**MALAWI CORE OBSTETRIC AND TRAINING IN EMERGENCIES ‘’MOTTIE’’ IN MACHINGA DISTRICT HOSPITAL**

On Tuesday the 28th of July 2015, we went to Machinga district to attend the MOTTIE training organized by Scottish Malawi anesthesia team. Radha and Cyril exchanged emails, we initially wanted to go to Queen Elizabeth and have a chart with Cyril but he told us that he is on a road trip to Machinga and Salima to train the staff and supporting staff on anesthesia and emergency care.

We started off from Lilongwe to Machinga around 6am and it was a two hour drive, we arrived at exactly 8:30 am and we found that the Malawi Scotland team had just arrived few minutes before us; they were busy taking the training materials out from the car.

The attendants of this MOTTIE course were, the students, District Nursing Officer, matrons, and all medical staffs, the district health officer was not around but was supposed to attend this course. They were 20 students and 4 local instructors, they were supposed to be 6 local instructors but two didn’t show up , one claimed that she was sick, according to one fellow instructor she outlined that she was not actually sick but she was not interested in attending because of the issue of allowances, they were supposed to receive the same lunch allowance as mere students besides they could have provided an attractive package for allowances because on the same week they were supposed to attend other training which has an attractive package and some people were attending the training but those on duty could not do otherwise but attend this MOTTIE training .

The training session was good, it was straight forward and well detailed even somebody who does not have a health background can grab something out of it, the trainers were well organized their slides were full of diagrams and examples and people interacted, when they were making a presentation they would pause and ask a question and ask one from the audience to respond, they were just mentioning names because they had name tags.

Radha and I attended the morning session where they were 2 presenters and after the last presentation it was followed by practical sessions and they had to divide the participants in 5 different groups and they were practicing on dolls it was only one group that used one of the participants. In the groups they had different topics and they were given 15 minutes for a session and they were rotating. The topics were

1. Helping Babies breathe Using mamanatory and neonatalies
2. Primary post partum hemorrhage
3. Vaginal delivery for breech presentation
4. Recognition of the sick patient
5. Maternal resuscitation

Radha and I went though each and every group and we observed and learn how they do it in practice. After the group practices we went for a lunch break and Radha and I interacted with some of the participants and we interviewed the senior clinician.

After lunch there were two sessions that were going on, the continuation of training of the clinicians and nurses and it was being conducted by local as well instructors from Dundee, Radha attended this session while I went with Cyril to the hospital lounge where he went to train the supporting staff. These supporting staff are those who work at Machinga district, with lower positions without health education background like the likes of the cleaners, guards, plumbers, receptionists and secretaries. In our first interview Cyril told us that they do train supporting staff to save lives because they are the ones who handles the patients upon arrival and they can commence the anesthesia treatment whilst waiting for a doctor or a nurse to attend to them and this can save lives. For instance they may receive a patient like a pregnant woman who is bleeding and they may assist this woman before meeting the nurse or doctor and with the shortage of staff in the health facilities and it may be possible that they are busy handling other patients so with this emergency care training to supporting staff is impacting a lot in the hospitals where they have been trained.

The training was delivered in Chichewa and it was practical, Cyril began with an introduction on health care, why it is necessary for them to be trained in emergency care, how to identify the sick person, the signs and symptoms and how to handle the patient with the signs and symptoms outlined, how the human body function and what makes a person to die and how to resuscitate the person when he/ she is in a dangerous state. All in all they were advised to be calling the doctor or nurse to check on the patient as soon as the arrival of the patient and handle the patient in a course of waiting for a nurse of doctor.

They were asking question, and it was interactive session, almost 95 % of the attendants were new and only 2 people have been attending the session and we could tell with how they were interacting and asking questions that the training was making a huge impact on them and the hospital as the whole.

**NB**: The local instructors are also stuff at Machinga district but they choose those that have been attending the training, especially those that attended the first phase of the training, above all they look for people who are proactive and with leadership skills.

We had a chart with one of the participants who happened to be the senior clinician and this was how the interview transpired.

**RA**: How big is this hospital?

**CN:** 300 beds, some beds are broken and some patients sleep on the floor because of the overlapping of the patients.

* Pediatric ward- 45 beds
* Maternity – 7 beds
* Post natal- 28 beds

**RA**: How many deliveries per day?

**CN**: 10 normal deliveries and 4 to 5 c- section deliveries.

**RA**: How many staff are you in this hospital?

**CN:**

* 1 doctor
* 19 clinical officers ( 6 doing internship)
* 70 nurses

This is the only hospital in this hospital.

**RA**: How many awaiting homes do you have?

**CN**: we have one

**RA:** How long do you keep women after delivery?

**CN**: 24 hours for normal deliveries and 7 days for those who undergo c-section.

**RA**: Have you been trained in HBB?

**CN:** Yes

**RA:** How many are you in this district trained in HBB?

**CN:** We are 40 the whole district.

**RA:** Are they practicing?

**CN:** Yes

**RA:** Who are the partners?

**CN:** SSDI, save the children and JHPIEGO.

**RA:** How long have you been working here?

**CN:** 5 years.

**RA**: Long enough, that you can differentiate before and after decentralization. In your opinion they way things were before decentralization and now, how are things goings, is it affecting the way you operate?

**CN:** Before decentralization things were going on well, because we were the ones operating as far as drug procurement was concerned and we were able to me our needs but now after decentralization and introduction of central medical stores things are not working out well, central medical stores does not meet our requirements sometimes they just supply what they have in stock , even if we write quotations on the specific drugs that we want sometimes they do not supply want we want.

**RA:** in your opinion why do you think central medical stores do not always have some drugs of your interest? Is it lack of money or what?

**CN:** I think money is not a problem, what is lacking with central medical stores is technical expertise. The money is there but people to mobilize the procurement of the drugs.

**RA**: How long have you been attending MOTTIE training?

**CN**: since it was introduced, 3 years ago.

**RA**: Is the training making an impact at this institution or to you as an individual?

**CN**: There is a significant impact ever since this training started, especially from last year, quality care has improved and we can see the outcome through the patients’ feedback and how they are being handled. Maternal death has decreased tremendously and we have more than 16 % decreases in maternal and neonatal mortality. There is more progress in reduction of maternal mortality but it is difficult to trace the neonatal because of low birth rate.

**RA:** Tell us about the sustainability of this programme?

**CN:** With the help of SDDI we are carrying the mentor program to health centers using MOTTIE manual and we are sure that the knowledge will be carried out across even if the MOTTIE stops. We also want to organize a training to train all health staffs in this district but the problem is funding at the moment, this will help us a lot because we do not have established high dependency unit because lack of staff, expertise. Those who work on part-time and overtime needs money of which the district cannot afford.

**RA:** How is the recruitment done?

**CN:** Recruitment is done centrally, when we have a need, we do make a request and it goes to the director of health sciences or nurse.

You have asked a lot of questions and I was looking forward to be asked about the challenges on this MOTTIE training.

**RA:** Wow, that’s a good observation, since you have raised this question, tell us about these challenges.

**CN:** A lot of local facilitators some are not here because of lack of motivation. We do take much time preparing but we do not get anything, only lunch allowance. It could have been better if the allowances were attractive, like today there is family planning campaign with an allowance of K10,000 per day but am here for free. But all in all the training is helping us a lot and it is a great mentorship program this hospital has ever received.

**RA**: Thank you so much for your time

**CN**: welcome

**OVERALL REFLECTION/ IMPRESSION**

1. When they were divided in group to practice, I observed that it requires a team of 3 or 4 to handle a patient, like one observing the patients and asking someone to provide necessary equipments and some aid from other people, especially on delivery, Maternal and neonatal resuscitation and Recognition of the sick patient. I wonder if this is how they do it on a daily basis in the hospitals with shortage of staff, I asked a question if they do team up to work they said they do but I was not conviced because I have seen some facilities with two staffs how can they do all of this and they cannot even operation in the same ward whilst they have alot of duties and patients.
2. The supporting staff training, they were close to 12 people, but Machinga is a district hospital with a lot of workers especially support stuff and a lot of them were attending this training for the first time yet they have been working at this district for so long, and they were even around when the first phase of the training took place. In my opinion it could have been better if they were to identify and select people to attend with support from their bosses and to make sure that they attend full phase of training unless otherwise. The training session was good but was very vital to the two that attended the first phase or those that have been attending; at least they are well impacted with knowledge than the beginners. It cannot be possible for the trainer to start from phase one recap because they do not have much time with their program and schedule. If they had a Chichewa manual for the supporting staff it could have been better because they could have shared with those that were absent and they would keep it as a reminder.
3. Malawi Scotland team has a manual, very detailed, concise and colored that one can revisit for clarification, and can even share with those that were absent. This is applicable to clinicians and nurses not supporting staff because the manual is in English
4. The supporting staffs were given lunch allowances but I wonder why they did not attend in multitudes, I know Malawians when it comes to allowances, maybe it was also not enough.