Communities supported: 268
Lives saved: 91
Women, children and adolescents benefiting: 29,340

Problem
At the time of the project, Malawi had a newborn mortality rate of 22 / 1000 live births and a maternal mortality rate of 510 / 100,000 live births.

Approach
WCF MNH tool
- 268 groups established with 11,160 members
- Developed local answers including: health education via wall messages and community campaigns, income generation for crisis and transport funds and vegetable growing and distribution.

Quality improvement (QI)
- 20 QI teams formed at all maternity facilities - designing and running projects to improve service quality

Advocacy
- Groups and project staff routinely shared evidence from the project and lobbied with key decision-makers

Results
- Large improvements in women’s knowledge of two or more danger signs in pregnancy, delivery and after birth (increases of 29%, 35% and 44% respectively)
- Improvements in care-seeking: attending 4 or more antenatal care appointments (increase of 10%), delivery with a skilled attendant (14%) and seeking postnatal care within 2 days (13%)

Lessons learned
- Groups stimulated community action on MNH care and care seeking behaviours
- QI improved adherence to protocols and quality of services
- Inadequate resources allocated to ensure sustainability through government systems

Partner
Maikhanda Trust

Funder
Big Lottery Fund (£499,681)

Dates
2015 – 2018

Project population
147,737

Lilongwe

Figure 1: Knowledge of danger signs
Figure 2: Care-seeking practices
Figure 3: Service quality

“SO the number of deliveries on the way to the maternity has drastically been reduced. Sometimes women could die on their way to the maternity – both the woman and the baby. We cannot necessarily say that we will not die, death is natural. Some die when they are young, some die while in the womb of their mothers. But these days, the death rate has decreased”.

www.womenandchildrenfirst.org.uk