

Malawi Programme: Quarterly report

MSH Malawi Project

January 2006

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MSH MALAWI PROGRAMME

QUARTERLY REPORT NUMBER 11

OCTOBER TO DECEMBER 2005

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TABLE OF CONTENTS

Abbreviations	3
	5
Introduction	
Quality Assurance: Infection Prevention	6
Quality of Care: Malaria	7
Child Health/ IMCI	11
Nutrition: Community Therapeutic Care	13
HIV/AIDS/TB	16
Supervision	19
HMIS	20
Drug Management	23
Planning and Budgeting	26
Transport management	27
Human Capacity Development	30
Financial Management	31
Operations	32
Quarterly Report for Hospital Autonomy	36
<i>District Reports</i>	
Balaka	41
Chikwawa	44
Kasungu	50
Mangochi	56
Mulanje	63
Mzimba	69
Ntcheu	76
Salima	81
<i>Annexes</i>	
Annex I : Kamuzu Central Hospital	89
Annex II: Queen Elizabeth Central Hospital Quarterly Report	96
Annex III : M&E Progress Report	101

ABBREVIATIONS

AA	Administrative Assistant
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AS	Assistant Statistician
CH	Central Hospitals
CHAM	Christian Health Association of Malawi
CMS	Central Medical Stores
COP	Chief of Party
CTC	Community Therapeutic Care
DA	District Assembly
DEHO	District Environmental Health Officer
DHIS	District Health Information System
DHMT	District Health Management Team
DHO	District Health Office
DIP	District Implementation Plan
DNMCPM	District National Malaria Control Programme Manager
DNO	District Nursing Officer
DOTS	Directly Observed Therapy, Short Course
EHP	Essential Health Package
ELMS	Essential Laboratory Medical Services
HA	Hospital Autonomy
HCD	Human Capacity Development
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMIU	Health Management Information Unit
HAS	Health Surveillance Assistant
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
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
M&L	Management and Leadership
MK	Malawi Kwacha
MoH	Ministry of Health
MSH	Management Sciences for Health
NTP	National TB Control Programme
OJT	On the Job Training

OPD	Out Patient Department
ORT	Other Recurrent Transactions
ORS	Oral Rehydration Solution
PDE	Patient Day Equivalent
PHI	Paediatric Health Initiative
PMTCT	Prevention of Mother to Child Transmission
QA	Quality Assurance
QECH	Queens Elizabeth Central Hospital
SADC	Southern Africa Development Cooperation
SP	Sulfadoxine Pyrimethamin
STI	Sexually Transmitted Infection
SWAp	Sector Wide Approach
TA	Technical Assistant
TB	Tuberculosis
TBA	Traditional Birth Attendant
USAID	United States Aid for International Development

INTRODUCTION

The MSH/Malawi programme for Reducing Childhood Morbidity and Strengthening Health Systems reflects a partnership between USAID, Management Sciences for Health, and the Ministry of Health of Malawi. The programme as at end March 2005 has one sub-contracted partner, Health Partners of Southern Africa, working on hospital autonomy. Initiated in April 2003 (with field start up in July), the programme supports the MoH Programme of Work (POW) within the national ministry, the Kamuzu and Queen Elizabeth Central Hospitals, and District Implementation Plans (DIPs) in eight districts across the country - Balaka, Chikwawa, Kasungu, Mangochi, Mulanje, Mzimba, Ntcheu, and Salima. The programme is multi-faceted with multiple and diverse customers.. While the focus is on management systems and support for decentralization and hospital autonomy, the general intent is to support the government's Sector-wide Approach (SWAp) and Essential Health Package (EHP). Our government partners have progressed in these areas over the past two years, and we are pleased to have contributed technical and financial assistance at important moments.

This report intends to describe detailed description of program, districts and hospital autonomy reports for the eleventh quarter since the programme started which had fallen in the October to December 2005 period.

Program: Quality Assurance

Infection Prevention

Dates: October-December 2005

Objectives for collaboration with MSH/Malawi Programme:

- *Secure accreditation of 8 district hospitals and 2 central hospitals*
- *Re-vitalize the infection prevention processes in 4 districts Balaka, Kasungu Mangochi and Ntcheu*

Focus for the quarter

- Continued support for the 4 districts of Mzimba, Salima, Chikwawa and Mulanje and the four new districts Balaka, Kasungu, Mangochi and Ntcheu district hospitals.
- Conduct IP internal assessment in Kasungu, Balaka and Mzimba District Hospitals.

Activities

- Continued quality improvement processes in all 8 districts
- Balaka, Kasungu, Mangochi, Ntcheu and Mzimba conducted internal IP assessments
- Participated in IPC Dissemination workshop which was held at Kalikuti Hotel. Participants were from all the 27 Districts, Mozambique and South Africa. This activity was organized jointly between MOH, JHPIEGO and MSH.

Outcomes:

- There is marked improvements in IP. The internal assessment scores came out as follows:

District	Baseline	Internal Assessment
Balaka	32%	57%
Kasungu	42%	61%
Mangochi	42%	38%
Ntcheu	37%	41%
Mzimba	38%	67%
- All districts presented and shared their experiences including 8 MSH supported districts on IPC best practices.

Issues:

- The 4 new districts (Balaka, Kasungu, Mangochi and Ntcheu) needed to have been oriented to Module 2 of IPC but this has not been done due to financial constraints.
- Mulanje and Chikwawa are due for External Assessment but were awaiting renovations to be completed.

Future Plans

- Procurement of supplies for Infection prevention for Balaka, Kasungu, Mangochi, and Ntcheu district hospitals
- Conduct module training for the 4 new districts.
- Conduct external assessment in Chikwawa, Mulanje and Mzimba district hospitals.
- Conduct module 2 of IP process.

Quality of Care

Programme: Malaria

Dates: October through December 2005

Key staff: S. Kabuluzi PM-NMCP; D.Ali DPM-NMCP; DHOs, MTAs in the eight districts; R. Thetard CoP-MSH; A. Macheso MS-MSH

Objectives for MoH / MSH collaboration:

- To reduce morbidity and mortality due to malaria especially among young children and pregnant women through increased use of malaria prevention activities.

Major processes in which MSH collaborated this quarter:

- Provided technical support aimed at improving clinical management of malaria, delivery of IPT and distribution and appropriate use of ITNs.
- Provided technical support aimed at improving program management skills especially among new malaria and ITN coordinators.

Case management

Objective

- *Improve malaria case management practices among health workers.*

Activities

- *Laboratory diagnosis of malaria*
 - With technical support from a Laboratory Technician from KCH, MSH conducted refresher training for twenty-four (24) malaria microscopists who were mostly Health Surveillance Assistants (HSAs) both from public and private health facilities including 5 from Mulanje, 10 from Mangochi and 9 from Mzimba districts respectively.
 - Sensitized DHMTs about dangers of using the commonly available less sensitive field stains for microscopy and encouraged the districts to procure good quality stains.
 - Promoted the use of appropriate laboratory ordering forms in the districts.
- *Malaria case management*
 - Eighty-eight (88) nurses and clinicians participated in meetings for updating them on malaria case management; they included 15 from Kasungu, 25 from Chikwawa, 26 from Mulanje and 22 from Mzimba districts respectively.

Outcome

- The 24 malaria microscopists improved their laboratory skills - it is expected that laboratory services will improved especially malaria microscopy.
- Microscopy services were resumed at Chonde Health Centre, Mulanje following training of microscopists, arrangement are underway to establish microscopy services at Mpala Health Centre and at the district hospital out-patient department in the district.
- The 88 clinical and nursing staff from both MoH and CHAM improved their knowledge and skills on malaria case management such that malaria case management will likely improve as a result of these updates.
- Districts acquired better quality field stain for malaria microscopy - this will reduce the number of false negative slides and improved case management.

Issues

- Updates on malaria were done amidst acute shortage of sulphadoxine-pyrimethamine (SP), the first line drug for the treatment of malaria in Malawi. The MoH is seriously working towards replacing SP with combination drugs as first line treatment drugs.
- Shortage of staff in the health facilities continue to compromise quality of case management.
- Central Medical Stores currently stocks poor quality Field Stains A & B which will likely continue to be distributed to the hospitals.

Future plans

- Provide technical support in updates for case management with emphasis on health centre staff.
- Support districts to provide regular supportive supervision to microscopists.

Malaria in pregnancy

Objective

- *Increase the proportion of pregnant women receiving at least two doses of SP.*

Activities

- 88 health workers and clinicians received updates on malaria prevention with emphasis on proper delivery of IPT.
- 20 health workers from Mulanje received on the job training for IPT.
- Finalized a job aide for the promotion of appropriate dosing of SP for IPT.

Outcome

- Clinical and nursing staff trained in proper dosing of SP for IPT through the updates.

- Produced a job aide which has the potential to further improve delivery of IPT in the health facilities.

Issues

- Shortage of SP in health facilities resulted in interruption of IPT delivery.
- Review of antimalarial drugs may affect IPT dose regimen in the near future.

Future plans

- Follow up of staff to continue to ensure adherence to recommended practices.

Community-based ITNs

Objective

- Increase coverage and appropriate use of insecticide treated mosquito nets at the community level.

Activities

- Conducted problem solving meeting involving 19 HSAs in Ntcheu district with the view to find solutions for improving job performance in supervision of community ITN distribution in their respective areas.
- Continued editing of procedure manual for community ITN distribution.

Outcome

- Issues hindering effective supervision for community ITNs discussed with the HSAs in presence of their supervisor - the District Environmental Health Officer and actions were proposed as follow up activities.

Issues

- One major challenge in efforts to scale up of community ITN distribution is the limited number of mosquito nets being recycled.
- Lack of leadership of the community ITN program in Ntcheu for the day to day running of the program despite the DHO being supportive of community ITN distribution.

Future plans

- Negotiate with PSI to increase seed nets circulating in the districts.
- Finalize and distribute procedure manual for community ITN distribution.

Malaria Control Program Management

Objective

Support the districts and NMCP to strengthen malaria control systems.

Activities

- Through participation of the Malaria Specialist, provided technical support and transport for supportive supervision of Mangochi and Machinga districts during the 2005 net re-treatment campaign. Out of 626297 registered nets in the 8 MSH supported districts, 535667 nets were re-dipped representing 86% coverage. Re-dipping coverages ranged from 68% in Balaka to 99% in Chikwawa.
- 9 malaria and ITN coordinators received orientation in management and coordination of program activities.
- Developed induction manual for use by new malaria and ITN coordinators.

Outcome

- MSH helped to solve problems that would hinder smooth ITN net re-treatment; allowances for HSAs in one of the zones in Mangochi were sent on time and, in Machinga additional KO Tabs were delivered to the furthest health facilities to ensure adequate stock during the campaign. Other problems were dealt with during the campaign and major observations reported to the NMCP.
- New malaria and ITN coordinators especially from Chikwawa, Mzimba and Ntcheu were equipped with knowledge and skills to manage the program in their districts.

Issues

- Inter personal relationships appear to hamper outcome of the induction of new coordinators particularly the case in Ntcheu district.

Future plans

- To continue working towards improved program management in the MSH supported districts.
- To finalise and distribute the induction manual to all the 8 districts.

Quality of Care

Program: Child Health

Dates: October-December 2005

Key staff: Dr. Eta Banda, Child Health /Quality Assurance Specialist MSH/Malawi, MSH; Dr. Anne Phoya Director of Quality Assurance and Nursing Service Directorate, and Mrs. Felicia Chawani, Deputy Director, Quality Assurance and Nursing Service Directorate; Mr. Nindi, IMCI National Contact Person.

Objective

Improve quality of child care through facility quality improvement and Pediatric Hospital Initiative

Focus for the Quarter

- Provide TA to the National IMCI Task Force.
- Development of standards for a Child Health Care Quality initiative at Health center Level.
- Orientation of Health Center teams to CHI tools.

Activities

- Provided TA in the reviewed and finalization of the national IMCI policy document.
- Provided TA working on the partly finished 2006-2010 IMCI strategic plan.

Outcome

- Final national IMCI policy document finalized for circulation.
- Issues on HIV/AIDS, neonates, and PHI were incorporated into the strategic plan.

Issues

There was an oversight to invite other stakeholders in the review of policy documents and thus will derail the implementation process.

Future Plans

To further consult with the Ministry of Gender on other areas in the strategic plan.

To finalize the IMCI strategic plan.

To train tutors/lecturers from teaching institutions in IMCI case management.

Child Health Initiative (CHI): Quality of Care at Health Center level

Activities:

- Facilitated Health center based meetings in Balaka (Phimbi and Kalembo Health Centers), Mulanje (Kambenje, Mpala Health Centers), Mangochi (Chilipa, Namwara Health Centers), and Salima (Makiyoni , Muchoka Health Centers) where participants were all facility in-charges, nursing staff, Health Surveillance Assistants, Health Assistants and Public Health

Officers. The MTAs, the supervision Focal Persons and the Zonal Supervisor of the area in which the pilot site is also participated.

Outcomes

- Draft CHI standards document with 11 standards were reviewed.
- Health Center staff members of Balaka (Phimbi and Kalembo Health Centers), Mulanje (Kambenje, Mpala Health Centers), Mangochi (Chilipa, Namwara Health Centers), and Salima (Makiyoni, Muchoka Health Centers) were familiarized with the standards for implementation.

Issues

- None.

Future Plans

- Editing and review of tool.
- Baseline assessments of the 8 pilot Health Centers.

Quality of Care

Quarterly Report: Nutrition

October – December 2005

Key staff: Mrs. Catherine Mkangama, Chief Nutritionist, Nutrition Section, Ministry of Health Malawi, Dr. Charles Mangani, DHO Salima, Mr. Mhango, DHO Balaka and Mr. Jere, DHO Mzimba, Mrs. Margaret Khonje, Nutrition Specialist, MSH, Dr. Eta E. Banda, Child Health Specialist, MSH.

Objectives for collaboration with MSH/Malawi Programme:

- To support the introduction of nutrition activities in 3 districts (Balaka, Mzimba and Salima)
- 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 Community Therapeutic Care (CTC)
- Install sustainable monitoring and supervision systems

Quarterly Focus

- Consolidation of correct use of protocols in admitting children with severe malnutrition.
- Establishment of linkages with related mainstream programme
- Procurement and distribution of Chiponde

Activities

- Continued management of severe malnutrition at 5 health facilities in Salima, Balaka and Mzimba.
- MSH played a key advocacy role in linking CTC to supporting and mainstream programmes. Discussions with WFP on scaling up SFP are expected to yield results in the next quarter.
- MSH continued to participate in the monthly national Targeted Nutrition Programme (TNP) meetings which bring together all key nutrition implementers to review progress in nutrition programmes.
- Linkage and partnership with related programmes was initiated in Mzimba. MSH facilitated discussions between Mzimba DHMT and Mzambazi CHAM hospital and its funding partners Action Against Hunger and WFP – for installation of a supplementary feeding programme (SFP) component at Mtende OTP.
- Strengthened joint supervision with MoH counterparts, with MOH taking the lead in this process.
- MSH supported refresher training of 6 Mtende Health Centre staff, on SFP management. MSH also successfully advocated for a food security intervention for families of children discharged from or under CTC programme.

Outcome:

- There was a sharp increase in admission rates in Balaka and Salima, with highest admissions reported in December. This response implies effective mobilization of communities for early referral of severe malnutrition; especially in this food insecurity situation. Much of information dissemination was done by volunteers and local leaders trained in the previous quarters. Drama groups had also taken CTC messages to remote areas.
- Reporting on indicators greatly improved during the quarter, with all centres ably analyzing their individual information for further action-taking. For example, Balaka NRU found out that defaulters were mainly from distantly located bordering villages with difficult access to the NRU for follow up. Suggestions have therefore been made to include HSAs from border villages, in future training activities. At the same time, MoH is looking into possibilities of taking OTPs to health posts where outreach under five clinics services are provided.
- A critical DHMT supervision briefing meeting, chaired by MoH helped to reorganize CTC in Mzimba which among other actions has led to more DHO's allocation of resources and time to CTC.
- Mzambazi has since October supplied Likuni phala and cooking oil for SFP while DHO provides transport to ferry the food.
- In response to the training of 6 Mtende Health Centre staff, on SFP management. MSH and lobbying for a food security intervention for families of children discharged from or under CTC programme, Mzimba Department of Agriculture responded with the following:
 - Training 26 care takers on crop production practices
 - Issued 1.7kg quality protein maize (QPM) to 26 caretakers
 - Issued 5kg soy bean seed to 26 care takers
 - Established a demonstration garden at Mtende Health (OTP) Centre and another at Mzambazi NRU
 - Outlined a follow programme to individual family fields. Reports will be shared with the two centres and with DHMT and MSH.
- These preventive activities will self-roll out as seed recipients pass on prescribed amount of the seeds to neighbours in successive growing seasons.
- Mzambazi NRU enhanced their use of CTC protocols following a one week study attachment to Balaka NRU which has effectively combined CTC with conventional therapeutic protocols. The study visit was partly organized in response to Action Against Hunger concerns about conflicts in the administration of the protocols at Mzambazi.

Issues:

- The rising admissions in Balaka and Salima appear to result from the negative food security situation in the district. Involvement of agriculture, community development and other extension staff was not actively pursued in the quarter. This meant health workers failed to access information on food security and relief operations which may have needy targeted families of children on CTC programme.
- Home follow up of children was not adequately reported in Salima and Balaka. This denied implementers, information for household intervention especially for defaulters or slow responding children. HSAs were expected to use a job card to supervise and monitor volunteer's work.

Future activities in the following quarter:

- Develop a roll out proposal in the context of the ongoing emergency situation.

- Strengthen partnership with the Department of Agriculture in Mzimba and assist the department in “adopting” households with children discharged from CTC. Undertake same advocacy in Balaka and Salima and in two new districts.
- Finalize editing of the CTC video and use product for marketing CTC in Malawi.
- Facilitate the organization of a workshop on performance improvement (PI) for the national nutrition office.

Programme: HIV/AIDS/TB

Dates: October through December 2005

Key staff: Dr. Edwin Libamba, Head of HIV/AIDS Unit, MoH; Dr. Rudi Thetard, MSH Management and Quality Improvement Team Leader, Enock Kajawo, MSH Technical Specialist for HIV/AIDS.

VCT Services

Objectives

- *Increase VCT participation rates; improve site management; strengthen internal referral processes.*

Activities

- Counseling and testing services continued to be provided in all the eight MSH supported district hospitals on full time basis. Balaka, Mulanje, Kasungu, Salima, Ntcheu, Mzimba, Mangochi and Chikwawa continued to provide outreach counseling and testing services in health centers which are not providing static counseling and testing services;
- Facilitated quarterly review meetings which involved VCT supervisors and providers.
- Supported the districts with the development of counseling and testing guidelines to assist clinicians and nurses in identifying patients eligible for counseling and testing.
- Supported districts in the development of a guide to assist clinicians to prepare patients before they are referred for counseling and testing.
- Supported the districts in developing a leaflet to promote counseling and testing and PMTCT among pregnant women and their spouses.
- Chikwawa conducted community sensitization campaigns on PMTCT.
- Mangochi, Mulanje, Mzimba and Salima, conducted referral review meetings.
- Mulanje, Chikwawa and Salima conducted meetings to discuss issues surrounding low uptake of counseling and testing services by pregnant women and STI patients.
- Facilitated a study tour for nurses from the ANC Clinic and Maternity from Mulanje District Hospital to Mlambe mission hospital to learn community involvement in PMTCT.
- Supported Mulanje develop an HIV/AIDS workplace policy.
- Participated in HIV/AIDS health sector review meeting.
- Provided technical support in training counseling and testing Supervisors for UNPA organized by MOH.
- MSH provided technical support in the training of Umoyo Network supported NGOs in the training of HIV/AIDS stigma and discrimination reduction.

Outcome

- Counselors developed action plans following the quarterly meeting.
- Counseling and testing guides for clinicians and nurses were developed (available on request).
- A Chichewa message in a leaflet form was developed ready for printing and distribution.
- Referral review meetings highlighted several successes of the internal HIV/AIDS referral systems such as availability of the referral forms in the wards and departments, patients being escorted to the counseling room, rosters for counselors are on display in the wards, opening of

additional counseling and testing rooms in the wards and an increasing number of patients opting for counseling and testing.

- Districts developed action plans following referral review meetings to further strengthen the referral systems.
- Nurses and clinicians from Mulanje, Salima and Chikwawa developed action plans to address issues surrounding low uptake of counseling and testing among pregnant women and STI patients.
- A total of 15650 clients (11873 static and 3777 outreach) were counseled and tested. 2284 clients were pregnant women attending Antenatal clinic. There was a dramatic rise in pregnant women attending ANC who were counseled and tested in Salima 1679(100%). The number of patients counseled and tested also slightly increased from 15549 to 15650 in the last two quarters - a 0.6% increase.

Issues

- HIV test kits especially Determine was out of stock in most of the districts.

Future plans

- Continue delivery of counseling and testing services in all the eight districts.
- Continue supporting outreach counseling and testing services.
- Conduct meetings with nurses in antenatal clinics and clinicians providing STI management to find solutions that would increase uptake of counseling and testing among pregnant mothers and patients seeking STI treatment in OPD in Balaka, Mangochi and Mzimba.
- Introduce HOPE kit as part of AIDS education for pregnant women attending ANC in Mulanje and Salima.

Linkages with national TB Program

Objectives

Increase referral of TB cases for VCT; support the National TB program in the rollout of Co-trimoxazole prophylaxis for HIV positive TB patients.

Activities

- The National TB program continues to support districts with cotrimoxazole tablets provided to all HIV positive TB patients.
- Routine counseling and testing was offered to all TB patients.
- Continued with active case finding of new TB patients in counseling and testing sites.

Outcome

- 613(73%) of all TB patients were counseled and tested . Mzimba, Mulanje, and Salima managed to counsel and test 100% of the TB patients while Balaka and Mangochi reached 94 and 88% respectively.

Future plans

- Provide routine counseling and testing to all new TB patients.
- Continue monitoring the provision of cotrimoxazole prophylaxis to HIV positive TB patients.

- Monitor and capture data on active case finding of new TB cases in all counseling and testing sites.

Program: Supervision

Dates: October-December 2005

Key staff: Dr. Eta Banda, Child Health /Quality Assurance Specialist MSH/Malawi, MTAs, MSH; Dr. Anne Phoya Director of Quality Assurance and Nursing Service Directorate, and Mrs. Felicia Chawani, Deputy Director, Quality Assurance and Nursing Service Directorate

Supervision

Objectives for collaboration with MSH/Malawi Programme:

- To strengthen Supervision in districts

Focus for this Quarter

- Monthly supportive supervision in all 8 districts
- Annual Supervision Review work

Activities:

- All 8 districts received financial support for supervision visits as well as district based supervision meetings for report writing and feedback sessions to DHMTs and programme coordinators. In all these activities they received technical support from the Management Technical Assistants in each of the 8 districts.
- Conducted an annual supervision review meeting where Supervision focal persons, MTAs from all 8 MSH supported districts, and two new districts (Nkhata Bay and Rumphi districts) participated

Outcomes:

- 8 (Chikwawa, Balaka, Kasungu, Mangochi, Mulanje, Mzimba, Ntcheu and Salima) out of the 8 districts conducted monthly supervision to the health facilities in their districts during the period. Average visits marginally declined from 96% to 95% in the eight districts during the last two quarters and ranged from 88% health facilities in Ntcheu to 100% in Balaka, Chikwawa, Mulanje and Salima in the quarter under review.
- All districts were able to hold supervision meetings for report writing and feedback sessions to the DHMT and programme coordinators.
- All districts have written reports for supervision and these have been shared with health centres.
- 10 districts shared their supervision experiences and made their plans for the next twelve months.

Issues

- None

Future Plans

- Provide support for supervision monthly visits to health centres in all 8 districts
- Provide support monthly supervision meetings for report writing and feedback sessions in all 8 districts
- Support the roll-out of supervision activities to Nkhata Bay and Rumphi districts.

Programme: HMIS

Dates: April to June, 2005

Key Staff: Chris Moyo – DD HMIS; Humphreys Mtambalika – Senior Statistician HMIS; Chrispian Sambakunsi – Statistician HMIS; Maxwell Moyo – Technical Specialist MSH.

Objectives for collaboration with MSH/Malawi Programme

- To support the central ministry and DHMTs with the implementation of routine HMIS with focus on improving the quality and use of data at all levels of the health system.

Quarterly Focus

- Support to the HMIU in conducting Zonal HMIS reviews with support from the National AIDS Commission and Centre for Disease Control (CDC).
- Support to the implementation of monthly reporting.
- Follow-up to the implementation of the recognition scheme in Balaka, Chikwawa and Mulanje and introduction of the same in Mangochi as one innovation to improve the quality of data and to create demand for data use.
- Orientation of Assistant Statisticians to the use of a tool to support the assessment of the quality of data at the district level and link the same to the recognition scheme.

Improving Data Use

Activities

- Supported the HMIU in conducting HMIS Zonal review from one of the seven Zones where six districts reviewed their HMIS data and general issues surrounding the operations of HMIS.
- Distributed graphing paper in all health facilities to enable staff draw and post graphs.
- Conducted supportive supervision to the MSH supported districts (including CHAM facilities) to assess how the health facility staff are using data.

Outcome

- The Zonal Supervisors and teams from the districts they will be supervising appreciate the role of HMIS in planning and as well the importance of collecting good quality data.
- Roles of the Zonal Supervisors in supervising the districts was clarified and a generic format of an action plan was developed to guide the districts.
- During the supervisory visits, it was noticed that there is marked improvement in data use for monitoring performance evidenced by graphs and charts posted in most health.
- Mismatching of data sets between reported and recounts in the registers were found particularly in hospitals in Mzimba CHAM hospitals and Kasungu with the exception of Mulanje where a randomly selected set of data elements matched.
- Outcries of trainings and refresher for the newly recruited staff were prevalent.

Issues

- Slow adoption to the use of selected priority minimum set of indicators.

Future plans

- Conduct follow-up meetings with DHOs and DNOs in DHIS and data manipulation using pivot tables at Zonal level.

- Continue supporting Zonal review meetings to sustain the culture of using information to make informed decisions.

Improving Data Quality

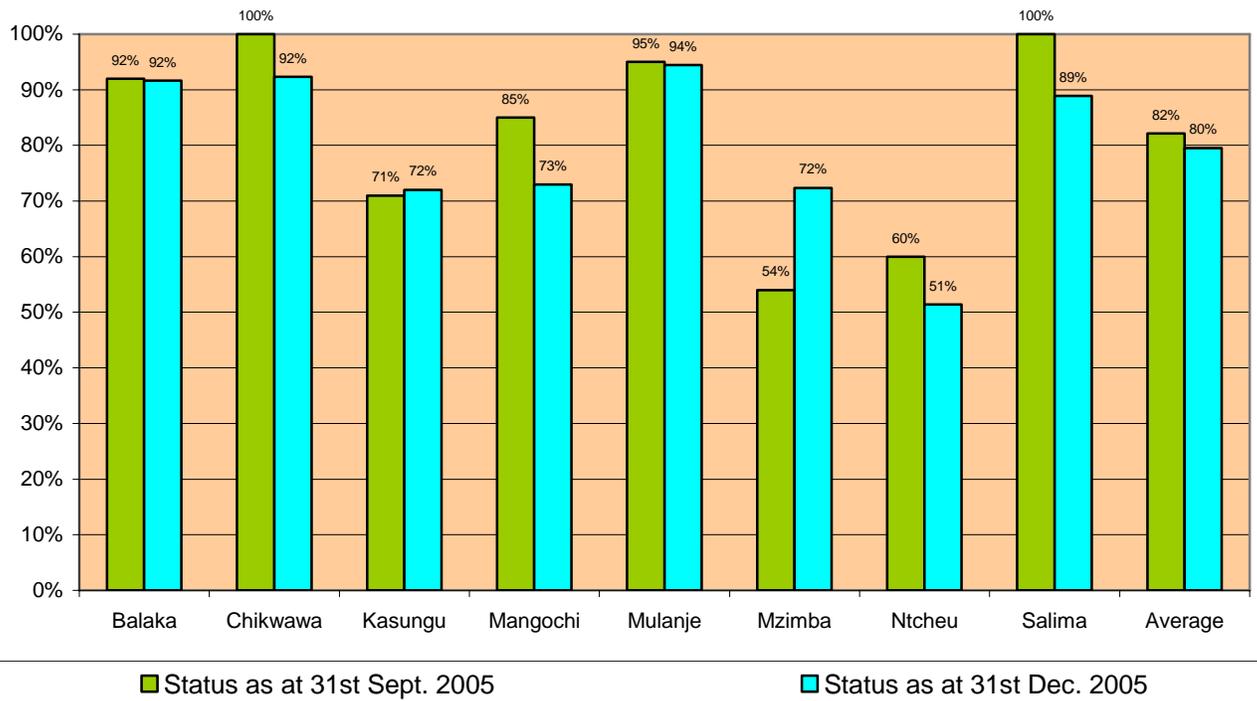
Activities

- Developed guidelines to support the HMIS Task Force in the implementation of the HMIS Recognition scheme in Chikwawa.
- Introduced the HMIS Recognition Scheme in Mulanje and Mangochi.
- Oriented DHMT members, Zonal Supervisors and Health Facility In-Charges in validating data at source in Mulanje, Mangochi, Salima and Kasungu.
- Oriented DHMT members, Zonal Supervisors and Health Facility In-Charges in the development of validation rules to support visual scanning of data in Mulanje.
- Conducted health facility visits to the MSH supported districts (including CHAM facilities) to follow up on monthly reporting and other related HMIS activities.
- Working with Assistant Statisticians, assessed the quality of data using a locally developed excel spreadsheet (the “1” or “0” Tool) in Kasungu, Salima, Ntcheu, Mulanje and mangochi.

Outcomes

- The Chikwawa HMIS Task Force has developed into a strong team and very focused. The choice of a Chairperson from a CHAM Hospital was one sign of team work and trust amongst the health workers in the district.
- The process of developing validation rules together with health facility In-Charges in Mangochi, has made staff at health facility level own the process of assessing data at health facility level before it is submitted to the higher level.
- Similarly as seen in the other districts, the introduction of the recognition scheme in Mangochi has among other things:
 - Created awareness, sense of responsibility and competition among health facility staff in collecting accurate and timely data.
 - Strengthened the integration of HMIS supervision into zonal (sub-district) supervision model since the best performing zone (sub-district) with the highest number of health facilities that excel using the set criteria of the recognition scheme has its supervisor recognized.
 - Monthly reporting being favored than quarterly as health workers say that they do not relax for too long to compile a report as compared to when they have to wait for three months and as well the reduction of data elements has reduced workload and amount of errors.
 - As seen from the figure below, timeliness of reporting varied from district to district over the two quarters with four districts (Balaka, Chikwawa, Mulanje and Salima) achieving an above average score of 80% in the quarter under review. Whilst Mzimba improved from 54% to 72% health facilities timeliness of reporting, Ntcheu continued to face hurdles with timeliness of reporting nose diving from 60% to 51% health facilities – explained as a result of the disruptions in the supervision exercise due to the burglary that occurred at the MSH office where funds were stolen. (Note that Supervisors play a very crucial role in supporting the collection of reports.

PERCENTAGE OF HEALTH FACILITIES REPORTING DATA ACCORDING TO SCHEDULE



Issues

- Use of untrained staff is affecting the quality of data being collected.

Future plans

- Introduce HMIS recognition scheme in Mzimba and Kasungu.
- Follow-up the implementation of the HMIS recognition scheme in Chikwawa, Balaka, Mulanje and Mangochi.
- Continue efforts following up on the implementation of the monthly reporting format.
- Support the central HMIU in ensuring that the DHIS is running efficiently in all districts.
- Follow-up on the implementation of HMIS job aids, HMIS supervision checklist, and the use of the data quality assessment tool.
- Support the Central HMIU to conduct Zonal HMIS reviews.

Programme: Drug Management

Dates: October through December 2005

Key staff: Cynthia Kamtengeni (Specialist), Godfrey Kadewele (Deputy Director, Pharmaceuticals, MoH)

Objectives:

- *To reduce stock outs of essential drugs*

Activities

- Facilitated supervision visits by pharmacy technicians to health centres and review meetings.
- Facilitated rational prescribing training for health centre in charges in Kasungu and Mulanje.
- Continued monitoring of submission of LMIS reports from health centres to district health office.

Outcome

- Pharmacy technicians in all the districts except Balaka made supervision visits to all the health centres in their districts. A pharmaceutical management checklist for pharmacy technician's supervision was used in Mulanje, Salima, Kasungu and Mangochi. The checklist helped in making the visits systematic and helped the pharmacy technicians in report writing.
- Review meetings with the health centre staff in charge of drug stores were held soon after completion of supervisory visits in Mulanje, Kasungu and Mzimba. In Mangochi, the supervision targeted mostly mission health centres where gross compromises in drug management were discovered. In Mzimba during the review meeting which was attended by Regional Medical stores(N) representative, the problem of Kabua health centre not getting regular drug deliveries despite reporting every month was sorted out. RMS will deliver Kabua's supplies to the district hospital for forwarding to the health centre or DHO will collect the supplies directly from RMS on the way to delivering relief workers to Kabua health centre.
- Irrational prescribing can contribute to unavailability of certain essential drugs at health facilities. The training of prescribers in rational prescribing revealed to the prescribers certain prescribing habits which are irrational e.g. prescribing for uncomplicated malaria a stat dose of quinine injection followed by a complete course of SP tablets.
The submission of reports on status of drugs and medical supplies from health centres to the district health office keeps improving. Mzimba, which has been having problems in this area, has for the first time had a submission rate of 95% for two consecutive months. In November and December an average of slightly above 90% of the health centres submitted their reports on time.

Issues

- Unavailability of essential stock items e.g. SP and Determine HIV test kits at Regional Medical Stores for the better part of the quarter.
- Dilapidated drug stores in some of the health centres.

Future plans

- Continue monitoring submission of reports from health centres.
- Introduce guidelines for issuing HIV test kits from pharmacy to testing sites in accordance with national testing protocol.

Objectives

- *To improve inventory management at district level*

Activities

- Facilitated Drug committee meetings in Mulanje, Ntcheu and Salima.
- Reviewed drug management policy guidelines in Ntcheu.
- Conducted dispensary management orientation for nurses in Ntcheu and Mzimba.
- Introduced supervision checklist to pharmacy technicians in Mulanje, Mangochi and Salima that was used during supervision.
- Attended quarterly logistics meeting at the MoH.

Outcome

- Regular meetings of the drug and therapeutics committees held in Salima, Ntcheu and Mulanje as evidenced by the minutes.
- Ntcheu hospital drug committee has developed and reviewed policy guidelines in drug management.
- Mulanje drug committee is about to implement duplicate prescription pad system for antibiotics.
- 24 nurses in Ntcheu were orientated in dispensary management. Since Ntcheu was the first district to start using the MoH ordering form, much of the discussion dwelt on dispensing procedures to patients.

Issues

- Lack of commitment by some drug committee members hampering its progress.
- No systematic reporting mechanism for the pharmacy to report to the drug and therapeutics committee.
- Inadequate materials for dispensing e.g. pill bags, counting trays and medicine cups negatively impacting on dispensing practices in the wards.
- Pharmacy technicians not involved in supervising and/or providing training to other health worker involved in dispensing.

Future plans

- Continue participation in MoH Logistics Technical committee meetings.
- Provide technical assistance to improve the operations of the hospital drug committees in Mulanje, Ntcheu and Salima.
- Help pharmacy departments develop reporting formats to the drug committee and MoH (HTSS).

Objective

- *To increase availability and appropriate use of essential drugs at the community level*

Activities

- MSH in conjunction with the MoH's IMCI unit developed a proposal on assessment of community drug management for malaria and other childhood illnesses in Malawi which would investigate caretaker's action when children are ill with malaria or another childhood illness, their access to appropriate medicine and advice, the use of medicines in children under five and a study of the knowledge and practices of providers of medicines used. The proposal was submitted to the National Health Sciences Research Committee (NHSRC) of the MoH.

Outcomes:

- The proposal was rejected by the NHSRC.

Future plans

- To review the concerns raised by NHSRC and discuss with the IMCI unit on the way forward.

Program: Planning and Budgeting

Dates: October to December 2005

Key staff: Mr N Kalanje - Director of Planning, MoH; Mr Gerald Manthalu and Dominic Nkhoma - Planning Officers, MoH; R Thetard - MSH; W Mkandawire – MSH.

Objectives for collaboration with MSH/Malawi Programme:

- Strengthen DIP development process at district level.
- Strengthen DIP review process at district level.
- Provide TA to central ministry in strengthening the Malawi DIP process.

Quarterly focus

- Develop standardized list of activities for DIP's
- Develop and refine district planning guidelines
- Develop standard set of activities for TB Control programme for inclusion into the DIP's.

Activities

- Provided TA to the planning Directorate to finalise standardized set of activities as well as planning guidelines for 2006-2007.
- Provided TA to the National TB Control Programme (NTP) to finalise list of activities.

Outcome

- Standard set of activities developed. This significantly enhances the planning process as key activities have been included into the DIP's which provides the DHMT's with a structured and standardized planning framework.
- TB activities are now incorporated into the DIP's which in turn enhances the integration of NTP activities into standard district activities.
- Activities related to key programmes such as HIV/AIDS and maternal health are now reflected in the DIPs.
- Planning guidelines have been adapted to reflect the changes made to standardized district activities.

Issues

- None.

Future activities

- Provide TA to the Planning Unit during the phase of preparation and development of DIP's for 2006-2007.

Programme: Transport Management

Dates: October to December, 2005.

Key Staff: DHMT Members, Transport Officers, Assistant Transport Officers, Program Coordinators, Health Centre in Charges, Head Drivers, Drivers, PBX Operators, Guards/Watchmen, MTAs in Districts, Leonard Nkosi – Technical Specialist (MSH).

Objective

- *To assist in re-vitalizing the transport management system in the districts with a view to improving availability of transport to clients (i.e. patients) and reduce the transport costs and expenses (i.e. expenses on fuel and maintenance).*

Activities

- Finalized the development of the local Transport Guidelines for DHO Mzimba;
- Conducted reviews of the test implementation of the draft local transport policy guidelines in Mzimba.
- Monitored the collection of data and information for the transport management system in some districts in Mzimba, Balaka and Chikwawa.

Outcomes

- Local transport policy guidelines have instituted discipline in use of transport in the districts – have curbed misuse of fuel, unnecessary/unplanned trips.
- Fuel and maintenance expenditures are now being monitored and controlled through regular collection of data and information on expenditures on fuel and maintenance and as well feed back provided to the DHMTs.

Issues

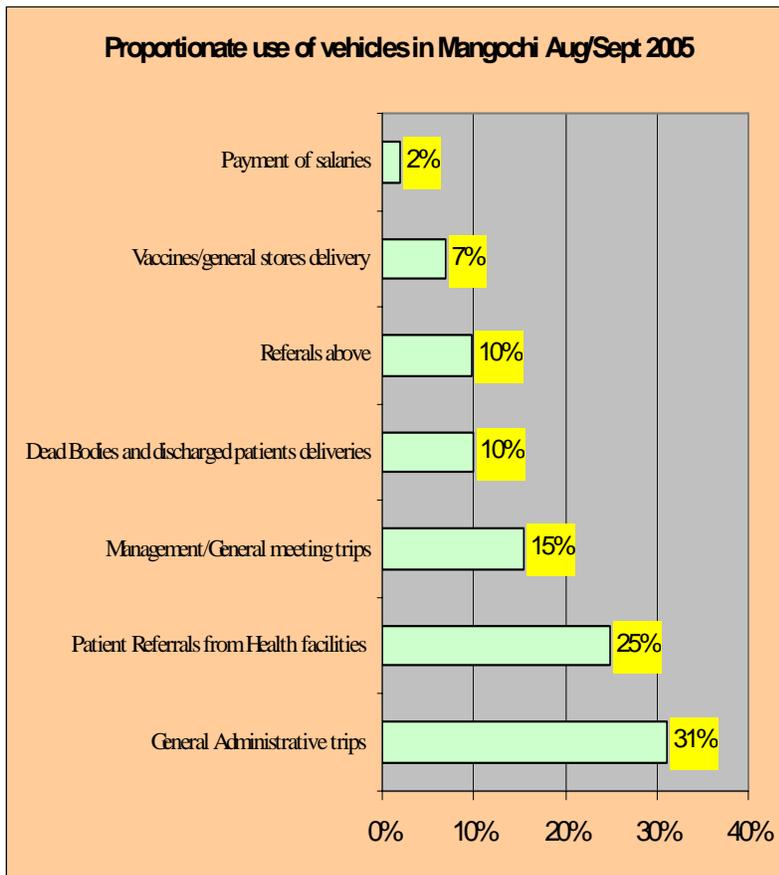
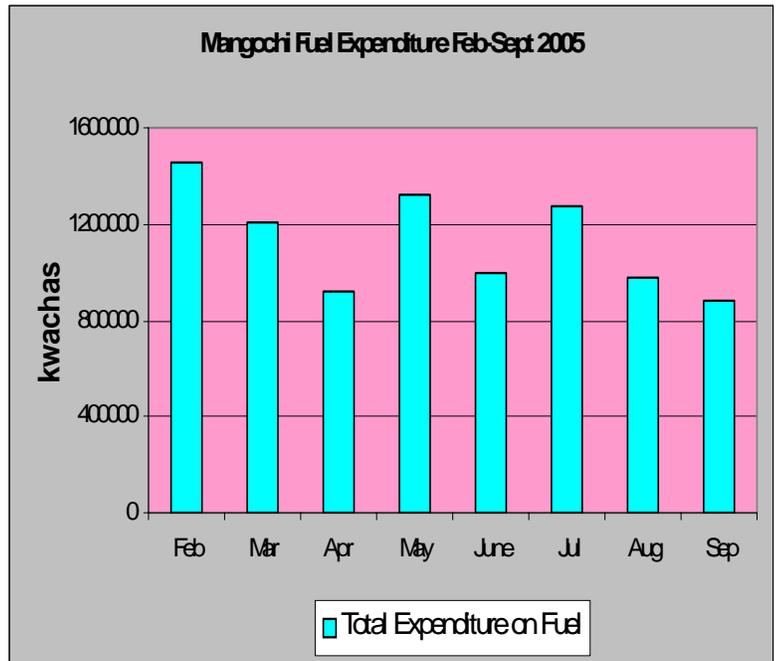
- Unexpected and frequent changes of staff responsible for transport.
- Laxity in the implementation of local policy guidelines in some districts.
- Laxity in collecting data and information for analysing transport indicators in some districts.
- Lack of feedback from the Ministry Headquarters on transport Monthly Vehicle Returns and Quarterly Reports.
- Inadequate supervision on transport management.

Future plans

- To continue monitoring expenditure on transport management (i.e. expenditure on fuel and maintenance).
- To continue analysing transport indicators.
- To continue orienting staff handling transport management on data collection and analysis.
- To encourage DHMT to use transport data for decision making for rational use of transport.

Transport Management Case: Assessing Use of Transport and Implementing Controls

After instituting transport management monitoring systems that allowed the DHMT to track fuel expenditures of its vehicles, the DHMT noticed over expenditure on its fuel budget. As seen from the chart on the right, fuel expenditure was always above 800,000 Malawi kwacha in the eight months data was assessed and was always above what was budgeted for each and every month. The results were a cause for concern to the DHMT but could not make any conclusions regarding the major contributing factors warranting such high expenditures. The DHMT then sanctioned an assessment regarding how transport was being utilized in the district.



The chart on the left is a revelation regarding how Mangochi District Health Office proportionately used its fleet based on a total of **149861** kilometers traveled by all the vehicles on authorized trips in two months of August and September 2005.

From the chart, it is clear that that:

- A lot of traveling is been done on general administrative trips (explained as trips to Blantyre, Lilongwe and Zomba) accumulating 31% of all traveled distances followed by one of the most important areas “patient referral from health facilities” which accumulated 25% of the distances traveled. Management and general meeting trips within Mangochi covered 15% of the distances traveled – an area of concern to Management.

- Delivery of dead bodies and discharged patients and patient referral to central hospitals, had 10% each of the distances traveled.
- Vaccines and general stores deliveries stood at 7% of the distances traveled with salaries at only 2%.
- Management responded by putting some of the following remedial measures:
 - Introduced combined trips whenever possible and also encourage use of public transport in circumstances that would allow doing that.
 - Revisited referral practices among the health workers whereby they introduced a regular two-week referral system for non-emergency cases and only emergency cases to be referred on demand. It is hoped that this would help reduce unnecessary referrals from the health centers to the district and also limit trips created by health center staff to the district in the name of transferring patients.
 - Introduced security checks at the gate of the hospital to monitor vehicle movement.
 - All fuel allocations including those of motorcycles to be linked to distances.
 - MSH and the DHMT counterparts to track the effectiveness of the interventions.

Programme: Human Capacity Development

Dates: October to December, 2005

Key Staff: Controller of Human Resources (MoH Headquarters) Chief HRM&DO (MoH Headquarters), Hospital Secretary (DHSA), General Office Staff at DHO Kasungu, Joyce Nyasulu, MTA Kasungu, Leonard Nkosi – Human Capacity Development Specialist (MSH).

Objective

- *To review the process for updating all the personnel and general office records and filing system for the districts with a view to making them current and user-friendly for effective human resource/personnel and general management.*

Activities

- Conducted a brief assessment of the needs of revamping the records keeping and personnel records for the review and updating activity in Mulanje.
- Identified means of improving records storage facilities.

Outcomes

- A list of needs for improving personnel records and records keeping made amongst which were:
 - Finish repairing filing cabinets
 - Identify numbers of new files and file holders required
 - Provide new in-coming, out-going mail and other registers
 - Ensure daily diaries are available
 - Re-activate the records, circulation and filing system

Issues

- Need for filing cabinets for storage of files.
- Need for availability of HR/Personnel Forms, files, etc
- Need for a systematic review of the system for records keeping and filing.

Future Plans

- To conduct a review of personnel and general records and assist in updating them, in Kasungu and then other districts.
- To conduct a head count to identify staff not yet appointed on probation/not confirmed in their posts;
- To assist the district to put in place mechanisms (staff) who would continuously update personnel records.
- To assist in arranging for the Health Service Commission (HSC) and the Appointment and Disciplinary Committee (ADC) to meet to regularize the appointments and confirmations; and
- To roll out the initiative to other MSH supported districts.

Programme: Financial Management

Dates: October to December, 2005

Key Staff: Mr. Kachepa - Controller of Accounting Services (MoH HQ); Mr. Gondwe - Chief Accountant (MoH HQ); DHMT Members, Accounts Staff at MoH Headquarters and in the Districts, Leonard Nkosi – Technical Specialist (MSH).

Objective

- *To strengthen and revitalize the financial management and accounting system in the districts with a view to improving efficiency and effectiveness of their accounting services.*

Activities

- Conducted Computer skills training for accounting purposes at DHOs Salima, Kasungu and Mangochi.
- Designed and facilitated a mentoring (on the job orientation) program in Government accounting principles and procedures.
- Conducted follow up on computer training in the Accounts Section provided at DHO Mzimba.

Outcomes

- Shared with other accounting personnel in three districts the experiences of improvements in accounting in districts where the computer training had already been conducted.
- Accounting management procedures have been made simpler as a result of enhanced computer skills and mentoring of accounting staff.
- There is improvement in timeliness in regular submission of financial reports to MoH Headquarters and Accountant General.

Issues

- Movement of trained staff away from MSH districts, or otherwise, for various reasons with or without replacement; has implications on re-training of staff.
- Inadequate computer in the Accounts Sections – to be looked into in the next DIP Review process.
- Continued shortage of accounting staff in the districts.

Future plans

- To conduct computer skills training in Ntcheu, and complete mentoring on the job in Salima, and Ntcheu;
- To conduct further follow up assessment on trained staff on computer skills in Salima and Ntcheu.
- To continue work on developing Financial Management Guidelines for the districts with the LATH Team and Hospital Autonomy consultants.

Operations

Dates: October to December 2005

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

Coordination with Malawian Partners

Objectives

Facilitate coordination between Ministry of Health, MSH central and district offices, eight DHMTs, and hospital management teams.

Activities

- Printing of 'Training Manuals for ITN Committees' (10,000 copies in English and Chichewa) and 'National Quality Assurance Policy' (1,500 copies) for nationwide distribution
- Concluded support to the National TB Program in country-wide training (all districts) in new WHO modules using KNCV (Dutch NGO) funds.
- Completed hand-over to Queen Elizabeth Central Hospital (QECH) of Mitsubishi Pajero vehicle previously used by PHR+ and MSH.
- Facilitated Hospital Autonomy JIP meeting in November.
- Facilitated the development of District activity plans for January – March 2006 jointly between DHMTs and MSH technical staff.

Outcome

- Standardized training of village ITN Committees documented.
- The MoH's QA policy officially documented.
- Enhanced continuing collaboration with the MoH on the hospital autonomy programme.

Issues

- None

Future Plans

- Continue to facilitate workshops and other activities as appropriate.
- Distribute ITN manuals and QA Policy to MSH districts and liaison with MoH for distribution to the rest of the country.
- Continuing collaboration with MoH at national and district levels on roll-out of CTC.

Activity Planning and Management

Objectives

Ensure timely response to funding requests for implementation of activities

Activities

- Provided funding to various activities.

Outcomes

- Total amount of MK 7,119,545 was spent for district activities. This represents 68% of the budget for district activities planned for the quarter, and an implementation level of 62% (see table below for breakdown). Central office spent MK2,120,169 for technical and project management activities; Hospital autonomy program spent MK1,709,856 for QECH/KCH and national level activities; and the central office spent MK3,214,974 for MoH national level activities.

District	Total Spent	% Planned Budget Spent	% Planned Activities Implemented
Balaka	MK 773,243	77%	42%
Chikwawa	MK 741,434	60%	60%
Kasungu	MK 909,390	66%	67%
Mangochi	MK1,799,540	108%	48%
Mulanje	MK1,070,926	61%	78%
Mzimba	MK1,041,549	76%	65%
Ntcheu	MK 801,988	32%	39%
Salima	MK 666,318	72%	43%
TOTAL	MK7,804,388	68%	55%

- Notable was that funds for implementation of activities readily available to District MoH and MSH teams, as well as the Hospital Autonomy Programme.

Issue

- Minimal delays on account of funding.

Future Plans

Annual work planning meeting with MoH and district teams in Feb/Mar 2006.

Construction and Procurement

Objectives

Ensure availability of essential physical facilities as well as equipment and supplies

Activities

- Conducted renovations and provided furniture and air conditioners for the conference room at QECH.
- Purchased IP supplies and materials for Balaka, Kasungu, Mangochi and Ntcheu districts.
- Completed repairs and renovations to the NMCP offices at CHSU.
- Supported the drilling of a borehole and accompanying plumbing works for Kalembo Health Center in Balaka – DHMT to provide water pump and erect stands for water tanks to complete the job.
- Continued progressing on construction of incinerator, ash pit and refuse bunker for Mzimba District Hospital.
- Completed repairs/renovations to Male Ward at Mulanje District Hospital - penalty charges related to termination of contract with Chibisa Construction for renovation works at Mulanje District

Hospital settled for MK450,000, counter-proposal made to consulting architects, Norman & Dawbarn, for resolution of claims related to aborted works.

Outcome

- QECH now has decent conference room and need to hire external conference venues will be minimized.
- Marked improvements towards IP certification for the four districts receiving MSH material and technical support.

Issues

- DHMT Chikwawa proceeding slowly with works at Maperera Health Center renovations - some works held up by expectations of receipt of funds from the District Assembly for electrification of the facility.
- DHMT Balaka proceeding with remaining works and purchase of motorized pump to complete water supply at Kalembo Health Center and open it for delivery of health services.

Future Plans

- Alterations and shelving for main pharmacy at QECH.
- Renovations to old electromedical building at QECH to accommodate HPSA offices.
- Shelving for bulk store at QECH.
- Procure additional computers for roll-out of ACCPAC at KCH.

Project Management

Objectives

Manage project staff as well as financial and material resources

Activities

- Hired/promoted Dr. Winstone Mkandawire, previously MTA in Balaka, to position of District Management Specialist based in Lilongwe – Balaka MTA position will not be filled.
- Facilitated Cynthia Kamtengeni's (Drugs Management Specialist) participation at workshop on managing medicines in international health held in Germany.
- Facilitated Jane Mwafulirwa's (MTA Chikwawa) participation at ARV management refresher course in Uganda.
- Handled the resignations of both VCT counselors at Balaka to get replacements.
- Handled the resignation of Austin Mazinga as HMTA at QECH – position will not be filled.
- Initiated a raft of cost-cutting measures aimed at aligning Year 3 expenditures to current budget.

Issues

- Burglary at MSH Ntcheu office in which a total of MK242,000 was stolen.
- Toyota Hilux pick-up involved in an accident involving Toyota Hilux and was written off – partial compensation received from insurance company;

Outcome

MSH Malawi employed a staff of 69 as of December 31, 2005 (including VCT counselors and HPSA staff)

Future Plans

- Continuing implementation of cost-cutting measures.
- Hire of replacement VCT counselors in Balaka.
- Improve security for Ntcheu office and handling of lesser amounts of cash in the district offices.
- Re-alignment of strategies and operations in preparation for reduced Year 4 funding.

QUARTERLY REPORT ON THE HOSPITAL AUTONOMY PROGRAMME OCTOBER TO DECEMBER 2005

INTRODUCTION

This report highlights progress made in key areas during the period 1 October to 31 December 2005. For more detailed feedback on the status of specific interventions refer to the following progress reports:

- a) December 05 Progress Report on Workplan for Hospital Autonomy for July 05 to June 06 (Appendix 1).
- b) Progress Against Key Milestones of Hospital Autonomy Programme December 05 (Appendix 2).
- c) Quarterly Report for Queen Elizabeth Central Hospital
- d) Quarterly Report for Kamuzu Central Hospital
- e) Policy and legislation report
- f) Pharmaceutical management
- g) Financial management
- h) Human resource management
- i) Management systems strengthening

STRATEGIC FRAMEWORK AND DRAFT LEGISLATION

Progress to date and main achievements

A comprehensive **National Policy on Hospital Autonomy** was approved by the JIP Committee in May 05. It is currently awaiting Cabinet approval.

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. The second draft will be completed next quarter.

Parliamentarians were briefed on the draft **Hospital Autonomy Bill** and the draft **Health Bill for Malawi** by the Permanent Secretary in September 05.

A **Draft Policy on Biomedical Ethics and Research** in Malawi was completed in October 05 and reviewed at two national consultative meeting in November 05. The final draft policy will be completed in February 06.

An **Implementation Plan for Hospital Autonomy for July 05 to June 06** was approved by JIP August 05. The key interventions included in this plan are based on requirements of the draft **Performance Management Agreement** that will be used as the main tool for managing autonomous hospitals by the MOH as stipulated by the Hospital Autonomy Bill.

Problems / Challenges Encountered

The change in government in June 2004 has delayed the process of obtaining political approval for the Hospital Autonomy Policy and Bill. However, the MOH remains committed to Hospital Autonomy and facilitating the Bill through Parliament this year.

Research organisations and teaching institutions that were initially quite reluctant to embrace new policy initiatives, have actively participated in programme activities to formulate new policies, agreements and management systems aimed at empowering the MOH and central hospitals to fulfil their service delivery mandate.

IMPROVEMENT IN CENTRAL HOSPITAL FUNCTIONING

Main achievements

Comprehensive **Policy and Procedure Manuals for Hospital Management Systems** that were developed in the previous year for personnel management, financial management, general administration systems, clinical and clinical support systems, have been updated. The new personnel and financial manuals are being used by hospitals for training health workers.

Draft **Management Tips and Tools** were developed for Managing Hospital Registry Systems, Effective Meetings that Produce Results, Managing Discipline in the Workplace, and Revenue Management

The **new registry system** became operational at both hospitals during the quarter. Improvement include the cleaning-up of the hospital staff returns, introduction of decentralized “staff returns” for all cost units and the introduction of “Employee Profiles” for the registry. Improvements of the personnel filling system have included the provision of new cabinets for the new filling system, introduction of a new filling system and training of Registry staff on the new filling system. With the introduction of the new cost centre based registry system, the filing and retrieval of files has been made much easier and convenient.

The **switch board monitoring system** became fully operational at QECH and revealed that 57 percent of calls made were private or which 70% were made to cell phones. This led to a management decision to implement measures to curtail private calls and install public phone boxes that can save the hospital MK 3,300 per day.

KCH established **task teams to review current procedures, systems and their implementation**, and develop new ones for efficient functioning is the most preferred process. This initiated **a process of decentralizing responsibilities**, enhancing increased participation, development of the sense of ownership and team building for staff from all the units across various professions. There were nine task teams that were instituted and started working during the quarter addressing issues such as cost centre management, equipment standardisation and maintenance, food improvement, HMIS and medical records, human resources, infection prevention, revenue management and transport;

Cost Centre Management is being strengthened through the introduction of organizational structures based on cost units, allocation of human resources to cost units and the annual business planning process. Significant progress has been made at both hospitals in resource allocation to cost centres through the annual DIP and business planning processes. The Human Resource sections are now producing monthly reports based on the cost centres.

The **ACCPAC Computerised Accounting Management System** became fully operational at both central hospitals using four key modules on general ledger, accounts receivable, accounts payable and cashbook. Financial management training for non financial managers was undertaken at QECH and is planned for February 06 at KCH.

The new **Revenue Management System (RMS)**, based on the new fee schedule, has been piloted at both central hospitals. KCH has documented increased revenue over target of over 10% for the previous quarter. The new hospital fee were publicised by the Minister of Health in October. Full implementation is pending Gazetting of the fees by the Ministry of Justice.

Key Performance Indicators have been reviewed for the last 4 quarters. Data quality has improved significantly. Both hospitals have increased the number of performance indicators being monitored at each

subsequent review. QECH particularly, has considerably increased the number of performance indicators that are being monitored and in the last quarter it included the last but one set of indicators it had set itself to review.

Central Hospital Business Planning introduced earlier in April 2005 has resulted in increasing participation of Clinical Heads of Departments (HOD) in the planning and management of the hospital services. Cost centres started working on their business plans for the coming year. Modifications were made to the business planning template to take into account the diversity of QECH which has many key stake holders such as the College of Medicine and research institutions. At KCH cost units have developed draft cost unit plans during the quarter, which are to be finalized in the coming quarter by January 2006 before being consolidated into a comprehensive hospital business plan. Cost units are currently finalising their comprehensive business plans for 05/06

The **Central Hospital Information System** continued to show remarkable improvements. The hospitals now has reasonably accurate datasets that are being utilised to assess service provision and inform decision making. Data quality, presentation and utilisation have improved significantly in 2005 due to introduction of regular Information Reviews, Quarterly Performance Reviews and the new Business Planning Process which demands comparison of performance between periods and projection of anticipated levels of activity. The Hospital Management Information sections provide regular reports to departments and management. The complaints of data inaccuracy from the departments are no longer there compared to a year ago when nearly everyone challenged the accuracy of the data.

Changes to patient flow have been made at QECH as a result of the quarterly review meetings in a bid to improve patient care as well as capture all patients passing through various clinics and wards in the hospital.

QECH completed compiling the **inventory of all hospital equipment** by area, status and short and long term actions proposed for non/poorly functioning equipment. The lists made it easier for the hospital when requested to submit their requirements to the MOH to do so timely. A task team started **assessing the physical infrastructure** during the quarter. Their report is expected in the next quarter.

The **Patient Management information system (PMIS)** became operational in outpatient registration points at QECH. By the close of the quarter, about twenty thousand people were in the system which has created a lot of demand from the various departments which are all anxious to use the technology.

Hospital pharmaceutical management at QECH was strengthened by several visits by a technical expert that assisted the hospital to outline work that needed to be done to improve the functioning and management of the pharmacy. A workshop on stock control and inventory was conducted for all pharmacy staff on 10th December 2005. Various forms and guidelines on managing the supplies and securing the stocks were developed for pharmacy staff. The hospital has had a very active **drug committee** which met monthly. At KCH strengthening pharmaceutical management included reviewing the current drug management systems with a view to designing a Computerized Inventory Control System (CICS), drafting a proposal on integrating pharmaceutical management and the PMIS, and making recommendations on procurement and stock procedures.

Problems/ Challenges Encountered

Implementation of new management systems have been hindered by a wide variety of reasons including unwillingness to take on more work, the usual resistance to change, limited capacity of staff, underlying abuse of current systems and inadequate computer hardware.

The change to centralised payment system resulted in the hospital losing substantial amounts of money which could have been used to improve service provision.

The directive for the hospital not to use any of the locally generated income may serve as a disincentive to implement tight control on revenue and loss of motivation to increase revenue generation.

IMPROVING HEALTH SYSTEM FUNCTIONING

Main achievements

QECH hosted two **workshops to discuss the referral system and develop guidelines for the region** that were attended by the district health officers in the southern region, Zomba Central Hospital management, College of Medicine and the Zonal Coordinators facilitated by the Hospital Autonomy programme. Issues addressed were the need to: develop clinical guidelines, standardise the referral forms, improve communication between levels, strengthening the specialist visits to the districts and the prompt evacuation or return of discharged patients. The participants agreed to review the performance and adherence to the guidelines quarterly.

In order to start addressing perceived **quality of care** issues, QECH identified positions to place **complaint boxes** in the hospital. The boxes were purchased during the quarter and are to be operational early in the next quarter. Staff sensitization and publicity to patients on the use of the boxes will be done once the boxes are in place and will be ongoing.

A The Patient Care Survey that assessed levels of care provided to patients at the hospital is yet to be reviewed by the hospital management team. The strategic planning meeting scheduled for the quarter to review future service delivery and capital development plans would now be held in the next quarter.

A **strategic planning meeting** was held at KCH to review the results of the client, facility and patient care surveys undertake in the previous year and to consider future service delivery and capital development plans for KCH and the district.

Problems/ Challenges Encountered

Capital development of health facilities in both cities has been restricted to large central hospitals and health centres. 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. Hopefully, this will be achieved through a strategic assessment of service delivery options and long term capital development planning of chosen scenarios that are being facilitated by the project.

KEY CURRENT AND FUTURE ACTIVITIES

1. Finalise national policy on biomedical research.
2. Revise the Performance Management Agreement between Central Hospitals and the Ministry of Health.
3. Complete second draft of National Health Policy for Malawi.
4. Sensitize the public to support the hospital autonomy through public advocacy, and education strategy.
5. Continue strengthening hospital management systems relating to HR, revenue, registry, infection prevention, HMIS, transport, equipment and pharmacy.
6. Strengthen cost unit management with emphasis on resource allocation and management as well as adapting management systems for cost unit functioning.
7. Strengthen ACCPAC accounting system.
8. Facilitate quarterly performance and financial reviews at both hospitals.

9. Facilitate production of annual reports of central hospitals.
10. Facilitate finalization of business plans for the central hospitals.
11. Develop a pharmaceutical inventory control systems in preparation for hospital autonomy.
12. Advocate for the rolling out of the PMIS to all workstations at KCH and expansion to selected departments at QECH.
13. Finalize work by the task teams and produce reports.
14. Draft several management tips and tools

Balaka

Dates: October to December 2005

Key staff: M. Mhango – DHO; Dr. WK Mkandawire – MTA; Dr. Rudi Thetard - Chief of Party/QA Specialist, Dr. Eta Banda – Child health Specialist; MBC Nkhoma – HMIS Coordinator.

Summary Comments

Quarter 11 witnessed a continued cordial and enhanced relationship amongst the health sector players in Balaka district which saw the DHMT and the MSH counterparts happily share warm moments from the notable achievements that could be witnessed both from within and without. However, the departure of the MTA, Dr. Winston Mkandawire who joined the central office as a District Management Specialist somehow affected continuity of some services as the new interim MTA had to acclimatise himself with the affairs of the new district. The following highlights cannot go without mention:

- Infection Prevention continued to take centre stage and the district hospital achieved a noteworthy 51% IP internal assessment score from a baseline of 32%.
- Maintained a 100% tradition of health facilities supervised with documented evidence in the last four quarters.
- Achieved a remarkable 92% timeliness of reporting in the last two quarters respectively.
- Maintained a 100 % record of health facilities conducting HMIS performance reviews in the last two quarters – the HMIS recognition scheme is one of the contributing factors which has enhanced competition amongst the Health Facilities.
- Maintained a 100% tradition of health facilities on LMIS-01 timeliness of reporting. However, facilities without stock outs of child health tracer drugs declined from 100% to 50% in the last two quarters as a result of shortages of some essential drugs particularly SP.
- Clients receiving VCT remarkably increased from 1312 clients to 2028 in the last two quarters representing a 55% increase.

Quality Assurance Systems

Infection Prevention

Objective

Secure accreditation of Balaka district hospital

Activities

Conducted an internal assessment in IP at the district hospital.

Outcome

Internal assessment achieved a noteworthy score of 51% was attained from 32% baseline.

Issues

Delay in procurement and distribution of IP equipment.

Future Plans

Individual departments to intensify work towards the improvement IP standards; to conduct external assessment; to train more staff in IP.

HIV/AIDS

Objectives

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

Activities

Conducted outreach Voluntary Counseling and Testing (VCT) clinics at Kalembo, STA Kachenga, Mbera, Mwima, Utale I, Utale II, Namanolo, and Phimbi health centres; conducted VCT quarterly review meetings with VCT Counselors; reviewed progress of implementation of the VCT referral form.

Outcome

2028 clients received VCT in the quarter under review, a notable increase of 55% from the previous quarter; 16(3.2%) ANC women opted for VCT compared to 7(2.1%) in the previous quarter; 128(41%) STI clients opted for VCT as opposed to 75(7%) in the previous quarter; however there was a slight decline amongst TB patients whereby 17(94%) opted for VCT as opposed to the previous quarter when there was 100% compliance when all 27 TB patients opted for VCT.

Issues

Poor communication to some VCT outreach centres prior to activities by health centres.

Future Plans

To continue with VCT Outreach activities in the Health Centres; to provide hard covers to health centres for recording.

Supervision

Objective

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

Activities

Conducted supervision sessions to all 12 health facilities in the district

Outcome

Maintained a 100% record supervising all health facilities and given written feedback; all strengths/achievements through efforts of supervision identified and discussed; all problems/issues related to the setbacks in the health facilities discussed and way forward outlined.

Issues

Slow response to the needs of the health centres by DHMT.

Future Plans

To continue conducting monthly integrated zonal supervision

HMIS

Objective

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

Activities

Reviewed progress of the HMIS recognition scheme with health centre staff; conducted quarterly supervision and zonal HMIS reviews.

Outcome

All health centre in-charges aware of their improvements and weaknesses in data collection, recording, quality and timeliness of reporting; there is great improvement in data collection, quality and timeliness – quality assessment of data revealed the following: satisfaction of validation rules improved from 42% to 83%; reports without gaps improved from 67% to 92% and timeliness of reporting improved from 67% to 100% between the months of October and December.

Issues

Some health facilities still require to be pushed to submit reports.

Future Plans

To continue conducting HMIS reviews next quarter; to conduct a National launch of the HMIS recognition scheme.

Supplies Management: Inventory Management, Stock Outs, Community Access

Community ITNs

Objective

Strengthen financial and inventory management systems.

Activities

Formed and trained 5 Community ITN committees.

Outcome

Improved access to ITNs by community members.

Issues

Many other villages do not have committees.

Future Plans

To train more ITN committees.

Planning and Budgeting

District Programme Management

Objective

Strengthen decentralized health management services in the district.

Activities

Conducted 2005/06 DIP review: listing of activities implemented by programme area, completion status, outcomes and future plans.

Outcome

All planned activities in the 2004/05 DIP reviewed - 62% of planned activities implemented in the quarter under review.

Issues

Inadequate funding of some activities.

Future Plans

DHMT to prioritize routine activities; to conduct quarterly DIP reviews.

Chikwawa

Dates : October to December 2005.

Key Staff: Dr. Alide – DHO; Mr. Kainga – DDHO; Mrs. Salima – Matron; Mrs. Jane Mwafulirwa – MTA; Dr. Rudi Thetard – DMC.

Summary Comments

Several highlights were noted in Chikwawa during the quarter under review amongst which were:

- IP interventions took a centre stage at Ngabu Rural Hospital where a baseline assessment was conducted and a washing machine and cooking pots were installed.
- 3838 clients opted for VCT in the quarter – a decline from the 4489 clients in the previous quarter (a 15% decrease). The district has had 7947 clients opting for VCT in the last four quarters.
- Maintained a 100% tradition Health Facilities supervised in the last two quarters and all have documented evidence.
- Maintained an above average record of health facilities reporting HMIS routine data according to schedule – 92%.
- 20% health facilities had stock outs of child health tracer drugs particularly SP in the quarter for more than a week at one moment.
- Continued with IMCI supervision which is somehow suffering due to deployment problems of staff where they are being posted to other duties after training or are leaving for greener pastures.

Quality Assurance Systems

Infection Prevention

Objective

Move the hospital towards accreditation for IP.

Activities

Conducted IP baseline and orientation of health workers and support staff at Ngabu rural hospital; procured gumboots for IP; conducted external assessment on IP; officially handed over the general ward to DHMT after renovations.

Outcomes:

All sections scored 0% at baseline survey except maternity that scored 50%; following the orientation at Ngabu Rural Hospital an IP Committee has been established; list of materials to be procured has been identified by the facility in charge; washing machine and cooking pots have now been installed and thus hospital linen being washed using the machine and cooking of patients food now done inside the kitchen not from open space; *there is generally increased motivation to keep the facility clean by all cadres of staff.*

Issues

Finishing up of maintenance work in the general ward is taking long therefore delaying the whole process of external assessment

Future Plans

Finish up of maintenance of general ward; conduct external assessment for the hospital; procure IP materials for Ngabu rural hospital with DHOs funding.

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 an orientation session on facts in malaria case management and IPT; supervised 16 trained ITN committees

Outcome

Health workers appreciated the discussion forum which was an eye opener to many that will likely enhance their knowledge and skills in malaria case management and IPT; according to the supervision report there is improved accountability at community and district levels on ITN funds.

Issues

Shortage of SP in Ante Natal Clinic services making IPT less functional

Future Plans

To conduct ITN stakeholders meeting; follow up health workers on malaria case management and IPT; follow up on remaining ITN committees.

Child Health

Objective

Improve quality of child care through facility quality improvement

Activity

Participated in a collaboration meeting on Pediatric Hospital care improvement (PHI) at College of Medicine involving Mulanje, Ntcheu and Chikwawa; supervised IMCI activities at facilities which have IMCI trained staff.

Outcomes

Only 20% of facilities offer daily IMCI services and 80% on special days; 30% of health workers were able to assess the danger signs and 60% were able to identify children needing urgent referral.

Issues

High turn over of staffs trained in IMCI - over 70% of IMCI trained health workers have been posted away or have joined NGOs; most of the nursing staff not practicing skills because they are deployed to other duties.

Future Plans

The national level to seriously consider organizing more trainings on IMCI as many new staffs are coming on board; orient maternal death audit task force team to conduct maternal death audits; conduct quarterly maternal death audit.

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; conducted community sensitization on VCT/PMTCT at Zonal level; procured balls for youth friendly health services; conducted follow up meeting of post test clubs; conducted integrated supervision of HIV/AIDS services; conducted a meeting to discuss PMTCT and STI issues.

Outcome

Only two out of eight outreach clinics were conducted; VCT counselors meetings conduct a good forum for discussing issues where confidentiality was identified as an area which needs a lot of attention if counselors are to win the confidence of clients; joint supervision by Program Coordinators such as HIV/AIDS, STI, TB, VCT , PMTCT, and ARV has further improved the leadership in HIV/AIDS activities which has further strengthened collaboration among the Coordinators; use of drama groups in community sensitization provided an opportunity of entertainment and transmitting HIV/AIDS messages to the target group.

Issues

Routinization of transport that includes VCT outreach services negatively affects the smooth delivery of services in the district whereby out of the eight outreach clinics only 2 were conducted whereby it is difficult to run the clinics with so many officers waiting in the vehicle; Nevrapine is expiring due low uptake by clients

Future Plans

Conduct a study tour to Mwanza on PMTCT; orientation of health workers to treatment of opportunistic infections.

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 supervision on dispensing management at hospital level and a post supervision review meeting.

Outcome

There is marked improvement in storage of drugs in the wards with improved security measures with drugs kept in lockable cupboards; the environment is clean; most of the staffs and ward in charges have shown a lot of willingness to improve the situation in the wards.

Issues

Some wards still using unlockable cupboards; stock outs of some essential drugs e.g. SP, Bactrim and Panadol.

Future Plans

To conduct drug management supervision exercise 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

Conducted routine supervision that included TBAs using TBA and nutrition checklists followed up with feedback meeting to DHMT and stakeholders; participated in a supervision review meeting convened for all MSH supported districts; procured supervision tools for two Zonal supervisors.

Outcome

100% health facilities were supervised and all have written feedback – supervisory visits revealed that malnutrition levels are rising in the district.

Issues

All the Zonal supervisors have been very busy with campaigns like measles, malaria SADC and nutrition surveys which affected schedules at some point.

Future Plans

To conduct a feedback session to DHMT.

Planning and Budgeting

District Programme Management

Objective

Strengthen decentralized health management services in the district.

Activities

Conducted a DIP review

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 Program managers were unable to access their finances mainly due to lack of technical know-how besides being busy with other duties.
- Some programmes had already overspent or were about to over spend on some budget lines mainly on subsistence allowance, consumables and maintenance of motor vehicles.
- Transport remained a problem in most facilities such that they failed to conduct activities such as immunization.

Future Plans

To sub contract maintenance work; to conduct orientation of Program Managers on how to access and use ORT funds; To assist Programme Coordinators to check there expenses to avoid disrupting future programmes; to avail transport to some strategic positions in the district; to procure and distribute motorcycles that were budgeted in the DIP to at least 3 health facilities; to orient Health Centre Advisory Committee and Health Centre In-Charges to DIP development.

HMIS

Objective

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

Activities

Finished HMIS facility supervision; oriented HMIS task force members to HMIS recognition scheme.

Outcome

From the supervisory visits and discussions with health facility staff, it showed there is a remarkable improvement in data collection and analysis at all levels in the district; maintained 100% timeliness of reporting in the last two quarters; the HMIS Task Force conversant with the HMIS recognition scheme, selected a Chairperson who is a clinician from one of the CHAM hospitals and developed own terms of reference that included the awarding criteria of the best performing health facilities.

Future Plans

To conduct a prize giving ceremony to successful health facilities on HMIS Recognition Scheme; to conduct DIP/HMIS review meeting.

Communications, Transport Management and Referrals

Transport Management

Objective

Increase vehicle availability; reduce use and maintenance costs.

Activity

Monitored fleet management.

Outcome

Number of vehicles on the road has greatly improved at present to nine vehicles though data collection and management relating to transport remains a big challenge which has necessitated the change of transport officer for the district.

Issues

Data collection on transport indicators remains poor.

Future Plans

Monitoring of transport indicators to follow up if the data collection and the whole management system has improved; to facilitate a motor cycle riding course for Zonal (sub district) and Program Coordinators; to orient transport officers on transport management systems.

Planning and Budgeting

Objective

Strengthen planning capacity at district level.

Activity

Facilitated an orientation session to office communication involving DHMT, Program Coordinators and support staff for general office; oriented DHMT members and Programme Coordinators to the use of power point software to enhance their report presentation skills; followed up Health Advisory Committee and Health Centre Advisory Committee code of conduct post supervision.

Outcomes

Most of the members felt good communication was very important as it is the integral part in any organization; the follow-up to the Health Advisory Committee and Health Center Advisory Committee members showed that they were very active in their respective institutions evident by

the number of meetings attended and the community activities they are involved at the health facility level.

Issues

Nil

Future Plans

To continue conducting supportive supervisory visits.

Kasungu

Key Staff: A. Mbowe District Health Officer, Joyce Nyasulu, MTA, Rudi Thetard DMC.

Summary Comments

Kasungu DHMT and their MSH counterparts implemented twenty two activities out of twenty seven representing 81.48% implementation status. Major highlights in the period under review include:

- Intensified IP activities and achieved 61.3% from a baseline score of 42% on IP quality improvement scores.
- Intensified supportive supervision on IPT activities to all Health Facilities.
- Clients opting for VCT declined from 2327 to 1466 in the last two quarters – 37% decline.
- Supervised 92% (23 of 25) of the Health Facilities in the quarter.
- SP stock outs were extensive – over 90% Health Facilities had no SP for more than a week at one time.
- Accounts staff started submitting ORT reports to DHMT – a positive development that helps DHMT to discuss their cash flow and as well provides room for transparency and accountability.
- HMIS suffered a set back due to the retirement of the Assistant Statistician though timeliness of reporting improved from 71% to 72%, health facilities conducting HMIS performance reviews declined from 86% to 50% in the last two quarters.

Quality Assurance Systems

Infection Prevention

Objective

Move the hospital towards accreditation for infection prevention.

Activities

Conducted IP internal assessment; sensitized communities around Kasungu District Hospital on IP through the Medical drama group; strengthened IP knowledge and skills amongst which the District Hospital IP Task Force visited Mzuzu and Queen Elizabeth central hospitals and Salima District Hospital; conducted health talks to guardians on use of toilets twice a week; fenced the waste disposal area.

Outcome:

IP internal assessment achieved 61.3% from a baseline score of 42%; the drama group drew a big crowd through dancing, songs and poems where the community members were sensitized on IP - one demonstration was on nasal comial infection regarding how guardians or health worker can get infected and how it can be avoided; District IP Task Force very motivated in support of IP activities and implementing some of the lessons learnt during the visit to the sister hospitals; sanitation greatly improved inside and outside hospital premises.

Issues

Inadequate IP supplies.

Future Plans

To repeat community sensitization meetings to reach more people; KDH Medical drama group to conduct sensitization sessions to people on IP; to support the DHMT emulating some of the good practices and experience learnt during the visits to sister hospitals; to intensify health education on IP in all wards and departments.

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 an IPT session where nurse midwives were reminded on protection of pregnant mothers from malaria by use of 2 doses of SP 16- 35 weeks during each pregnancy and also discussed DOTs SP and use of treated insecticide treated nets and as well early and prompt treatment of malaria to the pregnant women; conducted a session on management of severe malaria for clinicians and nurses

Outcome

Nurse midwives from all health facilities well equipped with skills to provide IPT, observe DOTs and providing health education to pregnant women on ITNs; the clinicians and nurses have improved skills and knowledge in diagnostic skills of severe malaria especially in children under five which will likely help improve how they practice and manage the malaria cases.

Issues

Shortage of SP in the health facilities, monitoring of IPT coverage still a problem due to poor collection of data on SP in the registers.

Future plans

Continue with regular supervision of IPT; to train microscopists to assist in health centres and OPD; to train more clinician and nurses on malaria updates.

Maternal Death Audit / Safe Motherhood Initiatives

Objective

Reduce maternal deaths in the District; strengthen the death audit process

Activity

Conducted a community level maternal death audits with two families to identify problems which led to death of their relatives and identify possible solutions which could reduce similar deaths; conducted 9 hospital based maternal deaths.

Outcome

First case: the relative explained that she was not well hence was taken to health centre and later referred to the District hospital where she received 2 pints of blood but later died;

Second case: A 16 year old and was in standard 8; delivered her first pregnancy a still birth at the TBA and later referred to the district hospital where she absconded a few days later together with her guardian and reported dead few weeks later at her home.

Issues

Early marriages and pregnancies still predominant; lack of mobile clinics to support MCH services; no mid wives at Mkhota, Simulemba, Ofesi, Chamwavi, and Estate 81 Health centers

Future plans

Enhance health education to curb early marriages amongst girls with focus that they get married at the age of 19 and above and as well emphasize on early ANC (12 weeks); enhance IEC on girls continuing education.

Activities

Conducted routine supervisory visit and OJT to 39 TBAs from all parts of Kasungu District.

Outcome:

It was found that majority of TBAs were using outdated procedures in delivering their work e.g. wrongly filling of delivery forms and referral forms including having problems to properly refer clients to District hospital; identification of signs of obstructed labour and dangers of traditional medicine to pregnant women were also a problem to most TBAs whereby some TBAs are conducting 15- 20 deliveries a month.

Issues

The need for urgent refresher course for TBAs most of whom were trained in 1980-90 considering the rising numbers of maternal deaths in the district.

Future Plans

DHMT to be requested for the regular funding for TBA supervision and distribution of supplies required by the TBAs; conduct refresher training for TBAs.

HIV/AIDS

Objective

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

Activity

Conducted a VCT quarterly Meeting to share experiences, strength and solve problems.

Outcome

Clients opting for VCT declined from 2327 to 1466 in the last two quarters - 37% drop; ANC clients opting for VCT also dropped from 121 to 57 – 112% decrease.

Issues

Many pregnant women reluctant to go for VCT, lack of transport for outreaches clinics; health education not being provided to the maximum levels possible and lack of team work amongst staff members.

Future plans

To open more outreach clinics; DHMT/MSH to provide transport for outreach clinics.

Supervision

Objectives

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

Activity:

Conducted an integrated supervision feed back session to DHMT

Outcome

Major issues of concern which were observed during the supervisory visit and were discussed included: issue of core values whereby only one health facility, Mziza Health Centre was found with core values which were posted on the wall; some of the health facilities do not observe privacy during consultation e.g. Chulu Health Centre; EPI Department does not share immunization safety boxes with curative section; there are no health passport in health centers; there is no placenta pit at Wimbe Health Centre and inadequate supply of pill bags in most health facilities.

Issues

DHMT taking time to respond to the issues that were discussed during the feedback session above.

Future Plans

DHMT to ensure that EPI section to share safety boxes with other Departments; need for STGs for use in health Centers; to procure pill bags for health centres.

HMIS

Objective

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

Activity

Assessed the quality of data that supports programme planning including the DIP with support from MSH and HMIU central offices – for hospital level data elements, methodology was that 32 data elements were randomly selected and reported figures were compared with recounts at the district hospital whereas for all health facilities, a locally generated tool using an excel spreadsheet was used to assess the quality of data using a set criteria in areas of timeliness, completeness and compliance to validation rules.

Outcome

Out of thirty two data elements that were reported from the district hospital to the HMIS office, only two data elements did match, a clear indication that the quality of data is of poor quality at the district hospital; three health facilities only - Nkhamenya, Dwangwa and Chulu health facilities met the assessment criteria requirements in three of the seven reports each that were assessed respectively; the DHMT was shocked to see the results and immediately drew an action plan to address the shortfalls including re-deployment of staff and setting up of an HMIS Task Force and mechanisms to strengthen the timeliness and routing of reports; 72% health facilities reported on time, an increase of 1% from the previous quarter – this was an achievement considering that the district had a new Assistant Statistician who had not received any training by then.

Issues

Lack of support from Management; lack of supervision to Zonal Supervisors from the DHMT; data is not recorded during weekends at District Hospital.

Future Plans

To equip Zonal Supervisors with trouble shooting skills so that they are able to support health facility staff and provide OJT during their supervisory visits; to provide constructive and timely feedback on successes and shortfalls to health facility staff – it is an incentive; to ensure that DHMT have HMIS activities included in the DIP.

Supplies Management: Inventory Management, Stock Outs, Community Access

Community ITNs

Objectives

Strengthen financial and inventory management systems.

Activity

Revived four ITN Committees that are not active around Wimbe and Khola Health Centres.

Outcomes

Committee members were refreshed and reminded on the importance of using treated nets.

Issues

Lack of treated nets from PSI and transport problems due to long distances; difference in prices of ITNs between those sold at health facility (K50.00) and those sold at community level (K100.00); lack of supervision at all levels; difficult to recover money borrowed by some members of staff and the use of treated nets for fishing.

Future plans

To open bank accounts for all ITN committees; support the production monthly reports; to intensify supervision at all levels and to involve HSAs and village heads in ITN meetings.

Activity

Supported the launching of SADC malaria week.

Outcome

Messages centered on discouraging people to use mosquito nets as fish nets and the importance of re-dipping ITNs indicatively demonstrated that will impact on behaviour change amongst community members who patronized the launching of the SADC week event on issues related to malaria.

Issues

Shortage of ITNs in some communities.

Future Plans

DHMT to procure more nets and to expand ITN activities to the whole District.

Drug Management

Objective

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

Activities

Held a discussion session with health facility in charges on prescribing guidelines and rational drug use and results of irrational use; the meeting also reviewed drug storage, recording, reporting, and drug supply management issues.

Out come

Prescription skills and knowledge enhanced to likely curb bad prescription practices and irrational drug use; timeliness of reporting was sustained in the months of November and December, maintaining a 100% record achievement from 92% in October.

Issues

Some prescribers prescribe antibiotics for non bacterial infections due to lack of knowledge amongst some of the health workers.

Future Plans

To conduct more discussion meetings; to ensure that health facilities used as outreach VCT sites use LMIS-01A to report on test kits consumption.

Planning and Budgeting

DIP Planning Process

Objective

Strengthen planning capacity at district level.

Activity

Conducted DIP/HMIS review.

Outcome

DHMT members and Programme Coordinators discussed several pertinent issues unveiled from the DIP during the review e.g. lack of radio communication at Kasalika NRU and Lifupa Dispensary; the need for renovations at Kasalika NRU which was to be discussed with the Town Assembly; need for fence around Kasungu District Hospital; shortage of equipment and medical supplies; HSAs to give SP to pregnant women to raise IPT coverage: task force has been set to look into data collection, completeness and correctness

Issues

Lack of skills to integrate HMIS data in the DIP reviews – data is seldom used.

Future plans

To equip DHMT members and Programme Coordinators with basic skills in data use.

Financial Management

Activity

Facilitated computer training for Accounts staff and DHMT and the mentoring of accounts staff in accounting.

Outcomes

DHMT members and accounts staff were equipped with computer skills and the use of word processing software; the mentoring process revealed that there is need to conduct surprise checks in accounts followed by internal checks and internal control measures including the introduction of a register to monitor transactions

Issues

Proximity to the venue to hospital interrupted the training and lack of seriousness; ledger is not used, lastly used in August and reconciliation of tabulations is not done.

Future plans

Need for follow up after six months and continue supporting the accounts section in form of equipment and materials; to intensify the use of ledgers.

Mangochi

Dates: 1st October through 31st December, 2005

Key Staff: Dr S Mzumara, DHO; JES Chausa, DEHO; M Nyirenda, DNO;
Texas Zamasiya, MTA; Allan Macheso, DCM

Summary Comments

Mangochi made significant strides implementing most of the activities planned in the quarter under review. Substantial improvements were made in several areas and notably the following:

- Supervision work continued with vigor - maintained 92% record on health facilities with documented DHMT supervisory visits in the last two quarters.
- Conducted an external baseline IP assessment at the District Hospital and achieved a 38% score – a drop from an internal assessment score of 42% in the previous quarter.
- Enhanced skills of 10 Malaria Microscopists to effectively use microscopes in screening blood to check for malaria parasites.
- A slight decline in VCT clientele from 1472 in the July – August quarter to 1443 in the quarter under review – a 2% decrease.
- Timeliness of LMIS-01A forms improved from 94% in the previous quarter to 100 percent at the end of the quarter under review.
- During the SADC malaria week that occurred during the quarter under review, a total of 127,644 ITNs were re-dipped out of 158,999 registered ITN representing 80.2% coverage.
- Maintained momentum monitoring defined set of HMIS indicators at health facility level though timeliness of reporting declined from 85% to 73% whereas health facilities conducting HMIS performance reviews stuck at 92% in the last two quarters respectively.
- Introduced the “HMIS Recognition Scheme” which will likely boost the morale of health workers to submit timely and good quality data.

Quality Assurance Systems

Infection Prevention

Objective

Move the facility towards accreditation

Activities

Continued monitoring of infection prevention (IP) and control practices at the district hospital; conducted internal assessment on IP at the district.

Outcome

The DHMT are responding positively to maintenance issues raised from IP observations; hospital staff maintaining IP practices; DHMT continuing supporting the IP initiative through the provision of supplies; internal assessment score dropped to 38% from an initial assessment score of 42%.

Issues

Inadequate supplies including personal protective equipment; open grounds, drainage system and maintenance remain a problem.

Future Plans

Lobby DHMT to continue providing more IP supplies; ensure that IP Task Force and DHMT continue being more aggressive in support of IP work with priority on open grounds and drainage system; intensify efforts in client education and availability of policies and guidelines on different fields.

Quality of Care

Malaria

Objective

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

Activities

Conducted refresher course for 10 malaria Microscopists (Health Surveillance Assistants – HSAs) on the effective use of microscopes and identification of malaria parasites; supported the DHMT during Malaria SADC week.

Outcome: Malaria Microscopists effectively using microscopes in the identification of malaria parasites; turn up of community members to re-dipping of nets overwhelming - all 220 Health Surveillance Assistants involved in the re-dipping of the nets with support of volunteers.

Issues

Existence of a field stain (Mumbai brand) with no expiry date and of poor quality in the health facilities - this has read to many false results during use. Health Facility staff prefer the field stain produced by Associated Chemicals; complaints form Laboratory staff on short period of training and infrequent refresher courses; lack of operational microscopes in some facilities.

Future Plans

To lobby DHMT and stakeholders to extend training period of Microscopists to at least two weeks for similar future trainings to incorporate effective practical sessions and also for more frequent refresher courses; DHMT to support intensified microscopy supervision in the district and provide working microscopes in facilities that do not have them.

Child Health

Objective

Improve quality of health care at facility level.

Activities

Oriented health center staff in Quality Improvement at health center level.

Outcome

Three nurses, two medical assistants and twelve Health Surveillance Assistants from two pilot health facilities were oriented on the use of the quality improvement tool.

Issues

Support staff like hospital attendants from the health centers were not oriented on the initiative.

Future Plans

Finalise the tool in order to incorporate the suggested changes by Health Facility staff; brief the remaining Health center support staff in Health center quality improvement initiative in the two model health centers and implement quality improvement initiatives at health center level.

Maternal Death Audit

Objective: *Scale up maternal death audit activities in the district*

Activities: Conducted a one day follow up meeting for maternal deaths with participation of district maternal death audit committee.

Outcome: Three facility based maternal deaths were discussed, alternatives in strengthening community maternal death audit committees discussed.

Issues: The committee taking too long to complete outstanding maternal death audits; lack of general supervision to midwife nurses in the facilities by the district safe motherhood coordinator; need for urgent repairs in the maternity and labour ward to avoid infections during and after delivery.

Future Plans: The district safe motherhood coordinator and clinical officer in-charge for the maternity to routinely submit supervision plans to the DHMT for support; continue aggressive and accurate assessment and monitoring of high risk mothers by health workers at all levels; to strengthen supervision capacity to the community maternal death audit committees by the district team; to ensure the DHMT and MSH include the maintenance and repair of the labour and maternity ward in the next quarter's plans.

HIV/ AIDS

Objective

Strengthen VCT services at the District Hospital site

Activities

Continued routine counseling and testing at the district hospital site; conducted outreach VCT Services to Health Centers; conducted review meeting with the VCT Counselors on referral; developed and posted a VCT sign post; trained 25 health workers in the management of opportunistic infections; conducted a review meeting with the VCT Counselors on referral.

Outcome

There is marked improvement in the management of opportunistic infections that there is improved access to the services with high numbers of health workers (66%) trained; a total of 1443 walk in clients received VCT in the quarter compared to 845 in the previous – a remarkable 71% increase; only 29 antenatal mothers were tested compared to 115 in last quarter, 204 TB patients received VCT .

Issues

Canceling of trips for the outreach clinics due to lack of transport and lunch allowances on some occasions; some providers like nurses and clinicians still not clearly aware on the referral procedures from the OPD, wards to the VCT center; late departure to outreach clinics that has lead to the missing of some clients.

Future Plans

To include mobile VCT services trips in the monthly transport plans on routine basis; ensure early departures for the VCT services team from the district to the outreach sites; to conduct a brain storming session with the DHMT regarding how the mobile outreach VCT services could be sustained; to conduct a briefing session to all clinicians and nurses on the referral procedures on counseling and testing.

Supervision

Objective

Strengthen routine supervision at district level

Activities

Conducted routine monthly supervision using integrated supervisory checklists and focus was also given to TB activities.

Outcome

The zone supervisors visited all the 38 (100%) health facilities in the district and all had written notes as feedback to findings; issues raised during the previous months' supervision were followed up – one immediate action was on radio communication problem where Pitronics, a company responsible for radio repairs was contacted for the attention of various radio communication problems in the district and as well the DHMT was asked to conduct maintenance of drug stores as part of next quarterly plans.

Issues

TB posters not available in all the facilities; staff have not received refresher training on TB; improper completion of TB registers; infrequent follow up of TB patients in the communities; lack of TB manuals and speculums in some facilities; lack of IEC materials in STI; lack of examination couches in some facilities; poor communication in health centers especially at night, non functional two way radio communication batteries in a few facilities.

Future Plans

To continue with the follow up of issues put forward during previous supervision sessions; to continue with specific DHMT routine supervision; to support the TB officer to strengthen the follow up of patients in the communities; to support Health Surveillance Assistants to improve on documentation; to ensure that the DHMT source STI and TB IEC materials that should be distributed to all health facilities.

HMIS

Objective: *Strengthen HMIS data quality and promote data use for decision making; Strengthen capacity of health workers who compile and supervise HMIS activities; Prepare the district towards recognition in HMIS.*

Activities: Conducted facility level and zonal HMIS reviews at all the 38 health facilities and 7 zones; facilitated zonal HMIS annual performance reviews for all zones; oriented seven zonal supervisors, twenty facility in – charges, twenty facility HMIS Focal persons and members from the district HMIS office on basic skills to assess the quality of data and the preparation of the district towards recognizing the best performing health facilities in HMIS through an HMIS recognition scheme.

Outcomes: Zonal supervisors and health facility in-charges and members from the district HMIS office equipped with basic skills to visually scan data based on own set validation rules to ascertain that quality data is reported in the system – process starts at health facility level and goes up throughout the system; HMIS reviews and annual performance reviews have enhanced data usage and enables staff to understand the health situation of their environment.

Issues: HMIS reports timeliness and data quality are still a problem; lack of supervision and feedback from the district HMIS office to the facilities, data quality still a problem; staff still require additional skills in data use at facility levels.

Future Plans: To support health facility staff to develop a culture for using data at that level for decision making; to ensure the district HMIS office provides feedback to the facilities; to ensure the DEHO and Assistant Statistician take charge of timely district HMIS supervision and feedback; to work with the DHMT to identify the most cost effective and sustainable reward for the best performing facilities in the HMIS recognition scheme which begins in January to March 2006 quarter.

Supplies Management: Inventory Management, Stock outs, Community Access

Community ITNs

Objective

Strengthen financial and inventory management systems.

Activity

Supported the launching of SADC malaria week where messages centered on re-dipping of nets.

Outcome

A total of 127,644 ITNs were re-dipped out of 158,999 registered ITN representing 80.2% coverage.

Issues

Shortage of ITNs in some communities.

Future Plans

DHMT to procure more nets and to expand ITN activities to the whole District.

Essential Drugs

Objective

Strengthen LIMS data and promote timely submission of LMIS forms to the district pharmacy; strengthen the capacity of the health workers who compile and supervise LMIS activities.

Activities

Continued monitoring of monthly LMIS reporting to the district; Zonal Supervisors reminded on the importance and compliance of timely submission of the LMIS reports.

Outcomes

Timely submission rate of LMIS reports to the District Pharmacy improved from 94% in the previous quarter to 100 percent at the end of the quarter under review.

Issues

There were stock outs of SP in all government health facilities; fuel problems for Zonal Supervisors to conduct effective routine supervision; inconsistent dates of drug deliveries by the Central Medical Stores trucks to health facilities; lack of pallets for proper storage of drugs in some health facilities; some facilities had received measles vaccines without diluents; drug storage rooms in MASAF funded facilities not adequate and secure, some expired drugs and medical supplies found been kept in drug stores of some facilities – staff not clear regarding disposal procedures.

Future Plans

Continue following up Facility In-Charges to ensure that they send their reports to the district pharmacy on time and have data properly filled on the LMIS forms; follow up with Central Medical Stores so that there is consistent and timely delivery of drugs and supplies; support the DHMT to provide and fix pallets and security gadgets in the drug stores in the health facilities

where these are unavailable or inadequate; provide OJT to health facility in - charges to ensure that there is proper storage of drugs so that expiries could be avoided.

Financial Management

Objective: *Strengthen financial and accounting processes at district level through computing and mentoring among accounting staff.*

Activities: Trained five accounting staff in financial computing in a week long course followed by a week long mentoring process in the entire accounting section; briefed members of the DHMT on the strengths and areas of improvement in the accounting section.

Outcome: A synopsis of the accounts section shows some improvements in the management of accounts though real impact has to await some assessment in the following quarter but DHMT has welcomed the initiative taken by MSH to improve its financial management capacity whereby reports are likely to be effective and timely to make decisions.

Issues: Two accounting staff did not attend to the computing course due to other office commitments; expenditure return information not yet shared with the rest of the DHMT members; lack of computers for accounting.

Future Plans: Need that the DHMT and its partners source a computer for the accounts section; to ensure that expenditure reports should be circulated to all members of the DHMT before the monthly financial meeting so that all are aware of the financial status of the previous month before embarking on fresh spending, DHMT and accounting section to reflect and mend the weak areas identified during the mentoring process.

Communications, Transport Management and Referrals

Objective

Ensure functional radio or telephone communication between facilities and district hospital

Activity

Conducted routine monitoring of communication equipment.

Outcome

36 of the 37 representing 97% health facilities had functional communication equipment.

Issues

Pitronics, the contractor on communication equipment is delaying to finalise work at Phirilongwe and Sinyala Health Centers.

Future Plans

Administrator to make a follow up with all health facilities that require minor attention on radio communication like batteries; Pitronics to finalize work at Phirilongwe and Sinyala Health Centers.

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: Supported the DHMT in monitoring of transport system and costs; reviewed the District Transport guidelines which were finally adopted by the district task force and users; all Health Center in – charges briefed about the adopted Transport policy.

Outcome: Weekly transport schedules posted on the boards; monthly transport indicators been processed and shared with DHMT; trip authorization forms operationalised and transport users using them; DHMT has formulated and adopted several changes on the mode of referrals from health centers in order to curb the high travel expenditure - only emergencies to be referred to the district as they occur while all other cases have to be brought to the hospital from the zones twice a week; zone ambulances now spending over 90% of the time in the zones than at the District Hospital; security check re- introduced to monitor vehicle movement. An emergency room was also identified at the district hospital. The total vehicle expenditure on fuel was at K858 500.00 in December from K819 499.29 November and K1063037.00 in October - frequent administrative trips that could be avoided reduced to be measured in the following quarter.

Issues: Kilometers traveled still high; low coordination among departments when referring patients; frequent administrative trips that could be avoided. With ambulances spending more time in the zones there has been drastic reduced number of ambulances at the district hospital; some drivers rude to night duty and health center staff when an ambulance is called.

Future Plans: To orient drivers on managing emergencies; to introduce transport registers in the health centers; zonal ambulance drivers to be given monthly fuel quotas unless otherwise stated; adopted final transport guidelines to be reproduced and sent to all health facilities; to continue lobbying DHTM to use transport data for decision making; use of public transport where necessary to be encouraged to help reduce kilometers traveled and subsequent costs further.

Mulanje

Dates: October to December 2005.

Key staff: Dr. Frank Chimbwandila – DHO; Mrs. C. Kachale - Matron; Mrs. D. Machinjiri – MTA; F. Banda – DMC.

Summary Comments

Mulanje DHMT and their MSH counterparts and other stakeholders continued working tirelessly addressing activities outlined in their work plans. Through MSH support, the following summarizes some of the major events:

- Maintained momentum on VCT services though clientele dropped to 1741 clients in the quarter under review from 1793 clients in the July-September quarter (a decrease of 3%).
- Introduced Child Health Quality Improvement (QI) Initiatives at two health facilities.
- Strengthened IPT activities through the orientation of 20 nurses providing ANC services.
- A 100% record was achieved supervising all health facilities in the quarter under review up from 90% in the previous quarter.
- Achieved a 100% LMIS-01A forms timeliness of reporting.
- Recorded an above average HMIS timeliness of reporting of 94%.
- 100% Health Facilities conducted HMIS reviews – an improvement of 5% from the previous quarter and all are displaying graphs, a sign of monitoring performance.

Quality Assurance Systems

Infection Prevention

Objective

Move the hospital towards accreditation for infection prevention.

Activity

Two Infection Prevention (IP) committee members attended international conference on Performance and Quality Improvement in Infection prevention and control; conducted hospital based IP meetings; monitored Incinerator performance.

Outcome

Members gained knowledge through shared experiences which are being used to correct gaps, this information was shared to most staff at a meeting; monthly hospital inspection is being conducted and work plan for infection prevention activities developed; incinerator functioned properly throughout the quarter.

Issues

Shortage of water; delay in accrediting the hospital due to rehabilitation work.

Future Plans

Finalise rehabilitation work to get the hospital accredited; DHO to discuss with water department to address the water shortage at the district hospital.

Child Health

Objective

Improve quality of child care through facility quality improvement

Activities

Introduced Child Health Quality Improvement Initiatives at two health facilities i.e. Kambenje and Mpala; conducted IMCI supervision in 19 health facilities; conducted PHI Task force meeting using DIP funding; attended pediatric hospital improvement meeting.

Outcome

Draft standards for measuring child care were introduced to health centre staff where corrections were made and they accepted to try the process; critical care pathway(CCP)monitoring tool is in use and emergency management is being rendered; there is marked improvement in case management by health workers.

Issues

Shortage of stationery of CCPS; clerks still struggling in collecting data; nasal prones and salbutamal usually out of stock; 60% of health facilities had no essential drugs and district hospital staff were reluctant on being supervised.

Future Plans

CCP forms to be budgeted in the next financial year's budget; clerks to be oriented on the collection of data; IMCI review meeting to be conducted at district level.

Quality Care

Malaria

Objective

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

Activities

Conducted OJT on IPT to 20 nurses; provided cups for IPT to health facilities; trained 5 Microscopists; purchased field stains A and B using DHO's vote; updated nurses and clinicians in malaria case management.

Outcome

DOT SP to pregnant women skills enhanced amongst the nurses which will likely raise IPT coverage (to be assessed in the next quarter); there is marked improvement in malaria case management; 4 out of 5 microscopists excelled – to strengthen blood screening capacity for malaria.

Issue

Recording in lab register still not well done.

Future Plans

Microscopist for health facility to be supervised by lab technician who will also do quality control; lab forms to be used at the hospital and lab register to be filled in order trace malaria cases; to update more nurses in Malaria case management.

Supervision

Objective

Increase frequency and effective of routine supervision.

Activities

Trained supervisors in motor bicycle training; continued supervision and reporting to DHMT; annual supervisors meeting was conducted but funded centrally.

Outcome

Supervisors will be able to use motorcycles during supervision in the next quarter; supervision was done to all the health facilities (100%) and all have documented evidence; Muloza health facility was rehabilitated (fixing of falling of iron sheets and ridges, replacing all broken doors and locks and painting of the whole facility (well done DHMT); one more zone has been added to accommodate estates and private clinics giving us a total of 5 zones.

Issues

Need for resources to fix water pipes at Muloza health centre; Thuchila and Chambe drugs stores refurbishment not yet finished; Supervisors still have role conflict problems.

Future Plans

Supervision to continue; to conduct meeting with Health centre staff; health facilities facility doing well to be recognized; to laminate vision statements for all health facilities; to train 5 more supervisors.

Supplies Management: Inventory Management, Stock Outs, Community Access

ITN Distribution

Objective

Strengthen financial and inventory management systems.

Activities.

Trained ITN committee member for Chinyama and Naphimba area; conducted supervision to trained committees; conducted district ITN Task force committee review meeting; net re-dipping which was funded by UNICEF and DHO, 80,000 nets were registered.

Outcome

Increased access of ITNs to community members - so far 42 committees are in place from a target of 100 committees from 2004 -2006; nets are still available in the community not much sells at this time of the year because of the drought; net re-dipping exercise likely to curb malaria incidences in the rainy season.

Issues

Ledgers not completed properly by some committee secretaries; no seed nets for newly trained committees; report for re-dipped nets not yet out.

Future Plans

District assembly to appoint bank signatory; to introduce the district task force to the community committees during supervision; to incorporate ITN component into health facility advisory committee roles.

Essential drugs

Objective

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

Activities

Conducted drug management supervision, review meeting on drug management with health centre staff and supervisors; conducted rational prescribing meeting with clinicians and drug management committee.

Outcome

Reporting timely of LMIS -01A now at 100%. (October – December); drugs storage and inventory well done in all facilities apart from Kambenje who has not arrange drugs according to FEFO (first expiry first out); job aides on using units have been distributed; drug dispensing showed that 70% of health facility In-Charges are being assisted by Health attendant and the rest 30% dispense on their own.

Issues

Antibiotics prescriptions pads are still not available at the district hospital; 3 facilities Chambe, Thuchils and Mimosa store rooms need shelves; stock outs of essential drugs (SP, cotrimoxazole and crystal penicillin).

Future Plans

Prescription pads to be purchased by DHO; shelves to be maintained by DHO; snap checks to done at district hospital by drug committee; hospital advisory committees to be trained on their roles in the remaining facilities.

Communications, Transport Management and Referrals

Communication

Objective

Ensure radio or telephone communication between facilities and district hospital.

Activities

Monitored the performance of radio/ telephone and PABX.

Outcome

PABX now functioning well; 80% of radios /telephone gave no problems.

Issue

Radios at Mpala, Milonde, Naphungo and Chonde health centres have faults which the radio maintenance team are still working on; Chambe, Chisitu, Muloza and Mulomba radios still not communicating straight to the hospital.

Future Plans

Continue monitoring performance of the radio/PABX.

Construction and Procurement

Objective

Support the DHMT in the rehabilitation of the district hospital as part of quality improvement initiatives

Activities

Supported the Rehabilitation of male ward whose roof was in bad shape and leaking.

Outcome

Male ward rehabilitation is completed and handed over and is now in use by paediatric ward patients; remaining materials from male ward rehabilitation has been handed over to the hospital.

Issue

Paediatric, female and other departments still need to be rehabilitated.

Future Plans

DHO to continue rehabilitation works.

HIV/AIDS

Objective

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

Activities

Oriented nurses and clinicians to ARV management to ARV management; conducted VCT Referral system review meeting; conducted orientation on STI/ANC VCT uptake and benchmarking with mlambe hospital on PMTCT; purchased two additional chairs for VCT room.

Outcome.

One more site for VCT has been opened at the hospital bring the total to 4 sites; registers and referral forms are in use; PMTC Task force has been formed.

Issue

Not many STI and ANC clients access VCT services; no ARV for Children; re-agents for HIV Testing out of stock at the time of report.(national problem)

Future Plans

To establish PMTCT support clubs; to disseminate HIV/AIDS workplace policy; Open a VCT room in maternity; conduct meetings on STI/ANC uptake with nurses/Clinicians; intensify IEC on PMTCT by counselors and other staff in OPD, ward, ANC, waiting rooms and Health facilities.

HIV/TEST KITS

Objectives

Continue National inventory management, guidelines, reduce kits stock outs at district hospital.

Activity

Monitoring availability of kits.

Outcome

Stock out of determine was reported in the month of October for 15 days as a result most clients were being sent back.

Issues

Continued stock outs of determine HIV and haemastrip.

Future Plans

Continue monitoring HIV test kits.

HMIS

Objective

Improve the quality and test monthly reporting scheme, increase use of data for managerial decision making.

Activity

Followed up on HMIS activities; conducted HMIS Recognition scheme task force meeting.

Outcome

100% of facilities are displaying graphs and using data for making decisions; the 2 hospitals, Mulanje Mission Hospital and Mulanje District Hospital have been oriented on the flow of information for it to be useful, calculations and graphic presentations; accuracy of data collection for, Mulanje District Hospital has been noted – an assessment on reported against recounts proved 100% perfect.

Issues

None

Future Plans

Need for Initial orientation on HMIS to sister in charges; conduct quarterly meetings to review data.

Transport management

Objective

Increase vehicle availability; reduce use and maintenance costs.

Activities

Conducted transport task force meeting which was done following a follow up to Health facility which were given registers to monitor transport.

Outcome

Only one health facility out of eight which were given registers filled it properly; twelve DHO vehicles were insured.

Issue

Failed to match transport performance against set standards.

Future Plans

Transport task force review meeting to assess vehicle performance, put registers to the remaining health facilities; monitor the submission of fuel and vehicle maintenance expenditure.

Planning and Budgeting

Objective

Strengthen district capacity in planning and budgeting

Activities

Conducted DIP/HMIS data review

Outcome

71% programme coordinators are able to use DIP when sourcing funding from ORT and NGO's.

Issues

Coordinators still do not fully understand the linkage between HMIS data and DIP; some Coordinators do not know their responsibilities as managers of programmes.

Future Plans

Start plans for 2006 -2007; orient programme coordinators on their roles and linkage between HMIS data and DIP.

Mzimba

Dates: October to December 2005

Key staff: DHMT Members, Program Coordinators, Zone Supervisors MSH Program Specialists, Rudi Thetard, Eta Banda.

Summary Comments

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

- Revitalized IP activities – an internal assessment had the hospital scoring 67% from a baseline assessment score of 38%.
- Maintained momentum on VCT services – 1644 clients opted for VCT in the quarter under review – up from 984 clients in the July/September quarter (an increase of 67%).
- Strengthened IPT activities through the orientation of 42 clinicians and nurses.
- Maintained a 89% record health facilities supervising in the last two quarters with documented evidence of supervisory visits.
- Achieved above 90% LMIS-01A forms timeliness of reporting.
- Recorded a 72% HMIS timeliness of reporting from 54% in the July/September quarter and 72% Health Facilities conducted HMIS reviews.
- Strengthened the communication system of the district through the installation of radio-communication antenna/tower at Chikangawa-Msese Hill.
- Initiatives in transport management took centre stage through the dissemination and adoption of local transport management guidelines.

Quality Assurance Systems

Infection prevention

Objective

Secure accreditation of Mzimba District in IP performance.

Activities

Conducted IP internal second assessment; conducted IP problem solving meeting with all departments; started construction of waste management refuse site (Incinerator, ash pit and refuse bank); participated in IP practices national conference in Lilongwe at Kalikuti Hotel.

Outcomes

The problem solving session identified areas for improvement and action taken in all departments (DHMT purchased various PPE, scrubbing departments, guidelines and protocols were posted in the walls) – no wonder the second internal assessment achieved a remarkable 66.6%, almost double from the first one of 38% and thus the hospital is gearing to accreditation soon; during site meetings of waste management refuse site construction work was at 90% towards completion; during national IP conference participants shared experiences and best practices through various presentations, questions and answers from different Districts and countries supported by various partners,

Issues

Despite heavy support in trainings, staff having all required information and DHMT providing essential material support IP application of knowledge and skills is not satisfying in other departments partially due to negative attitude and ineffective leadership in the departments.

Future plans

Improve on the weak points and get accredited as soon as possible by strengthening supportive supervision and OJT and training new recruits.

Quality of Care

Malaria

Objective

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

Activities

Conducted refresher course for 9 microscopists; conducted malaria case management and IPT updates sessions to 42 clinicians and nurses.

Outcome

At the end of the training there was great improvement in microscopy skills and information analysis as demonstrated by pre and post training examination results and practical sessions in the field; clinicians skills and knowledge in malaria case management and IPT likely to improve and will be assessed in the following quarter.

Issues

Most microscopists were trained long time ago and were not supervised as the result gradually they lost some vital information and skills on microscopy.

Future Plans

Refresh the remaining microscopists; continue supportive supervision and OJT on malaria case management and malaria microscopy

HIV/AIDS

Objective

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

Activities

Continued supporting Mzimba District Hospital VCT site and VCT out reach clinics; continued supporting VCT services in Mzimba district TB ward for integration of TB management with Cotrimoxazole in patients living with HIV/AIDS; conducted HIV/AIDS/VCT/TB review meeting for clinicians/nurses and VCT counselors; conducted counselors review meeting.

Outcomes

Clients opting for VCT increased from 984 in the July-September quarter to 1443 clients in the quarter under review – a remarkable 46% increase; 75 (100%) TB patients opted for VCT as compared to 37(65%) in the previous quarter; however, number of ANC women opting for VCT drastically reduced from 202 (30%) to 31(5%) in the last two quarters; the referral system has also been standardized.

Issues

Counselors report very late when called to wards; most counselors are Health Surveillance Assistants (HSAs) who are also assigned to other duties; stigma remains a big challenge; some clinicians have no adequate knowledge on ARVS and PMTCT.

Future plans

Put up duty rosters in all the wards for Diagnosis Counseling and testing; nurses and clinicians to be oriented in concepts of counseling, ARVs, PMTCT and Counseling guidelines; to provide health education to all in patients on routine counseling and testing; conduct regular quarterly meetings; identify counseling rooms in the wards for counselors to use.

Nutrition

Objectives

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

Activities

Continued implementing, monitoring and supervising community therapeutic care activities in two OTP sites of Mtende and Mzambazi and one NRU of Mzambazi; conducted learning visits to Balaka CTC program especially NRU to improve management of malnourished children at Mzambazi OTP and NRU; briefed members of District Executive Committee (DEC) about MoH/MSH joint CTC program in Mtende and Mzambazi Catchment areas; conducted three collaborative meetings with Ministry of Agriculture(MoA), MoH, WFP, MSH, Mzambazi Rural Hospital NRU and Mtende Health Centre on the integration of CTC program with *MoA Sustainable Nutrition Rehabilitation* and *WFP Supplementary feeding Program (SFP)*; oriented 5 Health Workers at Mtende Health Centre on how to implement SFP program; briefed various stakeholders in Mtende and Mzambazi catchment areas on integration of CTC program with SFP and Sustainable Nutrition rehabilitation programme; identified and oriented 26 Sustainable Nutrition rehabilitation Programme beneficiaries on farming techniques (soya and quality protein/susuma maize); identified and distributed seeds to Sustainable Nutrition Rehabilitation Programme beneficiaries.

Outcome

As the result of supportive supervision and OJT there is improvement in management of CTC in general and malnourished children are admitted and discharged according to criteria; the CTC programme admitted six children on OTP in the quarter and had three discharges, one death admissions and two defaulters; after briefing of District Executive Committee, MoA demonstrated interest to integrate Sustainable Nutrition Rehabilitation Programme with Community therapeutic care CTC; after holding collaborative meetings with MoA , WFP , MoH, MSH and WFP it was agreed to integrate SFP and Sustainable Nutrition Rehabilitation Programme with CTC and a joint work plan with MoA was developed on Sustainable Nutrition rehabilitation Program; after discussions with Mzambazi , WFP and MoH and MSH, SFP program has been expanded and integrated with CTC at Mtende Health centre; farm inputs that included 5kilograms soya and 1.7kilograms susuma and 1.4Kgs maize seed were provided the beneficiaries of the Sustainable Nutrition rehabilitation Programme as seed fund; two demonstration fields were set up at Mzambazi and Mtende Health centres; the community participation/involvement in the program as demonstrated by ability of the community to report on the death of one child and provision of land for demonstration fields are one sign of acceptance of the CTC programme.

Issues

There is little community participation and inadequate supervision due to lack of volunteer system.

Future Plans

Continue implementation of CTC along with integrated programs and improve on monitoring, supportive supervision and OJT and documentation; identify and conduct OJT for volunteers on CTC implementation.

Supervision

Objectives

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

Activities

Continued conducting Integrated Clinic Supervision and completed administering first cycle of all supervisory tools/checklists; participated in Integrated Clinic Supervision review meeting for 8 MSH districts and 2 non-MSH districts (Nkhatabay and Rumphu); consolidated Mzimba District annual Integrated Clinic Supervision Report to assess the impact of supervision and weak points for improvement; developed 2006 Integrated clinic Supervision plan for Mzimba District.

Outcome

Completed first cycle of Integrated Supervision; DHMT appreciated the importance of integrated supervision and committed to continue with the process as it has proved beneficial and cost-effective; Mzimba district health service provision profile now in place.

Issues

Poor documentation on supervision reports.

Future plans

Improve on documentation, report writing and feedback to Health centres; conduct regular Integrated Clinic Supervisors meeting and DHMT feedback meetings; continue supporting the DHMT in conducting integrated clinic supervision.

Planning and Budgeting

Objective

Strengthen planning capacity at district level.

Activities

Continued implementing activities outlined in the DIP document.

Outcome

Several program activities have been funded on monthly basis.

Future Plans

Conduct HMIS/DIP review meetings to assess progress and performance of the various program areas in the DIP

HMIS

Objective

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

Activities

Continued implementing and monitoring HMIS activities; continued data entry for monthly and quarterly HMIS reports; conducted HMIS Zonal review meeting; conducted data quality assessment.

Outcome

As the result of continued supervision, HMIS reviews and follow up there is improved timely reporting and quality of reports – 72% health facilities reported on time in the quarter under review, an improvement of 18% from the previous quarter; all quarterly HMIS reports for Mzimba have been timely produced, disseminated to DHMT, program coordinators and forwarded to the Central Ministry.

Issues

Some HMIS focal point persons are not oriented to HMIS

Future Plans

Continue supportive supervision and OJT; orient new staff in HMIS.

Supplies Management: Inventory Management, Stock Outs, Community Access, Community ITNs

ITNs

Objective

Strengthen financial and inventory management systems.

Activities

Conducted ITN problem solving exercise with HSAs from 24 Health Facilities.

Outcome

Discussed pertinent issues affecting ITN activities and identified solutions in participatory way whereby amongst the issues were: delayed distribution of ITNs from District and PSI, cash kept as personal property in houses, controversy between MK50 community nets and MK100 health facility level nets affect net sells in the community, inadequate supervision by HSAs, ITN distribution used as an Income generating activity, various misconceptions on effects of ITNs if used, poor record keeping, inadequate reporting, misuse of nets i.e. used for fishing, Village Headmen controlling funds in some committees, poor coordination between committee members and Health Workers, high turn over of committee members, high level abuse of ITN resources at community and Health centre levels.

Future plans

Funds realized from ITN sells should be submitted to District account on monthly basis; intensify IEC on controversy about MK50 nets and MK100 nets for the community to understand the reasoning and as the misconception around ITNs if used; in all areas, Health surveillance Assistance to supervise ITN committees at least once a month; to re-orient HSAs and ITN committees on various ledgers/record keeping; Health surveillance Assistants urged to submit ITN reports monthly; to replace ITN committee members who dropped out.

Essential drugs

Objectives

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

Activities

Orientated 49 nurses on ward drug dispensing management; continued monitoring of drugs and supplies management at facility level; used radio communication to facilitate LMIS-01A reports submission to district pharmacy for processing.

Outcome

For the first time, the district achieved an amazing over 90% LMIS-01A timely reporting for two consecutive months of November and December rising from 35% in October – incredible considering the vastness, the terrain and poor road infrastructure of the district; as the result of problems solving exercise with Regional Medical Stores, Zone supervisors and Health centre staffs deliveries to health facilities have also improved

Issues

Drug and Therapeutic Committee not active.

Future plans

To enhance use of radio communication to facilitate production and submission of monthly LMIS-01A reports.

Financial Management

Objective

Strengthen financial management and accounting procedures at district level

Activities

Conducted financial management needs assessment training jointly with Salima and Kasungu Districts respectively.

Outcomes

There is improvement in filing system; financial management monthly returns are produced on monthly basis; account staff are able to fulfill roles and responsibilities assigned to each one of them.

Issues

External auditing that was conducted revealed that financial vouchers were not properly documented as the result there was a lot of information being lost; DHMT is not demanding monthly financial management returns for decision and planning purposes; data on monthly fuel returns is not submitted to accounts for reconciliation as the result information used is based on fuel issued and thus open to abuse.

Future plans

Sensitize DHMT to start demanding monthly financial returns for planning and decision making purposes.

Communications, Transport Management and Referrals

Transport Management

Objectives

Increase vehicle availability; reduce use and maintenance costs

Activities

Conducted transport Management Review /problem solving meeting; conducted transport management local policy guidelines dissemination meeting.

Outcomes

Problems affecting transport management were identified and solutions incorporated into local transport management guidelines; local transport management guidelines were disseminated and adopted for use in Mzimba.

Issues

High fuel expenditure is still persistent; inconsistent collection of transport indicators and use by DHMT in planning and managing transport.

Future plans

Continue monitoring of transport management indicators; facilitate orientation of members of DHMT and transport committee on the use of BP Malswitch card on monitoring of fuel consumption and expenditure.

Communications

Objective

Ensure functional radio or telephone communication between facilities and district hospital

Activities

Conducted consultative meetings with management and other experts on technical opinion on how to re-install radio communication antenna at Chikangawa –Msese Hill; facilitated the installation of radio-communication antenna/tower at Chikangawa-Msese Hill.

Outcome

Re-installed radio-communication antenna /tower at Chikangawa-Msese Hill and direct transmission/ reception improved from 30% to 100% - DHMT and all staff in the district including ordinary citizens very happy and appreciative of a job well done as this will go a long to improve the referral system in the district.

Issues

Some radio-communication facilities are not functioning properly due to worn out parts especially batteries; Health Centre staff abusing radio communication equipment especially not following instruction in the communication instructions handbook.

Future Plans

Orient Health Centre Staff on the use of radio communication equipment and its maintenance.

Ntcheu

Dates: October to December 2005.

Key staff: Dr. Jonathan Ngoma, DHO; Patrick M. Karonga Phiri, MTA Ntcheu and Allan Macheso - DMC.

Summary Comments

In the last quarter of 2005; October – December, Ntcheu met a lot of challenges and setbacks in implementing its planned activities. The major set back was a burglary made to Ntcheu MSH Office where funds meant for activities were stolen leading to suspension of some already planned activities. Major highlights in the quarter include:

- Infection Prevention continued to take centre stage – IP internal assessment achieved 41% from a baseline score of 18%.
- 88% health facilities were supervised with documented evidence – a slight decline of 12% from the previous quarter due to the disruption after the after the burglary.
- Intensified IMCI supervision visiting 19 health facilities with IMCI trained staff
- Drilled 24 nurses in drug management.
- Clients receiving VCT slightly increased from 1255 clients to 1258 in the last two quarters.
- ANC and STI clients opting for VCT remains too low with only 8 (1.2%) ANC clients opting for VCT and none amongst STI clients.

Quality Assurance Systems

Infection Prevention

Objectives

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

Activities

Conducted IP internal assessment at the district hospital; trained 89 Health Workers drawn from various sections/departments of the hospital in IP principles and practices.

Outcomes

Achieved 41% score during the internal assessment, a slight improvement from another internal assessment score achieved the previous quarter of 37% and baseline assessment score of 18%; the health workers were imparted with knowledge and skills in IP principles and practices; the training has also increased the number of health workers trained and ready to implement IP practices in their respective wards/departments.

Issues

Lack of adequate supplies to effectively carry out IP practices.

Future Plans

MSH and DHMT to join efforts in providing the necessary equipment and supplies for implementation of IP at the hospital; to introduce IP competition at departmental level to motivate staff implementing IP practices; to train the remaining staff untrained in IP; to appoint departmental IP Focal persons; to conduct another IP internal assessment; to conduct departmental bench marking visits for them to learn the good practices from each other.

Quality of Care

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.

Activities

Followed up on 19 facilities with health workers trained in where the following were conducted: observed health workers managing sick children using IMCI guidelines; conducted interviews with care takers; reviewed facility support; provided feedback to health facility staff and briefed DHMT on the findings.

Outcomes

All the health workers assessed remembered to assess children for all the three main symptoms of cough, diarrhea and fever; all health workers kept IMCI job aides in their consultation rooms; 85% of the facilities had working communication systems.

Issues

In spite of the noted improvements, a few gaps were noted as follows: almost all Health facilities visited had no SP and Cotrimoxazole on the day of the visit; trained Health Workers at Ntonda and Kandeu were not available for two consecutive visits.

Future Plans

To continue conducting supervisory visits to IMCI trained staff; to train additional staff in supervision of health workers trained in IMCI in order to increase the number of supervisors and also to replace those who were posted to other districts; to ensure that supervision schedules are sent to the health facilities in advance so that personnel is found in the health facilities being visited; District Health Office to look into shortage of essential drugs as a matter of urgency.

HIV/AIDS

Objectives

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

Activities

Conducted static and outreach VCT clinics; conducted community sensitization and discussions on the importance of VCT.

Outcome

1258 clients accessed VCT services quarter under review compared to 1255 in the July – September quarter – a slight increase of three clients attributed to the period being a rainy season; the picture on the ground shows client flow will likely improve due to the sensitization and discussions conducted with community members.

Issues

None

Future plans

Continue conducting static and outreach clinics in the coming quarter; to open up more outreach clinics and conduct more sensitization campaigns in the community on market days/places; form and support more Youth Support Clubs in the community.

Supervision

Objectives

Strengthen routine supervision at district level

Activities

Conducted routine supervisory visits using checklists developed by Ntcheu District Hospital; produced supervision reports and debriefed health facility staff, program Coordinators and DHMT of the findings.

Outcome

88% health facilities were supervised in the quarter – a drop of 12% from the 100% tradition in the previous quarter due to burglary that took place at the Ntcheu office where funds were stolen thereby disrupting the whole exercise

Issues

Competing factors failed Zonal Supervisors to re-engage themselves with supervision activities as they were also involved in the National nutrition Survey which lasted 3 weeks up to mid December, 2005 and therefore some few health facilities could not be supervised.

Future Plans

Continue conducting integrated supervision to all zones and the district hospital; communicate findings/resolutions to health facility In-charges for their information and action where necessary; to invite relevant personnel from the District Assembly during debriefings in view of decentralization.

HMIS

Objective

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

Activities

Conducted a data quality assessment of the routinely collected HMIS data; monitored timeliness of reporting of HMIS forms.

Outcome

Timeliness of reporting was 51% in the quarter under review down from 60% in the previous quarter – the HMIS focal person who was actively involved in following reports left the District Hospital to take up another job; the quality of data particularly that of the district hospital still remains problematic with gaps in registers and not timely reported to the HMIS Office; data from health facilities has improved tremendously – reports had few gaps and most reports accomplished the reporting requirements including the validation rules.;

Issues

Departure of HMIS focal person was a big blow to the DHMT.

Future Plans

Orient the new HMIS Officer; orient DHMT members to basic skills in data use.

Supplies Management: Inventory Management, Stock Outs, Community Access

ITNs

Objectives

Strengthen financial and inventory management systems.

Activities

Oriented HSAs to ITN management; conducted a plenary discussion on community ITN distribution with the District ITN committee members.

Outcome

HSAs oriented on ordering, storage, appropriate use of ledgers, use of triplicate receipts, monthly supportive supervision of community ITN committees and banking of funds; during the plenary discussions, participants understand their roles and responsibilities relating to community ITN distribution, discussed problems and possible solutions preventing effective supervision of ITN committees and a plan for supervision of community ITNs developed.

Issues

Lack of knowledge and skills to gain support of local leaders; HSAs not being supervised by their supervisors; HSAs lack protective wear e.g. rain coats, gumboots, etc.; ITNs are not taken as a priority in the district; lack of knowledge of community ITNs; HSAs lack knowledge and skills for ITNs; poor coordination between HSAs and local leaders.

Future Plans

District Health Management to organize refresher courses for HSAs, and include the activity in subsequent DIPs; District Health Management to allocate adequate fuel and transport for HSAs Supervisors; DHMT should adequately maintain vehicles and motor cycles for supervisors; HSAs to tactfully remind supervisors to visit / supervise their area; to orient HSA supervisors to community ITN distribution system; to ensure DHMT provides bicycle allowances to HSAs regularly; DHMT should produce and distribute adequate ITN forms to improve reporting and communication; DHMT should ensure that HFs, especially those with community ITN committees, should appoint ITN Focal Person; DHMT to organize zonal (sub-district) meetings for HSAs on community ITNs; to ensure HSAs provide feed back to Supervisors after visit to the community.

Essential drugs

Objective

Strengthen financial and inventory management systems.

Activities

Conducted a discussion forum using the Malawi Health Commodities Logistics Manual (MoH), and Drug Supply Management Training Participants Manual (WHO/BASICS) as aiding tools where 24 Nurses out of 36 who were targeted attended.

Outcome

It is expected that with the knowledge gained, the nurses will from now onwards, order supplies from pharmacy using correct logistics management information forms; store drugs in accordance with proper storage guidelines; properly dispense drugs to in-patients and discharged patients; and handle drugs during dispensing in ways that do not promote cross contamination.

Issues

Work overload, shortage of staff and lack of dispensing equipment e.g. medicine cups, pill bags etc, were mentioned as the main reasons why nurses do not follow good dispensing practices at the hospital; lack of supervision by Pharmacy staff, even though the pharmacy staff visits the wards regularly; nurses using bare hands most of the time when dispensing tablets to patients, not reconstituting syrups before dispensing; some of the nurses do throw away medicines from open vials while others keep them in the open ampoules and this was evidenced in the paediatric ward, where three water for injection vials containing diluted quinine were left open in the medicine trolley for later use.

Future Plans

The following suggestions were made for improving drug management in the wards:

Wards should separate the medicines from other supplies (e.g. linen) in the drug store; while waiting for DHMT to purchase medicine cups, pediatric ward should collect the medicine measures used for dispensing syrups and distribute them to other wards to be used for dispensing tablets to in-patients.; pharmacy staff should supervise the nurses in dispensing; pharmacy staff should attend morning meetings at least once a week where they will share with the nurses and clinical staff information on the drugs stock status in the pharmacy.

Salima

Dates: April to June 2005

Key Staff: Dr CB Mangani (DHO), Mr E Kasela; (Clinical Superintendent); Mrs. Mable Chinkhata (DNO); Mr. Paul Chunga (DEHO); Joviter Mwaulemu (MTA), Dr Eta Banda (DMC).

Summary Comments

Activity implementation continued in the quarter as outlined in the work plan of the period under review. MSH commitment in support of the DHMT noted several achievements amongst which were:

- Made strides in IP, improved from 69% to 83% in the last two quarters – hospital is on the verge of accreditation.
- Maintained a 100% record on health facilities conducting HMIS reviews in the last two quarters though timeliness of reporting slightly declined from 100% to 89%.
- Maintained 100% tradition supervising all health facilities with documented evidence fed back to the health facilities.
- Intensified VCT work with clientele almost doubling from 1917 to 3650 clients in the last two quarters – 90% increase.
- ANC clients opting for VCT incredibly jumped from 251(14%) to 1679(100%) in the last two quarters.
- TB patients opting for VCT remained at 100% - 96 patients in July/September quarter and 75 patients in the quarter under review.
- Stock outs of child health tracer drugs (SP, cotrimoxazole, ORS and paracetamol) continued to be erratic remaining at 47% and 44% in the last two quarters compounded by SP stock outs.
- Enhanced financial management skills of accounts staff through training of six accounts staff in computerized financial management modules that has enhanced production of effective reports for the DHMT and Programme Coordinators.

Quality Assurance Systems

Infection Prevention

Objectives

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

Activities

Conducted IP internal assessment; participated in a national IP meeting; conducted monthly review/feedback/planning meetings for the Quality Improvement (QI) support team and IP core working team; documented IP guidelines to be posted in all strategic places of the hospital; oriented seventeen new members of staff (mainly nurses and clinicians) to IP; recognition of health workers from sections that achieved a score of over 80% the internal assessment done during the quarter.

Outcome

The hospital is very ready for external assessment having achieved a score of 83% during the December 2005 internal assessment score – a great achievement from the 69% achieved in the previous quarter; the National IP meeting was an opportunity for the teams to learn from one another how others have reached the levels they are at in different areas that IP assesses; monthly review/feedback/planning meeting by the IP team provided an opportunity for sharing and revisiting areas that require improvement; the newly trained staff have widened the net to support IP activities; winners from sections which did well (scoring above 80%) were presented with their awards - generally the hospital looks clean (both inside and outside) that it should be able to score above 80% in all sections during the external assessment.

Issues

Need for more 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 that will likely be identified during the external IP assessment and conduct the targeted external IP assessment in January; support monthly IP core working team review/planning/feedback meetings.

Child Health

Objectives

Strengthen child health activities in the district.

Activities

Developed standards/tools for performance and quality improvement in child health activities at health centre level; orientation to and finalization of standards/tools for performance and quality improvement in child health activities at health centre level in two pilot health centers.

Outcome

Ten (10) tools/standards aimed at improving performance and quality improvement at health centre level developed, finalized and disseminated at the two pilot sites.

Issues

None

Future plans

Conduct a baseline assessment of the Child Health Initiative situation in the selected two Health Centers using the Child Health Initiative standards; pilot test the Child Health Initiative (CHI) standards for a period of about three to six months in the two selected health facilities of Makioni and Mchoka.

HIV/AIDS

Objectives

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

Activities

Supported outreach Voluntary Counseling & Testing (VCT) clinics; conducted quarterly HIV/AIDS/TB review/planning meetings involving VCT Counselors, ART staff and TB officers;

conducted a quarterly HIV/AIDS referral review meeting involving various sections at the district hospital and some community members; organized a brainstorming meeting to increase VCT uptake among ANC mothers and STI clients; participated in the development of the district HIV/AIDS integrated annual work plan for 2005/2006 adapting from the generic annual work plan drawn by NAC.

Outcome

Increased numbers of people undergoing Counseling and Testing - a total of 3650 people accessed VCT in the quarter under review compared to 1917 clients in the previous quarter representing a remarkable increase of 90%); VCT has a good records and referral system in place and information is well managed; strategies to increase VCT uptake among STI clients and ANC mothers drawn (already figures are showing that the VCT uptake among ANC mothers has increased) – ANC VCT uptake increased from 251 mothers (14%) to 1679 mothers (100%) whereby STI VCT uptake 21 clients (3.4%) to 49 clients (9.5%) in the last two quarters respectively; HIV/AIDS referral system has been reviewed and areas which were problematic have been addressed.

Issues

The uptake of VCT services among the STI clients still remains low.

Future plans

Support VCT counselors meetings; support VCT out reach clinics; orient health workers in HIV/AIDS/TB work place policy; improve the uptake of VCT services amongst STI clients.

Nutrition

Objectives

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

Activities

Conducted supportive supervisory visits and follow up of children in the CTC programme; facilitated a CTC quarterly review and planning meeting.

Outcome

The quarter saw 111 children registered in the programme varying from month to month i.e. 35 in October, 30 in November and 41 in December respectively of which 73 (65%) were admitted into the OTP programme, 27(36%) were discharged and only one (2%) referred to NRU during the quarter under review. There was only one death recorded from those registered.

Issues

None

Future plans

Quarterly review/planning meeting for the CTC programme. Plan for CTC roll out to other Health Centers. Supportive supervision for the CTC programme. Strengthen follow up system of children discharged from OTP sites. Support the oriented drama groups to carry out more CTC mobilization shows in designated areas through drama.

Planning and Budgeting

Objectives

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

Activities

None

Outcome

None

Issues

None

Future plans: Conduct a DIP review; start the development of the 2006/2006 DIP planning processes.

HMIS

Objectives

Improve the quality and timeliness of routine reporting; increase use of data for decision making.

Activities

Conducted supportive supervision to all health centers to look into issues of data accuracy, completeness, timeliness of reporting and data use; facilitated district HMIS reviews involving DHMT, Health Center in charges, Zonal supervisors, Programme Coordinators, Assistant Statistician and the HMIS Focal person; supported Zonal HMIS reviews in the four (4) zones.

Outcome

Ward in charges, Health Facility In-Charges, clerical staff, section/department heads appreciated the importance of collecting accurate and timely data for decision making; timeliness of reporting declined in the quarter under review from 100% to 89% - the District has a new Assistant Statistician; the integrated supportive HMIS supervisory visits are building a culture of using information evidenced by graphs and charts posted in the walls and use of minimum indicator datasets; HMIS office is now to periodically producing HMIS bulletins to DHMT and partners.

Issues

HMIS performance for the district hospital as a reporting unit and the revolving fund for the management of Health Passports remains a challenge.

Future Plans

Support the Assistant Statistician and the HMIS Focal person to continue conducting supportive supervisory visits; enhance the monthly reporting, monitoring of minimum HMIS selected indicators; timeliness/completeness of reporting and data accuracy; conduct quarterly district HMIS review; orient zonal supervisors on the data quality improvement spreadsheet; introduce the HMIS reward scheme.

Supplies Management Inventory Management, Stock Outs, Community Access; Essential Drugs

ITNs

Objectives

Strengthen financial and inventory management systems.

Activities

Conducted supportive supervisory visits to ITN committees; conducted ITN financial management review checks in all the Health Centers and some selected ITN committees; provided support to SADC malaria week; supported induction of new malaria//ITN Coordinators in their roles and responsibilities.

Outcome

ITN financial management checks conducted in all Health Centers revealed great abuse of ITN funds largely at Health Center level - Community ITN Committees found to be remitting money to the Health Centers while the Health Centers are not remitting the same to the District; new Malaria/ITN Coordinators inducted in their roles and responsibilities resulting in focused and organized way of coordinating malaria and ITN activities in the district; the support to SADC malaria has resulted in improved coverage of ITN re-treatment as compared to last year whereby 76% of the ITNs were treated this year as compared to only 54% the previous year.

Issues

None

Future Plans

Improve the ITN distribution and financial management systems at all levels i.e. community, health centers and the district level; form and train more ITN committees in ITN management to increase access to ITNs; follow up on IPT in all facilities; convene quarterly district multi-sectoral ITN committee meeting; procure and distribute triplet cash books for record keeping for the ITNs at district, health center and community levels.

Essential Drugs

Objectives

Strengthen logistics management at district and facility level; reduce stock outs.

Activities

Conducted mentoring session with pharmacy personnel and ward-in-charges on dispensing practices; conducted supportive supervisory visits to all Health facilities to check on filling of LMIS 01A Forms, tracer drugs and general availability of drugs and other medical supplies; conducted a Drug and Therapeutic Committee meeting.

Outcome

Maintained 100% timely reporting on LMIS 01A for the entire three months period; supervisory visits revealed that drug stores in almost all the Health Facilities are properly managed and where anomalies were found, on-the-job training was provided immediately; Drug and Therapeutic Committee meetings conducted with an action plan drawn, minutes circulated – major issue of discussion was on stock outs of essential drugs in most health facilities.

Issues

Stock out of drugs such as antibiotics, anti-malarial drugs etc in all the Health Facilities.

Future plans

Continue with monthly supportive supervision to Health Centers to assist mentoring on drug store management and LMIS-01A forms completion and timely submission to the DHO; conduct Drug and Therapeutic Committee review meetings; procure prescription pads as an entry to a study of use of antibiotics pattern and formulation of guidelines for assessing antibiotic use; conduct a baseline assessment of antibiotic use pattern

Supervision

Objectives

Strengthen routine supervision at district level

Activities

Conducted routine supervision facilities using the red flag, regular review and the program in-depth review check lists; supervised report writing, dissemination and supervision feedback meetings to extended DHMT, section heads and Programme Coordinators.

Outcome

Maintained 100% record on health facilities supervised all with a record as evidence of the visit; supervision report writing and feedback meeting to extended DHMT done except for the month of December owing to the Christmas and New Year Holidays; annual supervision review meeting provided an opportunity to share experiences in a team fashion that have helped share responsibilities in an integrated approach..

Issues

None

Future plans

Conduct biannual supervision meeting involving Health Center in charges; drill Zonal Supervisors in a number of program areas so they have a deeper understanding of the programs they supervise; integrate the Ministry of Health supervision checklists into sub-district supervision checklists; procure protective gear for zonal supervisors; train Zonal Supervisors in computing skills.

Communication, Transport Management, and Referral

Communications

Objectives

Ensure radio or telephone communication between facilities and district hospital.

Activities

Facilitated periodic assessment of the radios in Health Centers using staff from DHO who were trained by MSH.

Outcome

Health workers trained in radio maintenance able to assess condition of radios and do minor repairs on the two-way radios; guidelines on proper use and handling of the two-way radio drawn and distributed to all health centers.

Issues

Though the two-way radio coverage is over 90%, the general direct accessibility with the district hospital and quality has gone down and requires upgrading.

Future Plans

Consider supporting the installation of a radio message at Lifeline Health Center which is a new facility needing communication; upgrade the general Radio network in the district

Communications, Transport Management and Referrals

Transport Management

Objective

Increase vehicle availability; reduce use and maintenance costs.

Activities

Distributed Transport Guidelines to DHMT and other key members in the operations and management of transport.

Outcome

Key people in the operations and management of transport aware of the Transport Guidelines which is in line with the National Transport Policy of the Ministry of Health.

Issues

Financial information on costs for maintenance of vehicles takes time to reach the Transport Officer's desk.

Future plans

Disseminate the developed Transport Management Guidelines to all transport users; strengthen the monthly reporting of Transport indicators; 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

Trained six (6) Accounts Staff in Computing Skills to enhance their abilities in use of computers in accounting duties.

Outcome

Six (6) Accounts staff trained in Computing resulting in simplified and enhanced computing skills application in financial management and administration.

Issues

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

Future plans

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

Construction Activities

Objective

Support to infrastructure development.

Activities

MSH supported the renovation of five (5) staff houses at Mchoka Health Center which were handed over to DHMT within the quarter

Outcome

Staff motivated to work at primary health care level.

Future Plans

Ensure that DHMT includes renovation plans for health facilities in the DIP.

District Partnerships

Objectives

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

Activities

Participated in various district meetings that included District Executive Committee (DEC) meeting on Salima Economic Profile (SEP) development, Village Action Plan (VAP) development meeting, Emergency Food Relief to the vulnerable in the district, training on child labor; attended the World Sight Day which was held in Salima where the Guest of Honor was the Minister of Health.

Outcome

MSH represented in the Emergency Food Aid to the vulnerable Task Force meetings which is very crucial to share its role on nutrition activities in the district; partnerships have been strengthened with all partners and role of MSH acknowledged in health delivery at district level.

Issues

None

Future Plans

Continue to participate in such meetings time permitting

ANNEX I: QUARTERLY REPORT OCTOBER TO DECEMBER 2005: HOSPITAL AUTONOMY REPORT FOR KAMUZU CENTRAL HOSPITAL

INTRODUCTION

This report outlines activities that have been undertaken at Kamuzu Central Hospital, as part of the MSH/MOH Hospital Autonomy Programme. The programme is operating at three levels, namely, national level, in support of the Ministry of Health, central hospital level in strengthening management systems and district level in supporting improved functioning of the health system in Malawi. The period covered by this report is October to December 2005.

STRATEGIC FRAMEWORK AND IMPLEMENTATION PLAN

A **Quarterly Activity Plan for Kamuzu Central Hospital for January 05 to March 05** was developed and submitted to Management Sciences for Health. The key interventions included in this quarterly plan are based on requirements of the draft **Performance Management Agreement** that will be used as the main tool for managing autonomous hospitals by the MOH as stipulated by the draft Hospital Autonomy Bill.

STRENGTHENING CENTRAL HOSPITAL MANAGEMENT SYSTEMS

There are seven programme areas around which the hospital autonomy activities are being undertaken at Kamuzu Central Hospital, as part of strengthening central hospital systems under the Hospital Autonomy Programme. These include the following;

- i. Decentralization of management responsibilities of central hospitals.
- ii. Strengthening central hospital performance management.
- iii. Strengthening central hospital funding and financial management.
- iv. Strengthening human resources management.
- v. Strengthening central hospital quality standards.
- vi. Strengthening central hospital capital development and maintenance.
- vii. Strengthening central hospital pharmaceutical management.

MAIN ACHIEVEMENTS

Decentralization of Management Responsibilities of Central Hospitals.

Cost Centre Management is being strengthened through the introduction of organizational structures based on cost units (centres). Twelve cost units were agreed as interim cost centres by management and heads of departments. The units include;

- Administration – Offices of the Hospital Director, Chief Hospital Administrator and Chief Nursing Officer, Registry and Human Resources, Transport and HMIS.
- Accounts and Finance
- Ambulatory - Casualty, Family Planning, OPD I, STI and Specialized OPD services.
- Anaesthesia and Theatre – Anaesthesia, CCSD, Theatre
- Clinical Support - Laboratory, Pharmacy, Physical Assets Management, Physiotherapy, Radiology and Orthopaedic Centre
- Dental
- Medical – OPD II, Psychiatric Unit, Renal Unit, Skin, Ward 2A and Ward 2B
- Non Clinical Support – Kitchen, Laundry, Mortuary , Maintenance unit and Stores
- Obstetrics and Gynaecology – Maternity Unit, Labour Ward, Ward 3A
- Paediatrics – Under-five unit, Wards A, B and C
- Paying – OPD I, Wards 3B and 4B
- Surgical – Orthopaedic department, MAP, Wards 1A, 1B, 4A.

Key activities done in the quarter were the establishment of the units, allocation and establishment of resources for each of the cost units and the development of cost units annual business plans. Planning tools developed to facilitate allocation of recurrent expenditure to cost centres during the April/May 05 MOH Planning Process called Central Hospital Implementation Plan (CHIP) and the ACCPAC and Revenue Management Systems are to be used to strengthen cost centre resource allocation and management, adapting management systems and operating procedures for cost units and trainings for cost unit management teams and key personnel being the focus in the coming quarter.

The use of **task teams to review current procedures, systems and their implementation**, and develop new ones for efficient functioning is the most preferred process used by the programme at KCH. It is a **process of decentralizing responsibilities**, enhancing increased participation, development of the sense of ownership and team building for staff from all the units across various professions. There were nine task teams that were instituted and started working during the quarter;

- i. Cost centre management team – responsible for the development of operating procedures for cost unit management.
- ii. Equipment Maintenance – assigned to review equipment status (condition and quantity), use of the equipment, its safety and care.

- iii. Equipment standardization team – assigned to up-date medical equipment inventory, equipment maintenance and training issues and the development of a capital investment plan for equipment.
- iv. Food improvement team – assigned to review catering services and budgets.
- v. HMIS and Medical Records team – assigned to strengthen HMIS operations and improve the functioning of the medical records management system at KCH.
- vi. Human Resources – assigned to review HR situation (procedures and processes), produce monthly staff returns and HR reports.
- vii. Infection Prevention team – assigned to support the infection prevention in the hospital.
- viii. Revenue management team – assigned to strengthen the management of revenue collected by the hospital and plan for its usage.
- ix. Transport Management team – assigned to review the draft transport policy of the MOH, transport management system and procedures, so as to finalize guidelines, system and procedures specific to the hospital.

Strengthening Central Hospital Performance Management.

Central Hospital Business Planning was introduced in April 2005. The focus on business planning at cost centre level has resulted in increasing participation of Clinical Heads of Departments (HOD), senior clinical staff, clinical support staff and nursing staff in planning and management of the hospital services at the hospitals. Cost units have developed draft cost unit plans during the quarter, which are to be finalized in the coming quarter by January 2006 before being consolidated into a comprehensive hospital business plan for Kamuzu Central Hospital.

Central Hospital Information Systems have been strengthened with both external and local technical assistance. Data quality, presentation and utilisation have improved significantly in over-time especially with the introduction of regular Information Reviews, Quarterly Performance Reviews and the new Business Planning Process. The hospitals now have reasonably accurate datasets that is being utilised to assess service provision and inform decision-making. Several customised datasets have been developed to assist cost units to manage their services and resources.

In the quarter, there was a normal **quarterly performance review and a strategic planning meeting** that looked at the following;

- Service delivery options with the basis on client and facility surveys undertaken in Lilongwe district and the hospital.
- Obs and Gynae proposal to move the maternity unit from the old wing (Bottom hospital) to the main campus.

A list of **Key Performance Indicators** to be monitored at the hospital, agreed in the past quarters, forms the basis for quarterly monitoring in the hospital. The quarter had the normal review of these indicators, in addition to the strategic management meeting. Planned for the coming quarter is the first annual **Expenditure and Performance Reviews** for the hospital to be undertaken at the hospital in February 06.

Strengthening Central Hospital Funding and Financial Management.

A **Computerised Accounting Management System** based on ACCPACC software has been introduced at KCH.

A four-phased approach for the work was envisaged as follows:

➤ Phase I

- Review and redesign of accounting sub-systems at LCH in areas of: General Ledger; Debtors Control including corporate clients; Creditors Control; Purchasing; Cash Control; Payments; Banking Processes and Payroll.
- Provide assistance to the process of deciding on appropriate accounting software for the hospitals
- Provide assistance and facilitate the process of engaging software consultants who will install the chosen accounting software

➤ Phase II

- Review and redesign of accounting sub-systems at LCH in areas of: Revenue; Pharmacy Stocks Control; Other Stocks Control; Internal Audit; Fixed Assets.
- Liaise with the software consultants and implement revised accounting systems and procedures – in line with the accounting manuals already prepared and approved, and encompassing the sub-systems which were reviewed and documented in phase 1

➤ Phase III

- Liaise with the software consultants and implement revised accounting systems and procedures – in line with the accounting manuals already prepared and approved, and encompassing the sub-systems which were reviewed and documented in phase II

In summary, the following has been done to date by the accounting consultants:

- Prepared a Draft Accounting Manual based on a computerised accounting system
- Installed ACCPAC accounting package at the hospitals
- Implemented four key ACCPAC modules and these are Accounts Payable, Accounts Receivable, Cash book and General Ledger
- Trained accounting personnel in both commercial accounting systems and ACCPAC operations.

During the quarter, progress was made on the following:

- Continuation of the accounting software (ACCPAC) phase 1 implementation of the systems
- Continued with the conversion process

Four key modules on **general ledger, accounts receivable, accounts payable** and **cashbook** were operational by September 05, and continued to be implemented during the quarter. A separate report on finance highlights the detailed activities done at the hospital during the period under report.

The piloting of the **Revenue Management System (RMS)** was initiated in January 2005, but suspended. The piloting did not work as planned and this necessitated some improvements. The key improvement was the drafting of the “RMS Implementation Guide” to be used in guiding RMS implementation has been drafted, and the training of Ward Clerks on their use. The guide is a detailed description of the RMS system and its tools used in implementing the system. Much was not done during the quarter as the guide was under development, and the re-piloting with the system is to commence in the coming quarter. A comprehensive revision of Hospital Patient Fees based on actual costs of services was publicised by the MOH in September 05. Full implementation is pending Gazetting of new fee structure being handled by Ministry of Justice.

Strengthening Human Resources Management.

Comprehensive **Policy and Procedure Manuals for Hospital Management Systems** that were developed in the previous year for personnel management, financial management, and general administration systems, clinical and clinical support systems, have been updated; the hospital having significant input in this exercise. The new personnel and financial manuals have already been submitted to the MOH and are to start being used for training health workers in the hospital. The HR and administrative manual was reviewed by a team comprising representatives from College of Medicine, Ministry of Health, LATH consultants, MSH and Hospital Autonomy consultants and hospital management teams from KCH and QECH.

Implementation of the Registry System. Implementation of registry at K.C.H. has continued during the quarter. Things done so far are the cleaning-up of the hospital staff returns, introduction of decentralized “staff returns” for all cost units and the introduction of “Employee Profiles” for the registry, which all old and new staff members complete by providing personal and professional details. Improvements of the personnel filling system have included the provision of new cabinets for the new filling system, introduction of a new filling system and training of Registry staff on the new filling system.

Development of the HR Planner has progressed slowly due to delays in sorting the staff returns for the hospital. The planner is to be installed at the hospital to be operated by the hospitals HR staff and the training on the same is to take place during the next quarter.

Strengthening Central Hospital Quality Standards.

Support to Infection Prevention and quality assurance programmes have been the key activities so far. Monitoring referral patterns and practices, managing complaints, and strengthening hospital supervision and inspections, as well as the audit of premises, facilities and equipment are the activities scheduled for the coming quarter.

Strengthening Central Hospital Capital Development and Maintenance.

Capital Development Planning was initiated with the putting up of the “Equipment Standardization Task Team”, which is up-dating the equipment inventory for the hospital and is to develop the equipment investment capital plan.

Strengthening Central Hospital Pharmaceutical Management.

This is the area where a consultant from the Taiwanese Medical Mission assisted the hospital greatly in the quarter. Areas in which she has worked include:

- Reviewing the current drug management systems and communicating with related hospital staff for establishing Computerized Inventory Control System (CICS).
- Drafting proposal of Pharmaceutical Management and Computerized Inventory Control System in collaboration with Baobab project.
- Banding pharmaceuticals following the nine cost-banding schedule system for the revenue system.
- Making recommendations on procurement and stock procedures.
- Conducting Joint Annual Procurement Plan for the financial year 2006/07 for central hospitals.

PROBLEMS/ CHALLENGES ENCOUNTERED

Implementation of the new management systems has worked well in some sections of the hospital, while others have not worked well. Where the systems have not worked well, reasons for the failures include:

- Capacity problems due to staff shortages in most of the cost units. Participation of staff in systems development is slow and limited.
- Time constraints especially for departmental heads, and the senior clinicians and nurses. Most of these staff have busy schedules, usually over-worked hence their availability for system development is minimal.
- Bottlenecks such as inadequate computers coupled with computer illiteracy are also affecting the rate of absorption and implementation of the systems being implemented.

IMPROVED HEALTH SYSTEM FUNCTIONING

Main achievements

The major achievement in the hospital is the consolidation of the development of the systems initiated in the previous quarters. JIP meetings and the strategic management meeting has provided opportunities to review the functioning of the hospital broadly. Participation of the District Health Office and the Ministry of Health in these meetings has assisted in developing a common approach to improving the functioning of the hospital. Lessons learned from the facilities and client surveys done in Lilongwe district and at KCH, are to provide options the hospital is to adopt in its efforts to improve the hospital functioning.

Problems/ Challenges Encountered

The absence of district hospital facilities in Lilongwe limits devolution options. In addition, the health facilities under DHO in Lilongwe just as is the case with KCH have inadequacies in resource availability. The functioning of the hospital is constrained by the inadequacies whether it is financial, infrastructure, medical equipment or above all human resources.

KEY CURRENT AND FUTURE ACTIVITIES

15. Continue strengthening hospital management systems relating to HR, Revenue, Registry, Infection Prevention, HMIS, Transport, Equipment Management and Pharmacy.
16. Cost Unit management with emphasis on resource allocation and management as well as adapting management systems for cost unit functioning.
17. Facilitate quarterly and annual performance and financial review for KCH.
18. Strengthen ACCPAC accounting system.
19. Facilitate production of the annual report for 2004/05 for KCH.
20. Facilitate finalization of the business plans for cost units and the hospital.
21. Finalize work by the task teams and produce reports.

ANNEX II: QUEEN ELIZABETH CENTRAL HOSPITAL QUARTERLY REPORT OCTOBER TO DECEMBER 2005

INTRODUCTION

This report outlines activities that have been undertaken between October and December 2005 at Queen Elizabeth Central Hospital, as part of the MoH/MSH Hospital Autonomy Programme as well as major activities that involved the management team of the hospital.

Major and important activities that took place in the quarter include continuing with the implementation of the Human Resource and Registry Systems, Transport Management System, Switchboard operations, Introduction of the computerised Accounting System, rolling out of the Patient Management Information System (PMIS), Business Planning, the piloting of the Revenue Management System and the on-going support to the functioning of the hospital.

IMPROVEMENT IN CENTRAL HOSPITAL FUNCTIONING

Main achievements

Management staff and heads of departments were trained in the implementation and application of the MOH approved **Human Resource Policy and Procedure Manuals** while task teams continued to work on updating and finalizing other policy and procedure manuals. Key among these were the finalization of work on the **transport, revenue management, kitchen, and maintenance guidelines**. The **new registry system** became operational during the quarter. The defective cabinets that slowed progressed were all replaced by new and apparently durable ones. With the introduction of the new cost centre based registry system, the filing and retrieval of files has been made much easier and convenient. If a member of staff is transferred or leaves employment for any reason, the files are now being removed and stored in a designated place immediately. Access to all information on employees is now possible and easily done and any changes are easily updated.

The **switch board monitoring system** which was temporarily stopped was restarted during the quarter. A quick analysis of information revealed that 57 percent of calls made were private. Of these, 70 percent went to cell phones. From further analysis, it was concluded that if the hospital charged for all private calls, it had the potential of raising about K3,300 per day, the amount it loses per day. When the report was presented to Core Management, it was resolved that a circular be issued immediately to ban all private call through the switch board and that public call boxes be installed around the hospital.

Cost Centre Management strengthening activities in the quarter continued with the completion of the allocation of human resources to cost centres based on the management approved organizational structures. The Human Resource section is now producing monthly reports based on the cost centres. Work on resource allocation slowed down following the departure of the principal accountant who spearheaded the process.

A **Computerised Accounting Management System** called ACCPACC initially introduced at KCH was rolled out to QECH in October 2005. By the end of the quarter, all accounts staff were trained in basic

commercial accounting principles and hands on use of the new system. The implementation of ACCPAC accounting system for financial management commenced with a phased approach in the following subsystems:

- Accounts Payable
- Accounts Receivable
- General Ledger
- Cashbook

The signal for the wire network was weak at the revenue and salaries sections which were located some 400 metres away from the rest of the accounts sections. To achieve progress, the revenue section had to be moved into the Hospital Autonomy office, adjacent to the principal accountant's office. This meant that the Hospital Autonomy office had to find alternative accommodation. The hospital allocated the old Physical Assets Management (PAM) building to the Hospital Autonomy which did some assessment to rehabilitate the building. A protracted negotiation with MSH to approve funds to rehabilitate the building finally yielded positive results.

A workshop for **training in finance for non financial managers** was successfully conducted during the quarter. The workshop was conducted in order to brief managers on the progress made as well as expose them to the commercial accounting system.

Data capturing into the new system to update the financial records started towards the end of the quarter for the current fiscal year while opening balances for prior year were being prepared in readiness to capturing it into the system. Work progressed fast enough to expect reports from the system generated early in the next quarter.

A new **Revenue Management System (RMS)** that was being piloted at hospital continued to yield positive results. Despite the publicising of the comprehensively revised Hospital Patient Fees based on actual costs of services by the MOH in September 05, the hospital had not yet implemented the new fees on which the RMS was based awaiting the MOH to Gazette the new fee structure. Following the one day workshop conducted by the external technical assistant for the revenue clerks and nurses in fee paying sections, a lot of progress has been noticed. The negative attitudes that were earlier initially towards the system were no longer there. The system has been well accepted and functioning well.

The **Expenditure and Performance Review** for the previous quarter which was scheduled to take place was postponed to the following quarter and is expected to review **Key Performance Indicators** for the last two quarters i.e. July to December 2005. The hospital has considerably increased the number of performance indicators that are being monitored. The hospital was to include the last but one set of indicators it had set itself to review during the quarter under review.

Central Hospital Business Planning introduced earlier in April 2005 has resulted in increasing participation of Clinical Heads of Departments (HOD) in the planning and management of the hospital services. Cost centres started working on their business plans for the coming year. Modifications were made to the business planning template to take into account the diversity of QECH which has many key stake holders such as the College of Medicine and research institutions.

The **Central Hospital Information System** continued to show remarkable improvements. The hospital now has reasonably accurate datasets that are being utilised to assess service provision and inform decision making. Data quality, presentation and utilisation have improved significantly in 2005 due to introduction of regular Information Reviews, Quarterly Performance Reviews and the new Business Planning Process which demands comparison of performance between periods and projection of anticipated levels of activity. The Hospital Management Information section provides regular reports to departments and management. So far, the data sets being utilised seem adequate for all information needs of the hospital. The hospital will therefore focus on improving the data quality and maximising utilization of the information provided. The various departments have submitted their annual reports in which they used the information from the performance reviews. The same information is being utilised in the business plans. The complaints of data inaccuracy from the departments are no longer there compared to a year ago when nearly everyone challenged the accuracy of the data.

Changes to patient flow have been made as a result of the quarterly review meetings in a bid to improve patient care as well as capture all patients passing through various clinics and wards in the hospital.

The Hospital cost centres and the statistical office submitted their annual reports to management which set up a team to compile a **hospital annual report**. The task team was yet to come up with the format of the report. The earlier format adopted by the team was set aside in preference for one that would be in line with the business plan format.

The hospital completed compiling the **inventory of all hospital equipment** by area, status and short and long term actions proposed for non/poorly functioning equipment. The lists made it easier for the hospital when requested to submit their requirements to the MOH to do so timely. During the last planning process department did not have problems coming up with equipment requirements as they referred to the information already collected. The information is to be translated into equipment development plans for the hospital's strategic plans. A task team started **assessing the physical infrastructure** during the quarter. Their report is expected in the next quarter.

The **PMIS** became operational in outpatient registration points. The same was linked to the ACCPAC accounting system. By the close of the quarter, about twenty thousand people were in the system which has created a lot of demand from the various departments which are all anxious to use the technology. Since the hospital resolved in one of the performance review meetings that clinicians and pharmacy should not attend to anyone who had not passed through the OPD registration, the system is likely to catch all attendees at the hospital thereby giving the true picture of the workload. The system so far has had no major set backs which means it can safely be extended to cover many areas of the hospital. The technical person on site sorts out problems as they arise shortening the lead time between a problem developing and restoration of normal functioning.

The **hospital pharmaceutical management** which had received little attention in the past was brought into the lime light. An assessment done in January 2005 which was reviewed by both the management team and the drug committee, received no further attention till during the quarter under review. A technical expert who was in the team that did the assessment was contracted by the Hospital Autonomy Programme to work on improvement of the system. She visited the hospital twice during the quarter and outlined the work that needed to be done to improve the functioning and management of the pharmacy. A workshop on stock control and inventory was conducted for all pharmacy staff on 10th December 2005. Various forms and guidelines on managing the supplies and securing the stocks were made which the pharmacy staff were to follow. This was identified as a priority area of attention by the hospital management and weaknesses in the system were clearly tabled in the earlier assessment. More work was scheduled for the following quarter.

The hospital has had a very active **drug committee** which met monthly. The quarter saw the resignation of its chairperson due to frustrations arising from the erratic supply of drugs and medical supplies to the hospital.

Problems/ Challenges Encountered

The change to centralised payment system resulted in the hospital losing substantial amounts of money which could have been used to improve service provision.

The directive for the hospital not to use any of the locally generated income may serve as a disincentive to implement tight control on revenue and loss of motivation to increase revenue generation.

IMPROVING HEALTH SYSTEM FUNCTIONING

Main achievements

The hospital hosted two workshops attended by the district health officers in the southern region, Zomba Central Hospital management, College of Medicine and the Zonal Coordinators facilitated by the Hospital Autonomy programme, to discuss the **referral system** and develop guidelines for the region. Among the resolutions from the workshops were the need to: develop clinical guidelines, standardise the referral forms, improve communication between levels, strengthening the specialist visits to the districts and the prompt evacuation or return of discharged patients. The participants agreed to review the performance and adherence to the guidelines quarterly.

The discharged patients and dead bodies used to stay uncollected at QECH for three to four days thereby not only inconveniencing the patients themselves but causing congestion in the wards as they had to go back in the evenings to sleep. This was an additional cost to the hospital as they had to be fed and use hospital facilities. By the end of the quarter all the districts except for two (Mangochi and Chiradzulu) picked up their patients within 24 hours of discharge.

During the quarter an external verification assessment of adherence to infection prevention and control procedures and guidelines was conducted. The Hospital slipped in its **infection prevention and control** status during that assessment for the first time since the programme was introduced. The reasons were attributed to poor attitudes by some members of staff.

In order to start addressing perceived **quality of care** issues, the hospital identified positions to place **complaint boxes** in the hospital. The boxes were purchased during the quarter and are to be operational early in the next quarter. Staff sensitization and publicity to patients on the use of the boxes will be done once the boxes are in place and will be ongoing.

The Patient Care Survey that assessed levels of care provided to patients at the hospital is yet to be reviewed by the hospital management team. The strategic planning meeting scheduled for the quarter to review future service delivery and capital development plans would now be held in the next quarter.

KEY CURRENT AND FUTURE ACTIVITIES

22. Finalize business plans
23. Proceed with strengthening cost centre management, by supporting the cost centre managers and complete the process of allocating resources to cost centres.
24. Implement the relevant sections of the human resources policy and procedures manual
25. Sensitize the public to support the hospital autonomy through public advocacy, and education strategy.
26. Continue strengthening hospital management systems relating to HR, revenue, registry, infection prevention, HMIS, transport, equipment and pharmacy.
27. Conduct quarterly performance and financial reviews.
28. Consolidate ACCPAC accounting system.
29. Finalize the production of the annual report.
30. Advocate for the rolling out of the PMIS to all workstations of the hospital.
31. Strengthen pharmaceutical services in preparation for hospital autonomy.

Annex III: MSH Malawi Programme Progress Report as at 31st December 2005

Strategic Objective	Indicator	Indicator Description	District	Status as at 31st March 2005	Status as at 30th June 2005	Status as at 31st Sept. 2005	Status as at 31st Dec. 2005	
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%	
			Chikwawa	100%	91%	100%	100%	
			Kasungu	100%	100%	96%	92%	
			Mangochi	100%	100%	92%	92%	
			Mulanje	100%	100%	90%	100%	
			Mzimba	100%	100%	89%	89%	
			Ntcheu	100%	100%	100%	88%	
			Salima	100%	100%	100%	100%	
			Average	100%	99%	96%	95%	
	% of health facilities reporting data according to schedule	Number of reports received within a specified date against those expected within the specified date.	Balaka	90%	100%	92%	92%	
			Chikwawa	85%	96%	100%	92%	
			Kasungu	83%	71%	71%	72%	
			Mangochi	55%	83%	85%	73%	
			Mulanje	100%	100%	95%	94%	
			Mzimba	78%	72%	54%	72%	
			Ntcheu	70%	74%	60%	51%	
			Salima	71%	89%	100%	89%	
			Average	79%	86%	82%	80%	
	% 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%	100%	
			Chikwawa	73%	100%	100%	100%	
			Kasungu	79%	80%	86%	50%	
			Mangochi	61%	65%	92%	92%	
			Mulanje	85%	80%	95%	100%	
			Mzimba	62%	65%	54%	72%	
			Ntcheu	72%	75%	67%	51%	
			Salima	100%	94%	100%	100%	
			Average	79%	82%	87%	83%	
	% 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; %	Tracer drugs to include SP, ORS, cotrimoxazole and panadol/aspirin.	Balaka	100%	100%	100%	50%	
			Chikwawa	100%	65%	54%	80%	
			Kasungu	92%	83%	0%	0%	
Mangochi			77%	100%	54%	30%		
Mulanje			100%	94%	0%	0%		
Mzimba			100%	100%	12%	89%		
Ntcheu			65%	61%	30%	40%		
Salima			94%	100%	47%	44%		
Average								
			91%	88%	37%	42%		

	of district hospitals with up-to-date stock cards for tracer drugs; % of health facilities with up-to-date stock cards for tracer drugs						
	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 unigold/bioline (both available all the time)	Balaka	1	1	0	1
			Chikwawa	1	1	1	1
			Kasungu	1	1	1	1
			Mangochi	1	0	1	1
			Mulanje	1	1	1	1
			Mzimba	1	1	0	1
			Ntcheu	1	1	0	1
			Salima	1	1	1	1
			Total	8 (100%)	7 (86%)	5 (63%)	8(100%)
	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	na	na	0	1
			Chikwawa	na	na	0	0
			Kasungu	na	na	0	0
			Mangochi	na	na	1	1
			Mulanje	na	na	1	1
			Mzimba	na	na	1	1
			Ntcheu	na	na	1	1
			Salima	na	na	1	1
			Total	na	na	5 (63%)	6(75%)
Health Sector Capacity Strengthened	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	na	na	1	1
			Chikwawa	na	na	1	1
			Kasungu	na	na	0	1
			Mangochi	na	na	1	1
			Mulanje	na	na	1	1
			Mzimba	na	na	0	1
			Ntcheu	na	na	1	1
			Salima	na	na	1	1
			Total	na	na	6 (75%)	8(100%)
		% Health Facilities maintaining registers for monitoring transport management in the MSH	Registers instituted in all HF in four districts tracking time ambulance called, time arrived, ambulance never arrived and distance.	Balaka	na	na	100%
			Chikwawa	na	na	100%	100%
			Kasungu	na	na	13%	25%
			Mangochi	na	na	na	na
			Mulanje	na	na	44%	50%
			Mzimba	na	na	5%	7%
			Ntcheu	na	na	0%	6%

	supported districts		Salima	na	na	47%	67%
	District where Accounts staff submit ORT report to DHMT monthly (1=yes; 2=no)	DHMT members (DHO, DNO, DHSAs and DEHO) confirming receipt of ORT report monthly	Balaka	na	na	1	1
			Chikwawa	na	na	1	1
			Kasungu	na	na	1	1
			Mangochi	na	na	0	0
			Mulanje	na	na	1	1
			Mzimba	na	na	1	1
			Ntcheu	na	na	1	1
			Salima	na	na	1	1
			Total	na	na	7 (86%)	7(88%)
	% of health facilities with functioning communication equipment	"Functioning communication equipment" to include either a two way radio or a telephone.	Balaka	100%	100%	100%	75%
			Chikwawa	100%	70%	88%	94%
			Kasungu	86%	75%	96%	68%
			Mangochi	68%	81%	100%	97%
			Mulanje	100%	95%	100%	100%
			Mzimba	81%	70%	79%	79%
			Ntcheu	53%	85%	88%	83%
			Salima	94%	94%	94%	56%
			Average	85%	84%	72%	78%
	% 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%	100%	100%	92%
			Chikwawa	79%	79%	100%	100%
			Kasungu	100%	100%	100%	92%
			Mangochi	80%	91%	100%	100%
			Mulanje	100%	100%	100%	100%
			Mzimba	100%	100%	100%	100%
			Ntcheu	90%	100%	100%	97%
			Salima	100%	100%	100%	100%
			Average	94%	96%	100%	98%
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	na	na	32%	51%
			Chikwawa	72%	na	na	na
			Kasungu	na	na	42%	61%
			Mangochi	na	19%	42%	38%
			Mulanje	75%	79%	na	na
			Mzimba	38%	na	na	67%
			Ntcheu	na	18%	37%	41%
			Salima	73%	78%	69%	83%
Behaviour change enabled	Number of clients counseled and tested		Balaka	1745	2862	1312	2028
			Chikwawa	4397	5249	4489	3838
			Kasungu	2233	2514	2327	1466
			Mangochi	552	1286	1472	1443
			Mulanje	1314	2462	1793	1741
			Mzimba	782	1319	984	1644
			Ntcheu	1133	1146	1255	1258

		Salima	1370	1576	1917	3650
		Total	13526	18414	15549	17068
% 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	na	13 (3.1%)	7 (2.1%)	16(3.2%)
		Chikwawa	392 (14.7%)	423 (14.8%)	719 (21%)	1036(36.3%)
		Kasungu	59 (3.4%)	20 (1.5%)	121 (8%)	57(7%)
		Mangochi	19 (1.1%)	46 (2.6%)	115(7.1%)	29(0.6%)
		Mulanje	na	226 (100%)	72 (8%)	91(11.5%)
		Mzimba	na	385 (22.7%)	202 (30%)	31(5.2%)
		Ntcheu	4 (0.5%)	7 (0.8%)	10(1%)	8(1.2%)
		Salima	7 (0.5)	90 (4.1%)	251 (14%)	1679(100%)
		Total	481 (5.8%)	1067 (10.5%)	1497 (13%)	2284(30%)
% 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	na	2 (1%)	5 (7%)	128(40.8%)
		Chikwawa	132 (12.4%)	69 (11.6%)	56 (5%)	63(7.5%)
		Kasungu	20 (3.0%)	49 (10.5%)	51 (10%)	9(2.9)
		Mangochi	24 (3.5%)	60 (8.4%)	59 (7%)	17(2%)
		Mulanje	161 (11.2%)	179 (15.7%)	67 (6%)	13(1.3%)
		Mzimba	na	1 (0.3%)	4 (%na)	na
		Ntcheu	10 (1.1%)	0 (0%)	9(1.6)	0
		Salima	19 (2.8%)	4 (0.7%)	21 (3.4%)	49(9.5%)
		Total	366 (6.7%)	364(6.9%)	272 (5.5%)	196(5.1%)
% TB positive patients opting for CT	Represents the proportion of TB positive patients who opt to be counselled and tested during the quarter	Balaka	37 (100%)	8 (100%)	27 (100%)	17(94%)
		Chikwawa	140 (55%)	136 (58%)	175 (68%)	153(63%)
		Kasungu	40 (52%)	66 (46%)	47 (38%)	37(25%)
		Mangochi	22 (6.0%)	182 (40%)	176 (42%)	204(88%)
		Mulanje	84 (99%)	76 (100%)	105 (86%)	80(100%)
		Mzimba	46 (48%)	73 (69%)	29 (51%)	65(100%)
		Ntcheu	95 (65%)	76 (44%)	89(48%)	72(48%)
		Salima	64 (76%)	75 (69%)	96 (100%)	75(100%)
		Total	528 (47%)	709 (54%)	744 (59%)	613(73%)