

If a small child falls ill we take the child to Chifunga health centre or Mwanza. If we can't manage we go to a grocery to buy medicine. (VHV)

Where DRFs have been established, they are favored over groceries because of lower prices and, perhaps, greater respect for the knowledge of the VHVs. In addition, the DRFs sell bactrim, which is widely believed to be a powerful medicine, and sometimes eye ointment. Mothers' groups expressed preference for the DRF, but if the required medicine is not available there, they will go to the grocery.

Information about the medicines sold:

Many people said that shopkeepers never gave advice. The customer had to tell them what drug he wanted and the shopkeepers' only role was to sell the medicine.

How do you know which drug to buy for which illness, are you given advice by the grocery owner?

When he is kind enough and knows the drugs he'd explain what drugs to take. (mother)

I decide what type of medicine I should buy for the child and the owner of the grocery gives me the type of medicine that I have requested and no advice from him. (VHV)

How about the dosage?

The grocery owner does not give any instructions. We just take half a tablet for children and a full one, an adult.

The grocery owner knows. (Mother)

The people who said that they usually did receive advice from shopkeepers on which drug to buy tended to agree that they made the decisions about dosage by themselves. They knew that children require smaller doses, but there seemed to be a lot of misinformation on dosing. In most cases the amount of the drug that is bought depends on the money they have. Several people said that when they get drugs from health facilities, they also receive advice on how to take the drugs. VHVs often said that they would choose which drug to use if they ever had to buy drugs from a grocery (exhibiting their training).

Perceptions of medicine quality:

When individuals make their own choices of the medicine to be purchased in event of an illness, rather than rely on the shopkeepers' advice, the choice is based on past experience with the same illness or what drug was given at the health facility.

When you drink some drugs, later you can see that you are sweating but when you drink the same drug from groceries you don't sweat that shows that they are not good.

Drugs are seen as cure accelerators; people get better by themselves, but the drugs hasten the cure. The more money a person can spend on medicines, the faster he/she will get better. (This idea is related to modes of

some kinds of traditional healers, where the power of the cure depends on the amount paid or the value of the gift made to the healer.) The effectiveness of drugs is judged in large part by the strength of the induced effects, such as sweating. Expired drugs are identified by the fact that they do not cause these effects, or sometimes make people sicker.

Attitude toward shopkeepers selling drugs:

These grocery people just sell us old medicine which are already expired but because the owner of the grocery doesn't want to lose, he sells the medicine. (VHV)

Sometimes these grocery owners sell us panadol instead of penicillin. What they do is that they take panadol and mix it in the bottle of penicillin and the whole panadol smells like penicillin and sell to us. (VHC member)

There were differences between the attitudes expressed by mothers on the one hand, and VHVs and VHC members on the other, especially in villages that had a DRF. The latter tended to have a negative view of the shopkeepers and the drugs that they sell. They tended to mention many of the reasons behind the RDF concept, e.g., that shopkeepers sell expired drugs, attempt to defraud by selling aspirin as penicillin, and do not give proper advice, are only interested in making profits, etc. In contrast, the groups of mothers expressed a fair amount of trust in the shopkeepers' advice, which they reported was generally offered.

Right here there is one grocery owner who is really nice when you mention the problem he tell you the type of drug to buy and give you advice accordingly (mother)

Price acceptability:

Prices of grocery drugs are seen as expensive and unaffordable by poor people. Prices at DRFs are seen as cheaper, even if the differences are rather small, such as 30t vs. 50t for tablet. Prices of more than K1.5 were described as expensive. In one village, the price of Fansidar was only K1 per tablet.

What are the prices of grocery medicine?

It is expensive but due to the problem of the hospital being far we still buy.

The medicine which is sold at the DRF is cheaper comparing to the ones we buy at the grocery because as you have heard that Aspirin in the grocery is sold at 50t a tablet which our medicine panado is 30t a tablet. As a result of this many people are coming to buy from us. (VHV)

Summary of focus group discussions:

The group discussions tend to confirm that groceries are widely used sources of medicines, but that many people are not satisfied with them in terms of the product, prices of the product, or the services that they receive. The groceries are in general peoples' second choice when a health facility or an DRF is not within close proximity. Yet, the typical level of knowledge and attitudes about medicines is very minimal, leaning towards traditional

concepts of illness and healing. These perceptions can be dangerous when modern drugs are brought into their lives. People who have received some training about drugs, such as the VHVs and VHC members, appear to have become much more critical consumers. The low price of drugs at local DRFs are very popular, and the amount of knowledge possessed by the VHVs would seem to be a desirable and achievable standard for training shopkeepers.

3.3.3 Results of In-depth Interviews with Shopkeepers:

The initial analysis of the Mwanza and Mzimba district data indicated that there were significant differences between the two districts or regions in terms of the types of drugs sold and the coincidence between knowledge and practice. Since it was possible that the differences were artifactual due to differences in interview details, the in-depth and simulated patient studies were repeated in Zomba district. The results from all three districts are presented, but the data from Mwanza may not be as representative of other districts as those from Mzimba and Zomba.

Type of store and ownership:

Of 30 shops visited, 23 were groceries and 7 were kiosks. In 90% (27/30) the person who was interviewed was the owner of the shop. Owners were equally men and women. Most (90%) of the interviewees reported that other people also work there sometimes, most often a spouse of the owner (17/30), followed by a son or daughter, but including other adults, usually relatives.

Medicines sold:

Groceries sold from 2 to 22 items, with an average number of 9.9. Kiosks generally sold fewer drugs, ranging from 1 to 15 items, with an average number of 5.7. Stores (both types) in Zomba district sold an average of 10 items, compared to 8.5 in Mwanza and 7.4 in Mzimba.

By far the most common medicines sold were analgesics/antipyretics, with a total of 9 different brand names identified for sale. Every shop visited sold at least one product in this class. According to the suppliers, retail prices of these products range from 30 tambala to 4.4 MK per tablet. The cheapest, Aspirin from a bulk container, is the biggest seller, but the more expensive strip-packed products are also popular. The average number of analgesic/antipyretic tablets sold in the previous month by shops visited ranged from 622 in Mwanza to 800 in Zomba, with bulk Aspirin accounting for from 1/3 to 1/2 of this amount. Among the other products sold, Panado was the most popular in Mwanza and Mzimba, and Cafemol was the biggest seller in Zomba.

In terms of the profitability of individual items to the retailer, most of the items including bulk Aspirin carried a markup of 60-90%. Even though the retailers sell fewer of the higher-priced strip-packed brands, these generate around 90% of the shop's profits from analgesics. It would seem that bulk-packaged Aspirin (i.e., in bottles of

100 or 250 tablets) is kept on hand more for the convenience of customers who have little money on hand than for absolute profit.

Cough remedies are the second largest class of medicines sold by groceries and kiosks. 77% (23/30) of shops sold at least one of these products. Two types of lozenge (Stearns and Conjex) dominate the market. In terms of sales volume and estimated grocery profits, cough medicines produce about 1/4 that of analgesics.

Stomach remedies are the third largest class, with 60% (18/30) of shops selling at least one product, dominated by Phipps tablets. All products in this class are simple antacids with the exception of Padax, a mebendazole-type product which was not very popular.

The retail market demand for antimalarials is fairly small, with only 30% (9 out of 30) shops selling any antimalarial product. However, the shops that did stock them sold from 100 to 200 tablets per month. This is divided almost equally between the strip-packed Novidar and bulk SP. At MK 21 for 3 tablets, the retail price of the Novidar is high and probably is a deterrent to stocking by retailers.

Finally, many shops had antibiotics for sale even though it is illegal. 8 out of 10 shops in Mzimba and 5 out of 10 in Zomba carried them, including bactrim, penicillin, chloramphenicol, and tetracycline. These were sold in extremely large quantities, with 4 shops reporting selling more than 1,000 tablets or capsules last month. In Mzimba district the total number sold in the ten shops visited was even greater than the number of analgesic tablets. This clearly justifies the official concern over this abuse. (Only one shop in Mwanza reported having sold any antibiotic, which was a small amount of Flagyl, but this result may have been due to a methodological artifact.)

Packaging and labelling:

Nearly all drugs found in the shops were distributed in point-of-sale containers and strip-packaged. Identification and dosage information is printed on the strips, in all cases in English except for one item found in Mzimba that had come from Tanzania with instructions in Kiswahili. Some items were distributed in labelled bottles, but most of the items which were illegally sold (i.e., antibiotics) were in unlabeled or incorrectly labelled containers, sometimes those used in MOHP or CHAM hospitals.

Source of medicines:

Nearly all the retailers obtained their (legal) medicines from local wholesalers. In Mwanza district the large retailers Chipuku and McConnel's were dominant, while in Zomba the main sources were the smaller Asian wholesalers. In Mzimba some drugs were obtained from Zambian or Tanzanian "dealers", and in a few instances the shopkeepers obtained drugs from private clinics or a retail pharmacy. Most shops mentioned two sources, usually two different wholesalers. The most common source of antibiotics was private clinics, but some admitted getting drugs from "government" or a vendor from town.

Storage of drugs:

A majority (28/30) of shops were supplied with strip-packed medicines in point-of-sale cartons displayed on shelves. In about 10 cases opened bottles were also seen on shelves by interviewers. 26 out of 30 shop personnel interviewed knew that the expiration dates were printed on the strip-packed medicines, and all of them said that they discard or destroy any expired items. One said that he has no way of knowing when bulk-packed items expire. Two said they avoid the problem by only buying in small quantities.

Profitability of medicine sales:

Of the 27 shop owners interviewed, 17 said that they earn relatively a lot of money selling medicines, 9 said that they did not, and one did not know.

Shopkeepers' self-statement of recommended treatments:

Child with fever:

The most frequent "prescription" (14/30) was an analgesic/antipyretic only. Five shopkeepers would recommend Fansidar (SP) alone and another said he would if he had it in stock, and four would sell the patient an antipyretic and SP. Two said they would recommend nothing (even though they had analgesics for sale). Two would recommend an antibiotic, one an antipyretic plus an antibiotic, and one said he would only sell what the customer asked for. 12 out of the 30 had no other advice for the patient, while the rest would give advice about dosage and administration. Advice that the child should be taken to a health facility if there was no improvement was offered in only one case. Many shopkeepers, especially in Zomba, said that they would not give any advice unless specifically asked for it.

Child with diarrhoea:

15 out of 30 shopkeepers said they could not offer any medicine for diarrhoea. 7 recommended an antibiotic, most often Bactrim. Three (all in Mzimba) would recommend homemade ORS, one suggested a sugar solution, and one recommended Gripe Water. Only four recommended that the child should be taken to the clinic if the diarrhoea did not stop.

Child with a cough for several days:

The most common "prescription" (23/30) was cough lozenges or cough syrup, followed by 3 recommendations for an antibiotic, one of an analgesic plus cough lozenge, and 3 of nothing for sale or whatever the patient requested. In 10 cases some dosage recommendation would be given, and one shopkeeper suggested bringing the child to a hospital if there were no improvement.

Child with stomach pains:

15/30 said that they would suggest an antacid or similar compound such as Liver Salts. 9 had no recommendation, and 3 suggested an antibiotic. One recommended "Actan" and one said he would sell whatever the customer asked for. About half of those who did not have any drugs to recommend suggested instead

that the patient should visit the hospital.

Other medicine-related knowledge:

Did you know that sometimes people buy the wrong medicines for their sickness?

The responses to this question varied greatly by district. 8/10 shopkeepers in Mwanza said they did not know that people can buy the wrong medicine, 5/10 said this in Mzimba, but in Zomba all said that they knew that people do sometimes buy the wrong medicine. The differences may have to do with the interpretation or perception of the question since different languages were used, or else reflect differences in attitude: in Zomba nearly all shopkeepers commented that people usually just buy something without asking for advice and that the shopkeeper cannot advise unless he is asked. In Mzimba, the shopkeepers who were aware of the possible problem said that they asked the customer about his/her problem. Most of those who did not think it was possible to buy the wrong drug said had not ever experienced that happening with drugs that had been bought from their shop.

The following are representative of most of the remarks shopkeepers made about this question:

(was aware) "I advise the person who buys from my shop to tell me what he is suffering from before he buys medicine."

(was aware) "I ask the customer to tell me what his problem is."

(was aware) "But the problem is that they buy what they feel is correct drug for their illness."

(was aware) "I just sell if one asks for the drug, but when one enquires about the type of drug for a particular sickness, I can advise."

(was aware) "The problem is that they don't explain what one is suffering from."

(was not aware) "No one has complained to me"

(was not aware) "Nobody has bought wrong drug from my shop."

Did you know that sometimes people take the wrong amounts of the right medicine?

Only 4/10 shopkeepers in Mwanza district said that they were aware of this problem, in contrast to 10/10 in both Mzimba and Zomba. Most of the Mzimba shopkeepers said that they advise people of the dosage according to the packet instructions, while most of those from Zomba said that they knew of potential errors but would only advise dosage when asked specifically.

The following remarks representative of shopkeepers' reaction to this question:

(was aware) "I actually instruct the patient to take the drug according to the prescription on the medicine."

(was aware) "If I don't know the dosage, I tell him to go to the clinic"

(was aware) "I tell my customer the dosage of the drugs so that he shouldn't under dose or over dose."

(was aware) "After buying from me I advise the patient to see medical people."

(was aware) "I can't advise if not asked."

Did you know that sometimes people did not need any medicine at all for their illness?

Mwanza shopkeepers were most aware of this, with 6/10 answering affirmatively, versus 4/10 in Mzimba and only 2/10 in Zomba. However, only in Mzimba did they make any comments that suggested some awareness that many illnesses are self-limiting or due to fatigue or a poor diet.

The following remarks are representative and show a wide range of sophistication about use of drugs:

(was aware) "Still he can buy pain killers, because he believes he can get well with medicine."

(was aware) "At times it's just because of overworking."

(was aware) "At times some people are just used to taking drugs now and then because they are scared of getting sick."

(was not aware) "Most people these days know about medication when they fall sick."

(was not aware) "I have never come across such a case."

(was not aware) "It is not possible"

Would you be interested in learning more about the correct use of these medicines? Why?

All 30 interviewees said that they would like to learn more. 29/30 said that this would allow them to be more useful to their customers, or something similar, and the one remaining one mentioned that some customers were illiterate and could not read the package directions.

"I will be able to help my customers effectively, thus having more people to buy from me after seeing that they get better."

"We should be able to assist our customers so that we don't cause danger to their lives."

"Because I want to help sick people efficiently."

"To assist the people how to take the right drugs for a particular illness."

"It will assist the shop owner to know and explain what medicine to sell to people and on what disease."

"Because some people can't read, therefore I can help those people how to take the medicine."

"To assist our customers more correctly."

If the Bakili Mulizl Health Initiative were to give free medicine to poor people, do you think that would affect your sales of medicines very much?

8/10 in Mzimba said that it would negatively affect their business, but only 2/10 in Mwanza and 1/10 in Zomba. Most of the "pessimists" in Mzimba (who thought it would hurt their medicine sales) said that sales would go down because their customers include many poor people, but some also said that this would be a good thing. In Mwanza, most of the "optimists" believed that Government would never be able to afford to give away free drugs, while in Zomba they felt that they have loyal customers who will still keep buying drugs from them. Some also said that if their sales drop they would just shift to selling different products.

What type of assistance could make you a better drug seller and be more useful to the people in this community?

7/30 said that they needed more capital through loans, 7 said they would like more training on the correct use of medicines, 3 said that the sale of antibiotics should be legalised, 3 said that they should be allowed to sell more types of medicines (presumably antibiotics), 3 asked for better instructions on labels and/or in local languages, and 2 wanted to buy directly from a wholesaler or have the wholesaler call on the shop to save the trouble of going to town.

Any posters, flyers, or other informational materials pertaining to health or medicines?

The only type found were advertisements for analgesics, with 4 in Zomba, 1 in Mzimba, and none in Mwanza.

4) Results of Simulated Patient Survey

Welcome received in grocery:

In about 90% (26/30) of simulated patient visits, the "patient" was greeted with respect, and only 10% were described as "indifferent or not interested"

Any questions asked or advice given:

At least one drug was recommended and purchased 96% (29/30) of visits, and two drugs were bought in 46% (14/30) of visits. In 23% (7/30) of visits the shopkeeper asked questions about the patient's child's condition, such as the child's age or the duration of the fever or cough. These are almost identical findings to the household survey. After the purchase was made, the shopkeepers gave instructions for 41 out of the 43 drugs sold (after the patient asked) about how many times per day to take the drug.

"What drug do you want? Because I have panado, cafenol and parapaïn." "Give me strongest". "Here you are with parapaïn. How old is your child?" "3 years" "Just give him the two tablets."

"He asked what kind of drugs do I give my child when he has fever."

"Is the body very hot (temperature very high)? Did you say the fever started 2 days ago?"

"Is he shivering? But I don't have fansidar. I am going to give aspirin to relieve the fever."

"She repeated the instructions herself. She said if you give this whole tablet at once it means that the other tablet you will give him tomorrow because he is supposed to take _ tablet in the morning and _ in the evening."

"You said the fever started 2 days ago. This must be malaria."

"She said you need to combine the drugs. I will give you Bactrim and Penicillin divide into 2 halves and give half Bactrim and half Penicillin in the morning and evening."

"He told me to visit the shop nearby to buy the drug for children. He was coming from hind the shop where he was going to take a meal (I saw food on the table). After I had narrated my story a voice came from behind (female): 'that must be malaria'."

"The drug I will give you is very strong - equivalent to an injection. Your child will get well soon. The aspirin is just for relief."

"How old is your child?" I repeated 11 months. "Give him 1/4 4 times a day, look at the tablet just follow the line break into 4 pieces." She asked how many tablets I was to get. I told her to decide for me and she gave me 6. She mentioned about 3 days for the Bactrim.

Drug sold for child with fever/malaria:

15 cases out of 16 were sold at least one analgesic/antipyretic. In four cases, two antipyretics were sold. SP was sold in only 12% of cases (2/16). The dosages of SP recommended were both one tablet per day, one for 2 days and the other for 3 days.

Drug sold for child with cough:

All 14 cases out of 14 were sold at least one drug. In 2 cases only analgesics were bought, 7 bought an antibiotic alone (penicillin or bactrim) or in combination with a cough medicine or analgesic/antipyretic, and 5 were sold only a cough medicine alone or in combination with an analgesic/antipyretic. All shopkeepers who sold bactrim recommended that the child be given half a tablet 2 times a day, but the number of tablets sold ranged from 1 to 6.

Amount spent:

The range of prices paid in total for drugs bought by the simulated patients was from K1.50 to K48.55. The mean amount spent was K.7.0, with significantly more spent by the cough/ARI "patients" (K9.8) than by the fever/malaria "patients" (K4.7). This was due to the antibiotics, which tended to cost more per tablet than analgesics, and by

the purchase of one bottle of cough syrup for K49.

Packaging, labelling, and storage:

Most of the drugs sold legally (i.e., not the antibiotics), were strip-packed and stored in their original display cartons. All of these drugs had the identification and instructions in English only, except for one which had been purchased from a wholesaler in Tanzania. Aspirin which was sold in individual tablets was sold from the original bottle. The antibiotics, however, were either stored in bottles that were not their original containers or loosely, and were all sold in small paper twists with no labelling. In several shops, drug tins which appeared to be MOH packaging could be seen alongside of the legally purchased ones.

Comparison between shopkeeper's knowledge and actual practice:

Strictly comparing what the shopkeeper had told the interviewer he/she would recommend and the recommendations and sale that was actually made, in only 12/30 cases was the actual practice (drugs sold) coincident with the knowledge. The rate of coincidence was higher for cough/ARI "patients" (7/14) than for malaria "patients" (5/15).

In 3 of the non-coincident malaria visits, the shopkeeper said he would sell Fansidar, but did not because Fansidar was not kept in stock. In another, Fansidar was sold even though it was not originally recommended. Most of the coincident cases were advised and sold an antipyretic only.

For cough/ARI "patient" visits, the most frequent cause of non-coincidence was that a cough tablet was recommended but in fact an antibiotic was sold. In three of the coincident cases, Bactrim was recommended and sold.

3.4 CONCLUSIONS AND IMPLICATIONS

1) All four research components are in agreement that a large majority of rural Malawians in the study area rely on groceries as a primary source of medicines. The main reason for this is their proximity. In addition it may be also true that there is less social distance between them and the shopkeeper than with health facility staff. The range of drugs the groceries sell is quite limited by law, but is probably geared to the current demand patterns, i.e., for analgesics.

2) Drug Revolving Funds are preferred to groceries when they have been established, in large part because of lower prices for popular items like Aspirin, and in part because some antibiotics are sold. However, their long-term viability has not been demonstrated.

3) Shopkeepers are generally trusted by the majority of ordinary patients. There is a negative bias toward them among Village Health Committees and other people who are involved with the Drug Revolving Funds, which in a sense are in competition with them.

4) Both the knowledge and the practice of shopkeepers with respect to appropriate treatment of childhood malaria and ARI (and also diarrhoea although this was not a focus of the study) leaves much to be desired. IEC printed material is almost non-existent at shops, and in any event low literacy levels would limit their effectiveness. Most shopkeepers will sell whichever drugs the caretaker/customer requests, but the caretakers' knowledge is often inadequate as well. Most shopkeepers are aware of the types of common childhood disease, enough to recommend a drug. However, if any additional advice is given, it very rarely includes a warning that cough or fever is potentially dangerous and children who are not recovering should be taken to a health facility.

5) Antibiotics are extremely popular and widely available through groceries even though it is illegal to sell them. It is certain that most of the use of antibiotics sold through groceries is inappropriate and perhaps dangerous, but it is cannot be definitively stated that the availability of antibiotics does more harm than good. On the other hand, Fansidar (SP) which can be legally sold, is not widely available. The reasons for this limited availability should be investigated further.

6) Regardless of the MOH's policy that shopkeepers should not "prescribe" medicines, in fact they fill the gap between the caretaker's knowledge and the end purchase of medicines for many, if not most, sick children. Shopkeepers expressed a willingness to receive training that would make them more effective in this role.

7) Improving community awareness of the dangers of malaria and ARI, and their correct modes of treatment is another important ingredient in improving community-level disease control. This can be a complement or an alternative to the shopkeeper training. In a JICA-funded priority program, it will be necessary to make decisions about how resources should be allocated between shopkeeper training and general community-level IEC. Mass media campaigns are often costly and not necessarily effective. However, radio time is not expensive at present in Malawi and listenership is high in rural areas, so this mode could be seriously considered. Training shopkeepers will also would initially concentrate knowledge in a relatively few community members, much as training Village Health Volunteers and HSA's has done, but this knowledge could be effectively disseminated to the community each time a purchase is made.

Part 3

OFFICIAL DOCUMENTS

List of Official Documents

1. **Scope of Work**
2. **Minutes of Meetings on Scope of Work**
3. **Minutes of Meetings on the Inception Report**
4. **Minutes of Meetings on the Progress Report (1)**
5. **Minutes of Meetings on the Interim Report**
6. **Minutes of Meetings on the Progress Report (2)**
7. **Minutes of Meetings on the Progress Report (3)**
8. **Minutes of Meetings on the Draft Final Report**

SCOPE OF WORK
FOR
MASTER PLAN STUDY
ON
STRENGTHENING PRIMARY HEALTH CARE SERVICES

IN
THE REPUBLIC OF MALAWI

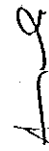
AGREED UPON BETWEEN

THE MINISTRY OF HEALTH AND POPULATION


AND

THE JAPAN INTERNATIONAL COOPERATION AGENCY

Lilongwe, 21 January 1998



Dr. W. O. Sangala
Principal Secretary,
Ministry of Health and Population



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1. INTRODUCTION

In response to the official request of the Government of the Republic of Malawi (hereinafter referred to as "the Government of Malawi"), the Government of Japan has decided to conduct the Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi (hereinafter referred to as "the Study") in accordance with the relevant laws and regulations in force in Japan.

Accordingly, the Japan International Cooperation Agency (hereinafter referred to as "JICA"), the official agency responsible for the implementation of the technical cooperation programs of the Government of Japan, will undertake the Study in close cooperation with the authorities concerned of the Government of Malawi.

The present document sets forth the Scope of Work with regard to the study.

2. OBJECTIVES OF THE STUDY

The overall goal of the Study is to strengthen the primary health care activities to be attributable for the improvement of health services in Malawi in accordance with the Malawi's health policy framework.

The specific objectives of the Study are:

- (1) to identify the existing issues on health services in Malawi through the investigation of the present health service situation,
- (2) to advise the Government of Malawi necessary actions for the strengthening of primary health care services with final formulation of the Master Plan,
- (3) to conduct technology transfer of the investigation methods including Project Cycle Management to Malawi counterpart personnel throughout the Study.

3. STUDY AREA

The Study will cover the whole area of the country.

4. SCOPE OF THE STUDY

In order to achieve the objectives mentioned above, the Study will cover the following items.

Phase I. Basic Study

1. Collection and review of existing data and documents on:
 - (1) general issues; (a) socio-economic conditions, (b) national plans and policies on social and economic development
 - (2) health service delivery
 - (3) health service demands
 - (4) health related information
 - (5) development of PHC programs
 - (6) health manpower development
 - (7) health management information system

- Vertical issues to be assessed include:
 - (1) infectious diseases including EPI related diseases
 - (2) malaria and other infectious diseases of endemic importance
 - (3) reproductive health
 - (4) malnutrition
 - (5) HIV infection

5. Setting the socio-economic framework for Master Plan

Phase 3. Formulation of basic strategies and Master Plan with prioritization for the strengthening of primary health care services

1. Supplementary data collection and field surveys for the formulation of Master Plan

2. Setting priority program to formulate Master Plan
 - (1) Basic strategies for the strengthening of health service delivery system
 - (2) Approach for PHC program
 - (3) Formulation of Master Plan for the strengthening of primary health care services
 - a. Health administration and legal framework
 - b. Health financing
 - c. Health facilities and equipment
 - d. Health manpower development
 - e. Drug and vaccine supply system
 - f. Referral system
 - g. Disease prevention program
 - h. Health and sanitary education
 - i. Safe water supply and sanitation
 - j. Health management information system
 - (4) Cost estimation and evaluation of the Master Plan
 - (5) Formulation of stage-wise implementation plan

3. Identification and formulation of priority program

4. Evaluation of the priority program
 - (1) Evaluation of social impact
 - (2) Economic and financial evaluation
 - (3) Evaluation for PHC components
 - a. appropriate technology
 - b. community participation
 - c. usage of locally available resources
 - (4) Operation and management
 - (5) Intersectoral collaboration

5. WORK SCHEDULE

The Study will be conducted in accordance with the tentative work schedule attached in Appendix.

2. Preparatory study on district hospitals in the targeted areas
 - (1) health and medical organization, administration, policy and decentralization in district level
 - (2) health management information system in district hospital
 - (3) health facilities and equipment in district hospital
 - (4) present situation and its achievement of PHC activities
 - (5) present condition of health management information system and preparatory survey for possible introduction of GIS

Phase 2. Evaluation and identification on present health problems.

1. Investigation of present conditions on health service delivery

- (1) administration, management, financial situation in health centers and its utilization by the community
- (2) condition of facilities and equipment in health centers
- (3) present condition of health manpower development
- (4) medical equipment supply system
- (5) disease prevention system
- (6) case management
- (7) referral system
- (8) logistics for drugs and medical supplies
- (9) knowledge, attitudes and practices towards health and health services of health providers (KAP survey)
- (10) health information system
- (11) social infrastructures

2. Investigation of present conditions on health service demands

- (1) social condition
- (2) household economy
- (3) food and nutritional status
- (4) life style and gender analysis
- (5) knowledge, attitudes and practices towards health and health services of targeted populace (KAP survey)
- (6) community participation
- (7) sociological and medical anthropological survey

3. Assessment and analysis of the investigation results

4. Assessment of current health status and issues influencing health status and identification of problems to be solved
 - Horizontal issues to be assessed include:
 - (1) demography
 - (2) case management
 - (3) clinical laboratory system
 - (4) disease prevention system including EPI
 - (5) referral system and logistics for medical supplies and equipment
 - (6) health manpower development
 - (7) health management information system
 - (8) health education and community participation
 - (9) health related issues in other sectors

6. REPORTS

JICA will prepare and submit the following reports in English to the Government of Malawi.

1. Inception Report :
Twenty (20) copies at the commencement of the first work in Malawi.
2. Progress Report (1) :
Twenty (20) copies at the end of the first work in Malawi.
3. Interim Report :
Twenty (20) copies within one (1) month after the commencement of the second work in Malawi.
4. Progress Report (2) :
Twenty (20) copies at the commencement of the third work in Malawi.
5. Progress Report (3) :
Twenty (20) copies at the end of the third work in Malawi.
6. Draft Final Report :
Thirty (30) copies at the commencement of the fourth work in Malawi.
The Government of Malawi will submit its comments to JICA within one (1) month after receipt of the Draft Final Report.
7. Final Report :
Fifty (50) copies within one (1) months after receipt of the comments on the Draft Final Report.

7. UNDERTAKING OF THE GOVERNMENT OF MALAWI

1. To facilitate the smooth conduct of the Study, the Government of Malawi will take the following necessary measures:
 - (1) To secure the safety of the Japanese study team (hereinafter referred to as "the Team"),
 - (2) To permit the members of the Team to enter, leave and sojourn in Malawi for the duration of their assignment therein, and exempt them from foreign registration requirements and consular fees.
 - (3) To exempt the members of the Team from taxes, duties, fees and any other charges on equipment, machinery and other materials brought into Malawi for the conduct of the Study.
 - (4) To exempt the members of the Team from income tax and charges of any kind imposed on or in connection with any emoluments or allowances paid to the members of the Team for their services in connection with the implementation of the Study.

- (5) To provide necessary facilities to the Team for remittance as well as utilization of the funds introduced into Malawi from Japan in connection with the implementation of the Study.
 - (6) To secure permission for the Team to enter into private properties or restricted areas for the implementation of the Study.
 - (7) To secure permission for the Team to take all data and documents (including photographs and maps) related to the Study out of Malawi to Japan, and
 - (8) To provide medical services as needed. Its expenses will be chargeable on the members of the Team.
2. The Government of Malawi shall bear claims, if any arise, against the members of the Team resulting from, occurring in the course of, or otherwise connected with, the discharge of their duties in the implementation of the Study, except when such claims arise from gross negligence or willful misconduct on the part of the member of the Team.
 3. For the smooth implementation of the Study, the Ministry of Health and Population shall act as a counterpart agency to the Team and also as a coordinating body in relation with other governmental and non-governmental organizations concerned.
 4. The Ministry of Health and Population shall, at its own expense, provide the Team with the following, in cooperation with other organizations concerned:
 - (1) available data and information related to the Study,
 - (2) counterpart personnel,
 - (3) suitable office space with necessary equipment and furniture,
 - (4) credentials or identification cards, and
 - (5) appropriate number of vehicles with drivers.

8. UNDERTAKINGS OF JICA

- For the implementation of the Study, JICA shall take the following measures:
1. to dispatch, at its own expense, the Team to Malawi, and
 2. to pursue technology transfer to the counterpart personnel in the course of the Study.

9. CONSULTATION

JICA and the Ministry of Health and Population shall consult with each other in respect of any matter that may arise from or in connection with the Study.

APPENDIX

Master Plan Study on
Strengthening Primary Health Care Services
in the Republic of Malawi

TENTATIVE SCHEDULE

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
DESCRIPTION																		
WORK IN MALAWI																		
WORK IN JAPAN																		
STUDY CYCLE	First Cycle for Central Region						Second Cycle for Whole Country											
REPORT PRESENTATION	▲ IC/R	▲ P/R(1)	▲ IT/R	▲ P/R(2)	▲ P/R(3)	▲ DF/R	▲ E/R											

NOTE IC/R : Inception Report
P/R : Progress Report
IT/R : Interim Report
DF/R : Draft Final Report
E/R : Final Report

MINUTES OF MEETINGS

ON

SCOPE OF WORK

FOR

MASTER PLAN STUDY

ON

STRENGTHENING PRIMARY HEALTH CARE SERVICES

IN

THE REPUBLIC OF MALAWI

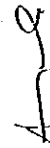
AGREED UPON BETWEEN

THE MINISTRY OF HEALTH AND POPULATION

AND

THE JAPAN INTERNATIONAL COOPERATION AGENCY

Lilongwe, 21 January 1998



Dr. W. O. O. Sangala
Principal Secretary,
Ministry of Health and Population



Prof. Dr. Takatoshi KOBAYAKAWA
Leader, Preparatory Study Team,
Japan International Cooperation Agency
(JICA)

Mr. J. C. T. Nthani
Deputy Secretary (Bilateral),
Ministry of Finance

1. Introduction

In response to the request of the Government of the Republic of Malawi (hereinafter referred to as "the Government of Malawi"), the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Preparatory Study Team (hereinafter referred to as "the Team") headed by Prof. Dr. Takatoshi KOBAYAKAWA to Malawi from January 10 to February 1, 1998 in order to discuss the Scope of Work (hereinafter referred to as "S/W") for Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi (hereinafter referred to as "the Study").

The Team held a series of discussions with the authorities concerned of the Ministry of Health and Population (hereinafter referred to as "MOHP") and other organizations. The Team also carried out field surveys of the study area.

The list of attendants for the discussion at MOHP is attached as an appendix.

The Minutes of Meetings has been prepared for the better understanding of the S/W agreed upon between MOHP and the Team on January 21, 1998, summarizing main points of the discussions made in the course of the preparation of the S/W.

2. Explanation of JICA's Program

The Team explained JICA's Development Study Scheme and MOHP understood it.

3. Title of The Study

Both sides agreed that the title of the Study would be "Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi" as described in the S/W.

4. Relationship between the Study and Essential Health Package/National Health Plan

Both the Essential Health Package in Malawi Health Sector Strategic Plan (hereinafter referred to as "EHP") and the National Health Plan (hereinafter referred to as "NHP") for the ten (10) years to come are currently under preparation by MOHP. Both sides confirmed that the Study may propose programs/projects which would be implemented for the strengthening of primary health care services based on the framework of the NHP as well as EHP and that the Study could contribute to their development.

5. Target Year and Target Group

Both sides agreed that Master Plan (hereinafter referred to as "M/P") to be prepared from the Study would run up to the year 2007. Both sides also agreed that the target beneficiary group of the Study would be mainly under five (5) years children and women of child bearing age.

6. Study Area and Schedule

For the effective implementation of the in-depth study and smooth formulation of nation wide M/P, both sides agreed that the Study would be extensively conducted in the entire nation with base camps in three (3) districts, Salima, Mzimba

ATTENDANT LIST

Ministry of Health and Population	Principal Secretary
Dr. W. O. O. Sangala	Principal Secretary
Dr. C. Mwiyeriwa	Deputy Secretary
Mr. D. Muva	Principal Environmental Health Officer
Mr. M. F. Magombo	Deputy PHC Coordinator
Mr. W. E. Limbe	Regional Health Officer
Mr. J. M. Nyasulu	National EPI Program Manager
Mr. C. I. Daudi	National PHC Coordinator
Mr. H. R. Mbengo-mbewe	Logistics Officer
Mr. B. I. Banda	Senior Nutritionist
Ms. T. W. Banda	Controller of Health Planning Services
Mr. J. D. Manda	Safe Motherhood Coordinator
Dr. A. Phoya	Chief Pharmacist
Mr. G. B. Kadewere	Controller of Nursing Services
Ms. L. D. Ng'oma	Controller of Preventive Health Services
Dr. W. Nkhorna	Assistant Controller of Preventive Health Services (Family Planning Coordinator)
Ms. J. Namasasu	Office-in-Charge
Mr. F. E. Chintolo	Program Manager, Control of Diarrhea Disease
Mr. K. Nindi	Statistician, CHSU
Mr. C. T. Sambakunsi	Program Manager of Human Trypanosomiasis
Mr. A. M. J. Suwazi	Planner of Strategic Plans
Dr. R. Mpazanje	Director of Population Health Services
Mr. Christon Moyo	Technical Advisor (EU)
Dr. Michael O'Carroll	
Ministry of Finance	Senior Assistant Secretary
Mr. J. Mhango	
JICA Preparatory Study Team	Team Leader
Dr. T. Kobayakawa	Team Member (Cooperation Planning)
Mr. K. Fujiya	Team Member (Study Planning)
Mr. Y. Araki	Team Member (Community Health Activity and Mother and Child Health)
Dr. Y. Takashima	Team Member (Public Health)
Dr. Y. Handa	Team Member (Health Facility and Equipment)
Mr. K. Yoshida	Team Member (Health Institution and Health Service Supply System)
Ms. M. Tanaka	
JICA Malawi Office	Deputy Resident Representative
Mr. R. Kojima	

and Zomba.

The Malawi side strongly proposed to divide the Study into two cycles so as to enable the timely initiation of implementation following the M/P which will be completed in the first cycle.

Both sides agreed to initiate the Study from the central region as the first cycle since JICA-CHSU project is currently being implemented with the same objective as the Study. It can be expected that the first cycle of the Study with previously accumulated experiences and information will facilitate the Study for the rest of the second cycle.

Besides, both sides agreed that duration of the Study is subject to modification.

7. Coordination with JICA-CHSU project. Other Ministries as well as Organizations

The functional integration as well as coordination between the Study and JICA-CHSU project has been agreed.

Furthermore, the necessity of the coordination with other ministries such as the Ministry of Water Development, the Ministry of Education, the Ministry of Women, Youth and Community Service for the smooth implementation of the Study was explained by the Team. It was also suggested to establish a steering committee for the coordination. MOHP agreed to facilitate the establishment of the steering committee by the commencement of the Study.

In addition, the coordination with other donors and NGOs would also be required during the implementation of the Study.

8. Undertakings of the Government of Malawi

(1) It was confirmed that MOHP would secure the full support and participation of organizations concerned in the course of the Study.

(2) The Team requested the assignment of the appropriate number of counterpart personnel to the JICA Study Team by MOHP. MOHP, however, expressed difficulty in assigning full time counterpart personnel over the whole period of the Study time, which was well understood by the Team. Under such circumstances, the Malawi side, however, expressed their commitment to do everything possible for the successful completion of the Study.

(3) MOHP explained that it would be difficult to provide vehicles for the Study as proposed. The Team understood the situation because of the budgetary constraints and promised to convey it to JICA H.Q. for consideration.


(4) The Team requested the provision of the adequate office space with necessary equipment and furniture in Lilongwe as well as in the three (3) districts. MOHP indicated that all attempts would be made to provide office accommodation where required.


9. Reports

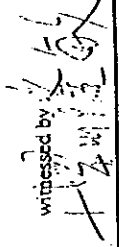
As for the Study reports, MOHP agreed to disseminate the reports widely in order to achieve maximum use of the Study results.

MINUTES OF MEETING
ON
THE INCEPTION REPORT
FOR
THE MASTER PLAN STUDY
ON
STRENGTHENING
PRIMARY HEALTH CARE SERVICES
IN
THE REPUBLIC OF MALAWI

Lilongwe, 18 June, 1998


Dr. Chrissie N. MWERUKWA
Principal Secretary
The Ministry of Health and Population
The Republic of Malawi


Dr. Hiroyuki NAKANO
Team Leader
The JICA Study Team

witnessed by 
Prof. Dr. Takatoshi KOBAYAKAWA
Chairman
The JICA Advisory Committee

Based upon the Scope of Work and Minutes of Meeting for the Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi (hereinafter referred to as "the Study") agreed upon January 21, 1998, the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the JICA Study Team, headed by Dr. Hiroyuki NAKANO, and the members of the JICA Advisory Committee, headed by Dr. Takatoshi KOBAYAKAWA, to commence the Study in Malawi on June 10, 1998.

The Study Team submitted the Inception Report for the Study to Ministry of Health and Population (hereinafter referred to as "MOHP") on June 12, 1998. Subsequently, the meeting for the discussion of the Report was held on June 16, 1998 with the attendance listed in the Appendix 1.

MOHP agreed upon the basic study framework described in the Inception Report, with a will to support the Study Team for the smooth implementation of the Study. In the meeting, the Study Team requested MOHP to meet the required undertakings for the Study Team, in accordance with the Scope of Work agreed upon between both Governments:

1. Provision of the office space for the Study Team
MOHP offered the temporary use of an office in Community Health Sciences Unit (CHSU) to the Study Team. It has been confirmed that any possible efforts to secure a new exclusive office space be continuously made by the Ministry. MOHP requested provision of necessary equipment and furniture in the office by the Japanese side because of the budgetary constraints. The Study Team understood the situation and would convey it to JICA H.Q. for consideration.
2. Assignment of counterpart
MOHP designated corresponding officers as counterparts at the central level for the Study Team. The names and posts of the counterparts are listed in Appendix 2. At the district level, MOHP is determined to submit a letter by which DHOs facilitate the active cooperation for the Study Team.




Appendix I

List of Attendants

5. Organisation of Steering Committee
The Steering Committee will meet at the end of July, 1998 with full members of the Study Team. At that meeting, the Study activities will be presented to the committee members of the related ministries.

Regarding the similarity of the activities between the Study Team and African Development Bank in the same district, MOHP understands that each study has its own characteristics, therefore granted to release information to be obtained through the Study to African Development Bank, if required.

Based upon the discussion and understanding described above, the Inception Report has been finalised for the submission herewith attached.

Ministry of Health and Population

Dr. W. O. O. Sangala
Dr. C. Mwiyerwa
Mr. T. D. Muva
Mr. J. D. Manda
Ms. J. Narasasu
Mr. H. T. Andson
Dr. R. G. Mpazanje
Mr. S. P. Chembe
Ms. L. D. Ng'oma
Mr. T. L. Mwase
Mr. R. L. Musi
Mr. E. T. Kazuka
Mr. J. J. Mtaya
Mr. G. B. Kadavere
Mr. B. Mbwana-Phiri
Mr. S. L. Ngwira
Dr. M. O' Carroll

Principal Secretary

Principal Secretary

Deputy Secretary

Controller of Health Planning Services

Assistant Controller of Preventive Health

Services

Public Relations Officer

Planner of Strategic Plans

Human Resource Planner

Controller of Nursing Services

Health Economist

Principal Administrative Officer

Senior Health Planner

Human Resource Planner

Acting Controller of Health Technical

Support Services

Principal Administrative Officer

Chief Human Res. Management Offices

Eur. Comm. Technical Assistant, MOHP

JICA Advisory Committee

Dr. T. Kobayakawa
Dr. T. Rikimaru

Chairman

Committee member (Nutrition / Public Health)

JICA Head Quarter

Mr. Y. Araki

Staff (Task Management)

Second Development Study Division,

Social Development Study Department

The Study Team

Dr. H. Nakano

Team Leader (Tropical Medicine/ Maternal and Child Health)

Team member (Health Financing)

Team member (PHC/Environmental Health)

Team member (Social/Gender Analysis)

Team member (Coordinator)

JICA Malawi Office

Mr. H. Murakami
Mr. T. Seki

Resident Representative

Assistant Resident Representative

Appendix 2

List of Counterparts

Chief Counterpart Mr. J. D. Manda	Controller of Health Planning Services
Administrative Mr. Kalima	Under Secretary
Nursing Ms. L. D. Ng'oma	Controller of Nursing Services
Human Resources Mr. S. L. Ngwira	Chief Human Resource Management Offices
Gender Dr. A. Phova	Safe Motherhood Coordinator
Technical and research Mr. G. B. Kadewere	Acting Controller of Technical Health Support Services
PHC Dr. W. Nkomo	Controller of Preventive Health Services



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MINUTES OF MEETING
ON
THE PROGRESS REPORT (1)
FOR
THE MASTER PLAN STUDY
ON STRENGTHENING PRIMARY HEALTH CARE SERVICES
IN
THE REPUBLIC OF MALAWI


Based upon the Scope of Work and Minutes of Meeting for the Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi (hereinafter referred to as "the Study") agreed upon on January 21, 1998, the first cycle of the Study commenced on June 10, 1998 and is scheduled for completion on October 4, 1998.


In accordance with the officially agreed work schedule, the Study Team prepared a Progress Report No. 1, and submitted 20 copies of same to the Ministry of Health and Population (hereinafter referred to as "MOHP") on October 2, 1998.

MOHP held the Steering Committee Meeting chaired by Mr. G. C. Mkwinda, Principal Secretary, MOHP, to discuss the Progress Report No. 1 at MOHP on October 2, 1998. The attendants of the meeting are as shown in Appendix 1 attached herewith.

In the meeting, the following comments were raised:

1. The meeting expressed concern over the selection of the study areas. The meeting confirmed that the scope of the Study was to cover the entire nation and not specific districts. The selected three districts might not be representative for a National Health Master Plan as an output of the Study.
2. The meeting requested that the JICA and the JICA Study team revisit the agreed scope of work for the Study and review the current plan of the second cycle of the Study in order to come up with results which will be useful for the country to improve the national health system.
3. The meeting appreciated the Progress Report and made valuable comments on contents of the report. The Study team appreciated and accepted the comments to be used to improve the Interim Report.


DR. H. NAKANO
Team Leader
The JICA Study Team
Lilongwe, 2nd October, 1998


Mr. G. C. MKWINDA
Principal Secretary
The Ministry of Health and Population
The Republic of Malawi
Lilongwe, 2nd October, 1998

The Study Team agreed to take into account all the above comments in the succeeding cycle. Based upon the discussion and understanding described above, the Progress Report No. 1 was officially accepted by MOHP.



Mkwinda

Appendix 1

List of Attendants

Ministry of Health and Population

Mr. G. C. Mkondwiwa Principal Secretary, Finance and Administration
 Mrs. D. Ali Regional Malaria Coordinator (Central Region)
 Economist
 Mr. N. S. Baniusi Senior Human Resource Development Officer
 Mr. S. Bwa Human Resource Planning Officer
 Mr. S. Chembe Health Planning Officer
 Mr. D. F. Kalomba Epidemiology, CHSU
 Mrs. N. J. Kandoole Senior Health Planning Officer
 Mr. E. Kataka Controller of Health Planning Services
 Mr. J. D. Manda Officer in Charge, CHSU
 Dr. P. Mkanda Director of Population Services
 Mr. C. Moyo Assistant Controller Preventive Health Services (RHU)
 Mrs. Namasasu Health Planning Officer
 Ms. L. Namata Health Planning Officer
 Dr. R. G. Mpuzanje Chief Human Resource Management Officer
 Mr. S. L. Ngwira National Economic Council
 Mr. D. Senganaburije

Salima District Health Office

Dr. R. Juma District Health Officer

European Union

Dr. M. D. O'Carroll EU Technical Assistant

Japan International Cooperation Agency, Malawi Office

Mr. T Seki Assistant Resident Representative

The Study Team

Dr. H. Nakano Team Leader (Tropical Medicine/Maternal
 And Child Health)
 Dr. A. Yomo Team member (Epidemiology / Treatment)
 Dr. D. Hozumi Team member (GIS/ Health Information
 System)
 Ms. S. Ichikawa Team member (Health management/ Human
 Resources/ Logistics)
 Mr. K. Nakagawa Team member (Coordinator)

George Handwa

M...

Introduction

Based upon the Scope of Work for "the Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi" (hereinafter referred to as "the Study") agreed on January 21, 1998, the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the JICA PHC Study Team (hereinafter referred to as "the Study Team"), headed by Dr. Hiroyuki Nakano, to commence the Study in Malawi on June 10, 1998.

In accordance with the officially agreed work schedule, the Study Team formulated the draft Master Plan for the central region in the form of the Interim Report (hereinafter referred to as "the Report"), which consists of study findings in the first cycle, problems analysis, and proposed prioritised projects/programmes. The Team submitted 20 copies of the Report to the Ministry of Health and Population (hereinafter referred to as "MOHP") on December 4, 1998. Subsequently, the meeting for the discussion on the Report was held on December 8 and 9, 1998 with the attendants listed in the Appendix 1.

Review of Interim Report

The meeting was initiated with chairperson's welcoming remark to the JICA mission and the appreciation for the timeliness and the importance of the Study in line with the on-going Ministry's effort for the health sector reform.


Dr. D. Hozumi, a member of the Study Team, made a presentation on the findings of the first cycle of the Study and basic concepts in formulating possible interventions as in the form of long lists. It was followed by Dr. H. Nakano's presentation concerning the draft Master Plan including prioritised five projects/programmes under justified rationales for their selection. On the second day, the meeting reviewed each prioritised project in the light of feasibility, sustainability, and need for further study and clarification during the second cycle of the Study.


On the findings of the first cycle of the Study, the following comments were raised:

1. The meeting generally accepted and appreciated the findings of the Study. Some issues were raised for further investigation during the second cycle of the Study. These issues include: 1) Hidden needs for health care at community level have to be considered when analysing health services access and utilisation. 2) Health facilities operated by other than MOHP and CHAM should also be included for the consideration of accessibility analysis.
- 3) Government health expenditure pattern should be examined in accordance with the

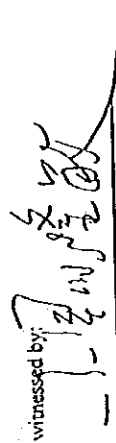
MINUTES OF MEETING
ON
THE INTERIM REPORT
FOR
THE MASTER PLAN STUDY
ON
STRENGTHENING
PRIMARY HEALTH CARE SERVICES
IN
THE REPUBLIC OF MALAWI

Lilongwe, 11 December, 1998


Dr. W.O.O. Sangala
Principal Secretary
The Ministry of Health and Population
The Government of Malawi


Dr. H. Nakano
Team Leader
The JICA Study Team

witnessed by:



Prof. Dr. T. KOBAYAKAWA
Chairman
The JICA Advisory Committee



primary health care concept.

2. It has been generally agreed that five prioritised projects/programmes have substantially important implications for the implementation, however the following comments were made on them.

Project 1

- 1) The importance and urgency of the proposed project was recognised and the MOHP expressed its intention to formulate their project proposal in line with the Report.
- 2) The project title should be revised in accordance with the substance of the project.
- 3) The focus of the project should be placed on planning of health service provision rather than on planning of infrastructure.
- 4) Project time frame should be prolonged from the proposed 12-15 months to two years.
- 5) Prospects of short or long term training of health planners should be included.

Project 2

Further studies and refinement of project activities were required in the areas of:

- 1) Communal feeding and supplementary feeding
- 2) Methodology to increase sustainability of feeding programme without increasing dependency on it by involving community
- 3) Logistics to increase accessibility of outreach clinic/mobile unit to community
- 4) Involvement of community volunteers and linkage with Health Surveillance Assistants to capture more malnourished children
- 5) Activities to strengthen supervision of Health Surveillance Assistants
- 6) Training of health staff such as Community Health Nurses to reorient them for the effective Growth Monitoring Programme
- 7) Collaboration with Integrated Management of Childhood Illness Programme
- 8) Study on successful community based projects to reduce childhood malnutrition, such as Kabudula Child Survival Project and Ekwendeni Child Based Care Project.

Project 3

Further studies and refinement of project activities were required in areas of:

- 1) Reasons for selecting home delivery in spite of conventional use of health facilities for antenatal care
- 2) Improvement of antenatal care by introducing tests for haemoglobin and sexually transmitted diseases
- 3) Recruitment of health workers; project should consider upgrading of medical assistants to clinical officers.

4) Training of ambulance drivers in basic life support technique

5) Methodology to improve nutritional status of pregnant women by involving community.

Project 4

The proposed project was accepted to be well formulated in a straightforward manner and the MOHP expressed its intention to take an immediate action in line with the Report. It was also agreed that overall time frame of the project be prolonged to four years, and capacity building for the appropriate use and maintenance of the provided equipment be incorporated into the project.

Project 5

Further discussions and refinement of project activities are required in the following areas:

- 1) Aspects of legislation/acts on prescription drugs, which include amendments of existing acts, and monitoring and enforcement mechanism
- 2) Mechanism for monitoring drug efficacy in collaboration with the Community Health Sciences Unit
- 3) Study on drug market structure.

It has been mutually understood that controversy exists over orientation of the project, those include coordination with other primary health care activities, such as drug revolving fund and community based treatment of acute respiratory infections.


Focus and Area of the Second Cycle of the Study

Subsequent discussion was held on the focus and study areas of the second cycle of the Study.


Maternal mortality in the north region and childhood malnutrition in the south region have been agreed as focuses of the second cycle of the Study. Furthermore, it was agreed that study sites will be chosen from selected districts in the proximity of base camps, i.e. Mzimba in the north and Zomba in the south. The team will select the additional districts to be studied and discuss with the Ministry prior to the initiation of the second cycle of the study.

The Study Team also agreed to make notes of all the above comments in the succeeding phase of the Study.

At the end of the meeting, the chairperson expressed his sincere appreciation over the endeavour and the collaboration accorded to the Study.

 H. Mchomo

 H. Mchomo

 H. Mchomo

Appendix 1

List of Attendants

Ministry of Health and Population
Dr. W.O.O. Sangala
Mr. R.H.E. Mupemba
Mr. D.C. Chidyaonga
Mr. G.B. Kadewere
Mrs. A.M. Chinombo
Mr. C.J. Kamanga
Mr. F.T. Kataika
Mr. W.E. Limbe
Dr. R.G. Mpuzanje
Mr. T.L. Mwase
Mrs. F.E. Nkhata
Mr. S. L. Ngwira

Principal Secretary
Deputy Director of Health Planning Services
Architect (PHN/PIU)
Acting Controller of Health Technical Support Services
Nursing Officer
Principal Statistician
Senior Health Planning Officer
Principal PHC Coordinator
Health Planning Officer
Health Economist
Nursing Officer
Chief Human Resource Management Officer

National Economic Council
Mr. D.C. Senganimalanjje
Senior Economist

Japan International Cooperation Agency, Advisory Committee
Chairman
Dr. T. Kobayakawa

Japan International Cooperation Agency, Headquarters
Task Management
Mr. Y. Araki

Japan International Cooperation Agency, Malawi Office
Deputy Resident Representative
Mr. T. Seki

The Study Team
Dr. H. Nakano
Dr. D. Hozumi
Ms. T. Saito
Mr. K. Nakagawa

Team Leader (Tropical Medicine/ Maternal and Child Health)
Team Member (GIS/ Health Information System)
Team Member (PHC activity, Community Health/ Sanitation)
Team Member (Coordinator)

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Introduction

Based upon the Scope of Work for "the Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi (hereinafter referred to as "the Study") agreed on January 21, 1998, the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the JICA PHC Study Team (hereinafter referred to as "the Study Team"), headed by Dr. Hiroyuki Nakano, to commence the Study in Malawi on June 10, 1998.

In accordance with the officially agreed work schedule, the Study Team formulated a Progress Report II (hereinafter referred to as "the Report"), which consists of study findings on the second cycle of the field study and draft Master Plan of Operations for the country. The Team submitted 25 copies of the Report to the Ministry of Health and Population (hereinafter referred to as "MOHP") on June 30, 1999. Subsequently, a meeting to discuss the Report was held on July 7, 1999 with attendees listed in the Appendix 1. The meeting was chaired by Mr. R. H. E. Mapemba, Deputy Director of Health Planning Services, MOHP.

Review of the Report


The meeting was initiated with the chairperson's welcome remarks. During course of the meeting, the attendees made the following comments:


1. Process to formulate a Master Plan
 - The meeting accepted the process to formulate a master plan.
 - The proposed group meeting to develop detailed prioritised programmes/project plans was agreed.
2. Findings on Childhood Malnutrition
 - Definition of exclusive breast-feeding should be in line with an international standard.
 - From the analysis of food intake, children below 6 months should be excluded.
 - Locally available food items other than egg should be added to the analysis of food intake.
 - Since only two districts in the northern region and three in the south, the data presented in the household survey are not representative of both regions. Hence explanation should be added on the implication of the selection of the districts.
 - Statistical tests on significance of the results should be added to the report;
 - Explanation of methodologies for classifying socio-economic status needs to be expanded.
 - Implication of case studies needs to be explained.
3. Findings of Maternal Health Study
 - Analysis on situation of in-service training should be added;
 - The meeting agreed the need for a study on impact of radio communication system at health facilities on maternal mortality for the future.
4. Findings on Drug Sellers Study
 - The word 'peddler' should be replaced with 'vendor'.

MINUTES OF MEETING ON THE PROGRESS REPORT (2)

FOR THE MASTER PLAN STUDY ON STRENGTHENING PRIMARY HEALTH CARE SERVICES IN THE REPUBLIC OF MALAWI

Lilongwe, 7th July, 1999


Dr. W. O. Sangala
Principal Secretary
The Ministry of Health and Population
The Republic of Malawi


Dr. H. NAKANO
Team Leader
The JICA Study Team

H
H. Nakano

Appendix I List of Attendants

Ministry of Health and Population

Mr. R.H.E. Mapemba Deputy Director of Health Planning Services
Mr. E.T. Kazuka Senior Health Planning Officer
Dr. W.C. Chaziya DCCS
Mr. J.S. Paton PAMTA
Mr. S.L. Ngwira Chief Human Resource Management Officer
Mr. D. F. Nalombu Health Planning Officer
Mr. L. Namata Senior Nursing Officer
Mr. L.P. Kachiapila DPM (nutrition)
Ms. C. Mamakang HSA
Mr. F. Kanjere POP/PIP Project Coordinator
Dr. A. Phoya Principal PHC Coordinator
Mr. W.E. Limbe Nutritionist
Mr. H.J. Midebwe Epidemiology, CHSU
Mrs. N. J. Kandoolo Programme Manager/Schistosomiasis
Mr. B. Shaba Biochemist, CHSU
Ms. D. Bulao

District Health Office

Mr. T.L. Matabwa Deputy District Health Officer, Zomba
Mr. I. Mwale Deputy District Health Officer, Mwanza

European Union

Dr. J. Sengem Economist
Dr. C. Burkor Technical Advisor

Dutch Supportive Programme

Dr. N. Enyinyayau Programme Coordinator

Japan International Cooperation Agency, Malawi Office

Mr. N. Fujita Assistant Resident Representative

The Study Team

Dr. H. Nakano Team Leader (Tropical Medicine, Maternal and Child Health)
Dr. A. Yomo Team member (Epidemiology / Treatment)
Dr. D. Hozumi Team member (GIS/ Health Information System)
Mr. K. Nakagawa Team member (Coordinator)

- Possibility of underestimation of antibiotics availability at vendors was pointed out;
- Analysis of relationship between people's drug purchasing patterns and socio-economic status should be added;
- Accuracy of vendors' knowledge of drug prescription needs to be analysed.

5. Draft Master Plan for Reduction of Childhood Malnutrition

6. Draft Master Plan for Reduction of Maternal Mortality

- Given the importance of blood bank, the master plan should specifically mention about it;
- The idea of community monitoring system of health services is in line with decentralisation.

7. Draft Master Plan for improving the role of drug sellers

- Policing every drug seller would not be realistic;
- Education of community on correct use of drugs is important, but will be difficult;
- Coordination with drug revolving funds would be necessary;
- Alternative strategies based market structures should be considered;
- Studies on source/origin of illegal drugs in the market should be considered;
- Market research should be added for future plan.

8. Pilot Study

- The general idea and plan on the pilot study was presented and agreed;
- Availability of ambulances and their functioning status should be added to the study;
- There are other agencies interested in fleet management of ambulances and the pilot study should be coordinated with those.

9. General comments

- The meeting appreciated the comprehensiveness of the study;
- The report should be attached with executive summary in the future.

The Study Team agreed to take into account above comments. The Study Team will formulate a note to supplement information and data to answer some of queries listed above. Based on the discussion and understanding described above, the Progress Report II was officially accepted by MOHP.



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Appendix 2. Comments on Nutritional Study

- On the issue of terms "the North" and "the South" in the Chapters related to the Household Survey. These words shall be substituted by the words "the two northern districts" and "the three southern districts" respectively.
- On the issue of terms "exclusive breast feeding" in the Chapters related to the Household Survey. For accuracy, "(Time of) introducing complimentary foods" shall be put instead of "exclusive breast feeding".
- Frequency of taking protein-rich foods. Using the prepared questionnaires, the team asked the mothers of children aged between 6 and 59 months old how often they feed their children eggs, chicken/meat, fish, peas/beans, nuts or milk. As pointed out during the meeting that infants aged 6 through 11 months mainly depend on the breast milk as protein source, they are excluded from the analysis of this section (see Table 2.1 & Figure 2.1, total sample from two northern districts is 99; and Table 2.2 & Figure 2.2, total sample from three southern districts is 280).

Table 2.1. Results of the two northern districts

Point (Frequency)	Eggs	Chicken /Meat	Fish	Peas /Beans	Nuts	Milk(Breastfed)
0 (never)	29 (29.3%)	7 (7.1%)	12 (12.1%)	16 (16.2%)	22 (22.2%)	38 (12) 38.4%
1 (<once/M)	38 (38.4%)	58 (58.6%)	25 (25.3%)	31 (31.3%)	23 (23.2%)	15 (11) 13.1%
2 (1-2/M)	25 (25.3%)	26 (26.3%)	26 (26.3%)	20 (20.2%)	0 (0) 0%	0 (2) 9.1%
3 (3-6/M)	4 (4.0%)	8 (8.1%)	19 (19.2%)	23 (23.2%)	23 (23.2%)	3 (0) 3.0%
4 (once/D)	2 (2.0%)	0 (0.0%)	11 (11.1%)	4 (4.0%)	7 (7.1%)	14 (5) 14.1%
5 (>once/D)	1 (1.0%)	0 (0.0%)	6 (6.1%)	2 (2.0%)	4 (4.0%)	2 (8) 22.2%
Total	99 (100%)	99 (100%)	99 (100%)	99 (100%)	99 (100%)	99 (28) 100%

Table 2.2. Results of the two southern districts

Point (Frequency)	Eggs	Chicken /Meat	Fish	Peas /Beans	Nuts	Milk(Breastfed)
0 (never)	83 (31.4%)	17 (7.1%)	4 (1.4%)	23 (8.2%)	77 (27.5%)	188 (54) 67.1%
1 (<once/M)	121 (46.8%)	168 (58.6%)	49 (17.5%)	54 (19.3%)	79 (28.2%)	32 (12) 11.4%
2 (1-2/M)	46 (16.4%)	80 (26.3%)	104 (37.1%)	102 (36.4%)	38 (13.6%)	17 (5) 5.6%
3 (3-6/M)	12 (4.3%)	13 (8.1%)	114 (40.7%)	89 (31.8%)	43 (15.4%)	7 (2) 2.5%
4 (once/D)	3 (1.1%)	2 (0.0%)	7 (2.5%)	10 (3.6%)	38 (13.6%)	17 (5) 6.1%
5 (>once/D)	0 (0.0%)	0 (0.0%)	2 (0.7%)	2 (0.7%)	5 (1.8%)	23 (5) 9.2%
Total	280 (100%)	280 (100%)	280 (100%)	280 (100%)	280 (100%)	280 (100) 100%

Point for milk taking frequency was excluded from the score for protein-rich food intake (PFI Score) because there seems to be some confusion between animal/formula milk and breast milk. Thus PFI Score has been calculated by summing up the points for each food frequency of eggs, chicken/meat, fish, peas/beans and nuts. Pointing system adopted is "never" as 0, "once a month or less" as 1, "once or twice a week" as 2, "three through six times a week" as 3, "once a day" as 4, and "more than twice a day" as 5. Taking more protein is protective against underweight, stunting and wasting at least in the three southern districts (see Table 2.4).

Table 3.3 Children aged 12-59 mo. in the two northern districts

PFI Score	Underweight	WNL	Stunted	WNL	Wasted	WNL	Total
0-4	3 (30.0%)	7	5 (30.0%)	5	1 (10.0%)	9	16
5-9	27 (47.4%)	30	38 (66.7%)	19	4 (7.0%)	53	57
10+	12 (37.8%)	20	22 (68.8%)	10	1 (3.1%)	31	52
Total	42 (42.4%)	57	65 (65.7%)	34	6 (6.1%)	93	99

Table 3.4 Children aged 12-59 mo. in the two southern districts

PFI Score	Underweight	WNL	Stunted	WNL	Wasted	WNL	Total
0-4	16 (69.6%)	7	16 (69.6%)	7	4 (17.4%)	19	55
5-9	82 (49.1%)	85	116 (69.5%)	51	26 (15.6%)	141	167
10+	33 (36.7%)	57	51 (56.7%)	39	10 (11.1%)	80	90
Total	131 (46.3%)	149	183 (65.4%)	97	40 (14.3%)	240	280

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Appendix 3. Training Status of Health Staff

Introduction

It is often said once health staff are allocated in health facilities to work, they are given few opportunities for in-service training. In-service training/continuing education is important to renew their knowledge, upgrade their skills, as well as to keep their motivation. During the studies carried out in the first cycle, it was found that the records of people who attended in-service training were not properly kept.

Objectives

1. To identify training status of health workers in the area of reproductive health with particular focus on in-service training.
2. To assess training needs of health workers in the area of reproductive health

Methodology

A questionnaire asking on training status was delivered to all the nurses, medical assistants and clinical officers working in MOHP health facilities in Mazimba and Zomba districts through the district health offices, and to the staff of the same cadres of Zomba Central Hospital through the deputy maoron. Respondents were asked to return the filled questionnaires to corresponding DHO and the deputy maoron. Collected filled questionnaires were then sent back to the study team by mail. The study was carried out anonymously so that the respondents would feel comfortable to fill in the questionnaire.

Results

The number of copies of questionnaire delivered in accordance with the number of staff (nurses, medical assistants and clinical officers) in the Mazimba district, Zomba district and the Zomba Central Hospital and the number of returned forms was as follows:

Table 3.1 Questionnaires delivered and returned

	Mzimba district	Zomba district	Zomba Central hospital
No. Delivered	120	80	158
No. returned	85	39	78
Percentage	70.8%	48.8%	49.4%

1) In Service Midwifery training

Respondents were asked how often they received in-service midwifery training. Only one respondent each at Mazimba district and Zomba Central Hospital reported that they received in-service midwifery training once a week. In Zomba district only 5.2% of the respondents received training every two months or twice a year. Percentage of those who received training once a year was 18.8% in Mazimba district, 33.3% in Zomba Central Hospital. Percentage of those who never received training was quite high in both districts, and especially high in Zomba Central Hospital. Although we have to take into consideration that the majority of respondents may be working in the department other than the maternity department.

Fig. 2.1 Frequency of Taking Protein-rich Food (Two northern districts)

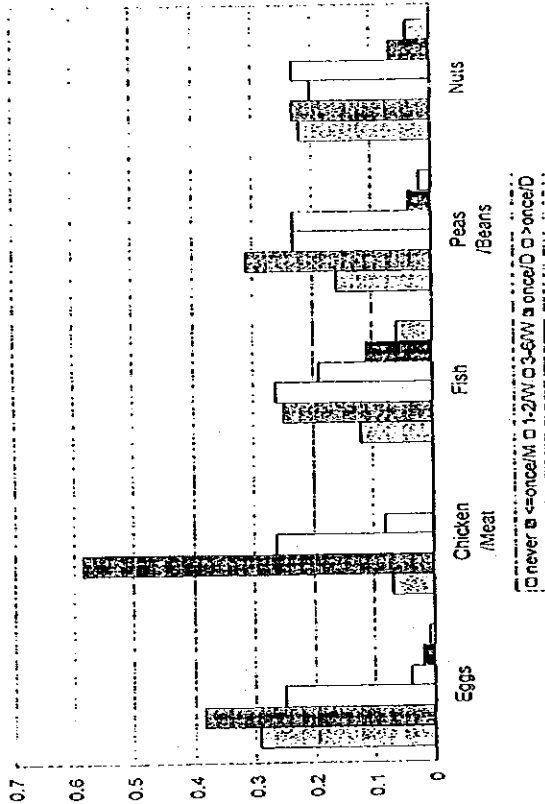
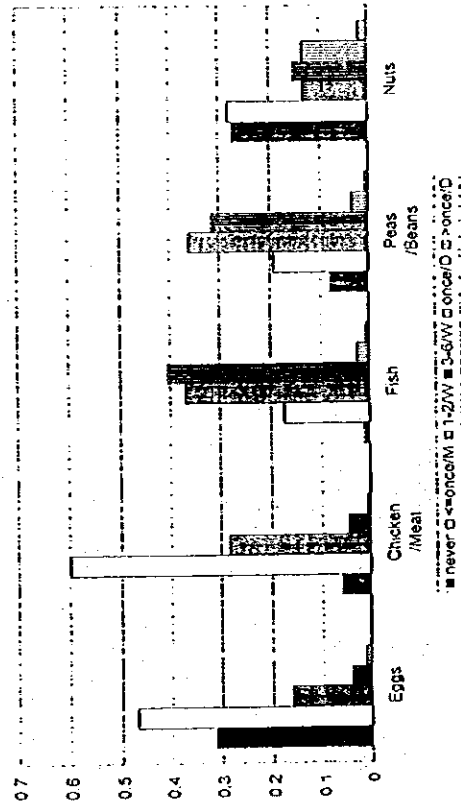


Fig. 2.2 Frequency of Taking Protein-rich Food (Three southern districts)



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Table 3.2 How often did you receive in-service midwifery training?

	Mzimba district		Zomba district		Zomba Central Hospital	
	No.	%	No.	%	No.	%
Never	38	44.7	14	35.9	60	76.9
Once a week	1	1.2	0	0.0	1	1.3
Every two months	0	0.0	1	2.6	0	0.0
Twice a year	0	0.0	1	2.6	0	0.0
Once a year	16	18.8	13	33.3	1	1.3
Less often than above	7	8.2	1	2.6	1	1.3
No answers	23	27.1	9	23.1	15	19.2
Total	85	100.0	39	100.0	78	100.0

2) In-service/Continuing Education on Reproductive Health

Only small percentage of health staff have attended training courses on reproductive health other than the courses on family planning and syndromic management of STD. In-service training on essential skills to improve the quality of essential obstetric care and perinatal care are in great need.

Table 3.3 Health personnel who have attended the following training courses on reproductive health at least once

	Mzimba district		Zomba district		Zomba Central Hospital	
	No.	%	No.	%	No.	%
(Utilisation of manual aspiration for the management of incomplete abortion	3	3.5	0	0.0	1	1.3
Communication and counseling on reproductive health	11	12.9	8	20.5	5	6.4
Life saving skills provider's course	18	21.2	0	0.0	1	1.3
Family planning provider's course	38	44.7	22	56.4	31	39.7
Syndromic management of STD	40	47.1	12	30.8	10	12.8

3) Perceived training needs

Respondents were then asked whether they think they were given enough opportunities for in-service training/continuing education on reproductive health. Most of them answered that they don't think they are given enough opportunities for such training.

Table 3.4 Whether health personnel think they are given enough opportunities for in-service training/continuing education on reproductive health

	Mzimba district		Zomba district		Zomba Central Hospital	
	No.	%	No.	%	No.	%
Enough	0	0.0	1	2.6	10	12.7
Not enough	73	85.9	33	84.6	67	84.8
Do not know	3	3.5	2	5.1	2	2.5
No response	9	10.6	3	7.7	0	0.0
Total	85	100.0	39	100.0	79	100.0

Implications

The results from the study suggest the following:

- The health staff, at least those who work for maternity care, should be given in-service midwifery training regularly.
- In-service training/continuing education on skills to improve the quality of essential obstetric care and perinatal care should be reinforced.
- Some mechanism to monitor the training status of health staff should be introduced.

Appendix 3.1 The Relationship between Socio-economic Status and Utilisation of Drug-sellers

The influence of socio-economic factors on the utilisation of drug-sellers for village people was investigated. No significant difference of socio-economic status (SES) was found among people who bought medicines at groceries, but relatively more people with high SES visited hospitals. The vast majority of village people usually utilise groceries to purchase drugs regardless of their SES (Table 4.1).

Table 4.1 Socio-economic status and utilisation of drug sellers

	Grocery	Vendor	Health centre	Hospital	Others	Total
High SES	138 (84.9%)	4 (2.2%)	4 (2.2%)	8 (4.3%)	12 (6.3%)	186 (100%)
Medium SES	163 (80.3%)	8 (3.9%)	9 (5.0%)	8 (3.9%)	15 (7.4%)	203 (100%)
Low SES	175 (84.8%)	4 (2.0%)	8 (2.0%)	4 (2.0%)	15 (7.4%)	204 (100%)
Total	494 (83.3%)	16 (2.7%)	21 (3.5%)	20 (3.4%)	42 (7.1%)	593 (100%)

SES: Socio-economic status

On the other hand, the relationship between socio-economic status and the amount of money spent for purchasing drugs is indicated in Table 4.2. Although mean amount of money spent in low SES group was less than those of other groups (statistically insignificant), there were wide scatter of amount in every class of SES.

Table 4.2. Socio-economic status and amount spent for purchasing drugs

	N	Range	Mean \pm SD
High SES	172	0.2 - 220	8.5 \pm 26.4
Middle SES	191	0.25 - 280	8.9 \pm 24.6
Low SES	190	0.2 - 184	7.4 \pm 18.6

Appendix 4.2. Appropriateness of Drug-seller Shopkeepers' Knowledge of Prescription of Drugs

Regarding this issue, we conducted in-depth interviews with shopkeepers asking about 'prescription' of drugs and advice for children with fever, diarrhoea, cough and abdominal pain. As seen in Table 4.3, their knowledge of 'prescription' of drugs and diseases were generally inaccurate including illegal sale of antibiotics. In particular, a number of prescriptions of drugs and advice for child with diarrhoea or abdominal pain were judged to be inaccurate.

Table 4.3. Appropriateness of drug seller shopkeepers' knowledge of 'prescription' of drugs

	Fever	Diarrhoea	Cough	Abdominal pain	Total
Appropriate	11	7	16	4	43 (35.8%)
Somewhat inappropriate	12	9	8	6	35 (29.2%)
Inappropriate	7	14	6	15	42 (35.0%)

Appendix 4.3. Study for Traditional Healers

Traditional healers are also involved in drug availability as source of medicines for village people. However, almost all village people in the study areas answered that they did not visit traditional healers to get medicines in the current household survey. Therefore, the current drug sellers study did not include traditional healers' ac- knowledge and practice of drug usage.

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Introduction

Based upon the Scope of Work for "the Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi" (hereinafter referred to as "the Study") agreed on January 21, 1998, the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the JICA PHC Study Team (hereinafter referred to as "the Study Team"), headed by Dr. Hiroyuki Nakano, to commence the Study in Malawi on June 10, 1998.

MINUTES OF MEETING
ON
THE PROGRESS REPORT (3)
FOR
THE MASTER PLAN STUDY
ON
STRENGTHENING
PRIMARY HEALTH CARE SERVICES
IN
THE REPUBLIC OF MALAWI

In accordance with the officially agreed work schedule, the Study Team formulated a Progress Report III (hereinafter referred to as "the Report"), which consists of revised Master Plan of Operations and prioritised projects. The Team submitted 25 copies of the Report to the Ministry of Health and Population (hereinafter referred to as "MOHP") on July 29, 1999. Subsequently, a meeting to discuss the Report was held on August 2, 1999 with attendants listed in the Appendix 1. The meeting was chaired by Mr. R.H.E. Mapemba, Deputy Director of Health Planning Services, MOHP.

Review of the Report

The meeting was initiated with the chairperson's welcome remarks. During the course of the meeting, the attendees made the following comments:


- 1. Prioritised Projects to reduce Childhood Malnutrition
- Estimated budgets for all three projects need to be revisited and calculated.
- Project 1 "Strengthening Community-Based GMP to Prevent Development and Relapse of Malnutrition" and Project 2 "Promoting Community Food Security, Dietary Diversification and Modification" should be combined.

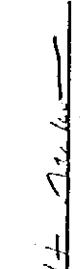
Comments on individual projects:

- Project 1 "Strengthening Community-Based GMP to Prevent Development and Relapse of Malnutrition"
 - Relationship with Bakiti Muluzi Initiative and the project needs to be elaborated in the proposal.
 - Methodologies and media for community education need to be elaborated.
 - Means to motivate GMV to continue need to be reconsidered to make them more realistic. Participants suggested income generating activities as one option.
 - System to supervise activities of HSAs will be required.
 - Issues related to sustainability including training and recurrent cost at community level need to be explained in more detail.
- Project 2 "Promoting Community Food Security, Dietary Diversification and Modification"
 - Alternative coordinating agency needs to be proposed in place of NEC.

Project 3 "Expanding (MCI) Nation-wide and Promoting Community-Based Management of Childhood Illnesses (CBMCI)

Lilongwe, 2nd August, 1999


Dr. W.O.O. Sangala
Principal Secretary
The Ministry of Health and Population
The Republic of Malawi


Dr. H. NAKANO
Team Leader
The JICA PHC Study Team



- Relationship with Bakili Muluzi Initiative and Drug Revolving Fund projects need to be elaborated.

2. Prioritised Projects to reduce High Maternal Mortality

- Incorporation of issues of neonates needs to be considered.

Comments on individual projects:

Project 1: "Capacity Building for Maternal Health"

- The Project needs to coordinate with National Human Resource Development Plan.

- Relationships with existing Reproductive Health Information System and proposed Health Management Information System need to be elaborated.

3. Prioritised Project to improve Roles of Village Shopkeepers in Primary Health Care

- Importance of zero tolerance towards sales of antibiotics at groceries was stressed.

- Reasons of not adapting strategies to franchise groceries/ village shopkeepers were explained.

4. General comments

- The attendees of the meeting appreciated the work went into formulating the proposed projects.

- The Study team confirmed that the next step will be formulation of a draft Final Report after incorporating comments given by the meeting. The draft Final Report will be presented to the MOHP in October/ November 1999.

The Study Team agreed to take into account above comments in the draft Final Report. Based on the discussion and understanding described above, the Progress Report III was officially accepted by MOHP.

Appendix I. List of Attendees

Ministry of Health and Population

Mr. R.H.E. Mapemba
Mr. E.T. Kaziika
Mr. H.R. Mbengo-Mbewe
Ms. L. Namana
Ms. J. Banda
Dr. A. Phoya
Ms. J. Namiasuu
Ms. A.N. Chinombo
Ms. T.C.C. Rashidi

Deputy Director of Health Planning Services
Senior Health Planning Officer
National PHC/HSA Coordinator
Planning Office
BFHI Coordinator
POP/FP Project Coordinator
Assistant Controller of Preventive Health Services
Nursing Officer
National Safe Motherhood Coordinator

District Health Office

Dr. E.P. Dzanjaimodzi
Dr. E.A. Libamba
Mr. C. Mkwandawa
Mr. S. Kumbale
Dr. A.M. Mwasambo
Ms. D. Mbalame

District Health Officer, Lilongwe
District Health Officer, Mzimba
District Health Officer, Blantyre
District Health Officer, Blantyre
District Health Officer, Lilongwe
District Health Officer, Blantyre

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Dr. M. O'Carroll
Dr. C. Baker
Mr. C.W. Gondwe
Dr. F. van den Borne
Dr. F. Ferran

Technical Assistant, EU
Technical Advisor, EU
Project Officer, ADB-PTU
Technical Advisor, DHO, Lilongwe
CESTAS NGO Director

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Dr. D. Hozumi
Dr. S. Fabricant
Dr. M. Nishi
Ms. S. Ichikawa
Ms. E. Fukushi
Ms. T. Saito
Mr. Y. Yamada
Mr. K. Nakagawa

Team Leader (Tropical Medicine/Maternal and Child Health)
Team Member (Epidemiology /Treatment)
Team Member (GIS/Health Information System)
Team Member (Health Financing)
Team Member (Social Medicine/Medical Anthropology)
Team Member (Health Management/Human Resources/Logistics)
Team Member (Social/Gender Analysis)
Team Member (PHC/Environmental Health)
Team Member (Health Facility/Maintenance of Medical Equipment)
Team Member (Coordinator)

15





5

Based upon the Scope of Work for the Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi (hereinafter referred to as "the Study") agreed upon between the Government of the Republic of Malawi and the Government of Japan on 21 January 1998, the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the JICA Study Team, headed by Dr. Hiroyuki NAKANO to commence the Study in June 1998.

In accordance with the officially agreed work schedule, the Study Team has prepared the Draft Final Report (hereinafter referred to as "the Report") and submitted 20 copies of the Report to the Ministry of Health and Population (hereinafter referred to as "the MOHP") on 26 October 1999. The MOHP held the meeting for the discussion on the Report chaired by Mr. R.H.E. Mapeмба on 27 October 1999. The attendees are shown in the Appendix 1 attached herewith.

The Meeting appreciated the achievement of the Study through the methodology adopted by the Team. Throughout the discussion, significant comments and suggestions are produced.

The Team stated its sincerest gratitude for the cooperation and partnership rendered to the Team from all the officials and counterparts of the MOHP throughout the course of the Study. Professor Kobayakawa underscored the importance of the Government of Malawi's ownership of the Study with strong commitment and drive to enable them to identify necessary projects under justified rationales.

Furthermore Professor Kobayakawa suggested the projects would also preferably be implemented in partnership with assistance of Japan and other donors including international organisations.

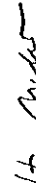
Finally the Chairman concluded the meeting with the acceptance of the Report as well as full commitment to the ownership of the Study, taken together with strong determination towards materialisation of the proposed projects. It is also agreed that the MOHP be responsible for transmitting official comments on the Report to the JICA Malawi office by 26 November 1999. The Final Report will be made available to the MOHP after receipt of the comments.

MINUTES OF MEETING
ON
THE DRAFT FINAL REPORT
FOR
THE MASTER PLAN STUDY
ON
STRENGTHENING
PRIMARY HEALTH CARE SERVICES
IN
THE REPUBLIC OF MALAWI

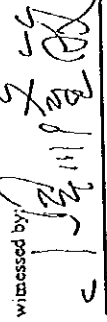
Lilongwe, 27th October, 1999



Mr. R.H.E. MAPEMBA
Deputy Director of Health Planning
Services
The Ministry of Health and Population
The Republic of Malawi



Dr. H. NAKANO
Team Leader
The JICA PHC Study Team

witnessed by 

Prof. Dr. T. KOBAYAKAWA
Chairman
The JICA Advisory Committee



Appendix 1 List of Attendees

Ministry of Health and Population

Mr. R.H.E. Mapemba Deputy Director of Health Planning Services
Mr. G.B. Kadewere Controller of Health Technical Support Services
Dr. A. Phoya POP/FP Project Coordinator
Mr. R. Pendame Controller of Clinical Services
Mr. C. Moyo Deputy Director, HMIS
Ms. A.J. Chingwiro Principal Nursing Officer
Mr. N. Chambi Project Co-ordinator (ADB)

Ministry of Health and Population, CHSU

Mrs. N. J. Kandoole Epidemiologist, Acting Officer in-Charge
Mr. F.E. Chintolo Principal Microbiologist
Ms. E.R. Maganga ARI PM, IMCI Deputy National Co-ordinator
Mr. G. Bello Epidemiologist
Mr. K. Yamazaki Microbiologist, JICA-CHSU Project

Donor Organisation

Dr. M. O'Carroll Technical Assistant, EU
Mr. D. Homeber Technical Advisor, PAM, GTZ
Mr. F. Sargent Advisor HSRD Project, British Council, EC

Japan International Cooperation Agency, Advisory Committee

Professor T. Kobayakawa Chairman

Japan International Cooperation Agency, Malawi Office

Mr. N. Fujita Assistant Resident Representative
Mr. E. Kachale Aid Co-ordinator

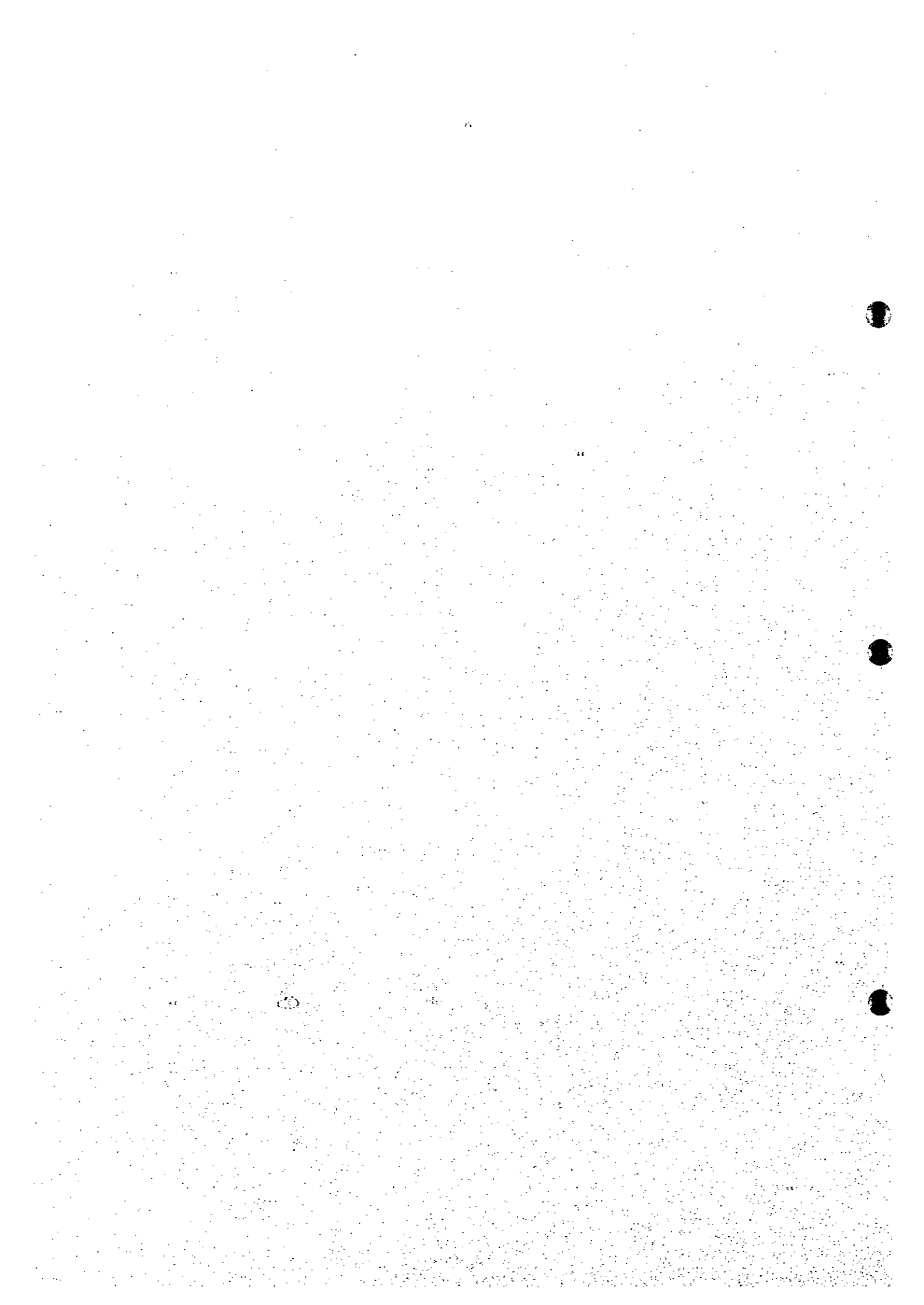
The JICA PHC Study Team

Dr. H. Nakano Team Leader (Tropical Medicine/Maternal and Child Health)
Dr. A. Yono Team Member (Epidemiology/Treatment)
Dr. D. Hozumi Team Member (GIS/Health Information System)
Dr. M. Kishi Team Member (Social Medicine/Medical Anthropology)



Part 1

Appendices



Appendix 1. 1 House Hold Survey in Salima

HHS No.: ()

Introduction: Greetings. How are you? I am _____, I am coming from the Ministry of Health and JICA PHC Study, and I would like to ask you some questions about health care services. The information is being collected to understand better how people feel about their health services. It will be kept confidential. Would you accept to answer some questions?

Village name: ()
 Name of interviewer: (), (m , f), Title: ()
 Name of supervisor: ()
 Date of interview (day/month/year): (/ /)

Household Module

Q1: Basic information

1.1: About Interviewee:

1) Name: ()

2) a) Age: () yrs, b) Don't know

3) Sex:
 1. male
 2. female

4) Educational Status:
(Kodi nuntipapo kusukulu?)
 1. never attended 3. secondary school
 2. primary school 4. higher

5) Relationship to the Head of Household:
(Ndi ndani wani?)

1. self
 2. spouse
 3. other: ()

(1)

HHS No.: ()

1.2: About the Head of the Household: (If the head of household is interviewee, go to (5))

1) Name: ()

2) a) Age: () yrs, b) Don't know

3) Sex:
 1. male
 2. female

4) Educational Status:

(Kodi (mutu wabanja) anapapo kusukulu?)
 1. never attended 3. secondary school
 2. primary school 4. higher

5) What is the main occupation of the head of household?

(Kodi (mutu wabanja) amagwirira nichita yayiji?)

1. farming (owner-operated) 5. paid employment
 2. tenant 6. self employed (not farming)
 3. ganyu labour (agriculture) 7. other: ()
 4. ganyu labour (non agriculture) 8. none

1.3: Number of the Household Members:

(Mum'banja muno mulipo angati?): ()

- Number of the children under 5 years old: ()

(Ana osapitira zaka zisanu alipo angati)

1. () yrs, (m , f) 4. () yrs, (m , f)
 2. () yrs, (m , f) 5. () yrs, (m , f)
 3. () yrs, (m , f)

- Number of women between 15 and 49 years old: ()

(Amayi amsinkhu wobetika alipo angati oyumbira zaka 15 mpaka 49)

Q2. Births and deaths in the family in the last one year: (From July 97 to July 98)

(Ana obadwa ndi vomwaiira chiika chimodzi chapitachi ulipo angati)

1) a) Total number of pregnancy in the last one year: () b) Don't know

(Mvatengapo pakati kangati?)

(2)

2) a) Total number of deliveries in the last one year: () b) Don't know
(*Mwachembezu kungati?*)

3) Total number of children who were born in the last one year:

- a) Alive: ()
b) Dead: ()
c) Abortion: ()

4) Where were deliveries taken place? (multiple answers acceptable)

(*Munachilira kuti?*)

1. home 5. other: ()
2. house of the relative/ friend/ neighbor 6. don't know
3. health centre 7. not applicable
4. hospital

5) Who assisted with deliveries? (multiple answers acceptable)

(*Anakuthandizani ndani?*)

1. relative/ friend/ neighbor 6. nurse/ doctor in the hospital
2. TBA (untrained) 7. other: ()
3. trained TBA 8. don't know
4. ward attendant in the health centre 9. not applicable
5. health personnel in the health centre

Q3. Type of floor of the house:

1. 100 % concrete
2. partially concrete
3. mud

Q4. Assets: (multiple answers acceptable)

(*Kodi mnyumba muno multi ndi?*)

1. bicycle 3. ox cart
2. radio 4. none of above

Q5. Livestock: (multiple answers acceptable)

(*Kodi mnyumba muno multi ndi?*)

1. chicken: how many () 5. sheep: ()
2. cow: how many () 6. other: ()
3. goat: how many () 7. none
4. pig: how many ()

Water & Sanitation Module

Q6. What is the source of drinking water for members of your household?

(*Madzi akumwa mumatunga kuti?*)

1. piped-in dwelling 6. rainwater
2. public tap 7. pond, river, lake or stream
3. borehole 8. tanker-truck
4. protected shallow well or spring 9. other ()
5. unprotected shallow well or spring 10. don't know

Q7. How far is this source from your dwelling?

(*Makuruli bwanji?*)

1. on premises 4. not so far (500 - 1,000 m)
2. very near (less than 100 m) 5. far (more than 1,000 m)
3. near (100 - 500 m) 6. don't know

Q8. How many times do your household members fetch the water a day?

(*Mumatunga njira zingati pasika?*)

1. once 4. more than 4 times
2. twice 5. don't know
3. three times

Child Health Module/Fever

Q9. Have any of household members under 5 years old had fever in the last two weeks?

(*Kodi una osapitirira zaka zisamu alipo anaentha thupi sabata ziwiri zapitazi?*)

1. yes → a) How many children with fever did you have? () (go to Q10)
2. no (go to Q16)
3. don't know (go to Q16)
4. no under five children (go to Q24)

Q10. Did you seek any care outside of the house?

(*Munakafunapo chithandizo kwina kalikonse?*)

1. yes (go to Q11)
2. no (go to Q15)
3. don't know (go to Q16)

Child 1	Child 2	Child 3

HHS No.: ()

Q11. Which source of care did you seek first at that time?

(Kodi chithandizo choyamba munachipeza kuiti?)

1. MOHP health centre
2. MOHP hospital
3. CHAM hospital
4. private practitioner or clinic
5. village health worker
6. grocery or pharmacy
7. market or street vendor
8. traditional healer
9. other ()
10. don't know

Child 1	Child 2	Child 3

Q12. Why did you choose the service first? (multiple answers acceptable)

(Chifukwa chiyani munayambira kusankha kumeneko?)

1. medicine cheap
2. medicine free
3. medicine available
4. near home
5. get advice
6. less waiting time
7. good health workers
8. cleaner facility
9. other ()
10. don't know

Child 1	Child 2	Child 3

Q13. What type of transport did you use to reach there?

(Munayenda pachiyani?)

1. walking
2. matola
3. bus
4. bicycle
5. own car
6. own motorcycle
7. other ()

Child 1	Child 2	Child 3

Q14. How much did you spend for the treatment of the particular episode (fever) in total to receive treatment, such as drug, consultation, or laboratory examination? (go to Q16)

(Munapita chiyani kuiti mulandire chithandizo?)

1. monetary (MK)
2. in kind
3. insurance
4. none

Child 1	Child 2	Child 3

Q15. If you didn't seek treatment outside of the house, what did you do?

(Ngati simunalandire chithandizo munachitapo chiyani?)

1. no treatment at all
2. home care (specify:)

Child 1	Child 2	Child 3

(5)

Diarrhoea

HHS No.: ()

Q16. Have any of household members under 5 years old had diarrhoea in the last two weeks?

(Kodi alipo una osapitilira zaka zisanu amene anadwala matendu oisegala m' nimbaba musabata awiri apitawa?)

1. yes → a) How many children with diarrhoea did you have? () (go to Q17)
2. no (go to Q24)
3. don't know (go to Q24)

Q17. Did you seek any treatment outside of the house?

(Kodi munapitapo kwina kulikonse kukafuna chithandizo?)

1. yes (go to Q18)
2. no (go to Q22)
3. don't know (go to Q24)

Child 1	Child 2	Child 3

Q18. Which source of care did you seek first at that time?

(Kodi chithandizo choyamba munachipeza kuiti?)

1. MOHP health centre
2. MOHP hospital
3. CHAM hospital
4. private practitioner or clinic
5. village health worker
6. grocery or pharmacy
7. market or street vendor
8. traditional healer
9. other ()
10. don't know

Child 1	Child 2	Child 3

Q19. Why did you choose the service first? (multiple answers acceptable)

(Chifukwa chiyani munayambirira kusankha kumeneko?)

1. medicine cheap
2. medicine free
3. medicine available
4. near home
5. get advice
6. less waiting time
7. good health workers
8. cleaner facility
9. other ()
10. don't know

Child 1	Child 2	Child 3

Q20. What type of transport did you use to reach there?

(Kodi munayenda pachiyani?)

1. walking
2. matola
3. bus
4. bicycle
5. own car
6. own motorcycle
7. other ()

Child 1	Child 2	Child 3

(5)

Q21. How much did you spend for the treatment of the particular episode (diarrhoea) in total to receive treatment, such as drug, consultation, or laboratory examination?

1. monetary (MK)	Child 1	Child 2	Child 3
2. in kind			
3. insurance			
4. none			

Q22. Did the patient continue breastfeeding when getting diarrhoea?

(Kodi amayamwabe mwanyayo panthawi yomwe amasegula m'imbaba?)

1. yes	Child 1	Child 2	Child 3
2. no			
3. the patient is not an infant			
4. don't know			

Q23. If you didn't seek treatment outside of the house, what did you do?

(Ngati simulanandire chithandizo munachitapo chiyani?)

1. no treatment at all	Child 1	Child 2	Child 3
2. home care (specify)			

Outreach service

Q24. Do you know about outreach services?

(Kodi mumadzwa za chiyeso/chiपाला/सिकेला chokayenderani?)

- 1. yes (go to Q25)
- 2. no (go to Q29)

Q25. Which types of outreach services do your household members use?

(multiple answers acceptable)

(Pabanja panu pano ndichithandizo chotani chomwe mumalandira kusikelo yokayenderani?)

- 1. EPI
- 2. antenatal care
- 3. postnatal care
- 4. family planning
- 5. growth monitoring
- 6. others ()
- 7. don't know (go to Q29)
- 8. don't use (go to Q29)

Q26. Are you satisfied with the outreach services?

(Kodi mumakuthitsidwa ndi chiyesocho/sikelo?)

- 1. satisfied (go to Q27)
- 2. not satisfied (go to Q28)
- 3. don't know (go to Q29)

Q27. Why are you satisfied with the outreach services? (go to Q29) (multiple answers acceptable)

(Chifukwa chiyani (munakuthitsidwa ndi chiyesocho)?)

- 1. short waiting time
- 2. get drugs
- 3. good health worker attitude
- 4. good advice
- 5. easy access
- 6. free of charge
- 7. comprehensive service
- 8. get food supplement
- 9. other ()
- 10. don't know

Q28. Why are you not satisfied with the outreach services?

(multiple answers acceptable)

(Nanga ndi chifukwa chiyani simuli osangalala ndi chiyesocho?)

- 1. too far
- 2. have to wait long
- 3. staff rude
- 4. not suitable for this illness
- 5. too expensive
- 6. no medicines
- 7. other ()
- 8. don't know

Vitamin A

Q29. Did your children receive a Vitamin A Capsule like this one?

(Kodi mwana wanu unalandira vitamin A ngati aka?)

- 1. yes (go to Q30)
- 2. no (go to Q31)
- 3. don't have children (go to Q31)
- 4. don't know (go to Q31)

Q30. If yes, how many months ago did the child take the last capsule?

(Papita miyezi ingati chilandirireni makhwala awa?)

- a) () months ago
- b) Don't know

Toilet facility

Q31. Kind of toilet facility in the household: (Observation!)

- 1. flush to sewage system
- 2. flush to septic tank
- 3. pour flush latrine
- 4. covered pit latrine
- 5. uncovered pit latrine
- 6. latrine with samplat
- 7. no facilities

Appendix 1. 2 Exit Interview with Paediatric Outpatients

EI No.:()

Introduction: Greetings. How are you? I am _____ I am coming from the Ministry of Health and JICA PHC Study, and I would like to ask you some questions about health services in health facilities. The information is being collected to understand better how people feel about their health services. It will not be used to judge individual health workers and will be kept confidential. Would you accept to answer some questions?

Name of health facilities: ()
 Name of interviewer: () (a: male, b: female)
 Date of interview (day/month/year): (/ /)

Q1. Sex of respondent:

1. male
2. female

Q2. Age of respondent:

1. less than 20 yrs
2. 20 - 45 yrs
3. over 45 yrs
4. don't know

Q3. Education of respondent:

1. never attended
2. primary (Standard 1 - 4)
3. primary (Standard 5 - 8)
4. secondary
5. post-secondary
6. don't know

Q4. What is the main occupation of the head of household?

1. farming (owner-operated)
2. tenant
3. ganyu labour (agriculture)
4. ganyu labour (non agriculture)
5. paid employment
6. self employed (not farming)
7. other: ()
8. none

Q5. How many children do you have?

- a) Alive: ()
- b) Dead: ()
- c) How old were they when you lost them?
- 1) () yrs
 - 2) () yrs
 - 3) () yrs
 - 4) () yrs
 - 5) () yrs
 - 6) () yrs

Q6. Age of patient:

1. 0 - 1 yr
2. 1 - 2 yrs
3. 2 - 5 yrs
4. don't know

(1)

EI No.:()

Q7. Sex of patient:

1. male
2. female

Q8. What health problems does your child have?

()

Q9. Since when have the child had health problems?

()

Q10. Did you go to some other places to get treatment before coming here?

1. yes (go to Q11)
2. no (go to Q13)

Q11. Who did you see before coming here?

1. MOH hospital
2. MOH health centre
3. CHAM facility
4. grocery, pharmacy, market
5. traditional healer
6. village health worker
7. private practitioner
8. other ()
9. don't know

Q12. By whom were you referred to this health facility?

1. ()
2. not referred

Q13. Why did you choose to come to this health facility with your child's health problem?

(multiple answers acceptable)

1. near home
2. less waiting time
3. better health workers attitude
4. medicines available
5. cleaner facility
6. more serious problem
7. stronger medicines
8. less serious
9. free care here
10. better health service
11. confidence towards to better health service
12. referral
13. did not get well
14. other ()
15. don't know

Q14. What is the name of your village?

(please put name of village or location)

()

(2)

EI No.: ()

EI No.: ()

Q15. How far is that from here?

- 1. less than 1 km
- 2. 1 - 5 km
- 3. 5 - 10 km
- 4. over 10 km
- 5. don't know

Q16. How long did it take you to travel here?

()

Q17. What means of transport did you use to come here?

- 1. on foot
- 2. matola
- 3. bus
- 4. bicycle
- 5. own car
- 6. own motorcycle
- 7. oxcart
- 8. other ()

Q18. How much did you spend for transport to come here?

- 1. none
- 2. less than MK 10
- 3. MK 10 - 50
- 4. MK 50 - 100
- 5. over MK 100
- 6. don't know

Q19. How much did you pay for the services at this facility today?

- 1. none
- 2. less than MK 10
- 3. MK 10 - 50
- 4. MK 50 - 100
- 5. over MK 100
- 6. don't know

Q20. Are you satisfied with the services you received at this facility?

- 1. yes (go to Q21)
- 2. no (go to Q22)
- 3. not sure (go to Q22)

Q21. Why are you satisfied with the services you received at this facility?

(multiple answers acceptable)

- 1. short waiting time
- 2. get drugs
- 3. good health worker attitude
- 4. good advice
- 5. easy access
- 6. free of charge
- 7. comprehensive service
- 8. get food supplement
- 9. other ()
- 10. don't know

Q22. Why are you not satisfied with the services you received at this facility?

(multiple answers acceptable)

- 1. long waiting time
- 2. less drugs
- 3. no better drugs
- 4. worse health worker attitude
- 5. less or worse advice
- 6. less staff
- 7. not clean facility
- 8. other ()
- 9. don't know

Q23. Are you ready to pay for care at this health facility if necessary?

- 1. yes (go to Q25)
- 2. no (go to Q25)
- 3. don't know (go to Q25)

Q24. How much can you pay for care at this health facility if necessary?

- 1. less than MK 10
- 2. MK 10 - 50
- 3. MK 50 - 100
- 4. over MK 100
- 5. other (MK)
- 6. don't know

Q25. What disease did the doctor say your child has?

- 1. ()
- 2. don't know

Q26. What are the names of medicine did the doctor give you?

Name of medicine (copy from prescription if prescribed):

Appendix 1.3: Topics for Focus Group Discussions

I. Conduct Warm-up Portion of Discussion

Make sure to ask them to talk about their children (age, sex, etc.). It would be nice if the facilitator and the note-taker also talk about their child/children.

II. Perception of a "healthy child"

We would like to know people's perception of a healthy child/ being healthy and how they describe in their own words.

Please make sure to probe enough. For example, if a participant says "a child looks happy," then please ask what she/he means by "looks happy."

III. Perceptions of being sick/diseases/symptoms

- We would like to know how people perceive being sick, diseases, and symptoms.
- We are also interested in discovering which symptoms/diseases people consider more severe than others, and the reasons why.
- We would also like to find out knowledge of the people regarding the causes of the diseases. [When we think about the programs in the future to prevent certain diseases, we must know how people think about the causes of the diseases.]

IV. Health Seeking Behavior

- We would like to know what people do when they (and their children) get sick.
- Regarding the decision making process, we need to find out who is involved and in what way. [This is important when we think about the interventions in the future; even if the mothers are educated through health education programs, nothing may happen unless the key people in decision making process understand what should be done.]

V. Perceptions of health care facilities/services/providers/treatment/medicine

- We would like to know people's perceptions of different types of health care facilities/providers.
- We need to know about their choices and the reasons, and how they perceive the services/care/treatment/medicine they receive.
- We then want to know their level of satisfaction and how they feel about the cost.
- We would also like to know how they pay. Do they have enough money to pay or give something (maize, chicken, etc.). If they pay cash, how much they pay, and how they manage to pay (if they don't have enough cash, they may need to borrow money from someone – from whom they borrow money?).
- If people are engaged in agriculture, they probably have less cash/commodities at home. How do they manage? How do people help each other?

VI. Life cycle/life style

We would like to focus on the following areas:

1) Fetching water

- Who fetches water in the family? We see women doing it in the villages, and wonder why men don't do it. Do male children help the mothers? How men perceive fetching water?
- We also would like to know how women think/feel about fetching water (for example, how they think about time, distance, and interaction with other women at the water source).
- We also want to know where they go to get water, and how they perceive the quality of water. (To us the water from laké doesn't seem clean enough as drinking water, but don't know how people perceive it.) If they have a choice between the water from borehole that is a bit far from their home and water from unprotected shallow well or lake, what do people do?

2) Economic activities.

- If they are growing crops, we want to know the *cropping patterns* (when they plan which crop, and when they harvest – this gives us some idea about when they have more/less money). Please pay a special attention whether or not they *grow rice*.
- We would like to know if they use any *fertilizers* or *pesticides* to grow their crops.

3) Taking care of children

Who is involved in what way? Do men participate?

4) Preparing for the meals (including the process of obtaining the food from the fields/lake/market)

5) Informal socialization (chatting, exchanging information/ideas, seeing friends/relatives, etc.)

6) Activities in the village (meetings, festivals, ceremonies, etc.)

Additional Topics

Pregnancy/Delivery

- In Salima (and other parts of Malawi, too) some women die when they deliver babies.
- We would like to know their feelings and the perceptions of being pregnant and risks that are related to delivery.
- We also would like to find out where they go (for regular check-up, any complications, etc.) during pregnancy and where they deliver babies, and how they feel about the services they receive.
- We are also interested in knowing whether or not women eat (or not to eat) any special food during pregnancy and after delivery.

Growth Monitoring (GM)

- When mothers are asked about "healthy child", they talk about the weight increase. But we heard from various people that mothers don't always take their children to GM. We would like to know why.
- According to HSA and GMV (Growth Monitoring Volunteers) in Chikoko, the mothers don't take the children to GM when their children are not doing well: the children are not eating well, and they are by under weight. The mothers are afraid of being laughed at by other mothers.
- I heard about a program that provides the children with food. Can it be an incentive for the mothers to bring in the children to GM?

Life cycle

- We would like to look at life cycle in relation to health seeking behavior and mal-nutrition.
- We heard from the Acting Chief that the problem of starvation usually starts from September, and lasts till February. We would like to know what people do/how people survive during these months.
- When they don't have enough food at home, how do people get to food? Who gets priority?

- If someone in the family gets sick and they need money, what do they do?
- When people are busy working in the field growing crops, who takes care of the sick person?
- In rainy season is there any difference regarding where they go? Do they go to SDH as often as usual, or less, due to the bad condition of the roads?

Growth monitoring -- malnourished child - food supplement

- Please ask men whether or not women take the children to the growth monitoring. If they say that not all the women do so, please ask why.
- If they say something about the second smallest child who is not getting enough attention, please ask them what they think about waiting to have another child when the last one is still small (this is related to their willingness to participate family planning programs)
- Regarding the food supplement programs, we want to know about the distribution of the food within the household. Does the child who is malnourished actually get the food? If not, who gets the food?

Appendix 1.4: Informal Drug Sellers Survey

1. Objectives

Objectives of the informal drug sellers survey were to investigate what kinds of drugs are selling, who are buying at informal drug sellers and the size of drug market in certain areas.

2. Study Respondents

The owners of grocery stores

3. Study period

August 11, 12, 1998

4. Research assistant

A health surveillance assistant who is familiar about the area

5. Training and Pre-test

The purpose and procedure of the study was briefed to the research assistant. The draft of checklist was pre-tested at the trading centre at Lifuwu visiting two grocery stores. Each drugstore does not have many different drugs; they have a few types of drugs such as painkiller, cough medicine and condom. The owners of grocery stores get drugs from the whole sale store. Their customers are male and female adults. It was difficult to know that how much the owners of those grocery stores earned per month from drugs because they sell many kinds of things which people needs, foods, clothes, soaps, etc. other than drugs.

6. Data Collection

The study was carried out in Mtakataka trading centre. The data was collected at three grocery stores. The purpose of the interviews was explained to the respondents by the interviewer in Chichewa. Informed consent was obtained from the respondents verbally. The purchase price was investigated by visiting two wholesale stores in Salima. The researcher worked closely with the interviewer to strive for quality of data.

7. Results

Information on informal drug seller was obtained from three groceries.

Chief findings are as follows:

- The customers are all kind of people including men, women and children.
- The owners of grocery stores purchased the drugs mainly from the wholesale store.
- Types of drug and prices that they sell at those grocery stores and purchase differed according to the grocery stores.

Results of Survey of Medicine Stock in Informal Drug Seller

IDSS NO. 1 SITUATED ALONG THE ROAD

12 types of drugs

DRUG	COMMERCIAL NAME	STOCK	RETAIL PRICE	PURCHASE PRICE	QTY SOLD	SALES	COST	PROFIT
Aspirin	Cafemol	46 tabs	K1.30 / 2 tabs	K129.79/box	1 1/2 box (200 tabs)	K195.00	K194.69	K0.31
	Children Cafemol	34 tabs	K1.20 / 2 tabs	K53.36/box	3 boxes (150) 300 tabs	K270.00	K160.06	K109.92
	Aspirin	250 tabs	K0.75/1 tab	K33.50/box	2 boxes (1000) 450 tabs	K1,500.00	K67.00	K1,433.00
Magnesium	Phipps Tablet	Nil	K1.45 (2)	K54.33/ box	1 box 100	K72.50	K54.33	K18.17
Trisilicate	Phipps Syrup	14 bottles	K28.50 (1)	K10.65/bottle	10 bottles	K280.50	K106.50	K174.00
Paracetamol	Hedax	Nil	K2.20 (2)	K67.67/box	3 boxes (100)	K330.00	K263.01	K66.99
	Parapain	100 caps	K3.90 (2)	K167.70/box	3 boxes (100)	K585.00	K503.10	K61.90
	Paradol	130 tabs	K2.30 (2)	K149.61/box	1 1/2 box (200)	K345.00	K224.41	K120.59
	Paramol	112 tabs	K1.80 (2)	K40.44/box	2 boxes (100)	K180.00	K80.88	K99.12
Others	Good Morning Lung Tonic	11 bottles	K49.99 (1)	K28.00/bottle	40 bottles	K1,999.60	K1,120.00	K879.60
	Gripe water	Nil	K49.95 (1)	K9.21/bottle	6 bottles	K299.70	K55.20	K244.44
						K6,067.30	K2,829.20	K3,228.04

IDSS NO. 2 A VERY BUSY SHOP SITUATED RIGHT IN TRADING CENTRE

20 types of drugs

DRUG	COMMERCIAL NAME	STOCK	RETAIL PRICE	PURCHASE PRICE	QTY SOLD	SALES	COST	PROFIT
Albendazole	Padax	1/2 box	K2.90 (1 sachet)	K169.74 (box)	1/2 box (60 pkt)	K87.00	K84.87	K2.13
Aspirin	Aspirin MPL	1/3 box	K0.80 (2)	K36.48	3/4 box (200)	K26.40	K12.16	K14.24
	Nova Aspirin	28 tabs	K0.60 (2)	K45.66	3/4 box (200)	K45.00	K34.25	K10.80
	Cafemol	1/2 box	K1.50 (2)	K129.79	3/4 box (200)	K112.50	K97.30	K15.20
	Children Cafemol	3/4 box	K1.20 (2)	K53.36	1 box (100)	K60.00	K53.36	K6.64
	Aspro strong	1/2 box	K3.30 (2)	K117.50	1 box (100)	K165.00	K117.50	K47.50
	Maxarin	1/2 box	K1.20 (2)	?	1/2 box (100)	?	?	?
Magnesium-	Drewe	19 pkts	K2.75 (1)	K134.73	1/2 box (60 pkt)	K82.50	K67.40	K15.10
Trisilicate	Phipps	6 bottles	K13.95 (1)	K10.65	40 bottles	K568.00	K426.00	K132.00
Pyrimethamine- fadoxine (SP)	Novidar	27 tabs	K13.00 (3)	K108.37	Nil (30)	?	?	?
Paracetamol	Panadol adult	22 tabs	K1.70 (2)	K149.61	1 box (200)	K170.00	K149.61	K20.39
	Hedax	16 tabs	K2.20 (2)	K67.67	1 box (100)	K110.00	K87.67	K22.33
	Parapain	22 caps	K3.70 (2)	K167.70	1 box (100)	K185.00	K167.70	K17.30
	Paramol children	1 box	K1.20 (2)	K14.46	1 box (100)	K60.00	K14.46	K45.54
	Paramol adult	1/2 box	K1.40 (2)	K40.44	3/4 box (100)	K70.00	K40.44	K29.56
Ibuprofen	Novafen	1/2 box	K2.75 (2)	K116.59	1 box (100)	K137.50	K116.59	K20.91
Others	Corfrid (cough)	1/2 box	K1.70 (2)	?	1/2 box (150)	?	?	?
	Good Morning Lung Tonic (tablet)	3/4 box	K2.00 (2)	K64.00	1 box (100)	K100.00	K64.00	K36.00
	Conjex (cough)	3/4 box	K1.20 (2)	K92.15	1 box (100)	K60.00	K92.15	K32.15
	Sterns (cough)	20 tabs	K1.70 (2)	K100.19	1/2 box (150)	K127.50	K100.19	K27.31
						K2,156.40	K1,725.65	K495.10

IDSS NO.3 A NEW SHOP, SITUATED RIGHT IN TRADING CENTRE

19 types of drugs

DRUG	COMMERCIAL NAME	STOCK	RETAIL PRICE	PURCHASE PRICE	QTY SOLD	SALES	COST	PROFIT
Aspirin	Aspirin	30 tabs	K0.15 (1)	K75 (bottle)	1 bottle (1000)	K150.00	K75.00	K75.00
	Novaspirin	1/2 box	K0.55 (2)	K45.65	1/2 box (200)	K55.00	K22.83	K32.17
	AsproStrong	1/2 box	K3.00 (2)	K117.50	1/2 box (100)	K75.00	K58.75	K16.25
	Cafemol	1/2 box	K1.50 (2)	K129.79	1 box (200)	K150.00	K129.79	K20.21
	Aspro 30	19 caps	K1.00 (2)	K31.32	1 box (100)	K50.00	K31.32	K18.68
	Maxarin	1/2 box	K1.50 (2)	?	1 box (100)	K75.00	?	?
Magnesium-	Phipps tablet	1/2 box	K1.20 (2)	K54.33	1 box (100)	K60.00	K54.33	K5.67
Trisilicate	Phipps liquid	9 bottles	K15.80 (1)	K10.65	1 bottle	K15.80	K10.65	K5.15
	Tumboid	14 tabs	K1.00 (2)	?	1 box (100)	K50.00	?	?
	Drewe	1 1/2 boxes	K2.00 (1)	K134.73	1/2 box (60 pkt)	K60.00	K67.40	-K7.40
Sulfadoxine-	Novidar	6 tabs	K12.50 (3)	K108.37	1 box (30)	K125.00	K108.37	K16.63
Pyrimethamine (SP)								K0.00
Paracetamol	Parapain	3/4 box	K4.00 (2)	K167.70	1 box (100)	K200.00	K167.70	K32.30
	Paramol	1/2 box	K1.20 (2)	K40.44	1 box (100)	K60.00	K40.44	K19.56
	Panadol adult	1 box	K1.80 (2)	K149.61	1 box (200)	K180.00	K149.61	K30.39

Part 2

Appendices

Appendix 2. 1 Questionnaire for Household Survey

HHS No.: ()

Ask only mothers who have children between 6 and 59 months (4 years and 11 months)

Introduction: Greetings. How are you? I am _____, I am coming from the Ministry of Health and Population and JICA PHC Study, and I would like to ask you some questions about health care services. The information is being collected to understand better how people feel about their health services. It will be kept confidential. Would you accept to answer some questions?

District name: () , Cluster No.: ()
 Village name: () , Name of interviewer: ()
 Name of supervisor: ()
 Date of interview (day/month/year): (/ /)

1. Household Module

1.1: About interviewee (= mother) :

1) Name: ()
(Dzina: Zina; Lina: Zina lina ndimwi ayan:)

2) a) age: () yrs, b) don't know
(Zaka: Virimika; Yaka:)

3) Educational status: *(Maphuziro munsiyila pati: Masambiro: Madvig'anyo: Mukumaliza ya kalasi uli:)*

1. never attended
2. primary school (1-4)
3. primary school (5-8)
4. secondary school
5. higher

4) Relationship to the head of household: *(Ubale neli mutu wa banja: Ubali na mwanacha wa nyumba: Ufango ni asiyene anyumba? Wo mujanuwa mbawawini:)*

1. self
2. spouse
3. other ()

1.2: About the head of the household: (If the head of household is interviewee, go to (6))

1. Name: ()
(Dzina: Zina; Lina: Zina lina ndimwi ayan:)

(1)

2) a) age: () yrs, b) don't know
(Zaka: Virimika; Yaka:)

3) Sex:
 1. male 2. female

4) Educational status: *(Maphuziro munsiyila pati: Masambiro: Madvig'anyo: Mukumaliza ya kalasi uli:)*

1. never attended
2. primary school (1-4)
3. primary school (5-8)
4. secondary school
5. higher
6. don't know

5) Does the head of household live with you?
 1. yes 2. no

6) What is the main occupation of the head of household? *(Kodi nichito yesi-yeni, yomwe amagwira mutu wa banja neli yotani? Ifanacho wa nyumba wakugwira nichito uli? Asiyene nyumba akusakanula nasengo g'achi? Ifeneka anyumba inovako nichito uli?)*

1. farming (owner-operated)
2. tenant
3. ganyu labour (agriculture)
4. ganyu labour (non agriculture)
5. paid employment
6. self employed (not farming)
7. other ()
8. none

1.3: Number of the household members: () *(Wandu wapali mwiwano: Mutiyumba muva mujamu wanthu walinga: Mutiyumba muonijamu wanthu walinga:)*

1) Number of all alive children: ()

(Ana amoyo alipo angati? Wana wa moyo mbaringa? Ifanuche wali umi:)

2) Number of dead children who were born alive: ()

(Ana anasiyira anafu alipo angati? Wana wa kipoletu mbaringa? Ifanuche vakuvu:)

3) Number of the children under 5 years old: () consent (+ , -)

(Ana osaposa zaka zisanu alipo angati? Wana ano virimika vindabwawe vinkitondi mbaringa? Ifanuche wawaku yangupitulu nsamu:)

Q	M	sex	when born	age	body weight (kg)		
					mother	child	child
1	m, f	(, 199)	() yrs () mos				
2	m, f	(, 199)	() yrs () mos				
3	m, f	(, 199)	() yrs () mos				
4	m, f	(, 199)	() yrs () mos				
5	m, f	(, 199)	() yrs () mos				

(2)

2. Socio-Economic Status Module

Q1. (Interviewer only): Judging only from the appearance of the house and the household members, would you guess that this household is **below average, average, or above average** in terms of their economic status?

- 1. below average
- 2. average
- 3. above average

Q2-Q7 informant: 1. mother, 2. her spouse

Q2. How many acres do household members usually cultivate?

(Ndi maekala (zigawo) angatiyemene anithu u upabanja amalima kawiri-kawiri? Minda iyo mukulima ili na maekala gharinga? Akusalima m'gunda wakukutanwa uli m'maekala? Pomulili muryumba muru mulima nalu ngakulu uti?)

Field No.	Size (acre)	Field No.	Field No.	Size (acre)
1		4	7	
2		5	8	
3		6	Total acreage	

Q3. Do you own the following livestock?

- 1. yes: how many? cattle () , goats () , sheep () , pigs ()
- 2. no

Q4. How many months out of the year from the harvest do you usually have to buy maize for the household? () months

(Kodi ndi miyese ingati pa chaka imene kawiri-kawiri munagula chimanga cha pa banyu panu kuchokera pa mize yekolola? Pa chirimika chimaza, ngoma za pa nyumba mukuguru miyese iringa kufumira apo mwakolola? Akusatamag'a miyese dylingwa pachaka ali mkusuma imanga kutyochele pamvesi unag'owere? Kumbi asana mwakolola mugula vingoma mwazi iringa kuti mukvawe chaka chose?)

Q5. How much did you earn from selling the following farm production?

(Kodi ndi ndalama zingati zomwe munapeta kuchokera ku zokolola (mbeu) izi? Mukasanga ndarama ziringa apo mukagulisa vintu iyi nye kaminda yinu? Wapatisa mbiya silingwa kutyochele mu mibochu asi? Mungugulisa ndalama ziling pomungukolole valuyi vose iyi?)

	Amount earned MK	Sold some, but do not know how much
Maize		
Tobacco		
Cassava		
Rice		
Pulses/beans		
Groundnuts		

Q6. How many household members (besides the household head) have any occupation outside the household?

(Ndi anithu angati a m'banyu mwanu (iyapalaca mutu iya banyu) amene akuwira nichito iswina? Ndipo akuwira nichito yanti? Kuuyapapo wenecho wa nyumba, inbanthi waringa nu nyumba mwinu awa wali panthito? Kupatula asiyene nyumba panu vane mwibwisa muno wakukamula masengo? Kupatuka ada amnyumba muno sonovo uwako utichity mbelinga?)

- 1. none
- 2. one
- 3. two
- 4. more than two

Q7. Do any household members own any of these items? (put the number in the blanks)

(Kodi m'banyu mwanu utipo amene ali ndi zintu ngati izi? Munyumba mwinu, walipo uyo wa nekazundu uyu? Apati m'nyumba mwawo wando wakwete chi? Kumbi wanthi wose pomujijya muno walipo yowe ndi vintu iyi?)

- 1. bicycle: ()
- 2. wristwatch: ()
- 3. radio/cassette: ()
- 4. oxcart ()

3. Delivery Module

3.1: About the last delivery:

Q8. When was the last delivery taken place? (Kodi mwana wosilizira kubwira anabadwa ititi?)
Kubaba kwa unaliro mukababa pa uti? Mwanache dyakumaliya waditi? Mukumaliziya chaka uli kababa?
(, 199)

3.2: Antenatal care:

Q9. Which kind of antenatal clinic did you attend? (multiple answers acceptable)

(Muli ndi pakati mumapita ku sikelo iti? Sikelo ya wa maza mukatuanga nibumi? Pivaliziyi wakulwala wadyaulaga kusikelo dya mawu chi? Kumbi sikelo mwaachifanga vawutundu uti?)

- 1. not attended (go to Q13)
- 2. untrained TBA
- 3. trained TBA
- 4. outreach clinic
- 5. private clinic
- 6. MOHP's health centre
- 7. non-governmental health centre (e.g. CHAM, BLM)
- 8. district hospital
- 9. central hospital
- 10. private hospital
- 11. other: ()
- 12. don't know

Q10. How long did it take to go to the antenatal clinic?

(Zimakuzengelani nibwiri yayitali bwanjil kuti mukufika ku sikelo? Mukatoranga nyengo itali mbuni kubafika ku sikelo? Yadyagalaga'a ndovi dyaachilevu uli kwanta kusikelo dya asimayi wakwembuchela? Mwandanga nyengo yakuzalika uli pdira kusikelo?)

- A. () 1. less than 15 min
- B. () 1. less than 15 min
- C. () 1. less than 15 min
- 2. 15 - 30 min
- 3. 30 - 60 min
- 4. 1 - 2 hr
- 5. 2hrs or more

Q11. Who assisted in the antenatal clinic? (multiple answers acceptable)

1. untrained TBA
2. trained TBA
3. ward attendant at the health facility
4. nurse/midwife
5. clinical officer/doctor
6. other health personnel
7. other: ()
8. don't know

Q12. Why did you choose the antenatal clinic service which you visited last? (multiple answers acceptable)

(Chifubwa chiyani munasankha zoyamba sikelo ineneyi? Chifubwa vichi mukasankha kuruta ku sikelo? Wasagwire kweleka lig'ongo chichi? Chochinosa pangisani kuluta ku sikelo yenip ndichine?)

1. easy to access
2. good advice
3. vaccination
4. free of charge
5. food supplementation
6. someone's recommendation
7. other: ()
8. don't know

3.3: Delivery:

Q13. Where was the last delivery taken place?

(Kodi mwana wosilizira kubadwa awabudwira kuti? Kubaba kwa umaliro mukababika nibuni? Mwanache dyakumaliya wadagwire kwadi? Kumbi kuchita kwokumaliya kunguchililwa pani?)

1. home
2. house of the relative/friend/neighbor
3. TBA's house
4. MOHP's health centre
5. private clinic
6. non-governmental health centre
7. district hospital
8. central hospital
9. private hospital
10. other: ()
11. don't know

Q14. How did you go to the delivery place?

1. on foot
2. matola
3. oxcart
4. bicycle
5. bus
6. own car
7. ambulance
8. other: ()

Q15. How long did it take to go to the delivery place?

(Zidakuzengeleni nkhawo yeyitali bwinjiti kuti niukafike kamaloko? Mukatora nyengo itali mbuni kukafika uko mukababika? Yadyigulire ndawi dyadyilevu uki kwaula kuvaverechere? Mungvenda nyengo itali uti kuti mukafiki kvenu ko munguchililwa?)

1. less than 15 min
2. 15 - 30 min
3. 30 - 60 min
4. 1 - 2 hr
5. 2 hrs or more

(5)

Q16. Why did you choose the delivery place? (multiple answers acceptable)

(Chirukwa chiyani munasankha kuti mukabetekevo kumeneko? Chifubwa vichi mukasankha malo anwo mukababika? Wasagwire kubya kuvaverechere kuvaverechereko lig'ongo chichi? Chifubwa uti mungusambiliya kuchililwa kwenuko?)

1. easy to access
2. good reputations
3. comfortable to stay
4. free of charge
5. referred from antenatal clinic
6. other's recommendation
7. other: ()
8. don't know

Q17. Did you obey the advice from the antenatal clinic service on choosing the delivery place?

(Kodi munanvera malavgizo akusikelo posankha malo anwo munabete kerakowo? Kasi mukasomera narango ya ku sikelo pa zamalo ghakababika? Ana wapikanire niyaya malangiso g'u kusikelo pakasug'ula malo g'ukuti akawelechere? Kumbi mungu unyiyayo angukumbiyani kuti sikelo kusankha malo ngobuchililwa?)

1. Yes
2. no; why? ()
3. don't know
4. not applicable

Q18. Who assisted with the delivery?

(Anaku thawilizawi pobeleka ndani? Ni njani uyo wakamuvwirani pa nyengo ya kubaba? Uwakamuchisye wani pa uvelesi wawo? Yo wangubawoyani pakuchila ndiyani?)

1. relative/friend/neighbor
2. untrained TBA
3. trained TBA
4. ward attendant at the health facility
5. nurse/midwife
6. clinical officer/doctor
7. other health personnel
8. other: ()
9. don't know
10. none (self)

Q19. What was the outcome of delivery?

(Zosatila zaka pobeleka zitali zotani? Mukababa makava panvaka pakawa suzgo? Uvelesi wanwo wadyaire uti? Kumbi munguchilila uti?)

1. uneventful normal delivery
2. live birth with some troubles; specify: ()
3. stillbirth

(6)

4. Growth Monitoring Module

(Ask only the youngest child)

4.1: Food supplementation:

Q20. Were you supplied with food for this child in the last three months?

(Kodi mudapatisidwa chikwiba cha mwanavy miyezi itatu yepita?/ Kasi mukapokera chakwiba cha mwanavy miyezi itatu yajumpha iyi?/ Aya wapocheera yakwiba ya mwanavy miyezi itatu yajumpha?)

- 1. yes
- 2. no

if yes, describe below in detail.

	When	Where	What	How much
1				
2				
3				

4.2: Growth monitoring programme:

Q21. Did you attend growth monitoring programme in the last three months?

(Kodi unapitunaye ku sikelo ya awa mwezi watianaye?/ Kasi unakurutako ku sikelo ya awa pa miyezi itatu yajumpha iyi?/ M' miyezi dyitatu dyipite adyanwirope kusikelo?/ Kumbi mungulurupu ku sikelo ya mana mwazi itatu yajumpha iyi?)

- 1. yes
- 2. no (go to Q25)

Q22. Are you satisfied with growth monitoring programme?

(Kodi muli wobhutisidwa ndi zoobitika ku sikelo ya awa?/ Kasi kusikelo ya awa kukumukondwesani?/ Akusadyikutira ni mwakadyenda chesya ya sikelo atamo?/ Kumbi mututaku ku sikelo, mukutisika vayo sikelo?)

- 1. satisfied (go to Q23 & Q26)
- 2. not satisfied (go to Q24 & Q26)
- 3. don't know (go to Q26)

Q23. Why are you satisfied with growth monitoring programme? (multiple answers acceptable)

(Nanga ndi chifukwa chiyani muli wobhutisidwa ndi sikelo ya awa?/ Kusikelo ya awa kukumukondwesani chifukwa vichi?/ Akusadyikutira ni mudiyikwendera sikelo lig'ongo chichi?/ Chifukwa uli mukutisika nayo sikelo yenyi?)

- 1. short waiting time
- 2. good health worker attitude
- 3. good advice
- 4. easy access
- 5. free of charge
- 6. get food supplement
- 7. other: ()
- 8. don't know

Q24. Why are you not satisfied with growth monitoring programme? (multiple answers acceptable)

(Nanga ndi chifukwa chiyani simuli wobhutisidwa ndi sikelo ya awa?/ Kusikelo ya awa kukumukondwesani chira chifukwa vichi?/ Ngakwikutira ni mukwendera ya sikelo lig'ongo chichi?/ Chifukwa uli mukwendera mukutisika nayo sikelo yeni iyi?)

- 1. too far
- 2. have to wait long
- 3. staff rude
- 4. not suitable for this illness
- 5. no medicines
- 6. other: ()
- 7. don't know

Q25. Why don't you attend growth monitoring programme? (multiple answers acceptable)

(Nanga ndi chifukwa chiyani simuli wobhutisidwa ndi sikelo ya awa?)

- 1. too far
- 2. have to wait long
- 3. staff rude
- 4. not suitable for this illness
- 5. no medicines
- 6. other: ()
- 7. don't know

5. Shopkeepers (drug sellers) Module

Q26. Did you buy any medicines for your under five children since last Christmas?

(Kodi mudavugutira mankhwala awa awa osaposa zaka zisanu kuchokera pa bhisi misisi?/ Kujuma pa bhisi misisi, muli kugurako mankhwala wa wana winu awo yirimika vinda bwawe vinkiondi?/ Chiptire kilisimasi, asunirepo miteka wamwanachele dyawo d'wengadanda yeka ranu?/ Kumbi kutawa pa awasa mukugulapo mankhwala ya wana winu wo mulala nawo ku sikelo ya under five?)

- 1. yes
- 2. no (go to Q31 if applicable)

Q27. From where did you buy medicines last?

(Mudagala kwi mankhwalawo?/ Mumbwara mukugura nkhuu?/ Mtelawo wasunire kwapi?/ Kumbi mukugula pani mankhwala ngo?)

- 1. drug revolving fund
- 2. grocery
- 3. market vendor/peddler
- 4. health centre
- 5. hospital
- 6. other: ()
- 7. don't know

6. Measurement and Food Module

(Ask only about the youngest and the second youngest children between 6 and 59 months old)

About the (1, 2) youngest child:

6.1: Food consumption:

Q31. When did you introduce the complimentary feeding?

(Kodi unayambwa ili kumipasa zakiya zina zovijezera pa kuyawwiza?/ Mwakwamba pa uti kumupa chakurya mwana wakomba?/ Mungiyamba ipengo uli kumipasa chakulya mwana po mungumuteke se kwombha be?)

- 1. not yet
- 2. at the age of () months
- 3. don't know

Q32. When did you stop breast-feeding?

(Kodi unawuteza ili mwana kupamua?/ Mwana wakuleka pa uti kuomba?/ walesire liwachi konjeyo?/ Mungumuteke ipengo ulekuombha be?)

- 1. not yet
- 2. at the age of () years and () months
- 3. never given
- 4. don't know

Q33. How often did you feed him/her with breast milk yesterday?

(Kodi dzilo unamunyivisa kangati mwanayo?/ Masiro mwana mukamuokhesa karinga?/ Liso wam'nyonjeyo unuwachie kalingwal Kumbi zana mungumwombhesa kalingu be?)

- 1. none
- 2. 1 - 3 times
- 3. 4 times or more
- 4. don't know
- 5. not applicable

Q34. How often did you serve him/her with solid food yesterday?

(Kodi dzilo mwanayo unamudya zakuja ziva kangati?/ Masiro mwana mukamupa karinga chakurya?/ Yakulya ile wampele kalingwa?/ Kumbi zana mungumwamba kalinga chakulya chakulimba?)

- 1. none
- 2. 1 - 3 times
- 3. 4 times or more
- 4. don't know
- 5. not applicable

Describe in more detail:

Food item	yesterday	
	morning	around the noon evening
maize flour		
nuts/soya/beans		
green leaves		
fruits		
tomato		
onion		
oil		
salt		
sugar		
()		
()		
()		

Q28. About medicines you bought:

(Zamambwila niugulawo?/ Makachiyanga?/ Pamambwila ngo mungugila.)

	What was the medicine?	What was the illness you used it for?	How much did you pay for it?	What type of package? (snp package, single tablet, others)
1				
2				
3				
4				
5				

Q29. Did you ask or receive any advice about the illness or the medicine from the person who sold it to you?

(Kodi nudakusa kapena kulandila niangizo u za mutenda kapena mambwila kuchokela kwa vogulisi mambwila?/ Kasi mukapokera marango pa mutenda na mambwila kufima kwa muthu uvo wakumu gulisani mambwila inu?/ Wavusisye kapena kupochera malangizo pa yaiuwele kapena mialano kunochela kwa mambu dyovansumirezvo?/ Kumbi angukufumbani, panyake mungulonde chiswano kwa muthu mwenyo wangukugulisi mambwila?)

- 1. yes
- 2. no (go to Q31 if applicable)
- 3. don't know (go to Q31 if applicable)
- 4. don't know

Q30. If yes, did you trust advice you were given?

- 1. trust completely
- 2. trust a little
- 3. not at all
- 4. don't know

Q35. How often does he/she usually eat particular food item shown below?

(Kodi zakaubya ziri in' musizi amadva kangati?/ Mviana wakurva karinga chakurva ichi chalembeke pasi?/ Mwanache abasaha kalungva yakubya yakubya yakubya?/ Kumbi mutimupasa kalinga vakubya ni vyepapa?)

Food item	more than once/day	once/day	3 - 6 times/ week	once or twice/ week	once/month or less	never
egg						
chicken/meat						
fish						
peas/beans						
mus						
milk						
Enter other foods not listed that are eaten regularly:						
()						
()						
()						

6.2: Disease:

Q36. Is the child suffered from fever in the last one month?

(Kodi mwanavy anatenitha ihupi mwezi wahanu?/ Kasi mvana wakoticha mu ihupi mwezi wamala?/ Ana mwanache dyakolepo chiru moto in' mwezi umashirevu?/ Kumbi mwezi umozo wajumpira mwana vyu wangu mapu mawigu?)

1. yes
2. no (go to Q38)

Q37. If yes, how many times did this child suffer from fever in the last one month?

(Ngati anatenitha ihupi, anatenitha ihupi kangati mwezi wahanu?/ Usage enya, wakoticha mu ihupi karinga mwezi wamala?/ Naga dyakolere, kalingva in' mwezi upitevu?/ Asano wakufamapu wakufamapu kalinga nalungu mwezi wamala?)

1. once
2. twice
3. more than twice
4. don't know

Q38. Is the child suffered from diarrhoea in the last one month?

(Kodi mwanavy anasegula in' mimba mwezi wahanu?/ Kasi mvana wakajula munthumbo mwezi wamala?/ Mwanache agwivirevu in' matumbo mwezi umashirevu?/ Kumbi wangujudika pamuyu mwezi wamala uvu?)

1. yes
2. no (finish)

Q39. If yes, how many times did this child suffer from diarrhoea in the last one month?

(Ngati anasegula in' mimba, anasegula kangati mwezi wahanu?/ Usage enya, wakajula mu nthumbo karinga mwezi wamala?/ Naga wawugwirire, agwivire kalingva in' mwezi upite?/ Asano kangujudika pamuyu mwezi wamala, wangujudika pu kalinga?)

1. once
2. twice
3. more than twice
4. don't know

Appendix 2. 2 Community Profile Questionnaire

- 1) To be filled by a supervisor.
- 2) One questionnaire for one village.
- 3) The intended interviewee is Village Chief/head person. If the village chief is not available, please interview the second in order.

Name of Supervisor: () , Male/Female

Date of interview (day/month/year): (/ /99)

Name of village: ()

Name of Village Chief: ()

Sex of Village Chief: Male/Female

Name of Tribe: ()

Q1: What is the Estimated Population of the village: ()

What is the Estimated number of houses of the village: ()

Q2: What is the major source of income in this village?

1. Fishery
2. Agriculture
3. Commerce
4. Others (specify:)

Q3: Is there a health facility in the village?

1. Yes (please go to Q4)
2. No (please go to Q5)

Q4: What type of health facility is it?

1. Hospital
2. Health Centre
3. Maternity with Dispensary
4. Maternity without Dispensary
5. Private clinic
6. Traditional healer
7. Others (specify:)

Q5: If there is no Health Facility in the village, how far is the closest Health Facility from here?

() kilometers
() minutes by ()

Q6: When was the last time the Outreach Clinic visited this village?

1. () month ago
2. Outreach clinic never visited this village.
3. Do not know.

Q7: Is there a Health Surveillance Assistant (HSA) in this village?

1. Yes (Go to Q8)
2. No (Go to Q9)
3. Do not know.

Q8: What is the name of HSA? a. ()

b. Do not know.

Q9: If there is no HSA in the village, does an HSA visit this village from nearby health facility?

1. Yes
2. No
3. Do not know.

Q10: Is there a Village Health Committee in this village?

1. Yes (Go to Q11)
2. No (Go to Q12)
3. Do not know.

Q11: Is the Village Health Committee active?

1. Yes
2. Somewhat active
3. No

Q12: Are there Village Health Volunteers in this village?

1. Yes
2. No
3. Do not know.

Q13: Is there any primary school in this village?

1. Yes
2. No
3. Do not know.

Q14: What is the most common illness among children in this village?

() Multiple answers

Q15: Is there electricity in this village?

1. Yes
2. No
3. Do not know.

Q16: What is your main concern as a chief to the community/village?

- 1.
- 2.
- 3.

Q17: What is the main source of water in your community/village?

1. Type of water source () meters
2. Distance () minutes by ()

Thank you.

Appendix 2. 3 Questionnaire for Exit Interview

Data entry sequence number: [] [] [] [] | Data entry person's code: [] [] [] []

<Final Version>

Questionnaire for Exit Interview at Health Facilities Antenatal Client Exit Interview

a. District code:	[] [] [] []	b. Facility name:	c. Facility code:	[] [] [] []
d. Interviewer code:	[] [] [] []	e. Supervisor code:	f. Date of interview:	/ /
g. Classification of the Questionnaire	> 1. Valid > 99. Invalid reason			

Introduction: How are you? I am _____, I am coming from the Ministry of Health and Population and JICA PHC Study, and I would be grateful if you would take a few minutes to answer some questions about health services for pregnant women. The information is being collected to understand better how pregnant women feel about their health services. I will not record your name and your answer will be kept confidential. Would you accept to answer some questions?

Q1. How old are you?	> 1. less than 20 yrs. > 2. 20 - 24 yrs. > 3. 25 - 29 yrs. > 4. 30 - 34 yrs. > 5. 35 - 39 yrs. > 6. 40 - 44 yrs. > 7. over 45 yrs. > 99. no answer
Q2. What is your highest level of education?	> 1. never attended > 2. primary (Standard 1-4) > 3. primary (Standard 5-8) > 4. secondary > 5. post-secondary > 6. Adult literacy > 99. no answer
Q3. What is your occupation?	> 1. housewife > 2. farming > 3. paid employed > 4. self employed > 5. student > 6. dropout student > 7. others () > 99. no answer
Q4. What is the name of your Traditional Authority and village where you live now?	TA: _____
Q5. How far is your village from here?	Village: > 1. less than 1 km > 2. 1-5 km > 3. 5-10km > 4. over 10km > 99. no answer
Q6. How long did it take you to travel here today?	> 1. less than 1 hour > 2. 1-2 hours > 3. 2-3 hours > 4. 3-4 hours > 5. more than 4 hours > 99. no answer
Q7. What means of transportation did you use to come here? (multiple answers acceptable)	> 1. on foot > 2. matola > 3. bus > 4. bicycle > 5. own car > 6. own motorcycle > 7. oxcart > 8. other ()
Q8. How much did you spend for transportation to come here in total today?	> 1. none > 2. less than MK 10 > 3. MK 10-49 > 4. MK 50-100 > 5. over MK 100 > 99. no answer
Q9. There exist several health units / facilities for antenatal check-up, like hospital, health centre, mobile clinic, and TEAs. Why did you choose to come to this health facility for your antenatal care today?	

Q10. What kind of care did you expect to get from the visiting here for antenatal care?		
Q11. I would now like to know more about the services that you received during your visit today. Did the staff... Ask about each service separately.		check one box for each service
Q11.a. check your blood pressure?		> 1. Yes > 0. No
Q11.b. perform an abdominal examination?		> 1. Yes > 0. No
Q11.c. listen to the baby's heartbeat?		> 1. Yes > 0. No
Q11.d. measure your weight?		> 1. Yes > 0. No
Q11.e. check the oedema (swelling)?		> 1. Yes > 0. No
Q11.f. tell you to come back for another visit?		> 1. Yes > 0. No
Q12. I would now like you to think about all of your visits here during this pregnancy, including today. During any of these visits, did the staff here.... Ask about each service separately.		check one box for each service
Q12.a. ask about your medical history?		> 1. Yes > 0. No
Q12.b. take your blood sample?		> 1. Yes > 0. No
Q12.c. take a urine sample?		> 1. Yes > 0. No
Q12.d. give you iron supplement?		> 1. Yes > 0. No
Q12.e. give you information or advice about diet and nutrition?		> 1. Yes > 0. No
Q12.f. discuss the place of birth?		> 1. Yes > 0. No
Q12.g. discuss the benefit of birth in the health facility?		> 1. Yes > 0. No
Q12.h. advise you what to do if there is a problem during your pregnancy such as bleeding, convulsions or fits?		> 1. Yes > 0. No
Q12.i. give malaria medicine?		> 1. Yes > 0. No
Q12.j. discuss family planning?		> 1. Yes > 0. No
Q12.k. talk about sexually transmitted diseases, HIV or AIDS?		> 1. Yes > 0. No
Q12.l. give you information or advice on how to take care of your baby?		> 1. Yes > 0. No
Q12.m. discuss how you would get to the health facility if there were an emergency?		> 1. Yes > 0. No
Q12.n. give you tetanus toxoid vaccine? May I see your antenatal card?	> 1. Yes (completed) > 2. Yes (uncompleted) > 3. Yes (but no record) > 4. No (because already had 5 shots) > 5. No (Health staff did not give) > 6. other ()	
Q12.o. give food supplement?		> 1. Yes > 0. No
Q13. How long have you waited until your individual examination today?	_____ minutes	
Q14. Not counting waiting time, how many minutes did you spend during the individual examination today?	_____ minutes	

Q15. How much did you pay for the services at this health facility today?	<ul style="list-style-type: none"> ➤ 1. none ➤ 2. less than MK 10 ➤ 3. MK 10-49 ➤ 4. MK 50-100 ➤ 5. over MK 100 ➤ 99. no answer
Q16. What do you like about the antenatal services you have received here today?	
Q17. What don't you like about the antenatal services you have received here today?	
Q18. Have you visited any other health facilities for the purpose of antenatal care with this pregnancy? Multiple answers are acceptable.	<ul style="list-style-type: none"> ➤ 1. TBA ➤ 2. MOHP's health centre ➤ 3. MOHP's hospital ➤ 4. Mobile clinic ➤ 99. No ➤ Q20 ➤ 5. CHAM health centre ➤ 6. CHAM hospital ➤ 7. private clinic ➤ other ()
Q19. Why did you visit that health facility for the purpose of antenatal check-up?	
Q20. Where do you think you are going to deliver your baby most probably this time?	<ul style="list-style-type: none"> ➤ 1. home ➤ 2. house of the relative/friend/neighbor ➤ 3. TBA's house ➤ 4. MOHP's health centre ➤ 5. CHAM health centre ➤ 6. CHAM hospital ➤ 7. MOHP's hospital ➤ 8. CHAM hospital ➤ other () ➤ 99. No answer
Q21. Why do you think you are going to deliver your baby at that place most probably?	
Q22. Now I would like to know if all the circumstances allow you to choose any health facility to deliver your baby, do you still choose the same place you have just mentioned or do you prefer to choose any other place?	<ul style="list-style-type: none"> ➤ 0. Same place as mentioned in Q20 ➤ Q24 ➤ 1. home ➤ 2. house of the relative/friend/neighbor ➤ 3. TBA's house ➤ 4. MOHP's health centre ➤ 5. CHAM health centre ➤ 6. CHAM hospital ➤ 7. MOHP's hospital ➤ 8. CHAM hospital ➤ other () ➤ 99. No answer
Q23. Why do you prefer to choose that place to deliver your baby?	
Q24. Do you have your antenatal card with you today? May I have a look?	<ul style="list-style-type: none"> ➤ 1. Yes (original) ➤ 2. Yes (photo-copied) ➤ 3. Yes (sheet of paper) ➤ 4. Yes (notebook) ➤ 5. She has it at home but forgot to bring today ➤ 99. No

Q25. This is the final part of the question. Let me ask you some questions about your previous pregnancies. How many times have you got pregnant before, including all abortions (don't include this time)	<input type="text"/>
In case she has never got pregnant before, put 00 in the box and finish the question appreciating her co-operation.	
Q26. How many children have you delivered before?	<input type="text"/>
In case she has never delivered a baby, put 00 in the box and go to Q30.	
Q27. How many of them are still alive now?	<input type="text"/>
Q28. Have you had caesarean section before?	<ul style="list-style-type: none"> ➤ 1. Yes ➤ 0. No
Q29. About your last pregnancy, where did you go for your antenatal check ups? (multiple answers acceptable)	<ul style="list-style-type: none"> ➤ 1. TBA ➤ 2. MOHP's health centre ➤ 3. MOHP's hospital ➤ 4. CHAM health centre ➤ 5. CHAM hospital ➤ 6. private clinic ➤ 7. Mobile clinic ➤ other () ➤ 99. No answer
Q30. During your last pregnancy, have you had any complications? (multiple answers acceptable)	<ul style="list-style-type: none"> ➤ 0. No complications ➤ 1. hypertension ➤ 2. fits ➤ 3. IUD ➤ 4. abdominal pain ➤ 5. twin ➤ 6. oedema ➤ 7. anaemia ➤ 8. malpresentation of foetus ➤ 9. bleeding ➤ others () ➤ 99. No answer
End of question for those who has never delivered a baby.	
Q31. Where did you deliver your baby last time?	<ul style="list-style-type: none"> ➤ 1. home ➤ 2. house of the relative/friend/neighbor ➤ 3. TBA's house ➤ 4. MOHP's health centre ➤ 5. CHAM health centre ➤ 6. CHAM hospital ➤ 7. MOHP's hospital ➤ 8. CHAM hospital ➤ other () ➤ 99. No answer

End of Question: Thank you very much for your kind cooperation. Your sincere opinion will be a great help for us.

Additional questions on Antenatal Control Card

Continue questions in case she has any kind of Antenatal Card. You should get the following data only by reviewing the Antenatal Card which she has today.

Q32.a	Weeks of pregnancy 11
Q32.b	No. of check ups 1
Q32.c	Condition of the Card <input type="checkbox"/> 1.good <input type="checkbox"/> 2.average <input type="checkbox"/> 0.bad
Q32.d	Status of filling Check all the information written in her Antenatal card. <input type="checkbox"/> 1.weight <input type="checkbox"/> 2.blood Pressure <input type="checkbox"/> 3.gestation <input type="checkbox"/> 4.position <input type="checkbox"/> 5.heart beat <input type="checkbox"/> 6.edema <input type="checkbox"/> 7.pallor <input type="checkbox"/> 8.urine <input type="checkbox"/> 9.remarks <input type="checkbox"/> 10.next visit
Q32.e	Observation (if there is any)

Appendix 2.4 Health Facility Profile

(D.H.= District Hospital, H.C.= Health Centre, O.C.= Outreach Clinic, R.H.= Rural Hospital)

Date	Organisation	Facility	No. of valid questionnaires	If the facility is situated by the main road	Distance from the nearest main road	Distance from the nearest market	If the facility is near by the bus stop.	Total no. of beds.	Health services provided	If the facility charges general outpatient.	If the facility provides antenatal care services.	No. of days per week the facility provides Antenatal care services.	Average no. of ante-natal clients per month.	Average of no. deliveries per month.
15/02/99	MOHP	Mzimba D.H.	47	no	3km	2km	no	172	Under five, Family planning, Ante natal, Deliveries, Nutrition, Outpatient, Psychiatric, Post natal, STD, Dental, Ophthalmic, Orthopaedic, X-rays, Laboratory, inpatients, Skin, Surgery, Nutrition	no	no	5 days	160	180
16/02/99	MOHP	Manyamur a H.C.	30	yes	1km	1km	yes	9	Under five, Family planning, Ante natal, Deliveries, Nutrition, Outpatient, Psychiatric, Post natal	no	no	5 days	247	25
17/02/99	MOHP	Mzuzu H.C.	43	yes	5m	10m	yes	11	Outpatient, Deliveries, Family planning, Antenatal, Under five, Psychiatric, Postnatal, STD	no	no	5 days	2,250	150
18/02/99	MOHP	Jenda H.C.	14	yes	1km	1km	yes	8	Deliveries, Outpatient, Family planning, Under five Ante natal, Outreach clinic, Post natal	no	no	5 days	100	45-50
19/02/99	MOHP	Kamiteteke a H.C.	48	yes	10m	7km	yes	8	Deliveries, Outreach Clinic, Antenatal, Under five, Family Planning, Outpatient, Psychiatric Clinic, Post Natal	no	no	5 days	258	31
19/02/99	MOHP	Chasato O.C.	10	yes	500m	500m	yes	3	Deliveries, Antenatal	no	no, but charges MK20.00 per delivery	once a month	8	4
22/02/99	MOHP	Nkhwan O.C.	9	no	9km	2km	no		Under five, Family planning, Ante natal	no	no	once a month	30	
23/02/99	MOHP	Chinteche R.H.	31	no	1.5km	1km	yes	65	Out patient, Ante natal, Family planning, inpatient, Deliveries, Post natal, Outreach clinic	no	no	5 days	300	60
23/12/99	MOHP	Kachere H.C.	30	yes	50m	50m	yes	7	Family planning, Ante natal, Under five, Environmental Health, Curative services,	no	no	once a week	150	20
25/02/99	MOHP	Majawa O.C.	12	no	20km	20km	no		Ante natal, Under five, Family planning, Mental Health,	no	no	once a month	15	
26/02/99	MOHP	Zomba C.H.	9	yes	20m	1.5km	yes	40	Ante natal, Under five, Family planning, Out patient,	no	no	5 days	600	300
17/02/99	CHAM	Ekwendeni R.H.	23	yes	10m	500m	yes	250	Inpatients, Deliveries, Under five, Nutrition, Family Planning, EPI, Antenatal, Postnatal, Laboratories, X-rays, Dental	yes, depending on the type of drugs prescribed	yes, MK56.00 for Antenatal and delivery for those within catchment area, and for those from far charge MK280.00.	twice a week	1,200	180

Appendix 2. 5 Structured Questionnaire

(TO BE ADMINISTERED TO WOMEN WHO CONDUCTED THE LAST DELIVERY AT HOME OR HEALTH CENTER WITHIN SIX MONTHS FROM THE DAY OF THE INTERVIEW)

PRIOR TO THE INTERVIEW, PLEASE EXPLAIN TO THE INTERVIEWEE THAT:

- 1) This interview is part of Japan-Malawi Cooperation to study the situation surrounding Primary Health Care in Mizimba/Nkhatabay District;
- 2) You will be kept anonymous and all personal information will be kept confidential;
- 3) Hospital staff, your family, or village people will not know what you say or think;
- 4) Information provided by you will be used to assess the situation of pregnant women and the health service provision, the information will be used to improve the service, though it may not be in a direct way;
- 5) We appreciate your cooperation.

Date of interview: ____ / ____ / 1999

Do you agree to this interview?

- 1: Yes → continue the interview.
- 2: No → discontinue the interview.

Initial of interviewee: _____

Name of Village: _____

Name of TA: _____

Name of tribe: _____

Name of Village where you were born: _____ / TA: _____

Name of Village/ Town where you live now: _____ / TA: _____

Please indicate your impression of interviewee's house:

- 1: Poor
- 2: Middle class
- 3: Rich

Q1: In what month and year were you born? Month ____ Year 19 ____ or Age ____ (Do not know: 99)

Q2: Are you married?

- 1: Yes
- 2: Never married
- 3: Widowed
- 4: Divorced

Q3: Is your marriage "Lobola", "Chikamwini" or "Chitungwa"?

- 1: Lobola
- 2: Chikamwini
- 3: Chitungwa
- 9: Neither of them

Q4: How many years have you been married? _____ years

Q5: Does your husband have wives other than you?

- 1: Yes → How many? _____ What position are you in the family?

2: No

Q6: How many years have you gone to school?

- 1: Never attended.
- 2: Primary School (number of years ____)
- 3: Secondary School
- 4: Higher

Q7: What is your job?

- 1: Housewife
- 2: Other (specify _____)

Q8: What is your spouse's job? _____ (DNK=99)

Q9: How many years has he gone to school?

- 1: Never attended.
- 2: Primary School (how many years ____)
- 3: Secondary School
- 4: Higher

Q10: In what month and year was your husband born? Month ____ Year 19 ____ or Age ____ (Do not know: 99)

Q11: How many times have you been pregnant before? _____

Q12: How many times have you delivered baby before? _____

Q13: How many of your children are still alive now? (DNK=99) _____

Q14: How many of your children are dead? (DNK=99) _____

Q15: Have you ever had any still births or abortions?

- 1: Yes → Number of still births: _____
- 2: No → Number of Abortions: _____

Q16: In what month and year was your last live birth? (DNK=99) Month ____ Year 19 ____

Q17: Was this child a boy or a girl? (DNK=99) _____

Q18: Is he or she still alive?

- 1: Yes
- 2: No
- 9: Do not know.

Q19: During the last pregnancy, did you go to antenatal care?

- 1: Yes → Go to Q20
- 2: No → Go to Q25

Q20: How many times did you go to the antenatal care during the last pregnancy? _____ (DNK=99)

Q21: Where did you go for the antenatal care? A) _____

B) _____

Q22: How long did it take you to go to the antenatal care?
A) _____ minutes
B) _____ minutes

Q23: How did you go there?
1: by walking 2: bicycle 3: Bus/ matola/ mini bus 4: Ox cart 5: Private car
6: hired car 7: other (specify _____)

Q24: Why did you choose this antenatal care place?

I am going to ask you about the last delivery
Q25: Where did you deliver your last baby?
1: Home 2: Health Center (name of HC _____)
3: Hospital (name _____) 4: TBA house
5: Others (specify _____)

Q26: How long did it take for you to go there from your house? _____ minutes
Q27: How did you get there?

1: by walking 2: bicycle 3: Bus/ matola/ mini bus 4: Ox cart 5: Private car
6: hired car 7: ambulance 8: other (specify _____)

Q28: Who decided the delivery place?
1: self 2: husband 3: own mother 4: mother-in-law
5: other (specify _____) 9: Do not know/ no answer

Q29: Why was this place chosen for your delivery?

Q30: Who accompanied you to the delivery place? _____

Q31: Who assisted your delivery?
1: Doctor/ Clinical officer 2: Nurse midwife 3: Trained TBA
4: Untrained TBA 5: own mother 6: mother-in-law 7: alone
8: other (specify _____)

Q32: Did you have any problem or complication during the last pregnancy?
1: Yes → Please list the problems/complications _____
2: No

Q33: Did anyone tell you to go to hospital for the delivery while you were pregnant? if so, why?
1: Yes → Go to Q34
2: No → Go to Q35

Why: _____
Q34: Who told you to go to the hospital? _____

Q35: Prior to this pregnancy, have you ever delivered your baby at hospital?
1: Yes
2: No
3: This was her first time delivery.
9: Do not know/ no answer.

Q36: Prior to this pregnancy, have you ever delivered at health center?
1: Yes
2: No
3: This was her first time delivery.
9: Do not know/ no answer

Q37: What are the advantages/ disadvantages of home delivery for you?

Q38: What are the advantages/ disadvantages of hospital delivery for you?

Q39: For the next pregnancy, where do you want to deliver? Why?

Q40: Have you had any complications or problems during your previous pregnancies?
1: Yes → Please list the problems/complications. _____
2: No
3: This was the first pregnancy.

Q41: Have you had cesarean section?
1: Yes → Go to Q42.
2: No → Go to Q43.
3: This was the first pregnancy.

Q42: How many times have you had cesarean section? _____

Q43: If you are sick, where do you go to seek treatment first?

Q44: Do you know anybody in your family who suffered from complication of pregnancy or delivery?

- 1: Yes → Please describe in detail:
- 2: No

Q45: Who live with you at your home?

Appendix 2. 6 Semi-structured Questionnaire

ADMINISTER THIS QUESTIONNAIRE TO THE PATIENTS WHO MEET ONE OF THE FOLLOWING CRITERIA.

- 1) Women who was recommended to deliver at hospital but delivered at home;
- 2) Women who had risk factor(s) but delivered at home;
- 3) Women who did not go to antenatal care and delivered at home.

QUESTION GUIDELINE:

Please ask the interviewee to describe chronologically events that happened to her or her family related to this pregnancy and that influenced her or her family's decision deliver at home. The followings are the issues of interest.

- Has she or anybody suggested going to health center or hospital for delivery? If so why was it suggested? Why did not she follow the suggestion?
- Has she ever thought or wanted to deliver at health center?
- In what circumstance would she prefer to deliver at health center or home?
- If anything happens during her delivery process, for example bleeding or baby not coming down, what would she do? What would her family do?
- Who make decision on delivery place?
- If the woman has gone to antenatal care, what was her expectation over the antenatal care? Why did she go to antenatal care? If she did not go to one, then why did not?

Appendix 2. 7 Quality of Antenatal Care & Delivery Care; observation checklist

Quality of Antenatal Care & Delivery Care: Observation Checklist (12/02/99)

Health Facility:	District:	Date of visit:	Name of Surveyor:
No. of antenatal care attendants that day:			

ANTENATAL CARE

I. Place (Tick the most appropriate one)

I-1 Cleanliness	Poor	Fair	Good	Excellent
I-2 Organization	Poor	Fair	Good	Excellent
I-3 Quietness	Poor	Fair	Good	Excellent
I-4 Temperature	Poor	Fair	Good	Excellent
I-5 Privacy	Yes	No		
I-6 Light in examination room	Yes	No		

Comments: _____

II. Type of health staff who provide antenatal care

(Please write the information AT THE TIME OF OBSERVATION. Main activities include: B/P, weight, height, physical exam., abdominal exam., information giving, counseling and others)

Type of Staff	Number	Nature of their main activities
II-1 Registered Nurse Midwife		
II-2 Enrolled Nurse Midwife		
II-3 Nurse-midwife Technician		
II-4 Registered Health Nurse	Community	
II-5 Enrolled Community Health Nurse		
II-6 Clinical Officer		
II-7 Medical Assistant		
II-8 Patient Attendant		
II-9 Health Assistant	Surveillance	
II-10 Other (Specify):		

Comments: _____

III. Hygienic practice of health personnel to prevent transmission of infection

III-1 Wash hands before attending clients	Always	Sometimes	No
III-2 Wash hands after attending clients	Always	Sometimes	No
III-3 Disinfect equipment after use	Yes	No	N/A
III-4 Use sterile gloves when performing a pelvic assessment	Yes	No	N/A

Comments: _____

IV. Health staff's attitude toward pregnant women

(Y=Yes, N=No, N/A=Not applicable)

	Person A		Person B	
	Y	N	Y	N
IV-1 Attends to client with warmth and patience	Y	N	N/A	Y
IV-2 Politely explains expectations to client	Y	N	N/A	Y
IV-3 Shows a kind attitude	Y	N	N/A	Y
IV-4 Listens attentively to client's concerns	Y	N	N/A	Y
IV-5 Gives care in a hurry	Y	N	N/A	Y
IV-6 Allows client to ask questions	Y	N	N/A	Y

Comments on:
 Person A: _____
 Person B: _____

V. Waiting time and amount of time spent for antenatal care

(1) (Please write in minutes)

	Patient	A	B	C
V-1	Time woman arrives at the clinic			
V-2	Actual time spent for health education session			
V-3	Time spent for B/P			
V-4	Time spent for weights			
V-5	Time spent for heights			
V-6	Actual time spent on physical examination			
V-7	Actual time spent on abdominal examination			
V-8	Actual time spent on information, education and counseling			
V-9	Time she leaves clinic			
V-10	Total time spent on a woman			

Comments: _____

(2) (Please write in minutes)

	Patient	D	E	F
V-1	Time woman arrives at the clinic			
V-2	Actual time spent for health education session			
V-3	Time spent for B/P			
V-4	Time spent for weights			
V-5	Time spent for heights			
V-6	Actual time spent on physical examination			
V-7	Actual time spent on abdominal examination			
V-8	Actual time spent on information, education and counseling			
V-9	Time she leaves clinic			
V-10	Total time spent on a woman			

Comments: _____

VI. Components of antenatal care

(1)

(Y=Yes, N=No, N/A=Not applicable)

	History	Patient		A		B		C		Comments
VI-1	Personal	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-2	Clinical	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-3	Sexual	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-4	Psychological (emotional)	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-5	Nutritional	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-6	Gynaecological	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-7	Contraceptive	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-8	Past obstetric	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-9	Present pregnancy	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-10	Food supplements	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-11	Vitamin supplements	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-12	Iron supplements	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-13	Blood pressure check	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-14	Abdominal examination	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-15	Foetal heart beat	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-16	Pelvic capacity assessment	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-17	TT immunization	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-18	Given anti-malarials	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-19	Urine test for albumin	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-20	Blood test Haemoglobin	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-21	VDRL	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-22	Malaria Parasites	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-23	Sugar	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-24	Clinical haemoglobin estimation of	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-25	Advice on: Rest	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-26	Diet/nutrition	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-27	Exercise	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-28	Sexuality during pregnancy	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-29	Complications during pregnancy	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-30	Where to deliver	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-31	Discussed on Family Planning	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-32	Information of Physical examination	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-33	Findings on: Maternal health	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-34	Foetal growth	Y	N	N/A	Y	N	N/A	Y	N	N/A
VI-35	Foetal well-being	Y	N	N/A	Y	N	N/A	Y	N	N/A

Comments: _____