



SMP HEALTH LINKS FORUM

10TH FEBRUARY 2015, EDINBURGH CITY CHAMBERS

Attendees:

Name	Organisation	Email
Sam Abrahams	First Aid Africa	samabrahams@firstafrica.com
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Gary Brough	EMMS International	gary.brough@emms.org
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Isa Uny	Queen Margaret University	IUny@gmu.ac.uk

Click [here](#) to download the slides from the Health Forum meeting.

SECTION ONE: FLOODING IN MALAWI AND SCOTLAND'S RESPONSE

HEADLINES:

- 1.15m people affected
- 336,000 displaced in the 3 most affected districts (Chikwawa, Nsanje and Phalombe)

- 104 deaths
- 645 people injured
- 172 missing in Nsanje
- 15 Districts affected
- 63,976 hectares of land flooded

COORDINATION STRUCTURES AND PLANS:

National level:

- Department of Disaster management Affairs (DoDMA) is leading the response
- Emergency Operations Centre set up by UN Office for the Coordination of Humanitarian Affairs (OCHA) and UNDP (linking together DFID, UN agencies, other large donors)
- The Malawi Defence Force and Malawi Police Service have been support coordination and operations
- Government of Malawi Response Plan 22nd January 2015
- Copy of latest reports available at <http://reliefweb.int/country/mwi>

Regional level:

- Emergency Operations Centres in Blantyre, Chikwawa, Nsanje and Phalombe

District level:

- District Commissioners responsible at district level
- Working with agencies like UNICEF, WFP and WHO to deliver emergency aid and support IDPs

International level:

- Briefing to UN Member States in New York, 4th February 2015 urging international community to consider giving more to address needs in Malawi
- UN Disaster Assessment and Coordination (UNDAC) team in Malawi
- IFRC sent a Field Assessment Coordination Team

FINANCIAL CONTRIBUTIONS:

GoM estimates \$81m required

- \$2.8 million from variety of donor countries (including Scotland)
- \$5million from DFID
- \$2 million for Royal Norwegian Embassy
- \$600,000 from World Bank -- emergency rehabilitation of roads
- ??Appeals run by other charities

The Government of Malawi still running short of their target.

SITUATIONAL RESPONSE NEEDS:

The DoDMA situational reports give an outline of needs, response and gaps/constraints.

- **Shelter and camp management:** The relocation of IDPs out of schools into adjacent sites is causing many challenges related to the insufficient shelter, no access to clean water and sanitation and hygiene issues, and protection concerns for the students.
- **Education:** 415 schools have been affected i.e. damaged, flooded or being used by displaced communities as shelter and approximately 350,000 learners are affected. Out of the 415 schools, 181 are currently being used as relocation sites for internally displaced persons who have lost their homes and out of the other 234 affected schools 40 are currently inaccessible. The most affected is Phalombe where 37 schools have been damaged.
- **Food security and agriculture:** Using initial estimates, the total estimated requirement is 26,000 MT at an estimated cost of US\$ 17.9 million, including the associated logistics costs. On 4th Feb WFP announced they had reached nearly 210,000 people with more than 1,500 metric tons of food, but still a gap in funding and provision.

- **Health:** inadequate access to sanitation and stagnation of water near the sites poses a risk of communicable diseases outbreaks such as cholera and malaria (Also reports of scabies, ringworm and eye infections from some of members' partners).
- **Nutrition:** need for close monitoring of the nutrition status of under-fives, pregnant and lactating women in the displacement sites through regular screening to ensure provision of appropriate response.
- **Protection:** congested mixed gender shelter set up in some sites and inadequate lighting
- **Water, sanitation and hygiene:** Provide basic water, sanitation and hygiene supplies and equipment, which include chlorine/water purification tablets, plastic sheeting, and soap water testing kits (to the estimated 14,000 households/ 70,000 people), including kits for immediate repair of water installations (piped water supply systems, hand pumps and springs) at institutional and community level. WASH partners providing temporary latrines, and other WASH emergency activities.

Impact of flooding		
Short-term:	Medium term:	Long term:
Drowning	Displacement	Loss of housing and land
Lack of clean water	Damaged crops – food security	Infrastructure: transport, electricity, water, communications
Lack of food supplies	Water-borne diseases: cholera, diarrhoea, Malaria	Economy
Shelter		Livelihoods

SMP PRIORITIES:

1. DISSEMINATE NEWS AND INFORMATION TO MEMBERS ABOUT THE LATEST SITUATION ON THE GROUND IN MALAWI:

- Signposting to media/social media and our members' partners' own experience on the ground
- This is being done through our weekly members' bulletin, website and via social media.

2. PROVIDE INFORMATION ABOUT CHANNELS THROUGH WHICH MEMBERS CAN DONATE

- Both our own members who have set up emergency funds themselves and national/international funds like UNICEF, Islamic Relief, etc

3. PROVIDE ADVICE ON HOW MEMBERS CAN EFFECTIVELY SUPPORT THEIR PARTNERS IN MALAWI

- Ensuring they are working within their capabilities and are effectively coordinated with, and complimenting, the national effort of the GoM, the UN and DFID.

4. RAISE AWARENESS OF THE FLOODS IN THE UK/SCOTTISH MEDIA.

- For example:
 - www.dailyrecord.co.uk/news/uk-world-news/scots-charity-responds-malawi-government-5002216
 - www.heraldscotland.com/news/world-news/malawi-floods-toll-triples-to-176-x.116352250
 - www.bbc.co.uk/news/world-africa-30874965
 - www.bbc.co.uk/news/world-africa-30820220

5. WORK WITH DFID AND THE SCOTTISH GOVERNMENT TO ENSURE A PROMPT AND EFFECTIVE RESPONSE FROM BOTH GOVERNMENTS.

- DFID
 - Regular updates with DFID in London
 - David met with DFID Malawi Jan 2015
 - DFID recognised special relationship and concern between Scotland and Malawi: www.gov.uk/government/news/flooding-in-malawi)

- Scottish Government:
 - £150,000 from Scottish Government for flood relief in Malawi
 - £120,000 to UNICEF Malawi
 - £30,000 to SMP members working in the affected areas (F.R.O.M Malawi, Scotland Malawi Foundation, EMMS International, Church of Scotland World Mission Council and Children's Medical Care Malawi).
- See SMP Flooding Assistance Announcement for further info

SHARING LESSONS IN PARTNERSHIP: FLOOD RESPONSES

Click [here](#) to download the power point presentation from EMMS International outlining their flood response.

Click [here](#) to watch the video of Dr Ann Phoya, President of the Association of Malawian Midwives, speaking about the health impacts of the floods.

VSO explained they have been working closely with MSF in Malawi, with a number of their volunteer nurses redeployed to help with the flood efforts.

Action point: SMP to continue sharing information from members on relief effort via the bulletin, social media and at SMP events.

Action point: SMP to find out about government policy on the import of goods in the context of a disaster situation.

SECTION 2: HEALTH RESEARCH IN PRACTICE

Click [here](#) to download the power point presentations on the following topics from students at Queen Margaret University:

- Blessings Kachala: PhD on elderly carers of orphans in Malawi
- Roseby Phalula: MSc on male involvement in loss in in childbearing in Malawi
- Isa Uny: PhD on changing role of TBAs in maternal health in Malawi

SECTION 3: UPDATES AND INFORMATION

SCOTTISH GOVERNMENT FUNDING:

On the 28th January 2015 Humza Yousaf MSP (Minister for Europe and International Development) announced the Scottish Government is investing more than £9 million to fund 20 projects in Malawi as part of its Malawi Development Programme (2015-18).

£9,245,384 has been made available for a range of organisations, and with the move to triennial funding for the Malawi programme, the grants cover projects over the next three years.

Malawi Funding Round 2015-18: Project Breakdown according to Strands:

Project Focus:	Total
Health	£2,261,708
Education	£2,651,737
Civic Governance	£987,827
Renewable Energy	£2,146,710
TOTAL	£9,245,384

The projects funded in the Health Strand include:

Organisation	Project Manager (Scotland)	Contact email	Project	Funding
Christian Aid Scotland	Keryn Banks	KBanks@christian-aid.org	Increasing Citizen's Demand for Accountability and Transparency for maternal and child health	£600,000
Meningitis Research Foundation	Mary Millar	MaryMillar@scotland-meningitis.org.uk	Triage and treatment, training and engagement. A package for sustainable healthcare improvement in Malawi's primary health clinics	£594,899
NHS Lothian	Ewen Brown	Ewan.Brown@nhslothian.scot.nhs.uk	The Edinburgh Malawi Breast Cancer Project	£185,340
Yorkhill Children's Charity	Shona Cardle (CEO)	shona.cardle@yorkhill.org	Improving Eye Health and Reducing Unnecessary Blindness in Malawi	£173,355
University of Strathclyde	Carol Clements and Sandy Gray	c.j.clements@strath.ac.uk or a.i.gray@strath.ac.uk	Impact on malaria, maternal health and the prognosis for AIDS by Quality Assurance Knowledge exchange and training	£275,918
Robert Gordon University	Tracy Humphrey	t.humphrey1@rgu.ac.uk	Improving Respectful Midwifery Care in Rural Malawi: A Human Rights Approach	£432,196
				TOTAL: £2,261,708

The Scottish Government has worked closely with the Government of Malawi to ensure that the projects receiving funding align with Malawian priorities and needs, and contribute towards targets set in the Millennium Development Goals. This funding is in addition to the £150,000 in emergency aid given by the Scottish Government for flood relief last week, which was channelled through UNICEF Malawi and a number of Scottish-based organisations working with partners in affected areas.

For further information and the full list of organisations and programmes funded through the Malawi Development Programme visit: www.scotland.gov.uk/Topics/International/int-dev/Maps/Malawi/2015projects

NHS WORK:

Since the last Health Forum meeting the SMP has received 2 letters from the Scottish Government regarding support for health professionals wanting to volunteer internationally.

The letters outline the government's commitment to keep the health forum in the loop regarding the development of guidance by health officials, but as yet there hasn't been much detail of what the guidance includes, where it will be made available, etc.

It was proposed at the meeting that, as this item has been on the agenda for almost 2 years and progress has been slow, the SMP will try to get some clear response from Scottish Government health colleagues by the Spring.

Action point: SMP to contact SG international development team and health colleagues for details of health guidance given to volunteers, and ask for reply by end of March.

FUNDING NEWS:

THET: Start-Up Grants

Funding Available: £3,000 - £7,000 for up to nine months

The core requirements for Start Up grants are:

- Applications must be made by eligible institutions
- Partnerships must be operating within low- or middle-income countries
- A representative from the UK Partner must have attended an “Introduction to Partnerships” webinar
- Applicants must show demonstrable commitment to forming a Partnership
- A needs assessment must be completed by the end of the funding period (if not already in place)
- A formal or informal MOU is strongly recommended as part of the activities

www.thet.org/health-partnership-scheme/news/start-up-grants-funding-update

The Global Innovation Fund:

The Global Innovation Fund invests in social innovations that aim to improve the lives and opportunities of millions of people in the developing world.

Funding from £30,000- £10 million, available through grants, loans and equity investments.

www.globalinnovation.fund/

MASP SYMPOSIUM 2015- INPUT FROM HEALTH COLLEAGUES IN MALAWI:

David offered a brief update on the input from health colleagues who attended the Malawi Scotland Partnership Symposium at the end of January in Lilongwe.

TOP CHALLENGES FOR HEALTH:

Challenge	Health	Education	Sustainable Economic Development	Governance and Civic Society	Total
Lack of leadership / poor governance	9	0	2	2	13
Staff shortages	8	0	1	0	9
Staff retention	6	0	0	0	6
Other cultural factors / behavioural change / negative attitudes	5	10	2	1	18
Project timescales	4	2	1	1	8
Staff Skills Gaps	4	0	0	0	4
Allowance Syndrome	3	0	1	3	7
Drugs shortages	3	0	0	0	3
Lack of accommodation	2	3	0	1	6
Challenges working with Government	1	0	1	7	9
Security	0	0	0	1	1
Coordination	0	5	9	12	26

Lack of funding/shortage of resources	0	7	7	1	15
International Partnerships	0	5	9	0	14
Economy	0	0	10	0	10
Youth unemployment	0	5	4	0	9
Local partnerships / collaboration	0	2	6	0	8
Training	0	1	7	0	8
Monitoring, Evaluation and Learning (MEL)	0	2	1	4	7
Engaging Government policy	0	4	3	0	7
Lack of vehicles	0	0	4	2	6
Poor quality teaching	0	6	0	0	6
Lack of capacity	0	1	5	0	6
Gender inequality	0	3	2	1	6
Poor infrastructure	0	1	1	3	5
Geography	0	1	2	1	4
Poor educational infrastructure	0	4	0	0	4
Poor early childhood development	0	3	0	0	3
Issues with funders	0	0	3	0	3
Affordability of services	0	0	3	0	3
Soil quality	0	0	1	2	3
Lack of inclusivity	0	3	0	0	3
Sustainability	0	1	0	1	2
Illiteracy	0	0	2	0	2
Communication	0	0	2	0	2
Research	0	0	2	0	2
Natural environment	0	0	2	0	2
Micro-finance	0	0	2	0	2
Lack of core/admin funds	0	0	0	1	1

Lack of leadership / poor governance:

(13 comments)

- “True leadership. Understanding the qualities of a good leader: visionary, wise, listener” [CG&S]
- “Absence of leadership and support from DHO” [H]
- “Effects of governance issues on implementation” [H]
- “Behaviour change at all levels!” [H]
- “Leadership not taking a role in moving forwards. Lack of initiative. Hand out mentality. Allowances” [H]
- “Not many women taking leadership roles in cooperatives affecting governance of cooperatives” [SED]
- “Limited participation of women during meetings” [SED]

Experience on this:

- “Lack of consistency in approach at all levels. Chasing allowances. Participation of government staff is different” [H]
- “Implementing a project with buy-in and involvement of all staff members requires a leader (in-charge) to be there to encourage, support and enforce. The in-charge is so often absent – this affects the dynamics, hierarchy and responsibility. DHOs need training.” [H]

Proposed solutions:

- “Leadership and good governance training” [CG&S]
- “Empower clinic in-charge improve management skills. Turn them into leaders!!” [H]
- “Improved communication. Networking at all levels” [H]
- “Commitment from all organisations, government etc on acceptable rates for attendance at trainings, activities etc. Consistency of approach.” [H]

Staff shortages:*(9 comments)*

- “Staff shortages at health centres” [H]
- “Shortage of staff” [H]
- “Staffing work schedules and shortage of staff” [H]
- “Work overload at both hospital and health centres” [H]
- “Lack of human resource” [SED]

Experience of this:

- “Work schedules: Nurses use day duty roster when off duty locums not provided in project budget – hence clients are sent back” [H]
- “Demand to increase the number of student intake calls for more tutors” [H]

Proposed solutions:

- “Training more staff (VSA providers) (Health workers)” [H]
- “Recruitment of more staff by increasing staff established in training institutions” [H]

Staff retention:*(6 comments)*

- “Staff retention” [H]
- “Staff retention” [H]
- “High staff turnover in health centres” [H]

Experience on this:

- “Trained staff but within 8 months 2 left the facility – training cost half a million MK” [H]
- “Difficult to retain staff because of the limited incentives that the institution/project provides to staff members. Need more net income” [H]

Proposed solutions:

- “Train all staff as providers” [H]

Other cultural factors / behavioural change / negative attitudes*(18 comments)*

- “Little or no repayment culture” [SED]
- “Lack of trust in new technology” [SED]
- “Harmful cultural practice affecting the health of women and girls. Hidden TBAs/house delivery. Traditional practices resulting in high teenage pregnancies and high malaria.” [CG&S]
- “Behaviour change at all levels!” [H]
- “Lack of understanding of the local organisational culture and management style” [E]
- “Parents negative attitudes to girls” [E]
- “Inclusive education preached but not implemented” [E]
- “Negative attitudes” [E]
- “Negative attitudes” [E]

Experience of this:

- “We see this as we do our training” [E]
- “SNE not aware of the SNE allocation at the DEM office . Limited decentralisation of inclusive education. Lack of inclusive education plan/strategy” [E]

Proposed solutions:

- “People should understand the problem and it should be a team effort to make the change” [H]
- “The duration of the project should be long enough to make people change their mind-sets / harmful cultural practices as long as five years onwards” [H]
- “Provide psychological guidance and counselling on effects of behaviours” [H]
- “The approach on behaviour change can determine how the message will be received by the people e.g. if you go through their leaders in the community they will listen more than to a stranger” [H]
- “Development projects need to be bottom to top not top to bottom” [E]
- “Sensitisation campaigns” [E]
- “Reforms in the SNE depart under the M&E to ensure effectiveness and decentralisation” [E]

Project timescales:*(8 comments)*

- “Need longer-term projects, 5-7 years” [CG&S]
- “Timeframe for implementation – evidence of impact” [H]

- “Delay in grant approval – affecting gantt charts – only working with farmers for 2 growing seasons instead of 2” [SED]

Experience:

- “Effective formative base for project took one year then six months to develop action plans. Now capacity building but little time left to really demonstrate effective change” [H]

Proposed solutions:

- “The duration of the project should be long enough to make people change their mind-sets / harmful cultural practices as long as five years onwards” [H]
- “Promotion of projects with Strand Leads to improve dissemination and integration of –lessons learnt – scale up etc” [H]
- “ Implementation period for projects – longer time is needed for sustainability” [E]
- “Diversify income streams – don’t rely on one source of income” [E]

Staff Skills Gaps:

(4 comments)

- “Knowledge gap for some key medical staff i.e. HSAs who come into contact with children about disabilities” [H]

Proposed solutions:

- “Got to consider adding a topic on Disability for the HSAs course” [H]
- “College level curriculum review on health workers to have a strong element/component on disability from the social angle – inclusiveness” [H]
- “Budget allocation on disability training at DHO level” [H]

Allowance Syndrome:

(7 comments)

- “Resistance from people to attend some meetings/workshops if there are no allowances” [CG&S]
- “Lack of funding for meeting facilities therefore poor involvement from key players (allowance syndrome)” [CG&S]
- “Leadership not taking a role in moving forwards. Lack of initiative. Hand out mentality. Allowances” [H]
- “Projects antagonise each other on implementation of policies and strategies. E.g. no free gifts but others do” [SED]

Experience on this:

- “Lack of consistency in approach at all levels. Chasing allowances. Participation of government staff is different” [H]

Proposed solutions:

- “Promote projects that economically empower communities (so as to not rely on allowances)” [CG&S]
- “Commitment from all organisations, government etc on acceptable rates for attendance at trainings, activities etc. Consistency of approach.” [H]

Drugs shortages:

(3 comments)

- “Lack of key drugs for some conditions nationwide from CMS trust” [H]
- “Government (Ministry of Health) through DHO not honouring the provisions of the MOU – i.e. provision of drugs” [H]

Proposed solutions:

- “Increase funding for drugs to be procured from private source or do external procurement. Partnership in procurement” [H]

Lack of accommodation:

(6 comments)

- “No hostels for trainers for vocational training” [CG&S]
- “Limited accommodation” [H]
- “Accommodation” [E]

Experience of this:

- “Girls at CBSS have a grass dilapidated hostel. They need a suitable hostel” [E]

Proposed solution:

- “Long-term mapping of health centres/clinics and link it with other stakeholders at national level” [H]

- "Constructing a hostel" [E]

Challenges working with Government:

(9 comments)

- "Lack of M&E by Government of Malawi" [CG&S]
- "Slow response from the Government side and lack of commitment" [CG&S]
- "Limited resource allocation to local government (District Councils). DHO affecting attainment of health outcomes - e.g. limited outreach clinics" [CG&S]
- "Government (Ministry of Health) through DHO not honouring the provisions of the MOU – i.e. provision of drugs" [H]
- "No resources for strand lead to monitor projects" [SED]

Solutions proposed:

- "Enhance government and CSO networking on resources available at national and district level" [CG&S]
- "Collaboration with government - reporting and database" [CG&S]
- "Follow up and demand implementation of public service reforms" [CG&S]
- "Capacity building to the government on resource management" [CG&S]

It was suggested by the forum that the content of the information above should inform items at future forum meetings.

SMP TRAINING:

SMP Language Classes

The Scotland Malawi Partnership is pleased once again to be hosting a series of language workshops for its members and interested stakeholders.

Participants are invited to attend three evenings covering basic language and culture. These will be conducted in Chichewa and there are limited places so please book quickly to avoid disappointment. Classes will be hosted in both Edinburgh and Glasgow.

Edinburgh Classes:

Dates: Tuesday 10th March, 17th March and 24th March

Times: 5.30-7.30pm

Venue: Edinburgh City Chambers

Glasgow Classes:

Dates: Wednesday 25th February, 4th March and 11th March

Time: 5.30-7.30pm

Venue: Partick Burgh Hall

For further information and to download the booking form visit www.scotland-malawipartnership.org/events.html

THE SOAPBOX COLLABORATIVE:

The Soapbox Collaborative is an evidenced based charity committed to saving lives by reducing preventable infection in maternity hospitals in low-income countries.

It is estimated that across the world the lives of around one million mums and babies are lost each year due to poor hygiene practices. In our advanced, technologically and medically advanced age it seems unbelievable that the lack of soap, water, handwashing, floor mopping, clean laundry, etc. are still taking the lives of women and their babies during child birth. The UN recognise this as a significant problem and Millennium Development Goals (MDGs) 4 & 5 have been agreed internationally. Soapbox is working with hospitals in 10 low-income countries to meet these MDG's and support sustainable, low cost and simple solutions to reduce this needless loss of life.

Working alongside colleagues in these hospitals and with our international partners we give advice on infection prevention and control, provide planning and auditing tools, training, technical solutions and other practical assistance. We also carry out research which informs and ensures our effective practice and provides opportunity to be an advocate for clean safe childbirth to be universally available as a basic human right.

For further information visit: www.soapboxcollaborative.org

NEW HEALTH FORUM LEADER:

After almost 2 years serving as the leader of the Health Links Forum, Sam Abrahams has been succeeded by Susie Fleming, who was nominated for the post. The Forum thanked Sam for his energy, insight and commitment to the work of the forum.

Susie (a trained doctor) has been linked to health work in Malawi for a number of years, through her work with Ripple Africa and now works for SCIAF as Individual Giving Officer. Unfortunately due to illness Susie was unable to attend the meeting, but she will chair the next meeting of the Forum.

NEXT MEETING OF THE HEALTH FORUM:

The next meeting of the Health Forum will be on Monday 11th May from 4.30pm. Further details to follow.

For further information, suggestions of items for future meeting or clarification on any of the above please email charlie@scotland-malawipartnership.org.