

REPORT ON DISTRICT COUNCIL'S PREPAREDNESS TO COVID19 RESPONSE (NTCHISI, DOWA, LILONGWE, NKHOTAKOTA AND KASUNGU)

Introduction

On 20 March 2020, His Excellency the President of Malawi, Peter Mutharika, declared a State of Disaster due to the coronavirus pandemic. Currently, Malawi has 16 cases of COVID19 with 2 deaths. Since this declaration, all the 28 district councils have been putting in proactive measures as guided by the Public Health Act, the Special Cabinet on COVID19 and World Health Organization to prevent the Coronavirus from spreading to many Malawians. It is from this background that LGAP Kasungu office as it continues supporting the district councils in different components, joined the Ministry of Health through the Quality Assurance team to assess the council's preparedness to COVID19 on the ground. The districts that were visited are: Dowa, Ntchisi, Kasungu, Lilongwe and Nkhotakota. Although these councils have no confirmed case yet, it was vital to see how prepared the councils are in responding to the pandemic. This report will therefore highlight the findings from the exercise.

What transpired during the assessments?

During the exercise, District Health and Social Services Officers (DHSSOs) together with District Commissioners (DCs), gave a report on how the districts have been preparing for the COVID19 response.

Below is the summary of the report categorized by districts:

District	Status to COVID19 Response	Coordination with IPs	What still needs to be done as suggested by assessment team and DHOs team?
Dowa	<ul style="list-style-type: none"> Has District Rapid Response Team which meets every Monday CHAM and private clinics are being involved Community sensitization is being done using mobile vans Health workers and committees were sensitized T/As and pastors fraternity were also sensitized IECs materials received from MoH have been placed in strategic places Handwashing facilities and sanitizers have been provided 	<ul style="list-style-type: none"> UNHCR supported ToT of 40 health workers ONSE, UNHCR and GIZ supported training of health care workers (both technical and support staff) World Vision provided chlorine and buckets WaterAid provided 36 water pumps UNICEF provided 8000 masks Other local IPs provided 2000 masks and sanitizers UNHCR provided 7 tents 	<ul style="list-style-type: none"> Still need for continuous sensitization Need for sensitization on mask and gloves disposal management Social distancing is becoming difficult Need for more liquid chlorine Need for more coveralls, shields, aprons and gowns Need for more surgical masks Need for more surgical cylinders

	<ul style="list-style-type: none"> • 3 quarantine centres have been instituted in Mponela, Dzaleka refugee camp, and Boma • Have set aside Dowa lodge and schools for isolation • Have purchased spirit and glycerin for own production of sanitizers for health workers 	<ul style="list-style-type: none"> • United Purpose provided fuel and mobile van for sensitization 	<ul style="list-style-type: none"> • Need of bigger tent and (mobile) air conditioners • Need to develop a monitoring framework
Ntchisi	<ul style="list-style-type: none"> • Done full council and DEC sensitization • Done ToT • Have just recently started training of health workers, ADCs and VDCs • Handwashing facilities have been provided at strategic places • Community sensitization has been done • Identified 2 houses for HCW quarantine • Identified Ntchisi secondary school for Isolations 	<ul style="list-style-type: none"> • GIZ has started supporting training of health care workers • Water aid provided handwashing facilities and masks • World Vision and Lighthouse provided general PPEs • Farmers Union has provided handwashing materials and will also support sensitization meetings • NECOs has also provided handwashing facilities 	<ul style="list-style-type: none"> • Do not have enough PPEs • Need of medical supplies • Funds came in late for COVID19 response • There is shortage of health workers (86% and 78% nurses and clinicians vacancy rate respectively) • Need for more community awareness meetings •
Kasungu	<ul style="list-style-type: none"> • Have been having PHEMC meetings • There is COVID19 technical lead team • Community sensitization meetings have been happening using P/A system • Have four tents for quarantine • Control of entry into hospital premises • Provision of handwashing facilities at all strategic points in the district • Currently following up on 5 quarantined cases 	<p>The following partners have provided support:</p> <ul style="list-style-type: none"> • WaterAid • ELDS • Plan International • ONS • Good neighbours 	<ul style="list-style-type: none"> • Currently, there has been no support from the business sector • Not enough PPEs • Only have 4 tents • Need for more linen • Need bins for waste management • Need for more handwashing materials • Need for more sensitization meetings • Unchartered route to Zambia pose a big threat • Need for more support from partners

Lilongwe	<ul style="list-style-type: none"> • Have trained ToT • Have just recently started training of health workers, ADCs and VDCs • Handwashing facilities have been provided at strategic places • Community sensitization have been done • Identified places for quarantine • Identified places for Isolations 	<p>Following IPs have pledged their support:</p> <ul style="list-style-type: none"> • GIZ Health will support training of HSA's, Briefings and contact tracing • ONSI has pledged to support training of health workers, orientation of community action groups(CHAGS), • PLAN MALAWI will support HSA's and facility staff briefings and contact tracing • Yamba Malawi will support sensitization on 6 CBO's. • Asian community has provided mattresses for the treatment center as well as printed IC materials. 	<ul style="list-style-type: none"> • Realistic budget was pegged at MK388, 182,500 but only funded K45, 000,000 for operations. • Some Critical budget lines not funded, such as; case management, treatment centre - K19, 500,000, procurement of PPE- K265, 000,000 • Urgent items required, masks N95, clinical gloves, gum boots, gowns
Nkhotakota	<ul style="list-style-type: none"> • Have trained ToT • Have trained 600 HCW • Handwashing facilities have been provided in strategic places • Community sensitization have are in progress • Identified places for quarantine and isolation within the hospital • Have set up rapid response team 	<p>Following IPs have supported/pledged their support:</p> <ul style="list-style-type: none"> • WaterAid has supported with sanitary materials (soap, buckets and chlorine) • ONSI has trained 600 health workers, • Ethanol has supported with 200 l of hand sanitizers • Medical Fund provided 200l of fuel • Hindu faith community has supported with soap and masks. 	<ul style="list-style-type: none"> • Urgent need of PPEs (have no N95 masks, clinical gloves, gum boots, gowns) • Need for training of the remaining 200 HCW • Have 60% vacancy rate for medical workers • Resources not enough • Need for more community sensitization • Realistic budget was pegged at MK115, 000,000 but only funded K30, 000,000 for which they are not clear for which budget lines

Conclusion

During the assessment, it was noted that the councils are doing their best in COVID19 response. Dowa district is however far much better in its preparedness for covid 19 response. The District health offices are coordinating well with most partners and there is a commitment, however some IPs are procuring materials that are not for medical use. in this regard there is need for proper coordination with the health offices. Despite all what has already been done in the COVID19 response, the districts still need more support from both government and partners. The funding which the districts received to help in the preparedness is not enough comparing to the needs that need to be put in place for the councils to be fully prepared.

Recommendations

- Need for more PPEs in both district councils
- Need for more medical supplies for all district councils
- Need for mobile air conditioners for the quarantine tents especially in Dowa district council
- Need for more IECs in all district councils
- Need for more community sensitization meetings especially in Ntchisi Nkhotakota and Kasungu
- Need for more tents in all district councils
- Need for more handwashing facilities in all district councils
- Need for waste management equipment in all district councils
- Need for more linen in all district councils
- Addition health care workers in all district councils