

Assessment of LPI-Tools and Skills project

Between

Stichting Simavi, Fonteinlaan 5, 2012 JG, Haarlem, The Netherlands

And

Christian Health Association of Malawi, PO Box 30378, Lilongwe 3,
Malawi

2008/2009

31 January 2011

EJ van Hasselt FCS (ECSA), medical consultant, Apeldoorn, The Netherlands

Table of contents

1. Executive Summary
2. Introduction
3. Strategy
 - 3.1 Overview of activities
 - 3.2 Achievements
4. Conclusion and recommendations

Acronyms:

BP	Blood pressure
BTLS	Basic Trauma Life Support
CHAM	Christian Health Association of Malawi
CPD	Continuous Professional Development
LA	Local Anaesthesia
LPI-project	Local Private Initiative-project
POP	Plaster of Paris
QECH	Queen Elisabeth Central Hospital

1. Executive Summary

Under the authority of CHAM, Malawi.kom carried out a “Tools & Skills Project” in 2008 and 2009 in all government and mission hospitals in the southern region of Malawi. Workshops were held in bone pinning, suturing & sutures, skin grafting, POP bandaging, BTLS and local anaesthesia. They were all well attended, deemed very useful and educative and contributed also to the CPD of Malawian health workers. Continuation of this programme is strongly recommended, especially because local faculty is well represented.

2. Introduction

In 2007 Malawi.kom -a Dutch nonprofit foundation involved in health projects in Malawi- has carried out a survey of all district and mission hospitals in the southern region of Malawi in order to establish a baseline for their newly proposed Tools & Skills Project.

Based on this survey of 9 government- and 8 mission district hospitals the following requirements and actions were determined.

1. Availability of tools such as

- New tools for skeletal traction, split skin graft, pulse oximeters and laboratory equipment for haematology (Hb, Wbc etc.)
- Used tools e.g. instruments for gynaecological operations, theatre tables, suction devices, diathermy machines and ultra sound scanners

2. Technical assistance

- To provide technical assistance for maintenance of equipment
- To facilitate the supply of consumables e.g. sutures, disinfectants, drugs, reagents etc.

3. Skills training in

- bone pinning
- suturing and sutures
- skin grafting
- basic trauma life support
- local anaesthesia

In 2008 in collaboration with the Christian Health Association Malawi (CHAM) a master plan was drafted in order to implement the proposed Tools & Skills Project (see appendix A).

In January 2009 a contract was made for consulting services for “Tools & Skills Project” between CHAM and Malawi.kom (see appendix B).

In 2009 CHAM and t “Stichting Simavi” discussed the possibility of financial support for this project. In September 2009 a formal contract was signed (for TOR see appendix C).

In the follow-up requirements under point 5 Simavi has required an external assessment.

This report will deal with the activities carried out by CHAM/Malawi.kom in the years 2008 and 2009.

3. Strategy

3.1 Overview of activities

2008

January/ February Southern Region, Malawi

“Bone traction “

Aim & Objectives

To bring the necessary tools required for this activity, to teach the participants the

technique of bone pinning in order to improve the level of essential surgical care at district level.

Twelve 1-day workshops (power point presentation, hands on, protocols and hand outs) in 12 different hospitals with 187 participants were held; 143 participants were given a certificate of attendance. Course faculty consisted of a Dutch surgical specialist (x4), Malawian counterparts (8x).

Tools: 11 T-handles, 13 Hand drills and 320 Steinman pins

June, Southern Region, Malawi

“Sutures and Suturing”

Aim & Objectives

To provide the required instruments and consumables in order to improve the basic surgical skills of suturing and to improve knowledge of various suture materials and needles.

Thirteen 1-day workshops (power point presentation, hands on, protocols and hand outs) in 13 different hospitals with 207 participants were held. Course faculty consisted of Malawian residents in surgery, Malawian project coordinators (2), one theatre nurse from the Netherlands, and one surgical specialist.

Tools: needle holders, scissors and needles

November, Southern Region, Malawi

“Skin Grafting”

Aim & Objectives

To provide the necessary equipment for skin grafting and to train staff the necessary skills in handling a “Sober” dermatome; the use and the production of locally made Vaseline gauze has been demonstrated and emphasized.

Thirteen 1-day workshops (power point presentation, hands on, protocols and hand outs) in 13 different hospitals were held. All participants received a certificate of attendance. Course faculty consisted of 1 surgical specialist and 5 staff members of the department of surgery from Queen Elisabeth Central Hospital (QECH).

Tools: 17 hospitals were provided with

- 1 dermatome (Sober type) with 10 blades
- 2 metal boxes, one for Vaseline gauzes and one for the dermatome
- 2 wooden boards
- 1 5 L container with Vaseline
- 1 box with theatre gowns

2009

February, Southern Region, Malawi

“ POP and Bandaging”

Aim & Objectives

To improve the technique of applying a POP, to discuss the most serious complications of a circular POP, which may lead to loss of limb

Thirteen 1-day workshops (power point presentation, hands on, protocols /poster and hand outs) in 13 different hospitals with 252 participants were held. Course faculty consisted of 2 instructors from the department of surgery and/or orthopaedics from QECH, 2 instructors from the Netherlands, 1 coordinator either Malawian or expatriate.

Tools: shears, scissors, spreaders and POP saw

April/May, Southern Region, Malawi

“Basic Trauma Life Support”

Aim & Objectives

To improve knowledge and skills in emergency measures to be taken when a victim of a road traffic accident is seen at the scene or in the hospital.

Twelve workshops in District Hospitals, 1 try out in QECH and 1 in the Malawi School of Nursing, 199 health workers took part; all participants received a certificate of attendance. Faculty consisted of 15 instructors (13 Malawian instructors), 3 coordinators (2 Malawian coordinators)

Tools: Guedel airways, neck collars (15), oxygen masks and tubing, BP machines (13) and pulse oximeters (13)

“Local Anaesthesia in Surgery”

Aim & Objectives

To promote the use of local anaesthesia, to teach proper techniques, to discuss the dosage and complications.

Work shops, 1 try out in QECH, 13 in District hospitals (power point presentation, hands on, protocols /pocket card and hand outs, and finally an illustrated manual on male circumcision under local anaesthesia), 273 health workers took part, who all received a certificate of attendance; faculty consisted of 16 instructors (14 Malawian) and 2 coordinators (1 Malawian)

Tools: lignocaine, syringes and needles in large quantities

3.2 Achievements

“Bone pinning”

- 93% of the participants found the training very useful
- 50% had never worked with these tools
- 87% felt confident enough to use this procedure

Evaluation at the end of 2009 gave the following figures:

Use of skeletal traction

Very regularly in 10, a few in 3 and none in 2 hospitals (main reason for few or no use is a “paying hospital”, patients are then transferred to government hospitals)

Need for a refresher course?

Yes in 6 hospitals and no in 10 hospitals

“Sutures and Suturing”

- 95% found the workshop useful
- 90% learned new techniques, not previously known to them
- 75% will purchase locally consumables such as fishing nylon
- All participants knew more about suture material afterwards

“Skin Grafting”

This workshop was the most demanding, but at the same time one of the most rewarding, because a new skill has been introduced at district level and motivation and morale has been boosted.

SSG performed using Sober dermatome

Regularly 2, few times 9, none 5 (in 2 hospitals unwillingness to use this dermatome)

Vaseline gauze produced in own hospital

yes 5 no 11

Need for a refresher course?

yes 9 no 7

“ POP and Bandaging”

Because of lack of knowledge and skills faculty and participants regarded this workshop as very timely and useful. Hopefully such training sessions will be put on the agenda of each Zonal Health Office.

All reported a high level of confidence in applying POP's "lege artis"; less complications (e.g. compartment syndrome) were seen, only one hospital reported such a complication **after** the course.

"Basic Trauma Life Support"

This was an intensive training course of longer duration, still it was attended well with great enthusiasm and input of all participants. The certificates awarded will give the required accreditation points in the CPD programme of the Medical Council of Malawi.

The principles of Primary Survey were practiced in all hospitals and deemed very useful

"Local Anaesthesia in Surgery"

The certificates awarded to all participants will give them the required accreditation points in the CPD programme of the Medical Council of Malawi.

Is LA more often used in surgical procedures than before?

Yes 16 No 0

Have you observed any complications of LA?

Yes 0 No 16

LA in hydrocele and/or hernia repair not yet widely practiced, in 5 out of 16 hospitals it has been used.

See Appendix D for a summary of all workshops

4. Conclusion and Recommendations

After a carefully carried out survey in 17 government and mission district hospitals in the southern region of Malawi, requirements in skills training, of tools and maintenance were determined and a programme of 5 workshops to develop these was designed.

All workshops were well attended; most participants found them very useful and expressed their wish to have refresher courses of several of them.

It is noted that a good number of Malawian instructors took part and that 2 Malawian coordinators were involved in the programme right from the start.

In order to make this a sustainable programme within the Continuing Professional Development of Malawian health workers it would be strongly advisable to continue it in the coming years with participation of a faculty consisting of Malawian and expatriate instructors.

Appendix A

CHAM

**CHRISTIAN HEALTH ASSOCIATION
MALAWI**



TOOLS & SKILLS Project

MASTERPLAN UPDATE

December 2008

malawi.kom

INTRODUCTION

Tools and Skills is a health care project which specifically aims at facilitating repair and replacement of equipment, instruments and materials and training the associated skills required for application and maintenance of these “tools” in the Mission and District Hospitals in Malawi.

The project started with a successful series of workshops in the District and Mission Hospitals on *Bone pinning* in January 2008 (see appx 1) followed by workshops on *Sutures+suturing* in June 2008 (appx 2) and on *Skintransplantation* in November 2008. The concept of T & S clearly proves to fill a need. The project manager of T&S received the very positive recommendation below from the Medical Council of Malawi.

Medical Council of Malawi received a Tools & Skills Project that Dr. Charles Bossevain is implementing in conjunction with Christian Association of Malawi(CHAM).

Council is impressed with the project and supports its implementation as it will:

- 1. significantly increase the knowledge,skills and motivate health care workers in our district hospitals where the need is greatest*
- 2. augment Council's efforts in providing Continuing Professional Development (CPD) to our practitioners and earn them credit points - important for renewal of registration.*

We wish Dr. Bossevain and his team all the best as they improve surgical skills amongst our health care workers.

Regards,

*KM MKANDAWIRE
ASSISTANT REGISTRAR(PROFESSIONAL PRACTICE)*

In this Masterplan first the involved organizations will be described after which an outline will be given of the project from the problems giving rise to a combined approach to the working out of this concept. The worrisome financial situation is pointed out. As conclusion the evaluation of the first two workshops is attached (appx 1 + 2).

Dr. Charles Boissevain, *Surgeon*

Dr. Jan Petit, *Surgeon*

I CHAM - CHRISTIAN HEALTH ASSOCIATION of MALAWI

CHAM coordinates under one umbrella the work of different Christian church denominations in the health field and serves as a liaison between the churches and government health authorities.

It was established following the World Council of Churches Meeting in Malawi in 1965.

There are 152 health units affiliated to CHAM representing eighteen different churches and church organizations, amongst which are 20 hospitals, 83 health centres 13 dispensaries, 1 mental health service center, 1 mobile unit and 2 health posts. There are also twelve associated members –these are non church- related units. Together these units are responsible for more than 35% of the health services in the country.

II THE MALAWI.KOM FOUNDATION (www.malawikom.org)

The Malawi.Kom Foundation aims to improve the health care in Malawi in general, with a more specific focus on surgical care in the Central and District Hospitals. It was founded in 2004 by a number of surgical specialists and other health workers in the Kennemerland area in The Netherlands, with both an actual long standing experience of health care in Africa as well as sharing a motivation to address the poor level of health care in Malawi.

Its Vision is to realize a situation in which health care facilities of acceptable level of quality, both in skills of staffs as well as equipment, will be available to every individual, with an emphasis on those living in the rural areas. It is set to undertake all possible actions which will relate with and contribute towards the above.

Malawi.Kom is presently engaged in a number of activities:

Rotating Consultancy in Surgery – at the Queen Elisabeth Central Hospital (QECH) in Blantyre. Surgical consultants from The Netherlands join the staff on a rotational schedule so as to fill one position on a continuous basis in a two year program (2008-2009).

QECH Support by means of collecting and shipping substantial quantities of medical goods from The Netherlands, and by collecting funds to renovate equipment in the surgical wards and OR.

Publications. Subsidies were provided for several publications on basic surgical care and burn care to be acquired at low costs by all those who might profit from (students, interns, residents)

Sponsorship for trainees. Malawi.Kom is set to embark upon providing sponsorship for medical trainees.

Tools & Skills Project. An extensive survey in 2007 in the Southern Region exposed a wide spread shortage of essential equipment and instruments in all hospitals at district level.

As a result, in 2008, a series of instructional workshops in basic surgical skills was embarked upon, of which two workshops have successfully been concluded to date. The project includes the provision of those instruments and equipment which are essential to carry out the instructed skills.

This project has now been adopted as a CHAM project, which will enhance the scope of the project allowing it to spread out over all parts of the country as well as providing a more secure base for quality assessment and continuity. Also, acquisition of donor funds will be facilitated.

A formal relationship was established with the Kennemer Gasthuis, a large training hospital in Haarlem The Netherlands, to bring technicians and health care workers for maintenance and training purposes to the hospitals in the district.

III THE “TOOLS & SKILLS PROJECT”

General objective

To improve the quality of essential and emergency surgical care at district level

Specific objective

To facilitate repair and replacement of equipment, instruments and materials and train the associated skills required for application and maintenance of these “tools” in the Mission and District Hospitals, targeted at all hospital workers employing them.

The Problem

At present both expertise and equipment to properly carry out essential and emergency surgical procedures and –management is lacking or at least insufficient at the average hospital in the district.

In consequence, this leads to

1. poor results, in terms of outcome (morbidity and mortality)
2. high costs (referral)
- 3.. poor motivation of the staffs concerned.

How to address the problem

Following a comprehensive survey in 2007 of all (17) hospitals in the Southern Region, a shortlist was compiled of the most urgent problems regarding materials, instruments and equipment necessary for surgical care in a broader sense.

To address the shortage of tools and skills in the region, two lines of action are planned.

1. To bring (or make available) the tools and to teach the associated skills in a number of workshops to be organised at each hospital separately.
2. To bring technicians and health care professionals to the hospitals. The technicians for repair and (teaching) maintenance of equipment, the health care professionals to assist in logistic and maintenance issues. These individuals should preferably be Malawians, but at first it will be very helpful and educative to arrange for a number of expatriates to join in.

Project activities

1. Provide or make available those items of materials, instruments and equipment which are essential but lacking or not functioning.
2. Organise workshops at the Hospitals in the District pertaining to the most essential and as yet insufficient treatments and techniques mostly directed at the surgical- and trauma patient.
3. Encourage and facilitate participation to centrally organised courses.
4. Arrange for technicians and health care specialists, expatriate as well as Malawian, to work and teach at a selected number of these hospitals, directing their activities at tools, logistics and maintenance.

NOTE: All training activities will be directed towards all staff members involved in the activities described above.

Results expected from this project

Output:

- a. The number of patients properly treated at the primary health care levels will rise,
- b. There will be a decrease of referral to the central level.

Impact:

- a. The outcome of surgical and trauma care will improve, resulting in a decrease in mortality, disability and morbidity.
- b. The motivation of the health workers in the hospital will be enhanced..

Evaluation and monitoring

Evaluation surveys will be carried out at 12 and 24 months and compared with the original survey conducted in July 2007. Along with the reports drafted after each workshop), this should provide a comprehensive picture of the progress made.

Simultaneously, data should become available from the hospitals themselves.

Data collection and -management will be part of the logistical training and support of the Project. It will be instrumental in establishing any improvement in number and type of surgical patients receiving treatment at the hospital.

It will also be a first step towards establishing some sort of quality assessment, i.e. the outcome of the surgical care.

Capacity building / organisational development

Trainees can be expected to increase their (surgical) capabilities, and thus increase their

self reliance and self-esteem.

The inclusion of individuals of '*resident-*' or '*in-training*' level, in the position of either teacher or trainee, will contribute towards their professional capabilities of both categories.

Post graduate training is almost non-existent in the Malawian health scene. Taking part in the project's activities cannot fail to have a positive impact on the motivation and morale of the individuals as result.

Personnel

All staff employed in the Project are well trained and highly motivated:

Malawian Medical Officer, dr.M.Maliwitshi, part time paid employment, based at Lilongwe.

Malawian resident in Orthopaedic Surgery, dr.L.Banza, part time paid employment, Blantyre

Expatriate surgical specialists, dr.A.C.H.Boissevain), surgeon and project coordinator, voluntary staff and dr. J.J. Petit, surgeon.

Expatriate specialists (3)(orth. gen,surg., anaesth), voluntary staff

Malawian residents or clinical officers from QECH, day allowances only

Expatriate medical technicians (3), voluntary staff

Malawian technician, mr. Tafatatha, part time paid employment

Malawian technicians-in-training (2), day allowances

Expatriate senior nurses (2), training capacity, voluntary

Malawian driver (1), paid employment

Investments (material resources, equipment) .

A list of basic and essential investments can be found in the appendix .

All materials, instruments and equipment acquired through the project will be handed over to the DHO or MO-in-charge and become the property of the hospitals.

Funding

CHAM will be the recipient of designated project funds from abroad, which it will use to fund the activities of the Malawi.Kom Foundation in running the Tools & Skills project..

CHAM is not expected to contribute to the project from its own resources

The Government is not scheduled to contribute towards the expenses of the project

The community nor the patients will have to contribute towards any activity undertaken in or in the follow-up of the project.

Position of Malawi.Kom

It is proposed to position Malawi.Kom within CHAM in the role of a 'subcontractor'. For this there are two reasons:

One, the nature of the project is complex, surpassing human capacity building as its only goal, in that the supplying of 'tools' is just as much essential to the project as the training of the skills required to make use of these tools.

Second, in the 'subcontractor' model, the Malawi.Kom Foundation will be responsible for its own financial administration and all concomitant auditing. In this manner it is avoided to put undue strain on the limited (human) resources within the CHAM organization.

Structure and Responsibility

CHAM will be the owner and major stakeholder of the Project, and as such will carry the end responsibility within Malawi to the Ministry of Health, and outside the country, first and foremost to the major and other stakeholders in The Netherlands.

CHAM outsources the running of the Project to the Malawi.Kom Foundation in the position of 'contractor'. Malawi.Kom will be responsible for all operational processes. At set intervals full and documented reporting will take place by the Malawi.Kom Foundation to the Executive Committee of CHAM.

CHAM will consequently report on the progress of the project to the stakeholders also at preset intervals. This will be instrumental for the stakeholders to make available follow-up funds to continue running the project.

Any major changes, derailments or alterations in the operation of the project will be reported forewith by Malawi.Kom to CHAM. These two organizations can be considered in having sufficient ability to come up with solutions or adaptations so as not to jeopardize the continuity of the project. At its own discretion CHAM will report such events to the external major stakeholder(s).

WORKSHOPS 2008 - 2009

2008

January 28 - February 15 *Bone Pinning* (DONE. See report *appendix 1*)

June 2 - 20
appx 2) *Sutures and Suturing* (DONE. See Evaluation

November 10 - 28 *Skin transplantation*

2009

Februari 9 - 28 (week 7, 8, 9)

subject: *Plaster of Paris (POP) Techniques*

May 11 - 29 (week 20, 21, 22)

subject: *Initial Management Burn Patient / Basic Life Support*

September / October

Subject: *Local Anesthesia in Surgery*

Future prospects / handover

The present proposal is scheduled for eight workshops over a period of two years for each health care facility. It has made a start in the Southern Region in 2008, which can be seen as a 'Pilot Project'. In the philosophy of both CHAM and Malawi.Kom for the project to be successful, it should be implemented and expanded to encompass the whole country. The first step towards this end would be to conduct a survey in the Middle Region in 2009, followed by one or two workshops in that same year. Extension to the Northern Region should then follow in 2010.

It unequivocally is the intent of Malawi.Kom expatriate coordinators to handover the actual running of the project to the Malawian co-workers in due course, basically within a period of two years. The workshops in November 2008 on skin grafting have been executed partially by the Malawian Doctors alone, supported by a Malawian Nurse from the Burn Unit QECH. The planning and executing of the Tools and Skills Program (T&S) in 2009 will be more and more the task and responsibility of the Malawians. In principle the survey in central + northern region will be conducted by dr.M.Maliwitchi and dr.L.Banza.

Discussions have started about having this T&S project finally resided with the Zonal Health Officers. A survey of all the hospitals in a given region at given intervals (annual? biannual?) to assess the situation regarding the skills, and tools required to apply those skills, is expected to be within the scope of the Zonal Health Support Offices.

Sustainability

- a. Skills, once acquired and practiced, are there to remain. To practice such skills, tools are indispensable. This project provides both tools and skills.
- b. In discussions with the Zonal Health Officers of the two areas of the Southern Region and in line with the philosophy of CHAM, a project like the present one should be part of their operational activities in the future.

Malawi.Kom can be relied upon to continue giving its support for implementation and guidance., which would imply a commitment of Malawi.Kom for at least another 3 years, up to 2011 at least. This commitment Malawi.Kom is quite willing to live up to, provided that the external sponsors are of a similar inclination. At present the indications are that such might well be the case.

Financial straits

Financial deficits threaten the realization of the total program in 2009 and 2010. Private donations may cover only part of the expenses. Fortunately the Dutch non-

governmental organization SIMAVI will lend considerable support by doubling the amount Malawi.kom will hopefully receive from donations. (See budget)

MALAWI.KOM Contact

Dr. Charles Boissevain phone: 09107460 (Malawi) 0031655795350
(Netherlands)

Surgeon Email: boissevain@africa-online.net /
boissevain.santpoort@wxs.nl

Dr. Jan Petit phone: 09346733 (Malawi) 0031620030823 (Netherlands)

Surgeon Email: janco@africa-online.net / janpetit@xs4all.nl

Website: www.malawikom.org

Bank: Rabobank IJmuiden Netherlands.
Accountnr: 120189399
IBAN/SEPA nummer: NL14RABO0120189399
BIC code: RABONL2U

Appendix B

Contract for consulting services for

Tools & Skills Project

Between

Malawi.Kom Foundation

and

CHAM

January, 2009.

CONTRACT

THIS CONTRACT ("Contract") is entered into by and between the **CHRISTIAN HEALTH ASSOCIATION OF MALAWI** (hereinafter referred to as "**the Client**") of CHAM House, Area 14, City Centre, P.O. Box 30378, Lilongwe 3, Malawi and **MALAWI.KOM FOUNDATION** (hereinafter referred to as "**the Consultant**") of Netherlands.

WHEREAS, the Client wishes to have the Consultants perform the services hereinafter referred to, and

WHEREAS, the Consultants are ready and willing to perform these services as a team,

NOW THEREFORE THE PARTIES hereby agree as follows:

1. Purpose of the Contract

To carryout the assignment of the *"Tools & Skills Project"*

2. Terms of Reference

The Consultant undertakes to perform the services of:

- *full implementation of the above project*

3. Expected deliverables : I Separate reports on every workshop

II Annual report on all activities of the T&S Project

4. Specific steps and work schedule for the consultancy

Approach in conducting the strategic planning process that will be taken by the consultants will involve the following steps:

STEP1. Set up of teaching modules in format of one day workshops on essential and emergency

surgical care, aimed at all staff members of hospitals at district level, in compliance with the principles of the 'Tools & Skills' concept;

STEP2. Planning and execution of at least three workshops a year in Southern Region, for two

consecutive years; (2008 and 2009)

STEP3. I. Execution of similar workshops in Central Region, (2009 and 2010);

II. Follow up on actual use of skills and tools in Southern Region;

STEP4. I. Execution of similar workshops in Northern Region (2009 and 2010);

II. Follow up on actual use of tools and skills in Central Region (2010);

III. Handing over of follow up activities at the District Hospitals to Zonal Health Offices

in Southern Region (2010)

IV. running a follow up scheme for the CHAM hospitals in the Southern Region;

STEP5. Handing over of actual follow up to all Zonal Health Offices and CHAM resp. (2011)

4.1. Proposed Work Schedule

Phase and activities:	Timeframe
STEP 1	<p style="text-align: center;">2009</p> <p style="text-align: center;">Completion of formats of the second set of three workshops</p>
STEP 2	<p style="text-align: center;">2008 and 2009,</p> <p style="text-align: center;">three workshops every year of one day duration each, at 13 hospitals, taking three weeks each time</p>
STEP 3	<p style="text-align: center;">2009 and 2010</p> <p style="text-align: center;">Similar to Step 2,</p> <p style="text-align: center;">I. now in Central Region= 3 x 3 weeks</p> <p style="text-align: center;">II. follow up in Southern Region = 3 x 3 wks.</p>
STEP 4	<p style="text-align: center;">2009 and 2010</p> <p style="text-align: center;">Similar to Step 3:</p> <p style="text-align: center;">I. now also in Northern Region</p> <p style="text-align: center;">II. now in Central Region</p> <p style="text-align: center;">III. Handing over of follow up programs to Z.H.O and CHAM I Southern Region</p>
STEP 5	<p style="text-align: center;">2011</p> <p style="text-align: center;">Handing over follow up programs for rest of country to ZH offices and CHAM</p>

Subject to agreement by both parties, the steps may be changed for interest of the exercise

5. Modification

Subject to agreement by both parties, the terms of reference and expected deliverables may be modified from time to time as required in the interest of the Client.

6. Period of Assignment

The Consultants are expected to provide services for a period of 21 days, covering three periods of each year, or as may subsequently be rescheduled and agreed upon by (the client and the consultants) the parties in writing.

7. Location for the Conduct of the Assignment

The assignment shall principally be executed in district and mission hospitals, except for parts of the assignment that are agreed in writing to be done outside them as part of the work schedule.

8. Reports and Appraisals

reports will be filed after each series of workshops within 8 weeks;

and annual reports with a financial (audited) report attached, will be presented, within 3 months

9. Remuneration

Funds for operating the project will be delivered by Simavi, Netherlands and made

available in full to Malawi.kom by CHAM, after deduction of 10% for CHAM use.

10. Schedule of Payments

Once a year

Professional fees

May be handed out to certain individuals through and by discretion of Malawi.Kom.

Expatriates will not be eligible for any fees, whatsoever.

10. Project Coordination

The Client designates Director of Health Programs, Desiree Mhango and Lawrence Yobe, Deputy Director of Health Programs, as the Project Coordinators for the assignment. They shall be responsible for the coordination of activities under the contract, for receiving and approving invoices for payment and for acceptance of deliverables by the Client.

11. Confidentiality

The Consultants shall not, during the term of this contract and after its expiration disclose any proprietary or confidential information relating to the services, this Contract or the Client's business or operations without the written consent of the Client.

12. Ownership of Material

Any studies, reports or other material, graphic, software or otherwise, prepared by the Consultants for the Client under the Contract shall belong to and remain the property of the Client. The Consultants may retain a copy of such documents and software.

13. Insurance

The Consultants will be responsible for taking out any appropriate insurance coverage.

14. Assignment

The Consultants shall not assign this Contract or sub-contract any portion without the Client's prior written consent.

15. Termination of Contract

Either party may terminate this agreement at any time giving the other party 3 months notice in writing of its intention to do so. In the event of such termination, the Consultants shall be compensated for the actual amount of work performed up to the effective termination date to the satisfaction of the Client.

16. Facilities to be provided by the Client

The Client shall provide the Consultants with office space, if so requested, and support them in finding transport facilities, if need would arise.

Additionally all relevant information will be made available that will be required for the successful conduct and completion of the assignment.

17. Arbitration

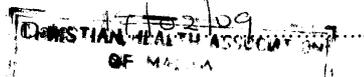
Any dispute relating to the performance of this contract, other than failure to pay the amount due, shall be referred to arbitration according to the Laws of Malawi.

FOR THE CLIENT (CHAM)

Full Name: Rose Kumwenda Ng'oma

Title: Deputy Executive Director

Signed: [Signature]



FOR THE CLIENT (witness)

Full Name: Joseph Yabe

Title: Deputy Director of Health

Signed: [Signature]

Date: 17/02/09

FOR CONSULTANT

Full Name: A.C.H. Boissevain

Title: project coordinator Malawi.Kom

Signed: [Signature]

Date: 17-02-09

FOR THE CONSULTANT (witness)

Full Name: Madalitso Maliwichi

Title: Project Medical Officer

Signed: [Signature]

Date: 17-02-09

Project Contract

between

Stichting Simavi, Fonteinlaan 5, 2012JG Haarlem, The Netherlands (hereafter called Simavi)

and

Catholic Health Association of Malawi, P.O. Box 30378, Lilongwe 3, Malawi (hereafter called CHAM)

concerning

Project name : LPI- Tools & Skills project

Project number : 1509001

Project duration : 2 years

During the meeting of 9th of April 2009 the Simavi Project Approval Committee discussed the above mentioned project and approved a contribution to this Local Private Initiative (LPI) project.

The amount of the contribution will be € 70.000. This amount is approved under the condition that 50% of this amount will be paid by Malawi.Kom through the account of Simavi.

The amount will be made available for the project according to the following remittance schedule:

1st installment of € 40.000 upon return of the signed copy of the contract and upon receipt of € 20.000 from Malawi.Kom to the Simavi account.

2nd installment of € 20.000 upon submission of the reports and the approval by Simavi. And upon receipt of € 10.000 from Malawi.Kom to the Simavi account.

3rd installment of € 10.000 upon submission of the reports and the approval by Simavi. And upon receipt of € 5.000 from Malawi.Kom to the Simavi account.

The director of Health Programs of CHAM, together with the director of CHAM are project coordinators of this project, as stated in the Contract signed by CHAM and Malawi.Kom. Malawi.Kom will act as a consultant to CHAM. In the Contract for Consulting Services (see annex 3), agreements are made for reporting and other issues concerning this project. Simavi fully agrees with the contract signed by you.

In order to fulfil her responsibility, CHAM will receive the money from Simavi, takes of a 10% for her own costs and passes the rest of the money directly to the Malawi.Kom account in Blantyre. Malawi.Kom will discuss regularly with CHAM about the performance of this project. They will also provide CHAM with the necessary information, reports and timely planning, to enable CHAM to coordinate this project.

As Simavi, the following terms and conditions complete the Contract for Consulting Services:

- 1. The professional inputs will be made in consultation with the programme officer Malawi.**
- 2. The project will be executed in full accordance with the submitted and approved proposal. All funds will be spent in full accordance with the approved budget dated 30-03-2009 (see appendix 1).**
3. All funds will be properly accounted for. Consolidated cash books and salary registers should be maintained for showing all receipts and expenses for all projects run by the organisation for the financial years under the project period.
4. Any surpluses of funds, resulting from e.g. discounts on purchases or cancelled purchases, belong to Simavi. Simavi will need to be informed without delay.
5. All deviations of the proposed budget will be submitted to Simavi for prior written approval.
6. During the project CHAM is required to send Simavi a report after every workshops cycle, according to the Contract for Consulting Services annexed to this contract. CHAM will complement these reports with a report on the 10% deduction of this project.
7. CHAM is required to confirm receipts of installment(s) once they have reached your account. This confirmation includes a copy of the bank statement.
8. Annually Malawi.Kom must provide an annual report of the organisation and the audited consolidated financial statement of the organisation to CHAM. The audited

financial statement must bear the registration number of the chartered accountant. CHAM will send this annual report to Simavi.

- 9. After completion of the project a final report will be submitted as well as a specified statement of expenses, to be audited by a chartered accountant. The audited financial statement must bear the registration number of the chartered accountant.**
10. The follow-up requirements as mentioned in appendix 2 are part of this contract and should be considered as such.
11. By accepting this grant CHAM will automatically accept any further evaluation requirement of Simavi. Simavi bears the right to assess the financial administration, and to question staff and/or community members if the need arises. In case of an external evaluation Terms of Reference and selection of the evaluation team will be decided upon by Simavi, in consultation with CHAM.
12. By accepting this grant CHAM will accept completely and unreservedly the conditions given above.
13. This contract shall be governed by Dutch law. Any dispute that may arise concerning the interpretation or execution of this contract will be submitted to the competent court in The Hague.

Place: Haarlem

Date: 15-09-2009

Mrs. C.S. Sasse

Chief Executive
Department

Mr. B.J.S. Smeding

Head of Programme

- Annexes:
1. Approved project budget
 2. Follow-up requirements
 3. Contract for Consulting Services

I agree to the terms and conditions as described above and hereby accept this contract:

NAME :

ORGANISATION :

LOCATION & DATE :

SIGNATURE :

EXPECTED STARTING DATE OF PROJECT :

Follow-up requirements

1. Simavi would like to receive:
 - 1a. a time planning and activity planning concerning the giving over of the responsibilities to

Malawian stakeholders with the report on the April 2009 workshops
 - 1b a time planning for the baseline surveys before July 2009.

2. Complementary to the Contract for Consulting Services, Simavi would like to receive information in every report about the **impact** of the project. Simavi is interested in if (and how) this project has given results on the three problems mentioned in the Final Approval Form, which were poor surgery results in rural hospitals, high referral costs and poor motivation for staff. How has this project diminished these problems? If you feel the problem didn't diminish the problems, we would like to know what this project has learned you to get the wished results in the future. When describing the effects of the project, please specify the people who profited from the project as much as you can (eg young/old male Co's or young female patients).

3. During Simavi's communication with Malawi.Kom about this project we insisted on giving over the responsibility of this project to Malawian stakeholders like CHAM, DHO's, Dr. Madalitso and dr. Banda. That's why Simavi expects a planning, monitoring and evaluation of this aspect by Malawi.Kom and by CHAM. Please mention this aspect in all reports.

4. A detailed budget for 2009 is required to be sent to Simavi after the April workshop 2009.

5. An external assessment will be held in 2010. The month of the assessment will be discussed by CHAM and Malawi.Kom and informed to Simavi before half December 2009.

Appendix D see separate document