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**3<sup>rd</sup> QUARTERLY REPORT**

**For**

**SALIMA DISTRICT**

**Of the**

**Community Health Partnership (CHAPS)**

**PROJECT**

**For the period**

**July to September 2000**

**Submitted by**

**SAVE THE CHILDREN – UK**

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## ACRONYMS/ABBREVIATIONS

<b>CHAPS</b>	<b>Community Health Partnership</b>
<b>CHPP</b>	<b>Community Health Program Promoter</b>
<b>CMS</b>	<b>Central Medical Stores</b>
<b>DHA</b>	<b>District Health Adviser</b>
<b>DHO</b>	<b>District Health Officer</b>
<b>H.S.A.</b>	<b>Health Surveillance assistant</b>
<b>HIS/HMIS</b>	<b>Health (Management) Information System</b>
<b>KAP</b>	<b>Knowledge Attitude and Practice (Survey)</b>
<b>MiM</b>	<b>Malawi Institute of Management</b>
<b>MoE</b>	<b>Ministry of Education</b>
<b>MoH/PHR</b>	<b>Ministry of Health Population and Human Resources programme</b>
<b>NGO</b>	<b>Non Governmental Organization</b>
<b>ORS</b>	<b>Oral Rehydration Solution</b>
<b>SASO</b>	<b>Salima Aids Support Organization</b>
<b>SC-UK</b>	<b>Save the Children UK</b>
<b>TBAs</b>	<b>Traditional Birth Attendants</b>
<b>USAID</b>	<b>United States Agency for International Aid</b>
<b>VHC</b>	<b>Village Health Committee</b>
<b>VSO</b>	<b>Voluntary Services Overseas</b>

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## EXECUTIVE SUMMARY

### July to September

The district health plan and district Aids plan were produced this quarter. Monthly review meetings took place. During this quarter relationships between the district MoH and the SC-UK team became the subject of a relationship workshop. This was found to be necessary due to the volume of complaints received about the partnership from the MoH side in particular in relation to the newly introduced impact indicators. These were seen by some as blocking the progress of the project. 65 Indicators obtained with the assistance of the HIS system were presented at national level. A quarterly feedback document to the Health Centres was produced. The leaving of the DHO and the cancellation of the TRANSAID workshop slowed activities under transport. 54 bicycles were delivered to the newly qualified HSAs and a communication mail box and transport blackboard were set up at hospital. Quality Assurance activities were presented at national level and Salima became the pilot area for infection control. 15 new TBAs were trained, as were 40 core providers (after evaluating impact of their activities with the CBFs), and 20 new AIDS counsellors. TBA supplies were issued to the district, 10 further bicycle ambulances were put in place in the communities, 45 mattresses were purchased for waiting high risk antenatal mothers at Mua and Salima District Hospital. SASO/MoH IEC team visited 80 primary schools to revitalize AIDS TOTO clubs. The construction of outreach shelters for under5 clinics and family-planning was started with community participation (provision of bricks, water and sand, plus ownership and storage of all materials) in 4 areas of the district. Assessments of previous trainings are completed (integrated VHC training) or ongoing (Breastfeeding questionnaires). 4 boreholes were dug in 3 villages and one health centre. Two shallow wells were upgraded, and hygiene education conducted in 7 villages. An impact assessment of SC-Uks water activities suggests behaviour changes and improved knowledge on water handling practices. A Malaria KAP survey was conducted in Maganga TA. 49% of people have bought their own nets already. A parasitological survey in the impact villages shows continued reduction of the malaria load in children. 60 bednets have been put into Salima hospital (paediatrics / maternity) to research their acceptability.

# JULY TO SEPTEMBER, 2000 QUARTERLY REPORT-SALIMA CHAPS

## Major Activities and Accomplishments during the past quarter

### **Project Component 1 : District Health Management Team Capacity Building**

Component Objective : Strengthening Management Capacity of the District Health Management Team

Sub Component 1.1 : Planning and Resources Management

Sub Component Objective : To support the DHO in strengthening a participatory planning process, such that inputs can coordinated, and financial and human resources can be directed efficiently in an integrated fashion in identified priorities.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
<p>1.1.1. Support routine planning and communication meetings at district level. (e.g. Monthly Chaps and DHMT meetings, joint annual planning meetings, Daily hospital meetings, twice monthly section head meetings)</p>	<p>Monthly Planning and review meetings were held this quarter with the extended DHMT-CHAPS Team. In addition a relationship workshop was held with key staff in the CHAPS and DHMT Team. This away day workshop allowed the team to explore partnership issues which are rumbling below the surface and which were threatening the collaboration with the PVO. One district DHMT meeting took place. The hospital meetings continue but have not been made the focus of their attendance for daily management by senior DHMT staff. The district also produced its first Annual HIV/AIDS plan.</p>	<p>There is a belief among district MoH planners that planning on the same premises as you work will lead to too many distractions caused by the routine issues of the day. This results in the need for any planning activities to be funded. In the absence of a budget to take account of this most planning activities cannot be said to be sustainable at the moment.</p>
<p>Additional activity 1.1.1 Review and realign the District Health Plans in line with national health plan. Not a CHAPS initiated activity but one for which we are willing to offer support as it falls in the capacity building remit.</p>	<p>In this quarter the district health plan was produced with the assistance of CHAPS project input and funding.</p>	<p>The process of producing the plan has been completed, However ownership of the plan by all project coordinators and planning in a time table for its review and progress will need to be focussed on in the near future.</p>

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<p>1.1.2 HIS: Support the production of the 1998 and 1999 annual report and developing the HIS system , development of quarterly feedback documents in the HIS section to Health Centre staff,</p>	<p>The 1998 annual report is now out in its final format. The 65 HMIS indicators were produced for 1999 and 1998 and presented at a national workshop in Lilongwe (enclosed in annex). The quarterly feedback document to Health centers was sent out and a newsletter was being finalized during this quarter. Materials for HIS are still a problem. The project has committed resources to purchase some of the HIS forms from the Government printers. The requests for quotations were sent to LLW and Zomba, but the Zomba printing press has not replied.</p>	<p>As part of the decentralization process the district is supposed to take more responsibility for purchases of materials. It appears that in the case of HIS materials the central printing presses are not yet geared to this new ' pull' system.</p>
<p>1.1.3 Quality Assurance Follow up on training in Clinics and at district hospital .</p>	<p>There was a presentation of QA activities at national level with Lifuwu Health center presenting its activities. The district hospital quality assurance activities have not progressed as expected due to prioritization of other activities this quarter. Supervision of QA activities at clinics was carried out</p>	<p>It is interesting to note that the QA activities have had their success more at health center level rather than at hospital level. This is probably because the health centers are not as busy and a smaller team.</p>
<p>1.1.4 Quality Assurance (additional activity) Pilot district infection prevention activities.</p>	<p>The district infection prevention committee was trained, a work plan was produced and further training of key hospital . staff in maternity and major theatre has been carried out. The QA coach, Mrs Malianga and her team visited Salima District and supervised district activities. A bucket tap system has been designed for creating running water at the clinics. The district has identified the scarcity of JIK as a major constraint for infection control.</p>	

SubComponent 1.2 : Transport Management

SubComponent Objective : To assist the DHO to develop a transport utilization policy in order to make more effective use of scarce resources for priority programmes.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
<p>1.2.1 TRANSAID Follow up workshop planned for September. Continue the monthly summary returns for the district.</p>	<p>A transaid followup workshop was due to be held in September but was cancelled due to illness of the coordinator. A national training workshop gave our administrator the opportunity to be trained. Dr Juma, the DHO, is being promoted out of the district, and a new Transport officer was appointed. This has resulted in none of the three trained people in the district being in place to move things forwards. The monthly returns forms are not filled out and up to date. This will make the next stage of the TRANSAID training ( using data for planning) very difficult. The amortization fund has been used to provide fuel for the 18 hospital motorcycles. This has been done in line with TRANSAID management requirements that the reporting and logbooks of the motorcycles are filled in. A new transport board has been place in the hall way of the hospital to facilitate discharged patients being picked up by drivers.</p>	<p>Introducing new systems does require the critical mass of trained motivated implementers to be around for long enough to get the system moving.</p>

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Additional activity: Agreement to buy bicycles for HSAs as part of the amortisation fund	54 bicycles were purchased for and issued to newly qualified HSAs in the district. The contract with them gives them ownership of the bicycles within 4 years if they do not leave the district, organize maintenance themselves and carry out health activities with them.	This event was covered by Malawi Broadcasting services.
Radio communications	Pitronics have been approached to organize a one day maintenance course with personnel from Salima and Mua District Hospitals.	

Sub Component 1.3 : Community Participation

Sub Component Objectives: To develop more appropriate health services and promote community participation.  
To promote children's active participation in health activities.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
1.3.1 Child to Child pilot project : continue the school activities and monitoring	The pilot schools are implementing child to child activities and each school has chosen a topic to specialize in. The monitoring meetings have taken place on a monthly basis.	
1.3.2 Monitoring of the IEC materials designed during the IEC consultancy for distribution.	The questionnaire was finalized with the IEC coordinator but a final proposal for implementing has not been presented to the project	This impact assessment is awaiting the IEC co-ordinators availability.

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## Project Component 2 : Reproductive Health

Sub Components : Obstetrics Care  
Family Planning  
HIV/AIDS and Sexually Transmitted Diseases

Sub Component 2.1 : Obstetric Care  
Sub Component Objective : Improve the skills of TBAs to conduct safe deliveries , in identifying at risk mothers, and in timely referral of such at-risk mothers.  
Develop community managed evacuation systems for at risk mothers.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
2.1.1 Purchase of TBA supplies and TBA supervision	Health centre staff are supervising TBAs and sending their reports to the TBA co-ordinator. Chaps has delivered 20 tins of Ferrous Sulphate, 25 5l containers of methylated spirits, 600 pairs of gloves, and 60 rolls of cotton wool. Mackintosh sheeting, Polythene aprons and umbilical cotton remain outstanding.	
2.1.2 Distribute ambulances to communities which have mechanisms for maintenance in place.	In this quarter 10 further bicycle ambulances have been delivered to communities . 5 more are to be delivered in the next quarter and a detailed follow-up and impact assessment is planned for the next quarter. We would like to know : to what extent does the bicycle ambulance replace other form of transport carrying patients in the areas where they have been placed.	
2.1.4 Introduction for the mechanism for storage and monitoring of hospital maternity ward mattresses to be put in place by the DHMT	A further 30 mattresses were delivered to the Maternity Area of Salima District Hospital. The system is in place to count these daily. 20 mattresses were also delivered to Mua District Hospital.	

Sub Component 2.2 : Family Planning  
Sub Component Objective : To increase access to and uptake of modern contraceptives.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
2.2.1 Training of 40 core providers	<b>Training of 40 Core providers</b> has been carried out this quarter. Justification: We have calculated that 30 CBD's in Salima see 3% of new clients directly themselves. 30 trained core-providers last year saw 12% of new clients in outreach clinics in the same period. As it costs us the same amount of money to train them, we felt that initially we should increase district wide coverage of Core providers.	
2.2.2 Start the construction of outreach clinic shelters	Four areas were chosen for construction: Chicombe, Khwidzi, Michulu, Chimoga. The contracts were signed between communities, MoH and the Builder witnessed by the District Assembly construction supervisor. All amterials needed for the construction have been left with the community to be issued to the constructors as required.	

Sub Component 2.3 : HIV/AIDS and Sexually Transmitted Diseases Support IEC and develop innovative campaigns linking information to behavioral change.

Sub Component Objective : Improvement of case management, reporting, testing and counseling services offered  
 Promote community – based care, and inter-sector collaboration on social welfare programs.  
 Enhance access to and capacity for syndromic STD treatment

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
2.3.1 Complete training of 20 AIDS counselors for one week	This training has been completed this quarter. The coordinator will be assessing the impact of this over the next two months before we plan to train further counsellors.	
2.3.2 Train 20 health workers in Syndromic STD treatment	This was not carried out and is still pending depending on the ability of the district to participate in a training of trainers. Dfid is planning to conduct district wide ToT with a revised curriculum for STDs within the next year. The Salima DHMT has felt that it might be better to await that training rather than repeating the effort twice in the coming year.	
2.3.4 Completion of the District AIDS Plan	An inter-sectoral district AIDS plan was written this quarter at a workshop organized and sponsored by the National Aids Control Program. The CHAPS team was represented both from the MoH and the SC-UK side.	The plan is very ambitious (over 44 million MK in 2 years) and there are no clear monitoring activities outlined after its launching. Only a few copies are in circulation.
Additional Activities: 2.3.5 SASO: (Salima AIDS Support Organisation) putting a face to the epidemic. Primary School visits	80 primary schools have been visited by the SASO MoH team to discuss HIV AIDS with the children and encourage the revitalisation of the AIDSTOTO clubs. In August IEC coordinator and SASO sent out letters to all the schools visited requesting contributions to a newsletter and enclosing 'Children for Health' : UNICEF/child to child book. We plan to meet with the education advisers in the district to discuss ways forward with a newsletter and the AIDSTOTO clubs.	

### Project Component 3 : Child Health

Sub Component : Expanded Programme of Immunization (EPI)  
 Nutrition  
 Acute Respiratory Infection (ARI)  
 Control of Diarrhoeal Diseases (CDD)

Sub Component 3.1 : Expanded Programme of Immunization (EPI)  
 Sub Component Objective : Improve the capacity to manage the cold chain at the facility level.  
 Strengthen safe vaccination techniques at facility level  
 Improve identification of EPI preventable diseases at the village level.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
3.1.1. Continued monthly supplies of kerosene and vaccines for fridges	Monthly supplies of kerosene provided to 16 health centres with kerosine fridges. The district is exploring the possibility of converting the fridges to gas fridges. Monthly supervision is ongoing. A EPI cluster survey went through the planning stage this quarter	

Sub Component 3.2 : Nutrition

Sub Component Objective : Improve capacity of mother to care for sick children.  
 Improve children's understanding of nutrition.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Analyse nutritional survey data from the KAP survey in Makione, Subsequently discuss with communities about organisational needs for nutritional gardens	Nutritional Gardens: inter-sectoral meeting has been held and a training of the community in Food utilisation is planned for October (soya processing). The survey in the communities is being analysed in EPI info and draft report will be ready by October.	

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Sub Component 3.3 : Acute Respiratory Infections (ARI)

Sub Component Objective : Enhance the ability of mothers to recognize and refer ARI cases

Sub Component 3.4 : Control of Diarrhoeal Diseases

Sub Component Objective : Promote the use of home based management and home made cereal based oral rehydration therapy (ORT)

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Impact assessment of the training of VHC members in CDD, ARI, EBF, EPI HIV/AIDS and Malaria.	.The impact assessment shows improvement in activities related to ARI, home-based care, and breastfeeding. The activities surrounding EPI, Diarrhoeal diseases and malaria prevention were already high.	
Post Breastfeeding training impact assessment	A Breastfeeding impact evaluation survey has been designed and is being carried out on the hospital maternity wards	

#### **Project Component 4 : Water and Sanitation**

Component Objective : Increase access to safe drinking water in Salima District for those with least access, through community based management and maintenance of bore-holes sufficiently deep to cope with drought.  
Standardize village-level equipment on the Afridev Pump and promote commercial availability of spares.  
Promote sanitation through construction of model latrines and provision of hand washing facilities in public facilities, and through education on safe water handling procedures.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Safe Water supply to villages: drill three village boreholes	Four boreholes were drilled this quarter in three villages: Madyalake, Tambala, Ngodzi, and one at Ntakataka Health Centre. Training of a VHWC in management and operation of the borehole in Naktataka.	
Upgrading of 2 shallow wells	Two shallow wells were upgraded at chiponda and Katambo Village. Artisans from these villages were trained on shallow well protection.	
Hygiene Education programme in Villages	Hygiene education was carried out in 7 villages by HSAs	
Impact assessment of the water and sanitation activities.	Impact assessment was carried out of water and sanitation activities in the district in 31 villages and 3 primary schools. This shows that there are some behavioural changes and people are translating knowledge into practice	

**Project Component 5 : Malaria**

Component Objective : To develop an affordable community-based comprehensive malaria programme, encompassing information, protection , and environmental control.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
KAP survey in Maganga area ( future impact area)	A KAP survey was carried out in Maganga area where further activities are planned. 49% of families have nets already. We need to explore issues of bed net re-treatment with them.	
Parasitological survey in four impact villages	A further parasitological survey has been carried out in our existing villages. The results show a continued reduction of malaria load in asymptomatic children (32% down from 60% pre net treatment).	
Supervise drug and net revolving fund in 4 villages	Supervision was done during the quarter. Nets are still being sold. The 3000Mk stolen from Mphere VHC last time followed up: the VHC bought rice and sold it at a profit to recover the money.	
Supplying Salima District Hospital and Mua Hospital with Bed-nets for the Maternity and Pediatric Wards.	<b>Bed nets for hospitals :</b> impregnated mosquito nets have been provided for the Maternity and paediatric wards in Salima District and Mua Mission hospital. (60 nets in Salima). This is to encourage the use of nets by example in hospital. There will be follow up questionnaires about utilisation attitudes towards the nets next quarter	
<b>ADMINISTRATIVE ACTIVITIES</b>		
Recruitment of Action Researchers	Two action researchers were chosen out of 15 interviewed short-listed from 105 applicants for the position. Olex Kamowa and Gladys Mtambalika are due to start their induction in October.	

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## V Constraints and Recommendations during the last quarter

The constraints faced during the last quarter include:

- 1 The overriding need to produce the District Health Plan, District Aids Plan and the 64 indicators were all pushed for from the central level rather than initiated from the district level. This last minute approach meant they all had to be squashed into this quarter and done hurriedly with minimal consultation rather than be a spaced out consultative process.
- 2 The departure of the SC-UK Country Program Manager could have been a constraint to the decision ratification in Lilongwe, but effects were entirely mitigated by the Acting Program manager.
- 3 The program faced a crisis during the middle of the quarter due to communication difficulties between SC-UK and MoH staff. This was addressed in a relationship workshop which seems to have ironed out the problems effectively.

Recommendations:

Constraint (1) This needs foresight and planning by the district and the Central level. Making the deadlines at different times of the year for the different plans would be one way to address this.

Constraint (2) this was handled rather well and suggests that a thorough handover with workplan (and external support for this process) is a must within any organisation.

Constraint 3: It is too early to say if this type of workshop is worth it. It seems to be but impact needs to be evaluated.

## **VI Monitoring and evaluation efforts**

### **Training:**

The VHC integrated training was conducted at the beginning of the year and was accompanied by pre and post evaluation efforts by the co-ordinators. The results showed an improvement in health related activities at village level in the period after the training. Particular areas where there had been little orientation by HSAs previously such as in breast feeding showed improvement

### **Research Assistants:**

These have been recruited in this quarter and they will start their activities from the beginning of the next quarter.

## **V11 R4 Results achieved**

- 1. Couple Year Protection and Family Planning Providers impact assessment of the training expected in the next quarter**
- 2. Drug revolving funds: non planned for this quarter.**
- 4 Access to Water and Sanitation.**
  - 4 boreholes were dug in 3 villages and at 1 health centre, and 2 shallow wells were upgraded.

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## V111      **Lessons Learnt during the last quarter**

**Malaria Component:** That local suppliers are not able to get the cheaper nets from PSI and that this will need to be an advocacy issue with PSI.

**Bicycle ambulances:** Utilization is good but mainly adult cases other than maternity. We need to find out what proportion of at risk maternity cases utilize other means than the ambulance in the catchment areas. Where communities are organized they set up a mechanism for maintenance by themselves. Setting up a community mechanism for maintenance of bicycle ambulance before delivery works much better than after (1 month v 10 month).

**Training:** Training is a favourite way of spending money among the District MoH. Most trainings do not come with impact assessment or follow-ups. Requiring impact indicators to be specified and monitored before and after training slows down the requests and pressure for trainings from the MoH locally.

## IX            **Future activities and administrative updates for the next quarter**

### **CAPACITY BUILDING:**

Training of staff on radio communication maintenance system.  
Child to child methodology continue follow up of supervision/ monthly meetings  
Assess IEC impact of leaflets distributed in the district.  
Hold monthly CHAPS meetings and arrange Quarterly CHAPS review meeting in SALIMA.  
Quality Assurance infection control pilot and follow-up on Qa infection control committee.  
Quality assurance supervision of Clinics.  
Further Trans-aid workshop to develop the fleet management system.

### **Obstetrics**

Provision of maternity equipment to health centres.  
Provision of supplies to TBAS.  
Training of 20 new TBAs.  
Follow-up bicycle ambulance utilization and distribute further ambulances in accordance with guidelines. Impact assessment of bicycle ambulances in the areas where they have been distributed.

**Family Planning:** complete construction of 4 outreach shelters. Monitor the impact of the newly trained Core providers on Family Planning uptake in the district. Supervision of Family planning activities.

**AIDS:** Development of newsletter and links with 60 primary schools visited in last quarter with regard to AIDS TOTO club formation. Monitoring of the trained HIV counsellors.

**Child health** Carry out a cluster survey in EPI. Continue material support to the EPI program. Nutritional survey finalize results and conduct training in nutritional gardens. Material support the district in Cholera preparedness and support in-house training of health centre ward attendants in the running of ORT corners.

### **Malaria**

Further malaria parasite survey and mass impregnation of bed nets this time with cost recovery. Monitoring of acceptability of mosquito nets in hospitals and morbidity in the impact villages

### **Water and Sanitation:**