

Integrated reproductive, maternal, newborn, child, and adolescent health and nutrition services in complex environments: insights and lessons from the aftermath of Cyclone Freddy in Malawi

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Background

In recent times, public health emergencies in Malawi have disproportionately disrupted the delivery of essential health services, particularly in rural communities. The impact of Cyclone Freddy, which made landfall in February 2023, further exacerbated this situation by causing extensive damage to public infrastructure and livelihoods across 16 districts. In five districts, nearly 350,000 people were displaced and unable to access routine health services (as shown in Table 1). The MOMENTUM Tiyeni project supported the delivery of integrated screening and treatment of pregnant women, newborns, and children under five years of age to displaced people. We share experiences on how the provision of integrated reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH+N) services can improve health service coverage and continuity of community access to life-saving treatment during public health emergencies.

Table 1: Number of people affected by Cyclone Freddy across project-supported districts, February–June 2023

	CHIKWAWA	MULANJE	ZOMBA	MACHINGA	MANGOCHI	TOTAL
Displaced population	87,085	11,942	126,155	42,558	80,804	348,544
Pregnant women affected	1,080	2752	39	773	3,695	8,339
Lactating mothers affected	2,752	1046	163	1,833	6,721	12,515
Under-five children affected	9,828	2627	350	2,659	11,468	26,932
Facilities affected	20	3	4	1	0	28
Number of camps affected	37	95	41	72	25	270

Methods

From February–June 2023, the project supported 55 evacuation camps spread across five districts (Chikwawa, Mulanje, Zomba, Machinga, and Mangochi). Tiyeni modified a data collection tool for routine outreach services to include clinical services. Utilizing this tool,

data was collected daily in each camp which was then later collated to routine project monthly reports.

Results

With mobility impeded in many parts of the affected districts, the project supported district health management teams to mobilize nearly 80 health care workers by road and, in some instances, by air as a critical component of emergency response to minimize interruptions to primary health care services. The mobile outreach teams provided services to the affected communities at the camps using existing infrastructure, mostly schools and churches. The care package provided included screening pregnant women for complications and monitoring of fetal condition; provision of prophylactic treatments such as intermittent preventive treatment in pregnancy with sulfadoxine-pyrimethamine (IPTp-SP); monitoring of danger signs for mother and newborn; provision of immunizations for mother and newborn such as tetanus toxoid-containing vaccine (TTV); referral to secondary level care; and case management for children with malaria, pneumonia, diarrhea, and other conditions. Services for children under the age of five included growth monitoring and nutrition education through their guardians. Psychosocial support was provided to both pregnant women and lactating mothers when indicated.

In the five months following the disaster (as shown in Table 2), health workers provided antenatal care services to 8,339 pregnant women; reached 39,312 under-five children with immunization, growth monitoring, and case management services; and provided 9,639 lactating mothers with nutrition screening and counseling. The project also supported referrals for critical patients to secondary level of care and supported the training and deployment of psychosocial counsellors who conducted counselling sessions for 313,467 people.

Table 2: Number of people affected provided services across project-supported districts, February–June 2023

	Number Reached
Family planning	8,149
Screening and treatment of sick under-five children	19,392
Child immunizations	18,640
Growth monitoring	9,926
Antenatal screening	8,339
Psychosocial counselling	313,467

Conclusion

Mobilizing health workers to evacuation camps proved instrumental in ensuring continuous access to essential services, thereby significantly lowering the prevalence of diseases and conditions among pregnant mothers, children, and the broader population susceptible to contagious illnesses. Additionally, this initiative effectively minimized the distance individuals had to travel to access life-saving care, particularly for mothers and children. Consequently, these proactive measures not only curtailed the occurrence of disease outbreaks but also safeguarded the health and well-being of vulnerable populations during critical times of displacement.