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# **MCHIP QUARTERLY REPORT**

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## Table of Contents

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1. Acronyms and Abbreviations	3
2. Executive Summary	5
3. Key Accomplishments by Activity	6
4. Other Key Developments	19
5. Monitoring & Evaluation Framework	20

## 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
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

MCHIP received approval of the workplan and budget narrative in January 2010. Rapid initiation of activities and full scale implementation was the focus of the reporting period January-March 2010. Key program achievements during the January-March 2010 reporting period included the following:

- Conducted external assessments to 6 health centers (4 PQI intervention and 2 control) to analyze differences in quality of RH service delivery and help inform the PQI Health Center model currently being documented (January 2010).
- Introduced 12 additional facilities to PQI in RH through a national stakeholder meeting (February 2010) and trained 60 Quality Improvement Support Team (QIST) members in the PQI modular trainings (March 2010).

- Trained 16 service providers from Phalombe and Mpsa health centers; Holy Family hospital on integrated KMC and this covered Facility, Ambulatory and Community based KMC on February 24<sup>th</sup>-26<sup>th</sup>. The purpose of the training was to establish KMC at Holy Family Hospital and also prepare service providers to manage and provide advice on Ambulatory and Community KMC.
- Trained 40 HSAs in Ambulatory and Community KMC, these HSAs are already implementing the CBMNH program in Machinga and Phalombe. The purpose of the training was to scale up Ambulatory and Community KMC in their districts. The scale up sites includes Ngokwe health center in Machinga district and; Holy Family Hospital, Mpsa, and Phalombe Health Centers in Phalombe district. Further to this, oriented 14 service providers from these facilities since they will serve as the HSA supervisors and/or refer clients into the HSAs care.
- Trained 74 tutors in a two day Post Partum and Post Abortion Family Planning (PPFP) training at the regional level in February 2010. Participants for this training included midwifery, community, medical and surgical nursing tutors and clinical instructors.
- Trained 50 HSAs in Community Based MNH (CBMNH) from the new scale up health centres in Machinga (Nyambi and Nsanama) and Nkhotakota (Mwansambo and Ngala); the trainings were facilitated by district trainers trained under ACCESS program.
- Identified 50 FP outlets to form a closely linked private sector providers' network. 3,668 cycles of SafePlan™ Microlette™ and 2,650 vials of SafePlan™ Injectolette™ were distributed through the private sector.
- Received, cleared and warehoused 320,000 LLINs at PSI warehouses. 44,202 LLINs were distributed in the Northern zone of Malawi according to the distribution plan provided by the National Malaria Control Program of MoH.
- Placement of 270 radio jingles on Malaria prevention using LLINs on MBC radio1&2. Targeted Outreach video shows on malaria treatment with LA were conducted in Balaka district reaching 10,700 people.

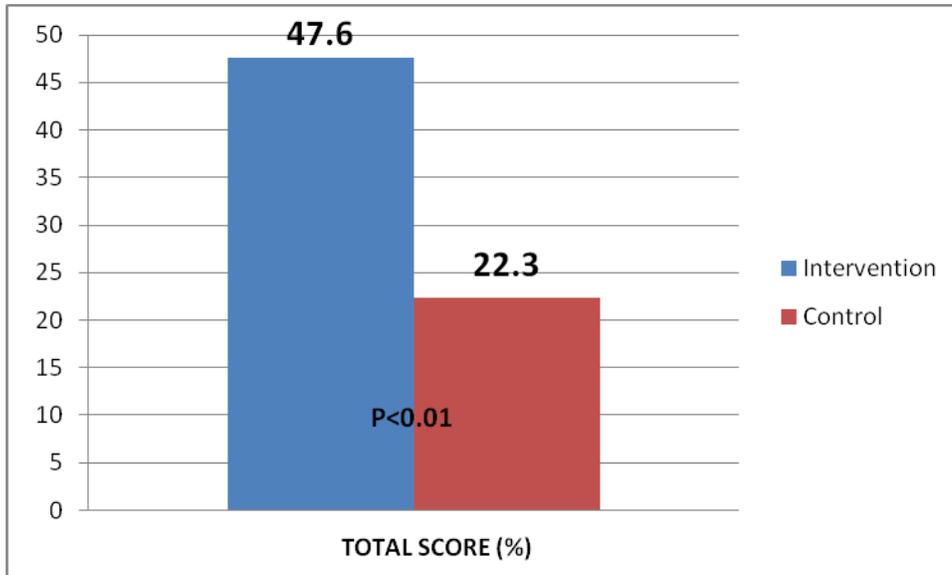
## **Key Accomplishments by Activity**

### **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**

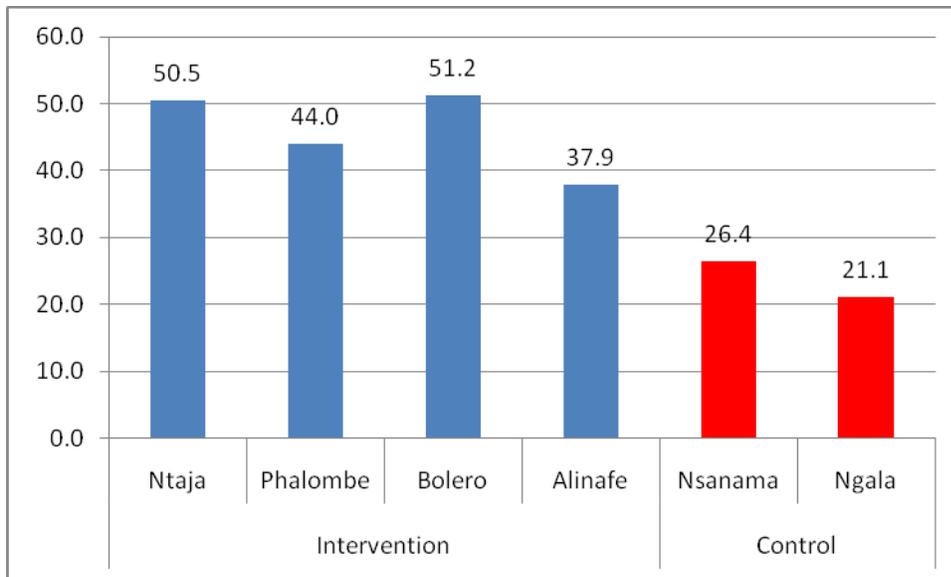
Outputs and Outcomes: In January 2010, MCHIP conducted formal documentation of the PQI/RH activities being undertaken at the health center level of the four focus districts of Phalombe, Machinga, Nkhotakota and Rumphu. The documentation exercise involved 4 of the 12 health centers being piloted and 2 health centers as comparison sites. Preliminary results indicate there is a significant difference in quality of IP/RH services with intervention sites out-performing control (non-intervention) sites. Average total scores for the 4 intervention sites was 47.6% compared to an average total score of 22.3% for the 2 control sites.

**Figure 1. Average mean percent scores, intervention vs. control**



Scores for each individual site are shown in Figure 2 below. The highest score was attained by Bolero rural hospital in Rumphi (51.2%) while Ngala and Nsanama health centers, the two control sites, both attained the lowest scores (21.1% and 26.4%, respectively). Facilities must achieve a minimum score of 80% on the standards before they can qualify as a “center of excellence” in IP-RH.

**Figure 2. Percent scores for PQI intervention vs. control sites**



Issues/Challenges: N/A

Next Steps: In April, MCHIP will continue analysis of the external assessment results and finalize a report documenting the PQI health center model that has been implemented to date. The results and analysis from the documentation will be disseminated in May 2010 and these results will inform stakeholders on the

PQI IP/RH practices currently undertaken at the pilot health centers and provide evidence for the MoH, MCHIP, DHMTs and other stakeholders for the expansion and scale-up of PQI at the health center level. A training of trainers for quality improvement support teams will be conducted in April -May 2010 and those trained will support DHMT to carry out the scaling up plan.

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

Outputs and Outcomes: In February 2010 MCHIP with Jhpiego's support and expertise revised and streamlined the RH standards for the District Hospitals and integrated RH, IP and PMTCT standards for health centers. The process aimed at reducing their complexity and enabled them to be more user friendly and efficient tools for monitoring PQI/RH services. The new streamlined tools have replaced all previous versions of the PQI RH tool and are currently being used in 12 new districts implementing PQI/RH.

The stakeholder's meeting to introduce PQI/RH to the remaining 8 district hospitals (Chitipa, Dedza, Thyolo, Nsanje, Neno, Nkhatabay, Kasungu, Likoma) and 4 health centers (Mitundu, Matawale, Ndirande, and Mzuzu ) identified by RHU was conducted on 18 February 2010. There were 36 participants (including District Health Officers, District Nursing Officers and RH focal persons) from the 12 districts who attended the stakeholders meeting and during this meeting, the participants were introduced to PQI/RH following the SBM-R approach. In addition, the participants were introduced to the revised and updated RH standards which will be used to measure performance.

On 9 - 11 March and 16 - 18 March, MCHIP conducted Module 1 and 2 PQI/RH trainings, respectively, for the identified quality improvement support teams (QIST). A total of 60 service providers from the target sites were trained and, in addition, 4 service providers from Mchinji were included as participants through funding from the Mchinji DHO. The trained service providers will initiate the PQI/RH activities in their facilities.

Issues/Challenges: N/A

Next Steps: MCHIP will facilitate baseline assessments to the 12 new districts in April 2010 using the revised and streamlined RH standards and Integrated IP, RH and PMTCT standards. The PQI/RH module 3 training will be conducted from June 2010 and will focus on participants that were trained in module 1 and 2 in March 2010. This training will be spearheaded by the DHMTs using the providers trained as trainers (see Activity 1.1 above). In order to build capacity of the MoH to continue scale-up of PQI/RH, MCHIP will merely co-facilitate the Module 3 training allowing the identified trainers to take the lead as facilitators.

### 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 in collaboration with DHMT will develop a concrete plan for BEmONC providers' updates in the third quarter. The trainings will be conducted by the district safe motherhood coordinators who have undergone BEmONC training with assistance from one facilitator (identified by MCHIP) . During these training sessions MCHIP will provide funds for the activity.

## **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: Two BEMONC training sessions for 40 tutors from all 13 training institutions including all CHAM colleges and Malawi College of Health Sciences Blantyre, Lilongwe and Zomba Campuses have been scheduled for April and June 2010.

### **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: In addition, on January 28th MCHIP oriented 14 service providers from Machinga on Ambulatory and Community KMC. These service providers were previously trained in KMC either through CBMNH, BEmONC and the harmonized MNH training package. Ambulatory and Community KMC, however, is currently not a component of these training packages with the exception of the CBMNH package, as it is still in the pilot stage. These service providers will manage and counsel families with premature babies on KMC, care of the newborn, and discharge them for facility-based KMC to the community level for HSAs to continue KMC follow up during home visits.

MCHIP trained 16 service providers from Holy Family hospital, Phalombe and Mpsa health centers on integrated KMC and this covered Facility, Ambulatory and Community based KMC on February 24<sup>th</sup>-26<sup>th</sup>. The purpose of the training was to establish KMC at Holy Family Hospital and also prepare service providers to manage and provide advice on Ambulatory and Community KMC. The MCHIP training helped to build capacity of KMC trained service providers therefore improving quality of KMC services at the hospital.

To complement the initiative, MCHIP also trained 40 HSAs, who are already implementing the CBMNH program in Machinga and Phalombe, to scale up Ambulatory and Community KMC in their districts. The scale up sites includes Ngokwe in Machinga district and; Holy Family Hospital, Mpsa, and Phalombe Health Centers in Phalombe district.

Additional 50 HSAs from new MCHIP scale up Health Centres (Nyambi and Nsanama in Machinga and; Mwansambo and Ngala Health Centres in Nkhotakota) were trained in the CBMNH package which now includes the integrated Ambulatory and Community KMC content. These HSAs will start implementing Community and Ambulatory KMC in their catchment areas as an integrated approach to community-based MNH care. Refer to Activity 5.2 on Scale-up of CBMNH (p. 09).

In total, Ambulatory and Community KMC has been established in 8 facility catchment areas (Ngokwe, Mpsa, Holy Family, Phalombe, *Nyambi, Nsanama, Mwansambo and Ngala* communities).

Issues/Challenges: No challenges

Next Steps: In May and June 2010, MCHIP will provide supportive supervision to Holy Family Hospital to assess progress of facility based KMC and also to the new sites where Ambulatory and Community KMC has been established. MCHIP will also conduct two more sessions of HSA trainings and orientations of Nurses and Clinicians in Ambulatory and Community KMC for Rumphu and Nkhotakota districts in May and June 2010.

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

Outputs and Outcomes: In January 2010, MCHIP Management members from Jhpiego and Save the Children met with the District Health Office management team in each focus district to discuss and plan for inclusion of MCHIP activities in their DIP and this included KMC. The visit was timely because the districts had not started developing DIPs at the time of the visit. The DHMTS committed that they will include KMC in their DIPs .

Issues/Challenges: No challenges

Next Steps: MCHIP will follow up with the DHMTs regarding DIP planning and finalization during the planned joint supportive supervision in May 2010. In June 2010, following a planned national dissemination of the documentation findings on the CBMNH and PQI Health Center models, MCHIP will assist Districts to develop scale up plans and this plan will include KMC interventions.

#### **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: MCHIP trained 74 tutors in a two day Post Partum and Post Abortion Family Planning (PPFP) training at the regional level in February 2010. The four trainings sessions were conducted in Blantyre and Mzuzu. Participants for this training included midwifery, community, medical and surgical nursing tutors and clinical instructors. The areas covered during training included the following: Healthy Timing and Spacing of births, what post partum family planning entails, WHO Medical Eligibility Criteria, review of relevant family planning methods that can be used by women and their partners during the post partum and post abortion period.

Issues/Challenges: Six of the target tutors were unable to attend the regional trainings due to emergency commitments at their colleges however MCHIP will include these tutors in subsequent PPFP trainings that are planned for Year 2.

Next Steps: In Year 2, MCHIP will continue conducting post partum family planning updates for the remaining 86 tutors (including the 6 tutors absent from Y1), this includes tutors from Mzuzu University and Kamuzu College of Nursing and Malawi College of Health Sciences, which trains registered nurse/midwives. By the end of Year 2, MCHIP will have trained 100% (n=160) of all tutors in PPFP updates.

PPFP in-service trainings sessions for service providers in the 4 MCHIP Focus districts and 12 PQI scale-up districts have been scheduled for the third quarter (May- September 2010).

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

Output and Outcomes: Not initiated during reporting period.

Issues/ Challenges: N/A

Next Steps: In the fourth quarter (July-September 2010), MCHIP will provide supportive supervision visits for 74 tutors from the 13 nursing and midwifery training sites that were trained during February-March 2010 (See Activity 4.1 above).

#### **5: Increased availability of community-based MNH services through Health Surveillance Assistants (MCHIP Partner Lead: Save the Children)**

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: Since the initiation of the CBMNH model under ACCESS (2007-2009) and further scale-up under MCHIP, process documentation has been undertaken on an ongoing basis to understand and provide evidence on the process of implementation, outputs and outcomes. During this reporting period, MCHIP worked to consolidate information on the CBMNH model from previous reports, including those under ACCESS, which included minutes from stakeholder meetings, reports on workshops and trainings and key interviews conducted during supervision visits. In addition, MCHIP conducted data collection visits to all 4 MCHIP focus districts to compile data from the HSAs home visits, interview a few selected HSAs to learn about success and challenges, and begin to analyze key outcomes since the program's initiation. A draft report was developed and provided to Mr. Dave Burrows of MCHIP/HQ who conducted an initial review as part of his Scope of Work during his trip to Malawi in March 2010.

In addition, MCHIP facilitated a meeting with RHU and partners (UNICEF, WHO, UNFPA, and Save the Children) to agree on the community model for MNH to be followed in Malawi. This meeting was organized by RHU at the request of partners so that they could provide guidance and confirm the direction on Community MNH with regards to its national scale-up. After thorough discussion, RHU declared that all partners who are focusing on MNH at the community level should implement the CBMNH Model being piloted by Save the Children and MCHIP. The model includes the Community MNH package where HSAs conduct home visits to antenatal and postnatal mothers and; the Community Mobilization package where HSAs assist selected community members to champion improved MNH at community level using the agreed Community Action Cycle.

MCHIP continued discussions with Save the Children's SNL program to document the CBMNH model in their 3 districts and disseminate the results jointly with MCHIP. SNL agreed and indicated that they are currently documenting their work under CBMNH and will plan to hold a joint national dissemination of the CBMNH model.

Issues/Challenges: No challenges

Next Steps: MCHIP plans to develop a draft documentation report by April 2010 and to disseminate results of CMNH model at district level in May 2010 and at the National level in June 2010.

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

Outputs and Outcomes: MCHIP conducted management visits to each focus district in the month of January 2010 and discussed with DHMT expansion of MCHIP districts activities including saturation of CMNH model. Machinga reported to have included in their DIP expansion of CBMNH to Nayuchi and Mang'amba Health Centers and Rumphu has included Mphompha health centre. Phalombe and Nkhotakota are yet to report on their expansion plan. MCHIP also trained 50 HSAs in CBMNH package from the new scale up health centres in Machinga (Nyambi and Nsanama) and Nkhotakota (Mwansambo and Ngala) and the trainings were facilitated by district trainers trained under ACCESS program. MCHIP provided technical support during the training. Experiences from ACCESS CBMNH trainings and program implementation helped enrich the training with practical information and this helped learners understand the content better.

Issues/Challenges: N/A

Next Steps: In May 2010 MCHIP will assist DHMTs of the four focus districts to develop implementation plans for scale up the CBMNH Model in their districts. The implementation plan will help DHMTs leverage some resources from interested parties to support the initiative. MCHIP will also conduct joint supervision in May to review progress, identify challenges and assist with solutions to solve the challenges; and will

provide technical assistance to any district interested in implementing the CBMNH model. In addition, MCHIP also plans to facilitate a meeting with RHU and Save the Children to discuss development of guidelines for Community MNH National scale up to ensure that the future scale-up districts are given clear guidance on how to initiate the CBMNH model.

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

Outputs and Outcomes: MCHIP shared the CBMNH model during a meeting organized by UNFPA for all the districts (Mangochi, Chiradzulu, Nkhata-Bay, Dedza and Mchinji) which UNFPA supports. Participants came to plan for UNFPA supported activities. RHU confirmed to the participants that the CBMNH model presented by MCHIP was the one recommended by Government. Following that announcement, UNFPA informed districts to include the CBMNH model in their work plan.

MCHIP also held a meeting with the Director of Chimwemwe mu'berekwi, an NGO that conducts home visits to postnatal mothers with child birth complications and conducts follow up home visits to at risk newborns. The meeting aimed at identifying key areas of overlap with regards to community MNH activities and agreed to have a combined approach of the two programs in Lilongwe district. Draft concept note has been jointly drafted and will be discussed with DHO Lilongwe in the next quarter; this is an advocacy tool that DHO can use to mobilize resources to support this community initiative..

Issues/Challenges: N/A

Next Steps: MCHIP will continue meeting with potential partners to provide an overview of the MCHIP program and identify key areas of overlap with regards to community activities. The Community MNH Specialist will give a Poster Presentation at a Global Health Council's Annual Conference in Washington DC, on improving MNH in Malawi Communities based on the work of the ACCESS program. This is also a powerful international platform that can help scale up the Community MNH model. Lastly, the Ministry of Health has organized a meeting in June 2010 for disseminating of a number of documents and initiatives that have taken place in the previous year. Donors and NGOs will be invited to this meeting and MCHIP has been invited to disseminate results of the Community MNH model.

## 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: From January-March 2010, MCHIP participated in a number of key MNH stakeholder meetings and technical working group meetings. MCHIP's participation in these national level meetings allows MCHIP to continue advocacy of MNH issues and ensure that the mission and vision of MCHIP as a USG partner is well represented in MoH activities. The following key meetings were represented by MCHIP:

- 1) Participation in Results Based Financing (RBF) meetings on 4<sup>th</sup> and 10<sup>th</sup> February, including the RBF M&E workshop, to conceptualize the design of an RBF strategy for increasing skilled deliveries at birth and improving quality reproductive health (RH) services. In addition to the two national level meetings, MCHIP presented the Performance and Quality Improvement initiative to the Options Consultants responsible for developing the feasibility report of RBF to the Government. The consultants were particularly interested in PQI and the standards as a methodology for improving and monitoring the quality of RH services.
- 2) Participation as a member of the National BEmONC Assessment Taskforce to plan and design the 2010 National BEmONC Follow-up Assessment with support from Columbia University's Averting Maternal Deaths and Disability (AMDD) Program. With funding from UNFPA and WHO, the Reproductive Health Unit (RHU) has requested for technical support from AMDD to carry out a

follow-up assessment to the 2005 National EmONC Needs Assessment. The 2010 assessment will enable the MoH to determine how much progress has been made in increasing coverage of functional BEmONC sites and guide policy, planning, and re-prioritization to address any gaps in coverage and quality service provision. (February 25<sup>th</sup> and March 16<sup>th</sup>)

- 3) Participation in the Safe Motherhood Subcommittee Meeting on 16<sup>th</sup> February. Key updates included finalization of the Youth Friendly Health Services (YFHS) training package and adoption of logo for YFHS sites; 2010 BEmONC assessment planned for June/July 2010; CMNH package revised to include home based newborn care, assessment of jaundice in the newborn, and RHU reiterated that the CMNH packaged has been adopted as the national package for community MNH activities; training of 17 providers in the integrated MNH package (facility based) by RHU with 7 of the providers qualifying as trainers, and; general update that Misoprostol will be piloted in Malawi for prevention of PPH beginning June 2010.
- 4) Participation in Sexual and Reproductive Health (SRH) Technical Working Group (TWG) on March 16<sup>th</sup>.
- 5) Participated in the SWAP mid year review meeting that took place on 22<sup>nd</sup> March 2010 to discuss progress towards implementation and set milestones and one key issue discussed was the need for concerted efforts by MoH HQ, DHMT's and stakeholders in facilitating progress towards hospitals attaining recognition status.
- 6) Participated in PMI partners meeting on 30<sup>th</sup> March where partners shared updates in implementation, notably PSI reported on the status of procurement and distribution of LLIN's.

Issues/Challenges: None

Next Steps: MCHIP will continue to participate in key national level meetings in the next quarter..

## **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: Initial discussions with RHU on developing an operational plan for the National Roadmap has been discussed and RHU agrees on the need for such a plan. Currently RHU is planning for a follow-up EmOC assessment to determine progress towards addressing key EmONC indicators following the 2005 National EmOC Needs Assessment. It was agreed with RHU that the results of the follow-up assessment which is planned to take place in June-July 2010 will help to inform the operational plan. As such MCHIP has been requested to be a key member of the EmOC Assessment Planning Taskforce and once the assessment has been conducted, MCHIP will liaise with RHU and MNH Stakeholders to prioritize development of a Roadmap Operational Plan that builds on the results and lessons learned from the national assessment.

Issues/Challenges: None

Next Steps: Most likely the results of the roadmap will be available in September 2010 therefore MCHIP will plan to start the preparations for developing the roadmap in August 2010.

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

Outputs and Outcomes: This activity has not been initiated in the reporting period. Per the workplan, it is planned to start in April 2010.

Issues/Challenges: N/A

Next Steps: MCHIP will liaise with IIP-JHU on using the Lives Saved Tool (LiST) as one method for identifying high impact interventions that can be rapidly scaled up. In addition, MCHIP will need to use the preparations for developing an operation plan for the Roadmap in order to ensure that the identified high impact interventions are integrated in the operational plan.

## **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 has scheduled the review and update of the National Reproductive health strategy from 23 to 25 June 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: On March 10<sup>th</sup> 2010, MCHIP participated in a National Stakeholder meeting organized by Venture Strategies Innovations (VSI) in collaboration with RHU, to inform key stakeholders on the introduction of Misoprostol for prevention of post partum hemorrhage (PPH) for deliveries that take place at in the community. Presentations were made on the global evidence of efficacy and feasibility of Misoprostol for prevention of PPH in the community. Stakeholders agreed that the feasibility of implementing Misoprostol for PPH in the Malawi context should be determined through a pilot study in selected districts where the Community-based Maternal and Newborn Health (CBMNH) model is currently being implemented; the rationale being that through the CBMNH program Health Surveillance Assistants (HSAs) are already trained to follow-up with pregnant women and conduct counseling on danger signs and birth preparedness including key messages on skilled attendance at birth.

Issues/Challenges: Although the RHU and Stakeholders has agreed on piloting the initiative in the 7 districts the CBMNH model, due to limitations in funding, VSI and RHU have agreed to pilot Misoprostol for PPH in MCHIP's 4 focus districts.

Next Steps: Since this will be a pilot initiative, RHU in collaboration with VSI and MCHIP will need to get ethical approval by the National Health Sciences Research Committee (NHSRC) in Malawi and United States. The Malawi deadline for ethical approval is May 7<sup>th</sup> 2010. Once approval has been granted, the implementation is tentatively scheduled to begin in July 2010.

## **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 February 2010, MCHIP participated in consultations with *Options*, the Results-Based Financing (RBF) group tasked by GTZ and Norway to conduct a feasibility assessment and provide recommendations on instituting an RBF system to strengthen maternal health outcomes focusing on improved skilled attendance at birth and quality of reproductive health services. Following detailed

consultations with partners, Ministry of Health, SWAp, and donors, the Consultants identified three key areas to institute RBF in Malawi:

**Demand-side:** Cash transfer for pregnant women to access transport to the health facility for delivery. Cash for the payment of the transport would be provided either to the health facilities providing maternal care or to the communities.

**Supply-side 1:** Introducing Performance and Quality Contracts for government and CHAM facilities which will allow facilities and staff to be rewarded for working hard at providing good quality maternity services. The reward would be based on a self assessment and an external assessment carried out with the comprehensive instrument jointly developed by the MoH and Jhpiego. The reward would be provided in cash to the CHAM facilities and in-kind to the government facilities, based on an investment plan developed as part of the contract with pre-determined proportions of the award being allocated for certain areas (i.e. percentage for equipment and supplies, percentage for mentoring or training, etc.).

**Supply-side 2:** Improvement of Service Level Agreements with CHAM facilities and contracting through the introduction of “Capitation Contracts” provided to the CHAM facilities at the beginning of each fiscal year. The approach would allow the simplification of procedures, the renewal of existing agreements and also the extension of agreements to more CHAM facilities in order to reach 93 facilities, which is the target announced by the President of Malawi.

Issues/Challenges: None

Next Steps: Since the Performance and Quality Improvement initiative was identified as one method for determining quality improvement in RH services, MCHIP is awaiting further directive from the Ministry of Health and donors on the way forward.

## 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: Monthly PSI warehouse stocks were monitored and the procurement plan was updated to account for the January-March 2010 stock levels. According to the stock cards, MCHIP/PSI had enough stocks in the warehouse and did not experience any product stock outs during this reporting period.

**Table 1: ORS Stock levels**

	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
ORS stock levels	1,548,792	1,431,684	1,297,596	1,231,560	1,171,296	983,184
Procurement plan					1,100,000	

Issues/Challenges: N/A

Next Steps: Continue monitoring of product stock levels in the warehouse through updating of the monthly product procurement plan.

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

Outputs and Outcomes: Starting January 2010, MCHIP began the process of updating all Thanzi ORS packaging (carton, dispenser and sachet) with MCHIP and USAID logos based on the MCHIP branding requirement. An internal purchase order was developed but not submitted to PSI Washington's procurement team as consultations took place to consider the possibility of including the PSI logo on all the Thanzi ORS packaging. The draft proposed marking plan was submitted to PSI/HQ to have them discuss with MCHIP on the planned proposal.

Issues/Challenges: No challenges

Next Steps: MCHIP will seek urgent guidance on the marketing proposal and once approved, an order will be sent to PSI Washington procurement team.

## **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: The 2 detailers, one covering the Central and Northern regions and the other covering the Southern region, continued providing private sector providers with contraceptives. In the Central region, the detailer was involved in identifying 50 outlets to form a closely linked providers' network. These outlets were visited at least once a month. During the visits, the outlets were either restocked or assisted technically. In the Southern region, the detailer visited providers who were already providing family planning services and potential outlets. 3,668 cycles of SafePlan™ Microlette™ and 2,650 vials of SafePlan™ Injectolette™ were distributed through the private sector.

Issues/Challenges: No challenges.

Next Steps: In the coming quarter, a marketing strategy will be put in place to help market the brand and hence create demand for the private sector.

12.2 Activity: Training of private medical providers on family planning

Outputs and Outcomes: 50 outlets were identified in the central region as part of the private sector providers' network. The outlets include drug stores, private clinics and pharmacies. One provider from each of the facilities was trained on Effective counseling in a private setting. In this reporting period (January-March 2010), 56 providers were trained. Six of the participants were not from the identified outlets but had heard that there was training on family planning service provision and requested to attend. However, there is a possibility that they will be included in the network. This means 56 outlets have been identified and providers from the outlets have been trained.

Issues/Challenges: More providers attended the trainings than were invited which put a strain on our resources.

Next Steps: In the coming April-June 2010 quarter, 150 outlets will be identified for the private sector providers' network. A provider from each of the outlets will be trained on effective service delivery in the private sector.

- 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: A study design on the feasibility of social marketing of contraceptives by Community Based Distribution Agents (CBDAs) was developed with the help of the PSI research team.

Issues/Challenges:N/A

Next Steps: In the coming April-June 2010 quarter, data collection will start and a concept note for piloting social marketing by CBDAs will be prepared and presented to stakeholders.

- 12.3 Activity: Conduct baseline Family Planning TRaC survey

Outputs and Outcomes: This activity will start in the April-June 2010 quarter.

Issues/Challenges:N/A

Next Steps: Gaps in data already available will be identified and qualitative research will be done to fill in the gaps.

### **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: No planning meetings were conducted in this reporting period. NMCP is currently leading these efforts in collaboration with the two LLIN distributors: MCHIP and Mulli Brothers.

Issues/Challenges: Currently NMCP is providing MCHIP with a distribution plan on an ad-hoc basis relying on district level requests for nets instead of appropriate forecasting. This is likely to affect efficient and effective distribution of LLINs.

Next Steps: Work with NMCP and other partners on long term distribution plan for LLINs through public sector health facilities; this includes the discussion on costs to be incurred using the adhoc distribution plan versus strategic long term distribution plan.

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

Outputs and Outcomes: 320,000 LLINs were received, cleared and warehoused at PSI warehouses. 44,202 LLINs were distributed in the Northern zone of Malawi according to the distribution plan provided by the National Malaria Control Program. A total of 120 health facilities in the Northern Region were targeted to benefit from the 44,202 LLINs, only one facility was not visited due to bad road condition. The datum level for each facility (maximum number of nets) was determined by National Malaria Control Program.

**Table 2. Mosquito nets distributed in Malawi to date**

	Chitetezo	Green	Green	Green	Green	TOTAL
Quarter	Blue ITNs	SWAP ITNs	GTZ ITNs	UNICEF LLINs	PMI LLINs	
Oct-09	20,362				1	
Nov-09	13,512					
Dec-09	11,844					
<b>Qtr1</b>	<b>45,718</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>45,719</b>
Jan-10	17,987					
Feb-10	25,562			10,000	41,201	
Mar-10	19,655				3,000	
<b>Qtr2</b>	<b>63,204</b>	<b>0</b>	<b>0</b>	<b>10,000</b>	<b>44,201</b>	<b>117,405</b>
<b>TOTAL</b>	<b>108,922</b>			<b>10,000</b>	<b>44,202</b>	<b>163,124</b>

Issues/Challenges:

- There are no client registers to record beneficiaries in the facilities. Health personnel use plain papers to register clients. These papers are often difficult to keep and maintain good records.
- There is great demand for LLINs in all health facilities because of a long period of stock out experienced from July 2009.
- A good number of contact persons who were trained to manage nets at health facility level were no longer in health facilities or had been given other responsibilities.

Next Steps:

- Work with the NMCP to organize trainings or refresher trainings on LLINs management for health facility staff.
- Work with National Malaria Control Program to provide registers for the facilities to maintain good records of beneficiaries.
- Continue with distribution and monitoring of LLINs through public sector health facilities.

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

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

Outputs and Outcomes: An internal creative workshop was conducted at PSI to discuss the creative brief on LLINs & World Cup malaria control campaigns and the creative team started working on the concepts. Placement of 270 radio jingles was done on MBC radio1&2. These materials were from a previous campaign however the communication messages are still valid, addressing self- efficacy for LLINs use. Targeted Outreach video shows on malaria treatment with LA were conducted in Balaka district reaching 10,700 people.

Issues/Challenges: There is need to review the current IPTp and Case Management IEC materials in collaboration with the NMCP, HEU & the malaria IEC technical working group to identify the gaps and build consensus on the IEC materials which need to be revised.

Next Steps:

- Finalizing draft/prototypes on LLIN IEC materials

- Review draft/prototypes on LLIN & other IEC materials
- Review of World Cup Malaria IEC concepts
- Pretesting the draft/prototype
- Assess pretest results and make revisions accordingly
- Selecting the most appropriate IEC materials
- Finalize materials in readiness for production.
- Placement of BCC/IEC materials.
- Launch of World Cup Malaria IEC Campaign

## **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: This activity will begin in April 2010.

Issues/Challenges: None.

Next Steps: Following initial discussions with partners to disseminate MNH messages using existing community-based platforms, in July-September, MCHIP will provide printed IEC materials developed under the ACCESS program and finalize the modalities for dissemination.

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

Outputs and Outcomes: Not initiated during reporting period.

Issues/Challenges: N/A

Next Steps: Beginning April 2010, MCHIP will begin more formal discussions with DHMT and community leaders, including members of the Community Mobilization “Core Groups”, to identify a Safe Motherhood champion in the community who can lead efforts in social mobilization. The Core Groups will take the lead in identifying a key intervention for safe motherhood as well as nominating a representative who has shown dedication to the cause of safe motherhood in the community.

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

16.1 Activity: Monitoring & Evaluation

Outputs and Outcomes: Throughout the quarter, MCHIP continued to monitor program activities through collection of relevant performance and outcome data using existing data collection and reporting systems. Major activities under taken this quarter included the following:

- In February 2010, the M&E Officer trained in each of the four focus districts a district data entry clerk on the Community MNH database, data entry system and reporting . As part of M&E decentralization to the district and to improve district ownership of the data, all Community MNH data will be entered at the district level and MCHIP will support the analysis and reporting of data on a quarterly basis.
- M&E Specialist facilitated development of the Country Operational Plan (COP) for PMTCT activities identified for funding by the USAID mission.
- Analysis of the PQI Health Center documentation data as well as Community MNH data for inclusion in the final documentation reports to be nationally disseminated in June 2010 in collaboration with RHU.

Issues/Challenges: Although a data entry clerk has been identified at the district level with the responsibility of entering CMNH data, there continues to be a backlog of data unentered. Part of the issue is the data collection tool which is quite lengthy and requires time to enter it fully. MCHIP is in the process of reviewing the form both in country and at HQ to streamline and facilitate collection and management of the essential data.

Next Steps: By July 2010, MCHIP expects to have drafted a revised CMNH register for HSAs. Once this is done, MCHIP will present the drafted tool to RHU for their approval to phase out the current data collection tool and phase in the revised CMNH register.

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

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

Issues/Challenges: Since the majority of MCHIP activities began in full in the month of February 2010, it was determined that a joint supervision would be more beneficial following three months of implementation. Therefore, in the interest of not overwhelming service providers in health facilities of the target districts, MCHIP provided needed technical support through the District Coordinators based in MCHIP's four focus districts who conducted supervision visits in conjunction with DHMT members.

Next Steps: MCHIP has planned to conduct a comprehensive joint supervision by program staff in May 2010.

## Other Key Activities and Developments

1. USAID commissioned GH tech consultants to conduct an evaluation of pre-service work (BEmONC trainings) in Ghana, Malawi and Ghana; the work in Malawi was done from 18-22<sup>nd</sup> January and the initial report has since been circulated. The report recommends training of midwifery lecturers/tutors since it has multiplying effects at pre-service level (benefits both lecturers and graduates).
2. Participated in USAID Synergy meeting which took place on 12<sup>th</sup> February.
3. On 24 February 2010 the Deputy Minister of Health Hon. Theresa Mwale awarded a certificate of recognition and a Shield to Mzuzu Central Hospital for achieving the status of center of excellence in Reproductive Health service provision. The awarding ceremony was attended by USAID HPN team leader and her deputy, Directors in MoH, other partners including WHO resident representative, the regulatory bodies, MCHIP staff and other stake holders.
4. On March 15<sup>th</sup> - 18<sup>th</sup> an external verification visit was conducted to Dowa District Hospital for PQI in RH services and at the end, Dowa scored above 80% in all except three areas of Family Planning starting and follow up and in management of abnormal labour. The hospital will be requesting a focused external verification in the next quarter.
5. On March 15-23<sup>rd</sup>, MCHIP participated in the first in-country Male Circumcision (MC) Training of Trainers co-sponsored by BLM and Jhpiego. The training helped establish a cohort of local MC trainers: 9 BLM employees and 1 Jhpiego/MCHIP employee. In building capacity of MC trainers in the country, Malawi is now in a position to rapidly scale up MC services using these trained trainers.

## 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		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
<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	M&E Specialist, Chief of Party	70,000	29,816
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</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	M&E Specialist, Chief of Party	70,000	29,816

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
	KMC) <ul style="list-style-type: none"> <li>Immediate breastfeeding within 1 hour of birth</li> </ul>								
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	M&E Specialist, Chief of Party	154,000	42,006
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	Quarterly	M&E Specialist, Chief of Party	340	180
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	Quarterly	M&E Specialist, Chief of Party	18,264	1881
Percentage of MCHIP-	Number of MCHIP-	KMC (Low-	Service	Monthly	Program	Annually	M&E	100%	100%

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
supported facilities where KMC services are in use	supported facilities which have established KMC room / all MCHIP-supported facilities	birth weight) Register	providers to record clients admitted for KMC		Officer		Specialist, Chief of Party		
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	Annually	M&E Specialist, Chief of Party	100%	67% (8 of 12 target sites)
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	Semi-annually	M&E Specialist, Chief of Party	3	1 (Mzuzu Central Hospital for RH)
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 Specialist, Chief of Party	560	190
Number of USG-	Number of service	TIMS,	As trainings	As	Program	Semi-	M&E	330	180

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
assisted service delivery points providing FP counseling or services	delivery points (excluding door-to-door CBD) providing FP counseling or 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).	Program Reports	occur providers indicate the facility they represent.	trainings occur	Officer	annually	Specialist, Chief of Party		
Number of women giving birth receiving AMTSL in selected MCHIP-supported facilities	Number of women who received AMTSL at sampled facilities/Total number of women with vaginal deliveries at sampled facilities  AMTSL is defined as the following three elements: <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</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	M&E Specialist, Chief of Party	70,000	29,816

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
	of the placenta								
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 contact with HSAs and/or CBD agents.	CMNH register, FP register	As counseling visits occur	As counseling visits occur with CMNH register collected monthly	District Coordinator	Quarterly	M&E Specialist, Chief of Party	25,000	15,346
<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, MNH Advisor, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	TBD	
Percentage of pregnant women who took at antimalarials to prevent malaria in pregnancy and folate tablets	Number of pregnant women who took antimalarials and folate / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator, MNH Advisor, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	TBD	
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, MNH Advisor, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	TBD	
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, MNH Advisor, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	TBD	
Percentage of women who breastfed within 1 hour of birth	Number of postnatal women who report breastfeeding within one hour after birth /	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator, MNH Advisor,	Year 2 and EOP	M&E Specialist, Chief of Party	TBD	

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
	Total number surveyed				M&E Specialist				
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 hours / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinator s, MNH Advisor, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	TBD	
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	Year 2 and EOP	M&E Specialist, Chief of Party	TBD	
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	Year 2 and EOP	M&E Specialist, Chief of Party	TBD	
<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 Specialist, Chief of Party	50%	Will report end of Y1
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 Specialist, Chief of Party	50%	Will report end of Y1

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
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/ Number of target communities	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 Specialist, Chief of Party	80%	Will report end of Y1
<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 PFPF 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	M&E Specialist, Chief of Party	TBD	Will report end of Y1
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	M&E Specialist, Chief of Party	1	0
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	M&E Specialist, Chief of Party	4	0
Number of policies or	Number of policies or	Program	Program officer	As	Program	Annually	M&E	1	0

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
guidelines developed or changed with USG-assistance to improve access to and use of Community MNH services	guidelines developed or changed to improve access to and use of Community MNH services.	Reports	will detail developments in CMNH policies or guidelines	program milestones occur	Officer		Specialist, Chief of Party		
Number of districts demonstrating improved use of data for decision making/priority setting with MCHIP support	For example, this includes the use of 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.	Meeting minutes, policy documents, program records	Part of PQI internal assessments	As internal assessments occur	HMIS Officer	Quarterly	M&E Specialist/COP	4	0
<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	M&E Specialist, Chief of Party	TBD	0
<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	Monthly	PSI / MCHIP	330,000	Will report end of Y1
Number of ORS sachets provided through USG-	Number of low osmolarity ORS sachets provided	PSI/Wash and PSI/Malawi source	National level survey using trained data	Weekly	PSI/Wash Procurement Specialist for	Quarterly	PSI / MCHIP	1,000,000	0

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
supported programs	through USG-supported programs through community based distribution	documents (procurement contracts, sampling and testing results, warehouse reports/forms)	collectors from PSI		East Africa and PSI/Malawi Warehouse Manager				
<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 contraceptives accessed outside of the public	Number of 15-49 year olds using oral 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	Year 1 and EOP	PSI/MCHIP	TBD	
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	Year 1 and EOP	PSI/MCHIP	TBD	
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	Year 1 and EOP	PSI/MCHIP	TBD	
<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	Number of PMI-	PSI/Malawi	Daily	Weekly	PSI/Malawi	Monthly	PSI /	800,000	44,202

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
distributed that were purchased or subsidized with USG support	funded LLINs distributed via ante-natal clinics and/or mass campaigns; measured in nets.	source documents (warehouse requisitions/ delivery documents/ receipts)	Completion of sale document at point of sale		LLIN/ITN Representatives		MCHIP		
Percent of mothers and caregivers of children under 5 years of age who report that their households own at least one mosquito net	Number of mothers and caregivers of children under 5 years reporting that their household own at least one mosquito net / Number of households with children under 5	Tracking Results Continuousl y (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	Year 2 and EOP	PSI/MCHIP	TBD	
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 Continuousl y (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	Year 2 and EOP	PSI/MCHIP	TBD	
<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 Specialist, Chief of Party	2	0
Number of partnerships with	Number of NGOs partnering with	Program Reports	Interviews with key personnel	Quarterly	MCHIP	Annually	M&E Specialist,	2	0

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS	
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 MARCH
NGOs forged as a mechanism for dissemination of MNH IEC materials	MCHIP to disseminate IEC materials on MNH through their existing platforms		from partners				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 preparedness and complication readiness for community members  Examples include community financial schemes, emergency transport systems or community education schemes	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 Specialist, Chief of Party	2,000 villages	Will report end of Y1
<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 Continuously (TRaC) Survey;	National level survey using trained data collectors from PSI	TRaC: Year 2	PSI Research Team	Year 2 and EOP	PSI/MCHIP	TBD	
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 Continuously (TRaC) Survey;	National level survey using trained data collectors from PSI	TRaC: Year 2	PSI Research Team	Year 2 and EOP	PSI/MCHIP	TBD	

