A Needs Assessment of Orphans & Vulnerable Children (OVCs) in Salima District, Malawi
Student Interdisciplinary Team Research Project, Summer 2010
Global Health Resource Center Project

- UMB’s GHRC founded 2004
- Initially funded by a Framework Fogarty International Center grant, National Institute of Health
  - Goal: promote international health research, service, and education
    - Interdisciplinary focus
- Summer 2010: Inaugural, interdisciplinary team sent to the Salima District of Malawi
  - 4 rotating faculty: Ms. V. Rowthorn, Drs. J. Olsen, M. Eng, M. Laufer
  - 5 students from the Schools of Law (A. Agboola), Nursing (C. Orwenyo), Social Work (R. Jacobs), Medicine (R. Sellke) and Pharmacy (A. Chen)
- Project Goals:
  - Evaluate OVC access to legal/psychosocial/health services
  - Test effectiveness of interdisciplinary team
Overview of Malawi

- 1964 Independence from UK
- Population 15 million, 80% in rural areas
  - area roughly size of Pennsylvania (46,000 mi²)
- 12% adult prevalence HIV/AIDS
  - 68,000 deaths/year
- Life expectancy at birth ~ 50 years
  - 210/224 worldwide
- 150-250 total physicians nationwide
  - 0 in Salima District (pop. 350,000) during study
- Annual GDP per capita $800

(Sources: CIA World Factbook, WHO Health Statistics)
Typical rural Malawian village, Salima District
Why Malawi?

- Collaboration with MOVE Project
  - Dr. Karen O’Donnell, Duke University
  - Dr. Chiwoza Bandawe, University of Malawi College of Medicine

- MOVE Project = Ongoing district-level OVC needs assessment
  - Tailored questionnaires
    - Child Status Index

- UMB Team/MOVE Interaction
  - Locating households
  - Village leader introduction
  - Questionnaire administration
  - Cultural sensitivity/awareness
I would divide this into two slides. Slide #1 - Why Malawi:

• Existing UMB project in Blantyre, Malawi
• Widespread use of English.
• Political stability and low crime rate.
• Possibility of collaboration with existing global health project.
• Existence of professional schools and existing contacts with Malawi College of Medicine.
• Available housing and transportation.

Then create another slide called "The Project" with the rest of this information.
MOVE project staff explain research aims to local community leaders
Local resident and MOVE researcher leading research team to rural village for OVC caretaker interviews
Study Target Areas

• Preliminary MOVE correspondence provided background info:
  – Rural OVC population underserved, at risk
  – Some government/NGO programs assisting
  – Extent of program success, coverage unclear

• UMB study aimed to gather comprehensive info:
  – Specific needs of OVC population?
  – What programs already assisting OVCs?
    • Proportion of population covered
    • Success of aid / what needs unmet?
  – Barriers to accessing care / delivering aid?
Research Methods: Phase 1

- UMB team in Malawi 6 weeks

- Cataloguing of services available to OVCs
  - Number, identity of programs already aiding OVCs
  - Role of government agencies vs. community volunteers vs. NGOs

- Sites visited included...
  - Government offices (national & district)
  - University of Malawi School of Law
  - Village-level community organizations
  - Salima District Hospital & rural health centers
  - Traditional Authorities and village headmen
  - Non-governmental and faith-based organizations
UMB interdisciplinary team students meeting with CBO officials, Salima District
Research Methods: Phase 2

- Assessing access to services on a community level
  - Assisted with development of supplementary questionnaire
    - Developed in conjunction with MOVE
    - Focused on specific challenges and services identified through information-gathering phase
  - 4 target areas identified for additional questions
    1. Specific OVC needs in Salima District
    2. Presence of OVC programs at community/government level
    3. Access to health and social services
    4. Household awareness and utilization of services
UMB students re-working supplemental questionnaire with translators during power outage
Research Methods: Phase 2 (cont’d)

• **Trial supplemental questionnaire**
  – Translated to Chichewa by MOVE staff
  – Revised after pilot interviews
  – Final version 44 questions

• **Administered via 4-step interview process**
  1. Village randomly selected by MOVE team
  2. Headman visited for OVC list
     • OVCs = child < 18 yrs, at least 1 deceased parent
  3. Household randomly chosen from list
  4. Interviews conducted with adult caretaker, ~ 90 min

• **20 interviews completed and analyzed**
 Questionnaire administered by MOVE Project researchers, responses interpreted to English by team translator, and data recorded by Maryland students

 Chichewa-English interpreted data then immediately reviewed by interviewer, interpreter, and data transcriber to ensure accuracy

 Caretaker interview process took approximately one hour on average; subjects given a bag of salt, a bag of sugar, and a bar of soap for their participation

MOVE researchers and UMB students greeting village elders prior to caretaker interview process
UMB student following questionnaire in English during caretaker interview
Findings: Health-Related Services in Salima

• In general: understaffed, few resources
• 19 facilities district-wide, 0 physicians at time of study
  – Salima District Hospital: staffed by Clinical Officers, Medical Assistants, nurses (unpaid)
  – 8 Rural Health Centers: each staffed by one medical assistant, nurses, and HSAs (unpaid)
  – 10 various private clinics: fees for visit, care, medications
Findings: Health-Related Services in Salima

• Preventative care
  – Via Health Surveillance Assistants and/or nurses based in Rural Health Centers or villages
  – Services included: HIV counseling and testing, nutrition education, growth monitoring, vaccinations, tracking disease outbreak

• Home-Based Care volunteers
  – Provided basic care: provide companionship/prevent neglect, ensure ARV adherence, and administer basic drugs (i.e., acetaminophen)

• Access of medications in rural areas
  – ARVs available but drug supply chain unreliable
HSA administers tetanus toxoid vaccine to pregnant women, Makioni Rural Health Center, Salima District
Ndi Moyo Founder Lucy Finch (left) with a Ndi Moyo nurse during a village home-based care visit
Findings: Psychosocial Services

- Programs via Salima District Social Welfare Office, village CBOs
  - Social Cash Transfer
    - Monthly cash to households, varying by # of members
  - Community-Based Childcare Centers (CBCCs)
    - 5 day/week morning program for kids < 5 yrs
    - Nutrient-fortified breakfast, educational activities
  - Children’s Corners
    - Saturday-only program (kids 6-18 yrs)
    - Some give breakfast
    - Activities on grief, stress, HIV prevention, some psychosocial outreach
  - Child Protective Services (CPS): 16 Child Protection Workers
    - Children’s rights education
    - Monitor abuse / neglect
      - Extreme cases taken to 2 government orphanages
    - Register OVCs by village
Children play on swings outside a CBO office, Salima District
Findings: District-level Legal Resources

- Dual system
  - Formal law based on British model
  - Customary law
    - Sole system for rural majority

- Criminal Law
  - Relevant to OVCs because of high incidence of criminal behavior in orphans and high incidence of abuse (sexual and child labor) among orphans
  - Resources
    - Community Victim Support Unit (CVSU)
    - District Social Welfare Dept.
    - Village Forum Committees

- Civil Law
  - Relevant to OVCs in areas of human rights abuses, property grabbing, inheritance and guardianship issues
  - Nonprofit/community legal assistance is limited
    - NGO-trained paralegals and/or Community-Based Educators
Findings: Challenges to Provision of Services

- **Limited Workforce**
  - Lack of trained healthcare workers
    - Limited training opportunities and “brain drain”
  - Inadequate program funding
  - Lack of continuing education and program quality assurance

- **Physical Barriers**
  - Poor roads, lack of affordable transport, long distances to centers that provide services

- **Lack of Coordination of Services**
  - Unreliable drug and equipment supply chain
  - Inequitable distribution of services

- **Limited Social/Health Education**
  - High illiteracy
  - Lack of awareness of services
Rapidly dwindling malaria medication supply at a Rural Health Center pharmacy in Salima District
Findings: Needs of OVCs

• Poor nutrition
  – Growth stunting
  – Seasonality of produce
  – 85% caretakers listed having enough food for household as major worry

• Assuming adult roles
  – Increased pressure for early marriage
  – Required to perform ‘piecework’ for money
  – Limited psychosocial support
  – Caring for siblings
  – 42% reported their OVCs helped care for sick person

• Inability to pay school expenses
  – Cost of uniforms
  – Matriculation fees for secondary school education
UMB faculty supervisor sharing some of her findings with village children
Study Recommendations

- **Expansion of Income-Generating Activities**
  - Keeping of community gardens or livestock
  - Communal selling of local crafts (reed mats, etc)
  - Ensures program sustainability, self-reliance

- **Free or Reduced Fare Ambulance Service**
  - Vouchers for free/discount bike or truck ride
  - Purchase of CBO community (bike) ambulance

- **Village Support Groups for Chronically Ill**

- **Expanded Psychosocial Support Programs**
  - Creation of more CBCCs and Children’s Corners
  - Increased program publicity at community level

- **Creation of Community Interface Forums**
Left: CBO Community Garden, Salima District
Right: Communal Bicycle-Drawn Ambulance, Salima District
Study Recommendations (cont’d)

- Service provider directory for Salima District
- Adequate OVC primary school scholarships
  - Accurate listing of OVCs by village
  - Communication with District Bursar for fees
- Increased coordination between CBOs/HBCs/HSAs/government
- Literacy-appropriate public health training
- Creation of national youth service program
  - Secondary school fees waived in exchange for post-graduation year(s) of public service
UMB Interdisciplinary Student Team with George, our Project Driver/Translator
Interdisciplinary Project Conclusions

- Interdisciplinary nature: research from comprehensive viewpoint
- Targeting OVC interventions via holistic approach ensures thorough coverage of needs
- Integration of legal, psychosocial, and health care services crucial to OVC welfare
- Meaningful program development demands cooperation between officials and community leaders from diverse disciplines
Acknowledgments

Our sincere thanks to the following people for their vital support:

**MOVE Project**
- Dr. Karen O’Donnell, Duke University
- Dr. Chiwoza Bandawe and Mr. Eric Umar, University of Malawi College of Medicine
- Staff field researchers, Ms. Yvonne Namaba and Ms. Fainess Yobe
- Team translator Mr. Victor Chimbaza

**Blantyre Malaria Project**
- Dr. Terrie Taylor, Director
- Dr. Phil Thesing, Research Associate
- BMP Administrator Mrs. Esther Gondwe
- BMP Staff: Joseph Fulakeza, Sam Khwiya, Chisomo, Charles Kadziwe, Nelson Milonde, George Chitimba

**Other Friends of the Project**
- Dean Fidelis Kanyongolo and Lecturer Ngcimezile Mbano, Faculty of Law, Chancellor College
- Willard Manjolo and Harry Satumba, Malawi Ministry of Gender, Children, and Community Development
- Nixon Chawinga and Wilson Milanzi, Salima District Assembly
Thank you for your attention!
Any Questions?