CPG on Malawi

1st May 2019

Attendee List

Liam McArthur MSP	Scottish Parliament
Alexander Stewart MSP	Scottish Parliament
Michelle Ballantyne MSP	Scottish Parliament
Tricia Annand	NHS Fife
Jeremy Bagg	University of Glasgow Dental School
Blessings Banda	
Dumiso Banda	JCI
Archier Barber	Volunteer
Vicky Brock	Get Market Fit
Ewan Brown	NHS Lothian
Stuart Brown	SMP
Gemma Burnside	SMP
Christine Campbell	University of Edinburgh
Kerry Chalmers	Scottish Government
Hilidah Chavula	National Urban Youth Network
Francis Chiwene	Skyway Activista
John Chunda	JCI
Remus Chunda	University of Dundee
Mary Colvin	NHS Tayside
Morven Donald	First Aid Africa
David Dorward	University of Edinburgh
Edward Duncan	University of Stirling
Raymond French	
Gill Ferguson	
Bob Garrow	RS Garrow Ltd
Paul Garside	Wellcome Centre for Integrative Parisitology/University of Glasgow
Jane Gebbie	Kondanani UK
James Gebbie	Kondanani UK
Gwen Gordon	NHS Scotland Emergency Medicine-Malawi Project
Dermot Gorman	NHS Lothian
RoseMary Harley	University of Strathclyde
Nigel Harper	LUV+
David Hope-Jones	SMP
Baxter Kaandaya	Chance for Change
Robert Kalin	University of Strathclyde
John Kamoto	Volunteer
Barry Klaassen	NHS Scotland Emergency-Medicine Malawi Project
Victor Mabangwe	JCI
Janet Macdonald	Lothian Health Board

Laura MacLean	University of Strathclyde PhD Student
Brooks Marmon	University of Edinburgh
Lorna McDonald	Tearfund
Mike McKirdy	Scottish Government Global Health Coordination Unit
Helen Mein	
Margaret Merchant	Churches of God
Neil Merylees	University of Dundee
Grace O'Donovan	SMP
Lex Otentha Mwahuwa	NYFD
Lillian Owiti	Corra Foundation
Lyton Phiri	Lilongwe Youth Concern
Niall Rogerson	University of Glasgow
Lewis Ryder-Jones	The Alliance
Sichali Sichali	Young Women Can Do It
Amos Surgen	C4C
Pamela Tulloch	SMP
Andrew Waters	Wellcome Centre for Integrative Parisitology/University of Glasgow
Caroline Welsh	SNP, Scottish Parliament
Peter West	Malawi Consulate

Minutes

Liam McArthur MSP welcomed guests and thanked attendees for coming to the CPG on Malawi. Apologies were given as the last CPG was postponed due to the flooding crisis in Malawi. Liam asked for approval of the last CPG Minutes. Stuart Brown proposed, and David Hope-Jones seconded. Liam read out apologies for the meeting.

David gave an update to the meeting on the floods. By the time of the meeting, it had been six weeks since the floods first hit Malawi. At Parliamentary level, on the 14th March, Liam and Maureen Watt MSP raised the issue to the First Minister in order to raise awareness of the crisis. The First Minister gave a powerful statement in support of our friends in Malawi. Liam also put forward a motion in the Scottish Parliament to raise awareness and offer Parliamentary support as a government response and received all party support with 29 signatures. In Westminster, Patrick Grady MP, who heads the APPG on Malawi, raised the issue to the UK Government on 19th and 20th March, and Harriet Baldwin, Minister of State for Africa responded. On 21st March, the Kezia Dugdale MSP asked four questions of the Scottish Government about the floods. The Scottish Government gave a full reply to each. On 21st March, the UK Government committed £3.4 million to the flood response and the Scottish Government committed £174,000 to clean water relief. On 22nd March, Patrick Grady MP held a sister motion in Westminster that was modelled on Liam's, and received strong all party support. 22 Ministers signed. On 23rd March, the Scottish Government released £334,000 towards a committee appeal. The SMP recognises the swift and thorough response throughout Westminster and Holyrood and gives credit

where it's due to the Scottish Government and UK Government in their full and swift response to the floods. The meeting will hear more about the human impact from Prof Robert Kalin.

Liam thanked David and gave thanks to the CPG and its sister APPG in Westminster for their efforts.

Prof Robert Kalin (Bob) provided briefings back to the Scottish Government. The Hydro Nation Programme has been on-going in Malawi since 2011. It is a government to government programme and a national Malawian and Scottish programme, linking water sectors. Bob's team are working with over 300,000 sanitation points and a huge database which is collecting information on them. As soon as the floods hit, they identified the 300,000 water points and on 11th March, were able to feed this back to the Government of Malawi. Bob's team arrived in Malawi, and were informed of the FM's announcement. They were able to act quickly as they had a lot of people on the ground already. To date, there are 190 water points where people have been displaced in camps and ended up in other peoples' communities. There are a few hundred or thousand additional people in pre-existing communities. Their water points are suddenly being used 24/7. There is a great potential impact of not only flood water but stress on camps where this is happening. Diarrheal diseases are a threat, and they didn't want a repeat of what happened in 2015. Out of 190 water points, in the last two and a half weeks, 149 were impacted with ecoli and required some kind of intervention. When Bob's team arrived, they worked on 61 camps in Zomba, as well as many others. Cholera has been mitigated this time as people were injected to be resistant, and the team pulled apart water points and fixed overused broken ones. They haven't covered all the districts and USAID has been talking to Bob's team about how to cover 200 water points under Scottish Government funding, looking at 300,000 water points across all flooded areas and evaluating those. The University of Strathclyde allowed the team to go through procurement to get equipment that was sent out with staff members and they were trained how to do chemical analysis and mapping. They got trucks and spare parts in a 10 day period. The response was rapid and intense. In some of the areas, they've now switched over to USAID support and the team are working in other areas. The team have been speaking to community members – some of whom don't want their water points taken apart. With cholera, you test the water quality, see if it's contaminated, then take it all apart and add chlorine for 12 hours minimum, pump it back out, wash the cement and put it back together. They have a water supply that is functional and free of biological contamination. There is a balance between people having water for a period of time and those in front line emergency. In Malawi, upland areas flow down to Chikwawa. In Zomba, people rushed to other areas with water points because their houses had flooded. Afterwards, they go home but while they're there they place immense stress on the water points. A video will be released highlighting the engagement across Malawi and Scotland. Bob's team instantaneously produced surveys and all the triage information was made live to anyone in UNICEF, the WASH cluster, the governments. It guides their work and all donors involved in water relief. From Malawi, they thank the Scottish Government for

the timely intervention. They were able to link this with the national programme they already have.

Q: How bad have disease outbreaks been?

Bob: Immunisation problems were going on since the last floods. We put this in the intervention because last time it was 2-3 months before people started thinking about contamination in the water points. Today, there are only 6 confirmed cases. This is largely due to immunisation. 44.43% of water points were infected and we've nipped that in the bud.

Q: What lessons do we have if this were to happen again in the next year or so? What can Malawians do if a similar situation arises?

Bob: The idea now was based on what happened in 2015. There was already learning between Malawi and Scotland to implement this specific intervention.

Q: How much is the money from USAID and what can it do?

Bob: It's $200,000 US. There are an additional 200 water points to be looked at. There are 3.5 thousand water points at risk. As part of the ongoing hydronational Climate Justice Water Futures project, we were just about to embark on an analysis in water affected districts. We're going to link together future investments to rehabilitate what is broken. Part of the hydronation approach is sustainability of infrastructure and part of the CGF programme is developing decision support tools so they meet SDG 6 requirements. There will be 12-18 months of training in the Government of Malawi at the highest levels to implement SDG 6. They'll be able to start advising from their government point of view how they want that addressed.

Peter West: On behalf of the Government of Malawi, we appreciate the speed with which the Scottish Government reacted. Through Scottish Government support we had Bob and his team react swiftly. The Scottish Government came up with roughly the same amount of funding as USAID and then more.

Q: People in Malawi feel close to those in Mozambique. Are there any examples in practice for those in Mozambique?

Bob: One person we sent is a PhD student looking at transboundary water resources and we intend to share what we're doing with the Government of Mozambique. There is a powerful app which is free called MWater and it is immediately available to users in 156 other countries where those are using it. The difficulty with Mozambique is the language barrier. We translate into Chichewa but we'd then need to translate it to Portuguese for Mozambique so it depends on each country's home language. There are English versions. As soon as we produce them they can be shared globally.

Angus Loudon introduced his project and explained that St John Scotland was awarded £460,000 last year to spend over four years in Malawi. They are coming

up to the first six months of that. Before this, St John Scotland worked in Blantyre for five years with a modern baby scheme that looked at the health and welfare of pregnant women and new-born children and primary healthcare. They visited homes and advised on sanitation, especially those who suffer from HIV. They moved north to work in Lilongwe. They are working with the SMP and MaSP to enable this project to come to lie. Over the course of four and a half years, they expect to touch the lives of +100,000 people around Lilongwe. They've recruited 135 local volunteers and citizens of the local communities. There will be 40,000 mobile outreach clinics. They also set up a local health advisory committee. It takes 190 miles of four and a half hours to drive that distance but it shows three areas in which they are operating. They haven't had a strong presence in this area and these communities are rural and remote and they live at the end of dirt tracks which are inaccessible to vehicles during the rains. The ultimate aim of the project is to reduce maternal fatalities and the way they intend to do this is to reduce dangerous conditions of pregnancy, ensuring babies can go to health clinics in their areas, that health centres are better able to help and provide routine care. It's not easy to access the areas they are currently working in in Malawi. The idea is to also improve community knowledge about sexual health, healthy behaviour, equipping health staff on maternity needs, provide household level training on good hygiene and sanitation practices and behaviours. They are doing this by running a mini clinic in small villages and facilitated by the local chief (women and men) with a local health board nurse in attendance, weighing babies, giving vaccinations and general health advice. The target is 315 for the first year, and the total is 3,179. Numbers for four years were achieved in six months. The target of pregnant women attending ante-natal care sits at 26% and they are at 29%. Outreach is run by doctors and St John volunteers. They are on course to meet outreach and mini clinics' target. 80% of new mothers are making use of family planning clinics. They are conducting home visits and providing advice to families. There is also increased involvement of expectant fathers. This is the first time he's had any instruction on how to look after his wife during pregnancy and what the danger signs are, and nutrition and how to care for the baby once born. The baseline on this was set at 2% and 75% was achieved in the first year. The support from Scotland is more than just financial – volunteers are so popular they are on call (almost like a first responder). There is just a problem of expectation management as we can't be everywhere at the same time. The mortality rate in Malawi is staggering – national rate is 439 mothers' deaths per 100,000. Infant mortality rate is around 42. The Scottish equivalent is around 3 and 4. The final issue is one of culture. This is not pejorative. We were surprised how engaged chiefs were.

Q: How can nutrition etc be achieved when there are food shortages and flooding. Do you give assistance with that?

Angus: We can give them advice. Our principal aim is education and hygiene in the home. We'll work collaboratively with the Scottish Government to get the message across.

Q: What learning can be taken from the robust volunteer programme for a sustainable long-term programme?

Angus: What struck us was the commitment of volunteers to communities. Everyone in the community was into education, there was a commitment as communities, it was seen as a vocation not a job, and it was respected with the backing of chiefs. All of these things combined make it an emotional contract but education is really important and they are gaining skills they wouldn't get elsewhere. It is important to retain volunteers as they are valuable assets to communities, providing a modest investment, purpose and status, and a sense of wellbeing. We are not short of people who want to volunteer and all are young – they all want to make a difference in the community.

Q: Does this present capacity challenges given the size of numbers – quality implications and hard decisions to make?

Angus: Where huge numbers arrived, volunteers dealt with it really well. Figures aren't doubled up. Modest growth occurred in a number of households able to visit. There are only 135 volunteers to fund and we can only do that; we can't afford more. There is no feeling of not being able to cope.

Mike McKirdy gave an update on the Global Citizenship Programme as part of the Scottish Global Health Coordination Unit of the Scottish Government. In 2016, under the chairmanship of Dr Catherine Calderwood, Chief Medical Officer, the Royal College of Nursing and Midwives got together and decided the current themes were volunteering and the contribution that NHS staff can make to global health can be improved upon. They put together a report published two years ago alongside Dr Calderwood and Dr Alasdair Allan who helped launch that report. It gave 8 recommendations. One was that they should have a coordination unit for the Scottish Global Health Unit. It's been up and running for the last 12 months and Mike is a Professional Adviser to that Unit and Kerry Chalmers is Programme Manager. They set up a website to communicate with people across everyone in Scotland involved in global health. They have a logo with an identity. You can learn about how to become involved, how to be in touch and what their resources are. Their aims are to increase NHS Scotland's global health contribution. It's aligned with the international development strategy which makes it easier for all NHS staff to participate in global health whether at home or abroad. The first task in creating that network is to identify global health champions across 22 health boards, and send them out through networks of emails to flush out those who are interested in this area. They have a lead champion on each board. Within each board, they have volunteering experience and are still involved in projects. They've identified others who are interested but haven't yet had the opportunity to volunteer. They call them on the people register. They've identified skills, experience, how to put them in touch with projects looking for volunteers. There are now 400 across the health service. They know there are far more activities and are reaching each month and growing that network. There is evidence that it's working – for example, during the pandemic flu a few years ago, the NHS supplied face masks and these were in a warehouse lying around. They needed to find a safe home for them. Through national procurement, they sent the message out through the network and they found safe homes within 25 minutes. The network works. They're able

to be in touch with those interested and start doing work. They need to resource the network, not with money. They do have other resources – guidance on how to volunteer, funding opportunities for your project, lists of organisations looking for volunteers. The key thing in the committee at the start was to map what the offer from Scotland was at present. Liz Grant did the initial mapping run. They now have an interactive map and the NHS logo pops up all over the world. There are 18 across Malawi. By bringing together organisations across Scotland and linking them they'll begin to multiply impact. They had a first national meeting in Glasgow in November 2018 and there was a considerable energy and excitement and great networking across the NHS there. On 1st November 2019 it will be held at Murrayfield. They will have room for more delegates. They will map out our second year of work. It will have as its main aim, HR policies across the NHS which will support volunteers. They're working through that in year 1 and getting directors of HR to recognise that global health volunteer is an important professional and personal development and policies will be crafted on that basis. They need to look for the organisational benefit that the NHS will gain with staff volunteering overseas and the knowledge transfer.

Health is involved in all of the SDG's. Bob mentioned SDG 6. One can't go anywhere in health without water and sanitation. There is a behavioural change as well as education. These are absolutely key. They are not just important in Malawi, they are important here in the UK. Global health sense is learning how to engage with communities that we can bring that back into NHS Scotland. There has long been poor dental health in the West of Scotland and we can learn lessons how to improve that. It's about understanding that we're all on this planet together and regardless of the area like dental health or water, we're working together on this planet and this is why it's an exciting connection.

Q: What is the pathway to follow up on students' interest in global health?

Mike: There are all different specialties and training programmes. It's particularly recognised by those in charge of their training. Trainee general practitioners can use skills in the UK and all training programmes take cognisance of returning medical students and what they can bring to their roles. We are trying to find synergy between recruitment and retention. Trying to trial this on rural positions and marry those two up.

Q: Is there any progress towards interest in mental health care?

Mike: There is a big interest in mental healthcare coming from Edinburgh. We hope to increase volunteers in that area and increase those willing to teach. We advertised for Malawi and Zambia students (Livingston fellows) to spend 12 months in NHS Scotland.

Liam McArthur noted that we should return to this issue in 12 months or thereafter as there is much to be gained by tracking the progress made in this area.

Liam thanked everyone for attending and invited everyone to stay and network over Malawian Gin & Tonics. He noted the date of the next CPG meeting which will be held on **4th September 2019**.