CAPACITY DEVELOPMENT TRAINING WORKSHOP

FINAL REPORT

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Capacity Development Training Workshop

Final Report

By

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EXECUTIVE SUMMARY
The training workshop on Capacity Development for staff of Mfera Health Centre and representative staff of Chikwawa District Hospital was organized by the Scotland Chikwawa Health Initiative. A 14 day training took place at Matechanga Motel in Chikwawa District from Monday 17th to Sunday 30th of November, 2014. Dr. Majidu, Chikwawa District Health Officer gave opening remarks encouraging participants to take the training seriously with the aim of improving care delivery. The topics included customer care, hospital communication, hospital housekeeping, and records management.

The workshop aimed at building the capacity of staff of Mfera Health Centre on application of customer care, hospital communication, hospital housekeeping, and records management to their daily work; determine the benefits and impact of good customer care, hospital communication housekeeping and records management; organize hospital records in required order; work as a team in all aspect of hospital environment; use locally available resources to enhance good customer responsiveness; and relate customer care, hospital communication, hospital housekeeping, and records management to effective client: provider relationship.

A participant-centered approach was used because the target staff were in a better position to identify existing weaknesses, strengths and need for change. Facilitators visited Mfera Health Centre to physically appreciate the service arrangement, management of client traffic, assess environment in terms of cleanliness, sanitation and waste management. A number of group work followed by plenary sessions; individual exercises using stick notes, learning visits and practicum sessions.

At the end of the training participants developed Ten Commandments drawn from individual commitments to implement training for change. The agreed upon change was coined in a mission statement and consolidated commitments:

Our Mission Statement
We, staff at Mfera Health Centre, are committed to delivering superior services that meet the needs and expectations of our patients/clients/visitors and that of management and others in a consistent manner unsurpassed in professionalism, politeness and promptness.

Our Commitments

Selfless: We will be attentive to patients/clients/visitors, regardless of other social status. We will demonstrate our abilities through our appearance, conduct, conversation and results.

Ethical: We will act with integrity and a sense of duty and obligation to our patients/clients/visitors and will always be accountable for our actions.

Respectful: We will treat our patients/clients/visitors with respect and ensure that every interaction is conducted in a pleasant and professional manner.
**Versatile:** We will be resourceful within our role limitations and capable of performing a variety of tasks in order to get the job done, regardless of our job description.

**Innovative:** We will identify ways to continuously improve our processes and policies to meet the ever-changing needs of our patients/clients/visitors. We will welcome patients/clients/visitors feedback as a means to improve the services we provide.

**Communication:** We will actively listen to our patients/clients/visitors and respond in a clear and concise manner. We will communicate through available resources, providing accurate information in a manner that is easy to understand.

**Encouraging:** We will support our colleagues’ creativity and teamwork to promote an open and collaborative work environment that encourages each other to excel in every aspect of job.

**Timeliness:** We shall serve our patients/clients/visitors in a shortest time possible and we shall verify all information shared.

**Punctuality:** We shall be punctual in all our endeavours

**Motto for change: It all starts with me!!!**
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ACKNOWLEDGEMENT
The training received financial and technical support from the Scotland Chikwawa Health Initiative under the leadership of Dr. Tracy Morse (Project Manager). In a special way we would like to single out Dr. Morse for identifying the training need, excellent coordination and direction on the planning and putting together the training. She continued supporting the training through the provision of resources for the training including practicum.

Profound appreciations go to DHO for approving the training to take place and also for gracing the occasion. The Deputy DHO for setting time aside to sit in the training sessions so as to appreciate the quality of training which was of great encouragement to the participants.

Special thanks go to all the participants for their active participation. Success of every work lies in effective support. Mr. Makumbi was always available to attend to all logistical needs.
1.0 INTRODUCTION
The training workshop on Capacity Development for staff of Mfera Health Centre and representative staff of Chikwawa District Hospital was organized by the Scotland Chikwawa Health Initiative. A 14 day training workshop took place at Matechanga Motel in Chikwawa District from Monday 17th to Sunday 30th of November, 2014. Dr. Majidu, Chikwawa District Health Officer gave opening remarks encouraging participants to take the training seriously with the aim of improving care delivery. The topics included customer care, hospital communication, hospital housekeeping, and records management.

The objectives of the workshop were:

- Apply the following concepts: customer care, hospital communication, hospital housekeeping, and records management.
- Determine the benefits and impact of good customer care, hospital communication housekeeping and records management.
- Organize hospital records in required order.
- Work as a team in all aspect of hospital environment.
- Use locally available resources to enhance good customer responsiveness.
- Relate customer care, hospital communication, hospital housekeeping, and records management to effective client: provider relationship.

The report covers the activities of each day with details in the appendix.

2.0 FACILITATION APPROACH
A participant-centered approach was used because the target staff were in a better position to identify existing weaknesses, strengths and need for change. The facilitators familiarized themselves with the environment before the workshop to provide proper guidance in the course of discussions.

2.1 Introduction and Creating a Learning Environment
Facilitators visited Mfera Health Centre to physically appreciate the service arrangement, management of client traffic, assess environment in terms of cleanliness, sanitation and waste management. Facility pictures were shared with the participants and were used as examples according to the topics covered, Some of the pictures are as below;
2.2 Self introductions
Each participant introduced him/herself stating their roles. Ground rules were set, expectations by participants and those from facilitators were shared followed by election of some members to help with logistical management of the workshop (See appendix 1). Workshop schedule (see Appendix 2) were shared. An assessment of participant’s current knowledge, attitude and practices in customer care, hospital communication, housekeeping and records management was done through stick notes exercise. See Appendix 3 for the compiled responses. These formed a major part of the training.

3.0 MODULES COVERED
DAY 1

3.1 Customer Care and Reception
To set the mood of the training, the first session explored with participants on their understanding of a customer in general. Participants did not relate a patient or client as a customer because there is no exchange of money for a service in the public facilities. Upon discussion, consensus to look at the patient and client as customer was reached and appreciated. The term Customer in relation to a patient was explained that in a hospital set up a patient is a health worker’s customer. In public/ government hospitals such as Mfera Health Centre, health workers receive salary at the end of the month after providing hospital services to patients. If there were no patients or clients seeking a service then there would be no need to have health care providers and eventually no need to pay salaries at the end of month. This explanation brought a new dimension of understanding in most participants. One participant commented that, “sindimadziwa kuti munthu wodwala angakhale kasitomala. Lero mwandiphunzitsa ndipo...”
“ndikugwirizana nazo” (I did not know that a patient could be a customer. I have learnt it today and I agree). Another participant said that, “tikanakhala kuti tinaphunzila ku school zokhuzana ndi customer care sitikanapezeka ndi mabvuto amenewa”. (Had it been that we had learnt in school about customer care we wouldn’t have had these problems). Basically, this elaboration of a patient being a customer set a very good mood for learning about reception.

The topic on reception covered the following:

- Introduction of the concept of reception
- Roles of receptionist
- Communication in the reception

As a way of introducing the concept of Reception, participants were taken outside the hall to read the caption “RECEPTION” which is scribed to the front of Matechanga Motel General Office. Participants were asked to share their impressions. They were also asked to differentiate the concept of reception as practiced in hotels and weddings. (*Which is a true reception between hotel reception and wedding reception?*).

Participants understood hotel reception as “welcoming customers in order to motivate them take the services within the hotel and in turn customer pays money for the services received”. On the other hand a wedding reception was stated as “a social interactive event between married couple and other people”.

*Hospital reception* was explained as” the art of welcoming patients/clients/visitors and directing them to where they can receive help according to the need/problem. Hospital receptionist is often the first person a patient may interact with over the phone or upon arriving at the hospital or health centre. The hospital receptionist is integral to shaping the patients' first impression of the health care delivery practices, which could shape the long-term patient-provider relationship. Reception service is therefore for every person who works at a health facility because patients and clients regard everyone in uniform or working at a facility as a “doctor”.

The following roles of a receptionist were then stated and explained:

- Welcoming and greeting all patients and visitors, in person or over the phone
- Answering the phone while maintaining a polite, consistent phone manner using proper telephone etiquette
- Responsible for keeping the reception area clean and organized
- Registers new patients and updates existing patient demographics by collecting patient detailed patient information including personal and financial information
• Facilitating patient flow by notifying the provider of patients' arrival, being aware of delays, and communicating with patients, health care providers
• Responding to patients', prospective patients, and visitor inquiries in a courteous manner
• Keeping medical office supplies adequately stocked by anticipating inventory needs, placing orders, and monitoring office equipment
• Protecting patient confidentiality by making sure protected health information is secured by not leaving in plain sight and logging off the computer (where it is available) before leaving it unattended.

The day ended at a very exciting note, self reflection and sharing on regrettable practices. Participants were put in six groups and asked to visit Mfera Health Centre the following day to interview clients on their impression of the reception and health care services (see guiding questions Appendix 4a).

**DAY 2**

Each group compiled their findings that they shared in plenary (See Appendix 4b).

**Key findings**

Both positive points and negative were discussed and lead to the conclusions below. Although nurses and midwives were to a large extent praised for listening and providing useful information to clients, there were a few who felt there was still room for improvement. On all other points there was a consensus that:

i. Patients understand that their rights are being violated
ii. Some patients understand that they are customers at a hospital as such they need to be treated with dignity and respect
iii. Patients are able to adapt to any proposal from health workers
iv. Communication from health workers to patients needs improvement
v. Management of patients’ complaints needs improvement.
vi. Although the environment was not clean at Mfera HC but patients seem to be satisfied possibly because they do not have similar facility at home as depicted in the pictures below;
DAY 3

Sub topic of the day: establish the impact of verbal and non-verbal expectations with respect to customer care.

Participants explored verbal and non-verbal (gestures) that people portray in communication sometimes knowingly or unknowingly. Some of the gestures demonstrated were improper posture whilst talking to a patient/client or visitor. Another example was explained where some service providers may start laughing loudly in front of a patient/client/visitor without no apparent cause.

- **Tips for excellent internal customer services;**
  In the afternoon participants discussed aspects of excellent internal customer services and concluded the following;

  a. **Respecting others;**
     It was agreed that respect can be fulfilled by considering some of the following facts
     - i. Showing gratitude
     - ii. Dressing properly and appropriately
     - iii. Speaking politely to everyone without compromising expected ethical behavior
     - iv. Being assertive and not aggressive
     - v. Complementing the achievements of others
     - vi. Being a good listener while asking a lot of questions
     - vii. Learning about perspectives of others

  b. **Knowing your Customers**
     Health worker need to understand patients as customers with various health ailments. It is important to establish rapport with the patient/client/visitor/customer.

  c. **Listen to your Customers and deal with complaints in time**
     It is frustrating when telling someone what you want or what your problem is and then discover that the person hasn’t been paying attention and needs to have it explained again. Effective listening and its advantages was explained such as looking at the patient, show interest in the explanation, ask relevant questions and show positive gesture demonstrating that one is listening.

  d. **Taking extra step**
     Health workers were encouraged to take whatever the extra step may be such as escorting the patient/client/visitor/customer as appropriate. Help with carrying of clients belongings as feasible. Explain to patients/clients of their problem by way of drawing to the extent they can understand.

  e. **Avoiding selfishness**
     Selfishness was explained as the attitude of considering oneself as more superior than other in every aspect. This was described as detrimental to provision of good hospital customer services as it would always disadvantage the patient. Instead participants were encouraged to always put themselves in the shoes of the patients for better customer services.
f. **Avoiding gossip at all times**

Participants denounced that gossip has to be avoided at all cost. It was agreed that it is a responsibility of everyone to avoid gossip by:

i. Changing the subject of discussion without providing a comment on something one is not sure of

ii. Privately dealing with perpetrators of gossip through discussion

iii. Give appropriate answer to deflect the situation, it is important to provide the truth you know about the gossip

At the end of the day, participants were put in groups to visit selected institutions the following day. The institutions included Chipiku stores, Puma Filling station, Post Office, Hope lodge, District Hospital (OPD, ART and DHO’s office). The objective was for them to observe and experience provided customer care services.

**DAY 4**

After the visit participants compiled the findings (see appendix 5) and shared their experiences in plenary session.

**Key findings**

i. Most participants were greeted on arrival and they felt good

ii. Some were not greeted, the service provider was just looking at them. They did not like the experience

iii. Some were greeted and attended to after a while

iv. Service provider was spinning around on a swivel chair while talking to the group

v. For those who visited CDH observed that
   a. health workers reported for duties late
   b. did not greet patients on arrival
   c. one respondent was leaning backwards on a chair while talking to the visiting group

In conclusion participants agreed on what would constitute good practice that every client regardless of looks, social status need to be treated with respect and dignity. A greeting makes the environment less frightening and welcoming.

**Sub topic on Client centeredness care, and Patient safety and quality improvement.**

Participants were asked to brainstorm on what patient centered care meant. In conclusion of the brainstorming the concept was defined as “*A collaborative effort consisting of patients, patients’ families, friends, the doctors and other health professionals …*” (Lutz and Bowers, 2000). From the definition, the following points were inferred;

- **Respect**: for patients their values, needs and preferences
- **Partnership and collaboration**: between the service provider and the service user
- **Patient/person/client being at the centre**: health services revolving around the service user rather than around health professionals.

On patient safety, it was acknowledged that the epidemic of medical errors is a global problem and that everyday many people get injured and die in hospitals silently as a result of preventable medical errors (MEs). Examples listed from the discussion were:
• Wrong treatment to patients
• Incorrect dosage
• Incorrect route
• Delay in treatment
• Mix-up in patient identities
• Slippery flows

Promoting Patient Safety and Quality can be enhanced through practicing safe clinical principles such as:
• Medication assessment
• Explain medication to patient
• Obtain consent from the patient
• Follow five rights principle;
  i. Identifying the right client
  ii. Selecting the right medication
  iii. Giving the right dose
  iv. Giving medication at the right time
  v. Giving medication by the right route
• Double checking
• Documentation
• Communication
• Monitor response to medication
• Follow up-care

Participants were put in two groups to identify areas in the workplace that need attention to promote patient safety and quality improvement. The following issues were suggested as problems where health workers could promote safety;
  i. Administering improper vaccines to children
  ii. Administering impotent medication
  iii. Administering ill-timed medication
  iv. Prescribing medication illegibly.

DAY 5
Sub topic on Ethical Issues in Health
In a recap on the whole customer care topic, participants were reminded of ethical issues pertaining to health service. Ethical issues are important in health service provision to:
  • protect the dignity of a human being who is ill (a patient)
  • promote professionalism/ professional ethics
  • prevent negligence and malpractice among health service providers
  • manage ethical dilemmas

A discussion on ethical issues in Malawian Healthcare System was conducted and the following points were consolidated:
  • Lack of Patients’ Informed consent for medical procedures and treatment. On this issue it was emphasized that health workers need to seek informed consents for the following reasons;
i. To let individual patients take their own voluntary decisions about medical procedures and treatment.
ii. To enable individuals exercise control over what happens to their bodies.
iii. To ensure respect for the welfare and rights of patients.

• Lack of Patients’ privacy and confidentiality. Here emphasis was stressed that lack of privacy has the potential to undermine patients' relationships with providers and adversely affect the quality of care. Patients may also fear that the exposure of personal health information may be used wrongly leading to personal embarrassment.

• Negligence- Health Service Providers have a duty to promote the welfare and well-being of the patients/clients

• Religious and cultural beliefs- it was noted that some religions do not accept some medical treatment and services such as blood transfusion. Other cultural beliefs compel citizen to seek medical care from herbalists than hospitals.

NB: It was noted that most hospitals do not have an office to handle ethical issues.

Sub topic on Patient’s room etiquette
Participants were lead into a discussion the code of conduct when they are in the patient’s room. It was agreed that inside a patient’s room is where health services are provided with maximum confidentiality. Things to observe when visiting a patient’s room were stated as follows;

i. Avoid noise
ii. Make sure that the room is well ventilated
iii. Knock three times before entering the room
iv. Do not overcrowd in the patient’s room
v. Make sure that one is well dressed professionally.

In conclusion on the customer care, participants were asked to reflect on what needs to be done to foster warmth, friendliness, honesty, patience, courtesy and respect towards patients/clients/customers (see appendix 6).

Day 6
3.2 Hospital Communication
Participants were taken through Good communication in hospital through a lecture discussion method. Consensus was reached by all the participants that good communication in hospital is paramount to provision of good health service. Patients communicate their problems to health workers and get relevant treatment. On this topic, participants were mainly reminded on how poor communication affect good service delivery.

Types of communication
1. Verbal Communication- This is sending
messages to others using the spoken word; it can take place face to face or through the telephone or internet.

a) **Advantages**

i. No use of technology to interact that would waste natural resources.

ii. It is the fastest way of interaction with each other.

iii. It is less expensive to interact with people.

iv. It is easier to understand a conversation than some other multimedia means of communication.

b) **Disadvantages**

i. Message may change easily.

ii. Difficult to understand if using a different language.

iii. It can be quickly forgotten.

iv. Cannot be used for legal evidence.

v. Sometimes, cannot be remembered verbatim.

vi. Poor presentation of the message or the instruction can result in misunderstanding and wrong responses.

2. **Non verbal communication** - sometimes called Body language (can be transmitted through gestures, facial expression, dressing, posture, eye projection, lips, nose, and ears). The following advantages and disadvantages were identified.

a) **advantages**

i. can be used with someone who is deaf.

ii. can be used where silence is required.

iii. can be used others are not supposed to hear or listen to.

iv. can used when one is far to hear but is able to read the signs.

v. Non-verbal communication makes conversation short and brief.

vi. can help save on time and use it as a tool to communicate with people who don't understand your language.

b) **disadvantages**

i. cannot be used in long conversation.

ii. Cannot discuss the particulars of a message.

iii. Difficult to understand and requires a lot of repetitions.

iv. Cannot be used as a public tool for communication.

v. Less influential and cannot be used everywhere.

vi. Not everybody prefers to communicate through non-verbal communication.

vii. Cannot create an impression upon people/listeners.

3. **Written communication**

a) **advantages**

i. Allows for permanent records, which is something other means of communication such as oral communication do not have.
ii. Written communication strengthens and clarifies a verbal message.
iii. It is good for making references.
iv. Can be very useful as a defense during legal issues.
v. A written and signed document carries more weight and validity than spoken words.
vi. Can be stored for analysis to get a better understanding of the message it contains.
vii. It can be easily disseminated to recipients that are in different locations.

b) disadvantages
i. illegible handwriting
ii. no immediate feedback
iii. improper punctuation marks may alter the meaning of the message
iv. can implicate someone since it has evidence from the proprietor
v. no negotiation hence can lead to legal implication
vi. limited to the blind as they need special writings
vii. time consuming to write words
viii. expensive to produce since they require resources

Participants were then asked to brainstorm means of communication at their facility. The following were mentioned: patients files, sign posts, health profiles, uniform/name tags, brochures/leaflets, memos, public address (drama, songs, speeches), report book, internet, and fax.

Levels of communication in the health system.

Levels of communication in the health system were discussed and channels and complexity of communication. Participants were clear on:

a) Primary level – this includes health centers, village clinics, dispensary, village clinics

b) Secondary level – encompasses District hospitals, CHAM hospitals.

c) Tertiary level - involves the referral hospitals with specialized care such as Queen Elizabeth Central Hospital and Kamuzu Central Hospitals in Malawi.

Participants were then put into three groups and given tasks as follows;
A. First group was asked to draw the organogram and explain channel of communication in Ministry of Health (see appendix 7a)
B. The second group was asked to draw the organogram and explain channel of communication at District Hospital ( see appendix 7b).
C. The other group was asked to draw the channel of communication at a District hospital and Identify one problem and propose a solution ( see appendix 7c).

Question and answers closed the days session.
DAY 7

Sub topic on Interpersonal relationships and team work.

In every institution where there are two or more workers, there has to be coordination of efforts in order to achieve the required goal. This calls for team work. Participants were taken through a discussion on the importance of working as a team in health care delivery.

As a way of introduction to team spirit topic, participants were put into two groups and asked to construct a modern bridge using plain paper within five minutes. Later they were asked to present their experience working as a team. It was discovered that:

i. There was someone who suggested the idea of a bridge

ii. Eventually, there was one active member who was joining the papers as other members were suggesting how the bridge should look like.

iii. Some members were just standing watching others doing

A TEAM was then defined as a group of people with a full set of complementary skills required to complete a task, job, or project. A team was further discussed as having cross cultural and multi-functional members as such it has all the necessary requirements to discharge good services. Working as a team has a lot of reward both for the workers and the institution. The following points were stated as some advantages of team work:

• Enhancing performance since members work toward a common goal.
• Members correct each other’s errors and are accountable for the collective performance
• Members are responsive to customers/patients
• Management of customer safety, regulations and costs improve
• Variety of skills are tapped from members fostering innovation
• Team is easily motivated than an individual
• Team brings about interaction among members
• Operate with a high degree of interdependence

Good team members and problematic team members were discussed through their characteristics. In order to solve some team problems the following issues were discussed;

• Build team spirit early through interaction; have lunch together, watch a movie together
• Plan the project together with clients/patients/community, this helps to gauge strengths and weaknesses in each other
• Build team identity through having a team website, a funny team photo, cache team name or code.
• Build positive group norms. For example "we always come to the meeting on time".
• Keep your team informed of your unavailability
• Work together but also work alone
Participants were then asked to play Tug of Wall game to appreciate team work. Unlike constructing a paper bridge, this time all team members seemed to have been pulling on the rope. Some could even shout to let other members put in more force. Of course one team was able to pull the other team. The losing team was asked to share their experiences and said that the rope was slippery as it could not give a fine grip. The winning team stated that they agreed all to pull at once as such their jointed force was able to pull the other team members.

A discussion explored with the participants on who forms a health facility team. These were: DHO, Doctors, Nurses, midwives, HSAs, HA, Clinical Officers/Medical Assistants, Administration, Housekeepers, Security guards, Accountants, Human Resource, Maintenance, kitchen, clerks, drivers, Pharmacists, messengers, Lab-technician, radiologists, dentists, switchboard, counselors. Participants reached a consensus that all the listed have a role to play.

In conclusion it was learnt that “the better one serves the team mates, the more they will help him/her to succeed”. If everyone on the team is committed to helping every other member of the team, everyone succeeds, achieving their greatest potential. If everyone helps everyone else, nobody loses, and everybody wins. Above all a patient would benefit good services.

In the afternoon, participants were put into four groups and asked to discuss the relationship between good communication and quality of care; increased patient satisfaction; staff motivation; and effective resource utilization. The following points were output of the discussions:

a. **Good Communication and quality of care**
   i. Ensures continuity of care
   ii. Reduces medical errors
   iii. It builds trust in patients

b. **Good Communication and increased patient satisfaction**
   i. Promotes healing
   ii. Removes anxiety in patients
   iii. Patients adhere to medical instructions
   iv. Patients are able to accept the condition of their illness
   v. Promotes respect, dignity of patients
   vi. Encourages patients to come when fell sick again

c. **Good Communication and staff motivation**
   i. Staff are able to assist patients appropriately


ii. Enhances understanding at the work place
iii. Conflicts are better solved when people communicate
iv. Communication brings about interaction among health workers
v. Team work is enhanced

**d. Communication and resource utilisation**

i. Promotes accessibility to resources
ii. Available resources would be used sparingly
iii. Prevents wastage of resources
iv. Dispels rumors/gossip and bring trust in concerned individuals
v. Promotes accountability

**DAY 8**

**Sub topic on Personal grooming**

After recap participants were taken through a discussion on good personal grooming practices in relation to the provision of health care. This concept was defined as *the art of caring for one’s body*. This involves washing clothes, bathing all body parts and proper dressing. Participants were then given stick notes to write down the required grooming for a health worker and the following points were then consolidated as what the participants considered Standard Grooming:

i. Hair must not be tinted
ii. Should not use different face make ups
iii. Shaving of eyebrows is not allowed
iv. No putting on tinted eye glasses
v. Jewels should be short
vi. No tinting of finger nails
vii. No putting of bangles
viii. No putting on tight and over-slitted uniforms
ix. Always put on flat shoes black, brown or white.

Sub topic on Phone Etiquette –

Phone etiquette were discussed and in the end a few key points to remember were:

i. Using phrases such as "thank you" and "please" are essential in displaying a customer care.
ii. Listen actively and listen to others without interrupting.
iii. Don't make people dread having to answer their phone or call your institution

**Answering Calls**

i. Try to answer the phone within three rings.
ii. Answer with a friendly greeting. (Example - "Good Afternoon, Mfera Hospital, Charity speaking, how may I help you?").
iii. Smile - it shows, even through the phone lines; speak in a pleasant tone of voice - the caller will appreciate it.
iv. Ask the caller for their name, even if their name is not necessary for the call. This shows you have taken an interest in them.
v. If the caller has reached a wrong number, be courteous.
vi. Use the hold button when leaving a line so that the caller does not accidentally overhear conversations being held nearby.
vii. When you are out of the office or away from your desk for more than a few minutes, forward your phone to voicemail where such facility is available.

Making Calls
i. First introduce yourself before asking whom you are calling
ii. Always know and state the purpose of the communication.
iii. When you reach a wrong number, don't argue with the person who answered the call or keep them on the line.
iv. Do not make false phone call promises

DAY 9
3.3 Hospital House Keeping

Housekeeping was defined as the provision of clean, comfortable, safe, hygiene, and attractive environment for patients and health providers. The meaning of hospital housekeeping ensures that:

i. Patients receive medications from good premises and surroundings
ii. Patients feel relaxed
iii. Patients are free from harmful substances such as dust, cobwebs, litter, cockroaches and other harmful bacteria.
iv. Patients are safe from health hazards. They should be able to wash hands, floors not slippery.

Participants then listed down all possible areas in the hospital that require housekeeping attention as follows; wards, observation rooms, entrances, flash toilets/pit-latrines, sluice rooms, kitchen, surrounding, corridor, windows, curtains, furniture, drainage system,

Sub topic on roles and responsibilities of housekeeping

Participants were taken through the discussion on roles responsibilities of a housekeeper. The consensus was as follows:

- Completes inventory of cabin contents on form provided. Provides information on any missing items to the manager. Mfera has no such a form for the cleaners.
- Clean building floors and walls by sweeping, mopping, scrubbing them.
- Change beddings and make beds as directed.
- Replenish supplies such as linen and bathroom items.
- Gather and empty trash.
- Clean and polish furniture and fixtures such as picture frames.
- Clean windows, glass partitions, and mirrors, using soapy water or other cleaners.
- Dust furniture, walls, machines, and equipment.
• Move and arrange furniture, and turn mattresses.
• Open windows to improve air circulation.
• Mix water and detergents or acids in containers to prepare cleaning solutions, according to specifications.
• Monitor building security and safety by performing such tasks as locking doors after operating hours and checking electrical appliance use to ensure that hazards are not created.
• Notify supervisor concerning the need for major repairs to beds, mattresses or additions to building operating systems.
• Remove cobwebs, debris from driveways and all public areas inside or out.
• Replace light bulbs.
• Sort, count, and mark clean linens, and store them in linen closets.
• Observe precautions required to protect hospital and patient property, and report damage, theft, and found articles to supervisors/in-charges.

Participants were then paired and asked to visit the district hospital and inspect housekeeping services. Plenary was held the following day.

**DAY 10**

*Plenary on hospital housekeeping inspection at Chikwawa District Hospital*

Participants visited various sections at Chikwawa District Hospital to appreciate housekeeping services. Below are some of the pictures (Drainage system, Patient’s bed, Ward, damaged mattress, Nurses’ room, and sluice room respectively).
Basing on housekeeping knowledge participants had a general view that most places of CDH were neglected and filthy. The premises are not well fenced such that pigs are able to access the debris in the drainage system. Some pregnant women simply defecate around the premises making it even filthier. Participants could differentiate a good place from a bad place.

The facilitators listed down all the required materials for standard housekeeping service as follows; Laundry Bleach, Star soft, Gick, Omo, Toilet brush, Bloom, Feather Dust, Air Freshener/Airwick, Mouth mask, Handy Andy, Vim, Harpic, Windowlin, Germicidal, Mr Muscle, Mr Min, Mutton cloth, Mopping bucket, Household groves.

Sub topic on Infection prevention practices related to housekeeping
A demonstration was made on the best way to clean a room (patient room, office, toilet etc.). Ten procedures were stated as follows;

i. Notify the occupants of the room that you have come to clean the room in a polite tone.
ii. Open all windows to let in ventilation
iii. Put on the required working suit i.e. gloves, mouth mask etc.
iv. Start cleaning upside the room removing cobwebs and other dirt.
v. Then the skirting line and vents
vi. After that clean the windows starting with curtain box using a wet mutton cloth
vii. Then clean the window panes using windowlin on a chemical free cloth
viii. After that clean the window mat/ridge using a dump mutton cloth
ix. Then clean the floor skirt
x. Then finish with the general floor. For the Pit latrine, pour water on the floor and let it stay for five minutes then flash it out using rubber squeezers. Thereafter, pour chemical water on the same floor and let it stay for five minutes again then flash it out. Finally mop the floor and apply air fresheners as avalable.
As demonstrated phases

Sub topic on Qualities/Etiquette of House Keeping personnel

i. Hardworking—putting out the effort necessary to do a good job
ii. Trustworthy—premises and its contents should be safe in their hands
iii. Does the job with good attention to detailed particulars
iv. Loyal—sets time/have practical schedule
v. Flexible—will be sensitive to changes in hours as job requires
vi. Caring—will do extra jobs that they see need attention, on their own initiative,

DAY 11

Housekeeping practicum at Mfera Health Centre
A day was set aside for practicing housekeeping. The resources were provided to conduct the exercise. The practicum took place at Mfera Health Centre. The facilitator demonstrated how to prepare for housekeeping service beginning with dressing code, mixing of chemicals and actual cleaning exercise. Participants cleaned the facilities as depicted in the pictures below;
Various places were cleaned and participants were very happy. Below are some pictures of the cleaned places;

**AFTER**

**BEFORE**
Reflection and conclusion on the topic, participants got a lot of interest to implement the same in their own homes.

**DAY 12**

### 3.4 Hospital Record Keeping

For continuity of care, records for a particular patient must be well documented and kept for easy retrieval. Good care also relies on good record keeping. Without accurate, comprehensive up-to-date and accessible patient case notes, health care providers may not offer the best treatment or may in fact misdiagnose a condition, which can have serious consequences. This module had two primary aims. These were

1. to introduce the concept of hospital records management and the context within which hospital records management operate
2. to explain the processes involved with appraisal and storage of and access to hospital records.

Record keeping was defined as *the practice of getting and keeping information about patients, workers, place, or a structure of anything for future reference.*

Participants were then given stick notes and asked to write down hospital records that they know and the following list was generated:

1. Patient Casenotes
2. X-rays films
3. Pathological Specimens and Preparations
4. File Index and Registers
5. Pharmacy and Drug Records
6. Central Administrative Records
7. Administrative Records in Clinical Departments
8. Nursing and Ward Records
9. Educational Records

Assessment on tracing and use hospital records participants were put into groups according to area of work and asked to discuss the importance of each of record in their department and present their ideas (see appendix 8a). The following list was later consolidated:

1. Used for legal purposes
2. Ensuring continuity of care
3. For reference purposes
4. Ensuring transparency and accountability
5. For academic research
6. Used for teaching
7. Help in planning especially in pharmacy when procuring and distributing drugs
8. Help to properly manage resources.
Records were classified into three categories namely; dead, semi-current and current records. **Dead records** were defined as those that have not been active for more than ten years. **Semi-current records** are records that are occasionally used for administrative or legal purposes. **Current records** are widely used for administrative or legal purposes. It was further explained that dead hospital records could be referred to Malawi National Archive Centre in Zomba in order to create space for current and semi-current hospital records.

Two methods of keeping records were discussed namely, centralized (where records are kept in one place manned by one person), and decentralized (where every department takes care of its records). Wherever records are kept, it was explained that the system of keeping records falls in three categories namely; using numbers, using alphabet and using computer. Most of this discussion was new to the participants.

**DAY 13**

Participants were grouped and asked to visit institutions where records are kept and managed such as at Chikwawa Secondary school, St. Lawrence Secondary School, Hospital departments (IEC, HMIS), Chipiku stores, Post Office. They inquired on type of records kept for the use and associated challenges in managing the records. See Appendix 8b) for group findings. Summed up challenges to which participants related were:

- Lack of space to keep specific records
- Lack of proper security over records
- Lack of relevant personnel who can track movement of records
- In ability to track items from pharmacy to end-users.

At the end of the day participants were put in two groups to develop an Action Plan that they continued working on to the following day.

**4.0 ACTION PLAN**

All issues raised in the training from customer care to record keeping were presented for verification with the participants (see appendix 3). The issues were categorized in five groups namely; Patient/client related; Health worker related; System related; Socio-cultural related and leadership/management related (see appendix 9)

Participants were taught how to do bottle neck analysis of prevailing problems through asking a series of probing questions in order to find the root cause to the problem, for instance;

**Problem: There was no supervision last quarter**

1-Why? – The car wouldn’t start
2-Why? – The battery was dead
3-Why? – The alternator was not working
4- Why? – The alternator was broken
5- Why? – The alternator was beyond its useful service life and was not replaced
6- Why? – The vehicle not maintained according to the schedule

Solution 1: Purchase a new alternator
Solution 2: Establish regular vehicle maintenance according to the recommended service schedule

All the prevailing issues were then analyzed using the same approach.

DAY 14

5.0 TEN COMMANDMENTS

On the last day of the training, participants were asked to contribute towards the development of Ten Commandments to be observed as a uniting force in implementing training. Each participant was given stick notes to write some points of commitment and thereafter a consolidated list was produced as depicted in the Appendix 10. The Ten Commandments and its mission statement are:

5.1 Our Mission Statement

We, staff at Mfera Health Centre, are committed to delivering superior services that meet the needs and expectations of our patients/clients/visitors and that of management and others in a consistent manner unsurpassed in professionalism, politeness and promptness.

5.2 Our Commitments

Selfless: We will be attentive to patients/clients/visitors, regardless of other social status. We will demonstrate our abilities through our appearance, conduct, conversation and results.

Ethical: We will act with integrity and a sense of duty and obligation to our patients/clients/visitors and will always be accountable for our actions.

Respectful: We will treat our patients/clients/visitors with respect and ensure that every interaction is conducted in a pleasant and professional manner.

Versatile: We will be resourceful within our role limitations and capable of performing a variety of tasks in order to get the job done, regardless of our job description.

Innovative: We will identify ways to continuously improve our processes and policies to meet the ever-changing needs of our patients/clients/visitors. We will welcome patients/clients/visitors feedback as a means to improve the services we provide.

Communication: We will actively listen to our patients/clients/visitors and respond in a clear and concise manner. We will communicate through available resources, providing accurate information in a manner that is easy to understand.

Encouraging: We will support our colleagues’ creativity and teamwork to promote an open and collaborative work environment that encourages each other to excel in every aspect of job.

Timeliness: We shall serve our patients/clients/visitors in a shortest time possible and we shall verify all information shared.

Punctuality: We shall be punctual in all our endeavors

Motto for change: It all starts with me!!!
6.0 EVALUATION OF THE TRAINING
Lastly but not least, each participant was asked to evaluate the training session and the details are in Appendix 11.

The aim of evaluation was to get participants views on the training and their recommendations for future trainings. There were 8 questions in which questions 1 to 6 asked participants to provide impact of the raiing while as question 7 asked participants to cite limitations of the training and question 8 asked for changes that could be adopted for similar training in future. Basing on the responses from various questions, participants stated the following strengths of the training:

i. The training added new insights to their roles. For instance 30% of the respondents indicated to have learnt that patient is a customer to a health worker, 20% mentioned to have learnt the need for team work as core in realizing patient’s satisfaction, 15% stated to have gained skills in housekeeping.

ii. More than 65% of participants stated that methodology was very interactive with a lot of practicum which enabled full participation and grasping of the content. They stated that the approach was an “eye-opener” on their shortfalls. The reflection encouraged them to see the need to apply the acquired skills.

iii. The training emphasized the need to provide good services to patients starting with the reception section up to the prescription of medication.

iv. The training was able to change the mindset of most of them to be flexible to do any job especially those in housekeeping section.

Although 20% of the respondents stated that the training was conducted well, however, there were some challenges which constituted to the weaknesses attributable to the training. Some participants expressed dissatisfaction in the sense that;

i. Some participants skipped some lessons which would have provided relevant skills.

ii. Giving training allowances on daily basis was regarded as a poor arrangement. Some participants expressed dissatisfaction with the training allowance gap between Mfera Health Centre staff (MK 12,000) and Chikhwawa District Hospital staff (MK 5,000).

Participants were asked to suggest changes that could be incorporated in future when conducting similar trainings. The following were some of the suggestions that;

i. The number of days should be increased to ensure thorough deliverly of the content.

ii. Evaluation of training must be conducted on modular basis

iii. Training allowance must be increased.

7.0 CHALLENGES
Some participants from CDH (senior workers) withdrew participation because the training did not provide for their allowances. For some attendance was erratic which was both disturbing. Consulting team ended paying some of the participants who attended days they were not supposed to. Each attended day by Mfera team attracted allowances.

Participants who received allowance did not like the administration of allowances, on daily basis. The environment was often dirty.

8.0 CONCLUSION
The programme was well appreciated. Most of the participants had never attended such type of training. It was described as “eye opener” and many regretted actions that could not have happened if only they were given this type of training at employment. Participants were
enthusiastic to put what was learnt in practice. Certificate of attendance was awarded to each participant who attended the training.

9.0 RECOMMENDATION
1. It was strongly felt that CDH and other health centers in the district need same type of training. It is recommended that CDH engage its partners supporting the hospital and some HC to support the replication of trainings.
2. Since the participants developed an Action Plan it would be prudent to plan for a practical follow up session after six months at Mfera Health Centre.
3. Since receiving allowances remains a thorny issue in Malawi, communication must be very clear to the management to inform would be participants to make an informed decision on their participation.
10. APPENDICES

Click this link to access the listed appendices  
(https://drive.google.com/file/d/0B5eUAgWiVMfwSnQ3enMxNnNJX0E/view?usp=sharing)

a. Appendix 1: Workshop Ground Rules and Expectations
b. Appendix 2: Workshop Schedule
c. Appendix 3: Assessment of participants knowledge, attitude and practices at Mfera Health Centre
d. Appendix 4a: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
e. Appendix 4b: Compiled responses
f. Appendix 5: Findings on experiences with customer care
g. Appendix 6: How warmth, friendliness, honesty, patience, courtesy and respect can be practiced
h. Appendix 7a: Organogram of Ministry of Health
i. Appendix 7b: Organogram of District Hospital
j. Appendix 7c: Mode of communication
k. Appendix 8a: List of Records, their use and management by Department
l. Appendix 8b: Experiences on Record Keeping
m. Appendix 9: Categorised Prevailing Issues
n. Appendix 10: Development of Ten Commandments
o. Appendix 11: Evaluation of the Training
Appendix 1: Workshop Ground Rules and Expectations

Ground rules for smooth running of the workshop were established. As follows:

- Phones be put on silent mode
- Participants must respect one another
- Disapproving each other’s views in a respectable manner
- Active participation
- Avoid unnecessary movements when the session is in progress
- Avoid mini-meetings
- Avoiding toxic substances to maintain sobriety
- Observe time management

Social welfare committee was later elected as follows:

  i. Mr Faela as time keeper
  ii. Mr Chikonde as leader of house
  iii. Miss Jessie Dawa as organizer of refreshments.

Participants’ expectations were to:

- Acquire knowledge on good hospital communication
- Be certified at the end of the training
- Receive training allowance
## Appendix 2: WORKSHOP SCHEDULE

<table>
<thead>
<tr>
<th>TIME/ DAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
</table>
| 8:30-09:00| • Registration  
• Introduction and welcoming remarks.  
• Opening of the training.  
• Training program objectives  
• Expectations | • Non-verbal and verbal expectations | • Client centeredness care, | • Ethical issues in healthcare | HOSPITAL COMMUNICATION CONCEPT  
• Levels of communication | Communication and Leadership | * Personal grooming  
* Dressing code  
Existing dressing guidelines/codes.  
Principles related to use of perfume, hair styles, beards and tattoos |
| 9:00-10:00| • Prevailing issues in the work place | Discussion | • Patient safety and quality improvement | Privacy and Confidentiality | • Forms of communication  
i. Verbal  
ii. Non-verbal | Interpersonal relationships and team |
| 10:00-10:30| HEALTH BREAK | | | | | |
| 10:30-12:00| CUSTOMER CARE CONCEPT  
• Introduction of the concept of reception  
• Roles of reception  
• Communication in the reception  
• Phone etiquette | • Non-verbal and verbal expectations | • Patient’s Room etiquette | • Tips for excellent internal customer services | • Exercise - relationship between communication and quality of care, increased patient satisfaction, staff motivation and resource utilization | * Better communication and better care  
* Explore existing challenges and propose solutions |
<p>| 12:00-13:30| LUNCH | | | | | |
| 13:30-15:00| • Practice warmth, friendliness, Honesty, Patience, Courtesy and appropriateness | Practicum/discussion/Role play | Practicum/discussion/Role play | Practicum/discussion/Role play | Practicum/discussion/Role play | Exercise/Role Play |
| 15:00-15:30| HEALTH BREAK | | | | | |
| 15:30-16:30| • Practice warmth, friendliness, Honesty, Patience, Courtesy and appropriateness | Plenary | Plenary | Plenary | Plenary | |</p>
<table>
<thead>
<tr>
<th>TIME/ DAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
</table>
| 8:30-10:00| HOUSE KEEPING  
- Definition of housekeeping.  
- Review historical perspective of housekeeping concept versus modern perspective | Practicum | RECORDS  
- Introducing hospital records  
- Documentation and reporting | • Management of patient case notes and filing system  
• Record Keeping Etiquette | • Bottleneck analysis and Plan of Action | Draw commitment list (Ten commandments) |
| 10:00-10:30 | HEALTH BREAK | | | | | |
| 10:30-12:00 | • Discuss roles and responsibilities of housekeeping  
• Qualities/ Etiquette of House Keeping personnel | • Infection prevention practices | • Practicum | • Importance and role in record management | • Practicum | • Action Plan | Graduation and closing ceremony |
| 12:00-13:30 | LUNCH | | | | | |
| 13:30-15:00 | Practicum | Preparation for practicum | Practicum | Plenary | Plenary | Group presentations on action plan | DEPARTURE |
| 15:00-15:30 | HEALTH BREAK | | | | | |
| 15:30-16:30 | Plenary | Plenary | Plenary | Plenary | Plenary | | |
Appendix 3: Assessment of participants knowledge, attitude and practices at Mfera Health Centre

A. CUSTOMER CARE

• Patients are disrespected
• Workers do not cooperate with patients
• Patients are not treated/welcomed warmly
• There are cultural barriers
• No drugs and other necessary resources
• Late reporting for duties by some health workers
• Absenteeism by some health workers
• Delay in attending to patients
• Shouting at patients and returning them if they have come late especially in the prenatal department
• Prescribing medication before the patient finishes explaining symptoms
• No proper care given to patients
• In adequate space in hospital such that patients sleep on the floor
• Most patients are illiterate hence they do not understand accordingly
• Too much work load on health workers
• Language barriers
• Patients have negative attitude towards most health providers
• Patients come to hospital late after developing chronic illness
• Shortage of health workers hence too much work load such that we don’t attend to a patient as required
• Poor sanitation
• Important people do not stand on a line as other patients
• Not seeking permission to vaccinate children and women receiving TTV as well as in mass drug administration for helminthes infections
• Health passport book lined on the floor
• Clients not given enough information on drug usage
• Religious beliefs affecting prescription of care
• Demanding money or a bribe from clients
• Reporting on duty whilst drank as a result fail to treat patients with total care
• No office to handle some ethical issues
• Asking patients to move out for cleaning without proper excusing to work in the room
• Shouting at patients
• Stealing of drugs

B. HOSPITAL COMMUNICATION

• In adequate information provided to clients/staff by management
• Management not communicating in time/ late communication
• Lack of feedback from management
• Poor communication from management to HSAs in remote areas
• Limited stationary hence poor printed communication e.g. referral forms.
• Communication breakdown among departments
• In appropriate language with patients.
• Poor transport communication due to shortage of fuel
• No meetings in the work place
• No phones which hinders the referral of patients
• A lot of misunderstanding between client and workers
• Language barriers

C. HOSPITAL HOUSE KEEPING
• Lack of good houses for health workers
• Lack of latrines
• Lack of consumables for cleaning purposes
• Poor waste management
• Low community participation
• Poor traffic control
• Poor sanitation
• Lack of resources for IP
• No cleaning rosters
• No request of resources from the DHO
• Unable to delegate responsibilities
• Toilets not cleaned frequently
• No respect among workers
• Housekeepers have inferior feeling when doing their work
• Staff lack motivation
• Delivery beds too high
• Unreadable prescriptions

D. RECORD KEEPING
• Records are not fully known at Mfera
• Inventory sheets are not used
• No report validation
• Lack of registers to update records
• Poor record keeping
• Missing records
• Incomplete records
• Most activities are finished late and hence are not fully documented
• Most registers are worn out
• No proper training on how to write records.
• Lack of files and shelves
• Demand from bosses to release the files
• No specific places where records can be kept
• Lack of security over records
• Failure to track medication items from pharmacy to the end user
Appendix 4a: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

GROUP 1: COMMUNICATION WITH NURSES

• During your stay, how often did nurses treat you with courtesy and respect? (Never, Sometimes, Usually, Always)

• During your stay, how often did nurses listen carefully to you? (Never, Sometimes, Usually, Always)

• During your stay how often did nurses explain things in a way that you could understand? (Never, Sometimes, Usually, Always)

GROUP 2: COMMUNICATION WITH MEDICAL ASSISTANT/ CLINICAL OFFICER

• During your stay, how often did doctors treat you with courtesy and respect? (Never, Sometimes, Usually, Always)

• During your stay, how often did doctors listen carefully to you? (Never, Sometimes, Usually, ALWAYS)

• During your stay how often did doctors explain things in a way that you could understand? (Never, Sometimes, Usually, Always)

GROUP 3: COMMUNICATION ABOUT MEDICINES

• Before giving you any new medications, how often did hospital staff tell you what the medicine was for? (Never, Sometimes, Usually, Always)

• Before giving you any new medications, how often did staff explain medication side effects in a way that you could understand? (Never, Sometimes, Usually, Always)

RESPONSIVENESS OF HOSPITAL STAFF

• During your stay, after you or guardian presented a complaint, how often did you get help as soon as you wanted it?

• How often did you get help going to the bathroom or using the bedpan as soon as you wanted? (Never, Sometimes, Usually, Always)

GROUP 4: DISCHARGE INFORMATION

• During your hospital stay, did hospital staff talk to you about whether or not you would have the help you needed when you left the hospital? (YES NO)

• During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (YES No)
PAIN MANAGEMENT

• During your hospital stay, how often was your pain well-controlled? (Never, Sometimes, Usually, Always)

• During your hospital stay, how often did hospital staff do everything they could to help you with your pain? (Never, Sometimes, Usually, Always)

GROUP 5: CLEANLINESS

• During your hospital stay, how often were your room and bathroom kept clean? (Never, Sometimes, Usually, Always)

QUIETNESS

• During your hospital stay, how often was the area around your room quiet at night? (Never, Sometimes, Usually, Always)

GROUP 6: RATING OF THE HOSPITAL

• Using any number from 0 to 10 where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

• Would you recommend this hospital to your family and friends? (Definitely no, Probably no, Probably yes, Definitely yes)

• Overall, how would you rate the care you received in the Emergency Room? (Poor, Fair, Good, Very Good, Excellent)

• Would you recommend this emergency room to family and friends? (Yes definitely, Yes probably, No)

• Overall, how would you rate this visit? (Poor, Fair, Good, Very Good, Excellent)

• Would you recommend this outpatient service to your family and friends? (Yes definitely, Yes probably, No)
Appendix 4b: Compiled responses

Group One
They interviewed 4 patients, 1 female and 3 males. They reported that patients were very happy to answer some questions. From their findings all the interviewed patients accepted that nurses always treat patients with courtesy and respect. In addition to that 3 patients noted that nurses listen carefully and explain thing to patients while 1 respondent disagreed that sometimes nurses do not listen carefully and explain things patients.

a. Group Two
They were able to interview five patients, 4 males and 1 female. Likewise they reported that patients were very happy to answer some questions. From their findings 3 patients accepted that Medical Assistants always treat patients with courtesy and respect while as 2 patients disagreed saying that if drugs are out of stocks Medical Assistants and do not communicate properly to patients. The same finding applies to how Medical Assistants listen and explain things to patients.

b. Group Three
They interviewed four patients, 2 males and 2 females. From their findings, 2 patients indicated that most health workers do not explain the medicine that is given to a patient. 1 patient indicated that sometimes they explain while another patient accepted that they always explain the medication. However, all the interviewed patients denied that health workers do not explain the side effects of the medicine to patients. In terms of hospital staff’s responsiveness towards patients’ complaints, 3 interviewees indicated that patients are assisted as soon as they had said their complaint while as 1 interviewee indicated that patients never get assistance quickly. Similarly 2 respondents indicated that most patients are not assisted by health workers to get into a bathroom, 1 respondent indicated that patients always get assisted by health workers when they want to access the bathroom. 1 patient was not sure of this service.

c. Group Four
They interviewed three people, 2 females and 1 male. All interviewed patients said that hospital staff always talks about whether or not a patient would have the help needed when s/he had left the hospital. In addition to that all respondents accepted that patients get information in writing about what symptoms or health problems to look out for after they leave the hospital. On pain management, 2 respondents indicated that sometimes health workers try to help patients ease their pain.

d. Group Five
All the three interviewed respondents indicated that bathrooms were clean all the time and that patients ward are usually quite at night.

e. Group Six
They were supposed to evaluate the general goodness of the services provided at Mfera Health Centre. They also interviewed four patients. Generally the health Centre and the services provided were rated above average by three respondents while one respondent indicated that they were below average.
Appendix 5: Findings on experiences with customer care

Being the last day to deliver on customer care, in the morning, participants were put into seven groups and sent to visit various places such as Chipiku stores, Puma Filling station, Post Office, Hope lodge, District Hospital (OPD, ART and DHO’s office). They were supposed to observe and report how customer services are being done. Most participants reported to have been greeted upon arrival in their respective institutions. However, the groups which went to Post Office and Filling station had a different experience. From the post office, participants were greeted and attended to after a while. The service provider was just looking at them. Likewise at the filling station, one participant went earlier and was not greeted while as the other participant who came later was welcomed joyfully. A group that visited OPD at the hospital noticed that health workers come to work late, and do not greet patients upon arrival in the ward. They also observed that the respondent was leaning backwards on a chair while talking to the visiting group. A similar observation was noticed at Hope lodge where the service provider was spinning around on a chair while talking to the group. It was observed that most service providers assume services on behalf of the customers.
Appendix 6: How warmth, friendliness, honesty, patience, courtesy and respect can be practiced

In summary to customer care, participants were given tick notes to write some of the facts that could be done in order to practice warmth, friendliness, honesty, patience, courtesy and respect. The following issues were then consolidated:

A. WARMTH
   i. Smiling
   ii. Giving a seat to client
   iii. Greeting clients while smiling
   iv. Welcoming a patient with a smile
   v. Giving patients a place to sleep
   vi. Talking calmly
   vii. Advising on the given treatment
   viii. Asking the client to come back to hospital if the illness persists

B. FRIENDLINESS
   i. Call the client by name
   ii. Look in the face of the client while talking to him/her
   iii. Maintain eye contact while talking to patient
   iv. Listen to what the client say and probe other external problems surrounding patient
   v. Let the client ask question concerning the problem
   vi. Informing the patient whatever is happening on him/her about the treatment
   vii. Use simple words when talking to patient
   viii. Showing interest, empathy when talking to patient
   ix. Be in the shoes of the patient when talking to them

C. HONESTY
   i. Tell the truth concerning patients problem
   ii. Letting the patient know the limit of our job prescription
   iii. Accepting liability
   iv. Providing accurate information when giving care
   v. Prescribing the right dose for the patient
   vi. Explain the patient’s problem in detail and tell how you can help the client
   vii. Help the patient without bribery
   viii. Explaining the treatment given to the patient and the side effects of the treatment.

D. PATIENCE
   i. Speak calmly when giving orders to patients
   ii. Letting a patient decide on the stated approach of treatment
   iii. Do not anger against the angry patient
   iv. Avoiding shouting at the patient
   v. Listening attentively to the lamentations by the patient
   vi. Use polite words when addressing the patient
   vii. Listen first before administering the treatment
viii. Continue working despite poor working conditions at our hospital

E. COURTESY AND RESPECT
   i. Addressing clients by name and or title
   ii. Avoid plastic smile
   iii. Use friendly tone when speaking to clients
   iv. Be polite when talking to patients
   v. Respecting culture and norms of the patient
   vi. Avoid shouting at patients
   vii. Treating all patients with dignity regardless of age
   viii. No bad mouthing
   ix. Respecting every patient including our fellow staff members
Appendix 7a: Organogram of Ministry of Health

Minister

Director of Public Health

Director of Clinical Services

Director of Nursing and midwife

Director of Dental Services

Director of Laboratory

Director of Radiology

ZONE

DHO

7.b: Organogram of District Hospital

D

DHO

DM

CCO

CSO

DNO

MA

RN

NM

DEH

EHO

AEH

HSA

ADM

HR

ACCT

Sup
7c: Mode of communication

**Sender**
DHO, MATRON, ADMINISTRAT

**Receiver**
H/N

**FEEDBA**
<table>
<thead>
<tr>
<th>Appendix 8a: List of Records, their use and management by Department</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>List of Records</strong></td>
</tr>
<tr>
<td>Nurses Department</td>
</tr>
<tr>
<td>• Patients files</td>
</tr>
<tr>
<td>• Health passports</td>
</tr>
<tr>
<td>• Registers eg. ANC, FP, ART, MAT, Post-natal etc.</td>
</tr>
<tr>
<td>• Requisition and issue voucher</td>
</tr>
<tr>
<td>• Protocol, policies, guidelines</td>
</tr>
<tr>
<td>• Minutes and memos</td>
</tr>
<tr>
<td>• Report books &amp; ward round books</td>
</tr>
<tr>
<td>• Laundry books</td>
</tr>
<tr>
<td>• Communication books</td>
</tr>
<tr>
<td>• Duty roster</td>
</tr>
<tr>
<td>• Nurses Department</td>
</tr>
<tr>
<td>• Clinical Officer/ Medical Assistant department</td>
</tr>
<tr>
<td>• Administration Department</td>
</tr>
<tr>
<td>• Environmental department</td>
</tr>
<tr>
<td>• HAC Department</td>
</tr>
<tr>
<td><strong>List of Records</strong></td>
</tr>
<tr>
<td><strong>Uses of Records</strong></td>
</tr>
<tr>
<td><strong>Management of Records</strong></td>
</tr>
<tr>
<td>• Records are filed in Arch lever files and putting them in shelves</td>
</tr>
<tr>
<td>• Labelling of records using number and Alphabet</td>
</tr>
<tr>
<td>• Completed records are then sent to HMIS</td>
</tr>
<tr>
<td>• Management of Records</td>
</tr>
<tr>
<td>• Records are kept on a shelf. If they are in use they are kept in a lockable cabinet.</td>
</tr>
<tr>
<td>• These records are kept on a shelf. If they are in use they are kept in a lockable cabinet.</td>
</tr>
<tr>
<td>• Worn out covers on files are replaced</td>
</tr>
<tr>
<td>• Dead records are kept in drawers, cabinets, computer hard drives, flash disks</td>
</tr>
<tr>
<td>• Records are kept in drawers, cabinets, computer hard drives, flash disks</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Role in Management of Records</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>• Compiling of record</td>
</tr>
<tr>
<td>• Ordering new records</td>
</tr>
<tr>
<td>• Ensuring proper storage of records</td>
</tr>
<tr>
<td>• Labelling, sorting, setting the records</td>
</tr>
<tr>
<td>• Checking accuracy of data entered on records</td>
</tr>
<tr>
<td>• Verifying data by HMIS clerks</td>
</tr>
<tr>
<td>• Distributing data to stakeholders, partners, supervisors</td>
</tr>
<tr>
<td>• Ensuring that records are safe and confidential at all times</td>
</tr>
<tr>
<td>• Ensuring that monthly/quarterly reports are available</td>
</tr>
<tr>
<td>• Compiling reports</td>
</tr>
<tr>
<td>• Verifying reports</td>
</tr>
</tbody>
</table>

- Collecting data
- Interpreting data
- Compiling data by aggregating according to type and use.
- Reporting to relevant authorities.
- Writing minutes of meeting
- Cross checking inventory sheets to certify availability of items at health centre
## Appendix 8b: Experiences on Record Keeping

<table>
<thead>
<tr>
<th>List of Records</th>
<th>St. Lawrence SS (They met the Headmaster)</th>
<th>IEC</th>
<th>Chikwawa SS</th>
<th>Chipiku</th>
<th>Hospital HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not enter into the School Library because the custodian of keys to the Library was not available.</td>
<td>Files, cameras, computers, distribution sheets.</td>
<td>Book records (available and lost), students records, teachers records, examination records,</td>
<td>Goods receiving note, goods return to supplier note, cash sale receipt, MRA receipt, Bin cards,</td>
<td>Registers (from OPD, wards, Radiology, TB, Hematology and Stock Cards), Reports (HMIS 15, LMIS report).</td>
<td></td>
</tr>
<tr>
<td>Uses of records</td>
<td>The Head was unable to state the use of records in the library.</td>
<td>Used for reference and auditing.</td>
<td>Tracking and sustainability of books</td>
<td>Receiving goods from suppliers and from Chipiku head office</td>
<td>Source of information, For planning purposes For transparency and accountability For further management Provision of feedback</td>
</tr>
<tr>
<td>Management of Records</td>
<td>Two girls are chosen to assist in management of books in library when other students are studying</td>
<td>Records are kept in shelves, archives, saved in computers and cameras.</td>
<td>Record are kept in cartons</td>
<td>Receipts are kept in one file after stock taking on monthly basis</td>
<td>Records are filled according to dates, months and years Hard copy records are stored in shelves Soft copy records are backed up to avoid losing data</td>
</tr>
<tr>
<td>Role in keeping records</td>
<td>Ensuring safety over records, Ensuring that records are used</td>
<td>Monitoring students in library to avoid destruction and stealing of records</td>
<td>Updating files on daily basis</td>
<td>Ensuring that records are well balanced</td>
<td>Compiling of reports Analyzing data Being custodian of records</td>
</tr>
<tr>
<td>Challenge in Record management</td>
<td>Lack of space</td>
<td>Most borrowed books are not returned</td>
<td>Lack of space</td>
<td>Providing information to relevant authorities</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------</td>
<td>---------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Limited books</td>
<td></td>
<td>Lack of funding</td>
<td>Lack of space to keep unused records</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lack of space</td>
<td>Lack of computers to maximize electronic record management.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Librarian (teacher) has a busy schedule hence fail to monitor all library protocols</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 9: Categorised Issues (these were categorized from issues compiled in Appendix 3)

<table>
<thead>
<tr>
<th>Issue Category</th>
<th>Issue Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients/patients</td>
<td>Patients have negative attitude towards most health providers as such they wait till condition develops into a chronic illness</td>
</tr>
</tbody>
</table>
| Health worker       | • Undermining attitude of health providers towards patients/clients related to  
                        i. Delay in attending to patients  
                        ii. Patients are not treated/welcomed warmly  
                        iii. Patients disrespected  
                        iv. Workers do not cooperate with patients  
                        v. Shouting at patients  
                        vi. Returning patients if they have come late  
                        vii. Use of inappropriate language with patients  
                        viii. Prescribing medication before the patient finishes explaining symptoms  
                        ix. No proper care given to patients  
                        x. Important people do not stand on a line as other patients  
                        xi. Not seeking permission to vaccinate children and women receiving TTV as well as in mass drug administration for helminthes infections  
                        xii. Health passport book lined on the floor  
                        xiii. Clients not given enough information on drug usage  
                        xiv. Asking patients to move out for cleaning without proper excusing to work in the room  
                        • Unprofessional behavior related to  
                        i. Demand from bosses to release the files  
                        ii. Late reporting for duties by some health workers  
                        iii. Absenteeism by some health workers  
                        • Demanding money or a bribe from clients, knowingly or unknowingly  
                        • Housekeepers have inferior feeling when doing their work  
                        • No respect among workers  
                        • Poor sanitation  
                        i. Toilets not cleaned frequently  
                        ii. Inadequate latrines  
                        • Low community participation  
                        • Poor waste management  
                        • Poor traffic control  
                        • Poor record keeping related to  
                        i. Missing records  
                        ii. Incomplete records |
| iii. registers are worn out  | System Related factors |
| iv. Lack of registers.  | • Inadequate resources: |
| v. Inventory sheet not used.  | • No drugs and other necessary resources |
| vi. Lack of files and shelves  | • Shortage of health workers creating too much work load |
| vii. No specific places where records can be kept.  | • Inadequate consumables for cleaning purposes |
| viii. Lack of security over records.  | • Inadequate of resources for Infection prevention |
| • No proper training on how to write reports  | • No request of resources from the DHO |
| i. No report validation  | • Inadequate communication due to: |
| • Pilferage of resources  | i. Limited stationary lead to problems with printing and supply of forms such as referral forms |
| i. Failure to track medication items from pharmacy to the end user  | ii. Shortage of fuel leading to poor transport communication |
|  | iii. Inadequate phone units thereby hindering effective referral of patients |
|  | iv. Unreadable prescriptions |
|  | • Communication breakdown among departments due to |
|  | • No meetings in the work place |
|  | • lack of motivation among staff |
|  | • Unable to delegate responsibilities |
|  | • Delivery beds too high |
| Social-cultural  | Leadership/Management |
| • Cultural and Language barrier  | • No office to handle some ethical issues. |
| • Religious beliefs affecting prescription of care  | • No cleaning rosters. |
| • Most patients are illiterate hence they do not understand accordingly  | • Ineffective communication from management manifested through |
|  | i. late communication to staff |
|  | ii. Inadequate supervision |
|  | iii. lack of feedback from management |
|  | iv. Poor communication from management to HSAs in remote areas. |
|  | v. In adequate information provided to staff |
Appendix 10: Development of Ten Commandments

In order to develop Ten Commandments, Participants were asked to individually write down what they would do to ensure that what they had learnt would be implemented in Customer Care, Hospital communication, Hospital housekeeping, and hospital record keeping. The following are the consolidated lists of 10 sentiments that each participant had pledged on each topic of discussion.

A. CUSTOMER CARE
   i. I shall always welcome my clients/patients with a smiling face
   ii. I shall always have a positive attitude towards my patients
   iii. I shall always treat my patients as my bosses
   iv. I shall always offer privacy and confidentiality to my patients
   v. I shall always respect and treat my patients regardless of social status
   vi. I shall always report for duties on time
   vii. I shall always dress properly according to my profession
   viii. I shall always explain procedures to my patients and answer queries accordingly.
   ix. I shall always respect the views from my patients and community
   x. I shall always encourage and inspire other on customer care

B. HOSPITAL COMMUNICATION
   i. There shall be proper handovers
   ii. Direction and areas shall be labelled
   iii. Dressing properly when going for work
   iv. Speaking to patients with low tone
   v. Memos and notices to be displayed in all departments
   vi. Establishment of feedback method e.g. a suggestion box
   vii. Using language that can be understood by patient
   viii. Conduct staff meetings
   ix. Displaying contacts of all members of the department
   x. Develop and follow organograms

C. HOSPITAL HOUSEKEEPING
   i. I shall establish special cleaning days
   ii. I shall orient cleaning staff on proper house keeping
   iii. I shall ensure proper waste management and disposal
   iv. I shall lobby for resources housekeeping
   v. I shall adhere to rules of housekeeping
   vi. I shall develop cleaning roster
   vii. I shall reinforce discipline on proper resource usage
   viii. I shall conduct performance appraisal
   ix. I shall supervise daily on housekeeping
   x. I shall develop a moto, “it starts with me”.

D. RECORD KEEPING
   i. I shall be a custodian of all records
   ii. I shall file every record accordingly
   iii. I shall archive all records
   iv. Only relevant authorities shall access the records
   v. I shall establish a borrowers register
   vi. I shall keep records securely
   vii. I shall update records regularly
   viii. I shall label records using dates and departments
ix. I shall classify records accordingly
x. I shall establish time frame for keeping records
APPENDIX 11: Evaluation of the Training

It has been a great 2 weeks. We will appreciate feedback on your experience.

Instructions
i. Please write your responses on stick pad
ii. Number your responses according the questions
iii. Stick your responses on a flip chat as displayed on the wall.
Your honest feedback is appreciated and please do so on each question.

1. What new insights and ideas have you learnt?
   i. Customer care
   ii. customer care
   iii. Customer care
   iv. Customer care
   v. hospital communication
   vi. Housekeeping
   vii. housekeeping
   viii. housekeeping
   ix. Housekeeping methods- 10 point plan
   x. Housekeeping techniques
   xi. Leading by example
   xii. Patient as a customer
   xiii. Patient as a customer
   xiv. patient as a customer
   xv. patient as a customer
   xvi. patient as a customer
   xvii. patient as customer
   xviii. patient as customer
   xix. patient as customer
   xx. patients as customers
   xxi. Patients as customers
   xxii. Personal grooming
   xxiii. personal grooming
   xxiv. record management
   xxv. Team spirit
   xxvi. Team spirit work
   xxvii. Team work
   xxviii. Team work
   xxix. team work
   xxx. team work
2. How did the training help you modify your existing views on:

a. Customer care
   i. Treating patients as customers
   ii. It motivated me to give more services to my clients
   iii. Customer care starts with me
   iv. Treating patients as customers
   v. Always provide good services despite problems faced
   vi. I have to welcome my patients well
   vii. Patients are our customers
   viii. I have developed good customer services
   ix. Treating patients with respect
   x. Having a positive attitude towards patients
   xi. Treating patient as a customer
   xii. I was able to recognize my shortfalls in customer care and am ready to improve
   xiii. Be humble when dealing with patients
   xiv. Patients are our customers
   xv. Treating patients equally regardless of status
   xvi. Good reception is vital in customer care
   xvii. Understanding patients as customers
   xviii. Developed positive attitude towards patients
   xix. Every patient is a customer
   xx. Treating patients with respect is good customer care
   xxi. Respect patients
   xxii. Having a good reception is important to patients
   xxiii. Viewing a patient as a customer and not as an individual.

b. Hospital communication
   i. I was able to drop my cases against staff members who display insubordination in their communication
   ii. Improved on communication skills
   iii. Implications of not communicating well
   iv. Communication improves care and recovery
   v. Communication improves care and recovery
   vi. Good communication is vital
   vii. I will change the poor communication at my facility to be good
   viii. Communicating in time and giving feedback
   ix. Communication is good to advance team work
   x. We need to communicate friendly with patients
   xi. Communicating in time is vital for good service delivery
   xii. Communication improves the work place
   xiii. Communication must be in a polite manner
   xiv. Good communication is the basis for creation of good environment and reception of care
   xv. Good communication brings about team work
   xvi. Good communication ensures quality services.

c. Hospital housekeeping
i. Good housekeeping etiquette promotes good relationship with clients
ii. Beautifies the surrounding
iii. Cleanliness of our workplace is important
iv. Taking part in housekeeping issues
v. Housekeeping is as good as prescribing medication to patient
vi. Cleanliness is a core factor in provision of quality care
vii. Doing housekeeping basing on standards
viii. I have known good ways of doing housekeeping
ix. Cleaning the toilets regularly does not require chemicals
x. Good housekeeping starts with me
xi. Improved sanitation attracts customers
xii. I have a responsibility to maintain a clean environment
xiii. Cleanliness is important to avoid infection
xiv. Stained toilets can be cleaned beyond recognition
xv. Housekeeping is important
xvi. Is very important
xvii. Involve the community in making the environment clean
xviii. Everyone has a role to play in housekeeping
xix. Hospital needs to be cleaned regularly
xx. Housekeeping can make our facility to be desirable

d. Hospital record keeping?
   i. Good filing system
   ii. Keeping records safe and confidential
   iii. It's duty of every health worker realize my roles on record keeping
   iv. Helped how to keep files
   v. Promoting confidentiality on records
   vi. Being a custodian of records
   vii. Safe keeping of records for easy retrieval
   viii. Ensuring privacy and confidentiality
   ix. Need to be documented, updated and kept safely
   x. Record management
   xi. Good documentation
   xii. Being custodian of records
   xiii. Keeping records at one place
   xiv. Being custodian
   xv. Organizing records in order of use
   xvi. Safe keeping of records for easy retrieval
   xvii. Outdated records need to be sent to archive
3. How did the methodology of the training help you to learn?
   i. Interactive
   ii. Interactive
   iii. Interactive
   iv. Interactive
   v. Interactive
   vi. Interactive
   vii. Interactive
   viii. Interactive
   ix. Interactive
   x. Interactive
   xi. Interactive
   xii. Interactive
   xiii. Interactive
   xiv. Interactive
   xv. Interactive
   xvi. Interactive
   xvii. Interactive
   xviii. Interactive
   xix. Interactive
   xx. Projection of learning materials gave us a chance to read what is being presented

4. How did the methodology help you to assess your facility’s performance?
   i. Practical lessons done at hospital
   ii. Methodology did not condemn the facility but rather encouraged us to self-assess our facility
   iii. It taught me customer care, housekeeping which were not being done fully
   iv. To enhance team spirit through tug of war
   v. Practicum helped to see failures of our facility and taught us how we can improve
   vi. Pictures of our facility helped us to see where we are not doing good
   vii. Pictures of our facility helped us to see where we are not doing good
   viii. Practicum helped us to evaluate our facilities
   ix. It helped us to know that there is no team work at our facility
   x. After being taught where I can improve I was able to identify the hortfalls at my facility
   xi. Comparison with other facilities such as Mwayiwathu and Seventh Day Adventist Hospitals I was able to see the shortfalls at our facility
   xii. We were able to visit our facility and check where we are doing good and bad
5. How has the methodology helped you to see how your work could improve?
   i. Actual pictures were used to see the situation improved
   ii. Broaden my understanding on customer care, communication, housekeeping,
   iii. Confidence in handling issues and leadership skills
   iv. Dirty toilets were cleaned
   v. Has brought new ideas
   vi. I can work in any field for the better of our customers
   vii. It has revealed my failing areas
   viii. It has revealed my failing areas
   ix. It has revealed my failing areas
   x. It has revealed my failing areas
   xi. It has revealed my failing areas
   xii. It has revealed my failing areas
   xiii. It has revealed my weak areas
   xiv. It has shown me how the new ideas could be implemented at my work place
   xv. Learnt a lot of techniques through practicum
   xvi. Practical areas
   xvii. Practical session gave a chance to see real results
   xviii. Revealed the problems at our health facilities
   xix. Taught me how to communicate better to patients
   xx. Using basic materials to do our work
   xxi. Working as a team
   xii. It has revealed my failing areas

6. Which exercises during the training helped you learn?
   i. Action plan
   ii. Bridge construction
   iii. Bridge making from paper
   iv. Cleaning at Mfera
   v. Cleaning at Mfera
   vi. Cleaning at Mfera
   vii. Cleaning at Mfera
   viii. Cleaning at Mfera
   ix. Cleaning at Mfera
   x. Cleaning at Mfera
   xi. Facility and institution visits
   xii. Facility and institution visits
   xiii. Facility and institution visits
   xiv. Facility and institution visits
   xv. Facility and institution visits
   xvi. Group assignment
   xvii. Group discussion
   xviii. Group discussion
7. What did you not like about the training?
   i. Accountant was not communicating well to people
   ii. Accountant was not communicating well to people
   iii. All was good
   iv. All was good
   v. All was good
   vi. All was good
   vii. All was good
   viii. All was good
   ix. Allowance difference was very high
   x. Giving allowances on daily basis
   xi. Giving allowances on daily basis
   xii. Handouts were not elaborative enough
   xiii. Lack of energizers
   xiv. Lack of material to present
   xv. Long explanation of same point
   xvi. Poor logistics when going for practicum
   xvii. Refreshments were not enough
   xviii. Refreshments were not enough
   xix. Skipping some lessons to other participants
   xx. Skipping some lessons to other participants
   xxi. Some facilitators had little knowledge on health issues
   xxii. Weekend learning was not appropriate

8. What change would you propose for future trainings?
   i. Communicate officially to place of visitation for practicum
   ii. Evaluation be done on module basis
   iii. Every health worker in a all facilities must be oriented on this exercise
   iv. Facilitators need to acquaint themselves on hospital issues
   v. Have more facilitators
   vi. Improve on allowances
   vii. Improve on allowances
   viii. Include energizers
ix. Increase number of training days
x. Increase number of training days
xi. Increase number of training days
xii. Increase number of training days
xiii. Management of time was not okay
xiv. No changes just keep on AMEN!!!!
 xv. No changes just keep on good work bravo!!!!!
xvi. Spare weekends
xvii. Train more health workers
xviii. Training to be conducted far from residential areas
xix. Treat participants as adults especially accountant during giving allowances