

Malawi Programme for Reducing Childhood Morbidity and Strengthening Health Systems

31 July 2006

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About the Malawi Programme for Reducing Childhood Morbidity and Strengthening Health Systems

The MSH/Malawi Programme for Reducing Childhood Morbidity and Strengthening Health Systems reflects a partnership between USAID, Management Sciences for Health (MSH), and the Ministry of Health (MOH) of Malawi. The programme currently 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). The programme has particularly supported quality assurance, child health, malaria, and HIV/AIDS. The programme's government partners have progressed in these areas over the past few years, and we are pleased to have contributed technical and financial assistance at important moments.

This report covers the programme's thirteenth quarter, April to June 2006; Year 4 of the programme commenced on 1 April 2006. The focus during the last phase of this program is to actively work towards ensuring sustainability. Many of quarter 13 activities reflect this — development of a simple induction manual for pharmacy technicians, support provided to the MOH for the finalization of a National Health Transport Policy and the work currently being conducted with zonal offices in areas such as health information, drug supply management and planning.

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Acronyms

AA	Administrative Assistant
ACCPAC	Computerised Accounting Management System
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AS	Assistant Statistician
CDC	Centers for Disease Control
CH	Central Hospitals
CHAM	Christian Health Association of Malawi
CMS	Central Medical Stores
COM	College of Medicine
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
DHRM&D	Department of HRM and Development
DIP	District Implementation Plan
DNMCPM	District National Malaria Control Programme Manager
DNO	District Nursing Officer
DOTS	Directly Observed Therapy, Short Course
EHP	Essential Health Package
ELMS	Essential Laboratory Medical Services
HA	Hospital Autonomy
HAS	Health Surveillance Assistant
HCD	Human Capacity Development
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMIU	Health Management Information Unit
HRM	Human Resources Management
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
MOLG	Ministry of Local Government
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NRU	Nutrition Rehabilitation Unit
NTP	National TB Control Programme
OJT	On-the-Job Training
OPD	Out Patient Department
OPT	out-patient therapeutic care programmes
ORT	Other Recurrent Transactions
ORS	Oral Rehydration Solution
PDE	Patient Day Equivalent
PHI	Paediatric Health Initiative
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission [of HIV]
PPE	Personal Protective Equipment
QA	Quality Assurance
QECH	Queen Elizabeth Central Hospital
RMS	Revenue Management System
SP	Sulfadoxine-Pyrimethamine
STI	Sexually Transmitted Infection
SWAp	Sector-Wide Approach
TA	Technical Assistant
TB	Tuberculosis
TBA	Traditional Birth Attendant
TNA	Training Needs Assessment
TNP	Targeted Nutrition Programme
TOR	Terms of Reference
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
ZHSO	Zonal Health Support Office

EXECUTIVE SUMMARY

Major Technical and Managerial Components

1. Health Sector Capacity Strengthened

The programme has strengthened the following systems amongst others: Planning and Budgeting, Financial management, Drug management, Supervision, and Human Capacity Development. A full description of major activities and outcome is included in the body of this report. A few illustrative examples are included below:

Planning and Budgeting Systems. By strengthening planning and budgeting systems in Malawi, the programme expects to enhance the ability of District Health Management Teams (DHMTs) to conduct annual planning, and to increase the use of data, thus **improving the accuracy of planning and budgeting processes.**

Illustrative indicators for monitoring the programme's progress are below; a full list of indicators is included in the M&E plan.

- Percent of districts conducting quarterly HMIS reviews (target: 100 percent)
- Percent of health facilities reporting data according to schedule (target: 100 percent)
- Percent of districts where accounts staff submit Other Recurrent Transactions (ORT) report to the DHMT monthly (target: 100 percent)

Notable Achievements of the Past Quarter

- **Model for zonal level mentoring developed and implemented.** Pharmacy technicians from all district hospitals in the South East Zone are benefiting from a mentoring initiative that aims to help pharmacy technicians better manage drug supplies in their districts. This represents a step forward in exposing others to lessons learnt through work in MSH supported districts
- **2,760 severely malnourished children entered the community therapeutic care program at 59 sites in 5 districts.** The success of this rapid scale up (OFDA funding) initiated towards the end of January 2006 would not have been possible without the previous experience gained with CTC in Mzimba, Salima and Balaka and the effective relationships developed between DHMT's and MSH at district level.
- **Leave Procedures at Queen Elizabeth and Kamuzu Central Hospitals are being fully implemented.** All cost centres have developed annual leave rosters to make the system run effectively during the coming financial year starting July 2006.

Since the programme's beginnings, the following progress has been made.

- **Developed 2005/06 District Planning Guidelines**, including a common understanding of the planning process at the district level; all districts developed improved plans.
- **Developed standardised list of district activities** for 2006-2007 planning and budgeting cycle. This was done in close collaboration with the Planning Directorate, and key health priority areas were included into standardized activity list.
- Provided support to the national TB control programme (NTP) to **integrate TB activities into district implementation plans (DIPs)**.
- **Adapted 2005-2006 planning guidelines** for FY2006-2007 and facilitated the development of district plans throughout Malawi. DIPs for 2006-2007 demonstrate improved quality, and key health priorities were integrated into DIPs.

Drug Management Systems. The Malawi Programme's work helps to improve systems for calculating drug needs, ordering drugs, maintaining proper pharmacy conditions, and accurate record-keeping, **thus better ensuring the availability of essential medications.**

The main indicator for measuring progress is the percent of districts without stock-outs of child health tracer drugs (target: 100 percent).

To date, the Programme's success includes:

- **Upgraded and organized pharmacies**, and appropriate dispensing by staff in 227 facilities (health centers and hospitals).
- **Implementation of a drug supply management system in all eight districts** (in close participation with DELIVER Project).
- **Dissemination of drug management "tips and tools"**.
- **Development of the "Induction Manual for Pharmacy Technicians"**.

Supervision. With the programme's support, expected results include the occurrence of regular integrated supervision, the use of appropriate data collection tools, and the DHMT's use of results. To measure progress toward this goal, the programme is monitoring the percent of facilities with a documented DHMT supervisory visit within the last six months (target: 100 percent).

Since the programme's inception, progress in the following areas has been documented:

- **Model of integrated supervision defined and tested** in participating districts.
- Continued support (over 18 months) for supervision, thus enabling **improvements in service provision, equipment availability, and infrastructure improvement at the health-centre level.**
- Series of checklists developed and incorporated into Zonal Office Supervisors Manual, **to facilitate integrated supervision at district level.**
- Northern and South Western zonal offices have become operational, **extending the MOH's supervisory capacity and aimed at improving the quality of district-level service provision.**

2. Key Health Programs Strengthened: Child Health, Malaria, Nutrition, HIV/AIDS & TB, and Quality Assurance (QA)

In addition to benefiting from strengthened management systems, these key health programs have been able to make use of targeted technical and financial inputs. Details are in the individual sections later in this report; some examples follow.

HIV/AIDS. The programme's work and other inputs are helping to strengthen the capacity of the MOH to implement HIV programs and strengthen voluntary counseling and testing (VCT) in MSH-supported districts. The number of clients counseled and tested at USAID-assisted VCT centers is monitored as an indicator of progress.

To date, the programme has made notable progress.

- VCT services strengthened in all eight MSH-supported districts, **enabling the testing of 111,293 persons between October 2004 and June 2006.**
- **ART scale up programme implemented through the private sector.** This has initially involved 23 sites¹ and will contribute up to 10 percent of persons enrolled into ART. By the end of 2005, 977 people had been enrolled.
- Technical assistance provided to the core proposal writing group contributed to the **Global Fund (Round 5) allocation of USD65 million.**
- Continued work in the prevention of mother-to-child transmission (PMTCT) of HIV is raising the testing coverage in pregnant women. As of June 2006, **35 percent of pregnant women visiting MSH-supported sites have received VCT**; in October 2004 the testing coverage was 4 percent.

Child Health/ IMCI. Systems strengthening and other targeted inputs are expected to fortify the National IMCI Task Force, to train and support district-level staff, ensure that facilities are equipped with functioning, basic child-health equipment.

Illustrative indicators of the programme's progress in child health and IMCI include:

- Percent of health facilities without stock-outs of identified child-health tracer drugs, for more than a week at a time, and within the last three months (target: 80 percent).
- Percent of facilities that meet at least 80 percent of the child health standards (target: 100 percent of facilities where piloted).
- Number of children admitted into the OTP programme
- Percent of facilities with functioning, basic child-health equipment (target: 100 percent)

Progress made during the life of the programme includes:

- The **procurement of IMCI supplies** for all eight districts.
- **Regularly conducted IMCI supervision that follows IMCI guidelines.**

¹ Sites include private companies and parastatals (Limbe Leaf, Alliance One, Admarc, Press Cooperation and ESCOM), private for-profit health service providers (Maiwathu Private Hospital, City Centre Clinic, etc.), and some NGOs providing services for a fee (African Bible College, Partners in Hope).
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- Strengthened IMCI services in target districts (120 staff trained, district level IMCI supervision facilitated in all), thus **helping to improve the quality of care provided by trained IMCI providers.**
- **Implemented community therapeutic care (CTC)** for severely malnourished children in five sites in three districts. **Staff trained, and Ready-to-Use Therapeutic Foods (RUTF) and appropriate equipment provided.**
- As of December 2005, 945 children had been admitted to the CTC programme; with the provision of funding through OFDA, **2,760 children were admitted for nutritional support at 59 sites by June 2006.**
- The Paediatric Hospital Initiative (PHI) in three districts has **decreased under-five death rates by 35 percent and increased compliance with clinical guidelines.** Compliance in Chikwawa, for example, rose from 10 percent at baseline to 80 percent currently.
- **Child health quality improvement initiative implemented** in two facilities each in Mulanje, Mangochi, Balaka and Salima. The assessment tool was completed, and district- and facility-based assessment teams were trained for the baseline assessment.
- **Helped to finalize the National IMCI Policy and Five-Year Strategic IMCI Plan.**
- **IMCI training course abridged** (from 11 days to 5 days) and HIV and care of the newborn components built into IMCI guidelines. **This makes IMCI training more affordable** in terms of actual training cost and decreases staff absence from service provision.

Malaria. Systems strengthening and other targeted inputs are expected to improve use of malaria prevention practices and ensure that the district plays a key role in increasing malaria prevention and case-management activities. The following indicators are helping the programme to monitor progress toward these results:

- Intermittent presumptive treatment (IPT) coverage (target: 80 percent)
- Appropriate case management of hospitalised malaria patients (per malaria case management national guidelines) (target: 80 percent)

Since the programme's start, progress toward its goals has been documented:

- **IPT coverage increased to 68 percent** (October 2004) from 53 percent at baseline.
- Introduction of appropriate net distribution mechanisms and financial controls have **strengthened management of targeted community ITNs.**
- **Seventy-eight percent compliance with malaria case management guidelines** through expanded PHI process in three districts.
- **Case management updates conducted for 276 health workers and 24 malaria microscopists.**
- The programme supported the annual SADC campaign (November 2005) for the re-dipping of insecticide treated nets. Support included technical assistance in campaign supervision, and the provision of transport and financial assistance to certain districts. **During the campaign, 535,667 nets were re-dipped, achieving 86 percent coverage.**
- **ITN manual developed and printed;** the manual will provide health surveillance assistants (HSAs) with a training resource as they guide and prepare village ITN committees to distribute nets.

Quality Assurance. Strengthened systems and other inputs are expected to facilitate the development of the National QA Policy and Patient Rights Charter, to strengthen infection prevention practices, and to support the implementation of maternal death audits in participating districts. Targets identified as progress toward these ends include:

- Finalization and printing of National QA Policy.
- Development of Patient Rights Charter; adaptation of charter to pamphlet and poster formats.
- Accreditation in infection prevention control of eight district hospitals and two central hospitals .
- Percent of hospital-based maternal death audited (target: 80 percent)

To date, the programme has seen notable progress:

- **National QA Policy, Patient Right Charter finalized.**
- Salima District Hospital externally assessed; Chikwawa and Mulanje readied for external assessment. Queen Elizabeth Central Hospital needs re-assessment to maintain accreditation. Kamuzu Central Hospital now accredited.
- **Midwifery standards developed.**
- **Maternal death audit process resumed in Chikwawa, Kasungu, and Mangochi.** TBAs were re-equipped in Chikwawa, and received refresher training in Chikwawa and Mulanje; community sensitization activities were conducted in Kasungu.

3. Strengthened Central Hospital Management Systems

Overall systems strengthening impacts the central hospital systems; expected results include the development of a framework to allow hospital autonomy to occur (development of policy and legislation and associated supporting activities) and strengthened management systems in the participating central hospitals.

Indicators for monitoring this project include:

- Parliamentary approval of an act on hospital autonomy (target: December 2005).
- Completed manual on governance and strategic management (target: December 2005).
- Quarterly performance reviews undertaken.
- ACCPAC accounting and financial system and Revenue Management System (RMS) fully operational (target: September 2005).
- Memorandum of Understanding (MOU) signed between the MOH, the College of Medicine (COM), and Central Hospitals.

To date, the programme reports some successes:

- **Drafts of hospital autonomy legislation and implementing contractual agreements completed.**
- **First draft of National Health Policy completed.**
- Regular quarterly performance reviews have been conducted. This has led to a **critical review of workload and financial data, improved service planning, a review of income and expenditure trends, and improved efficiency of services.**
- Both hospitals demonstrate an **increase in revenue collection** by 10 percent. Correspondingly, there has also been a **reduction in transport unit costs.**

- New hospital fees approved and publicized by the MOH, leading to **increased revenue collection.**
- **Significant progress made in developing a MOU between the COM, the MOH, and Queen Elizabeth Central Hospital (QECH).** The MOU guides service provision responsibilities of teaching staff from the COM and regulates research activities conducted by COM in QECH.
- 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. These documents, **user-friendly versions of management manuals, are due for production in the next quarter.**
- Human resource management (HRM) manuals were approved by a national task force and training programs initiated at both hospitals. **This will contribute to improved management and use of human resources.**

Summary of Major Activities and Outcome during the Reporting Period

1. Strengthened Management Capacity at the District Level

- 86 percent of facilities had a documented DHMT supervisory visit; ranged from 50 percent (Chikwawa) to 100 percent (four districts).
- Zonal offices based in Salima and Mzuzu have conducted initial supervisory assessments in all districts in zone.
- Capacity of zonal office staff (South Eastern and Northern zones) to analyze and assess HMIS data developed through in-service training on manipulation of the district health information system (DHIS) software. As a result, zonal office staff can perform data analysis independently of specialized M&E staff.
- With MSH support, a transport management taskforce formed and a roadmap was developed with the aim of finalizing the draft transport policy.
- Together with MOH, developed a skills and competency analysis and TNA tools for use to assess skill and training backlogs in district-level accounts sections.
- A job aide (Chichewa) has been produced with the intention of educating Health Centre Advisory Committees (HCAC) with regards to their roles in reducing drug thefts.
- HMIS Recognition scheme assessed in Chikwawa, Balaka, and Mulanje; 21 facilities now comply with quality standards set for HMIS.
- Through zonal meetings, MSH-supported HMIS initiatives and tools are being developed and disseminated; supervision approaches have been shared.

2. Key Health Program Strengthening

Child Health/IMCI

- The abbreviated IMCI training package has been piloted in Dowa district; work is ongoing to finalise the training package.
- IMCI supervision activities conducted in three districts: Kasungu, Ntcheu, and Mzimba.

- Regional referral meetings have been set up in Blantyre with the aim of strengthening the referral of patients between QECH and surrounding districts. This process will benefit the movement of referred women and children to tertiary care provided at QECH.
- A series of child health days were supported in Mangochi. Seventy-seven percent of children in the under-one age group received Vitamin A supplementation while 88 percent of children in the 12–59 months age group and 64 percent of postnatal mothers got Vitamin A. Sixty-eight percent of children in the 12–23 months age group received albendazole.

Malaria

- Job aide (n=900) on IPT distributed directly to all MSH-supported districts (450) and to the National Malaria Control Programme (450) for national distribution.
- Conducted support visits to districts which highlighted a number of issues, e.g., SP for IPT was not provided in CHAM facilities in Balaka and Mangochi due to fee-for-service payment mechanisms. (This was followed up with the related DHMTs through the MTAs.)
- Substantial technical assistance provided to the National Malaria Control Program helped to finalize the malaria in pregnancy training manuals and to develop guidelines for IPT for HSAs.

HIV/AIDS

- Technical tools finalized: PMTCT leaflet, diagnostic CT pre-referral message for clinicians and nurses.
- PMTCT meeting held in Balaka with a focus of strengthening PMTCT activities; this provided impetus to strengthen PMTCT activities in Balaka.
- A series of counselor review meetings indicate that referral systems to VCT sites at district hospitals are in place in most districts now².
- 20,406 clients were tested during this quarter. This includes 3,367 pregnant women (35 percent coverage, up from 27 percent) and 771 newly diagnosed TB patients (60 percent coverage, up from 44 percent in the previous quarter).
- The USAID-funded HIV coordinator in the MOH has supported the following during the quarter:
 - ARV prophylaxis review for PMTCT program; new guidelines proposed.
 - Initiated the development of linkages among PMTCT providers based in Lilongwe. Purpose was to increase access to PMTCT and ARVs for pregnant women and children. This reflects a partnership between the MOH, Lighthouse Centre, University of North Carolina, Baylor University, CDC, and UNICEF.
 - Developed TOR and organized external review of national ART program scheduled for the third quarter of 2006.

Quality Assurance

- Fourteen maternal death audits were conducted in two of the eight MSH-supported districts (Mangochi [8] and Kasungu [8 – 2 at community level]). Both Chikwawa and Ntcheu are

² At least all the district hospitals are preparing patients before they are referred for counselling, referral forms are used, patients referred for counselling and testing are escorted by a health care worker, rosters for counsellors are available in wards and departments, and feedback of test results to the referring ward/department are provided by counsellors through referral forms.

working towards the implementation of community-based maternal health programs based on the Mchinjii model.

- Finalised printing of Patients Rights Charter in pamphlets and poster format.

3. Strengthened Central Hospital Management Systems

- A cost-sharing proposal was submitted to MOH and NAC to continue work on the National Policy on Health to address the overarching health policy framework. NAC has confirmed the availability of funds in its new work plan.
- The Final Draft Policy on Biomedical Ethics and Research in Malawi is near completion and will be submitted to the MOH in the next quarter.
- The piloting of the pharmacy module of the electronic Pharmaceutical Inventory Control System (ePICS) at Kamuzu Central Hospital has demonstrated substantial success. Three drug stores and one sundry store were included in the pilot. Transactions on receiving and issuing drugs have been computerized, thus enabling the system to update the stock balance immediately
- Leave Procedures at Queen Elizabeth and Kamuzu Central Hospitals are being fully implemented including the use of all relevant forms. All cost centres have developed annual leave rosters to make the system run effectively during the coming financial year.

Major Plans for the Coming Period

1. Health Sector Capacity Strengthening

- Pre-test the Job Aide developed for Health Centre Advisory Committees (clarifying their roles in controlling drug theft) in Kasungu and Chikwawa.
- Continue mentoring program of pharmacy technicians in the South East Zone.
- Help develop framework for quarterly reporting from the zonal offices to the central MOH.
- Provide TA to the Planning Directorate in preparation for next year's planning cycle; work similarly with the NTP, monitoring the implementation of TB activity plans.
- Conduct skills and competency analysis and TNA for accounts sections at district level in collaboration with the MOH.
- Develop draft National Health Transport Policy incorporating ambulance policy components.
- Conduct comparative HMIS assessment through supervision of three MSH and three non-MSH districts; determine the impact of MSH work in HMIS. This will determine the value of interventions made by MSH in HMIS and facilitate the Health Management Information Unit in deciding whether to implement a monthly data collection system rather than a quarterly system.

2. Key Health Program Strengthening

Child Health/ IMCI

- Conduct a PHI review meeting for Chikwawa, Mulanje, and Ntcheu. (PHI has been implemented in these districts since 2004.)
- Finalise IMCI training materials and participate in re-training of district-level facilitators

Malaria

- Implement pilot program (Mulanje) aimed at testing the feasibility and effectiveness of mass distribution approaches for community-ITNs.
- Work with Kasungu and Balaka to strengthen malaria case-management in hospitalized patients.
- Provide support to NMCP with development of Global Fund Proposal for Round 6.

HIV/AIDS

- Pretest and distribute PMTCT leaflet.
- Provide support to the strengthening of active case-finding initiative for TB in CT sites (seven districts).
- Train counselors on supply management of HIV rapid test kits (seven districts).
- Strengthen the provision of PMTCT in Kasungu, Balaka, Ntcheu.
- HIV Technical Assistance to MOH
 - Support the external ART review
 - Facilitate a technical working group meeting on HIV/AIDS at the Annual SWAp Review in September
 - Attend the HIV Conference in Toronto (including presentations on Human Resources and VCT scale-up)

Quality Assurance

- Conduct module III of IP process in Kasungu, Mangochi, Ntcheu, and Balaka; continue with implementation of IP process.
- Continue to support DHMTs to ensure that maternal death audits are conducted.
- Arrange a formal handover of QA materials to the MOH.

3. Strengthened Central Hospital Management Systems

- Finalise MOU between COM, MOH, and QECH.
- Draft public trust document for QECH. Following the problems experienced during the submission of the Hospital Autonomy Bill to Cabinet last year, an alternative approach of bringing about hospital reform through a trust mechanism is being explored.
- Complete second draft of National Health Policy for Malawi.
- Strengthen reporting function of ACCPAC accounting system and generate reports for 2005/6 financial year.

Operational Issues and Constraints

Technical Activity Implementation

Mentoring in Drug Management. This quarter has seen the concrete evolution of a model to support zonal offices through targeted technical assistance. The technical specialist in drug supply management has been mentoring pharmacy technicians from districts supported through the South Eastern Zone in the effective management of drug supplies at district level. Mentoring sessions have been set up at monthly intervals over weekends.

In an effort to incorporate new knowledge into routine activities, the participants are given training tasks to implement between mentoring sessions. At the start of the sessions, the participants have to report back on progress made during the inter-session. This approach allows those working in MSH-supported districts to share experiences and tools with pharmacy technicians working in districts without focused MSH support. The Zonal Office staff have expressed their satisfaction with this approach and have fully participated.

Testing ANC Clients for HIV. A review of PMTCT data from the eight districts indicate a substantial rise in HIV test coverage in ANC clients over an extended period. Closer review of data indicates however a continuous change in testing rates over time for specific districts and also variation from district to district. A likely interpretation of this phenomenon is that the HIV testing of pregnant women has not as yet been sufficiently integrated into routine service provision and that more emphasis is needed to ensure the implementation of the opt-out approach for testing of pregnant women.

Adequate Supplies for Malaria Prevention. Previously it was reported that the supply of ITNs and SP has been extremely irregular. This situation has now improved although there has been a drop in drug availability during the April to June quarter from 65% availability to 52% availability. The causes of this drop will be investigated.

Operational Activity Implementation

- Staff members have concerns and anxieties about project close-out and termination of employment.
- A key ongoing activity will be to manage the district office close down. This will involve meeting with DHOs to discuss close-out plans for district offices and continuation of support to DHMTs after closure of district offices.
- The resignation of Dr. Eta Banda, Child Health Specialist, has negatively impacted the implementation of child health activities. Key responsibilities have been delegated to other project staff; a new person has been appointed to manage certain activities such as PHI.

Technical Areas

Human Capacity Development

Dates: 1 April to 30 June 2006

Key Staff: Mr. Wochi, Acting Controller of Human Resources Management, MOH Headquarters; Mr. Bondo, Director of Management Services, DHRM&D (OPC); Mr. Harold Kuchande, SWAp TA (HRM), MOH Headquarters; Mr. Kaluwa, SWAp TA (financial management), MOH Headquarters; Mr. Kachepa, Controller of Accounting Services, MOH Headquarters; Mr. Choso, Chief Management Systems Analyst, DHRM&D (OPC); Mr.

Chirupani, representing the Accountant General; Mr. S. Gondwe, Chief Accountant, MOH Headquarters; Mr. Leonard Nkosi, MSH Technical Specialist.

Aim for Collaboration: To re-vitalize and strengthen the financial management and accounting services in the districts under the new SWAp chart of accounts.

Objectives: As a cross-cutting human resources management (HRM) activity, assist in developing a strategy for undertaking the proposed Skills, Competency, and Workload Analyses and Training Needs Assessments (TNAs) in Accounts Sections in districts.

Activities

- Reviewed key documents produced by the Department of HRM and Development (DHRM&D) (e.g., the Functional Review Report on Assemblies and Management Study Report on Ministry of Health).
- Identified areas not covered in the documents for inclusion in the work to be done in the proposed Skills and Competency Analysis and TNA to be undertaken.
- Developed future activity plans for addressing the gaps and revitalizing the financial management and accounting system in the districts.

Outcomes

- Resolved that the two activities, i.e. the Skills, Competency and Workload Analysis and the TNA, be undertaken country-wide and concurrently.
- Identified and recruited the key stakeholders for proposed activities: the Accountant General, Ministry of Local Government (MoLG), the Local Government Finance Committee, the DHRM&D, MSH, and Zonal Offices of the Ministry of Health (MOH).
- Recommended a list of preliminary meetings to be undertaken in the near future and prior to the main activity.

Future Plans

- Undertake both the preliminary meetings and the main activity country wide
- Analyze the results and submitted them to the MOH Headquarters for action regarding redeployment and/or reassignment of accounting staff in the districts with the assistance of the Accountant General.
- Develop short-term and long-term training plans for accounting staff. These plans will be incorporated into the overall plans at the next review meetings.

Quality Assurance Program: Infection Prevention

Dates: 1 April to 30 June 2006

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

Focus for the Quarter: Continued support for all eight districts

Activities

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- Held a quality assurance (QA) taskforce meeting at MSH office on 20 June 2006. MSH participated in the meeting and provided necessary support for the proceedings. Members agreed to rename the group and review its representation and terms of reference (TORs)
- As part of orientation, the District Management and Child Health Advisor for MSH attended Module Three training organised by JHEPIEGO/MOH for Districts in Blantyre in June.
- 30 copies of infection prevention policy were distributed to Quality Assurance taskforce members with the remainder delivered to MOH for distribution to health facilities
- Printing of 1,500 copies of Patient Rights Charter completed
- Quarterly reviews for infection prevention have been conducted in all MSH districts

Outcome: Internal assessment scores of Balaka, Mangochi, and Mzimba hospitals were 49 percent, 62 percent, and 67 percent, respectively; this indicates the need for intensive follow-up and investment if these hospitals are to achieve the 80 percent score required for accreditation.

Issues

- Lack of PPEs in the districts for effective implementation of infection prevention (IP) activities
- High staff turnover, hence loss of skilled staff
- Renovations in some of the districts have delayed processes

Future Plans

- Facilitate Module Three training for Balaka, Kasungu, Ntcheu, and Mangochi hospitals.
- Facilitate processes for external assessment for the first four districts: Mzimba, Mulanje, Chikwawa, and Salima.
- Launch the Patient Rights Charter and IP policy documents

HIV/AIDS and TB

Dates: 1 April to 30 June 2006

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

Voluntary Counseling and Testing (VCT) Services

Objectives

- Increase VCT participation rates
- Improve site management
- Strengthen internal referral processes

Activities

- Continued to provide full-time counseling and testing services in all eight MSH-supported district hospitals
- Conducted review meeting for prevention of mother-to-child transmission (PMTCT) of HIV in Balaka

- Conducted quarterly counselor review meetings in Kasungu, Mangochi, and Salima
- Conducted supportive supervision of VCT sites in Ntcheu, Mangochi, Balaka, Chikwawa, and Mulanje
- Facilitated the dissemination of counseling and testing guidelines as well as the assessment of new static HIV testing and counseling sites in Ntcheu
- Oriented 23 counselors in data collection, analysis, and management in Kasungu; the same counselors also attended a review meeting
- Supported a review of the internal HIV referral system
- Pre-tested and finalized PMTCT leaflet
- Finalized counseling and testing guides for clinicians and nurses
- Reviewed and finalized draft counseling and testing site management and referral technical tools

Outcomes

- 20,406 clients received counseling and testing in the quarter under review, 11,631 (57%) of these clients were VCT walk-in clients.
- 9,734 new pregnant women attended antenatal care (ANC), of which 3,367 (35%) received counseling and testing
- Out of 4,107 new cases of sexually transmitted infections (STIs), 332 patients seeking care for STIs accessed VCT (test rate of 8%).
- PMTCT leaflet is finalized and ready for printing and distribution
- HIV testing and counseling site management and referral technical tools have been drafted
- Through the referral review meeting, there is increased evidence that the internal HIV referral systems between the wards and the counseling sites are working well. All the district hospitals are preparing patients before they are referred for counseling, referral forms are being used, patients referred for counseling and testing are escorted to VCT by a health care worker, rosters for counselors are available in wards and departments, and feedback of test results to the referring ward/department are provided by counselors through referral forms.

Issues: Massive resignation of MSH VCT counselors who were very instrumental in compiling the data. New counselors have been recruited, but they need an orientation on data collection and reporting.

Future plans

- Continue provision of HIV counseling and testing services in all eight districts for both static and outreach sites
- Print and distribute PMTCT leaflet
- Print, laminate, and distribute pre-referral message on HIV counseling and testing for clinicians and nurses
- Refine draft HIV testing and counseling site management and HIV internal referral technical tools
- Provide support during the National HIV testing week organized by MOH

Linkages with National Tuberculosis (TB) Program

Objectives: Increase number of TB cases referred for VCT; support the national TB program in the rollout of co-trimoxazole prophylaxis for HIV-positive TB patients.

Activities

- National TB program continues to support districts by providing co-trimoxazole tablets for all HIV-positive TB patients
- Continued monitoring of uptake of HIV counseling and testing in new TB patients

Outcomes

- Number of TB patients with access to VCT services rose tremendously from 536 (41%) to 771 (60%) in the last two quarters, ranging from 35% in Ntcheu to 100% in Mulanje
- 440 TB patients were registered as being on co-trimoxazole in the quarter under review

Issues: None.

Future Plans:

- Conduct meetings with TB officers, counselors, and clinicians on the progress of active TB case- finding in counseling sites
- Discuss practical ways of providing HIV testing and counseling to all new TB cases

Health Management Information Systems (HMIS)

Dates: 1 April to 30 June 2006

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

Objectives: Support the central ministry and District Health Management Teams (DHMTs) with the implementation of routine HMIS with a focus on improving the quality and use of data at all levels of the health system.

Quarterly Focuses

- Support Health Management Information Unit (HMIU) in conducting HMIS supervision
- Support HMIU in conducting Zonal HMIS reviews with support from the National AIDS Commission and Centers for Disease Control (CDC)
- Support to the HMIU in the orientation of Zonal Officers to the District Health Information System (DHIS) software and in the manipulation of pivot tables. This is a part of capacity building, and will enable the officers to conduct effective HMIS supportive supervision to the districts.
- Continued support to the implementation of monthly reporting

- Continued follow-up support to the implementation of the recognition scheme in Balaka and Chikwawa, and the launch of the same in Mulanje as one innovation to improve the quality of data and to create demand for data use

Improving Data Use

Activities

- Supported the HMIU in conducting HMIS zonal reviews South West and South East zones, where districts reviewed the sector-wide approach (SWAp) indicators and general issues surrounding HMIS operations
- Oriented staff in the South East and Northern zonal offices to the DHIS software and manipulation of data using pivot tables as part of capacity building so that they are able to support the districts effectively during supervision and conduct performance reviews
- Provided supportive supervision to the MSH districts in order to assess how the health facility staff is using data

Outcomes

- Strengthened linkage between the Zonal Offices and the DHMTs
- Clarified roles of the zonal supervisors and developed an action plan to guide them and DHMTs in implementing identified activities
- Zonal supervisors are able to use DHIS, manipulate data using pivot tables, and ably troubleshoot during supervision
- Marked improvement in data use for monitoring performance, as evidenced by graphs and charts posted in most health centers
- Kasungu VCT counselors oriented to basic skills in data collection, analysis, and use

Issues

- Data presentation and interpretation remains a challenge to the district teams
- Need for trainings and refreshers for newly recruited staff remains prevalent
- Continued absence of statistical clerks in the hospitals and health facilities is still compromising the data quality
- The slow adoption and use of the minimum set of selected priority indicators remains a big challenge
- Improved data quality collected and reported by Kasungu counselors

Future Plans

- Support the central HMIU-oriented staff from the other three zones who have not been trained to use DHIS
- Conduct follow-up orientations and on-the-job trainings (OJTs) for the oriented staff in the South East and Northern zones.
- Continue supporting zonal review meetings, thus sustaining the culture of using information to make informed decisions

Improving Data Quality

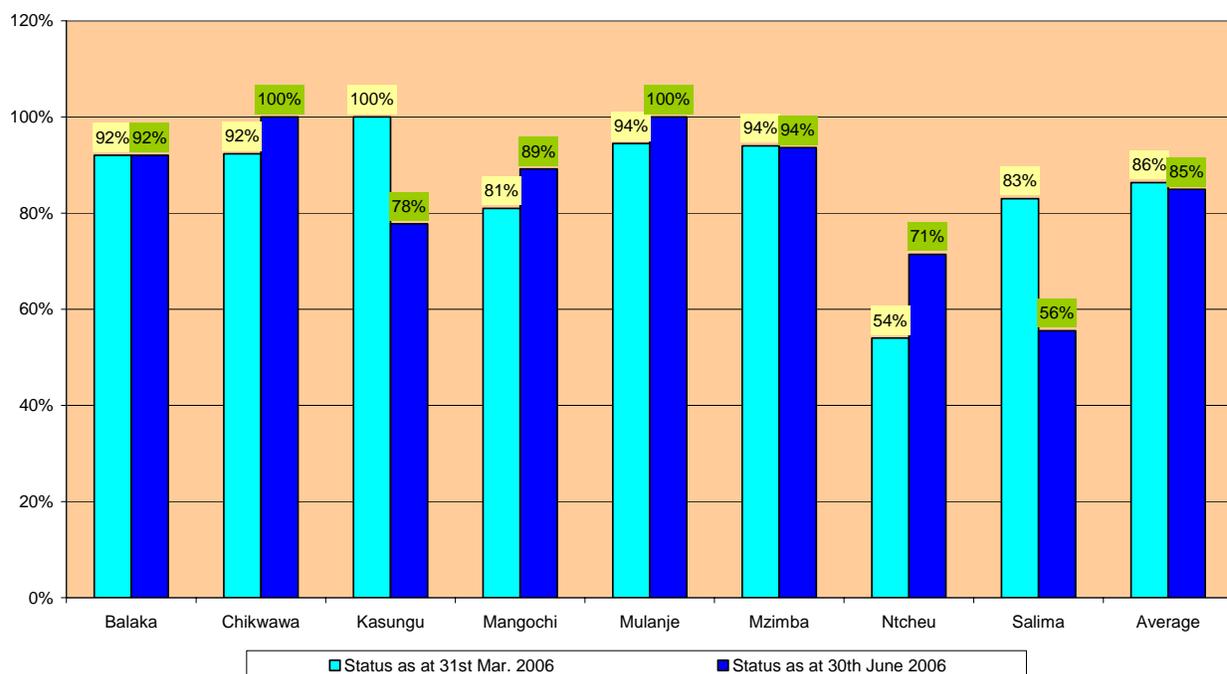
Activities

- Supported the launching of the recognition scheme in Mulanje DHMT
- Followed up the implementation of the recognition scheme in Balaka and Chikwawa
- Assessed data quality using the data quality assessment tool (“1” or “0”)

Outcomes

- Launch of the recognition scheme in Mulanje was very colorful; the Minister of Information was the guest of honor. As seen in the other districts, the introduction of the recognition scheme in Mulanje has, among other things:
 - created awareness, a sense of responsibility, and competition among health facility staff in collecting accurate and timely data.
 - strengthened the integration of HMIS supervision into the zonal supervision model.
 - revealed, through a rapid assessment conducted in Mulanje, that health workers prefer monthly reporting over quarterly reporting. They said that when reporting monthly, they do not relax for too long between report compilations, as compared to when they have three months between reports.
 - helped overall timeliness performance to decline slightly from 86 percent to 85 percent, on average in the previous two quarters. As seen from the following figure, reporting timeliness varied from district to district over the two quarters with five districts (Balaka, Chikwawa, Mangochi, Mulanje, and Mzimba) achieving an above-average score of 85 percent in the quarter under review. Ntcheu made a remarkable improvement with a 17 percent increase (from 54 to 71 percent) of health facilities reporting on time in the last two quarters. However Kasungu experienced problems, dropping from 100 percent to 78 percent of health facilities reporting according to schedule. The district has a new assistant statistician.

Percent HF Reporting Data According to Schedule 2006



Issues: None.

Future Plans

- Introduce HMIS recognition scheme in Mangochi
- Follow-up the implementation of the HMIS recognition scheme in Chikwawa, Balaka, and Mulanje
- To analyse data reported in the pilot monthly reporting dataset.
- Support the central HMIU to conduct zonal HMIS reviews

Child Health & Integrated Management of Childhood Illnesses (IMCI)

Dates: 1 April to 30 June 2006

Key Staff: Dr. W. K. Mkandawire, DMS; Leonard Nkosi, HCD Specialist; J. Mwafulirwa, MTA, Chikwawa; P. Phiri, MTA, Ntcheu/Balaka; Dr. Ngoma, DHOS, Ntcheu; Mr. M. Mhango, DHO, Balaka; Dr. Kamoto, Zonal Officer, South West; Mr. Nindi, IMCI Secretariat, CHSU; Dr. S. Kambale, WHO

Objective: Improve prevention and management of childhood illnesses

Activities:

- Consolidated all necessary changes and incorporated the new aspects of the newborn and HIV information into IMCI training materials
- Pre-tested the revised IMCI training materials and the revised six-day duration of training
- Conducted IMCI supervision Ntcheu, Kasungu, and Mzimba districts
- Continued ongoing, integrated supervision to support child health service provision
- Although reported separately, the CTC program was scaled up from 6 to 59 OTP sites; this has contributed very significantly to managing 2,760 severely malnourished children in five districts

Outcome

- Revised IMCI training materials with components of infant feeding, and HIV and the newborn completed
- IMCI supervision presented a mixed picture: in Mzimba, IMCI service provision is proceeding smoothly whilst a number of problems were identified in Kasungu

Issues: The resignation of Dr. Eta Banda, Child Health Specialist, has had an impact on the implementation of Paediatric Health Initiative (PHI) and Child Health Quality activities

Future Plans

- Incorporate any gaps observed after pre-testing
- Print the revised training materials
- Re-orient the previously trained staff and conduct new IMCI trainings

- Make a strategic decision with regards to supporting the implementation of PHI activities as an alternative or to further support the implementation of the abridged IMCI training process
- Explore the addition of key C-IMCI components to the network of volunteers set up through the CTC programme

Nutrition

Dates: 1 April to 30 June 2006

Key Staff: Mrs. Catherine Mkangama, Chief Nutritionist, Nutrition Section, Ministry of Health; Mrs. Chnkhata, Acting District Health Officer (DHO), Salima; Mr. Mhango, DHO, Balaka; Mr. Jere, DHO, Mzimba; Dr. Frank Chimbwandira, DHO, Mulanje; Mr. Zinga, DHO, Chikwawa; Mrs. Margaret Khonje, Nutrition Specialist, MSH; Dr. Eta E. Banda, Child Health Specialist, MSH

Objectives

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

Quarterly Focus

- Strengthening admission and referral procedures of children with severe malnutrition.
- Consolidation of monitoring tools, strengthening and management of facility and district data base
- Timely production of facility, district and national monthly reports
- Strengthening of review meetings and targeted nutrition programme (TNP) meetings and follow on activities
- Continued procurement and distribution of Chiponde

Outcomes

Objective: Increased access to and utilization of therapeutic foods (Chiponde) at NRUs and OTPs.

- 2,191 children with severe malnutrition were admitted into the 59 OTP centres in the five districts implementing CTC. This represents 44 percent of the 5,000 children expected to be reached by the end of the six-month programme. (See table, next page.)
- High admission rates were a surprise because the reporting period coincides with the generally good harvest Malawi has had this year. A combination of good rains, fertilizer subsidies, and food/cash for work activities have contributed to the yield among many small-holder farmers, and lower malnutrition incidences were expected.

- This picture also shows the need for stronger linkages between CTC and nutrition education and food security initiatives. A high recovery rate of 82 percent was attributed to a well-coordinated approach that started with community mobilization and case-finding led by trained local volunteers.

Admissions into OTP Centres in Five Districts — April to June 2006

No. New Admissions	Balaka	Salima	Mzimba	Chikwawa	Mulanje	Total
April	147	241	100	209	339	1,036
May	94	74	106	151	238	663
June	66	19	59	90	258	492
Total	307	334	265	450	835	2,191
% Cure	79	70	90	92	78	82
% Death	5	3	1.4	4	5	4
% Default	14	25	5	7	8	12

- Reported death rates of 4 percent were lower than the Sphere standard of 10 percent. Salima experienced a high default rate of 25 percent, attributable to high cross-district admissions that make follow up difficult. (The Sphere standard on default is 15 percent of total exits.)
- A strengthened pipeline for Chiponde backed up facilities services by providing timely and uninterrupted supplies of Chiponde.
- DHMTs took the responsibility of distributing Chiponde to health facilities and are now well sensitized to the importance of updating stock records to ensure that stock-outs do not occur.

Objective: Upgrade quality of management, service utilization, and care-giving at NRUs and OTP centres

- Lessons learnt in the previous reporting period helped to redefine additional CTC indicators
- Registers at facilities were upgraded to provide quick information on frequently used indicators such as admissions, discharges, and defaulters.
- Additional information will be used to strengthen linkages with related programs (VCT, PMTCT, orphan care) to ensure that the children maintain their improved nutrition status. Admission information was, for example, further segregated into situation of parenthood for referral to orphan care support and further medical assessment as appropriate.
- A closer look at children's ages will be used to further confirm any association between age and onset of malnutrition or between the child's age and his/her mother's new pregnancy. Nutrition educators in other sectors will use this information for developing targeted messages.

Objective: Install sustainable monitoring and supervision systems

- District program review meetings were instituted for facility implementers and DHMT supervisors. The meetings will enhance the quality of monitoring indicators which will in turn produce timely and improved reports.

- The review meetings have proven to be effective monitoring channels, as actual data is presented by each facility and critiqued by colleagues.
- To enhance supervision and follow-up of children, five motorcycles were procured and delivered towards the end of the reporting period. (Transport inadequacies are often cited as the main reason for weak monitoring and supervision of health interventions.)
- The motorbikes enabled at least one visit to each facility per week by a supervisor from MSH or from the DHO. Four of the five nutrition coordinators took and passed riding lessons and received their licenses; one coordinator was already a license holder.

Major Processes in which MSH Collaborated

MSH successfully steered the revamping of district TNP committees. All five districts held at least one meeting. TNP meetings are chaired by either the district health officer or the district commissioner. The committees' main task is to coordinate nutrition and food security interventions in the district in order to maximize resources. All five districts shared with MSH the costs of organizing TNP meetings.

Issues

Missed Follow-up. The major constraint in May was inability to undertake follow up of children admitted or discharged from the CTC program. Reasons for this shortfall varied from transport unavailability to time limitations for the usually very busy health facility staff. Review meetings held at the end of the month came up with suggestions on strengthening follow up including:

- Developing a simple checklist for field staff to use. Action was immediately taken and field staff now have a check list
- Handing over follow assignments to health posts for children coming from very distant places
- Entrusting some Chiponde bottles to health surveillance assistants closest to the homes of the children. This way, rations will be given from the health post for part of the treatment time.
- Ensuring that children on Chiponde are followed immediately after missing one visit.

Increasing Defaulting Rates. Records in registers revealed that many of the children who failed to return came from very far villages which also fell in catchment areas of health facilities without CTC services. Service providers were therefore reluctant to go into zones outside their operation areas. Solutions to this problem include:

- expanding CTC to cover entire districts by training remaining facility staff in participating districts.
- routinely following up with children, especially in the initial two weeks of treatment.
- strengthening volunteers' skills in follow-up through quick refresher trainings.

Slow Linkages with Community Nutrition Initiatives. The problem of continuity with nutrition interventions after treatment has received attention from districts. The immediate solution has been the revival of district targeted nutrition program committees, as discussed earlier.

Highlights for the Next Quarter

- Facilitate refresher training of community volunteers and their supervising health surveillance assistants (HSAs) in order to consolidate data management at community level.
- Strengthen quality of case-finding and quality referral in the community through provision of MUAC tapes to each volunteer.
- Strengthen use of information from indicators in order to improve service delivery.
- Work closely with supporting community initiatives in promoting better infant feeding.
- Strengthen partnership through district TNP meetings.
- Facilitate discussions on incorporation of CTC into district health implementation plans (DIPs)

Drug Management

Dates: 1 April to 30 June 2006

Key Staff: Godfrey Kadewele (Deputy Director, Pharmaceuticals, MOH), Sam Chirwa (Senior Logistics Officer, MOH), Dorica Salamba (Logistics Officer, MOH), Cynthia Kamtengeni (Drug Management Specialist),

Objective: To reduce stock-outs of essential drugs

Activities

- Monitor submission of logistics management information system (LMIS) reports from health centres to district health office
- Orientation of the laboratory technician, pharmacy technician, and VCT counselors from MOH, CHAM, and NGO facilities in Balaka District on new supply chain management for HIV test kits as recommended by HTSS
- Supervision visits to health centres by pharmacy technicians in five districts (Mzimba, Kasungu, Salima, Mulanje, and Chikwawa)
- Supported the MOH's quarterly logistics meeting
- Participated in the revision of the National Drug Policy

Outcomes

- Reporting rates of health centres have remained high. New mechanisms such as of linking cluster supervisors monthly feedback meetings at the district hospital with submission of reports and giving transport refunds to health centre staff that bring reports to the district has greatly improved the reporting rates in Mzimba.
- New recommendations to the HIV test kit supply chain management have been disseminated directly to the staff concerned with HIV test kit management; 38 people were oriented in Balaka.

Issues

- Mzimba still experiencing problems with the Regional Medical Stores (North). Deliveries are still not routine, i.e. do not happen monthly. Requisitions still go missing at the RMS.
- Availability of essential drugs in the facilities still not satisfactory.

Future Plans

- Maintain the high LMIS reporting rates by continuing close monitoring of submission of these reports.
- Orient VCT counselors, and laboratory and pharmacy technicians in the rest of the districts to the new recommendations on HIV test kit supply chain management.

Objective: To improve inventory management at district level

Activities

- Training of nurses from Ntcheu District Hospital in LMIS
- Supportive supervision visits made to Ntcheu, Mzimba, Mulanje, Mangochi district hospital pharmacies and Mulanje Mission Hospital pharmacy
- Coaching sessions in pharmacy management for district pharmacy technicians from South East zone
- Provision of stock cards to districts
- Follow up and orientation of pharmacy technician from Balaka and Chikwawa in drug expenditure monitoring tool
- Supported hospital drug committee meetings in Mulanje, Mangochi, and Salima

Outcomes

- Hospital drug and therapeutics committee meetings are becoming routine in Mulanje, Mangochi, and Salima.
- Monthly drug expenditure reports for Chikwawa DHO being generated

Issue: Balaka DHO is not producing monthly expenditure reports

Future Plans

- Continue coaching sessions and evaluate impact of the coaching sessions
- Facilitate drug and therapeutics committees in the other districts

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

Activities: Development of guidelines for health centre advisory committees in Chichewa

Outcome: Draft health centre advisory committee guidelines developed

Future Plans: Pre-test and finalize draft guidelines before disseminating

Financial Management

Dates: 1 April to 30 June 2006

Key Staff: Mr. Kachepa, CAS, HOH Headquarters; Mr. Kaluwa, SWAp TA, Financial Management; Mr. Gondwe, Chief Accountant, MOH Headquarters; Mr. Chirupani, representing the Accountant General; Dr. Ngoma, DHO, Ntcheu; Mr. Mhango, DHO, Balaka; Patrick Phiri, MTA, Ntcheu; Leonard Nkosi, MSH Technical Specialist

Objective: Strengthen and revitalize financial management and accounting procedures at district levels

Activities

- Conducted a mentoring exercise in government accounting principles and procedures at DHO Ntcheu
- Conducted a follow-up on orientation of accounts personnel to expenditure monitoring tools at DHO in Balaka and Chikwawa
- Conducted follow-up supervisory visits to monitor use and implementation of computer skills training conducted at all districts under MSH focus
- During this same period, there was a review of implementation of financial management and accounting principles and procedures under the decentralized system with a view to seeing whether they are in line with the SWAp new chart of accounts

Outcomes

- After completing training in computer skills and mentoring in government accounting principles, accounts personnel in all the districts are now able to operate a dual system of accounting (using manual and computerized accounting) and are able to produce financial reports/returns in a timely manner (e.g. DHO Balaka and DHO Mulanje)
- Follow-up was completed on the orientation to Expenditure Monitoring Tools on Stores and Catering (and drugs) which were meant to equip the accounts, stores, and catering staff with simple computer (MS Excel) tools to help them monitor expenditures and give feedback to the DHMT for decision-making. The accounting staff also received Management Tips and Tools to support learning to use the tools.
- A list of gaps and deficiencies were produced by the SWAp Supervisory Team to be looked into by each district before the external auditors (KPM&G) conduct a nation-wide audit

Issues

- Need to improve security of accounting offices in the districts
- Need to increase MOH supervision of district accounting services (possibly by the Zonal Offices)

Future Plans

- Continue orientating each DHMT and its key staff to financial management and accounting principles and procedures (including to IPC procedures)

- Lobby MOH Headquarters to stabilize accounting personnel (i.e. if possible to desist from transferring them elsewhere after training) in districts where financial management/accounting interventions have started
- Continue conducting supportive supervisory visits with Zonal Offices to monitor implementation of guidelines and application of tools

Transport Management

Dates: 1 April to 30 June 2006

Key Staff: Mr. Lodzeni, Director of Finance and Administration, MOH Headquarters; Mr. Lapkeni, AOI, MOH Headquarters; Mrs. Kanyawire, AOI, MOH Headquarters; DHOs and MTAs in Mangochi, Mulanje, Mzimba, Kasungu, Balaka, and Chikwawa; and Leonard Nkosi, MSH Technical Specialist.

Objective: Increase vehicle availability; reduce use and maintenance costs

Activities

- Reviewed draft transport policy guidelines.
- Assisted in finalizing draft local transport guidelines
- Reviewed implementation of local transport guidelines
- Conducted transport baseline in two pilot districts and introduced ambulance (referral) registers at two sentinel sites in each one of four pilot districts of Chikwawa, Mulanje, Balaka, and Mzimba.
- Conducted a transport meeting with MOH Headquarters officials on the two key policy documents (i.e. the draft National Transport Policy and the new Ambulance Policy) to come up with new approaches
- Monitored the collection of data on transport for analysis of indicators and provision of feedback to DHMTs.

Outcomes

- List of new activities proposed to finalize the key documentation on Policy Guidelines produced
- Framework proposed for rolling out transport management interventions country-wide
- National Task Force on Transport in the Health Sector formed and a focal person on transport appointed
- Local transport guidelines in all districts
- Majority of staff handling data on transport are now able to complete forms, registers, and log books (PBX operators, health centre in charges, drivers), monthly vehicle reports (transport officers)
- Transport officers submit reports/returns to the DHMTs and MOH Headquarters systematically for decision-making and feedback
- Improvements registered in fuel usage and maintenance costs in a number of districts, such as Balaka, Mangochi, and Chikwawa

Issues

- The problem of retaining trained transport officers in their positions remains (i.e. DHO Chikwawa has again changed the officer).
- Some DHMTs remain reluctant to revitalize transport management systems.
- The pace is slow in implementing agreed-upon guidelines (Mzimba and Chikwawa).

Future Plans

- Consider rolling out orientation and training in transport management to non-MSH districts, as requested by MOH Headquarters.
- Continue OJT in transport management for key persons (e.g., new transport officers and their assistants)

Planning and Budgeting Program

Dates: 1 April to 30 June 2006

Key Staff: Dr. W. K. Mkandawire, DMS; Leonard Nkosi, human capacity development (HCD) specialist; J. Mwafulirwa, MTA, Chikwawa; P. Phiri, MTA, Ntcheu/Balaka; Dr. Ngoma, DHOS, Ntcheu; Mr. M. Mhango, DHO, Balaka; Dr. Kamoto, Zonal Officer, South West

Objective: Strengthen capacity of districts in planning and budgeting

Activity: Facilitated the review of the 2005/2006 DIPs in Ntcheu and Balaka districts

Outcome: Districts familiarized with the new DIP planning and review process, including how to complete DIP forms appropriately

Issues: Concerns over lack of reviews throughout the year

Future Plan: Facilitate quarterly DIP reviews so that the districts are able to plan and re-plan effectively

Decentralized Healthcare System

Objectives

- Strengthen public-private partnerships in health service provision
- Strengthen the establishment and proper functioning of zonal health support offices (ZHSOs)
- Strengthen the referral and back-referral systems

Activities

- Facilitated review and development of health service agreement between Chikwawa DHO and St. Montfort Hospital

- Supported the orientation of the Salima DHMT to the purpose, background, and function of the ZHSO, especially in the provision of supervision and the establishment of and planning for the zonal support activities
- Oriented ZHSO team to the required MSH accounting and travel forms
- Reviewed the emergency health care and referral systems in Mangochi and Balaka districts
- Instituted ambulance registers in two pilot health facilities in Mulanje, Balaka, and Chikwawa districts to monitor the referral system from health facilities to the referral hospitals

Outcomes

- Health service agreement between Chikwawa DHO and St. Montfort Hospital finalized; free services being provided by St. Montfort Hospital
- ZHSOs established and functional
- Registers for monitoring referral procedures in place, with staff oriented to type of cases to refer and referral procedures

Issues: Concerns over delays in payment by DHO for services provided at St. Montfort Hospital prior to the service agreement.

Future Plans:

- Review the service agreement every three months
- Develop service agreement between Chikwawa and Mwanza DHOs over health centres in Chapananga area
- Continue collaborating with ZHSOs on any areas requiring support

Operations

Dates: 1 April to 30 June 2006

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 MOH, MSH central and district offices, eight DHMTs, and hospital management teams

Activities:

- Distribution of CTC equipment to five districts (Mzimba, Salima, Balaka, Chikwawa, and Mulanje); equipment included motorcycles (5), storage cabinets (80), height boards (80), weighing scales (80), Chiponde (24,559 kgs) and CTC guidelines
- Supported training in motorcycle riding of four CTC coordinators
- Facilitated hospital autonomy joint implementation plan (JIP) meeting in May
- Commenced provision of financial assistance to Northern Zone and Central East Zone offices for supervision and activities targeted at the DHMTs in the zones; agreements signed between

MSH-Malawi and the zonal offices, and bank accounts opened for smooth implementation of activities in the two zones

- District activity plans for the next quarter (July to September 2006) developed jointly between DHMTs and MSH technical staff

Outcome: Continued close collaboration with the MOH on health systems strengthening at the central and district levels and on the hospital reform programme.

Issues: The complexity of scaling down activities as MSH plans to close district offices in October 2006; collaboration on implementation of CTC programme activities.

Future Plans:

- Continue liaising with MOH partners on closure of district offices in October 2006
- Continue to facilitate workshops and other activities as appropriate
- Finalize plans for phased close-out of district activities

Activity Planning and Management

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

Activities: Total amount of MK6,215,976 was spent for district activities. This represents 95 percent of the budget for district activities planned for the quarter, and an implementation level of 64 percent. See following table for breakdown. Hospital autonomy program spent MK2,770,247 for Queen Elizabeth Central Hospital (QECH) and Kamuzu Central Hospital (KCH) and national level activities; central office spent MK4,837,634 for MOH national-level activities.

Breakdown of Spending for District Activities

District	Total Spent	% Planned Budget Spent	% Planned Activities Implemented
Balaka	MK 628,772	71%	43%
Chikwawa	MK 951,318	77%	93%
Kasungu	MK 768,301	47%	58%
Mangochi	MK1,100,751	61%	77%
Mulanje	MK 791,196	85%	70%
Mzimba	MK 494,386	39%	79%
Ntcheu	MK 803,449	60%	54%
Salima	MK 677,805	71%	42%
TOTAL	MK6,215,976	95%	64%

Outcome: Funds for implementation of activities readily available to districts, MOH and MSH teams, as well as the hospital autonomy programme.

Construction and Procurement

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

Activities: Renovation work of QECH pharmacy still in progress; renovation of Mulanje Hospital paediatric ward roof commenced and progressing well

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

Issues: Renovations of QECH pharmacy at completion level

Project Management

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

Activities:

- Five VCT Counselors hired for Kasungu, Salima, and Mangochi to replace those that resigned
- Resignations of Salima MTA, Kasungu driver, and central office child health specialist
- Hired Ms. Chifundo Kachiza as district management and child health advisor; she is also serving as Salima MTA
- Continued planning for phased project close-out, with district offices to be closed in October 2006

Issues: Staff concerns/anxieties about project close-out and termination of employment

Outcome: MSH Malawi employed a total staff of 68 as of June 30, 2006 (including VCT counselors and HPSA staff)

Future Plans: Continue meetings with DHOs to discuss close-out plans for district offices and continuation of support to DHMTs after closure of district offices

Overview of Quarterly Reports on Hospital Reform

Introduction

This report highlights progress made in key areas from 1 April to 30 June 2006. For more detailed feedback on the status of specific interventions refer to the following progress reports:

- Progress against Key Milestones of the Hospital Reform Program June 2006 (Appendix 2).
- Quarterly Report for Queen Elizabeth Central Hospital (Appendix 3)
- Quarterly Report for Kamuzu Central Hospital (Appendix 4)
- Progress Report on Pharmaceutical Management for Hospital Reform, January to June 2006 (Appendix 5)

Strategic Framework and Draft Legislation

Progress to Date and Main Achievements

The National Policy on Hospital Reform has been reviewed in light of concerns regarding negative public perceptions of “autonomy” which is equated with privatisation, fee-for-service, Malawi Programme for Reducing Childhood Morbidity and Strengthening Health Systems Quarterly Report – 31 July 2006

and alienation of public assets. Legal counsel has established that decentralised management of central hospitals, as envisaged in the policy, can also be achieved through establishing them as public trusts. Legal documentation to establish Central Hospital Public Trusts has been initiated. Draft trust documentation and a revised policy will be submitted to MOH Central Hospital Reform Steering Committee next quarter.

A cost-sharing proposal was submitted to MOH and NAC to continue work on the National Policy on Health to address the overarching health policy framework. NAC has confirmed availability of funds in its new work plan.

The Final Draft Policy on Biomedical Ethics and Research in Malawi is near completion and will be submitted to the MOH in the next quarter.

Extensive feedback was received from the College of Medicine (COM) on the second draft memorandum of understanding (MOU) between the COM, the MOH, and QECH, and produced after the intensive negotiations undertaken in the last quarter. A third draft of the MOU was submitted to MOH for consideration on 28 June 2006.

Challenges Encountered. Due to the fact that passing the Hospital Autonomy Bill is unlikely in the foreseeable future, alternative governance options have been explored. Several precedents exist for establishing public trusts in the health sector (e.g., the National AIDS Commission and the Malawi Blood Transfusion Service). The MOH agreed that the programme should explore the public trust option and prepare relevant documentation.

Finalisation of the Policy on Biomedical Ethics and Research was delayed by more urgent priorities regarding hospital reform policy revision, researching trust governance options, and revising the MOU with COM.

Improvement in Central Hospital Functioning

Main Achievements. Further development and documentation of management systems was undertaken in human resource (HR) administration, transport guidelines, pharmaceutical management, registry system, cost centre management procedures, and Computerised Accounting Management System (ACCPAC) system.

Cost centre management continues to be strengthened through the allocation of resources (including recurrent expenditure budgets, HR, and drug budgets), the business planning process and HMIS data coordination using HMIS cost centre focal persons. Monthly HR reports sent to the MOH are generated at cost-centre level and discussed with human resource and registry staff at monthly meetings. This has greatly improved the accuracy of the HR returns and enabled cost centres to keep track of their staff movements. Drug allocation is set to provide the cost centres with information on their individual consumption levels and drugs expenditure to cost centres.

Cost centres completed working on their business plans for the coming year and submitted their plans to management. Both hospitals are now in the process of consolidating the cost centre plans into a single hospital business plan.

Implementation of the new HRAdmin database progressed well at both hospitals. HR teams from both hospitals had a joint training on working with HRAdmin using their own data. The software was specifically designed by the programme to improve human resource data management and is now being used on day-to-day basis. HR officers requested that several new reports should be generated by the database and these are now being programmed.

Leave Procedures are being fully implemented including the use of all relevant forms. All cost centres have developed annual leave rosters to make the system run effectively during the coming financial year starting July 06. The leave roaster is to feed into the Leave module of HRAdmin, which will be used to manage leave by the HR Unit.

Reports are now being generated from the ACCPAC. The capturing of data has continued to be a source of concern to management at both hospitals because they are not yet able to use the generated reports for decision-making as a result of incomplete data. Nevertheless, the production of the first reports from ACCPAC was hailed as an important milestone by clinical heads of departments and core management. It is anticipated that the data capturing catch up exercise being undertaken by the accounts staff will result in production of complete and useful reports in the next quarter for the complete financial year 2005/6. The government expenditure return was produced from the data entered into ACCPAC for the first time this quarter at QECH. Accounts staff will no longer have to duplicate data entry in order to produce different reports.

The Revenue Management System (RMS) continued to be improved upon at QECH. The quarter saw improvements in the completion of the forms. The usual fluctuations that characterised the monthly revenue returns have since disappeared. The hospital, though not meeting its target yet, is now able to forecast the revenue expected from its fee paying units.

The demand for information continues to increase as confidence continues to increase in the Central Hospital Information Systems. The cost centre business plans all used information from the hospital information system to highlight their successes, workloads, and targets for the future. A training programme in basic HMIS principles was undertaken for HMIS focal persons from each cost centre using the MOH HMIS training manual. The focal persons are responsible for monitoring data collection by Ward Clerks in their units as well as data management from HMIS for the cost centre.

The quarterly Expenditure and Performance Review for KCH was undertaken in June 06 and was well attended by cost centre managers. Significant improvements were highlighted in both data quality and in the actual indicators compiled. QECH has expanded its list of Key Performance Indicators that it is monitoring routinely to include an HR indicator of staff turnover and analysis of complaints.

The KCH Annual Report for 2005 was drafted and will be disseminated next quarter once final editing is completed.

The recently installed Patient Management information system (PMIS) continued to be operational in outpatient registration points at QECH although further expansion, as envisaged, did not occur. PMIS data entry in the ARV clinic for the period 2004 to 2006 was completed.

At QECH, the compiled inventory of all hospital equipment by area, status and short and long term actions proposed for non/poorly functioning equipment is in place and is constantly being used by the hospital management in the requests for new equipment. The task team formed to assess the physical infrastructure during the previous quarter completed their work and produced a comprehensive report on the same.

Hospital pharmaceutical management at QECH continues to be strengthened by regular visits from the programme technical expert. Considerable progress was made with renovation of the pharmacy which will strengthen supervision, improve storage and the dispensing environment and enhance security. In order to strengthen the pharmaceutical planning and budgeting process for each department and cost centre, a pharmaceutical ordering form system was introduced in consultation with user units. In order to enhance information flow between the pharmacy and user units and to provide drug and stock information to hospital health workers, a simplified pharmacy bulletin format was designed and approved by the drug committee. The format has four sections: stock out items, newly received items, expiring drugs, and slow moving items. The hospital has started using the bulletin to provide pharmaceutical information to prescribers and related departments.

Strengthening pharmaceutical management at KCH has focussed primarily on piloting the pharmacy module of the electronic Pharmaceutical Inventory Control System (ePICS). Three drug stores and one sundry store were included in the pilot. Transactions on receiving and issuing drugs have been computerized thus enabling the system to update the stock balance immediately. The records of orders have been functioning properly. The operating procedures are simple and straight forward and can be easily implemented by pharmacy technicians. The KCH Pharmacy was reorganised to improve storage, dispensing and security. A pharmacy bulletin was also introduced at KCH.

A comprehensive cost sharing project proposal on the pilot implementation of ePICS at KCH was submitted to the MOH in April and approved in June. It is envisaged that the project will be implemented between July 06 and June 08. The system includes electronic inventory control, electronic orders and prescriptions.

KCH finally obtained its accreditation in infection prevention this year. Programme staff assisted in the planning and implementation of the ceremony where the certificate was presented to the hospital director by a representative of the Minister of Health in June.

Problems/ Challenges Encountered. Implementation of new management systems continue to be hindered for a wide variety of reasons including lack of senior medical personnel, the high turnover of staff, HR shortages, and limited capacity of existing staff and underlying abuse of current systems.

There has been a notion that the systems being developed were being done for the autonomy programme and not as part of the MOH work.

Unfortunately, the withdrawal of authority to retain locally generated revenue has demotivated staff, maintenance of the system has become difficult and revenue targets are no longer being met.

Management's delays in acting on the complaints and suggestions put forward to it may make the exercise a futile and discourage complainants.

Improving Health System Functioning

Main achievements. QECH hosted two workshops on improving the referral system. The meetings focused on getting specialists to visit districts at least once a month per district. The department of obstetrics and gynaecology in principle agreed to strengthen patient care in Blantyre Urban Health Centres while continuing visits to other districts; a working group was also formed to work out the modalities. The outstanding issues for follow up include: documentation of the agreed upon guidelines, production of clinical guidelines to guide the district clinicians in case management, and in-service training programmes for district clinicians commencing in July 2006.

In its continued effort to improve quality of care issues, QECH increased the number of suggestion boxes (from the initial three to twenty) situated in strategic areas. The boxes were opened twice during the quarter, and an analysis of the contents done by a task team that meets monthly. Suggested actions were forwarded to management on various complaints and suggestions.

The joint central hospitals management meeting was held in Mangochi during the last week of the quarter and the programme staff participated and also provided logistic support.

The programme staff also participated in other meetings like the Transport Task Team meeting that planned for the finalization of the National Transport Policy document to be merged with the draft Ambulance Policy.

The programme facilitated the development of a Joint Annual Pharmaceutical Procurement Plan for financial year 2006/2007 for all Central Hospitals in Malawi. Hospital requirements were compiled and special orders and priorities for essential items were highlighted together with corresponding budget requirements. The procurement plan was submitted to the MOH in April and to Central Medical Stores (CMS) in June for incorporation into the MOH budgeting and procurement plan. The four Central Hospitals raised their special orders for tertiary health care as per the advice of CMS by end of June 06.

Problems/ Challenges Encountered. Clinical department heads at COM remain resistant to the idea of developing clinical referral guidelines.

The relationship between KCH and Lilongwe DHO is poor. Combined district referral meetings have not been held in Lilongwe for the past year. It is hoped that the appointments of a new

Hospital Director at KCH and a new zonal coordinator will provide the opportunity to revitalise these important meetings.

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

Key Current and Future Activities

- Finalise MOU between COM, MOH, and QECH
- Draft public trust document for QECH
- Finalise national policy on biomedical research
- Complete second draft of National Health Policy for Malawi
- Strengthen hospital management systems relating to HR administration, revenue, registry, transport, equipment, and pharmacy
- Continue to strengthen cost unit management
- Strengthen reporting function of ACCPAC accounting system and generate reports for 2005/6 financial year
- Facilitate quarterly performance and financial reviews at both hospitals
- Facilitate production of annual reports of central hospitals
- Facilitate finalization of business plans for the central hospitals
- Further development of ePICS at KCH
- Edit several management manuals and management tips and tools

Annexes

Annex 1: MSH Malawi Programme Progress Report

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

Annex 3: Queen Elizabeth Central Hospital Quarterly Report

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

Annex 5: Progress Report on Pharmaceutical Management for Hospital Reform

Annex 6: District Reports

Balaka District

Chikwawa District

Kasungu District

Mangochi District

Mulanje District

Mzimba District

Ntcheu District

Salima District

Annex 1: MSH Malawi Programme Progress Report as at 30 June 2006

Strategic Objective	Indicator	Indicator Description	District	Status as at 30th June 2005	Status as at 31st Sept. 2005	Status as at 31st Dec. 2005	Status as at 31st Mar. 2006	Status as at 30th June 2006
Health Sector Capacity Strengthened	% of facilities with documented DHMT supervisory visit within the last six months	Proceedings, feedback and action points between supervisor and supervisee documented.	Balaka	100%	100%	100%	100%	100%
			Chikwawa	91%	100%	100%	100%	50%
			Kasungu	100%	96%	92%	100%	100%
			Mangochi	100%	92%	92%	92%	92%
			Mulanje	100%	90%	100%	100%	100%
			Mzimba	100%	89%	89%	90%	89%
			Ntcheu	100%	100%	88%	100%	57%
			Salima	100%	100%	100%	100%	100%
	Average	99%	96%	95%	98%	86%		
	% of health facilities reporting data according to schedule	Number of reports received within a specified date against those expected within the specified date.	Balaka	100%	92%	92%	92%	92%
			Chikwawa	96%	100%	92%	92%	100%
			Kasungu	71%	71%	72%	100%	78%
			Mangochi	83%	85%	73%	81%	89%
			Mulanje	100%	95%	94%	94%	100%
			Mzimba	72%	54%	72%	94%	94%
			Ntcheu	74%	60%	51%	54%	71%
Salima			89%	100%	89%	83%	56%	
Average	86%	82%	80%	86%	85%			
% 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%	92%	
		Chikwawa	100%	100%	100%	100%	100%	
		Kasungu	80%	86%	50%	100%	100%	
		Mangochi	65%	92%	92%	81%	100%	
		Mulanje	80%	95%	100%	100%	100%	
		Mzimba	65%	54%	72%	100%	94%	
		Ntcheu	75%	67%	51%	55%	46%	
		Salima	94%	100%	100%	100%	85%	
Average	82%	87%	83%	92%	90%			
% of health facilities without stock outs of identified child health tracer drugs (for more than a week at a time) within the last 3 months; % of health facilities with up-to-date stock cards for tracer drugs	Tracer drugs to include SP, ORS, cotrimoxazole and panadol/aspirin.	Balaka	100%	100%	50%	50%	0%	
		Chikwawa	65%	54%	80%	100%	100%	
		Kasungu	83%	0%	0%	70%	0%	
		Mangochi	100%	54%	30%	24%	24%	
		Mulanje	94%	0%	0%	66%	89%	
		Mzimba	100%	12%	89%	100%	100%	
		Ntcheu	61%	30%	40%	34%	0%	
		Salima	100%	47%	44%	72%	100%	
Average	88%	37%	42%	65%	52%			
district hospital has up-to-date stock cards for tracer drugs (1=yes, 0=no) [composite indicator]	Tracer drugs to include SP, ORS, cotrimoxazole and panadol/aspirin.	Balaka	1	1	1	1	1	
		Chikwawa	1	1	1	1	1	
		Kasungu	1	1	1	1	1	
		Mangochi	1	1	1	1	1	
		Mulanje	1	1	1	1	1	
		Mzimba	1	1	1	1	1	
		Ntcheu	1	1	1	1	1	
		Salima	1	1	1	1	1	
districts without stock outs of test kits for more than seven days in the previous month. (1 = No stock out; 0=stock out)	Test kits to include determine and unigold/bioline (both available all the time)	Balaka	1	0	1	1	1	
		Chikwawa	1	1	1	1	0	
		Kasungu	1	1	1	0	0	
		Mangochi	0	1	1	1	1	
		Mulanje	1	1	1	1	0	
		Mzimba	1	0	1	1	1	
		Ntcheu	1	0	1	0	0	
		Salima	1	1	1	0	1	
Total	7 (86%)	5 (63%)	8(100%)	5(63%)	7(86%)			

Annex 1: MSH Malawi Programme Progress Report as at 30 June 2006

Strategic Objective	Indicator	Indicator Description	District	Status as at 30th June 2005	Status as at 31st Sept. 2005	Status as at 31st Dec. 2005	Status as at 31st Mar. 2006	Status as at 30th June 2006
Health Sector Capacity Strengthened	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	0	1	1	1
			Chikwawa	na	0	0	0	0
			Kasungu	na	0	0	1	1
			Mangochi	na	1	1	1	1
			Mulanje	na	1	1	1	1
			Mzimba	na	1	1	1	1
			Ntcheu	na	1	1	1	1
			Salima	na	1	1	1	1
	Total	na	5 (63%)	5(75%)	7 (86%)	7(86%)		
	Districts where Administration staff submit fuel and vehicle maintenance expenditure report to DHMT monthly (1=yes; 2=no)	DHMT members (DHO, DNO, DHSa and DEHO) confirming receipt of fuel expenditure report monthly	Balaka	na	1	1	1	0
			Chikwawa	na	1	1	1	1
			Kasungu	na	0	1	1	1
			Mangochi	na	1	1	1	1
			Mulanje	na	1	1	1	1
			Mzimba	na	0	1	1	1
			Ntcheu	na	1	1	1	1
Salima			na	1	1	1	1	
Total	na	6 (75%)	8(100%)	8(100%)	7(86%)			
Number of Health Facilities maintaining registers for monitoring transport management in the MSH supported districts	Registers instituted in all HF in four districts tracking time ambulance called, time arrived ambulance never arrived and distance. (2 Health Facilities in each of six districts of Chikwawa, Mulanje, Mangochi, Balaka, Kasungu and Mzimba) to be used as sentinel sites.	Balaka	na	na	na	na	12	
		Chikwawa	na	na	2	2	3	
		Kasungu	na	na	na	2	3	
		Mangochi	na	na	na	2	na	
		Mulanje	na	na	2	2	2	
		Mzimba	na	na	na	2	5	
		Ntcheu	na	na	na	na	na	
		Salima	na	na	na	na	na	
District where Accounts staff submit ORT report to DHMT monthly (1=yes; 2=no)	DHMT members (DHO, DNO, DHSa and DEHO) confirming receipt of ORT report monthly	Balaka	na	1	1	1	1	
		Chikwawa	na	1	1	1	1	
		Kasungu	na	1	1	1	1	
		Mangochi	na	0	0	0	1	
		Mulanje	na	1	1	1	1	
		Mzimba	na	1	1	1	1	
		Ntcheu	na	1	1	1	1	
		Salima	na	1	1	1	1	
Total	na	7 (86%)	7(88%)	7(88%)	8(100%)			
% of health facilities with functioning communication equipment	"Functioning communication equipment" to include either a two way radio or a telephone.	Balaka	100%	100%	75%	92%	100%	
		Chikwawa	70%	88%	94%	100%	100%	
		Kasungu	75%	96%	68%	100%	100%	
		Mangochi	81%	100%	97%	97%	97%	
		Mulanje	95%	100%	100%	100%	100%	
		Mzimba	70%	79%	79%	79%	79%	
		Ntcheu	85%	88%	83%	91%	89%	
		Salima	94%	94%	56%	89%	100%	
		Average	84%	93%	82%	94%	96%	
		% 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%	92%	92%
Chikwawa	79%			100%	100%	100%	100%	
Kasungu	100%			100%	92%	100%	100%	
Mangochi	91%			100%	100%	97%	100%	
Mulanje	100%			100%	100%	100%	84%	
Mzimba	100%			100%	100%	100%	100%	
Ntcheu	100%			100%	97%	97%	97%	
Salima	100%			100%	100%	100%	100%	
Average	96%			100%	98%	96%	98%	

Annex 1: MSH Malawi Programme Progress Report as at 30 June 2006

Strategic Objective	Indicator	Indicator Description	District	Status as at 30th June 2005	Status as at 31st Sept. 2005	Status as at 31st Dec. 2005	Status as at 31st Mar. 2006	Status as at 30th June 2006	
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	32%	51%	na	49%	
			Chikwawa	na	na	na	73%	na	
			Kasungu	na	42%	61%	na	na	
			Mangochi	19%	42%	38%	na	62%	
			Mulanje	79%	na	na	na	na	
			Mzimba	na	na	67%	67%	67%	
			Ntcheu	18%	37%	41%	35%	na	
			Salima	78%	69%	83%	83%	na	
Behaviour change enabled	Number of clients counseled and tested		Balaka	2862	1312	2028	2850	3183	
			Chikwawa	5249	4489	3838	5719	2737	
			Kasungu	2514	2327	1466	1695	1339	
			Mangochi	1286	1472	1443	746	2772	
			Mulanje	2462	1793	1741	2124	1434	
			Mzimba	1319	984	1644	870	1127	
			Ntcheu	1146	1255	1258	2113	1784	
			Salima	1576	1917	3650	3179	6030	
			Total	18414	15549	17068	19296	20406	
			% 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	13 (3.1%)	7 (2.1%)	16(3.2%)
	Chikwawa	423 (14.8%)				719 (21%)	1036(36.3%)	1609(47%)	1076(42%)
	Kasungu	20 (1.5%)				121 (8%)	57(7%)	55(5%)	178(20%)
	Mangochi	46 (2.6%)				116(7.1%)	29(0.8%)	37(2%)	111(9%)
	Mulanje	226 (100%)				72 (8%)	91(11.5%)	181(27%)	88(13%)
	Mzimba	395 (22.7%)				202 (30%)	31(5.2%)	98(9%)	653(78%)
	Ntcheu	7 (0.8%)				10(1%)	8(1.2%)	9(1%)	19(3%)
	Salima	90 (4.1%)				251 (14%)	1679(100%)	749(76%)	981(59%)
	Total	1067 (10.5%)				1497 (13%)	2284(30%)	2796(27%)	3367(36%)
	% 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	2 (1%)	5 (7%)
			Chikwawa	69 (11.6%)	56 (5%)		63(7.5%)	82(6%)	63(7%)
Kasungu			49 (10.5%)	51 (10%)	9(2.9)		2(0.5%)	0(0%)	
Mangochi			60 (8.4%)	59 (7%)	17(2%)		10(1%)	103(13%)	
Mulanje			179 (15.7%)	67 (6%)	13(1.3%)		210(31%)	101(10%)	
Mzimba			1 (0.3%)	4 (%na)	na		7(4%)	17(11%)	
Ntcheu			0 (0%)	9(1.6)	0		3(1%)	4(1%)	
Salima			4 (0.7%)	21 (3.4%)	49(9.5%)		18(3%)	33(6%)	
Total			364 (6.9%)	272 (5.5%)	196(5.1%)		337(7%)	332(8%)	
% TB positive patients opting for CT			Represents the proportion of TB positive patients who opt to be counselled and tested during the quarter		Balaka		8 (100%)	27 (100%)	17(94%)
	Chikwawa	136 (58%)			175 (68%)	153(63%)	109(49%)	121(50%)	
	Kasungu	66 (46%)			47 (38%)	37(25%)	42(34%)	55(50%)	
	Mangochi	182 (40%)			176 (42%)	204(88%)	112(38%)	289(72%)	
	Mulanje	78 (100%)			105 (86%)	80(100%)	63(100%)	61(100%)	
	Mzimba	73 (69%)			29 (51%)	65(100%)	43(91%)	63(89%)	
	Ntcheu	76 (44%)			89(48%)	72(48%)	92(68%)	72(35%)	
	Salima	75 (89%)			96 (100%)	75(100%)	47(60%)	58(77%)	
	Total	709 (54%)			744 (59%)	613(73%)	536(41%)	771(60%)	

Annex 2: Progress against Key Milestones of the Hospital Reform Program, June 2006

Management System	Milestone	Progress Reported	Actual Achievement
IR 8.4 HEALTH SECTOR CAPACITY STRENGTHENED			
Hospital Autonomy Bill	Act on hospital autonomy approved by parliament by Dec 2005	Draft policy and Bill finally reviewed by Cabinet in Feb 06. MOH requested revision of policy to replace "autonomy" with "reform". Revised policy on Reform drafted in May 06. MOH agreed to investigation of alternative governance option of establishing central hospitals public trust May 06.	Draft Hospital Autonomy Bill completed but not submitted to Parliament
White Paper on Health and draft Health Bill	White Paper on Health approved by MOH and Cabinet by Dec 2005	Drafting of the National Policy on Health to address the overarching health policy framework continues based on feedback received from meetings with six technical working groups. The second draft will be completed next quarter.	First draft Completed by July 05
	Health Act approved by Parliament by June 2006.	Health Policy needs to be completed before the Health Bill can be drafted.	
Roles & responsibilities of governance & management structures & positions	Manual on governance and strategic management completed Dec 2005	First draft completed but needs to be edited. Lack of resolution of governance paradigm makes completion impossible.	First draft completed in February 2006.
Management responsibilities of central hospitals	PMA signed between MOH and Hospital Board by March 2006	Draft PMA completed. Annual Plan for 05/06 based on requirements of the PMA. Progress on areas not addressed under other milestones includes: draft organisational structure of autonomous hospitals completed, composition of management team determined, job description of CEO completed, HR, HMIS, Accounting and non clinical support systems documented.	Draft PMA completed Dec 05
Central hospital performance management	One Year Business Plan submitted to MOH by Feb 06	Cost centres completed their business plans June 06. Awaiting completion of the consolidation process of hospital plans	
	Quarterly performance reviews undertaken	Reviews conducted quarterly/ bi-quarterly	Indicators agreed upon monitored on a quarterly basis
	Strategic assessment of service delivery options completed by Dec 2005	Workshops held in both hospitals to discuss survey findings and options available for central hospitals	Initial assessment submitted to KCH in Nov and QECH in Mar 06
	Pilot of PMIS implemented in QECH by Dec 05	PMIS implemented since Dec 05	System operational and able to generate reports in outpatients
Central hospital clinical service plans	One year Service Plan completed by Feb 2006	Dependent on finalization of hospital business plans. Cost centre plans completed. Hospital plans pending business plan consolidation.	Hospitals in the process of consolidating their cost centre business plans
Central hospital funding and financial management	Income plan for hospital completed Feb 2006	Hospital fees revised based on cost and approved by MOH in Oct 05 but still not Gazetted despite 3 subsequent revisions for Legal Draftsperson. Revenue targets set by hospitals for 2006/6 and 2006/7 financial years. In first 6 months of 05/06 financial year both hospitals exceeded targets but revenue reduced since retention authority withdrawn by Treasury. Awaiting first annual financial report to assess annual performance and revise plan for 2006/7. Initial investigation of financing options undertaken in March 06.	Initial report on financing central hospitals completed March 06
	ACCPAC and RMS fully operational at both hospitals by Nov 05	Both systems fully operational at both hospitals but data entry incomplete. Concerted effort being undertaken to enter outstanding data for 2005/6 financial year ending June 06	Reports from ACCPAC being generated
Central hospital human resource management	All transferred staff have employment contracts by Mar 06	Cannot be initiated until governance paradigm established and approved by Parliament or Office of President and Cabinet.	
	HR Plan for hospitals complete by April 06	First draft Integrated HR Plan completed December 2004. Require completion of interim establishment before revised plan can be formulated which is still under review by OPC.	

Annex 2: Progress against Key Milestones of the Hospital Reform Program, June 2006

Management System	Milestone	Progress Reported	Actual Achievement
Central hospital quality standards	Key performance indicators monitoring quality implemented by Feb 2006	Complaint boxes introduced at QECH	Complaints being analysed on a monthly basis
Central hospital capital development and maintenance	Capital investment plan by Mar 06	Background information collected through hospital business planning and decentralisation processes. Lists of equipment in both hospitals compiled by department. MOH PAM unit has developed centralised capital plans using national PLAMAHS database.	
Central hospital research management	Contract signed for each research project by June 06	Draft agreement completed and submitted to MOH for negotiation with international research organisations. National biomedical research and ethics policy which formed the basis of the process completed in draft form.	Draft agreement and National Biomedical Ethics Policy completed
Central hospital pharmaceutical management	Computerised inventory control system established by June 06	A new electronic Pharmaceutical Inventory Control System (ePICS) was designed and piloted at KCH. Cost sharing proposal on further development and implementation of ePICS over 2 years submitted to MOH in April 06 and Approved June 06. Modalities on procurement and stock procedures being worked out.	Computerised pharmacy inventory control system fully operational at KCH end June 2006
Ongoing improvement in health system	Communication and advocacy programme implemented by Feb 06	Awaiting approval of policy by Cabinet	
	MOU signed between COM and QECH by Dec 05.	Several rounds of negotiations held in last 8 months. Agreement reached on many contentious issues.	Third draft MOU submitted to MOH on 28 June 2006
MOH systems for contracting, financing, and monitoring hospital services	Agreement between MOH, Health Service Commission and Treasury on contracting mechanism Mar 06.	Awaiting approval of hospital autonomy policy and governance paradigm by GOM.	

ANNEX 3. QUEEN ELIZABETH CENTRAL HOSPITAL QUARTERLY REPORT APRIL TO JUNE 2006

INTRODUCTION

This report outlines activities that have been undertaken between April and June 2006 at Queen Elizabeth Central Hospital, as part of the MOH/MSH Central Hospital Reform Programme as well as major activities that involved the management team of the hospital.

IMPROVEMENT IN CENTRAL HOSPITAL FUNCTIONING

Further development and documentation of management systems was undertaken in the following areas:

- Sections of the MOH approved **Human Resource Policy and Procedure Manuals** were shared with cost centre managers in sessions held monthly while some sections such as leave management continued to be implemented in the hospital.
- The draft **transport guidelines** were presented to core management for review and after collection of comments from various stake holders, the task team made revisions of the same.
- The quarter recorded improvements in **pharmaceutical management** by introducing various control and monitoring measures which makes it possible for the hospital to know how the drugs purchased were utilised.
- The **registry system** continued to be improved upon with updating of personnel files being done on an ongoing basis.
- The data capturing into the **HRAdmin** soft ware installed in the previous quarter was completed.
- The **ACCPAC** system became operational and first reports were produced from the system.

An assessment of the impact of the banning of private calls through the **switch board** revealed a thirty percent reduction in telephone bills. This was a result of an assessment done in the previous quarter that showed that about fifty seven percent of all calls made through the switch board were private with seventy percent going to cell phones. Management responded by banning private calls through the switch board.

Cost Centre Management strengthening continued during the quarter. The hospital management is increasingly under pressure from the cost centres which want to know the expenses attributed to them as well as desire for them to be allocated resources and be empowered to control their own expenditure. The Human Resource monthly reports sent to the MOH are generated at cost centre level and discussed with human resource and registry staff at monthly meetings organized specifically for that. This has greatly **improved the accuracy of the HR returns** and enabled cost centres to keep track of their staff movements. The newly introduced cost centre based drug allocation is set to provide the cost centres with information on their individual consumption levels and drugs expenditure.

Reports are now being generated from the **Computerised Accounting Management System (ACCPAC)** though the capturing of data has continued to be a source of concern to the hospital management which is not yet able to use the generated reports for decision making as a result of incomplete data. Apart from the originally planned reports, the government expenditure return was produced from the data entered into ACCPAC. This has an advantage that accounts staff will no longer have to duplicate data entry for them to produce different reports. The production of the first reports from ACCPAC was hailed as an important milestone by clinical heads of departments and core management. It is anticipated that the data capturing catch up exercise being undertaken by the accounts staff will result in production of complete and useful reports in the next quarter for the complete financial year 2005/6.

The **Revenue Management System (RMS)** continued to be improved upon. The quarter saw improvements in the completion of the forms. The usual fluctuations that characterised the monthly revenue returns have since disappeared. The hospital, though not meeting its target yet, is now able to forecast the revenue expected from its fee paying units. There are still some gaps in the completion of the patient charge sheet and no reports are being produced from the system mainly due to human resource capacity problems at supervisory level.

Cost centres completed working on their **business plans** for the coming year and submitted their plans to management. Management set up a task team headed by the chief hospital administrator to consolidate the plans into a hospital business plan. The consolidated business plan, once completed, will be presented to extended management committee comprising representatives of all cost centres and core management team members.

The demand for information continues to increase as confidence in the **Central Hospital Information System** continued to improve. The cost centre business plans all used information from the hospital information system to highlight their successes, workloads and targets for the future. During the quarter, as a way to gain support for the information system, the HMIS officer targeted the clinicians in outpatient clinics. After meeting with the clinicians over the need to collect all and accurate data in their areas of operation, the clinicians showed appreciation that they were considered vital in the data gathering process and expressed willingness to cooperate. One cadre that was targeted but could not be taken on board were the ward-in-charges who will be orientated in the next quarter. The aim of all this sensitization is to get hospital-wide support and 'hunger' for information and make collection and use of information appreciated by all levels of staff in the hospital.

The compiled **inventory of all hospital equipment** by area, status and short and long term actions proposed for non/poorly functioning equipment is in place and is constantly being used by the hospital management in the requests for new equipment. The task team formed to **assess the physical infrastructure** during the previous quarter completed their work and produced a comprehensive report on the same.

The **PMIS** continued to function smoothly during the quarter but only in the areas they were originally fixed. No expansion has taken place in the last two quarters. The information from

PMIS in the outpatient department will be used to bench-mark that collected by HMIS staff in the same areas during the performance review. The hospital management was yet to act on the request by the performance review meeting to ensure that the system was operational throughout in order to capture all attendees to the hospital. Currently the system is not operational at night and during weekends due to manpower shortages. PMIS data entry in the **ARV clinic** for the period 2004 to 2006 was completed.

A number of activities took place in the area of **hospital pharmaceutical management strengthening**. Following the release of funds for the renovation of pharmacy, work commenced and 80 percent of the work was completed during the quarter. The objectives of **pharmacy renovation** were to strengthen supervision, improve storage and the dispensing environment as well as security. The pallets and shelves were made; the lights for dispensaries and stores were installed, the pharmacist's office was relocated next to dispensing areas.

In order to strengthen the **pharmaceutical planning and budgeting process** for each department and cost centre, a pharmaceutical ordering form system was introduced in consultation with user units. Frequently used pharmaceuticals for each user unit were collected and put in an ordering form. The forms will then be bound into an ordering book for each user unit. The **ordering books** will be printed as official pharmaceutical ordering documents in the next quarter. The challenge now is to find a second computer literate clerk as one has since been deployed there and trained in basic computer skills.

In order to enhance information flow between the pharmacy and user units and to provide drug and stock information to hospital health workers, a simplified **pharmacy bulletin** format was designed and approved by the drug committee. The format has four sections: stock out items, newly received items, expiring drugs, and slow moving items. The hospital has started using the bulletin to provide pharmaceutical information to prescribers and related departments. Lack of drug information materials and references in the hospital or pharmacy is likely to affect the quality of the bulletin, especially for donated drugs or alternatives for stock out drugs.

The hospital participated in the **quantification of its pharmaceutical demands** for 2006/2007 together with the other three central hospitals.

IMPROVING HEALTH SYSTEM FUNCTIONING

The hospital hosted two workshops on improving the **referral system**. The focus of the meetings was on getting specialists to visit districts at least once a month for each district. The major hurdle of providing transport was addressed as most districts during the budgeting process included wear and tear allowances for visiting specialists. The department of obstetrics and gynaecology in principle agreed to strengthen patient care in Blantyre Urban Health Centres while continuing visits to other districts. Blantyre DHO was requested to put logistics in place to accommodate the new arrangement. The outstanding issues for follow up include: documentation of the agreed upon guidelines, production of clinical guidelines to guide the district clinicians in case management and in service training programme for district clinicians.

In its continued effort to improve **quality of care** issues, the hospital increased the number of **suggestion boxes** from the initial three to twenty situated in strategic areas. The boxes were opened twice during the quarter, and an analysis of the contents done by a task team that meets monthly. Suggested actions were forwarded to management on various complaints and suggestions.

Problems/ Challenges Encountered

- The high staff turnover due to frequent transfers effected at ministerial level continues to disrupt progress in many areas.
- Management's continued demand for and utilization of the information generated from the ACCPAC and the RMS would enhance consistent and accurate data entry by staff.
- There has been a notion that the systems being developed were being done for the autonomy programme and not as part of the MOH work.
- There are still some gaps in the completion of the patient charge sheet and no reports are being produced from the system mainly due to HR capacity problems at supervisory level.
- During the quarter, the performance review could not be held due to busy schedules of the senior managers who were most of the time away to Lilongwe on duty.
- Management's ability to convince cost centres to work on their next business plans depends a lot on its ability to meet their demand to know and manage their budgets.
- Problems of staffing especially for clerks still pose challenges to the completeness of the data being presented to the HMIS office.
- The high cost of special drugs for central hospitals which are not part of the MOH essential drug list despite being repeatedly ordered as special drugs reduces drug budgets available for routine orders.
- Poor communication and coordination between hospitals and the central medical stores affects the performance of the hospitals.
- The lack of senior medical personnel at the hospital affects decision making and progress in the area of health systems strengthening.
- Management's delays in acting on the complaints and suggestions put forward to it may make the exercise a futile and discourage complainants.

KEY current and future activities

1. Finalize business plans
2. Finalize and implement the transport guidelines
3. Continue strengthening hospital management systems relating to HR, finance, registry, HMIS, transport, equipment and pharmacy.
4. Conduct quarterly and annual performance and financial reviews.
5. Finalize the production of the annual report.
6. Complete the pharmacy renovation.
7. Implement the pharmaceutical ordering book system for cost centre management
8. Continue strengthening health systems through the referral meetings, in-service training and production of guidelines

ANNEX 4. QUARTERLY REPORT ON HOSPITAL REFORM AT KAMUZU CENTRAL HOSPITAL FOR APRIL TO JUNE 2006

INTRODUCTION

This report outlines activities that have been undertaken at Kamuzu Central Hospital (KCH), as part of the MSH/MOH Hospital Reform Program for the quarter April to June 2006.

IMPROVEMENT IN CENTRAL HOSPITAL FUNCTIONING

Main achievements

Cost Centre Management strengthening continued with day-to-day management based on the cost centre management structure. Organizational structures based on cost centres continued to be fine tuned during this quarter. The final draft produced by the Department of Human Resources Management and Development (DHRMD) was reviewed by the hospital management and the cost centre heads. Recommendations made are to be discussed with DHRMD in the coming quarter. Management activities for the twelve cost centres at KCH during the quarter included further work on drafting of business plans (which highlighted the services rendered by the centres, performance overviews, cost centre human resources profiles and analysis, recurrent expenditure, equipment inventory and requirements); HR Reporting on monthly basis; HMIS data coordination using HMIS cost unit focal persons; and staff re-locations by unit heads and matrons.

To strengthen cost centre management, a **Cost Centre Management Procedures Manual** has been drafted. The manual will be ready for implementation in the coming quarter and is to be used as a management tool to guide day-to-day decisions at cost centre level.

Currently the first **KCH Business Plan** is in draft form, compiled from the **Cost Centre Business Plans**, which all still need final editing before they can be implemented effectively. The outstanding sections of the business plans are to do with equipment management, where data is sourced from the Physical Assets Management (PAM) equipment inventory. The PAM unit, with support from GTZ, is updating the equipment inventory using the national software for equipment management called PLAHMAS. The equipment standardization task team has collected equipment inventories from all cost centres and the PAM unit is now incorporating this data in the KCH inventory which will be completed by mid July 2006.

The **Computerised Accounting Management System** based on ACCPAC software continued to be used at KCH. Four key modules on general ledger, accounts receivable, accounts payable and cashbook were made operational in September 05, and have been running up to this quarter. However, during the quarter the system was disabled to allow for changes on formatting and production of expenditure returns according to the new government format. There is now a backlog in data entry which will be caught up in the next quarter.

Central Hospital Information Systems continued supporting the hospital with data for regular Information Reviews, the new business planning process and the annual performance review. The demand for data from the HMIS Unit has increased greatly, signifying confidence in the data Malawi Programme for Reducing Childhood Morbidity and Strengthening Health Systems Quarterly Report – 31 July 2006

provided. The hospital now has reasonably accurate datasets that is being utilised to assess service provision and inform decision-making, though there is still need for improvement especially at source, where data is recorded. A training programme in basic HMIS principles was undertaken for HMIS focal persons from each cost centre using the MOH HMIS training manual. The focal persons are to be responsible for monitoring data collection by Ward Clerks in their units as well as data management from HMIS for the cost centre.

The quarterly **Expenditure and Performance Review** for the hospital was undertaken at the hospital in June 06 and was well attended by cost centre managers. Significant improvements were highlighted in both data quality and in the actual indicators compiled.

The **KCH Annual Report for 2005** was drafted and was supposed to be disseminated. However, more work on final editing is expected hence dissemination has been deferred till final editing is done.

Implementation of the Human Resource Registry System at K.C.H. has continued. The HR Team had a joint training with HR Team from QECH in Liwonde on working with the new **HRAdmin tool**. The software was specifically designed by the programme to improve human resource data management and is now being used on day-to-day basis. The joint training meeting also recommended that several new reports should be generated and these are now being programmed. It is anticipated that these reports will be produced during the next quarter. Monthly HR Reporting was done twice in the quarter, in April and May 2006. Currently the hospital has up to date numbers of its personnel, generated from the monthly HR reporting meetings.

Implementation of some sections of the Administration and Human Resources Manual continued. **Leave Procedures** are being fully implemented including the use of all relevant forms. All cost centres have developed annual leave rosters to make the system run effectively during the coming financial year starting July 06. The leave roaster is to feed into the Leave module of HRAdmin, which is to be used to manage leave by the HR Unit.

Strengthening of the **Pharmaceutical Management System** continued with piloting the Electronic Pharmaceutical Inventory Control System (ePICS). The system involved up-dating data by pharmacy staff. The pharmacy conducted monthly stocktaking and there was substantial work on developing the drug budget for KCH together with the other central hospitals. A meeting of stakeholders was conducted where drug planning and budgeting experiences were shared.

KCH finally obtained its **accreditation in infection prevention** this year. Programme staff assisted in the planning and implementation of the ceremony where the certificate was presented to the hospital director by a representative of the Minister of Health during this quarter.

Problems/ Challenges Encountered

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With the development of Cost Centre Management, it was planned that Unit Matrons and Administrative Clerks were to receive **training on cost unit procedures**, but this did not materialise. The drafting of the procedures by a special task team involving management members was delayed so that the draft was only finalized in the last week of the quarter. The training will take place in the coming quarter.

Finalising **Kamuzu Central Hospital Business Plan** has been delayed. The plan is in draft form, delayed by staffing constraints in cost units, busy schedules by staff to work on cost unit plans and management on the hospital plan, especially the absence of critical management staff i.e. Hospital Director and CHA and then the delay to finalize the Equipment Inventory being developed by PAM which has to be included in the Business plans.

The hospital could not produce monthly management reports from the **Computerised Accounting Management System** as planned due to a number of justifiable reasons. Work during the quarter was geared at addressing this problem so that management reports are produced on monthly basis for management discussion and Expenditure Returns are produced according to government format. SWAp reporting format also need to be worked out, currently produced in Access from the manual system. The use of manual accounting system side-by side with ACCPAC is making accounts people pay attention to the manual system because all reports to the MOH and SWAp are generated by the manual system only.

Expenditure and Performance Reviews continue to provide useful forums to review performance. Improvements are noted by the comparison of indicators from one time period to another; however, understanding of indicators presented during these reviews is a problem for most workers working in cost centres. Addressing capacity issues will assist in cost centres in making better use of data collected and indicators generated.

Implementation of the **Revenue Management System (RMS)** has faltered. Although clerks were trained repeatedly on the new system, they are not completing the forms and the revenue section is not summarising what they receive from the wards into the summary sheet and therefore not captured on RMS. The new fee schedule still has not been Gazetted despite 3 revisions to the draft regulations.

The hospital has a new Director who reported for duty towards the end of the quarter. There was some time lag from the period the previous Director stopped working, to the time the new Director started operating the Office. The Chief Hospital Administrator (CHA) was out on leave and proceeded on training in Kenya for almost half of the quarter. This affected the implementation of some of the activities, which needed input from management like the hospital inspection visits, which could not take place. The absence of the CHA and the changes in the Hospital Directorship affected management meetings, which were not held in the last half of the quarter.

IMPROVING HEALTH SYSTEM FUNCTIONING

The Hospital Reform Programme participated in all management meetings held in the first half of the quarter.

The **joint central hospitals management meeting** was held in Mangochi during the last week of the quarter and the Hospital Reform Programme staff participated and also provided logistic support during the meeting.

The Programme staff also participated in other meetings like the **Transport Task Team** meeting that planned for the finalization of the National Transport Policy document to be merged with the draft Ambulance Policy.

KEY current and future activities

1. Consolidate the development of Cost Centres / Units within the hospital.
2. Facilitate quarterly performance and financial review at the hospitals.
3. Strengthen ACCPAC accounting system especially on reporting to the Ministry of Health and to hospital management for decision-making.
4. Finalize the KCH annual report for the hospital.
5. Facilitate finalization of the business plans for the hospital and the cost centres.
6. Implement the relevant sections of the human resources policy and procedures manual.
7. Strengthen management of pharmaceutical services and proceed with development and implementation of ePICS.
8. Continue strengthening hospital management systems relating to Revenue, Registry, Infection Prevention, HMIS, Transport and Equipment Management.

ANNEX 5. PROGRESS REPORT ON PHARMACEUTICAL MANAGEMENT FOR HOSPITAL REFORM JAN – JUNE 06

1. INTRODUCTION

This report outlines the activities have been taken between January and June 2006 at Kamuzu Central Hospital (KCH) and Queen Elizabeth Central Hospital (QECH) for Hospital Reform Programme. The progress in certain areas is as follows:

- a) Formulating a project proposal on an electronic Pharmaceutical Inventory Control System (ePICS) for the MOH and piloting the pharmacy stage at Kamuzu Central Hospital.
- b) Pharmacy Renovation at QECH and KCH and advising on the design of the pharmacy store for Zomba Central Hospital (ZCH).
- c) Establishing internal pharmaceutical ordering forms at QECH as part of the Cost Centre Management.
- d) Introducing a pharmacy bulletin system at QECH and KCH.
- e) Developing a Joint Annual Procurement Plan for financial year 2006/2007 for all Central Hospitals in Malawi.

2. FORMULATING A PROJECT PROPOSAL ON EPICS FOR THE MOH AND PILOTING THE PHARMACY STAGE AT KCH

2.1 Main Achievements

A comprehensive project proposal on the “Pilot implementation of an electronic Pharmaceutical Inventory Control System at KCH” was submitted to the MOH in April and approved in June. It is envisaged that the project will be implemented between July 06 and June 08. The system includes electronic inventory control, electronic orders and prescriptions.

Piloting of the pharmacy phase commenced at KCH in March 06. Three drug stores and one sundry store were included in the pilot between March and June. Transactions on receiving and issuing drugs (except exchanging drugs) have been computerized thus enabling the system to update the stock balance immediately. The records of orders have been functioning properly. The operating procedures are simple and straight forward and can be easily implemented by pharmacy technicians.

2.2 Problems/Challenges encountered

- a) The manual system has been continued until the electronic system is proven to be stable. Therefore, the parallel implementation of manual and electronic inventory control systems has increased the workload of pharmacy technicians during this pilot phase. As a result, some electronic transactions were omitted which affected the updated stock balance.
- b) The hardware has been unstable from time to time which has influenced the timing of entering the transactions by pharmacy technicians.
- c) The programme has been developed systematically by testing and corrections.
- d) Most of the on-line enquiries and routine reports are not yet established.

2.3 The way forward

- a) To establish dispensary electronic orders to ensure the electronic transactions and records.
- b) To establish the reports and on-line stock cards.
- c) To simplify the procedures of electronic transactions to reduce the workload of pharmacy technicians.
- d) To strengthen the maintenance of the hardware.

3. PHARMACY RENOVATION AT QECH AND KCH AND ADVICE ON DESIGNING THE PHARMACY STORE FOR ZCH

3.1 Main achievements

At **QECH**, pharmacy renovation is being undertaken to strengthen supervision, improve the storage and dispensing environment and enhance security. The pallets and shelves were made; the lights for dispensaries and stores were installed, and the pharmacist's office has been moved to dispensing areas. The renovation of the dispensary will be completed in the next quarter.

At **KCH**, pharmacy renovation is being undertaken to improving the storage and dispensing environment and to enhance security. The dispensing areas were rearranged to improve efficiency. The in-patient window was changed as reception for drug boxes and reduced the traffic into pharmacy. The door and lock of the sundries store was fixed and then the medical supplies were moved from the injectable store to the sundries store which improved inventory control for sundries and IV infusions. Lights for the stores were installed. Partitioning of the production area and constriction of pallets will be done next quarter.

At **ZCH**, advice was given on designing the new pharmacy store for to strengthen security, supervision, and space utilization.

4. ESTABLISHING INTERNAL PHARMACEUTICAL ORDERING FORMS AT QECH AS PART OF THE COST CENTRE MANAGEMENT

4.1 Objectives

The pharmaceutical ordering form system is to strengthen the pharmaceutical planning and budgeting process for each department and cost centre.

4.2 Main Achievement and the way forward

The departments were consulted and frequently used pharmaceuticals for each department are collected. The format was designed and piloted at selected departments and wards. The programmed file to collate the data will be established and the ordering books will be printed as official pharmaceutical ordering documents next quarter.

4.3 Problems/Challenges encountered

The system needs two HMIS clerks with elementary computer knowledge to collect and process the data. The training on processing the data will be done once suitable clerks have been assigned.

5. INTRODUCING A PHARMACY BULLETIN SYSTEM AT QECH AND KCH

5.1 Main Achievement

The pharmacy bulletin system has been introduced to provide drug and stock information to hospital health workers. Simple pharmacy bulletin formats were designed for QECH and KCH. There are four basic formats that are used for stock out items, newly received items, expiring drugs, and slow moving items respectively. The hospitals have started using the bulletins to provide pharmaceutical information to prescribers and related departments.

5.2 Problems/Challenges encountered

Lack of drug information materials and references in the hospitals or pharmacies affect the quality of the bulletins, especially for donation drugs or alternatives for stock out drugs.

6. DEVELOPING A JOINT ANNUAL PROCUREMENT PLAN FOR FINANCIAL YEAR 2006/2007 FOR CENTRAL HOSPITALS

6.1 Main Achievement

The four central hospitals (MCH, KCH, ZCH, and QECH) quantified their pharmaceutical requirements for 2006/2007. The demands were compiled and special orders and priorities for essential items were highlighted together with corresponding budget requirements. The procurement plan was submitted to the MOH in April and to Central Medical Stores (CMS) in June for incorporation into the MOH budgeting and procurement plan. The four Central Hospitals raised their special orders for tertiary health care as per the advice of CMS by end of June 06.

The following recommendations were made to CMS in during the Procurement Plan meeting on 16th June:

- a) CMS and Regional Medical Stores (RMS) should strengthen the communication with the hospitals on stock status and special orders.
- b) CMS should use the quantification information for procurement planning.
- c) MOH should use the quantification information for budget planning.

6.2 Problems/Challenges encountered

The Joint Annual Procurement Plan was expected to improve the efficiency of procurement of CMS and the availability of pharmaceutical supplies. However, due to the constraints of funding, the inefficiencies in administrative procedures of procurement, the shortage of staff and limited computer knowledge of pharmacy staff, the following problems have been encountered:

- a) The drug budget did not include surgical and dental instruments.
- b) The drug budget allocation was inadequately linked to quantification.
- c) The stocktaking was not well implemented in some of the hospitals due to shortage of pharmacy technicians.
- d) The computer knowledge of pharmacy staff was inadequate to carry out the compilation activities.
- e) The low service level of CMS affected the willingness to complete quantification and therefore, affected the quality of inventory control.

7. NEXT STEPS

The activities planned for following quarter are as follows:-

- a) Develop the reports and enquiry systems for ePICS
- b) Develop the e-order system for ePICS
- c) Complete the pharmacy renovation for QECH and KCH
- d) Implement the pharmaceutical ordering book system at QECH for cost centre management
- e) Strengthen pharmaceutical inventory control system at QECH by ensuring stocktaking.
- f) Continue the monitoring system at Central Hospitals for the service level of CMS.

Annex 6: District Reports

Balaka

Key staff: M. Mhango - DHO; F. Linzie - Deputy DHO; Patrick M. Karonga Phiri - MTA, Berlings Banda – Nutrition Coordinator.

Summary Comments:

Balaka District continued making strides implementing its planned activities in the quarter under review. Notable improvements amongst activities carried out include:

- Integrated Supervision continued to all the health centres in the district representing 100% coverage and all had documentary evidence.
- Clients accessing CT outreach clinics also increased by 25% from 2,348 in the January – March quarter to 2,935 in the quarter under review.
- Maintained 100% submission rate of LMIS-01A reporting forms.
- Community Therapeutic Care (CTC) services continued to make progress in all the 11 operational centres. 307 children aged between 6 and 59 months were admitted into the programme (new admissions) in the quarter and a total of 207 were discharged from the programme - 204 cured representing a cure rate of 75 %. 12,541 pots of Chiponde were received in the quarter and 6,835 were distributed.

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 orientation of fourteen Health Workers in Infection Prevention Practices.

Outcome:

Enhanced IP practices covering the entire district hospital sections.

Issues

Short supply of IP materials/supplies.

Future Plans

To lobby Management to consider purchasing more IP supplies.

Child Health

Nutrition

Objectives

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Developing a replicable model for improving nutrition through (1) strengthened NRUs, (2) community outreach; (3) sustainable system for supplemental foods (Chiponde plus locally produced supplement); Reduce dependency on facility based management of acutely malnourished children; Reduce prevalence of malnutrition through enhanced child spacing services and education.

Activity

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

Outcome

There is marked improvement in data documentation at health centre level as compared to the on set of the programme; replenished Chiponde in the health facilities that were stocked out; health facility staff oriented on making emergency orders of Chiponde when stocks are running low; volunteers recorded improvements in case finding, referral to OTP centres, following up of children in the community, screening of children, giving health education at OTP Clinics, weighing and taking height of children.

Issues

Late reporting of Chiponde stock-outs by health centres providing OTP services.

Future Plans

To conduct routine supportive supervision; to train more volunteers to replace dropouts and inactive ones.

HIV/AIDS

Objective

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

Activities

Conducted static clinics at the district hospital and six health centres (Nkakao, Phalula, Kwitanda, Chiendausiku, and Mbera) and outreach CT Clinics at nine sites; conducted CT Counselors Quarterly Meeting;

Outcome

Clients accessing CT clinics also increased by 25% from 2,348 in the January – March quarter to 2,935 in the quarter under review. During the review meeting, participants discussed and resolved on: innovative ways of bringing Counseling and Testing services close to people; defining health facilities where Counselors should start Static Services; mechanisms for sustainability of CT outreach services after MSH closes down; job security for CT Counselors currently on MSH payroll which, if not properly resolved may result in increased workload to the remaining government CT Counselors; reviewed referral forms being used by Balaka and

Mzimba respectively, and they agreed to adopt the Mzimba form, and the use of code numbers to maintain confidentiality, among others.

Issues

Late releasing of transport for CT outreach clinics by the Transport Officer; short supply of stationery.

Future Plans

To ensure Health Centre In-charges continue publishing dates for CT services to the community in good time in order to attract more clients to access the services; efforts should continue to be made in opening up more static and outreach clinics in order to increase accessibility of CT services in the district; to brief the District Assembly about CT services in the district; to share experiences on the referral system between wards / departments and CT Sites including referral forms.

Activity

Conducted follow up meeting on PMTCT with Nurses and Clinicians working in ANC, Maternity ward and STI clinic with 9 Nurses and Clinicians on uptake of counseling & testing services among pregnant women & STI patients.

Outcome

Participants shared experiences and also discussed strategies for encouraging pregnant women to go for CT services to enable them know their sero-status as way forward to PMTCT.

Issues

Not many H/Ws are trained on PMTCT; on supply of ARVs there is a problem on expiry of nevirapine; not many males accompany their wives to ANC clinics; lack of coordination between counseling site and STI clinic; lack of community sensitization on male involvement in ANC; not all STI providers are practicing in the clinics; erratic supply of nevirapine syrup.

Future Plans

Conduct meeting with staff dealing with PMTCT, HIV counseling and testing; PMTCT Coordinator to source nevirapine syrup; to orient DEC, VDC and ADCs as means of community sensitization to encourage men to participate in ANC; to discuss with DHO and DNO to encourage all STI providers to practice; to lobby DHMT to consider training more health workers on PMTCT.

Supervision

Objective

Increase frequency and effective of routine supervision.

Activities

Conducted Zonal Integrated Supervision to all twelve Health Facilities.

Outcome

Maintained a 100% record supervising all the 12 health centres in the district and gave feed back of their findings to health centre staff captioning; strengths, weaknesses, achievements and also drew way forward; Supervisors wrote reports and debriefed the DHMT and Programme Coordinators.

Issues

None

Future Plans

To continue conducting supportive supervision to health facilities.

HMIS

Objective

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

Activity

Performed the HMIS Recognition Scheme award ceremony involving all 12 Health Centre In-charges.

Outcome

The following Health Centres received the awards which comprised: three executive bags, three calculators and a certificate of recognition each: Kankao, Namanolo Phalula and Kankao Health and Utale 2.

Future Plans

To take a winning team to an exchange visit in another district; DHMT to consider if the Health Centre teams to these meetings to comprise three people; the In- Charge, Environmental Health staff and Nursing staff.

Supplies Management: Inventory Management, Stock Outs, Community Access

ITN Distribution

Objective

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

Activities.

Oriented twenty one HSAs in Supervision of Community ITN Committees; conducted Quarterly Supervision to 11 ITN Committees.

Outcome

At the end of the training the HSAs were able to know the complications and prevention of Malaria, their roles and responsibilities and how to supervise ITN Committees in the Community. Supervision to ITN committees revealed the following: community nets are not selling fast as most people do prefer the K50-00 nets at Health Centres; some H/C staff are selling K50 nets during Outreach Clinics without using health passports as required; an NGO, Sue Ryder Foundation is using volunteers to sell ITNs at household level; record keeping not up to date - reporting forms are not available in some health facilities, some Committees are not submitting reports some committee members are not active.

Issues

Not many HSAs are oriented in supervision of Community ITNs although these committees operate in their working environment; inconsistencies in the management of ITNs by ITN Committees.

Future Plans

Orientation of more HSAs in ITN Supervision; Intensify quarterly meetings with ITN Committees; to discuss with H/C Staff to stop selling K50 nets during Outreach Clinics; Phalula and Kankao H/Cs to have a buffer stock for Community ITNs; to supply reporting forms to ITN committees; to conduct refresher training to the ITN Committees; to encourage ITN Committees to open Bank accounts; to intensify supervision to ITN Committees.

DIP Development/Planning and Budgeting

Objectives

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

Activities

Conducted Annual DIP and Budget Review.

Outcome

Implementation of planned activities ranged from 0% to 100% certain activities.

Issues

Lack of use of HMIS data to monitor the implementation process of the DIP.

Future Plans

To monitor the implementation of the 2006/07 DIP.

Financial Management

Objectives

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

Activities

Conducted Follow up to Expenditure Monitoring Tools on Drugs, Stores and Catering with six members of staff from Accounts, stores, Pharmacy and Catering. Participants were reminded on the importance of monitoring tool which includes the following: it helps Accounts department to check and monitor expenditure; assists Management in decision making pertaining to proper management of stores and financial resources; acts as a reminder for the Stores and Pharmacy staff to be checking delivery notes against the received items before forwarding the documents to Accounts department for payment.

Outcome

There is enhanced monitoring on expenditure in the three departments and reports are being produced and used by management to make decisions.

Issues

Other staff members not aware of the tools; lack of commitment by some of the staff who know about the tools.

Future Plans

To implement expenditure monitoring tool on drugs, stores, catering and accounts fully; to amend tool to reflect quarterly trends of expenditure; to ensure monthly reports (expenditure) are submitted to DHMT.

Transport Management

Objectives

Increase vehicle availability; reduce use and maintenance costs

Activities

Conducted transport problem solving session with Transport Officer, Switchboard Operators, H/C In-charges and Drivers on priority conditions for Referral.

Outcome

20 participants attended the meeting to discuss patient referral system and priority cases for referral and monitoring use of ambulance in patient collection; participants were reminded on the three categories of priority patients who require quick referral to the district hospital: 1st priority - children and maternity cases etc; 2nd priority - patients who can be referred at a later date or time and 3rd priority - patients who need referral, but not as urgent. The participants were also reminded of their roles and responsibilities in patient referral, maintenance of ambulance register and the need for proper handover of referral information between those knocking off and those coming on duty.

Issues

Lack of knowledge of priority cases by certain cadres of staff; laxity in maintenance of ambulance registers.

Future Plans

To conduct a review meeting on patient referral system.

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

Conducted orientation of seven Health Centre Advisory Committees on their roles and responsibilities.

Outcome

Health Centre Advisory Committees to enhance the linkage between health facilities and community members ensuring communities are aware of the health situation in their catchment; members also to monitor drug receipts and pilferage at the health facility.

Issues

CHAM committees were not included in the training programme.

Future Plans

To train the remaining members of the advisory committees; to sensitize Health Workers (Health Centre Team) on roles of the Advisory Committee; to conduct exchange visits between advisory committees from other areas or districts; to conduct refresher Courses for the committee members; to form and train advisory committees in the CHAM facilities since they fall under DHO administration.

Chikwawa

Dates : April-June 2006.

Key Staff: Mr. Zainga – DHO; 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:

- Clients opting for CT declined from 5719 to 2737 in the last two quarters, representing a 109% decrease) resulting from stock outs of test kits.
- 100% health facilities reported HMIS routine data according to schedule, an improvement from 92% in the January-March quarter.
- There is marked improvement in the accounting of drugs and supplies with proper documentation; 100% health facilities supervised on LMIS
- There is improved accountability of ITNs at community and district level on ITN funds
- Continued facing stock-outs of identified child health tracer drugs particularly SP and cotrimoxazole in the quarter for more than a week at one moment.

Quality Assurance Systems

Infection Prevention

Objective: *Move the hospital towards accreditation for IP.*

Activities: Conducted internal assessment for Ngabu Rural Hospital; conducted internal training to 87 health workers and support staff for Montfort Hospital.

Outcomes: Internal assessment for Ngabu Rural Hospital achieved 36% score - the main problems are IEC, lack of IP materials and infrastructure is not conducive.

Future Plans: To facilitate the construction of placenta pit at Montfort Hospital; to conduct external assessment at the hospital;

Quality of Care

Malaria

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

Activity: Conducted supervision on malaria case management and IPT for health workers; conducted supervision to ITN committees; held a quarterly stakeholders meeting.

Outcome: According to the supervision report there is improved accountability at community and district level on ITN funds; provision of malaria services is negatively affected by shortage of SP and personnel especially at facility level.

Issues: Shortage of SP at the ante natal clinic making IPT and treatment of malaria cases less functional.

Future Plans: To train health center staff on microscopic examination targeting the most isolated areas; to orient more health workers on IPT and malaria case management

Child Health

Objective: *Improve quality of child care through facility quality improvement*

Activity: Commenced the extension of maternal death audit to community level. This started with a study tour to Mchinji where DHMT is implementing the same to learn from the experience on community involvement in maternal death audit; conducted a stake holder's consultative meeting and Area Development Committee meetings on community maternal death audits; sensitized health workers and community leaders on maternal death audit; conducted a baseline survey on maternal death audit.

Outcomes: In all meetings, members felt it was important to conduct both facility and community maternal death audit in the district - one Traditional Authority of TA Chapananga was selected as the focus area; Both health workers and community leaders seem very committed in seeing this into effect.

Issues: Delay with the implementation process of this important initiative due to other commitments.

Future Plans: To monitor the implementation process of the maternal death audit.

Nutrition:

Objective: *To improve the nutritional status of the vulnerable group*

Activity: Held a tripartite meeting with DHO, World Vision International and MSH to discuss on nutrition activities in the district; conducted a consultative meeting with College of Medicine on duplication of activities with MSH at three health facilities of Makhuwira Health Center, Mont fort Hospital and Misomali Health Center; conducted TNP monthly meeting; continued monitoring CTC activities; facilitated trainings on CTC for health workers, community leaders and volunteers at Maperera and Mfera Health Centers with funding from DHO.

Outcome: During the tripartite consultative meeting, members agreed to have different target groups as beneficiaries; the consultative meeting with College of Medicine members agreed that DHO/MSH should move to other health centers not covered by this project.

Issues: None

Future plans: To continue monitoring CTC activities.

HIV/AIDS

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

Activities

Conducted CT outreach clinics and quarterly CT counselors meeting; orientated health workers on PMTCT at Zonal level; trained health workers in PMTCT; orientated health workers and village representatives at facility level on PMTCT and male involvement; orientated health workers at Zonal level on cotrimazole prophylaxis and active TB case findings; facilitated training of health center staff on sputum smear.

Outcome:

Quarterly review meetings revealed the following:
Frequent stock outs of nevirapine; most of the health center staff not aware of the use of Cotrimazole prophylaxis and active TB case finding.

Issues

Lack of trained staff in PMTCT at health centre level; lack of male involvement in decision making for PMTCT; Sputum transportation for testing at the district hospital poses problem as in most cases specimen stay for some time at the facility before it is transported to the district; shortage of test kits.

Future Plans

To participate in the national CT national campaign; lobby for funds to train HSAs in sputum microscopic examination; monitor male involvement in the delivery of PMTCT activities; to extend PMTCT activities to other health centers.

Supplies Management: Inventory Management, Stock Outs, Community Access

Drug Management

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

Activities: Conducted an orientation meeting for accounts and pharmacy staff on accountability of drugs procured from Central Medical stores; conducted LMIS supervision.

Outcome: There is marked improvement in the accounting of drugs and supplies with proper documentation; 100% health facilities supervised on LMIS.

Issues:

Some wards still using ununlockable cupboards; stock outs of some essential drugs e.g. SP, cotrimoxazole and Panadol in most health facilities; stock cards not well maintained in some health facilities; some health workers still experiencing problems with filling of reporting forms.

Future Plans: To conduct drug management supervision and review meeting with health facility staff.

Supervision

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

Activities: Conducted monthly supervision to health facilities in one zone of Ngabu; conducted report writing and feedback to DHMT and stakeholders.

Outcome: Supervision focused on chronic care, TBA and HMIS.

Issues: The Reproductive health programs receive little attention with minimal supervision activities.

Future Plans: To conduct supervision; to provide feedback to DHMT; to lobby DHO to prioritize supporting RH services as done to other programs supported will vertical funds.

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; conducted quarterly HMIS review meeting;

Outcome: From the supervisory visits and discussions with health facility staff, it showed there are remarkable improvements in data collection and analysis at all levels in the district; maintained 100% timeliness of reporting in the last two quarters.

Issues: Delays by the HMIS task force to meet to review data from reporting facilities to identify the ones that qualify for incentive scheme.

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

Planning and Budgeting

District Program Management

Objective: *Strengthen decentralized health management services in the district.*

Activities: Conducted a DIP review and planning; introduced a quarterly planning sheet for the program coordinators to facilitate them access and monitor use of DIP funds at district level.

Outcome: Discussions on the DIP review revealed the following:

- The rate at which maintenance work is progressing is not very encouraging. It was noted that despite the high number of artisans only three are qualified and the rest were working under supervision and not independently. It was therefore agreed to subcontract maintenance work to private contractors through tendering process as stipulated in government procedures.
- Most program managers were unable to access their finances mainly due to lack of technical know-how besides being busy with other duties.

- It was evident that most of the program monies are used by support services compared to programs, as administration have an upper hand on resources available in the district. The items that consume most of the district funds are subsistence allowance, consumables and maintenance of motor vehicles.
- Transportation especially availability of motor cycles remains a big problem in most facilities such that they failed to conduct activities such as immunization.
- Involvement and participation of the District Assembly especially in person of the District Commissioner and District planning Development officer was very much appreciated.

Issues: None

Future Plans: To sub contract maintenance work; to follow up on how program coordinators are accessing ORT funds with the introduction of quarterly planning sheets; Program Coordinators to monitor there expenses to avoid disrupting future programs; to avail transport to some strategic positions and facilities in the district; to procure and distribute motorcycles that were budgeted in the DIP to at least 3 health facilities; to review the role of DIP coordinator so that this is related to quarterly budgets and follow up with related activities according to schedule.

Objective: *Strengthen planning capacity at district level.*

Activity: conducted orientation to access program for HR data; orientated administration personnel to record keeping and filling; facilitated the involvement of Health Advisory Committees in DIP development process; disseminated the DIP to District Assembly.

Outcomes: Files have been updated and filed accordingly; general record keeping on personnel has improved; inputs and concerns of Members of Health Advisory Committee have been taken on board; The District Assembly fully integrated in the planning and monitoring of health services through quarterly DIP reviews and execution of financial management

Issues: A concern was raised by District Assembly members that transport is not well managed and other resources to benefit the grass root level; the need for staffing health centers with health workers in Changoima Zone was brought up by the Assembly.

Future Plans: To involve the representative of district assembly in the DIP review process; to lobby for more health personnel for Changoima Zone.

Communications, Transport Management and Referrals

Transport Management

Objective: *Increase vehicle availability; reduce use and maintenance costs.*

Activities: Continued monitoring transport indicators; orientated new transport officer to transport management; facilitated motor cycle riders course for ten program coordinators and

zonal supervisors; facilitated the maintenance of two radios at the district hospital and Makhuwira Health Center.

Outcome: Number of vehicles on the road has greatly improved at present to nine vehicles DHMT changed transport officer for the district to a more competent one; program coordinators are able to ride motorcycles and thereby reducing the congestion on motor vehicle requests; CT outreach services are able to get transport per request as opposed to combine with other programs.

Issues: Data collection on transport indicators remains poor; frequent change of transport officers poses a big challenge; inconsistency in documentation of ambulance registers both at district and health center level

Future Plans: Continue monitoring of transport indicators; to orient Hospital Administrator, Transport officer and new officers on transport guidelines.

Kasungu

Key Staff

A. Mbowe, District Health Officer; Joyce Nyasulu, Management Technical Assistant; Winstone Mkandawire, DMC

Summary Comments

Kasungu MSH team was at its toes again in the quarter under review enforcing strategies geared towards successful implementation of their activities with their counterparts in the DHMT. The following are some notable achievements:

- Improved uptake of ANC mothers opting for counseling and testing from 55(5% of ANC new attendees) to 178(20% of new ANC attendees) in the previous two quarters resulting from improved referral system.
- The district has managed to sustain its Drug and Therapeutic Committee which is meeting regularly according to schedule.
- 100% health facilities have had its communication system (2-way radio or telephone) functional in the last three quarters.
- Availability of basic child health equipment remains in 100% of the health facilities.
- The district did not experience any stock outs of child health tracer drugs in the quarter and equally were test kits for HIV/AIDS.
- Percentage health facilities reporting data according to schedule remained at 92% in the last two quarters.
- Maintained a 100% record supervising all health facilities with documentary evidence.

Quality Assurance Systems

Maternal Health

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

Activity: Conducted IEC to community members consisting of chiefs, village head men TBAs, teachers, religious leaders, political leaders and herbalists on safe motherhood key messages.

Outcomes Members identified long distances to health centre, early marriage of girls, lack of transport, use of traditional medicines and inadequate trained TBAs as major problems leading to high maternal mortality.

Issues: Most TBAs are not trained and these are the people delivering women in the community and poor road network areas; Lack of involvement of men who would probably advise on early referral; early marriage of young teenagers 16 years of age; delay in referral to hospital; many untrained TBAs still practicing

Future plans: To disseminate Safe Motherhood Initiative (SMI) key messages to other community members; to train more TBAs with MASAF 3 funds; conduct IEC campaigns geared towards prevention of teenage pregnancy; to train the untrained TBAs; conduct IEC on teenage pregnancy to girls and boys; continue with TBA supervision and involve men in SMI issues.

Malawi Programme for Reducing Childhood Morbidity and Strengthening Health Systems
Quarterly Report – 31 July 2006

Maternal Death Audit

Activities: Conducted Maternal Death Audit of 6 cases (sepsis/Post Partum Hemorrhage, Immuno-suppression, Retained Placenta, cervical tear /PPH, Malaria septicaemia and Eclampsia/PPH); conducted two maternal death follow ups at community level to verify the causes of the maternal deaths and role the community is taking to prevent these deaths

Outcome: Documentation inadequate in most audited cases; physical examination and history taking incomplete; delay in referral to hospital level.

Issues: Incomplete history taking; lack of priority setting in emergencies.

Future plans: Enforce on complete history taking; enforce on examination to identify problems and develop a checklist to monitor pregnant women; in emergency both sister on call as well a clinician need to have a stamp (special) which will alert a nurse to the status of the pregnant mother for administration of Nevirapine.

Infection Prevention

Objective: Move facility towards accreditation for infection (IP).

Activity: Facilitated the finalization of the IP policy guidelines.

Outcome: IP Policy finalized and ready for binding and dissemination.

Issues: None

Future Plans: To disseminate the Policy to all the health workers

Planning and Budgeting

Objectives: Strengthen district capacity in planning and budgeting.

Activity: Conducted DIP dissemination to District Assembly

Outcome: DIP presented to the District Assembly and all the issues arising from the document were addressed.

Issues: District Assembly members were concerned with the following; high maternal mortality hence need for more money to be allocated to reduce maternal deaths; congestion being experienced at the ART clinic; bad staff attitudes towards patients and guardians by most health workers.

Future Plans: To continue reviewing the DIP with the Assembly members to ascertain their participation in the implementation of activities; to ensure the use of the DIP when allocating (ORT) funds to various planned activities.

Child Health

Objective: *Improve quality of child care through facility quality improvement*

Activity: Conducted IMCI and ORT supervision to all health centres

Outcomes: Health workers were assessed on how they correctly assessed for the presence of the four danger signs - cough, diarrhea, fever and immunization status; correctly prescribed oral antibiotic.

Issues: Health workers in government health facilities were not following IMCI protocols in managing sick children and don't assess for other problems; immunization are not done on daily basis in all health centers leading to too many missed opportunities.

Future Plans: To continue with supportive supervision; to ensure DHMT provides spare gas cylinders in all health centers to prevent stock outs of gas so that vaccines are available all the times in the health facilities

Supplies Management: Inventory Management, Stock-outs, Community Access

ITNs

Objectives: *Increase coverage and appropriate use of insecticide treated mosquito nets at the community level.*

Activity: Conducted supervision to eight ITN committees.

Outcomes: There is improved knowledge on malaria prevention, control and transmission among community members; community members appreciated buying nets from within the community when in stock.

Issues: Erratic supply of nets; long distances to health centers to access nets.

Future Plans: To continue with ITN supervision

Drug Management

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

Activity: Conducted drugs management supervisory visits to all health facilities

Outcomes: All health facilities are using stock cards for each product and conducting physical inventory monthly; there is timely submission of LMIS-O1A forms.

Future plans: To build new drug stores or reallocating in some health centres where the drug stores are very small.

Supervision

Objective: *Strengthen routine supervision at district level; support MOH in developing integrated supervision systems, including use of standardized checklist*

Activity: Conducted routine supervision that included using Red flag, Family Planning and ANC checklists; conducted a feedback meeting with DHMT and all program coordinators

Outcome: Maintained a 100% record supervising all health facilities with documentary evidence.

Issues: Most health centers have no BP machines; Khola health center structure is not fit to be a health centre; staff unruly at Santhe health centre; shortage of TB drugs; shortage of nurses and midwives in health centers in view of the high maternal mortality rate in the district.

Future Plans: To consider including health facility In-Charges during supervision feedback meetings; to send nurse, midwives on relief to health centers that have no midwives e.g. Kamboni, Kawamba; to procure bicycles for HSAs.

Human Capacity Development

Objective: *Strengthen Capacity at district level*

Activity: Facilitated a computer training of programme coordinators.

Outcomes: All program coordinators are now able to use the computer hence they can type their reports and as well make their own budgets

Issue: Duration was short - 3 days instead of one week

Future plan: Lobby DHMT to procure an additional computer so that all coordinators should have access.

HIV/AIDS:

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

Activities: Conducted supervision to all CT outreach clinics during clinic days; conducted CT Data management session with CT counselors; held a CT Quarterly meeting.

Outcome: No site made a demonstration on a condom use during health education session; only one site informed clients about the time the session could last; counselors forgot to inform clients about window period; CT counselors equipped with knowledge and skills in HIV Data collection, analysis, and interpretation and reporting.

Issues: Counselors don't submit reports in time because they use their own transport which is not reimbursed; site at Kapelula was closed due to shortage of testing kits.

Future plans: To ensure data is verified before submission to the district; continue with supervision and quarterly meetings; to conduct refresher course on whole blood rapid HIV testing.

Mangochi

Dates: 1st April through 30th June, 2006

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

Summary Comments

- Achieved 95% timelines of LMIS-01A reporting forms from 92% in the previous quarter.
- Achieved 62% internal assessment score from 38% previous internal assessment score.
- Achieved 271% increase clients received CT in the previous two quarters - a total of 2772 received VCT services in the quarter under review compared from 746 in the January to March quarter.
- ANC clients opting for CT increased from 37 (2% of first ANC attendees) to 111 (9% of first ANC attendees) in the last two quarters.
- STI patients opting for CT increased from 10(1% of new STI cases) to 103(13% of new STI cases) in the last two quarters.
- TB patients opting for CT increased from 112 (38% of new TB patients) to 298(72% of new TB patients) in the last two quarters.
- Accounts staff started submitting ORT returns to DHMT.
- All health facilities maintained 100% availability of basic child health equipment with 97% of health facilities having functional communication equipment.

Child Health

Objective: *Improve quality of child health care and reduce immunizable diseases*

Activities: Supported Child Health Day activities with financial resources for supervisors, volunteers and health workers and transport resources for supervision on the activities in the entire week.

Outcome: 77% of children in the under - one year age group received Vitamin A supplementation while 88% of children in the 12 – 59 months age group and 64% of post natal mother got Vitamin A. 68% of children in the 12 – 23 months age group received albendazole.

Issues: District targets were not achieved during the week.

Future Plans: DHMT to ensure that there is constant supply of Vitamin A for its facilities and out reach clinics to increase the number of children and post natal mothers getting Vitamin A supplementation; need for proper documentation in all registers.

Supplies Management: Inventory Management, Stock Outs, Community Access

Drug Management

Objective: Strengthen LMIS 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; conducted supervision to MOH facilities.

Outcomes: Achieved 95% timelines of LMIS-01A reporting forms from 92% in the previous quarter (one facility not reporting due to non availability of Medical Assistant); drugs and medical supplies receipt voucher is been used by the members of the committee, members of the advisory board and departmental representatives when receiving medical supplies; measures aimed at reducing traffic into the drug store and proper management of the drug store to check pilferage are been strengthened by DHMT.

Issues: Non availability of a Medical Assistant at Iba; inadequate amounts of Unigold that lead to uneven issuing of the two parallel test kits.

Future Plans: All facility In –Charges and Zone Supervisors to ensure that reports to the district pharmacy are sent timely; DHMT to consider deploying a Medical Assistant at Iba Dispensary to ensure free flow of medical supplies; pharmacy supervision to be conducted during clinical supervision in addition to the normal scheduled visits; liaise and order more test kits from Central Medical Stores; conduct a refresher training on drugs management in order to iron out the short falls been experienced; to ensure Zone Supervisors submit comprehensive monthly transport /fuel and program reports to the district that includes reports collection on time.

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: Monitoring of IP and Control Practices continued in the hospital; laminated IP tools; conducted module 2 training for IP Core team; conducted quarterly internal IP assessment.

Outcome: The DHMT continues to respond to some major issues on maintenance; Achieved 62% internal assessment score from 38% previous internal assessment score; protocols laminated distributed.

Issues: Supplies and personal protective equipment not adequate; IP Policy for the district not in place; protocols and instructions not adequate.

Future Plans: DHMT to continue providing more IP supplies; develop and distribute IP policy for the district; develop, laminate and post additional protocols and guidelines; support training of the core team in module 3.

Maternal Health

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

Activities: Conduct a follow up meeting for maternal deaths with the participation of the district maternal death audit committee

Outcome: 8 maternal deaths were discussed and audited; 6 maternal deaths occurred in the past three months – a 50% reduction from the previous quarter when twelve maternal deaths occurred.

Issues: Lack of general supervision for the midwife nurses in the facilities by the district safe motherhood coordinator.

Future Plans: The district safe motherhood coordinator and the clinical officer in -charge for the maternity to routinely submit supervision plans to the DHMT for support; need for aggressive and comprehensive documentation, history taking and monitoring of high risk mothers by health workers at all levels; to conduct audit for the remaining maternal deaths occurred in the quarter.

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: Conducted monitoring of transport system and costs; conducted emergency referral meeting.

Outcome: Transport schedules been indicated on the board; monthly transport indicators been processed; trip Authorization protocols in operation; quarterly average expenditure on fuel rose to K922548.7 from K807930.33 in the previous quarter - this could be due to changes in the transport officer and child health days activities conducted in the quarter. Ambulances spending more time (90%) in zonal head quarters and not at district before; Administration staff, switchboard operators, selected nurses and clinicians participated in a two day orientation session of emergency referral meeting.

Issues: There was no health centre representation during the emergency review meeting; registers not yet introduced in the selected facilities; a slight increase in the number of kilometers traveled and fuel used.

Future Plans

Continue urging the DHMT to use transport data for decision making; work towards an effective preventive maintenance system to ensure that fleet performance, availability and vehicle utilization are maintained at these levels; orient staff in the two selected health centers on emergency referral system and procure ambulance registers for these facilities; need for Administrator to closely work with the new transport officer on vehicle control.

HIV/ AIDS

Objective: *Strengthen VCT services at the District Hospital site*

Activities: Routine counseling and testing continued at the district hospital, facility and mobile sites; conducted a review of VCT activities in the district with 14 health workers from all operating sites; conducted supervision of VCT services.

Outcome: A total of 1645 walk clients received VCT services compared to 637 in the previous quarter representing a 158% increase; improved uptake of CT services amongst antenatal mother (115 antenatal mothers as compared to 31 in the previous quarter were tested; 347 TB clients were tested compared to 112 in the previous quarter -184 clients as compared to 35 tested TB patients are on Cotrimoxazole prophylaxis. This could be explained by continuous availability of cotrimoxazole and intervention problem solving meeting held earlier in the quarter. A total of 506 clients compared to 205 in the previous quarter were tested from the mobile VCT outreach clinics. 91 STI patients were counseled and tested.

Issues: Uneven issuing of parallel test kits i.e. Unigold and Determine by the pharmacy technician; delays in reporting by static testing clinics; lack of close working link between the District Aids Coordinator from the assembly and Health Office in HIV Aids issues; communities not sensitized on PMTCT; infrequent review meetings

Future Plans: Continue including mobile VCT services trips on monthly transport plans on routine basis and lobby for timely release of the vehicle by the transport officer; improve on reporting from the peripheral testing sites; to improve coordination between the VCT coordinator, laboratory and pharmacy technicians on the ordering and issuing of test kits from the pharmacy; conduct quarterly review meetings.

Supervision

Objective: *Strengthen routine supervision at district level*

Activities: Conducted routine monthly supervision to 37 health facilities; conducted annual supervision review; oriented four new zone supervisors in integrated supervision

Outcome: Supervisory visits and review meetings revealed the following: Health profile books still not in circulation; lack of BP machines in one or two facilities; lack of blanket sheets; lack of uniform and other working equipment; intermittent supply of test kits to peripheral points; inadequate supply of contraceptives in some facilities in Makanjira Zone.

Issues: Some few facilities not communicating with the district due to other factors like faulty batteries and malfunctioning solar panels; motor cycle riders' suits and drinking bottles for the eight supervisors not yet bought; maintenance of buildings highly required at Chilipa and Phirilongwe health centers; lack of preventive maintenance of motor cycles for supervisors; some coverage rates like family planning and STI contact tracing rates not calculated.

Future Plans: To continue following up issues put forward during pervious supervision sessions; DHMT to continue with specific DHMT supervision using its developed checklist; members of the maintenance team trained in supervision to go round the facilities to identify specific communication problems for DHMTs interventions; DHMT to procure health profile

books, some linen and uniform from ORT funds and distribute to all facilities; VCT coordinator and Pharmacy technicians to improve on ordering system of HIV test kits.

Malaria

***Objective:** Increase coverage and appropriate use of insecticide treated mosquito nets at the community level.*

Activities: Conducted supervision to 9 Community ITN Distribution committees and facility IPT and ITN

Outcome: New malaria coordinator appointed by the DHMT replacing the one posted out of the district; 4 out of the 9 committees could correctly describe net re-treatment procedures while 5 could do so fairly.

Issues: Lack of functional ITN district account for the revolving funds; stock out of ITNs at community and facility levels; some households in Phirilongwe have not retreated their ITNs for some time due to lack of K-O tabs; not all health workers oriented in malaria updates; 6 out of 9 committees visited are active.

Future Plans: The malaria coordinator together with DHMT to conduct a re-dipping mop up activity in Phirilongwe; strengthen the 3 committees that have slumbered; orient the remaining health workers in malaria updates; distribute IPT aides to all facilities.

HMIS

***Objective:** Strengthen HMIS data quality and promote data use in decision making; Strengthen the capacity of health workers who compile and supervise HMIS activities*

Activities: Conducted facility and Zonal HMIS supervision to 36 facilities, conducted Zonal bi – annual performance reviews.

Outcome: Improved data use amongst health workers who are currently showing to have developed an information culture.

Issues: Some of the participants showed lack of knowledge to differentiate between data elements and indicators; setting of targets for indicators was made ad hoc without reference to previous performance leading to unrealistic targets been set; lack of full team work and cooperation between HSAs and trained CHAM staff in some facilities.

Future Plans: Continue with the facility and zonal reviews; need for determining performance targets on previous performance and district targets; DHMT to ensure that the supervisory relationship between the HSAs and CHAM staff is strengthened; launch HMIS and performance recognition scheme.

Mulanje

Dates: April to June 2006

Key staff: Dr. Frank Chimbwandila – DHO; Mrs. C. Nkhoma - DHO; Mrs. D. Machinjiri – MTA; E. 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 CT services though clientele drastically declined from 2124 clients in the January to March quarter to 1434 clients in quarter under review – a decline of almost 50%. Similar trends were noticed in ANC clients, STI patients and TB patients accessing CT services. This was attributed to stock outs of test kits.
- The Drug and Therapeutic committee was revitalized to intensively monitor the management of drugs and supplies.
- Strengthened malaria activities through updates to nurses and clinicians on malaria case management and IPT which will like contribute to increased IPT coverage.
- Increased access of ITNs to community members – 44 committees are in place and active from the targeted 100 from 2004 – 2006
- LMIS -01A reporting stood at 90% in April and May and rose to 100% in June.
- Strengthened HMIS activities through the launch of the HMIS recognition scheme for best performing health facilities which has increased competition amongst health facilities in terms of the quality of data submitted to the district and as well use at facility level.
- 100% Health Facilities did submit data to the district according to schedule and they all did conduct facility level performance reviews.

Quality Assurance Systems

Infection Prevention

Objective: *Move the hospital towards accreditation for infection prevention.*

Activity: Conducted Infection Prevention Executive and subcommittees and DHMT meetings; internal IP assessment; held monthly meetings on IP where the DHO gave a special topic on barriers to nasal comial Infection. Participants also included community members, the business community and stake holders.

Outcome: Achieved 66% from a previous score of 78% translating into a 12% decline - DHMT and staff were and pledged to work hard so that the hospital can get accredited the next quarter.

Issues: Pediatric ward still remains dilapidated; the former DNO who was leading the IP team at the district hospital left the hospital hence the hospital is in a transition period with the new DNO; some members of the IP taskforce went on posting.

Future Plans: Intensify IP in all wards and department; to establish “Friends of Mulanje” District hospital that can assist to build guardian shelter; to have an open day on IP. MSH provided funding for the purchase of essential supplies such as iron sheets, rafters and ceiling board to repair roof of pediatric ward.

Child Health

PHI

Objective: Improve quality of child care through facility quality improvement.

Activities: *Conducted baseline assessment on quality improvement at two health facilities - Kambenje and Mpala health centres; benchmarking visit done to A & E department of QECH; supplied CCP forms for monitoring children conditions.*

Outcome: Lessons learnt at QECH include: at every step in the TRIAGE system, there should be staff assigned to do specific task; triage system must be team work; drugs and medical supplies should be within reach to medical personnel; hospitalized patients must have a short stay to reduce congestion in the ward; important to use stamps for identification of triaged categories.

Issues: No short stay structure; lack of stamps for identification of triaged categories.

Future plans: Structure for short stay be developed; to purchase stamps for triaging; to orient health facility staff on triaging and as well provide them with baseline assessment reports; to provide necessary guidelines for use at health facility level.

Quality Care

Malaria

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

Activities: Updated nurses and clinicians in malaria case management and IPT, delivered microscope and slide warmer to three health facilities of Kambenje, Chonde and Mulanje District Hospital under five OPD.

Outcome: IPT DOT now in use that SP is in stock; malaria case management has improved - all facilities are able to manage and refer according to protocol; Laboratory Technicians are able to capture information in the register because of the proper forms used.

Issues: Shortage of microscopists.

Future plans: To train two more microscopists.

Supplies Management: Inventory Management, Stock Outs, Community Access

ITN Distribution

Objective: Strengthen financial and inventory management systems.

Activities: Trained ITN committee members for Bondo Health Centre catchments area; conducted supervision to ITN trained committees; trained Health workers on ITN management.

Outcome: Increased access of ITNs to community members – 44 committees are in place from the targeted 100 from 2004 – 2006; 43% of the committees were supervised; two committees have bank accounts; well documented book of accounts; some committees meet once every month to review their accounts; committees have verification checklists on supervisory visits conducted by supervisors; District Assembly representative was appointed to be a signatory of district bank account; 59% of trained committees have no seed nets.

Issue: Lack of seed nets.

Future plans: To change signatures this quarter of bank accounts; task force to continue conducting supervision.

Essential drugs

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

Activities: Conducted drugs management supervision in health facilities.

Outcome: LMIS -01A reporting stood at 90% in April and March and rose to 100% in June; drug storage and inventory has improved tremendously; compliance to the Secretary for Health's directive that drug store management be in the hands of a nurse or female medical assistant being adhered to.

Issues: High drug pilferage at district hospital.

Future Plans: Strictly supervise the district office pharmacy through a functional, trained hospital advisory committee; to ensure drug committee meets and copies of minutes sent to MOH; to purchase prescription pads.

Supervision

Objective: Increase frequency and effective of routine supervision.

Activities: Conducted a supervision meeting attended by health centre In-Charges, zonal supervisors and DHMT.

Outcome: The health centre staff discussed directly with the DHMT outstanding problems; only 70% of the facilities were supervised because the focal person who was also the matron (Mrs. Kachale) left, it was difficult for the supervisors to organize themselves - a new focal person has been identified.

Issues: Role conflict amongst supervisors still remains a problem; Supervisors being more of fault finders – doing more policing.

Future Plans: To train 5 more supervisors who are not committed with other programs; to remind maintenance department to solve long standing problems existing in health facilities; to continue conducting meetings involving supervisors health facilities and DHMT; to laminate mission statements; to conduct a session with supervisors with a fault finding attitude to that of facilitative supervision.

HIV/AIDS

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

Activities: Briefed local leaders on support to community PMTCT, oriented community, PMTCT committee members on their roles; conducted ARV, CT, STI and PMTCT campaign; conducted HOPE KIT IEC; reviewed referral system on uptake of STI, PMTCT and CT; developed an action plan for the community PMTCT committee.

Outcome: Clients tested declined from 2124 clients in the January to March quarter to 1434 clients in quarter under review – a decline of almost 50%. Provision of ARV to pediatrics has now started following the discussions of the referral system.

Issues: Few children from NRU are being referred to ARV clinic; antenatal mothers in the maternity are not accessing PMTCT services; shortage of test kits.

Future plans: To continue HOPE KIT IEC concept; children from NRU to be assessed in the ward; identify a counseling room in maternity ward; to continue sensitizing the community on PMTCT and Health Centre staff on PEP; catchments areas registering low CT figures to be considered with campaigns.

HMIS

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

Activity: Conducted Zonal HMIS follow up meeting with Task force members; prepared the launching of the HMIS recognition scheme.

Outcome: Three health facilities were recognized after meeting the requirements of the assessment criteria - Lujeri Clinic, Mimosa and Namulenga.

Issue: None

Future plans: Continue monitoring the implementation of the HMIS recognition scheme.

Financial Management

Objective: Strengthen DHMT, Health centre staff to prioritize resources.

Activity: Oriented Health Centre staff, senior Accounts personnel and DHMT to itemized budgeting.

Outcome: Health centre staff now able to prioritize resources they need at a health facility and staff very motivated – activity helped with the DIP development process.

Issue: None

Future plans: To continue mentoring health centre staff on itemized budgeting.

Transport management

Objective: Increase vehicle availability; reduce use and maintenance costs.

Activities: Follow up to health facility with register was conducted, baseline assessment to 2 facilities which had transport registers was done.

Outcome: Three out of the eight health facilities filled their registers properly; Drivers designated to write reports of their vehicles.

Issue: Transport officers and drivers considered maternity patients as the only emergency.

Future plans: To have the transport register have more space for documenting necessary information pertaining to the type of patient referred; continue review meetings with drivers and transport task force members.

Nutrition

Objective: Strengthen the management of acute malnutrition through the improvement of NRUs and implementation of community Therapeutic care (CTC)

Activities: Briefed stakeholders on CTC; conducted training of health providers and other extension workers on CTC; trained volunteers on CTC.

Outcome: Criteria for choosing OTP candidates was made and briefed to all stakeholders – i.e. distance from one health centre to another, geographical features like rivers and mountains which would interfere with access to services; the following health facilities were identified; Mulanje District hospital, Mulanje Mission hospital, Muloza Health Centre, Mpala Health centre, Bondo Health Centre, Chonde Health Centre, Mbiza Health Centre, Chambe Health Centre, Mulomba Health Centre, Namphungo health Centre,.

Issues: Inadequate NRUs – only two in the district and are seven kilometers apart. (MDH and Mulanje Mission Hospital); Health centres without OTP services have untrained HSAs in CTC resulting in problems when there is a requirement to follow up children in their catchments areas; Volunteers demanding for some kind of identify e.g. bags to carry their books.

Future plans: To conduct monthly DTNP; to conduct CTC supervision fortnightly.

Mzimba

Dates: 1st April to 30th June 2006

Key staff: DHMT Members, Program Coordinators, Zone Health Office team, Zone Supervisors, CHAM Members, Other NGOs (AAH, Concern World Wide, Valid International and MSH Team (Management, Program Specialist and MTA).

Summary Comments

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

- Findings during integrated Management of Childhood illnesses supervision indicates that case management is properly done, equipment and drugs are available in most facilities
- The findings of Malawi Demographic Health Survey have revealed that Mzimba has reduced infant mortality rate from 108/1000 in the 2000 DHS to 80/1000 in the 2004 DHS.
- There is marked improvement of waste management both inside and outside the hospital.
- There is improvement in the traffic control at the district hospital as DHMT has assigned guards in the Hospital corridors and wards to control traffic.
- There is an increase in participation by majority members of staff in implementing IP practices
- There is great adherence of CTC guidelines and protocols by implementers due to close follow-up meetings/supportive supervision and review meetings - a total of 404 children have so far benefited from program
- There is increased collaboration amongst community, district and national stakeholders in the CTC program as evidenced by their participation, resources allocated to the program .i.e. Limbe Leaf Company in Mbalachanda provided fuel for awareness activities in the surrounding areas
- There is improved monitoring and documentation as evidenced by consistent data analysis and report submissions
- There was a consistently available supply of Chiponde and other logistical supplies
- Increased promotion and distribution of ITNs - 3000 ITNs distributed to 24 ITNs Committees
- Improved submission of both monthly and quarterly HMIS reports.
- Improved usage of HMIS in decision making as shown by increase usage of graphic presentation of various indicators during facility review and close reference of HMIS during DIP review by program managers and all other stakeholders
- Tremendous improvement in the in the management of the district pharmacy - cartons are stacked properly creating adequate space for receiving new supplies and all damaged and expired stock cleared from the reception area.
- The district pharmacy is well secured with burglar bars on all the windows and entrance into the pharmacy. In order to strengthen the security in the pharmacy more, there is a suggestion from the DHO to have the keys to the different doors and locks in the pharmacy kept by

different pharmacy technicians. This will ensure that no one person can have access to all the areas in the pharmacy.

- Stock cards are available for all the items in the drug stores both at the district pharmacy and at the health facilities.
- Achieved 95% LMIS-01A submission rate.
- After holding a meeting with Health Centres District Pharmacy and regional medical stores there is general improvement in timeliness on delivery of supplies adherence on handling of supplies
- As the result of previous review meetings, trainings in financial management, distribution of roles and responsibilities amongst accounts personnel roles and responsibilities are carried out by relevant members to the extent that the DHMT has deployed three new staff members to the section.
- Registered an increase of 30% clients opting for CT from 870 in the previous quarters to 1127 in the quarter under review; 653 out 833 (78%) ANC clients opted for CT; 100% of positive PMTCT mothers were put on nevirapine treatment; 63 TB patients out of 71 (89%) opted for CT of which 27 who tested positive were put on Cotrimoxazole prophylaxis.
- There is a more organized way of doing integrated clinic supervision demonstrated by development of well known schedule of activities well before the supervision, no interruption of supervision activities and timely completion of supervision activities and as such all facilities are adequately being supervised on monthly bass – maintaining a 100% supervising all health facilities with documented evidence.
- Improved feedback between DHMT and Zonal Supervisors because of direct linkage between facilities and DHO through Zone supervisors
- MSH supported establishment of Zone Health Office in Mzuzu by providing financial and technical support to the team. As the result the team managed to familiarize itself to the district and oriented District Management teams on the functions and responsibilities of the Zone Health offices. They have also managed to conduct facility supervisions using various tools including the red flag

Quality Assurance Systems

Child Health

Objective: Improve quality of child care through facility quality improvement

Activity: Conducted IMCI supportive supervision to 80 nurses and clinicians where technical and material supports were provided.

Outcomes: Findings during the IMCI supervision indicated that case management is properly done; equipment and drugs are available in most facilities.

Issues: None

Future Plans: To complete supervision for the remaining providers.

Infection Prevention

Objective: Secure accreditation of Mzimba District in infection prevention performance.

Activities: Continued conducting technical meetings with infection prevention team and heads of departments to assess areas for improvement and map the way forward; identified two sites to be used for droplet infection isolation; Partitioned work started in medical wards with financial support from MSH; reinforcement of IP practices through reorientation of department heads on compliance to standard practices, guidelines and procedures is commenced through meetings, on the job trainings and introduction of departmental awards.

Outcomes: PPE available and are being used appropriately; traffic is properly regulated at the district hospital; waste management practices, guidelines and procedures properly followed.

Issues: To get accredited is the major issue and challenge

Future plans: To conduct external assessment in order to get accredited; to complete partitioning of isolation blocks; to source plastic bins for non-soiled waste products like paper.

HIV/AIDS/VCT/PMTCT/STI/TB

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

Activities: Participated in VCT referral system review meeting; continued supporting VCT outreach clinics and static clinics in Mzimba; continued with the provision of VCT, PMTCT, STI, DCT and integration of cotrimoxazole treatment in the management of HIV/AIDS related TB services.

Outcomes: Registered an increase of 30% more new clients opting for CT - from 870 in the previous quarter to 1127 in the quarter under review out of which 653 of the 833 (78%) of pregnant women were tested for HV/ADS and 52 (6.2%) tested positive; 100% of positive PMTCT mothers were put on Nevirapine treatment; 63 out of 71 (89%) TB patients opted for CT out of which 27 patients tested positive were put on Cotrimoxazole prophylaxis; 224 clients got tested through VCT out reach clinics

Issues: Shortage of testing reagents.

Future plans: To continue conducting review meetings to identify gaps for improvement; to continue supporting VCT static and outreach VCT clinics through provision of human, financial and technical support.

Nutrition (Community Therapeutic care-CTC)

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

Activities: Continued actively identifying malnourished cases for CTC program through community mobilization; continued conducting supportive supervision and facility based review meetings; conducted Zone based CTC implementers review meetings; conducted two TNP meetings (one financially supported by DHO and one by MSH).

Outcome: There is great involvement of stakeholders in the program i.e. Mbalachanda Limbe Leaf company provided transport for sensitization meetings; the programme has a total 404 children admitted; there is great compliance to treatment by caregivers as demonstrated by low defaulter rate; health workers are greatly adhering to protocols, guidelines and procedures resulting into quality of care demonstrated by high cure rate

Issues: Lack of team work in some health facilities; bad health worker attitude towards Chiponde (others don't believe Chiponde is more effective as demonstrated by high retention rate of children in some NRUs)

Future Plans: To intensify supervision to improve performance; to conduct quarterly CTC review meetings; to continue conducting TNP meetings.

Supervision

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

Activities: Continued monthly integrated clinic supervision

Outcome: There is a more organized way of doing integrated clinic supervision demonstrated by development of well known schedule of activities well before the supervision, no interruption of supervision activities and timely completion of supervision as such all facilities are adequately being supervised on monthly basis; feedback, reporting and all other issues regarding communication are done effectively and efficiently because of direct linkage between facilities and DHO through Zone supervisors; MSH supported establishment of Zone Health Office in Mzuzu by providing financial and technical support to the team which has managed to familiarize itself to the district and oriented the District Management team on its functions and responsibilities of the Zone Health offices. The team has also managed to conduct facility supervisions using various tools including the red flag which are within the framework of MSH supervision model.

Issues: Inadequate fuel provided for supervision; irregular monthly supervisors and DHMT feedback meetings.

Future plans: To intensify supervisors and DHMT feedback meetings.

Supplies Management: Inventory Management, Stock-outs, Community Access

ITNs

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

Activities: Continued provision of ITN services through distribution of ITN; participated in the registration of beneficiaries of ITN for the poor of the poorest project

Outcome: A total of 3000 nets were distributed to 24 TN committees; 4532 people were registered to benefit from the poor of the poorest ITN project.

Future Plans: To continue distributing TN to communities; to intensify supervision to ITN committees.

Essential Drugs and Supplies Management

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

Activities: Conducted drug management quarterly supervision to all 57 health facilities; conducted DHMT drug management review meeting; conducted two drug management advisory committee meetings; conducted drug management review of the district pharmacy; oriented District pharmacy members on the use of new LMIS software.

Outcome: At the hospital level, marked improvements in the following areas: general outlook of the district pharmacy with cartons properly stacked creating adequate space for receiving new supplies and all damaged and expired stock cleared from the reception area. The pharmacy is well secured with burglar bars on all the windows and entrance into the pharmacy. For maximum security, DHO has directed to have the keys to the different doors and locks in the pharmacy kept by different pharmacy technicians so that no one person can have access to all the areas in the pharmacy; air conditioner is available and in good working condition; stock cards are available for all the items in the drug store and are up to date; three members of the Drug Therapeutic Committee do witness delivery of drugs at the hospital each time there is a delivery.

Issues: The lockable cupboard provided for the storage of ARVs is no longer adequate which has resulted in most of the ARVs kept on the open shelves contrary to the recommended storage of ARVs in the pharmacy; there is excess stock of diclofenac, phenobarbitone and Ampicillin injections, which if not redistributed to other district hospitals and central hospitals will expire on the shelf; erratic delivery of supplies to both the district hospital and health centers from regional medical stores; delivery schedules are not followed and some facilities are still being missed during deliveries; no receipts for the individual health centers are being captured by DHO because RMS (North) does not provide the district with all the health centers delivery notes after deliveries have been made to health centres; substantial traffic flow into the pharmacy by staff from other departments with no one responsible for the main drug store as a result any pharmacy staff can issue supplies from the store any time.

Future plans: To continue monitoring the implementation of LMIS activities.

Planning and Budgeting

Objective: Strengthen planning capacity at district level.

Activities: Continued monitoring of DIP performance on monthly basis during Internal Procurement (IP) and DHMT meetings.

Outcome: Continued monitoring DIP performance through District Stakeholders review meetings and make appropriate adjustments where necessary which has resulted into a number of program activities being funded through ORT during internal procurement (IP) meetings.

Issues: Inadequate funding affecting DHMT to plan according to what is in the DIP.

Future Plans: To conduct DIP review with all district stakeholders.

HMIS

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

Activities: Conducted HMIS Zone review to assess levels of HMIS analytical graphs and usage in decision making.

Outcome: Most facilities improved on submission of both monthly and quarterly HMIS reports: there is general improvement in usage of HMIS in decision making as shown by increase usage of graphic presentation of various indicators during facility review and close reference of HMIS during DIP review by program managers and all other stakeholders

Issues: Lack of demand for HMIS data for decision making among some program managers and heads of departments.

Future Plans: To conduct zone HMIS reviews.

Financial Management and Accounting

Objective: *Strengthen financial management and accounting procedures at district level*

Activities: DHMT lobbied for additional staff in accounts departments

Outcomes: As the result of previous review meetings, trainings in financial management and distribution of roles and responsibilities amongst accounts personnel most roles and responsibilities are carried out by relevant members; three new staff members deployed to the Accounts department.

Issues: New Accounting staff still not adequately acquainted to the Health System accounting procedures

Future plans: To orient the new staff in accounts department in financial management.

Transport Management and Referrals

Objectives: *Increase vehicle availability; reduce use and maintenance costs*

Activities: Participated in collection of Transport performance data through three sentinel Health Centers and two of them submitted their data to MSH central office for analysis; continued monitoring transport performance indicators through monthly DHMT meetings reports.

Outcomes: Data for ambulance performance collected and submitted for analysis

Future plans: To conduct transport review meetings; to provide feedback on ambulance performance baseline survey analysis.

Ntcheu

Dates: 1st April to 30th June 2006

Key Staff

Dr. Jonathan Ngoma, DHO; Patrick M. Karonga Phiri, MTA Ntcheu; and Allan Macheso, Malaria Specialist (District Management Supervisor)

Summary Comments

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

- Made strides with IMCI interventions supervising many IMCI trained staff who are demonstrating good work in assessing sick children properly.
- Most programme coordinators and all stakeholders involved in DIP development process and DIP review used HMIS information for re-programming.
- The Drug and Therapeutic Committee continued to be effective demonstrating its activities effectively.
- Accounts staff submitted ORT reports as required by DHMT.
- Completeness of HMIS reporting for the quarter improved from 54% in January to March quarter to 71% in the quarter under review.
- Integrated Supervision nose dived to 58% from a remarkable 100% in the previous quarter to a drastic 57% in the quarter under review.
- LMIS submission rates also dropped from 100% in the January – March Quarter to 91.4% in the quarter under review.

Child Health/IMCI

Objective: Improve quality of IMCI case management.

Activities: Conducted monthly supervision of 13 health workers trained in IMCI who were assessed on case management; interviewed four untrained staff in IMCI; trained five health workers in IMCI.

Out comes:

- Out those assessed, 10 correctly assessed general danger signs; 11 assessed and classified for presence of 3 main symptoms of cough, diarrhoea and fever; all the 13 correctly checked immunization status of the children; only 5 remembered to assess for any other problems. Average time taken for managing cases was 18 minutes. 1 Health worker wrongly managed a child who was supposed to be referred but was given drugs to be taken home.
- Assessment on facility support done at 16 health facilities revealed the following: all the Health facilities visited had all types of vaccines in stock; 10 Government health facilities had stock-outs of certain drugs, such as that included paracetamol, cotrimoxazole and tetracycline eye ointment; Nsiyaludzu, Bwanje, Katsekera, Matanda, Bilira and Mlangeni had no functional ORT corners; all the visited Health facilities had working communication systems.

- All the health workers are able to communicate properly with caretakers on when to return immediately, and give advice on high fluid intake and diet and keep their IMCI Job Aids in the consultation rooms.
- In all the health facilities visited stock cards were well maintained; sharing of tasks is also properly done; communication system was up to date and IMCI Job Aids were available and in use in all the health facilities visited except for Kasinje.
- Hospital premises at Matanda, Nzama and Masasa were very clean and exemplary.
- All facilities had functional weighing scales, refrigerators in good condition.
- All facilities had good record keeping and Job aides well displayed and correctly used and are offering services over the week-end. The communication system has also remarkably improved.
- IMCI skills reinforced amongst two newly trained health workers who managed to finish the training.

Issues: Time taken to manage a case remains high for almost all the assessed Health workers i.e. 18 minutes while recommended average time is 8 minutes; Nzama and Katsekera health centres not recording refrigerator temperatures on a daily basis; ORT equipment and sinks were found dirty at Kasinje health centre; ORT corners not active at Kasinje, Katsekera, Nsiyaludzu and Bwanje health centres; at Kapeni and Matanda immunizations are only done once a month; ground at Kapeni health centre were bushy; ORT equipment at Nsiyaludzu e.g. buckets, cups, measuring jugs, are kept at one of the staff houses; stock-outs of some essential drugs in 10 government health centres.

Future Plans: To conduct a 2 day refresher course for those who were trained long ago; to continue with IMCI monthly supervision; In-charge at Kapeni health should ensure that the grounds staff laborers keep health facility premises clean and tidy; DHMT should supply ORT equipment at Matanda e.g. jugs, spoons and pails; to conduct another follow-up visit within 3 months to ensure there is improvement on the problems identified during the visits; DHMT to ensure availability of essential IMCI drugs in all the facilities; the District IMCI Coordinator to ensure availability of IMCI Job Aids and Child Profiles in the facilities visited for continuity of care.

Paediatric Health Initiative (PHI)

Objective: Improve Quality of Child Health Care through Facility Quality Improvement.

Activity: Oriented Health Workers (Nurses and Clinicians) on ETAT.

Outcome: Participants gained knowledge on how to: triage, assess and manage emergency conditions; provide comprehensive treatment to emergency cases; prepare an emergency tray, and resuscitate a child in a comma.

Issues: Inadequate resources in wards for proper implementation of ETAT, e.g. airways of different sizes, paediatric masks of various sizes, oxygen concentrators, nebulizers and suction machines.

Future plans: DHMT should consider purchasing the required resources to enable the health workers provide the services effectively; to continue orientation of new health workers deployed to the district hospital.

Maternal Death Audit

Objective: To reduce the number of pregnant women dying of pregnancy related conditions.

Activity: Oriented traditional and religious leaders in maternal death audit and safe motherhood; conducted an educational visit to Mkanda in Mchinji with thirty traditional leaders comprising 10 chiefs and 20 group village headmen.

Outcome:

- Participants gained knowledge on the causes of maternal deaths; ways/strategies for reducing maternal deaths; risky pregnant mothers who are not supposed to be delivered by a TBA; danger signs to pregnant mothers and to the baby; how to conduct maternal death audits; and what is required of them in combating maternal death audit.
- Traditional leaders were briefed on the strategies that people of T/A Mkanda followed to reduce maternal deaths from 11 in 2000 to 10 in 2001, 8 in 2002, and 5 in 2003, and 2 in 2004 to 0 from 2005 to date. These strategies included:
 - Formation of task forces to monitor maternal deaths in the villages, make follow-ups to all pregnant women in the village to ensure that they go for ante natal clinics at an early stage and to ensure that the women deliver at a health centre or by a trained TBA.
 - Introduction of registers for expectant mothers in all the villages in T/A Mkanda.
 - Formation of drama and musical groups to assist in disseminating messages on safe motherhood.
 - Writing of client education messages on safe motherhood on walls of houses in the villages.
 - Enforcement of regulations on handling/treating of pregnant women in all the villages around Mkanda area to be followed by all expectant mothers, their husbands, guardians, TBAs, including village headmen.
 - Enforcement of fines to all who fail to abide by the instituted regulations on safe motherhood, among others.

Future plans: To ensure community leaders take a leading role in advising pregnant women to seek antenatal care as early as possible so that risk factors can be identified and be managed; to ensure community leaders discourage home deliveries and deliveries by untrained TBAs; through community leadership and health education/IEC to empower women to make an informed choices to seek medical care; to conduct an educational tour with traditional authorities to Mkanda in Mchinji; all traditional leaders to disseminate the information to their subjects on return to their respective homes through village health committees, area action committees, etc.; to introduce exchange visits with people from Mkanda area to enable both teams continue learning from each other.

HIV/AIDS

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

Activities: Conducted static and outreach CT Clinics; conducted Referral Review Meeting with 34 CT Counselors, ARV providers (Nurses and Clinicians) Laboratory and Pharmacy Technicians and the Transport officer; oriented 14 H/Ws (Nurses and Clinicians) on Counseling and Testing Guidelines.

Outcomes:

- Improved uptake of CT services -1,752 clients accessed CT services both, at static and outreach clinics, as compared to 1,412 in the January – March quarter, representing a 24%

increase despite stock-outs of test kits such as Unigold and Bioline experienced from mid June to date; CT centers which opened last quarter at Kapeni, Nsipe, Kandeu and Mikoke significantly contributed to the high numbers of clients accessing CT services in the district.

- During the review meeting, participants were oriented on: their responsibilities; how to formulate a post test club; effective client referral and linkage to other services; networking with community based counsellors; and how to allocate support groups in the community; accurate data collection, record keeping and report writing. They also knew about better HIV counselling and testing protocols; and the importance of maintaining clients confidentially

Issues: Low numbers of ANC and STI clients opting for CT; Blood donors tested HIV positive are not counselled and directed to access other services at the CT site like positive living and screening at the ARV Clinic to enable them access ARV Therapy; lack of mechanism to capture information/data of STI patients referred to CT site; mobile CT services still bear less fruits due to late allocation of transport to CT counsellors; inadequate publicity in the community about the importance of HIV CT and the benefits of accessing ARV Therapy; inadequate supply of HIV-Test kits to CT sites in the district.

Future Plans: To continue conducting static and outreach clinics; to consider opening up more static clinics to scale up CT services in the district; to train health workers as PMTCT providers to enable the district hospital offer PMTCT services; to ensure the transport officer provides transport to CT Counsellors in good time; Pharmacy technician to liaise with the responsible officer at Central Medical Stores and HIV/Aids Unit to honour and supply HIV Test kits as required and requested by the District ;MSH should consider training other CT Counsellors in motorcycle riding to reduce demands of vehicles for CT outreach clinics; to invite a facilitator/advisor from NAPHAM during the next CT Counsellors meeting in order to impart more knowledge to the counsellors on how to run a post test clubs (PLWHAs); HIV/Aids messages and awareness campaign in the community should be intensified by all the counsellors; STI service provider/coordinator and PMTCT coordinator in collaboration with counsellors should find mechanism for convincing more STI clients and antenatal mothers to opt for HIV testing and capturing data of those opted in for testing; to hold coordination meetings involving the District Assembly AIDS Coordinator, HIV/AIDS, ARV and Counseling and Testing (CT) Coordinators to enhance partnership/workmanship.

Supervision

Objectives: To provide support to the supervisee, maintaining standards, planning, monitoring and evaluation of quality services, performance, and appraisal of supervisee.

Activity: Conducted Integrated Zonal Supervision to 21 health centers out of the 36 in total; Conducted computer training for 8 zonal supervisors.

Outcome: Integrated supervision intensity declined drastically to 58.3% from 100% in the previous quarter; Zonal Supervisors equipped with computer operations skills which included: Introduction to Computer, Windows Operating System (Windows 2000), Microsoft Word 2000, Microsoft Excel 2000, Microsoft Power Point 2000, Microsoft Access 2000, and Tips on Internet and E-Mail.

Issues: 4 of the 10 zonal supervisors did not conduct supervision in their zones, and the 6 who did supervision in their zones, did not even compile reports of their findings (performance of each health programme) and consequently, did not hold dissemination meeting for DHMT and

programme coordinators in spite of the MTA reminding the focal persons several times; Participants expressed concern that 6 days were not adequate for the computer training.
Future plans: To conduct a follow-up training for zonal supervisors in computer skills.

Drug Management

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

Activity: Oriented 27 nurses at the district hospital on LMIS and National Drug Policy.

Outcome: Nurses capacity to manage drugs strengthened - included storage of drugs, conducting physical inventory, record keeping and reporting; monitoring and supervision.

Future plans: To conduct follow-up supervisory visits to trained nurses.

Financial Management:

Objective: Strengthen financial management and administration functions at the district level.

Activity: Conducted mentoring to five accounting personnel in government accounting principles and procedures.

Outcome: Accounting personnel were oriented on the importance and obligation of discharging their duties in accordance with the government accounting principles and procedures and following their job descriptions.

Issues: Accounts section had no salaries ledger and cash chest; ledgers for other transactions not well maintained and balanced; one Accounts Assistant does not know his job or what to do; revenue returns not being prepared.

Future plans: To continue conducting the mentoring exercise.

DIP Planning and Budgeting:

Objective: Strengthen planning and budgeting capacity at district level.

Activity: Conducted DIP and budget review meeting.

Outcome: DHMT members, programme coordinators, and other stakeholders discussed performance levels of all planned activities according to the 2005/2006 DIP – Activity implementation status ranged from 0% to 100% in certain activities.

Issues: Inadequate funding; lack of use of the DIP during the implementation period by coordinators.

Future Plans: To ensure that DIP reviews are conducted in every quarter; to conduct DIP and budget dissemination meeting at the beginning of each financial year to enable all coordinators and stakeholders know what has been included in the DIP and budget after being advised of the ceiling by Treasury.

Salima

Key Staff: Mrs. F Bwanali DHO, Mr. E Kasela (Superintendent Clinical Officer) Mrs. Mable Chinkhata DNO, Mr. Paul Chunga (DEHO), Chifundo Kachiza – Technical Specialist, MSH

Summary Comments

Despite continued changes in Management with a new DHO, new Administrator the Salima DHMT with again a new Technical Specialist from MSH, the team strived executing their planned activities to the satisfaction of many stakeholders. The following remarkable successes can not go without mention:

- There was overwhelming increase in numbers of clients accessing CT from 3179 clients in the January-March quarter to 6030 clients in the quarter under review – an increase of 90%.
- ANC clients opting for CT increased from 748(76% of first ANC attendees) to 981(59% of first ANC attendees) in the last two quarters.
- Maintained an amazing 100% of health facilities with documentary evidence of supervisory visits in the last five quarters.
- 100% health facilities had all child health tracer drugs in the quarter.
- Accounts staff members have consistently submitted ORT report to DHMT in the last four quarters.
- However, HMIS performance declined with timeliness of reporting going down from 83% to 56% health facilities and performance reviews conducted from a remarkable 100% to 85% of health facilities respectively in the last two quarters.

Quality Assurance

Infection Prevention

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

Activities: Participated in DHMT meeting where a decision to procure PPEs and intensifying maintenance work at the hospital was undertaken. Benchmarking at Zomba Central Hospital. Infection prevention meeting was undertaken in May 2006 to reflect on current infection prevention practices and plan for improvement.

Outcome: PPEs distributed to all hospital departments; Management's commitment to improved sanitation increased and can be verified by the clean hospital environment; plans are underway to conduct an internal review for IP.

Issues: Inadequate materials and supplies for the enhancement of IP initiatives.

Future plans: Orient new members of staff (the hospital continue to receive new staff members) in IP; continue polishing/rectifying the gaps identified during the external IP assessment and conduct the focused external IP assessment end August; support monthly IP core working team review/planning/feedback meetings; to support the focused external IP assessment.

Quality of Care

Malaria

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

Activities: Conducted updates on Malaria case management; facilitated supervision on IPT and microscopy; facilitated a refresher training of Malaria microscopists.

Outcome:

Improved malaria case management by health workers that includes screening by microscopists.

Issues: None

Future plans: To conduct updates on malaria case management and IPT; facilitate supervision on malaria microscopy at Health centers.

Nutrition

Objectives: *Developing a replicable model for improving nutrition through (1) strengthened NRUs, (2) community outreach; (3) sustainable system for supplemental foods (Chiponde plus locally produced supplement); Reduce dependency on facility based management of acutely malnourished children; Reduce prevalence of malnutrition through enhanced child spacing services and education.*

Activities: Supported CTC monthly review meetings; conducted supportive supervision to twelve health facilities providing CTC services; orientated clinicians to CTC; facilitated distribution of Chiponde to Health Centers; initiated the process for establishing a District Targeted Nutrition Program Task Force in Salima composed of representatives from various stakeholders at district level; conducted CTC data monitoring visits to H/C; rolled out CTC activities to Chipoka Health Centre whereby: 20 HCWs, 20 volunteers were trained whilst 20 local leaders were briefed in CTC.

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

Issues: Targeted Nutrition Program Task Force not yet functional

Future plans: Monthly District Targeted Nutrition Program Task force review/planning meetings. Quarterly review/planning meeting for the CTC programme. Expand CTC to the only two Health Centers remaining. 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.

HIV/AIDS/TB

Objectives: *Strengthen VCT/TB services in the district*

Activities: Facilitated outreach Counseling & Testing (CT) clinics; conducted quarterly HIV/AIDS/TB review/planning meeting involving CT Counselors, ART staff and TB officers; conducted quarterly HIV/AIDS referral review meeting involving various coordinators and counselors; facilitated PMTCT benchmarking visit to Mwanza District Hospital.

Outcome: Improved quality of services on CT services.

Issues: There is low uptake of CT services among the STI clients.

Future plans: Support CT counselors meetings; support CT out reach clinics; facilitate meetings for CT counselors from public, private and civil society and conduct supportive supervision visits to CT facilities.

Supervision

Objectives: *Strengthen routine supervision at district level*

Activities: Facilitated procurement of protective clothing for supervisors; conducted monthly supportive supervision and feed back meetings

Outcome: Maintained 100% record supervising all health facilities with documentary evidence; supervision experiences shared and action plans drawn.

Issues: none

Future plans: Support monthly cluster supportive visits to all health facilities; to purchase of six rider suits for cluster supervisors; to facilitate training of DHMT, supervisors and coordinators in the following: writing of reports, and minutes then development of proposals and plans; to facilitate a session on the development/ clarification of roles amongst DHMT members and Programme Coordinators.

HMIS

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

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

Outcome: Supportive HMIS supervisory visits done to some of the facilities. Timeliness of reporting for both quarterly and monthly reports has improved.

Issues: Data generation, utilization, interpretation not done effectively at all levels.

Future plans: Support the Assistant Statistician and the HMIS Focal person to continue conducting supportive supervisory visits; enhance the monthly reporting of some HMIS selected indicators and the timeliness of reporting accurate, complete quarterly reports; support annual and quarterly district performance reviews with enhanced use of data collected through the routine HMIS.

Inventory and Supplies Management

ITNs

Objectives: *Increase coverage and appropriate use of insecticide treated mosquito nets at the community level.*

Activities: Planned quarterly district multi-sectoral ITN review/planning meeting and supportive supervisory visits to ITN committees failed to take place during the quarter under review.

Issues: National activities were given priority like registering of the poor for free ITN distribution

Future plans: To conduct updates on malaria case management and IPT; facilitate supervision on malaria microscopy to Health centers; conduct quarterly district multi-sectoral ITN review/planning meeting.

Drug Supply

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

Activities: Facilitated supportive supervisory visits to Health facilities to check on filling of LMIS 01A Forms, tracer drugs and general management of drugs and other medical supplies; conducted on-the-job training on LMIS reporting, inventory management at Mafco and Parachute health facilities.

Outcome: Maintained 100% timely submission of LMIS 01A Forms from health centers; drug stores in health centers are clean, stock cards properly filled; however, some CHAM and private clinics like Mafco and Parachute health facilities were not filled properly; Drug and Therapeutic Committee monthly meetings were conducted with an action plan drawn and minutes were circulated.

Issues: Stock out of Amoxicillin in all the health facilities.

Future plans: To continue conducting monthly supportive supervision to health centers to assist in mentoring on drug store management and LMIS 01A Forms completion and timely reporting requirements for all the health centers; to conduct monthly Drug and Therapeutic Committee review meetings.

Transport Management

Objectives: *Strengthen the transport management system in the district*

Activities: Planned a working session on Transport management

Outcome: Training not yet conducted

Issues: The officer earmarked for the activity is on maternity leave

Future plans: Facilitate training in Transport management; disseminate the developed Transport Management Guidelines to all transport users; strengthen the monthly reporting of transport indicators; facilitate orientation of PBX operators, maternity ward in charges, guards on basic transport management in relation to delivery of the health services.

Financial Management

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

Activities: Planned a follow up on computer training for accounts staff.

Outcome: Activity was delayed to next quarter

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

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

District Partnerships

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

Activities: Participated in IMCI meeting convened by UNICEF for Salima District Executive Committee.

Outcome: Participants appreciated contributions of MSH into district towards child health activities.

Issues: none

Future plans: Continue to participate in such meetings time permitting.

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