

QUARTER FOUR (OCTOBER TO DECEMBER JUNE 2001)

SUBMITTED TO USAID/MALAWI BY:

INTERNATIONAL EYE FOUNDATION

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INTERNATIONAL EYE FOUNDATION - COMMUNITY HEALTH PARTNERSHIP PROJECT/MALAWI

Quarterly Activity Report

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Date Submitted: January 2002

Period covered: October - December 2001

| A. Major Activities Planned for Period October - December 2001 | B. Status and Progress of Activities/Tasks | C. Constraints/Unexpected Benefits/Lessons Learned Encountered | D. Planned Activities Next Quarter |
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| 1. Reproductive Health | <p>Home Based Care</p> <p>X Needs Assessment for Home Based Care Volunteers was conducted in preparation for the refresher course to 27 existing HBC volunteers</p> <p>X Refresher course for 29 HBC volunteers was conducted and more focus was on nursing care, counseling, communication, referral system and management of conditions related to chronic illness and HIV/AIDS. HBC kits were provided to volunteers which included: medications (antimalarial, pain killers, vitamins, iron, skin lotions, eye ointments) and bicycles</p> <p>X Community mobilization for the identification of 40 additional HBC volunteers was conducted in 20 villages in preparation for the initial training</p> <p>Family Planning</p> <p>X Refresher training for 25 Community Based Distributors for family planning methods was conducted. Primary Supervisors for the CBDs were refreshed together with the volunteers.</p> | <p>X During the HBC assessment, it was observed that some volunteers were very aged and could hardly remember what they were supposed to do as HBC volunteers.</p> <p>X While it was advocated that the volunteers be supplied with essential kit, it has been observed that with no supervision, there will be no quality of HBC programme.</p> | <p>X Initial training for 20 HBC volunteers</p> <p>X Orientation of traditional healers on HBC issues and condom promotion</p> <p>X Supervision of existing HBC volunteers</p> <p>X Procurement and distribution of additional 37 bicycles for the HBC volunteers</p> <p>X Distribution of food (maize and soya) to HBC patients</p> |

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| | <p>Family Planning</p> <p>X Village Health Committee members (200) from 20 CBD villages were oriented on CBD programme with the aim of create a collaborating link between the committee and the volunteers in the promotion of family planning methods</p> <p>X District Family Planning Providers held their quarterly meeting to review the progress on the planned activities in family planning</p> <p>Traditional Birth Attendants</p> <p>X Refresher training for 25 Traditional Birth Attendants was conducted in the quarter. The focus during the refresher was on good storage of delivery equipments, safe deliveries, mothers at risk with their pregnancies, and role of TBAs in primary health care. The TBAs were briefed on the prevention of mother to child transmission of HIV/AIDS and infant feeding options for HIV positive mothers</p> | | <p>X Refresher training for 15 Core Family Planning Providers on the use of checklist for clients assesment looking for family planning methods</p> <p>X Refresher training for 50 Community Based Distributors of contraceptives</p> <p>X Refresher training for 50 Traditional Birth Attendants</p> <p>X Community support to TBAs</p> |
| | <p>HIV/AIDS</p> <p>X Training of the DACC Executive Committee members and the Sub Technical Committee members was conducted. The training focussed on general knowledge on HIV/AIDS, proposal writing to solicit funding for the district HIV/AIDS activities, accountancy and financial management. The training also focussed on management, planning, coordination and monitoring of</p> | | <p>X Establishment of two Community AIDS Committees</p> <p>X Conduct drama shows in five villages on HIV/AIDS messages focussing on cultural and traditional issues</p> <p>X Development of DACC supervisory schedule to HIV/AIDS activities</p> <p>X Assist the DACC in development</p> |

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| | <p>HIV/AIDS activities.</p> <p>X Quarterly meeting with the District AIDS Coordinating Committee was conducted to review activities that have been carried out in the previous quarter and plans for the forthcoming quarter were drawn</p> <p>X Establishment of two Community Based Child Care centers was conducted to help orphans between 0-5 years of age. More highlights were on child development, counseling and supporting the orphans in early detection and referral of familiar childhood illnesses.</p> | <p>X Enrollment in the Community Child Care Centers has exceeded the planned target of 50 children per center. At one center, 200 children had been enrolled which has created problems in feeding the children as this depend on the community contribution.</p> | <p>of HIV/AIDS proposal</p> <p>X Conduct quarterly meeting at the DACC level</p> |
| | <p>Parent committees from these centers were selected and trained to support in the management of the centers</p> <p>X Training of 37 support staff on infection prevention was conducted. The training aimed on providing the participants with knowledge and skills of lessening the spread of infection and assist the health workers in providing quality health care.</p> <p>X Drama performances with HIV/AIDS messages were conducted where approximately 1,200 people had attended the shows</p> | <p>X There was high expectations from the parent committee from the project on the management of the centers rather than depending the management of the centers from the community at large.</p> | |
| 2. Integrated Baby Friendly Hospital Initiative | <p>X Training of 19 participants from MOHP and CHAM facilities on Integrated Infant Feeding, HIV/AIDS and Prevention of Mother to Child Transmission was conducted with funding from LINKAGES</p> <p>X Five participants from the district have been trained as Counselors in Voluntary Counseling and Testing</p> | <p>X Planned activities for the Integrated Infant Feeding, HIV/AIDS and Prevention of Mother to Child Transmission have not been carried out as scheduled. This has resulted from the delay in funding the activities from LINKAGES project</p> | <p>X Training of health workers on Integrated Infant Feeding, Prevention of Mother to Child Transmission and HIV/AIDS</p> |

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| 3. Food Security and Nutrition | <p>X Training of 69 participants on small livestock production was conducted. The participants were drawn from the HBC villages and targeting the guardians for the HBC patients with the aim of promoting nutrition to the patients. Out of 69 participants, 37 participants received guinea fowls and the lest rabbits</p> <p>X Permaculture training was conducted and attended by 58 participants. The aim of the training was to equip the participants with practical skills for vegetable production that are rich in vitamin A</p> <p>X Farmers from 40 villages (288) received groundnuts seeds and fruit trees (mangoes, guavas and pawpaws). The trees were produced with assistance from Ministry of Agriculture and Irrigation</p> <p>X Refresher course for 30 Growth Monitoring Volunteers was conducted.</p> | X There is high demand for small livestock production from other community members which the project cannot meet the demand. This indicates that food security is one intervention that is becoming more popular in the project area. | <p>X Training of farmers on fruit and vegetable preservation</p> <p>X Training of 20 Growth Monitoring Volunteers on nutrition, diarrhoea prevention and exclusive breast feeding</p> <p>X Conduct permaculture and small livestock training to beneficiaries of the HBC programme</p> |
| Integrated Management of Childhood Illness (IMCI) | | | <p>X Follow up supervision to trained health workers on IMCI</p> <p>X Training of 15 health workers on IMCI</p> |
| 4. Quality Assurance | <p>X Training and set up of two Community Based Quality Improvement Teams was conducted for Chauwa and Kamondo villages. The teams are working on Interruption of immunization days during rainy season and high incidence of skin infections respectively</p> <p>X Follow up of the existing health facility based teams was conducted. Out of the teams visited, four have completed the first cycle, five still working of their initial problems and one have started a new problem.</p> | X The notion of Quality Assurance still looks difficult to understand by other health workers. This has resulted in slow progress of quality assurance activities in the health facilities. Training materials need to be modified to act as reference materials for the health workers after the training. | <p>X Follow up of the existing Quality Improvement Teams in health centers and community level</p> <p>X Conduct monthly coaches meeting</p> |
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| Drug Revolving Fund | | | X Refresher training for six DRFs |
| 5. Water and Environmental Sanitation | <p>X Sensitization meetings to 248 extension workers from 12 health facilities was conducted in readiness for cholera outbreak since Chikwawa is a flood prone area and experiences cholera outbreak every year. The district had registered 251 patients during the reporting period with three deaths. The sensitization aimed on strengthening and expanding environmental health promotion and information that would result in reduction of the prevalence of diarrhoeal diseases.</p> <p>X Reactivation of village health committees was conducted through 171 HSAs.</p> <p>X Four Village Health Water Committees were trained on Hygiene Education and Sanitation Promotion and Community Based Management of water and environmental sanitation activities.</p> <p>X Sanitation promotion was conducted in the community for the construction of pit latrines, garbage pits, bath shelters and dish racks.</p> <p>X Hygiene promotion and education were carried out for installation of hand washing facilities.</p> | X Movement of people has affected the implementation of water and environmental sanitation and other project activities due to floods and food insecurity. | <p>X Refresher training for six Village Health Water Committee in Hygiene Education and Sanitation Promotion (HESP) and Village Level Operation Management (VLOM) activities</p> <p>X Mobilise communities on sanitation promotion (pit latrines, hand washing facilities)</p> <p>X Conduct hygiene education in 20 villages</p> |
| Primary Eye Care | | | X Refresher training for Traditional Healers on Primary Eye Care |
| 6. Construction | X Construction of two shelters and renovation of two shelters are underway | | <p>X Rehabilitation of two incinerators and soakaways at Chikwawa District Hospital and Ngabu Rural Hospital</p> <p>X Construction of mechanic pit for fleet management on minor maintenance for the government vehicles</p> |

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| | | | X Construction and renovation of two shelters |
| 7. Monitoring and evaluation | <p>X The District Supervisory Task Force members conducted their quarterly health facility supervision using the integrated checklist</p> <p>X Review meeting for the CHAPS project was conducted. Planned activities were adjusted according to the level of funding for the remaining period of the project</p> | <p>X Appreciation of the kwacha and increase in the allowances has greatly affected the project budget. This has resulted in some activities being reduced</p> <p>X Staff attrition through transfers/resignation has affected the implementation of the project activities.</p> | |
| Information, Education and Communication | <p>X Three participants from Chikwawa attended a training on IEC at Malawi Institute of Management in Lilongwe which was funded by USAID central office. The objective of the training was to develop knowledge and skills in planning, implementing, managing and evaluation of IEC activities</p> | | |