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HELPING MOTHERS SURVIVE IN MALAWI

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Maternal Mortality in Malawi

- Malawi is one of the SSA countries which have highest maternal mortality in the world.
- Motherhood in Malawi is not safe as large number of mothers die due to pregnancy and its related complications
- According to MDHS 2010, in Malawi 675 women die in every 100,000 live births
- Each year about 3,749 mothers die due to pregnancy and its related complications
- Every day 10 mothers die due to pregnancy and its related complications

Major causes of Maternal Mortality in Malawi

- Five major causes of maternal mortality in Malawi are as follows:
 - Post-Partum Haemorrhage (PPH): 34% Post-partum
 - Sepsis: 17.8%
 - Ruptured Uterus 11%
 - Severe Pre-eclampsia and eclampsia: 9.6%
 - Complications of abortion 7%
- Note these figures are as of 2010 and might have changed

HMS in Malawi

- After Jhpiego in conjunction with Laerdal, designed Bleeding after Birth (BAB), the first module in the Helping Mothers Survive training series to help prevent deaths from postpartum hemorrhage, Malawi was chosen as one of the countries where HMS was piloted in April, 2012
- BAB a one-day workshop designed to build the capacity of frontline health providers who attend births was conducted to midwives from urban and rural facilities in one of the districts in Malawi.

ROLL OUT TO DISTRICTS

- District staff were identified to be trained as trainers and in each of the 15 districts, 4 participants were identified and have been trained.
- The trainers have been trained to train others on HMS and do coaching and mentoring using Low Dose High Frequency practice session approach
- They also developed action plans on initial trainings and LDHF practice sessions for each of the 15 districts that SSDI-Services is working in

TRAINING OF DISTRICT TRAINERS



DISTRICT BASED TRAININGS

- Malawi approached HMS in a slightly different way due to resource constraints
- Providers were trained at one point then followed up to their facilities using LDHF practice integrating into the already existing platform of mentoring
- This ensured that HMS does not come as a vertical program but is part of the already existing efforts to improve skills of providers through coaching and mentoring which SSDI-Services is emphasising on.

TRAINING OF DISTRICT PROVIDERS



LESSONS LEARNT

- The most outstanding lesson from these trainings is that providers in Malawi have a lot of knowledge on management of PPH but the skills need to be updated so this approach offers a good hands on skills update and skills enhancement in management of PPH.

Lesson's learnt cont'

- This is because even those who scored 100% on pretest knowledge assessment had some or most of the skills requiring updating in management of PPH.
- Therefore mentoring and coaching of providers using MamaNatalie will go a long way in improving the skills of providers in PPH management

ACHIEVEMENTS

- Malawi piloted HMS training materials hence policy environment conducive to roll out with Ministry in full support of the initiative
- Involvement of KCN as an opportunity for inclusion of HMS in pre-service.
- Malawi has a pool of trainers who facilitated the training of district trainers,

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- More than 60 HMS district based trainers have been trained at least 4 per district
 - Two districts have already conducted district based trainings which will be followed by LDHF practice sessions (each district training 40+ providers)
 - HBB has been synchronised with HMS in one of the districts and more districts plan to do the same.

CHALLENGES

- MamaNatalie sets and accompanying materials are still not sufficient to cover all the districts which have been trained (at least every facility needs 1 MamaNatalie set)
- In districts where staff have been trained in HMS there is still a challenge with referral for advanced care

WAYFORWARD

- SSDI-Services is in the process of procuring more MamaNatalies at least 2 per district but there is need to have more to ensure each facility has a MamaNatalie
- SSDI-Services is assisting districts strengthen referral system through improving communication among facilities