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QUARTERLY REPORT

For

SALIMA DISTRICT

Of the

Community Health Partnership (CHAPS)

PROJECT

For the period

January to March 2001

Submitted by

SAVE THE CHILDREN – UK

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ACRONYMS / ABBREVIATIONS

CHAM	Christian Health Association of Malawi
CHAPS	Community Health Partnerships
CMS	Central Medical Stores
DACC	District Aids Coordinating Committee
DDC	District Development Committee
DEC	District Executive Committee
DHA	District Health Adviser
DHMT	District Health Management Team
DHO	District Health Officer
DPD	Director of Planning and Development
DRF	Drug Revolving Fund
EPI	Expanded Program of Immunization
HIS /HMIS	Health (Management) Information System
IEC	Information Education Communication
MACRO	Malawi Aids Couselling and Resource Organization
OPV	Open Pollinated Variety
ORT	Oral Rehydration Therapy
PHR	Public Health Reform
SASO	Salima Aids Support Organization
SC-UK	Save the Children UK
STA	Sub Traditional Authority
STD	Sexually Transmitted Diseases
TA	Traditional Authority
TBA	Traditional Birth Attendant
VHC	Village Health Committee

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EXECUTIVE SUMMARY

January to March, 2001

Capacity Building

Monthly CHAPS review and planning meetings have been held regularly for information sharing, and monitoring of activities. The final draft of the district health plan has been produced. Supervision of health centres on HMIS has been done and quarterly feedback given.

Quality Assurance

Pilot infection prevention QA activities at the district hospital have been initiated and supplies have been purchased and delivered at the district hospital in readiness for training of staff.

Community Participation

Participation of communities in management of water points ,bicycle ambulances, drug and bed net revolving fund and communal feeding sessions for underfives children has been minimal. This can be attributed to agricultural commitments and persistent heavy rains and resulting floods.

School children involved in child-to-child pilot activities have actively participated in identifying and addressing health problems in their schools working through a problem solving process. Pupils from 13 school anti Aids clubs have also actively participated in a consultative meeting held in March on HIV/AIDS issues affecting children and young people in the district. Their suggestions and ideas will form the basis for developing further HIV/AIDS intervention.

Family planning

Construction of all four out reach clinic shelters has reached final stages ie. Plastering flooring, fitting doors, and painting. Service provision has been continued in all family planning facilities, and review of clinic returns indicate improvement in uptake of modern contraceptives.

HIV/AIDS

Consultation with primary school anti Aids club pupils on their vulnerability to HIV infection has been done and suggested ideas will form the basis for developing future HIV/AIDS interventions. The new Director of Planning and Development from the district assembly will consult the National Aids Control Program on how to take forward activities proposed in the district Aids plan.

EPI

Monthly supplies of paraffin have been regularly provided to 16 health centres, and report on immunization coverage from cluster survey has been produced and a copy sent to the National EPI coordinator. However the problem of spare parts for paraffin refrigerators is still unresolved.

Nutrition

Report on the nutrition survey done last year has been and a copy has been sent to the Nutrition Manager or comments. Following training of community volunteers in growth monitoring and soya processing, communal feeding sessions for underfive children in the ten villages in Makioni have been initiated and are held twice a week.

CDD

Chlorination of water has been done at household level and in shallow wells because of heavy rains. So far, **no cholera case** has been reported in the district.

Water and Sanitation

The mechanism for procurement of borehole spare parts has been agreed by all stakeholders and communities are identifying possible outlets for spare parts.

Malaria

Two more communities have been trained in management of DRFs in TA Maganga and 2500 bed nets have already been purchased for all communities involved in malaria control activities.

IV. Major Activities and accomplishments during the past quarter (see attachment)

V. Constraints and Recommendations during the past quarter

Constraints:

1. Persistent heavy rains and floods were experienced in the low-lying areas of the district particularly along the lakeshore, near rivers and streams. This resulted in destruction of dwelling houses, pit latrines and crops thereby displacing families to dwell in schools blocks, disrupting school activities. Flooding around shallow wells increases risk to water borne disease outbreaks. This necessitated mobilization of staff for relief work with collaboration from other district partners.
2. The departure of District Health Officer, and the District Health Advisor / Project Manager, has to some extent slowed down development of initiatives started by out going senior members of the team such as building partnership relationships regular clinical and coordinators' meetings.

Recommendations:

- Discussions between the new DHO and the new CHAPS Project Manager have been initiated to mitigate some of the after effects of the floods.
- Monthly CHAPS review and planning meetings are held regularly and to assist new members of the district CHAPS team. Issues related to interpersonal relationships are resolved through dialogue.

VI Monitoring and Evaluation Efforts

In addition to on going monitoring of project activities through monthly meetings, assessment of progress has been done in specific components.

Malaria

A study to find out reasons for low retreatment of bed nets has been completed and results indicate:

- 23.8% had no money for retreatment fee of K25.00 per net.
- 23.8% were away during retreatment session
- 19% was not aware that there was mass retreatment

Bicycle ambulance

Data from health centres has been collected for a two-week period, to find out other modes of transport to health facilities used by pregnant mothers. The results show that only 7% of patients transported to the health centres during the period were maternity cases, and none of these used a bicycle ambulance. The alternative transport used were free bicycle (42%), free car (28%) farm cart (14%) and homemade stretcher (14%).

VII. R4 Results achieved

CPR 31%

CYP 29%

No. of DRFs run by CHAPS project = 6

VIII. Lessons Learnt during the last quarter

Village headmen who were not involved from the planning stage do not show commitment to support the project activities.

Prices for bed nets set by DRF committees are not necessarily what everybody in the community can afford to pay, as reflected reasons given for low treatment of bed nets.

Teachers prefer to implement child-to-child sessions as extracurricular activities. It is very difficult for teachers to implement activities which do not originate from higher authorities in the education system. Child to child health activities are considered additional work for which incentives are expected.

Bicycle ambulances are not adequately utilized for maternity cases. This could be related to cultural beliefs and values which the project need to explore through qualitative studies.

Primary Prevention Rapid Test Kits			
Hold discussions with MACRO on training needs and issues of confidentiality and logistics	X	X	X
Purchase test kits using CHAPS resources if approval is given		X	X
Medical care and Community Based support			
Conduct research to establish household coping mechanisms due to excess adult mortality		X	X
Hold discussions with key players in communities about appropriate routes for home based care inputs monthly	X	X	X
Assist in establishment of hospital staff support groups in Salima district and Mua hospitals			X
Hold discussions with key players (home based care) on possible strategies for targeting communities with orphans in Salima. Also on land and other advocacy issues	X	X	X
Provide support to orphans identified in greatest need by SASO with farm inputs (action while we research on best inputs for the future)	X	X	X
Acquire technical model and support information for child sensitive counseling services	X	X	X
Capacity Building for HIV/AIDS			
Support DACC meetings	X	X	X
Orient DACC members on CHAPS project and functions	X		
Provide material support to district Aids office	X	X	X
CHILD HEALTH			
Provide material support to EPI program	X	X	X
Provide IEC leaflets/band for messages on home based fluids/malaria	X	X	X
Evaluate nutritional garden pilot	X	X	X
Train ward attendants in management of ORT corners	X		
WATER AND SANITATION			
Monitor establishment of district level structures for management of borehole spare parts	X	X	X
Conduct Participatory hygiene education in schools and villages	X	X	X
Monitor effects of floods in the district	X	X	X
MALARIA			
Distribute 500 bed nets to remaining hospital and health centre beds	X	X	X
Documentation of lessons from activities in the 8 pilot villages	X	X	X
Establish DRF and net revolving fund in TA Khombedza (Rubeni Village)	X		

JANUARY TO MARCH 2001 QUARTERLY REPORT-SALIMA CHAPS

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 be 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
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)	Monthly Planning and review meetings with the extended DHMT-CHAPS Team were held regularly during the past quarter. The two-monthly coordinators meetings have not been possible due to transfer of key staff in the senior management team. However the issue has been discussed during the CHAPS meeting held on 2 February 2001 and some improvement is expected in the next quarter.	The new members to the CHAPS team (District Health Officer, District Environmental Health Officer, Acting District Health Service Administrator, and Hospital Accountant) are getting orientated to the CHAPS project through monthly CHAPS review and planning meetings
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.	The development of the District Health Plan has been completed and the final draft sent to the Ministry of Health headquarters..	Verification of activities which can be supported by the CHAPS project will be done in the next quarter in line with recommendations from the Ministry of Health and USAID PHR program
1.1.2 HIS: Support the production of the 1999 annual report and provide quarterly feedback to health centres on HMIS.	Data for production of 1999 annual report has been collected and a draft report will be compiled next quarter. The quarterly feedback document to health centres for October to December 2000 is being finalized for distribution in the next quarter. Supervision of HIS activities in the health centres was also done, mainly assisting health centre staff in defining population and developing simple maps for their catchment areas.	The HMIS training for the district has not been done yet.

<p>1.1.3 Quality Assurance (additional activity) Pilot district infection prevention activities.</p>	<p>The QA Advisors, Mellina and Lynette visited Salima district regularly and supervised Salima district hospital team on infection prevention activities. A Story book on infection prevention has been produced, and supplies for carrying out infection prevention activities have been purchased and delivered to the district hospital.</p>	<p>Plans for training hospital staff in infection prevention and control have been developed.</p>
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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 TRANSAID workshop planned for January 2001.</p>	<p>Transaid training in fleet management for transport officer and Health service Administrator for Salima district hospital and Mua hospital Administrator has been postponed to April this year. The project will be contact Transaid trainer for required preparations for the training.</p>	<p>Key DHMT members trained in transport management have left the district, and a new team needs to be in order to strengthen the transport management system. The next Transaid training is expected to take place in the next quarter, on fleet management but actual dates have not been confirmed by Transaid.</p>
<p>1.2.2 Amortization Fund. Provide monthly supply of fuel for 16 motorcycles from amortization fund.</p>	<p>Fuel for the motorcycle was not given in the past quarter, because following up on documentation of fuel used in the previous quarter, has not been completed.</p>	<p>The agreed monthly fuel provision for 16 motorcycles is 725 liters</p>
<p>1.2.3 Radio communications Provide basic tools and spare parts for minor repairs to the radio communication system</p>	<p>Pitronics have been requested to provide the project with the course content used for the training of the six technicians they had trained from Salima district. This will enable the project provide basic tools and spare parts for minor repairs of radio communication system and to organize one day maintenance training for the six technicians from Salima and Mua District Hospitals.</p>	

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
<p>1.3.1 Monitor progress with implementation of Child to Child pilot school activities</p>	<p>One monitoring and review meeting with teachers from the pilot schools during the past quarter. The pilot schools are facilitating child to child sessions as extra-curricular activities because teachers claim the normal 35 minute class periods currently used in the primary school system are too short for application of child to child methodology. The pupils in the pilot schools have actively participated in identifying health problems within their schools and communities and have started addressing them using a problem solving methodology.</p>	<p>Three of the pilot schools do not have a teacher trained in child to child methodology because they were transferred to other schools which are not involved in the pilot. In view of the difficulty experienced with application of child to child methodology within the curriculum, an internal review will be done next quarter to assess progress made with participation of school children in health activities.</p>
<p>1.3.2 Carry out survey on IEC materials designed during the IEC consultancy and distributed through primary school pupils.</p>	<p>Sample has been defined, research tools designed and research sites selected.</p>	<p>Actual data collection is expected in the next quarter</p>

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 Follow up TBA supplies not received from Central Medical Stores and continue supervising TBAs.	Follow up was done, mackintosh sheeting, cord clamps, and plastic aprons have been received, but umbilical cord ligatures are still not in stock at the Central Medical Stores. Supervision of TBAs was done by the TBA Coordinator, but TBAs still have inadequate basic supplies, and require more regular supervision.	The umbilical cord clamps will be used by trained midwives in health facilities, and different supplier for umbilical cord ligatures will be identified.
2.1.2 Distribute the remaining two bicycle ambulances to communities which have mechanisms for maintenance in place.	Two bicycle ambulances have been distributed in STA Kambalame, and this completes the distribution of the first lot (20) purchased by the project. The current distribution is two bicycle ambulances per traditional authority except for TA Khombedza which has three and TA Maganga has one. Documentation on a bicycle ambulance prototype designed by Loughborough University has been received. The design shows a bicycle attached to a one- wheeled trailer as a sidecar. In view of size of local roads the project team will discuss appropriateness of the prototype for our rural community. The Director of a Salima based firm (Lonje Metal Works Ltd) has seen the prototype and feels that that he can reproduce it locally but he also concerned about its appropriateness if used with a sidecar.	There is increasing demand for bicycle ambulances by communities, but utilization for maternity cases is still minimal. This could be attributed to existing socio - cultural barriers which the project needs to explore through qualitative studies.

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 Monitor progress with construction of the four outreach clinic shelters	There is some progress in all four-construction sites. <ul style="list-style-type: none"> ○ In Michulu construction work is almost completed, and what is remaining is painting the toilets . ○ In Chikombe work is at plastering and flooring stage, but construction of latrines has not been started due to persistent heavy rains. ○ In Khwidzi plastering and flooring of the building is still continuing but construction of latrines has been completed ○ In Chimoga, work has slowed down due to theft of window frames which had already been fitted on the building. The case had been reported to the police but suspects have since been released. The community is still discussing security for the clinic site. 	Persistent heavy rains has retarded progress in delivery of materials to construction sites.

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 Involve school children in developing HIV/AIDS activities	A consultation meeting was held with pupils and patrons in anti - Aids clubs from thirteen schools, including PEAs and representatives from the Salima Aids Support Organisation from 2-3 March 2001. The purpose was to get the pupils perception of their vulnerability to HIV infection and their suggestions for addressing the problem.	The output of the meeting will be shared with community leaders, traditional and religious instructors to continue the consultative process as a basis for planning further interventions
2.3.2 Additional activity Follow up status of the District AIDS Plan	A copy of the District Aids Plan has been given to the new Director of Planning of the District Assembly for consultation with the National Aids Control Program on how to take it forward.	The new DPD of the district Assembly was not briefed about the document by his predecessor.

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 (50 liters per HC per month) were provided to 16 health centres with kerosene fridges.	The problem of lack of spare parts for paraffin refrigerators is still unresolved.
3.1.2 Produce cluster survey report	Report has been written and a copy sent to the National EPI Coordinator for comments	Results of the cluster survey will be discussed in the next monthly CHAPS review meeting.

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
3.2.1 Train community volunteers in the ten villages involved in communal feeding of underfives children in Makioni area	Training of volunteers and village headmen in the ten villages has been completed and communal feeding sessions initiated. The feeding sessions are done twice weekly using food from last harvest and activities in each session include nutrition education, weighing of children, cooking and feeding of all underfive children (healthy and malnourished).	Maize, groundnut and soya bean seed (OPV) from last harvest has been recycled and the crops re growing well despite heavy rains. The next harvest is expected to complement supplies for feeding sessions until next season.
3.2.2 Distribute nutrition survey report to partners	A copy has been sent to the Nutrition Manager in the MoH for verification and comments and the CHAPS team will discuss results in the next meeting	More copies will be distributed to other partners after comments from the Nutrition Manager have been received.

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 homemade cereal based oral dehydration therapy (ORT)

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
3.4.1 Train health centre ward attendants in management of ORT corners	Training has not been done and plans for the training will be revisited in next CHAPS review meeting. Promotion of home-based oral rehydration fluids is done during individual counseling of caretakers when they come to health facilities. Chlorination of water is done at household level and in shallow wells because of heavy rain causing fluctuations in water levels	No cholera case has been reported In view of persistent heavy rains in the district this year causing fluctuations of water level in shallow wells, chlorination of water is done at household level and not in shallow wells.
3.4.2 Conduct survey in health centres to assess effects of EBF training on breast feeding practices in maternity wards	Survey initially carried out at the district hospital is currently being carried out in health centres and results will be produced in the next quarter.	

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 boreholes 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
4.1.1 Facilitate development of district level mechanism for procurement and management of borehole spare parts	The mechanism was agreed in a consultation meeting held on 22 and 23 January 2001 involving government, civic, traditional and political leaders, and NGOs. Two committees, at district and ward levels will be established and given responsibility for procurement, pricing, and selling the spare parts as a revolving fund to be initiated by Save the Children UK	Establishment of community structures has started and outlets for the spareparts are being identified by communities.

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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
5.1.1 Continue supervision of drug and bednet revolving fund in four communities	DRF committees are still functioning, and two communities are ready to buy more nets from DRF accounts	The price for the green net has gone up and there is need for the committees to sensitise their villages about the increase and agree on affordable price at village level. This year, one community has been affected by floods and is currently accessible by boat
5.1.2 Additional activity... Train three more VHC in management of drug and net revolving fund in TA Maganga	Two village health committees in TA Maganga have been trained in management of drug and bed net revolving fund and 2500 bed nets for new committees, and 500 for hospital beds and health centres beds have already been purchased and for distribution.	This is an extension of community managed malaria control activities from the initial four communities to eight.