

**MEMORANDUM TO CABINET BY THE MINISTER OF HEALTH AND CHILD CARE, DR P.D PARIRENYATWA ON THE 100 DAY PROGRAMME
PROGRESS UPDATE AS AT 14 FEBRUARY 2018.**

Project Name	Current status	Output	Key Deliverable	Progress to date	Comments
1.Improved Emergency/Casualty/ Out-Patient services	Long waiting times Poor patient information and guidance	A mechanism to track patient waiting time developed and implemented	All heads of institutions to have discussed the President’s 100 days’ Target Based Programmes with their staff members by the 15th of January 2018	All heads of institutions to have discussed the President’s 100 days’ Target Based Programmes with their staff members.	All institutions now on board and on track of the intended deliverables for the 100 day programme.
			A mechanism to track patient waiting time developed and shared with PS by the 31st of December 2017 starting with documenting arrival time of all patients to a health facility	A mechanism to track patient waiting time has been developed and 50% of the targeted hospitals are already implementing	Work is in progress to standardise the tracking tool and teams are already in the field assessing progress
		Reduced patient waiting times to a maximum of not more than 2 hours	All institutions start documenting “arrival time” of all patients to a health facility on the patient’s card and OPD register	65% of the institutions are documenting patient “arrival time” on the patient’s card and OPD register	on track
			All accident / emergency patients to be triaged on arrival at a health facility	All accident / emergency patients are now being reported to be triaged on arrival at the different health facilities from district level up to central level.	on track

			All accident/ emergency patients to be attended to within 15 minutes of arrival by the 15th of January 2018	50% of accident/ emergency patients are being attended to within 15 minutes of arrival	on track
			All accident/ emergency patients requiring admission to be admitted within 2 hours of arrival by the 15th of January 2018	There has been an improvement in the time accident/ emergency patients requiring admission to be admitted within 2 hours of arrival	There has been improvement but still working on existing bottlenecks
			Patients waiting to be served, shall be advised every 30 min about any delays being experienced	This is being done	on track
2.Improved health staff attitudes	Poor client/ patient care and professional ethics	Improved health staff attitudes, patient/client satisfaction	Evidence that all staff have seen and have been re-oriented on the client charter submitted by the 28 th of February 2018	50% of health workers have seen and re oriented on the Client Charter	on track
			Frequent spot-checks by senior management aimed at improving staff attitudes conducted	National team is on the ground doing support and supervision. 50% of the provincial teams have supported their district teams	
		Improved health seeking behavior	At least 10% of health workers capacitated in work ethics, ethical practices and public relations every week	Yet to commence	Sensitisation has been conducted and the actual training is yet to commence.

			using the client's charter		
	Low health worker/ patient ratios	Improved/equitable distribution of available health professionals (in Casualty/OPD)	A mechanism put in place to monitor hourly patient population in OPD/ causality and other high volume patient clinics put in place by 15th of January 2018	The mechanism is now in place and being rolled out to institutions	on track
			Staff are temporarily moved around to cover areas with high patient populations	This is being done	The challenge is the shortage of health workers at most institutions. We hope the unfreezing of posts and creation of new posts can assist in this regard.
3.Improved availability of medicines medical accessories through NATPHARM	Tracer items currently at 53%	Procurement of health commodities	availability of tracer items at NatPharm level (at least two months of stock	58 % availability	The majority of the raw materials and medicines are imported and sector facing forex shortages

		Timeous Distribution of Commodities	Availability of tracer items at facility level (at least 2 months of stock)	54% availability	Current funding levels allow hospitals to pull and stock 2 months' supply of items purchased by the health levy which constitute 80% of the list of items. When the central hospitals stock status is considered the availability is 23%.
		Revive / establish functional hospital medicines and therapeutics committees	Functional Hospital Management Therapeutic Committees at 76 hospitals	36% of the targeted hospitals now have functional HMTCs	Work in progress
4. Reduce the cost of Blood and blood products	Availability of blood is currently at 50%	Availability of blood and blood products at hospitals	Availability of Blood and blood products	60% availability	The reduction of blood cost at public hospitals to \$50 has been effected and institutions are implementing
		Provide Blood Banking Services at all district and Provincial Hospitals	Provincial and district hospitals to have blood banks and reagents for cross-matching and grouping	60% of the targeted hospitals now have the capacity	on track

5. Improve governance at the NBSZ	Lack of good governance at NBSZ resulting in inefficiencies and high cost of blood	Improved governance of the NBSZ resulting in improved availability of Blood and blood products	Extra-ordinary General meeting held by 15 January 2018	The Ministry through its representatives in the NBSZ Board are guiding the reconfiguration of the board	This is a short term measure as the Ministry has no total control hence the plan to enact a Bill for the institution.
			Principles for a Blood Services Bill submitted to Cabinet	Draft Principles are being finalized	
6. Improved cancer advocacy, prevention, detection and management services with emphasis on cervical cancer	Few staff trained in cancer screening	Reduction in undiagnosed cases of cancer	Each Rural Health centre and District hospital has at least one health worker trained in basic cervical & breast cancer screening by the 28 th of February 2018	Currently 8500 women were screened for cervical cancer and breast cancer	Grateful for the support from the First Lady through the field visits , which have increased uptake of the service
	Few health institutions providing cancer screening and treatment (Cryotherapy, LEEP)	Increased population awareness and improved health seeking behavior	Each District hospital provides cervical cancer screening services by the 31 st of January 2018 Each hospital screens 100 women 20 years and above every month for both cervical cancer and breast cancer		

			Each hospital has adequate stocks of consumable for VIAC (gloves, cotton wool, acetic acid, gas) for the 100 women		
			All women screened for cervical and breast cancer and found positive appropriately managed (referred, Cryotherapy, LEEP or mammogram)	Clients are being referred	Cancer treatment remains expensive and plans are in place to reduce the costs
7. User fee policy enforcement	Some RHCs/ clinics charging user fees	Increased access to health services to selected population groupings	100% of primary level facilities (including mission and council clinics) NOT charging user fees at all by 15 January 2018.	All institutions are not charging user fees	Some council are still charging
		Reduction in complications and deaths due to lack of access to health care by defined populations	All District, Provincial and Central hospitals NOT charging user fees for the under 5, pregnant women, over 65, mental patients and other categories as prescribed by 15 January 2018	User fee policy being implemented	There is need to financial support for sustainability. The Ministry already has made cost projects at \$16 million per months.
8. Improve governance and administration of health services	Poor leadership capacity and administration of health services at all levels	Community involvement in health issues	13 hospitals have fully constituted Hospital Management Boards by the 28 th of February 2018	only 3 provincial hospitals are without Boards	

		Improved service delivery at all health facilities	63 district hospitals have functional Boards by the 28 th of February 2018	This is being worked out and boards in place at selected few hospitals	
		Improved client satisfaction	Over 1500 primary care facilities have a functional Health Centre Committees	This is in progress	
9. Establish 10 Community Health Posts in at least 1 district as a pilot project	Some communities live more than 8 km from a health facility	Increased access to health services	One district to be identified to pilot the Community Health Posts by the 31 st of January 2018 (Centenary District – Mash Central)	Sites were identified and construction plans costed at \$70 000 per each posts	

Minister of Health and Child Care (Senator)

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