



Seed
GLOBAL HEALTH



Annual Progress Report

Seed Global Health Malawi
July 2021 - June 2022

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Preface

Despite the challenges brought about by the outbreak of Covid-19, Seed Global Health continues to work with its partner institutions on addressing challenges surrounding the training and practice of health professionals (physicians, nurses and midwives). This report provides a summary of the key achievements registered by Seed Global Health through its work with partners in Malawi.

It has been developed as a tool for communicating the work being done in Malawi as Seed contributes towards its mission of educating a rising generation of health professionals to strengthen access to quality care with a goal of saving lives and improving health. The report focuses on the period July 2021 to June 2022, aligned to the partnership year for Seed partnerships.

The Annual Report is developed for Seed Global Health staff and key stakeholders including the donors, Ministry of Health, Ministry of Education, Seed's partner institutions, Medical Council of Malawi, the Non-Governmental Organizations (NGO) Board, the Council for Non-Governmental Organizations in Malawi (CONGOMA), other Non-Governmental Organizations (NGOs) and other stakeholders interested in learning more about Seed's work in Malawi.

In this report, you will find information about Seed Global Health, the partnerships it has in Malawi and the key achievements for the period July 2021 to June 2022. With the Covid-19 and cholera outbreaks, Seed Global Health was compelled to render a helping hand to its partnerships by donating Personal Protective Equipment and Cholera prevention materials. There are also some updates on these donations.

Seed Global Health would like to acknowledge the support rendered by donors and other key stakeholders like the Ministry of Health, partner institutions and regulatory institutions. Without their support, the work contained in this report would not have been accomplished.

2.0

Organizational Background Information

2.1 Our History

Seed Global Health is a US based nonprofit organization which was founded in 2012 out of a deep belief that every person in the world deserves quality health care, and the two standards – those with access to trained medical professionals and those without - cannot continue. Seed's theory of change is grounded in the belief that people are among the most important levers of change in the health system. This is why Seed Global Health focuses on supporting the education and training of Human Resources for Health. Currently, Seed Global Health is implementing its programmes in four countries namely Uganda, Sierra Leone, Zambia and Malawi.

In Malawi, Seed Global Health was established in 2012 and from 2013 to 2018, Seed was part of the Global Health Service Partnership (GHSP) as a technical partner. In 2019, Seed launched its new five year strategy "Saving Lives, Strengthening Health Systems, and Improving Health." Under this strategy, Seed has established five year partnerships with key local institutions in the areas of policies to strengthen health systems and education and practice of health professionals.

2.2.1 Our Vision

Seed Global Health envisions a world in which every country is strengthened by a robust health workforce to best meet the health needs of its population.

2.2.2 Our Mission

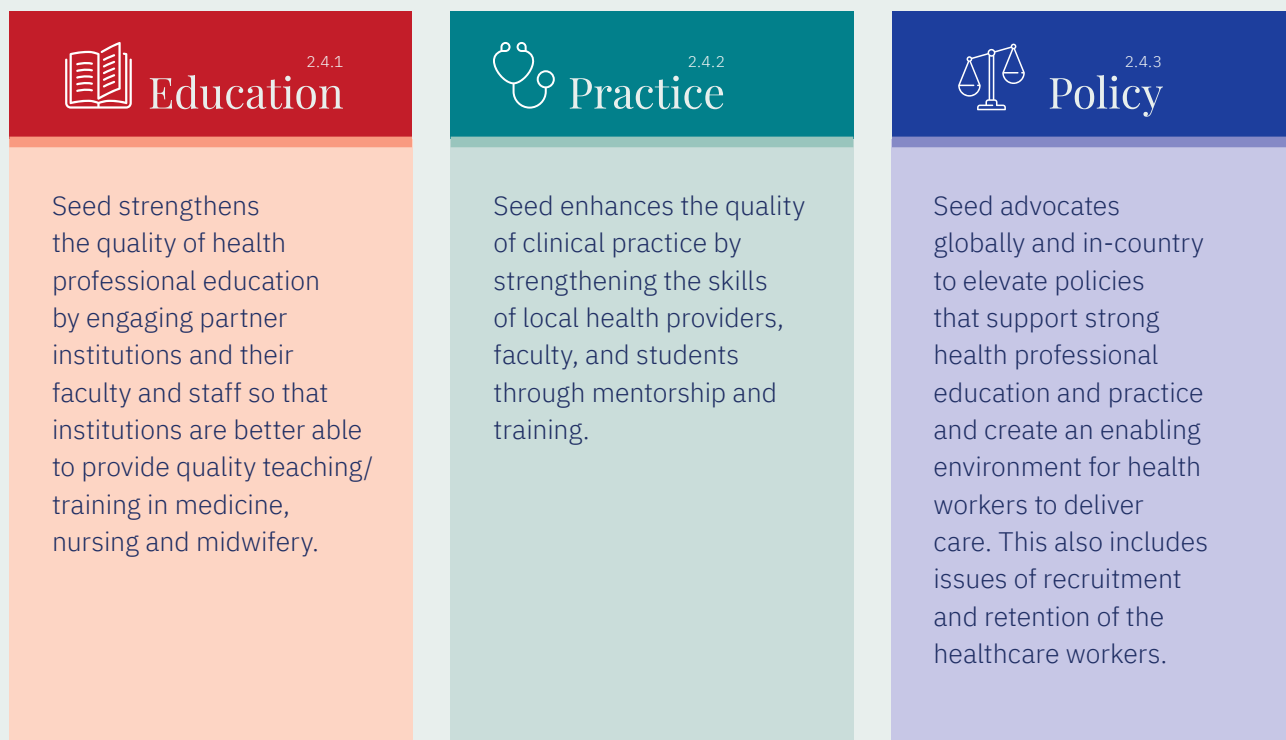
Seed Global Health educates a rising generation of health professionals to strengthen access to quality care with a goal of saving lives and improving health.

2.3 Our Impact Model

Seed Global Health supports the training of health professionals through the placement of highly skilled and experienced nurse, midwife and physician Educators with local training institutions for knowledge and skills sharing with students, faculty members and practicing health professionals. By supporting the training of a dedicated public health care cadre, we increase the number of essential skilled health workers that are locally-rooted, able to meet the specific health needs of their communities, and can also serve as agents of change. We also support educators, partner institutions, and health system policies through a diverse and complementary package of services that range from curriculum co-development to practice improvement to issue based advocacy. These services are aimed at advancing health professionals' education in the classroom and clinical setting and enhancing their ability to deliver services effectively and sustainably where needed the most.

2.4 Our Strategic Pillars

To effectively achieve the vision, Seed works across three central and interrelated pillars:



2.5 Programming Streams for Malawi

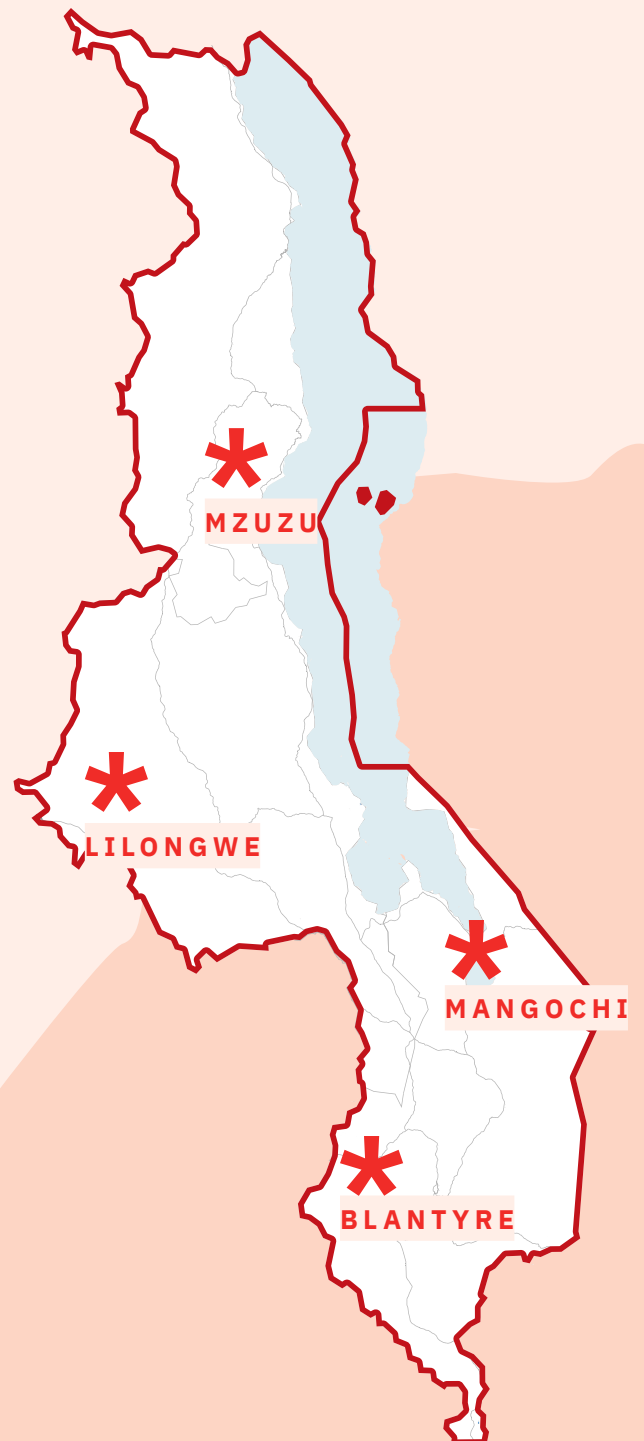
Seed Global Health's priorities are driven by our vision, and critically, by the needs of the countries, institutions and communities we serve. We believe that long term, sustainable partnerships, rather than temporary gap-filling measures deliver meaningful improvements in a country's health system.

In Malawi, based on identified needs and the government's health priorities, Seed Global Health supports three key focus areas namely: **Community Health; Maternal, Neonatal and Child Health (MNCH); and Mental Health.**

2.6 Our Partnerships in Malawi

In Malawi we have partnered with government, national regulatory bodies, and education and health institutions to invest in those who make better health care possible.

We have 7 partnerships with 3 institutions which include 5 departments of Kamuzu University of Health Sciences (KUHeS); Saint John of God College of Health Sciences; and Nurses and Midwives Council of Malawi (NMCM) which is a regulatory body for training, practice and professional conduct of nurses and midwives in the country. The map of Malawi shows where our partnerships are located.



MZUZU

St John of God College of Health Sciences

LILONGWE

Nurses and Midwives Council of Malawi
Kamuzu University of Health Sciences

MANGOCHI

Kamuzu University of Health Sciences

BLANTYRE

Kamuzu University of Health Sciences

2.6.1 SAINT JOHN OF GOD COLLEGE OF HEALTH SCIENCES

St John of God College of Health Sciences is a subsidiary of Saint John of God Hospitaller Services Malawi. Saint John of God (SJoG) Hospitaller Services has existed in Malawi since 1994 with a mandate of providing community based mental health promotion and care in the cities of Mzuzu and Lilongwe and surrounding areas. The institution provides a range of programs including training of Mental Health professionals, outpatient mental health services, community outreach mental health clinics, community education and facilitation, home visitations and follow-up, community-based rehabilitation, and child development services.

Saint John of God Hospitaller Services has a Service Level Agreement (SLA) with the Malawi Government through the Ministry of Health which makes it a strategic partner when it comes to advancing Mental Health issues in Malawi. The partnership with Seed is mainly around strengthening the training of Mental Health professionals in Malawi (focusing on Bachelor of Science Clinical Medicine and Bachelor of Science Psychiatric Nursing) and also advocating for improved delivery of Mental Health services in the primary as well as secondary levels of health care focusing on the northern region of Malawi.

The partnership has three specific objectives which are as follows:

- ⊕ Create and execute a Policy framework action plan that supports SJoG in advocating for an environment which guides the integration of mental health in the primary health care delivery system by 2024.
- ⊕ SJoG selected mental health clinical sites staff who participate in clinical training of mental health professionals have improved Preceptorship skills to better support clinical education of mental health professionals by 2024.
- ⊕ SJoG College of Health Sciences faculty of mental health have an improved capacity (adequate staff with the right skills (teaching, assessment, curriculum implementation, simulation), curricula responding to current trends and also mental health skills laboratory) to support the delivery of quality mental health education for mental health professionals by 2024.

2.6.2 NURSES AND MIDWIVES COUNCIL OF MALAWI (NMCM)

Nurses and midwives form the backbone of healthcare providers in the health care delivery system in Malawi. As such, they need to have desired competencies for meaningful contribution to national efforts in achieving the Sustainable Development Goals.

Nurses and Midwives Council of Malawi (NMCM) is a sub-vented statutory corporation mandated by an Act of Parliament Cap 36:02 to regulate nursing and midwifery education, training and practice in Malawi. NMCM sets standards for nursing and midwifery education, training and practice.

The partnership with the Nurses and Midwives Council of Malawi focuses on strengthening the capacity of the NMCM so that it can better regulate the training and professional practice of nurses and midwives in Malawi. The partnership has the following specific objectives - to improve:

- ⊕ Compliance to standards for classroom and clinical teaching of nursing and midwifery students by the nursing and midwifery training institutions in Malawi by 2024.
- ⊕ The management of licensure examinations for nursing and midwifery professions in Malawi by 2024.
- ⊕ Compliance to health care standards of professional practice and conduct amongst nurses and midwives in Malawi by 2024.

2.6.3 Kamuzu University of Health Sciences (KUHeS)

The Kamuzu University of Health Sciences is a public owned university established in 2019 by the merging of Kamuzu College of Nursing (est. 1965) and College of Medicine (est. 1991). KUHeS offers a multitude of Undergraduate and Postgraduate programmes. The institution trains Medical doctors, Nurses, Pharmacists, Physiotherapists, Laboratory scientists and Midwives.

Seed Global Health partners with 5 departments at this institutions and the following are the partnerships under Kamuzu University of Health Sciences:

2.6.4 KUHES MIDWIFERY-LED WARD PARTNERSHIP

Under this partnership Seed is working with the School of Maternal Neonatal and Reproductive Health Studies on the establishment of a midwifery-led ward at Limbe Health Centre in Blantyre. The goal of the midwifery-led ward is to improve the quality of clinical education and women-centered practice by improving the clinical teaching and learning environment for midwifery students that promotes holistic Respectful Maternity Care (RMC) and create an environment where faculty and practicing midwives model, teach and practice RMC. Specifically, the partnership has the following objectives:

- ⊕ To operationalize Midwifery-led ward at Limbe health Centre in Blantyre District by June 2021
- ⊕ To create an improved clinical teaching and learning environment for midwifery students that promotes holistic and Responsive Respectful Maternity Care (RRMC) to reduce the theory to practice gap in intrapartum and postpartum education at Limbe Health Centre by 2024
- ⊕ To create a midwifery-led environment where faculty and practicing midwives are able to practice RRMC to their full scope/potential (midwives practicing autonomously) regarding intrapartum and postpartum midwifery care at Limbe health center by 2024.

2.6.5 KUHES OBSTETRICS AND GYNECOLOGY (OB/GYN) PARTNERSHIP

Seed's partnership with the OB/GYN department focuses on strengthening the education and training of OB/GYN specialists to ensure production of competent OB/GYN specialists. Major components of the partnership include review and revision of the Masters curriculum, capacity building of faculty on Respectful and Responsive Maternity Care (RRMC). The partnership specific objectives are as follows:

- ⊕ Establish and promote a student-centered learning environment for teachers and learners which integrates skills/simulation and e-learning platforms at KUHeS by 2024.
- ⊕ Facilitate adoption of improved mentorship and supervisory skills by KUHeS OB/GYN faculty, by 2024.
- ⊕ Facilitate translation of responsive and respectful maternity care theory into practice in the clinical setting by both Faculty staff and students, by 2024.

The partnership also has activities targeting the practicing nurse midwives at Queen Elizabeth Central Hospital (QECH) and those from health centres from within Blantyre district. These activities targeting practicing nurse midwives include capacity building of healthcare workers from health centers on management of the five leading causes of maternal morbidity and mortality, and a Quality Improvement initiative focusing on expanding access to contraception amongst women in their immediate postpartum and postabortal period.

2.6.5 KUHES FAMILY MEDICINE (FM) PARTNERSHIP

Since 2011, the Department of Family Medicine at KUHeS has trained medical students in Family Medicine. A Master in Family Medicine programme was later established in 2015. Family Medicine is therefore a fairly new specialty in the country, Seed came in to improve the capacity of the department so that it can deliver quality undergraduate and postgraduate education and training. This is to be achieved by improving quality of classroom teaching for undergraduate students, improving quality of clinical teaching for its undergraduate and postgraduate students, Improved capacity for production of competent Family Medicine Specialists and finally pilots integration of FM clinics into health care service at primary and secondary levels of service provision.

Specifically, the partnership focuses on the following objectives:

- ⊕ To provide continuously improved quality of classroom teaching for the Family Medicine undergraduate students at KUHeS by the end of the partnership
- ⊕ To improve the quality of clinical teaching (mentorship) for the Family Medicine undergraduate and postgraduate students at KUHeS by the end of the partnership
- ⊕ To improve the capacity of the KUHeS FM department to produce competent Masters in Medicine-Family Medicine specialists by the end of the partnership
- ⊕ To pilot the integration of Family Medicine clinics into health care service delivery systems at secondary and primary (district and community respectively) care levels creating space for FM students to practice by the end of the partnership period.

2.6.6 KUHES PAEDIATRICS CRITICAL CARE (PCC) NURSING PARTNERSHIP

This partnership falls under the School of Nursing. It focuses on establishing Paediatrics critical care nursing as a specialized area of practice in Malawi. Seed and KUHeS are doing this by the establishment of a Masters programme in Paediatrics Critical Care Nursing at KUHeS. The main areas of focus include the development of a Curriculum for the programme, and also establishing a Preceptorship programme for practicing nurses at the Queen Elizabeth Centre Hospital (QECH) with an aim of improving the competencies of the nurses so that they provide evidence based care for critically ill children. This will also help in terms of preparing the practicing nurses so that they are equipped with skills to support the clinical teaching of the PCC students when they rotate in the wards at the facility.

The following are the objectives for the PCC partnership:

- ⊕ KUHeS Child Health department has the capacity (qualified and skilled faculty, curriculum, skills laboratory, teaching resources, etc) to implement a pediatric critical care nursing program to produce a recognized paediatric critical care nursing workforce by 2024
- ⊕ To improve the skills of paediatrics critical care nursing staff at QECH ICU and HDU to provide and model evidence-based care for critically ill children to enhance the clinical teaching for child critical care nursing students by 2024.

2.6.7 KUHES PAEDIATRICS AND CHILD HEALTH (PCH) PARTNERSHIP

Malawi has registered some welcome falls in under 5 and infant mortality over the last 10 years, however neonatal mortality remains stubbornly high at 22.7 deaths per 1000 live births. The need for paediatric specialists within Malawi is acute considering the fact that 50% of the Malawian population is under 16 years of age.

Seed Global Health is supporting the expansion of residency training for PCH to Kamuzu Central Hospital. Under this, the partnership is supporting the sharing of knowledge and skills through exchange visits of sub-specialists.

The partnership has the following objectives:

- ⊕ KUHeS Paediatric students have better attitudes and practices in the clinical setting by the end of the partnership.
- ⊕ KUHeS paediatric faculty better deliver training to undergraduate and postgraduate students at KUHeS by 2024.
- ⊕ The paediatric residency/registrar residence training program is established in the KUHeS Lilongwe campus by 2024.

3.0

Key Highlights for the Implementation Period

3.1 EDUCATION

- ⊕ 9 Seed Educators Placed
 - ⊕ 1273 trainees (students and health workers) trained by Seed Educators
 - ⊕ 6935 patient encounters with students around for teaching purposes
 - ⊕ 5 Curricula developed or revised
 - ⊕ 1 Preceptorship Programme developed
- 2 Strategic Plans for training of Health Professionals developed

3.2 PRACTICE

- ⊕ Completed renovations and procured equipment for the Limbe Health Centre Maternity ward. The ward was launched as a midwifery-led ward on 4th November 2022.
- ⊕ 35 staff from Limbe Health Center trained on Quality Improvement Concept. This led to development of 4 Quality Improvement projects at Limbe
- ⊕ 94 nurse midwives from Chatinkha maternity wing trained on counseling and insertion of family planning for women in their immediate postpartum and postabortal period
- ⊕ Donation of Cholera items to Limbe Health Center
- ⊕ Donation of COVID-19 equipment to all partner sites

3.3 POLICY

Supported the celebration of the International Day of Midwives. This event took place on 5th May 2022 at Santhe Primary School ground. We had Seed Global Health represented by the Country Director and we also had two of our partnerships participating. The KUHeS Midwifery-led ward partnership team had a pavilion where they showcased the Midwifery-led ward work done at Limbe Health Center with support from Seed Global Health. We also had the Nurses and Midwives Council of Malawi (NMCM) showcasing their work on regulation of training and practice of nurses and midwives in Malawi.

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1,2 Photos taken during the celebration of the International Day of Midwives

We also worked with the Nurses and midwives Council of Malawi on the regulation of the training and practice of nurses and midwives in Malawi. Seed supported the development of the standards for Masters and PhD nursing programmes which they are now able to use in registering nurses at that level; capacity building of examiners and moderators on development of licensure examinations and this led to development of a number of licensure examinations test items.

4.0 Summary of Achievements by Programming Stream

4.1 Maternal, Neonatal and Child Health (MNCH)

A bulk of our partnerships fall under this thematic area. This is possibly because this remains an important area of work for Malawi. The maternal mortality and neonatal and perinatal mortality remain unacceptably high in Malawi. Further, largely preventable and easily treatable illnesses are still the main causes of child mortality. In the July 2021 to June 2022 period, the following achievements were registered under the Seed partnerships contributing towards our work under the MNCH thematic area:

^A KUHeS Midwifery-Led Ward (Mlw) Partnership

Supported the renovation of the Limbe Health Center maternity wing and donation of intrapartum and postpartum equipment. This was part of the establishment of a midwifery-led ward at Limbe Health Center which was launched on 4th November 2022. The Limbe midwifery-led ward was launched under a theme “Transforming Maternity Care in Malawi, Midwives Leading The Way” and the Minister of Health, honorable Khumbidze Kandodo Chiponda was the Guest of Honour during the event.



The Minister of Health, honorable Khumbidze Kandodo Chiponda speaking at the event.

In May 2022, Seed supported the training of 35 staff members from Limbe Health Center in Quality Improvement (QI) Concept, and after the training, 4 Quality Improvement projects were initiated at Limbe. Below is a summary on the different quality improvement projects implemented at Limbe Health Center Midwifery-led ward, which at the end of the reporting period were all in their infancy stage:

^A Q1 Objective 1:

Improving monitoring of antenatal waiting mothers to include maternal vital signs, fetal assessment and labor assessment from 0% as of May 2022 to 50% in August 2022

ISSUES IDENTIFIED:

Unavailability of a system to consistently monitor its antenatal waiting women. After the initial assessment at admission, women are often seen again when they are in the active phase of labor and/ or when the woman notices a problem leading to late identification of complications that may contribute to poor pregnancy outcomes e.g., prolonged labor, fetal distress, birth asphyxia, sepsis and postpartum hemorrhage. This also contributes to overcrowding in the facility because some women may require referral while others may need discharge.

CHANGES INTRODUCED:

- ⊕ Allocation of a midwife in the antenatal ward.
- ⊕ Midwife assessment to include vital signs, FHR and progress of labor.
- ⊕ Introduction of a register to record antenatal assessment for the waiting mother.
- ⊕ Antenatal Ward and Labour Ward midwife

to give handover during shift change (which include census)

PROGRESS NOTED AS AT JUNE 2022:

The facility was able to allocate a midwife in the antenatal ward for assessment of women in ANW. There was an increase in the percentage of women monitored or assessed in ANW from 22% to 39%

^A Q1 Objective 2:

Improving assessment and documentation using partographs for women in active Labor from 30% as of May 1st 2022 to 70% by August 30th 2022.

ISSUES IDENTIFIED:

- ⊕ Frequency and consistency of monitoring women in active labor at Limbe is poor. A random sampling of labor charts from March-April 2022, showed that only ~30% of partographs were completed according to MOH standards. The World Health Organization (WHO) recommends the routine use of partograph as a key intervention to avoid prolonged and obstructed labor.
- ⊕ Inconsistent monitoring of progress of

labour for women may lead to delays in identifying and treating common obstetric complications such as pre-eclampsia, intrauterine infection and prolonged labor.

⊕ Prolonged and obstructed labour are among the common causes of maternal morbidity and mortality in low- and middle-income countries.

CHANGES INTRODUCED:

⊕ Briefing midwives on proper completion of partographs

⊕ Midwives assigned to Antenatal Ward to conduct random spot checks of partographs and provide real time feedback to midwives completing the partographs

⊕ Spot checks are recorded in a log book and assessed according to 9 criteria.

⊕ Partograph must include 7 of the 9 criteria to be considered complete.

⊕ A midwife with the highest number of complete partographs at the end of the month will be awarded Midwife of the Month and have their photograph posted on a wall in the ward as a recognition.

PROGRESS NOTED AS AT JUNE 2022:

There was an increase in the percentage of partographs completed from 30% in May 2022 to 60% in June 2022.

^A Q1 Objective 3:

Increasing the percentage of pregnant women that receive at least 2 doses of TTV before delivery from 43% in March 2022 to 80% by July 2022

ISSUES IDENTIFIED:

In an effort to eliminate maternal and neonatal tetanus Malawi, the Ministry of Health targets women in the reproductive age with focus on pregnant women. This is considering that pregnancy is a time when women are frequently interacting with the health care system.

According to the 2015-16 Malawi demographic health survey coverage of pregnant women who have received 2 to more doses of TTV is reported 73%. Limbe Health Centre registers low level of women (43%) receiving 2 or more doses of TTV which increases its population from having tetanus hence the project.

CHANGES INTRODUCED:

⊕ TTV to be given directly in the antenatal waiting area at the start of antenatal clinic each day.

⊕ Health Surveillance Assistant (HSA) and nurses/midwives to actively screen for TTV eligible antenatal women whilst in the waiting area.

⊕ Progress noted as at June 2022:

There was an increase in the percentage of women receiving at least two doses of TTV from 43% in March to 67% in June 2022. There was however a drop in the percentage of women who received at least two doses of TTV from 78% in May 2022 to 67% in June.

^A Q1 Objective 4:

Reducing incidence of perineal trauma resulting from vagina deliveries from 61% in August 2022 to 40% in November 2022

ISSUES IDENTIFIED:

- ⊕ The team from Limbe observed an increased number of perineal trauma post delivery due to poor management of the second stage of labor.
- ⊕ Limited use of dynamic positioning
- ⊕ Lack of supporting of the perineum
- ⊕ Not choosing episiotomies even when it is indicated.

CHANGES INTRODUCED:

- ⊕ Use of dynamic positions when conducting deliveries
- ⊕ 1:1 mentorship on use of dynamic positions and 2nd stage management
- ⊕ CPD sessions on management of second stage of labour
- ⊕ Performing episiotomies when indicated

PROGRESS NOTED AS AT JUNE 2022:

There was a reduction in the incidence of perineal trauma resulting from vagina deliveries from 66% in May 2022 to 45% in June 2022.

In August 2022, Seed also supported a training for 26 Limbe Health staff (3 Community Health Nurse Technician, 6 Nursing Officer, 14 Nurse Midwife Technician and 3 Community Midwife Assistants) on Respectful, Responsive Maternity Care (RRMC). The training was done through 2 sessions to ensure continuity of services at

Limbe Health Centre and the two training sessions were facilitated by national trainers using nationally approved RRMC training materials. The facilitators (Mr John Chawawa- Senior Nursing Officer from Zomba Mental Hospital, Ms. Rozina Banda- Lecturer in Nursing and Midwifery from Malawi College of Health Sciences and Ms. Judith Mgogo- Nursing Officer from Nsanje District Health Officer) were recommended by the reproductive health directorate under the Ministry of Health.



^{1,2} Group photos taken during the two sets of the trainings

^B KUHeS Obstetrics and Gynecology (OBGYN) Partnership

From June 2021 to June 2022, the partnership supported the training of 96 participants on Respectful, Responsive Maternity Care (RRMC).

The participants included 28 MMed; 4 BScs; 9 nurses from Postnatal, Antenatal and Gynaecology wards; and 55 MBBS students benefiting through various training sessions.

The partnership also supported the training of 27 faculty members on Quality Improvement concept and how to support students in their Quality Improvement projects.

The partnership supported the delivery of 18 online webinars on the management of covid-19 amongst pregnant women. About 11 health facilities benefited from the webinars and these included Mzimba North, Mzimba South, Thyolo, Chikwawa, Nsanje, Mwanza, Mangochi Kasungu and Salima. Kamuzu central Hospital and Queen Elizabeth Central Hospital (QECH) Obstetrics and Gynecology department also took part in these webinars as well. Under each main topic, districts were making presentations based on district or facility experiences and after presentation, plenary sessions were held to discuss issues from presentations.

Seed supported the training of 94 nurse midwives

from various wards at Chatinkha maternity wing in counseling and insertion of various family planning methods. The trained nurse midwives have facilitated the provision of various family planning methods to women in their immediate postpartum and postabortal period. Photo below shows some of the trained midwives captured during practical session on insertion of family planning.

After the training, from October 2021 to June 2022, a total of 1024 women in their immediate postpartum and postabortal period were provided with various types of contraception. The family planning methods which were offered were pills, injectables, implants, Intrauterine Contraceptive Device (IUCD) and Bilateral Tubal Ligation (BTL).

Seed also supported the review and revision of student assessment tools for OBGYN competencies. In addition, 14 faculty members were trained on how to use the revised assessment tool.

The partnership also supported the training of 12 faculty members and 65 MBBS students on how to use the skills laboratory.

^C KUHeS Paediatrics Critical Care (PCC) Nursing Partnership

Seed supported the development of a Curriculum for Masters in Child Critical care nursing. The draft curriculum is now at University senate level for review and approval.

Seed, through its Clinical team has also supported the development of a Preceptorship package for practicing nurses. The draft Preceptorship package is being reviewed by the KUHeS Child Health faculty to ensure that it fits the local context before practicing nurses can be enrolled into the Preceptorship programme.

^D KUHeS Paediatrics and Child Health (PCH) Partnership

Seed supported training of 18 KUHES Peds faculty members on evidence-based teaching and assessment methodologies on 12-14th August 2022 to build capacity on evidence-based teaching and assessment.

The workshop was conducted over one and half days. The first day involved training on teaching methods with emphasis on how and when to provide feedback to trainees. It involved discussions on why and how we assess students. The training utilized powerpoint presentations and role play. For assessment training (covered on the second day), the group went through how to write a good best of five (BOF), extended matching questions (EMQ) and short answer questions (SAQ). Then was divided into smaller groups to practice writing questions for different subjects.

We also supported the supervisory visits conducted by Paediatricians from KUHeS to the dependent facilities (district hospitals) where Bachelor of Science (BSc) students rotate for their clinical placements. During these visits, Consultants were able to conduct ward rounds together with BSc Paediatrics & Child Health students and they also attended sessions where the students presented case studies as part of their clinical learning.

4.2 Community Health

Under this thematic area, Seed Global Health has one partnership and this is with the KUHeS Family Medicine Partnership. In the reporting period i.e. July 2021 to June 2022, the following achievements have been registered under this partnership:

⊕ Supported the review and development of a new 5 year strategic plan for the Family Medicine department covering the period 2021 to 2026. Below is a group photo taken during the workshop to review the strategic plan and develop a new 5 year strategy:

⊕ Seed supported the delivery of 23 Clinical Lunch Series (CLS) bi-weekly sessions for Clinical Officers (Interns) where the Interns presented to each other on agreed clinical topics. On average 13 interns were in attendance per session. The interns assigned to lead the sessions do conduct research on those topics, prepare presentations and deliver these to the fellow interns. Through these sessions interns have gained knowledge and skills on how to conduct presentations on clinical topics as well as gaining knowledge on the clinical topics. The Seed Educators coordinate the sessions as well as assessment on topics interns would like to gain more knowledge on.

⊕ Family Medicine being a nascent discipline in Malawi, the department embarks on talks with MBBS (undergraduate) students and those working with the Ministry of Health marketing the programme so that when they are going for their Masters degree studies they should consider joining FM. Seed has therefore been able to support the department in the delivery of didactic talks on the principles of FM targeting MBBS students to expand the footprint of the programme. The team has also had talks on the principles of FM with health professionals (mainly Medical Officers) at Kamuzu Central Hospital (KCH) and Queen Eliza-

beth Central Hospital (QECH). As a result of the talks, we have had people expressing interest in joining the Masters in Family Medicine programme.

⊕ Seed has also supported the Community Oriented Primary Care (COPC) programme where Registrars (Masters students) visit communities and make follow ups on patients as well as conducting assessments into social determinants of access to health care for community members. One of the success stories from COPC is that Registrars have been able to identify patients with certain conditions and link them with NGOs or health workers at health centers as well as recommending referrals to Mangochi District Hospital Family Medicine clinic for possible support. We have had one Registrar identifying a boy with cerebral palsy and the patient is being monitored.

⊕ Linked to the need for FM specialists to have knowledge and skills on leadership so that they can assist in raising the profile of Family Medicine when they get placed in the district setting, the FM department runs a Leadership coaching programme for its recent graduates. Seed is also supporting this work and so far one graduate has been enrolled under this programme. This is a package which is usually delivered by an external facilitator and Seed has assisted in covering the cost of the facilitator.

4.3 Mental Health

Under this thematic area, Seed Global Health is partnering with Saint John of God College of Health Sciences. In the period July 2021 to June 2022, the following achievements have been registered through this partnership:

⊕ SJoG managed to conduct engagement meetings with the Ministry of Health on key issues affecting the delivery of Mental Health services in Malawi. These issues include prioritization of MH; deployment of Mental Health professionals and availability of key Mental Health drugs in government hospitals. The SJoG team met with the Principal Secretary for Health and the Assistant Director of Curative and Medical Rehabilitation (responsible for Mental Health).

⊕ SJoG also conducted engagement meetings with the District Health Management Teams (DHMTs) advocating for redress of key issues affecting delivery of quality mental health services at district as well as community levels. SJoG conducted a study in the northern region of Malawi on the status of Mental Health in the northern region districts. This study unearthed key issues affecting the delivery of mental health services and these are the issues the institution is focusing on in its advocacy meetings with the District Councils through the engagements with the DHMTs. The issues are as follows:

⊕ Prioritization of MH in the District Implementation Plans (DIPs)- partnership advocates for inclusion of mental health activities and also engagement of mental health personnel during DIPs development.

⊕ Assessment of mental health clients by health workers- the partnership provides training to health workers on assessment and management of mental health conditions.

⊕ Provision of psychotropic drugs- partnership advocates for inclusion of such medication by the district health teams when ordering drugs from the Central Medical Stores.

⊕ Proper deployment of MH workers at district hospitals looking at those trained in MH- partnership further engages the districts to ensure allocation of trained personnel to provide mental health services.

⊕ Proper documentation of MH client's data- the partnership advocates for proper documentation of MH clients in the selected districts so that they can use the data in ordering of the MH medication.

⊕ Outreach clinics and awareness raising sessions- partnership advocates for increased support towards awareness raising activities to the communities.

As a result of the engagement meetings at District level, Rumphi District Hospital has registered the following successes:

- ⊕ Key Mental Health drugs in stock as at June 30, 2022. The facility has key mental health drugs including Haldol intramuscularly depot 5mg and 50mgs, Modecate intramuscularly depot 50mgs, Sodium Valproates 200mgs Oral tablets, Amitriptyline 25mg oral tablets, Phenobarbitone, Phenytoin and diazepam ampoules.
- ⊕ The facility has introduced a Register for documentation of Mental Health clients details which is key in assisting the facility make informed decisions regarding ordering Mental Health drugs since this is based on the number of clients accessing services from a particular district.
- ⊕ Allocated a full time Psychiatric nurse who coordinates all mental health services at the facility on a daily basis.
- ⊕ The facility has allocated a room for the provision of mental health services.

The partnership also contributed to improved knowledge of health workers on mental health by conducting training for 18 health workers from Mapale and Matuli health centers. Pre-training test had the highest score of 79% and the lowest score of 17% while in the Post-test the highest was 88% and lowest was 36%. The objective of the training was to build capacity among the health workers in assessing clients with mental health problems and refer accordingly, identifying different types of mental health problems and their medications and know the drug side effects and how to manage them, provision of different health education on mental health in the community they are working thereby reducing stigma and discrimination.

With an aim of creating space for mental health care users to speak out on issues affecting them, the partnership conducted a mental health panel discussion on 4th March, 2022 which was recorded and aired on Zodiak Radio on 17th March, 19:30 hrs and repeated on 19th March, 18:30 hrs. The panelists included a mental health specialist, volunteer and one service user. Moving forward, the partnership will continue providing platforms to service users to advocate on mental health issues affecting them, especially during the commemoration of key international days e.g. mental health day- 10th October and Anxiety and Depression Week (1st Week of May).

Seed also supported SJoG in their pre, mid and post student placement meetings. The partnership conducted the placement meetings on a quarterly basis. The meetings have been focusing on assessments of students, supervision and coaching of students, monitoring of students and challenges faced by mentors and students during clinical placements. During these meetings, SJoG faculty members have been meeting with clinical mentors to discuss student clinical objectives; roster so that each student knows where they are supposed to be; students' scope of practice and students' appropriate dressing code and the need for all students to adhere to that while in a clinical setting.

The partnership also supported the review and revision of clinical assessment tools for clinical medicine and nursing programmes by aligning them to requirements of the Medical Council of Malawi (MCM) and Nurses and Midwives Council of Malawi (NMCM) respectively.

Seed also supported a Research Dissemination Conference on 28th April 2022. The aim was to build capacity on teaching using evidence-based information. About 96 people from different organizations namely Ministry of Health, CHAM, KUHeS, MZUNI, CHAM Colleges, Central, District and Private Hospitals and Seed Global Health attended the event. In addition, the event was also attended by Lecturers and clinical instructors, gen-

eral public, former and current students. The theme for the conference was “Building resilience in the Health profession’s education through Research in the pandemic era: Learning from the past, tackling the present and shaping the future.”

The partnership also supported a CPD course for 14 faculty members on student-centered learning (with content adapted from Nurse Educators Compendium)

5.0 Other Achievements

5.1 Malawi Team Staffing Update

With an aim of ensuring that the Malawi team offers the much needed technical support to our partnerships and Educators, Seed Malawi recruited an additional team member (Ms. Anda Nyondo) who joined the team on 1st May 2022 as a Clinical Manager.

In the reporting period, preparations for the recruitment of a Midwifery Advisor were also initiated. The Midwifery Advisor position has been created to beef up the capacity of the team at Limbe Health Center supporting the team in terms of data collection, analysis and management responding to the prioritized indicators for measurement at the Midwifery-led ward at Limbe. Mr. Richard Malirakwenda was recruited for the position and has been onboarded to the post.

Seed Global health also recruited a Seed-KUHeS Partnerships Administrator (Mr. Ignasio Wachepa) who is responsible for supporting activity logistics and administrative work for the five partnerships under KUHeS. He reported for duties on 1st October 2021.

5.2 First Partnership Measurement

Seed engaged external consultants to facilitate an assessment for all the 7 partnerships. The assessment was in two folds: Situational Analysis and MEL Framework measurement. The aim of the exercise was to better understand the context of Seed’s partnerships in Malawi and to capture each partnership’s unique indicators at this stage of the partnership. Much as the assignment took longer than anticipated due to covid-19 pandemic

which affected data collection, the external Consultants completed and submitted the final reports for all the 7 partnerships in March 2022. The reports were disseminated to the partnership teams.

5.3 Seed Impact Team Retreat

Seed Malawi, represented by Ms. Tiwonge Moyo (Country Director) and Mr. Thomas Msiska (Program & MEL Manager) participated in a Seed Global Health Impact retreat which took place in Uganda from 30th May 2022 to 3rd June 2022. The main aim of the retreat was to align our thinking around Seed Global Health's vision of success and overarching theory of change. This was informed by Seed's desire to ensure all teams are able to demonstrate impact from the work we are investing in through our partnerships.

5.4 Project C.U.R.E Partnership

Since most of the partnerships Seed has in Malawi are with local training institutions, there were requests which were put forward to Seed to help with provision of skills laboratory equipment to help beef up the equipment these institutions already have. With an aim of meeting the need, Seed Global Health engaged Project C.U.R.E (Commission on Urgent Relief and Equipment) for possible assistance in terms of donation of equipment to these training institutions. Project C.U.R.E. is a US based charity which was founded in 1987 to address the staggering shortage of medical resources around the world. In the reporting period, Seed worked on arranging a visit by assessors nominated by Project C.U.R.E to visit all the partnerships which need equipment. The assessment was scheduled for September 2022 and partnerships involved are MLW, PCC nursing, PCH, OBGYN, FM and SJoG.

Seed also coordinated the donation of beds to the Ministry of Health by Project Cure.

5.5 Covid-19 Donations

To help curb the spread of covid-19, Seed Global Health supported all its partnerships with Personal Protective Equipment (PPE) worth USD 40,000 (MK40,219,600.00). Seed donated PPE to SJoG College of Health Sciences, KUHeS faculty of maternal, neonatal and midwifery studies, Limbe Health Centre, KUHeS PCC nursing, KUHeS FM, KUHeS OBGYN, KUHeS PCH and NMCM partnerships.



Photos taken during the donation ceremonies for the PPE

5.6 Cholera Prevention Items Donation

In June-July 2022, Seed Global Health supported Limbe Health Centre with cholera prevention items worth USD4,500. This was done with an aim of helping the facility reduce the spread of cholera after getting a request from the facility.



Some of the donated Cholera prevention items donated to Limbe Health Center maternity wing



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