

Neonatal and Child Health Profile

Department of Maternal, Newborn, Child and Adolescent Health (MCA/WHO)

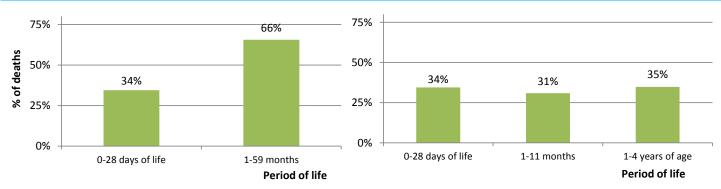
Demographics and information system	
Under-five population (2012) [1]	2,859,385
Number of births (2012) [1]	638,892
Birth registration coverage [2]	_
Coverage of vital registration on causes of deaths [2]	_

Health status indicators	
Stillbirth rate per 1,000 total births (2009) [2]	24.0
Neonatal mortality rate per 1,000 live births (2012)[3]	24.2
Number of neonatal deaths (2012) [3]	14,932
Infant mortality rate per 1,000 live births (2012) [3]	46.0
Number of infant deaths (2012) [3]	28,307
Under-five mortality rate (2012) [3]	71.0
Number of under-five deaths (2012) [3]	43,375

Sources: [1] United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2012 Revision;

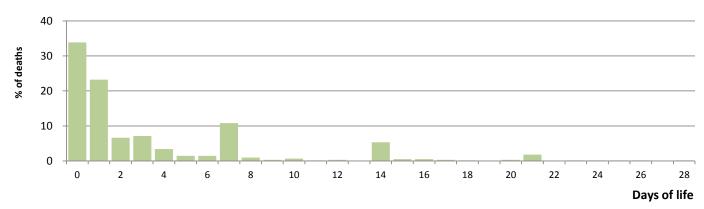
Under-five mortality: when, where, and why

When: Distribution of under-five deaths by age-groups



Source: Calculated based on data from the UNICEF/WHO/The World Bank/UN Pop Div. Levels and Trends in Child Mortality Report 2013

When: Distribution of neonatal deaths by day of life



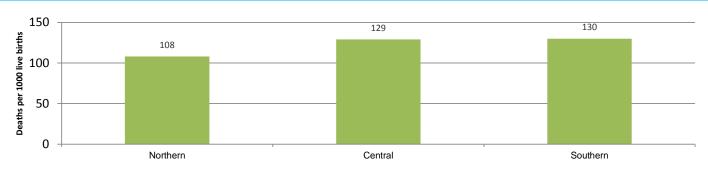
Source: Malawi DHS 2010

Based on 620 neonatal deaths

^[2] WHO (2013): Global Health Observatory Data Repository (still birth rate originally published in Consens et al, Lancet 2011);

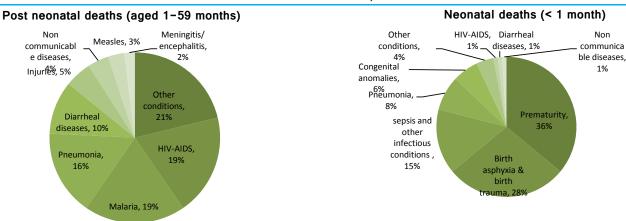
 $^{^{[3]}}$ UNICEF/WHO/The World Bank/UN Pop Div. Levels and Trends in Child Mortality. Report 2013 .

Where: Geographic variations in under-five deaths



Source: Malawi DHS 2010

Why: Estimated* distribution of causes of neonatal and under-five deaths, 2010

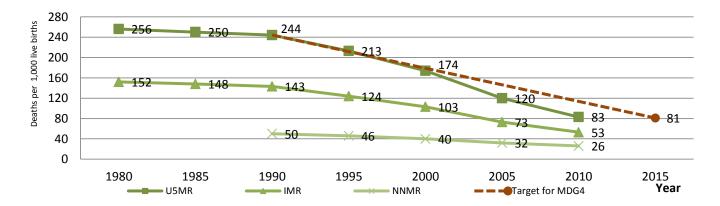


Source: CHERG/WHO/UNICEF for distribution of causes of neonatal and under-five deaths (published in Liu et al, Lancet 2012).

Notes: These are estimated proportions of causes of death obtained from models with input data from available Vital Registration data and population-based studies (for detailed methods and list of references please refer to Liu et al, Lancet 2012).

These estimates are not necessarily the same as those from the Member State, which may use alternative methods of estimation of causes of death. All Member Sates have undergone an official country consultation on the CHERG etsimation (documents available upon request).

Rate of progress toward MDG4



Source: UNICEF/WHO/The World Bank/UN Pop Div. Levels and Trends in Child Mortality. Report 2013.

Note: These figures are computed by the UN agencies through the IGME and are not necessarily the official statistics of the Member State, which may use alternative methods of estimation of mortality. All Member States have undergone an official country consultation on these estimations.

Morbidity and Nutrition

Percentage of children aged 6-59 months with anemia	63	
Percentage of children under-five with symptoms of ARI in the two weeks preceding the survey	7	
Percentage of children under-five with diarrhoea in the two weeks preceding the survey	18	
Percentage of children under-five with fever in the two weeks preceding the survey	35	
Percentage of babies with low birth weight (66.5 % of all births had a reported birth weight)	8	
Percentage of babies with low birth weight (as perceived by mothers - babies not weighted)	16	
Percentage of children under-five stunted (-2SD)	47	
Percentage of children under-five wasted (-2SD)	4	
Percentage of children under-five underweight (-2SD)	13	
Percentage of children under-five overweight	8	

Source: Malawi DHS 2010

Notes:

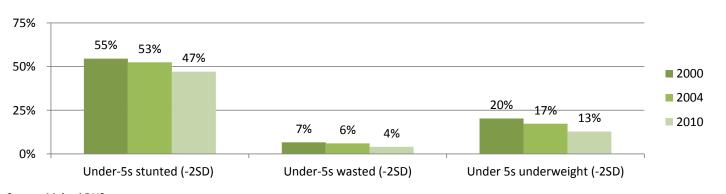
Stunting = children under age five that fall below minus two standard deviations from the median height- for- age of the NCHS/WHO standard (moderate and severe)

Wasting = children under five that fall below minus two standard deviations from the median weight- fo-r height of the NCHS/WHO standard (moderate and severe)

Underweight = children under age five that fall below minus two standard deviations from the median weight- for- age of the NCHS/WHO standard (moderate and severe)

Overweight = children under age five that fall above plus two standard devliations from the median weight-for-height of the NCHS/WHO standard (moderate and severe)

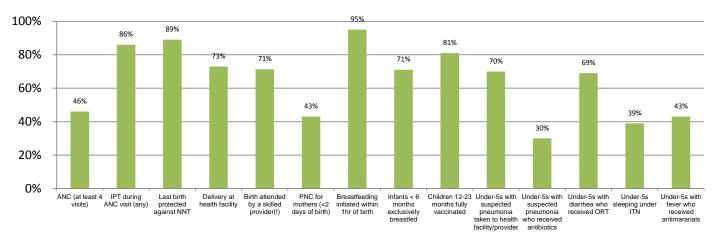
Trend in nutritional status



Source: Malawi DHS

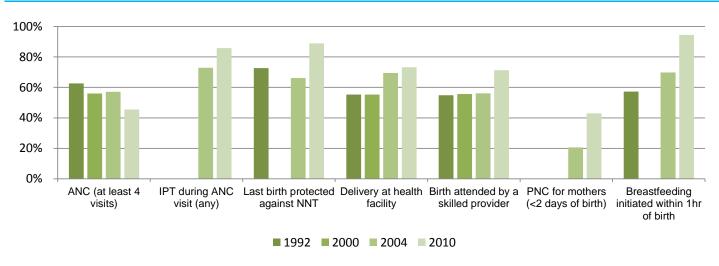
Outcome Indicators

Coverage of maternal, newborn and children under-five interventions along the continuum of care



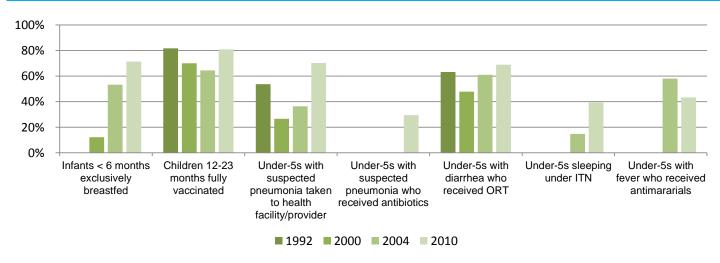
Source: Malawi DHS 2010

Trends in coverage of interventions for maternal and newborn



Source: Malawi DHS

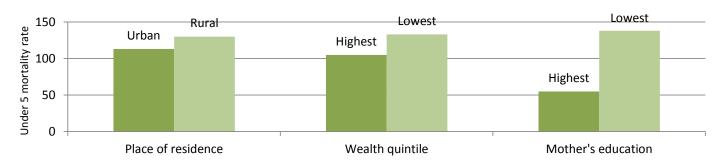
Trends in coverage of interventions for infants and under-five



Source: Malawi DHS

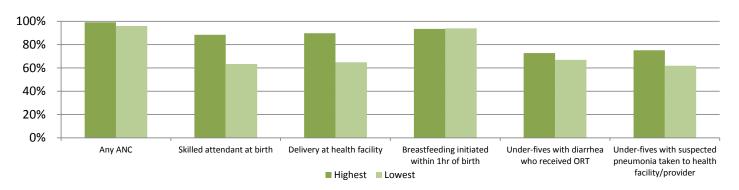
Inequities

Inequities in under-five mortality



Source: Malawi DHS 2010

Inequities in coverage of some interventions along the continuum of care by wealth quintile



Source: Malawi DHS 2010

Notes: *Lowest=No education; Highest= Completed higher secondary+

Input Indicators

National health policies¹

Policy on postnatal home visit in the first week of life	Yes
New ORS formula and zinc management of diarrhoea	Yes
Community treatment of pneumonia with antibiotics	Yes
International Code of Marketing of Breastmilk Substitutes	Yes
Availability of costed national implementation plan(s) for MNCH	Partial

Human resources and health expenditure

Human Resources (2005-2012) ²		
Physicians per 10,000 population	0.2	
Nurses & midwives per 10,000 population	3.4	
Community Health Workers per 10,000 population	7.3	
Hospital beds per 100,00 population	13.0	
Health expenditure (2011) ³		
Per capita government expenditure on health at average exchange rate (US\$)	23	
General government expenditure on health as % of total government expenditure	18.5	
Out-of-pocket expenditure as % of total expenditure on health	14.5	

Sources: 1 WHO and UNICEF(2012). Countdown to 2015, Building a Future for Women and Children: The 2012 Report

²WHO (2013). World Health Statistics 2013

³ WHO (2013). Global Health Expenditure Database (http://apps.who.int/nha/database/DataExplorerRegime.aspx)