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Malawi Programme for Reducing Childhood Morbidity and Strengthening Health Systems

Quarterly Report #14



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Acronyms

AA	Administrative Assistant
ACCPAC	Computerised Accounting Management System
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AS	Assistant Statistician
CDC	Centres for Disease Control and Prevention
CH	Central Hospitals
CHAM	Christian Health Association of Malawi
CMS	Central Medical Stores
COM	College of Medicine
COP	Chief of Party
CT	Counseling and Testing
CTC	Community Therapeutic Care
DA	District Assembly
DEHO	District Environmental Health Officer
DfID	Department for International Development
DHIS	District Health Information System
DHMT	District Health Management Team
DHO	District Health Office
DHRM&D	Department of HRM and Development
DIP	District Implementation Plan
DNMCPM	District National Malaria Control Programme Manager
DNO	District Nursing Officer
DOTS	Directly Observed Therapy, Short Course
DTC	Drug and Therapeutic Committee
EHP	Essential Health Package
ELMS	Essential Laboratory Medical Services
ePICS	Electronic Pharmaceutical Inventory Control System
HA	Hospital Autonomy
HAS	Health Surveillance Assistant
HCD	Human Capacity Development
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMIU	Health Management Information Unit
HR	Human Resources
HRM	Human Resources Management
HTC	HIV Testing and Counseling
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness

IP	Infection Prevention
IPT	Intermittent Presumptive Treatment
ITN	Insecticide-Treated Net
JIP	Joint Implementation Plan
KCH	Kamuzu Central Hospital
LATH	Liverpool Associates in Tropical Health
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
M&L	Management and Leadership
MDA	Maternal Death Audit
MK	Malawi Kwacha
MOH	Ministry of Health
MOLG	Ministry of Local Government
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MUAC	Mid-Upper Arm Circumference
NRU	Nutrition Rehabilitation Unit
NTP	National TB Control Programme
OJT	On-the-Job Training
OPD	Out Patient Department
OPT	Out-Patient Therapeutic Care Programmes
ORT	Other Recurrent Transactions
ORS	Oral Rehydration Solution
PDE	Patient Day Equivalent
PHI	Paediatric Health Initiative
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission [of HIV]
PPE	Personal Protective Equipment
PRC	Patient Right Charter
QA	Quality Assurance
QECH	Queen Elizabeth Central Hospital
RMS	Revenue Management System
SE	South East
SLA	Service-Level Agreement
SOW	Scope of Work
SP	Sulfadoxine-Pyrimethamine
STI	Sexually Transmitted Infection
SWAp	Sector-Wide Approach
TA	Technical Assistant
TB	Tuberculosis
TBA	Traditional Birth Attendant
TMWG	Transport Management Working Group
TNA	Training Needs Assessment

TNP	Targeted Nutrition Programme
TOR	Terms of Reference
USAID	United States Agency for International Development
UTH	University Teaching Hospital
VCT	Voluntary Counseling and Testing
ZHSO	Zonal Health Support Office

Executive Summary of Major Activities and Outcomes: July through September 2006

The end of the quarter signaled a major change in the way that MSH has been operating in Malawi. In preparation for the final year of the current contract's bilateral project activities, a number of changes to project structure and activity implementation will commence from October onwards. The district offices of Chikwawa, Kasungu, and Ntcheu will be closed and district-level activity support will be provided from five decentralized offices. A series of activities for the next year have been defined in the extension proposal submitted to USAID. The Chief of Party traveled to each district and met with the DHMTs to discuss the future role and activity support to be provided by the bilateral program; the package of activities to be supported was clearly spelled out during these visits.

This quarter's executive summary highlights the impact of activities initiated over the past three years.

Strengthening Key Health Programs

The Patient Rights Charter (PRC) and Quality Assurance (QA) Policy were officially launched and disseminated during this quarter. Launch of the QA policy was presided over by the Minister of Health. The PRC will facilitate the strengthening of the quality of care provided at health facilities; PRC posters and pamphlets in Chichewa and Tumbuka were distributed at the launch.

The bilateral provided substantial support to the development and implementation of the abridged facility-based IMCI training program. Training materials were finalised and piloted, and 40 persons from eight districts were trained as trainers of trainers. UNICEF will support further provider training.

During the reporting period, 28,103 clients were tested for HIV in the eight MSH-supported districts. Antenatal care (ANC) testing continues to increase with 4,954 clients tested (48 percent test rate for new ANC visits) during this quarter compared to 3,367 (35 percent test rate for new ANC visits) in the previous quarter. There was a 7.2 percent HIV-positive rate among the pregnant women tested. A challenge remains in HIV testing among sexually transmitted infection (STI) patients. Of 5,252 STI patients receiving treatment, only 13 percent were tested and counselled for HIV. Among 1,279 new tuberculosis (TB) cases diagnosed during the quarter, almost 58 percent received HIV testing and counselling; three districts (Mulanje, Mangochi, and Mzimba) registered 100, 80, and 64 percent HIV testing of these patients, respectively. Almost 74 percent of all TB patients who tested positive for TB received cotrimoxazole prophylaxis.

The HIV/AIDS advisor seconded to the MOH organised the external review of the ART programme which took place during September 2006. The purpose of the review was to critically examine the implementation of ARVs in Malawi and develop recommendations for the further strengthening the ARV program. Support was provided to the MOH to develop and finalise the national PMTCT scale-up plan and budget.

MSH actively supported the national HIV Testing Week. The HIV/AIDS advisor was part of the team which planned and implemented the activity. The MSH HIV/AIDS specialist was

requested to supervise testing week activities at the district level whilst MSH-supported counsellors actively participated in testing activities both at facility sites and community outreach sites. During the national testing week, 96,849 persons were tested for HIV in Malawi.

Community therapeutic care (CTC) for nutrition continues to succeed in all districts where it has been implemented. Mulanje District provides a typical example whereby access to care has increased dramatically. Previously, care for severely malnourished children was provided from two NRUs (Mulanje District Hospital and Mulanje Mission Hospital). CTC was implemented in April 2006 through ten sites in Mulanje—two at the NRUs and eight based at health centers. During the same period of time for 2005 and 2006 (April through September), 362 children were managed prior to the intervention while 1,473 were managed after the intervention. Out of these 1,473 children, 282 (19 percent) were managed at NRUs and 1,191 (81 percent) were managed at health centers.

A costing analysis of maternal health services provided through Christian Health Association of Malawi (CHAM) facilities was conducted by a consultant from MSH's home office. Results of this analysis were provided to the Ministry of Health and CHAM. This initiative will allow the development of a standardized costing process for the services provided by CHAM facilities and will strengthen the implementation of service level agreements (SLA). Additionally, the results will facilitate the planning process as districts receive guidelines as to what resources need to be set aside to develop SLAs.

Strengthening Management Capacity at the District and Central Hospital Level

The coaching session of pharmaceutical technicians in the South East Zone was completed in September 2006. This innovative approach produced the following changes in the zone's six districts:

- establishment of drug therapeutic committees in eight of nine hospital facilities,
- separation of duties of pharmacy staff was implemented at all district pharmacies—an important initiative to curb drug theft, and
- supervision of the drug stores at the health centre level was conducted—an activity routine to MSH-supported districts which has now extended to non-MSH-supported districts.

This coaching model demonstrates good potential to support district-level strengthening and provides a successful model of scaling-up experiences from MSH districts to districts not supported by MSH.

Hospital and health centre drug committees were trained on their roles and responsibilities when receiving drugs at health centres with continued emphasis on strengthening drug management systems, including segregation of duties in district pharmacies. Submission rates of the LMIS averaged 90 percent for three months across all districts, and 140 health workers have been briefed on the MOH's new recommendations on the supply management and data flow of HIV test kits. Also, 30 nurses from Balaka District Hospital were trained in the LMIS.

The quality and use of the health management information system (HMIS) continues to improve. Zonal HMIS reviews provided a forum for data quality review among district staff. These forums have created competition among districts, ensuring that they validate their data in advance of these reviews. Forums are also used to develop action plans to guide activities. Health facilities receiving awards for excellence in the three districts implementing the HMIS recognition scheme increased from zero to 32, representing 56 percent of the total facilities in these districts, over the reporting period.

In the area of financial management, MSH supported a national-level skills and competency analysis for accounting staff which will facilitate rational staff redeployment to district health management team (DHMT) accounts sections and allow the development of long-term training plans for accounting staff.

Progress in transport management activities included a meeting of key health sector stakeholders to review and merge the National Transport Policy and National Ambulance Policy. Three important taskforces/working groups were formed to move transport management forward at the central level. Likewise, the local transport policy guidelines are being shared and operationalised in the districts.

Planning and budgeting activities involved the systematic review and revision of district implementation planning (DIP) guidelines in preparation for the 2007–2008 financial year. Technical support was provided for the development of zonal implementation planning and reporting formats.

Support to the central hospital reform process has continued. Many of the systems developed for improved hospital management are functioning well. These systems include accounting and revenue, complaints review and analysis, equipment and building audits, human resources registry, and pharmacy inventory. A business plan was completed for Kamuzu Central Hospital during this period and the renovations of the pharmacy were completed at Queen Elizabeth Central Hospital.

Specific activities at the district and central hospital level are summarized in the body of the report and detailed in individual district report summaries.

Key Program Challenges

The resignation of Mr. Allan Macheso, Malaria Specialist, left a major gap to be filled; his position was filled by Mr. Johnes Moyenda on November 1.

Managing the transition following the closure of district offices and staff redeployment will require continued attention. Decentralised staff needs to understand their new responsibilities, the reporting system needs to be redefined, and districts need to understand that direct technical assistance will take priority over direct financial support.

Strengthening Management Capacity at the District and Zonal Levels

Human Resource Management

Strengthened Human Resource Management at Chikwawa

Key Staff: Mr. Zainga, DHO Chikwawa; Mrs. Nakoma, Acting Human Resource Officer - Chikwawa; Leonard Nkosi, MSH Technical Specialist; and Jane Mwafulirwa, MTA Chikwawa.

Objective: *To improve, update, and revitalize the human resource (personnel) and general records management system in the health offices at the district level.*

Activities:

- Conducted a follow-up on earlier activity plans for addressing the gaps to revitalizing the human resource and general records management system which was started to address identified gaps/deficiencies.
- Followed up on incorporation of a list of activities, items, and supplies, and incorporated these into the DIP for implementation of the on-going revitalizing process.

Outcomes: During this quarter, DHO Chikwawa—learning from the experiences of DHO Mulanje—started revamping the human resource and records management system at their office.

Issues/Concerns: Due to high turn-over of staff, the current initiative will constantly lag behind as new staff still needs to be motivated toward the initiative's importance.

Future Plans: Carry out regular staff audits to physically verify existing personnel; continue updating record of service cards and staff profiles.

SWAp Skills and Competency Analysis Exercise

Staff Involved: Mr. Wochi, Acting HRM&D, MOH; Mr. Kuchande, LATH - TA (HRM), MOH; Mr. Bondo, Director of Management Systems, DHRM&D (OPC); and Mr. Choso, Systems Management Specialist, DHRM&D (OPC).

Objective: *To design the instruments for the skills and competencies analysis exercise in the districts for the MOH sector-wide approach (SWAp), financial management, and data collection exercise/visits to the districts.*

Activities: Conducted meetings to discuss and design the instruments for use in the district visits; and prepared, produced and circulated the instruments to all those who were to be involved in the activity.

Outcomes: With MOH Officials and LATH TAs, there was participation of MSH staff in the design of the instruments for use in the data collection exercise/visits to the districts country-wide (see report on financial management below).

Issues/Concerns: None to report.

Future Plans:

- Conduct further analysis of the data and information collected during the period, now planned for the next quarter.
- Redeploy or reassign accounting staff and develop their short- and long-term training plans as an input into the SWAp milestones before the end of the year.

Health Management Information Systems (HMIS)

Key Staff: Chris Moyo, Deputy Director, HMIS; Chrispian Sambakunsi, Statistician, HMIS; and Maxwell Moyo, Technical Specialist, MSH.

Objective: *Support the central ministry and district health management teams (DHMTs) with the implementation of routine HMIS with a focus on improving the quality and use of data at all levels of the health system.*

Quarterly Focuses:

- Support Health Management Information Unit (HMIU) in conducting zonal performance reviews linked to HMIS with support from the National AIDS Commission and Centres for Disease Control (CDC).
- Support to the HMIU in the orientation of zonal officers to the district health information system (DHIS) software and in the manipulation of pivot tables. This is part of capacity building, and will enable the officers to conduct effective HMIS supportive supervision to the districts.
- Continued follow-up support to the implementation of the recognition scheme in Balaka, Chikwawa, and Mulanje as one innovation to improve the quality of data and to create demand for data use.
- Support HMIU in conducting HMIS supervision.

Improving Data Use**Activities:**

- Supported the HMIU in conducting performance zonal reviews in South West, South East, and Central East zones, where districts reviewed the SWAp indicators and general issues surrounding HMIS operations. The thematic area of the quarter was human resource data.
- Oriented staff in the Northern and Central Eastern zonal offices to the DHIS software and manipulation of data using pivot tables as part of institutional capacity building so that they are able to support the districts effectively during supervision and be able to support when conducting performance reviews.
- Continued conducting supportive supervision to the MSH districts in order to assess how the health facility staff is using data in planning and monitoring programme performance.

Outcomes:

- Capacity of zonal offices in HMIS and linkages with DHMTs strengthened; supervision skills strengthened; zonal supervisors are able to use DHIS, manipulate data using pivot tables, and ably troubleshoot during supervision.
- Zonal HMIS reviews provided a forum for reviewing the quality of data and built capacity of district staff on how to prepare for presentations, do trouble shooting on data, and interpret indicators. These forums have also created competition amongst districts ensuring that they validate their data in advance as teams and not leaving all work to the information officers. The forums also developed action plans to guide them and DHMTs in implementing identified activities.
- Continued improvements in data use for monitoring performance evidenced by graphs and charts posted in most health centres.

Issues/Concerns:

- As was the case with the other zones, data presentation and interpretation remains a challenge to district teams.
- Need for trainings and refreshers for newly recruited staff remains prevalent.
- Delays in the recruitment of statistical clerks in the hospitals and health facilities by the Department of Human Resources are affecting HMIS operations, particularly compromising the data quality.

Future Plans:

- Support the central HMIU in addressing zonal office issues.
- Conduct follow-up orientations and on-the-job trainings (OJTs) for the oriented staff in the four zones.
- Continue supporting zonal review meetings, thus sustaining the culture of using information to make informed decisions.

Improving Data Quality**Activities:**

- Helped to award excelling health facilities in districts implementing the HMIS recognition scheme.
- Assessed data quality using the data quality assessment tool (“1” or “0”).

Outcomes:

- Increased number of health facilities meeting the assessment criteria of the HMIS recognition scheme; so far 32 have excelled in the three districts—up from zero at the beginning. The scheme continues to positively impact improved quality and use of data as it has created awareness, a sense of responsibility, and competition among health facility staff in collecting accurate and timely data. Demand for data by managers and programme coordinators has improved tremendously, a sign of confidence that the quality of the data has improved.

Issues/Concerns:

- One assistant statistician in Mangochi was suspended since he absconded from work, which caused HMIS services to completely come to a halt.
- Computers are old and there are not adequate policies or procedures regarding computer file back-up or virus prevention; this has been a major blow to HMIS operations.

Future Plans:

- Introduce HMIS recognition scheme in Mangochi.
- Follow-up the implementation of the HMIS recognition scheme in Chikwawa, Balaka, and Mulanje.
- Analyze data reported in the pilot monthly reporting dataset and assess the quality and document as a way to justify to the MOH whether the monthly reporting system should be the way to forge ahead.

Drug Management

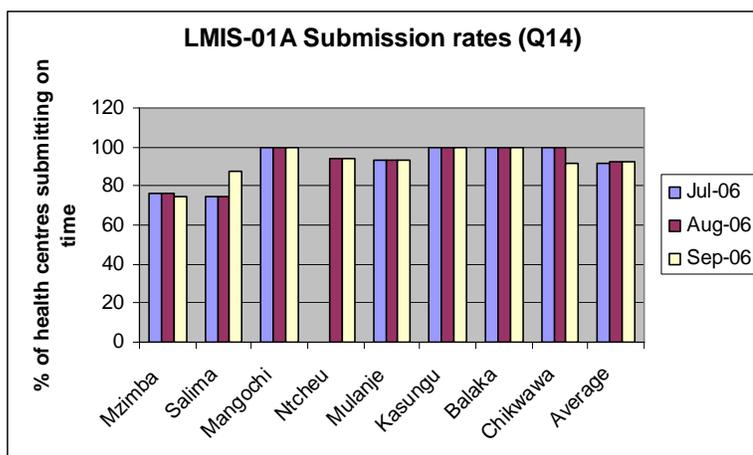
Key Staff: Godfrey Kadewele, Deputy Director, Pharmaceuticals, MOH; Sam Chirwa, Senior Logistics Officer, MOH; Cynthia Kamtengeni, Drug Management Specialist.

Objective: *To reduce stock outs of essential drugs.*

Activities:

- Submission of logistics management information system (LMIS) reports from health centres to district health office monitored.
- Briefing of laboratory technicians, pharmacy technicians, and HIV treatment and counseling (HTC) service providers from MOH, CHAM, and NGO facilities in Mzimba, Salima, Ntcheu, Mangochi, Chikwawa, and Mulanje districts on the new integrated supply chain management and data flow for HIV test kits as recommended by the MOH.
- Supervision visits to health centres by pharmacy technicians in Mzimba, Kasungu, Salima, and Chikwawa.

Outcome:



- The average submission rates for the three months have consistently remained high at above 90 percent.
- 160 health workers comprising HTC service providers, pharmacy technicians, and laboratory technicians from seven districts have been briefed on MOH's new recommendations on the supply management and data flow of HIV test kits.

Issues/Concerns:

- HIV testing and counseling is running like a parallel programme at health centres; as a result most HTC service providers do not see the health centre in charge as their line manager.
- Most of the districts have not yet received communication on the new supply management and data flow recommendations from the Ministry of Health.
- HIV test kits not available in adequate quantities at the central level.
- Experienced stock outs of most of the antibiotics, including cotrimoxazole, this quarter.

Future Plans:

- Maintain the high LMIS reporting rates by continuing close monitoring of submission of these reports.
- Follow-up implementation of the HIV test kit supply management recommendations in the districts.

Objective: *To improve inventory management at district level.*

Activities:

- Training of nurses from Balaka District Hospital in LMIS.
- Continued coaching of nine pharmacy technicians from South East Zone in pharmacy management.
- Orientation of the Chikwawa District Hospital drug and therapeutics committee.

Outcomes:

- Thirty nurses were trained in the logistics management information system.
- Coaching sessions facilitated (in the targeted districts)
 - Functional drug and therapeutics committees in eight of the nine facilities.
 - Segregation of duties at the hospital pharmacies as well as some health centres.
 - Supervision visits of health centres conducted by pharmacy technicians.

Issues/Concerns:

- Pharmacy technician from one of the district hospitals participating in the coaching sessions resigned and a replacement was not identified in good time to continue with the coaching sessions.
- Only the zone supervisor was involved in the coaching process.

Future Plans:

- Assess the progress on the implementation of the things learned during the coaching sessions.
- Implement the coaching sessions in another zone (Central East Zone) and involve more staff from the zonal office.
- Follow-up the drug and therapeutics committee progress in Chikwawa.

Objective: *To increase availability and appropriate use of essential drugs at the community level.*

Activity: Pre-testing health centre advisory committee guidelines in Kasungu, Chikwawa, and Mulanje.

Outcome: Guidelines for health centres advisory committees in poster form have been finalized.

Issues/Concerns: Inadequate funds to print the guidelines.

Future Plans: Print and disseminate the guidelines.

Financial Management

Key Staff: Mr. Lodzeni, DOFA; Mr. Kachepe, DOF; Mr. Kaluwa, LATH-TA (Finance); Mr. Kuchande, LATH-TA (HRM); Mr. Gondwe, Chief Accountant, MOH, DHOs and their accountant country-wide.

Objective: *To strengthen capacity of the District Health Offices in their ability to provide effective and efficient financial management and accounting services.*

Specific Objectives: To conduct visits to districts, meet financial management and accounting staff, and collect data and information on their skills and competencies. Information collected is for use in the proposed staff redeployment and reassignment exercise, and in the development of

short- and long-term training plans for accounting staff. This is to be an activity towards reaching an earlier defined SWAp milestone in financial management.

Activities:

- Provided TA for the development of assessment tools for exercise.
- Teams were organized to conduct the skills and competency analysis visits to the districts.
- In the spirit of cost-sharing, MSH funded the activity by the assessment team which visited the Northern Region.
- Each team met after the visits, analyzed the data and information collected, and prepared a report for the SWAp review meeting at Capital Hotel, Lilongwe.

Issues/Concerns: MOH decided to sample the districts to be visited due to financial constraints.

Outcomes: There is currently adequate data and information on the skills and competencies of all accounting staff in the government health institutions for use in staff redeployment, reassignment, and for developing short- and long-term training plans.

Future Plans: Conduct a thorough analysis of the available data and information on staff skills and competencies for use in staff redeployment, reassignment, and short- and long-term training plans.

Transport Management

Transport Management at MOH Headquarters Level

Key Staff: Mr. Kaludzu, Deputy Secretary for Health; Mr. Mtotha, Deputy Director of Clinical Services, MOH Headquarters; Mrs. Bandazi, Acting Director of Nursing Services, MOH Headquarters; Mr. Lodzeni, DOFA, MOH headquarters; Dr. Ratsma, Zonal Supervisor, MOH South-East Zone; key stakeholders in health transport (including GTZ, MSH, etc.); other MOH headquarters staff; and District and Central Hospital representatives.

Objective: *To develop a unified National Health Transport Policy for the health sector as a beginning towards strengthening and revitalizing the transport management system country-wide.*

Activities:

- Convened a meeting of key stakeholders in the health sector, and reviewed the status of the national transport policy and guidelines.
- Convened a meeting of the technical committee on transport at MOH headquarters.

Outcomes:

- The stakeholders' meeting resolved to merge the two key policy documents: the draft National Transport Policy and the new National Ambulance Policy.
- The meeting also formed three important groupings: the task force on transport, the transport management working group (TMWG), and the technical committee on transport in MOH headquarters.

- The stakeholders mandated the newly formed TMWG to convene a meeting to prepare and develop a merged draft policy document.
- The TMWG met, prepared, and presented to the technical committee on transport the merged draft policy document.
- The technical committee discussed and recommended that the resulting draft document be presented at the stakeholders' workshop.

Issues/Concerns: Need for involvement of UNICEF who prepared and produced the new National Ambulance Policy, and need to involve TRANSAID Worldwide in the finalization of the National Health Transport Policy.

Future Plans: To convene a stakeholder workshop on developing the National Health Transport Policy to thoroughly discuss the merged draft policy document and come up with a final draft.

Transport Management in the Districts

Key Staff: Dr. Mwale, DHO Chikwawa; Mr. Ziba, PHSA; Mr. Maluwa, Transport Officer; all staff involved with transport; Leonard Nkosi, HCDS, MSH Central Office; and Jane Mwafulirwa, MTA, Chikwawa.

Objective: *To orient staff involved with transport management to effective and efficient implementation of the system.*

Activities:

- Convened a meeting on transport.
- Reviewed the status of implementation of the system.
- Identified gaps and oriented staff involved with transport on their roles, the implementation of the local transport policy guidelines, and the transport management system.

Outcomes:

- Made available the local Transport Policy Guidelines to everybody.
- Skills transfer to all staff on operational needs for the transport management system (i.e. transport records, including ambulance registers), data collection, preparation of monthly vehicle reports, and proper management of vehicles.

Issues/Concerns: Constant staff movements affect continuity of implementation of the transferred skills.

Future Plans: To ensure follow-up on the implementation of the policy guidelines and use of forms for systematic planning and scheduling of transport and encouraging the DHMT to use data and information for management and control of transport and decision-making.

Planning and Budgeting Program

Key staff: Dr. Rudi Thetard, Chief of Party/QA Specialist; Dr. W. K. Mkandawire, DMS; J. Moyenda, MTA, Mzimba; J. Mwafulirwa, MTA, Chikwawa; Zonal Supervisors (N, CE, CW, SE,

and SW); DHOS, Mzimba, Mulanje, Chikwawa, Salima, and Mwanza districts; M. Moyo, M&E Specialist; Dr. F. Salaniponi, Director NTP; Kumbukani Ng'ambi, Planning Unit MOH; Mr. Nindi, IMCI Secretariat; WHO representative; and UNICEF representative.

District Implementation Plan (DIP) Development/Planning & Budgeting

Objective: *To strengthen capacity of districts in planning and budgeting and use of evidence-based decision-making.*

Activities:

- Supported the review and revision of DIP guidelines (local government planning formats aligned with the DIP format, and DIPs simplified and adapted based on feedback from 2006-2007 planning process).
- Facilitated district implementation and budget reviews in Mzimba, Chikwawa, and Salima.
- Supported the development of service-level agreements in Chikwawa.

Outcomes:

- DIP guidelines reviewed and revised, planning sheets and submission forms reviewed, and local government planning format incorporated into the guidelines.
- DIP reviews are being conducted systematically, looking at both activity implementation and reviewing impact using HMIS indicators in all the MSH supported districts.
- Zonal implementation planning and reporting formats are now in place and being used.
- Service-level agreements are in operation between Chikwawa and Mwanza, and between Chikwawa DHO and St. Montfort Hospital (CHAM), with improved and efficient service provision to all.
- Based on the experience from MSH districts, there is now a clear push from the Planning Directorate, MOH for the implementation of regular activity and expenditure reviews based on DIPs in all districts in Malawi.
- Programmes are now able to analyse DIPs to determine whether key programme activities are adequately reflected in DIPs. Activity reviews have been conducted by the National TB Control Programme as well as the procurement unit of the MOH.

Issues/Concerns: Concerns over delays in dissemination of the DIP guidelines, subsequent commencement of DIP development due to very short submission deadlines, how the activities should be budgeted for in the DIPs, and delays in ceiling allocation.

Future Plans:

- Finalise revision of the DIP guidelines.
- Disseminate the revised DIP guidelines to the zonal supervisors and DHOs.
- Conduct supervision of the development of DIPs, CHIPs, and ZIPS.
- Conduct quarterly/annual DIP reviews.
- Conduct review of progress in implementation of the SLAs.

District Summaries

Balaka District

In Balaka, MSH successfully implemented 13 of its planned 17 activities during the past quarter and the activities contributed to positive results. Details of all activities are available in the full district report in Annex 6. Noteworthy results include progress made in hospital infection prevention (IP) practices and a dramatic increase in uptake of HIV counseling and testing (CT).

In order to improve IP practices and move the district hospital toward accreditation, the project has been orienting health workers to and conducting internal assessments of IP practices. In the most recent assessment of IP practices, the hospital had an overall score of 77 percent—a dramatic 26 percent increase from the last assessment during the second quarter of 2006 and a 45 percent increase from the baseline assessment made in 2005.

Over 6,000 clients took advantage of services for HIV counseling and testing this quarter, up 205 percent from the less than 3,000 clients receiving CT from April through June of this year. The majority of these clients were seen at static clinics; over 1,200 used the outreach clinics. Part of the reason for the substantial increase reflects the Balaka contribution to the successful national HIV testing week, which took place during July.

Chikwawa District

Activities in Chikwawa District this past quarter yielded some very positive results and laid the foundation for valuable work in the coming months. Details from all technical areas are included in the full district report (Annex 6).

With the intent of improving uptake of voluntary counseling and testing (VCT), recent HIV activities in Chikwawa included integrated supervision and participation in a national VCT campaign. The Malawi Project conducted 100 percent of planned outreach to VCT clinics and tested over 7,800 individuals for HIV. This number includes 1,359 pregnant women, which is 52 percent of new antenatal care (ANC) attendees in the area. In coming months, efforts to continue recruiting and training counselors and to improve site management will continue to improve uptake and the number of Malawians who know their serostatus.

The project collected and analyzed baseline data upon which a proposal for a community-level maternal health programme will be developed. Such a programme will help to improve the quality of health care for children and complement other activities, including the ongoing community therapeutic care (CTC) nutrition activities. The CTC activities in Chikwawa and throughout targeted districts have helped to improve the rehabilitation of malnourished children and reduce unnecessary inpatient treatment of these children. In Chikwawa alone, 291 children were admitted for CTC.

Kasungu District

In Kasungu district, MSH has made significant inroads in, among other areas, the improvement of the district hospital's physical condition and the implementation of maternal death audits (MDAs) that help to bring a focus on the causes of and to reduce maternal mortality in the region. Details of these and other technical areas are in the full district report in Annex 6.

MDAs are a very important tool for reducing maternal mortality. This honest assessment of how many women die—and from what causes they die—because of pregnancy-related conditions enables targeted and effective interventions. For example, in Kasungu staff have identified that young motherhood (a product of early marriages) has contributed significantly to maternal deaths. Future plans of the project include IEC campaigns to sensitize community members of the additional risks teenaged girls face in pregnancy.

Since implementing MDAs, there has been a decrease in the number of maternal deaths: 51 mortalities were registered at the district hospital during 2005 and only 18 were registered as of August 31, 2006.

Another significant achievement in Kasungu was the project's extensive renovation of the hospital's sewer system. Through the MSH-supported district planning process, the need for these renovations was identified and addressed in spite of significant challenges. The hospital is also being repainted. These renovations will make a substantial contribution toward improving patient care and will enhance the ability of the hospital team to get the hospital accredited as a facility able to meet Infection Prevention standards.

Mangochi District

Highlights from Mangochi's full quarterly report (see Annex 6) include the excellent progress the district hospital is making toward accreditation. An internal assessment of IP practices scored the district hospital at an excellent 71 percent—up from 62 percent in the previous quarter.

That 100 percent of health facilities supervise with documentary evidence, conduct performance reviews using HMIS, and have posted data for programme performance monitoring indicate a strong trend of evidence-based decision-making. Furthermore, in spite of the resignation of the full-time counsellor and an overall decline in clients seeking HIV testing, the project documented almost a 30 percent increase in the number of antenatal mothers getting tested.

Mulanje District

The Malawi Project's work throughout the health sector in Mulanje this quarter has contributed to positive impacts in the rehabilitation of malnourished children and in insecticide-treated net (ITN) distribution—a critical facet of malaria prevention and control. Details of these and other activities are available in the full Mulanje district report in Annex 6.

Implementing the CTC programme in Mulanje, the Malawi Project has helped to dramatically increase children's access to nutrition services by increasing the number of sites from two to ten during February and March 2006. The number of children admitted to the programme has also increased dramatically from 362 (April through September 2005) to almost 1,500 (April through September 2006). Ninety-one percent of the children admitted to the programme since March 2006 have been discharged as cured. (An additional 7 percent of children have defaulted because of the long distance they must travel; plans to open more facilities, thus mitigating this obstacle, are underway.)

Community ITN distribution and sales in areas of low coverage were successfully piloted this past quarter through the DHMT. The Malawi Project purchased 3,000 nets and nearly half of those were sold in only five days (as compared to about 900 nets sold in the first eight months of 2006). While it remains difficult to determine net usage, it is encouraging that such a large number of people were eager to purchase nets when they were within their reach.

Mzimba District

With concerted efforts, the MSH team supported the DHMT in implementing planned activities during the past quarter. Details of the team's work and successes are in the full district report in Annex 6, but some important highlights include the extremely encouraging indicators associated with CTC services in the district and the increase in the number of people—especially women attending ANC—taking HIV tests.

CTC services and activities are improving the quality of care received by malnourished children in Mzimba and the other districts. In Mzimba during the quarter under review, 93.3 percent of admitted children were discharged as cured, less than two percent of them died, and less than five percent of them defaulted from the programme. These statistics far exceed Sphere minimum standards for nutrition relief. (Sphere standards are 75 percent cure rate, 10 percent mortality rate, and 15 percent default rate.)

Ongoing support, monitoring, supervision, and overall site management in HIV/AIDS has also yielded noteworthy results. From July through September 2006, almost 1,200 clients received HIV testing—up from 667 during the previous quarter. These clients included 229 pregnant women who attended ANC and then sought testing (64 percent of ANC clients).

Ntcheu District

In spite of challenges in implementing planned activities, the Ntcheu district programme achieved several positive results, in particular with regards to HIV testing rates, and demonstrated improvements in the integrated management of childhood illness (IMCI) team. A detailed district report for Ntcheu is available in Annex 6.

Through both static and outreach CT sites, over 2,500 clients received HIV testing during the July–September quarter; up 46 percent from the previous quarter. At least some of this increase is attributable to increased access to services through the opening of new static testing centres (in Kapeni, Nsipe, Kandeu, and Mikoke). Additionally, health care workers and community members are learning much more about HIV/AIDS, in particular the prevention of mother-to-child transmission (PMTCT) of HIV/AIDS.

Salima District

Activities in Salima district yielded particularly noteworthy results in support of the district hospital's accreditation. The Malawi Project is working with the hospital to enhance IP practices and success has been measured qualitatively through observations of improved sanitation and a generally clean hospital environment. The project has also noted quantitative success through the commendable 87 percent internal assessment score.

Salima district has expanded PMTCT programmes to five additional health centres and has seen increasing numbers of pregnant women who accept HIV counselling and testing services offered during ANC. A total of 830 antenatal mothers during the July–September quarter were tested for HIV. The full Salima District report is available in Annex 6.

Strengthening Key Health Programs

Quality Assurance: Infection Prevention

Key Staff: Dr. Annie Phoya, SWAp Team Leader; Dr. Dorothy Namate, Director of Technical Services, MOH. Dr. Rudi Thetard, MSH Chief of Party; and Chifundo Kachiza, MSH Technical Specialist.

Objective: *Secure accreditation of eight district hospitals and two central hospitals.*

Focus for the Quarter: Continued provision of technical and financial support to the eight districts.

Activities:

- Facilitated official launching of patient rights charter in Chichewa and Tumbuka (posters and pamphlets) and quality assurance policy document at MOH headquarters which was presided by the Minister of Health.
- Supportive supervision for IP was conducted in three MSH districts and TA was provided to all the districts; about four of them had internal assessments conducted.
- Module III training was conducted for Balaka, Kasungu, Ntcheu, and Mangochi (which also included some nursing officers from Salima).
- Dissemination of Patient Rights Charter and Quality Assurance Policy was undertaken during the SWAp review meeting for all the districts and stakeholders.

Outcomes:

- Internal assessments for Salima, Kasungu, Mulanje, and Mangochi were 87 percent, 64 percent, 70 percent, and 71 percent respectively. Among the districts, Salima, Mulanje, and Mangochi are ready for external assessments.
- 26 health care workers (HCWs) were trained in Module III for IP.
- Patient Rights Charter and Quality Assurance Policy were officially launched and disseminated.

Issues/Concerns:

- There is a need for production of additional copies of the posters and pamphlets.
- The posters needed to be framed for easy display and care. However, districts expressed concerns over lack of finances for procurement of frames.
- Unavailability of some of personal protective equipment (PPE)—materials and supplies—at the hospitals.

- Delays in completing maintenance work saw hospitals work against their planned activities in IP.

Future Plans:

- Supportive management to facilities for them to be externally assessed in the next quarter.
- Provision of selected PPE to complement DHOs support.
- Supportive supervision to all MSH-supported districts.
- Printing of more Patient Rights Charter posters.
- Supporting and participating in the national quality assurance task force meetings.

HIV/AIDS/TB

Key Staff: Dr. Edwin Libamba, Head of HIV/AIDS Unit, MOH; Dr. Rudi Thetard, MSH Chief of Party, Enock Kajawo, MSH Technical Specialist for HIV/AIDS.

MOH Assistance

- The HIV/AIDS advisor in the MOH organised the external review of the ART programme which took place during September 2006. The purpose of the review was to critically examine the implementation of ARVs in Malawi and develop recommendations for further strengthening the ARV programme. Support was provided to the MOH to develop and finalise the national PMTCT scale-up plan and budget.
- Prepared disbursement request from MOH to National AIDS Commission for 2006–2007. This will facilitate the transfer of funds for HIV/AIDS activities implemented by the MOH.
- MSH actively supported the national HIV testing week. The HIV/AIDS advisor was part of the team which planned and implemented the activity, and was asked to supervise activities at the district level whilst MSH-supported counsellors actively participated in testing activities at facility and community outreach sites. During national testing week, 96,849 persons were tested for HIV in Malawi. The project also ensured adequate supplies of HIV test kits for national testing week.
- Developed PMTCT scale-up plan and budget.
- Attended International AIDS Conference (two oral presentations and one poster presentation).
- The project was responsible for work related to the HIV technical working group during the Annual Health Review. This included a series of field visits, followed by group discussions which led to the development of key activities for the HIV programme during the next six to twelve months.
- Prepared request for cost estimate to UNICEF for two-year period (estimated value US\$ 40 million).

VCT Services

Objective: *Increase HIV testing and counseling participation rates; improve site management; and strengthen internal referral processes.*

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Activities:

- Continued provision of counseling and testing services in all eight MSH-supported district hospitals on full-time basis; MSH-supported outreach counseling and testing services in all districts.
- Supported the MOH's HIV unit in supervision during HIV testing week in Dedza and Ntcheu districts.
- Conducted orientations on the supply chain management of HIV test kits for testing and counseling service providers in Mangochi, Kasungu, Mzimba, Salima, Ntcheu, Mulanje, and Chikwawa districts.
- Supported Balaka with PMTCT training for health care service providers and oriented community leaders in PMTCT.
- Conducted a Chikwawa meeting with Family Health AIDS Community Care support organization to map out referral of patients from hospitals to HBC groups and vice versa.
- Carried out supportive supervision of HTC sites in Mangochi and Mzimba.
- Printed PMTCT leaflets and HIV testing and counseling pre-referral message guides for health care providers.

Outcomes:

- Two thousand PMTCT leaflets and 200 copies of HIV counseling and testing pre-referral message guides for clinicians and nurses have been produced and are ready for distribution.
- Ten health care providers (nurses and clinicians) in Balaka were trained for two weeks as PMTCT providers; 24 community leaders in Balaka were oriented in PMTCT.
- 140 HIV testing and counseling service providers were oriented in the supply chain management of HIV test kits in Mzimba, Mangochi, Kasungu, Salima, Mulanje, Ntcheu, and Chikwawa.
- 28,103 clients were counseled and tested in all the eight MSH-supported districts during the just ended quarter. 12,070 (42.9 percent) were VCT clients seen at district HTC sites, 8,483 (30.1%) were patients and pregnant women seen at district HTC sites, while 7,550 (26.8 percent) received HIV testing and counseled in outreach sites.
- There were 10,151 pregnant women who attended antenatal care during the past quarter, of this number, 4,954 (48.8 percent) were tested and counseled for HIV. Out of those pregnant women who were tested, 358 (7.2 percent) were HIV positive.
- The data shows that there is a great improvement in pregnant women accessing HIV testing and counseling especially in Salima, Mzimba, Kasungu, and Chikwawa districts. Salima tested 931 pregnant women (836 new visits and 99 subsequent visits) representing an increase of over 110 percent. Mzimba tested 436 out of 528 new ANC attendees, representing 82 percent. Kasungu tested 1,253 (67 percent) out of 1,867 new ANC attendees and Chikwawa tested 1,359 (51.9 percent) out of 2,616 new ANC attendees.
- HIV test rates among patients receiving STI treatment still remain problematic. Data from the districts indicate that 5,252 STI patients received treatment but only 663 (12.6 percent) were tested and counseled for HIV. 2,129 patients were tested and counseled from the wards and OPD, and 1,685 blood donors were tested for HIV.

Issues/Concerns: The rate of STI patients receiving HIV testing and counseling still remains very low at 12.6 percent.

Future Plans:

- Continue provision of HIV testing and counseling services in all the eight districts for both static and outreach sites.
- Distribute PMTCT leaflets and pre-referral messages on HIV testing and counseling for clinicians and nurses.
- Refine draft HIV testing and counseling site management and HIV internal referral technical tools.
- Support district HIV/AIDS planned activities.
- Initiate PMTCT activities in selected health centres in eight MSH supported districts.

Linkages with National TB Programme

Objectives: *Increase referral of TB cases for VCT; support the National TB programme in the rollout of cotrimoxazole prophylaxis for HIV-positive TB patients*

Activities:

- The National TB programme continued to support districts with cotrimoxazole provided to all HIV-positive TB patients; there were no stock outs of cotrimoxazole reported.
- Conducted review meetings with district TB officers on uptake of HIV testing and counseling by TB patients (60 percent during the quarter ending June 2006) and TB active case finding.
- Continued monitoring of uptake of HIV testing and counseling services by TB patients in HTC sites.
- Conducted an assessment of HIV/TB collaboration in Thyolo, Chiradzulu, Machinga, and Ntcheu.

Outcome: There were 1,279 new TB cases during the just ending quarter; 737 (57.6 percent) received HIV testing and testing. Mulanje, Mangochi, and Mzimba registered high numbers of TB patients receiving HIV testing and counseling. Mulanje tested 100 percent of TB patients, Mangochi tested 80 percent of TB patients, and Mzimba tested 64 percent of TB patients. 545 (73.9 percent) of the TB patients who were tested for HIV were receiving cotrimoxazole prophylaxis.

Issues/Concerns: HIV testing and counseling for TB patients is at 57.6 percent; this is relatively low.

Future Plans: Conduct HIV/TB review meetings and promote provider-initiated HIV testing and counseling for all new TB cases. Intensify TB active case finding in all the eight MSH supported districts.

Child Health/IMCI

Objective: *To improve prevention and management of childhood illnesses.*

Activities:

- Reviewed and finalized IMCI training materials and job aides to incorporate HIV/AIDS, infant feeding, and the newborn into the IMCI training materials with reduced number of training days in case management.
- Supported the piloting of new training materials, adaptation following pilot sessions, and the training of 40 people through two training of trainers courses.

Other IMCI Supported Activities since November, 2005

- Technical support in the training of 20 tutors from CHAM training institutions in IMCI case management
- Technical support in the development of the IMCI policy and the 2006–2010 IMCI strategic plan
- Financial and technical support towards the adaptation and finalization of the IMCI training materials to include HIV, the newborn, and infant feeding
- Technical support in the pre-testing of the newly adapted IMCI training materials
- Supported the printing of the adapted IMCI training materials and job aids
- Financial and technical support towards reorientation of 36 facilitators countrywide in the newly adapted IMCI training materials in preparation for new district trainings
- Technical support towards IMCI initial training of 16 tutors from CHAM training institutions using the newly adapted IMCI training materials

Outcome: Final revised IMCI training materials with HIV/AIDS, infant feeding, and the newborn available and in use; training duration reduced from 11 to 6 days; eight districts provided with local capacity to implement facility-based IMCI training (funding for this to be provided by UNICEF).

Issues/Concerns: Nothing to report.

Future Plans: Roll out the implementation of the three components of IMCI to all districts; support IMCI training in health centres in Blantyre (4) and Lilongwe (4).

Paediatric Hospital Initiative (PHI)

Objective: *To strengthen PHI initiative at the eight districts which are currently implementing the intervention with considerations of rolling out to other districts.*

Activities:

- Scope of work (SOW) for PHI drawn as well as a one-year budget for implementation.
- Activity proposal for a meeting at national level submitted to the director of technical services for approval.

Outcomes:

- Permission to hold the national meeting has just been granted.
- Districts are interested in strengthening child care services at hospital level.

Future Plans:

- Facilitate a national PHI meeting with stakeholders
- Initiate implementation processes for PHI activities to five other districts.
- Conduct various trainings for trainers, service providers, and support staff.

Nutrition

Key staff: Mrs. Catherine Mkangama, Chief Nutritionist, Nutrition Section, Ministry of Health Malawi; Mrs. F. Bwanali, DHO Salima; Mr. Moses Mhango, DHO Balaka; Mr. Baton Jere, DHO Mzimba; Dr. Frank Chimbwandira, DHO Mulanje; Dr. Madaliso Mbewe, DHO Chikwawa; Dr. Rudi Thetard, Chief of Party; and Mrs. Margaret Khonje, Nutrition Specialist.

Objectives:

- Support the introduction of initial nutrition activities in three districts (Balaka, Mzimba, and Salima) through CTC of severe malnutrition.
- Support roll-out of CTC to two new districts.
- Upgrade quality of management, service utilization, and care-giving at selected nutrition rehabilitation units (NRUs) and out-patient programme.
- Increase access to and utilization of therapeutic foods (Chiponde) at NRUs and out patient therapeutic care programme (OTP).
- Increase community and household support in management of CTC.
- Install sustainable monitoring and supervision systems.

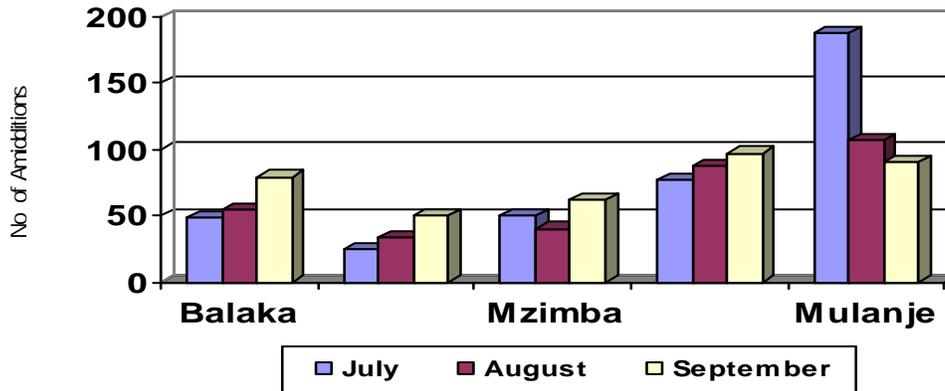
Quarterly Focus

Objective a): *Increase access to and utilization of therapeutic foods (Chiponde) at NRUs and OTP.*

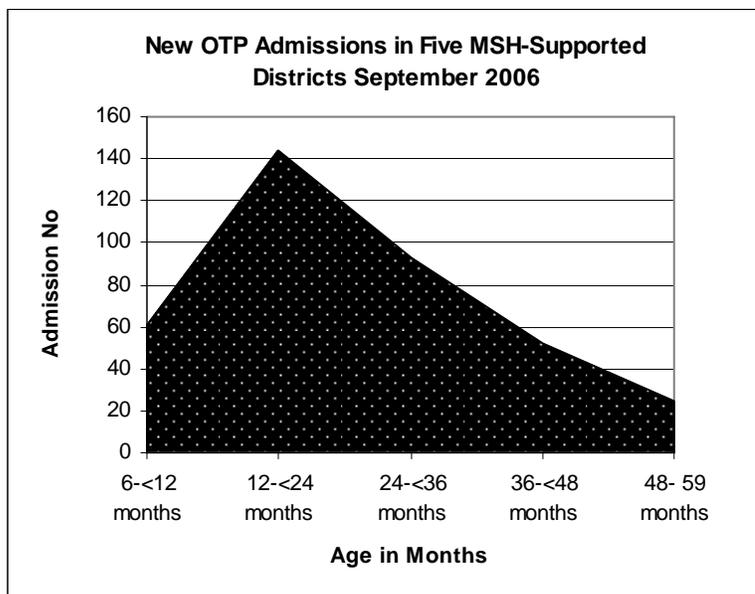
Outcome:

Overall admission to OTP centres dropped from 2,191 last quarter to 1,086 during the reporting period. Possible reasons include continued food security in the first half of the quarter. In Balaka and Salima, this period also coincided with universal initiation ceremonies which negatively competed with child care for mother's/women's time. However, with the exception of Mulanje, an upward trend in admissions was observed. In the past, signs of food depletion at household level begin to show just before the next farming season which starts in September/October.

**New CTC Admissions in Five Districts
July - September 2006**



Objective b): Upgrade quality of management, service utilization, and care-giving at NRUs and Out Patient Programme.



Reporting on indicators was strengthened with more evidence of health centre staff using information generated from the registers. For example, nutrition counseling and education was reinforced for care givers with children aged 12 to 24 months. In September, over one-third of admissions fell in this age bracket. This information is being shared with other nutrition and food security implementers for specific targeting nutrition messages.

Improved understanding of indicators also increased quality of referrals. For example, in Mulanje, through follow-up and taking a closer look at children who did not respond to Chiponde treatment after a given time, providers were able to improve referrals to HIV testing services. On the average, 80 percent of children referred to NRU from health centres tested positive and further medical attention was given to both child and mother. This finding needs to be further analyzed and compared with data from other sites where testing is being conducted.

Objective c): Install sustainable monitoring and supervision systems.

Supervision was strengthened with active participation from DHMTs, who also provided transport (motorcycles or vehicles). 203 children on Chiponde or absentees/defaulters were visited. Some issues coming out of monitoring visits were:

- Cure rates continue to rise while death and default rates go down; the latter resulting from increased immediate follow-up of absentees.
- Through “mother-to-mother education” more community members are becoming aware of Chiponde’s role in curing children with severe malnutrition. Although mother-to-mother education is not fully supported by evidence it appears to be quite effective because the extended family or community learns from the experience of a child who has recovered from severe malnutrition through treatment with Chiponde.
- Volunteers become more active when health centre staff visit them regularly; male volunteers are just as active as their female counterparts.
- Long distances to treatment points in Chikwawa, Mulanje, and Mzimba where CTC is yet to be installed in some facilities.
- Volunteers’ case-finding is limited because of lack of mid-upper arm circumference (MUAC) tapes which ensure correctness of referrals to OTP centres.

Major Processes in Which MSH Collaborated This Quarter

- MSH played an active role in a CTC technical committee which is developing national CTC guidelines under the leadership of Concern Worldwide. MSH monitoring tools and volunteer guideline were share with committee members.
- MSH also played a key role in initiating a CTC learning forum which has enabled sharing of implementation processes as one means of standardizing CTC programmes in the country.
- As a result of continuous advocacy backed with CTC monthly reports, one DHMT (Mzimba) allocated government (ORT) funds to train ten zone officers and ten hospital nurses. The zone officers will increase and improve on supervision of facility activities. They will also enhance monitoring of community CTC and nutrition activities. The funds were also used to mobilize eight communities for CTC. Mzimba and Mulanje districts prepared proposals for scaling up CTC. The documents will be sold to interested donors.
- In Salima, the first targeted nutrition programme (TNP) meeting in September started on a high note under the chairmanship of the District Assembly. Already, the new DHO has decided to set up a HIV/AIDS forum along the same lines.

Highlights for the Next Quarter

- Build CTC into community IMCI in Mulanje using health centre staff, extension workers, and the network of volunteers. Involve communities in facilitation of refresher training for community volunteers and their supervising HSAs in order to consolidate data management at community level.
- Strengthen quality of case-finding and quality referral in the community through provision of MUAC tapes to each volunteer.
- Strengthen use of information from indicators in order to improve service delivery.
- Work closely with supporting community initiatives in promoting better infant feeding.
- Strengthen partnership through district TNP meetings.
- Facilitate discussions on incorporation of CTC into DIPs.

TB

Objective: *To strengthen capacity of districts in implementation of key TB activities.*

Activities:

- Supported the review of key district TB activities in the district implementation plans 2006/07.
- Provided TA for the analysis of TB activities as included in DIPs and funded review meetings during which the NTP and districts were able to assess the adequacy of TB activities in DIPs.

Outcomes: Initial analysis indicated variable inclusion of TB activities into DIPs. Some districts had included an appropriate amount of activities into the DIPs—sufficient to provide adequate TB services—whilst others had included insufficient or inappropriate activities. (There was a heavy emphasis on training activities whilst key components such as stationary were omitted.) NTP staff developed the capacity to assess DIPs for the adequacy of TB activities; districts were supported to ensure that an appropriate balance of TB activities were included into DIPs whilst the NTP was widely cited as an example of a programme which had interacted with districts to ensure that its activities were incorporated into DIPs. This example and approach now becomes a benchmark for other programmes such as malaria.

Issues/Concerns: Lack of continuous support to development of DIPs in the districts.

Future Plans: To continue guiding the districts in the identification and implementation of key TB activities annually.

Strengthening Central Hospital Management Systems

Hospital Reform

Introduction

This report highlights progress made in key areas during the period 1 July to 30 September 2006. For more detailed feedback on the status of specific interventions refer to the following progress reports:

- Progress against Key Milestones of the Hospital Reform Programme September 2006 (Annex 2)
- Quarterly Report for Queen Elizabeth Central Hospital (Annex 3)
- Quarterly Report for Kamuzu Central Hospital (Annex 4)
- Progress Report of Pharmaceutical Management for Hospital Reform, July to September 2006 (Annex 5)
- Progress Report of Financial Management Systems for Hospital Reform, July to September 2006 (Annex 6)

Strategic Framework and Draft Legislation

Progress to date and main achievements

The National Policy on Hospital Reform has been revised to address concerns expressed by Cabinet regarding negative public perceptions of “autonomy” which is equated with privatization, fee for service, and alienation of public assets. Decentralized management of central hospitals can also be implemented through the establishment of public trusts and the policy has been revised accordingly. Comprehensive legal documentation to establish Central Hospital Public Trusts has been completed. A draft trust constitution and revised policy were submitted to MOH for consideration in September.

The second draft of the National Policy on Health is near completion. A revised work plan for the cost sharing proposal to continue work on the policy has been submitted to the National AIDS Commission (NAC), as part of MOH HIV/AIDS program, to access funds already approved for this purpose. The next round of consultations will commence in October, if funds are released by NAC.

The Final Draft Policy on Biomedical Ethics and Research in Malawi is near completion and will be submitted to the MOH in October. Draft proposals to undertake clinical and financial audits of all international research projects currently being implemented in Malawi were submitted to the TWG on research that is currently prioritizing research activities to be funded by the Department for International Development (DfID)/Welcome Trust research development program.

A third draft of the Memorandum of Understanding between the College of Medicine (COM), the MOH and Queen Elizabeth Central Hospital (QECH) was distributed to the COM in July. No formal feedback has been received to date.

Problems / Challenges Encountered

The MOH cannot submit the revised policy on hospital reform and draft trust constitution for central hospitals to cabinet for consideration until it is in a position to provide appropriate feedback on cabinet concerns regarding services provided by health centres in Blantyre and Lilongwe districts. Consequently, the programme is currently facilitating district service strengthening activities.

COM has submitted a proposal on the creation of a University Teaching Hospital (UTH) at QECH to the MOH. Although the COM submission suggests that this initiative and the hospital reform programme should proceed in parallel and support each other, in practice negotiations around the MOU have stalled due to lack of clarity on the way ahead.

Improvement in Central Hospital Functioning

Main achievements

Further development and documentation of management systems was undertaken in human resource (HR) administration, transport guidelines, pharmaceutical management, and cost centre management procedures.

Implementation of Human Resource Policy and Procedures (documented in the HR manual) proceeded at cost centre level at both hospitals. Cost centre managers have made recommendations on some changes to the documents. The registry systems continued to be functional and filing and retrieval of files has been made much easier ensuring that essential information is readily available. HRAdmin is operational at both hospitals and the production of reports and monthly returns has improved information flow to hospital management and MOH.

Functionality of the ACCPAC accounting system has improved considerably in the last quarter at both hospitals. Much of the backlog in data entry has been caught up and monthly reports are being produced. Systems at both hospitals were rolled over to the 2006/07 financial year and data capturing for the current financial year has started.

The involvement of Cost Centre Managers in decision making is generating a high sense of belonging and has improved information flow down to the staff. Although considerable progress has been made in developing cost centre business plans, generating HMIS reports and allocation of HR resources, progress on decentralization of financial management has been slow. However, the demands from cost centre managers for allocation of financial resources to cost centres and better financial reports is encouraging and provides much needed impetus to improving data capturing in ACCPAC and generation of financial reports that can inform decision making.

The consolidation of cost centre business plans into a consolidated hospital business plans are near completion in both hospitals and the documents will be distributed to cost centre managers and core management team members for their input next quarter.

The KCH Annual Report for 2005 was drafted and will be circulated for comments and finalized next quarter.

The Central Hospital Information Systems continued to operate smoothly. The units continued to get demands for information from various departments and provide the necessary reports for performance reviews.

An expenditure and performance review covering the period January to June was held which incorporated the annual review. Included among the usual key performance indicators regularly reviewed were human resource indicators and analysis of patient complaints.

At KCH the medical equipment inventory exercise undertaken by the equipment standardization task team, completed its work and data was entered into the MOH database by Physical Assets Management (PAM).

Considerable progress was made in pharmaceutical management strengthening at both hospitals. At QECH, the renovation of the pharmacy was completed and has strengthened supervision, improved both storage and dispensing environments and enhanced security. Other improvements include developing a new stock control system, designing data collection forms and electronic compilation files to track pharmaceutical consumption by cost centre, production of a pharmacy bulletin which is distributed to prescribers, and training of the pharmacy clerk on computer operation for service level reports and management of electronic files for procurement records.

At KCH, the rolling out of electronic pharmaceutical inventory control system (ePICS) at pharmacy stores and strengthening its functions continued and included introducing electronic stock cards, activating the transactions of lending and exchanging drugs, introducing automatic reminders for stock control, introducing a board-off drug list, and improving some operating procedures. New reporting and supervision systems for ePICS were established including installation of a touch screen computer in the director's office so that he is able to supervise the activities in pharmacy stores and check/produce reports from his office any time.

Problems/Challenges Encountered

- Financial management at both hospitals is compromised by delays in data entry in ACCPAC and inadequate financial reports. Maintaining dual systems places additional burdens on staff.
- The revenue management system (RMS) at QECH stagnated during the quarter. Despite the patient charge sheets being completed, no reports were generated from the system. With the stability in the implementation of ACCPAC, focus will be directed towards RMS during the coming quarter.
- Introduction of a new salary payment system by the MOH resulted in staff receiving new salary numbers which will have to be entered in HRAdmin system to replace the old numbers.
- HMIS departments at both hospitals are experiencing problems including poor performance of computers, shortage of clerks for data collection, and delays in data submission.
- Implementation of pharmaceutical management systems at both hospitals is compromised by shortage of clerks and pharmacy technicians, dysfunctional computers, and lack of essential equipment.
- Integration of the DHIS and PMIS at KCH needs to be improved to ensure that accurate patient activity data is being produced for use by the HMIS and performance reviews. The hospital has identified the need to undertake a joint review of both systems to ensure that linkages are strengthened and training of users is combined.
- The quarterly expenditure and performance review for April to June 2006 failed to take place at KCH to allow more time for preparation of reports and is planned for the second week of next quarter.
- There is a critical shortage of clerical staff in the KCH Registry, which limited progress on human resource management improvements.
- Implementation of new management systems continue to be hindered by the lack of senior medical personnel, the high turnover of staff (especially management), HR shortages, limited capacity of existing staff, and underlying abuse of current systems.

Improving Health System Functioning

Main Achievements

The referral meeting for KCH, CHAM hospitals in Lilongwe and all districts in the central region was undertaken for the first time at KCH. The meeting achieved its key objective of improving the referral system to KCH and it was agreed that referral meetings should be held quarterly and a task team representing all districts and CHAM hospitals will start the process of developing referral guidelines for KCH and its referring districts and CHAM hospitals.

QECH hosted two workshops on improving the health system functioning. One was the scheduled bi-monthly regional referral meeting that incorporates issues of specialist visits to districts. During the meeting, the department of paediatrics committed itself to start district visits to nearly all districts in the region. Other specialties continued their visits as before. The second workshop was a one-day training workshop for district staff. This was the first training workshop and was conducted by the department of obstetrics and gynecology to help districts manage obstetric conditions better.

The number of suggestions/complaints received from the suggestion boxes has continued to increase at QECH. The monthly analysis of complaints also continued. Departments are given complaints specific to their areas. During the quarter outpatients, dental, paediatrics and obstetrics and gynecology held departmental meetings to discuss complaints received. Punctuality in the outpatients department improved tremendously after the discussions. A number of compliments were received concerning the paediatric accident and emergency unit.

Programme staff participated in the SWAp annual review that was held towards the end of the quarter.

The programme staff also participated in the meetings of the transport task team where the National Transport Policy and the Ambulance Policy were merged to come up with the Draft National Health Transport Policy, yet to be adopted by the MOH.

The team leader drafted two discussion papers for the MOH Director of Clinical Services. The first paper was on recruiting and retaining the services of medical practitioners in Malawi and was used by the MOH as a departure point for developing a national plan for improving availability of medical practitioners. The second paper on strengthening the district health services in Blantyre and Lilongwe districts explores various strategic options that are being considered by the MOH as it formulates a policy and strategic plan to improve the availability and quality of district health services in these two districts.

Problems/Challenges Encountered

Problems encountered with regard to the referral systems of both hospitals include: low rate of referral feedbacks from central hospitals, inadequate documentation of referral guidelines and lack of clinical guidelines to guide the district clinicians in case management.

Challenges encountered in the complaint analysis include limited capacity to analyze and respond to large numbers on complaints and drug related complaints are likely to continue as the solutions are beyond the hospital.

The absence of district hospital facilities limits devolution options. Medium to long term capital and service delivery planning is required to change the current paradigm of health service delivery in both cities.

Key Current and Future Activities

- Finalize the MOU between COM, MOH and QECH.
- Facilitate the next meeting of the Central Hospital Reform Steering Committee Meeting.
- Finalize national policy on biomedical research.
- Complete second draft of National Health Policy for Malawi.
- Strengthening hospital management systems relating to HR administration, revenue, registry, transport, HMIS, infection prevention, equipment and pharmacy.
- Continue to strengthen cost unit management.
- Strengthen reporting function of ACCPAC accounting system and generate monthly and annual reports for 2005/6 financial year.
- Facilitate quarterly performance and financial reviews at both hospitals.
- Facilitate production of annual reports of central hospitals.
- Facilitate finalization of business plans for the central hospitals.
- Further development of ePICS at KCH.
- Develop presentations for dissemination meeting.
- Facilitate development and implementation of district plans for strengthening services in Blantyre and Lilongwe districts, including medical services and IMCI training.

Operations

Dates: April – June 2006

Key Staff: Njuru Ng'ang'a, Operations and Finance Manager; Adrian Kalua, Chief Accountant; Maureen Kamanga, Administration Manager; Chris Welch, Project Support Associate

Coordination with Malawian Partners

Objectives: *Facilitate coordination between Ministry of Health, other partners, MSH central and district offices, eight DHMTs, and hospital management teams.*

Activities:

- Funded printing of posters and pamphlets of Patients' Rights Charter in both Chichewa (1,400 posters and 4,000 pamphlets) and Chitumbuka (1,500 posters and 600 pamphlets) languages, with launching ceremony officiated by the Minister of Health and the USAID Mission Director in mid-September.
- Provided technical assistance to both CHAM and the MoH in costing of services under Service Level Agreements (SLAs) through Mr. David Collins, a health economist based at MSH headquarters in Boston.

- Supported scoping mission for TBCAP in developing proposal and work plan with various partners in the country, including the National TB Program (NTP).
- Supported the NTP in undertaking performance reviews to various districts.

Outcome: A foundation established for negotiating standardized costs for inclusion in SLAs across the country; agreements reached on tentative structure, sites, and work plan for TBCAP activities.

Issues: Finalization of TBCAP proposal and implications for staff on the bilateral project proposed for absorption into TBCAP.

Future Plans: Continue support to costing of SLAs, in-country start-up of TBCAP.

Activity Planning and Management

Objectives: *Ensure timely response to funding requests for implementation of activities.*

Activities:

- Total amount of MK5,161,307 was spent for district activities. This represents 86 percent of the budget for district activities planned for the quarter. See table below for breakdown.
- Hospital autonomy program spent MK1,076,230 for QECH/KCH and national level activities.
- The central office spent MK6,306,363 for MOH national level activities.

District	Total Spent	Percent of Planned Budget Spent
Balaka	MK 607,604	68%
Chikwawa	MK 740,196	117%
Kasungu	MK 675,900	103%
Mangochi	MK 516,504	87%
Mulanje	MK 893,493	140%
Mzimba	MK 647,520	102%
Ntcheu	MK 451,371	34%
Salima	MK 628,720	98%
TOTAL	MK5,161,307	86%

Outcome: Funds for implementation of activities readily available to Districts, MOH, MSH teams, and the Hospital Autonomy Programme.

Future Plans: This represents the last quarter of active funding to the districts to support training activities. Beyond this quarter, selected activities in the districts will be supported at a lower level of intensity.

Construction and Procurement

Objectives: *Ensure availability of essential physical facilities as well as equipment and supplies.*

Activities:

- Completion of renovations at QECH main pharmacy.
- Completion of renovations to roof of Mulanje Hospital Paediatric Ward.
- Funded installation of radio communication equipment at St. Montfort Hospital in Chikwawa in support of SLA between the hospital and Chikwawa District Hospital.

Outcome: Enhanced capacity for delivery of quality health care services in facilities receiving material support from MSH.

Issues/Concerns: Working with DHMTs to incorporate support to CTC and procurement of chiponde in DIPs starting in 2007.

Future Plans: Hand-over of MSH/USAID constructed office facilities to DHMTs in Kasungu and Chikwawa following closure of those offices at the end of October 2006.

Project Management

Objectives: *Manage project staff as well as financial and material resources.*

Activities:

- Support to Erik Schouten to attend global HIV/AIDS conference in Toronto.
- Resignation of Allan Macheso as malaria specialist (took up appointment with UNICEF).
- Sad demise of nutrition coordinator hired in Chikwawa.
- Resignation of administrative assistant in Ntcheu.

Issues/Concerns: Finalization of matters relating to termination of staff in three districts, closing out at the end of October 2006 (Kasungu, Ntcheu & Chikwawa).

Outcome: MSH Malawi employed a total staff of 67 as of September 30, 2006 (including VCT counselors and HPSA staff).

Future Plans:

- Finalize arrangements with DHOs for district offices and continuation of support to DHMTs after closure of district offices.
- Replace staff positions that have fallen vacant.
- Finalize arrangements for transition of support staff from the bilateral project to TBCAP.

Annex 1: MSH Malawi Programme Progress Report

Strategic Objective	Indicator	Indicator Description	District	Status as at 30th Sept. 2005	Status as at 31st Dec. 2005	Status as at 31st Mar. 2006	Status as at 30th June 2006	Status as at 30th Sept 2006
Health Sector Capacity Strengthened	% of facilities with documented DHMT supervisory visit within the last six months	Proceedings, feedback and action points between supervisor and supervisee documented.	Balaka	100%	100%	100%	100%	100%
			Chikwawa	100%	100%	100%	50%	100%
			Kasungu	96%	92%	100%	100%	100%
			Mangochi	92%	92%	92%	92%	100%
			Mulanje	90%	100%	100%	100%	100%
			Mzimba	89%	89%	90%	89%	89%
			Ntcheu	100%	88%	100%	57%	0%
			Salima	100%	100%	100%	100%	87%
			Average	96%	95%	98%	86%	85%
Health Sector Capacity Strengthened	% of health facilities reporting data according to schedule	Number of reports received within a specified date against those expected within the specified date.	Balaka	92%	92%	92%	92%	83%
			Chikwawa	100%	92%	92%	100%	90%
			Kasungu	71%	72%	100%	78%	92%
			Mangochi	85%	73%	81%	89%	89%
			Mulanje	95%	94%	94%	100%	100%
			Mzimba	54%	72%	94%	94%	82%
			Ntcheu	60%	51%	54%	71%	82%
			Salima	100%	89%	83%	56%	71%
			Average	82%	80%	86%	85%	86%
Health Sector Capacity Strengthened	% of facilities conducting quarterly HMIS reviews	HMIS reviews documented and action points noted (HMIS-13) supported by the District Assistant Statistician.	Balaka	100%	100%	100%	92%	100%
			Chikwawa	100%	100%	100%	100%	100%
			Kasungu	86%	50%	100%	100%	96%
			Mangochi	92%	92%	81%	100%	92%
			Mulanje	95%	100%	100%	100%	100%
			Mzimba	54%	72%	100%	94%	74%
			Ntcheu	67%	51%	55%	46%	0%
			Salima	100%	100%	100%	85%	100%
			Average	87%	83%	92%	90%	83%
Health Sector Capacity Strengthened	% of health facilities without stock outs of identified child health tracer drugs (for more than a week at a time) within the last 3 months; % of health facilities with up-to-date stock cards for tracer drugs	Tracer drugs to include SP, paracetamol/aspirin.	Balaka	100%	50%	50%	0%	0%
			Chikwawa	54%	80%	100%	100%	100%
			Kasungu	0%	0%	70%	0%	0%
			Mangochi	54%	30%	24%	24%	84%
			Mulanje	0%	0%	66%	89%	63%
			Mzimba	12%	89%	100%	100%	100%
			Ntcheu	30%	40%	34%	0%	100%
			Salima	47%	44%	72%	100%	100%
			Average	37%	42%	65%	52%	68%

Strategic Objective	Indicator	Indicator Description	District	Status as at 30th Sept. 2005	Status as at 31st Dec. 2005	Status as at 31st Mar. 2006	Status as at 30th June 2006	Status as at 30th Sept 2006
Health Sector Capacity Strengthened (cont.)	district hospital has up-to-date stock cards for tracer drugs (1=yes, 0=no) [composite indicator]	Tracer drugs to include SP, ORS, cotrimoxazole and Paracetamol/aspirin.	Balaka	1	1	1	1	1
			Chikwawa	1	1	1	1	1
			Kasungu	1	1	1	1	1
			Mangochi	1	1	1	1	1
			Mulanje	1	1	1	1	1
			Mzimba	1	1	1	1	1
			Ntcheu	1	1	1	1	1
			Salima	1	1	1	1	1
	Districts without stock outs of test kits for more than seven days in the previous month. (1 = No stock out; 0=stock out)	Test kits to include determine and Uni-Gold/Bioline (both available all the time)	Balaka	0	1	1	1	1
			Chikwawa	1	1	1	0	1
			Kasungu	1	1	0	0	1
			Mangochi	1	1	1	1	1
			Mulanje	1	1	1	0	1
			Mzimba	0	1	1	1	0
			Ntcheu	0	1	0	0	1
			Salima	1	1	0	1	1
			Total	5 (63%)	8(100%)	5(63%)	4(50%)	7(86%)
	districts with functioning Drug and Therapeutic Committees (1=yes; 0=no)	Functioning means committee meets at least once a quarter and produce documented evidence of proceedings.	Balaka	0	1	1	1	1
			Chikwawa	0	0	0	0	0
			Kasungu	0	0	1	1	1
			Mangochi	1	1	1	1	1
			Mulanje	1	1	1	1	1
			Mzimba	1	1	1	1	1
			Ntcheu	1	1	1	1	1
			Salima	1	1	1	1	1
			Total	5 (63%)	6(75%)	7 (86%)	7(86%)	7(86%)
	Districts where Administration staff submit fuel and vehicle maintenance expenditure report to DHMT monthly (1=yes; 2=no)	DHMT members (DHO, DNO, DHSAs and DEHO) confirming receipt of fuel expenditure report monthly	Balaka	1	1	1	0	1
			Chikwawa	1	1	1	1	0
Kasungu			0	1	1	1	1	
Mangochi			1	1	1	1	1	
Mulanje			1	1	1	1	1	
Mzimba			0	1	1	1	1	
Ntcheu			1	1	1	1	1	
Salima			1	1	1	1	0	
Total			6 (75%)	8(100%)	8(100%)	7(86%)	6(75%)	
Number of Health Facilities maintaining registers for monitoring transport management in the MSH supported districts	Registers instituted in all HF in four districts tracking time ambulance called, time arrived, ambulance never arrived and distance. (2 Health Facilities in each of six districts of Chikwawa, Mulanje, Mangochi, Balaka, Kasungu and Mzimba) to be used as sentinel sites.	Balaka	na	na	na	12	12	
		Chikwawa	na	2	2	3	3	
		Kasungu	na	na	2	3	4	
		Mangochi	na	na	2	na	na	
		Mulanje	na	2	2	2	14	
		Mzimba	na	na	2	5	5	
		Ntcheu	na	na	na	na	0	
		Salima	na	na	na	na	3	

Strategic Objective	Indicator	Indicator Description	District	Status as at 30th Sept. 2005	Status as at 31st Dec. 2005	Status as at 31st Mar. 2006	Status as at 30th June 2006	Status as at 30th Sept 2006
Health Sector Capacity Strengthened (cont.)	District where Accounts staff submit ORT report to DHMT monthly (1=yes; 2=no)	DHMT members (DHO, DNO, DHSA and DEHO) confirming receipt of ORT report monthly	Balaka	1	1	1	1	1
			Chikwawa	1	1	1	1	1
			Kasungu	1	1	1	1	1
			Mangochi	0	0	0	1	1
			Mulanje	1	1	1	1	1
			Mzimba	1	1	1	1	1
			Ntcheu	1	1	1	1	1
			Salima	1	1	1	1	1
			Total	7 (86%)	7(88%)	7(88%)	8(100%)	8(100%)
	% of health facilities with functioning communication equipment	"Functioning communication equipment" to include either a two way radio or a telephone.	Balaka	100%	75%	92%	100%	100%
			Chikwawa	88%	94%	100%	100%	90%
			Kasungu	96%	68%	100%	100%	100%
			Mangochi	100%	97%	97%	97%	97%
			Mulanje	100%	100%	100%	100%	88%
			Mzimba	79%	79%	79%	79%	79%
			Ntcheu	88%	83%	91%	89%	100%
			Salima	94%	56%	89%	100%	100%
			Average	93%	82%	94%	96%	94%
	% of health facilities with essential basic child health equipment available and functioning	"Essential Functional Basic Child Health Equipment" includes infant weighing scales, timers, EPI fridge, clinical thermometers. (MSH to facilitate availability)	Balaka	100%	92%	92%	100%	100%
			Chikwawa	100%	100%	100%	100%	100%
			Kasungu	100%	92%	100%	100%	100%
			Mangochi	100%	100%	97%	100%	100%
			Mulanje	100%	100%	100%	84%	63%
			Mzimba	100%	100%	100%	100%	100%
			Ntcheu	100%	97%	97%	97%	100%
			Salima	100%	100%	100%	100%	100%
			Average	100%	98%	98%	98%	95%
Quality of Health Care Improved	District Hospital Quality Improvement score as per required IP standards	Hospitals are required to correctly apply national standards of infection prevention (requires 85% and above of the standards to be accredited)	Balaka	32%	51%	na	49%	77%
			Chikwawa	na	na	73%	na	na
			Kasungu	42%	61%	na	na	64%
			Mangochi	42%	38%	na	62%	71%
			Mulanje	na	na	na	na	70%
			Mzimba	na	67%	67%	67%	68%
			Ntcheu	37%	41%	35%	na	70%
			Salima	69%	83%	83%	na	87%

Strategic Objective	Indicator	Indicator Description	District	Status as at 30th Sept. 2005	Status as at 31st Dec. 2005	Status as at 31st Mar. 2006	Status as at 30th June 2006	Status as at 30th Sept 2006
Behaviour Change Enabled	Number of clients counseled and tested		Balaka	1,312	2,028	2,850	3,183	3,108
			Chikwawa	4,489	3,838	5,719	2,737	7,856
			Kasungu	2,327	1,466	1,695	1,339	3,515
			Mangochi	1,472	1,443	746	2,772	4,070
			Mulanje	1,793	1,741	2,124	1,434	2,525
			Mzimba	984	1,644	870	1,127	1,102
			Ntcheu	1,255	1,258	2,113	1,784	2,838
			Salima	1,917	3,650	3,179	6,030	3,089
			Total	15,549	17,068	19,296	20,406	28,103
Behaviour Change Enabled	% ANC clients opting for CT	Represents the proportion of all women who turn up for ANC for the first time and opt to be counselled and tested during the quarter	Balaka	7 (2.1%)	16(3.2%)	59(6%)	261(22%)	330(36%)
			Chikwawa	719 (21%)	1036(36.3%)	1609(47%)	1076(42%)	1359(52%)
			Kasungu	121 (8%)	57(7%)	55(5%)	178(20%)	1253(67%)
			Mangochi	115(7.1%)	29(0.6%)	37(2%)	111(9%)	149(11%)
			Mulanje	72 (8%)	91(11.5%)	181(27%)	88(13%)	250(40%)
			Mzimba	202 (30%)	31(5.2%)	98(9%)	653(78%)	436(82%)
			Ntcheu	10(1%)	8(1.2%)	9(1%)	19(3%)	246(18%)
			Salima	251 (14%)	1679(100%)	748(76%)	981(59%)	931(100%)
			Total	1497 (13%)	2284(30%)	2796(27%)	3367(35%)	4954(49%)
Behaviour Change Enabled	% STI clients opting for CT	Represents the proportion of all clients who have an STI and opt to be counselled and tested during the quarter	Balaka	5 (7%)	128(40.8%)	5(2%)	11 (5%)	84(30%)
			Chikwawa	56 (5%)	63(7.5%)	82(6%)	63(7%)	381(36%)
			Kasungu	51 (10%)	9(2.9)	2(0.5%)	0(0%)	0(0%)
			Mangochi	59 (7%)	17(2%)	10(1%)	103(13%)	30(3%)
			Mulanje	67 (6%)	13(1.3%)	210(31%)	101(10%)	121(13%)
			Mzimba	4 (%na)	na	7(4%)	17(11%)	0(0%)
			Ntcheu	9(1.6)	0	3(1%)	4(1%)	0(0%)
			Salima	21 (3.4%)	49(9.5%)	18(3%)	33(6%)	47(7%)
			Total	272 (5.5%)	196(5.1%)	337(7%)	332(8%)	663(13%)
Behaviour Change Enabled	% TB positive patients opting for CT	Represents the proportion of TB positive patients who opt to be counselled and tested during the quarter	Balaka	27 (100%)	17(94%)	28(8%)	52(47%)	37(25%)
			Chikwawa	175 (68%)	153(63%)	109(49)	121(50%)	125(58%)
			Kasungu	47 (38%)	37(25%)	42(34%)	55(50%)	89(48%)
			Mangochi	176 (42%)	204(88%)	112(38%)	289(72%)	244(80%)
			Mulanje	105 (86%)	80(100%)	63(100%)	61(100%)	86(100%)
			Mzimba	29 (51%)	65(100%)	43(91%)	63(89%)	41(71%)
			Ntcheu	89(48%)	72(48%)	92(68%)	72(35%)	66(42%)
			Salima	96 (100%)	75(100%)	47(60%)	58(77%)	49(39%)
			Total	744 (59%)	613(73%)	536(41%)	771(60%)	737(58%)

Annex 2: Progress Against Key Milestones of the Hospital Reform Program

Management System	Milestone	Progress Reported	Actual Achievement
IR 8.4 HEALTH SECTOR CAPACITY STRENGTHENED			
Hospital Autonomy Bill	Act on hospital autonomy approved by parliament by Dec 2005	Draft policy and Bill finally reviewed by Cabinet in Feb 06. MOH requested revision of policy to replace "autonomy" with "reform". Revised policy on Reform drafted in May 06. MOH agreed to investigation of alternative governance option of establishing central hospitals public trust May 06. Comprehensive legal documentation to establish Central Hospital Public Trusts has been completed. A draft trust constitution and revised policy based on implementation of public trusts were submitted to MOH for consideration in September 06.	Draft Hospital Autonomy Bill completed but not submitted to Parliament. Draft Public Trust Constitution submitted to MOH Sep 06
White Paper on Health and draft Health Bill	White Paper on Health approved by MOH and Cabinet by Dec 2005	Drafting of the National Policy on Health to address the overarching health policy framework continues based on feedback received from meetings with six technical working groups and additional documentation received from MOH. The second draft will be completed in November 06.	First draft Completed by July 05
	Health Act approved by Parliament by June 2006.	Health Policy needs to be completed before the Health Bill can be drafted.	
Roles & responsibilities of governance & management structures & positions	Manual on governance and strategic management completed Dec 2005	First draft completed but needs to be edited. Lack of resolution of governance paradigm makes completion impossible.	First draft completed in February 2006.
Management responsibilities of central hospitals	PMA signed between MOH and Hospital Board by March 2006	Draft PMA completed. Annual Hospital Autonomy Plan for 05/06 based on requirements of the PMA. Progress on areas not addressed under other milestones includes: draft organisational structure of autonomous hospitals completed, composition of management team determined, job description of CEO completed, HR, HMIS, Accounting and non clinical support systems documented.	Draft PMA completed Dec 05
Central hospital performance management	One Year Business Plan submitted to MOH by Feb 06	Cost centres completed their business plans June 06. First draft of consolidated hospital plans completed by end September 06.	Draft consolidated business plans for the Hospitals in place at both hospitals by Sep 06.
	Quarterly performance reviews undertaken	Reviews conducted quarterly/bi-quarterly	Indicators agreed upon monitored on a quarterly basis and annually.

Management System	Milestone	Progress Reported	Actual Achievement
	Strategic assessment of service delivery options completed by Dec 2005	Workshops held in both hospitals to discuss survey findings and options available for central hospitals	Initial assessment submitted to KCH in Nov and QECH in Mar 06
	Pilot of PMIS implemented in QECH by Dec 05	PMIS implemented since Dec 05	System operational and able to generate reports in outpatients
Central hospital clinical service plans	One year Service Plan completed by Feb 2006	Dependent on approval and finalization of consolidated draft business plans by Hospital Management Teams.	
Central hospital funding and financial management	Income plan for hospital completed Feb 2006	Hospital fees revised based on cost and approved by MOH in Oct 05 but still not Gazetted despite 3 subsequent revisions for Legal Draftsperson. Revenue targets set by hospitals for 2006/6 and 2006/7 financial years. In first 6 months of 05/06 financial year both hospitals exceeded targets but revenue reduced since retention authority withdrawn by Treasury. Awaiting first annual financial report to assess annual performance and revise plan for 2006/7. Initial investigation of financing options undertaken in March 06.	Initial report on financing central hospitals completed March 06
	ACCPAC and RMS fully operational at both hospitals by Nov 05	Both systems fully operational at both hospitals but data entry incomplete. Concerted effort was undertaken to enter outstanding data for 2005/6 financial year ending June 06 during July to Sep 06. Roll over of ACCPAC accounts to financial year 2006/07 completed Sep 06. Ward clerks completing the patient charge sheets more accurately for RMS report generation.	Reports from ACCPAC and FMS being generated.
Central hospital human resource management	All transferred staff have employment contracts by Mar 06	Cannot be initiated until governance paradigm established and approved by Parliament or Office of President and Cabinet.	
	HR Plan for hospitals complete by April 06	First draft Integrated HR Plan completed December 2004. Require completion of interim establishment before revised plan can be formulated which is still under review by OPC.	
Central hospital quality standards	Key performance indicators monitoring quality implemented by Feb 2006	Complaint boxes introduced at QECH and first analysis of complaints included in the Annual Performance Review undertaken in August 06. Complaints being analysed on a monthly basis. Departments of Paediatrics and Obs & Gynae meet regularly to review complaints related to their areas.	Monthly analysis of complaints and regular reviews by Departments of Paediatrics and Obs & Gynae.
Central hospital capital development and maintenance	Capital investment plan by Mar 06	Background information collected through hospital business planning and decentralisation processes. Lists of equipment in both hospitals compiled by department. MOH PAM unit has developed centralised capital plans using national PLAMAHS database. Hospital equipment audits incorporated in PLAMAHS.	Equipment and building audits completed by section/area at both hospitals.

Management System	Milestone	Progress Reported	Actual Achievement
Central hospital research management	Contract signed for each research project by June 06	Draft agreement completed and submitted to MOH for negotiation with international research organizations. National biomedical research and ethics policy which formed the basis of the process completed in draft form.	Draft agreement and National Biomedical Ethics Policy completed
Central hospital pharmaceutical management	Computerized inventory control system established by June 06	A new electronic Pharmaceutical Inventory Control System (ePICS) was designed and piloted at KCH. Cost sharing proposal on further development and implementation of ePICS over 2 years submitted to MOH in April 06 and Approved June 06. Revised proposal submitted to USAID in Sep 06.	Computerized pharmacy inventory control system fully operational at KCH end June 2006
Ongoing improvement in health system	Communication and advocacy programme implemented by Feb 06	Awaiting approval of policy by Cabinet. Staff sensitized on the reform process through various strategies such as regular newsletter production at KCH and various meetings with staff.	Staff sensitized on the reform process
	MOU signed between COM and QECH by Dec 05.	Several rounds of negotiations held in last 8 months. Agreement reached on many contentious issues.	Third draft MOU submitted to MOH on 28 June 2006
MOH systems for contracting, financing, and monitoring hospital services	Agreement between MOH, Health Service Commission and Treasury on contracting mechanism Mar 06.	Awaiting approval of hospital autonomy policy and governance paradigm by GOM.	

Annex 3. Queen Elizabeth Central Hospital Quarterly Report

Introduction

This report outlines activities that have been undertaken between July and September 2006 at Queen Elizabeth Central Hospital, as part of the MOH/MSH Central Hospital Reform Programme.

Improvement in Central Hospital Functioning

The cost centre managers reviewed the entire MOH approved **Human Resource Policy and Procedure Manuals** and made recommendations to some sections to be reviewed. These sections needing review were noted and will be addressed when the document is being reviewed in the next quarter. Further work on **transport guidelines** was undertaken with the definition of indicators to be monitored. The guidelines were reviewed during the quarter to align them to the MOH policy and guidelines on transport. The introduction and implementation of **pharmaceutical management systems** progressed well during the quarter. The **registry system** continued to be functional and the systems put in place have become part of the normal hospital operations. Filing and retrieval of files has been made much easier. The production of reports from the **HRAdmin** has improved information flow to management. The return of the principal accountant has brightened prospects of the consolidation of ACCPAC **accounting system** from which monthly reports were being produced. Most sections completed data entry for the previous year making it possible to start data capturing for the current financial year.

The involvement of **Cost Centre Managers** in decision making is generating a high sense of belonging and has improved information flow down to the staff. Areas of concern include:

- The inability by management to **decentralize financial management** to cost centres.
- Incomplete financial reports being produced which do not provide adequate information for decision making. This has been due to delays in data capturing into ACCPAC.
- Cost centre managers feel they have been given responsibilities without authority over resources expended in their areas.

Further refinements were made to the **HRAdmin software** that took into account the hospital's input. The software became fully functional with reports and monthly returns being generated from the system. Human resource staff, cost centre managers and hospital chief officers were all orientated on the operations of the software. All staff with all their details was captured in the system. With the introduction of a new salary payment system by the MOH towards the end of the quarter, staff has all been given new salary numbers. The new numbers will therefore have to be entered in the system to replace the old numbers.

Data capturing into the **Computerised Accounting Management System (ACCPAC)** continued to improve during the quarter. Data capturing for the current financial year started towards the end of the quarter with revenue being up to date. The principal accountant has shown keen interest in the system and took close supervision of the staff during the last half of the quarter. The constraints being experienced include:

- Inadequate number of computers in the department;
- High staff turnover which disrupts continuity

- Very few qualified accounts staff in post.

The **Revenue Management System (RMS)** stagnated during the quarter. Despite the patient charge sheets being completed, no reports were generated from the system. With the stability in the implementation of ACCPAC, focus will be directed towards RMS during the coming quarter.

An **Expenditure and Performance Review** covering the period January to June was held which incorporated the **annual review**. Included among the usual **Key Performance Indicators** regularly reviewed were **human resource indicators** and analysis of **patients' complaints**.

The consolidation of the Cost centre **business plans** was completed but the document was not yet distributed to cost centre managers and core management team members for their input. This will be done early in the next quarter before cost centres embark on the next financial year business planning process. Challenges for the next round of business planning revolve around lack of feedback from management on approved budgets to motivate the cost centres to undertake the process.

The **Central Hospital Information System** continued to operate smoothly. The unit continued to get demands for information from various departments. Problems/challenges:

- The HMIS computer seemed to have reached its maximum performance capacity and became slower with a number of problems being experienced. Should the computer crash, the whole three years of data would be lost hence the need for an immediate replacement of the same.
- Shortage of clerks means data collection is not quite complete as some data collection points are not manned at certain times
- Delays in data submission by wards and other clerks is still rampant

A number of activities took place in the area of **hospital pharmaceutical management strengthening**. The planned partial **renovation of pharmacy** was completed during the quarter. The objectives of the renovations were to strengthen supervision, improve storage and the dispensing environment as well as security. The renovation works included the following:

- Making shelves for storage (eight in total made and now in use)
- Partition of the big room adjacent to the dispensing area thereby converting one part to be the Chief Pharmacist's office
- Storage shelves in the pharmacist's new office
- Replacement of defective doors (seven in total with locks)
- Creating a new dispensing area
- Painting the demarcated rooms, dispensing area, entrance bay and the corridor inside pharmacy.
- Replacement of broken window panes in the demarcated rooms
- Lighting up the dispensing area, new pharmacist's office and the adjacent storage rooms which required new wiring, switches and sockets
- Making of palates (37 in total)

The renovations gave the pharmacy a new look and orderliness in the storage area. The improved storage of pharmaceuticals made it possible for pharmacy to now start doing **stock taking**. The stocktaking forms were designed during the quarter and are ready for use.

The piloting of the **pharmaceutical ordering books** progressed well. All the ordering units started using the new system. Ordering books were printed and distributed to all ordering units. The use of the ordering books was to commence at the beginning of the next quarter. The system has been well received by all stakeholders and eliminates shortage of stationery and standardises the ordering system for the whole year.

Also done during the quarter were the designing of **data collecting forms and electronic compilation files** which were completed and given to pharmacy. The Hospital Director, pharmacy staff, HMIS officer and all cost centre in-charges were orientated in the use of the e-compilation files. The files help track pharmaceutical consumption by cost centre and make it easy to establish expenditure at any given time. This will ease the pharmaceutical estimation for budgetary purposes during budgeting time. The information feeding into the e-compilation files is derived from the pharmaceutical ordering books.

Also introduced during the quarter was the Pharmacy Bulletin which has since been produced regularly and distributed to prescribers. The **training of the pharmacy clerk** on computer operation for service level reports, management of the electronic files for procurement records, etc. continued.

Problems/challenges encountered in the pharmaceutical services:

- Shortage of manpower to operate the data collection and entry for internal pharmaceutical ordering system.
- Shortage of pharmacy technicians will affect the quality of inventory control.
- The computer at pharmacy was seriously infected by virus which caused derailment in data entry.
- The hospital has to date not honored its commitment to purchase a fridge for the pharmacy.
- There is no phone communication to and from pharmacy
- The need to install air-conditioners in the antiretroviral drug storage room is still outstanding.

Improving Health System Functioning

The hospital hosted two workshops on improving the health system functioning. One was the scheduled bi-monthly **Regional Referral Meeting** that incorporates issues of specialist visits to districts. During the meeting, the department of Paediatrics committed itself to start district visits to nearly all districts in the Region. Other specialties continued their visits as before.

The second workshop was a **one day training workshop for district staff**. This was the first training and was conducted by the Department of Obstetrics and Gynaecology to help districts manage obstetric conditions better thereby **reducing maternal mortality** and complications. Problems/challenges encountered include:

- Low rate of referral feedbacks from central hospitals. The highest record was 50% during the quarter
- Inadequate documentation of the referral guidelines
- Production of clinical guidelines to guide the district clinicians in case management

The number of suggestions/complaints received from the **suggestion boxes** has continued to increase. The monthly **analysis of complaints** also continued. Departments are given complaints specific to their areas. During the quarter Outpatients, Dental, Paediatrics and Obstetrics and Gynaecology held Departmental meetings to discuss complaints received. Punctuality in the outpatients department improved tremendously after the discussions. A number of compliments were received concerning the paediatric accident and emergency, a major shift from the bad picture obtaining in the previous quarter.

Problems/challenges encountered in complaint analysis:

- the number of complaints are too many to act upon in a short period
- Drug related complaints are likely to continue as the solutions are beyond the hospital

Key Current and Future Activities

1. Circulate and get comments on the hospital business plan
2. Monitor and report on transport utilization/management as laid down in the guidelines
3. Continue strengthening hospital management systems relating to HR, finance (especially RMS as priority), registry, HMIS, transport, equipment and pharmacy.
4. Conduct quarterly performance and financial reviews.
5. Finalize the production of the annual report.
6. Complete the pharmacy renovation.
7. Monitor the implementation of the various pharmaceutical management systems with special emphasis on stocktaking.
8. Work with Blantyre DHO on decentralization.
9. Continue to support the improvements in the referral system.

Annex 4. Quarterly Report on Hospital Reform at Kamuzu Central Hospital

Introduction

This report outlines activities that have been undertaken at Kamuzu Central Hospital, as part of the MSH/MOH Hospital Reform Programme, during the period July to September 2006.

Improvement in Central Hospital Functioning

Main achievements

Cost Centre Management strengthening continued with day-to-day management based on the cost centre management structure. Centre Management activities this quarter included quarterly cost unit performance reviews, monthly cost unit review, training of cost unit HMIS focal persons and finalizing cost unit business plans.

The **manual for cost unit management procedures** is still in draft, to be adopted by management and will assist standardizing management procedures at unit level.

The **KCH Business Plan** has been finalized. Since it is the first of its kind for hospitals in Malawi, it has gaps and shortfalls that are to be reviewed with time. During the coming quarter cost unit management teams will be sensitised to the KCH Business Plan and its implementation. Reviewing cost unit business plans is on going, so that they are used for monitoring implementation and also improved upon and therefore useful in drafting the next KCH Business Plan. The hospital planning process will be reviewed in December, and cost unit management team meetings will be strengthened by regular monthly reviews of planned activities.

The **Medical Equipment Inventory exercise** undertaken by the equipment standardization task team completed its work and data was entered into the MOH PLAHMAS by PAM. The report will be attached as an appendix to the KCH Business Plan.

The Accounts section continued making use of the **Computerised Accounting Management System** based on ACCPAC software. During the quarter, a data entry exercise to up-date all the modules being implemented (i.e. general ledger, accounts receivable, accounts payable and cashbook) was done. The exercise was undertaken to ensure that data in the system was up to date so that accurate monthly management reports and monthly expenditure returns could be produced for consideration by management and submission to the Ministry of Health.

A meeting to review the **Revenue Management System (RMS)** was done jointly with ACCPAC review. The meeting involved Ward Clerks from Paying Units, and Accounts staff.

Work on the information systems continued this quarter. The **Central Hospital Information Systems** under implementation, including HMIS and PMIS progressed well. HMIS makes use of DHIS software and is being implemented by hospital staff supported by the Hospital Reform Programme. The PMIS makes use of Touch Screen computers and is also being implemented by hospital staff with assistance from Baobab Health Project. The hospital has identified the need to

undertake a joint review of both systems to ensure that linkages are strengthened and training of users is combined.

The quarterly **Expenditure and Performance Review** for April to June 2006 failed to take place to allow more time for preparation of reports and is planned for the second week of next quarter.

The **KCH Annual Report for 2005** was drafted, and was supposed to be circulated and disseminated. However, more work reviewing it continued in the quarter; hence the final document is to be out early next quarter.

Implementation for the Human Resource Registry System at KCH continued with key activities being the manual up-dating of staff returns and implementing **HRAdmin system**. Several meetings to input data into the HRAdmin and producing staff returns were conducted. The biggest challenge however, was the critical shortage of Clerical staff in the Registry, which limited progress on human resource management improvements.

Monthly HR Reporting was done twice in the quarter, in July and August 2006. Reports generated during these meetings were used to up-date the HR sections for the KCH and Cost Unit Business Plans.

Implementation of some sections of the Administration and Human Resources Manual continued, **Leave Procedures** being fully adopted by the hospital. Leave Roasters were developed but some Units are yet to finalize the roasters.

The piloting of the Electronic Pharmaceutical Inventory Control (ePICS) System, as part of strengthening of the **Pharmaceutical Management System** continued. Monthly stocktaking for the pharmacy was done for all the months of the quarter.

It was agreed with JSI Deliver that KCH be included on the list of institutions using Supply Chain Manager for Pharmaceutical Management. This was at meetings held to chart ways of maintaining the two systems; thus ePICS will be linked to Supply Chain Manager.

Problems/ Challenges Encountered

Staffing in Cost Units for **Decentralized Unit Management**, is very critical both in numbers and quality, and is affecting operationalisation of Cost Unit Management. Critical Units such as Medical and Ambulatory Units, do not have Specialists to act as Unit heads, Paying Unit does not have a single clinician, hence has no head at present. Similarly, there are frequent changes of Unit Matrons; hence management continuity cannot be achieved.

Changes to critical senior staff continued to affect activities implementation at the hospital. All senior positions management appointments were new at the hospital during the quarter i.e. new Hospital Director, new Chief Hospital Administrator, new Hospital Administrator and new Principal Accountant. The Chief Nursing Officer was transferred out and is yet to be replaced, the Principal Accountant stayed for four months only, and has been posted out, replaced by a Senior Accountant who is yet to finish a month now, the Senior Assistant Human Resources Management Officer is on posting to Mzuzu, a Clerical Officer to Dowa and a new Clerical Officer has already reported.

All the newly implemented systems are yet to produce regular reports that can change how management is to be done. ACCPAC, ePICS, HRAdmin, PMIS, RMS and PLAHMAS are all new systems that are being implemented and are yet to start in-putting into management decision making on a regular basis.

Improving Health System Functioning

The referral meeting for KCH, CHAM hospitals in Lilongwe and all districts in the central region was undertaken for the first time at KCH. The meeting achieved its key objective of improving the referral system to KCH and it was agreed that referral meetings should be held quarterly and a task team representing all districts and CHAM hospitals will start the process of developing referral guidelines for KCH and its referring districts and CHAM hospitals.

The SWAp Annual Review was held towards the end of the quarter and the Hospital Director and HRP HMTA participated in the meetings.

The Programme staff also participated in the meetings of the Transport Task Team where the National Transport Policy and the Ambulance Policy were merged to come up with the Draft National Health Transport Policy, yet to be adopted by the MOH.

A new Administrative Assistant, Cecilia Thole, joined HRP at KCH to facilitate system implementation.

KEY current and future activities

1. Continue strengthening hospital management systems relating to HR, Revenue, Registry, Infection Prevention, HMIS, Transport, Equipment Management and Pharmacy.
2. Institute regular reporting from all systems being implemented (ACCPAC, EPHICS, HRAdmin, PMIS, RMS, and PLAHMAS) for management feedback and meetings.
3. Consolidate the development of Cost Centres / Units within the hospital.
4. Facilitate quarterly performance and financial reviews at the hospitals.
5. Strengthen ACCPAC accounting system especially on reporting to the Ministry of Health and to hospital management for decision-making.
6. Develop Referral guidelines for use by KCH and its referring institutions.
7. Implement the KCH Business Plans, and the Cost Units Business Plans; undertake planning reviews and strengthen the linkage between the business planning and the hospital budgeting process.
8. Implement the relevant sections of the human resources policy and procedures manual.
9. Strengthen pharmaceutical services.

Annex 5. Progress Report on Pharmaceutical Management at Central Hospitals

Introduction

This report outlines activities that have been undertaken between July and September 2006 at Kamuzu Central Hospital and Queen Elizabeth central Hospital for the Hospital Reform Programme. Progress is highlighted in the following areas:

- Rolling out of ePICS at KCH pharmacy stores and strengthening its functions
- Establishing reporting and supervision systems for ePICS
- Continuing Pharmacy Renovation at QECH
- Rolling out the internal pharmaceutical ordering system at Queen Elizabeth Central Hospital as part of Cost Centre Management
- Establishing a pharmaceutical procurement record system at QECH

Rolling out electronic Pharmaceutical Inventory Control System (ePICS) at Koch pharmacy stores and strengthening its functions

Main Achievements

In July, ePICS was rolled out in KCH pharmacy stores after its introduction to sundry stores, the fourth store. The functions of ePICS for store stage have also been strengthened as follows:

- Introducing electronic stock cards
- Activating the transactions of Lending and Exchanging drugs
- Introducing automatic reminders for expiring, expired, below minimum stock, and stock out drugs.
- Introducing board-off drug list
- Improving some operating procedures

The power supply system, Power over Ethernet, was installed together with new work stations in July to ensure non interruption for operating ePICS. The efficient maintenance for hardware and software also contribute the stability of the system.

Problems/Challenges encountered

The manual system must be continued until replacement by the electronic system is approved by MOH. Therefore, the parallel implementation of manual and electronic inventory control systems increased the workload of pharmacy technicians. Some electronic transactions were left behind and affected the update for stock balance and the accuracy of the reports.

Shortage of staff also hindered the data updating for ePICS: Six pharmacy technicians/assistants were out for various reasons: 1 pharmacy technician was temporarily suspended pending investigation, 1 was on three months leave, 2 were transferred to district hospitals and 2 pharmacy assistants were selected to be upgraded in Malawi College of Health Sciences. However, only 1 new appointment out of 3 has reported in July. 2 graduates were temporarily recruited on locum basis to relieve the crisis. Hence, only 50% of the manpower required (4/8) were operating during this quarter.

The way forward

Establish the pharmacy dispensaries' electronic orders to ensure electronic transactions and records.

Establish electronic prescriptions in selected outpatient clinics and wards.

Provide orientation of ePICS to new members and encourage the real time entry of transactions.

Establishing Reporting and Supervision Systems for ePICS

Main Achievements

For reporting and supervision purposes, the web based reporting system has been connected to the Hospital Director's and the pharmacy's desktop computers. A touch screen computer was installed in Director's office as well. Therefore, the reports can be produced in both offices. The Director is now able to supervise the activities in Pharmacy stores and check/produce reports from his office any time.

The web based reporting system includes stock and financing reports. The stock reporting is functioning except for some category sorting. The financial reporting will be established in next quarter.

Problems/Challenges encountered

Delay in data entry due to parallel in manual and electronic systems as well as shortage of staff seriously delayed the production of reports.

Further expansion of ePICS has temporarily stopped due to funding constraints regarding support from Baobab.

The way forward

Revising the budget and implementation phases and submission of funding proposal to USAID and waiting feedback.

Completing the reporting systems for financing aspect.

Encouraging real time data entry to improve the timing of reports.

Continuing Pharmacy Renovation at QECH

Main achievements

Following the completing of pallets, shelves and the lights for stores and dispensaries as well as the partition of a store room last quarter, the pharmacist's new office next to dispensing areas and the renovation for dispensaries were almost done in this quarter. There are few items remaining such as windows painting and curtains that are expected to be finished within a month.

Rolling Out the Internal Pharmaceutical Ordering System at QECH as Part of Cost Centre Management

Main Achievements

The system was well adopted by the first phase pilot wards and departments. The second phase of piloting was extended to all wards and departments this quarter. The programmed files for data collecting for all

cost centres were done and orientation was given to the HMIS officer and pharmacy clerk. Ordering books were printed and ready to be used in October.

Problems/Challenges encountered

Data compilation and entry for 130 ordering books every week is a huge job and cannot be accomplished without additional clerks. The system requires two HMIS clerks with limited computer skills to collect and process the data. The training on data processing will be done when suitable clerks are assigned.

Establishing a pharmaceutical procurement record system at QECH

Main Achievement

Programmed spread sheets which record monthly pharmaceutical procurement from Central Medical Store were developed. Files are designed to collect documentation of pharmaceuticals requested, supplied and costs, respectively. The pharmacy clerk was oriented and able to operate the system.

Next Steps

The activities planned for the next quarter are:

Preparing e-prescription system for ePICS at KCH.

Completing the pharmacy renovation for QECH.

Implementing the pharmaceutical ordering book system at QECH for cost centre management.

Strengthening pharmaceutical inventory control system at QECH by reorganizing store rooms.

Preparing Drug Committee and Pharmaceutical Procurement System at KCH.

Preparing Joint Procurement Plan for Central Hospitals.

Annex 6. Quarterly Report on Financial Management Systems for Hospital Reform

Introduction

The ACCPAC user support continued in the quarter with focus on consolidating user skills, confidence building and clearing data backlogs on updating the system. Management usage of information is highly dependent on timely update of accounting transactions, accurately and completely.

Activities

Training of new users

This included the training of the Principal Accountants for both Kamuzu Central Hospital (KCH) and Queen Elizabeth Central hospital (QECH). The training covered all aspects of the system including the following:

Systems overview

The officials were given background to the financial management systems component of the hospital reform project; the chart of accounts; the financial management and accounting procedures manual; and ACCPAC functionality and implementation methodology.

Functionality of ACCPAC modules

Officials were orientated to the detailed functionality of modules implemented in ACCPAC including: the ledgers implemented; ledgers' functionality and data processing in each ledger; budget issues and reports generation and usage.

Systems administration

The accountants were introduced to systems administration and some trouble shooting, and the role of the principal accountant in ensuring smooth operation of the systems and staff support.

Systems Support

Systems support included the following activities:

- User support on continuous basis in terms of retraining and on the job orientation
- Troubleshooting and error diagnosing, data integrity check and cleaning, and resolving queries
- Interrogating data in terms of reasonableness and agreement with supporting source documents, and the parallel government systems to ensure completeness, accuracy and consistency in data processing
- Running backups, and ensuring captured data is completely posted in the system and source documents are properly filed

- Extraction of transactional reports, decision making ledger reports, consolidated management reports, usage and interpretation of the reports for the principal accountants who would in turn do the same at core management meetings.

Achievements

The following were achieved during the quarter:

- Training of key new users was successfully conducted
- Retraining or refresher orientation was continuously conducted
- Cause of data errors were diagnosed and mechanism put in place in an attempt to reduce the error rate
- Revenue data capturing for 2005/2006 were up to date in both hospitals giving up to date information on debtors/customer accounts activities, balances owing and the age of their debts
- Data capturing backlogs in Accounts Payable and Cashbook for 2005/2006 financial year was substantially cleared
- Year end processing and maintenance was conducted rolling over the system in both hospitals to 2006/2007 successfully

Challenges

Data Capturing Speed

Delays in capturing data were experienced more often than not. This happened despite the reduction in workload in the accounts office, especially in cash offices, due to the introduction of the central payment system. The central payment system meant that cheques are no longer raised at the hospitals and therefore no bank reconciliations are being performed at the hospitals. With the same number of staff being maintained at hospitals in the face of the central payment system, the time saving should have actually been deployed to ACCPAC activities. However, this did not happen and there are still a lot of backlogs of data entry and errors in both systems.

Productivity is low despite the fact that workload for available staff is low. For example each hospital raises on average ten (10) payment vouchers a day, and each has two personnel to maintain accounts payable and two to maintain the cashbook, and one payment voucher at their level of competence would take a maximum of five (5) minutes to process in each section, therefore each section needs a maximum of two (2) hours a day to process transactions in both ACCPAC and government ledgers and be fully up to date on a daily basis.

Data Accuracy

Captured data contained a lot of errors. Staff captured and posted data with the following frequently made errors:

- Wrong codes input in the system; different from that on the source document
- Entering different amounts (transaction value) from that on the source documents

- Wrong accounting periods (months) entered; different from the source documents
- Transactions posted to wrong customers' and suppliers' individual accounts

These problems have also been experienced in the government ledgers (manual) against source documents as noted by the Auditor General's report released recently on the two hospitals. These problems, therefore, might just demonstrate the level of competence and or commitment of the accounts staff in general.

Source Documents Filing

Transaction source documents are not being properly filed resulting in loss of documents. When the document is lost before it is captured, the transaction cannot be traced as to whether it occurred or not.

Completeness of Data

Data captured in most cases was not complete for the following reasons:

- Transaction documents are not released to accounts from procurement; procurement staff clings to the documents until payment is due and only when Internal Procurement Committee (IPC) has authorized payment for the concerned supplier.
- Data is not captured every day and documents are not being filed, resulting in loss of documents before they are in system.

Completeness of Processing

When data is captured the processing procedures are supposed to be followed completely and accurately up to postings. After posting the transaction batches (data captured) then the reports are updated. Users frequently stop the process mid way without finishing the procedures.

User Initiatives

Users still lack initiative as demonstrated below:

- Despite being given step by step user procedures, they are not referred to when the need arises. When encountered with a data entry procedure which is the main challenge for the users, they do not bother to check their reference procedures but rather abandon the exercise and blame the system when queried on the delay.
- Users have been urged to stick the detailed transaction user procedures on their workstations for quick reference but have not adopted the advice.
- Missing power cables for computers and printers are not found or replaced and staff expects the consultant to sort this out.

User to User Support

There is still lack of team spirit where users can get support from fellow users; and users who are conversant with the procedures can provide support to their friends. Users have not provided each other with this kind of support and troubleshooting of simple and easier issues.

Staff Utilization and Supervision/Leadership

The following challenges were noted in relation to staff utilization and supervision and or leadership:

- Only few members of staff are interested and actively involved in ACCPAC activities. For example: out of sixteen (16) accounts staff at KCH only three (3) are involved; and out of seventeen (17) accounts staff at QECH only four (4) are actively involved.
- The supervision from superiors within and without accounts staff in following up day-to-day ACCPAC activities is lacking as is evident in maintaining the government ledger system as well. Supervisors often do not know what is happening and status of data capturing.
- Supervisors have also demonstrated lack of interest in using the rich reports ACCPAC is able to produce and therefore not being able to motivate subordinates to process transactions in the system. Even in the government ledger system supervisors rarely are up to date with information. For example, they frequently do not know how much has been funded, what has been used and what the funding balance is.

Staff Transfers

A number of transfers have taken place during the quarter affecting the smooth implementation of ACCPAC, notable ones being as follows:

- The Principal Accountant for KCH was transferred immediately after training and orientation of ACCPAC
- The only person handling Accounts Payable transactions in ACCPAC at KCH is equally on transfer awaiting posting
- Transfers of capable staff at QECH are also awaiting posting instructions from the Accountant General

Management Support

Management needs to demonstrate to users the need for and usage of information that is being processed to motivate accounts personnel to the maintain system. Management of the hospitals has rarely used accounting information for decision making, regardless of whether it is being generated from government ledger system or ACCPAC. Management should not be waiting for information to be submitted at the will of the finance department, they should actually demand it with deadlines attached.

Government Buy-in and Support

There has been inadequate demonstration by government, both MOH and AG, to users that the implementation of ACCPAC has their blessing either through officials visiting the hospitals to check progress on the ground and talk to staff and or requesting reports that they should be generated directly from ACCPAC for submission to the ministry. Government has instead visited the hospitals to talk about the implementation of IFMIS without any reference to ACCPAC. Consequently, staff does not regard implementation and maintenance of ACCPAC as their primary responsibility.

Accounts personnel have as a result more often than not taken a stand that they work for Accountant General and will only comply to instructions from the Accountant General's office only and not

otherwise. The buy-in and authority of the Accountant General and the Ministry of Health is therefore paramount to the success of the implementation and therefore needs to be demonstrated by these two important institutions directly not to the institutions only but the individual users as well.

Next Steps

The following are the activities proposed for the next quarter:

- a) Continue providing user support and troubleshooting
- b) Retrain accounts staff in the system with emphasis on supervisors like the Principal Accountant
- c) Assist the Principal Accountants to produce monthly management accounts and present the same to management meetings with full interpretation of accounts vis-à-vis variance analyses
- d) Introduce the inventory module towards the end of the quarter if and when there is great improvements in maintaining the ledgers implemented so far.

Recommendations

To achieve the next steps the following are recommended:

- a) There is still need for management to be pro active in demanding ACCPAC generated reports at all times rather than just waiting for the same to be given to them at the will of the Accountants.
- b) Management to constantly check the progress of ACCPAC data maintenance on weekly basis, to ensure data is constantly and promptly being captured. Transaction batch reports for data capturing should form part and parcel of government ledgers submitted to management for approval and signing of cheques, just like the government ledger, as proof that record keeping is up to date.
- c) Management accounts should be an agenda item for all core management meetings where financial reports generated direct from ACCPAC should be tabled.
- d) The ministry should take a positive step of visiting the hospitals to orient themselves and appreciate what is on the ground. This will demonstrate to all personnel that the ministry is in support and encourage the implementation of the system.
- e) The ministry after reviewing the status on the ground should sensitize the Accountant General to motivate accounts personnel to support the initiative.

Conclusion

The success of ACCPAC apparently depends on users updating it with timely, accurate and complete data. However the motivation for users to do that needs to be through the Ministry of Health and Accountant General. ACCPAC has capabilities for data manipulation or processing that are needed and very much useful for the management of the hospitals, and these capabilities are not available even in the IFMIS system being implemented.

It is therefore only prudent for the government through the Ministry of Health and Accountant General to demonstrate their full support of the implementation of the system.

Annex 7: District Reports

Balaka District

Key staff: M. Mhango - DHO; F. Linzie - Deputy DHO; Patrick M. Karonga Phiri – MTA; Allan Macheso – DMS.

Summary Comments:

Balaka managed to implement 13 (76.4%) of its planned 17 activities in the quarter under review. A few highlights from the just ended quarter are worth mentioning as follows:

- IP practices at the hospital have also made some strides since the baseline assessment done in 2005. Scores have moved from initial baseline score of 32% to 51% first internal assessment to an impressive 77% score.
- Integrated Supervision continued with zeal in all the health centres in the district maintaining 100 percent coverage and all with documentary evidence.
- Counseling and testing uptake incredibly rose - a total of 6,013 Clients attended CT services compared to 2,935 Clients reported in the April – June quarter, representing 205% increase.
- Maintained 100% LMIS forms submission rate from health centres to district.
- HMIS Recognition Scheme has positively impacted on the timeliness of reporting (meeting the deadline) from 75% (April – June quarter) to 83.3% (July –September quarter). The number of health centres without errors (accuracy and correctness of data) has also improved since the inception of the scheme in 2004 from one health centre to seven health centres as at June, 2006 representing 8.3% and 58.3% respectively.
- CTC services also continued to be implemented in all the 11 health facilities. However, the district experienced a heavy set back in supervision of CTC services following the resignation of the CTC Coordinator in August 2006. We are however, very hopeful that supervision will pick up again following the appointment of a new CTC Coordinator who has been engaged with effect from 18th September 2006.

Quality Assurance Systems

Infection Prevention

Objective

Enhance the infection prevention processes and move the Hospital towards accreditation.

Activity

Conducted orientation of 39 Health Workers in Infection Prevention Practices; conducted second internal assessment of IP practices at the Hospital.

Outcome

IP practices enhanced at the District Hospital. Greatly improved IP score of 77% from 51% 1st internal assessment – an increase of 26%. Although most of the sections/departments have improved since the 1st Internal Assessment as shown by their grades, there are however, a few

departments which, instead of improving have dropped down e.g. CSSD was at 75% has dropped to 73%, OT from 91% to 86% and MCH and Family Planning from 83% to 74%.

Issues

There is still open drainage system at the main hospital contrary to IP principles; no functional staff toilets at OPD at the old hospital; insufficient bin liners in the hospital; no physical barriers between dirty and clean linen area in the laundry; insufficient IP guidelines in most departments; inadequate supply of IP supplies e.g. gowns, head gear and utility gloves; some members of staff do not put on PPEs despite that they are available; improper storage of PPEs in the ambulances; lack of black plastic bags in ambulances.

Future Plans

DHMT with the help of MSH should consider buying more IP supplies for use at the hospital; DHMT to provide a sink in CSSD for cleaning of instruments; to replace the glass which was protecting staff at the scrubbing area from getting splashes as they scrub; to construct underground drainage system at the main hospital; IP Committee to assist in the formulation of more IP guidelines for every department; to construct a physical barrier between dirty and clean linen areas in the laundry; to provide ambulances with a box for proper storage of PPEs and plastic bags for disposing of dry and wet waste placed separately; to purchase enough IP supplies and PPEs, e.g. gowns, head gear and utility gloves for use; to facilitate the fencing of the Incinerator and waste disposal pits both at the OPD and main hospital; to repair window-screens and floor in the food preparation area and paint the Kitchen; to provide boxes in all ambulances to store in IP supplies, such as Gloves, Face mask, Aprons, etc.

Quality of Care

Malaria

Objective

Improve quality of malaria case management; increase proportion of pregnant women receiving at least two doses of SP.

Activity

Conducted Refresher Training for six Malaria Microscopists:

Outcome

Malaria Microscopists have enhanced their skills in screening malaria patients. The training covered among other things malaria as a disease, malaria life cycle, quality assurance and quality control, functions of a microscope parts, care for a microscope slides, data collection, recording and reporting, record keeping, stain preparation, supervision and some practical work at Machinga District Hospital.

Issues

None

Future Plans

Follow-up supervision to trained staff.

Maternal Death Audits

Activity

Conducted orientation of Traditional and Religious Leaders on PMTCT and Maternal Death Audit (22 People comprising 5 T/As, 7 Group Village Headmen, 3 Religious leaders, and 7 DEC Members).

Outcome

Participants were enlightened on the overview of HIV/AIDS; how HIV/AIDS has impacted on Malawi as a country, and the Malawian population in general; the benefits of HIV testing; definition of PMTCT and methods of preventing the infection from mother to child; rolls of community leaders in PMTCT; MCH activities; definition of Maternal Death Audit; an overview of Maternal Deaths in Balaka; causes of Maternal Deaths; roll of community leaders in prevention of Maternal deaths; TBAs and their rolls; Family Planning, methods of and its benefits. Activity has strengthened the link between healthcare providers and the community in supporting HIV/AIDS, PMTCT and Maternal Death Audit activities.

Future Plans

The T/As STAs and GVHs to conduct meetings with Area Development Committees (ADCs), Village Development Committees (VDCs), and family members to brief them on the deliberations; Group Village Headmen (GVH) to meet with the Village Headmen (VHs); Village Headmen to conduct meetings with their subjects in their respective; to conduct follow-up supervisory visits; some T/As, STAs, and GVHs be accorded an opportunity to visit some villages in T/A Mkanda, Mchinji District to learn how their counterparts have successfully managed to control incidents of Maternal Deaths in their villages to **ZERO** since 2005 to date.

HIV/AIDS (CT SERVICES)

Objective

To increase availability and accessibility of CT services and uptake of ARV therapy to the community through static and outreach CT clinics.

Activities

Conducted Static and Outreach CT Clinics; conducted review meeting with eleven Health Centre In-charges and six District Hospital staff on TB Active Case Finding and Cotrimoxazole prophylaxis

Out Come

More clients accessed CT services in the quarter under review. 4,427 Clients were seen at static clinics, 1,256 attended CT outreach clinics, 330 ANC mothers opted for VCT of which 49 were found positive and 7 of whom are on nevirapine.

Basing on the statistics for Balaka it was noted that 27% of TB patients registered in the district TB register, 79% of the patients tested are HIV positive - almost equal to the national figure of 77% and were all put on cotrimoxazole Prophylaxis whereas 62% were put on ARVs; the training also introduced participants to VCT referral forms and TB Active Case Finding forms which could enhance their daily activities both in CT and TB Active case finding.

Issues

A good number of TB patients are not tested for HIV when admitted and discharged from the hospital, especially those admitted at Machinga District Hospital (the smear positive patients); compliance of drugs by TB patients is problematic resulting in deaths of patients during ambulatory period of treatment; sputum results are taking too long to reach the referring unit for both smear positive and smear negative patients; most of the health workers have not been trained in counselling.

Future Plans

To continue with both, static and outreach CT clinics and to encourage more ANC, TB and STI patients to go for CT services; to check all patients during drug collection as to whether they were tested for HIV or not; TB Officer to check HIV testing results for every patient registered in the district register; TB Officer to visit wards at least three times a week; all sputum results (Negative or Positive) to be sent back to the referring unit from the TB office within a week; Counselors, TB Focal Persons and In-charges to hold a joint review meeting.

Activity

Conducted a two week training of ten Health Workers (Nurses and clinicians) as PMTCT Providers.

Outcome

Participants gained knowledge and skills in PMTCT focusing in the following areas: basic facts on HIV/AIDS; Magnitude impact and response to HIV/AIDS; primary prevention, counseling in PMTCT program, counseling and HIV testing; provision of ARVs for PMTCT; quality of reproductive health services; management of STIs; lactation management, breast feeding for child survival; BFHI with HIV/AIDS; management of HIV conditions; maternal nutrition; infant feeding in the context of HIV/AIDS; code of marketing (theory and practical); infant feeding options; referral mechanisms for PMTCT; clinic set-up; community Support for PMTCT program; supervision for PMTCT program; expression of breast milk; monitoring and evaluation and drawing up of a work plan.

Issues

Lack of skills in HIV counseling and testing amongst some nurses and clinicians; lack of IEC materials, e.g. learning and teaching Aids; lack of male involvement in PMTCT and ANC services; PMTCT services provided only in few Health Centres; lack of support groups on PMTCT; inadequate furniture in most PMTCT clinics.

Future Plans

To orient untrained nurses and clinicians in HIV/AIDS testing; to provide adequate IEC materials; Local Leaders and the community at large to be sensitized on the importance of male involvement in PMTCT and ANC activities; to assess health facilities for suitability for provision of PMTCT services; to foster formation of support groups; DHMT/MSH to assist in purchasing of additional furniture for PMTCT clinics where necessary; to train Health Centre staff in PMTCT.

Nutrition (Community Therapeutic care-CTC)

Objectives

Strengthen the management of acute malnutrition through the improvement of NRUs and implementation of *Community Therapeutic Care (CTC)*.

Activities

Provided support and supervision of CTC delivery to all health centres in the district.

Outcome

6,640 Bottles of Chiponde were distributed to the malnourished children in just ended quarter.

Issues

Late reporting of Chiponde stock-outs continued to be experienced from some health facilities.

Future Plans

To intensify supervision to all the health facilities including Volunteers.

Supervision

Objective

Strengthen routine supervision at district level.

Activity

Conducted Zonal Integrated Supervision in all twelve Health Centres

Outcomes

- Maintained 100% coverage supervising all health facilities with documentary evidence
- Feedback provided to health centre staff
- Debriefing given to Programme Coordinators and members of the DHMT.

Issues

None

Future Plans

To continue conducting supportive supervision.

HMIS:

Objectives

Improve quality and timeliness of routine reporting; test monthly reporting scheme; increase use of data for managerial decision making.

Activity

Conducted Quarterly Review of HMIS Recognition scheme with all 12 Health Facility In-charges

Outcome

Based on the assessment criteria (deadline; completeness and correctness of the reports; consistency; verifying and approving the reports by either the in-charge or the HMIS focal person; and the reports bearing facility names, facility codes and fiscal year), the following seven Health Centres did well and received gifts of 10 traveling bags and three calculators each; Kankao, Namanolo, Utale 2, Chiyendausiku, Mbera, Phalula and Ulongwe. Three of these (Chiyendausiku, Mbera and Ulongwe) have made it for the first time.

Issues

Mathematical errors still exist in certain reports; filling in on wrong columns and rows.

Future Plans

To introduce a floating trophy which would be given to winning facility with many certificates at the end of the year; to introduce inter-district exchange visits for the winning team at the end of the year.

Inventory Management

Drug Management

Objective

Reinforce LMIS implementation at facility and district office levels; strengthen inventory management; strengthen Drug and Therapeutic Committees.

Activity

Oriented twenty seven Nurses at the District Hospital on LMIS and National Drug Policy.

Outcome

Nurses gained knowledge and skills in LMIS focused in the following areas: overview of MHCLMS; storage of drugs; how to conduct physical inventory; record keeping and reporting; monitoring, supervision; qualities of the medical products to be ordered should comply with the six rights: right product, right quality, right condition, right place, right time and right cost.

Future Plans

To continue conducting refresher orientations so that Nurses are always reminded of proper drug and dispensary management procedures.

Chikwawa District

Key Staff: Dr. Madalitso Mbewe – DHO; Mrs. Salima – Matron; Mrs. Jane Mwafulirwa – MTA; Dr. Rudi Thetard – COP.

Summary comments

- Community level maternal health programme initiated and a baseline assessment conducted.
- Full complement of DHMT members appointed to Chikwawa – DIP quarterly review revealed key management problems. Based on findings from the quarterly review MSH has provided further support to DHMT with orientation in financial management and transport management.
- Service level agreements finalized with one CHAM facility (St Montfort Hospital) and neighboring district of Mwanza.
- 5 Health facilities met HMIS quality standards.
- 7856 persons HIV tested –including 1359 (52%) of new ANC attendees.

Quality Assurance Systems

Infection Prevention

Objective

Move the hospital towards accreditation for IP.

Activities

Conduct internal assessment for Chikwawa District Hospital, and construct placenta pit for Montfort Hospital

Outcomes:

External assessment of the district hospital did not take place because the DHMT felt they were not yet ready as the DHO and Hospital Administrator had just joined the team. The other problems sited include inadequate IEC, inadequate IP materials, and infrastructure needs maintenance.

Future Plans

Conduct internal baseline assessment for Montfort Hospital. Finish up maintenance of general ward; conduct external assessment for the district hospital;

Quality of Care

Malaria

Objective

Improve quality of malaria case management; increase proportion of pregnant women receiving at least two doses of SP

Activity

Supervision of malaria case management and IPT for health workers; training of health workers on IPT.

Outcome

Supervision of malaria case management and ITN activities carried out. Thirty health workers trained on IPT.

Issues

Nil at present

Future Plans

To train health centre staff on IPT and malaria case management, Supervision of malaria activities.

Child Health

Objective

Improve quality of child care through facility quality improvement

Activity

Chikwawa initiated community level maternal health program. Baseline data collected at TA Chapanga in the 20 villages selected as impact area. Data analysis and report writing conducted. Conduct community feedback meetings on findings from baseline assessment.

Outcomes

Baseline data collected, data analyzed and draft report ready. Supervision and reporting tools reviewed. Feedback meetings conducted with community leaders and community at large and community action plans developed.

Issues:

Nil

Future Plans

To monitor the implementation process, and impact of this project. To edit first draft report and develop a comprehensive plan of action which can latter be developed into a project proposal.

Nutrition:

Objective:

Develop a replicable model for improving nutrition through strengthened NRUs, community outreach and a sustainable system for supplementary foods (Chiponde plus locally produced supplement); reduce dependency on facility based management of acutely malnourished children;

Activity:

Continued implementation of CTC activities.

Outcome: 291 new cases admitted

Issues:

- Monthly TNP meetings and quarterly review meetings did not take place because the Nutrition Coordinator was busy with DHMT activities.
- Monitoring and logistical support took place in only 4 health facilities in the district. This was partially done for the same reasons that the Nutrition Coordinator is busy with DHMT activities.

Future plans

- To continue monitoring of CTC activities in the district.
- To conduct monthly TNP meeting
- To conduct quarterly CTC review meeting
- To select new Nutrition Coordinator who has less responsibilities than the present one

HIV/AIDS

Objective

Improve uptake of counseling and testing services, through improved site management and recruitment mechanisms.

Activities

- Conducted VCT outreach clinics and quarterly VCT counselors meeting;
- Supervision of male involvement in PMTCT implementation.
- Conduct integrated supervision on HIV/AIDS
- Train HSAs on sputum smear fixing on slides
- Conduct YFHS supervision
- Procure 10 demopans for VCT.
- Erect VCT sign posts at Kapichura and Ndakwera Health Center
- Conduct quarterly VCT counselors meeting
- Participation in national VCT campaign

Outcome

- Conducted 100% of programmed outreach VCT clinics
- VCT counselors meeting took place at Agriculture training centre and 30 counselors attended the meeting which included technical updates.
- Integrated supervision took place which included supervision of VCT services, STI services, laboratory testing, and PMTCT and ARV management.
- 10 HSAs were trained on smear fixing on slides
- YFHS supervision was carried out in all facilities the main findings are that most of the youths would like to have many recreational activities.
- 10 demopans procured and distributed to health facilities

- 4 VCT sign posts erected
- MSH vehicle and fuel was given to DHMT to assist in VCT campaign

Issues

None

Future Plans

Training more VCT and PMTCT counsellors to fill in the gaps in health facilities

Supplies Management: Inventory Management, Stock Outs, Community Access

Drug Management

Objective

Reinforce LMIS implementation at facility and district office levels; strengthen inventory management; strengthen Drug and Therapeutic Committees.

Activities

Conducted an orientation meeting for drug therapeutic committee

Outcome

Orientation of drug committee done and first drug meeting scheduled for 10th October 2006
For the last quarter of July-September 2006 tracer drugs in stock and adequate supply received at facility level.

Issues

Nil

Future Plans

To conduct drug management supervision, and review meeting for health facilities.

Supervision

Objectives

Strengthen routine supervision at district level; support MOH in developing integrated supervision systems, including use of standardized checklists.

Activities

- Supervision of health facilities on monthly basis
- Report writing and feedback to DHMT and stakeholders

Outcome

- The supervision was done on chronic care, TBA, and HMIS for the rest of zones including the ones who were busy last quarter. Report writing and feedback meeting to DHMT and stakeholders took place as well at Education hall.

- Because the East Bank Zonal supervisor and Focal person are very busy the two have been replaced by one who was already orientated.

Issues

Nil

Future Plans

- To conduct supervision; and feedback meeting to DHMT.
- To lobby with DHO to prioritize supporting of these services as other programmes are well supported will vertical funds.

Planning and Budgeting

District Programme Management

Objective

Strengthen decentralized health management services in the district.

Activities

- Conducted district quarterly DIP/HMIS review.
- Review use of quarterly planning sheet for the programme coordinators to facilitate them access and monitor use of DIP funds at district level.

Outcome

Discussions on the DIP review revealed the following:

- The rate at which maintenance work is progressing is not very encouraging. It was noted that despite the high number of artisans only three are qualified and the rest were working under supervision and not independently. It was therefore agreed to subcontract maintenance work to private contractors through tendering process as stipulated in government procedures.
- Most Programme managers were unable to access their finances mainly due to lack of technical know-how besides being busy with other duties.
- It was evident that most of the programme monies are used by support services compared to programs, as administration have an upper hand on resources available in the district. The items that consume most of the district funds are subsistence allowance, consumables and maintenance of motor vehicles.
- There was no use of quarterly planning and monitoring programme coordinators forms. This was viewed as serious deficit as this leads to minimal access of district funds by programme coordinators.
- Fuel and maintenance of vehicles has used most of district funds without proper verification of transactions.
- Transportation especially availability of motor cycles remains a big problem in most facilities as most of them are grounded, such that they failed to conduct activities such as immunization.
- Involvement and participation of the District Assembly especially in person of the District Commissioner and District planning Development officer was viewed with a lot of respect

It was discovered that the involvement of District Assembly was very crucial in monthly budget meetings if funds are to be justified in distribution.

- Seeing the deficits in transport management and financial management with funding and technical support from MSH DHMT has been oriented in these areas.

Future Plans

To sub contract maintenance work; to follow up on how programme coordinators are accessing ORT funds with the introduction of quarterly planning sheets.

HMIS

Objective

Improve quality and timeliness of routine reporting; test monthly reporting scheme; increase use of data for managerial decision making.

Activities

- o Quarterly district and zonal HMIS review meetings.
- o Review HMIS data for recognition scheme.
- o Prize giving ceremony for HMIS recognition scheme

Outcome

From the monitoring system for data collection there is a remarkable improvement in quality of data collection and analysis at all levels in the district; maintained over 80% timeliness of reporting in the last two quarters. The HMIS task force met to review data from reporting facilities to identify the ones that qualify for incentive scheme. Five health facilities – namely Chipwaila, Gaga, Misomali, Mfera, and Maperela – qualified for incentive scheme. A prize giving ceremony was conducted for the five facilities at the HMIS/DIP review meeting.

Future Plans

- o To conduct DIP/HMIS review meeting.
- o To conduct HMIS supervision by HMIS Coordinator

Communications, Transport Management and Referrals

Transport Management

Objective

Increase vehicle availability; reduce use and maintenance costs.

Activities:

- o Monitoring of transport indicators, orientation of new transport office and transport committee,
- o Repair of two radio communication for the district hospital and Makhuwira Health Center.
- o Install radio communication at Montfort Hospital

Outcome

- Transport Officer, new Administrator and transport committee oriented on transport management.
- Radio communication repaired at Makhuwira Health Centre and district hospital
- Radio communication installed at Montfort Hospital with funding from MSH
- Major repairs have taken place for two vehicles at the dealers.

Issues

- Data collection on transport indicators remains poor. Frequent change of transport officers poses a big challenge The newly oriented transport committee need to be active
- Inconsistency in documentation of ambulance registers at district and health centre levels
- Radio communication at Changoima and Ngabu Health Centre out of order.

Future Plans

- Monitoring of transport indicators to follow up if the data collection; and the whole management system has improved.
- Quarterly transport committee meetings.
- Continuous monitoring on ambulance registers
- To repair radio communication at Changoima and Ngabu Health Center

Planning and Budgeting

Objective

Strengthen planning capacity at district level.

Activity

- DHMT oriented to financial management
- Finalize service agreement between Mwanza and Chikwawa DHO
- Finalize service agreement between Montfort Hospital and Chikwawa DHO

Outcomes

- DHMT oriented to financial management. The need for orientation of DHMT to procurement was further identified as a need.
- Service agreement between Mwanza and Chikwawa DHO finalized
- Service agreement between Montfort Hospital and Chikwawa DHO finalized
- The need to motivate professional health workers has been identified as crucial if services are to be sustained in the rural areas. The infrastructure was identified as one of the major area. The area identified as a priority was Changoima Zone which is underserved and Makhuwira health Centre which is very busy. The incentives identified include installation of solar system for the health facility and staff houses; improve on water supply and general maintenance. Provision of 2-3 night allowances for the facilities which are very remote the health worker works day and night.

Issues

To improve on data collection, and monitoring in all financial transactions.

Future Plans

- To involve the representative of district assembly in planning and budgeting.
- To strengthen transport management and monitoring of indicators to improve efficiency
- To lobby for more health personnel for Changoima Zone
- To monitor the implementation of service agreement between the hospitals.

Kasungu District

Key staff: Mr. Mbowe, DHO; Mrs. Nyasulu, MTA.

Summary comments

- Implementation of MDA and focus on maternal health brings about clear decrease in the number of maternal deaths – 51 registered at district hospital during 2005; this year by end August only 18 deaths.
- Based on strengthened planning process in district extensive renovation of hospital sewerage system finalised and hospital being re-painted.
- 1359 (52%) of new ANC attendees HIV tested at hospital – increase from 178 (20%) the previous quarter.

Quality Assurance system

Infection Prevention

Objective: Move the hospital towards accreditation for Infection Prevention.

Activities: Conducted internal assessment of Kusungu District Hospital in July and regular hospital and wards supervision; IP Core Team participated in Module 3 training.

Outcomes: The hospital has improved from 62% from the first assessment to 64%; Storage of food in the kitchen is preformed well; Collecting, sorting, transporting, washing and drying are done according to standards in the laundry.

Issues: Aseptic techniques not followed during some procedures; hand hygiene remains a problem for some of the health workers; poor isolation systems due to infrastructure; inadequate supervision

Future plans: Reinforce aseptic techniques, hand hygiene and supervision. Discuss the partitioning of bays with block boards to implement isolation facilities; medical waste to be collected and disposed when three quarter (3/4) full and on daily basis; conduct one more internal assessment before the final external assessment.

Maternal Death Audit

Objective: To reduce the number of women dying due to pregnancy related conditions

Activity: Nine maternal deaths were audited which occurred during April to July.

Outcomes: Three cases were admitted with ruptured uterus, one of the three cases was a 25 year old with previous scar who laboured at home for two days then was referred to the health centre

and in turn to the district hospital - died a few hours after admission. Two cases were puerperal sepsis. The remaining three cases were - PPH due to a retained placenta, one with cerebral malaria and one with meningitis.

Issues: Teenagers who marry early still face problems and out of the nine cases one of these was a 16year old girl who delivered at home, had a retained placenta and bled a lot.

Future plans: IEC to communities - danger of early marriages; women with previous caesarean sections to deliver in hospital

Activity: Conducted follow up of Community Maternal Deaths; 3 deaths were followed and audited.

Outcomes: A 21year old primigravida was returned as a waiting case from Mziza Health Centre because she was not yet due and decided to go to a TBA when labour started and she delivered on her way. She had retained placenta and bled a lot and died while organizing transport to take her to District Hospital from the health centre; the other case was a 32-year-old gravida 10 para 9 who did not attend antenatal care and went to deliver at a TBA in Dowa and when referred to health centre she and her relative refused hence she died undelivered; the third case went to untrained TBA to deliver while she had APH, retained placenta and bled a lot. She refused to be referred to district hospital hence died at the TBA

Issues: Health workers negative attitude; TBA accepting APH patient at their clinic; refusal to referral; high parity.

Future plans: Continue with IEC on Safe Motherhood key messages; refresh and train TBAs; reinforce positive attitude of health workers.

HIV/AIDS/VCT/PMTCT/TB

Objective: *Improve uptake of counseling and testing services through improved site management and recruitment mechanisms.*

Activity 1: To equip clinicians, nurses, and HSAS with knowledge, skills and appropriate attitudes on prevention of mother to child transmission of HIV/ AIDS. The participants were drawn from both public and private sector working in the fight against HIV/AIDS i.e. clinicians nurses/midwives and VCT counselors.

Outcomes: Participants appreciated the orientation as it was the first time to be oriented to PMTCT; Mix of groups in this case clinician, nurses and VCT (HSAs) counselors was a big challenge as work back ground differs; Participants (nurses, midwives) keen to start PMTCT service provision in their facilities.

Future plans: Next time there is a need to include practical work especially in infant feeding options; there is need to conduct frequent supervisory and support visits to the workplaces of all

participants to ensure that they are practicing what they learnt; there is need to separate the Midwives/Clinicians from the VCT counselors in subsequent meetings

Activity 2: Conducted an orientation of TBAs in PMTCT

Outcomes: Thirteen TBAs were oriented in PMTCT since most women go to TBAs for delivery because of the care they receive from them; emphasis was put on referring pregnant mothers for counseling and testing to know their status and encourage them to deliver at the hospital; TBAs are now knowledgeable on PMTCT and ways of infecting the baby.

Future plans: Refer all pregnant mothers for HTC to determine their status and positive mothers to be encouraged to deliver at the District Hospitals or Health Centres and get nevirapine; orient more TBAs and health workers on PMTCT.

Activity 3: Conducted HTC quarterly meeting to share experiences of different HTC sites; conducted orientation to VCT counselors on ordering of test kits

Outcomes: HTC counselors were able to share experiences and present site data; counselors understand their role in ordering and managing test kits with the focus of avoiding frequent stock outs.

Issues: Little quality control is done in most HTC sites by Lab Technicians; condoms are distributed but not documented; referrals are done but not documented; bicycles for counselors have been taken by some facility In-charges

Future plans: Reinforce condom use and documentation; supervision to be enforced to all HTC sites by Lab Technicians.

Objective: Increase referral of TB patients for VCT through active case finding;

Activity 4: Conduct orientation of Clinicians, Nurses, HSAs and VCT counselors in active case finding of TB patients

Outcome: Participants gained knowledge and skills in active case findings of TB cases; status of TB situation in the country as well as in Kasungu was briefed to all the participants.

Issues: Lack of feedback on patients which have been referred; no TB meetings; little fuel given to Health Centres for supervision of TB patients.

Future plans: Enforce regular supervision of Health Centres, sputum collection sites in the community and HTC sites; hold TB quarterly meetings; even distribution of resources.

Planning and Budgeting

Objective: Strengthen decentralized health management services in the district

Activity: Conduct annual DIP review

Outcome: Progress of activity implementation against DIPs reviewed.

Future Plans: Procure equipment based on findings from DIP review;

Communication, Transport Management and Referrals

Objective: Increase availability of vehicles for emergency referral, supervision and other district support functions; to reduce the costs of vehicle use and maintenance

Activity: Follow up meeting on orientation of PBX operators, drivers, watchmen and porters on referral cases from health centres

Outcomes: Problem areas identified and solutions proposed- inadequate fuel in vehicles; lack of communication to PBX operators during the night by drivers on call; radios are switched off in health centres and ambulances at night. Clinicians not waking up in time when there is call

Future plans: Fuel increase from K4, 000 upwards to driver on cover and should not be assigned to other responsibilities; need to identify a room where clinicians on call should sleep and patients from health centres be treated as emergencies.

Essential drugs

Objective: strengthen financial and inventory management systems;

Activities: Conducted supervision to all health centres to identify gaps and strengths in the drug store; conducted review meeting to follow up on implementation of the previous quarterly meeting and supervision; pre-tested questionnaire which was developed to look on roles of Health Centre Advisory Committee

Outcomes: All government health centres send their LMIS form before 5th of every month and they have introduced stock cards for each item.

Issues: Transport problems cause delays in submitting the forms and transferring of staff affect the continuity of the program.

Future plans: Continue quarterly drug management and supervision; come up with standardized roles for the advisory committees.

Malaria

Objective: Improve quality of malaria case management; increase the proportion of pregnant women receiving at least two doses of SP

Activity: Reviewed the management of children hospitalized with fever

Outcome: Problems related to management identified.

Issues: Lack of funding

Future plans: To conduct follow up meeting with nurses and clinicians to communicate gaps found during the assessment and propose solutions (Discuss with Joyce).

Activity: Conducted supervision to all health centres on IPT and ORT

Outcomes: All health centres were supervised and 75% are conversant with IPT using DOT. However ORT corners are not used as intended – reasons for this need to be identified.

Issues: Despite having the job aid, problems exist in 25 percent of the supervised health centres; that some trained staff members have been transferred and no handovers were conducted is a likely reason.

Future plans: Continue with supervision of IPT using DOT; reinforce ORT corners use.

Mangochi District

Key Staff: Dr. G Mwale, DHO; JES Chausa, DEHO; M Nyirenda, DNO; Texas Zamasiya, MTA; Allan Macheso, DCM

Summary Comments

During the quarter under review, Mangochi MSH Office and counterparts in the DHMT continued striving implementing planned activities. Notable achievements in the quarter are highlighted below:

- Infection Prevention activities took centre stage achieving a remarkable 71% internal assessment from 62% in the previous quarter.
- Maintained 100% health facilities supervised with documentary evidence.
- 100% health facilities conducted performance reviews using HMIS data and all health facilities have posted charts/ graphs as evidence in using data to monitor programme's performance.
- Intensification of transport management monitoring continued and maintained above 90% "needs satisfaction" in the last two quarters.
- 100% health facilities maintain functional basic child health equipment (EPI refrigerator, thermometer, timer and weighing scale).

Quality Assurance Systems

Infection Prevention

Objective

Move the hospital towards accreditation for IP.

Activities

Continued monitoring of IP practices continued in the hospital; developed IP guidelines, supported the training of IP core team in module 3; conducted IP internal assessment

Outcome

Internal assessment score achieved 71% from 62% in the previous quarter; IP guidelines distributed to all departments and sections of the hospital and are being used effectively; DHMT continues to respond to some major issues on maintenance,

Issues

Inadequate supplies and personal protective equipment; some protocols and guidelines still not laminated.

Future Plans

DHMT to continue providing more IP supplies; to bind and distribute IP guidelines to all stakeholders; to laminate and post additional protocols and guidelines; to facilitate the next quarterly internal assessment

Quality of Care

HIV/AIDS

Objective

Strengthen VCT services at the District Hospital site

Activities

Continued routine counseling and testing continued at the district hospital, health facilities and mobile sites; reviewed VCT activities in the district; conducted supervision of VCT services.

Outcome

A total of 1008 walk-in clients received VCT services compare to 1645 in the previous quarter a decline of 38.7% attributed to the resignation of the MSH full time counselor; 149 antenatal mothers were tested as compared to 115 in the previous quarter representing a 29.6% increase, 236 TB clients were tested compared to 347 in the previous quarter whereby 149 TB positive patients are on cotrimoxazole prophylaxis; only 30 STI patients were counseled and tested.

Issues

Infrequent review meetings; few counselors were briefed on TB active case finding, no indicators were not set at the onset of the program; lack of monitoring of programme activities.

Future Plans

Continue including mobile VCT services trips on monthly transport plans on routine basis and lobby for timely release of the vehicle by the transport officer; improve on reporting from the peripheral testing sites; to facilitate better coordination between the VCT coordinator, laboratory and pharmacy technicians on the ordering and issuing of test kits from the pharmacy; to conduct review meetings on quarterly basis; reorient counselors and healthcare providers on TB active case finding; DTO to monitor implementation of activities; ensure data is entered in the chronic cough register and HTC register - activity to be piloted and monitored in the following sites Mkope Health Center, Mangochi District Hospital, Namwera Health Centre and St. Martins hospital.

Supervision

Objective

Strengthen routine supervision at district level

Activities

Conducted routine monthly supervision to 37 health facilities.

Outcome

DHMT conducting monthly facility supervision using the findings from the previous supervision visits.

Issues

Lack of preventive maintenance of motor cycles for supervisors; some coverage rates like family planning and STI contact tracing rates not calculated; discipline problems are not documented and filed; no performance plan for staff members; job description for watchmen and ground labours not available; no permanent suggestion boxes in the Health Facilities; back referral forms not available; radio network problems in Chilipa; frequent break down of the ambulance of Chilipa zone; no inventory of broken down equipments at Mtimabii and Phirilongwe Health Centres; buildings at Phirilongwe and Chilipa Health centres in bad shape; HMIS facility review meetings not regularly done.

Future Plans

To continue with the follow up of issues put forward during pervious supervision sessions; DHMT to continue with specific DHMT supervision using its developed checklist; members of the maintenance team trained in supervision to go round the facilities to identify specific communication problems for DHMTs intervention; work on improving reporting; to intensify use of back referral forms; to provide permanent suggestion boxes.

Supplies Management: Inventory Management, Stock Outs, Community Access

Drug Management

Objective

Reinforce LMIS implementation at facility and district office levels; strengthen inventory management; strengthen Drug and Therapeutic Committees.

Activities

Conducted routine supervision; oriented VCT counselors on the management of HIV test kits.

Outcomes

Maintained 95% timely submission rate of LMIS reports to the district Pharmacy from the facilities - one facility not reporting due to non availability of Medical Assistant; Drugs and medical supplies receipt voucher is being used by the members of the committee, members of the advisory board and departmental representatives when receiving medical supplies.

Issues

Non availability of a Medical Assistant at Iba Health Center.

Future Plans

All facility in –charges and zone supervisors to ensure that reports to the district pharmacy are sent timely; DHMT to consider deploying a Medical Assistant at Iba Dispensary to ensure free flow of medical supplies; to ensure pharmacy supervision is conducted during clinical supervision in addition to the normal scheduled visits.

ITNs

Objective

Strengthen malaria prevention and control through improved malaria diagnostic services and use of ITNs

Activities

Supervised nine community ITN distribution committees.

Outcome

There were evident problems with management of funds from sells of ITNs and shortage of ITNs.

Issues

Lack of functional ITN district account for the revolving funds; nets not been replenished due to closure of some government accounts.

Future Plans

To facilitate discussions with stakeholders regarding the management of funds from the proceeds of ITN sales.

Transport Management

Objective

Increase availability of vehicles for emergency referral, supervision and other district support functions; to reduce the costs of vehicle use and maintenance

Activities

Continued monitoring of transport management systems and costs; conducted meeting on emergency referral.

Outcome

Transport schedules being documented on the board; monthly transport indicators been processed; trip authorization procedures in operation - quarterly average expenditure on fuel was at MK 1,064,075.3 from MK922548.7 last quarter, a justifiable increase considering that fuel prices hiked during the period; ambulances spending more time (90%) in zonal head quarters as opposed to the previous scenario when they were found at the district for unjustifiable reasons.

Issues

There was no facility presentation during the emergency review meeting; ambulance/ referral registers not yet introduced in the selected facilities; more kilometers traveled leaning towards administrative activities.

Future Plans

To ensure DHMT continue to use transport data for decision making; Work towards an effective preventive maintenance system to ensure that fleet performance, availability and vehicle

utilization are maintained at good levels; to orient staff in the two selected health centres on emergency referral system and procure ambulance registers for these facilities; need for Administrator to closely work with the new transport officer on vehicle control; to closely monitor and analyse on the type of vehicle trips.

Budgeting and Planning

Objective

Strengthen planning capacity at district level through development of annual DIP and regular review of implementation plans; encourage partners and NGOs to participate in district planning and review process.

Activities

Participated in the review of DIP guidelines; participated in the review of annual DIP and programme performance.

Outcome

DIP guidelines to be used in the next planning period were reviewed for all levels (national, central hospital and district hospital levels).

Issues

Current evaluation forms not perfectly reflecting programme performance but rather activity accomplishment.

Future Plans

To disseminate the guidelines to the DHMT before the planning episode begins.

Mulanje District

Key staff: Dr. F Chimbwandira – DHO: Mrs. D Machinjiri – MTA.

Summary comments

- Health centre advisory committees oriented on their roles aimed at supporting measures to decrease drug theft - committees at 15 out of 18 facilities have now been oriented
- Series of maternal death audits conducted
- Successful pilot of sales of community ITNs through DHMT – more than 1400 nets sold during five sessions compared to approximately 900 sold between January and August 2006 through ITN committees.
- CTC programme has dramatic impact in Mulanje – access to nutrition services for severely malnourished children increased from 2 sites to 10 sites and from 362 admissions during April to September 2005 to 1473 for the same period during 2006.
- Substantial progress made on renovating the pediatric ward at Mulanje District Hospital
- Provided support for the development of an HIV/AIDS Workplace Policy for hospital and health centres.

Quality Assurance Systems

Infection Prevention

Objective:

Move the hospital toward accreditation for infection prevention

Activity:

Several meetings on infection prevention were conducted and an in house internal assessment was conducted. Training of clinical staff was also conducted using DHOs funding.

Outcome:

The assessment revealed some gaps – achievement 70%

Issues:

Still need for additional resources

Way Forward:

To procure resources e.g. gunboats, utility gloves and theatre gowns. To train newly employed staff on IP.

Paediatric Hospital Initiative

Objective:

Improve quality of child care through quality improvement

Activities:

Oriented Kambenje and Mpala health centre staff on triaging, a hospital PHI review meeting was conducted and critical care pathway forms were supplied.

Outcome:

Health centre staff is able to identify /select sick children on the waiting queue.

	July	Aug.	Sept.
Number of children who were admitted in Pediatric ward	166	128	162
Number of children who died within 48 hours	6	1	3

Future Plans:

- To procure stamps for identification of triaged categories
- To provide necessary guidelines for use at health facility level.
- To procure electric suction machine and timers.

Hospital and Health Centre Advisory Committee

Objective:

Health centre advisory committee be knowledgeable of their responsibilities, term of office and establish good relationship with the staff.

Activities:

Orientation of health centre advisory committees.

Outcome:

Committee members from 8 health centres were oriented on their roles in helping MOH staff receive drugs at health centres. These members are able to witness delivery of drugs. 7 were done last quarter remaining with 2 CHAM facilities and 1 MOH health facility where there is no medical assistant.

Way Forward.

Complete the remaining 3 facilities; Check availability of minutes of health centre Advisory committee. The hospital to revive its Hospital Advisory Committee which is nonfunctional.

Child Health

Objective:

Improve quality of child care through facility and committee quality improvement

Activity:

Facility and community IMCI support supervision was conducted.

Outcome:

- 100% of health workers (4 facilities) assessed were able to manage children as per IMCI guidelines.
- The communities in all health posts are aware of community drugs which are being managed by H S As

Issues:

- Newly recruited clinicians in Health facilities are not trained in IMCI. Some facilities (4 of 4) had no tracer drugs. Lack of registers for recording in community IMCI
- Replenishment community of drugs was difficult due to inadequate consignments at health facility.

Way Forward:

- Train more staff in IMCI (Health Facility) – funding to be provided by UNICEF.
- Procure registers for the communities.

Supervision

Objective:

Increase frequency and effective of routine supervision.

Activity:

Integrated Cluster supervision was conducted. Supervision feedback meeting was conducted.

Outcome:

The acting DNO Mrs. E. Nkhoma is the new focal person for supervision. Issues which were identified during supervision include - lack of BP machines in health facilities, blocked drain at Mbiza, limited clinical supervision to health facilities, no guidelines/ no written policy for nutrition. These problems were to be sorted out by individual programme coordinators and DHMT.

Issues:

Transport problem during clinic/supervisory visits. Sustainability of integrated supervision

Way Forward:

Supervision to continue, as was included in the DIP 2006 -2007.

Malaria

Objectives:

- *Improve quality of Malaria case management*
- *Increase proportion of pregnant women receiving at least two doses of SP*

Activities:

- Nurses and clinicians were updated in malaria case management, IPT and use of ITNs.
- Supervision of Microscopy services were supervised at Kambenje, Chonde and under five OPD at the district Hospital.

Outcome:

24 nurses and clinicians from Health Centres and private sector were trained.

Future Plans:

To continue supervision to staff members who have been oriented in malaria case management and provide guidelines for malaria management.

Supplies Management:

Objective:

Strengthen financial and Inventory Management systems

Activities:

Conducted supervision to trained ITN committees, conducted expanded distribution strategy for community ITNs in low coverage areas.

Outcome:

Supervision was done - 43% of ITN committees were supervised, 59% of trained committees have no seed nets. Additionally, the community ITN sales through the DHMT were initiated in low coverage areas. 4 sites were identified to start the exercise these were Chonde, Mimosa, Namphungo and Kambenje. Three thousand nets were purchased by MSH. A total of 1,457 nets were sold in 5 days. Lesson is that bringing nets within peoples' reach encourages them to buy outright.

Issues:

- Difficult to determine net usage.
- Future of village ITN committees not known following the national level thinking on ITN distribution.

Future Plans:

- House hold survey should be conducted to determine net usage.
- Next round of net sales starts from 5th October.

Essential Drugs

Objective:

Reinforce LMIS implementation at facility and district levels, strengthen inventory management, and strengthen drugs and therapeutic committees

Activities:

Conducted drug management supervision and disseminated findings to health facility in-charges. Drug therapeutic committee meeting was conducted in July.

Outcome:

LMIS –O1A reporting is now at 100% from 90% last quarter. Storage procedures were followed apart from 4 of 16 facilities. Receiving of drugs was being witnessed by health centre advisory committee.

Issues:

4 health facilities need to have their storeroom rehabilitated these are Mimosa, Chambe, Chonde and Chisitu.

Way Forward:

Drug therapeutic committee to continue meeting. Integrate drug supervision with cluster supervision.

HIV/AIDS

Objective:

Improve uptake of counseling and testing services, through improved site management and recruitment mechanism.

Activities:

Trained HTC Counselors in use of the Hope Kit, Finalized HIV/AIDS workplace policy review; meeting with PMTCT village committee was done, conducted Review meeting on active TB case finding. Assisted with mobilization of human and material resources, supervision and report writing during the national HTC week.

Outcome:

11 counselors were trained in HOPE Kit IEC concept. The concept has been used to motivate ANC clients to access CT. Last month (August) ANC mothers tested were 66 and September 162. The HIV/AIDS workplace policy has been finished, waiting to be disseminated. National HTC week was conducted successfully. 5000 clients were targeted. 4014 clients were tested. During the meeting with PMTCT village committee, it was noted that, a register was being used to monitor pregnant women who go for HTC.

Issues:

PMTCT VILLAGE committee members were requesting bags and T-shirts so that they can be recognized by the community.

Way Forward:

PMTCT committees meetings to be done quarterly. More HTC and PMTCT sites to be opened. Train staff in PMTCT. To train more PMTCT committees and local leaders. Supervision to be conducted in HTC sites and PMTCT committees. To procure materials for newly opened VCT sites. Orient drama groups in HIV/AIDS and PMTCT. Dissemination of HIV/AIDS workplace Policy.

HMIS

Objective:

Improve the quality and test monthly scheme/ increase use of data for management decision making.

Activities:

Supervised health facilities and hospital on HMIS. HMIS review meeting and presentation of awards to winning health facility.

Outcome:

It was encouraging to note that the number of facilities that were awarded had increased from three to five. These are Mimosa, Thuchila, Thembe, Chisitu and Namulenga. 90% (previous 55%) of facilities reported on time. 85% (up from 80%) of facility reports met criteria. 85% (65% previously) facilities displayed graphs.

Issues:

Health facility staff suggests not integrating other activities in the HMIS review meetings.

Way Forward:

Newly recruited in charges need to be trained in HMIS: To continue HMIS supervision.

Reproductive Health

Objective:

To reduce the number of women dying due to pregnancy related conditions.

Activities:

Conducted maternal death audit (MDA) and TBA supervision.

Outcome:

15 cases were reviewed during the audit

- 6 deaths were caused by sepsis 40%
- 2 deaths were caused by HIV AIDS
- 1 deaths were caused by meningitis
- 5 deaths were caused by anemia
- 1 deaths were caused by malaria

Issues:

Insufficient maternity unit staff

Way Forward:

Community mobilization, orient community leaders on their role in reproductive health starting from T/A Mabuka which had four maternal deaths.

Nutrition

Objective:

Strengthen the management of acute malnutrition through the improvement of NRU and implementation of community therapeutic care (CTC).

Activities:

Supervision of CTC activities, conducted implementers meeting and district targeted nutrition programme meeting.

Outcome:

Programme well coordinated because of frequent supervision and review meetings with Implementers. Since CTC started as an emergency programme for 6 months the target was to reach 1671 children. Since March 2006 1111 children were registered which is 66% of the target: 877 (91%) were discharged as cured, 16 (2%) died and 69 (7%) defaulted = 7%.

Issues:

There is increased number of defaulters this is because of long distance from one OTP to another. Insufficient volunteers – against number of villages.

Future Plans:

- Open more OTPs
- Train more volunteers
- Train all health workers in CTC management
- Provide incentives to volunteers.

Mzimba District

Key staff: Mr. Jere – DHO; Mr. J Moyenda – MTA.

Summary Comments

With concerted efforts, MSH team made efforts in support of the DHMT in implementing its planned activities during quarter under review. Notable achievements included:

- The DHMT has managed to consistently managed to supervise all the fifty seven facilities without interruption; The DHMT renewed its commitment to support Integrated Clinic Supervisions activities by increasing and training additional supervisors (4) and redistribute the facilities among the new and old supervisors to improve on completion time , efficiency and effectiveness of supervision process
- CTC services demonstrate improved quality of care as evidenced by increased number of cases referred, increased access to services, increased follow up rates , improved cure rate of 93.3% (75% previously), reduced mortality rate of 1.8% (10% previously), reduced default rate of 4.7% (15% previously).
- The number of HIV tests conducted increased from 667 last quarter to 1170 clients this quarter. A total of 229 out of 356 (64%) pregnant women who attended ANC were counseled and tested for HIV/AIDS
- As the result of frequent, regular reviews and auditing activities at the hospital, accounting procedures and practices are adhered to by the general DHMT and accounting staffs.

Quality Assurance Systems

Infection Prevention

Objective

Move the hospital towards accreditation for Infection Prevention.

Activities

Continued monitoring performance of Infection Prevention Practices (IPP) through meetings and internally assessing the various areas targeted for assessment; procured plastic dust bins and distributed them to various departments for waste management.

Outcomes

The DHMT has responded to the call by various departments to paint the Hospital and maintain infrastructure - sufficient funds have been set aside for IP activities within the DIP; findings of the internal meetings and evaluation have shown that most departments have slightly improved on their IPP performance - overall performance rate for the hospital after the assessment was 68% slightly higher than previous assessment rate of 66.7%; there is commitment from DHMT to improve on infection prevention practices as demonstrated by launching of the *best performing department award*.

Issues:

- No IP team as the result of staff turnover and lack of commitment;
- Application of knowledge and skills learnt during training is very minimal more especially use of PPE;
- Getting accredited is the major issue and challenge.

Future plans:

- Intensify preparations in all the departments in readiness for external assessment through inter-departmental review meetings
- Strengthen IP team through orientation so that by December 2006 the hospital gets accredited

Malaria Case Management/IPT/ITN and Malaria Microscopy

Objective

Improve quality of malaria case management; increase the proportion of pregnant women receiving at least two doses of SP

Activities

Conducted Malaria Control activities supportive supervision (Case management, ITN, IPT and Microscopy) in 57 Health centres of Mzimba to assess the impact of various interventions; continued monitoring and documenting Malaria control activities

Outcome:

As the result of Malaria Case Management/IPT update sessions, previous supervisory activities/review meetings, various areas of assessment have performed well as follows (i.e. out of the 57 Health facilities): Service availability - 100% HF; IPT provision 97% HF; Case Management performance 100% HF; Equipment availability 83% HF; Drug availability 85% HF; reference and IEC material 93% HF.

Issues

Malaria cases, especially in children and pregnant women are not promptly diagnosed and treated due to inadequate community involvement in mobilizing themselves and referring cases; very poor monitoring system of malaria activities as evidenced by very fewer facilities reporting and under reporting at district level; shortage of resources in particular anti-malarial drugs and ITNs; in some facilities there were no staff to attend to patients

Future Plans

Mobilize reference and IEC materials (National Malaria Policy documents, Stags, Posters and Malaria treatment charts); integrate initial training of malaria with integrated management of Childhood Illnesses (IMCI); conduct malaria updates for remaining staffs in remaining Health facilities and intensify integrated clinic supervision; conduct refresher training for all microscopist in all microscopy centres

Child Health

Objective

Improved prevention and management of childhood illnesses

Activities

Conducted IMCI supportive supervision to all 57 health facilities where technical and material supports were provided and observations were made on 49 sick children receiving care from health workers; five district facilitators were given refresher training in IMCI.

Outcomes

Based on the result of previous quarterly supervisions, On the Job Training (OJT) quality for Integrated Management of Childhood Illnesses (IMCI) has improved as evidenced by increased cases of childhood illnesses being assessed for danger signs (95%), presence of cough, diarrhea, fever and ear problems (98%), correct checking/recording of weight (98%) .

Issues

Frequent stock outs of resources i.e. tracer drugs, closure of some facilities due to shortage of staff greatly compromised quality of care because cases could not receive appropriate services; greater number of providers are not trained in IMCI activities as such their performance is affected; refresher training for trained staff has been long over due hence staffs are not updated with new information and retention of skills and knowledge is affected.

Future Plans

Conduct refresher training for all trained care providers; conduct initial training for all new care providers; intensify IMCI supportive supervision

HIV/AIDS/VCT/PMTCT/STI/TB

Objective

Improve uptake of counseling and testing services, through improved site management and recruitment mechanisms.

Activities

Continued supporting VCT services through outreach clinics and static clinics; continued monitoring, supervision and documentation of VCT services; conducted VCT counselors review meetings on previous issues; conducted ART supply chain management review meeting for ART

Outcomes

As the result of continued monitoring of VCT activities data was updated as follows: a total of 20 VCT sites and counselors were oriented on HIV/AIDS testing reagents supply chain management; every week the Mzimba VCT site is able to conduct internal Quality controls on HIV/AIDS testing reagents; referral forms for HIV/AIDS testing and counseling are available in all wards/departments and are being used properly; there is a well organized schedule for group counseling in all the departments; Mzimba VCT site has engaged the youth to participate in VCT

services through Youth Friendly Health Services program; managed to provide technical support to VCT providers through orientations, supervisions and review meetings

Issues:

Frequent stock out of HIV/AIDS testing reagents; despite having VCT outreach schedule it is difficult to implement it due to transport problems; inadequate coverage of PMTCT services; no referral of STI clients for VCT HIV/AIDS counseling and testing

Future plans

Conduct review meeting with nurses/clinicians on STI referral for HIV/AIDS counseling and testing; support rolling out of PMTCT services to five Health facilities of Mzimba District; continue supporting VCT services at Mzimba Hospital and outreach clinics through monitoring and supervision, provision of financial support to full time counselors and technical support

Nutrition (Community Therapeutic care-CTC)

Objectives

Strengthen the management of acute malnutrition through the improvement of NRUs and implementation of Community Therapeutic Care (CTC).

Activities

Conducted meetings with volunteers; conducted follow ups to children in the programme whether defaulters, cured or still in the program; facilitated distribution of Chiponde and Chiponde cabinets; facilitated data collection and monthly report writing; supported community mobilization and sensitization on the program; conducted on the job training especially to new staff that has just joined the facility either on posting or new recruits; organized active drama groups in three facilities responsible for awareness campaigns in the community around their facilities. Mbalachanda, Mzambazi, and Mzimba.

Outcome

Out of thirteen facilities eight facilities had conducted meetings with volunteers; there is great involvement of stakeholders in the program; there is great compliance to treatment by caregivers as demonstrated by low default rate; Health Workers are greatly adhering to protocols guidelines and procedures resulting good quality of care demonstrated by high cure rate - cure rate 91% for the last quarter, death rate gone down to 0%; there is effective collaboration and maximum participation amongst staff in the programme in most health facilities.

Issues

Poor health worker working relationship (in some centres) no team work in some health facilities; need to improve on health worker attitude towards Chiponde (others don't believe Chiponde is more effective as demonstrated by high retention rate of children in some NRUs; volunteer drop out due to a number of factors i.e.

- lack of incentives that can motivate them
- Poor collaboration of volunteers and facility staff especially when volunteers have referred clients that do not meet the admission criteria
- Transport problem as most volunteers and facility staff cover large areas

- Difficult to follow up mobile families especially tobacco farmers.

Future Plans

Intensify supervision to improve performance; conduct quarterly CTC review meetings; train self motivated volunteer (volunteers that have shown interest but not trained); conduct refresher for old volunteers and facility staff.

Integrated Supervision

Objectives

Increase frequency and effectiveness of routine supervision; develop integrated supervision system and standardized checklists for health centres and hospitals.

Activities

Continued supporting monthly integrated facility supervision financially and technically; supported initial training of integrated clinic supervisors funded by DHO.

Outcome

The DHMT renewed its commitment to support Integrated Clinic Supervisions activities by increasing additional supervisors and redistribute the facilities among the new and old supervisors to improve on completion time, efficiency and effectiveness of supervision process; a total of four new supervisors were trained in integrated clinic supervision; the DHMT has managed to consistently managed to supervise all the fifty seven facilities without interruption; due to integration of supervision and reporting of various programmes HMIS and LMIS reporting have greatly improved and maintained at a very significant level.

Issues

DHMT to take over from MSH and sustain the process; erratic facilitator's monthly meeting and feedback to DHMT

Future plans

Intensify supervisors meeting and DHMT feedback meetings; lobby DHMT to take over activities from MSH support.

Planning and Budgeting

Objective

Strengthen planning capacity at district level.

Activities

Continued implementing, monitoring performance of the DIP and make appropriate adjustments

Outcome

As the result of regular, closer monitoring of DIP performance by DHMT through HMIS/DIP reviews, appropriate adjustments are done and with increased SWAP funding a lot of activities are being funded from 2006/2007 DIP; DHMT is able to fund quarterly DIP reviews

Future Plans

To regularize quarterly DIP reviews

HMIS (Health Management Information System)

Objective

Improve quality and timeliness of routine reporting; test monthly reporting scheme; increase use of data for managerial decision making

Activities

Conducted integrated quarterly HMIS reviews in all the nine zones; continued monitoring HMIS performance through Health centre reviews by zone supervisors.

Outcome

There is great improvement on how Health Management Information System (HMIS) is performing at District and Health centre levels as demonstrated by submission of quality monthly and quarterly HMIS reports, usage of HMIS information in making decisions as evidenced during DIP/HMIS review, improved analysis and graphic presentations of HMIS on selected indicators in health facilities; there is an improvement in demanding Health Management Information in making decisions for programming and planning

Issues

Some facilities have no HMIS focal point persons or non trained focal point persons; HMIS computer not functional hence neither monthly nor quarterly generation of HMIS report; issue reported to ministry.

Future Plans

Conduct initial training for focal point persons

Essential Drugs and Supplies Management

Objectives

Reinforce LMIS implementation at facility and district office levels; strengthen inventory management; strengthen Drug and Therapeutic Committees

Activities

Conducted Drug management supervisions in all the facilities through integrated clinic supervision and quarterly supervisions by zone supervisors and pharmacy departments; continued monitoring drug management through LMIS

Outcome

As the result of consistent drug management quarterly supervisions, meetings and trainings it was evident during the recent held Zone review meetings that most facilities are complying with drug management standard requirements (infrastructure conditions, storage procedures, record keeping, ordering supplies, receiving supplies and reporting)

Issues

Most essential drugs were frequently out of stock as they were not available at regional medical stores.

Future plans

Continue conducting supervisory activities

Financial Management and Accounting

Objective

Strengthen financial management and accounting procedures at district level.

Activities

Conducted review meetings where gaps were identified and rectified.

Outcomes

As the result of frequent, regular reviews and auditing activities at the hospital, there is great adherence to accounting procedures and practices by the general DHMT and accounting staffs; monthly expenditure returns are prepared and shared with DHMT for decision making; roles and responsibilities are being fulfilled by individual member of the accounting section

Future plans

Continue monitoring the performance of financial management; continue review meetings to identify gaps and make appropriate solution.

Communications, Transport Management and Referrals

Objectives

Increase vehicle availability; reduce use and maintenance costs

Activities

Continued monitoring transport performance indicators and share with DHMT

Outcomes

The new District Hospital Administrator and formation of a three person team (fueling/fleet officer, transport officer and administrator) to oversee operations of transport on day to day requirements has brought in team spirit. Thus, data is collected in time, monthly returns are done on time and feed back given to DHMT and fuel allocation is made on that basis. Mzimba district has received two more ambulances and this has eased the problem of referral services

Issues

Information management not yet computerized, therefore for easy generation of reports there is need to train people involved in transport on how to manage information through computer

Future plans

To continue conducting review meetings; to continued monitoring transport management indicators for decision making.

Ntcheu District

Key staff: Dr. Jonathan Ngoma, DHO; Patrick M. Karonga Phiri, MTA Ntcheu; and Allan Macheso (D M S).

SUMMARY COMMENTS:

MSH Ntcheu and their DHMT partners planned to implement 19 activities in the quarter under review of which only 9 were implemented representing 47.3%. Most of the activities continued to suffer setbacks as in the previous (April – June) quarter due to work conflict involving most Programme Coordinators who are the key implementers. However, some notable achievements were noted amongst which are the following:

- CT services both, static and out reach continued to make progress at the district hospital as well as outreach clinics. 2,562 clients attended static and outreach CT clinics in the quarter under review, as compared to 1,752 in the previous quarter, representing an increase of 46.2%. 246 pregnant women opted for CT services as compared to only 19 in the April – June quarter.
- IMCI team continued to conduct supervision of health workers trained in IMCI in all the health centres with such personnel in the district. Most of the health workers supervised, demonstrated improvements in the way they were managing sick children in accordance with IMCI principles.
- LMIS submission rates also improved from 91.4% in the April – June quarter to 93.8% in the quarter under review.
- Infection Prevention practices have also continued to make strides at the hospital basing on results of baseline and the two Internal Assessments conducted at the hospital as follows: Baseline score was 37%, 1st Internal Assessment score was 51% and 2nd Internal Assessment score is at 57.8%.

CHILD HEALTH:

Objectives

To assist/support the IMCI trained Health Workers maintain the skills acquired during case management training; to identify problems that probably hinder the health workers in applying the required skills; to conduct OJT where necessary.

Activity

Conducted Monthly Supervision of staff trained in IMCI.

Outcome

Case Management: 12 Health Workers were assessed on Case Management. 11 out of the 12 assessed General Danger Signs (GDS) and only 10 did it correctly. Although all the 12 Health Workers remembered to assess for the 3 main symptoms of cough or difficult breathing, fever and diarrhea, only 9 did it correctly. 9 of the 12 correctly checked weight for age. 7 out of the 12 remembered to assess the children for any other problems.

Care Taker Interviews: Eight care takers were interviewed on how their babies were assisted and they all expressed satisfaction with the way their children were assisted.

Facility Support: Communication system between Health Facilities visited and the referral hospital is up to date. All the health facilities visited had a good number of essential IMCI drugs except for Cotrimoxazole.

Improvements: All the health facilities visited had working communication systems and the required vaccines in stock; there were also functional ORT Corners; cleanliness of the environment was generally good in most health facilities.

Issues

There were no adequate ORT equipments at Nsiyaludzu, Kasinje, Bwanje, Kandeu, and Bilira; cotrimoxazole is still problematic in almost all Government health facilities; ORT equipment is not available at Nsiyaludzu; unavailability of IMCI trained Health Workers on the supervision dates in some health facilities; most Health facilities with adequate ORT equipment do not keep their equipments tidy in readiness for use.

Future Plans

To conduct refresher course for all IMCI trained personnel; Health centre In-charge at Nsiyaludzu should facilitate the restoration of the ORT equipment currently reportedly to be at a Health worker's house; continue with IMCI monthly supervision.

Quality Assurance Systems

Infection Prevention

Objective

Move the hospital towards accreditation for infection prevention.

Activity

Conducted infection prevention (IP) internal assessment of IP practices at the district hospital.

Outcome

Assessed 204 criteria out of the expected 207 total criteria and achieved 118 total criteria score, representing 57.8% total score. Most sections/departments generally have continued to make some strides in implementing IP practices since the baseline and 1st internal assessments - baseline score was 37% and 1st internal assessment score was 51%.

Issues

Hand hygiene before and after procedure is not performed in most departments of the Hospital; decontamination of syringes and gloves not done; incinerator and rubbish pits not fenced; antiseptics not labeled with name, concentration and filling dates; non contaminated wastes is burnt anywhere on the ground around the hospital not in the pit; vial tops not wiped with antiseptic before drawing the solution; IP guidelines are inadequate in most departments; PPEs e.g. Goggles, Head cover, and Leather boots etc. are still in short supply; IP team does not comprise of a member from the community; grounds around the Car Park still untidy and non-running vehicles parked in the area contribute to the untidiness of the area; syringe/gloves decontamination is still being practiced in many sections/departments.

Future Plans

The IP team should speed up formulation and distribution of the remaining IP guidelines; the IP Team and departmental heads should intensify supervision on IP activities and address the issues raised above; DHMT/MSH should consider constructing physical barrier in Dental department and making some renovations in the Laundry to provide for washing sinks and new storage area for clean linen; the DHO should consider appointing 2 additional members to the IP team, 1 from the District Assembly and another one from members of the Hospital Advisory Committee; all grounded vehicles should be removed from the car park and parked at the back of the hospital or be disposed of; a new pit should be dug and fenced together with the incinerator; DHMT/MSH should consider providing an IP floating Trophy to be competed upon by all wards/departments as a motivational factor.

HIV/AIDS

Objective

Improve uptake of counseling and testing services, through improved site management and recruitment mechanisms.

Activities

Conduct static and outreach CT Clinics; conducted training of 8 health workers (Nurses and clinicians) drawn from both CHAM and Government as PMTCT Providers.

Outcome

- Registered notable improvements in client flow - 2,562 clients were seen at both static and outreach CT clinics, as compared to 1,752 Clients seen in the April– June quarter representing 46.2 % increase. The opening of new static centres at Kapeni, Nsipe, Kandeu and Mikoke has enabled more Clients to access the CT services.
- Training of Health Workers enhanced their skills in basic facts on HIV/AIDS, magnitude, impact and response to HIV/AIDS, PMTCT, primary prevention, counseling in PMTCT program, counseling process, counseling and HIV testing, provision of ARVs for PMTCT, management of STIs, lactation management, breast feeding for child survival, management of HIV conditions, maternal nutrition, infant feeding in the context of HIV/AIDS, code of marketing (theory and practical), infant feeding options, referral mechanisms for PMTCT, clinic set-up, community support for PMTCT program, supervision for PMTCT program, expression of breast milk and monitoring, evaluation and drawing up of a work plan.

Issues

Lack of skills in HIV counseling and testing by some Nurses and Clinicians; lack of IEC materials, e.g. learning and teaching Aids; lack of male involvement in PMTCT and ANC; PMTCT services provided only in few Health Centres; lack of support groups on PMTCT; inadequate furniture in PMTCT clinics.

Future Plans

Continue conducting static and outreach clinics in the coming quarter; to consider opening up more static clinics in order to scale up CT services in the district; to conduct more sensitization campaigns in the district in order to encourage many people to go VCT services; to orient Nurses and Clinicians in HIV/AIDS counseling and testing; IEC Coordinator to provide adequate IEC materials; Local Leaders and the community at large should be sensitized on the importance of male involvement; Health facilities should be assessed for suitability to provide PMTCT services; foster formation of support groups; DHMT/MSH should assist in purchasing of additional furniture for PMTCT clinics where necessary; DHMT/MSH should consider training of Health Centre staff in PMTCT.

HMIS

Objective

Improve quality and timeliness of routine reporting; test monthly reporting scheme; increase use of data for managerial decision making.

Activity

Conducted Annual HMIS Performance Joint Review Meeting - 92 Health Workers drawn from MOH and CHAM health facilities participated: meeting aimed to discuss problems affecting HMIS data starting from collection, reporting aggregation and utilization.

Issues

Untimely submission of reports; lack of use of data at all levels.

Outcome:

The meeting reviewed HMIS data drawn from various health programmes and came up with tentative solutions to the current problems affecting data collection, reporting aggregation, and utilization. Every health worker was asked to develop a culture of using the data they collect in order to improve the delivery of the health programmes at every level in their respective stations and the district as a whole.

Future Plans

To continue conducting HMIS Annual Review meetings; to conduct HMIS trainings for those who have not been trained; Programme Coordinators to intensity supervision; report forms to be submitted timely; Health Workers to analyze their data at facility level; Coordinators at district level should be organized and communicate effectively amongst themselves; participants to the workshop should brief their colleagues about what they learnt at the meeting on return to their respective stations.

Drug Management

Objective

Reinforce LMIS implementation at facility and district office levels; strengthen inventory management; strengthen Drug and Therapeutic Committees.

Activity

Conducted LMIS review meeting with thirty one Health Centre Drug Store In-charges drawn from MOH and CHAM health facilities; conducted performance review meeting of the Drug and Therapeutic Committee (DTC).

Outcome

Health Facility In-Charges were equipped with skills in how to fill Logistics Management Information System (LMIS Forms 1A, B, and C.; storage of drugs; management of HIV Test Kits, and the role of the Drug and Therapeutic Committee; The DTC discussed and reviewed its terms of reference and went through the Pharmaceutical Management Checklist and made amendments where it was necessary.

Issues

Many CHAM health facilities not sending in their LMIS forms in good time; many participants expressed concern that:

- the CMS sends them a lot of drugs or medical supplies which they did not order or do not need at that time leaving out the required and essential drugs and medical supplies;
- The drugs are delivered without requisition (order) forms attached to the consignments to enable them verify stocks/items received against their orders.
- Sometimes the CMS team supplies some drugs in short supply promising to bring the balances at the next delivery which is never done.

The DTC not been active for a long time rendering it toothless.

Future Plans

To continue conducting such orientations so that health workers are always refreshed in drug and dispensary management; to immediately report all deliveries of unwanted drugs or medical supplies by CMS to the DHO for action; DTC team should join clinical visits team to conduct their work in the health centres and should be a minimum of 3 people at every one visit; the DTC team should arrange to meet the Health Centre Advisory Committees to brief them about what the DTC is all about; DHMT to provide drug boxes for carrying drugs from pharmacy to Wards/Departments; all staff at the hospital to be briefed about the existence of the DTC and its responsibilities at a staff general meeting; the DHO should appoint one person from Environmental Health department to the DTC team; to hold DTC meetings 1st week of every month.

Salima District

Key Staff: Mrs. F Bwanali – DHO; Mr. E Kasela (Superintendent Clinical Officer) Mrs. Mable Chinkhata DNO; Mr. Paul Chunga (DEHO); Chifundo Kachiza District Management and Child Health Advisor (DMCA); All Programme Coordinators and Zonal Supervisors.

Quality Assurance

Infection Prevention

Objectives

Enhance the infection prevention processes with a view to move Salima District Hospital towards accreditation as an infection free hospital.

Activities

Facilitated two monthly review meetings; supported IP internal assessment the district hospital; participated in meetings aimed at strengthening IP practices and adherence to guidelines for infection control at departmental level; facilitated processes for external assessment for the hospital.

Outcome

Management's commitment to improved sanitation increased and can be verified by the clean hospital environment and a commendable 87% internal assessment score achieved.

Issues

Shortage of materials and supplies for the enhancement of IP initiatives.

Future plans

Orient new members of staff (the hospital continue to receive new staff members) in IP; continue polishing/rectifying the gaps identified during the internal IP assessment; support monthly IP Core Working Team review/planning/feedback meetings; support external infection prevention assessment.

Quality of Care

Malaria

Objective

Strengthen the malaria case management skills. Promote Intermittent Presumptive Treatment for pregnant women.

Activities

Conducted supervision on microscopy activities at health centers; conducted supervision on IPT and Malaria case management in health centers.

Outcome

There is improved screening on malaria cases in the health centres.

Issues

Delays in disseminating guidelines for case management have resulted in failure to conduct updates in case management.

Future Plans

Continue conducting supportive supervisory visits; to provide updates on malaria case management and IPT.

HIV/AIDS/TB

Objectives:

Strengthen VCT/TB services in the district

Activities

Continued support to outreach Voluntary Counseling & Testing (VCT) clinics; facilitated quarterly HIV/AIDS/TB review/planning meeting involving VCT Counselors, ART staff and TB officers; facilitated quarterly HIV/AIDS referral review meeting involving various coordinators and counselors; facilitated the selection and the execution of needs assessment of the health facilities for rollout of PMTCT to 5 other health centers; oriented 39 HCWs to PMTCT.

Outcome

Improved quality of services for VCT; improved linkages for CT services with other programmes e.g. CT and ART or TB/CT/ART/PMTCT; increase in number of antenatal mothers opting for CT - 255, 261 and 314 for the months of July, August and September respectively.

Issues

ART services are being provided in a small room in TB ward; lack of reagents at the hospital to conduct other secondary tests; communication breakdown between communities and facilities for CT outreach services, increased number of dropouts on ART due to problems with transport-long distances covered to SDH for clients

Future plans

To facilitate VCT counselors meetings; to support VCT out reach clinics; to facilitate meetings for VCT counselors from public, private and civil society and conduct supportive supervision visits to VCT facilities; to train HCWs in PMTCT. HIV/AIDS; to facilitate quarterly review meetings.

Nutrition

Objectives

Developing a replicable model for improving nutrition through (1) strengthened NRUs, (2) community outreach; (3) sustainable system for supplemental foods (Chiponde plus locally

produced supplement); Reduce dependency on facility based management of acutely malnourished children; Reduce prevalence of malnutrition through enhanced child spacing services and education.

Activities

Supported CTC monthly review meetings; conducted supportive supervision to twelve health facilities providing CTC services; orientated clinicians to CTC; facilitated distribution of Chiponde to Health Centers; held two District Targeted Nutrition Programme Task Force meetings composed of representation from various stakeholders at district level; conducted CTC data monitoring visits to H/C.

Outcome

Two CTC review meetings conducted where experiences were shared and a tool for data collection was instituted; CTC data was monitored and areas of improvement were addressed; Chiponde stocks available in all H/Cs.

Variables	Total (July – Sept)
No. of Children received Chiponde	161
No. of Children admitted in OTP	120
No. of Children discharged	105
No. of deaths of Children while in OTP	2
No. of Children referred to NRU from OTP	22
No. of defaulters from OTP programme	17
No. of Chiponde pots (bottles) distributed	5118
Amount of Chiponde pots (bottles) in stock	1722

Issues

More Chiponde in stock compared to a low consumption rate at OTPs for children

Future plans

To facilitate monthly District Targeted Nutrition Programme Task force review/planning meetings; to facilitate quarterly review/planning meeting for the CTC programme; to expand CTC to the remaining two Health Centers; to facilitate supportive supervisory visits; to strengthen follow up system of children discharged from OTP sites; to support the oriented drama groups to carry out more CTC mobilization shows in designated areas through drama; to increase case finding through increased collaboration with HBC groups in Salima.

Child Health

Objectives:

Strengthen child health activities in the district.

Activities

Facilitated the supervision of Child Health activities; various groups of people were trained/oriented to community IMCI with funds from UNICEF.

Outcome

Supervision done using supervisory and performance tools; the following groups were trained: 28 district executives; 28 TWG members; 290 extension workers and 158 VDCs were mobilized for dialogue

Issues

none

Future plans

To facilitate supervision of IMCI activities; single out different tools/standards and implement interventions aimed at improving performance and quality service delivery in child health in a pilot phase approach.

Supervision

Objectives

Strengthen routine supervision at district level

Activities

Facilitated the procurement of protective clothing; conducted monthly supportive supervision and feed back meetings.

Outcome

Review meetings discussed supervision experiences and drew action plans to address any issues; protective clothing distributed to cluster supervisors; DHMT, supervisors and coordinators equipped with knowledge and skills in the following areas: writing of reports and minutes, development of proposals and plans, roles clarification for all the groups and paper presentation on integrated supervision - the Salima experience at SWAp review meeting

Issues

None

Future plans

Support monthly cluster supportive visits to all health facilities, reporting and feedback meetings.

HMIS

Objectives

To improve the HMIS activities such as data quality – its accuracy, completeness, timeliness of reporting, data use in decision making in all the health facilities as well the District Hospital as a facility.

Activities

Conducted supportive supervision to all health centres assessing data accuracy, completeness, timeliness of reporting and data use etc.; conducted District HMIS reviews involving DHMT,

Health Centre in charges, Zonal supervisors, Programme Coordinators, Assistant Statistician and the HMIS Focal person.

Outcome

Supportive HMIS supervisory visits have impacted positively on HMIS with both timeliness of reporting for both quarterly and monthly reports having improved; Programme Coordinators demonstrated some abilities in the use of HMIS data during DIP review meetings; graphs and charts are available in all health facilities.

Issues

Data generation, utilization, interpretation improving though gradually at all levels. District statistics for staff in CHAM and other Private Practitioners' facilities not clearly defined; integration of data generated from HMIS into performance review meetings for DIP still in its early stages and requires further strengthening

Future plans

Support the Assistant Statistician and the HMIS Focal person to continue conducting supportive supervisory visits; enhance the monthly reporting of some HMIS selected indicators and the timeliness of reporting accurate, complete reports; to support annual district performance review meetings.

Inventory Management

Drug Supply Management

Objectives:

Strengthen the logistics management at district level. Decrease drug stock outs of key drugs

Activities

Conducted supportive supervisory visits to Health facilities to check on filling of LMIS 01A forms, tracer drugs and general management of drugs and other medical supplies including test kit management at CT centers.

Outcome

Most of the Drug stores in health centres were not clean and discussions were made to correct the problem - situation compounded by the dusty weather which requires frequent cleaning and dusting of facilities; Drug and Therapeutic Committee monthly meetings were conducted with an action plan drawn and minutes were circulated.

Issues

The drug store at Chipoka has cracks whilst that of Chagunda has bats

Future plans:

Monthly supportive supervision of Health Centres to assist mentoring on drug store management and LMIS 01A Forms completion and timely reporting requirements for all the health centers; to

facilitate monthly Drug and Therapeutic Committee review meetings; DHMT to address problems at Chagunda and Chipoka health centers.

ITNs

Objectives

Strengthen community based distribution of Insecticide Treated Nets systems. Strengthen the procurement of ITNs from suppliers; distribution to Health Centres and community committees as well as financial management from the communities to health centres and to the district health office. Increasing access to insecticide treated nets (ITNs) through formation and training of more ITN committees which will be the selling points.

Activities

Facilitated quarterly district multi-sectoral ITN review/planning meeting; supported supportive supervisory visits to ITN committees.

Outcome

Quarterly district ITN review meeting not done.

Issues

None

Future plans

To reschedule quarterly district multi-sectoral ITN review/planning meeting.

DIP Development/Planning and Budgeting

Objectives

Enhance planning and budgeting processes within the District Health Management Team.

Activities

Conducted an annual DIP review.

Outcome

Two day preparatory work was undertaken with all the focal persons and programme coordinators followed by another two days of performance review with other stakeholders. A way forward was drawn to facilitate implementation for each programme area.

Issues

Most of the coordinators and key personnel at Salima were not familiar with DIP reviews.

Future plans

Follow up on progress of implementation with DHMT and assist coordinators where necessary; to facilitate quarterly performance review with DHMT and Zonal Officers.

Transport Management

Objectives

Strengthen the transport management system in the district

Activities

Planned a working session on Transport management

Outcome

Session not yet conducted

Issues

The officers directly responsible were not available on the scheduled dates due to other commitments

Future plans

To conduct training in transport management, disseminate the developed Transport Management Guidelines to all transport users; strengthen the monthly reporting of Transport indicators; to orient PBX operators, maternity ward in charges, guards on basic transport management in relation to delivery of the health services.

Financial Management

Objectives

Strengthen financial management and administration functions at the district *level*.

Activities

Planned a follow up training on computers for accounts staff

Outcome

Activity postponed.

Issues

Insufficient computers in the Accounts section may result in the skills the people received being lost.

Future plans

Mentoring on Government Principles and Procedures for the accounts staff; to follow up on the Computing skills among Accounts staff.

District Partnerships

Objectives

Promoting, participating and supporting a comprehensive vision of a district health care delivery system which involves Government, NGOs, CHAM, and District Assembly etc.

Activities

Participated in IMCI meeting held by UNICEF for Salima DEC; participated in TNP meetings; held meetings with stakeholders involved in HBC at district level.

Outcome

Input of MSH into district executive committee deliberations appreciated; established a working relationship with partners at district level.

Issues

None

Future plans

To develop a concept paper for strengthening CTC; initiate linkages and partnerships to strengthening case finding through HBC groups.

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