

Save the Children



Save the Children Fund (UK)

Physical Address: 2nd Floor, Zimbabwe High Commission
Postal Address : P.O. Box 30335
Lilongwe 3
Malawi
Africa

Telephone : (265)781 433
(265)781 414
(265)781 426
Facsimile : (265)781 443
E-Mail : scfuk@malawi.net
Internet : 100632.2755@Compuserve.com

August 2, 2000

Mr Mexon Nyirongo
USAID CHAPS
P.O. Box 30455
Capital City
Lilongwe 3

Dear Mexon

PROGRAMME AND EXPENDITURE REPORT : COOPERATIVE AGREEMENT NUMBER 690-A-00-98-00127-00 FOR PERIOD APRIL – JUNE 2000

The above are enclosed for your information/review/action as per the stipulated reporting requirement.

The April – June 200 financial report hereby enclosed is for your review and action. Kindly transfer the US\$ 56,040 to our account in UK at the address below:-

Account Number: 54095468
Bank Name: National Westminster Bank
Bank Address: Tavistock House
Tavistock Square
London WC 18H 9XA
UK

Also enclosed is a progress report on the CHAPS project for the same period.

Should you require any clarifications on the reports, please contact us.

Thank you for your usual support to the Salima Project.

Yours sincerely

Charles Changaya
ACTING PROGRAMME DIRECTOR

Cc Regional Agreement Officer – Gaborone
USAID/Washington
District Health Officer – Salima
Ministry of Health and Population – Controller of Preventive Health Services
Project Manager – Salima
District Development Officer - Salima

1. Project Activity: S O 3
2. Cooperative Agreement Number: 690-A-00-98-00127-00
3. Project Location/Name: Salima District CHAPS Project
4. Submitted By: Salima DHMT/SCF (UK) Malawi

Date
June, 2000

ACRONYMS/ABBREVIATIONS

CHAPS	Community Health Partnership
CHPP	Community Health Program Promoter
CMS	Central Medical Stores
DHA	District Health Adviser
DHO	District Health Officer
H.S.A.	Health Surveillance assistant
HIS/HMIS	Health (Management) Information System
KAP	Knowledge Attitude and Practice (Survey)
MiM	Malawi Institute of Management
MoE	Ministry of Education
MoH/PHR	Ministry of Health Population and Human Resources programme
NGO	Non Governmental Organization
ORS	Oral Rehydration Solution
SASO	Salima Aids Support Organization
SC-UK	Save the Children UK
TBA's	Traditional Birth Attendants
USAID	United States Agency for International Aid
VHC	Village Health Committee
VSO	Voluntary Services Overseas

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EXECUTIVE SUMMARY

The project manager for SC-UK was on compassionate leave for 5 weeks during this quarter and the DHO spent 5 weeks on a study tour of Japan. The MoH Administrator (trained in South Africa in TRANSAID transport methodology) was transferred to Mzuzu Hospital.

The project activities related to training slowed down during this quarter as the training guidelines which require measurement of impact indicators was implemented as a precondition for further training. The first two trainings to undergo such an evaluation are the integrated VHC trainings and the training of core providers. Progress has been made in all project components. Under capacity building the HIS system has produced a draft annual report and quarterly feedback statistics for the clinics. The links between SASO, and the AIDS and IEC department have been strengthened by the development of primary school Aids education programme. Radios have been repaired by Pitronics. Under reproductive health, plans to build outreach clinics have been moved forward by the creation of a building committee with selection and inspection of sites and community contribution of bricks. In Child health ORT equipment was distributed, and the EPI system continued to receive support. In water and sanitation, community based management training, HESP training as well as building of latrines continued. In the malaria component, mass treatment of nets was carried out together with continuing supervision of activities. Under quality assurance there was the formation and training of a hospital committee and continuing supervision of activities in health centres. Following the mid term reviews criticism of the lack of learning and documentation from our community health activities, the project has developed and discussed with USAID the job descriptions of proposed research assistants. Their function it will be to strengthen the documentation of the impact of community health activities.

V Constraints and Recommendations during the last quarter

The constraints faced during the last quarter include:

1. Competing activities from other donors: eg Jaika conducting research in the district which occupied the time of many key co-ordinators we work with eg Nutrition/ EPI/ IEC/ HIS
2. Absence for almost half the quarter of the DHO (in Japan) and the SC Project Manager (Compassion leave in UK).
3. The slowing down of training activities due to the need to work in impact indicators into the training proposals. The co-ordinators have not been trained to do this and this requires orientation by the Health Adviser and working through the proposals with them.
4. Competing pressure from other programs from the national level eg HMIS workshops for senior staff. Staff were called away at short notice to workshops in Lilongwe dealing with HMIS and subsequent generation of priority activities within the district.
5. Removal of a key member of staff (our potential district Transport Champion) to go to the new Mzuzu hospital. This was not systematically discussed with the CHAPS prior to being implemented. However the administrator was happy for this promotion and it is debatable whether projects should get in the way of personal development/ promotion.

Constraints (1,4,5) appear unavoidable and the possible recommendation is that we need to find ways to improve communication with the central level, with other donors to enable us to plan around them.

Constraint 2 : this again is unforeseeable and unpredictable. Good delegation and handover of responsibility is essential to minimise the negative impact of the absence of key staff at district level.

Constraint 3: we are all on a learning curve with the need to rationalise training and make its impact a learning exercise.

VI Monitoring and evaluation efforts

In this quarter we have pushed forward the recommendations from the midterm review.

Training:

A review of training carried out last year was done and this confirmed what the report has said namely that no evidence of impact was evident from any of the training carried out. The development and formal adoption of guidelines related to training (attached) has been an initial step in changing this process. The formal impact-assessment data collection for the integrated VHC training carried out by district co-ordinators was also completed out this quarter (analysis and report to be finalised).

Bicycle ambulances:

Supervision and learning from this has also been a feature of our bicycle ambulance program. This has resulted in guidelines which need to be in place before we issue a bicycle ambulance to communities.

Research Assistants:

The mid-term review suggested the need to document the impact of activities on communities and the lessons learnt from this. This has resulted in the development of job-descriptions for research assistants, who will be recruited in the next quarter.

Monitoring:

Monthly monitoring of activities is carried out with the extended CHAPS team which includes the DHMT, the coordinators and the Sc-UK staff. Activities are discussed under each component, and minutes with action points with attached names of people responsible and deadlines are produced and circulated. A separate monthly meeting with the same format also occurs in the SC-UK office. The quarterly activities are summarised for an SC-UK quarterly review meeting and the quarterly CHAPS meeting. All of these activities are related to our annual work-plan which we use as background guideline of our activities.

V11 R4 Results achieved

1. Couple Year Protection and Family Planning Providers

	1998	1999
Couple Year Protection	16%	26%
Contraceptive Prevalence Rate	18%	26%

We have compared the figures for the first 6 months 2000 with the 1st 6 month 1999, and have found number of new and old clients to be approximately the same. An evaluation of the impact of the training of core providers in Salima last year suggest that core providers in their outreach clinics have contributed substantially to the overall increase uptake of contraceptive services:

Based on the data of three clinics in SALIMA (which did not have outreach activities prior to the training in September 1999) we have shown the following impact:

	Jan to June 2000			Jan to June 1999
	Total	Core clinic clients	Outreach clinic clients	Core Clinic Clients
New Client	195	163	32	98
Old Client	399	372	27	249
All Client	594	535	59	341

Percentage changes:

Overall there was a 74.3% increase in activity in these clinics $(((594-341)/341) * 100)$.

Outreach clinics contributed 17.3% of the total clients seen in 2000 $[(59/341)]$.

Assuming that the outreach clinics attracted all clients otherwise not seen then the outreach clinics they contributed to around $\frac{1}{4}$ (17.3/74.3) of the increase seen.

Amongst new clients there was a 99% increase $[(195-98)/98]$

Assuming that the outreach clinics attracted new clients otherwise not seen then the outreach clinics they contributed to around 32.6% $((32/(195-98) * 100)$ of the increase seen in these clinics.

There are another 21 outreach clinic sites at which currently there is no provision of family planning services. Thus Salima CHAPS plans to train a further 40 core providers. We have estimated that this cost is the equivalent to training 20 community based distributors if both are trained in residential workshops.

The Family planning coordinator has estimated that the 23 core providers trained by CHAPS last year contributed 12% to the total FP uptake in the district.

Currently the 40 trained CBD in Salima only contribute 3% to the direct uptake of contraceptives in the district. (Their main function seems to be in the effective referral department)

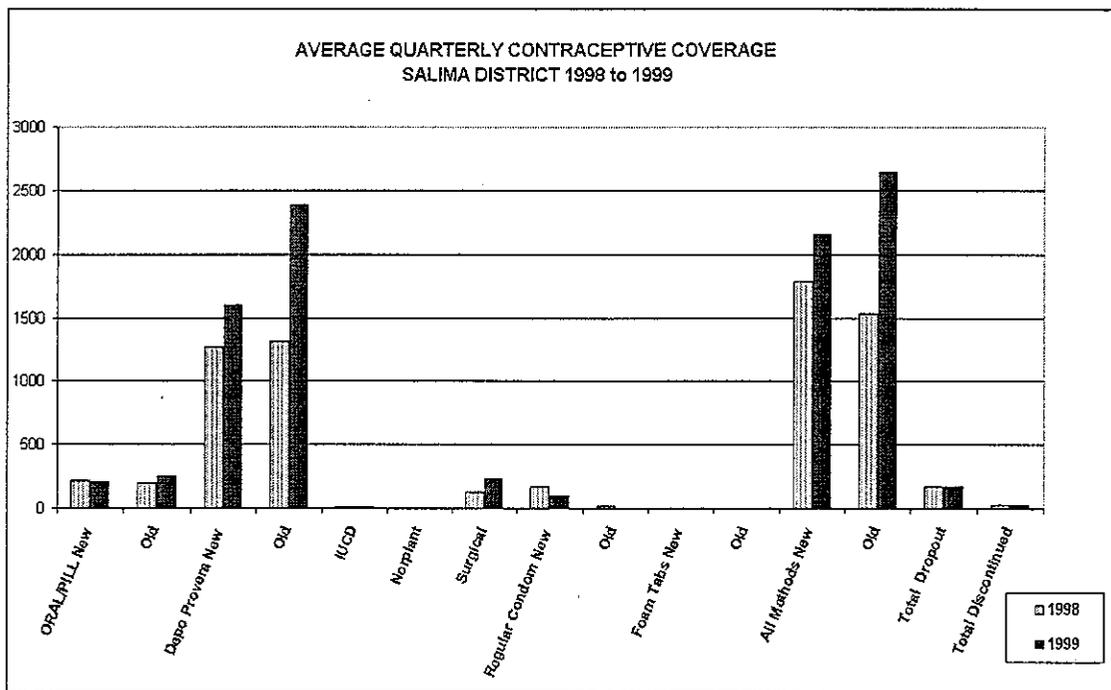
BASED on IMPACT and COST EFFECTIVENESS argument the CHAPS team has decided to train a further 40 Core providers this year and open up outreach FP services in a further 23 sites rather than train any community based distribution agents.

	TOTAL 1999	Additional Planned	TOTAL 2000
Core Family Planning Providers	51	40	91
Number of outreach sites providing Family Planning	44	23	67
Community Based distribution agents	26	No increase	26
Secondary Community Based supervisors (MAs)	1	No increase	1
Primary Community Based supervisors (HSAs)	7	No increase	7

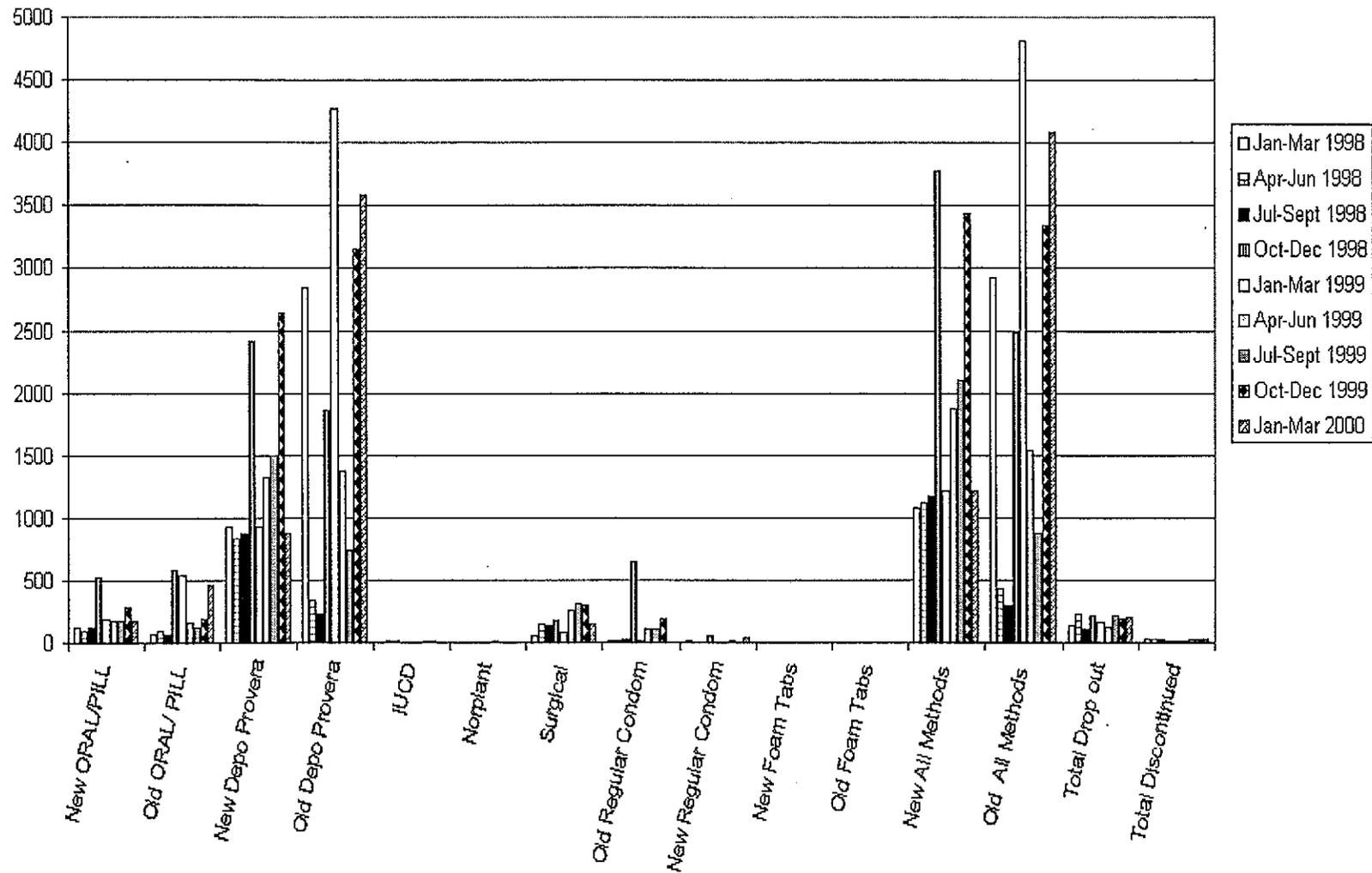
here has been no change in the amount of drug revolving funds this quarter and there are no plans to increase their number in the next quarter.

3 Access to Water and Sanitation.

8 pit latrines were constructed at schools in the district by the Sanitation team.
We plan to rehabilitate 4 boreholes and 2 shallow wells in the next quarter.



SALIMA DISTRICT CONTRACEPTIVE; NUMBER OF CLIENTS PER QUARTER 1998,1999, 1st Quarter 2000



V111 **Lessons Learnt during the last quarter**

Malaria Component: That local suppliers are not able to get the cheaper nets from PSI and that this will need to be an advocacy issue with PSI.

Bicycle ambulances: Utilization is good but mainly adult cases other than maternity. We need to find out what proportion of at risk maternity cases utilize other means than the ambulance in the catchment areas. Where communities are organized they set up a mechanism for maintenance by themselves. Setting up a community mechanism for maintenance of bicycle ambulance before delivery works much better than after (1 month v 10 month).

Training: Training is a favourite way of spending money among the District MoH. Most trainings do not come with impact assessment or follow-ups. Requiring impact indicators to be specified and monitored before and after training slows down the requests and pressure for trainings from the MoH locally.

IX **Future activities and administrative updates for the next quarter**

CAPACITY BUILDING:

Training of staff on radio communication maintenance system.

Child to child methodology continue follow up of supervision/ monthly meetings

Assess IEC impact of leaflets distributed

Hold monthly CHAPS meetings and arrange Quarterly CHAPS review meeting in SALIMA.

Quality Assurance infection control pilot and follow-up on Qa infection control committee.

Quality assurance supervision of Clinics

Obstetrics Provision of supplies to TBAS.

Purchase further Mattresses and Mosquito nets for hospital wards

Follow-up bicycle ambulance utilization and distribute further ambulances in accordance with guidelines

Family Planning: Start construction on 4 outreach shelters.

Train a further 40 Core providers and write up impact assessment of previously trained ones.

AIDS: Train with impact assessment in place further 20 AiDs counsellors

Development of newsletter and links with 60 primary schools visited in last quarter with regard to AIDS TOTO club formation.

Child health Evaluate integrated VHC training impact, Continue kerosene support to the EPI programme.

Malaria Parasitological survey at Chigolo and Kachulu 11

KAP survey in Maganga prior to starting activities.

Supervision of microscopy at clinic level in district.

Provide supplies to new Net revolving funds.

Water and Sanitation: Engage with villages and dig four tube wells.

Upgrade two shallow wells in communities to be identified

Recruitment of two Research Assistants to the SC-UK project staff to strengthen documentation.

APRIL TO JUNE, 2000 QUARTERLY REPORT-SALIMA CHAPS

Project Component 1 : District Health Management Team Capacity Building

Component Objective : Strengthening Management Capacity of the District Health Management Team

Sub Component 1.1 : Planning and Resources Management

Sub Component Objective: To support the DHO in strengthening a participatory planning process, such that inputs can be coordinated, and financial and human resources can be directed efficiently in an integrated fashion in identified priorities.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
1.1.1. Support routine planning and communication meetings at district level. (e.g. Monthly Chaps and DHMT meetings, joint annual planning meetings, Daily hospital meetings, twice monthly section head meetings)	Monthly CHAPS meetings have been taking place with minuted action points and progress made. There was no DHMT meeting during the quarter. The daily hospital meetings have taken place without input from the DHO or the DHMT (only the matron attends). SC-UK has been suggesting all along that these meetings could be used for day to day planning and trouble shooting if key personnel attended (such as pharmacist, lab technician and radiographer). The DHO has given his support but not his presence to this endeavour.	The DHO was in Japan for five weeks and there appear to be issues around delegating tasks, and team members developing ownership to move the process forward without the say-so from the top. In the absence of meetings to plan and delegate, these tasks are not done.
Additional activity 1.1.1 Review and realign the District Health Plans in line with national health plan. Not a CHAPS initiated activity but one for which we are willing to offer support as it falls in the capacity building remit.	This process is driven by the MoH/PHR program funded by USAID. A 2 day meeting in March at MiM with 8 district members was held and committed the revision of district plans to be carried out by 30 th of June. The DHO went to Japan for 5 weeks and the Administrator left for Mzuzu. There was no delegation of activities so that at the follow-up meeting in June attended by Gabriel Banda (SC-UK) and Mr Kayera (Environmental Health MoH) no progress could be reported. We appear to be the only district out of the 6, where nothing has been done. Besides support on the ground, SC-UK has documented availability of CHAPs financial support for the process in a letter to the DHO.	Lack of delegation of activities within the district MoH system. Other district priorities within the system eg 6 week research activities by JAIKA in the district involving many coordinators.
1.1.2 HIS: Support the production of the 1998 and 1999 annual report and developing the HIS system , development of quarterly feedback documents in the HIS section to Health Centre staff,	The SC-UK funded VSO volunteer has been working on both reports. The 1998 draft report was submitted to the DHO for comments in May. In addition the VSO has been working with the coordinators at district level to produce a quarterly feedback document for health centre level. This was distributed to Health workers during supervision. The Dutch funded HMIS system has been announced and there have been several attempts at organizing workshops to familiarize staff with this system. This system uses some indicators which rely on data not routinely collected/collated in hospitals or clinics. It is also causing short-term confusion in the district HIS department. Workshops to explain the function and procedures for HMIS are awaited.	The basic issues in HIS include lack of feedback of data to users, lack of collaboration on data utilization between the district coordinators, and lack of a budget for stationary at district or central levels. It is not clear to SC-UK that the new HMIS system will address these issues.

<p>1.1.3 Quality Assurance Follow up on training in Clinics and at district hospital</p>	<p>Supervision was carried out though not regularly. There has been progress in QA activities in clinics. In Kombedza they have evaluated their implementation efforts: waiting time reduced from 1.5 hours to less than that. In Lifuwu they are implementing activities (supervised swallowing of tablets to reduce community throwing away rather than using anti malaria drugs) The district hospital committee has set up areas of improvement to be tackled, but has not met to implement these.</p>	<p>This work competes with other priorities of the coordinators at district level. The pressure to deliver on these tasks competes with those of other tasks.</p>
<p>1.1.4 Quality Assurance (additional activity) Develop district infection prevention plan</p>	<p>The district infection prevention committee was formed (12 members) Guidelines and policies are being developed locally Workplans were started but not finished. SCF staff are involved in driving this process.</p>	<p>This process did not come with a separate budget. After initial enthusiasm the activities have dwindled. They are being followed up at the monthly CHAPS meeting (Currently the only regular forum where district coordinators meet).</p>
<p>Additional Activities: Review of training conducted during the last year and introducing guidelines which should link training to impact indicator assessments.</p>	<p>During April and May SC-UK conducted an internal audit of training conducted during the last year. The findings confirmed the Midterm review comments that there was a lack of follow-up of trainings, that there was no impact assessment and thus no learning about whether training was useful/ led to changes or not. A set of guidelines of what must be in place for training to take place were developed and shared with the CHAPS team at the monthly review meetings. One training (that of VHC committees) has used the guidelines during their training at the beginning of the year, and follow up visits have been conducted in communities using an impact indicator questionnaire.</p>	<p>Training has been a time-consuming and very popular activity at district level. The need to measure before and after training impact indicators is proving to be a challenge for the CHAPS team. It has led to a slowing down of training activities, as there is a need to discuss these first in detail, and to measure the indicators that one wishes to see changes in as part of writing the proposals.</p>

SubComponent 1.2 : Transport Management

SubComponent Objective : To assist the DHO to develop a transport utilization policy in order to make more effective use of scarce resources for priority programmes.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
<p>1.2.1 TRANSAID Follow-up after the review of activities and one day workshop in March</p>	<p>The intended district transport champion Mr Zamasyia, the administrator, who was trained in South Africa in Transaid methodology has been relocated by the central ministry to Mzuzu to administer the new Chinese built hospital. A new hospital administrator who is not familiar with the methodology replaced him. His handover from Mr Zamasyia did not include details of the Transport policy and practices. This has been discussed with the DHO and the Transport Manager who were both trained in the methodology. On inspection of records in June the collating of reports on vehicles is not up to date. Orientation of the new administrator needs to be formally done. SCF to facilitate the process.</p>	<p>The human factor in capacity building cannot be underestimated. The concept that training skills will be transferred to successors did not work in this case. Training key personnel does not prevent their removal without partnership consultations.</p>

Additional activity: Agreement to buy bicycles for HSAs as part of the amortisation fund	At the May CHAPS monthly meeting it was agreed that new HSAs who have recently been trained and who have not had bicycles given to them from the MoH, would be supplied by the CHAPS project with bicycles. A list with names and numbers of these H.S.A.'s was requested from district MoH, but has not been produced.	The coordinators and administrator responsible for producing this list have been busy.
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Sub Component 1.3 : Community Participation

Sub Component Objectives: To develop more appropriate health services and promote community participation.
To promote children's active participation in health activities.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
1.3.1 Child to Child pilot project	6 out of 7 schools are piloting. Two schools have no trained teachers due to transfers. Interested teachers are being assisted with implementation. Standard 4 pupils are targeted in implementation, and each school is addressing a specific problem. Monthly meetings have been held each month with teachers from all schools (methodology reviewed by Alice Gandiwa (SC-UK) 200 books Children for Health arrived at UNICEF at last (1 year after ordering). These have been collected by the project. Schools are forming links with the community. One visit which we wanted to film was aborted due to funeral in village	Teachers being transferred, retiring or losing interest have only slightly influenced the progress of this activity. The main problem is assessing to what extent the children are really being treated as equals and implementers in these activities. This will continue to require close monitoring by SC-UK. This will be helped by the recruitment of two research assistants who will have this task among others.
1.3.2 Monitoring of the IEC materials designed during the IEC consultancy for distribution.	21,000 leaflets on Malungo and Chibayo in 110 primary schools distributed. We have followed up the distribution to the children in 33 primary schools and so far only 5 schools failed to receive them. The leaflets were distributed to the students not always with specific instructions to show to the parents. A questionnaire to be sent to women in clinics and at mills has been drafted and is awaiting the comments of Mrs Ntonga IEC coordinator. To be conducted in the next quarter	We have demonstrated that distribution of leaflets through the MoE at district level is feasible and that these leaflets reach children. We need to get a measure of impact of such an activity.

Project Component 2 : Reproductive Health

Sub Components : Obstetrics Care
Family Planning
HIV/AIDS and Sexually Transmitted Diseases

Sub Component 2.1 : Obstetric Care
Sub Component Objective : Improve the skills of TBAs to conduct safe deliveries , in identifying at risk mothers, and in timely referral of such at-risk mothers.
Develop community managed evacuation systems for at risk mothers.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
2.1.1 Purchase of TBA supplies	Supplies requested from Lilongwe. CMS were stock taking in Mid June. Supplies still awaited.	
2.1.2 Distribute 15 bicycle ambulances to communities which have mechanisms for maintenance in place.	One ambulance was distributed to a community which has the criteria in place (a maintenance fund, a person to keep the ambulance identified, a committee for maintenance established, rules for use agreed). Alice (CHPP) has worked with 3 further communities who have demonstrated the willingness to implement the criteria and are now awaiting delivery of ambulances. The process for communities to get organized takes some time (months in some communities) Experience is demonstrating that mechanisms in the community must be in place before the bicycle is delivered..	This component is moving slowly because we are learning about community processes rather than pushing the bicycle ambulances onto communities.
2.1.3 Follow up bicycle ambulances and document lessons learnt.	All five ambulances followed up. Main findings pertain to all: Mainly adult cases taken. Very few maternity cases taken. Average utilization 3/ month and for maternity cases 0/1 per month. However we do not know if that is a good or bad uptake. We need to capture data on how many high risk mothers walked or were transported to the health centre for delivery from the same areas. (Next quarter) 3/5 community committees have now established maintenance committees. This suggests that communities can organize these committees themselves. Out of the 5 committees one chief still wants to control the ambulance personally. In this area the utilization is lower and the community is complaining. (he is not always at home and feel frightened to approach him).	We have learnt that before future bicycle ambulance deliveries take place we need to have community agreement on where the ambulance is kept, rules for utilization, and the formation and demonstration of funding of a maintenance committee.
2.1.4 Introduction for the mechanism for storage and monitoring of hospital maternity ward mattresses to be put in place by the DHMT	The ten mattresses that were delivered to the hospital last year have finally been distributed to the maternity ward. The new mattresses have gone to beds and the old mattresses are used for women sleeping on the floor. The issue of daily accounting for mattresses (requested by SC-UK) has not been addressed. A weekly monitoring mechanism has been put in place. This is a compromise solution. SC-UK will monitor what happens to the mattresses over time.	To date the PVO is having very limited success in using CHAPS resources to influence systems of accountability within the health system. It requires commitment of managers to prioritize this.

Sub Component 2.2 : Family Planning
 Sub Component Objective : To increase access to and uptake of modern contraceptives.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
2.2.1 Supervision of Core providers	The coordinator informs us that the core providers are doing their work as seen by the number of FP acceptors. These have increased in the outreach clinics where they are working. The DHA has requested a session with her to summarize this as an impact assessment and justification for further training.	
2.2.2 Finalize tendering procedures for the construction of outreach clinic shelters	District committee has been formed and has met. Mr Mwale is tasked with approaching contractors for quotes. The DHA has discussed with DC and DDO and District Building supervisor, all are happy for supervisor to be involved in giving advice. DC is also willing to make available the services of the district tendering committee if required. Cost will determine the number we will build.	

Sub Component 2.3 : HIV/AIDS and Sexually Transmitted Diseases Support IEC and develop innovative campaigns linking information to behavioral change.

Sub Component Objective : Improvement of case management, reporting, testing and counseling services offered
 Promote community – based care, and inter-sector collaboration on social welfare programs.
 Enhance access to and capacity for syndromic STD treatment

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
2.3.1 Complete training of 20 AIDS counselors for one week	Training and evaluation of impact proposal has not been submitted by the AIDS co-ordinator. This has been raised at the last April/May CHAPS review meeting with the DHO who is following up on this. What is needed from the coordinators is developing mechanisms that would allow them to follow up on activities of counselors in clinics	This is one program that is having difficulty with the new criteria for training
2.3.2 Hold monthly hospital counselors meetings	One meeting has held with the existing inactive aids counselors based at the hospital. It was agreed that referral boxes should be set up in the wards for referrals to SASO for home based care of patients discharged from hospital.	The coordinator needs support in thinking about impact indicators that he might use to monitor the results of this training.

2.3.3 Train 20 health workers in Syndromic STD treatment	The training and impact indicator proposal is awaited. A meeting with the DHA to suggest ways of monitoring impact has been agreed to for the beginning of July. The need to have qualified trainers conducting the training in order to give health workers certificates valid in other districts has not been resolved. The MoH staff would like to train without them and SC-UK is worried about the quality of training in their absence.	We plan to find a way forward in the next quarter.
Additional Activities: 2.3.4 SASO: (Salima AIDS Support Organsiation) putting a face to the epidemic. Primary School visits	Every Monday and every Thursday for the last 4 weeks in June 4 members of SASO and the IEC coordinator have been travelling in an SCF car to visit 4 primary school in each session. About 33 school have been visited and 2 sessions per school are held (one with senior and one with junior children) to discuss HIV AIDS and put a face to the epidemic (SASO members are HIV positive) These sessions also serve to activate the AID TOTO Clubs	The development of links with this organization has been very fruitful. Their willingness to engage in a resource sharing to put a program for school children together has been very positive.
2.3.5 SASO Saturday meetings	These mutual support and counseling meetings have been attended by DHA for the last 3 weeks and a child support group has been supported with juice cups saucers, and a bucket + biscuits and sweets. These 35 children (3 – 14 years old) meet every Saturday. They are the children SASO volunteers. SASO's aim here is to develop a concept similar to TASSOs 'memory books' in Kampala	In this area SC-UK is interested in promoting the component of the SASO program that has a direct impact on the children.
2.3.6 SASO Bicycle spare parts	Spare parts have been bought for 8 SASO bicycles and were distributed this quarter. This is part of the direct assistance which we agreed to in supporting SASO.	
2.3.7 SASO direct support to 23 HHS with AIDs orphans follow-up	The support in terms of fertilizer and maize given at the beginning of the year was followed up on. Currently the main needs are support with educational materials in school.	

Project Component 3 : Child Health

Sub Component : Expanded Programme of Immunization (EPI)
Nutrition
Acute Respiratory Infection (ARI)
Control of Diarrhoeal Diseases (CDD)

Sub Component 3.1 : Expanded Programme of Immunization (EPI)
Sub Component Objective : Improve the capacity to manage the cold chain at the facility level.
Strengthen safe vaccination techniques at facility level
Improve identification of EPI preventable diseases at the village level.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
3.1.1. Continued monthly supplies of kerosene and vaccines for fridges	Monthly 50 liters of kerosene and vaccine distributions to all clinics in Salima. Maintenance visits by the cold chain technicians have also assisted the EPI program. All fridges in the district have been maintained. Three fridges in three clinics were out of use for most of the period but spare parts from neighboring districts have helped to get them running again. There is an issue around being able to obtain spare parts for fridges within the country.	

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Sub Component 3.2 : Nutrition

Sub Component Objective : Improve capacity of mother to care for sick children.
Improve children's understanding of nutrition.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Analyse nutritional survey data from the KAP survey in Makione.	VSO was away on leave till May. Since then the questionnaire has been entered on EPI INFO and is ready for data entry. JAIKA has held a survey in Malaria the district for the last three weeks which has taken away key coordinators in this area (Mr Zabula and Mr Mwale) The survey will require about 120 man hours to be data entered. (20 mins per record) So this will be ready next month if one person only working on it continuously.	It appears that although the remunerated field work implementation stage of the survey was priority with staff, the office based evaluation is not receiving the same attention.
Train 90 village volunteers from committees in the management of feeding centers in Makione.	The MCH co-ordinator has been busy with Jaika as above. He is working on the training proposal following the nutritional guidelines. (storage of seeds, setting up of feeding schedule, processing soya.)	The MCH coordinator has been in great demand from other vertical donors this quarter (JAIKA and the HMIS wkshops at national level)

Sub Component 3.3 : Acute Respiratory Infections (ARI)

Sub Component Objective : Enhance the ability of mothers to recognize and refer ARI cases

Sub Component 3.4 : Control of Diarrhoeal Diseases

Sub Component Objective : Promote the use of home based management and home made cereal based oral rehydration therapy (ORT)

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Impact assessment of the training of VHC members in CDD, ARI, EBF, EPI HIV/AIDS and Malaria.	The visits for the impact assessment were carried out and the data for evaluation has been collected and is waiting to be analyzed. A WHO delegation looking at breastfeeding was very interested at the integrated village level training approach which included breastfeeding. The training followed guidelines which included impact assessment and this was also favorably commented on.	Coordinators involved in this were also involved in 6 weeks of intensive JAIKA initiated 'Malaria sensitivity study' initiatives, The overloading of key individuals at district level has the effect of slowing down many CHAPS activities.
Cholera preparedness: distribute the ORT equipment, set up preparedness committee, order supplies for the expected epidemic.	ORT equipment , buckets spoons jugs cups plates and ORS were distributed to all the clinics in the district. This was to support the cholera preparedness and to set up ORT corners in most of the clinics in SALIMA.	

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Project Component 4 : Water and Sanitation

Component Objective : Increase access to safe drinking water in Salima District for those with least access, through community based management and maintenance of bore-holes sufficiently deep to cope with drought.
 Standardize village-level equipment on the Afridev Pump and promote commercial availability of spares.
 Promote sanitation through construction of model latrines and provision of hand washing facilities in public facilities, and through education on safe water handling procedures.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Conduct CBM / HESP training in 6 schools	HESP training has been carried out in two primary schools (CHIONJEZA, MGWBERE) and in 12 communities. 5 in Chipoka and 7 in Thavite (area coordinating team).	
Conduct CBM training in 7 VHWC for shallow wells	Done	
Conduct CBM training for 5 VHWC with old tube wells	Done only one at Maganga health centre. We planned to do too many and at some time during the month we did not have transport(All three cars broken in workshop)	
Construct pit latrines and hand washing facilities at Mkonkha school	8 pit latrines have been constructed. We have not constructed the hand-washing facilities.	
Conduct the review and refresher training for 45 VHWC.	We have conducted 17 refresher training around Chipoka and Thavite act but we have not done the reviews.	(Problems included cars grounded, and optimistic planning by SC-UK staff.)

Project Component 5 : Malaria

Component Objective : To develop an affordable community-based comprehensive malaria programme, encompassing information, protection , and environmental control.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Conduct mass treatment of nets in Chigolo	Mass treatment was conducted with 117 nets retreated bringing to a total 717 nets retreated (70% of the nets sold) Of the 117, 37 were retreated by the VHC on their own.	Problems faced: difficult to get people due to peak rice harvesting period. 30% drop off in net retreatment needs explaining.
Establish 2 VHCs in Maganga area	Not done we decided to do a small KAP survey prior to sensitizing the community. Questionnaire for the survey has been developed, survey to be carried out next quarter.	

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<p>Supervise drug and net revolving fund in 4 villages</p>	<p>Supervision was done during the quarter. Nets are still being sold. One of the VHCs (Kachulu 2) has agreed to exchange the nets for rice. One bag of rice 50 kg to be exchanged for two nets.</p> <p>An entomological survey by Jaika indicated that there were no anopheles mosquitoes in our impact area. In a nearby village where there were no bed nets there were plenty of anopheles mosquitoes. Is the intervention selectively eradicating anopheles mosquitoes.</p> <p>There is mismanagement of funds in two villages where one of the VHC members ran away with funds amounting to 3000 Mk (Mphere), and at Kachulu I some of the VHC members tool some funds from the revolving fund for their own income generating activities. They could not account for the money.</p>	<p>The net revolving funds appear to be 'sunset funds' where less and less nets are bought with each cycle of the revolving funds.</p> <p>We are planning to explore the possible linkages and opportunities between local bed net suppliers and villagers</p>
<p>ADMINISTRATIVE ACTIVITIES</p>		
<p>Job-description and presentation to USAID of function of Action Researchers</p>	<p>Out the the mid-term review came the need to develop learning objectives and move towards a culture of documenting processes and lessons learnt at the community level. This has resulted in the formulation of the job descriptions of Action research assistants who will document processes and lessons learnt at community level within the CHAPS project. These proposals have bee discussed with USAID CHAPS coordinator.</p>	
<p>Unplanned manpower issues:</p>	<p>The Accountant for the project Frank Mandala resigned to take up a more substantial Lilongwe career.Frank was replaced by an accountant from the British council called Peter Mkongoja .</p>	
	<p>The DHA / project manager had a bereavement at the beginning of March. Thus compassionate leave and mid contract leave combined mean that he returned at the beginning of May halfway through the quarter.</p>	

Save the Children



Save the Children Fund (UK)

Physical Address: 2nd Floor, Zimbabwe High Commission
Postal Address : P.O. Box 30335
Lilongwe 3
Malawi
Africa

Telephone : (265)781 433
(265)781 414
(265)781 426
Facsimile : (265)781 443
E-Mail : scfuk@malawi.net
Internet : 100632.2755@Compuserve.com

April 18, 2000

Mr Mexon Nyirongo
USAID
P.O. Box 30455
Lilongwe 3

Dear Mexon

PROGRAMME AND EXPENDITURE REPORT : COOPERATIVE AGREEMENT NUMBER 690-A-00-98-00127-00 FOR PERIOD JANUARY – MARCH 2000

The above are enclosed for your information/review/action as per the stipulated reporting requirement.

The January – March 2000 financial report hereby enclosed is for your review and action. Kindly transfer the US\$ 93,636 to our account in UK at the address below:-

Account Number: 54095468
Bank Name: National Westminster Bank
Bank Address: Tavistock House
Tavistock Square
London WC 18H 9XA
UK

Also enclosed is a progress report on the CHAPS project for the same period.

Should you require any clarifications on the reports, please contact us.

Thank you for your usual support to the Salima Project.

Yours sincerely

Charles Changaya
DEPUTY PROGRAMME DIRECTOR

Cc Regional Agreement Officer – Gaborone
USAID/Washington
District Health Officer – Salima
Ministry of Health and Population – Controller of Preventive Health Services
Project Manager – Salima
District Development Officer - Salima

1. **Project Activity:** So3

2. **Cooperative Agreement No:** 690-A-00-98-00127-00

3. **Project Location/Name :** Salima District CHAPS Project

4. **Submitted By:** Salima DHMT/SCF(UK) Malawi

Date
MARCH, 2000

JANUARY TO MARCH, 2000 QUARTERLY REPORT

Project Component 1 : District Health Management Team Capacity Building

Component Objective : Strengthening Management Capacity of the District Health Management Team

Sub Component 1.1 : Planning and Resources Management

Sub Component Objective : To support the DHO in strengthening a participatory planning process, such that inputs can coordinated, and financial and human resources Properly utilised

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
1.1.1 Support routine planning and communication meetings at district level. (eg. Monthly Chaps and DHMT* meetings, joint annual planning meetings, Daily hospital meetings, twice monthly section head meetings)	Monthly CHAPS MoH planning meetings took place in the three months. There was a CHAPS quarterly review meeting with the other CHAPS projects in January. Internal District Health Management Team meetings (DHMT) did not take place during this quarter.	There is a tendency for other urgent and important priorities: often not under the control of the DHMT to interfere with holding the planned meetings at the agreed times.
1.1.2 Development of quarterly feedback documents in the HIS section to Health Centre staff, and the production of an annual report for 1998	The HIS section together with the SC-UK funded HIS data analyst worked on the production of the annual report. A lot of raw data from hospital records has been analysed and collated. Most coordinators submitted reports by the mid February deadline. Report writing is in progress and should be ready next quarter.	Some coordinators have failed to observe the deadline for submission of reports. Also raw data on clinics has been taken by WHO researchers and has not been returned to the district thus limiting clinic data available for 1998.
1.1.3 Quality Assurance: Training on problem solving techniques at the District Hospital	Quality Assurance: Two Quality Improvement teams were set up at the District hospital and are headed by the Matron and the Health Service Administrator. These teams have been trained in problem solving techniques, and are currently collecting data to verify the root causes of the problems identified. The Coordinator for the District Quality Assurance Committee has been appointed by the DHMT and a quarterly work plan for the committee has been produced. Quality Assurance Project Specialist Mellina Mchombo visited Salima, and provided technical support through a meeting with the District Quality Assurance Committee and field visit to Lifuwu and Mtakataka health centre Quality Improvement Teams. Supervision of quality improvement teams done in 5 health facilities and two of the teams are implementing solutions to the identified problems. The other teams are still investigating causes.	Hospital staff were busy with Cholera epidemic and other workshops in January. An area of concern is that although training sessions are valuable and eagerly attended, the system for subsequent follow-up is not prioritized.

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Sub Component 1.2 : Transport Management

Sub Component Objective : To assist the DHO to develop a transport utilization policy in order to make more effective use of scarce resources for priority programmes.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
1.2.1 TRANSAID follow up planned in March with a visit to assess implementation to date, and to conduct a further workshop.	Consultant arrived mid March for the follow up visit and training. The project is awaiting the consultant's report and recommendations in order to move this component to the next stage. Discussions for the project to fund motorcycle fuel from the amortisation fund are underway. This is being monitored by SC to assess to what extent the transport management system is being applied to motorcycle drivers in the MoH. A district transport policy has been developed. The collaboration on this consultancy with two other donors (in 5 districts) has instigated the Director for TRANSAID to come to Malawi for an assessment and support to the National Health Transportation level, in response to a central government request.	

Sub Component 1.3 : Community Participation

Sub Component Objectives: To develop more appropriate health services and promote community participation.
To promote children's active participation in health activities.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
1.3.1 Child to Child pilot project to be launched with review meeting, distribution of IEC pack to schools and follow up meeting to assess activities end of March.	A review meeting took place in January and schools decided to start the programme in February 2000 using schools as entry points. IEC packs with pens, jotters, child-to-child readers and teachers guides were distributed to 5 schools. Another review meeting was conducted on 16 th MARCH, and six schools have initiated child-to-child activities during health education lessons.	Progress is encouraging and teachers are willing to use child to child methodology for normal health education sessions.
1.3.2 IEC materials designed during the IEC consultancy for production and distribution	25000 leaflets on each Malungo and Chibayo (malaria and Pneumonia) were distributed to all 110 primary schools in the district using the Ministry of Education. Follow up has been planned for clinics in two areas with the IEC Coordinator.	Follow up with the IEC Coordinator will roll over to the next quarter when the Health Advisor is back at work.

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Project Component 2 : Reproductive Health

- Sub Components : Obstetrics Care
Family Planning
HIV/AIDS and Sexually Transmitted Diseases
- Sub Component 2.1 : Obstetric Care
- Sub Component Objective : Improve the skills of TBAs to conduct safe deliveries, in identifying at risk mothers, and in timely referral of such at-risk mothers.
Develop community managed evacuation systems for at risk mothers.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Set up Community Monitoring system for Traditional Birth Attendants.	11 Chiefs from Salima and Dedza East have been briefed on TBA activities and the list of trained TBAs updated. (The total number of existing TBAs is 104). The proposed training of the TBA monitoring committees is at the design stage.	The project has produced guidelines on criteria that need to be fulfilled to make training a useful learning exercise. Especially impact needs to be measurable.
Monitoring of bicycle ambulances and distributing a further 15 in the communities.	The review was done in the last quarter to find out how the existing bicycle ambulances are working in 5 communities. The review involved 11 village headmen. Two of the five communities have maintenance committees in place, and all 5 communities plan to establish maintenance fund after harvest. Focus group discussions show that few women utilise bicycle ambulances where active TBAs exist hence expectant women are not usually referred to the hospital. Other reasons include cultural beliefs and lack of awareness of the purpose of service especially in situations where sensitization targeted more men than women.	Next 15 bicycle ambulances will only be distributed to communities with maintenance fund already in place.

- Sub Component 2.2 : Family Planning
- Sub Component Objective : To increase access to and uptake of modern contraceptives.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
2.2.1 Train 50 ward attendants in promotion of condoms.	50 ward attendants have been in promotion of condoms trained. 7800 condoms were distributed in January and February 2000.	

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Sub Component 2.3 : HIV/AIDS and Sexually Transmitted Diseases Support IEC and develop innovative campaigns linking information to behavioral change.

Sub Component Objective :
 Improvement of case management, reporting, testing and counselling services offered
 Promote community – based care, and inter-sectoral collaboration on social welfare programs.
 Enhance access to and capacity for syndromic STD treatment

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
2.3.1 Training of 40 Health Centre Counsellors	20 Counsellors have undergone training for one week and are currently practising in the health facilities. The AIDS Coordinator is currently working out indicators to assess the impact of this training prior to training the second group of 20.	The last week of training will be completed next quarter.
2.3.2 Hold monthly hospital counsellor meetings	Due to the involvement of the coordinators in other training sessions during the quarter this regular meeting has been postponed. Local members of SASO have also been involved in research activities outside the district.	
2.3.3 Training of Health Centre staff in STD management	There has been difficulty in obtaining the commitment of national trainers to participate in the training. The project is reluctant to train without qualified trainers since the training would not get national recognition while at the same time it would be inferior in quality.	
2.3.4 Support needy orphans in 20 households	In collaboration with Salima Aids support Organisation (SASO), 50 kg maize and 100 kg fertiliser were distributed to each of the 20 households caring for orphans. Follow up of the families will be done next quarter.	

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Project Component 3 : Child Health

Sub Component : Expanded Programme of Immunization (EPI)
 Nutrition
 Acute Respiratory Infection (ARI)
 Control of Diarrhoeal Diseases (CDD)

Sub Component 3.1 : Expanded Programme of Immunization (EPI)
 Sub Component Objective : Improve the capacity to manage the cold chain at the facility level.
 Strengthen safe vaccination techniques at facility level
 Improve identification of EPI preventable diseases at the village level.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
3.1.1 Integrated training of 2 VHC members per committee in Malaria, EPI, AIDS, Exclusive Breast feeding, ARI and CDD. 5 day training of 38 committees in three sessions.	The integrated training was held in a three-week period from the end of February to the middle of March. An impact assessment tool was developed and baseline data collected at the beginning of each of the three training sessions. Follow up to assess the impact on activity of the village health committees is planned for the next quarter.	This was the first training which has attempted to fulfill the criteria for measuring impact of training in the district.
3.1.2. Provision of kerosene fridge spare parts.	The district is not able to find an in country supplier of spare parts. This is of major concern as central supplies are not sufficient to guarantee functioning fridges at all times. Currently one fridge is not functioning due to spare part shortages.	There is need to raise this with the EPI system and UNICEF at national level. It is an advocacy issue for SC (UK)
3.1.3 Continuation of the support with kerosene for vaccinations	The project continued to support with the provision of kerosene for vaccination in all the clinics in the district.	

Sub Component 3.2 : Nutrition

Sub Component Objective : Improve capacity of mother to care for sick children.
 Improve children's understanding of nutrition.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
3.2.1 Development of communal nutritional gardens in a pilot area	Preparations for storage of grain, soya, processing, communal feeding and sustainability of the initiatives after harvest was discussed with communities. Maize, soya, groundnut crops are growing well.	
Conduct a nutritional KAP survey in STA Mwanza area to improve our understanding of nutrition in the pilot	Training of the survey team was carried out in collaboration with the MoH Nutrition Department. The survey involved household questionnaire, taking weight, height and arm	

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area within the community setting.	circumference for all children under the age of five, testing household salt for Iodine and focus group discussions separate for men, women and school children. Analysis of results will be done next quarter.	
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Sub Component 3.3 : Acute Respiratory Infections (ARI)

Sub Component Objective : Enhance the ability of mothers to recognize and refer ARI cases

Sub Component 3.4 : Control of Diarrhoeal Diseases

Sub Component Objective : Promote the use of home based management and home made cereal based oral rehydration therapy (ORT)

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
3.4.1. Distribution of ORT equipment and ORS to all the clinics to support the containment of cholera.	The CDD Coordinator visited all the clinics in Salima and Dedza East and distributed buckets, basins, jugs, cups, plates, and spoons to the clinics. In addition SC (UK) supplied ORT sachets for use in the cholera epidemic at Health Centre level.	It is of concern that the CMS did not stock or supply ORS throughout the cholera epidemic. The only supplier of ORS was PSI through the retail market.
3.4.2. Train 50 Ward attendants in promotion of exclusive breast feeding.	50 ward attendants from the district hospital and health centers have undergone 3 days training in promotion of exclusive breast feeding and this will enable them give appropriate advise to mothers in the health facilities they work.	

Project Component 4 : Water and Sanitation

Component Objective : Increase access to safe drinking water in Salima District for those with least access, through community based management and Maintenance of boreholes sufficiently deep to cope with drought.
Standardize village-level equipment on the Afridev Pump and promote commercial availability of spares.
Promote sanitation through construction of model latrines and provision of hand washing facilities in public facilities, and through education on safe water handling procedures.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Support the protection of six shallow wells	Protection of 6 shallow wells completed	
Mobilising of community and drilling tubewell at Chafukira	Community mobilised and tube-wells drilled Chafukira Village tube-well was drilled and is functioning. Matchoka village water point was rehabilitated and is functioning.	
Review of past SC(UK) water and sanitation input in the district.	80% of villages with boreholes supported by SC have functioning water points. Plans were developed this quarter to assist the 28 villages where the boreholes are not functioning.	

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Construction of pit latrines at Chinguluwe and Mkonkha Primary schools	Work in both schools was started this quarter. Mkonkha finished Chinguluwe about to be finished.	
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Project Component 5 : Malaria

Component Objective : To develop an affordable community-based comprehensive malaria programme, encompassing information, protection , and environmental control.

Planned Performance Targets	Targets Achieved	Reasons for Deviation/Comment
Conduct Mass treatment of mosquito nets in the 4 villages	Mass treatment carried out in 3 villages and 85% of the initially treated nets have been retreated	The fourth village is not accessible during the rainy season due to swampy roads. This will be reached after the rains.
Conduct parasitological survey at Kachulu II , Kachulu I and Mphere villages	Follow up parasitological surveys were done in the 4 villages. Results show a significant reduction of number of underfive children found with malaria parasites in their blood after treatment of the nets.	
Supervise 4 Drug Revolving Fund	Supervision of drug and bednet revolving funds in 4 villages done and 350 nets purchased from Population Services International at a total cost of MK66,500 with money from the revolving accounts.	

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