



FUNDING PROPOSAL FOR

IMPROVING ACCESS TO HEALTH SERVICES THROUGH PROVISION OF HEALTH FACILITIES AT MAUWA HEALTH CENTRE IN CHIRADZULU NORTH

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1.0 Background Information of Health Sector in Chiradzulu District

Chiradzulu district is situated in the Southern region of Malawi and share borders with Phalombe to the east, Mulanje to the North East, Zomba to the North, Thyolo to the south and Blantyre to the west. The district can be accessed mainly by road and has a total population of 290,946 of which 53% are women. Chiradzulu district is among the top three districts with high HIV/AIDS prevalence rate such that the district socio-economic profile for 2008 indicates that HIV/AIDS rate is at 15.1% against 12% national rate. The District Socio-Economic profile indicates that malaria, HIV and AIDS and cholera are major health problems in the District.

The health sector is one of the key areas in the theme of Social Development within the Malawi Government Development framework outlined in the Malawi Growth and Development Strategy (MGDS). Health is widely recognized there is very close and strong correlation between health status and the level of development to the extent that as countries develop, health indicators improve. The long-term goal of health sector is “To improve health status of people at all levels in a sustainable manner”. The focus on health revolves around sexual and reproductive programmes and these include education programmes, HIV and AIDS. Establishment of health centres in the rural communities facilitates availability and accessibility of health centres to the rural population of Malawi and Mauwa Health Centre is one of the strategic health centres situated in Chiradzulu District for provision of health services to the rural community.

Mauwa Health Centre

Mauwa Health Centre in Chiradzulu North Constituency is one of the 14 health centre that offer different services including admission for maternity cases only, OPD for any other diseases including ART, Child health, Prevention of Mother to Child Transmission (PMTCT), anti natal, Nutrition rehabilitation services (NRU). Mauwa Health Centre is situated close to the border of Chiradzulu District and Mulanje in the South-East and Phalombe in the North – East. Because of this geographical position, Mauwa health centre services a population of 20,000 from Chiradzulu District and another 8,500 from Phalombe and Mulanje Districts.

On average, Mauwa health centre serves 245 ant-natal cases, 420 malaria cases, 105 deliveries and 24 referral cases per month. The health centre has admission of maternity cases to the capacity of 8 beds only. The centre has 1 Medical assistant and 4 medical nurses. The centre has a lot of land that can be used for expansion including construction of more health infrastructure including offices, consultation rooms, wards and staff houses.

Chiradzulu district Socio-Economic profile shows that 40% of cases in the health centres and hospital are malaria cases. Malaria is also reported to be the highest cause of morbidity and mortality of children under five years and pregnant women.

2.0 Problem Statement

Mauwa Health centre experience a number of challenges that affect effective, timely and quality provision of health services which therefore affect the achievement of the dreams of the Malawi Government outlined in MGDS.

Specific problems and effect of such problems at Mauwa health centre area as follows:

Table 1. Problems and Effects

No	Problem	Effect
1	Lack of admission wards for males, females and children	Increase in referral cases resulting into mortality due to poor road network and transport system
2	Inadequate staff houses resulting to some staff members renting houses from nearby community.	Staff can not support patients during night hours, staff unwilling to work at the health centre hence affecting availability of trained personnel.
3	Limited space for maternal cases admission (pre and post delivery and labor ward)	Congestion in admission wards, unwillingness by the community to deliver at the health facility resulting into maternal related complications
4	Lack of facilities for admission especially blankets, bed-sheets and beds	Unwillingness by the community to deliver at the health facility resulting into maternal related complications
5	Lack of rooms for under-five health services (consultation room, office and public health education room)	Poor environment for health talks, under-five clinics hence affecting community access to the health services.
6	Lack of bicycle ambulances for community use	Late or no access to health services by the community thereby increasing mortality
7	Lack of electricity	Staff can not adequately support patients during night hours, staff unwilling to work at the health centre hence affecting availability of trained personnel.
8	Lack of safe water supply	Challenge in disease prevention and control

These problems have a significant impact in improving access to and quality of health services in Chiradzulu North and in overall affect how Malawi meets targets of Millenium Development Goals and realize the dreams in the MGDS. Addressing these challenges will be fundamental in moving forward the development agenda of the Malawi Government.

3.0 Strategic Objectives and Outputs of the Proposed Project

This proposal therefore is to seek support for construction of infrastructure at Mauwa Health Centre that will facilitate upgrading of the Health Centre into a Rural Hospital. The goal of the project is **to improve access to and quality of health services for the rural community around Mauwa Health Centre in Chiradzulu North Constituency through provision of health infrastructure**. The proposed project will address the following objectives:

- I. Improve admission capacity through construction of wards for maternal cases, male and female patients (general ward).
- II. Improve quality of health services provision through construction of consultation rooms, health education talk's rooms and staff houses.
- III. Improve admission conditions by providing blankets, bed-sheets and beds for the wards.
- IV. Improve efficiency of transporting patients from community to health facilities through provision ob community bicycle ambulances.

The proposed facilities seeking funding support are clearly outlined below:

Table 2. Proposed Facilities

No	Description of proposed facility	No of proposed facilities	Capacity of the facility
1	Maternity ward room	1	20 beds
2	Beds, blankets and bed sheets maternity and other wards	60 beds, 120 blankets, 120 pieces bed-sheets	1
3	Male general ward	1	20 beds
4	Female general ward	1	20 beds
5	Rooms for under-five service provision (health environmental office and	2	50 people, 4 staff members

No	Description of proposed facility	No of proposed facilities	Capacity of the facility
	Health education room)		
6	Medical services consultation Room	1	2
7	Medical staff houses	4	1 staff and family in each
8	Community bicycle ambulances	20	
9	Electricity Supply	1	1
10	Water Supply	1	1

4.0 Sustainability and Efficiency of the Proposed Project

The project will have effective strategy to ensure sustainability in terms of maintenance and management of the facilities provided and this will include the following:

4.1 Strengthened the role of health committees

In line with the Malawi Government health structure, health committee forms a strategic institution in community mobilization for provision of local resources, management of health facilities and facilitating health development planning. The project therefore will be facilitated and managed by these committees and this will ensure community ownership and involvement in the whole project cycle.

4.2 District Assembly Development structures (Area Development Committee and Village Development Committee)

In line with decentralization policy in Malawi, ADC and VDC are development planning structures at community levels that inform the District Implementation Plans (DIP). These structures have already been involved in problem identification and analysis such that the above challenges are priority areas in the development plans. Initiating a project that addresses these problems therefore anticipates an enormous welcome and support by these structures. ADC and VDC are chaired by community leaders and this becomes fundamental strength in community mobilization for gathering together local resources.

4.3 Coordination with the District Assembly Directorates

The Directorate of Public Works (DPW), Directorate of Planning Development (DPD) and the line Ministry of Health (DHO) are key directorates at district assembly level to ensure quality and effective project implementation. The DPW will provide technical support in construction work. The DHO office will play a key role in ensuring that the construction work is meeting minimum health facility standards.