

⑤ 平成8年度プロジェクト実施計画に係る会議議事録

MINUTES OF THE MEETING ON THE FINAL IMPLEMENTATION  
PLAN OF JICA - CHSU PROJECT FOR NEXT  
FINANCIAL YEAR (1996/97)  
HELD ON FEBRUARY 16 1996 AT 9:15 A.M. IN THE  
CONFERENCE ROOM CHSU

Present: Dr. Kumwenda Mr. Kamanga  
Dr. Nkhoma Mr. Nindi  
Mr. Salaniponi Dr. Akiba  
Mr. Ziba Miss Golombe (as Rapporteur)  
Mr. Zungu  
Mr. Chisamba  
Mr. Oliver

Absent: Dr. Nakano  
Mr. Nakagawa  
Mr. Yamazaki  
Miss Saito  
Mr. Chintolo

INTRODUCTION

The meeting was opened by Dr. Kumwenda who then handed over to Dr. Akiba to explain the objectives of the meeting.

Dr. Akiba explained that he would represent the Japanese experts since Dr. Nakano who lost his daughter was still in Japan and that his other colleagues are on home leave. He also emphasized the time limit to submit the plan for next financial year to JICA Headquarters.

He said in the past there were serious problems between the JICA and the Malawi side about the project activities at CHSU and Salima which led to suspension of all project activities.

Dr. Akiba said through these problems the Japanese experts learned many positive things and believe it will be helpful in their approach to conducting project activities in future. He explained that from the Japanese side they felt it is important to continue with the activities at present to ensure a successful implementation of the project to achieve its objectives.

Some of the things the project learnt are:

- a. The original plan was to develop Salima as model area, but lately the experts learnt the need to extend the activities of the project to other district hospital laboratories in the central region which were directly under CHSU supervision.
- b. During the conflict Dr. Sangala said the project's initiative should come from the Malawian side. On this point Dr. Akiba explained that the JICA experts had waited a long time for the response from Malawian side on the implementation plan but no response had been received from them. That's why they had made the attached draft plan (see annex A)

The project had also made a short time plan for 1996/97 before the budget for this financial year (see annex B). This paper was also discussed with Mr. Chintolo and the plan was made for CHSU, Salima and other district hospital laboratories in the central region i.e. Mchinji, Dedza, Dowa, Kasungu.

## 1. CHSU

Specification of the type of laboratory tests to be examined in the following fields: Biochemistry, Microbiology, Haematology, Serology, Parasitology and Virology.

Dr. Akiba said he would appreciate if all Program Managers would contribute by indicating their need for the next financial year. He said JICA-CHSU Project had ordered laboratory equipment last year for CHSU. He explained that the project will support laboratory based operation research when requested.

Dr. Akiba explained that the project would also support selected field surveys at CHSU;

- (i). SUCOMA/HIV Survey - this survey has not been utilised by CHSU. He explained that the survey would help to improve and develop CHSU laboratory to its full capacity. He indicated that the project would welcome any ideas on how to improve this.
- (ii) Dr Akiba also explained the decision to include the requested CDD training for Dedza district as another example. At this point Mr. Nindi wanted to know if the Project would consider supporting case management training for CDD/ARI jointly. Dr. Akiba said this could be included in the CDD training.

A decision to expand support to lab services in other districts has been made and these include Dedza, Mchinji, Dowa and Kasungu. Salima district alone does not provide enough specimens. Under this plan, other district hospitals laboratories will be assisted to provide their minimum required services without interruptions. However Salima as model district has a priority. This will also help improve laboratory capabilities of CHSU. Dr. Akiba explained that this was a tentative plan for year 1996/97.

## 2. DISTRICT HOSPITAL LABORATORIES

- i. Strengthening laboratory functions in some districts in the central region. The project intends to conduct a survey in the district laboratories to assess the following:
  - a. needs of the laboratory
  - b. test items to be supported
- ii. Training course will be conducted and Monitoring/ Supervisory visits will follow.
- iii. The Project might extend similar activities to other regions depending on the budget position to accommodate the activities.
- iv. Establishment of referral functions between CHSU and District hospitals

### 3. SALIMA

Since it is the model area more attention will go to Salima.

- (i) The project will strengthen public health activities.
- (ii) Introduction of some vertical programs on Malaria, Bilharzia or any Identified Infections considered important in the district.

This will be discussed more when the other Japanese experts return to Malawi.

Finalising presentation of the draft plan prepared by JICA experts, Dr. Akiba said suggestions were welcome from all Programme Managers before a final plan is made and the budget prepared.

### COMMENTS

1. Dr. Kumwenda asked Mr. Salaniponi (as Acting Officer In-Charge of CHSU) to comment on the statement that Dr. Sangala had reminded the Japanese experts that initiative for programs must come from Malawians. Mr. Salaniponi replied that there was breakdown of communication in CHSU laboratory. He said Mr. Chintolo did not understand what was requested in the Record of Discussions. Mr. Salaniponi gave an example that when Mr. Chintolo presented a plan to the Japanese experts the plan was not accepted. Dr. Kumwenda further inquired whether Mr. Chintolo's request was different from the plan that was submitted before he left. Mr. Salaniponi replied that he was not sure about the details.

Dr. Kumwenda observed that there was a misconception about the head of CHSU and laboratory. He pointed out that if there were any misconceptions again in the future we should consult each other. For example, he pointed out that the laboratory section has three main sub-sections namely; Biochemistry, Microbiology and Parasitology. Each of these sections is headed by a senior officer.

Dr. Kumwenda then pointed out that it is important to make proposals that are within the objectives of the project agreement.

2. George Oliver asked how HIS could proceed with its proposed plan for the Project since Dr. Akiba indicated that the project would only support laboratory based operational research. In reply Dr. Kumwenda Suggested that HIS should discuss the proposal with the Japanese experts to determine its relevance to the overall objectives in the model district and its feasibility.

3. Dr. Nkhoma observed that the problems which had led to breakdown of communication between Malawians and Japanese included;  
(i) CHSU had divided itself and had not developed working relationships with the JICA experts. He suggested that we must take care of this project together because it is our project.

Dr. Kumwenda suggested regular meetings in order to establish good working relationships. He also suggested that the Acting Officer - In-Charge should organise meetings more regularly. He noted that it was disappointing that the meeting was scheduled a long time ago and responsible officers chose not to attend or deliberately scheduled other activities at the time of the meeting.

4. Dr. Nkhoma said that the JICA-CHSU Project should also specify type of lab tests which will be offered to the expanded districts after the programs have presented their proposals. He suggested a Malawian from the lab at CHSU should specifically be assigned to ensure that the plan to obtain specimens from all the districts selected is implemented effectively. Dr. Akiba welcomed this idea.

5. Dr. Kumwenda suggested that K.C.H should be contacted so that CHSU does not take over their responsibilities because there are some tests which K.C.H may already be doing for these districts. The project should only supplement or strengthen these services.

6. Mr. Zungu said one reason why central region was chosen was that it would be easy to transport specimens to CHSU which is also in the central region.

7. Mr. Salanponi explained that although he appreciated that the Project had provided some equipment for T.B. laboratory, the lab still had problems on transportation of specimen. Mr. Chisamba explained that this problem is due to withdrawal by Stagecoach accepting specimens. He indicated that the lab is already trying to encourage districts to send specimens by post.

8. Dr. Nkhoma gave examples on how the programs would make a plan on what the project can do for them. He referred to discussions with Miss Saito (JICA expert) on plans for Epidemiological studies in Salima.

(i) Introduction of community based registration (births & deaths) by using the HSA's to register vital status in the district.

(ii) Introduction of outbreak of surveillance in the area where registration we will be operating i.e. measles, cholera to predict if there's indeed an outbreak or not. He gave an example of the time when specimen was brought to CHSU suspected of Cholera (type O). The introduction of outbreak surveillance would help in the monitoring of outbreaks by CHSU.

Dr. Nkhoma also suggested that this is an area where HIS should also be involved.

9. Mr. Kamanga, commenting on vital registration, told the meeting that it may not be necessary to introduce this system in Salima since the Government of Malawi was already initiating a National wide program to introduce vital registration under the Poverty Alleviation Program.

After further discussions the meeting decided that Dr. Nkhoma and Mr. Kamanga should work together on this issue to ensure that it is not in conflict with plans by GOM or other government departments.

Finally Dr. Kumwenda asked Dr. Akiba if he had any suggestions on the comments made. Dr. Akiba said, he was not in a position to decide on which requests or plans will actually be supported in the current budget. He told the meeting that the final decision will be made when Dr. Nakano is present. He however encouraged every Section to come up with written proposals which will be discussed when Dr. Nakano comes.

The meeting agreed that each Section should submit the written proposals by Feb. 28 1996. Dr. Nkhoma emphasized the need to meet the deadlines. Dr. Kumwenda said he will be responsible for receiving all the proposals before submitting them for discussion with the Japanese experts. He also indicated that he would be available to discuss any issues about the project or proposals.

The meeting was closed by Dr. Kumwenda who reminded each Section to submit their proposals to him for evaluation before the next meeting will be held.

Another meeting will be organised when Dr. Nakano will be in the country to discuss which proposals could be accommodated by JICA-CHSU Project.

## JICA-CHSU Project Activities in the Former Half of 1996

### 1. Activities in CHSU

- 1-1 Continuation of Infrastructure Arrangement in CHSU
- 1-2 Provision of Equipment for CHSU
- 1-3 Strengthening of Laboratory Function in CHSU
- 1-4 Collaboration with Programme Sections in CHSU
- 1-5 Extension of Project Activities to District Hospitals Around CHSU

### 2. Activities in Salima District

- 2-1 Strengthening of Laboratory Function in Salima District Hospital
- 2-2 Continuation of Health Survey of Pregnant Women in Salima District
- 2-3 Baseline Survey of Health Centres in Salima District
- 2-4 Support for Construction of Health Centre in TA Pemba
- 2-5 Planning of Establishment of Epidemiological Surveillance Network in Salima District
- 2-6 Planning of Malaria Control Program in Salima District
- 2-7 Support for Health Education

### 3. Provision of Equipment and Consumables

### 4. Counterpart Training in Japan

- 4-1 Ms. D. Butao
- 4-2 Mr. A. Siyosya

### 5. Other Activities









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