



Malawi German Health Programme - Phase 3

TC Project of the German Cooperation Programme "Support to the Health Sector in Malawi"

Progress Report 3

Implementation period: 01/05/2022 – 31/04/2023



Implemented

giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

In cooperation with:

BILL & MELINDA
GATES foundation

1.0 Background

The Malawi German Health Programme (MGHP) is the technical cooperation project of the German Cooperation's (GC) programme "Support to the Health Sector in Malawi". It is commissioned by the German Federal Ministry of Economic Cooperation and Development, BMZ, co-funded by the Bill and Melinda Gates Foundation (BMGF) and implemented by the Gesellschaft für Internationale Zusammenarbeit (GIZ). Its formal title is "Health Systems Strengthening with a Focus on Reproductive Health".

The implementation period 01.08.2020 to 31.12.2023 is the third TC project under the GC programme – as such it will be referred to as MGHP3. The implementation agreement for MGHP3 was signed on 28.09.2020. The total funding envelope for the MGHP3 is currently 18.6 million EUR, of which 16.3 million from the BMZ and 2.3 million from the BMGF. The co-funding from BMGF will end on 31st of July 2023.

MGHP provides technical support to the Ministry of Health (MOH), the Nurses and Midwives Council of Malawi (NMCM), and the District Health Offices (DHO's) in the four target districts of Dedza, Lilongwe, Mchinji and Ntcheu, and implements activities at the facility level. The following report is based on the progress report submitted to BMZ for the period of 01.05.2022 to 30.04.2023.

2.0 Key developments in the sector

The policy framework guiding the project remained the same for the reporting period, the *National Health Policy* and the *National Health Sector Strategic Plan II (HSSPII)*. The development of the HSSP III (2023 – 2030) has been completed during the reporting period and was launched in January 2023 together with the national Health Financing Strategy (HFS) 2023 – 2030. The HSSP III is now the overall guiding document for health systems strengthening and partners will align their support through jointly developed annual work plans.

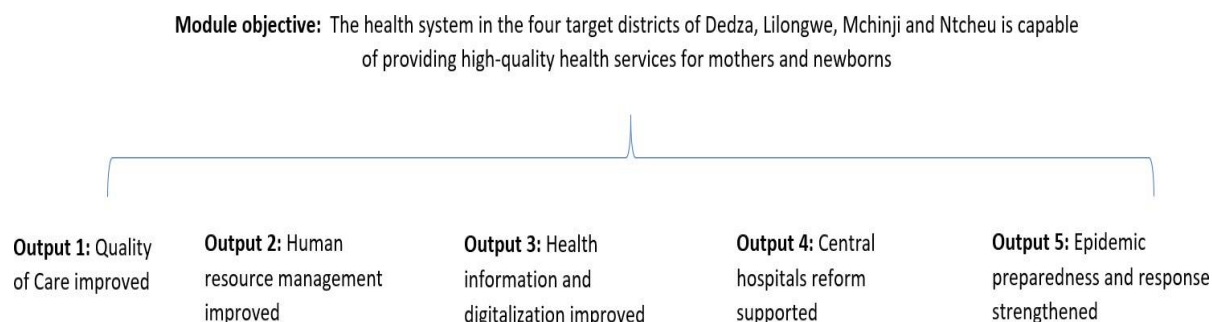
The new strategies don't require a change of the current focus of the module. The quality of health services remains a high priority in the HSSP III, output 1, and both human resource performance management including Continuous Professional Development (CPD), output 2, and digitalisation, output 3, have been prioritised as critical reform areas. The module also contributes to direct facility financing which is one of the key areas under the new health financing architecture in the national HFS.

The core problems have not changed during the reporting period. The health system is still severely underfunded with the share of government's total health budget at 8.8% of the gross domestic product, far below the 15% target set by the Malawian government (see Abuja Declaration 2001, International Conference on Population and Development, Nairobi 2019). The annual healthcare expenditure per capita is around USD 40 making it the lowest in the SADC region and far below the minimum of USD 86 per capita, recommended by WHO to finance a basic health package according to international standards. The share of salary costs in the health care budget is above 50% and at the expense of operational funds for maintenance, supervision and quality improvement. Structures and institutions remain weak, the medical infrastructure is below standard, and there is a lack of qualified health workers.

The negative impact of the COVID-19 pandemic was further exacerbated by the resurface of polio and the deadliest cholera outbreak in 2 decades, which overstretched the health system. In addition, the macro-economic situation of the country led to a shortage of forex that further affected the provision of basic health services and the country was hit by another natural disaster in the beginning of 2023 with devastating effects, cyclone Freddy.

3.0 Results

The project objective is: "The health system in the target districts is capable of providing high-quality health services for mothers and newborns." Activities in five different output areas are programmed to achieve progress against this objective. The five outputs are: (1) quality of care (QoC), (2) human resource management (HRM), (3) health information and digitization (HID), (4) central hospital reforms (CHR), and (5) epidemic preparedness and response (EPR). Below is a brief results framework and the detailed one is in Annex 1.



To measure progress, indicators have been defined – four indicators for the module objective and eight indicators across the five outputs.

This section first discusses progress against objective indicators and then discusses progress against expected project outputs, both with regards to agreed indicators and activities implemented.

3.1 Project Objective Indicator Performance

Module objective: The health system in the four target districts is capable of providing high quality health services for mothers and newborns

Indicator 1: The number of annual stillbirths and deaths among newborns in health facilities in the 4 target districts has fallen by 20% from 15.2 to 12.2 per 1,000 births.

Progress: The indicator has improved from 15.2 to 12.1 stillbirths and newborn deaths per 1,000 births.

Assessment: Data in the district health information system (DHIS2) indicates 12.1 stillbirths and neonatal deaths per 1,000 births in health facilities between May 2022 and April 2023. This is a decrease from the 14.0 cases per 1,000 births reported last year but should still be viewed with caution as reports in DHIS2 are often late and incomplete. If we consider the data from May 2022 to Feb 2023 in DHIS2, the current achievement is 12.5 stillbirths and neonatal deaths per 1,000 births.

Projection: The target seems on track and might have been achieved.

Indicator 2: The average value of the quality index for maternal and newborn services (measured based on 69 relevant criteria) agreed with the MOH has improved by 17 points in the 8 target hospitals (from 43 to 60).

Progress: The value of the index improved from 54% to 56%.

Assessment: The average improvement declined from 10% in the previous reporting period to 2% in the current reporting report. One of the reasons for this decline is the variation between hospitals with 35% being the lowest scoring and 71% the highest. The hospital that scored lowest is Kabudula CH in Lilongwe district and if we would only consider the other 7 hospitals, the average score would be 59%. The program plans to provide additional technical assistance and mentorship to Kabudula CH to bring them on a similar quality level as their peer hospitals.

Projection: The achievement of the indicator by the end of the module is still realistic.

Indicator 3: In the 4 target districts, measures to improve the quality of maternal and newborn health services have been included in action plans based on the results of a standardized survey of patients' experience with health services.

Progress: 2 out of 4 districts developed action plans based on findings of patients experiences with services for mothers and children.

Assessment: Data on patients experiences with services for mothers and children continued to be collected in all 4 target districts through focus group discussions and informed the design and implementation of Quality Improvement (QI) projects in selected healthcare facilities. Collaborative learning sessions were conducted in two districts to share patients experiences amongst health workers and managers and recommendations from these learning sessions were incorporated into district action plans.

Projection: It is expected that all 4 districts will conduct collaborative learning sessions later this year that will inform action plans and that the target will be achieved.

Indicator 4: The proportion of scholarships financed by the project for the further training of Clinical Officers to Bachelor of Science qualifications, which are awarded to women, increases from 10% to 30% (based on 80 annual scholarships).

Progress: During the reporting period, the project awarded 19 scholarships of which 11 went to women.

Assessment: The programme has awarded the 80 planned scholarships to clinical officers for a Bachelor of Science (BSc) as planned. In 2021, 10 out of 34 (29%) scholarships were for women. In 2022, 16 out of 27 (59%) were for women and in 2023,

11 out of 19 (58%) were for women. In total, 37 out of 80 (46%) scholarships were for women.

Projection: The target has been achieved.

3.2 Project Outputs Level Performance

3.2.1 Output 1: Quality of Care

Output objective: In the four target districts, processes are being implemented that contribute to improving health care.

Indicator 1.1: A national reference list for quality standards of health services for accreditation is defined.

Progress: During the reporting period the process of defining the reference list for quality standards was completed and launched in October 2022.

Assessment: The development of quality of care standards was completed during the reporting period and officially launched by the Minister of Health during the 2nd National Quality Management conference in October 2022. Other partners such as Global Fund and USAID are supporting the scaling of the standards which will eventually result in more facilities measuring and improving quality of care in line with module indicator 2.

Projection: The target has been achieved.

Indicator 1.2: 65 of the 125 public and faith-based health centres have implemented a project to improve the quality of service in the field of maternal and newborn health.

Progress A total of 41 health facilities have completed a Quality Improvement (QI) project.

Assessment: An additional 29 QI projects were completed during the reporting period with an additional 16 projects in progress. Lilongwe district had some challenges to manage financial grants at the decentralized level, but it is expected that they will pick up in the remaining period of the program. These interventions further contribute towards direct facility financing, one of the health financing reforms.

Projection: Achieving the target is possible.

Main activities conducted and progress made:

At national level, the module supported the Quality Management Directorate (QMD) to develop national quality standards which are being rolled out in the country with a 5-star rating system. The program engaged in a partnership with Catholic Relief Services (CRS), who already had experience with the 5-star rating system, to provide technical assistance with the development of the standards and a training manual for local surveyors.

The program continued supporting 8 hospitals including Kamuzu Central Hospital (KCH) with quality improvement measures under the accreditation program. An integrated expert continued advising KCH on improving and integrating quality management into core processes of hospital management. In addition, four hospital partnerships were initiated during the reporting period at KCH that complement the QI measures: (1) developing patient safety structures with Hochschule RheinMain; (2) implementation of gynaecological endoscopic surgery with KEM | Evang. Kliniken Essen-Mitte gGmbH; (3) reduction of antimicrobial resistance with Universitätsklinikum Leipzig; and (4) a fact-finding-mission to improve the treatment of mental illness with Landschaftsverband Westfalen-Lippe.

Capacity-building on quality improvement in health centres continued through onsite mentorship and coaching. Health facilities are supported to identify gaps in quality of care and provided with financial grants to implement QI projects to address those gaps.

The Reproductive Health Directorate (RHD) was supported with a pilot in 10 health facilities to detect anaemia in pregnant women using a simplified colour scale following a revision of the antenatal guidelines. Anaemia was detected in 48 out of 6,633 pregnant women (0.7%) but the main challenge is availability of supplies to sustain and scale the measure.

Proposed additional measures:

- To strengthen emergency care of sick newborns with the introduction of a digital solution (IMPALA) which continuously monitors vital signs of newborns and sends out an alarm if the condition of the newborn deteriorates.
- To roll out the quality of care standards to an additional 4 public and faith-based hospitals.
- To contribute to the establishment of a QI centre at KUHES

3.2.2 Output 2: Human Resource Management

Output objective: The human resources management system of public health facilities in the four target districts has been strengthened.

Indicator 2.1: 65 of the 97 public health institutions (health centres and hospitals) in the 4 target districts apply one of three HR management tools.

Progress: 68 facilities have started applying at least one HR management tool.

Assessment: With continuous coaching and follow-up, 68 out of the 97 facilities were implementing at least one HR management tool during the reporting period which is a slight increase from 65 reported last time. Active follow up by district HR managers is required to maintain and further exceed the target.

Projection: The target has been achieved.

Main activities conducted and progress made:

At district level, the program supported the onboarding of 280 newly recruited health workers. Mentorship and coaching of the 400 managers continued on the application of Human Resource (HR) management tools such as conducting staff appraisals, monitoring performance and using the attendance register. A collaborative learning session was conducted for line managers to share experience on using the HR management tools and the district HR managers came together to identify and share best practices.

A DA is seconded to the Nurses and Midwives Council of Malawi (NMCM) to strengthen Continuous Professional Development (CPD). She facilitated the training of 253 CPD coordinators and supportive supervision visits of 182 CPD centres. The number of CPD reports submitted by the coordinators increased from 80% in the last reporting period to 84% in this reporting period and 7,410 nurses registered to the CPD online platform. The NMCM was also supported with the development of mandatory CPD modules (quality improvement, customer care, clinical teaching, and population health), which were all approved by the NMCM Board.

Proposed additional measures:

- To develop HR performance management indicators for routine reporting into DHIS2
- To test a harmonized CPD approach in one district

3.2.3 Output 3: Health Information and Digitalization

Output objective: Data from the digital health information system are used for management and quality improvement measures.

Indicator 3.1: The monitoring reports for maternal and neonatal services generated by the National Health Information System are discussed in quarterly coordinator meetings of the corresponding health programs in the 4 target districts for monitoring and planning.

Progress: No progress and recommended to BMZ changing the indicator.

Assessment: During the reporting period, 3 out of 4 districts conducted one coordinators' meeting where overall performance was discussed using the MNH dashboard. The demand for these meetings decreased as district health authorities and coordinators are reluctant to participate in meetings without receiving financial incentives. The program therefore shifted its approach to data quality audits that helped the districts to generate better quality data which was used during performance review meetings and the development of annual District Implementation Plans (DIP). The new proposed indicator is *Aggregated MNH data and dashboards in DHIS2 are used during*

performance review sessions in the 4 target districts.

Projection: The target value is expected to be reached.

Indicator 3.2: One model-approach for an e-health service in the field of clinical care and health information system is documented for general introduction.

Progress: The electronic patient register (eRegister) using open-source smart register platform (openSRP) has been rolled out to two additional health facilities in Ntcheu district.

Assessment: The further improvement of the functionalities of the eRegister did not materialise as planned due to ongoing discussions within MOH and the Digital Health TWG on preferred platforms for digital health. The focus therefore shifted to local capacity building and ensuring that the existing functionalities of the eRegister will be incorporated into the larger Hospital Wide Information System under development. The evaluation and documentation of the eRegister with best practices and lessons learned is ongoing and the indicator will be achieved.

Projection: The documentation will be created and disseminated before the end of the program.

Main activities conducted and progress made:

Supervision of data quality activities and on-the-job mentoring continued in the health centres. At least 80% of the supported health facilities are now uploading data directly to the main data repository, DHIS2, and can use that data to inform decision making. The DHIS2-usage analytics tool shows that on average 6,521 users accessed DHIS2 charts per month in 2023 compared to 4968 users per month in 2022.

The electronic patient register was rolled out to two additional health facilities in Ntcheu district. A total of 37 frontline health workers were trained on the use of the e-Register through a cascade training of trainers at national, district and health center level. A hybrid solar power system was installed in the two health facilities and a server was procured for MOH to manage the data. The electronic patient register will eventually be integrated into a Hospital Wide Information System under development.

A new DA is seconded to RHD since March 2022 to support RHD in digitalization. The DA is building capacity of individual RH officers in embracing data use and digitalisation and supports KCH to digitalise HR processes including an Identity Document card system.

Proposed additional measures:

- To further integrate data quality and use with monitoring performance of the district health system and the implementation of District Implementation Plans.

- To second additional software developers to the Digital Health Division to transition the eRegister functionalities to the Hospital Wide Information System.
- To extend the engagement with management4health and provide additional technical assistance to the development of the Hospital Wide Information System.

3.2.4 Output 4: Central Hospital Reforms

Output Objective: The governing bodies of 2 central hospitals have been strengthened with regard to their strategic and operational management.

Indicator 4.1: In semi-annual meetings, management bodies of two central hospitals review the implementation of their strategic and operational goals on the basis of annual action plans in their respective hospitals.

Progress: No progress

Assessment: This output was put on hold from 1st of January 2022 awaiting the appointment of Boards of Trustees for the Central Hospitals.

Projection: The target will not be achieved.

Main activities conducted and progress made:

The appointment of the Board of Trustees by the Office of the President and Cabinet is still pending, and no activities were implemented during the reporting period. The President of Malawi however endorsed Central Hospital Autonomy in April 2023 and it will be implemented in a phased approach starting with Zomba Central Hospital. The hospital reforms TWG is working on a roadmap.

Proposed additional measures:

- To provide technical assistance to strengthen Zomba Central Hospital leadership and management systems including the quality of care and HR performance measures supported under outputs 1 and 2
- To support awareness creation on central hospital autonomy
- To orient the Board of Trustees on their roles and responsibilities

3.2.5 Output 5: Epidemic prevention and response

Output Objective: Infection protection is improved in the four target districts, especially for mothers and newborns.

Indicator 5.1: In 10 out of 16 health centres, deliveries were conducted according to World Health Organisation (WHO) hygiene standards on water consumption.

Progress: The water supply infrastructure improved in 15 health facilities.

Assessment: The improvement of water supply was completed in 7 out of 15 health facilities during the reporting period and the remaining 8 will be completed by the end of May 2023. The contractor will conduct an evaluation in the coming months to determine which of the 15 facilities is now able to conduct deliveries according to WHO hygiene standards on water consumption and it is expected that the target will be achieved.

Projection: The target will be achieved.

Indicator 5.2: 8 hospitals funded under the accreditation programme have fulfilled 4 out of 4 criteria that are a prerequisite for effective prevention of transmissions of infectious diseases to mothers and newborns.

The 4 criteria are: 1) The number of hospital employees who have been trained in Infection Prevention and Control (IPC) in a reporting year (including refresher events) corresponds to at least 25% of the workforce; 2) IPC standards are visibly listed on the infection and maternity wards for specialist personnel; 3) during COVID-19 waves, active screening of patients will be carried out at least one point on the way to services for mothers and newborns (measuring temperature and interviewing them using a checklist); and 4) during COVID-19 waves, masks and alcohol-based hand sanitizer are available for the treatment of mothers and newborns.

Progress: Good progress against criterion 1 and 2, the other criteria are not relevant anymore.

Assessment: Two criteria of this indicator are not relevant anymore due to low number of COVID-19 cases during the reporting period, screening of patients upon arrival and enforcing masks and hand sanitation. The criterion on displaying IPC Standard Operating Procedures (SOPs) was achieved in all 8 hospitals and the criterion on training staff partly, only 10% out of 25% of staff received a training on IPC. Upon request of MOH and in consultation with the German Embassy, some of the COVID-19 funding was reprogrammed for cholera response.

Projection: The indicator lost its relevance partly.

Main activities conducted and progress made:

With additional COVID-19 funding commissioned in 2022, the module implemented a variety of health systems strengthening interventions related to epidemic preparedness and response. The support was provided directly by GIZ and through various implementing partners such as WaterAID, Malawi Red Cross Society, Save the Children and Last Mile Health.

Some of the achievements are:

- In the 15 health facilities that were supported with water supply, additional investments were made in sustainable waste management.

- In 7 health facilities, outpatient and vaccination departments as well as maternities were renovated to create a safe environment for patient care during infectious disease outbreaks.
- At KCH, a gate house was constructed at the entrance for screening of patients and guardians during outbreaks and the oxygen system was extended to the dialysis unit.
- The Drone and Data Aid project distributed essential health commodities to respond to COVID-19 and cholera outbreaks including 5,990 COVID-19 vaccines and 630 cholera vaccines.
- The construction of an Infectious Diseases Unit at Zomba Hospital was supported in collaboration with the Bund-Länder Program Thüringen/Thuringia.
- Basic equipment was procured to ensure the continuity of essential health services as well as a steam autoclave for Mchinji Hospital to adhere to IPC standards.
- A digital tool for Infectious Diseases, Surveillance and Response (IDSR) at community level is under development and will be linked to the One Health Surveillance Platform (OHSP) in DHIS2.
- 1,379 health workers were trained to enter COVID-19 vaccination data into OHSP.
- 71,752 people were vaccinated through vaccination campaigns and outreach clinics.
- 2,600 health workers received additional training on IPC and cholera management.
- 2,000,000 people were reached on COVID-19 and cholera prevention messages through community radio stations.
- 451,465 households were reached with pot-to-pot chlorination to guarantee safe water
- 2,000 thousand posters and 500,000 brochures about cholera and 500 posters about IPC were printed and distributed to create awareness and enforce hygienic practices.
- 56 integrated outreach clinics were conducted reaching over 10,000 women and children.

Proposed additional measures:

- To engage CHAM secretariat in strengthening IPC skills, knowledge and practices in CHAM facilities and training institutions
- To support the implementation of the WASH-Fit program in the target districts

4.0 Finances

The commission value of the module increased from EUR 12,752,916 to EUR 18,610,325 during the reporting period.

The German Federal Ministry of Economic Cooperation and Development (BMZ), topped up the commission with an additional 3,5M for COVID-19 and 1M to extend the program phase from July till Dec 2023. There was also a balance from MHGP2 that was transferred to MGHP3, EUR 232,371 from BMZ and 1,125.037 from the Bill and Melinda Gates Foundation (BMGF). The co-funding by BMGF ends on 31st of July 2023.

The costs booked as of 31.04.2023 amount to EUR 12,443,560 with a balance of EUR 6.1M available till Dec 2023.

Costs by Output (EUR)	Initial budget	Cost as of 31/07/2021	Cost as of 30/04/2022	Costs as of 30/04/2023	Plan until 31/12/2023
Output 1	3,522,701	897,040	1,382,404	2,244,217	1,278,484
Output 2	1,479,864	267,384	505,272	1,001,726	478,138
Output 3	4,438,825	800,817	1,472,316	2,621,864	1,816,961
Output 4	1,098,789	407,002	849,521	1,035,860	62,929
Output 5	8,070,146	1,095,409	2,541,671	5,539,893	2,530,253
Total	18,610,325	3,467,652	6,751,184	12,443,560	6,166,765

Annex 1 Results framework

Malawi German Health Programme 2020 – 2023

