

## **Malawi Project: Quarterly Report**

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MSH Malawi Project

April 2006

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## **MSH MALAWI PROGRAMME**

**QUARTERLY REPORT NUMBER 12**

**JANUARY TO MARCH 2006**

**COOPERATIVE AGREEMENT NUMBER  
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## **ABBREVIATIONS**

AA	Administrative Assistant
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AS	Assistant Statistician
CH	Central Hospitals
CHAM	Christian Health Association of Malawi
CMS	Central Medical Stores
COP	Chief of Party
CTC	Community Therapeutic Care
DA	District Assembly
DEHO	District Environmental Health Officer
DHIS	District Health Information System
DHMT	District Health Management Team
DHO	District Health Office
DIP	District Implementation Plan
DNMCPM	District National Malaria Control Programme Manager
DNO	District Nursing Officer
DOTS	Directly Observed Therapy, Short Course
EHP	Essential Health Package
ELMS	Essential Laboratory Medical Services
HA	Hospital Autonomy
HCD	Human Capacity Development
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMIU	Health Management Information Unit
HAS	Health Surveillance Assistant
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IP	Infection Prevention
IPT	Intermittent Presumptive Treatment
ITN	Insecticide Treated Net
JIP	Joint Implementation Plan
KCH	Kamuzu Central Hospital
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
M&L	Management and Leadership
MK	Malawi Kwacha
MoH	Ministry of Health
MSH	Management Sciences for Health
NTP	National TB Control Programme

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

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## INTRODUCTION

The MSH/Malawi programme for Reducing Childhood Morbidity and Strengthening Health Systems reflects a partnership between USAID, Management Sciences for Health, and the Ministry of Health of Malawi. The programme as at end March 2005 has one sub-contracted partner, Health Partners of Southern Africa, working on hospital autonomy. Initiated in April 2003 (with field start up in July), the programme supports the MoH Programme of Work (POW) within the national ministry, the Kamuzu and Queen Elizabeth Central Hospitals, and District Implementation Plans (DIPs) in eight districts across the country - Balaka, Chikwawa, Kasungu, Mangochi, Mulanje, Mzimba, Ntcheu, and Salima. The programme is multi-faceted with multiple and diverse customers; work plans for a single quarter may include up to 350 discrete activities. While the focus is on management systems and support for decentralization and hospital autonomy, the general intent is to support the government's Sector-wide Approach (SWAp) and Essential Health Package (EHP). Our government partners have progressed in these areas over the past two years, and we are pleased to have contributed technical and financial assistance at important moments.

This report intends to describe detailed description of program reports and district reports.

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## **Program: Quality Assurance**

### **Infection Prevention**

**Dates: January – March 2006**

**Objectives for collaboration with MSH/Malawi Programme:**

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

**Focus for the quarter**

- Continued support for the 4 districts of Mzimba, Salima, Chikwawa and Mulanje and the four new districts Balaka, Kasungu, Mangochi and Ntcheu district hospitals.
- Internal assessment for new districts.

**Activities:**

- Continued quality improvement processes in all 8 districts.

**Issues:**

- The 4 new districts needed to have been oriented to Module 2 of IPC.
- Mulanje and Chikwawa are due for External Assessment but were awaiting renovations to be completed.
- Chikwawa also indicated they could not do this as scheduled because all their trained staff had been transferred and were also using temporary staff who were laid off.

**Future Plans**

- Procurement of supplies for Infection prevention for Balaka, Kasungu, Mangochi, and Ntcheu district hospitals.
- Module 2 training for the 4 new districts.
- External Assessment for Chikwawa, Mulanje and Mzimba districts.
- To conduct module 2 of IP process for Kasungu, Ntcheu, Balaka and Mangochi.

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## Quality of Care

### Programme: Malaria

**Dates:** January - March 2006

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

#### **Objectives for MoH / MSH collaboration:**

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

#### **Case management**

##### **Objective**

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

##### **Activities**

- *Laboratory diagnosis of malaria*
  - MSH continued the efforts in supporting focus districts with strengthening of malaria microscopy. MSH conducted refresher training involving six (6) microscopists in Kasungu district. These were drawn both from public and private health facilities. Topics covered during the training included laboratory management, identification of malaria parasites and classification of parasitaemia.
- *Malaria case management*
  - One hundred eighty-eight (188) nurses and clinicians participated in seminars aimed at refreshing participants' knowledge and skills relating to malaria case management. This brings to 276 the total number of health workers receiving updates on malaria case management since the last quarter in 7 of the 8 districts covered so far. Table 1 below provides a summary of health workers trained per district.

**Table 1: Summary of participants to the malaria case management and IPT updates**

District	# HFs (including private estates')	# of Nurse / Clinician participants (Oct – Dec 05)		# of Nurse / Clinician participants (Jan – Mar 06)	
		CM	IPT	CM	IPT
Balaka	12	0	0	29	29
Chikwawa	22	25	25	0	0
Kasungu	26	15	15	22	22
Mangochi	37	0	0	45	45
Mulanje	35	26	26	27	27
Mzimba	49	22	22	21	21
Ntcheu	35	0	0	44	21
Salima	18	0	0	0	0
<b>Total</b>	234	88	88	188	144

\* HF – Health Facilities; CM – Case Management

### Outcome

- Improved laboratory and malaria microscopy skills among the six participants in Kasungu district.
- More malaria microscopy centres now sending monthly reports to the district.
- The 188 clinical and nursing staff from both MoH and CHAM improved their knowledge and skills on malaria case management such that malaria case management will likely improve as a result of these updates. The increased number of health workers involved in malaria case management updates will result in larger number of malaria cases receiving proper treatment.

### Issues

- Availability of sulphadoxine-pyrimethamine (SP), the first line drug for the treatment of malaria in Malawi improved although most of the SP distributed to health facilities was not of good quality; the drug failed dissolution test.
- Owing to the significant decline in efficacy of SP, the MoH has been working towards replacing SP with combination drugs as first line treatment drugs. However, decision-making for the alternative first line treatment is taking too long. This may be exerting serious consequences on malaria morbidity and mortality in the country.
- Shortage of staff in the health facilities continue to compromise quality of case management.

### Future Plans

- Provide technical support in updates for case management with emphasis on health staff who have not participated in past seminars.
- Develop and distribute job aides for malaria microscopists.
- Support districts to provide regular supportive supervision to microscopists.

## **Malaria in pregnancy**

### **Objective**

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

### **Activities**

- 144 health workers, mainly ANC providers received updates on malaria prevention during pregnancy with emphasis on proper delivery of IPT.
- IPT job aide sent for printing; 700 copies are expected for distribution in health facilities providing ANC.
- Continued health centre support visits to further improve quality of ANC care.

### **Outcome**

- Clinical and nursing staff trained in proper dosing of SP for IPT and Focused ANC through the updates.
- Through encouragement and support from MSH, health centres in some districts increasingly monitoring IPT coverage demonstrated by graphs posted in the facilities.

### **Issues**

- SP is now readily available for IPT; however, the drug has poor dissolution properties.
- Review of antimalarial drugs may affect IPT dose regimen in the near future.

### **Future Plans**

- Follow up of staff to continue to ensure adherence to recommended IPT practices.
- Distribute IPT job aide and orient health workers regarding appropriate use of this tool.

## **Community-based ITNs**

### **Objective**

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

### **Activities**

- Continued working with the districts to support community committees in ITN distribution.
- Continued editing of procedure manual for community ITN distribution.

### **Outcome**

- Community ITN distribution is currently non-functional due inbuilt constraints in the system.

#### **Issues**

- One major challenge in efforts to scale up of community ITN distribution is the limited number of mosquito nets being recycled.
- MoH directive to have all district accounts closed is not favorable to the maintenance of ITN revolving fund.

#### **Future Plans**

- Lobby NMCP and stakeholders to review policies and guidelines on community ITNs through sponsorship of a meeting for the malaria technical working group
- Finalize and distribute procedure manual for community ITN distribution.
- Pilot a mass distribution campaign for ITNs in one district.

### **Malaria Control Program Management**

#### **Objective**

*Support the districts and NMCP to strengthen malaria control systems.*

#### **Activities**

- Provided technical support to the NMCP in assessing severity of the burden of malaria in Blantyre district. This followed a Presidential directive to the NMCP to spray all houses in Blantyre because of the anecdotal reports of increased malaria cases and deaths in the city.
- Continued to edit the induction manual for new malaria and ITN coordinators

#### **Outcome**

- Data on burden of malaria in Blantyre collected; this will help the NMCP to appropriately respond to the presidential directive.

#### **Issues**

- None.

#### **Future Plans**

- To pre-test and make final edition to the induction manual.
- To finalize the procedure manual for community ITNs.

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## **Program: Child Health**

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

#### **Objectives**

- *Improve quality of child health services at the Health center level*

#### **Focus for the Quarter**

- Prepare health centers for baseline assessment.

#### **Activities:**

- Health center based baseline assessments scheduled for Balaka (Phimbi and Kalembo Health Centers), Mulanje (Kambenje, Mpala Health Centers), Mangochi (Chilipa, Namwara Health Centers), and Salima (Makiyoni, Muchoka Health Centers).
- Balaka, Mangochi and Salima plans in place with Health Centers for baseline assessment

#### **Outcomes:**

- Mulanje district completed the baseline assessment.
- MTAs plans in place with Health Centers for baseline assessment for Balaka, Mangochi and Salima.

#### **Issues:**

None.

#### **Future Plans**

- Baseline assessments of 6 Health centers.

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## Quality of Care

### Quarterly Report: Nutrition

Dates: January – March 2006

**Key staff:** Mrs. Catherine Mkangama, Chief Nutritionist, Nutrition Section, Ministry of Health Malawi; Mrs. Chnkhata, Acting 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 for collaboration with MSH/Malawi Programme:

- Support the introduction of initial nutrition activities in 3 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 Programme
- Increase access to and utilization of therapeutic foods (Chiponde) at NRUs and Out Patient Therapeutic Care Programme (OTP).
- Increase community and household support in management of Community Therapeutic Care (CTC)
- Install sustainable monitoring and supervision systems

#### Focus for the Quarter

- Scaling up of CTC from three districts and five facilities to 5 districts and 60 facilities.
- Consolidation of correct use of protocols in admitting children with severe malnutrition.
- Establishment of linkages with related mainstream programmes.
- Building and maintaining partnership with related partners.
- Procurement and distribution of Chiponde

#### Outcome:

- Three sets of training teams were established. In addition to conducting initial training sessions, trainers will also undertake continuous on-the-job training as they monitor and supervise various CTC activities at each level as follows:

- *National Core Training Team:* A core CTC training team received facilitation skills. The 18 Member team was drawn from MoH, 5 implementing districts (2

<i>Type of Training</i>	<i>Numbers</i>
National Core Training Team =	18 members
5 District Training Teams =	75 members
Facility/Extension Trainers =	900 members
Community Volunteers =	960
Local Leaders Briefed =	600
Facilities ready for CTC by end of quarter =	49
Children admitted at OTP by end of quarter =	1084
Chiponde issued by end of quarter =	13,438kg

- each). Main responsibility is to impart CTC skills to district trainers
- *District Training Teams:* Composition includes 15 health and other development workers who combine various skills required for complete community mobilization and holistic management of severe malnutrition. These teams train and supervise health facility staff.
  - *Health Facility Trainers:* 15 member training team at each of the 60 facilities. The teams are taking leading roles in providing key services in the community including:
    - CTC service provision at facility
    - Training volunteers in basic TC management
    - Community mobilization for CTC
    - Follow up of children on OTP and monitoring volunteers
    - Compiling data on service utilization and on other community activities
- Training was completed on schedule and service was initiated in a third of the 60 facilities. During the quarter, 648 children received chiponde treatment, about three quarters of them having been admitted into the programme in the last two weeks of the quarter, after the CTC training sessions.
  - An initial chiponde consignment of 400kg per district was delivered to each of the five districts.
  - Training of volunteers reached 960 of the 1,200 expected to receive CTC mobilization skills. The volunteers' role in the programme was demonstrated by large numbers of children brought to health facilities for screening in the last two weeks of the quarter.
  - Briefing meetings with local leaders were initiated, to be continued in the next quarter.

**Major processes in which MSH collaborated this quarter:**

- An exemplary partnership with other leading CTC partners enabled timely delivery of the training programme. MSH tapped on the resourcefulness of the newly formed CTC advisory Services under Concern World Wide (CWW), Valid Malawi and the Ministry of Health to conduct simultaneous training in all five districts.
- While the partners' main role was in training the National Core Team, MSH encouraged all trainers to observe training at district and health centre levels for the purposes of reinforcing weak areas. The trainers will also undertake a few preliminary supervisory visits.
- WFP supported Supplementary Feeding Programme (SFP) activities in Salima, Balaka, Mulanje and Chikwawa. This programme was in response to the food insecurity situation which was expected to be at its peak during the wet quarter. SFP complimented the community therapeutic care programme. Children who fell outside the criteria for admission into the CTC programme were instead put on SFP.
- As district health offices were developing their annual district implementation plans (DIP), elements of CTC were included in the DIPs. This demonstrated the will by DHMTs to adapt CTC into future district health plans.

**Issues:**

- CTC has raised interest and expectations among service providers and beneficiaries. This is a challenge to MSH and MoH who together must work towards continuation of the life-saving service.
- In many villages, mushrooming community based organizations have increased participation in voluntary work, with different groups often identified by an item (book bag, cloth, hat, T-shirt, bicycle etc.). CTC volunteers have expressed their desire to stand out also.

**Future Plans**

- Build a CTC database to improve timeliness and quality of reports.

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## HIV/AIDS/TB

**Dates:** January – March 2006

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

### VCT Services

#### Objectives

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

#### Activities

- Counseling and testing services continued to be provided in all the eight MSH supported district hospitals on full time basis.
- Balaka, Mulanje, Kasungu, Salima, Ntcheu, Mzimba, Mangochi and Chikwawa continued to provide outreach counseling and testing services in health centers which are not providing static counseling and testing services.
- Mzimba, Mangochi and Balaka conducted meetings to discuss issues surrounding low uptake of counseling and testing services by pregnant women and STI patients. Mulanje introduced HOPE Kit in antenatal and STI clinics. This follows a briefing session with the DHMT. Mulanje also conducted PMTCT meeting for traditional leaders.
- Salima conducted a follow up meeting on the delivery of PMTCT and STI services. Mzimba and Salima oriented health care providers in counseling and testing guidelines and policies.
- Kasungu and Ntcheu conducted counselor review meetings. Ntcheu conducted review meeting on the referral system. Chikwawa trained clinicians and nurses in the management of AIDS related diseases.
- PMTCT leaflet and counseling and testing pre-referral message guide for health care providers have been finalized.

#### Outcome

- 19,296 clients were counseled and tested out of this number 10,929 were women representing 56% of all clients counseled and tested. 2,796 were antenatal women.
- Salima counseled and tested 748 antenatal pregnant women representing 76% of women attending ANC at the district hospital.
- Data from Mulanje shows an increase in the number of antenatal women counseled and tested 181 out of antenatal women were counseled and tested representing 26% of all pregnant women attending ANC at Mulanje District Hospital. Mzimba,

Mangochi and Balaka developed PMTCT and STI action plans based on the problems identified during PMTCT and STI referral meetings.

- With the introduction of the HOPE kit in antenatal and STI clinics in Mulanje, the number of pregnant women and STI clients referred for counseling and testing has steadily increased.
- Health care providers who were oriented on counseling and testing guidelines and policies in Salima and Mzimba committed themselves in following counseling and testing guidelines when dealing with clients in need of counseling and testing services. The PMTCT and STI referral follow up meeting which was held in Salima revealed that the number of pregnant women accessing counseling and testing has increased remarkably. Local leaders in Mulanje committed themselves to promote PMTCT in their respective villages through holding meetings.
- The review meetings for counselors which were held in Ntcheu and Kasungu revealed that the number of clients accessing counseling and testing services has increased during the quarter that has just ended.
- In Chikwawa, clinicians acquired knowledge and skills in the Management of AIDS related diseases.

### **Issues**

- Most districts report stock out of HIV test kits especially HIV Determine and Syphilis determine. This was a national problem as such testing had stopped for most part of February till mid March.
- Factors surrounding low uptake of counseling and testing among pregnant women and STI patients included: inadequately trained service providers, increased work load for service providers, lack of male involvement in PMTCT programs, lack of community support for PMTCT, and lack of involvement of community leaders in PMTCT. Factors surrounding low uptake of counseling and testing services among STI patients in Mzimba and Mangochi were: lack follow up mechanisms for STI clients referred to the counseling and testing, STI services provided in the afternoon hours only in Mzimba, lack of leadership in STI service provision in Mangochi, increased workload and disappearance of STI clients on their way to the counseling and testing site contributed to low uptake of CT services by STI clients, and STI patients disappear on their way to the counseling and testing site. Action plans to deal with these issues were developed and will be followed up in the next quarter.

### **Future Plans**

- Continue delivery of counseling and testing services in all the eight districts, continue supporting outreach counseling and testing services, pretest print and distribute PMTCT leaflet, print, laminate and distribute pre referral counseling and testing message for clinicians and nurses, review and finalize the following technical tools: HIV counseling and testing internal referral tools, counseling and testing site management tools, PMTCT and STI problem solving tools. Other activities in the coming quarter will include: HIV/CT referral review meeting for Clinicians nurses and counselors, review meeting for counselors, PMTCT / STI follow up meeting, supervision of counseling and testing sites in selected districts and support selected district HIV/AIDS activities.

## **Linkages with national TB Program**

### **Objectives**

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

### **Activities**

- The National TB program continues to support districts with Cotrimoxazole tablets provided to all HIV positive TB patients. All TB patients are offered routine counseling and testing. Active case finding of new TB patients in counseling and testing sites still continues. Balaka conducted problem solving session in active TB case finding for counseling and testing service providers from counseling and testing sites from health centers.

### **Outcome**

- Counseling and testing providers gained knowledge and skills in active case finding of TB cases. There were 1227 New TB patients, only 540 (41%) were helped at CT site.

### **Issues**

- Co-trimoxazole for prophylaxis in HIV positive TB patients was out of stock in most of the district hospitals such as Chikwawa, Kasungu, Salima, Balaka and Mzimba hence low data on uptake co-trimoxazole among HIV positive TB patients. Again this was a national problem.

### **Future Plans**

- Provide routine counseling and testing to all new TB patients, monitor the provision of Co-trimoxazole prophylaxis to HIV positive TB patients in the districts. Conduct problem solving session in Ntcheu with counselors in active case finding of TB cases in counseling and testing sites. Monitor and capture data on active case finding of new TB cases in all counseling and testing sites.

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## **Program: Supervision**

**Dates:** January -March 2006

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

### **Supervision**

#### **Objectives for collaboration with MSH/Malawi Programme:**

- To strengthen Supervision in districts.

#### **Focus for this month:**

- Monthly supportive supervision in all 8 districts.

#### **Activities**

- All 8 districts received financial support for supervision visits as well as district based supervision meetings for report writing and feedback sessions to DHMTs and programme coordinators. In all these activities they received technical support from the Management Technical Assistants in each of the 8 districts.

#### **Outcomes:**

- 8 (Chikwawa, Balaka, Kasungu, Mangochi, Mulanje, Mzimba, Ntcheu and Salima) out of the 8 districts conducted monthly supervision to all facilities in their districts during the period.
- All districts were able to hold supervision meetings for reporting writing and feedback sessions to the DHMT and programme coordinators.
- All districts have written reports for supervision and these have been shared with health centres.

#### **Issues**

None.

#### **Future Plans**

- Support for supervision monthly visits to health centres in all 8 districts.
- Support monthly supervision meetings for report writing and feedback sessions in all 8 districts.

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## **Programme: HMIS**

**Dates:** April to June, 2005

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

### **Objectives for collaboration with MSH/Malawi Programme**

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

### **Quarterly Focus**

- Support to the HMIU in conducting Zonal HMIS reviews with support from the National AIDS Commission and Centre for Disease Control (CDC).
- Support to the implementation of monthly reporting.
- Follow-up to the implementation of the recognition scheme in Balaka, Chikwawa and support preparations of 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 in two Zones – South West and South East Zones where Districts reviewed the SWAp indicators and general issues surrounding the operations of HMIS.
- Conducted supportive supervision to the MSH supported districts (including CHAM facilities) to assess how the health facility staff are using data.

#### **Outcome**

- The linkage between the Zonal Offices and the DHMTs has been strengthened.
- Roles of the Zonal Supervisors in supervising the districts was clarified and a generic format of an action plan was developed to guide the districts.
- Data presentation and interpretation remains a challenge to the District teams.
- During the supervisory visits, it was noticed that there is marked improvement in data use for monitoring performance evidenced by graphs and charts posted in most health.
- Outcries of trainings and refresher for the newly recruited staff were prevalent.

#### **Issues**

- Lack of Statistical Clerks in the hospitals and health facilities is compromising the quality of data.
- Slow adoption to the use of selected priority minimum set of indicators remains a big challenge.

#### **Future plans**

- Conduct follow-up meetings with DHOs and DNOs in DHIS and data manipulation using pivot tables at Zonal level.
- Continue supporting Zonal review meetings to sustain the culture of using information to make informed decisions.

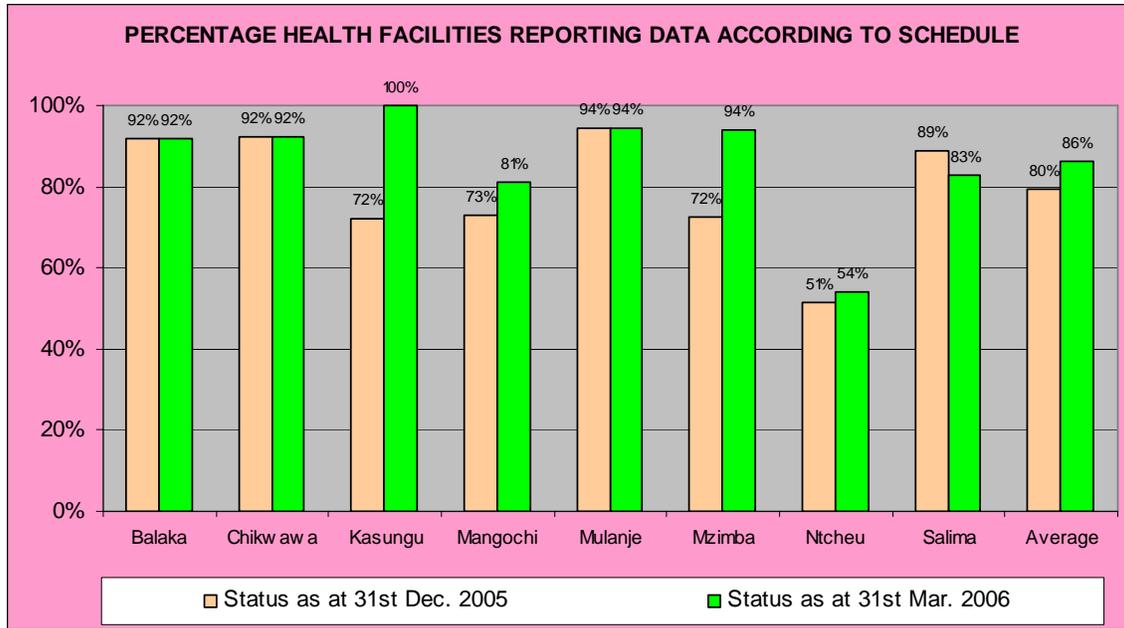
### **Improving Data Quality**

### **Activities**

- Disseminated job aides to the MSH supported districts to support HMIS implementation..
- Supported Mulanje DHMT in its preparation to launch the HMIS recognition scheme.
- Oriented DHMT members, Zonal Supervisors and Programme Coordinators in validating data at source in Ntcheu.
- Oriented DHMT members, Zonal Supervisors and Health Facility In-Charges in the development of validation rules to support visual scanning of data in Ntcheu.

### **Outcomes**

- The process of developing validation rules together with DHMT members, Zonal Supervisors and Programme Coordinators in Ntcheu has made staff at health facility level own the process of assessing data at departmental level before it is submitted to the higher level.
- Similarly as seen in the other districts, the introduction of the recognition scheme in Mulanje has among other things:
  - Created awareness, sense of responsibility and competition among health facility staff in collecting accurate and timely data.
  - Strengthened the integration of HMIS supervision into zonal (sub-district) supervision model since the best performing zone (sub-district) with the highest number of health facilities that excel using the set criteria of the recognition scheme has its supervisor recognized.
  - Monthly reporting being favored than quarterly as health workers say that they do not relax for too long to compile a report as compared to when they have to wait for three months and as well the reduction of data elements has reduced workload and amount of errors.
  - Overall performance on timeliness reporting improved from 80% to 86% average in the previous two quarters. As seen from the figure below, timeliness of reporting varied from district to district over the two quarters with four districts (Balaka, Chikwawa, Kasungu, Mulanje and Mzimba) achieving an above average score of 86% in the quarter under review. Ntcheu continued to face hurdles with timeliness of reporting still remaining very low despite the slight increase from 51% to 54% health facilities – explained as a result of changes in staffing in the HMIS Office.



**Issues**

- None.

**Future plans**

- Introduce HMIS recognition scheme in Mulanje and Mangochi.
- Follow-up the implementation of the HMIS recognition scheme in Chikwawa, Balaka and Mulanje.
- Continue efforts following up on the implementation of the monthly reporting format.
- Support the Central HMIU to conduct Zonal HMIS reviews.

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## Programme: Drug Management

**Dates:** January to March 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),

### Objectives:

- *To reduce stock outs of essential drugs*

### Activities

- Facilitated supervision visits by pharmacy technicians to health centres.
- Facilitated a review meeting in improving prescribing habits of health centre in charges and prescribers from district hospital in Kasungu.
- Continued monitoring of submission of LMIS reports from health centres to district health office.

### Outcome

- 76% of all the health centres in the districts were supervised and OJT in drug management was given to the health centre staff where gaps were identified.
- An average 95% of health centres submitted their logistics reports in time in all the three months. This has also meant that district pharmacy technicians are able to send in the requisitions for drugs and medical supplies to Regional Medical Stores on time. According to the Pharmacist-In-Charge of Regional Medical Stores (Centre), districts supported by MSH send in their requisitions much earlier than the districts that are not supported by MSH.

### Issues

- Continued unavailability of essential stock items e.g. SP, cotrimoxazole at Regional Medical Stores and erratic supply of Determine HIV test kits for the better part of the quarter still poses as a challenge in motivating health centre staff to report logistics data accurately and on time.
- Some health centres in Mzimba perpetually not receiving their monthly drug and medical supplies from Regional Medical Stores despite sending the logistics reports on time to the district every month.
- Unavailability of basic reference materials such as treatment guidelines at health centres affecting adversely the prescribing habits of staff.
- Some health centres have run out of extra stock cards and currently the MoH does not have them in stock.

### Future plans

- Continue monitoring submission of reports from health centres.

- Facilitate availability of stock cards and treatment guidelines for common diseases at health centres .

### **Objectives**

- *To improve inventory management at district level*

### **Activities**

- Facilitated Drug committee meeting in Mulanje.
- Supportive supervision visits made to Salima, Kasungu, Mulanje, Mangochi district hospital pharmacies and Mulanje Mission hospital pharmacy.

### **Outcome**

- Gaps in drug management were identified; inadequate storage spaces, non functioning air conditioners, non adherence to storage guidelines for ARV's and narcotics etc.
- Sharing of good practices between districts i.e. the filing system at Salima shared with Mulanje and Mangochi, Regional Medical Stores service delivery level monitoring currently being practiced in Salima shared with Mulanje.
- Mulanje and Mangochi drug committees becoming more involved in the operations of the pharmacy i.e. both committees have come up with a roster for committee to be available during delivery of supplies from regional Medical stores.

### **Issues**

- Maintenance works in the district pharmacies that can be easily sorted out are not.
- DHMT's not supporting the pharmacies in terms of stationery and transport requirements.
- Large quantities of expired drugs taking up a lot of space in the hospitals that could otherwise be used for storing usable commodities.

### **Future plans**

- Lobby the MoH to expedite the destruction of expired drugs in the district pharmacies.
- Facilitate the provision of stationery and transport requirements by DHMT's.
- Provide technical assistance to pharmacy technicians to develop capacity in managing a district pharmacy.

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## **Program: Planning and Budgeting**

**Dates:** January to March, 2006

**Key staff:** DHOS Chitipa, Karonga, Rumphi, Kasungu, Mzimba, Nkhata-Bay; Balaka, Ntcheu; Trish Araru – Planning Unit, MoH; Kumbukani Ng’ambi - Planning Unit MoH; Dr. Rudi Thetard - Chief of Party, Dr Joshua – Zonal Supervisor, Zone 2 (Central East), Dr Gonani- Zonal Supervisor, Zone 1 ( Mzuzu Zone); G Rapozo - DC Salima; Dr. WK Mkandawire – MTA.

### **Objectives for collaboration with MSH/Malawi Programme:**

- Strengthen planning capacity in the Ministry Headquarters and the districts.

### **Planning and Budgeting**

#### **Activities:**

- Facilitated presentations and development of the 2006/2007 DIPs in Rumphi, Mzimba, Chitipa, Karonga, Kasungu, Balaka, Nkhata Bay, Likoma, Chikwawa, Mulanje and Phalombe.
- Conducted consultations and discussions, and oriented district members on the use of DIP tools.
- Facilitated discussions with Mzimba, David Gordon Memorial Hospital (Livingstonia) and Rumphi DHMTs on the development of health service agreements and on the inclusion of the activities in the DIPs.
- MSH also provides financial support to facilitate ZHSO activities for the two zones

#### **Outcome**

- The entire Northern region districts fully oriented in the new DIP Planning process and DIP forms appropriately filled.
- Detailed 2006/2007 DIPs developed in the 7 districts.
- All service agreements finalized and awaiting signing.
- All services relating to the Mzimba north HCs are coordinated well and being provided by Rumphi District Health Office as in the Mzimba-Rumphi DHOs’ agreement.
- All the services in the service agreements were included in the DIPs

#### **Issues**

- Concerns over delays in dissemination of the DIP guidelines and subsequent commencement of DIP development given short submission deadlines.
- Poor quality planning sheets submitted by CHAM facilities.
- Questions over the varying formats between MoH and DA planning forms.

#### **Future Plans**

- Review the various elements in the forms/sheets.
- Start the DIP process earlier next year.

- Include activities in the DIPs into the 2006/07 DIPs.
- DIP reviews to be conducted and reported quarterly.
- Involve CHAM in dissemination of the DIP guidelines at grassroots level.
- To finalize of the agreement to take place as soon as possible.

## **Zonal Supervision**

### **Activities**

- Oriented the district health Management team in the purpose background and function of the zonal health support office in the provision of supervision.
- Established and planned for the zonal support activities.
- Familiarized ZHSO team to the current decentralization system.

### **Outcomes:**

- Participants understood the origin and functions of the ZHSOs, and the current functions of the district hospital and its sections and departments.

### **Issues**

- The DHMT was not familiar with EHP, SWAps and the integrated supervision.
- The ZHSO team was not fully conversant with their relationship with the DA and specific areas (fine lines) demarcating implementation of activities on the one hand and actual supervision on the other

### **Future Plans**

- Orient DHMT on the EHP, SWAps and the Integrated supervision concepts as contained and presented in the booklets
- Orient the ZHSO tem in the functions of the district assembly in the every day running of the hospital and in the decentralization scenario.
- Continue conducting integrated supervision.

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## **Program: Transport Management**

**Key Staff Involved:** Mr. Lodzeni, DOFA MoH Headquarters, Mr. Lapken, PAO MoH Headquarters, Mrs. Kanyawire, AO MoH Headquarters, DHOs Mangochi, Mulanje, Mzimba, Kasungu, Salima, Ntcheu, Balaka and Chikwawa; and Leonard Nkosi, MSH Technical Specialist.

### **Objective**

- *Increase vehicle availability; reduce use and maintenance costs*

### **Activities**

- Reviewed draft transport policy guidelines; drafted local transport policy guidelines; reviewed implementation of transport policy guidelines and monitored collection of data on transport for analysis of indicators.

### **Outcomes**

- There are local transport policy guidelines in all districts now; staff are now able to complete log books, monthly vehicle reports systematically developed, and submitted to the DHMTs and MoH Headquarters; improvements registered in fuel usage and maintenance costs in a number of districts including Mangochi and Chikwawa. During this quarter, efforts were made to follow-up on implementation of the local transport guidelines the districts developed. The DHOs involved included Mangochi, Mulanje, Mzimba, and Kasungu. There were also visits in which Central Office Specialists reviewed the data collection system at district level in order to analyze transport indicators for a number of districts, including Mzimba, Kasungu, and Mangochi.
- A transport baseline was conducted during this quarter in two districts, i.e. Chikwawa and Mulanje. The data is yet to be analyzed and feedback provided to the two districts in the next quarter.

### **Issues**

- The problem of retaining trained transport officers in their positions is still existing; there is improvement on reluctance of some DHMTs to revitalize transport management system, as some resistant administrators have been redeployed elsewhere to closes loopholes for siphoning resources (e.g., use of recognized franchise dealers for transport maintenance and fuel); and slow pace in implementing agreed guidelines.

### **Future Plans**

- To roll out orientation and training in transport management to non-MSH districts, as requested by MoH Headquarters; to continue OJT in transport management for key persons (e.g., new transport officers and their assistants); training of ambulance drivers in defensive driving, and of supervisors in motor cycle riding (e.g. in Kasungu); supervisory visits to monitor implementation of guidelines and application of tools; monitoring and analysis of transport management indicators and feed back to stakeholders, e.g. DHMT, MoH headquarters.

## **Program: Human Capacity Development**

**Dates: January – March 2006**

**Key Staff Involved:** Mr. Kagonegone, Controller of Human Resources Management, MoH Headquarters, Mr Wochi, The Chief Human Resource Management and Development Officer, MoH Headquarters, Dr. Chimbwandira, DHO Mulanje, Mr. Zainga, DHO Chikwawa, Leonard Nkosi, MSH Technical Specialist.

### **Objectives**

- *To improve, update and re-vitalize the human resource (personnel) and general records management system in the health offices at district level*

### **Activities**

- Reviewed human resource and general records management system in Chikwawa; oriented HR and general office staff on the ideal human resource and general records management system and identified gaps/deficiencies; developed activity plans for addressing the gaps and revitalizing the system; and prepared a list of items, supplies and activities to incorporate into the DIP for implementation of the on-going revitalizing process.

### **Outcomes**

- During this quarter, DHO Chikwawa, upon learning from the experiences in revitalizing HR and Records Management activity at DHO Mulanje, sought assistance to review the human resource and records management system at their office. The tasks included orienting HR and General Office staff on HR and Records Management System, identifying gaps/problems being experienced and then developing action plans for revitalizing and/or improving the system. The plans were then presented for incorporation into the DIP for implementation. Currently, both DHO Chikwawa and Mulanje have revived the registry, including the mail management registry, the morning list, the diary system and updating HR records; and staff are continuing the preparation of staff returns and the completion of employee profiles.

### **Future Plans**

- There will be need to carry out regular staff audits to physical verify existing personnel; to continue updating record of service cards, and updating staff profiles. Next quarter, there will be need to conduct training needs assessment of the HR and General Management Section to identify training needs for administration and human resources staff.

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## **Program: Financial Management**

**Dates: January – March, 2006.**

**Key Staff:** Mr Maseya, DOF, MoH Headquarters, Mr Kachepa, CAS HoH Headquarters, Mr. Mbowe, DHO Kasungu, Dr Chimbwandira, DHO Mulanje; Mr Zayinga, DHO Chikwawa; Mr Jere, DHO Mzimba; Dr Ngoma, DHO Ntcheu, Leonard Nkosi, MSH Technical Specialist.

### **Objective**

- *Strengthen financial management and accounting procedures at district level*

### **Activities**

- Training needs assessments (TNA); training in computer skills for accounting, plus mentoring in government accounting; pilot orientation of accounts personnel to expenditure monitoring tools; and follow-up supervisory visits to monitor implementation of computer skills training; and Swap Supervisory Support Visits into the districts.

### **Outcomes**

- During this quarter, a number of activities were accomplished. These included production of a list of training needs for Ntcheu accounts office; conducting computer training for accounts (and transport Management) staff at DHOs Mzimba and Ntcheu. This was meant to develop the capacity of accounting staff in order for them to be able to use a dual system (computer and manual) in their accounting functions so that they are able to prepare and submit periodic reports and returns on time, and complete some accounting functions quickly using computers, to provide improved services.
- During the same period, there was a review of implementation of financial management principles and procedures under the decentralized system (DHOs Mzimba and Chikwawa); and conducted a follow-up on the computer training for accounts staff in DHO Kasungu.
- On a pilot basis, there was also an orientation exercise on newly developed *Management Tips and Tools*, i.e. the '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 expenditure on stores and catering from month to month and give feedback to the DHMT for decision making. The tools were accompanied by explanatory guidelines (notes) on how to use the tools which can be accessed on request.
- These activities also equipped staff to be able to produce expenditure returns/reports on ORT and bank reconciliation statements in a timely manner in all MSH focus districts, including Kasungu and Ntcheu; and finally a list of gaps/deficiencies were produced by the SWAp Supervisory Team to be looked into before the external auditors (KPM&G).

### **Issues**

- Need to improve security of accounting offices and increase MoH supervision of district accounting services.

### **Future plans**

- Continue TNAs and training/mentoring in other districts; additional orientation sessions with DHMTs on weekly ORT expenditure reports and the ORT Return Form; pilot supervisory visit using the newly drafted checklist on financial management; lobby MoH Headquarters to

stabilize accounting personnel (desist from transferring them elsewhere after training) in districts where financial management/accounting interventions have started.

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## Operations

**Dates:** January – March 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 Ministry of Health, MSH central and district offices, eight DHMTs, and hospital management teams*

#### Activities

- Distribution of 'Training Manuals for ITN Committees' (10,000 copies in English and Chichewa) and 'National Quality Assurance Policy' (1,500 copies) to MSH districts and liaison with MoH for distribution to the rest of the districts.
- Facilitated Hospital Autonomy JIP meeting in February; district activity plans for April – June 2006 developed jointly between DHMTs and MSH technical staff.

#### Outcome

- Continuing close collaboration with the MoH on health systems strengthening at the district level and on the hospital reform programme.

#### Issues

- Liaison with MoH partners on closure of district offices in October 2006.
- Facilitated collaboration on roll-out of CTC.

#### Future Plans

- 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 MK 6,673,375 was spent for district activities. This represents 85% of the budget for district activities planned for the quarter, and an implementation level of 74%. See table below for breakdown. Hospital autonomy program spent MK1,258,771 for QECH/KCH and national level activities; and the central office

spent MK1,43 for MoH national level activities. Annual work plan and budget for the 4<sup>th</sup> and final year of the Project, April 2006 – March 2007, developed and submitted to USAID.

District	Total Spent	% Planned Budget Spent	% Planned Activities Implemented
Balaka	MK 415,000	74%	52%
Chikwawa	MK 662,926	76%	94%
Kasungu	MK1,250,988	96%	68%
Mangochi	MK 755,760	99%	53%
Mulanje	MK1,197,366	96%	73%
Mzimba	MK1,029,669	131%	82%
Ntcheu	MK 686,997	42%	57%
Salima	MK 674,669	109%	97%
<b>TOTAL</b>	<b>MK6,673,375</b>	<b>85%</b>	<b>74%</b>

#### Outcome

- Funds for implementation of activities readily available to District MoH and MSH teams, as well as the Hospital Autonomy Programme –minimal delays on account of funding.

#### Future Plans

- Refine Year 4 annual work plan with MoH partners

#### Construction and Procurement

#### Objectives

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

#### Activities

- Installation of new air conditioner and repair of old one at Salima District Hospital pharmacy; installation of new air conditioner and repair of old one in conference room for Chikwawa District Hospital; replacement of solar bulbs for various health centers in Kasungu; repair and reprogramming of repeater and 2-way radios for Kasungu; procurement of five additional computers the Hospital Reform programme at QECH and KCH; renovations started in QECH pharmacy; resolved claims from consulting architects, Norman & Dawbarn Limited, for aborted works; completion and handover to DHMT of incinerator, ash pit and refuse bunker at Mzimba District Hospital; completion of borehole drilling at Kalembo Health Center in Balaka and subsequent official opening of the facility by senior MoH officials.

#### Outcome

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

## **Issues**

- Slow progress with renovations at QECH.

## **Future Plans**

- Facilitate progress with renovation works at QECH; prepare procurement plan for balance of funds remaining from quarterly funding allocation to districts for support of technical activities.

## **Project Management**

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

Activities: Five VCT Counselors hired for Balaka, Kasungu and Mzimba to replace those that resigned; redundancy of one Administrative Assistant position in the central office in Lilongwe; three project vehicles involved in traffic accidents, all repaired and put back on the road; Mrs. Jane Mwafulirwa, MTA in Chikwawa, given additional role as HMTA at QECH, splitting her time between the two institutions; finalized plans 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 staff of 67 as of March 31, 2006 (including VCT counselors and HPSA staff).

Future Plans: Quarterly meeting with district staff in April 2006 (last meeting was in September 2005) and subsequent meeting with DHOs to discuss close out plans for district offices and continuation of support to DHMTs after closure of district offices.

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# OVERVIEW OF QUARTERLY REPORTS ON CENTRAL HOSPITAL REFORM JANUARY TO MARCH 2006

## 1. INTRODUCTION

This report highlights progress made in key areas during the period 1 January to 31 March 2006. For more detailed feedback on the status of specific interventions refer to the following progress reports:

- a) Progress Against Key Milestones of the Central Hospital Reform Programme March 06 (Appendix 1).
- b) Quarterly Report for Queen Elizabeth Central Hospital (Appendix 2)
- c) Quarterly Report for Kamuzu Central Hospital (Appendix 3)

## 2. STRATEGIC FRAMEWORK AND DRAFT LEGISLATION

### 2.1. Progress to date and main achievements

The **National Policy on Hospital Autonomy** was reviewed by Cabinet in February 06. The programme was requested by the MOH to revise the policy and it was agreed that “autonomy” should be replaced by “reform”. The policy has been revised and will be submitted to the Hospital Reform Steering Committee in May 06.

Progress continues on producing a Second Draft 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 **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 programme facilitated intensive negotiations on a new **Memorandum of Understanding between the College of Medicine, the MOH and Queen Elizabeth Central Hospital**. Considerable progress was made in resolving major differences. A final draft is near completion and will be submitted to all parties for consideration in April 06.

### 2.2. Problems / Challenges Encountered

Concern was expressed by Cabinet regarding the feasibility of getting sufficient political support for the policy in its current format. Parliamentarians had recently reacted quite strongly to the privatisation of Malawi Telecommunications Ltd. The term “autonomy” created the perception that state assets would be alienated, services would be privatised and become inaccessible to the general public.

## 3. IMPROVEMENT IN CENTRAL HOSPITAL FUNCTIONING

### 3.1. Main achievements

Further editing of **Policy and Procedure Manuals for Hospital Management Systems** and four **Management Tips and Tools** was undertaken.

Implementation of the **new registry systems** at both hospitals continued. The HRplanner /HRAdmin database programmes designed to facilitate HR management were installed on to the HR computers at both hospitals and data entry commenced.

The **switch board monitoring system** at QECH has led to a management decision to implement measures to curtail private calls and install public phone boxes. Hopefully, the results of these measures will become evident in the next quarter.

**Cost Centre Management** continues to be is being strengthened through the allocation of human resources and drug allocations to cost units and the annual Business Planning Process.

Considerable progress was made at both hospitals in **Central Hospital Business Planning**. At QECH 7 of the 13 cost centres managed to submit their business plans to management this quarter. The rest are expected to complete the process early in the next quarter. The drafts submitted show considerable improvement on last year plans and cost centres managers are no longer questioning the rationale for business planning. At KCH, all 12 cost units have produced their own draft business plans, highlighting the services rendered, performance overview, human resources profile and analysis, other recurrent expenditure, as well as equipment inventory, requirements and priorities. Currently the first Kamuzu Central Hospital Business Plan is in draft form and is to include a capital investment plan. The capital investment plan was developed by the equipment standardization task team.

Both hospitals have made progress on compiling their first draft **Hospital Annual Report**. **The reports should be completed next quarter.**

The **ACCPAC Computerised Accounting Management System** remains operational at both central hospitals using four key modules on general ledger, accounts receivable, accounts payable and cashbook. Backlogs in data entry at both hospitals have been improved by the purchase and installation of 2 additional computers in accounts at KCH and one additional computer at QECH. The organisation of the accounts section at QECH was completely revised and has already resulted in a noticeable improvement in outputs. Financial management training for non financial managers was undertaken at KCH in February 06.

The **Revenue Management System (RMS)**, based on the new fee schedule, continues to be implemented at both central hospitals. Backlogs in data entry in the QECH have been addressed through internal reorganisation of work.

The **Central Hospital Information System** continued to show remarkable improvements. The clinical departments at both hospitals are now actively participating in the review of data accuracy and utilize the data for planning purposes. Data presentation at the last QECH review was of a very high quality. Data presentation at KCH has also improved significantly.

**Key Performance Indicators** have been reviewed for a full year at both hospitals. Data quality has improved significantly. Both hospitals continue to increase the number of performance indicators being monitored at each review. Both hospitals conducted **Expenditure and Performance Reviews**. Management issues that were addressed during the reviews include HMIS design, multiple admissions in maternity, review of bed capacity, missed specialist outpatient registrations, after hours OPD visits in paediatric wards, use of step down beds etc.

Both hospitals have completed compiling the **inventory of all hospital equipment** by area, status and short and long term actions proposed for non/poorly functioning equipment. At QECH, a task team continued **assessing the physical infrastructure** during the quarter.

The recently installed **Patient Management information system (PMIS)** continued to be operational in outpatient registration points at QECH and there is considerable demand from clinical departments to expand the system. A new module of the PMIS was also installed in the **ARV clinic**. The programme is currently drafting a proposal to elicit donor support in the roll out of the PMIS at QECH.

A number of activities took place at both hospitals in the area of **hospital pharmaceutical management strengthening**. At QECH, pharmacy staff were trained in stock management, pharmaceutical requirements for the next financial year were worked out, various tools were introduced to strengthen management of drugs, plans for the renovation and reorganisation of the pharmacy building were completed, reports produced on monthly service levels from the central medical stores to the hospital and the hospital drug committee continued to meet monthly. The committee has taken up most of the issues recommended by the pharmaceutical management technical advisor. At KCH, strengthening pharmaceutical management addressed similar issues to QECH as well as making progress in piloting the electronic Pharmaceutical Inventory Control System (ePICS) as a module of the PMIS.

### **3.2. Problems/ Challenges Encountered**

Implementation of new management systems continue to be hindered for a wide variety of reasons including the high turnover of accounting staff, human resource shortages in all departments, limited capacity of staff, underlying abuse of current systems and inadequate computer hardware.

The directive from Treasury that the hospitals may not retain locally generated income has unfortunately served as a major disincentive to implement tight control on revenue and loss of motivation to increase revenue generation.

## **4. IMPROVING HEALTH SYSTEM FUNCTIONING**

### **4.1. Main achievements**

QECH hosted two further **workshops to discuss the referral system and develop guidelines for the region** that were attended by the district health officers in the southern region, Zomba Central Hospital management, College of Medicine and the Zonal Coordinators facilitated by the Hospital Reform programme. Issues addressed included finalisation of a standard referral form, management of paediatric patients, refinements to referral procedures, etc. Most of the procedures agreed upon during the referral meetings were being adhered to by most districts and hospitals. Issues for follow up include: documentation of guideline, production of case management guidelines for district clinicians and in service training programme for district clinicians.

In order to start addressing perceived **quality of care** issues, QECH has introduced **complaint boxes** in three pilot sites.. Sensitization activities to publicise the presence and use of complaint boxes were carried out towards the end of the quarter. The analysis of complaints was scheduled to begin in the next quarter.

The **Patient Care Survey** that assessed levels of care provided to patients at QECH was reviewed by the hospital management team in February. Some of the issues highlighted were:

- QECH was bearing an unnecessary burden of district level care and primarily functioning as a district hospital and not as a referral facility
- The referral system was ineffective in that 80% of the patients were not referred by health care workers
- Inadequate diagnostic and specialist patient care services.

The hospital was therefore challenged to think through the way forward if it was to regain its operational status as a referral hospital and credibility as a central hospital. Three scenario development options were discussed and the hospital is to look at these and other options in the next quarter.

#### **4.2. Problems/ Challenges Encountered**

No decentralisation meetings have taken place in Lilongwe District. The absence of district hospital facilities in both urban centres 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.

### **5. KEY CURRENT AND FUTURE ACTIVITIES**

1. Finalise national policy on biomedical research.
2. Revise the Performance Management Agreement between Central Hospitals and the Ministry of Health.
3. Complete second draft of National Health Policy for Malawi.
4. Continue strengthening hospital management systems relating to HR, revenue, registry, infection prevention, transport, equipment and pharmacy.
5. Strengthen cost unit management with emphasis on resource allocation and management as well as adapting management systems for cost unit functioning.
6. Strengthen ACCPAC accounting system.
7. Facilitate quarterly performance and financial reviews at both hospitals.
8. Facilitate production of annual reports of central hospitals.
9. Facilitate finalization of business plans for the central hospitals.
10. Develop a pharmaceutical inventory control systems in preparation for hospital autonomy.
11. Advocate support for funding proposals implementation of ePICS at KCH and expansion of selected modules of PMIS to several departments.
12. Edit several management manuals and management tips and tools

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## Balaka

**Key staff:** M. Mhango - DHO; F. Linzie - Deputy DHO; Patrick M. Karonga Phiri - MTA, Berlings Banda – Nutrition Coordinator, Dr. Eta Banda - Child Health Specialist.

### Summary Comments

The just ended quarter has seen my being fully acclimatized with Balaka district and its activities, and has also enabled me to witness some strides in the implementation of activities some of which have continued to make 100% progress while others have registered notable achievements for the first time. The following areas are worthy mentioning:

- Maintained a record 100% (12) health facilities supervised in the last five quarters with documentary evidence.
- Increased CT uptake from 2028 to 2850 clients in the last two quarters – 41% increase.
- Out Patient Therapeutic (OTP) services which were previously provided only in three centres; Balaka NRU, Kalembo and Kankao, have successfully rolled out to 7 new health centres in the district. The facilities offering OTP have now totaled 11 including the 3 old ones. This again, represents 92% coverage.
- Achieved 100% timely submission of LMIS-01A forms.

### Quality Care

#### Malaria

##### Objective

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

##### Activities

Thirty two (32) health workers (Nurses and Clinicians) were updated in Malaria Case Management and IPT.

##### Outcome

Participants gained knowledge on how to: properly take history and do physical examination; recognize the population at greater risk of severe malaria; describe correct procedures for making blood smear for malaria microscopy; assess the severity of malaria especially in children; provide appropriate treatment for severe and uncomplicated malaria; understand key messages for counseling patients after treatment; better manage patients suspected of having complicated and uncomplicated malaria; provide S.P for I.P.T. at the correct gestation periods and intervals.

##### Issues

None

##### Future Plans

Conduct follow up to staff updated on malaria case management.

## **5.1. HIV/AIDS**

### Objective

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

### Activities

Continued conducting static CT clinics at the district hospital and 6 health centres; conducted outreach clinics to 8 targeted health centres; opened up a new outreach clinic at Nangulutiche due to high demand of CT services in the area which has increased the number of outreach clinics from 8 to 9 in the district; conducted referral review meeting with ten (10) Nurses and Clinicians from ANC, Maternity ward, & STI clinic; conducted PMTCT Meeting with twenty (20) H/Ws Nurses and Clinicians working in ANC, Maternity Ward & STI clinic

### Outcome

Increased uptake of CT services from 2028 to 2850 clients in the last two quarters under review – a remarkable 41% increase; there is a tremendous increase of ANC clients opting for CT from 16 clients in the October to December 2005 to 59 clients in the quarter under review but worse with STI from 128 to 5 clients in the last two quarters. However the following were noted: Clients sero-status results are provided with code numbers to maintain confidentiality; Clinicians are able to prepare clients before they are referred to Counseling and testing services; referral forms are being utilized and help the clinician to plan the management of patients; the new site at the OPD is capturing more clients; the sign post has increased access to Counseling and Testing services. PMTCT review meeting revealed that; Health Education is being conducted; CT services are available; ARVs are being provided.

### Issues

Late publicizing of activity dates to the community by many health centres; use of referral forms for other purposes e.g. packing snacks resulting into inadequate forms; lack of coordination for the ARV programme; no proper schedule for patients resulting to increased workload for counselors; Some Clinicians and Counselors are not knowledgeable with Counseling and testing guidelines. Amongst the issues during the PMTCT meeting were Nevirapine is not being provided to pregnant women and new born babies; few VCT staff are trained in PMTCT; there is lack of community sensitization in PMTCT; lack of IEC materials; lack of male involvement in PMTCT.

### Future Plans

To continue with Outreach Clinics; to encourage Health Centre In-charges to be publishing dates for CT services to be conducted at their stations to the community in good time in order to attract more clients; to continue opening up more static and outreach clinics in order to scale up CT services in the district; to sensitize members of staff on proper use of referral forms; orient health centre clinicians on staging of patients on ARVs; to develop ARV clinic programme for health centre clients/patients from the ward; orient clinicians and VCT counselors on Counseling and testing guidelines; develop a Diagnostic Counseling and Testing programme for in patients and distribute; develop a schedule for ARV Clinicians circulate and distribute; conduct community sensitization on VCT services; to have an integrated PMTCT site at the OPD; Provide routine Counseling and Testing to all pregnant women; provide IEC materials on

PMTCT; Lobby for Donor funding for PMTCT e.g. UNICEF; provide Nevirapine in health centres for PMTCT; provide PMTCT referral forms to VCT Counselors.

## **Nutrition**

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### 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

Rolled out CTC Services in all health centres in the district; conducted three trainings in readiness for the roll-out of CTC services in the district: trained 18 Trainer of Trainers (TOT) at district level; trained 165 health centre Service Providers and Extension Workers from 10 health facilities – these included Medical Assistants, Nurses, Health Surveillance Assistants (HSAs), Agricultural Field Assistants, and Water Technicians from Water Department; Trained 220 Volunteers (20 from each Health Centre catchment area). The health workers and volunteers training aimed at making them:

- understand and be able to discuss child care/nutrition practices in his/her community;
- Perform growth monitoring and nutrition screening with focus on weight for height and MUAC measurements;
- Use and maintenance of village child register.
- Identify severe malnourished children from a household or community.

### Outcome

8 new health centres started implementing CTC in the same month of March, soon after the trainings. OTP is now operated in 11 health facilities in the district.

### Issues

Lack of stationery i.e. papers and pens; transport money was not enough as participants (extension workers and volunteers) moved longer distances to attend the trainings.

### Future Plans

Need for refresher courses for both, health/extension workers and volunteers; to conduct quarterly meetings of health/extension workers and representatives of volunteers; to provide t-shirts to volunteers so that they are recognized in their communities.

## **Supervision**

### Objective

*Increase frequency and effective of routine supervision.*

### Activities

Conducted routine supervision to all health facilities.

### Outcome

Maintained a record 100% (12) health facilities supervised in the last five quarters with documentary evidence.

### Issues

HSAs that are under Town Assembly are usually diverted from their normal work instead they are assigned to do other duties which are not health related in the town.

### Future Plans

DEHO to discuss with the Chief Executive on the matter concerning deployment of HSAs; to continue conducting integrated supervision in all the health centres.

## **Planning and Budgeting**

### Objectives

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

### Activities

Facilitated the development of the 2006/2007 DIP/Annual Budget.

### Outcome

Programme Coordinators, Departmental Heads, Stakeholders (CHAM, NGOs) and members of the District Assembly reviewed the 2005/2006 DIP and Annual Budget; Programme Coordinators also reviewed performance of their programmes during the 2005/2006 fiscal year in relation to the budget and way forward was drawn for adoption into the 2006/2007 budget; Programme Coordinators, Stakeholders and DA members were oriented on steps for DIP preparations, and how to complete all the relevant forms, e.g. Planning sheet 1-9 (departmental requirements), Planning sheet 6-9 (programme training needs); Coordinators took their time to complete sheets (1-9 and 6-9) for consolidation into 2006/2007 DIP and Annual Budget; Hospital and health centre requirements for the coming 2006/2007 financial year were reviewed and consolidated; Developed the 2006/2007 Annual Budget with in-puts from Stakeholders, especially NGOs and District Assembly.

### Issues

Funding is not done according to budgetary requirements which results in failure of many activities included in the DIP to be implemented according to plan but there is hope that with the current SWAp funding system will improve matters; some Stakeholders do not disclose their annual budgets to the District Health Office.

### Future Plans

Enhance collaboration and coordination with Stakeholders in the planning and budgeting process through their involvement in planning and budgeting process and also during DIP and Budget reviews; conduct quarterly DIP and Budget reviews.

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## Chikwawa

**Dates** : January to March 2006.

**Key Staff:** Mr. Zainga – DHO; Mrs. Salima – Matron; Mrs. Jane Mwafulirwa – MTA; Dr. Rudi Thetard – DMC.

### Summary Comments

Chikwawa MSH team and their DHMT partners made significant efforts implementing most of the activities planned in the quarter under review. Ample improvements were made in several areas and notably the following:

- Supervision work continued with vigor - maintained 100% record on health facilities with documented DHMT supervisory visits in the last five quarters.
- Conducted an internal IP assessment at the District Hospital and achieved a 67.7% score from a baseline score of 72% - affected by IEC activities which have been dormant in support of the implementation of IP activities.
- CT uptake greatly increased 3838 clients to 5719 in the last two quarters – 49% decrease.
- 92% health facilities maintained timeliness of HMIS reports whereas 100% health facilities conducted HMIS reviews.
- The district did not experience any stock outs of identified child health tracer drugs for more than a week at any time during the quarter.

### Quality Assurance Systems

#### Infection Prevention

##### Objective

*Move the hospital towards accreditation for IP.*

##### Activities

Conducted internal IP assessment for Chikwawa district hospital; handed over of the general ward to DHMT; procured IP materials for Ngabu Rural Hospital using DHO funds.

##### Outcomes

Internal assessment on IP the results showed 67.7 % overall score- IEC scored the least 25%, general ward 74%, isolation ward scored 60% and the highest was maternity 95%; Ngabu Rural Hospital staff morale remains to keep the place clean remains high. The IP committee remains active.

##### Issues

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

##### Future Plans

Finish up maintenance of general ward; conduct external assessment for the hospital; conduct training on IP for Montfort Hospital (CHAM); conduct assessment of IP process for Ngabu rural 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 of malaria case management and IPT for health workers;

#### Outcome

Provision of malaria services is negatively affected by shortage of Fansidar and personnel especially at facility level.

#### Issues

Shortage of SP in Ante Natal Clinic services making IPT less functional and treatment of malaria problematic

#### Future Plans

To train health center staff on microscopic examination targeting the most isolated areas.

### **Child Health**

#### Objective

*Improve quality of child care through facility quality improvement*

#### Activity

Facilitated the monitoring and supervision of PHI activities at hospital level; facilitated stake holder's consultative meeting on maternal death audit, oriented maternal death committee to maternal death audit.

#### Outcomes

Stake holder's consultative meeting felt it was important to start both facility and community maternal death audit in the district whereby after this consensus building an orientation meeting was conducted with stakeholders; and first maternal death audit conducted.

#### Issues

The need to extended maternal death audit at community level.

#### Future Plans

To extend maternal death audit to community level to be preceded by a study tour to Mchinji.

### **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.*

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#### Activities

Conducted CTC planning meeting; facilitated a consultative meeting with stakeholders; facilitated training of CTC providers, volunteers; briefing local and traditional leaders on CTC; held the monthly and quarterly extension workers meetings and as well the district quarterly review meetings; facilitated the recruitment of Nutrition Coordinator and oriented her roles and responsibilities.

Outcome:

All groups sensitized ready to provide services; CTC project well received by DHMT and stakeholders; maximum support received from Ministry of Agriculture and Community services.

Issues

Overlapping of beneficiaries; in some catchments areas (World Vision International in Nkumaniza Health Center); high probability of double reporting leading to duplication of efforts - problem erupted because World Vision did not attend the stakeholders meeting other wise this could have been avoided as it could have earlier been known that they are the ones operating in the area.

Future Plans

To have a tripartite meeting with DHO, World Vision International and MSH to discuss on the way forward.

## **HIV/AIDS**

Objective

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

Activities

Conducted two VCT outreach clinics and quarterly VCT counselors meeting; conducted study tour to Mwanza on male involvement in PMTCT; trained health workers in management of opportunistic infections.

Outcome

VCT counselors meetings created a good forum for discussing issues where confidentiality was identified as an area which needs a lot of attention if counselors are to win the confidence of clients; joint supervision by Program Coordinators such as HIV/AIDS, STI, TB, VCT, PMTCT, and ARV has further improved the leadership in HIV/AIDS activities which has further strengthened collaboration among the Coordinators.

Issues

Shortage of kits and transport (neverapine is out of stock); the need to extend PMTCT services to health facility level but most of the health workers at health center level are not trained; most of the health center staff not aware of the use of Cotrimoxazole prophylaxis and active TB case finding; sputum transportation for testing at the district hospital poses a problem as in most cases the specimen can stay for a while at the health facility before it is transported to the district.

Future Plans

Orient health workers on PMTCT at Zonal level; train health workers in PMTCT using DHOs funding; orient health workers and village representatives at facility level on PMTCT including the importance of male involvement; orient health workers at Zonal

level on Cotrimoxazole prophylaxis and active TB case findings; conduct training of health center staff on sputum smear.

## **Supplies Management: Inventory Management, Stock Outs, Community Access**

### **ITN Distribution**

#### Objective

*Strengthen financial and inventory management systems.*

#### Activities.

Conducted supervision of ITN committees; held quarterly stakeholders meeting.

#### Outcome

According to the supervision report there is improved accountability at community and district level on ITN funds.

#### Issues

None

#### Future Plans

Intensify supervision to ITN Committees.

### **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.

#### Outcome

The need for team work between Accounts and Pharmacy staff identified to support accountability in the procurement of drugs from the Central Medical Stores.

#### Issues

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

#### Future Plans

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

### **Supervision**

#### Objectives

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

#### Activities

Conducted routine supervision that included using TBA and Environment checklists followed up with feedback meeting to DHMT and stakeholders; programs such as STI,

HIV/AIDS and TB took advantage of the same forum to give feedback to DHMT and stakeholders.

#### Outcome

100% health facilities were supervised and all have written feedback – supervisory visits revealed that despite having many HSAs in the district whom their primary focus is on environmental health not much is done on environmental health - TBA program receives the least attention in the district which also applies to all other reproductive related programs.

#### Issues

Lack of funding for reproductive health programs and as such receive little attention in the district.

#### Future Plans

To conduct supervision and feedback meeting to DHMT; to lobby with DHO to prioritize supporting of reproductive health services.

### **Planning and Budgeting**

#### Objective

*Strengthen decentralized health management services in the district.*

#### Activities

Conducted a DIP review and planning meeting for the 2006/07 fiscal year; introduced a quarterly planning sheet for the program coordinators to facilitate them access and monitor use of DIP funds at district level; held a meeting with the Health Advisory Committees on their involvement and support in the DIP development; briefed the District Assembly about the DIP.

#### 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 for 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 is encouraging in view of the decentralization process.
- Concerns and inputs of members of Health Advisory Committee members observed in the DIP development have been taken on board.

#### **Issues**

Concern by District Assembly members that transport is not well managed and that other resources are not reaching the grass root level; the need to deploy health workers to Changoima Zone.

#### 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 programmes; 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.

### **HMIS**

#### Objective

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

#### Activities

Conducted HMIS facility level supervision; facilitated quarterly HMIS review meetings.

#### Outcome

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

#### Future Plans

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

### **Communications, Transport Management and Referrals**

#### **Transport Management**

#### Objective

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

#### Activities:

Continued monitoring of transport indicators conducted the orientation of new transport officer; facilitated motor cycle riders course for ten (10) Program Coordinators and Zonal supervisors; facilitated the repair of two radio communication for the district hospital and Makhuwira Health Center.

#### Outcome

Number of vehicles on the road has greatly improved at present to nine vehicles though data collection and management related to transport management remains a big challenge which has necessitated the change of transport officer for the district; most program coordinators are able to ride motorcycles whereby reducing the congestion on motor vehicle requests; VCT outreach services are able to get transport per request as opposed to combine with other programs.

#### Issues

The frequent change of Transport Officers every quarter poses a big challenge to the smooth and sustainable management of transport; data collection on transport indicators remains poor.

Future Plans

Monitoring of transport indicators to follow up if the data collection; and the whole management system has improved; to orient Hospital Administrator, Transport officer and new officers on transport guidelines.

**Human Resource Development**

Objective

*Strengthen planning capacity at district level.*

Activity

Conducted an orientation regarding how management and staff can access HR data, personnel records and record keeping and filing;

Outcomes

Staff now able to access files that they have been updated and filed accordingly; general record keeping on personnel has been improved;

Issues

None

Future Plans

To monitor the implementation of personnel records filing system.

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## Kasungu

**Dates: January to March 2006**

**Key Staff:** A. Mbowe District Health Officer, Joyce Nyasulu Management Technical Assistant, Winstone Mkandawire DMC.

### Summary Comments

Quarter 12 witnessed a continued cordial and enhanced relationship amongst the health sector players in Kasungu district which saw the DHMT and the MSH counterparts continue executing their planned activities. The following highlights demonstrate what transpired during the quarter:

- Intensified malaria case management activities through training of six microscopists in malaria microscopy for the district hospital and a few selected health centres.
- Improved supervision with documentary evidence from 92% to 100% in the last two quarters.
- Achieved a remarkable 92% timeliness of LMIS reporting in the last two quarters respectively.
- Timeliness of HMIS reporting improved from 72% to 100% in the October/December and January /March quarters respectively.
- Achieved 100% record health facilities conducting HMIS performance reviews in the quarter under review – an improvement of 50% from the previous quarter.
- Clients receiving VCT slightly declined from 1466 clients to 1300 in the last two quarters representing a 13% decline.

### Malaria

#### Objective

*Equip participants with knowledge and skills in diagnosis and management of uncomplicated and severe malaria and recognize groups at risks.*

#### Activity

Conducted malaria and IPT updates for health centre staff; followed up on IPT delivery at health centre level; trained six microscopists in malaria microscopy for the district hospital and a few selected health centres.

#### Outcomes

Participants were able to classify malaria as complicated and severe with improved malaria management skills (history taking, detailed physical assessment and investigations); IPT was being provided using DOT; not all health facilities monitor IPT coverage notable with lack of IPT graphs displayed; congestion reduced at the main laboratory

#### Issues

Shortage of microscopists at health centres; shortage of SP for IPT.

#### Future Plans

Train more microscopists; ensure that SP is available in health centres all the 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

Developed draft IP policy; conducted regular hospital and wards supervision and OJT to staff at the hospital.

#### Outcomes

The core team looked at several draft policies of Salima, QECH, Mzuzu Central, Malaria, Reproductive health Guidelines and HIV/AIDS policies and developed a draft IP policy specifically for the district.

#### Future Plans

Finalize the policy document and circulate it to stakeholders

### **Maternal Death Audit**

#### Objective

To reduce the number of women dying due pregnancy related conditions

#### Activity

Audited five maternal deaths; conducted supervision to TBAs.

#### Outcomes

Out of the five maternal deaths audited, one was a teenager-primgravida which was kept at TBA for 5days before reporting at the hospital; the other four were diagnosed with Anemia, Eclampsia, APH, CS and Retained placenta + PPH; some TBA's visited had good delivery shelter and the environment and sanitation committee have managed to mould a delivery bed; records and equipment were well kept.

#### Issues

Incomplete history taking; inadequate resuscitation of patients and the need for thorough screening of ANC mothers

#### Future plans

To conduct MDA at community level; provide IEC on Safe motherhood and maternal death audit at the District Hospital; to sensitize communities on safe practices in pregnancy and delivery and discuss the role of community; to continue with TBA supervision; supply gloves, referral forms and iron tablets to TBAs; conduct refresher trainings to TBAs.

## **Planning and Budgeting**

### **District Programme Management**

#### Objective

*Strengthen decentralized health management services in the district.*

### Activities

Consolidated all the activities of the programme coordinators and health facilities including costing of all activities and came up with draft DIP document; conducted 2005/06 DIP and HMIS review.

### Outcomes

Draft DIP developed and submitted to Ministry Headquarters and District Assembly; during the DIP and HMIS review, data from some departments were presented and discussed with challenges and way forward discussed.

### Issues

Inadequate time for the DIP development and some guidelines were not clear; data from some departments was different from that of HMIS office and incomplete; some priority activities are not funded by management

### Future Plans

Disseminate final version of DIP after approval from the MoH headquarters; to ensure that the IPC use the DIP when allocating funds and more effort should be placed in correcting and reviewing data and implementation of activities.

## **HIV/AIDS**

### Objective

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

### Activities

Conducted quarterly VCT counselors meeting.

### Outcomes

Increased number of VCT uptake from 1466 to 1695 clients in the last two quarters; problems being faced shared and some solved.

### Issues

Erratic supply of test kits; poor coordination of departments dealing with HIV/AIDS related issues; lack of supervision; no IP materials in some health centres.

### Future Plans

To procure more IEC materials; to hold regular monthly meetings.

## **Financial Management**

### Objectives

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

### Activities

Followed up computer skills training of accounts staff

### Outcomes

Participants are able to use the computer in making calculations – analyzing income and expenditure transactions.

### Issues

Inadequate computers as well as use of computers as personal property.

### Future Plans

Procure more computers and identify room where all the computers could be accessed.

## **HMIS**

### Objective

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

### Activity

Conducted Health Centre HMIS Zonal Review/Supervision meetings to assess knowledge of data entry by health personnel and to see if they are familiar with data collection tools.

### Outcomes

Most health centres are not monitoring their services; community members not involved in implementation of health facility activities and data is being recorded by ground labourers due to shortage of staff.

### Issues

Most health centre In-Charges have no knowledge of the data collection tools available; inconsistencies in reporting; data is not being reviewed by supervisors

### Future Plans

To conduct refresher trainings to health facility staff; to reward best performing health facilities.

## **Supplies Management: Inventory Management, Stock Outs, Community Access**

### **Essential drugs**

### Objective

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

### Activities

Conducted prescribers meeting to share prescribing guidelines, rational use of medicines/drugs, adverse drug reaction and common drug interactions; conducted supervision to Health Centre pharmacies.

### Outcome

There is waste of drugs due to irrational use; increased anti-microbial resistance since patients develop drug sensitivity; increase chances of adverse reaction and drug interactions and inappropriate demand of certain drugs; supervision revealed that most health centres are doing well and following drug management guidelines except those who have newly qualified staff.

### Issues

There is over use of injections, prescribers do not follow treatment guidelines and prescribe antibiotics for non-bacterial infections and most times do not counsel clients; most drug stores in health centres are small; shortages of LMIS-01A forms and overstocking of some drugs which would expire on the shelves.

### Future Plans

Need to source more standard treatment guidelines; orient the newly deployed staff in drug management; increase the supply of LMIS-01A forms and stock cards; to facilitate installation of burglar bars in all the health centres

## **Transport Management**

### Objectives

*Increase vehicle availability; reduce use and maintenance costs*

### Activities

Facilitated defensive driving course for MOH drivers aiming at reducing road accidents.

### Outcome

The trained drivers were able to know the contributing factors to accidents e.g. vehicle abuse like overloading, schedule delays, use of seat belts and over speeding.

### Issues

Health centres drivers work day and night every day and most of the vehicles are not roadworthy i.e. tyres are worn out and they don't usually go for service.

### Future Plans

To refresh drivers annually in defensive driving; ensure that the vehicles are serviced regularly.

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## MANGOCHI

**Dates:** 1<sup>st</sup> January through 31<sup>st</sup> March, 2006

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

### Summary Comments

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

- Clients opting for CT declined from 1443 to 448 in the last two quarters representing a 31% decrease).
- Maintained above 90% tradition Health Facilities supervised in the last two quarters and all have documented evidence.
- 81% health facilities reported HMIS routine data according to schedule – an improvement from 73% in the October to December 2005 quarter.
- Continued facing stock outs of identified child health tracer drugs - 76% health facilities had stock outs of child health tracer drugs particularly SP and cotrimoxazole in the quarter for more than a week at one moment.
- Drilled forty five (45) health workers in malaria case management updates.
- Intensified maternal death audits – 16 maternal deaths were audited.

### 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

Continued monitoring of IP and Control Practices the district hospital; developed and printed the remaining IP protocols and instructions; DHMT sponsored and trained remaining nineteen (19) members of staff and twenty seven (27) support staff in IP and control.

##### Outcome

The DHMT continues to respond to some major issues on maintenance and provision of IP supplies raised from the past IP internal assessments to ensure that the initiative progresses; 100% of staff now trained in IP and Control.

##### Issues

Supplies and Personal Protective Equipment still not enough; some protocols and instructions still not laminated.

##### Future Plans

DHMT to continue providing more IP supplies; laminate the remaining IP protocols and instructions; conduct an internal assessment; support training in second module.

## **Maternal Health**

### Objective

*Scale up maternal death audit activities in the district*

### Activities

Conducted two follow up meetings for maternal deaths with the participation of the district maternal death audit committee

### Outcome

Sixteen (16) maternal deaths (12 from the previous three months) were discussed and audited.

### 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; to ensure aggressive and comprehensive documentation, history taking and monitoring of high risk mothers by health workers at all levels; to conduct maternal death audit for the remaining maternal deaths for the quarter.

## **Quality Care**

### **Malaria**

### Objective

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

### Activity

Conducted orientation on malaria updates to forty five (45) health workers.

### Outcome

There is marked improved in the management of children suffering from malaria.

### Issues

Lack of equipment like microscopes.

### Future Plans

To orient more staff on malaria updates.

## **HIV/AIDS**

### Objective

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

### Activities

Continued routine counseling and testing at the district hospital site; conducted mobile outreach VCT Services in the health centers; conducted problem solving meeting on the low uptake of PMTCT among pregnant women.

### Outcome

A total of 637 walk-in clients received VCT services compare to 722 (12% decline) in the previous two quarters; 31 antenatal mothers as compared to 27 received VCT in the

previous two quarters; a total of 205 clients were tested from the mobile VCT outreach clinics. However, the district experienced shortages of cotrimoxazole in the quarter.

#### Issues

Cancelled trips and late departure to outreach clinics led to missed opportunities - some clients missed the service; lack of sensitization on PMTCT to communities.

#### Future Plans

To include mobile VCT services trips in the monthly transport plans on routine basis; to ensure early departures for the VCT services team from the district to the mobile sites; to conduct sensitization meetings in the communities on PMTCT.

## **Supervision**

#### Objective

*Increase frequency and effective of routine supervision.*

#### Activities

Conducted routine monthly supervision and follow up of issues from the previous quarter.

#### Outcome

The Zonal Supervisors visited all the 38 (100%) health facilities in the district and all Health Facilities were left with written notes.

#### Issues

Three zone supervisors have moved out of the district creating a vacuum in the supervisory system and as well over stretching the remaining ones in trying to cover up in these zones; need for maintenance of buildings highly required at Chilipa and Phirilongwe health centers; lack of preventive maintenance of motor cycles for supervisors; lack of Riders' suits and water drinking bottles for supervisors not yet bought; lack of ITNs in some maternity and under - five wards; health profile books still not in circulation; some coverage rates like family planning and STI contact tracing not calculated; no direct communication to the district via radio communication from some health facilities.

#### Future Plans

To continue with the follow up of issues put forward during previous supervision sessions during DHMT supervision; to identify and orient new supervisors to replace the existing gaps; to facilitate maintenance work at Phirilongwe and Chilipa Health centers; MSH and the DHMT to look at the issue of preventive maintenance for the supervisors motor cycles; to provide ITNs in the maternity and under - five wards in the facilities using the consignment available at the district health office; to provide necessary supplies and instruments like BP machines and weighing scales.

## **Supplies Management: Inventory Management, Stock Outs, Community Access**

### **ITN Distribution**

#### Objective

*Strengthen financial and inventory management systems.*

#### Activities.

Conducted supervision to nine (9) Community ITN Distribution committees.

Outcome:

There is shortage of ITNs in some communities; non-compliance of ITN committees in the management of ITN funds as guided by the training guidelines.

Issues

Lack of functional ITN district account for the revolving funds; not all members from the committees were met as this was the farming season; non availability of nets at one committee for some months; 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 up dates.

Future Plans

The malaria coordinator together with DHMT to conduct a re-dipping mop up activity in Phirilongwe; ITN coordinator to facilitate ITN re-supply to Malenga ITN committee; to orient the remaining health workers in malaria updates.

## **Essential drugs**

Objective

*Strengthen financial and inventory management systems.*

Activities

Conducted monitoring of monthly LMIS reporting; supervised drug management in MoH facilities; participated in Drug quantification exercise together with JSI DELIVER in six health facilities; facilitated Drug Management Committee meeting; designed Drugs and medical supplies receipt voucher to be used by the members of the committee, members of the advisory board and departmental representatives..

Outcomes

Timeliness of LMIS reporting to the district Pharmacy improved to 92% on average from 90% in the last two quarters; DHMT has enforced measures aimed at reducing traffic into the drug store and proper management of the drug store to check pilferage.

Issues

Some health facilities ie Namwera exaggerating the amount of selected types of drugs used in the month with the aim of getting much more from the next delivery; stock cards with missing data for the preceding months experienced at Katuli Health center due to non availability of nurse/medical assistant to man the facility during that period; there were general stock outs of cotrimoxazole in majority of health facilities and some facilities having their reports reaching the Pharmacy late; incomplete supervision by the pharmacy technicians in the health centers.

Future Plans

All facility in –charges to ensure that they send their reports to the district pharmacy on time; to conduct a refresher training on drug management in order to iron out the short falls being experienced; facilities to continuously be followed up in order to have quality data on the LMIS forms and ensure timely submission of the LMIS forms to the district pharmacy.

## **Communications, Transport Management and Referrals**

## **Transport Management**

### Objective

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

### Activities

Continued monitoring of transport management including associated costs.

### Outcome

Transport schedules been indicated on the board; monthly transport indicators been processed; Trip authorization forms are in operation - a total 49945 kilometers per month on average were recorded in the quarter, Quarterly total expenditure on fuel was at K807930.33 per month from K913678.67 last quarter (thus saving K105748.34); ambulances are now spending more time (90%) in zonal head quarters which is the purpose they are intended for – to be closer to the farthest health facilities.

### Issues

There is low needs satisfaction from the fleet- as low as 63%; availability is also quite low (45%); utilization is higher than required (94%); about 50% of the fleet was in the garage.

### Future Plans

To orient ambulance drivers; introduce transport registers in the health centers; adopted final transport guidelines to be reproduced and sent to all health facilities; to urge DHMT to use transport data for decision making; to ensure schedules in preventive maintenance are adhered to in order to increase vehicle availability and reduce utilization while improving on needs satisfaction/performance.

## **Planning and Budgeting**

### Objective

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

### Activities

Conducted DIP stakeholder meeting at district level; participated in the development of DIP for Mangochi for the 2006/07 fiscal year; facilitated the dissemination meeting of the DIP guidelines for the districts under Salima Zone.

### Outcomes

Guidelines on DIP development, planning sheets and forms were disseminated to districts under Salima Zone; stakeholders in Mangochi were oriented on use of the planning guidelines, planning sheets and forms; DIP for 2006/2007 developed and submitted to the Planning Unit.

### Issues

Deadline notice set for the planning was too short for the contribution of all other stakeholders like CHAM whose central office are away from the district; fewer than

anticipated stakeholders participated in the stakeholders orientation; some stakeholders bringing activities that were not individually costed (itemized budgeting).

Future Plans

To disseminate the DIP to all stakeholders and the District Assembly followed with quarterly reviews; to print and distribute the final DIP to all stakeholders and facilities.

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## Mulanje

**Dates:** January to March 2006

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

### Summary Comments

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

- Strengthened IPT activities through updates to clinicians and nurses and as well provision of microscopes and slide warmers.
- Maintained a 100% record health facilities supervising in the last two quarters with documented evidence of supervisory visits.
- Improved timeliness of LMIS-01A forms from 90% in January to 100% as at end of March.
- Recorded a 94% HMIS timeliness of reporting in the last two quarters and 100% Health Facilities conducted HMIS reviews.
- IP activities faced negative results - an internal assessment achieved 66% from a previous score of 78%.
- Strengthened supervision to ITN committees – nineteen (19) 43% of the functional ITN committees were supervised.

## Quality Assurance Systems

### Infection Prevention

#### Objective

*Move the hospital towards accreditation for infection prevention.*

#### Activity

Conducted IP internal self assessment; conducted IP meeting with the subcommittee on IP, DHMT and other stakeholders.

#### Outcome

IP internal assessment achieved 66% - a drop from 78% previous assessment which is a concern to the DHMT, staff have pledged to work hard to reverse the situation; during IP meeting, the DHO gave a special topic on barriers to nosocomia infection and participating members appreciated the initiative noting areas that they can support the DHMT in their fight to improve IP activities.

#### Issues

Pediatric ward still remains dilapidated; the former DNO left the hospital hence staff going through a transition period with the new DNO; some members of the IP taskforce were posted elsewhere.

#### Future Plans

Intensify IP in all wards and departments; establish “Friends of Mulanje District Hospital Team” who can assist to build a guardian shelter; funds available to start up the roof for Pediatric ward; to have an open day for IP.

## **Child Health**

### Objective

*Improve quality of child care through facility quality improvement*

### Activities

Conducted a baseline assessment on Quality Improvement Standards (QIS) at two health facilities (Kambenje and Mpala); followed up the use of CCP forms for monitoring children conditions at the district hospital.

### Outcome

Baseline data on QIS collected and being analysed; during follow-up visits on CCP forms implementation, it was seen that at every step in the TRIAGE system, there should be staff assigned to do specific task, improve placements of drugs and medical supplies that they are within reach.

### Issues

There is need to improve short stay structure to reduce congestion in the ward; the need to use stamps for identification of triage categories.

### Future Plans

To improve the structure for short stay; to purchase stamps for triaging; orient health facility staff on triaging after giving them reports of baseline assessment; to provide necessary guidelines for use at health facilities on QI.

## **Quality Care**

### **Malaria**

### Objective

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

### Activities

Up dated nurses and clinicians in malaria case management and IPT; delivered microscopes and slide warmers to three health facilities - Kambenje, Chonde and Mulanje District Hospital under five out patient department.

### Outcome

IPT DOT is in use that SP is in stock; malaria case management has improved in that all facilities are able to manage and refer according to protocol; Lab Technician are able to capture information in the register because proper forms are being used.

### Issue

Need two more Microscopists.

### Future Plans

Train 2 more microscopists; Laboratory Technician to conduct supportive supervisory visits to health centre microscopists.

## **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 members on PMTCT ARV, VCT and STIs including their roles; conducted the “HOPE KIT” IEC campaign; conducted and reviewed referral system on uptake of STI, PMTCT and VCT.

### Outcome

With the above activities, ANC mothers have accessed PMTCT last quarter the number has gone up from 16 in January, 70 in February and 89 in March; provision of ARV to Pediatric has now started following the discussions on the referral system; a plan for the newly formed community PMTCT component was developed

### Issues

Few children from NRU are being referred to ARV clinic; antenatal mothers in the maternity are not accessing PMTCT services.

### Future Plans

To continue with the HOPE KIT IEC concept; identify a counseling room in maternity ward; to continue with PMTCT sensitization meetings; to orient Health Centre staff on PEP.

## **Nutrition**

### Objectives

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

### Activities

Briefed stakeholders on the CTC programme including local leaders; conducted training of volunteers on CTC programme; conducted training of health providers and other extension workers on CTC.

### Outcome

Criteria for choosing OTP sites was made – i.e. distance from one health centre to another, geographical features like rivers and mountains which would interfere access to services; the following health facilities were selected for the OTP programme: 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

2 NRUs available are not enough and are 7 kilometers apart. (MDH and Mulanje Mission Hospital); some Health centres with OTP have HSAs who are not trained in CTC as a result conflict arise when follow ups are to be made; some Volunteers demanding incentives e.g. bags for carrying their books; frequent cancellation of the DNTP meetings that failed twice because the DC was not available.

### Future Plans

Facilitate monthly DTNP meetings; conduct CT supervision fortnightly; facilitate implementers meetings; facilitate the delivery of Chiponde.

## **Supervision**

### Objective

*Increase frequency and effective of routine supervision.*

### Activities

Conducted a supervision meeting with health centre In-Charges, zonal supervisors and DHMT.

### Outcome

Health centre staff had an opportunity to discuss directly with the DHMT on all outstanding problems; only 70% of the facilities were supervised because the focal person who was also the matron (Mrs. Kachale) left that resulted in organizational problems.

### Issue

Role conflict amongst supervisors still remains a problem; negative attitudes of some supervisors who mostly behave as fault finders.

### Future Plans

To train five more supervisors who are not committed with other programmers; remind maintenance department to solve long standing problems existing in health facilities; continue conducting meetings involving supervisors of health facilities and DHMT; to laminate mission statements.

## **HMIS**

### Objective

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

### Activity

Conducted Zonal HMIS follow up with HMIS Task force members; conducted the preparations on the launching of the HMIS scheme.

### Outcome

Three facilities were identified that had met the assessment criteria of the HMIS recognition scheme i.e. Lujeri Clinic (Private Clinic), Mimosa (CHAM) and Namulenga (Government) – launching slated for 8<sup>th</sup> April where the Minister of Information will be the guest of honor.

### Issue

None

### Future Plans

Continue monitoring HMIS activities.

## **Supplies Management: Inventory Management, Stock Outs, Community Access**

### **ITN Distribution**

### Objective

*Strengthen financial and inventory management systems.*

### Activities

Trained ITN committee members for Bondo; conducted supervision to trained ITN 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 and showed that they are performing well - 2 committees have bank accounts and the registration book for accounts is well documented, some committees meet almost once a month with well documented minutes; ITN Committee members were provided with a supervisory check list; A representative from the District Assembly was appointed as a signatory of district bank account.

### Issue

59% of trained committees have no seed nets.

### Future Plans

To continue conducting supportive supervisory visits.

## **Essential drugs**

### Objective

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

### Activities

Conducted drugs management supervisory visits to all health facilities.

### Outcome

LMIS -01A reporting improved from 90% in January and February to 100% in March; Drug storage and inventory was done well in the health facilities.

### Issue

The District Hospital pharmacy had drugs stolen and some staff are implicated in the scandal.

### Future Plans

To intensify the supervision of the District Office pharmacy with the support of a functional, trained hospital advisory committee; to purchase prescription pads and ensure they are in use in all wards and departments.

## **Financial Management**

### Objective

*Strengthen financial management and accounting procedures at district level*

### Activities

Oriented Health Centre staff, senior Accounts personnel and DHMT on itemized budget.

### Outcome

Health centre staff were introduced to forms which they used to prioritize resources they needed at a health facility this motivated the staff as they became part of the DIP Development; process helped the DHMT as it simplified the DIP development process.

Issues

None

Future Plans

DHMT to supply maintenance materials to health facilities identified with problems.

**Communications, Transport Management and Referrals**

**Transport Management**

Objectives

*Increase vehicle availability; reduce use and maintenance costs*

Activities

Followed up to Health facility with designated ambulance registers; conducted baseline assessment to two health facilities which had transport registers, no resident ambulance and also had a maternity and trained staff.

Outcome

Three out of the eight ambulance registers in the eight health facilities were properly filled; the remaining 8 facilities were also given registers; drivers were designated to write reports of their vehicles every month while the transport officer will consolidate the reports.

Issues

Transport Officers and drivers consider maternity patients as the only emergency cases.

Future Plans

To re-design the transport registers with central level support; to continue review meetings with ambulance drivers and transport task force members.

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## Mzimba

**Dates:** January to March 2006

**Key staff:** DHMT Members, Program Coordinators, 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, Mzimba MSH team with counterparts in the DHMT made efforts implementing its planned activities during quarter under review. Notable achievements included:

- There is demonstrable waste management improvement at the hospital due to the construction and usage of the newly built waste management site (incinerator, ash pit, waste bank and the orientation of incinerator users in the management of waste and use of the incinerator.
- IP internal assessment scores improved from 38% to 66.6% in the last quarter.
- Mzimba DHMT made strides in CTC – managed to roll out CTC activities to eleven more Health facilities in addition to initial two making a total of thirteen facilities which has increased access to the program – recruited 87 since programme inception, 39 discharged, 2 defaulted and no death.
- Managed to update 80 participants in Malaria case management, IPT and focused antenatal care which has benefited 5600 antenatal cases to IPT services in the quarter under review. More encouraging is that all 57(100%) health facilities are implementing focused antenatal care.
- Most Programme Coordinators and all stakeholders involved in DIP development process and DIP review used HMIS information for re-programming and decision making towards 2006/2007 DIP
- Completeness of HMIS reporting for the quarter improved from 90% in January to 95% in March because zonal supervisors have been mandated to collect and submit reports before 7<sup>th</sup> of each month as their supervisory responsibility
- Similarly submission of monthly LMIS 01A reporting improved from 90% in January to 95% in March – a sign of integration in data collection in HMIS and LMIS.
- There has been marked improved coordination in planning - all Health facilities (Government and CHAM) participated in stakeholders meeting and provided their input towards 2006/2007 DIP development
- DHMT has enforced shortfalls in transport management - the role of vehicle fuel procurement was shifted from Transport Officer to the accounts department and there is significant reduction in fuel consumption and expenditure.
- Addressed shortages of VCT providers through orientation of 40 new Health care providers in HIV/AIDS Diagnostic Counseling and testing guidelines.

## **Quality Assurance Systems**

### **Infection Prevention**

#### Objective

*Secure accreditation of Mzimba District in infection prevention performance.*

#### Activities

Conducted three day IP Practices workshop for newly recruited technical and support staff.

#### Outcomes

There is demonstrable waste management improvement at the hospital due to the construction and usage of the newly built waste management site (incinerator, ash pit, waste bank), orientation of incinerator users in the management of waste and use of incinerator and the allocation of staff by DHMT to manage the site; there is improvement in traffic control 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; all technical and support staff have been oriented in IP practices; there is inclusion of IP activities in the 2006/2007 DIP.

#### Issues

Need by DHMT to reinforce some of the guidelines and protocols; lack of isolation rooms to curb airborne and droplet infections; need for community participation; DHMT to get committed and put into actions issues of IP stipulated in the District IP policy and DIP; to get accredited is the major issue and challenge.

#### Future Plans

Partition Male and Female Wards to include provision of Isolation rooms; laminate IP Practices protocols and Guidelines and distribute them in the wards for use; conduct IPP review meetings to identify problems and solutions in participatory manner; conduct IPP internal assessment.

## **Quality Care**

### **Malaria**

#### Objective

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

#### Activities

Conducted Malaria Case Management, IPT and Focused antenatal updates; continued provision of IPT services; continued provision of Malaria Microscopy services; continued monitoring malaria case management, IPT and malaria microscopy activities.

#### Outcome

80 participants have been updated in National Malaria Treatment guidelines, management of simple and severe cases of Malaria; 5600 antenatal cases benefited from IPT services; 100% of facilities in Mzimba are implementing focused antenatal to boost up IPT coverage; all health facilities doing malaria microscopy are sending their monthly reports.

#### Issues

Shortage of trained microscopists; lack of supportive supervision to microscopists.

#### Future Plans

Update all nurses and clinicians in Malaria case management, IPT and focused antenatal; refresh remaining microscopists in malaria microscopy.

### **HIV/AIDS/VCT/PMTCT/STI/TB**

#### Objective

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

#### Activities

Conducted an over view discussion with all Antenatal nurses and Clinicians on PMTCT and STI guidelines; with Nurses and clinicians reviewed the current status of PMTCT and STI activities at the district hospital; PMTCT nurses and Clinicians analyzed the strength, weaknesses, opportunities and gaps in the service delivery of PMCTC and STI services; nurses and clinicians developed strategies which can improve uptake of counseling and testing services among pregnant women attending ANC and patients seeking STI services; 40 Health care providers were oriented on HIV/AIDS Diagnostic Counseling and testing guidelines

#### Outcomes

- Health Care providers appreciated the eligibility criteria for diagnostic counseling and testing and also reviewed pre-referral messages to counseling and testing; the annual HIV/AIDS schedule was developed and shared with all concerned stakeholders; VCT uptake declined from 1644 to 870 clients in the previous two quarters.

#### Issues

Inadequate counselors due to multiple responsibilities; counseling site is not convenient for PMTCT and STI as they are far apart; PMTCT providers are not able to perform whole blood rapid testing; lack of confidentiality to clients; poor communication of test results from counseling site; erratic supply and inadequate HIV/Test kits; lack of supportive follow up visits for HIV positive women; Counselors are not briefed in PMTCT; lack of male involvement in PMTCT; STI site is not located in the ideal site; STI patients are not properly documented; STI patients are not followed up when referred for counseling and testing; lack of referral forms; STI patients are only attended to in the afternoon hence too many missed opportunities; patients wait for too long at the STI clinic before they are attended to; High failure rate of VCT out reach clinics due to multiple factors i.e transport, multiple responsibilities by counselors and lack of allowances for other clinics

#### Future Plans

Devise a system for improved confidentiality; ensure availability referral forms; relocate the STI clinic to the CT site; provide STI services on full time basis; strengthen follow up mechanism for STI and PMTCT mothers; offer opportunities for routine counseling and testing to all STI clients; conduct IEC on STI and benefits for counseling and testing; develop and distribute a roster for STI service providers to ensure that services are provided on full time basis; establish community support groups for PMTCT.

### **Nutrition (Community Therapeutic care-CTC)**

### 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

Participated in Community Therapeutic Care DHMT briefing meetings for CTC rolling out in two more districts and within initial Districts of Mzimba respectively; participated in the TOT workshop for CTC rolling out; conducted orientation of District trainers in CTC; Conducted CTC orientation for Health Centre CTC implementers; Conducted CTC orientation for Volunteers; Conducted Local leaders training in CTC; Conducted supportive facilitative supervision for Health facilities implementing CTC; supported setting up of CTC implementation sites; supported the procurement process of CTC Height boards at Raiply

### Outcome

Mzimba District has a team of twenty –five district based CTC trainers; Mzimba District has rolled out CTC activities to eleven more Health facilities in addition to initial two making a total of thirteen facilities; since the programme started CTC a total of 87 children have been recruited, 39 discharged, 2 defaulted with no death; there is increased participation from other stakeholders at all levels i.e community, district and central levels; care takers are very enthusiastic to learn about new approach of managing malnutrition; high Protein Quality Maize (Susuma) and Soya beans that were received under Sustainable Nutrition Rehabilitation Program as the result of CTC integration at Mtende and Mzambazi are doing fine.

### Issues

The need to improve the relationship between Supervisors, health centre staff and other stakeholders relationship remains a challenge; a lot of paperwork especially in the NRU-great need to standardize paper work; lack of some logistical support affects implementation of CTC i.e MUAC tapes for volunteers is affecting active case finding at community; lack of archive files is also affecting the filing system.

### Future Plans

To intensify supervision to improve performance; to conduct quarterly CTC review meetings; to source and distribute remaining support materials; to improve on documentation and reporting.

## **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

Issues and recommendations from integrated Clinic supervision were taken as input for decision making towards 2006/2007 DIP development process; there is great response from health facilities on issues of integrated clinic supervision i.e quality and timely submission of reports , proper management of drug stores, improved case management and improved availability of medical supplies; the DHMT has been empowered to take charge of all Integrated Clinic Supervision responsibilities; Mzimba has managed to carry out supervision on monthly basis; annual supervisory schedules have been developed and shared with facilities.

#### Issues

Allocation of adequate resources i.e fuel given is only for actual supervision not subsequent follow-ups; irregular monthly supervisors and DHMT feedback meeting.

#### Future Plans

To intensify feedback meetings amongst Supervisors and DHMT.

### **HMIS (Health Management Information System)**

#### Objective

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

#### Activities

Conducted HMIS/DIP review workshop in preparation to 2006/2007 DIP development process; conducted Hospital based HMIS review meetings.

#### Outcome

Most Programme Coordinators and all stakeholders involved in DIP development process and DIP review at least used HMIS information for re-programming and decision making towards 2006/2007 DIP; there is tremendous improvement in quality, timeliness, completeness of HMIS monthly and quarterly reports - the rate of HMIS reporting (completeness) for the quarter ranged within 90-95% because zonal supervisors have been mandated to collect reports by 7<sup>th</sup> of each month as part of their supervisory responsibility; most health facilities have updated their graphs and posted them on the walls.

#### Issues

Minimal demand for HMIS for decision making among program managers and heads of departments at all levels (community, Health Centres and District levels) except when there is an event or a certain demand from authority.

#### Future Plans

Training of Zone supervisors in HMIS.

### **Supplies Management: Inventory Management, Stock Outs, Community Access**

#### **ITN Distribution**

#### Objective

*Strengthen financial and inventory management systems.*

#### Activities.

Continued monitoring ITN activities; 600 ITNs supplied to community members.

### Outcome

ITN committees are still not using triplicate receipts when issuing community ITNs despite being trained and supplied with triplicate books.

### Issues

None use of triplicate books by ITN committees for accountability of ITNs sold; inadequate supply of ITN to the community by PSI (High demand for ITN than supply);

### Future Plans

Lobby PSI to provide adequate ITNs; institute proper accountability mechanism of ITNs through a collaborative effort with the District Assembly and all other stakeholders.

## **Essential Drugs**

### **Objectives**

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

### Activities

Conducted drug management supportive supervision for all health facilities; continued monitoring of drug distribution and levels to the health facilities; continued monitoring submission of monthly LMIS reports from Health facilities.

### Outcome

As the result of frequent facilitative supervision to the health centres and great involvement of Integrated Clinic supervisors in collection and submission of monthly LMIS 01A reports, there is improved quality and timeliness of reports – timeliness of reporting improved from 90% in January to 95% in March; as the result of consultative meetings amongst health centres, District Pharmacy Technicians and Regional Medical Stores drug supplies to the facilities has improved and rate of missing reports has also reduced; Drug Stores management has also improved in most facilities; training of staff who are assigned to relief duties on drug management and logistics has impacted on improved on improved reporting on LMIS 01A forms.

### Issues

Some drug stores need rehabilitation particularly installation of new shelves.

### Future Plans

Lobby DHMT to install shelves in some stores where these are not available.

## **Planning and Budgeting**

### Objective

*Strengthen planning capacity at district level.*

### Activities

Conducted District stakeholders meeting for input into the 2006/2007 DIP development process; conducted Quarterly DIP review meeting; conducted 2006/2007 DIP development consolidation exercise.

### Outcome

All Health facilities (Government and CHAM) participated in the stakeholders meeting and provided their in put towards 2006/2007 DIP development; reviewed 2005/2006 DIP

and Programme performances in relation to HMIS and made appropriate adjustment and recommendations for 2006/2006 DIP development process; developed 2006/2007 DIP draft document.

Issues

Most Programme related activities included in the DIP are not implemented because monthly funding allocation is not done based on activities planned but funds available from ministry; irregular quarterly DIP reviews; some Programme Managers are still not acquainted to use HMIS information for Programme planning and decisions making.

Future Plans

To regularize DIP reviews

## **Financial Management**

Objective

*Strengthen financial management and accounting procedures at district level.*

Activities

Conducted Financial Management review meeting with Accounts staff, DHMT, IPC committee and District Assembly representatives; continued monitoring implementation of Financial Management in accounts section.

Outcomes

As a 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 - at the time of the last review it was found that 80% of their roles are done correctly; monthly accounts returns are done and shared with DHMT; there is improvement in the numbers of staffing in the department – a sign of DHMT commitment.

Issues

Demarcation of main accounts office not yet done as a security measure; some roles and responsibilities of the accounts have changed in view of SWAP/decentralization of activities and thus the need to review the list of responsibilities once more.

**Future plans**

To continue conducting review meetings; to demarcate main accounts office; shift some of the roles and responsibilities from district accounts office to either region of central level.

## **Communications, Transport Management and Referrals**

Objectives

*Increase vehicle availability; reduce use and maintenance costs*

Activities

Conducted Transport review meeting with Transport Management Committee; conducted orientation exercise for Transport management Committees on their roles and responsibilities.

Outcomes

There is consistence in collection of transport management indicators and production of monthly reports; Transport Management committee aware of their roles and

responsibilities; role of vehicle fuel procurement has shifted from Transport Officer to the accounts department and there is significant reduction fuel consumption and expenditure; due to closer monitoring of Transport Management Indicator performances, Mzimba is performing with the recommended ranges.

#### Issues

Increased demand of transport on administrative activities and mostly unplanned.

#### Future Plans

To ensure transport for all activities are requested and authorized prior to allocation of vehicles; to institute ambulance registers in all facilities to monitor ambulance performances.

## **Communications, Transport Management and Referrals**

### **Communications**

#### Objective

*Ensure functional radio or telephone communication between facilities and district hospital*

#### Activities

Conducted an orientation session for communication users on the use and maintenance of radio communication equipment.

#### Outcome

There is effective and efficient radio communication between facilities and District hospital - this has resulted into improved patient referral and timely submission of reports and feedback; there is reduced demand from communication equipment users to conduct maintenance work at the health facilities as they are able to repair minor radio communication faults.

#### Issues

Some radio-communication facilities are not functioning properly due to worn out parts especially batteries; some Health Centre staff are still abusing radio communication equipment despite the training and also not following instruction in the communication instructions handbook; continuous unnecessary consultations especially during the night by the watchmen on unnecessary topics of their interest; abuse of the radio facilities by bringing personal batteries for charging at the health centres –evident at Emsizini Health Centre; removing the radio batteries for personal use by members of staff in several areas; improper handling of the radio facilities especially when outsiders are allowed to operate; in some facilities batteries are overdue for replacement; there are missing batteries terminal holders in most of the health centres; the radio facilities are not attended to in terms of cleaning and minor check-ups (no planned preventive maintenance); health centre staff in all the facilities complained about delays in attending to ambulance calls for emergencies by PBX operators at main hospital due to attitude problems - this result into loss of lives and also creates bad relations between staff and the surrounding communities.

#### Future Plans

To lobby for installation of a repeater at Luwanjati (Champhira) which when done will ease the congestion in the southern part of the district. This repeater got broken down and power panels got vandalized

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## Ntcheu

**Dates: January to March 2006**

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

### Summary Comments

Recovering from Christmas recess, the Ntcheu DHO and MSH team started from where they had left in the previous quarter. Blessed by the team work, the invested energy saw among other achievements the following:

- Remarkable achievement in IP internal assessment – scoring 51% from 37% in the previous assessment, thus 14% increase.
- Intensified IMCI work visiting all the 19 facilities with trained IMCI staff where notable improvements continued to be in the assessment of danger signs.
- Maintained 100% LMIS timely submission of reports.
- Maintained momentum on integrated supervision which revealed a lot of issues for the attention of the respective Programme Coordinators and the DHMT – 100% health facilities were supervised in the quarter under review, an improvement from 88% in October/December 2005 quarter.
- The resurrected Drug and Therapeutic Committee continued to function in the previous quarter.
- Number of clients accessing CT services declined from 1258 to 463 clients in the last two quarters due stock outs of test kits.

### Quality Assurance Systems

#### Infection Prevention

##### Objective

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

##### Activity

Conducted internal IP assessment.

##### Outcome

IP internal assessment scored 51% from 37% baseline score.

##### Issues

Lack of IP guidelines in most departments and wards; traffic flow not limited to essential personnel in most departments/wards; there are no sufficient patient/client education posters around the hospital; short supply of PPEs e.g. goggles, head gear, gown, buckets for chlorine, OT gowns, drapes, mops, leather boots; disposal pit is almost full; incinerator and bin is not fenced; hands hygiene not performed in most departments (personal negligence); negative attitude of some staff towards IP; decontamination of gloves, syringes and needles by immersing in 0.5% solution not done (personal negligence); bin liners not utilized in most departments (staff attitude).

### Future Plans

DHMT/MSH should continue to provide IP supplies; IPC committee to facilitate writing of guidelines; to facilitate the formation of departmental IP committees comprising of 3 people to facilitate IP activities; patient/Client education posters to be written, laminated and posted in strategic points; shortage of IP supplies should immediately be reported to IP Coordinator for him to consult the responsible person; to train all staff untrained in IP; to continue with Ward competitions Quarterly to motivate staff at all levels.

## **Quality Care**

### **Malaria**

#### Objective

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

#### Activities

Reviewed the proper management of uncomplicated and complicated malaria in order to update and improve knowledge and skills of participants including; history taking, physical examination, clinical diagnosis, laboratory diagnosis and treatment of uncomplicated and complicated malaria.

#### Outcome

Participants gained knowledge on: proper taking of history and do physical examination; recognize the population at risk of complicated Malaria; describe the correct procedures for making blood smear for Malaria microscopy; understand the meaning of ++/NPS system for reporting blood smear examination; assess the severity of Malaria especially in children; provide appropriate treatment for complicated and uncomplicated Malaria; understand the key messages for counseling patients after treatment; better management of patients suspected of having complicated and uncomplicated Malaria.

#### Issues

Shortage of essential drugs i.e. Quinine and SP at the pharmacy; increased work load especially during pick periods i.e. months of November to March with few Nurses available despite the part time Nurses attaches to Pediatric ward; delayed referral of cases from the health centres; high staff turn over; poor handover from one staff to the other at different shifts; lack of blood in blood bank (laboratory).

#### Future Plans

To conduct updates briefing on Malaria Case Management to health centre staff; to conduct refresher to all health workers on Malaria case management; to improve on handovers from one staff to the other in the wards; to conduct supportive supervision on Malaria case management in all health facilities.

## **Child Health**

### **IMCI**

#### Objective

*Improve quality of IMCI Case management*

### Activities

Conducted Monthly Supervision to fourteen (14) health workers trained in IMCI who were assessed on case management; interviewed four (4) untrained staff in IMCI.

### Outcomes

- 13 Health workers correctly assessed general danger signs while 1 forgot; all the 14 correctly assessed and classified the 3 main symptoms of cough Diarrhoea and fever and also correctly checked weight for age; 3 children who had pneumonia were correctly assessed and managed; 10 children who had malaria were correctly assessed and managed; 1 child with general danger sign (convulsions) was correctly assessed, given pre-referral treatment and referred; 12 Health workers out of 14 remembered to ask for any other problems.
- All 20 Caretakers interviewed expressed satisfaction with the way health workers attended to their children; 18 of 20 (90%) with the time health worker spent with the child; 20 of 20 (100%) with the way health worker examined the child; 13 of the 20 (65%) with treatment given; 18 of 20 (90%) with the health worker talked; 10 of the 20 (50%) with what the Caretaker learnt from health worker.
- Notable improvements on staff performance and availability of resources in the following areas: all the health workers are able to communicate properly with caretakers on when to return immediately and advise on high fluid intake and diet; all Health workers interviewed keep their IMCI Job Aids in the consultation rooms; all facilities had functional weighing scales, refrigerator with vaccines in good condition and all vaccines available; all facilities demonstrated good record keeping and Job aides well displayed and correctly used; all health facilities offer services over week-ends and communication system has also remarkably improved.

### Issues

In most cases, ORT register books not being filled despite having patients presenting with dehydration; ORT equipment missing in almost all the Health centres visited except for very few items; refrigerators out of order in some health facilities on the day of visit e.g. Dzunje Health Centre; drugs like SP, cotrimoxazole, paracetamol, and x-pen out of stock in most Government Health Centres visited, except for CHAM hospitals; district has experienced an exodus of IMCI trained staff through resignations and posting to other places, which has adversely affected the implementation of facility based IMCI.

### Future Plans

To continue with supervision; DHMT to procure some more ORT equipment to make for the short falls; to conduct trainings in IMCI case management and supervision to more health workers to increase coverage.

## **HIV/AIDS**

### Objective

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

### Activities

Continued conducting static and outreach CT Clinics; opened up three new CT static centres at Kapeni, Nsipe and Kandeu; conducted a review meeting with VCT counselors to discuss the referral system; review actions taken following the HIV/AIDS internal

referral meeting which took place last year; receive reports from the various wards on the referral system; determine the key issues affecting the referral system and develop action.

#### Outcome

Number of clients accessing CT services declined from 1258 to 463 clients in the last two quarters due stock outs of test kits. Analysis of the review meeting revealed that Very low coverage of CT for ANC and STI patients there is high ANC and STIs cases attendees but low CT uptake, blood donors are getting tested but not counseled; there is lack of mechanism to capture information of STI patients referred for CT; post test clubs have been formed; Clients are referred for ARVs; P.L.W.A.S are receiving food stuffs.

#### Issues

Late allocation of transport for CT outreach clinics; inadequate publicity of VCT services in the community; inadequate testing kits.

#### Future Plans

To continue conducting static and outreach clinics in the coming quarter; to open up more static clinics in order to scale up CT services in the district; to conduct quarterly Counselors meetings; to continue with mobile CT services; to intensify IEC campaigns on CT services; to conduct CT training involving Supervisors and Coordinators who are interested to avoid high drop-out rates.

## **Supervision**

#### Objective

*Increase frequency and effective of routine supervision.*

#### Activities

Conducted supervision to all the 34 health centres; compiled reports depicting performance of each health programme and issues for each health programme which were debriefed to DHMT and Programme Coordinators; conducted OJT to health centre staff where necessary.

#### Outcome

100% health facilities were supervised with documentary evidence – an improvement from 88% in the previous quarter; issues identified in the health facilities for each programmes were discussed with the health centre staff.

#### Future Plans

To continue conducting Integrated Zonal Supervision at the health centres including at the main hospital; to conduct a day's meeting with Health centre in-charges to discuss persistent problems and find solutions to the problems.

## **HMIS**

#### Objectives

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

#### Activity

Conducted a meeting with Health Centre In-Charges on HMIS problem identification and Problem solving where the team among others, reviewed the progress of interventions put

in place since the June 2005 reviews; discussed the persistent problems still existing in health centres on HMIS how data can be used at a facility for decision making.

#### Outcome

Participants gained knowledge on: data collection, coding in registers, how to record new cases and revisits in client passport books, maintenance of HMIS OPD register, paging and making of monthly summaries, systematic completion of HMIS 15 forms, data quality and validity (Data Quality Assurance); timeliness of reporting slightly increased to 54% from 51% in the last two quarters.

#### Future Plans

To ensure Management improve on delivery of forms (at least three months supply) to all health facilities); to ensure Health Facility In-charges promote team spirit amongst health workers; to enforce timely collection of reports amongst Area Supervisors and deliver them to HMIS Focal person or Statistician; staff on relief duty to be reminded about data collection and report submission as one of their responsibility.

### **Planning and Budgeting:**

#### Objectives

*Strengthen planning and budgeting capacity at district level.*

#### Activity

Development of the 2006/2007 DIP/Annual Budget.

#### Outcome

Held consultative meetings with H/Centre In-Charges, Programme Coordinators, Departmental Heads, Stakeholders (CHAM, NGOs) and members of the District Assembly; reviewed programme performance in the 2005/2006 financial year in relation to the budget and HMIS and came up with appropriate recommendations for adoption into the 2006/2007 budget; reviewed the 2005-2006 DIP and Annual Budget; reviewed the hospital and health centre activities requirements for the 2006/2007 fiscal year; developed the 2006/2007 Annual Budget with in-puts from Stakeholders, especially NGOs.

#### Issues.

Funding not done according to budgetary requirements which results in many activities included in the DIP not implemented according to plan; lack of proper coordination among stakeholders which results in duplication of service delivery or concentration of services in one area thereby depriving other needy areas; lack of proper communication between NGOs and the District Health Office which results to abuse of resources that are brought directly to health facilities without passing through the DHO.

#### Future Plans

Continue involvement of stakeholders in the planning and budgeting process so that there is collaboration right from the planning stage; conduct DIP reviews on a quarterly basis with the involvement of the District Assembly and all stakeholders.

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## Salima

Dates: January to March 2006

Key Staff: Dr CB Mangani (outgoing DHO), Mr. E Kasela (Superintendent Clinical Officer) Mrs Mable Chinkhata (acting DHO, DNO), Mr. Paul Chunga (DEHO), Joviter Mwaulemu (MTA), Dr Eta Banda (DMC). All Programmed Coordinators, and Zonal Supervisors.

### Summary Comments

Despite changes in Management (transfer of DHO to Mchinji District), the Salima DHO and MSH team maintained their team spirit aimed at executing the planned activities to the satisfaction of the beneficiaries. The following remarkable successes can not go without mention:

- Maintained an amazing 100% record health facilities with documentary evidence of supervisory visits in the last five quarters.
- Facilities reporting data according to schedule slightly declined from 89% to 83% in the last two quarters – the district has a new Assistant Statistician. However, 100% health facilities conducted HMIS reviews in the last three quarters.
- There was a remarkable 24% decline of health facilities without stock outs of identified child health tracer drugs in the previous two quarters – 72% health facilities had no stock outs of the identified child health tracer drugs as compared to 44% in the previous quarter.
- Maintenance of communication equipment by the district team has to a greater extent improved health facilities with communication equipment in the previous two quarters from 56% in October-December 2005 quarter to 89% in the quarter under review.

## 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

Reviewed IP activities and drew action plans in preparation for the oncoming targeted External assessment; trained thirty (30) health workers in cholera case management; conducted the implementation of corrective actions in IP and control; trained fifteen (15) new members in IP.

#### Outcome

Skills in cholera management enhanced resulting in containment of the cholera outbreak in the district; the hospital is almost very ready for external verification after concerted efforts in closing the gaps; the fifteen (15) new members of staff oriented on IP and

control and the skills gained should enable them work in the hospital setting a conscious atmosphere on IP and control.

#### Issues

Need for more materials and supplies for the enhancement of IP initiatives.

#### Future plans

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

### **Quality Care**

#### **Malaria**

##### Objective

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

##### Activities

Facilitated the distribution of SP/IPT job aides to clinicians and nurses.

##### Outcome

The SP – IPT Job Aide to enhance and remind health workers on SP for IPT administration that will likely to improve IPT uptake.

##### Issue

None

##### Future Plans

Facilitate supportive supervisory visits to health facility staff; conduct refresher training in malaria microscopy and follow ups of microscopy activities in the Health centers doing microscopy.

### **Child Health**

##### Objectives

*Strengthen child health activities in the district.*

##### Activities

Conducted a baseline assessment on Performance and Quality improvement on Child Health Initiative in two Health Centers of Makion and Mchoka using the ten (10) tools/standards developed to which Health Center staff were oriented to in the previous quarter.

##### Outcome

Baseline assessment conducted and both pilot Health Centers of Makion and Mchoka scoring an average of less than 35% for all the ten (10) tools/standards.

##### Issues

none

##### Future Plans

Single out different tools/standards and implement interventions aimed at improving performance and quality of service delivery in child health in a pilot phase approach.

## **Nutrition**

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### **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**

Participated in the planning meeting for emergency Community based Therapeutic Care roll out at national level; facilitated District CTC roll out planning meeting with stakeholders and DHMT; facilitated fifteen (15) training of trainers in CTC and as well training of Health Workers and other extension workers including volunteers in CTC; conducted a briefing of a cross section of community leaders in CTC; facilitated the distribution of materials and supplies for CTC expansion.

### **Outcome**

National emergency CTC roll out plan discussed and district specific roll out plans drawn with eleven (11) new sites selected using the available nutrition data; fifteen (15) health workers and other extension workers trained in CTC in each of the eleven Health Centers; twenty (20) volunteers trained in CTC in each of the eleven (11) Health Centers; twenty (20) community leaders (comprising of Traditional Authority, Group Village Headmen, Traditional Birth Attendants, Traditional Healers, Religious Leaders, opinion leaders etc) briefed on Community Based Therapeutic Care in each of the eleven (11) new health centers in the expansion phase; weighing scales, height boards, and MUAC tapes distributed to the health centers to supplement what is already available in the centers; table below provides details of CTC uptake in the district during the quarter under review:

<b>Variables</b>	<b>Month</b>			<b>Total for the Quarter</b>
	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	
No. of Children received Chiponde	36	26	16	78
No. of Children admitted in OTP	25	9	6	40
No. of Children discharged	17	10	7	34
No. of deaths of Children while in OTP	0	1	0	1
No. of Children referred to NRU from OTP	0	1	0	1
No. of Children referred to OTP from NRU	2	0	0	2
No. of defaulters from OTP programme	0	8	6	14
No. of Chiponde pots (bottles) distributed	1300	596	120	2016
Amount of Chiponde pots (bottles) in stock	304	218	1320	1842

### **Issues**

Only two Health Centers are remaining for the whole district to be covered with CTC implementation; some Health Workers, volunteers, traditional leaders were missed during the trainings or briefing sessions in the eleven Health Centers under expansion.

### **Future Plans**

Conduct Monthly and Quarterly District Targeted Nutrition Program review/planning meetings; expand CTC to the other two Health Centers remaining; conduct supportive supervision; 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**

### Objective

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

### Activities

Provided support to outreach Voluntary Counseling & Testing (VCT) clinics; facilitated a quarterly HIV/AIDS/TB review/planning meeting involving VCT Counselors, ART staff and TB officers; disseminated the HIV policy to clinicians and nurses; participated in several district preparatory meetings and joint meetings with the National Task Force for the National TB Day; facilitated a quarterly HIV/AIDS referral review meeting involving various sections at the district hospital and from the communities; followed up a meeting on VCT uptake among ANC mothers, STI clients and clients passing through other sections like dental, X-ray etc.

### Outcome

Every ANC mother and TB patients are offered counseling and testing and the test rate is at 100%; increased numbers of people undergoing counseling and testing at the district and outreach sites (a total of 1974 people accessed VCT in the quarter [1013 in January, 714 in February and 247 in March]); VCT has a good records and referral system in place and information is well managed; drew strategies to increase VCT uptake among STI clients and ANC mothers (already figures are showing that the VCT uptake among ANC mothers has increased); twenty (20) clinicians and nurses oriented on the HIV/AIDS counseling and testing guidelines which should help them serve clients knowledgeably; the district integrated annual work plan for HIV/AIDS activities has been developed; World TB day commemorated in Salima where a number of informative, educating plays and speeches on TB were made.

### Issues

There is low uptake of VCT services among the STI clients.

### Future plans

Support VCT counselors meetings; support VCT out reach clinics; orient health workers in HIV/AIDS/TB work place policy; improve the uptake of VCT services amongst STI clients and other clients who pass through various sections of the hospital setting.

## **Supervision**

### Objective

*Increase frequency and effective of routine supervision.*

### Activities

Conducted routine supervision to all health facilities using the red flag check list, regular review and the program in-depth review; facilitated supervision report writing,

dissemination and supervision feedback meetings to extended DHMT and section Heads; facilitated the annual supervision review/planning meeting.

Outcome

100% Health Facilities were supervised during the quarter which has improved the working relationship between the health facility staff and the DHMT.

Issues

none

Future plans

Facilitate Biannual supervision meeting involving Health Center in charges; Drill zonal supervisors in a number of program areas so they have a deeper understanding of the programs they supervise; facilitate the integration of the Ministry of Health Supervision checklists into sub-district supervision checklists; procure protective gear for zonal supervisors; facilitate the training of Zonal supervisors in basic computer skills.

## **HMIS**

Objective

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

Activity

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

Outcome

100% of health facilities received HMIS supervisory visits; 83% of health facilities reported timely on the monthly reports - an improvement from 89% in the previous quarter; four (4) zonal HMIS reviews done - HMIS office is now to periodically produce HMIS bulletins to DHMT and partners.

Issues

Stock outs of Health Passports resulting in Private Traders printing and selling the Health Passports at a raised price; HMIS performance for the district hospital as a reporting unit not yet done.

Future plans

Support the Assistant Statistician and the HMIS Focal person to continue conducting supportive supervisory visits; enhance the monthly reporting and the timeliness of reporting;

## **Supplies Management: Inventory Management, Stock Outs, Community Access**

### **ITN Distribution**

Objective

*Strengthen financial and inventory management systems.*

### Activities.

Facilitated Quarterly district multi-sectoral ITN review/planning meeting; conducted supportive supervisory visits to ITN committees; facilitated the distribution of SP-IPT Job Aides to clinicians and nurses; conducted ITN financial management review checks in all the Health Centers and some selected ITN committees; facilitated the distribution of ITN training manuals in English and Chichewa to all 28 HSAs.

### Outcome

Quarterly district ITN review meeting conducted and a district action plan developed for the next coming months; supervisory visits to Health Centers and some ITN committees done. ITN financial management checks conducted in all Health Centers revealing great abuse of ITN funds largely at Health Center level (Community ITN Committees found to be remitting money to the Health Centers while the Health Centers are not remitting the same to the District).

### Issues

Getting ITNs meant for community distribution proving very difficult yet the district has funds for procurement.

### Future plans

Improve the ITN distribution and financial management systems at all levels i.e. community, health centers and the district too; form and train more ITN committees in ITN management to increase access to ITNs; facilitate quarterly district multi-sectoral ITN committee meetings; procure and distribute triplet cash books for record keeping for the ITNs at district, health center and community levels.

## **Essential drugs**

### Objective

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

### Activities

Conducted supportive supervisory visits to Health facilities to check on filling of LMIS 01A Forms, assess inventory of tracer drugs and general management of drugs and other medical supplies.

### Outcome

Drug stores in health centers are clean, stock cards properly filled and positioned next to the items; there is marked improvements in the timely manner in which Health Centers send LMIS 01A Forms; drug stores in almost all the Health Facilities are being properly managed; Drug and Therapeutic Committee meetings conducted with an action plan drawn, minutes circulated; on-the-job training for areas where there were gaps provided.

### Issues

Reduced stock outs of drugs such as antibiotics, anti-malarial drugs etc in all the Health Facilities.

### Future plans

Monthly supportive supervision of Health Centers to assist mentoring on drug store management and LMIS 01A Forms completion and timely reporting requirements for all the health centers; facilitate Drug and Therapeutic Committee review meetings.

## **Communications, Transport Management and Referrals**

### **Communications**

#### Objective

*Ensure functional radio or telephone communication between facilities and district hospital*

#### Activities

Conducted periodic assessment and minor servicing of the two-way radios in Health Centers by the trained technicians.

#### Outcome

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

#### Issues

Though the two-way radio coverage is over 90%, the general direct accessibility with the district hospital and quality has gone down and requires strengthening; there is a new Health Facility in the district which requires a similar service for it to be able to link with the rest of the Health Facilities.

#### Future plans

Consider supporting the installation of a two way radio communication equipment at Lifeline Health Center which is a new facility needing communication.

### **Transport Management**

#### Objectives

*Increase vehicle availability; reduce use and maintenance costs*

#### Activities

Conducted the mentoring of the Transport Officer on calculation and interpretation of Trans Aid indicators

#### Outcome

Transport Officer skills enhanced on calculating and interpretation of Trans Aid indicators to support management decision making on issues pertaining to transport

#### Issues

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

#### Future Plans

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

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### **Planning and Budgeting**

#### Objectives

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

Activities

Participated in the 2006/2007 DIP guidelines dissemination meeting at national level; participated in an orientation session for Program Coordinators and DHMT and decentralization and the meaning of devolution of the health sector into the hands of the district assembly; supported the activity determination process at health center level; conducted the dissemination of 2006/07 DIP development guidelines to DHTM and program coordinators; facilitated the consolidation of activities to be put in the 2006/07 DIP; provided the technical assistance on the costing of activities to be put in the DIP and as well the DIP documentation for submission to the District Assembly and Ministry of Health Headquarters.

Outcome:

2006/07 DIP guidelines disseminated; Program Coordinators enlightened on decentralization process and implications of devolution of the health sector; Health Center level activities determined in line with the Essential Health Care Package; consolidation of activities for the DIP done; activity costing done; 2006/07 DIP written and submitted to the District Assembly and Ministry of Health Planning Unit; DHMT briefed on the intentions of MSH to support Ministry of Health at national and district levels on the Sector wide Approach to meet the Millennium Development Goals.

Issues

2006/07 guidelines were disseminated late and yet the closing date for DIP submission was too close resulting in the district planning in a rushed manner.

Future plans

Conduct Quarterly DIP review.

**Financial Management**

Objectives

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

Activities

Supervised staff trained in basic computer skills.

Outcome

Staff not utilizing skills due to lack of adequate computers.

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 DEC meetings on community integrated management of childhood illnesses (Community IMCI), District farm income diversification programme, Emergency Food Relief to the vulnerable people in the district..

Outcome

Role of MSH acknowledged in health delivery at district level.

Issues

None

Future Plans

Continue to participate in such meetings time permitting.

# APPENDIX 1. QUEEN ELIZABETH CENTRAL HOSPITAL QUARTERLY REPORT FOR JANUARY TO MARCH 2006

## 6. INTRODUCTION

This report outlines activities that have been undertaken between January and March 2006 at Queen Elizabeth Central Hospital, as part of the MoH/MSH Hospital Autonomy Programme as well as major activities that involved the management team of the hospital.

## 7. IMPROVEMENT IN CENTRAL HOSPITAL FUNCTIONING

### 7.1. Main achievements

Sections of the MOH approved **Human Resource Policy and Procedure Manuals** such as leave continued to be implemented in the hospital. Draft **transport guidelines** were produced by a task team and presented to core management for review and possible approval. The quarter recorded improvements in **revenue and financial management, switchboard, data quality, and pharmaceutical management**. The **new registry system** continued to be operational during the quarter with improvements being done on an ongoing basis. The HRplanner was installed on to the HR computer and data entry commenced. The provision of an extra computer to accounts is set to add to the enhancement of accounting duties in the revenue section.

A circular issued to members of staff banning private calls following the assessment publication of findings the previous quarter dramatically reduced the number of private calls through the **switch board**. This should translate into reduced telephone bills. The ban was effected midquarter and as such, the actual gain in monetary terms of the action will only be assessed in the next quarter.

**Cost Centre Management** strengthening continued during the quarter. The hospital used the cost centre approach in the planning and budgeting process. The personnel emoluments budget for the hospital which was prepared on cost centre basis was rejected by the MOH in preference of the traditional way of doing things. The cost centre based Human Resource monthly reports are discussed with cost centre managements before being finalized. Cost centre based resource allocation for drugs was completed during the quarter. Other allocations are to be completed in the next quarter and the hospital has expressed its determination to ensure that all purchases and financial reports for the remaining months of this year and the coming year were cost centre based.

A review of progress on the **Computerised Accounting Management System (ACCPACC)** was done during the quarter and it was generally observed that the system was ready but not usable by management due to conversion delays. The conversion process was slower than anticipated. As a solution to speed up the process, a radical reorganization of the accounts section was done. Staff were shifted and two sections were merged into one so that there are now three sections in accounts (instead of five) namely, Combined Expenditure and Salaries, Revenue and Cash Office. This action resulted into some noticeable progress especially in the Revenue section where things were worse off. Furthermore, core management directed the accountant to give monthly financial reports generated from ACCPAC with effect from the next quarter.

The movement of the now Combined Expenditure and Salaries into one place could not be completed following the MOH action to block the renovation of the old PAM building to relocate Hospital Autonomy offices thereby creating room for the Salaries Officers to move to the Autonomy Office to join their colleagues already there. The building was allocated to the Hospital Autonomy by the Hospital Management. Materials for the renovations were purchased and had already been delivered on site when the MOH intervened.

The **Revenue Management System (RMS)** continued to be improved upon. Similar problems that dogged the ACCPAC progress affected the RMS in that reports were not being produced from the system. The system could only show how much was raised but not from what services. Some areas where fees were being collected were not using the system. During the review of the performance of the system, these areas were also drawn in and introduced to the system. These areas included Dental, Orthopaedic Centre, OPD 1 and Ophthalmology. It is now hoped that with the reorganization of the accounts section, the revenue section supervisor would have enough time to produce reports from the system. The introduction of RMS in Ophthalmology has not yet been implemented because of the complexities existing in the department because of involvement of external partners there.

An **Expenditure and Performance Review** was conducted to review **Key Performance Indicators** for the last two quarters i.e. July to December 2005. As the data quality continues to improve, new issues keep coming up, an indication that the management was taking the reviews seriously. Some of the issues revolved around the current design of the national health information system. A good example would be the multiple registration of maternity patients as they move from one ward/section to another i.e. an antenatal mother admitted to antenatal ward and goes into labour gets discharged from the antenatal ward, gets admitted to the labour ward and after delivery gets discharged from labour ward to postnatal ward where she would be admitted and later discharged. All this in a single visit to the hospital.

Some departments embarked on the review of their bed capacities which impacted negatively on their perceived performance. For example the paediatric nursery which recorded very low bed occupancy rate was found to have had excess number of beds which should not have been included. About twenty of the 79 beds were actually admission cots which the department felt were wrongly included in the calculation of bed occupancy rate.

During the previous reviews, the concern was the large number of outpatients missed out of the registration system. After working on that, the new problem was how to track the patients registered in the outpatients and referred to specialist clinics where they were again registered as new attendants. This was the challenge the HMIS unit was to work on and report to the next hospital performance review.

Cost centres started working on their **business plans** for the coming year but the process was disrupted by the MOH planning and budgeting process since the same people working on the business plans were the ones involved in the hospital planning and budgeting process. Only seven of the thirteen cost centres managed to submit their business plans to management during the quarter. The rest requested for more time and are expected to complete the process early in the next quarter. The drafts so far submitted show a lot of improvement from the initial drafts done a

year ago. This is a learning-by-doing activity on which the cost centres seem to be gaining better understanding. The rationale is no longer questioned by staff.

The **Central Hospital Information System** continued to improve. The various departments now ask for information from the HMIS office which is a sign of confidence in the system. A year ago, any information generated from the HMIS unit would largely be brushed aside as being highly inaccurate. The system where the calculated indicators are sent to departments for comments before finally being presented in the hospital performance review has greatly been appreciated by departments. The departments are provided with their department/section specific indicators which they display in their areas. In an effort to continue improving the quality of data, the HMIS unit retrained 41 of the 42 ward clerks in data management in two three day workshops during the quarter. Also planned but not undertaken was the decision to train the ward-in-charges in the monitoring and use of information collected from their areas which was postponed to the next quarter. The hospital is determined to make collection and use of information appreciated by all levels of staff in the hospital.

The completion of the first draft of the **hospital annual report** was held back by the non-submission of reports by three cost centres which promised to do so early in the next quarter. The Core Management Team directed the task team to proceed with or without reports from those areas and have the draft out before the end of the first month in the next quarter.

The compiled **inventory of all hospital equipment** by area, status and short and long term actions proposed for non/poorly functioning equipment was used by the hospital planning and budgeting team during the just ended budgeting exercise as well as by cost centres in their business planning. The task team formed to **assess the physical infrastructure** during the quarter partially completed their work. Their report which covered the status of electricals, plumbing, carpentry and welding/fittings was produced. Outstanding work on buildings and refrigeration was postponed to the next quarter.

The **PMIS** continued to function smoothly during the quarter with a lot of demand for its extension to various departments. The hospital management was requested 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 was also installed in the **ARV clinic** during the quarter but not linked to the one in the outpatients as the two serve different purposes.

A number of activities took place in the area of **hospital pharmaceutical management strengthening**. Pharmacy staff were trained in stock management. Pharmaceutical requirements for the next financial year were worked out and various tools introduced to strengthen both management and control of drugs. The plans for the renovation and re-orientation of the pharmacy building was done. Funding was secured and work would start in the next quarter. Pharmacy now produces monthly service levels of the central medical stores to the hospital and is able to track its expenditure. A few critical items were identified which the hospital needed and agreed to purchase, such as the tablet counting machine for which quotations have since been obtained. The hospital is set to introduce a number of safeguard measures to improve drug security. Among them is the introduction of standardised ordering books, introduction of lockable

drug boxes, regular stocktaking exercises, and a regular news letter to user units on drug availability.

The hospital **drug committee** was revived with the appointment of a new chairman and continued to meet monthly. The committee has taken up most of the issues recommended by the pharmaceutical management technical advisor.

## **8. IMPROVING HEALTH SYSTEM FUNCTIONING**

### **8.1. Main achievements**

The hospital hosted the third workshop on improving the **referral system**. It was attended by the district health officers and the Zonal Coordinators in the southern region, Zomba Central Hospital, College of Medicine and the Hospital Autonomy team. A standard referral form was finalised and adopted by all concerned. A number of issues were discussed during the meeting at which a clinical presentation was done by the QECH/COM department of paediatrics. Most of the procedures agreed upon during the referral meetings were being adhered to by most districts and hospitals. As with every system, refinements are being done to the system on an ongoing basis. The hospital has keenly followed the developments and is constantly in touch with districts whenever problems seem to be cropping up. Issues for follow up include:

- Documentation of the agreed upon guidelines
- Production of clinical guidelines to guide the district clinicians in case management
- In service training programme for district clinicians

In order to start addressing perceived **quality of care** issues, the hospital fixed the initial three **complaint boxes** in three pilot places. Sensitization activities to publicise the presence and use of complaint boxes were carried out towards the end of the quarter. The analysis of complaints was scheduled to begin in the next quarter.

**The findings of the Patient Care Survey** that assessed levels of care provided to patients at the hospital were reviewed by the hospital management team and heads of departments at a one day workshop held in February. Among the key issues that came out were the following:

- QECH was bearing an unnecessary burden of filling the gap for a district hospital. As such QECH was primarily functioning as a district hospital and not as a referral facility with 80% of the out-patients not referred and 97% of inpatients from around Blantyre district.
- The referral system was ineffective in that 80% of the patients were not referred by health care workers (HCWs) while the 20% appropriately referred by clinical officers were mostly attended to at QECH by clinical officers.
- HCWs were passively encouraging flow of Primary/secondary level care patients. 40% and 49% of outpatients presented with primary and secondary level conditions respectively, while 60% of inpatients presented with secondary level of care conditions.

- Inadequate diagnostic and specialist patient care services. Majority, (72%), of patients were admitted by clinical officers and nurse midwives. Less than 1/3 of admitted patients were reviewed by a specialist or combined with specialist services; (i.e. clinical officers managed most of the patients).

The hospital was therefore challenged to think through the way forward if it was to regain its operational status as a referral hospital and credibility as a central hospital. Three scenario development options were discussed; i.e.

Scenario 1: Run QECH as a district hospital and build a new central hospital.

Scenario 2: Run QECH as a smaller central hospital and establish new district hospital services.

Scenario 3: Improve on current arrangement with improved referral system in place.

The hospital is to look at these and other options in the next quarter.

## **9. KEY CURRENT AND FUTURE ACTIVITIES**

1. Finalize business plans
2. Finalize and implement the transport guidelines
3. Proceed with strengthening cost centre management, by supporting the cost centre managers and complete the process of allocating resources to cost centres.
4. Implement the relevant sections of the human resources policy and procedures manual.
5. Implement the HRPlanner.
6. Continue strengthening hospital management systems relating to HR, finance, registry, HMIS, transport, equipment and pharmacy.
7. Conduct quarterly performance and financial reviews.
8. Consolidate ACCPAC accounting system and generate monthly management reports from the system.
9. Finalize the production of the annual report.
10. Advocate for the rolling out of the PMIS to all workstations of the hospital.
11. Strengthen pharmaceutical services in preparation for hospital autonomy.

## **APPENDIX 2. QUARTERLY REPORT ON HOSPITAL REFORM AT KAMUZU CENTRAL HOSPITAL FOR JANUARY TO MARCH 2006**

### **10. INTRODUCTION**

This report outlines activities that have been undertaken at Kamuzu Central Hospital, as part of the MSH/MOH Hospital Autonomy Programme. The programme is operating at, namely, national level, in support of the Ministry of Health, central hospital level in strengthening management systems and district level in supporting improved functioning of the health system in Malawi. The period covered by this report is January to March 2006.

### **11. IMPROVEMENT IN CENTRAL HOSPITAL FUNCTIONING**

#### **11.1. Main achievements**

**Cost Centre Management** strengthening continued with day-to-day management based on the cost centre management structure. Organizational structures based on cost units continued to be developed in the quarter, with the final out-put likely to be presented to the management in the coming quarter. Management has started doing the allocation of human resources based on cost units. The most significant activity on Cost Centre Management has been the development of the annual cost unit business plans. There are twelve cost units for KCH and each has produced their own draft business plans, highlighting the services it renders, its performance overview, its human resources profile and analysis, other recurrent expenditure, as well as its equipment inventory, requirements and priorities. The cost unit business plans are to be consolidated into one Business Plan for the hospital.

Currently the first **Kamuzu Central Hospital Business Plan** is in draft form and is to include a capital investment plan. The capital investment plan was developed by the equipment standardization task team, which up-dated the equipment inventory for the hospital in liaison with PAM unit. It is expected that the both the cost units business plans and for the hospital will be in place in the next quarter.

The **Computerised Accounting Management System** based on ACCPACC software continued to be used at KCH. The Accounts staffs continued with up-dating the system. Four key modules on general ledger, accounts receivable, accounts payable and cashbook operational September 05, are now up to date to the current month (March 2006).

**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 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.

The first annual **Expenditure and Performance Review** for the hospital was undertaken at the hospital in March 05. Improvements were highlighted in both data quality and in the actual indicators compiled. Drafting of the Annual Report for the 2005 financial year for Kamuzu Central Hospital is in progress and its major data in-put is from the Annual Performance Review.

**Implementation for the Human Resource Registry System** at K.C.H. has continued. Currently, data is being in-putted into the **HR Planner**. This is software specifically made to improve human resource data management. This is to consolidate work that was being done in previous quarters to strengthen the HR system such as the cleaning-up of the hospital staff returns, introduction of decentralized “staff returns”

for all departments and cost units and the introduction of “Employee Profiles” for the registry, which all new staff members fill once they join the hospital. The HR Planner is meant to consolidate all HR requirements, make the management of HR easy, quick and handy. Other improvements to the personnel filling system have included the provision of new cabinets for the new filling system, introduction of a new filling system and training of Registry staff on the new filling system.

Strengthening of the **Pharmaceutical Management System** has started with piloting the Electronic Pharmaceutical Inventory Control (EPHICS) System. The system started in March with installation of hardware, system testing, software testing and training of pharmacy staff. This follows the comprehensive assessment of drug management system at KCH, and other activities including the introduction of monthly stocktakings and the introduction of weekly drug order and supply reports.

During the quarter an external verification assessment of adherence to infection prevention and control procedures and guidelines was conducted. The Hospital for the first time passed the recommended level in its **infection prevention and control** programme. In order to consolidate this position, the hospital has put in place a number of measures to strengthen the infection prevention activities. Among the measures put in place, the Infection Prevention Committee has been reviewed, with new members adopted and its leadership changed.

### **11.2. Problems/ Challenges Encountered**

The development of **Cost Centre Management** has been a slow process, especially due to capacity problems at unit level, as well as the shortage of staff. Most of the day- to-day management is supposed to be supported by administrative staff, and currently we only have Ward Clerks, who do not have any administrative training. The shortage of staff has the effect that it makes it difficult for cost units to organise regular cost unit management meetings, do cost unit planning, and undertake regular follow-up’s of administrative issues. Most cost units are yet to start conducting regular management meetings.

Finalising **Kamuzu Central Hospital Business Plan** has been delayed. The procedure being followed is time consuming as cost unit plans are being developed first before consolidating into the hospital business plan. This has the advantage of ensuring ownership of the plan by involving a larger section of the staff of the hospital in developing the hospital business plan i.e. cost unit management teams are involved in developing cost unit business plans that are to be consolidated into the hospital business plan.

The **Computerised Accounting Management System** has progressed well but its performance is yet to be assessed, and for management to start making use of reports that can be generated from the system. We are yet to start producing regular reports that management can start utilizing on regular basis. The hospital is using both the computerized and manual system because the expenditure report for submission to the Ministry of Health and Treasury is still being developed from the manual system. Work is in progress to program government expenditure format from ACCPAC system. There is need to design expenditure returns for government requirement from ACCPAC, so that the computerised system, which is ACCPAC, is the only one used.

**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 units. Addressing capacity issues will assist in cost units making use of data and indicators collected.

The input in strengthening the **Central Hospital Information Systems** has brought about significant improvements in data management at the hospital. The challenge however, is in ensuring the ability by

cost units to collect their own data, analyse it and make good use of it. Sense of ownership in the information management system is still lacking.

**Implementation for the Registry System** is critical for the hospital, but the Registry is faced with staff shortage. There has been slow adoption of new skills and procedures as a result. The very few staff has to learn new skills and procedures in addition to the usual registry demands to serve staff administrative needs.

The development of an efficient computerized **Pharmaceutical Management System** is stifled by the lack of Pharmacy personnel. The hospital does not have a qualified Pharmacist and has only three qualified Pharmacy Technicians, one Senior Pharmacy Assistant and six Pharmacy Assistants. This is compromising the up-take of skill and knowledge in developing an efficient and effective pharmaceutical management system.

The hospital's **drug committee** has been dormant for some time and there is need to revive it. The **Pharmaceutical task team** that was put in place to review drug management within the hospital and work hand-in-hand with the Pharmaceutical Consultant from the Hospital Reform Programme has seen most of its members, especially from the clinical departments leave for training, rendering it ineffective, hence the need for management to replace members who have left the team.

## 12. IMPROVING HEALTH SYSTEM FUNCTIONING

The Hospital Reform Programme is to support the long standing issue of putting in place **complaint boxes** in the hospital, so as to address complaints that patient, clients and the community at large might have with the hospital, all geared at improving quality of services rendered.

No progress has been made in addressing decentralisation issues.

## 13. KEY CURRENT AND FUTURE ACTIVITIES

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



### Annex 3: M&E Progress Report as at March 31<sup>st</sup> 2006

Strategic Objective	Indicator	Indicator Description	District	Status as at 31st March 2005	Status as at 30th June 2005	Status as at 31st Sept. 2005	Status as at 31st Dec. 2005	Status as at 31st Mar. 2006	
<b>Health Sector Capacity Strengthened</b>	% of facilities with documented DHMT supervisory visit within the last six months	Proceedings, feedback and action points between supervisor and supervisee documented.	Balaka	100%	100%	100%	100%	100%	
			Chikwawa	100%	91%	100%	100%	100%	
			Kasungu	100%	100%	96%	92%	100%	
			Mangochi	100%	100%	92%	92%	92%	
			Mulanje	100%	100%	90%	100%	100%	
			Mzimba	100%	100%	89%	89%	90%	
			Ntcheu	100%	100%	100%	88%	100%	
			Salima	100%	100%	100%	100%	100%	
	Average	100%	99%	96%	95%	98%			
	% of health facilities reporting data according to schedule	Number of reports received within a specified date against those expected within the specified date.	Balaka	90%	100%	92%	92%	92%	
			Chikwawa	85%	96%	100%	92%	92%	
			Kasungu	83%	71%	71%	72%	100%	
			Mangochi	55%	83%	85%	73%	81%	
			Mulanje	100%	100%	95%	94%	94%	
			Mzimba	78%	72%	54%	72%	94%	
			Ntcheu	70%	74%	60%	51%	54%	
			Salima	71%	89%	100%	89%	83%	
	Average	79%	86%	82%	80%	86%			
	% 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%	100%	
			Chikwawa	73%	100%	100%	100%	100%	
			Kasungu	79%	80%	86%	50%	100%	
			Mangochi	61%	65%	92%	92%	81%	
			Mulanje	85%	80%	95%	100%	100%	
			Mzimba	62%	65%	54%	72%	100%	
			Ntcheu	72%	75%	67%	51%	55%	
			Salima	100%	94%	100%	100%	100%	
Average	79%	82%	87%	83%	92%				
% 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 district hospitals with up-to-date stock cards for tracer drugs; % 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%	100%	50%	50%		
		Chikwawa	100%	65%	54%	80%	100%		
		Kasungu	92%	83%	0%	0%	70%		
		Mangochi	77%	100%	54%	30%	24%		
		Mulanje	100%	94%	0%	0%	66%		
		Mzimba	100%	100%	12%	89%	100%		
		Ntcheu	65%	61%	30%	40%	34%		
		Salima	94%	100%	47%	44%	72%		
		Average	91%	88%	37%	42%	65%		
districts without stock outs	Test kits to include determine and unigold/bioline (both available all the time)	Balaka	1	1	0	1	1		
		Chikwawa	1	1	1	1	1		
		Kasungu	1	1	1	1	0		

	of test kits for more than seven days in the previous month. (1 = No stock out; 0=stock out)		Mangochi	1	0	1	1	1
			Mulanje	1	1	1	1	1
			Mzimba	1	1	0	1	1
			Ntcheu	1	1	0	1	0
			Salima	1	1	1	1	0
			Total					
				8 (100%)	7 (86%)	5 (63%)	8(100%)	5(63%)
	districts with functioning Drug and Therapeutic Committees (1=yes; 0=no)	Functioning means committee meets at least once a quarter and produce documented evidence of proceedings.	Balaka	na	na	0	1	1
			Chikwawa	na	na	0	0	0
			Kasungu	na	na	0	0	1
			Mangochi	na	na	1	1	1
			Mulanje	na	na	1	1	1
			Mzimba	na	na	1	1	1
			Ntcheu	na	na	1	1	1
			Salima	na	na	1	1	1
			Total	na	na	5 (63%)	6(75%)	7 (86%)
<b>Health Sector Capacity Strengthened</b>	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	na	1	1	1
			Chikwawa	na	na	1	1	1
			Kasungu	na	na	0	1	1
			Mangochi	na	na	1	1	1
			Mulanje	na	na	1	1	1
			Mzimba	na	na	0	1	1
			Ntcheu	na	na	1	1	1
			Salima	na	na	1	1	1
			Total	na	na	6 (75%)	8(100%)	8(100%)
	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	na
			Chikwawa	na	na	na	2	2
			Kasungu	na	na	na	na	2
			Mangochi	na	na	na	na	2
			Mulanje	na	na	na	2	2
			Mzimba	na	na	na	na	2
			Ntcheu	na	na	na	na	na
			Salima	na	na	na	na	na
			Average	na	na	na	na	2
	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	na	1	1	1
			Chikwawa	na	na	1	1	1
			Kasungu	na	na	1	1	1
			Mangochi	na	na	0	0	0
			Mulanje	na	na	1	1	1
			Mzimba	na	na	1	1	1
			Ntcheu	na	na	1	1	1
			Salima	na	na	1	1	1
			Total	na	na	7 (86%)	7(88%)	7(88%)
	% of health facilities with functioning communication	"Functioning communication equipment" to include either a two way radio or a telephone.	Balaka	100%	100%	100%	75%	92%
			Chikwawa	100%	70%	88%	94%	100%
			Kasungu	86%	75%	96%	68%	100%
			Mangochi	68%	81%	100%	97%	97%

	tion equipment		Mulanje	100%	95%	100%	100%	100%
			Mzimba	81%	70%	79%	79%	79%
			Ntcheu	53%	85%	88%	83%	91%
			Salima	94%	94%	94%	56%	89%
			Average	85%	84%	80%	93%	109%
	% of health facilities with essential basic child health equipment available and functioning	"Essential Functional Basic Child Health Equipment" includes infant weighing scales, timers, EPI fridge, clinical thermometers. (MSH to facilitate availability)	Balaka	100%	100%	100%	92%	92%
			Chikwawa	79%	79%	100%	100%	100%
			Kasungu	100%	100%	100%	92%	100%
			Mangochi	80%	91%	100%	100%	97%
		Mulanje	100%	100%	100%	100%	100%	
		Mzimba	100%	100%	100%	100%	100%	
		Ntcheu	90%	100%	100%	97%	97%	
		Salima	100%	100%	100%	100%	100%	
		Average	94%	96%	100%	98%	98%	
<b>Quality of health care improved</b>	District Hospital Quality Improvement score as per required IP standards	Hospitals are required to correctly apply national standards of infection prevention (requires 85% and above of the standards to be accredited)	Balaka	na	na	32%	51%	na
			Chikwawa	72%	na	na	na	73%
			Kasungu	na	na	42%	61%	na
			Mangochi	na	19%	42%	38%	na
			Mulanje	75%	79%	na	na	na
			Mzimba	38%	na	na	67%	67%
			Ntcheu	na	18%	37%	41%	35%
			Salima	73%	78%	69%	83%	83%
<b>Behaviour change enabled</b>	Number of clients counseled and tested		Balaka	1745	2862	1312	2028	2850
			Chikwawa	4397	5249	4489	3838	5719
			Kasungu	2233	2514	2327	1466	1695
			Mangochi	552	1286	1472	1443	746
			Mulanje	1314	2462	1793	1741	2124
			Mzimba	782	1319	984	1644	870
			Ntcheu	1133	1146	1255	1258	2113
			Salima	1370	1576	1917	3650	3179
			Total	13526	18414	15549	17068	19296
	% ANC clients opting for CT	Represents the proportion of all women who turn up for ANC for the first time and opt to be counselled and tested during the quarter	Balaka	na	13 (3.1%)	7 (2.1%)	16(3.2%)	59(6%)
			Chikwawa	392 (14.7%)	423 (14.8%)	719 (21%)	1036(36.3%)	1609(47%)
			Kasungu	59 (3.4%)	20 (1.5%)	121 (8%)	57(7%)	55(5%)
			Mangochi	19 (1.1%)	46 (2.6%)	115(7.1%)	29(0.6%)	37(2%)
			Mulanje	na	226 (100%)	72 (8%)	91(11.5%)	181(27%)
			Mzimba	na	385 (22.7%)	202 (30%)	31(5.2%)	98(9%)
			Ntcheu	4 (0.5%)	7 (0.8%)	10(1%)	8(1.2%)	9(1%)
			Salima	7 (0.5)	90 (4.1%)	251 (14%)	1679(100%)	748(76%)
			Total	481 (5.8%)	1067 (10.5%)	1497 (13%)	2284(30%)	2796(27%)
% STI clients opting for CT	Represents the proportion of all clients who have an STI and opt to be counselled and tested during the quarter	Balaka	na	2 (1%)	5 (7%)	128(40.8%)	5(2%)	
		Chikwawa	132 (12.4%)	69 (11.6%)	56 (5%)	63(7.5%)	82(6%)	
		Kasungu	20 (3.0%)	49 (10.5%)	51 (10%)	9(2.9)	2(0.5%)	
		Mangochi	24 (3.5%)	60 (8.4%)	59 (7%)	17(2%)	10(1%)	
		Mulanje	161 (11.2%)	179 (15.7%)	67 (6%)	13(1.3%)	210(31%)	
		Mzimba	na	1 (0.3%)	4 (%na)	na	7(4%)	

		Ntcheu	10 (1.1%)	0 (0%)	9(1.6)	0	3(1%)
		Salima	19 (2.8%)	4 (0.7%)	21 (3.4%)	49(9.5%)	18(3%)
		Total	366 (6.7%)	364 (6.9%)	272 (5.5%)	196(5.1%)	337(7%)
% TB positive patients opting for CT	Represents the proportion of TB positive patients who opt to be counselled and tested during the quarter	Balaka	37 (100%)	8 (100%)	27 (100%)	17(94%)	28(8%)
		Chikwawa	140 (55%)	136 (58%)	175 (68%)	153(63%)	109(49)
		Kasungu	40 (52%)	66 (46%)	47 (38%)	37(25%)	42(34%)
		Mangochi	22 (6.0%)	182 (40%)	176 (42%)	204(88%)	112(38%)
		Mulanje	84 (99%)	76 (100%)	105 (86%)	80(100%)	63(100%)
		Mzimba	46 (48%)	73 (69%)	29 (51%)	65(100%)	43(91%)
		Ntcheu	95 (65%)	76 (44%)	89(48%)	72(48%)	92(68%)
		Salima	64 (76%)	75 (69%)	96 (100%)	75(100%)	47(60%)
		Total	528 (47%)	709 (54%)	744 (59%)	613(73%)	536(41%)