**Association of Malawi Midwives (AMAMI) – 16TH OCTOBER 2014**

Interviewer: RA

Interviewee: FN

Note taker: KM, JS, PM

Recording: Notes, recorder

Language: English

Place: Wamkulu Palace

Date: 16th October 2014

Time: 10:00- 11:30am

KM made a phone conversation with FN to book for an appointment for a meeting days before the inception workshop and the meeting was scheduled on 15th October 2014, KM forgot that this day was a mother’s day holiday in Malawi. On the day of the workshop KM asked FN if they could change the date and set another date that is convenient to FN. FN suggested that the day after the holiday the 16th of October 2014 morning hours will be fine with him.

The interview with the Executive Director of AMAMI was scheduled for 9:30 at Wamkulu palace but the FN arrived at 10: 00am. The meeting started immediately after FN arrived. The interviewee made an introduction and asked for consent both verbal and written from the respondent, after thorough reading of the consent form FN signed and it marked the beginning of the formal interviews.

RA: What do you think about our research project having attended our inception workshop?

FN: it is a good project even from the presentations on trying to understand the role from the donors and people implementing, trying to understand how communities benefit from the resources provided by donors or government.

RA: Was the information quite clear?

FN: Yes

RA: Any recommendation or feedback?

FN: I will be very happy to receive the report at the end of this research project because a lot of researchers do not share the results to key stakeholders or people involved in providing the information.

RA: What is your position?

FN: Executive Director/ Technical Advisor.

RA: How long have you been working with AMAMI?

FN: Since last year 2013.

RA: Before AMAMI where were you before?

FN: I have worked in the midwife section for the past 17years and was also training midwives at Ekwendeni College of Health Sciences.

RA: Is this AMAMI old? When did it start?

FN: It was established in 1997 but it was not very visible then because they did not have a secretariat, with the opening of a secretariat in 2010 it has helped the association to become visible. Part of my role is to go to districts and explain more about this association.

RA: How many members in the association?

FN: They are more than 5,0000 midwives , only 2,000 are paid members because of the system which has been there since they did not have a secretariat

RA: Who are the partners?

FN:

1. Ministry of Health
2. UNFPA( Donor on the other hand has helped to sustain the association)
3. ABT Associate (Strengthening Health Outcome in Private Sector , SHOPS Project)
4. UNC (it doesn’t fund AMAMI directly, it goes through Gets foundation.)
5. INC ( inter Confederation of Midwives)
6. White Ribbon Alliance
7. PACHI (Parent Child Initiative)
8. Training Colleges i.e. Kamuzu College of Nursing

RA: How many Projects/ Programs do you have at the moment?

FN: We have two major programs currently?

1. **Helping Babies Breathe (HBB)**

This is the capacity building for health profession particularly midwives who are trained in helping the babies breathe. The program is funded by ABT Associates.

RA: Is the program run by AMAMI only or other partners do?

FN: Yes other partners do, they are four major partners in this AMAMI who run this program in 6 district i.e. Save the Children have this program in 9 districts, SSDI run it in 15 districts and Later Day Saints ( church organization ) have it in 2 districts. AMAMI identified a district where none of the partners were working and that’s where they came up with 6 districts.

RA: How many Districts involved in HBB?

FN: They are 29 districts doing HBB, each partner work independently in a district; there is only one scenario where AMAMI is working in the same district with LDS because LDS did not want to support private hospitals.

RA: Who fund HBB?

FN: USAID

RA: What do you do in HBB?

FN: We conduct training to midwives and we also do support supervision where we do visit the midwives on a quarterly basis and see if they are really helping the babies breathe.

Training the midwives is one of the capacity building AMAMI is doing after they have seen a gap in midwives in terms of providing quality care to babies. The training is for a period of 2days per district. After training and during support supervision we noted that a number of health facilities didn’t have enough equipment to assist in saving the lives of the babies, AMAMI collaborated with other organizations i.e. ABT Associate to provide equipment and they found out that SSDI had already bought the equipment. For the past 3months AMAMI was working with save the children who are the pioneers of helping babies breathe. All the partners doing HBB meet at one point in time to share the results. The first meeting was initiated by LDS; the second meeting was organized by RHU which provided the mandate to all partners, the partners agreed that all the meeting should be initiated by RHU.

The training of midwives in helping the babies breathe started in 2013

RA: when did AMAMI started the HBB?

FN: When I was joining AMAMI they had already submitted a proposal for funding, the whole idea came from health sector strategic plan gap since the whole plan is not ideal for babies.

RA: Do you get the fund directly/ how does it work?

FN: ABT Associate fund this project, last year AMAMI signed 26million kwacha. We normally

Write a report based on the deliveries/ results and we get the funding in the end.

RA: What do others partners?

FN: They do training in other districts since AMAMI does in only 6 districts.

In each of the 6 districts they are three groups of supporting supervisors for HBB, The HBB coordinator, safe motherhood coordinator and midwives in the health centers.

RA: Did the supervisors already exist in the districts with HBB?

FN: No, they were not, actually it is part and parcel of the project plan to train the supervisors with funding from ABT Associates. There is no reward to the trainer it’s just the training since they are already civil servants.

**Challenges**

1. There are no adequate resources, if they were adequate there could have been an extension in the number of operating districts.
2. Not every midwife has knowledge in HBB, only those who have been trained hence no adequate resources to reach out a number of midwives.

RA: How do other partners get resources/ do they struggle?

FN: No, they do not struggle that much some have the resources i.e. Save the Children, some have few districts i.e. Latter Day Saints and SSDI. It is only AMAMI that goes through SHOPS under ABT Associate.

RA: Do you have external consultancies?

FN: Yes, we have the American Academy of Pediatrics and the American College of Midwives.

RA: What do they do?

FN: They help to develop tools to support the Association.

RA: What are the deliverables for this project?

FN: We do write a report of how many have been trained, strength, challenges and evaluate the training course. We do undergo pre and post assessment to see the difference or gaps.

RA: Just to go back, how did you get the idea to do HBBP?

FN: At first we had to work with save the children, conducting trainings and learning more from them how they were doing things, which districts were already covered to avoid duplication. We made a mistake at the beginning since we conducted training in all the districts, we learnt from this mistake by making a survey on the district that did not have HBB and that is how we came up with 6 districts.

Our target is to train 120 midwives in the proposal but we ended up training 117 midwives.

RA: Why having this training?

FN: Well, we wanted to learn tools that save the children were using and we aimed at developing our own tools and make them standard. We managed to develop our own tools but the mistake we made was not sharing the tools to fellow partners due to lack of coordination, it could have been better if the tools were to be shared and come up with standard tools.

RA: In your own words is the HBB Project good?

FN: yea, it is good because it is helping to save lives than none, there was a time where I went to a health center for supervision I encountered a video where some babies were declared still whilst they were alive, i have quite much helped in saving lives of some babies who were declared still.

RA: How do you see the future of this project?

FN: The future is not clear because when we started we worked closely with the ministry and the have the HBB coordinator Chimwemwe Mvula. Ministry of health want this program to be part and parcel of the government but they do not have funds to support this project. If this project was independent entity it could have been a success because even though the ministry wants it to be part of them they rely predominantly on donors of which if the projects fades or if funds can be withdrawn then there will be the end of everything because they do not have the sustainability measures and capacity building.

RA: What is your advice on HBB to MoH?

FN: well, I would advise the ministry to make this project last by making it as a program and allocate some funds to it, though it may take time for the ministry to make this independent to government since the ministry wants it to remain a project not a program. For the sake of improving maternal and neonatal health it has to be a program.

RA: Can you tell us about your team/ Staff?

FN: we are 3, me the technical person, we have just recruited another technical person and in addition we have our administrative manager. I do write reports and submit to SHOPS, I write the budget and plan for the administration manager.

RA: How do you organize HBB?

FN: Every district has 2groups of training each for one and half hour, the trainers are supplemented with those from the ministry of health, they do not get any allowance they are just provided with food and accommodation. Pretesting and post testing is done to identify if they are any gaps and to see the effectiveness of the training.

RA: On support Supervision what exactly do you do?

FN: We have a budget and each district is provided with the money based on the budget and they do write reports based on what they have been doing. I do go and do supervise and see if the training is making an impact to the trainers through assessing the midwives and the hospital and give marks. We do also asses the hospital because it may not be a problem of a midwife but rather the hospital if it did not have adequate resources.

RA: How long is the support supervision?

FN: it is 45 minutes per midwife but it depends on how fast she is.

All health centers write reports and the association writes a compressive report comprising of all health centers and it is submitted to ABT Associate, District Health Officer and one copy is kept for the association.

**Challenges**

1. Reports are not submitted on time from the districts and this also affect the writing of the final report for all districts.
2. Lack of ambulances to help in support supervision since the health centers priotise on patients.

RA: Do ABT Associate do evaluate the project/ what happens?

FN: They do look at the reports and see if what is in the reports are similar to what is on the ground. I do also read the reports to see if they are improving, I also look at the challenges and come up with ways to support them.

RA: How often do you go to field?

FN: Twice every year, we do also phone calls and emails although emails are not reliable.

RA: Before AMAMI who was the key person who developed the proposal?

FN: Professor Malata and Alice Kadango (lecture at KCN).

RA: Where exactly are ABT offices in case we would want to visit them someday?

FN: Well, they are situated at City Center, Kang’ombe Building.

RA: Who can we meet when we go there?

FN: Timothy Kachule, his number is 0888966979 and email at timothyunderscorekachule@shopsproject.org

You are much interested in helping the Babies to Breathe project; you have not even asked if that’s the only project we have or not, well we also have a project on Helping Mothers Survive aka breathing after giving birth.

RA: wow that’s good to know, who support this project?

FN: This a new project starting this year and it has been identified in 2 countries, Malawi and Zambia and it is supported by ICM (International Confederation of Midwives). The project was already implemented by JHPIEGO but they were some districts that they did not reach.

This project aim at having 10,000 happy birthdays, it is also aiming at training more than 10,000 midwives in Zambia and Malawi to help the mothers and babies survive. They have not yet agreed whether they will train half the number of targeted trainees per country. The funding comes directly from ICM. Malawi has already signed the memorandum of understanding and the trainings of trainer have already started and training is targeting training colleges to cut some costs.

RA: What is the average size of the midwives per district?

FN: Not so sure but not only are we training midwives we also targeting clinicians to avoid a big knowledge gap since they work hand in hand with the midwives

The aim is that by August 2015 we should train 2,000 individuals including students from colleges and health center workers

KM: Why is it that a lot of government hospitals the nurses are very rude compared to private sectors?

FN: 17years ago in terms of quality there was quality care though they were few health workers but now there is increased number of health workers but quality is poor, am not saying increase in the number of health workers has compromised on the quality, no, but a lot of people who are pursuing nursing now they do not take it as a calling but rather some kind of fashion that a lot of people are doing nursing. In a lot of hospital 66% of complaints are maternal related. There is increased in strikes’ among a lot of health workers compared to the past. There are also lack of strict systems in government that can humble some of the health workers after they are being reported because the DHO cannot penalize the worker because recruitment and all sorts of disciplinary is done at the head office compared to private hospital whereby they are disciplined on the sport.

RA: Thanks for coming and for sparing time for us

FN: You are welcome.