



# CASSIOPEIA NKANI

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CASSIOPEIA-BRINGING 5 STAR QUALITY HEALTH CARE SERVICES TO THE 5 TARGET HOSPITALS FOR UHC

## JICA - THE PROJECT FOR STRENGTHENING MANAGEMENT CAPACITY OF GENERAL HOSPITALS IN LUSAKA DISTRICT



JICA Knowledge Co-Creation Program participants at their first briefing at the National Center for Global Health and Medicine in Tokyo, Japan.

**JICA KCCP  
TRAINING  
INSPIRES  
CHANGE IN  
FIRST LEVEL  
HOSPITALS**

**KCCP ON  
MEDICAL  
EQUIPMENT  
MANAGEMENT  
AND  
MAINTENANCE**

**QUARTERLY  
NURSING HEADS'  
MEETING HELD  
IN LUSAKA  
PROVINCE**



## JICA KCCP TRAINING INSPIRES CHANGE IN FIRST LEVEL HOSPITALS



KCCP participants at Kikuna Memorial Hospital in Tokyo where they toured the facility with a concentration on pharmacy, wards and IPC

**T**he months of June and July saw a number of health professionals from the Lusaka Provincial Health Office (LPHO), Lusaka District Health Office (LDHO), the five First Level Hospitals (FLHs) (Chawama, Chilenje, Chipata, Kanyama and Matero) undergo training in Japan under the JICA Cassiopeia Project in collaboration with the National Center for Global Health and Medicine (NCGM) and other stakeholders.

LPHO was represented by the Chief Pharmacist, Mr. Abraham Mukesela and the Chief Planner, Ms. Marjorie Kabanda Nankamba. LDHO was represented by Ms. Linda Nyondo (pharmacist) and Ms. Musonda Makumba Mali was the planner.

The FLHs had from Chawama Mr. Vincent Sakuya (pharmacist) and Ms. Catherine Sikopo Samasumo (planner), Chilenje was represented by Ms. Siphwe Makowane (pharmacist) and Ms.

Agness Chanda (planner); Chipata was represented by Ms. Hachizo Mara Nkhoma (pharmacist) and Ms. Kanekwa Nyirenda (planner); Kanyama was represented by Ms. Eunice Nambeye (pharmacist) and Ms. Emeldah Mwendapole (planner); and Ms. Goodness Ngulube (pharmacist) and Ms. Tisiyenji Tamani Tembo (planner) represented Matero FLH.

JICA's country specific training, implemented as the Knowledge Co-Creation Programs (KCCPs), is a technical cooperation for human resource development in which JICA invites counterparts from the recipient countries to Japan. The KCCP includes both country-specific and issue-specific training, and the Cassiopeia Project has made effective use of both opportunities. Participants were selected with the expectation that the proposed goals and activities discussed by the participants in Japan can be realized in the Zambian environment.



## PHARMACISTS

Mr. Mukesela, the chief pharmacist at LPHO, Ms. Nyondo (LDHO) and the five pharmacists from the FLHs sat down and discussed a cohesive Action Plan stemming from the Action Points raised during the training. The main action points to be implemented in the next 3 months is the establishing of satellite pharmacies near the in-patient wards; color-coding of high-risk medications to minimize medical errors as well as strengthening department balanced score cards.



*Mr. Abraham Mukesela - Chief Planner at his office at the Lusaka Provincial Health Office*

Asked about the main stand-out from his experience, Mr. Musekela pointed out how the hospitals in

Japan are patient-centred from having pharmacists on the wards due to over 80% of out-patients not accessing pharmacy services from hospitals but from accredited pharmacies. This leads to patient wait times being very short and therefore leading to a positive hospital visit.



*Ms. Linda Nyondo Lusaka District Health Office pharmacist with colleague*

Ms. Nyondo in LDHO, on the other hand, highlighted how there are little to no drug errors coming from the pharmacists as there are multiple steps in checking that the correct prescription has been given to the patient. This process involves at least three stages from the first pharmacist checking the received prescription, next stage is the

automated and computerized check and the last stop is another pharmacist rechecking that the packaged medicine is correct.



*Mr. Vincent Sakuya and Mr. Stanley Ajusa - pharmacists at Chawama First Level Hospital*

Adding on to what his colleagues observed, Mr. Sakuya stated how pharmacists are integrated into the pharmacology of the patients. This entails that once a drug is prescribed, pharmacists are able to monitor how the patient is responding to it. This he attributed to the timeliness of cultures and tests of patients' blood to see their response to their medication. He also observed that the pharmacists do not need to go the bedside of the patients as all this information is available online.

## CONT'D PLANNERS

Led by Ms. Nankamba, the planners also developed individualized action plans to implement when back in Zambia. At the top of the list was the need to sensitize Zambians on registering for NHIMA which is the national health scheme. She stated that in Japan, everyone is insured, which leads to funds being available for everyone to have access to quality health care. Second was the need to strengthen budget reviews and stick to planned activities throughout the year.

Last but not least, Ms. Nankamba plans on introducing a balanced score card for LPHO, which will go hand in hand with the government strategic plans and policies. Asked

on one none work related matter she would love embraced by Zambians from Japanese culture, Ms. Nankamba highlighted their spirit of 'giri-rita' which in simple terms means making one's environment happy and welcoming for all. She noted that this was evident and implemented everywhere they went.

This sentiment was echoed by Ms. Mwendapole, the planner for Kanyama FLH, who praised the Japanese people on implementing and adhering to the set systems. She noted that the culture was one of rule following (from a personal capacity to work environments). Ms. Mwendapole noted that on issues of infection prevention control, this was followed in public spaces

and in hospital environments. And this was made possible by having a culture that followed the systems set out.

For Kanyama FLH, she hopes to institutionalize an adherence to departmental balanced score cards as she observed that they fed directly into institutional vision. She also plans on implementing plans to enhance meetings held at the institution: from having consistent, relevant meetings, to actually following up on what was discussed and adhering to the set deadlines.

As a group, those that attended this years' KCCP thanked JICA and the project for making the training possible, as it showed them a different way of doing things not only at work but also on an individual level.



*Ms. Marjorie Nankamba (right), the senior planner at Lusaka Provincial Health Office with planner Ms. Njawva Kabole Lombe*



*Ms. Emeldah Mwendapole, planner for Kanyama First Level Hospital*

## KCCP ON MEDICAL EQUIPMENT MANAGEMENT AND MAINTENANCE

**I**n a different training program in Japan, Mr. Obed Simusiko, who is the Medical Equipment Coordinator at the Lusaka District Health Office, underwent a seven-week training from June 4th to July 26th on medical equipment and maintenance.

The purpose of the training was focused on alleviating the serious shortages of well-trained engineers in healthcare settings. The training provided basic knowledge and techniques to properly maintain medical equipment, to ultimately raise the quality of medical care in the target countries, in this instance, Zambia.

In his training in Japan, one standout for Mr. Simusiko was that clinical

engineers in Japan work as a team with medical doctors. For example, any surgical operation cannot be conducted when a clinical engineer is not available to operate certain essential equipment in the theatre.

The clinical engineers also do less repair work and focus more on equipment application. This is because the majority of the equipment are maintained by manufacturing companies as compared to Zambia where bio-medical engineers and medical equipment technicians do more of repair works and equipment application is mainly done by the users.

For what he would like to be adopted in Zambia, and is part of his action plan, he will advocate the use of the Standard Equip-

ment Acceptance Form (the form was drafted in 2012 in the Medical Equipment Management Guidelines. The form is used to record newly acquired equipment as well as those that have been donated. His other action plan is to formulate of standard operating procedures for medical equipment as most of the faults are caused by equipment users. It's a simple guide to users illustrating how an equipment should be managed.

On a more personal note, Mr. Simusiko noted how 5S (Set, Sort, Shine, Standardize and Sustain) and time management is practised and would like to see that replicated in Zambia.



*Mr. Obed Simusiko LDHO Medical Equipment Coordinator assembling the operating theatre table at Medsun Training Centre*



*Mr. Simusiko introducing himself during the visit to the Mayor of Koriyama City*



## QUARTERLY NURSING HEADS' MEETING HELD IN LUSAKA PROVINCE

**O**n 11 July, 19 Matrons (Head Nurses) from hospitals across Lusaka Province gathered face-to-face and online at the Lusaka Provincial Health Office (LPHO).

At that meeting, they discussed ways to improve the current situation and agreed on action points based on the results of the quarterly assessment by LPHO. Good practices were also shared from the selected hospitals, with the projects' target hospitals – Chipata Hospital sharing 'improving leadership skills in the nursing department', Chilenje Hospital 'infection prevention and control (IPC)' and University Teaching Hospital (UTH) 'medical equipment

management practices'.

The meeting was also an opportunity for the good practices supported by the Cassiopeia Project to be shared across the province. Based on the various presentations and discussions, head nurses from each of the facilities will work on the agreed action points over the quarter. An exchange program is also planned where they will visit the best performing departments in the University Teaching Hospital and Lusaka district facilities.

In his opening remarks, Dr. Simulyamana Choonga, the Provincial Health Director (PHD) at LPHO praised the initiative by the team and thanked the JICA Cassiopeia Project for its continued support.

During the discussion, Dr. Choonga urged nurse heads to lobby for the recruitment of ob-gyns. He added: 'No matter how many people the government recruits, if we do not manage the human resource properly, the recruitment would be in vain'. He stressed that it is important for supervisors to get the best out of their subordinates and managed well in order to improve patient care'.

Furthermore, Dr. Choonga stated that 'nursing heads should have more say in the procurement of equipment for patient care.' He urged that nursing heads should seriously plan all activities and lobby at planning meetings to ensure that the necessary resources are made available.



*Dr. Simulyamana Choonga, LPHO Provincial Health Director with Dr. Shinsuke Murai JICA Cassiopeia Project Advisor at the workshop*



*Ms. Inutu Mbangweta, principal nursing officer presenting at the quality improvement workshop*

## PHOTO FOCUS



KCCP participants at a training session in Tokyo, Japan



Participants of the quarterly nursing heads' meeting for nursing officers and nurse in-charges with Dr. Simulyamana Choongo and Dr. Shinsuke Murai at LPHO



Mr. Obed Simusiko from LDHO assembling the safety analyser during a maintenance workshop at the Medsun Training Centre



KCCP participants before leaving for their two-week training in Japan



Participant raising questions at the quarterly nursing heads' meeting for nursing officers and nurse in-charges at LPHO



Mr. Simusiko servicing lenses for the slight lamp an ophthalmic equipment used for diagnosing, treatment and management of various eye conditions or diseases



KCCP participants with Japanese experts at the Amaharashi coast

**Editor and Newsletter design:** Ms. Kombe Kapatamoyo

**Editor:** Mr. Kei Ogata

**Editor-in-Chief:** Dr. Shinsuke Murai

### CONTACT INFORMATION:

JICA - The Project for Strengthening Management Capacity of the First Level Hospitals in Lusaka District  
Plot No.11743A, Brentwood Lane, Longacres.  
P.o. Box 30027, Lusaka, 10101, ZAMBIA

<https://www.jica.go.jp/project/english/zambia/023/index.html>

Email: [cassiopeia.project.zm@gmail.com](mailto:cassiopeia.project.zm@gmail.com)