

Improving Maternal and Newborn Health in Malawi Communities

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ACCESS PROGRAM GOAL

Accelerate the reduction of maternal and neonatal morbidity and mortality towards the achievements of the Millennium Development Goals (MDGs)

ACCESS PROGRAM OBJECTIVE

Increased utilization of MNH services and practice of healthy maternal and neonatal behaviors

COMMUNITY LEVEL RESULTS

- Increased adoption of household behaviors that positively impact the health of mothers and newborns
- Increased availability of community-based MNH services through Health Surveillance Assistants

ACCESS PROGRAM: COVERAGE

- 4 of 28 Districts: (Rumphi, Nkhotakota, Machinga and Phalombe).
- 12 of 66 Health Centres in four focus districts
- Population coverage: 232,326 (30% of total population for the 4 districts)



Programs

- Performance and Quality Improvement in Reproductive Health (PQI/RH) at Hospitals
- Focus Districts*: Community + PQI/RH at Hospitals + PQI/RH at Health Centers
- 🏫 Preservice training institutions
- 🐨 Kangaroo Mother Care

Notes: Malaria in Pregnancy and PQI for Infection Prevention in all Districts.

Preservice includes training of tutors and preceptors in BEmONC and clinical and teaching skills.

* Focus districts are districts where ACCESS is implementing key Maternal and Newborn health interventions at the community and facility level to strengthen the household to hospital continuum of care.

Coverage of Malawi ACCESS Program

THE COMMUNITY MNH MODEL COMPRISES OF 2 INTERVENTIONS:

Intervention 1: Community MNH Package

Health Surveillance Assistants (HSAs/Community Workers) are trained to conduct 3 home visits during antenatal period (one per trimester) and 3 postpartum home visits in first week. During the home visits, HSAs provide health education and counseling to spouses and family members on family health, birth preparedness, complication readiness, newborn care, PMTCT, screening for danger signs, motivate and encourage health facility delivery and postnatal care; and refer any abnormal finding to health facility

Role of both male and female HSAs in CMNH Package



The Community MNH package

- Counseling
- Health Education
- Birth preparedness/ Complication readiness
- Screening for danger signs
- Referring for health facility services
- Both male and female HSAs are accepted by the community

Intervention 2: Community Mobilization



Antenatal Home visit

HSAs are trained to establish "core groups" known as *Community Action Groups* of MNH champions in the community to lead in mobilizing their communities to practice healthy MNH behaviors

IDENTIFYING COMMUNITY MNH PROBLEMS



A Community Action Group (CAG) in action

- Self selection, some selected by the community
- HSAs assist CAGs to lead in community mobilization

- CAGs identify MNH problems and set priorities, plan for interventions, implement, monitor and evaluate (using the Community Action Cycle)

THE COMMUNITY ACTION CYCLE



ACHIEVEMENTS: WORKING IN COLLABORATION WITH MOH

- National Community Based Maternal & Newborn Health (CBMNH) package; and Community Mobilization (CM) training manuals developed, printed, distributed and are currently in use
- 200 District Executive Committee members (50 per district) and 120 health care workers (30 from each district) oriented on the CBMNH Model
- 300 Community Leaders sensitized on the CBMNH Model
- 163 health extension workers (Health Surveillance Assistants) and 18 supervisors trained in the CBMNH Model
- Developed National MNH IEC materials:
 - Focused antenatal care (FANC);
 - Dangers of taking traditional herbs to facilitate labour
 - Nutrition
 - Care of the Newborn
- 145 Community Action Groups (CAGs) established and took the lead in mobilizing communities for MNH using the Community Action Cycle (CAC)

RESULTS IN TARGET CATCHMENT AREAS



One Community Action Group (CAG) members showing their work plan

- Recorded 1,881 antenatal home visits
- Recorded 1042 postnatal home visits
- From 1,881 ANC home visits, 9% conducted in first trimester; 47% and 18% in second and third trimester, respectively.
- 18% antenatal mothers exhibited danger signs
- 64% counseled on Family Planning (FP) before delivery
- 65% prepared a birth plan.

- 73% counseled on PMTCT
- 50% got tested after HIV counseling
- 71% pregnant women delivered with the assistance of a SBA
- 86% counseled on FP after delivery
- 79% postnatal check up by Nurse Midwives
- 5% identified as low birth weight (<2500g)
- 6% of newborns exhibited a danger sign on the first home visit, declining to 1.0% by the third visit;

CHALLENGES



CBMNH postnatal home visit

- Shortage of staff in the health centers resulted in task-shifting of work to the HSAs.
- Lack of transport for HSAs: difficult to visit a woman timely within 24 hours of delivery in the community.
- Documentation by HSAs was a challenge

LESSONS LEARNED



Happy moments: Community Action Group receiving visitors in their village

Involving males in MNH can save a lot of lives

Success Story:

- Mrs. Naisi saved from a terrible attack of Malaria in pregnancy.
- Baby Khadija survived.
- Thanks to the fast response of Mr. Naisi after learning from a visiting HAS on the dangers of fever in pregnancy
- Communities appreciate problems when involved in identifying and finding solutions to solve them
- Involving community leaders as gate keepers is key to community MNH success
- Coordination among MNH partners and MoH is essential for streamlining the job of HSAs to ensure continuum of care



Maternal and Child Health Integrated Program

