

Health Systems Strengthening with a focus on Reproductive Health

SRHR Leadership and Management

The challenge

Malawi faces significant challenges in the planning, monitoring and coordination of high quality Sexual and Reproductive Health and Rights (SRHR) services. These challenges are multifaceted and include weak governance and performance management systems, inadequate planning, budgeting and monitoring skills among the health workforce, little focus on the quality of healthcare services and misalignment between national priorities and district planning. These challenges are further compounded by a fragmented donor landscape with a wide variety of implementing partners that hinders a country driven coherent SRHR plan to achieve Universal Health Coverage (UHC) for the population of Malawi.

Our approach

In response to these challenges, the Malawi German Health Programme (MGHP) in collaboration with the Ministry of Health (MoH) and district health offices in Mchinji, Lilongwe, Dedza and Ntcheu is supporting the implementation of game changing reforms outlined in the Health Sector Strategic Plan (HSSP3) in the areas of performance management, one plan, one budget and one report, and Direct Facility Financing (DFF) with a strong emphasis on gender-transformative and human rights-based approaches.

District and health facility planning

In close collaboration with the Directorate of Planning and Policy Development (DPPD) and relevant task forces, MGHP supports capacity building of district and health facility leadership in developing Facility Implementation Plans (FIPs) using a bottleneck analysis tool that is aligned with HSSP3 priorities. These FIP's are being consolidated in annual District Implementation Plans (DIPs) that guide resource allocation, DFF and Quality Improvement (QI) measures. The districts are supported to enhance partner

coordination during the planning processes and the DIPs contribute to the one plan, one budget and one report approach at national level.

SUSTAINABLE DEVELOPMENT GOALS



Project name	Malawi German Health Programme (MGHP)
Commissioned by	German Federal Ministry for Economic Cooperation and Development (BMZ)
Project region	Malawi; Target districts: Dedza, Lilongwe, Mchinji and Ntcheu
Lead executing agency	Ministry of Health (MOH)
Duration	01.08.2024 – 31.07.2029
Volume	EUR 9,600,000

Quality improvement (QI) / Direct Facility Financing (DFF)

In addition to improving the planning and coordination of health services, MGHP also supports directly quality improvement of health services with a strong focus on SRHR. In close collaboration with the Quality Management Directorate (QMD) and a pool of accredited mentors, MGHP supports the roll out of the Step-wise National Quality of Care program using national QoC standards to evaluate facilities and assigning ratings from 1 to 5 stars based on 11 service elements. Based on these evaluations, health facilities are supported to identify priority areas and develop QI plans to address those areas. Financial grants are provided to implement the QI plans under the DFF framework.



L. to r.: Nurse monitoring a baby in Nursery and a Midwife discharging a mother and her baby.



Paul Dielemans,
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L. to r.: Senior nurse conducting a performance appraisal and a happy mother with a healthy baby

Performance Management System (PMS)

In close collaboration with the Directorate of Human Resource Management and Development (DHRMD), MGHP supports the roll out of the Individual Performance Management System (iPMS). The district Human Resource (HR) offices are supported to build capacity of health managers to conduct annual performance appraisals, to identify individual training needs that inform Continuous Professional Development (CPD) plans and to enter into annual performance contracts.

The benefits

The programme is contributing towards strategic objectives one four, eight and nine of the HSSP3.

Pillar 1 – Service Delivery: The quality of SRHR services is improved through the implementation of quality improvement measures based on gaps and shortcomings identified at health facility level.

Pillar 4 - Human Resources for Health: Performance and motivation of the health workforce is strengthened through rolling out a standardized PMS in the public health sector.

Pillar 8 – Leadership and Governance: Planning and partner coordination is strengthened at district level and informs national level towards the development of one plan, one budget and one report.

Pillar 9 – Health Financing: Health facilities are empowered through DFF to implement health priorities based on local needs.

Results in figures

The programme supported 63 health facilities in Mchinji and Ntcheu to develop FIPs. A total of 210 health professionals were oriented on the planning tools to identify service delivery gaps that inform the planning process. Both districts were supported to consolidate the FIPs in a comprehensive DIP.

The health facility planning processes in Lilongwe and Dedza was supported under the DFF program and MGHP complemented the efforts by supporting the consolidation of plans at district level. A total of 18 partners were mobilized across the four districts and participated in the planning processes.

MGHP supported QMD to conduct quality of care baselines in 28 health facilities using the national QoC standards. All facilities were assigned one star and the overall score ranged from 17 to 38 points on a scale of 100. Through mentorship, the 28 facilities were supported to develop QI plans and financial grants are made available to implement those plans with the aim to reach two stars.

Under iPMS, a total of 2888, with 1146 males and 1742 health workers providing SRHR services have undergone a performance appraisal covering 54 selected public health facilities across the 4 target districts. These staff were also assisted in developing their individual annual workplans with identified capacity gaps integrated into the FIPs.

And in stories

“Before the QI project, babies who needed Continuous Positive Airway P (CPAP) sometimes waited over 30 minutes or more for the correct prong size to be found and connected, and oxygen saturation was only checked when a nurse was free. With support from MGHP, a QI project was developed to address the problem. A fully stocked CPAP emergency kit with prongs of all sizes, tubing, humidifier chambers, and pre-filled water bottles was placed at each incubator. This allowed staff to start CPAP within 5–10 minutes of identifying a baby in respiratory distress. In addition, nurses began checking and recording oxygen saturation every 2 hours instead of only at ward rounds with problems spotted and corrected immediately. As a result, babies receive CPAP faster and are better monitored contributing to a drop in case fatality from 60% to 20% in three months”

Godwins Mwanjera, Dedza maternity ward Incharge

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