

Women and Children First

Improving maternal and newborn outcomes in Ntchisi District, Malawi



Communities supported
320
Lives saved
156
Women, children and adolescents benefiting
47,665

Problem

At the time of the project Malawi had a newborn mortality rate of 22 / 1000 live births and a maternal mortality rate of 510 / 100,000 live births.

Approach

WCF MNH tool

- 320 groups established with 9,146 members
- Developed local answers including: emergency funds; income generation and sharing; community distribution of FP and bednets; lobbying CHWs to provide health education;

lobbying for provision of outreach clinics; vegetable gardening and sharing.

Quality improvement (QI)

- 15 QI teams formed at all maternity facilities - designing and running projects to improve service quality

Advocacy

- Groups and project staff routinely shared evidence from the project and lobbied with key decision-makers

Results

- Improvements in care-seeking: attending 4 or more antenatal care appointments (increase of 18%), delivery with a skilled attendant (18%) and seeking postnatal care within 7 days (20%)
- For home deliveries large improvements in safe

newborn care: 75% of babies have nothing applied to the cord after birth (49% at baseline) and 59% delay bathing for more than 24 hours after birth (21%)

- Large improvements in service quality: 94% of facility births adhered to neonatal sepsis (55% at baseline) and 92% adhered to partograph protocols (50%) and reduced maternal and neonatal case fatality rates.
- Large improvement in knowledge of decision-makers about MNH needs of communities (50%)

Lessons learned

- Funds, formed by groups to solve MNH problems, motivate membership and can sustain groups beyond the end of project funding

www.womenandchildrenfirst.org.uk

Partner

MaiKhanda Trust

Funder

Comic Relief £1,078,866)

Dates

2014 – 2017

Project population

227,735

Ntchisi District, Malawi



Figure 1: Care-seeking practices

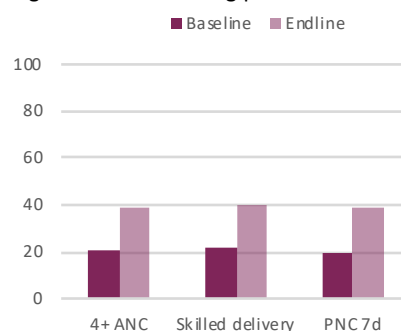


Figure 2: Home-care practices

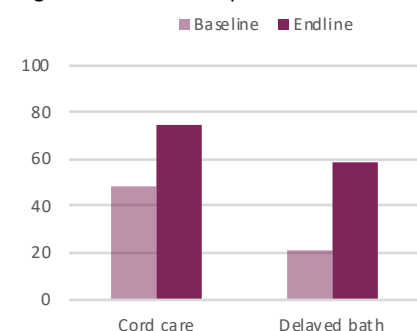
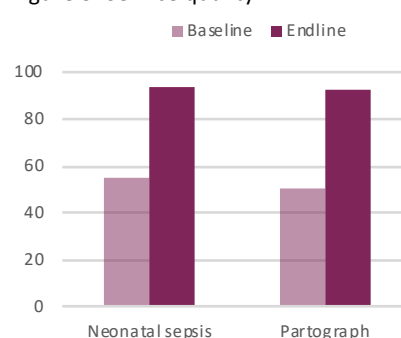


Figure 3: Service quality



MNH group member

“Overall, women are now proudly able to do other development activities such as backyard gardens and group funds compared to previous times when women could spend more time taking care of pregnancy and newborns. Many people have acquired knowledge and skills through the project and are able to easily access MNH services at nearby health centers.”