

2019



'Health Systems Strengthening' Concept Note

MHONDORO NGEZI DISTRICT HOSPITALS

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Executive Summary

'HealthGateway Africa Trust' (the trust) supports disadvantaged communities mainly women and children by increasing access to Health Care, and promotes community empowerment. In Mhondoro Ngezi district, the trust conducted health-facility based key informant interviews to understand the district's prevalent health conditions, assess health facility capacities and service delivery gaps.

On Epidemiology Hypertension (BP) is the most prevalent health condition. There is no medicine for it at most health centres in Ngezi. Other prevalent conditions include Diabetes, Mental Illness, and Asthma. Un-reported conditions include HIV and also Tuberculosis (TB). On Health Facility Expertise, Medication, and Capacity; Rural hospitals do not have the resources to retain professional staff. Medication and consumables in low supply, hospitals are under capacitated, and their equipment and general infrastructure is not conducive for hospital operations. On Services Availability and Affordability; Government institutions do not have any medicine stocks and have refused payment in kind as it is difficult to audit.

To increase service delivery capacity in targeted health facilities; phase 1 of the HGAT intervention will source Hospital Equipment; repair and refurbish the hospital's water system, conscientize staff on service level standards, and provide supplementary feeding to expecting mothers in the maternity waiting home. Key phase 1 indicators include increase of service outputs, and increase in expecting mothers admitted in comparison with same time last year. The HGAT field officer will assess all hospital Equipment functionality, the number of walk-in clients and their health conditions, as well as staff adherence to policies and procedures on equipment usage and disposal.

In year 2, the trust will focus on reducing disease occurrence and increasing facility services through community engagement; service outreach; livelihood training; improving facilities, services, & infrastructure. Key phase 2 indicators include proportion of women attending community dialogue screened for antenatal care, proportion of adults attending community dialogue with increase in knowledge of Prevention of HIV Mother-to-Child Transmission (PMTCT), and also number of training participants implementing livelihood programs.

For sustainability, equipment maintenance will be funded by revenue generated from clients based on a willingness to pay survey to guide hospital fees. HGAT program will also institute quarterly departmental incentives based on RBF targets performance evaluation and quarterly client satisfaction surveys. The trust also aims to rejuvenate hospital garden to replace HGAT supplementary feeding scheme for expecting mothers in maternity waiting home.

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Acronyms & Abbreviations

- HGAT:** HealthGateway Africa trust
- MOHCC:** Ministry of Health and Child Care
- PMTCT:** Prevention of Mother To Child Transmission of HIV
- ZDHS:** Zimbabwe Demographic and Health Survey
- NGO:** Non-governmental Organization

Program Background

'HealthGateway Africa Trust' (the trust) supports disadvantaged communities mainly women and children by increasing access to Health Care, and promotes community empowerment. The trust aims to increase universal access to care and need-based coverage; promote health equity; and increase community participation in defining and implementing the district's health agenda.

In Mhondoro Ngezi district, the trust conducted health-facility based key informant interviews to understand the district's prevalent health conditions, assess health facility capacities and service delivery gaps. St Michaels Mission Hospital and Ngezi Hospital were targeted for assessment as these are the Referral Hospitals whose performance positively impacts the district.

Survey Findings: Problem and Implications

District Epidemiology

Hypertension (BP) is the most prevalent health condition and occurs mostly in people 45 years of age and above. There is no medicine for the condition at most health centres in Ngezi and this condition causes stroke, organ failure, and can lead to blindness and sudden death. Other prevalent conditions include Diabetes, Mental Illness, and Asthma. Un-reported conditions include HIV and also Tuberculosis (TB), the latter being mostly due to ignorance. Non-disclosure of HIV is driven by stigma which is still rife in the rural community, aggravated by traditional myths & misconceptions, and a high illiteracy rate.

Health Facility Expertise, Medication, and Capacity

Rural hospitals do not have the resources to retain professional staff. Ngezi Hospital; therefor refers to St Michaels Hospital all patients needing general and specialist services from Doctors, Eye surgeons, and a Dentists whom they do not have. Medication and consumables in low supply include drugs for Hypertension; Mental illness; Epilepsy; and Antibiotics in Analgesics. St Michaels and Ngezi hospitals are the main health facilities in the district and as such, the referral centres. However, these hospitals are under capacitated and their equipment and general infrastructure is not conducive for hospital operations.

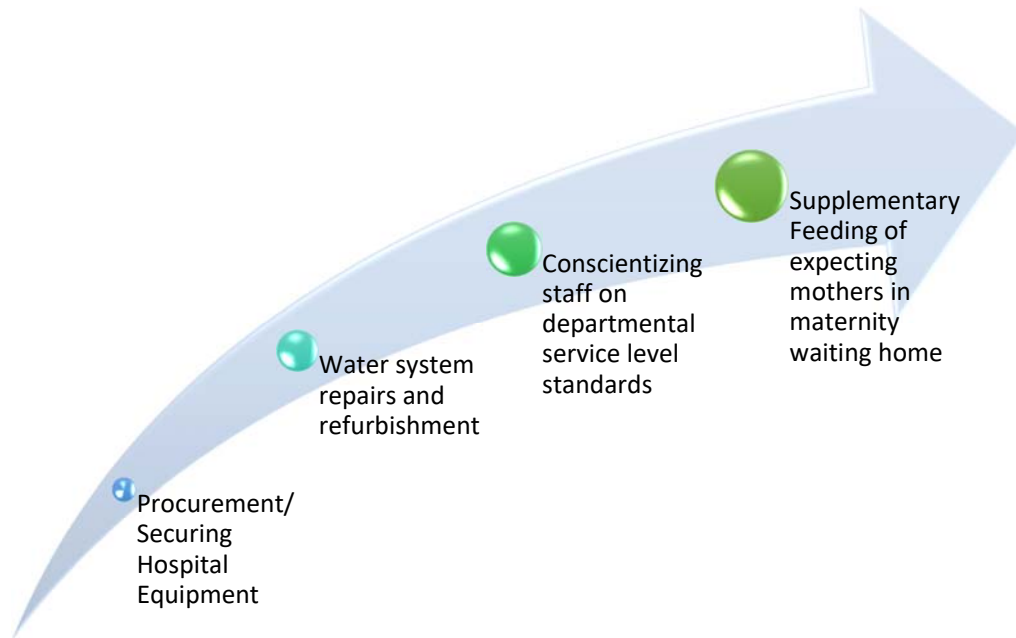
Services Availability and Affordability

Health institutions in Zimbabwe are run using the Results-Based Financing (RBFs) resource allocation and performance management tool. Government institutions therefor do not charge the community for medicine; however, they also do not have any stocks and have refused payment in kind as it is difficult to audit. Medicines at St Michaels Mission Hospital are charged at cost price so no profit made but hospital can re-stock.




External Support Programming

Support programming has not followed the consultative process where community/ key stakeholders are involved in during intervention conceptualizing. As a result, there has been no sense of ownership from beneficiaries thus compromising intended program outcomes. Non-involvement also produces programs that are incompatible with the health programs being supported or their processes.

Project Phase 1 Implementation: Increasing Service Delivery Capacity



In line with Mhondoro Ngezi District findings the trust aims to increase service delivery capacity in targeted health facilities. The trust will source donations of medical equipment; and improve health facilities' services and infrastructure; and boost service uptake by clients. This phase will run for 12 months from date of accessing funding.

INFOGRAPHIC	INTERVENTION	INDICATOR
	<p>1. Procurement/ Securing Hospital Equipment: Equipment is to be donated from health facilities abroad during scheduled upgrading activities. Local hospital staff are to receive orientation on the purpose of the HGAT program, and also training on how to use the new equipment. This will increase hospital capacity and the range of services available at the health facility.</p>	<p>INCREASED QUANTITY OF SERVICE OUTPUTS (i.e. Condition diagnosis, Deliveries, Immunizations etc.)</p>
	<p>2. Water system repairs and refurbishment, and water source rehabilitation. HGAT program to refurbish essential hospital services sections (sluice rooms; maternity wards), and initiate tangible and non-tangible Performance Based & Hygiene Incentives to Support Care-givers.</p>	<p>INCREASING PERSONNEL'S CAPACITY TO EXECUTE TASKS</p>
	<p>3. Conscientizing staff on departmental targets and service level standards and assessing their service delivery capacity. HGAT program is to support tightening of facility security and controls, monitoring equipment usage, and conducting quarterly client satisfaction surveys.</p>	<p>INCREASED QUALITY OF HEALTH FACILITY SERVICES (accurate diagnosis, wider range of support services)</p>



4. **Supplementary Feeding of expecting mothers in maternity waiting home to be supported by HGAT program.**

INCREASED SERVICE UPTAKE BY CLIENTS

Program to also implement community Dialogue to Increase general Health & HGAT Program Awareness.

Key Indicators for Health Systems Strengthening

Phase 1 Indicators

INDICATOR	MEASUREMENT SOURCE
1. Rate of Increase of Service Outputs Achieved in Comparison with Same Time Last Year	<ul style="list-style-type: none"> • Hospital Annual Reports • Hospital Monthly Reports
2. Personnel Capacity to Execute Tasks	<ul style="list-style-type: none"> • Pre & Post Employee Engagement Survey
3. Increased Quality of Services	<ul style="list-style-type: none"> • Pre & Post Employee Engagement Survey • Pre & Post Client Satisfaction Survey
4. Expecting Mothers Accommodated in Maternity Waiting Home <ul style="list-style-type: none"> a. Increase in Expecting Mothers Admitted in Comparison with Same Time Last Year b. Average Pregnancy Stage at Admission in Comparison with Same Time Last Year 	<ul style="list-style-type: none"> • Hospital Annual Reports • Hospital Monthly Reports

Project Phase 2 Implementation: Reducing disease occurrence and increasing facility services



In year 2, the trust will focus on reducing disease occurrence and increasing facility services through community engagement; service outreach; livelihood training; improving facilities, services, & infrastructure. This phase will commence from the 13th month from accessing funding, full duration to be determined by level of funding and phase 1 outcomes.

INFOGRAPHIC

INTERVENTION

INDICATOR



Community Dialogues with Service Outreach: HGAT program to support engaging community through dialogue events; client screening and making referrals, and following up on identified client's uptake to measure impact. Program to also conduct service outreach: Sponsoring facility staff to conduct outreach operations and medication to mobilized community, and administration on the ground to support operations & capture statistics.

INCREASED
AWARENESS &
SERVICE UPTAKE



Livelihood Training: Engaging NGO partner to support identified beneficiaries with livelihood programs (market gardening, sewing etc.) and entrepreneurial skills. Monitoring post training implementation.

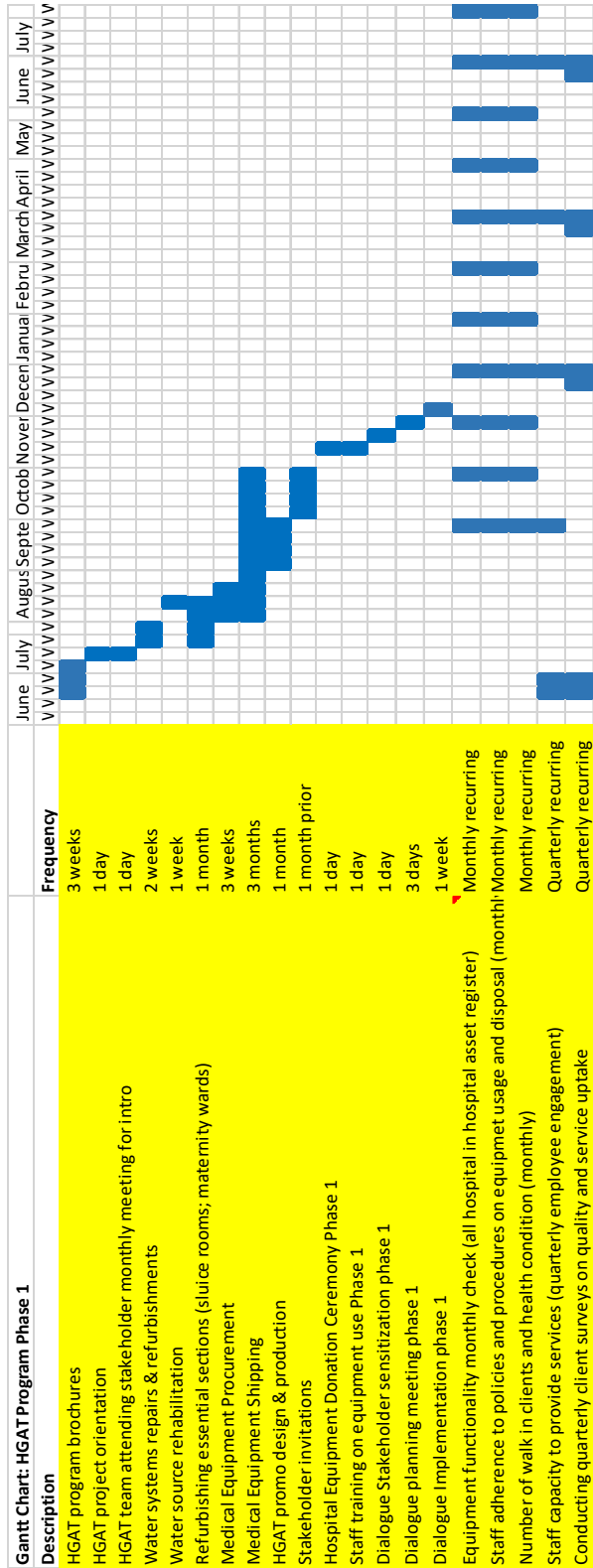
INCREASED
COMMUNITY
RESILIENCE FOR
DISEASE PREVENTION

Key Indicators for Reducing disease occurrence and increasing facility services

Phase 2 Indicators

INDICATOR	MEASUREMENT SOURCE
<p>5. Proportion of women attending community dialogue screened for antenatal care</p> <p>a. Seven percent of Zimbabwean women had no antenatal care at all – ZDHS 2015.</p> <p>6. Proportion of adults attending community dialogue with increase in knowledge of Prevention of HIV Mother-to-Child Transmission (PMTCT)</p> <p>a. Over 90% of women and 86% of men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy – ZDHS 2015.</p>	<ul style="list-style-type: none"> • Antenatal Care Screening Targets set Based on ZDHS • Knowledge Targets for PMTCT Prevention set Based on ZDHS
<p>7. Number of training participants implementing livelihood programs (market gardening, sewing etc.)</p>	<ul style="list-style-type: none"> • Pre & post training assessment of community livelihood projects

Activity Gantt Chart



Monitoring Activities

Monthly monitoring

The HGAT field officer will assess all hospital Equipment functionality using the hospital asset register. Field Officer will also monitor the number of walk-in clients and their health conditions, as well as staff adherence to policies and procedures on equipment usage and disposal.

Quarterly activities

Field officer will engage caregivers to assess their perceived capacity to provide services before and after interventions (new equipment, refurbishment and program orientation). Officer will also Conduct quarterly client satisfaction surveys on quality and service uptake.

Budget Summary



See budget management notes in APPENDIX

Sustainability Plan

Activity	Sustainability plan
1. Security and Maintenance of new hospital equipment.	<ul style="list-style-type: none"> • Proposal is for equipment maintenance to be funded by revenue generated from clients (willingness to pay survey to guide hospital fees). • Monthly systems monitoring and tightening facility security and controls, and monitoring equipment usage and disposal to reduce pilferage.
2. Maintenance of departmental output targets and service level standards and assessing their service delivery capacity.	<ul style="list-style-type: none"> • HGAT program to provide quarterly departmental incentives based on RBF targets performance evaluation and quarterly client satisfaction surveys. Staff tokens and non-tangible incentives to be alternated each quarter to ensure exercise continues with minimal resources. • Staff orientation on the purpose of the HGAT program to give increased sense of ownership and pride in service delivery.
3. Substantial number of expecting Mothers admitted in waiting homes; and at an early stage of pregnancy (36 weeks)	<ul style="list-style-type: none"> • Rejuvenating hospital garden to replace HGAT supplementary feeding scheme for expecting mothers in maternity waiting home. • Mothers admitted in waiting homes to be engaged to pay manageable fees to cater for nutritional needs as guided by willingness to pay survey.

APPENDIX

1. Budget Notes

1. All costs pegged in United States Dollar
2. United States based team to provide an inflation factor for year 2 budget
3. Personnel costs should not exceed 25% of the total grant value
4. Re-classification of budget line items means re-allocation of resources from an under-spent item of a specific code to an over spent item with-in the same class of expenses
5. Item re-classification shall require authorization of head of field operations
6. Re-alignment of budget line items means re-allocation of resources from an under-spent item from one class of expenses to an over spent item with-in a different class of expenses
7. Item re-alignment shall require donor authorization through an approved re-alignment request letter generated by head of field operations and communicated to the respective donor through designated Trustee
8. When tracking implementation efficiency, the variance between Time Lapsed and Percentage Expended should be below 10%

2. Executive Summary of Key Informant Interview

The trust conducted a health-facility based baseline survey designed to understand the district's prevalent health conditions, assess health facility capacities and service delivery gaps. St Michaels Mission Hospital and Ngezi Hospital were targeted for support as they are the Referral Hospitals whose increased capacity positively impacts the district.

Hypertension (BP) is the most prevalent health condition and occurs mostly in people 45 years of age and above. There is no medicine for the condition at most health centres in Ngezi and this condition causes stroke, organ failure, and can lead to blindness and sudden death. Other prevalent conditions include Diabetes, Mental Illness, and Asthma. Un-reported conditions include HIV and also Tuberculosis (TB), the latter being mostly due to ignorance. Non-disclosure of HIV is driven by stigma which is still rife in the rural community, aggravated by traditional myths & misconceptions, and a high illiteracy rate.

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3. St Michaels Hospital Request

LABORATORY DEPARTMENT

ITEM DESCRIPTION	QUANTITY
1. Standard Chemistry Analyzer e.g. Mindray for quality control	1
2. Deionizer/Distiller for laboratory distilled water	2
3. Incubator at 37°C for all microbial cultural growth of Bacterial Isolates	1
4. High resolution Microscope including blood bank	2
5. A 37°C incubation water bath for blood banking X matches	1
6. Room temperature monitoring thermometer	5
7. Fridge temperature monitoring thermometer	5
8. Hematology differential white cell counters	2
9. Computer-desktop	1
10. Printer	1
11. Viral load machine	1
12. Glucometer	6

2. OUT PATIENTS, THEATRE AND IN-PATIENT DEPARTMENTS

ITEM DESCRIPTION	QUANTITY
13. Suction machines	8
14. Resuscitate	2
15. Dynamaps	6
16. Monitor	2
17. ECG machine	1
18. Bedside lockers	110
19. Otoscope	4
20. Patella harmer	3
21. Delivery beds	3
22. Vacuum extraction machine	2
23. FH monitor/doppler	4

24. Oxygen gauges	6
25. Drug trolleys	6
26. Dressing trolleys	6
27. Dispensing machine (Hismanol)	1
28. Nebulising machine	6
29. Stretcher beds	5
30. Theatre beds	2
31. Board room tables	5
32. Boardroom chairs	30
33. Theatre lights	4
34. Wheel chairs	6
35. Mortuary stretcher (covered)	2
36. Baby scale	5
37. Office chairs	30
38. Office desks	10
39. Computers/laptops	10
40. Benches for patients	6
41. Projector	1
42. Fridges for medicines	4
43. Temperature scanner	6
44. Laryngoscope	6

3. OI DEPARTMENT

ITEM DESCRIPTION	QUANTITY
45. Chairs	4
46. Tables	2
47. Television and a DVD set for	1
48. Counselling full kit for children and adults	2

4. VIAC DEPARTEMENT

ITEM DESCRIPTION	QUANTITY
49. Digital camera	1
50. Examination Lamp	2
51. LEEP machine	1
52. Cryotherapy gun	1

53. Punch biopsy instrument	3
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5. XRAY DEPARTMENT

ITEM DESCRIPTION	QUANTITY
54. Main X-ray machine	1
55. X-ray film processor	1
56. Filing cabinet	1
57. 3D or 4D ultrasound scan machine	1
58. Laptop	1
59. X-ray films	1
60. Developer	1
61. Fixer	1

6. OPHTHAMIC EQUIPMENT

ITEM DESCRIPTION	QUANTITY
62. Slit lamp	1
63. Puff tonometer	1
64. Auto refractor	1
65. Ophthalmic instrument set (surgical)	1
66. Chalazion clamps	2

7. REHABILITATION DEPARTMENT

ITEM DESCRIPTION	QUANTITY
Treadmill	1
Multi-purpose/home gym	1
<u>Gym equipment</u>	
1. Dumbbells weights	10
2. Medical balls-all sizes	5
3. Chest expander	2
4. Cyclic/exercise bikes	2
5. Quadriceps's bench	2
6. Reciprocal pulleys with weights	2
7. Pedal exercisers	3
<u>Mobility AIDS for Adult and Children</u>	
1. Walking frames	10
2. Crutches	50
3. Tripod/quadruped sticks	30
4. Wheel chairs	50
5. Rollators	20
6. Walking sticks	50
7. White cane (for blind)	50
<u>Machinery</u>	
1. POP cutters	2
2. Ultra sound therapy machines	2
3. Electrical massagers	2
4. Tilt table	2
<u>Splints/ braces</u>	
1. Hand splints (left and right)	100
2. Wrist splints	50
3. Back corsets/lumbar corsets	100
4. Knee braces	100
5. Ankle braces	100
6. Neck collars-soft	50
7. Neck collars-hard	50

8. KITCHEN

ITEM DESCRIPTION	QUANTITY
67. Laundry machines	4
68. Banemarne	5
69. Aluminium pots	5
70. Deep freezer	1
71. Upright fridge	1
72. Eny	4
73. Teapots aluminium	1
74. Roller iron	1
75. Food trolleys	4
76. Meat slicer	1
77. Suction machines	8
78. Blender or liquidizer	1
79. Electric kettles	3

9. AMBULANCE

ITEM DESCRIPTION	QUANTITY
80. Tyres size 245*75 R 15	4
81. Tyres size 205 R 16C	4
82. Rim size R15-Toyota Hilux	1
83. Ambulance vehicle	1

4. Ngezi Hospital Request

Materials	Infrastructure
<ol style="list-style-type: none"> 1. Blankets x 60 2. Sheets x 60 3. Mattresses x 30 4. Curtains x 50 5. Drawing curtains x 4 	<ol style="list-style-type: none"> 1. Mortuary x 1 not working 2. Labour ward x 1 3. Construction of FCH 4. Staff quarters x 5 5. Doctors' houses x 1 6. DNO's houses x 1 7. Community nurse x 1
Equipment	Kitchen Department
<ol style="list-style-type: none"> 1. Industrial Bp machine x 2 2. Oxygen tanks x 2 3. Wheel chair x 2 4. Industrial scales x 2 5. Paediatric scales x 2 6. Blood group x 2 7. Bedside lockers x 30 8. Glucometer x 4 9. Desk with drawers x 5 10. Office chairs x 3 11. Adult walking frames x 5 12. Ordinary chairs x 10 13. Nebulizer x 3 	<ol style="list-style-type: none"> 1. Deep freezer refrigerator x 1 2. Pots – small x 1, medium x 2, large x 2 3. Tea cups x 30 4. Spoons - dishing spoons x 2, table spoons x 30
	Information
	<ol style="list-style-type: none"> 1. WIFI 2. Files x 10 3. Bond papers x 8 rolls 4. Photocopier industrial x 1

5. Employee Engagement Questionnaire

We aspire to provide the best working environment for all St Michael's colleagues. Your honest feedback will help identify areas needing improvement, which will consequently assist in developing a culture of wellbeing.

Thank you in advance for your feedback.

Date:

Gender:

Age:

Q1. I look forward to going work

- Agree
- Neither agree nor disagree
- Disagree

Q2. I have a clear understanding of my role

- Agree
- Neither agree nor disagree
- Disagree

Q3. I am given the opportunity by my manager to be involved in decisions that affect me

- Agree
- Neither agree nor disagree
- Disagree

Q4. I feel safe at work

- Agree
- Neither agree nor disagree
- Disagree

Q5. The staff room is equipped to meet our needs

- Agree
- Neither agree nor disagree
- Disagree

Q6. What specific equipment could be provided to the staff room to upgrade it to an acceptable standard?

7. I am well equipped to discharge my day to day duties.

- Agree
- Neither agree nor disagree
- Disagree

8. I am competent to use all equipment in my department.

- Agree
- Neither agree nor disagree
- Disagree

9. The range of services our department provides meet the needs of our clients.

- Agree
- Neither agree nor disagree
- Disagree

10. I find self-value and satisfaction from the services I provide to clients.

- Agree
- Neither agree nor disagree
- Disagree

11. I am able to attend to each condition in the set time-frame as per our departmental service level agreement.

- Agree
- Neither agree nor disagree
- Disagree

6. Client Satisfaction Survey

Section	Question
Access	<p>1. How close is your nearest health facility?</p> <ul style="list-style-type: none"><input type="radio"/> More than 10kms<input type="radio"/> More than 5kms<input type="radio"/> More than 3kms<input type="radio"/> More than 2kms<input type="radio"/> More than 1km <hr/> <p>2. What is the facility's name?</p> <p>State name:</p> <hr/>

Service quality

3. Are there services you have failed to access (TICK APPROPRIATE)?

YES		NO	
-----	--	----	--

4. If yes, please state the services?

Service 1	
Service 2	
Service 3	
Service 4	
Service 5	

5. Where did you manage to access these services?

State name of health facility: _____

Health seeking
behaviour

6. Have you ever fallen ill and did not go to the hospital?

YES		NO	
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7. What was the reason you did not go to the hospital?

8. At which stage do you consider going to the health facility?

Affordability

9. What is your families' main live-hood activity?

10. How much revenue do you normally generate per day/ month (indicate time selected)?

11. How many members are in your family?

State number: _____

12. What is the charge for consultation at your health facility?

State charge if known: _____

Willingness to Pay

13. The only resource the hospital may be able to access for expansion is to run a paid service.

a. Do you feel the hospital should increase new services if the community can pay for them?

YES		NO	
-----	--	----	--

14. Which new services would you want the hospital to add?

Service 1	
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Service 2	
Service 3	

15. How much would you be willing to pay for the stated service(s)?

Amount Service 1	
Amount Service 2	
Amount Service 3	