

Skjema for evalueringsdatabasen

Norad's project number: GLO-04/290-5 MWI 99/019

Name of your organisation: Plan Norway

Local partner (s): Plan Malawi

About the evaluation:

Evaluation year: *February 2008*

Conducted by: **A.M Malata (PhD) – Team Leader, Fster A.C. Kholowa (PhD) and Owen W.W. Nkhoma (MSc) Malawi College of Health Sciences (Lilongwe)**

Country: *Malawi*

Region: *Southern Africa*

Theme/DAC sector: *Health*

Summary of the evaluation (max 2 pages):

Title of the evaluation report: Final Evaluation of the Maternal and Child Health Project

Background:

The maternal and child health project is implemented by Plan Malawi with support from Plan Norway using NORAD funding. The project has been running from 2003 to 2007. The project goal is to promote children's right to survival, health and development. It focuses on building capacities of families, communities, local Government and other duty bearers to ensure fulfilment of women and children's right to improved health associated with reduced morbidity and mortality. The project contributes towards strengthening Primary Health Care (PHC) in targeted program areas by controlling outbreak of preventable diseases through immunization and adoption of health seeking behaviours, increasing access to modern family planning and adoption of good hygiene practices as well as improving the nutritional status of under-five children and pregnant women. Integrated management of childhood illnesses, safe motherhood and are the basic strategies used to strengthen duty bearer capacity to ensure survival, growth and development of children under five.

Purpose/objective:

To assess the relevance of project strategies and activities, overall outcomes and impact of the Plan Malawi Maternal and Child Health project at different levels and with different stakeholders.

Methodology:

The evaluation employed both quantitative and qualitative methods for data collection which also included conducting focused group discussions, key informant interviews, resource mapping and use of semi structured questionnaires which altogether complimented the literature review that was done prior to conducting the field visits and interviews.

Key findings:

1. Immunization coverage has risen over the project period. i.e. Current immunization is at 88% above the set target of 80%, with reported significant increases of 34.5% amongst the 10-23 month babies
2. There was observed increased awareness on role of breastfeeding and exclusive breastfeeding in particular at least 60% of the mothers that breast fed their babies between 1 and 8 hours were still breastfeeding exclusively at the time of interview.
3. The respondents demonstrated increased knowledge and awareness on preventable diseases like: diarrhea (99.8%), malaria (99.3%), HIV and AIDS (99.3%) and Tuberculosis (95.4%).
4. Majority (>62%) of the respondents report that disease and death caused by preventable diseases like diarrhea and malaria had reduced. Notably 78% of respondents used ORT to manage diarrhea. Access to water by boreholes was assessed at 55% during this evaluation.
5. Access to mosquito nets has also increased reporting 56% coverage with about the same % (55%) of the population interviewed reporting that there was observed reduction in incident of malaria.
6. The evaluation also observes that there was an improvement in health seeking behavior and facility based delivery i.e. 71.6% women attended ante natal care. This is also where the women get necessary health information (ref. finding #3) on e.g. vaccinations, common diseases affecting under five children, nutrition, family planning and even HIV and AIDS.
7. The measure for nutritional status used at baseline was however found to be flawed and could therefore not be used to assess impact in this regard at this evaluation.
8. Capacity building at various levels may have contributed to some of the positive changes reported above

Recommendations:

1. While the project has made some strides in contributing to improve maternal and child health practices and health condition, there is need to scale up the program to reach areas that were not covered during this project period. This is because the child health needs for the targeted areas are so enormous.
2. There is need to streamline administrative procedures related to release of funding so as to avoid delays in disbursements and project implementation.
3. There is need to have a designated staff to be responsible for enhancing the Monitoring and Evaluation component at Program Unit Level, where the projects are implemented.
4. There is need to increase the level of health education that is provided to schools i.e. for teachers and pupils.

Comments from the organisation, if any:

There might have been challenges in establishing baseline for key result areas against which the project impact could be measured e.g. incident of childhood illnesses at start in comparison with the situation at time of this evaluation and

other areas like % facility based delivery vs TBA based deliveries; rate of maternal mortality at start as compared to time of this evaluation etc.

END