THE NATION 08 March 2011

International Women's DAY

Reflecting on family planning and reproductive health

IWD

Taking maternal matters to Parliament ...P3

SPECIAL ESSAY BY JULIANA LUNGUZI

Family planning: A cost-effective way to save lives of women and children

As we celebrate this year's International Women's Day, let us reflect this year's theme of "Equal access to Education, Training, Science and Technology: Assurance to Safe Motherhood and Total Empowerment to Women and The Girl Child" by focusing on issues of sexual and reproductive health and family planning.

According to the World Health Organisation (WHO), reproductive health is a state of physical, mental and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Implicit in this are the rights of men, women and young people to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate healthcare services that enable women to safely go through pregnancy and childbirth. Reproductive health care is defined as the constellation of methods, techniques, and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted infections.

Government has done its role to make sure that there is an enabling policy to promote access and utilisation of family planning services in Malawi. The goal of the National Sexual and Reproductive Health and Rights policy is to promote, through informed choice, safer reproductive health practices by men, women and young people including use of quality and accessible reproductive health services. The policy has eleven components, one of which is family planning.

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

PHOTOGRAPH: BOBBY KABANGO

Women need to be informed in family planning issues to avoid unplanned pregnancies

Malawi's success in family planning

- Malawi has registered progress in the area of family planning since 1992. To begin with, Total Fertility Rate (TFR) has declined from 6.7 children to in 1992 (Malawi Demographic Heal Survey (DHS) to 5.2 children as of the 2008 Population and Housing Census. Contraceptive Prevalence Rate (CPR) (CPR=the percentage of women who are married or in union and of reproductive age: 15-49 years old, using any method of contraception, either modern or less reliable traditional methods) for modern contraceptives increased significantly from 7percent in 1992 (DHS) to 38 percent as of 2006 Multi Cluster Indicator Survey (MICS).
- The Unmet need (i.e. the proportion of women not using contraception among women of reproductive age (15-49 years old, who are either married or in union and who are productive and sexually active but do not want any more children or would like to delay the birth of their next child for at least two years) for FP declined from 36 percent to 28 percent in 2004.
- Further to this, the country has allowed health surveillance assistants to be giving Depo Provera at household level, which is one of the commonly preferred methods of contraception by women in Malawi, hence increasing access and utilisation of family planning services. This has happened while the country, through its various partners, is also increasing door-to-door distribution of contraceptives in the hard-to-reach areas through Community-Based Distributors of Contraceptives (CBDAs).
- Government continues to offer free contraceptives in the country to all who need the services. They also subsidise provision of contraceptives in some organisations.

Malawi's challenges.

The challenges in family planning could be best summarised using the three indicators of reproductive health namely: adolescent birth rate, contraceptive prevalence rate and unmet need for family planning

Adolescent birth rates are the number of births per 1 000 girls between the ages of 15 and 19. The high adolescent birth rate of 193 births for every 1 000 adolescent girls aged 15-19 years in Malawi highlights a major gap in access to family planning information and services for our young people. The adolescent birth rate is a critical indicator of opportunities available to individual girls and the vulnerabilities they experience during adolescence and beyond. In addition, it reinforces the importance of reaching people with information and services that are appropriate to their age and needs, starting from childhood and extending through the life cycle. Adolescent birth rates are closely linked to MDG2 and MDG3, which address universal access to primary education and gender equality in education and

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Fast facts on International Women's Day

- In 1869 British MP John Stuart Mill was the first person in Parliament to call for women's right to vote. On 19 September 1893 New Zealand became the first country in the world to give women the right to vote. Women in other countries did not enjoy this equality and campaigned for justice for many years.
- In 1910 a second International Conference of Working Women was held in Copenhagen. A woman named Clara Zetkin (Leader of the 'Women's Office' for the Social Democratic Party in Germany) tabled the idea of an International Women's Day. She proposed that every year in every country there should be a celebration on the same day - a Women's Day - to press for their demands. The conference of over 100 women from 17 countries, representing unions, socialist parties, working women's clubs, and including the first three women elected to the Finnish parliament, greeted Zetkin's suggestion with unanimous approval and thus International Women's Day was the result.
- The very first International Women's Day was launched the following year by Clara Zetkin on 19 March (not 8 March). The date was chosen because on 19 March in the year of the 1848 revolution, the Prussian king recognised for the first time the strength of the armed people and gave way before the threat of a proletarian uprising. Among the many promises he made, which he later failed to keep, was the introduction of votes for women.
- Success of the first International Women's Day in 1911 exceeded all expectation. Meetings were organised everywhere in small towns and even the villages halls were packed so full that male workers were asked to give up their places for women. Men stayed at home with their children for a change, and their wives, the captive housewives, went to meetings.
- In 1913 International Women's Day was transferred to 8 March and this day has remained the global date for International Women's Day ever since.
- During International Women's Year in 1975, IWD was given official recognition by the United Nations and was taken up by many governments. International Women's Day is marked by a national holiday in China, Armenia, Russia, Azerbaijan, Belarus, Bulgaria, Kazakhstan, Kyrgyzstan, Macedonia, Moldova, Mongolia, Tajikistan, Ukraine, Uzbekistan and Vietnam.— SOURCE: INTERNATIONAL WOMENS DAY WEBSITE

INTERNATIONAL WOMEN'S DAY SUPPLEMENT

Taking maternal matters to Parliament

HEBERT CHANDILANGA
STAFF WRITER

Each year, 600 000 women die of maternal issues worldwide—1600 each day, one every minute. Worse still, 99 percent of these deaths occur in developing countries such as Malawi, according to the director of the Centre for Reproductive Health (CRH), Dr Frank Taulo.

It is an indicator of how the woman has fallen prey to many social and health problems.

According to training coordinator at CRH, Effie Chipeta, studies in the sub-Saharan Africa show that women are now more affected than men by HIV and Aids as compared to a couple of years ago. Add to this, the country's high maternal mortality rate still soars at around 807 deaths per every 100 000 live births.

Taulo suggests that it is time for a holistic approach involving every possible stakeholder, looking at as many dimensions as possible towards maternal matters.

In Malawi, rural areas are the hardest hit. They continue to face most of the sexual reproductive health problems.

Mary Sibande Kumwanje, a nurse under the CRH's Community-Based Safe Motherhood in Malawi Project says such problems in the rural areas are even exacerbated by social and health problems that include cultural practices harmful to women and less accessible health options.

For instance, in the rural areas, lack of adequate male involvement, inaccessibility of health facilities is an example of factors aggravating cervical cancer, maternal mortality and fistula through delayed hospital visits. Kamwanje urges stakeholders to prioritise these rural and most hard-to-reach areas in their interventions.

Taulo: It is time for a holistic approach

Kalirani: MPs need to champion women's causes

PHOTOGRAPHS: HERBERT CHANDILANGA

Her encounters with reality in the rural areas equip her with knowledge of hurdles that include poor road networks, shortage of staff at health facilities and rampant and established cultural practices which challenge progress.

She notes that rural communities—pressed both by lack of alternatives and knowledge—are facing high incidences of maternal deaths and conditions resulting from prolonged delivery. She, therefore, believes that members of Parliament (MPs) who are conversant with the challenges and have the privilege of formulating policies are among the better-placed to bail women out of maternal health problems.

Kamwanje, therefore, challenges the MPs to a tried, tested and recommended participatory approach which incorporates societies in observing problems and suggesting solutions. She feels the participatory approach would help in areas such as training, action research, strengthening networks, improving village to health centre referral systems,

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Challenges and successes of family planning in Malawi

Lunguzi: Malawi's family planning programme should continue to improve

PHOTOGRAPH: HERBERT CHANDILANGA

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adolescents must know about and have access to quality family planning services.

- Birth spacing is important for better health outcomes for both children and mothers. Women face increased risk of morbidity (diseases) and mortality (death) when there is less than 15 months and more than 59 months between births. Family planning reduces about 40 percent of maternal deaths.
- By keeping young adults healthy and productive, by allowing parents to have smaller families through access and utilisation of family planning methods; a country can devote greater time and financial resources to each child on education, health care and other social services, hence contributing to economic growth and equity.
- Family planning access and utilisation enables young women to delay childbearing until they have achieved education and training goals and preventing stigmatizing medical conditions that come with early child bearing like obstetric fistula, thus, contribute towards improving women's social position and increasing their community and political participation.

Way forward

- Malawi's family planning programme should continue to improve the quality of family planning services to meet women's expressed needs. The programme should provide women with complete information about contraceptives and side effects, offer an array of methods and counselling to help women choose the method that is best for them, and provide contraceptive follow-up care. In addition, the programmes should continue to support women's reproductive rights, including women's right to decide how many children they want and can support.
- Since many women begin sexual activity while they are still in school and some 90 percent do not use contraception at first sex, schools should improve life skills education programmes to help both young women and men gain a better understanding of sexuality, family planning, and the consequences of reproductive behaviours. Values clarification should be a key component of the curriculum for all teachers entrusted with the task to teach life skills in schools so that they master the language to be used which will not be misleading but open enough to leave no questions in the eyes of the young people.
- Contraceptive services should be made more accessible to young and unmarried women and men, who are often excluded from

Safe motherhood a far-fetched dream for Chitipa women

ALBERT SHARRA
CORRESPONDENT

Chitipa is one of the highly-populated districts in the Northern Region. In the past decade the number of pregnant women attended to by qualified personnel has gone up from 40 percent to 64 percent, which is encouraging.

But despite this success, the situation in the district is still bad. At Chitipa District Hospital, most pregnant women who come to the hospital sleep on the floor because of lack of bed space in the maternity ward.

Information sourced from the District Health Officer (DHO) indicates that the hospital receives over 100 pregnant women per day against 30 beds. DHO for the district Burton Jere said the situation is bad.

"The hospital is always congested. We receive over 100 pregnant women everyday and only 30 get beds. There is nothing we can do at the moment because the room is too small," he said.

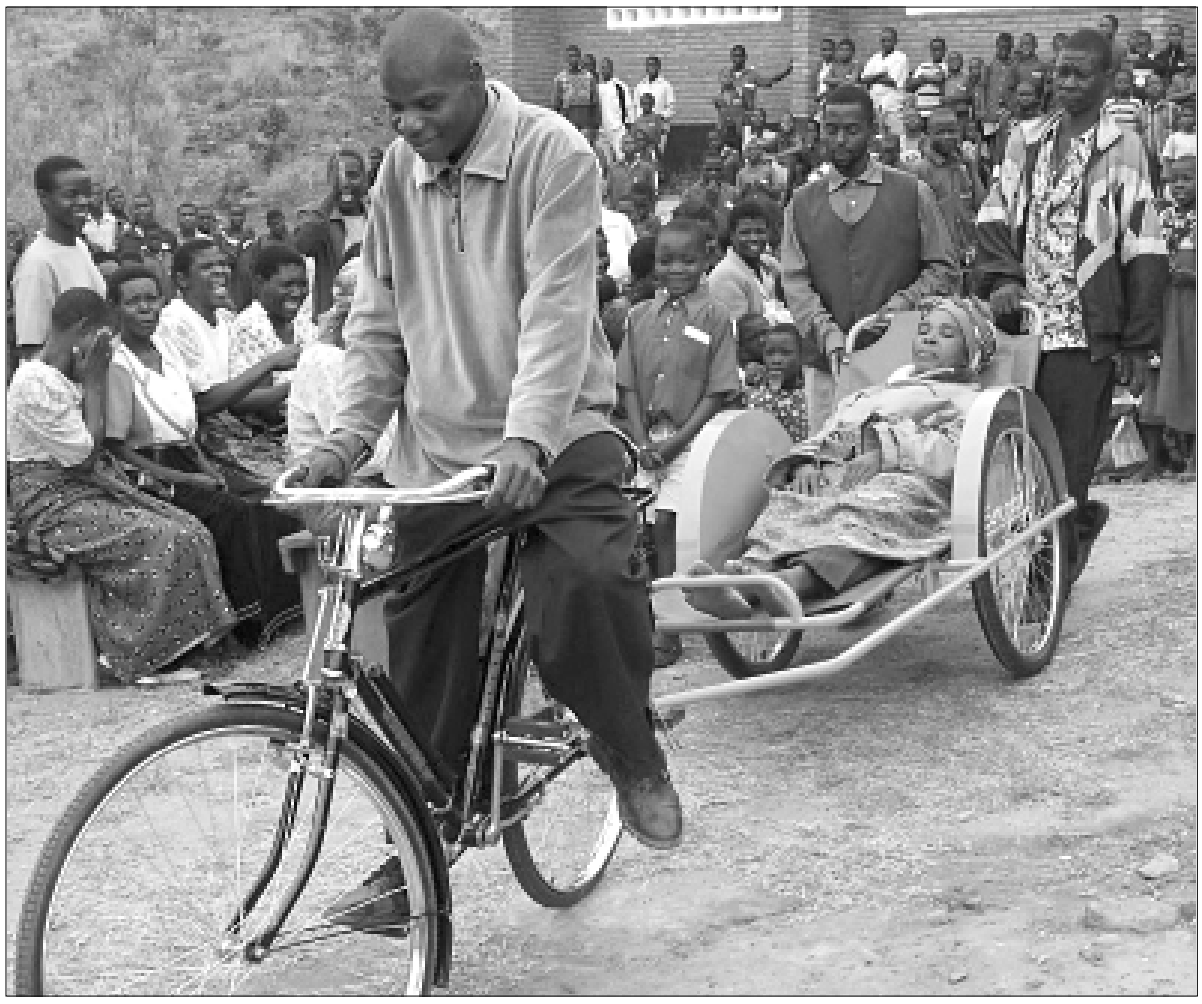
He also revealed that the situation is the same in the district's health centres which have few beds and health personnel to assist pregnant women, a situation he says is forcing some pregnant women to deliver at the Traditional Birth Attendants (TBAs).

Livingstonia Synod Church and Society project officer Tawonga Kayira, whose project is also carrying out a sensitisation campaign to encourage women to deliver at the hospital, concurred with Jere saying the situation in hospitals is worse and that many women are opting for TBAs.

"The situation is bad. Last year, we rescued over 200 pregnant women who wanted to deliver at a TBA and took them to the hospital. We have also provided transport to some who could not walk to the hospital due to the long distance," she says.

She worries that women who are HIV positive could infect their babies during delivery if they deliver at TBAs, where there are no facilities for the Prevention of Mother to Child Transmission (PMTCT).

"That is why it is important for women to deliver at the hospital. Hospitals also provide antenatal clinics which help in early diagnosis and can ensure timely Antiretroviral Treatment (ART). However, in places like Therere and Karopa, pregnant women have to walk between 10 to 20 kms to access antenatal services. This in itself might deter those who would like to deliver at the hospital," says Kayira, adding HIV Counselling and Testing (HCT) is also affected by such long distances.



PHOTOGRAPH: NATION LIBRARY

Bicycle ambulances have been used in most rural areas to ferry pregnant women to hospitals

Chitipa District Hospital has only seven nurses in the maternity wing.

Deputy Patron in the maternity wing at the hospital, Esther Kapalamula said despite that maternal health is prioritised, lack of sufficient medicine and other resources affects the hospitals delivery of care to pregnant women.

"We have seven nurses who work on shifts and we have had situations when we have one nurse in the ward because others are resting or are attending to some departments like the paediatrics and out-patient departments," says Kapalamula.

A visit to some of the health centres such as Therere revealed that there are less than three beds in the maternity wards with one midwife in most health centres.

PHOTOGRAPH: NATION LIBRARY

Kayira: Women who are HIV positive could infect their babies if they deliver at TBAs

Nthalire Health Centre, which receives an average of 15 pregnant women per day, only has two nurses and three beds for the maternity ward.

According to a Synod of Livingstonia Church and Society, HIV and Aids, Gender and Human Rights project 2010 health report, most health centres are far and have no enough facilities and personnel. People struggle a lot to access health services at hospitals a situation that is forcing many pregnant women to go to TBAs.

The report says, on average 120 pregnant women in some parts of Chitipa deliver at TBAs per month due to the problem.

In Nthalire alone TBA Nahinda which has been operating since 1972, gives births to about 80 pregnant women per month.

Health Surveillances Assistants (HSAs) interviewed across the district over the week revealed that bed space is a problem in all health centres and that they are under-staffed apart from being far from many villages.

While admitting that distance affects many women to deliver at the hospital, Jere said the situation is due to insufficient health facilities and poor roads in the district.

"We have only seven health centres and the district hospital against a population of 185 340 and our wards are too small with few health personnel. This situation forces many women to deliver at TBAs. We have carried many sensitisations programmes on safe motherhood across the district to help women deliver at the hospital and the response has been positive but there is a lot that has to be done because the environment at the hospitals is not conducive," Jere said.

One of the women who was rescued by the Livingstonia Synod Project from a TBA after suffering some complications during her pregnancy is Tandulechi Chilenga of Group Village Headman Mwenevumo. Her village is located along the hills, 30 km away from Nthalire Health Centre.

"My home is very far from hospital and we rely on TBAs where the sanitation is poor and the process is risky. Thanks to the Livingstonia Synod, one of my children was born at the hospital," she says.

Despite TBA Nahinda being in operation for 38 years, health officers have visited it only twice. Pregnant women deliver their babies on a mat and there is no toilet or tap water at the TBA. The birth attendant wears plastics bags as gloves during delivery.

The DHO said apart from discouraging women to deliver at TBAs, the hospital is working with the TBAs and HSAs to ensure they provide skilled services.

"We are carrying out a number of projects to ensure pregnant women are assisted properly.

"Plans are also underway to construct another maternity ward at Chitipa District Hospital and increase staff houses in all health centres to accommodate more health staff.

Some chiefs in Nthalire and Mwenyewenya attacked the idea of advising women to relocate close to the hospital when approaching labour, saying it is not a realistic approach.

Spokesperson for the Ministry of Health Henry Chimbali says the ministry is aware of the situation and it will look into how to resolve the problems.

"We have received many complaints about the situation at the hospital and we are gathering some resources to save the situation. We will visit the hospital soon to see the problems that need our immediate attention.," he says. ■

INTERNATIONAL WOMEN'S DAY SUPPLEMENT

Infertility not a woman's problem—CRH

JOSEPHINE CHINELE
CORRESPONDENT

Maria Chinyama feels incomplete without a child three years after her wedding even though she is living in harmony with her husband.

"Friends jokingly ask why we still do not have a child up to now. It hurts so much because I have never used any contraceptive and have never had an abortion as others speculate," she emotionally said in an interview last week.

Chinyama, who is in her mid-20s, said she has been to the gynaecologist twice and was told take her husband to the specialist for a medical examination but he refuses.

"Everytime I try to discuss this issue with him, he tells me that he doesn't have a problem and seeking medical help will just complicate things," she lamented.

Chinyama said she strongly believes that one day she will conceive with God's help.

Her case may sound odd but there are many other couples who are suffering in silence in Malawi due to fertility problems.

The World Health Organisation (WHO) describes infertility as inability to conceive a child after two years of regular sexual intercourse without contraception.

In Malawi, some men have divorced their wives because they could not bear a child. And in the Malawian culture, the subject of infertility is so secretive that it is hard for couples failing to have a child to share their worries.

There is a general belief that it is always the woman who contributes to the delay or failure to have children in the family because of the use of contraceptives before bearing children.

A study which College of Medicine's Centre for Reproductive Health (CRH) conducted in Nsanje district recently revealed that infertility is a big problem in the area but people believe that it is only the native doctor who can heal it.

Training coordinator for CRH, Effie Chipeta, says the problem of infertility is highly misunderstood.

"People believe that there is no cure for infertility at the hospital so much that when a man doubts himself to be infertile, he sneakily arranges for another man called 'fisi' (hyena) to impregnate his wife," says Chipeta.

She says this 'fisi' practice cannot solve the problem but rather put lives at risk.

"Either the husband or wife could be infertile; it is surprising that this issue is mostly burdened on women," she says, adding that from experience, men do not like to be part of infertility treatment.

Fainet Chikolowa, (54), a Machinjiri resident says childless women are the most insulted in Malawi.

"People say even if one is in her late 50s, she is still a little girl if she has never had a child," she says.

Dr Frank Taulo, a gynaecologist at Queen Elizabeth Central Hospital (QECH) and director for CRH says 17 percent of Malawian couples between 20 and 44 years old are childless, an additional 15.8 percent are estimated to have had infertile periods (failing to conceive for 5 to 7 years) at some point in their life.

PHOTOGRAPH: NATION LIBRARY

Chipeta: It is surprising that this issue is mostly burdened on women

He says even though some causes are not known, it is common that infertility in women is caused by ovarian dysfunction, tubal damage due to infections such as gonorrhoea, being over or under weight and poor diet, among other things.

Taulo says in men, infertility can be caused by poor transportation of sperms, sexually transmitted infections (STIs), smoking and alcohol, among other things.

"Apart from the natural causes, couples may fail to conceive due to some risky behaviour such as heavy alcohol, drug abuse and in women stress and age," he says.

He advises couples to visit specialists whenever they are failing to conceive because in most cases their problems could be treatable. ■

Taking maternal matters to Parliament

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maternal death audits and feedback to communities.

The MPs agree that, for a start, they are at a vantage point to employ vigilance and accountability on health institutions in their areas. In the august House, they note, they can screen the budgets and prioritise women's health.

They can, for example, help acquire vital resources such as the cancer radiotherapy machines which the country does not have.

They can also advocate for change from the grassroots, for instance, by promoting couple family planning and voluntary counselling and testing right in their constituencies.

Legislator for Nkhata Bay West, Grace Chiumia—a nurse midwife and community health nurse for eight years—calls on fellow MPs to take the lead in relieving the woman of her burden.

"We must be role models. We must prioritise health and impact-based approaches. We must lobby for resources and motivate health workers—they need resources," says Chiumia.

Taulo says the MPs and all other stakeholders need to embrace a paradigm shift to include as many factors as there are that challenge maternal health.

Chairperson of the Women Caucus in the august House, Jean Kalirani, also agrees that MPs must be among the lead actors championing that paradigm shift.

The MPs say they are more than happy to comply. ■

Way forward on family planning in Malawi

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family planning programmes. Hence strengthening and scaling up of youth friendly health will be key for the Ministry of Health, and all other stakeholders working with young people at all levels of this society starting with the community.

- Women, themselves, must learn to be effective advocates for programs that will improve their lives and the lives of their families. In this case, the women caucus in our Parliament can take this as their special task, to work with our First Lady, who is the National Coordinator for Safe Motherhood, of which family planning is one of the pillars to lobby and advocate for increased access to SRHR information and services, more especially contraceptives.
- If there is an organised group within Malawi is the religious groups. Be it churches or mosques. Majority of these religious houses men are our leaders and there are well organized in various groups. Let us take an opportunity, using age appropriate groups, to impart knowledge of Sexual and Reproductive Health and Rights, with a specific focus on family planning. In most churches this is a contentious issue, the bottom line is, with a population growth rate of 2.8 percent, something ought to be done and it has to be done now.
- Men and boys must always participate in SRHR programs including family planning, since to date they remain the major decision makers in our society, in the process they must continue empowering the women to actively make choices about their reproductive lives.

* Reaching the most vulnerable or disadvantaged groups and meeting the specific needs of the largest ever cohort of young people are essential. Rural areas remain to be insufficiently served with family planning services. Scaling up HSAs and CBDA programmes could be ideal in these areas.

- Procurement of contraceptives in Malawi is largely donor dependent, in order to keep the momentum, donors need to stay the course and ensure continued support for key programme components (e.g., logistics and procurement) while at the same time working with the government to plan for sustainability for financing contraceptives as well as ensuring that the MOH needs to remain committed to family planning.

Conclusion

Family planning (Contraceptive provision) is often undervalued in benefit assessments because unintended pregnancy, the outcome contraceptive use prevents, is not a disease, and

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Take more action against maternal mortality

JAMES CHAVULA
STAFF REPORTER

With global indicators showing uneven progress towards achieving Millennium Development Goals (MDGs), watchdogs fear Malawi looks set to miss the target on safe motherhood unless government investments more in reducing the number of lives lost during childbirth in rural areas where a majority of the population lives.

Pregnant women at Chikweo Rural Health Centre in Machinga count themselves lucky if they make it to the hospital for safe delivery. Most of the poor women have to endure over two hours of walking the ragged roads of the remote locality to present themselves at the hospital which is fatigued with shortage of necessary equipment and staff for safe motherhood.

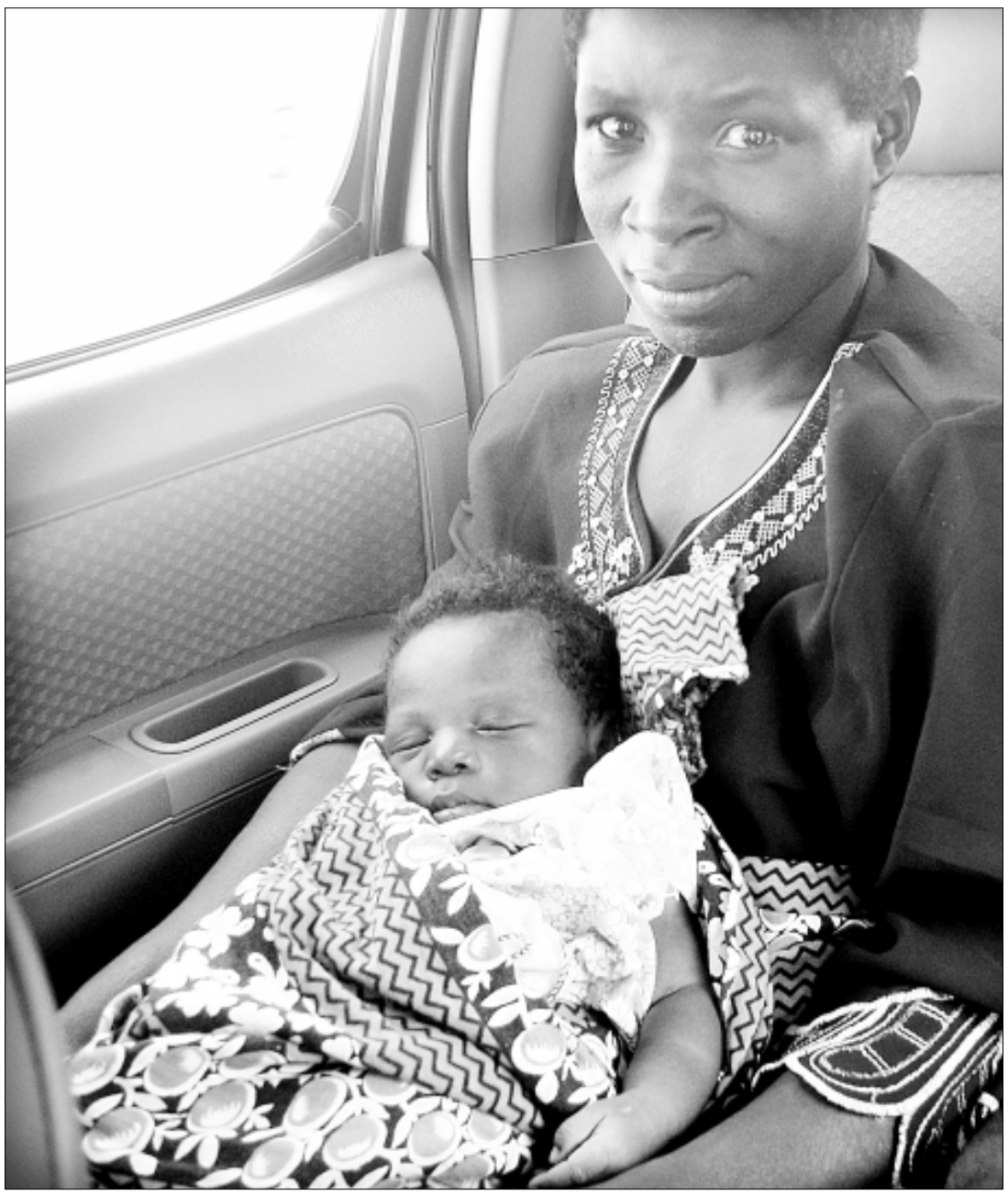
During a visit to the healthcare facility on Friday, about 10 babies were made to pay dearly for being born in a poor country.

There were only six beds in the maternity ward, which, according to hospital officials, hosts an average of 15 mothers every day. As such, nine other mothers and their newborns were seen sleeping on the floor, with only black plastic papers separating the fragile bodies of the newborns from the biting cold of the cement concrete.

"Of course, most of us now appreciate that we can only save our lives and the babies if we come to hospital in time," said Ndogime Wodasi, who had braced a two-hour walk from Kumbira Village to deliver her eighth born on Thursday. "But the shortage of facilities is dealing a blow to the rising awareness."

Concurring with Wodasi, Chief Chikweo, who is famed for fining defaulters, believes it is fatally negligent for a woman to die giving birth. The traditional leader, while acknowledging the dedication and cheerfulness of nurses and midwives at the hospital, called for a conducive environment for pregnant women.

"How do we convince women to go to the nearest hospital if the facilities lack basic necessities as beds?" queried Chikweo, requesting government and non-governmental organisations to help ease the problems.



PHOTOGRAPH: ALBERT SHARRA

Giving birth in hospitals ensures healthy babies

While Ministry of Health figures show 807 of 100 000 die while giving birth, Chikweo has not registered any death since October 2008. However, expectant women are perpetually at the risk because it has limited options when it comes to ferrying complicated cases to Machinga District Hospital, about 80km away.

"Every time there is a serious case, we have to call for an ambulance from Machinga. Contrary to the urgency these cases require, the vehicle takes too long to come by because it is already booked for equally pressing calls or because of poor road network," said Eunice Nselemu, one of the three nurses who work day and night to ensure nobody dies while giving life in this village.

To make matters worse, added Nselemu, the healthcare facility has no resuscitation machines for boosting lives of babies born weak and all pieces of equipment used in the delivery room has to be referred to the district hospital for sterilisation.

Not only does the absence of a simple sterilisation machine expose nurses and mothers to HIV, but also defeats the model of prevention of parent-to-child transmission being championed by Clinton HIV and Aids (Chai) Initiative at the hospital.

In line with UNAids' call for virtual elimination of mother-to-child transmission, Chai accords mothers motivational talks, individual counselling and testing when they go for prenatal checkups. Chai has installed state-of-the-art machines that test the immunity levels of those found positive, allowing those with low CD4 count to start taking life-prolonging drugs and child-protection dosages instantly.

According to Council for Non-Governmental Organisations in Malawi (Congoma) representative Symon Sauzande, addressing the gaps in the system is a prominent component of the battle against poverty as enshrined in the MDGs agreed upon by 186 heads of states and 147 nations in 2000.

"The children that die at birth are progressive citizens gone to waste. If it is the mother that dies, it automatically follows that some children will be left orphaned, thereby replicating the vicious cycle of poverty," explained Sauzande, calling on government and locals to realise that the responsibility to end poverty rests in their hands. ■

Will Malawi meet maternal health MDGs?

SAMUEL CHIBAYA
STAFF REPORTER

Last year, the Reproductive Health Unit (RHU) in the Ministry of Health carried out an appraisal of health facilities to assess provision of emergency obstetric and new born care (EmONC).

EmONC is about provision of emergency medical services to pregnant women and newly-born babies.

The results were not encouraging. This perhaps, supports the predictions that Malawi will not manage to meet the Millennium Development Goals on maternal health.

The survey was carried out between June and July 2010, when 15 teams of health professionals- 16 junior doctors, four clinical officers and 25 nurse midwives visited 314 facilities. It involved all hospitals and selected health centres belonging to government, Cham [Christian Health Association] and the private sector. However, the final analyses were based on 299 health facilities that provided deliveries in the twelve months preceding the survey.

Out of the 89 hospitals assessed, only 42 (representing 47 percent) were offering EmONC services comprehensively. And out of 210 health centres only five (2 percent) offered services at a basic level.

The survey concluded that Malawi does not have the recommended number of EmONC facilities per 500 000 population. Furthermore, the targets set in the 2007 roadmap of having 50 percent of health centres providing basic EmONC and 80 percent of hospitals providing comprehensive EmONC by 2010 are far from being met.

The survey also revealed that EmONC facilities are not equally distributed. Only two districts in Malawi—Phalombe and Mwanza—met the recommended number of EmONC sites per 500 000 population.

Nationally, 65 percent of births took place in health

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INTERNATIONAL WOMEN'S DAY SUPPLEMENT

Power failure risking women's lives

STAFF REPORTER

Darkness engulfs the delivery room and midwives hoist three white candles in the air, as if in they are holding a vigil.

At least once every three days, that is what Ndirande Health Centre, situated in the heart of Malawis commercial city, Blantyre, turns out to be—a disturbing experience for women in labour.

It has also become a headache for Eddie Manda, who is in charge of the health facility which services one of Malawi's most populous townships.

"Frequent power failure is making life unbearable for both staff and patients. We fear for the lives of pregnant women who deliver at our facility," says Manda.

"It is difficult to see in candle light. How do we take care of women with torn tissues or, worse still, how do we stitch their wounds?"

Health personnel use candles bought by the centre or by expectant women themselves in their desperate search for torn spots and bruises. One of the workers confided that she was once confronted by a white woman who visited the facility in the midst of a black out some two years ago.

She said the white lady (a British national with some medical background) shouted at her for trying to 'stitch' a woman with candle wax-oblivious of the fact that the health worker was not stitching women with candle wax, but was searching for bruises and torn spots in the dark!

PHOTOGRAPH: NATION LIBRARY

Babies are born in risky conditions as a result of frequent power failures at Ndirande Health Centre

The health centre has 16 nurses and four clinicians serving a population of over 230 000. Manda says the facility also needs new infrastructure such as a fence to keep the health centre safe from intruders.

"Electricity is a problem and we need a stand-by generator or at least solar power. Women in labour are not safe without these," says Manda.

Eunice Makangala Member of Parliament (MP) for Blantyre City Central Constituency is also worried about the situation.

Makangala says the facility is the first-line of call for people of Ndirande Township and other places like Mbayani, Kabula, Chirimba, Chemussa and Malabada. Instead of finding hope, it is problems they encounter.

"Without a generator or solar power, night time has become a curse. And thieves have stolen mattresses, metal bars and empty beds because there is no fence around this place," says Makangala.

She says these problems were presented to Ministry of Health officials who visited the facility last July, before President Bingu wa Mutharika reshuffled the cabinet and brought in a new minister.

People of Ndirande do not want to add on to the maternal mortality and morbidity figures, says Makangala. She says, however, that reducing the statistics remained a multi-sectoral responsibility.

Even the country's First Lady, Callista Mutharika, shares this view.

"Motherhood should not be a curse," she said, drawing on her role as the country's Safe Motherhood Ambassador.

President Mutharika has himself wondered why women should die during child birth.

In 1988, when Malawi's population hovered around eight million, the infant mortality rate was 153 per 1 000 live births, according to a 1989 World Bank Report (Sub-Saharan Africa: From Crisis to Sustainable Growth), describing the figure as too alarming. Over 20 years later, the picture is still gloomy. While 894 would succumb to maternal mortality per every 100 000 live births three years ago, today the figure has gone down by only 90.

Village Headman Mlanga, from T/A Kapeni in Blantyre, feels that traditional leaders have a big role to play in turning all this sadness into a success story.

"It has proved successful with campaigns against malaria, tuberculosis and measles. Chiefs are the key in turning the tables in favour of safe motherhood," said Mlanga.

Unfortunately, he cannot afford a generator. Not even from his honoraria. ■

PHOTOGRAPH: NATION LIBRARY

Kwataine: There is a lot that has to be done

Malawi not doing well on EmNOC—RHU study

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facilitates and out of these 22 percent were in EmONC facilities.

And while EmONC services must be available 24 hours a day throughout the week, the survey found that from Monday to Friday, most hospitals have a good number of on-site medical doctors, clinical officers, registered nurses, nurse midwife technicians and medical assistants. These percentages dropped drastically at night and on weekends when clinicians including specialists were only available on call.

Secretary to the Ministry of Health Dr. Charles Mwansambo said in an interview that government is aware of the situation as highlighted in the EmONC report and that it is trying to address the problems.

On the other hand, director of RHU, Dr Chisale Mhango said the problems started in 2004 when the health sector collapsed.

"There were no drugs in the hospitals and there was a shortage of midwives," Mhango said, adding that a health centre is supposed to have two midwives.

He said another critical problem is treating women with miscarriages due to inadequate equipment.

However, he says government and partners are trying to improve the situation by building more staff houses, health centres and procuring equipment and drugs.

Martha Kwataine, executive director for Malawi Health Equity Network said the survey findings show there is a lot that has to be done on the ground. She cautioned policy makers to balance serving donor interests and those of the citizens.

"That's why I don't believe some of these statistics. For example, they say that maternal mortality rate has gone down yet if we look at how mothers are dying on the ground you wonder whether this is true," says Kwataine.

She urged government and partners to ensure that equipment, drugs and trained staff are found in the health centres. ■

Lack of resources affecting contraceptive use in Chitipa

ALBERT SHARRA
cORRESPONDENT

The Population and Housing Census report that was released by the National Statistical Office (NSO) in 2008 revealed that Malawi's population is increasing. According to the report, Malawi has a population of about 14 million people. This situation means there is more need for various services such as social services, land for settlement and farming and others services.

The statistics also indicate that the population has grown particularly high in the last three decades and that about 60 percent of the families have more than four children. This is why government and its partners introduced family planning services as a way of fighting rapid population growth.

To ensure that everyone has access to these services, particularly in rural areas, government put in place mechanisms to ensure that people are able to get contraceptives for free. Among the common contraceptives that are provided are condoms, pills, diaphragm, spermicides, IUD, IUS and the injection.

Nevertheless, only 40 percent of women in the country use contraceptives.

Lilian Kuffase Dindi, an HIV and Aids activists and regional administrative secretary for Women's Forum in the North says despite the contraceptives being available for free, they are insufficient for the rural population and not always available. She also says family planning is hampered by various misconceptions that are associated with taking contraceptives.

"Some women fear that using contraceptives will make them infertile, while others believe that contraceptives cause diseases such as cancer and abnormality in sexual reproductive organs," she says.

But Chitipa, Karonga and Rumphi districts, which have the smallest number of people using contraceptives, blame it on lack of contraceptives in the districts. For example, Chitipa had no supply of contraceptives during the last quarter of 2010 and people had to secure condoms from neighbouring Tanzania.

According to Chitipa District Nursing Officer (DNO) Kenet Kaoko, while there are many myths surrounding effects of using contraceptives, the poor supply of contraceptives is the greatest challenge.

"It is a big challenge because we cannot fight misconceptions when we don't have the services in the district. Something must be done immediately if the country is to realize the dream of having small families in the country," she says.

Added to this, Kaoko points out the fact that there are few health centres and bad roads in the district which makes it difficult for people in remote areas to access health services.

"Family planning services are provided in hospitals and to women, mostly because they are the ones who frequently visit hospitals, but Chitipa has very few health centres and we also receive very few contraceptives. The roads are poor with poor transport network and this makes it hard for women to get to health centre. Not only that, as a hospital we are unable to implement family planning outreach clinics that target people in remote areas due to these problems," she says.

Kaoko appeals to service providers to work on the amount of contraceptives each district should get. She says the awareness campaign the hospital has been carrying out in the district has increased the demand for family planning services, especially among women.

"We have sensitised many women but when they come to the hospital for the services, there is nothing. Imagine last year the hospital run short of all the family planning methods. We did not even have condoms. This affects the progress of the [family planning] initiative in the district," she says.

PHOTOGRAPH: NATION LIBRARY

Chimbali: We have encouraged DHOs to have outreach clinics

A Condom Coordinating meeting that National Aids Commision (NAC) organised in Lilongwe early February revealed various shortfalls in family planning services in the country. Among them are that services providers do not have estimates of how much of the family planning services such as condoms the country needs.

It also showed there is lack of harmonisation between government, public and private service providers. For example, it was said that some districts have condom committees while others do not.

Synod of Livingstonia Church and Society project officer Tawonga Kayira who also attended the meeting said there are various shortfalls among service provides in the implementation of condom distribution as a tool for family planning and protector on sexual transmitted diseases.

Kayira said there is a lot that has to be done for Malawi to achieve family planning for all and eradicate reproductive health problems that women face as a result of giving birth to many children.

"We need first to have sufficient contraceptive services in all hospitals and it will be easy to fight these misconceptions associated with these contraceptives, "she says.

When asked what government is doing about these challenges, spokesperson for the Ministry of Health Henry Chimbali blames District Health Officers (DHOs) for the poor supply of contraceptives in some districtS, saying the responsibility to ensure that districts have all the necessary facilities lies in their hands.

"We sometimes go short of drugs at the central medical stores but most of the time, we have sufficient resources and these people need to be checking with us if they experience any insufficiency. We have encouraged all DHOs to have outreach clinics and we are working with many organisations to ensure all people have access to these services," said Chimbali.

He added that it is the dream of his ministry to ensure that all women deliver their babies in hospitals where they can access good maternal care and family planning services. He says the Health Ministry has produced modules to fight cultures and traditions that are affecting use of contraceptives while ensuring that service supply is constant.

Statistics indicate that about 60 percent of the population of Chitipa is females and 33 percent of this figure are girls and women within the child bearing age. (pics available in email) ■

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Why promote of contraceptive use in Malawi?

health-based measurements do not capture the considerable social and economic benefits attainable through increasing couples' ability to control the timing and number of children they have. Indeed, we still lack adequate ways of measuring some of these benefits. Even so, health-related outcomes are real and measurable—contraceptive use averts infant and maternal deaths and pregnancy-related ill health, for example—and estimating their costs and benefits can help policymakers in both donor and developing countries appreciate the value of providing such services.

As a country we also must always prioritise funding to contraceptives; which is always a challenge realising its greater benefit of preventing diseases. ■

The author is a State Registered Nurse working with UNFPA as Programme Officer.