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# **MCHIP QUARTERLY REPORT**

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**REPORTING PERIOD: OCTOBER – DECEMBER 2009**

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## Acronyms and Abbreviations

ADC	Area Development Committee
AIDS	Acquired Immune Deficiency Syndrome
AED	Academy for Educational Development
ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Newborn Care
CDC	Center for Disease Control
CM	Community Mobilization
CTS	Clinical Training Skills
DEC	District Executive Committee
DFID	Department for International Development (UK)
DIP	District Implementation Plan
DOT	Directly Observed Therapy
EHP	Essential Health Package
EMNC	Essential Maternal and Newborn Care
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Neonatal Care
FANC	Focused Antenatal Care
FP	Family Planning
GOM	Government of Malawi
HHCC	Household-to-Hospital Continuum of Care
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
IEC	Information, Education, and Communication
IP	Infection Prevention
IMA	Interchurch Medical Assistance
IPTp	Intermittent Presumptive Treatment, Pregnancy
KCN	Kamuzu College of Nursing
KMC	Kangaroo Mother Care
LA	Lumefantrine Artemether
LBW	Low Birth Weight
MCHS	Malawi College of Health Sciences
MDG	Millennium Development Goal
MNH	Maternal and Neonatal Health
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
NMCP	National Malaria Control Program
NMR	Neonatal Mortality Ratio
NMT	Nurse Midwife Technician
OHA	Office of HIV/AIDS
PAC	Post Abortion Care
PMI	President's Malaria Initiative
PMNCH	Partnership for Maternal, Newborn and Child Health
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PPH	Postpartum Hemorrhage
PQI	Performance and Quality Improvement
QIST	Quality Improvement Support Teams

RH	Reproductive Health
RHU	Reproductive Health Unit
SNL	Saving Newborn Lives
SP	Sulfadoxine Pyrimethamine
SSC	Skin-to-skin Care
SRH	Sexual and Reproductive Health
SWAp	Sector Wide Approach
USAID	United States Agency for International Development
WHO	World Health Organization
WRA/M	White Ribbon Alliance/Malawi

## Executive Summary

In September 2009, USAID/Malawi bought into the Maternal and Child Health Integration Program (MCHIP), a five-year USAID global flagship award implemented by Jhpiego in partnership with Save the Children, Population Services International (PSI), John Snow Inc., Macro International, Inc., PATH, the Institute for International Program (IIP/JHU), and Broad branch Associates. In Malawi, the primary implementing partners are Jhpiego (as the prime), Save the Children and PSI. MCHIP is supporting the Ministry of Health (MoH) and USAID/Malawi strategy to accelerate the reduction of maternal, neonatal and child mortality towards the achievement of the Millennium Development Goals with a prime programmatic objective to increase utilization of MNCH services and practice of healthy maternal, neonatal and child behaviors.

To achieve this objective, MCHIP will focus on the following results:

### Facility

1. Increased access to and availability of quality facility-based essential maternal and newborn care and child and postpartum family planning services

### Community

2. Increased adoption of household behaviors that positively impact the health of mothers and newborns and children under 5 years of age
3. Increased availability of community-based MNH services through Health Surveillance Assistants

### Enabling Environment

4. Strengthened MNH policies, planning and management in place at the national, zonal and district level
5. Increased commitment of resources for MNH from GoM and other donors
6. Strengthened planning and monitoring of MNH activities at community level

### Social Marketing

7. Increased availability and access to low osmolarity ORS among mothers and caregivers of children under 5
8. Increased use of oral and injectable contraceptives among middle income women of reproductive age intending to use FP methods

### Social Mobilization

9. Promotion of correct and consistent use of LLINs, correct and prompt use of ACT anti-malarial among caregivers of children under five and promotion of IPT among pregnant women and HIV positive mothers
10. Prompt and effective treatment of malaria among children under five and improved awareness around uptake of IPT among pregnant women and HIV positive mothers
11. Increased community and district action to support use of high impact MNH interventions

## Program Outputs

With provisional approval of the Malawi MCHIP award granted by USAID, MCHIP utilized the months of October-December 2009 for planning and revising the MCHIP proposal narrative and annual workplan based on USAID/Malawi's comments and expectations. Pending final approval of proposal and workplan, all specific activities related to MCHIP were postponed. Key program achievements during the October-December 2009 reporting period included the following:

- The workplan includes pre-service training, performance and quality improvement, kangaroo mother care, community MNH, malaria control, diarrheal control, family planning. MCHIP has staffed key positions including Chief of Party, Deputy Chief of Party, Finance and Administration Manager,

Community Maternal and Newborn Health Specialist, MCHIP Program Officers and two district Coordinators (October –November 2009).

- Conducted key national-level Stakeholder meeting to review key achievements under ACCESS and formally introduce the MCHIP program to the Ministry of Health and other key partners (December 2009).

## **Key Accomplishments by Activity**

### **1. Expansion of Performance and Quality Improvement in Reproductive Health (MCHIP Partner Lead: Jhpiego)**

#### 1.1 Activity: Expansion of PQI/RH at Health Center level

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: In January 2010, MCHIP plans to conduct formal documentation of the PQI initiative at the health center level. Results and analysis from the documentation will inform the streamlining of the PQI IP/RH standards currently used at the pilot health centers and enable the MoH and MCHIP to make an informed decision for the expansion and scale-up of PQI at the health center level.

#### 1.2 Activity: Expansion of PQI/RH at the Hospital Level

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: In January 2010, MCHIP will draw on Jhpiego's global expertise in development of standards in order to review the RH standards and streamline and update them to reduce their complexity and enable more efficient use of the tool for monitoring performance of service providers and quality of care provided. Once the standards are streamlined, MCHIP will use them to begin the PQI/RH trainings for the remaining district hospitals yet to initiate PQI in RH.

#### 1.3 Activity: Update provider BEmONC skills at new PQI/RH sites (both District Hospitals and Health Centers)

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: MCHIP will develop a concrete plan for provider BEmONC updates at the end of quarter of January-March during the quarterly workplan development. USAID is organizing an external evaluation of the pre-service education and the results will also inform the in-service training.

### **2. Expand the capacity of training institutes to provide BEmONC skills training (MCHIP Partner Lead: Jhpiego)**

#### 2.1 Activity: Increase knowledge and skills of midwifery tutors in training colleges

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: This activity will be scheduled sometime in Quarter 3 (April-June 2010) following the results of the pre-service education evaluation..

2.2 Activity: Provide technical assistance to MoH and other partners to conduct BEmONC trainings

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: In consultation with USAID/Malawi, MCHIP will develop a catalytic strategy/workplan to detail MCHIP's approach for leveraging additional resources and support to scale-up MCHIP's proven interventions including BEmONC.

### **3. Expand KMC in the four focus districts (MCHIP Partner Lead: Save the Children)**

3.1 Activity: Expansion of KMC including Ambulatory and Community KMC in four focus districts

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: Planning for the initiation of Ambulatory KMC (AKMC) will begin in January with initial trainings in Machinga for Chikweo and Ngokwe Health Centers to take place.

3.2 Activity: Support DHMTs to plan KMC scale-up at hospitals and health centers

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: In January 2010, MCHIP Management members from Jhpiego and Save the Children plan to meet with the District Health Office in each focus district to begin discussions and planning for inclusion of MCHIP activities in their DIP.

### **4. Strengthening Postpartum Family Planning (MCHIP Partner Lead: Jhpiego)**

4.1 Activity: Strengthen knowledge and skills on immediate post partum and post abortion family planning for midwifery tutors and service providers

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: Updates for tutors in PPFP will begin in February 2010.

4.2 Activity: Follow-up visits to tutors trained in PPFP and BEmONC

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: Follow-up visits will take place following the updates for tutors.

## **5. Increased availability of community-based MNH services through Health Surveillance Assistants**

- 5.1 Activity: Document and Disseminate results of the CMNH model as a basis for advocating for its scale up in other districts

Outputs and Outcomes: MCHIP lead in and participated in several consultation meetings with Save the Children's Saving Newborn Lives (SNL) program which is also implementing the CMNH model in three districts. MCHIP and SNL envision conducting rigorous documentation of the CMNH model in the combined seven districts with plans to disseminate the results and analysis by June 2010.

Issues/Challenges: No challenges

- 5.2 Activity: Support DHMTs to saturate coverage of the district with the CMNH model in the existing districts

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: MCHIP conduct management visits to each focus district in the month of January 2010 and will utilize the opportunity to discuss expansion of all MCHIP district activities including saturation of the CMNH model.

- 5.3 Activity: Identify platforms for Scaling up the Community MNH model in other districts

Outputs and Outcomes: Apart from the initial discussions with various other partners during the proposal writing stage, MCHIP participated in the National Stakeholder meeting on the Partnership for Maternal, Newborn and Child Health in Mangochi in December. The PMNCH Meeting served as an ideal platform to raise awareness of the necessity to include maternal and newborn health activities in the Partnership. MCHIP leveraged this opportunity to present on the results of ACCESS (key achievements) and plans under MCHIP. In general, Stakeholder were impressed with the results-based focus of ACCESS and MCHIP and urged all other partners to scale-up the approach.

Issues/Challenges: N/A

Next Steps: Beginning January 2010, MCHIP will start meeting with potential partners to provide an overview of the MCHIP program and identify key areas of overlap with regards to community activities.

## **6. Advocacy Strategy for Maternal and Newborn Care (MCHIP Partner Lead: Jhpiego, Save the Children, PSI)**

- 6.1 Activity: Participate in key working group meetings

Outputs and Outcomes: This activity is ongoing, however from October-December 2009 there were no key working group meetings that were held.

Issues/Challenges: N/A

Next Steps: MCHIP will participate in the next Safe motherhood Sub-committee meeting as well as Sexual and Reproductive Health technical Working Group.

## **7. Quick Wins to Accelerate Mortality Reduction within Existing Capacity (MCHIP Partner Lead: Jhpiego, Save the Children, PSI)**

- 7.1 Activity: Lead efforts to develop operational plan for the National Roadmap for Accelerating Reduction in Maternal and Newborn Mortality

Outputs and Outcomes: This activity was not initiated during the reporting period.

Issues/Challenges: N/A

Next Steps: Following the update of the National Reproductive Health Strategy, MCHIP will liaise with the MoH and key partners to initiate discussion on development of the operational plan, similar to what was done with the ACSD.

- 7.1 Activity: Planning for universal coverage of high impact interventions in priority districts

Outputs and Outcomes: This activity was not initiated during the reporting period.

Issues/Challenges: N/A

Next Steps: Planning to begin January 2010.

## **8. Update National Reproductive Health Strategy (MCHIP Partner Lead: Jhpiego, Save the Children)**

- 8.1 Activity: Update National Reproductive Health Strategy

Outputs and Outcomes: This activity was not initiated during the reporting period.

Issues/Challenges: N/A

Next Steps: In consultation with the Reproductive Health Unit, MCHIP plans to begin discussions early in 2010 with a structured timeline developed by March 2010.

## **9. Support Misoprostol pilot in Malawi (MCHIP Partner Lead: Jhpiego, Save the Children, PSI)**

- 9.1 Activity: Support the pilot of Misoprostol in selected districts

Outputs and Outcomes: The Jhpiego Malawi office has had several informal discussions with Calandra Park of Venture Strategies Innovations (VSI) to join hands in advocating with the Reproductive Health Unit of the Ministry of Health on the use of Misoprostol in managing third stage of labour. While discussions on introducing Misoprostol have accelerated following a December visit by Ms. Park, these discussions are still at a relatively early stage with implementation yet to start until the drug has been registered for use in managing third stage of labour. Misoprostol is currently registered in Malawi for managing Peptic ulcers and also for use by Obstetrician/gynaecologists in referral hospitals to induce labour when there is such an indication. VSI is leading the registration of Misoprostol for managing third stage of labour and expects the registration process to complete in early 2010.

In August 2009, the Safe Motherhood Committee endorsed the idea of piloting Misoprostol for distribution during ANC for women to self-administer should they deliver in the community. Details of the

implementation strategy will include determining key messages to be included in the counseling package for clients, IEC materials that should be developed (i.e. job aides for providers, counseling cards, take home leaflets), reaching a consensus on the timing of the Misoprostol distribution, and modalities for follow-up and referral. Jhpiego being a member of this committee will advocate for the provision of Misoprostol during the last trimester and strengthening the CBMNH package ;providing HSAs with additional training on counseling on Misoprostol use to prevent PPH and re-enforcing skilled attendance at birth.

Issues/Challenges: It has taken long for Misoprostol to be registered for managing third stage of labour with initial expectations set towards the end of 2009. Only once the Misoprostol is registered can partners submit the IRB protocol and fully implement the pilot. This process may take at least 3 months.

Next Steps: MCHIP will continue to liaise with VSI on updates regarding the approval of Misoprostol by the Poisons and Medicines Board of Malawi.

## **10. Results-Based Financing (MCHIP Partner Lead: Jhpiego, Save the Children, Broad Branch Associates)**

### **10.1 Activity: Introduce Performance Based Financing**

Outputs and Outcomes: In December 2009, MCHIP participated in the feasibility assessment dissemination meeting in which the RBF consultants from GTZ and Norway highlighted their recommendations on RBF strategies that Malawi may consider to adopt. The consultant described the various types of RBF strategies from both the supply (i.e. facility) and demand (i.e. community) sides such as incentives aimed at the providers or facilities if they reached pre-established targets or achievements and/or incentives aimed at the community (i.e. cash transfers, vouchers). MCHIP encouraged the consultants and stakeholders to consider utilizing the PQI approach as a platform for RBF since it is a system that is well established and by 2011 will have covered all government hospitals in Malawi.

Issues/Challenges: None

Next Steps: MCHIP plans to meet with the consultants during their next visit to Malawi in February/March 2010 to discuss further on the national standards for Reproductive Health Services and linking them to RBF.

### **10.2 Activity: Pilot Performance-Based Financing linked to PQI/RH in MCHIP Focus Districts in Malawi**

Outputs and Outcomes: Not initiated this reporting period.

Issues/Challenges: N/A

Next Steps: This activity is dependent on Activity 10.1 above and the RBF modalities that are agreed on by the Malawi government.

## **11. Social Marketing of Thanzi ORS (MCHIP Partner Lead: PSI)**

### **11.1 Activity: Procurement planning and control of low-osmolarity ORS (Thanzi) stocks**

Outputs and Outcomes: Updated the procurement planning table for ORS to assess the current stock levels versus demand on the market.

Issues/Challenges: N/A

Next Steps: Plan to place an order in the next quarter for low-osmolarity ORS (Thanzi)

11.2 Activity: Procurement of 1.0 million sachets of Thanzi ORS annually.

Outputs and Outcomes: Not initiated during the reporting period

Issues/Challenges: N/A

Next Steps: Place an order for the low –osmolarity ORS (Thanzi)

## **12. Family Planning Social Marketing in the Private Sector (MCHIP Partner Lead: PSI)**

12.1 Activity: Social marketing of OCs and ICs

Outputs and Outcomes: Activity initiated with 3,531 cycles of OCs and 1,791 vials of ICs sold through drug stores, pharmacies and clinics.

Issues/Challenges: The sales are from the central region because of limited manpower. Additional manpower will be recruited in Q1, 2010.

Next Steps: Activity to continue in the next quarter with identification of at least 200 outlets that will be supplied throughout the year.

12.2 Activity: Training of private medical providers on family planning

Outputs and Outcomes: Not initiated during the reporting period.

Issues/Challenges: N/A

Next Steps: Activity to start in the next quarter.

12.3 Activity: Conduct feasibility studies and prepare concept notes for the piloting of community based distribution of social marketed contraceptive products in urban/peri urban areas and for the introduction of Social Franchising Network activities.

Outputs and Outcomes: Not initiated during the reporting period.

Issues/Challenges: N/A

Next Steps: Preparation of activity to start in Q1 2010 with identification of outlets that could be considered for social franchising.

12.3 Activity: Conduct baseline Family Planning TRaC survey

Outputs and Outcomes: Not initiated during the reporting period.

Issues/Challenges: N/A

Next Steps: Activity to start in Q2, 2010.

## **13. Public Sector Support to Provide and Promote Malaria Control (MCHIP Partner Lead: PSI)**

13.1 Activity: Participate in effective and accurate LLIN procurement planning with key stakeholders.

Outputs and Outcomes: Participated in meetings with USAID/ Deliver and NMCP to plan procurement of LLINs for 2010, starting with first order of 320,000 LLINs.

Issues/Challenges: No challenges.

Next Steps: PSI will not be procuring LLINs with MCHIP funds. PSI will provide technical assistance to clear, warehouse and coordinate delivery of the LLINs.

- 13.1 Activity: Clearing, Receiving, Warehousing, Control, Monitoring and Distribution of LLINs nationwide in collaboration with the NMCP and its partners.

Outputs and Outcomes: During the quarter, there was no distribution of clinic-based LLINs because of the stock-out. PSI/Malawi has been monitoring arrival of LLINs from over sea's supplier.

Next Steps: Distribution and monitoring of 320,000 LLINs through public health clinics planned for Q1, depending on direction from MoH.

#### **14. Public Sector Support to Provide and Promote Malaria Control (MCHIP Partner Lead: PSI)**

- 14.1 Activity: IEC to promote LLIN, IPTp, and Case Management of Malaria

Outputs and Outcomes: Review of household (TRaC) survey findings for net ownership and use and went through the Dashboard to Decision Making process to identify the behaviors and activities to focus on IEC. Participated in the planning of launch of the National Malaria Communications Strategy during the SADC Malaria week. Finalization of the budget and workplan was done during the reporting period.

Issues/Challenges: No challenges/issues

Next Steps: MCHIP will develop fresh creative briefs for mass media and interpersonal communication addressing self efficacy and outcome expectations for net use while capitalizing on the equity of the slogan Usiku uliwonse chaka chonse (Each night, all year round) as a main stay of the communications and will adopt a branded approach. Additional planned next steps include:

- Pretest of all new creative work with at risk groups and technical team before production and placement.
- Review the current IPTp and Case Management IEC materials in collaboration with the NMCP, HEU & IEC technical working group and use the creative process to develop materials focusing on key issues highlighted in the Malaria Communications Strategy 2009 – 2014.
- Placement of the approved materials via mass and interpersonal channels such as print media, radio spots and sponsored programs, traditional theatre IEC drama and targeted outreach teams etc.

**15. Strengthen Behavior Change and Social Mobilization on MNH issues (MCHIP Partner Lead: Jhpiego, Save the Children, PSI)**

15.1 Activity: Strengthening and standardizing behavior change communication messages for MNH

Outputs and Outcomes: Not initiated this reporting period.

Issues/Challenges: N/A

Next Steps: Planning to take place in January 2010.

15.1 Activity: Increase social mobilization around MNH issues at the community level

Outputs and Outcomes: Not initiated this reporting period.

Issues/Challenges: N/A

Next Steps: Planning to take place in January 2010.

**16. Program Management and M&E Activities (MCHIP Partner Lead: Jhpiego, Save the Children, PSI)**

16.1 Activity: Monitoring & Evaluation

Outputs and Outcomes: MCHIP submitted a detailed Performance Monitoring Plan (PMP) to USAID along with the MCHIP proposal narrative.

Issues/Challenges: N/A

Next Steps: Following formal approval of the workplan, MCHIP will finalize the PMP and determine targets for Years 1 and 2.

16.1 Activity: Joint supportive supervision visits for all MCHIP programs at the community and district levels

Outputs and Outcomes: Not initiated this reporting period.

Issues/Challenges: N/A

Next Steps: This activity will take place on a quarterly basis with the first supportive supervision planned to take place in March 2010 once activities are under way.

**Other Key Developments**

1. MCHIP Director, Koki Agarwal, visited Malawi in December 13<sup>th</sup>-15<sup>th</sup> 2009 to help kick start the MCHIP/Malawi program. Ms. Agarwal was also joined by David Burrows who is serving as the MCHIP Program Officer at Headquarters ( Mr. Burrows is currently based in Zambia). During their visit, Ms. Agarwal and Mr. Burrows also met with MCHIP Malawi Management to review the Management Plan and conduct an orientation on expectations for reporting, finance and administration, and channels of communication.



## ANNEX 1: MCHIP MONITORING AND EVALUATION PLAN

\*Indicates an “Investing in People” indicator

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
<b>Goal:</b> Accelerate the reduction of maternal, neonatal, and child morbidity and mortality towards the achievements of the Millennium Development Goals (MDGs)									
<b>MCHIP Program Objective:</b> Increased coverage of MNCH/FP services/interventions and practice of healthy maternal and neonatal behaviors									
<b>Result 1:</b> Increased access to and availability of quality maternal and newborn care services									
Number of postpartum / newborn visits within 3 days of birth by trained workers from USG-assisted facilities	Number of postpartum/newborn visits at community and facility level within 3 days of their birth, includes skilled deliveries at birth	Maternity register; CMNH register	Documentation of SBA deliveries as they occur in maternity register; HSAs to record dates/times of visit as they occur; Monthly reporting to MCHIP office.	Monthly	HSAs and MCHIP Data Entry Clerk	Quarterly review of CMNH and Maternity register, Semi-annual field visits	District Coordinator/ M&E Team	Quarterly	M&E Specialist, Chief of Party
Number of newborns receiving essential newborn care in selected MCHIP-supported facilities	# of newborns born in selected MCHIP-supported health facilities who receive essential newborn care/ total number of newborns born in selected MCHIP-supported health facilities  Essential newborn care consists of: <ul style="list-style-type: none"> <li>• Clean cord care</li> <li>• Thermal care (immediate drying and wrapping or KMC)</li> <li>• Immediate</li> </ul>	Partograph review, Maternity Register, KMC (LBW) register	Use total number of deliveries at PQI sites as proxy  Data collection as AMTSL occurs; Monthly feedback reporting to MCHIP for data review	Monthly	Maternity/P ostnatal providers	Quarterly review of registers	M&E Team	Quarterly	M&E Specialist, Chief of Party

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
	breastfeeding within 1 hour of birth								
Number of ANC visits by skilled providers from USG-assisted facilities	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities. Skilled providers includes: medically trained doctor, nurse, and/or midwife. It does NOT include traditional birth attendants (TBA) or HSAs.	ANC register,	Skilled providers conducting ANC visits will fill a ANC register	As ANC visits occur (facility)	ANC providers	Semi-annually	Program Officers; M&E Team	Semi-annually	M&E Specialist, Chief of Party
Number of people trained in maternal and/or newborn health and nutrition through USG-supported programs	Number of people (health professionals, primary health care workers, community health workers, non-health personnel, volunteers) trained in maternal and/or newborn health and nutrition care through USG-supported programs	TIMS	MNH trainings (including KMC, BEmONC, CMNH/CM, PAC, etc. trainings) as they occur	As trainings occur	Program Officer	Semi-annually	M&E Team	Quarterly	M&E Specialist, Chief of Party
Number of pregnant women referred by HSAs to ANC services from focus districts?	Number of pregnant women referred by HSAs for ANC services	CMNH register	HSAs record referrals as they occur; submit copies of logbook to MCHIP on monthly basis	Ongoing, with submission of logs monthly	District Coordinators	Semi-annually	M&E Team	Quarterly	M&E Specialist, Chief of Party
Percentage of MCHIP-supported facilities where KMC services are in use	Number of MCHIP-supported facilities which have established KMC	KMC (Low-birth weight) Register	Service providers to record clients admitted for	Monthly	Program Officer	Year 2 and EOP	M&E Team	Annually	M&E Specialist, Chief of Party

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
	room / all MCHIP-supported facilities		KMC						
Percentage of MCHIP supported facilities where Ambulatory KMC services are in practice	Number of MCHIP-supported facilities which have established Ambulatory KMC / all MCHIP supported facilities	AKMC Register	HSAs and/or service providers to record AKMC clients	Monthly	Program Officer	Year 2 and EOP	M&E Team	Annually	M&E Specialist, Chief of Party
Percentage of facilities in target districts achieving 80% of standards in RH and IP	Number of MCHIP-supported facilities which were able to achieve a total score of 80% or higher, across all standards, on national performance standards / all MCHIP-supported facilities implementing PQI	PQI database	Data collection as assessments occur using a standardized PQI checklist	As assessments occur	External Assessment Team	Annually	M&E Team, External Assessment Team	Semi-annually	M&E Specialist, Chief of Party
Number of people trained in FP/RH	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in FP/RH (including training in service delivery, communication, policy systems, research, etc.)	TIMS	Data collection as trainings occur	As trainings occur	Program Officers	Semi-annually	M&E Team	Semi-annually	M&E Specialist, Chief of Party
Number of USG-assisted service delivery points providing FP counseling or services	Number of service delivery points (excluding door-to-door CBD) providing FP counseling or	TIMS, Program Reports	As trainings occur providers indicate the facility they represent.	As trainings occur	Program Officer	Semi-annually	M&E Team	Semi-annually	M&E Specialist, Chief of Party

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
	services, disaggregated, as appropriate, by type of service: vertical FP/RH; HIV including PMTCT; pre-natal/post-natal or other MCH; sites offering long-acting or permanent methods (IUD, implants, voluntary sterilization).								
Number of women giving birth receiving AMTSL in selected MCHIP-supported facilities	<p>Number of women who received AMTSL at sampled facilities/Total number of women with vaginal deliveries at sampled facilities</p> <p>AMTSL is defined as the following three elements:</p> <ul style="list-style-type: none"> <li>• Use of uterotonic drug within one minute of birth (oxytocin preferred)</li> <li>• controlled cord traction</li> <li>• uterine massage after the delivery of the placenta</li> </ul>	Partograph, Maternity register	Use total number of deliveries at PQI sites as proxy Data collection as AMTSL occurs; Monthly feedback reporting to MCHIP for data review	As deliveries occur	Maternity providers/ MCHIP	Quarterly review of partograph	M&E Team	Quarterly	M&E Specialist, Chief of Party
Number of counseling visits for FP/RH as a result of USG assistance	Number of visits that include counseling on FP/RH. Can include clinic visits as well as	CMNH register, FP register	As counseling visits occur	As counseling visits occur with	District Coordinator	Semi-annually	Program Officers/M &E Team	Quarterly	M&E Specialist, Chief of Party

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
	contact with HSAs and/or CBD agents.			CMNH register collected monthly					
<b>Result 2: Increased adoption of household behaviors that positively impact the health of mothers and newborns</b>									
Percentage of pregnant women who develop a birth plan	Number of pregnant women who developed a birth plan / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator s, MNH Advisor, M&E Specialist	Annual	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party
Percentage of pregnant women who took at antimalarials to prevent malaria in pregnancy and follate tablets	Number of pregnant women who took antimalarials and follate / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator s, MNH Advisor, M&E Specialist	Annual	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party
Percentage of women who practiced LAM or other PFP method	Number of postnatal women who accepted PFP method, including LAM / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator s, MNH Advisor, M&E Specialist	Annual	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party
Percentage of women reporting danger signs and seeking immediate medical care	Number of pregnant and postnatal women reporting a danger sign and care sought / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator s, MNH Advisor, M&E Specialist	Annual	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party
Percentage of women who breastfed within 1 hour of birth	Number of postnatal women who report breastfeeding within one hour after birth / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator s, MNH Advisor, M&E Specialist	Annual	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party
Percentage of women who delayed bathing of the newborn for first 24 hours	Number of postnatal mothers who report delaying first bath of newborn for initial 24	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator s, MNH Advisor,	Annual	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
	hours / Total number surveyed				M&E Specialist				
Percentage of women who report not taking any traditional herbs to speed labour, to facilitate childbirth, or postnatally	Number of women who report not taking any traditional herbs to speed labour, to facilitate childbirth, or postnatally / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator s, MNH Advisor, M&E Specialist	Annual	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party
Percentage of women who report practicing Kangaroo Mother Care for low birth weight babies	Number of women who report practicing KMC for low birth weight babies / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator s, MNH Advisor, M&E Specialist	Annual	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party
<b>Result 3: Increased availability of community-based MNH services through Health Surveillance Assistants</b>									
Percentage of pregnant women and their families in targeted HC catchment areas receive at least 3 home counseling visits from a trained HSA.	Number of pregnant women and their families receiving at least 3 home counseling visits from trained HSAs / Number of expected pregnancies	CMNH database	As counseling visits occur	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party
Percentage of postnatal women who received at least 3 home counseling visits within one week of delivery from a trained HSA	Number of postnatal women and their newborns receiving at least 3 home counseling visits from trained HSAs / Number of expected pregnancies	CMNH database	As counseling visits occur	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party
Percentage of targeted communities that have action plans to support pregnant women and newborns to use MNH services appropriately	Number of target communities that have action plans to support pregnant women and newborn to use MNH services appropriately/	Program Reports	Review of program reports supplemented by informant interviews during field visits	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
	Number of target communities								
<b>Result 4: Strong MNH policies, planning and management in place at the national, zonal, and district and community levels.</b>									
Number of students graduating from target nursing and midwifery preservice schools with strengthened BEmONC and PFP curricular components	Number of students graduating from target nursing and midwifery preservice schools	School records	Aggregate number of graduating students reported to MCHIP by target schools	Annually	Program Officer	Annually	Program Officer/ M&E Team	Annually	M&E Specialist, Chief of Party
Number of policies or guidelines developed or changed with USG-assistance to improve access to and use of FP/RH services	Number of policies or guidelines developed or changed to improve access to and use of FP/RH services. Includes: Preservice FP Syllabus, National RH strategy update, RBF guidelines, Misoprostol guidelines, etc.	Program Reports	Program officer will detail developments in FP/RH policies or guidelines	As program milestones occur	Program Officer	Annually	Program Officer/ COP	Annually	M&E Specialist, Chief of Party
Number of district-level scale-up plans in place to expand coverage of MCHIP programs	Number of scale-up plans developed by districts to expand coverage of MCHIP activities, including community model, PQI IP/RH at health centers, and KMC.	Program Reports	Program officers	As scale-up plans are developed	Program Officer/DH MT	Annually	Program Officer/ COP	Annually	M&E Specialist, Chief of Party
Number of policies or guidelines developed or changed with USG-assistance to improve access to and use of Community MNH services	Number of policies or guidelines developed or changed to improve access to and use of Community MNH services.	Program Reports	Program officer will detail developments in CMNH policies or guidelines	As program milestones occur	Program Officer	Annually	Program Officer/ COP	Annually	M&E Specialist, Chief of Party
Number of districts demonstrating	For example, this includes the use of	Meeting minutes,	Part of PQI internal	As internal	HMIS Officer	Semi-annually	M&E Unit	Quarterly	M&E Specialist/

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improved use of data for decision making/priority setting with MCHIP support	the LiST to inform national or sub-national program planning. This may also include improved use of HMIS, community HMIS, supervision or quality assurance data for decision making.	policy documents, program records	assessments	assessments occur					COP
<b>Result 5: Increased commitment of resources for MNH from GoM and other donors</b>									
Number of trainings on CMNH, KMC, PQI, BEmONC, FP conducted using leveraged funds by other donors	Number of MCHIP program trainings conducted using resources/funds from other donors	Training reports	Program Officers	As trainings occur	Program Officer/ GoM	Quarterly	Program Officer/ COP	Quarterly	M&E Specialist, Chief of Party
<b>Result 6: Increased availability and access to low osmolarity ORS among mothers and caregivers of children under 5</b>									
Number of cases of child diarrhea treated through USG-supported programs	Number of cases of child diarrhea treated through USG-supported programs with: a) oral rehydration therapy (ORT), b) zinc supplements	PSI/Malawi source documents (sales documents/ receipts/ invoices)	National level survey using trained data collectors from PSI	Weekly	PSI/Malawi Sales Representatives	Quarterly	PSI / MCHIP	Monthly	PSI / MCHIP
Number of ORS sachets provided through USG-supported programs	Number of low osmolarity ORS sachets provided through USG-supported programs through community based distribution	PSI/Wash and PSI/Malawi source documents (procurement contracts, sampling and testing results, warehouse reports/forms)	National level survey using trained data collectors from PSI	Weekly	PSI/Wash Procurement Specialist for East Africa and PSI/Malawi Warehouse Manager	Quarterly	PSI / MCHIP	Quarterly	PSI / MCHIP
<b>Result 7: Increased use of oral and injectable contraceptives amongst middle income women of reproductive age intending to use FP methods</b>									
Percent of 15-49 year olds using oral	Number of 15-49 year olds using oral	Tracking Results	National level survey using	TRaC: Year 2	PSI Research	N/A	N/A	Year 1 and EOP	PSI/MCHIP

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				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
contraceptives accessed outside of the public	contraceptives accessed outside of the public sector / Number of 15-49 year olds using any FP method accessed outside of the public sector	Continuously (TRaC) Survey; Measuring Access and Performance (MAP) survey	trained data collectors from PSI	MAP: Annually	Team				
Percent of 15-49 year olds using injectable contraceptives accessed outside of the public sector	Number of 15-49 year olds using injectable contraceptives accessed outside of the public sector / Number of 15-49 year olds using any FP method accessed outside of the public sector	Tracking Results Continuously (TRaC) Survey; Measuring Access and Performance (MAP) survey	National level survey using trained data collectors from PSI	TRaC: Year 2 MAP: Annually	PSI Research Team	N/A	N/A	Year 1 and EOP	PSI/MCHIP
Number of private sector medical service providers trained in family planning	Number of private medical service providers attending PSI/Malawi family planning training sessions on new topics	PSI/Malawi training participant lists and reports	Training attendance recordkeeping and report preparation	Per training schedule	PSI/Malawi Medical Detailer/Trainer	Quarterly	PSI / MCHIP	Quarterly	PSI / MCHIP
<b>Result 8: Increased ownership and correct and consistent use of LLIN's among mothers and caregivers of children under five</b>									
Number of ITNs distributed that were purchased or subsidized with USG support	Number of PMI-funded LLINs distributed via antenatal clinics and/or mass campaigns; measured in nets.	PSI/Malawi source documents (warehouse requisitions/delivery documents/receipts)	Daily Completion of sale document at point of sale	Weekly	PSI/Malawi LLIN/ITN Representatives	Quarterly	PSI / MCHIP	Monthly	PSI / MCHIP
Percent of mothers and caregivers of children	Number of mothers and caregivers of	Tracking Results	National level survey using	TRaC: Year 2	PSI Research	N/A	N/A	Year 2 and EOP	PSI/MCHIP

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
under 5 years of age who report that their households own at least one mosquito net	children under 5 years reporting that their household own at least one mosquito net / Number of households with children under 5	Continuously (TRaC) Survey; Measuring Access and Performance (MAP) survey	trained data collectors from PSI	MAP: Annually	Team				
Percent of mothers and caregivers of children under 5 years of age who report that their children under 5 years of age slept under an ITN the previous night	Number of mothers and caregivers of children under 5 years reporting that their children under 5 years of age slept under and ITN the previous night/ Number of household with children under 5	Tracking Results Continuously (TRaC) Survey; Measuring Access and Performance (MAP) survey	National level survey using trained data collectors from PSI	TRaC: Year 2 MAP: Annually	PSI Research Team	N/A	N/A	Year 2 and EOP	PSI/MCHIP
<b>Result 9: Increased community and district action, through community-based networks and communication programs, to support use of high impact MNH interventions</b>									
Number of districts which develop plan for universal coverage of high impact interventions	Number of districts which have developed a plan to roll out coverage of selected “quick-wins” across the district	Program Reports; Roll-out plan	DHMT and MCHIP officers to report as planning meetings occur and plans are developed	Quarterly	DHMT/ MCHIP	Annually	M&E Team	Annually	M&E Specialist, Chief of Party
Number of partnerships with NGOs forged as a mechanism for dissemination of MNH IEC materials	Number of NGOs partnering with MCHIP to disseminate IEC materials on MNH through their existing platforms	Program Reports	Interviews with key personnel from partners	Quarterly	MCHIP	Annually	M&E Team/COP	Annually	M&E Specialist, Chief of Party
Number of target communities with mechanisms for supporting birth preparedness/complication readiness	Communities include Village Executive Committees which have developed mechanisms for supporting birth	Program Records, key informant interviews	Review of program reports supplemented by informant interviews during field	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
	preparedness and complication readiness for community members  Examples include community financial schemes, emergency transport systems or community education schemes		visits						
<b>Result 10:</b> Prompt and effective treatment of malaria among children under five and improved awareness around uptake of IPT among pregnant women and HIV positive mothers									
Proportion of pregnant women who are reached IPT Communications	Number of pregnant women who have seen or heard a USG supported IPT communications	Tracking Results Continuousl y (TRaC) Survey;	National level survey using trained data collectors from PSI	TRaC: Year 2	PSI Research Team	N/A	N/A	Year 2 and EOP	PSI/MCHIP
Proportion of children under five years old with fever in the last two weeks who received treatment with ACTs.	Number of children under 5 years with fever who received ACT treatment within 24 hours of onset / Number of children under five	Tracking Results Continuousl y (TRaC) Survey;	National level survey using trained data collectors from PSI	TRaC: Year 2	PSI Research Team	N/A	N/A	Year 2 and EOP	PSI/MCHIP
<b>Result 11:</b> Increased community and district action, through community-based networks and communication programs, to support use of high impact MNH interventions									
Number of districts which develop plan for universal coverage of high impact interventions	Number of districts which have developed a plan to roll out coverage of selected “quick-wins” across the district	Program Reports; Roll-out plan	DHMT and MCHIP officers to report as planning meetings occur and plans are developed	Quarterly	DHMT/ MCHIP	Annually	M&E Team	Annually	M&E Specialist, Chief of Party
Number of partnerships with NGOs forged as a mechanism for dissemination of MNH IEC materials	Number of NGOs partnering with MCHIP to disseminate IEC materials on MNH through their existing	Program Reports	Interviews with key personnel from partners	Quarterly	MCHIP	Annually	M&E Team/COP	Annually	M&E Specialist, Chief of Party

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		DATA QUALITY ASSESSMENT		REPORTING	
				Schedule	Responsible	Schedule	Responsible	Schedule	Responsible
	platforms								
Number of target communities with mechanisms for supporting birth preparedness/complication readiness	<p>Communities include Village Executive Committees which have developed mechanisms for supporting birth preparedness and complication readiness for community members</p> <p>Examples include community financial schemes, emergency transport systems or community education schemes</p>	Program Records, key informant interviews	Review of program reports supplemented by informant interviews during field visits	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Team	Year 2 and EOP	M&E Specialist, Chief of Party