

Stories of change from Karonga District

Christian Aid's UK Aid Match project in Malawi



Maisie Karango, 21, brought her two-month-old son Joseph Mwangi for a check-up at an integrated outreach clinic in Kasimba, a rural village in Malawi's Karonga District. The clinic is run by Christian Aid's partner Adventist Health Services. Credit: Christian Aid/Tomilola Ajayi

UK Aid Match: an overview

Christian Aid and its partners in Malawi are implementing a three-year UK Aid Match (UKAM) project to improve maternal, neonatal and child health outcomes, funded by the UK's Government Department for International Development.

The aim is to improve maternal and newborn health (MNH) outcomes for over 40,000 vulnerable pregnant women and babies, by increasing demand, access and uptake of quality maternal and neonatal care service in Malawi's Karonga District. This, in turn, will contribute to the drop in maternal and neonatal mortality and morbidity in Malawi.

The project runs from 2015 to 2018.

About the programme

One of the world's poorest countries, Malawi has a weak health sector and a shortage of skilled health workers.

Child and maternal mortality rates remain among the world's highest, despite a drop in recent years. The maternal mortality rate is 675 per 100,000 live births as of 2015, while the infant mortality rate is 43.4 per 1,000 live births in 2015.

It is in this context that Christian Aid's UKAM maternal and neonatal healthcare programme is seeking to deliver sustainable, lasting change in Karonga District

Christian Aid is delivering the project through two local partners in Karonga: Foundation for Community Support Services (FOCUS) work on the community side, looking at

mobilisation and behaviour change; Adventist Health Services (AHS) specialise in the supply side, looking at services and facilities. This is in collaboration with the Karonga District Health Office.

Together, we are working to:

- Empower women and girls in Karonga to make healthy choices in regards to MNH
- Removing the barriers and challenges that prevent women and girls from accessing quality MNH services (superstitions, early marriages, beading, and patriarchal control of women).
- Improve the supply of quality and skilled MNH services.
- Ensure accountability for MNH care is enhanced at all levels.

We are working with six traditional authorities and 19 health facilities,

targeting a range of people: not just women of reproductive age, but also health care workers, men, traditional and religious leaders, traditional birth attendants, medical personnel, community health workers, people living with HIV and others.

Empowering youth to speak out on early marriage

An energetic group of young Malawians are sounding the alarm about early marriage to peers in their community, with support from Christian Aid.

Members of the Chisomo youth club in Karonga's Bwiba area have been using sport, traditional dance, advocacy and face-to-face activities to encourage the younger generation to stick with their education.

Established in 2013, the group was formed when a few friends wanted to make a difference in their communities, and tackle issues affecting their age group - such as early marriage, teen pregnancies, drug and alcohol abuse, access to education, HIV and STDs, and environmental degradation.

In 2015 Christian Aid's partner Foundation for Community Support Services (FOCUS) began to work with the youth club, harnessing their energy to improve maternal and neonatal health (MNH) outcomes in Karonga. Through the UK Aid Match programme, the young people have been equipped with the skills, information and resources to bring about change.

Thanks to the support of FOCUS and Christian Aid, the Chisomo youth club have reached over half of the 7,400 young people in their community with their awareness-raising message (3,850 in total, they report).

To change mindsets, they visit communities and reach out to parents and young people, telling them about the importance of educating girls. They do this in a range of ways, including by holding rallies, performing traditional dances, songs and dramas, and running netball and football competitions. In doing so, they can

bring young people together and spread their message.

Youth club chairperson Davie Kitalo, 25, says: 'The [UKAM] MNH project has helped us a lot in different ways: such as training in advocacy, how to educate our friends, how to teach the elders. In 2015 there were lots of girls dropping out of school but in 2016 the number decreased, so it showed us the project helped a lot.'

'We have convinced seven youth – five girls and two boys – to go back to school. We also have 27 more young people who want to go back to school, but the problem is they don't have funds to use as school fees.'

Youth club members have been monitoring their impact. They collected data from the local Rukulu Primary School, which shows that the number of pupils who dropped out fell from 27 in 2015, to just 10 in 2016.

Headteacher Wycliff Mzedi says: 'In 2016, the dropout rate reduced due to Chisomo group campaigns, which talked about dangers of early pregnancies, as well as taking alcohol while still young. Through their drama and role modelling the dropout rate really reduced. They encourage each and every learner to be serious with school, as a key to success.'

Youth club vice secretary Jane Mwangomba adds: 'After the UKAM project interventions, in terms of trainings for youth on issues like sexual and reproductive health, girls have now learnt how to protect themselves from teenage pregnancies and HIV and AIDS, so they are able to remain in school.'

Expressing his thanks for the UKAM programme, youth club chairperson Davie Kitalo says: 'The project is like a key to our community: it has helped us a lot. The project gave us balls, t-shirts and materials. We extend our gratitude to people in the UK – your funds are making a difference to young people here, and also to the community at large.'

As the youth group grows, they have plans for expansion: with the right support, they would like a resource centre, a PA system, microphones, smartphones and laptops.



"A big impact" - how the project is helping to reduce maternal mortality

Seminie Nyirenda (above), Christian Aid Malawi's Senior Programme Officer for Community Health, a former nurse, says:

'From April to September 2016, six months, they didn't have any maternal deaths in the whole of Karonga district, so that just shows the impact the project is bringing.'

The last report that I saw showed that in the same period the previous year, from April to September 2015, they had about 6-8 maternal deaths.

'They reported that they had one maternal death in the community in October 2016, but this was attributed to complications arising from an unsafe abortion. Abortion here is illegal, so women tend to hide and some abort at home. But that's the only one death, from April up until the end of November 2016.'

'With the performance and quality improvement training, they have also seen quite a reduction in terms of infections, and neonatal deaths have greatly decreased.'

In the last quarter they had about five, but this last quarter they only had one neonatal death, so that's quite a big impact."

*NB: Maternal deaths are reported at district level. So all the different health facilities submit their reports to the District Health Office, which has a health information management system and the office compiles one report for the district.

Integrated outreach clinics

Meeting the needs of expectant mothers



A health worker weighs an infant at an integrated outreach clinic in the rural, remote village of Kasimba, in Malawi's Karonga District. The once-monthly clinic serves over 1,300 people, offering key services to mothers, infants and pregnant women. Credit: Christian Aid/Tomilola Ajayi.

Adding value

Joseph Mandera, programme manager for Christian Aid's partner, Adventist Health Services, says:

'On behalf of the staff at Karonga District Health Office and the hospital, we are happy with the partnership and the support Christian Aid is providing. We have seen so much improvement on maternal and neonatal health, and we really thank you for that. We are determined to continue the work.'

'I think our partnership is adding value to the services that Karonga District Hospital is offering. Without Christian Aid's financial and technical assistance, we wouldn't have achieved much. We are celebrating six months without a maternal death and we know this was only a result of the partnership.'

Community-based care

Antenatal nurse Lois Munkhondya kneels on the mattress of a small examination room at a rural health clinic, next to a heavily pregnant woman. With care, she measures the patient's womb with a tape measure (she is at 38 weeks), checks for complications, offers health advice and administers a dose of medication to prevent malaria.

Outside the small room, a group of expectant mothers sit on the floor awaiting their turns. They are all there to see Nurse Lois, who is one of a dedicated team working at the integrated outreach clinic in the rural Kasimba village, Karonga District.

In the room next door, Innocent Linda Mutesah is giving vaccinations to babies, to safeguard them from preventable diseases such as polio,

diphtheria, tetanus, measles and pneumonia. Innocent is a health surveillance assistant (HSA) – HSAs act as a link between communities and the health system. Innocent is one of over 10,000 HSAs in Malawi who are on the frontline of the country's fight against infant deaths.

Innocent says: 'Since we started the outreach it has helped with the increase in the number of women coming for ANC. There has also been an increase in women attending immunisation sessions, as it's reduced the distance they have to travel. Diseases have been reduced among babies: there is also a decrease in deaths of newborn babies. This outreach has helped us a lot.'

Today, there are 75 women at the centre, plus many children: they are served by eight health workers. The

clinic, which opens once a month, is in a hard-to-reach area: the roads are rough and the area is remote.

With the nearest health centre 5 km away, in Mlare, the outreach clinic ensures that infants, mothers and pregnant women receive medical attention quickly, within walking distance of their homes. It serves a catchment area of over 1,300 people, and is run under the auspices of the Mlare health centre.

An integrated facility

As an integrated facility, the Kasimba clinic offers several services. As well as vaccinations and ANC appointments, the project also offers HIV testing and counselling (HTC) for pregnant women, malaria testing, postnatal care, under-fives check-ups (including weighing), distribution of vitamins, modern family planning methods and advice. It also provides mosquito nets to pregnant women (provided by US donors).

Each clinic opens with a health talk from nurses, given to the pregnant and new mothers who sit on mats in the sun with their babies, on the floor outside the building.

Two-month old Joseph Mwangi is waiting to be seen. His mother Maisie Karango, 21, has brought him to be immunised, and also to be weighed. Maisie says: 'It's important to go with your child to growth monitoring clinic, because when they happen to be sick, the doctors follow up. And I am also able to access other services.'

'Because of this assistance I am very happy. Mlare is very far, but this is close: it has helped me to save money on transport. Before, when we went to the nearest health facility in Mlare, we had to pay for a minibus, and also I had no time for other activities.'

The Kasimba outreach clinic is one of 15 integrated outreach clinics in hard-to-reach areas being run by Christian Aid's UKAM programme across the district. Implemented by partner Adventist Health Services, it is helping to increase demand, access and uptake of quality and skilled maternal and neonatal healthcare service in the

region.

Obstacles overcome

Traditional leader Santiera Mwambelo, the 'group village headman' for Kasimba, remembers a time when things were more difficult. 'Before we had a big problem: the nearest clinic before this one was almost more than 5km from here,' he says.

'Access to drugs was a problem when people were sick. We had frequent deaths, especially with pregnant women, or from malaria. If a child had caught malaria and we wanted to seek help at night time, with long distance you'd find that in three hours' time you have lost the child.'

'When a child was sick, we had to use an ox-cart to get them to the nearest health facility. Similarly, with pregnant women that's what used to happen. During night time, it was not an easy task to transport a woman to a health facility using an ox-cart: it would take almost four hours to get there.'

Santiera says the Kasimba outreach clinic has made a big impact: he lists benefits such as 'timely treatment' and the 'improved health status' of local people. He says: 'Women are able to attend antenatal clinics right here: within a short period the mother is home and able to carry out domestic chores that are needed throughout the day.'

As part of the programme, integrated outreach clinics are given a supply of petrol, to facilitate access around the community.

District Nursing Officer Maloni Nyirenda, based at Karonga District Hospital, describes the outreach clinic as one of the UKAM programme's 'innovations'. He says: 'Some women are coming from some very hard-to-reach areas where it's very difficult for us to get to, but with the project's support we are able to reach mothers and children in those areas.'

'At the integrated outreach clinics, we are able to see [pregnant] women early: if they are facing any problems we are able to isolate those issues and deal with women there and then.'



The Difference Made

Crucially, the outreach clinic also offers family planning services, so that women – and their partners – have access to the knowledge and information needed for them to make fully informed choices about their fertility. In already poor households, large family size and insufficient time between having one child and the next have negative impacts on the health of women, as well as on the overall productivity and resilience of those households.

Family planning counsellor Precious Siliwonde (pictured) spends her time traveling to different outreach clinics in Karonga, including the Kasimba clinic. Christian Aid and AHS support her with petrol, to assist with transportation, and with lunch costs.

Commenting on the difference the clinic makes, she says: 'Now, the women know the importance of family planning, because when they are given the dates to come [for an appointment] they come.'

'At least they have got space, now, to decide how often they have children – and they have the choice to rest three or four years between pregnancies. It's our community, so we have to support them: we know we are making a difference with our service and it is really making an impact on them.'

However, there remain some challenges. The clinic has no electricity, and just three small rooms: one for immunisation and family planning sessions, one for HIV and ANC appointments, and the waiting area. There is very little furniture.

Precious Siliwonde says: 'It is small. We need one room for family planning, one room for ANC, one room for HIV testing and counselling, and one room for under-five check-ups.'

Fighting maternal deaths

Improving maternal and neonatal health



Nurse Wezzie Msowoya stands on the post-natal ward at Karonga District Hospital, Malawi, where she works. Together with other healthcare personnel at the hospital she was trained in Basic Emergency Obstetric and Newborn Care. Credit: Christian Aid/Tomilola Ajayi

Word from our staff

Seminie Nyirenda, Christian Aid Malawi's Senior Programme Officer for Community Health, a former nurse says:

'From the stories I'm learning from the beneficiaries, I have seen that there is a great impact. Things are changing: they had no maternal deaths in six months in Karonga, which is a very big achievement in terms of impact. That has happened because the UKAM project provided the resources.

'We know there are some other partners who are also working in the same field, who might have also contributed, but mostly we are talking about UKAM. We want to express our appreciation to the UK government for this support.'

What we are doing

The fight to improve maternal and neonatal health (MNH) in Karonga during the course of the UK Aid Match programme in Malawi, is a multi-purpose one, bringing together a whole range of resources, approaches and people.

One of the key weapons on the frontline of this battle for safe motherhood is Karonga District Hospital (KDH).

Built in 1995, KDH is the main health facility serving this rural district of northern Malawi. It serves a catchment area of over 325,000 people and is a referral hospital for the entire district, and its 18 peripheral health facilities.

As a critical stakeholder in the UKAM programme, KDH is on the front-line

fight against maternal and neonatal deaths. It is at KDH that UKAM's biggest success so far has been registered: between March and September 2016, there were no maternal deaths recorded in the district. This is a remarkable achievement.

Decline in maternal mortality

Joseph Kasililika, Safe Motherhood Coordinator for Karonga District, explains: 'According to our report, from March to September 2016, we didn't register any maternal deaths. In total, we had six months with no maternal deaths registered. This is very unusual, it's a very big success. And there was only one death in October, due to complications arising from an abortion. We are glad to report that from July up to November [2016], we have only registered one maternal death.'

District Nursing Officer Maloni Nyirenda, based at KDH, adds: 'The numbers of women that are dying is going down. In the last fiscal year (2015/16), we had 11 maternal deaths, the previous year we had 13, and the previous year we had 21. The numbers are going down.'

This is no little achievement, in a country where maternal and neonatal mortality rates continue to be a challenge. It is no surprise, then, that staff at the hospital point to Christian Aid's UKAM programme as one of the factors contributing to this unprecedented result.

One of the standout interventions, delivered by Christian Aid's partner Adventist Health Services (AHS), has been the training of 30 maternity healthcare personnel at KDH in Basic Emergency Obstetric and Newborn Care (BEmONC)

BEmONC is a package of medical interventions that can treat life-threatening complications during pregnancy and childbirth. When healthcare workers receive this training, it can mean the difference between life and death.

Impact of training

'Before, we were not able to do certain things. For example: helping babies to breath; manual removal of placentas; managing post-partum haemorrhages, when women bleed heavily after giving birth; doing breech deliveries, when the babies come out feet first,' explains KDH nurse Wezzie Msowoya, who was one of the trainees.

'After the training, I can competently do those things. If a woman came with retained placenta, I can manually remove it, and I can manage a baby who is born with asphyxia, a condition that results from a lack of oxygen, which affects their breathing and can have serious consequences.'

Wezzie is jointly responsible for a small neonatal nursery: located next door to the post-natal ward, it is a dedicated space for the care of babies suffering from complications. It was as a result of the BEmONC training that

the hospital decided to create the nursery and assign two nurses to take care of it.

On average 3-4 new-borns are looked after each day in the nursery, which KDH nurse Salim Yussuf says is helping to reduce neonatal death rate.

He says: 'In the past we just put all the babies together. Now, with the improvised nursery we are able to group babies according to their conditions, whether it's sepsis, fever or breathing problems. So, this has also reduced the number of deaths.'

Commenting on the BEmONC training, Salim adds: 'This training has helped to reduce the number of referrals: consequently, it has reduced the number of maternal deaths. In maternity we're concerned with time: delays increase the risk of maternal deaths. But this training means women are attended to quickly.

'The improvement has been tremendous. Initially, we had unnecessary deaths, because some of them were preventable. This was due to lack of knowledge from some nurses and clinicians. But this training has empowered them: it has enriched them with the necessary information and knowledge for caring for these babies.'

Joseph Kasililika, Safe Motherhood Coordinator for Karonga District, says: 'This project has really brought significant changes. The training really assisted us in alleviating some of the problems we're experiencing, in terms of obstetrics complications relating to maternal deaths.

'We have also been able to train around 175 healthcare surveillance assistants [community health workers] in community-based maternal and newborn care, so they can visit the women at home and assess their complications, but also encourage them to start ANC – so this has also helped us to also deal with issues at an early stage.'



Ambulance Support

Karonga District Hospital has three working ambulances: one of which was donated by the UKAM programme, to be solely used for maternal and child health. The project is also providing petrol and maintenance for the ambulance, and to enable staff to assist women in hard-to-reach areas. Patient trolleys, wheelchairs and an ultrasound machine are among the other equipment provided.

One Malawian mother helped by the provision of such resources is Rose Mwanberhire who gave birth safely to baby Josephine in November 2016. Rose initially delivered her baby at a rural hospital, but her condition became life-threatening when she developed a post-partum haemorrhage and began bleeding. After the rural hospital team were unable to intervene, they called an ambulance to bring her to the district hospital.

At KDH, Rose was taken to theatre, treated and given a blood transfusion. 'This was an emergency,' says Isaac Phiri. 'Any delay might have led to the loss of the mother's life. But because of the capacity building, health workers we were able to intervene on time. Due to the fast referral, the donated ambulance and fuel - that's why the mother and baby are alive.'

Karonga District Nursing Officer Maloni Nyirenda, based at Karonga District Hospital, adds: 'Our government is going through economic problems and funding for our health services is a big problem. For us to pick up a pregnant woman who was at one of our furthest health facilities, it was indeed very difficult. Now that Christian Aid gave us an ambulance – and on top of that, fuel every month – it means picking up patients is not an issue now.'