

LTS International M&E Programme: Review of Scottish Government IDF Project

Basic Project Details

<i>Project Ref Number</i>	MDT034
<i>IDF Grant Round (1 or 2)</i>	
<i>Project Title</i>	Reducing maternal and infant mortality
<i>Country(ies)</i>	Malawi
<i>Recipient Organisation</i>	University of Strathclyde
<i>UK/Scottish Partner Institution(s)</i>	
<i>Beneficiary country Partner Institution(s)</i>	Chikwawa District Health Office, Blantyre Polytechnic
<i>IDF Grant Value received</i>	£166,000
<i>Start/End dates of Project</i>	Feb 06 – Jan 09
<i>Project Leader Name</i>	<i>Dr Peter West</i>
<i>Project website</i>	http://www.strath.ac.uk/malawi/projects/chikwawa/
<i>Interview Conducted (dates)</i>	Desk review: 25/3/08 Interview: 31/3/

1. Project Summary

The Government of Malawi is moving towards decentralisation of services such as health and education, which are to be funded and coordinated at district level. The Ministry of Health (and partners) have developed a sector wide approach (SWAp) to enable districts to decide priority areas for health expenditure within the district. This project aims to work in conjunction with the District Assembly and District Health Office (DHO) in Chikwawa to assist with delivery of the Essential Health Package (a minimum package of health care agreed by the Ministry of Health and donor partners) and the district implementation plan.

The need for the project is well documented in terms of poor health outcomes in Chikwawa, for instance in the Malawi Demographic & Health Survey 2004. In addition, Strathclyde University well understands the problems of poor health outcomes in this District as there is a long-standing (10+ years) relationship between Strathclyde and Chikwawa DHO with Strathclyde supporting a number of PhD students (incl. the Project Manager, Dr Tracy Morse) to undertake their PhD on health issues that directly impact on maternal and child mortality and morbidity, notable re lack of clean water supply.

The purpose of the project is to achieve measurable reductions in major causes of disease and death in a cluster of villages within Chikwawa District of Malawi alongside improving the hospital environment for the benefit of both staff and patients.

Main Activities and Outputs:

1. To improve basic facilities: water (quality, availability and quantity); sanitation (disposal of faeces); communication/transport to hospital and other health facilities.
2. Range of preventive measures, including: defining responsibilities of and training Health Surveillance Attendants, traditional healers/birth attendants and female facilitators; delivery of health education/training programmes; improvement of hygiene and obstetric practice; improvement of antenatal care; promoting male condom use; provision of ITNs for use by all family members; maximizing uptake of childhood immunisation; organisation of discussion fora.
3. Diagnosis and treatment: training for and provision of adequate basic equipment for HSAs and TBAs for early detection and satisfactory management of disease and obstetric problems; refurbishment of clinic premises, supply of microscopes and other lab equipment and materials; ensuring drug compliance for ART and TB drugs; ensuring adequate supply of all forms of medication, including vaccines; health information management system; networking with other NGO.

4. Chikwawa Government Hospital – provision of accommodation and lab facilities, training programmes and other amenities to assist recruitment and retention of medical staff; provision of new accommodation for AIDS patients; improve lab facilities, continued refurb of hospital premises, provision of clinical equipment and supplies.
5. Blantyre Polytechnic – improve lab facilities, encourage joint working with Chikwawa Hospital, installation of water testing facilities.

2. Partnerships

Strong, long-term working relationships between Strathclyde University and Chikwawa DHO and Malawian Ministry of Health (MoH) support robust two-way exchange of knowledge and expertise between Scotland and Malawi. Such ongoing relationships ensure effective working relationships and robust understanding of the local context and needs. These relationships have ensured that the project was planned, designed and started up in close collaboration between the Project Manager and the DHO and ongoing feedback is provided to the project via a Steering Group that consists of MoH, MoH Reproductive Health Unit, DHO, and District Commissioner. In addition, the project runs quarterly focus group discussions with community members to elicit feedback from beneficiaries which demonstrates both good practice and a commitment to work in partnership at different appropriate levels.

3. Summary of progress

3.1. Relevance

This project is highly relevant as it was designed in partnership with local relevant partners (DHO, Blantyre Polytechnic) to support the deliver of the MOH's EHP at community level within Chikwawa, thereby complementing the Malawian Government's and donors' SWAp to health. Through discussions with the District Health Management Team, planned activities were agreed as part of the District Implementation Plan. The need for this project stems from the Project Manager's PhD work in the same communities that looked at a public health approach to reducing diarrhoea caused by infectious diseases in children less than 5 years of age. This is a robust project that applies strong technical and scientific knowledge and methods to a well-defined problem with the technical expertise to address the problem as evidenced by the results created through this project.

3.2. Efficiency: Progress towards Objectives (outputs)

The project is making good progress towards its outputs with capital investment evidenced by before and after photos of refurbished/newly built facilities. Although there was a slower than anticipated start-up, due to difficulties obtaining a motorbike for the project Health Surveillance Assistant (HSA), this was overcome through dedicated team working and use of public transport.

Through capital investment, this project has produced additional outputs in terms of providing a community health facility which has supported activities that contribute to the reduction of maternal and child morbidity/mortality (growth monitoring, immunization) by providing an appropriate setting for such activities. At community level, the project has added value through the purchase and distribution of bicycle ambulance and Water Point Committees.

The project is managed on a day-to-day basis by the Project Manager, Dr Morse, and a small dedicated team of staff, notably the HSA. As Dr Morse and the HSA have worked together in these communities for a number of years, this ensures strong team working and good local knowledge of the communities. This is a real benefit to the implementation of this project. Dr Morse meets with the DHO at least 2x/month and with the DC 1x/month and other Steering Committee members as and when required.

This project is strong because it is based on strong technical knowledge which is applied pragmatically in a well-understood context. Strathclyde adds value to this project by bringing strong technical expertise. Based on this strong technical knowledge, a range of robust

monitoring and evaluation tools are in place, including formalised indicators that allow the project to track success. These are both quantitative in nature (tests on water sources) and qualitative (Community FGD). The feedback from the FGD is used to inform and shape the future direction of the project by identifying local needs.

A robust system to manage and report expenditure is in place with the Project Manager managing and reporting finances to a designated person within Strathclyde on a monthly and quarterly basis and expenditure in Malawi budgeted against a quarterly plan of work.

3.3. Progress towards Project Aims and Goals

The project can provide documented evidence, including photos, that it is achieving stated aims including detailed figures on the number of water supplies improved and maintained, provision of bicycle ambulance, capital investment items for health facilities, etc. It is measuring results through a combination of quantitative and qualitative methods as appropriate and has quantitative data that shows significant drops in cases of diarrhoea in all project communities. The main tangible results are in terms of capital investment and improved infrastructure and the material changes to beneficiaries are both in terms of improved health outcomes for target populations and also in terms of greater agency at community level with regard to their health. Of particular note is the response that the project has received from local women, through the FGD, who have remarked that they have never been asked their opinion re health and health access before and their ability and willingness to share valuable information that the project has then used to shape future interventions to address community needs.

4. Sustainability & Impact

Impact: The impact of this project is laudable. By applying strong technical knowledge and working closely with appropriate partners, notably the DHO and the District Commissioner, this project has been able to achieve real impact in terms of reducing maternal and infant mortality. It is noteworthy that the strong technical knowledge has been coupled with a practical approach that has included capital investment. This capital investment has created positive impact by providing appropriate and necessary health facilities at community level and by providing necessary equipment and training at community level. The capital investment also created unanticipated impact in terms of increasing uptake of growth monitoring and immunization activities as there is now an appropriate location to undertake these activities at community level.

Sustainability: The project was not intended as a pilot or to provide services that are not sustainable once the project funding comes to an end. The project was planned to build a lasting infrastructure at local level, i.e. housing for hospital staff, health clinics, medical equipment and to identify ways that the EHP can be implemented at local level (through use of the aforementioned resources). As such, once funding comes to an end, capacity both in terms of physical infrastructure and human capacity will remain in place to continue meeting the local communities health needs. It is noted that the University of Strathclyde hope to continue involvement in this project beyond the current life of the grant as this is part of an ongoing relationship with this district and these communities.

5. General assessment

This is an excellent project that applies strong technical knowledge, strong local knowledge, strong partnership working with appropriate local partners, notably the DHO, to a national policy/approach, the implementation of the EHP. This project represents a good example of best practise –in terms of partnership working, applying technical knowledge in a practical manner at community level and in terms of working with communities and listening to beneficiaries at community level to ensure that planned activities are meeting local needs and with regard to ongoing feedback for planning future activities.

With regard to the future implementation of IDF, the recipient offered a number of points for consideration:

- Dr Liz Grant, in her role within the Scottish Government, brought real expertise and knowledge (based on Dr Grant's experience in sub-Saharan Africa) to bear on interaction with the recipient and this was very beneficial to the project in terms of an overarching/umbrella that tied all Scottish Government-funded health projects in Malawi together
- Without wishing to advocate for onerous reporting structures, the recipient expressed surprise at the lack of accountability and reporting that they were asked to engage in with the Scottish Government. The recipient was keen to stress that they did not want to be burdened with onerous reporting structures and stressed that they would like to see focused, meaningful reporting for the public funds they are in receipt of
- Given what this project has achieved with small capital investment, the recipient advocated that the initial prohibition of capital investment was ill-conceived. They also advocated that capital investment reflects a long-term commitment to health in Malawi. (It should be noted that this project was able to capitalise on the small capital investment due to their strong technical knowledge and that future consideration of requests for capital investment should be coupled with robust technical knowledge to build strong services within the capital infrastructure.)
- Through receipt of the IDF funds, this project was able to leverage substantial additional funds towards project activities