



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



Colleagues from Lusaka Provincial Health Office, Lusaka District Health Office, Chawama, Chilenje, Chipata, Kanyama and Matero First Level Hospitals and JICA Cassiopeia Project staff bid farewell to Ms. Michiko Nyanga after 3 years with the project.

**FIVE FIRST
LEVEL
HOSPITALS EYE
SUSTAINABILITY
OF INFECTION
PREVENTION
AND CONTROL
ADHERENCE**

**CHIPATA FIRST
LEVEL HOSPITAL
HOLD BALANCED
SCORECARD
REVIEW
MEETING FOR
DEPARTMENTAL
HEADS**

**PROJECT BIDS
FAREWELL
TO EXPERT
ON HOSPITAL
MANAGEMENT
AND INFECTION
PREVENTION**



FIVE FIRST LEVEL HOSPITALS EYE SUSTAINABILITY OF INFECTION PREVENTION AND CONTROL ADHERENCE



IPC - Waste Management poster zoning exercise at Chilenje FLH

As the JICA Cassiopeia Project enters its last year of operations, attention of the infection prevention and control (IPC) teams at the five First Level Hospitals (FLH) – Chawama, Chilenje, Chipata, Kanyama and Matero has shifted to sustaining the gains made for the past four years and meeting of objectives and action points raised during their IPC and Anti-Microbial Resistance (AMR) training conducted in the 1st and 2nd quarters of 2025.

Impacts observed:

The Matero FLH IPC team observed that since the inception of the IPC team and committee, which is part of the JICA Cassiopeia Projects output 1 indicator, there

has been significant improvement in Infection Prevention and Control (IPC) practices at the facility. “There is now a structured and consistent approach to IPC through daily facility rounds, monthly meetings, and regular staff training. Compliance with hand hygiene and waste segregation has improved, surface swabbing is routinely conducted, and there is increased staff awareness and ownership of IPC practices. These changes have contributed to a notable reduction in healthcare-associated infections (HAIs), including surgical site infections”.

At Chawama FLH, the team observed that there is increased understanding of IPC protocols by staff and an appreciation for the impact day to day adherence has on HAIs and infections rates at

the hospital. This was echoed by the team at Chilenje FLH who also noted that there is now a focus on holding data driven committee meetings which allows the facility to track and address issues that are affecting IPC adherence at the facility. They also stated that this has “made it easier for management to provide support towards IPC measures and also allows them to make cost effective decisions due to prompt IPC feedback provided to the departments”.

Take away from IPC, SSI and AMR Training:

Chawama, Chilenje and Matero IPC teams all expressed surprise at low level of knowledge surrounding the understanding on how IPC protocols and AMR are linked.

CONT'D

Most trainees had stated during trainings that they were unaware of just how widespread AMR was in Zambia and that the lack of adherence to IPC measures – both at the hospital and at home – has direct impact on AMR. The teams noted that there was need of a multi-disciplinary approach in combating AMR, through emphasizing adherence to standard operating procedures, environmental hygiene, and prudent use of antibiotics.



Matero FLH IPC team conducting IPC rounds on July 17th, 2025

Addressing gaps observed during training:

The Matero team stated that they had instituted new and enhanced IPC measures after observing the gaps brought about after the training. “We plan to address the identified gaps by strengthening supervision during IPC rounds, ensuring availability of cleaning materials and PPE, and intensifying mentorship especially in high-risk areas like maternity and theatre. Additionally, we will develop facility-specific IPC SOPs aligned with national guidelines to enhance standardization”.

The Chilenje FLH team has adopted and implemented the use of the new Surgical Site Infection (SSI) surveillance checklist. The patient checklist observes the IPC standards carried out pre-operative, intra-operative and post operative. They have also developed, adopted and distributed the SSI lab form which allows explicit notification of suspected SSI to the lab on cultures submitted.

For Chama FLH, the team now orients all new students coming to the facility before they are assigned to the various departments. The hospital has also provided outside beings in all strategic areas around the facility to enhance proper waste management.



Decontamination corner at Chawama FLH with well labelled buckets

Sustainability of gains:

In order to maintain and sustain the gains made in IPC, Chilenje FLH focal point person, Mr. Clyde Ushibantu (Environmental Health Technologist -EHT) stated that the IPC team will continue to hold staff orientations on IPC protocols, hold IPC rounds and provide feedback to the IPC

committee. He also noted that the team would continue engaging with management to maintain and adjust the budgetary allocation towards supporting IPC activities at the facility.

Mr. Ezekiel Kankoloto, EHT at Matero FLH stated that the team is ‘’ integrating IPC into the hospital’s quality improvement plan, budgeting for IPC resources, and building capacity among Departmental IPC Champions people through continuous training. Additionally, we are working on developing a facility IPC sustainability strategy with defined roles for each department and continuous monitoring indicators”.

For Chawama FLH, Mr. Prince Bwalya, the IPC focal person and EHT at the facility stated that the team will continuously hold orientations of members of staff, including new staff biannually. They will also continue to hold routine IPC rounds and IPC meetings as well as have continuous routine SSI surveillance every month and routine testing of microorganisms from SSI.

Summary:

The IPC teams have all noted that there is a discernable and noticeable difference in IPC measures and protocols at the facilities – a before and after the JICA Cassiopeia project through the adoption and adaptation of IPC rounds, committee meetings, SOPs, checklists and capacity building of healthcare workers.

CHIPATA FIRST LEVEL HOSPITAL HOLD BALANCED SCORECARD REVIEW MEETING FOR DEPARTMENTAL HEADS

As the first levels hospitals plan to start their Mid-Term Budget Plan (MTBP) for the 2026 budget plan, Chipata First Level Hospital Planner Ms. Kane-kwa Nyirenda held a balanced scorecard (BSC) review meeting for all heads of department (HODs) at the facility on July 31st.

This was a bid to orient new staff members and reorient others on the importance of using the BSC as they prepare their departmental BSCs. The BSC is a management tool that helps managers find strategies for effective management and build problem-solving skills to tackle challenges in their day-to-day work environment.

Through the use of the BSC, the planners' hope is to streamline the planning process at the hospital as well as provide a tracking and monitoring tool for

departments to track the progress made in achieving the objectives as outlined in the BSC. The HODs present stated that the orientation came at a timely manner as it would assist them coming up with SMART and actionable strategic objectives for the 2026 hospital budget.

On the same day, the infection prevention and control team held their monthly committee meeting to provide feedback on the June IPC rounds. Dr. Abigail Malambo who is the IPC doctor at Chipata FLH, chaired the meeting. Dr. Malambo noted that there was still low adherence to IPC protocols particularly in waste segregation and hand hygiene practices among staff members. She also observed that there was a need for continuous IPC training and orientation for staff members as well as the students the facility hosts.

Dr. Mataa Mataa who presided over the meetings urged the HODs to take the formulation of

the BSC seriously as the facility would utilize it for the hospital wide budget planning. He also stated that although the BSC had been used in the past, most departments stopped using them and this showed the lack of tracking and monitoring on departmental goals.

Dr. Mataa implored them to utilize the tool as it would help them keep track of their achievements as well as noticing and fixing the bottlenecks observed. At the IPC committee meeting, he stated that their needs to be a mindset change within the staff in how they approach IPC protocols.

He also urged the IPC team to hold staff and their in-chargers accountable when they do not adhere to IPC protocols of waste management, personal hygiene, decontamination and the proper use of personal protective equipment.



Left: Ms. Kanekwa Nkhoma making a presentation during the Balanced ScoreCard orientation of heads of departments
Right: IPC team - Dr. Abigail Malambo, Daria Kapeya (EHT) and Chipulu Habanyama (IPC nurse) during the July IPC committee meeting

PROJECT BIDS FAREWELL TO EXPERT ON HOSPITAL MANAGEMENT AND INFECTION PREVENTION AND CONTROL

Colleagues from Lusaka Provincial Health Office (LPHO), Lusaka District Health Office (LDHO), the target 5 first level hospitals (Chawama, Chilenje, Chipata, Kanayama and Matero) and JICA Cassiopeia Project staff gathered on August 1st, 2025 to bid farewell to Ms. Michiko Nyanga who was the Japanese expert on hospital management and infection prevention and control for the project for 3 years 2 months.

Speaking on behalf of those gathered, Mr. Peter Muleya, the Principal Planner for LPHO thanked Ms. Nyanga for her dedication to the Zambian healthcare system and the work

that she had accomplished working with LPHO, LDHO and the target hospitals. He outlined some of the activities she undertook with the project such as the introduction and adoption of hospital management tools like monitoring tools, balanced scorecards, formation of infection prevention and control (IPC) committees, activities and standards of operation at all 5 hospitals. Mr. Muleya wished her well in her future endeavors as she goes to pursue other opportunities.

Ms. Nyanga expressed her appreciation for those gathered and everyone from LPHO, LDHO and the target

hospitals whom she had worked with. She added that their willingness to adopt and adapt new and effective ways for hospital management and IPC protocols were already being observed in the monthly, quarterly and yearly reviews being done at the facilities. She urged them to continue hard and find ways to sustain the gains made throughout her tenure with the project. Nyanga also wished them well as they continued working towards the provision of quality and equitable healthcare to all Zambians.



Mr. Peter Muleya LPHO Principal Planner, Ms. Angela Njoomona LPHO CHRM presenting Ms. Michiko Nyanga with a parting gift



Ms. Nyanga making her farewell remarks to her colleagues who gathered to bid her farewell as her contract comes to an end

Photo Focus: Handover of IPC, SSI and AMR Training Materials



Ms. Michiko Nyanga with the Infection Prevention and Control team at Chawama First Level Hospital



Ms. Michiko Nyanga with the Infection Prevention and Control team at Bauleni Mini Hospital



Ms. Michiko Nyanga with the Infection Prevention and Control team at Chelstone Zonal Hospital



Senior Environmental Health Officer at LPHO Ms. Dalitso Sakala (left) and Ms. Michiko Nyanga going over the IPC, SSI and AMR training materials at PIM on July 25th, 2025



Ms. Michiko Nyanga with the Infection Prevention and Control team at Chipata First Level Hospital



Ms. Michiko Nyanga with the Infection Prevention and Control team at Chilenje First Level Hospital



Michiko Nyanga with the Infection Prevention and Control team at Lusaka District Health Office. From left: Yu Saito -Project Coordinator; Dr. Choolwe Sianchapa -CCS; Ms. Matimba Chizooongo -SEHO; Mr. Newstead Zimba -EHO; Ms.Monde Muyambango and Ms. Mutale Laban - Pharmacist

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