In late 2015, NEP launched Cycle 2, which includes national and sub-national nutrition, pneumonia/acute respiratory infections (ARI), quality of routinely collected data, and youth-focused family planning analyses. The National Statistical Office (NSO) is leading a consortium of representatives from the Ministry of Health (MOH) and partners to answering nine questions during Cycle 2 (see Figure 1). The NEP analysis team will answer Cycle 2 questions with existing survey and routine data, and collect new data to supplement analyses. NEP expects to finalize Cycle 2 results at the end of 2016.

### Cycle 2 Questions

#### Nutrition

1. Can national plans for scale-up help Malawi reach national and international stunting and wasting targets?
2. How have individual districts in Malawi performed in terms of reducing stunting in the last decade?

#### Pneumonia/Acute Respiratory Infections

1. How have various health sector interventions contributed to the overall reduction in pneumonia-specific mortality among children under five from 2000-2014?
2. How does the relative contribution of health sector interventions to the reduction in pneumonia mortality vary by district from 2000-2014?

#### Family Planning

1. How are strength of implementation, accessibility and quality of youth-friendly family planning care associated with total fertility rate (TFR) and modern contraceptive prevalence rate (mCPR) among 15-19 and 20-24 year olds in Malawi?
2. How have changes in method-mix and source of family planning commodities been associated with changes in TFR and/or mCPR among 15-24 year olds in Malawi from 1992-2015?
3. From the perspective of youth (15-24 year olds) what are the characteristics of an accessible youth friendly family planning program in Malawi?

#### Data Quality

1. What is the quality of routine data at facility, district, and central levels?
2. How are staff capabilities, existence and adherence to operational guidance, and other systems-level factors associated with quality of routine data in Malawi, at facility and district levels?
3. What are the opportunities and barriers to use of routine data among district and central-level program officers at the Ministry of Health in Malawi?
Preview of Cycle 2 Results

NEP began generating Cycle 2 findings in early 2016. Below is a summary of preliminary Cycle 2 results, which will be finalized at the end of 2016.

Nutrition

The NEP Cycle 2 nutrition analysis builds on the Cycle 1 findings, and explores subnational progress reducing undernutrition. The team mapped the prevalence of moderate stunting by district from 2000 to 2014 (see Figure 2). The team ranked districts based on the change in moderate stunting, the change in severe stunting, and the change in severe to moderate stunting ratio from 2000 to 2014. This ranking resulted in a list of five districts that achieved the most progress at reducing stunting and five districts that made the least progress at reducing stunting between 2000 and 2014 (see Figure 3).

Figure 2. Prevalence of moderate stunting by district (2000-2014).

Figure 3. Prevalence of moderate stunting (2000-2014) by district.
The team will explore factors that led to rapid and limited progress in reducing stunting in the ten districts selected. As a result of this analysis, the team plans on identifying districts for priority action and provide insight on enabling factors and barriers to reducing undernutrition in Malawi.

**Pneumonia/Acute Respiratory Infections (ARI)**

Under-five mortality and pneumonia-specific under-five mortality have fallen since 2000. Between 2014 and 2000, the percent of deaths due to pneumonia decreased by 60% (see Figure 4). Coverage of preventative and curative interventions rose with increases in Hib and PCV immunization rates and oral antibiotic availability. The team’s district analysis demonstrates that care-seeking for pneumonia in children under-five varies by district (see Figure 5).

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**Figure 4.** Percent change in cause of death, comparing 2014 to 2000.

**Figure 5.** Care-seeking pneumonia in children under-five by district.
Family Planning

Over 20% of the total population in Malawi is 15-24 years old—the result of significant progress reducing national childhood mortality. Given the proportion of young people in Malawi, it is suspected that age-specific fertility rates (ASFR) among individuals under 25 years old likely continues to drive the national TFR.

The team explored Demographic and Health Surveys (DHS) between 1992 and 2015. Between 1992 and 2015, the national TFR declined by 34% and mCPR increased eightfold (see Figure 6). Malawi reduced TFR most rapidly between 2010 and 2015. mCPR and TFR improved rapidly between 2010 and 2015 in both rural and urban settings; however, the 2015 DHS reported that the rural TFR is 4.8, which is higher than the national TFR. mCPR is lowest among 15-19 year olds, and nearly a third a 15-19 year olds reported being pregnant or having already given birth. National ASFR has decreased gradually over time, and ASFR for 20-24 year olds is the highest among age groups. ASFR for 15-19 year olds and 20-24 year olds vary by district. High ASFRs are generally found in different districts for 15-19 and 20-24 year olds (see Figure 7).

The team used FamPlan—a family planning modelling tool—and DHS data from 1992 to 2015 to create three models demonstrating the impact of reaching CPR targets specified in three national strategies. The first model (“Aggressive Youth Strategy”) assumed Malawi would reach a CPR of 52% among 15-19 year olds and 67% among 20-24 year olds by 2025. The second model (“Moderate Youth Strategy”) assumed Malawi would reach a CPR of 45% among 15-19 year olds by 2025.

Figure 6. National modern contraceptive prevalence and total fertility rate (1992-2015).

Figure 7. Age-specific fertility rates among 15-19 and 20-24 year olds by district in 2010.
The third model (“Non-Youth Strategy”) assumed the existing CPR trends would continue until 2025 (see Figure 8). These models suggest that the Aggressive Youth Strategy, which focuses on CPR targets for 15-24 year olds, would have the largest impact on reducing TFR by 2025. These preliminary results affirm the importance to address ASFR and mCPR among youth.

Figure 8. Total fertility rate modeled from adjusting contraceptive prevalence rate for married women under 3 different strategies.

**What’s next for Cycle 2?**

The team will collect new data and conduct a data quality assessment in July and August 2016. NEP expects to complete Cycle 2 analyses at the end of 2016. NEP plans to hold a dissemination event for maternal, newborn, child health, and nutrition stakeholders in 2017.

**For more information**

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