

COMMUNITY HEALTH PARTNERSHIP

CHIKWAWA DISTRICT

PROJECT PROGRESS REPORT

FOR

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by

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For the Expanded CHAPS Team

LIST OF ABBREVIATIONS USED

AEHO	Assistant Environmental Health Officer
CBD	Community Based Distribution
CD	Country Director
CDH	Chikwawa District Hospital
CHAM	Christian Health Association of Malawi
CHAPS	Community Health Partnership
DEHO	District Environmental Health Officer
DHMT	District Health Management Team
DHO	District Health Officer
DIP	Detailed Implementation Plan
DNO	District Nursing Officer
DRF	Drug Revolving Fund
EPA	Extension Planning Area
EW	Extension Worker
FP	Family Planning
GMV	Growth Monitoring Volunteer
HSA	Health Surveillance Assistant
IEC	Information Education and Communication
IEF	International Eye Foundation
MCH	Maternal Child Health
MOHP	Ministry of Health and Population
MOW	Ministry of Works
NRH	Ngabu Rural Hospital
PM	Project Manager
QA	Quality Assurance
STD	Sexually Transmitted diseases
SUCOMA	Sugar Corporation of Malawi
T/QA	Training/ Quality Assurance
URC	University Research Corporation
VHWC	Village Health Worker Committee
VSO	Volunteer Service Organisation

1. INTRODUCTION

The Community Health Partnership (CHAPS) project for Chikwawa District was accepted and agreement signed in April 1998. This report is based on the initiatives that have taken place in the 2nd quarter of the project. In the initial stages, the project was trying to set base in the middle of changes within the MOHP staff structure. However, with effect from July 1998, staff movement have stabilised. This has enabled the CHAPS team to plan and carry out activities jointly. The planning team included, Concern Universal, a subcontractor to IEF for the water and sanitation component, SUCOMA and the CHAM Montfort Hospital who help in giving health services in the district. This teamwork is intended to continue throughout the project period and thereafter.

2. ACTIVITIES FOR THE PERIOD

2.1 Quality Assurance Assessment

The QA assessment started in the first quarter, but the analysis and report writing have been worked during the project's second quarter. The complete report including the generated tables will be shared during the next QA meeting. A draft report of the preliminary findings is on appendix I.

2.2 District Detailed Implementation Plan (DIP) 1998/2000 and the 1998/1999 Annual Action Plan

One activity planned for this quarter was the development of the DIP and was set to take place in the latter part of July 1998. The activity formed an opportune forum for an orientation of the CHAPS project to the DHMT members, the Heads of departments and Program Coordinators, (note the current DHMT members were not present during the development of the project proposal). This was also the beginning of the development of a close collaborative working relationship and understanding for the CHAPS partners, i.e. the expanded DHMT.

A DIP working committee was established with members drawn from the expanded DHMT and some heads of departments, the late Mr. Chiziwitsano, DEHO then, Mr. Chimwaza, AEHO Ngabu Rural Hospital (NRH), Mr. D. Semu, district IEC Officer, Mr. Mulenga, AEHO Nchalo County, Mr. G. Mekiseni, IEF T/QA Advisor and Ms J. Naisho, CHAPS PM.

The participants included the DHMT members, the heads of departments and program coordinators, senior staff members from Concern Universal, SUCOMA and Montfort Hospital. These officers spend five hard working days to develop a DIP for April 1998 to March 2000 and an Annual Action Plan for April 1998 to March 1999. The first day was spent in discussing the concept of CHAPS, training the participants on the process of planning and an introduction to supervision. It is hoped that the final document will be ready the end of September. It must be noted that while the final document is being produced certain activities are already in progress.

2.3 Rehabilitation of Ngabu Rural Hospital (NRH) and the District Computer Room, Accounts and IEF Offices

2.3.1 NRH

Dr. A. Sherry, the DHO, Dr. C. Witte, IEF CD, Dr. Mkumbwa, SUCOMA Medical Officer of Health, Mr. M Gilbert, VSO and Maintenance Officer and Ms Naisho were accompanied by Mr. Chimwaza, NRH AEHO and Mr. Gogoda, NRH in charge visited NRH on 30th July 1998. The objective of this visit was to identify a suitable building to be renovated for a theatre. Eventually, after an inspection of all the buildings, the current store cum kitchen was found suitable for the purpose. MOW has been contacted for approval and production of the necessary architectural plans. A different structure will be necessary for the kitchen and storage. Mr. Chimwaza and Mr. Gogoda have developed the sketches for these two structures.

2.3.2 Computer room, Accounts and IEF Offices

The current DEHO and accounting offices have been identified for renovation to fit the current offices in place, the computer room and IEF staff offices. The plans and cost estimates are being prepared by the MOW. These will be used for tender and appointment of a suitable contractor.

2.4 Baseline Survey

A baseline survey was planned to take place beginning this quarter and stretching into the 3rd quarter. The purpose of this exercise is to set up a bench mark for future project assessment. Survey tools were developed based on the performer indicators set by USAID and the district=s eight adapted project intervention areas:

A survey committee had been set for this exercise, Mr. Chimwaza, AEHO and selected committee Chairman, Mr. G. Mekiseni committee Secretary, Mr. D. Semu, IEC Officer, Mrs. Konyani, Deputy DNO, Mr. S. Kanjoloti, Senior Oncho Medical Assistant, Mr. Gobede, MCH Coordinator, Ms J. Naisho and Mrs. Mambo, FP Coordinator. This committee developed the following tools covering the relevant project areas;

(a) Women of child bearing age (15 to 49 years) questionnaire includes:

X The respondent background, the healths of the children focus on the last child, practice on the nutrition of the child and breast/feeding, reproduction/family planning and CBD, knowledge, practice, DRF and growth monitoring and immunisation.

X General information on selected intervention areas, i.e. malaria, home based care and primary eye care.

b) Men (15 to 59 years) questionnaire:

X respondent background information

X HIV/AIDS and STDs prevention

X General information on area of interest for the project, i.e. DRFs, food production, availability, use and acceptability of newly introduced crops.

c) Primary eye care for school children

X screening and follow up

X importance of eye screening to pupils

d) Primary eye care for teachers

X training on screening

X initiated screening in the school

X availability of screening materials

e) Primary eye care for traditional healers

X any training on eye care

- X identification of different eye conditions
- X management of eye conditions and referrals

Concern Universal responsible for the water and sanitation component have designed and shared a questionnaire on water and sanitation. The tool will try to establish the sources of water and water quality. It will also try and establish water handling in the home. The other facts to be collected will be on community management of the bore holes. On sanitation the survey will establish the current disposal practices, children's hygiene, IEC, the presence and role of the VHWC.

IEF had organised a course on EPI INFO for its members of staff working on other projects in the district, but realised that the program will be necessary and for the CHAPS project too. Therefore, the participants are from the IEF projects, the expanded DHMT, Concern Universal and the staff from the National Oncho Project. During the course the survey tools, will be used as some of the training materials. After the training and revision, translation into the local language and final field testing, the tools will be ready for field work. The actual survey is planned to take place from the third week of October 1998.

2:5 Nutrition

One proposed intervention is to increase access to and acceptance, consumption and preservation of protein, micro-nutrient and oil rich foods. Mr. Gobede, the MCH Coordinator, Ms Sophie Cobby and Mr. L.Mvula of IEF Food Security Project and Joyce Naisho is the team that is responsible in the implementation of the nutrition's intervention. This team will also work in close collaboration with the MOAL, especially the field Extension Workers (EWs). Some activities in relation to the introduction and production of the protein, micronutrient and oil rich foods have already been started. The following are the preparatory activities:

- X I) It was decided that for the first year, the project will distribute Soya bean seed (Santa Rosa variety) in six villages. Mr. Gobede suggested the villages where the World Food Program was supporting the ministry with supplementary feeding. Mr. Gobede was looking at this, to help the community, to develop a sense of responsibility in producing their own protein rich food reserves. The two EPAs are Mitole and Kalamo. The villages in Mitole EPA are Thuboyi, Tizola and Morgen and for Kalambo EPA, Mvula, Madeo and Gola. A total of 120 farmers, 20 from each village will be identified with the help of HSAs and Fas. Each farmer will be given 4kg of seeds for the season and a seed revolving system will be built into the project. Farmers, HSAs will be trained on Soya seed inoculation against pests.
- X ii) During the same season groundnut seed, variety CG7 will be distributed to 15 farmers in the same villages per village (90 farmers) each getting 8kg of seeds. The same seed revolving system will be developed for the groundnuts too.
- X iii) Besides the protein and oil rich foods, the micronutrient rich foods will be introduced in the same villages through the HSAs and the GMVs. A total of 40 people will go into this production. Each of these will in then select four farmers to share the seedlings with, total 160 farmers. A variety of six types of vegetables (Jews Mallow, Amaranthus, Cat Whiskers, Eggplant, Pumpkin and Okra have been selected for this year. Mr. Gobede and Mr. Mvula will meet with Mr. Justice Betha, an expert in permaculture training, for the GMVs and HSAs training. The training will take place in November 1998 as the seeds are being planted in nurseries.

The required soya, groundnut and vegetable seeds have been purchased for distribution at the start of the raining season.

2.6 Capacity Building

The project had realised that the district's priority is the strengthening of the administrative and managerial capacity. It was realised that health services cannot be well affected without a well and organised management system in place. The target areas are the accounting, inventory and stock control, the general administrative management, human resource development, supervisory system and the reorganisation of the district vehicle fleet management. Another important component is the development of an effective IEC program.

All these areas will require the technical assistance from area related consultants. The district had, through its partner IEF, sent its request to USAID for URC assistance. It is important that the necessary action for the improvement of these areas is set out in the early stages of the project if the required change is to take place. The stages for this action area will be facts finding, procurement of the equipment/programs the development of the appropriate and mechanism and training of the staff in the developed mechanism. All these take time and therefore the sooner they are started the better for the district and the achievement of the project objectives and goal.

2.6.1 Administration and Management

The district health service management is supported by the District Health Management Team. The regular members from the MOHP are normally the DHO(s), the DNO, the IEC Officer, the Hospital Secretary, the District/Hospital Accountant, the District Clinical Officer, and the DEHO. Currently these positions are held by Dr. A Sherry, DHO 1, Mr. Bakali DHO 2 and Hospital Superintendent, Mrs. Gausi, DNO, Mr. Chunga, DEHO, Mr. D. Semu, IEC Officer Mr. Mamba, the Hospital Secretary, Mr. Ngulinga, Hospital Accountant, Mr. Gwedeza, the District Clinical Officer. The DHMT membership has recently been expanded to include members of CHAPS from IEF, Dr. Christine Witte, Ms Joyce Naisho, Mr. Frank Chola and Mr. George Mekiseni.

The CHAPS project has helped in the strengthening and revival of the regular DHMT meetings. It has been planned that these meetings will be taking place every 1st Wednesday of the month. The first meeting took place in July and since then regular ones have been carried out. The agendas surround the administration issues of the regular MOHP activities and the CHAPS administrative issues and the necessary actions and the responsibilities assigned to specific identified solutions. Another important meeting that has been set and regularised is the budget meeting. Right now the budget meetings are held when the funds are released from the regional offices. The team is exploring the best way these particular meetings could be made more interesting and productive other than just waiting to allocate moneys given.

2.7 District Fleet Management

2.7.1 Vehicles

Some issues that kept on being discussed without much success in the DHMT meeting is:

I. Shortage of vehicles

- ii. vehicles repeatedly in the garages for major repairs
- iii. high fuel consumption although only a few vehicles are functioning

In trying and find a solution to these repeatedly occurring problems, a team was set and given an assignment, to look into the situation of the vehicles currently available in the district. The team included the Mr. Mamba, the Hospital Secretary, Mr. Manjolo, a Senior Clinical officer and Transport Manager and Mr. F.Chola, IEF Systems Advisor. The teams= findings:

- I. That the district total fleet is twelve (12). Out of these two vehicles are allocated to NRH and the remaining ten vehicles are for the CDH.
- ii. Five of these are too old and most of the time off the road.
- iii. The district has only three drivers for all the vehicles
- iv. None of them is allocated to be fully responsible for any particular vehicle. This has its own setback in vehicle running and maintenance.
- vi. Although the drivers keep log books for each vehicle, these are not regularly checked in an attempt to detect irregularities in vehicle running.
- vii. The current Transport Manager and his assistant have no formal training in vehicle management.

The teams= findings were discussed by the DHMT who strongly recommended the urgent need for the professional assistance in organising the district transportation system. The team also suggested that the Regional Fleet Transport Manager need to examine the fleet and make recommendation for boarding those vehicles not roadworthy. This exercise will enable the district request for replacement.

2.7.2 Motorcycles

The CHAPS project had proposed to get additional motorcycles for the district and most of these to be allocated at the eleven health centres. The team felt that the extra motorcycles will definitely help in the reduction of the current transport problems at the centres. However it was suggested that the current system on motorcycles usage be examined and reorganised.

2.8 Water and Sanitation

Concern Universal have started a number of planned activities as outlined in the water and sanitation proposal. Mr. H. Sato, Project Manager, Mr. F. D. Chilewani and Mr. J. M. Myaba, supervisors for the water and sanitation were participants during the DIP development workshop. After the DIP workshop, the District Water and Sanitation Committee organised and produced the questionnaire for the baseline survey. Some of the work started in June 1998. New water points have been constructed following a series of meetings with the community members. In addition to the new water points, rehabilitation and repairs of the bore holes that have not been functioning have been carried out. The number of water successfully completed and hand pumps fitted, eight new ones and four have Afridev pumps fitted, five rehabilitated and nineteen repaired and all fitted with pumps.

Some of the constraints were unstable soil, hitting hard rock while drilling leading to some holes abandoned for new sites.

2.9 Purchasing and Procurement

- a) A photocopying machine has been purchased and the IEC officer, the DEHO and the hospital messenger were given lessons both in theory and practice on the use and care of the machine.
- b) Various important spare parts for the MOHP vehicles have been purchased and fitted by the hospital driver/mechanic.
- c) IEF has helped in getting the required Vitamin A to be used during the National Immunisation Week.
- d) Various seeds have been bought in preparation for distribution during the raining season.
- e) A list of theatre equipment and instruments for NRH was prepared in August. This has been sent out to various companies in the USA and South Africa for quotations.
- f) Following some lengthy discussions on the district need for a truck, it was decided that a three-ton Toyota truck will be suitable. IEF was given the mandate to get the best quotations.

2.10 Radio Communication for the district

The DHO wrote to Pitronic Limited in August 1998, for quotations on communication equipment and possible installation of the necessary system of communication. The work will probably be started in October.

2.11 Plans for the Third Quarter

- 1) Training on EPI Info.29/09/98.
- 2) Carry out the field work for the baseline survey.
- 3) Follow up Q.A. findings
- 4) Review plans for NRH theatre and offices renovation and identify contractor.
- 5) Distribute seeds to farmers.
- 6) Training of HSAs and GMVs and EWs on vegetable growing.
- 7) Installation of the Radio communication system between the rural health facilities and CDH.
- 8) Purchasing and ordering of project equipment and vehicles.
 - Theatre
 - 3 ton truck for the district
 - Motor cycles for the health centres and the district headquarters.
- 9) I.E.C. Material identification and collection