

WORLD VISION MALAWI OVERVIEW

DECEMBER 2022

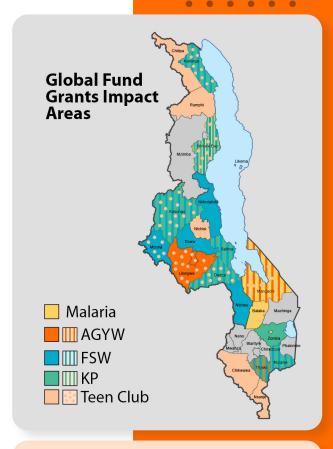
Our Approach

World Vision has worked in Malawi for almost 40 years implementing life-changing programmes for the most vulnerable children and communities. World Vision Malawi (WVM) works to achieve improved outcomes in health, education, livelihoods, water & sanitation, working with community partners and government structures and systems.

WV is a "Community System Strengthening" specialized organisation that has innovated for example Community Health Worker system improvements for over 200k CHWs globally. We are a global leading expert in social accountability using a community-based approach called Citizen, Voice and Action (CVA).

We build social capital through interventions like Channels of Hope (COH) that partners with and empowers churches and faith communities to contribute to child well-being. It equips faith leaders with both factually correct information and insight into their scriptures and faith traditions, guiding them to become powerful change agents.





Malaria Trends in Impact Areas 2000 1500 1000 2016 2017 2018 2019 2020 2021 2022 Mangochi Balaka Nkhatabay

Key numbers - Malaria



10.8 million

people impacted since 2017 with a combination of Long-Lasting Insecticide Treated Nets, setting up of village clinics and training of Health Surveillance Assistants

2 million

people prevented from malaria infections through IRS since 2021 540,257

homes sprayed to kill malaria-causing mosquitos (2021-2022)

327,519

children protected from malaria (2021)

48,828

pregnant women protected from malaria (2021)

3,000

people, largely the youth, employed as seasonal workers 50%

reduction in malaria cases across Mangochi, Balaka and Nkhata Bay districts



COUNTRY GAPS AND NEEDS

Hunger in Malawi

Millions of people in Malawi require life-saving food assistance in the coming months due to the magnitude and complexity of food insecurity. Factors driving the hunger crisis in the country include but are not limited to climate change, low agriculture outputs, cyclones, poor economic performance, limited livelihood options, unemployment, economic impacts of COVID-19 pandemic and the Ukraine conflict raising fuel costs, transport and essential commodities.

About 3.8 million Malawians (20% of the population) face acute food insecurity during the current lean season (Oct 2022-Mar 2023). Tropical Storm Ana

caused heavy flooding in a number of districts in Malawi, especially in the Southern Region due to a lot of heavy rainfall and strong winds.

Nutrition plays a critical role in combating opportunistic infections and promoting a strong immune system. Therefore, the hunger crisis in Malawi that is compounded by inadequate prevention health care can significantly reduce the gains made among people living with HIV. A total of USD 30 million is needed to respond to the hunger crisis in the next six-month (Oct 2022 - Mar 2023).



Gender Technical Capacity

World Vision Malawi prioritises Gender Equality and Social Inclusion (GESI) in all its programming. With support from the World Vision regional office, WVM is reinforcing GESI across its programme and grant portfolio through the following activities:

- Conducted GESI rapid assessment for Global Fund grants to appreciate impact of COVID-19 in our programming
- Development of a GESI action plan for the office
- Recruited a GESI and Disability Coordinator to ensure GESI is integrated in our programmes as well as our office structure

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Challenges & Key Lessons

MALARIA

- Despite the massive awareness campaigns around norms and beliefs for malaria prevention, the programme has faced resistance in uptake of Long-Lasting Insecticide Treated Nets (LLINs) and In-door Residual Spray (IRS) interventions by some communities due to myths and misconceptions
- The COVID-19 pandemic further derailed the progress of IRS implementation and its subsequent impact due to heightened misconceptions in the communities
- The COVID-19 pandemic combined with recent outbreaks of cholera and polio affected project implementation as there was a divergence of focus by most partners, especially the District Health Office (DHO)
- Ongoing community stakeholder engagement with key opinion leaders such as religious and traditional leaders, before, during and after the IRS interventions should be continued. This should be supported by sustained investment in targeted Social Behaviour Change Communications interventions
- Strong and consistent coordination of all malaria stakeholders is critical to successful and effective program implementation. Strategies involved networking and engagement with stakeholders from design to implementation. This includes building on positive political will from the government to continue to support local partners and other stakeholders including communities

HIV & TB

- Increased viral load among children and teens living with HIV due to food insecurities in communities affected by hunger across the country. In response, WVM is strengthening collaboration and referral systems with other partners involved in food and cash distribution in targeted districts. However, challenges still remain in aligning recipients to the GF targeted households. An innovative emergency funded programme from the GF could address the gap
- During Cyclone Ana, beneficiaries of the HIV and TB projects had challenges accessing health services due to the extensive destruction of the road network and health infrastructure
- Coordination of multiple partners/stakeholders in reaching Key Populations remains a challenge due to limited financial resources needs to galvanize the support at various levels of implementation. Despite having an engagement framework, the activities require additional funding
- Access to treatment for the Key Populations at health facilities centre level is challenging due to erratic supply of drugs for sexually transmitted infections, leading to recurrent transmissions
- Despite the current interventions being offered, many Adolescents Girls and Young Women and Key (AGYW) populations still live in poverty and are still disempowered in decision-making. Integration of livelihood and empowerment is recommended
- Inadequate safe spaces for Key Populations and AGYW to access key services



