

Food security

- Malawi's population is chronically food insecure
- Major reasons include:
 - Growing population in Malawi increasing the demand for food
 - Increasing incidence of drought
 - Inability to use existing water sources for agricultural production
 - Declining soil fertility and reduction in the size of average farm holdings;
 - Inappropriate and outdated agricultural technologies
 - in an average year 60% of households run out of food produced from their own farms three months before the next harvest

WHO Ten Threats to Global Health in 2019



- Dengue



Vaccine hesitancy



Weak primary health care



Ebola and other high-threat pathogens



Antimicrobial resistance



Fragile and vulnerable settings



Global influenza pandemic

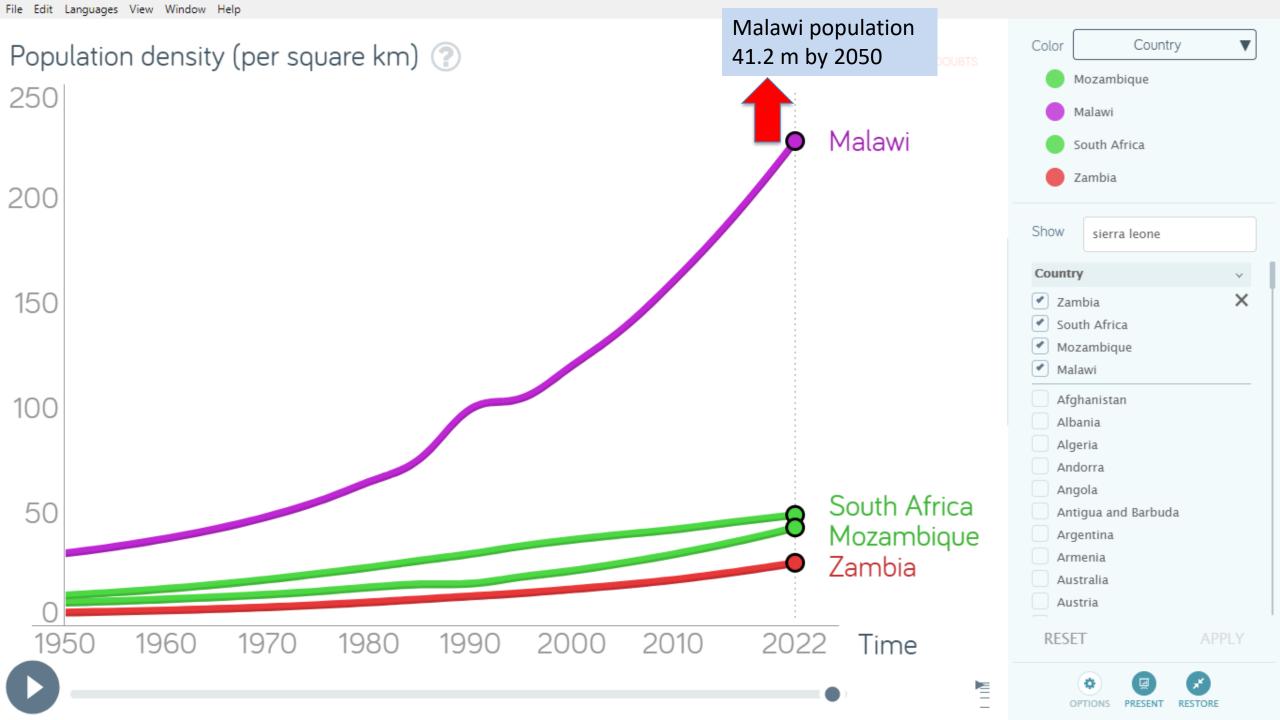


Non-communicable disease



· Air pollution and climate change











Devaluations – economic shocks

Donor-dependent Malawi devalues kwacha by 25% as forex runs low









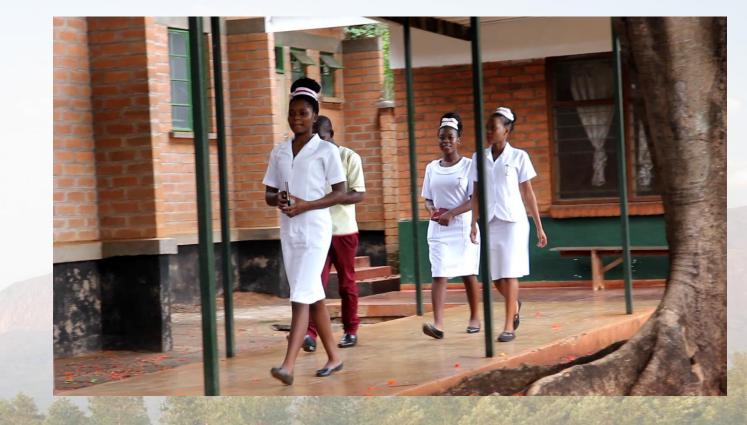
In-patients

Maternity care

Deliveries: 3.000 /yr

C-sections: 600/yr

Nursery



High rate of teenage pregnancies: 27%

Admissions: 8.000/yr

Out-patient visits: 32.000/yr







HIV care and chronic disease management

7000 patients on HIV-treatment

Asthma, diabetes, hypertension and epilepsy clinic

All this care is free to the patient





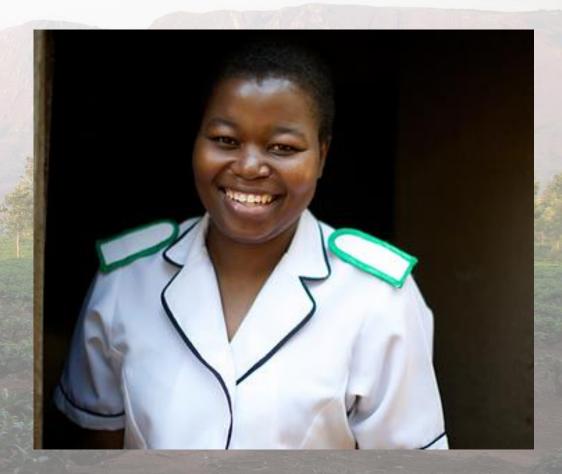
Palliative care programme

Around 200 patients

Diagnosis	%
Stroke	5%
Cancers	77%
Other	18%

Free care

Homevisits



Some of our patients – rehabilitation service







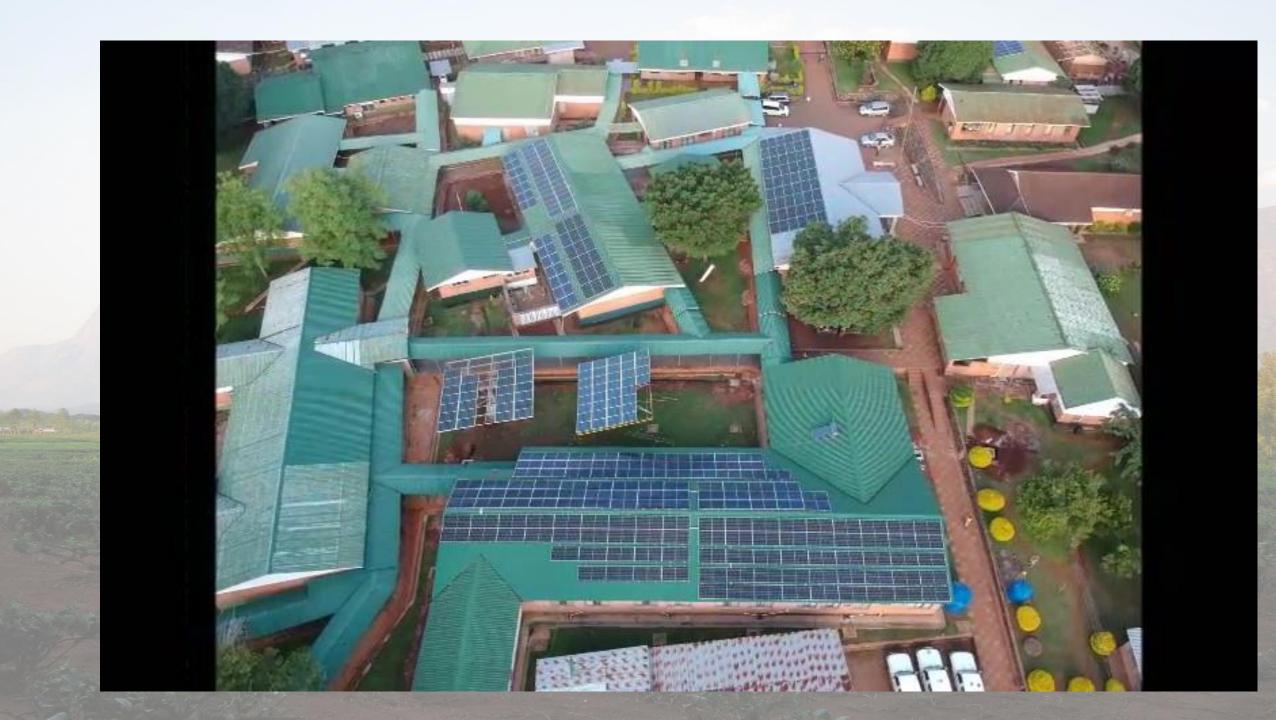
Orphan & vulnerable child care

- Provide support to most needy children
- Currently 499 in care
- Provision of basic minimum:
 - Food support, soap
 - Free healthcare, monthly health checks
 - School uniform, stationary, shoes and backpack
 - School fees
- Goat pass-on programme

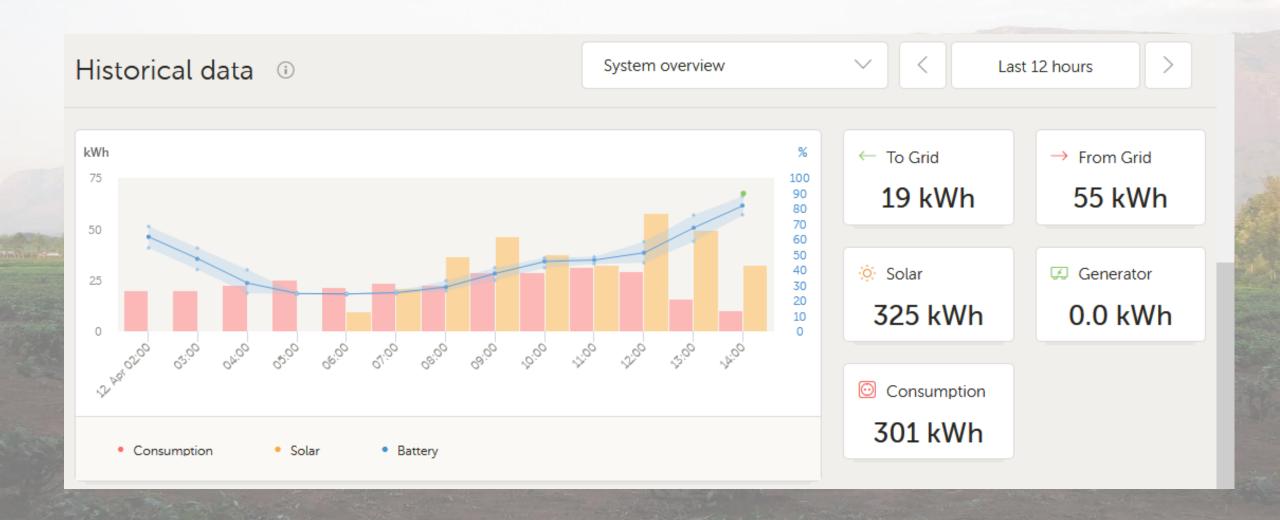


Recent projects

- Solar / electricity system
- Eye Clinic and Rehabilitation departments developed
- Ward renovations, including private sections
- Staffhouse renovation and construction (3)
- 2 irrigation schemes rehabilitated, 2 new developed (10 ha each)
- Improved cookstove pilot
- More attention for persons with disabilities



No blackouts, lower costs







Malaria control

	Year	No. villages IRS only	No. of villages LSM only	No. of villages LSM&IRS	Total no. of villages with vector control	% of villages with vector control	Total population protected	Total no of <5 yrs deaths
	2011/12	0	0	0	0	0	0	20
	2012/13	4	0	0	4	5.4	5,246	16
Mr.	2013/14	22	0	0	22	30	16,136	10
	2014/15	40	0	0	40	56	37,985	12
	2015/16	55	0	0	55	76	47,121	6
	2016/17	35	0	0	35	49	29,986	8
	2017/18	46	20	6	72	97	82,702	1
	2018/19	32	32	10	74	100	85,000	0
	2019/20	46	3	7	59	80	72,500	0
	2020/21	48	13	4	65	90	79,872	0
	2021/22	20	3	3	26	36	31,948	0
	2022/23	13	0	0	13	18	18,000	1*

% of persons with positive malaria test, Mwamadi village

Year	malaria positive%
2013	53
2014	38.8
2015	20
2018	16
2019	9.5
2020	8
2021	5
2022	2

No of deaths due to malaria over 10 years, MMH catchment area



Staff training and protocol development



				_
Name: 5	Sex	M/F	Nurse:	
Age:			Clinician:	
Address: T/A:			Allergies / Contraind	ications:
HIV Exposed: Y / N / U				
HIV Serostatus: R/NR/U HTC result: R,	/NR I	Date:	Weight:	Length:
, , , , , , , , , , , , , , , , , , , ,			MUAC:	WfH Z-score:
Admission diagnosis:			Oedema:	Assessment:
Time:				
Date:				
History Past medical history:			GI:	
Past medical history:			GI:	
Drug history:			Neuro:	
Current medication and duration:			Urogen:	
General:			Resp:	
			- Tange	
Examination				
Airway/Breathing			Disability	
Airway: Own/Guedel/ETT/				
Respiratory support:	Λ	Λ	BCS:	
Temperature:	/Ι	1\	Pupils: RBS:	time:
O ₂ sat: RR:	΄ Ι	\	Analgesia:	ume:
Ozar. nn. Z		\Box	Anaigesia:	
Circulation			Renal	
PR: Rhythm: BP:			24hr fluid balance:	
Capillary refill time:			Urine output:ı	ml/hr
IV access: Drop rate if dri	ip:			
			Laboratory results:	
GI:	$\overline{}$	\neg		
Nutrition type:		\		
NGT: Y/N)		
Stools:		/		
Orders:	_			
1. Medication:			3: Feeds	
an arrange Market II.				
			4. Monitoring:	
			-	

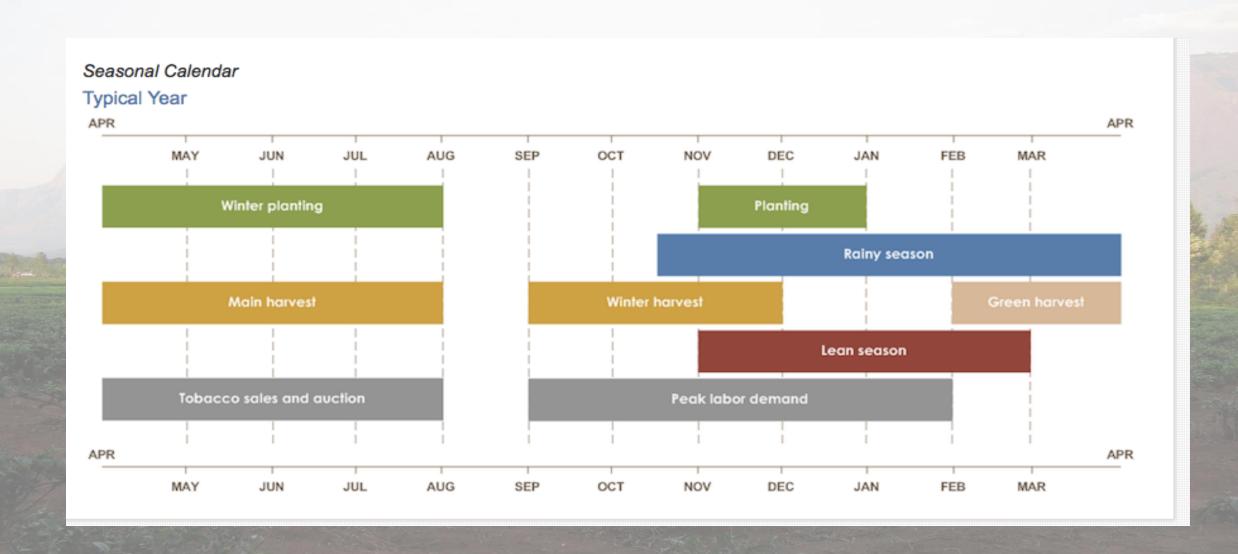
Sustainable Livelihoods Programme

Broad approach to improve basis for health and foodsecurity

- improved farming techniques and diversification
- soil and water protection
- economic growth



The agriculture year in Malawi



Sustainable Livelihoods programme

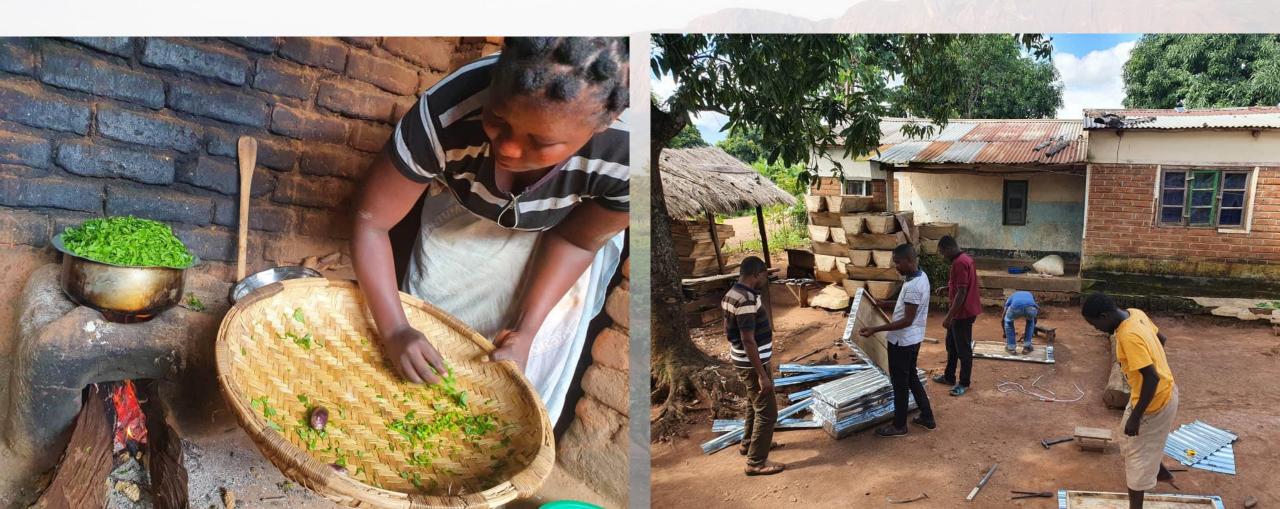
(solar) irrigation schemes
School agriculture programme
Lead- and follower farmer programme



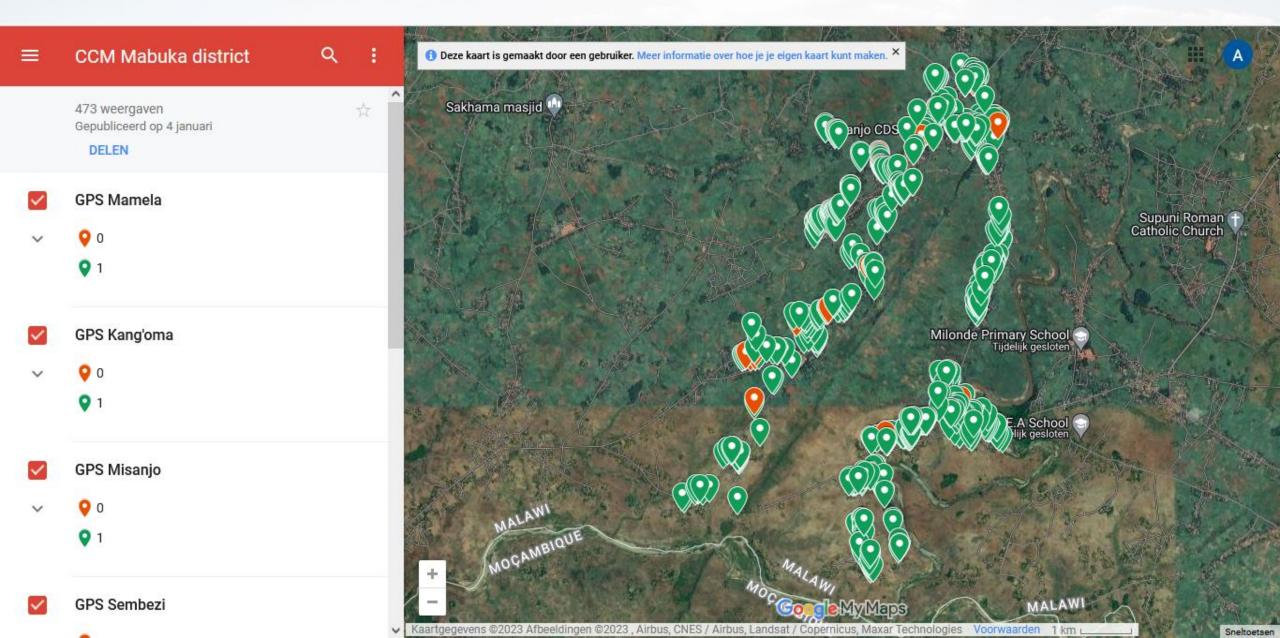


Improved cookstoves
Honey production
Paravet programme

Treeplanting
Riverbank protection



Cookstoves: GPS database



Irrigation

Irrigation scheme	Year	Number	of farme	Total area developed (ha)	
		М	F	Total	
Bololo	2017	19	46	65	11.0
Mwamadi	2018	16	40	56	10.0
Wasi	2020	22	38	60	10.5
Mwanamvula	2021	16	32	48	9,5
Sikoya	2022	21	40	61	9.5
Total				290	50,5







Beekeeping

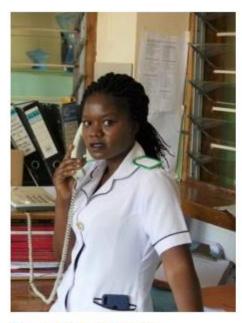
- 350 beekeepers
- Sales via Thandizani Resource Centre or directly

Opportunities for marketing candles, polish from wax



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Easter Newsletter

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Emergency appeal - COVID-19 response

It is all but certain that Malawi will be hit by the COVID-19 epidemic very ...

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Bluegrass benefit concert in Amsterdam!

Update 16-03-2020: this concert has been postponed to reduce the risk of transmission of corona ...

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