthening linkages between them.

Joint in-service trainings facilitate the referral of patients in need of critical care and the sourcing of essential commodities, and build interdisciplinary teams. SHOPS's collaborations with the public sector created opportunities for public and private providers to be trained in IMCI, ETAT, HBB, and diarrhea management. Pediatric death audits conducted jointly with the MOH and CHAM facilitators allowed the public sector to learn from the private sector and vice versa. The involvement of private providers in future in-service trainings is a crucial step in continuing to increase the quality of care nationwide.

Commercial providers respond positively to coordination efforts.

The lack of coordination has hampered the development of the private health sector, especially among commercial providers. Lacking a voice in national policy discussions, the role of commercial providers was not fully understood or supported at the national level. SHOPS training courses and support to professional associations created an opportunity for exchange between commercial providers. The revitalized PPP-TWG created opportunities to coordinate the provision of essential health services, and in the case of LARC methods, enabled the private sector to acquire supplies from the district health offices rather than buying them at retail prices. Through all of these activities, commercial providers quickly identified the benefits of coordinating with the public sector and other private providers.

Thinking broadly about private providers taps into a diverse set of stakeholders who can contribute to development goals.

SHOPS's engagement of the private sector went beyond private clinical providers. In the areas of child health and family planning, SHOPS identified drug store and pharmacy owners as key to increasing the availability of zinc, ORS, and over-the-counter family planning methods in urban areas. To reach rural areas, SHOPS supported sugar estates in improving the health services that they offered to their workers and the surrounding communities. To limit the spread of diarrheal disease in peri-urban areas, SHOPS worked with masons to overcome the cost barrier to improved sanitation. These private sector stakeholders have traditionally been considered non-health players, but they have an extensive and untapped capacity to contribute to public health goals. SHOPS engaged workers across many sectors and has demonstrated the potential public health benefits of these partnerships.

CONCLUSION

During the four-year program in Malawi, SHOPS fostered an enabling environment for the private health sector by strengthening regulatory frameworks and facilitating PPPs. SHOPS increased the quality of care provided by the private sector by providing training and collaboration opportunities to providers in newborn and child health, family planning, and HIV, measurably increasing the skills and knowledge of private sector providers. Moving beyond clinical practice, SHOPS engaged with the private sector to increase access to health products and services in rural, hard-to-reach areas and to create a new approach to peri-urban sanitation.

Taken together, these efforts have strengthened the structure and linkages of PPPs and substantively strengthened both the nonprofit and commercial health sectors in Malawi.

The progress made by SHOPS sets the stage for the continued involvement of the private sector in reaching Malawi's development goals. As donors and national officials make plans and allocate resources for the improvement of health outcomes, increasing coordination with the private sector and the level of investments in PPPs should be considered essential to realizing sustainable health gains.



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For more information about the SHOPS project, visit: www.shopsproject.org



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