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MCHIP QUARTERLY REPORT

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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
10. Prompt and effective treatment of malaria among children under five and improved awareness around uptake of IPT among pregnant women
11. Increased community and district action to support use of high impact MNH interventions

Program Outputs

Key program achievements during the July-September 2010 reporting period included the following:

- PQI IP-RH internal assessment results for the 12 expansion sites showed significant improvement compared to baseline. Average internal monitoring scores by July 2010 reached 60.8% compared to average baseline scores of 41.5% in January 2010.
- Dowa District Hospital was recognized by the Ministry of Health as a Center of Excellence in provision of RH services following achievement of an external assessment score of 90%. "I am happy to note that the number of women visiting this hospital who developed complications following delivery dropped from 23.2% in 2008, just prior to the introduction of the quality improvement program, to 16% in 2010,"

said Lisa Vickers, USG Charge'd' Affaires Ad Interim. "Dowa is a shining example of providing exceptional services across the spectrum of reproductive health."

- Built capacity of 81 tutors in PFPF and as at end of MCHIP Y 1, 158 out of 160 tutors have been trained and out of the 10 colleges visited during this quarter, 5 have already included PFPF content in their course outline and are imparting the knowledge and skills to graduates.
- Malowa Community Action Groups (CAG) in Nkhotakota has received a grant from the District Assembly for construction of a maternity unit in their area; this is a great testimony on the power of community mobilization following the capacity building on CMNH and CM by MCHIP.
- The detailers continued visiting all the outlets stocking our family planning products. A lot of districts reported stock out of Depo in public facilities which resulted in more and more people utilizing the private sector. In the last quarter, 4 961 cycles of OCs and 5 993 vials of ICs were distributed; advertising materials also contributed to the increase in sales in the last quarter (radio spots, wall signs, health talks).
- In order to reach the most rural areas with messages promoting correct and consistent use of LLINs across the country, 520 community drama shows were conducted reaching all districts except Likoma Island and these shows reached an estimated audience of 157,970 people (47,260 males and 51,119 females).
- Conducted six mini-launches in six districts during the month of July (Blantyre, Salima, Zomba, Karonga, Nsanje and Nkhata-Bay) to continue raising awareness for the UAM Campaign and 78,000 people were reached through mobile publicity, 41,500 people were reached through the launch activities and 37,700 people were reached during the night shows, live shows of World Cup matches.

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: MCHIP presented the results of the health center level PQI IP-RH documentation at the National RH Dissemination held on 7th July at Capitol Hotel.

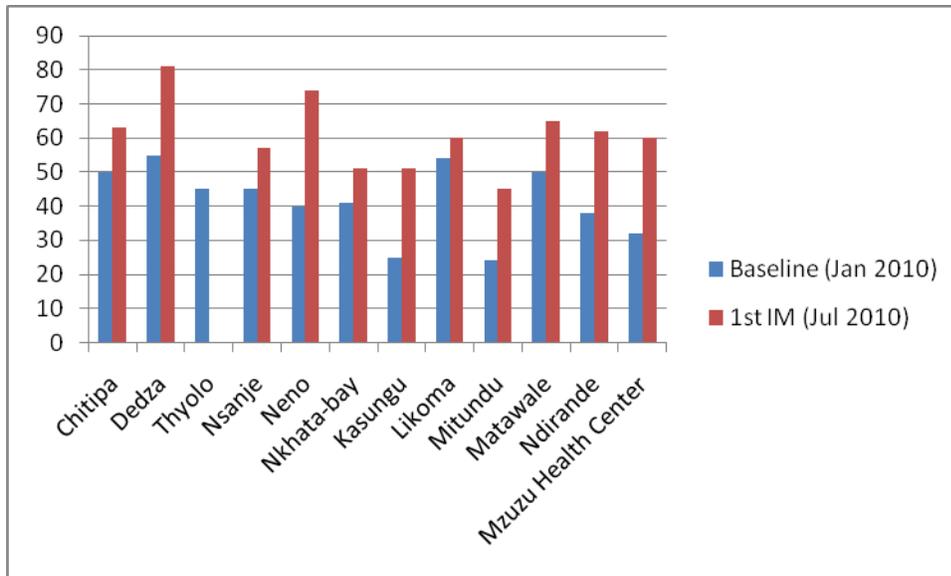
Issues/Challenges: N/A

Next Steps: MCHIP will continue advocating for scale up of approach in the focus districts and nationally during Quality Assurance and Reproductive Health fora. In Year 2, MCHIP will scale up to an additional 4 health centers in each focus district, totaling 16 health facilities.

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

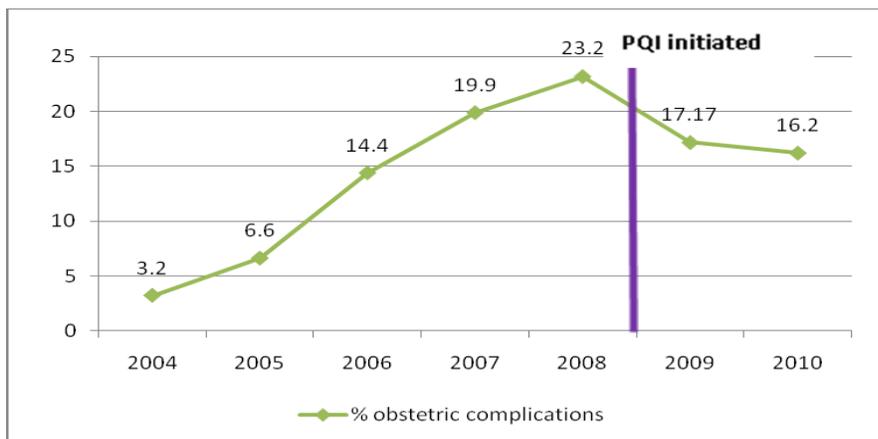
Outputs and Outcomes: In July 2010 MCHIP conducted PQI module 3 training of QIST members from the 12 expansion districts. This training was a continuation of module 1 and 2 training conducted in March 2010. The training was conducted in two zones; Central East Zone in Kasungu and South East Zone in Zomba. A total of 58 providers from the 12 expansion sites were trained in PQI module 3 completing the SBM-R training. The training was successfully conducted by MoH national PQI trainers previously trained by MCHIP. The Quality Improvement Support Team (QIST) from each facility presented results of internal assessments

of PQI/RH activities being undertaken in their respective hospitals. The results of the assessment registered a general improvement in the RH services being provided as shown below.



MCHIP in collaboration with MoH conducted external verification visit for Machinga Hospital on PQI/RH services from 27 to 29 July 2010 and Machinga scored an overall performance of 88%. This followed an achievement in the IP external verification that was conducted by MoH in June 2010 in which Machinga scored an overall 91%. With these results, Machinga qualified for a double award in Infection Prevention and Reproductive Health. The award ceremony will be conducted by the Ministry of Health at a date to be determined.

Dowa District hospital was awarded a certificate of excellence for reproductive health services after scoring 90% on the RH standards, at a ceremony conducted on 23 August 2010 at Dowa community ground. The ceremony was presided over by the Minister of Health, Professor David Mphande MP after he had toured the hospital to appreciate the improvements done by the hospital staff. In his speech, the Minister of health applauded Dowa Hospital for the good work and urged all the hospitals to emulate the example set by Dowa.



In August 2010 MCHIP conducted 3 stake holders meetings at Zonal levels. The meetings were conducted in Mzuzu, Lilongwe and Blantyre where participants were members of the DHMT and RH focal persons from all the 28 districts and 4 central hospitals implementing PQI in RH services following SBM-R. In addition, Zonal supervisors or their representatives were also in attendance. The meeting was organized to share progress on the PQI/RH activities in all the RH implementing sites, share challenges and discuss ways of overcoming

the challenges. A total of 92 participants attended the stake holders meetings. The major highlights of the achievements were the improvements in the performance scores registered during internal assessments in all the facilities, orientation of providers to PQI/RH standards with funds from the hospital (Chitipa, Kasungu, Nkhotakota, Machinga, Phalombe, Mzimba, Nsanje, Dedza, Dowa, Salima), general cleanliness of the health facilities and internalization of the RH standards by providers.

Issues/Challenges: Among the challenges highlighted during the Zonal Stakeholder meetings were shortages of IP materials and supplies, MVA kits and incomplete documentation of patient's notes after providers have conducted delivery or after managing women with complications of labour and delivery.

Next Steps: Continuous follow-up and supervision is still needed to help facilities master the PQI RH standards and work towards external verification. MCHIP will continue discussing with respective DHMT's to budget for IP materials and supplies. In the upcoming quarter, MCHIP will work closely with the Quality Assurance Secretariat and RHU to plan for the recognition ceremony of Machinga District Hospital in both IP and RH. We anticipate Dedza and Salima to call for external verification in the coming quarter, these two hospitals have made tremendous strides.

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

Outputs and Outcomes: From July-September, MCHIP worked with the target 16 health facilities to assist them in the development of proposals for district based BEmONC training. 15 of the 16 facilities have since submitted proposals.

Next Steps: MCHIP expects to provide funds directly to the district in order to conduct the on-site BEmONC updates using trained trainers (safe motherhood coordinators) as well as provision of training materials to the districts. Tutors trained in BEmONC under the ACCESS and MCHIP programs will facilitate these on-site BEmONC updates.

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: MCHIP organized one BEmONC training session for tutors this quarter. During the training session 16 additional tutors were trained making a total of 55 tutors trained at the end of MCHIP Y 1. The tutors were drawn from 11 nurse-midwifery training institutions. This brings the total number of tutors trained in BEmONC in the country to 106 out of 160. The two week training sessions were conducted in Zomba comprising of 5 days knowledge updates and four days were dedicated to clinical practice in antenatal, labour, post natal and kangaroo mother care wards/departments. Pelvic models were used by participants to practice skills in the classroom prior to clinical practice on clients. The experience assisted tutors to appreciate the need for the students to use the humanist approach where by students are coached on models before practicing the skills on clients. They were also coached on skills that they do practice regularly such as repairing of the perineum using the suture sparing technique. Tutors were encouraged to using the "skills checklist" when assessing students' competencies in the skills laboratory prior to practicing on clients.

Issues/Challenges: MCHIP trained 16 tutors out of the target 20 tutors that we had planned to train and this was due to conflict with examination dates for students and other planned activities in 3 nursing colleges.

The other challenge encountered was inadequate number of clients in the clinical sites in Zomba because the clinical site was overwhelmed by students from various training colleges who were doing their practicals.

Next Steps: To accommodate the colleges which were unable to send tutors to the training due to conflict in dates, MCHIP re-scheduled the last BEmONC training for tutors to take place in October; this training will be conducted in Blantyre where it is anticipated that the clientele will be better since there are more satellite health centers providing MNH services.

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

Outputs and Outcomes: MCHIP met with the Global AIDS Interfaith Alliance (GAIA) which has received funds from USAID to strengthen pre-service training, including BEmONC. Jhpiego/MCHIP will continue to communicate with GAIA and assist them with conducting future BEmONC and pre-service activities as per the agreements during the proposal writing phase of GAIA.

Issues/Challenges: N/A

Next Steps: In consultation with USAID/Malawi, MCHIP will continue to liaise with GAIA to assist them in their new program areas on strengthening pre-service training, 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: MCHIP trained 75 HSAs and 4 nurses on Ambulatory and community KMC (16 HSAs and 3 nurses from Rumphi District on 15th September 2010; 19 HSAs from Nkhotakota on 23rd and 24th August 2010; 20 HSAs and one nurse from Machinga on 30th and 31st August 2010; and 20 HSAs from Phalombe on 23rd and 24th July 2010). These HSAs were previously trained on CBMNH under ACCESS program and are already providing CBMNH in the catchment area of Bolero and Mwazisi Health Centers in Rumphi; and Alinafe, Mtosa, Malowa and Benga Health Centers in Nkhotakota. The previous the training package did not have a component of Ambulatory/Community KMC. The inclusion of nurses from the health centers offering KMC will increase number of nurses providing appropriate KMC services including referrals and consequently improve the quality of KMC services. Table 1 below is summary of skilled providers (clinicians and nurses) and HSAs trained to date on Ambulatory and Community KMC.

Table 1: HSAs trained to date on ambulatory and community KMC

	# HSAs trained
Total # of HSAs directly trained on Ambulatory and Community KMC under MCHIP	155
Total # of HSAs directly trained on Ambulatory and Community KMC under ACCESS	20
Total # of HSAs trained on Ambulatory and Community KMC using integrated KMC-CBMNH Training manual	100
Total # of Clinicians/Nurses trained on Ambulatory and Community KMC under MCHIP	64

GRAND TOTAL	275 HSAs and 64 Clinicians/Nurses
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Issues/Challenges: While the registers and reporting forms have been put in place, facilities are still struggling to routinely analyze and report the data to the DHMT level and upwards to the MCHIP office.

Next Steps: In October – December 2010, MCHIP will train 80 HSAs in Ambulatory and Community KMC using the integrated CBMNH package training manual. The HSAs will be drawn from 16 new scale up health centres in the four focus districts namely Lura, Ng’onga, Mzokoto and Mpompha Health centers in Rumph; Dwambazi, Nsenjele, Katimbira, Bua in Nkhotakota; Mangamba, Nayuchi, Mpili and Namanja Health Centers in Machinga and – Nkhwayi, Chetsekesesa, Migowi and Mwanga health Centers in Phalombe.

MCHIP will also train 20 clinicians and nurses on Ambulatory and Community KMC; 10 each from Rumph and Nkhotakota districts in October to December 2010 quarter. MCHIP will also provide supportive KMC supervision in these two districts.

The next supervision visit will also focus heavily on M&E follow-up, data consolidation, and feedback and will be a part of the quarterly joint supervision visits to ensure integration of KMC in the full mother-baby continuum of care.

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

Outputs and Outcomes: MCHIP continued following up on the timeline for scale up of KMC interventions as planned, however the DHMTs in all the four focus districts have not initiated KMC trainings yet in the identified health facilities which were identified for scale up last quarter.

MCHIP conducted supportive supervision in all the four focus districts during the July – September 2010 quarter. It was noted during supervision that KMC has been well integrated both at facility and Community levels and HSAs are conducting follow up of low birth weight babies in the community.

Issues/Challenges: Submission of reports from the HSAs through health facilities and up to the MCHIP office still remains a challenge. M & E is yet to be prioritized by health workers and this is a challenge for all programs.

Next Steps: Following training of HSAs and Clinicians on Community and Ambulatory KMC, MCHIP will continue following up with the DHMTs regarding the timeline for scale up of KMC interventions to additional Health centres. MCHIP will continue working on modalities to have smooth system for submission of reports from the HSAs through the facilities to MCHIP office using the existing system which is currently in use. MCHIP will also continue with supportive supervision in all the four focus districts during the October – December 2010 quarter.

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: In addition to building the capacity of providers in PFP, MCHIP also trained tutors from the 13 nursing colleges; 81 tutors were trained in the current quarter and at end of MCHIP Y1 a total of 158 tutors were trained..

MCHIP planned to conduct PFP site strengthening for Kamuzu College of Nursing using core funds. MCHIP conducted two sessions of 5 days training to update providers in PQI/RH, PFP, BEmONC core competencies

for providers from Kawale and Area 25 Health Centers and Bwaila Hospital (KCN selected these sites to be strengthened). Fifty nurse/midwives, clinicians and medical assistant were trained. These facilities are also used as clinical sites by other training institutions based in Lilongwe. MCHIP is in the process of providing equipment and supplies for the three clinical sites and the Kamuzu College of Nursing skills laboratory to facilitate the acquisition of the required skills in PFP for the graduates.

In the course of the year, MCHIP funded PFP district-level (on-site) training sessions for service providers from 10 of the 16 targeted sites (Machinga, Thyolo, Nsanje, Phalombe, Dedza, Nkhota Kota, Kasungu, Nkhata Bay, Rumphu and Chitipa). Each district identified 10 providers for the training. A total of 100 PFP providers have been trained at the end of MCHIP Y1.

Issues/Challenges: The total target of tutors to be trained was 160, however this was not attained by a gap of 2 because Kamuzu College of Nursing did not send participants from their college despite making such indication.

Next Steps: The remaining 6 sites (Likoma, Neno, Mzuzu health center, Matawale, Mitundu and Ndirande) are scheduled to conduct the trainings in October-December along with additional trainings in the MCHIP four focus districts targeting a total of 100 service providers.

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

Output and Outcomes: During the current quarter, facilitative supervisory visits were conducted at 10 sites (Mzuzu University, St.Johns, Ekwendeni, Nkhoma, Kamuzu College of Nursing Lilongwe and Blantyre Campuses, Malawi College of Health Sciences Zomba Campus, Mulanje Mission and Holy Family Mission Hospital).The supervision team comprised of representatives from Nurses and Midwives Council of Malawi and midwifery tutors who are part of national pool of trainers in BEmONC and PFP. The supervisors used BEmONC pre-service supervisory tool and FP standards. All the colleges visited have included BEmONC content in the course outlines and curricula and students are taught the BEmONC content. Since PFP has just been introduced, 5 colleges (Mzuzu, KCN, Nkhoma, MCHS-Zomba, Holy Family) have included the content in the course outlines.

Issues/ Challenges: The remaining 5 colleges of nursing have delayed in the inclusion of PFP in the course outlines because their colleges did not have a group of students in training who were due for this module on PFP.

Next Steps: Management officials in the concerned colleges were encouraged to include the content ready for the new academic year.

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: Following data collection for process documentation that took place in the quarter of January to March 2010, MCHIP develop a draft documentation report in April 2010 and finalized the report in August 2010 after district and national dissemination meetings which took place in May and July 2010 respectively. MCHIP jointly disseminated results of CMNH model at the National RH dissemination meeting with Save the Children. The presentation included the process of initiating CBMNH interventions at community level; implementation process, achieved results and required resources to implement the model. Participants to the meeting were impressed with the involvement of community leaders in the

approach and achieved results; and proposed that RHU and the MCHIP Community Based MNH Specialist should plan to brief the First Lady (who is the National champion on Safe motherhood) about this approach to be emulated by other districts in Malawi.

Issues/Challenges: None

Next Steps: MCHIP will continue documenting and disseminating the community MNH model as a basis for advocating for its scale up in other districts and follow up with RHU on scheduling the meeting with the first lady.

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

Outputs and Outcomes: MCHIP trained 130 HSA in Community Mobilization in July – September 2010 quarter. Among those trained, 100 HSAs were drawn from the new scale up health centers initiated by MCHIP in the four focus districts (Mhujū and Katowo in Rumphi; Mwansambo and Ngala HCs in Nkhōtakota and Nyambi and Nsanama HCs in Machinga). 30 HSAs were drawn from Phalombe and Machinga; those who were previously trained in CBMNH only under ACCESS program (23 from Machinga and 7 from Phalombe). The trainings were facilitated by district trainers trained under the ACCESS program and MCHIP provided technical support.

MCHIP held semi-annual review meetings in July 2010 in the four focus districts targeting local leaders, DHMT members, health centre staff and community members. The aim was to review progress in the implementation of CBMNH package and community mobilization interventions. The meetings created a platform where implementers at different levels shared achievements, successes and lessons learnt. The general consensus among participants was that there was good progress in the interventions. However, the Chiefs requested HSAs to intensify meetings with communities in order to improve the current status of implementation. District plans for the next six months were shared.

MCHIP conducted five knowledge sharing sessions with 145 HSAs previously trained under the ACCESS program (35 each from Rumphi, Nkhōtakota, Phalombe and 40 from Machinga districts). The aim of the sessions was to review and update HSAs' knowledge and skills in Community MNH and Community Mobilization. Achievements, challenges and lessons learnt were discussed. HSAs who are doing well shared some interesting experiences in community mobilization for other HSAs to learn and apply in their areas. A recap was done on development of work plan for the CAC and the emphasis was on including the targets on the plan to facilitate evaluation. Nkhōtakota DHMT plan to conduct exchange visits within the district to encourage communities to learn from each other.

MCHIP also conducted joint supportive supervision to all four focus districts in the quarter. The supervision team included RHU, District Assembly, DHMT and MCHIP team in the following facilities: Alinafe, Mwansambo, Ntosa, Benga, Mwansambo, Ngala and Malowa health centres in Nkhōtakota; Mwazisi, Bolero, Mhujū and Katowo health centres in Rumphi districts; Holy family, Mpsa and Phalombe Health centres in Phalombe and Chikweo, Ntaja, Ngokwe, Nyambi and Msanama Health Centres in Machinga. The supervision helped to assess progress of program implementation, challenges being encountered by implementing HSAs and the district and also agree on ways to mitigate the challenges and the way forward. In general, the progress of CBMNH interventions is encouraging. 90 Community Action Groups had work plans that addressed birth preparedness; provision of IEC messages for the mother and care of the newborn and means of improving transportation problems to a health facility and 15 CAGs were at evaluation stage with the first group of prioritized problems. Five HSAs were identified having challenges with the Community Action Cycle and they were assisted during the visit.

A number of success stories from the field were shared in the quarter. The most exciting success story is about a big achievement from Malowa Community Action Groups (CAG) in Nkhōtakota whereby the group has received a grant of MK3.6 Million (US\$23,000) from the District Assembly for construction of a maternity unit in their area. The CAG identified a lack of maternity unit as a big problem from the seven identified problems in their area and with support from MCHIP trained HSA wrote a proposal for support to the

District Assembly for materials they could not afford. In preparation for the construction, the CAG mobilized the community and molded bricks and collected sand and the CAG is ready to provide water during construction.

Photo: Kalungama Community Action Group, Malowa, Nkhosakota



Issues/Challenges: None

Next Steps: MCHIP plans to conduct CBMNH trainings for 80 HSAs in 4 sessions in October – December 2010 quarter. MCHIP will also conduct supportive supervision in the quarter and intensify support of the HSAs having problems with the CAC.

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

Outputs and Outcomes: MCHIP utilized the national RH dissemination meeting that was organized by RHU as a platform for informing stakeholders of MCHIP's household to hospital continuum of care and disseminated results of the CBMNH model. The dissemination meeting took place on 7th July 2010. The invited partners to the national dissemination meeting included: UNFPA, UNICEF, WHO, Save the Children, CHAM, WALA, FHI, FPAM, MSH, World Vision International, DHOs and DNOs from all 28 districts in Malawi; College of Medicine and BASICS. RHU formally endorsed CBMNH model as the national package during this meeting and encouraged stakeholders and partners to scale it up. After the presentation, MCHIP shared with the following partners electronic copies of MNH IEC messages that were developed under the ACCESS program: WALA, World Vision International; MSH; DHOs from implementing districts; and PSI. WALA reported that they will use the messages in Y2 program and planning, the program will start in October 2010. MCHIP plans to incorporate the MNH IEC messages into existing PSI drama groups which are already disseminating messages on malaria.

Issues/Challenges: None

Next Steps: MCHIP will also continue sharing the IEC messages with the new identified partners and follow up on how the messages have been incorporated and disseminated. MCHIP will continue to identify future new partners with potential to scale up CMNH package.

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 July-September 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. On 1st July MCHIP participated in the first meeting of the Reproductive Health Commodity Security Strategy review and revision, MCHIP actively advocated for the inclusion on MNCH drugs and supplies . On the same day, MCHIP also attended the Malaria program review with the focus in discussing lessons learnt from the MIP desk review
2. In July 2010, MCHIP actively participated in the National RH Dissemination Meeting, held annually at the Capital hotel in Lilongwe. In this conference, MCHIP made a presentation on the results of data documentation for PQI activities in the four focus districts' health centers of Rumphu, Nkhotakota, Machinga and Phalombe. The presentation highlighted the successes of PQI in health centers and improvements in performance scores compared to the non intervention sites. After the presentation, the Director of Reproductive Health Unit in the Ministry of Health recommended that the initiative be scaled up to other health centers in the country because the results clearly demonstrated the positive impact of this initiative on RH services.
3. The FP Subcommittee meeting was held on Thursday 5th August at RHU. Results of the CBDA social marketing formative study were presented. Members agreed that while the results of the study were interesting and provided positive validation of how CBDAs can be motivated to provide socially marketed FP products in the community, members felt that more practical (operational) evidence was needed before a policy decision could be made. As such, members agreed for MCHIP to move forward with a pilot whereby CBDAs would provide low-priced oral contraceptives through the community.
4. MCHIP participated in the SWAp POW meetings which took place on 27th and 28th July and some of the highlights included presentation on the evaluation of the emergency human resource training and malaria indicator survey
5. MCHIP also participated in the Safe motherhood Subcommittee meeting on 5th August where the EmOC assessment was discussed at length
6. On August 9th, MCHIP participated in the MC stakeholders meeting where progress to date was shared and plans for conducting MC SOP workshop were discussed
7. MCHIP participated in the SRH TWG meeting which was held on 31st August 2010
8. On 16th September, MCHIP attended an extraordinary FP Subcommittee meeting to discuss advocacy efforts to include Sinoplant in EHP as well as the need to develop relevant IEC materials

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: The development of the operational plan will take place following the finalization of the National RH Strategy, which is expected to take place in October 2010.

Issues/Challenges: None

Next Steps: This activity will be carried forward to the FY11, October-December 2011.

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

Outputs and Outcomes: During the RH Dissemination Meeting on 7th July 2010, MCHIP shared successes and IEC materials with key RH stakeholders including WALA, MSH, and CHAI. MCHIP has since begun informal discussions with IMPACT, a new USAID-funded program focusing on community level activities in the area of HIV/AIDS and Child Health. Specific areas of overlap with IMPACT include possible scenarios for integration of the CMNH package, and mother-infant pair follow-up.

In addition, UNICEF Malawi approached MCHIP about the possibility of strengthening the household to hospital continuum of care, based on MCHIP's current model, in the 3 three districts where UNICEF has a strong presence in implementing the Community MNH package. Acknowledging that there is a gap in strengthening quality facility-based RH services, UNICEF has expressed interest in scaling up the PQI package along with strengthening BEmONC services.

Issues/Challenges: None

Next Steps: In October, MCHIP will prepare a concept note to UNICEF and once the concept note has been discussed MCHIP will discuss with USAID on scale-up of the proposed interventions.

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

8.1 Activity: Update National Reproductive Health Strategy

Outputs and Outcomes: Finalization of the National RH Strategy was postponed until the finalization of the Reproductive Health Commodity Security Strategy (RHCSS) which is scheduled to take place in October 2010. Upon its finalization, the RHCSS will then be incorporated in the National RH Strategy.

Issues/Challenges: Development and finalization of the RHCSS has taken some time, as a result delaying the finalization of the National RH Strategy document.

Next Steps: The RHCSS is scheduled to take place in October, following which MCHIP will lead in the integration of the RHCSS into the RH strategy document. Upon finalization of the two documents in October, MCHIP will print and disseminate the final National RH Strategy document.

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: In August 2010, MCHIP received notification from the College of Medicine's Ethical Review Committee that the PPH study protocol had been rejected for a number of reasons, all of them minor and requiring minimal clarification in the protocol. MCHIP worked with Ministry of Health (RHU) and VSI to revise the study protocol entitled, ***A Pilot Study to Determine the Feasibility and Effectiveness of Strengthening Active Management of the Third Stage of Labor and Distributing Misoprostol at Antenatal Care to Prevent Postpartum Hemorrhage in Three Districts of Malawi***. The protocol was re-submitted in September 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: Not initiated this reporting period.

Issues/Challenges: None

Next Steps: In collaboration with GTZ/Norway, USAID, and the MOH, MCHIP will facilitate the introduction of the quality component of the Results-Based Financing initiative in the Central East Zone. This activity has been shifted to MCHIP Y2 to align closely with the start up of RBF activities being led by GTZ/Norway.

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 warehouse stocks of Thanzi ORS were monitored and the procurement plan was updated to account for the July-September 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

	Jan10	Feb 10	March 10	April 10	May 10	June 10	July 10	Aug 10	Sep 10
ORS stock levels	1,231,560	1,171,296	983,184	928,512	841,080	737,637	574,848	503,208	435,336
Procurement plan						1,100,000			

Issues/Challenges: The sales analysis show that this year there has been an increased demand for Thanzi ORS in the July –September quarter (dry season) which is not normal as compared to the past three years and this demand came from institutions and if this continues before the rainy season starts may affect our stock levels during the rainy season when normally the demand is high when diarrhea prevalence is also high.

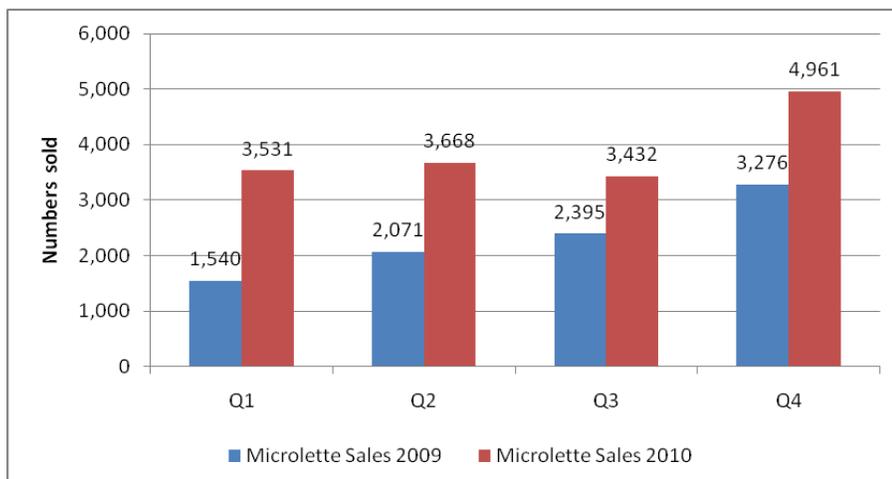
Next Steps: Continue monitoring of product stock levels in the warehouse through updating of the monthly product procurement plan and place an order of 600,000 in the next quarter so that there is no stock out during the rainy season.

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

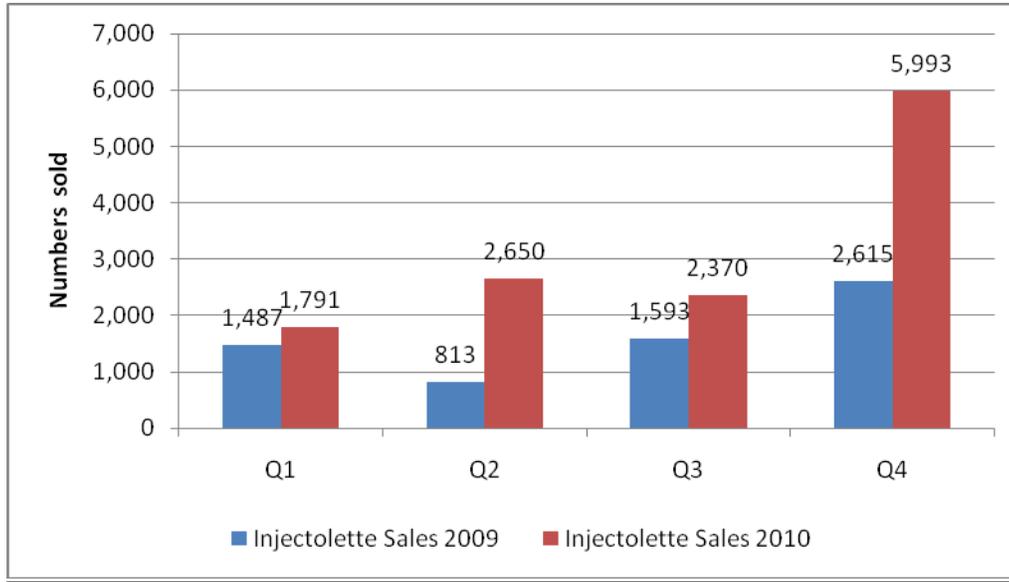
12.1 Activity: Social marketing of OCs and ICs

Outputs and Outcomes The detailers continued visiting all the outlets stocking our family planning products. A lot of districts reported stock out of Depo in public facilities which resulted in more and more people utilizing the private sector. In the last quarter, 4 961 cycles of OCs and 5 993 vials of ICs were distributed. Below is a graph showing sales throughout the year:

Microlette Sales



Injectolette Sales



The release of advertising materials also contributed to the increase in sales in the last quarter. Radio spots were developed promoting the brand and the facilities offering the brand. Other materials developed are wall signs as shown below.





To further promote the private sector, health talks were conducted. These were held either at clinics or sometimes venues had to be organized. The talks have shown that a lot of women have questions about contraceptives.

Issues/Challenges: None

Next Steps: In the coming quarter, brochures addressing myths and misconceptions are being finalized to add on to the IEC materials.

12.2 Activity: Training of private medical providers on family planning

Outputs and Outcomes: In the reporting quarter, 133 private medical providers were trained in counseling on side effects, myths and misconceptions. Of the trained providers, 14 were from Blantyre Water board and Escom clinics. These clinics have started offering family planning services to their employees, hence they needed some refresher training on current practices.

Issues/Challenges: None

Next Steps: The trained providers will continue being followed up through detailing visits.

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: The report on the feasibility study conducted in 3 districts was shared with the RHU and other stakeholders including the FP Subcommittee. The RHU gave an approval to conduct a pilot in one district after training a new batch of CBDAs. The pilot will be conducted in Machinga district in MCHIP Y2.

The feasibility study on social franchising was not carried out. BLM conducted a pilot on social franchising in 2008 and conducted an evaluation of the pilot this year. The results from the evaluation indicated that the pilot was a success so it will be rolled out throughout the country.

Issues/Challenges: None

Next Steps: A pilot will be conducted on social marketing with CBDAs in the next fiscal year.

12.3 Activity: Conduct baseline Family Planning TRaC survey

Outputs and Outcomes: This activity did not take place in the reporting period.

Issues/Challenges: This activity has been moved to year 2 of the program. This decision was made after taking into consideration the following issues:

1. The DHS is being done this year and captures the indicators from the M &E results framework. Going ahead with the TRaC will be a duplication of activities. Having an end of project TRaC will help in assessing whether there was an improvement in the indicators.
2. Considering that the first phase of the trainings is just being finished, having a TRaC this year and an end of project TRaC will not show significant changes in the indicators since there will be less than a year of implementation of activities.
3. Having an end of project TRaC will give a benchmark for the next phase of implementation and give guidance on marketing activities for expansion of the program in the future.

Next Steps: Start preparing the study design for submission to the IRB for approval.

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: One planning meeting was held with National Malaria Control Program office and in attendance was MCHIP and USAID to discuss the distribution plan for six months from October 2010 – March 2011. A draft distribution plan was developed and circulated to MCHIP by the National Malaria Control program.

Next Steps: Continue to work with NMCP on long term distribution plan for LLINs through public sector health facilities in order to make sure that nets are available at all times in the health facilities and also minimize the distribution costs.

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

Outputs and Outcomes: 400,000 LLINs were received, cleared and stored in the PSI warehouse. Of the 163,100 LLINs balance from the 320,000 LLINs that were received in the January-March 2010 quarter, 76,950 LLINs were distributed across the country in 13 districts in Malawi according to the distribution plan provided by the National Malaria Control Program reaching a total of 279 health facilities. These LLINs are provided free of charge at facilities during under 5 clinics and antenatal clinics targeting under five children and pregnant women who are the high risk groups. Distributed 800 client registers to the 279 health facilities that were visited by PSI team

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					
Qtr1	45,718	0	0	0	1	45,719
Jan-10	17,987					
Feb-10	25,562			10,000	41,201	
Mar-10	19,655				3,000	
Qtr2	63,204	0	0	10,000	44,201	117,405
April-10	14,579	0	0	1	47,421	
May-10	10,524	0	0	0	53,001	
June-10	9,782	0	0	100	13,000	
Qtr 3	34,885	0	0	101	113,422	148,407
July		0	0	2	0	
August		0	0	36,780	24,250	
Sept				54,280	52,700	
Qtr 4		0	0	91,062	76,950	168,012
TOTAL	143,807	0	0	101,163	234,573	479,543

Issues/Challenges:

- Health facilities from the northern and central region of the country had stock outs of nets at the time of the latest delivery of nets. In the southern region, only five health facilities had some nets in stock from the previous delivery.

Next Steps:

- Continue with distribution and monitoring of LLINs through public sector health facilities.
- Receive , clear and store 450,000 LLINs

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

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

Outputs and Outcomes: Developed 6 posters & 6 radio concepts, 3 designs for wall paintings promoting IPTp usage among pregnant women, prompt seeking behavior for malaria treatment for <5s, completion of LA dosage even if the child looks better, correct and consistent use of LLINs among <5 so that the child achieves his goals in life, community involvement in supporting referrals for under five sick children at community level, LA as the first line treatment for uncomplicated malaria.

Organized and conducted a workshop at Mount Soche Hotel for Malaria IEC technical working group members to review all the developed materials before they were pretested. Pre-tested and finalized the posters, radio messages, and designs and messages for wall paintings (wall signs and concrete billboards). MCHIP reviewed the NMCP brochures for LLINs, IPTp and Case Management and updated the messages and pictures in line with the current focus of malaria interventions.

Production of long lasting posters (A1 -2,000 and A2- 6,200) and brochures promoting LLINs, IPTp and case management started in this quarter. An order for 140 wall paintings for IPTp, LLINs and case management in the rural areas was placed. Started placement of wall paintings for concrete billboards across the country on 42 spaces with messages on LLINs, IPTp and Case management. A total of 1,981 radio spots have been aired on five radio stations (MBC1, MBC2, Joy, Zodiak and Transworld) promoting correct and consistent use of LLINs. Radio advertising continues with the newly developed messages on IPTp and Case management.

In order to reach the most rural areas with messages promoting correct and consistent use of LLINs across the country, 520 community drama shows were conducted reaching all districts except Likoma Island and these shows reached an estimated audience of 157,970 people (47,260 males and 51,119 females).

Conducted six mini-launches in six districts during the month of July (Blantyre, Salima, Zomba, Karonga, Nsanje and Nkhata-Bay) to continue raising awareness for the UAM Campaign, activities included: Drama, poetry, music, child activities, quiz, big walk accompanied by school children and Kabaza Boys (bicycle taxi owners), DHMTs, NMCP officials, other government stakeholders and partners, local football matches, beaming of live World Cup Football matches that were on scheduled on that day. The district commissioner for each district was the guest of honor and these activities were heavily supported by district health offices staff. 78,000 people were reached through mobile publicity, 41,500 people were reached through the launch activities and 37,700 people were reached during the night shows, live shows of World Cup matches.

Issues/Challenges: None

- Next Steps: Finalize the development and production of case management IEC materials. Placement of LLINs , IPTp and case management IEC materials nationwide
- Deployment of community outreach teams disseminating messages on correct and consistent use of LLINs, IPTp and case management

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: At the time of work planning, the original intention of this activity was to disseminate MNH messages developed under ACCESS using existing community-based platforms. However,

at the request of the RHU, the printed IEC materials developed under ACCESS were handed over to RHU so that they could be distributed nationally. MCHIP is exploring integration of the same MNH messages into the existing drama groups used by PSI to disseminate messages on Malaria.

Issues/Challenges:

Next Steps: PSI under MCHIP will orient existing drama groups to MNH IEC messages and the drama groups will disseminate the MNH messages as they disseminate malaria messages. Refer to activity 5.3

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 included participation in the joint supervision visits, revision and re-submission of the Misoprostol study protocol, and conducting end of year analysis of data for reporting. Reporting of data from the facility level upwards has been consistently getting better with higher quality data being reported in a much more timely fashion. Routine M&E supervision as part of the joint supervision has enabled program managers to appreciate the importance of data reviews as part of their regular workload.

Issues/Challenges: As PQI and CMNH continue to be scaled up at a rapid pace, generating significant data for reporting and sharing lessons learned, partners and stakeholders should consider transitioning paper-based monitoring tools to electronic data collection through the use of handheld technology.

Next Steps: Under MCHIP Y2, the M&E Unit will explore ways of creating electronic monitoring systems that can be used for supervision visits at the district and national levels.

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

Outputs and Outcomes: In August 2010, MCHIP conducted joint supportive supervision to 4 MCHIP focus districts. The supportive supervision was organized in two groups. The first group conducted supervision in Machinga district covering Ntaja health center, Ngokwe health center and Machinga hospital and also Phalombe district covering Holy Family hospital, Phalombe health center and Mpasa Health center. The second group conducted supervision in Rumphi District covering Mwazisi health center, Bolero Rural Hospital, Muhuju Rural hospital and Rumphi District Hospital. The major activities accomplished during the supervision visits were meetings with the DHMT and facility in-charges, supervision of labour and delivery activities and general supervision of IP and RH activities. The major findings were general cleanliness of the health facilities, completed New BEmONC maternity wings (in Mwazisi, Bolero and Mhujju) and also there was evidence of commitment and support from DHOs and DHMT as evidenced by setting aside moneys for best performing departments and for training service providers on RH and IP standards. Nkhotakota set aside monies for training providers on PQI in IP and RH standards and on the SBM-R model to increase a pool of QIST members. It was also observed during supervision that departmental In-charges were knowledgeable of IP and RH standards. There were adequate trained service providers in all the departments in Rumphi and Nkhotakota. All RH services are provided at both Nkhotakota and Rumphi Hospitals. RH drugs are available and PPEs are also available. In general Nkhotakota hospital appears to be making concerted efforts towards reaching recognition status for both IP and RH services.

Issues/Challenges: The major challenge observed in all the sites supervised was lack of internal monitoring of RH service. Facilities conducted internal assessments last year and none this year.

Next Steps: Supportive Supervision visits will be scheduled in the next quarter.

Other Key Activities and Developments

1. Technical Assistant to Zanzibar: The Program Officer for Quality Improvement travelled to Zanzibar in August 2010 to provide TA in training QIST members in PQI module 3 following SBM-R in BEmONC services under the MAISHA Jhpiego Program of Tanzania. This training was the final phase of the training that was started in January 2010 with module 1 training. During this TA, the Program Officer co-trained with trainers from mainland Tanzania and from the Zanzibar Island. In addition the Program Officer assisted in the development of guidelines for external verification.
2. MCHIP also gave a presentation at the Global Maternal Health Conference in New Dehli, India on increasing utilization of MNH services through targeted CBMNH interventions. This presentation shared with the world MCHIPs and USAID's contribution towards improvement of MDGs 4 and 5 in Malawi.
3. At the request of the mission, MCHIP has conducted a study in Chikhwawa, Mangochi , Lilongwe, Mchinji and Mzimba. This study has three objectives; understand the lifespan of polyester nets and what happens to these nets as they wear out; understand reasons for low uptake of IPTp second dose among pregnant women; understand factors affecting adherence to LA for treatment of uncomplicated malaria for children under five

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		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY1 TARG ET	PROG RESS AS OF 30 SEPT	
Goal: Accelerate the reduction of maternal, neonatal, and child morbidity and mortality towards the achievements of the Millennium Development Goals (MDGs)										
MCHIP Program Objective: Increased coverage of MNCH/FP services/interventions and practice of healthy maternal and neonatal behaviors										
Result 1: 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	87,755	Data on SBA deliveries was collected at all PQI hospitals and MCHIP focus health centers where PNC is incorporated as part of the RH standards.
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"> • Clean cord care • Thermal care (immediate 	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/Postnatal providers	Quarterly	M&E Specialist, Chief of Party	70,000	80,487	Data on SBA deliveries was collected at all PQI hospitals and MCHIP focus health centers where ENC is incorporated as part of the RH standards.

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 SEPT	
	drying and wrapping or KMC) <ul style="list-style-type: none"> • Immediate 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	M&E Specialist, Chief of Party	154,000	116,078	Data was collected from all PQI sites and MCHIP focus health centers where provision of quality ANC services has been incorporated into the RH standards. Tremendous gaps in data from the new health centers still exist leading to under-achievement. With the new ANC registers, providers have difficult reporting quarterly.
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,	TIMS	MNH trainings (including KMC, BEmONC, CMNH/CM, PAC, etc. trainings) as they	As trainings occur	Program Officer	Quarterly	M&E Specialist, Chief of Party	340	581	2 extra sessions on BEmONC and PQI conducted; Community Mobilization

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 SEPT	
	volunteers) trained in maternal and/or newborn health and nutrition care through USG-supported programs		occur							trainings anticipated under Y2 were conducted.
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	8,012	HSAs take several weeks/months before conducting routine visits (as part of initial preparations) which largely accounts for not meeting the target.
Percentage of MCHIP-supported facilities where KMC services are in use	Number of MCHIP-supported facilities which have established KMC room / all MCHIP-supported facilities	KMC (Low-birth weight) Register	Service providers to record clients admitted for KMC	Monthly	Program Officer	Annually	M&E Specialist, Chief of Party	100%	100%	All MCHIP focus health centers have a functional KMC unit
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%	100%	All sites have now been introduced to Ambulatory KMC and have started implementation.
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,	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	2 (Mzuzu Central Hospital, Dowa)	Machinga district hospital passed the external verification

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 SEPT	
	across all standards, on national performance standards / all MCHIP-supported facilities implementing PQI								District Hospital for RH)	assessment and is scheduled to be recognized in both IP and RH in October 2010.
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	800	On-site, group based training enabled MCHIP to reach more cohorts of providers.
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 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,	TIMS, Program Reports	As trainings occur providers indicate the facility they represent.	As trainings occur	Program Officer	Semi-annually	M&E Specialist, Chief of Party	330	336	Consists of 130 service delivery points being strengthened through PQI in the public sector plus an additional 206 service delivery points identified through the private sector receiving SafePlan.

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 SEPT	
	implants, voluntary sterilization).									
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"> • Use of uterotonic drug within one minute of birth (oxytocin preferred) • controlled cord traction • uterine massage after the delivery of the placenta 	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	80,487	Data on SBA deliveries was collected at all PQI hospitals and MCHIP focus health centers where AMTSL is incorporated as part of the RH standards.
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	65,000	67,016	
Result 2: Increased adoption of household behaviors that positively impact the health of mothers and newborns										
Percentage of pregnant women who develop a birth plan	Number of pregnant women who developed a birth plan	Lot Quality Assurance	LQAS survey in focus districts	Annual	District Coordinators, MNH	Year 2 and EOP	M&E Specialist, Chief of	TBD		The LQAS is scheduled for January 2010

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 SEPT	
	plan / Total number surveyed	Survey (LQAS)			Advisor, M&E Specialist		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	Year 2 and EOP	M&E Specialist, Chief of Party	TBD		The LQAS is scheduled for January 2010
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	Year 2 and EOP	M&E Specialist, Chief of Party	TBD		The LQAS is scheduled for January 2010
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	Year 2 and EOP	M&E Specialist, Chief of Party	TBD		The LQAS is scheduled for January 2010
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	Year 2 and EOP	M&E Specialist, Chief of Party	TBD		The LQAS is scheduled for January 2010
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		The LQAS is scheduled for January 2010
Percentage of women who report not taking any traditional herbs to	Number of women who report not taking any traditional herbs	Lot Quality Assurance	LQAS survey in focus districts	Annual	District Coordinator s, MNH	Year 2 and EOP	M&E Specialist, Chief of	TBD		The LQAS is scheduled for January 2010

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY1 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 SEPT	
speed labour, to facilitate childbirth, or postnatally	to speed labour, to facilitate childbirth, or postnatally / Total number surveyed	Survey (LQAS)			Advisor, M&E Specialist		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	Year 2 and EOP	M&E Specialist, Chief of Party	TBD		The LQAS is scheduled for January 2010
Result 3: Increased availability of community-based MNH services through Health Surveillance Assistants										
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%	2%	The capacity for HSAs to conduct all home visits is low given their enormous workload. Additionally, consistency in documentation of home visits is poor. However, HSAs ability to conduct at least one home visit is higher around 30%
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%	8.2%	The capacity for HSAs to conduct all home visits is low given their enormous workload. Additionally, consistency in documentation

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										of home visits is poor.
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%	80%	Estimate based on progress reports. In Y2, MCHIP will conduct an inventory of all active CAGs to determine final percentage.
Result 4: Strong MNH policies, planning and management in place at the national, zonal, and district and community levels.										
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	M&E Specialist, Chief of Party	452	440	
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	1	In June, MCHIP facilitated the review and revision of the RH strategy. It will be finalized in the next quarter.
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	Program Reports	Program officers	As scale-up plans are developed	Program Officer/DH MT	Annually	M&E Specialist, Chief of Party	4	4	MCHIP facilitated a workshop to enable districts to develop scale-

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	community model, PQI IP/RH at health centers, and KMC.									up plans. Refer to Activity I.I.
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	M&E Specialist, Chief of Party	1	1	CMNH activities were integrated into the revised RH Strategy. In addition, next quarter a workplan for MCHIP's contribution to performance based financing will be developed and contribute to strengthening and scale up of CMNH.
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	4	Districts utilized the CMNH and PQI results to develop scale-up workplans in their districts. MoH staff continue to enter data at the district-level.
Result 5: Increased commitment of resources for MNH from GoM and other donors										
Number of trainings on CMNH, KMC, PQI,	Number of MCHIP program trainings	Training reports	Program Officers	As trainings	Program Officer/	Quarterly	M&E Specialist,	TBD	0	

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BEmONC, FP conducted using leveraged funds by other donors	conducted using resources/funds from other donors			occur	GoM		Chief of Party			
Result 6: Increased availability and access to low osmolarity ORS among mothers and caregivers of children under 5										
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	0	
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	1,000,000	0	MCHIP received the waiver on branding in June. This will be reported on in the next quarter.
Result 7: Increased use of oral and injectable contraceptives amongst middle income women of reproductive age intending to use FP methods										
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	Tracking Results Continuously (TRaC) Survey; Measuring Access and	National level survey using trained data collectors from PSI	TRaC: Year 2 MAP: Annually	PSI Research Team	Year 1 and EOP	PSI/MCHIP	TBD		Since the TRaC is being postponed to Y2, MCHIP will introduce an FP register to all the SDPs to collect this data

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				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 SEPT	
	sector	Performance (MAP) survey								
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		Since the TRaC is being postponed to Y2, MCHIP will introduce an FP register to all the SDPs to collect this data
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	300	173	
Result 8: Increased ownership and correct and consistent use of LLIN's among mothers and caregivers of children under five										
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 requisition s/ delivery documents/ receipts)	Daily Completion of sale document at point of sale	Weekly	PSI/Malawi LLIN/ITN Representatives	Monthly	PSI / MCHIP	800,000	157,624	PMI nets distributed.

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				Schedule	Responsible	Schedule	Responsible	PY1 TARGET	PROGRESS AS OF 30 SEPT	
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 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 2 and EOP	PSI/MCHIP	TBD		A survey will be conducted in the July-September quarter
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	Year 2 and EOP	PSI/MCHIP	TBD		A survey will be conducted in the July-September quarter
Result 9: 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 Specialist, Chief of Party	2	4	MCHIP’s four focus districts have developed a workplan to scale up the household to hospital continuum of care model

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										including PQI and CMNH package.
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 Specialist, Chief of Party	2	2	CHAI, MSH,
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	746	746 villages have been reached through the Community Mobilization activities. 100 HSAs trained in July-September quarter have not yet established CAGs in their communities.
Result 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										
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		Messages currently being developed
Proportion of children	Number of children	Tracking	National level	TRaC:	PSI	Year 2	PSI/MCHIP	TBD		TRaC will be

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under five years old with fever in the last two weeks who received treatment with ACTs.	under 5 years with fever who received ACT treatment within 24 hours of onset / Number of children under five	Results Continuously (TRaC) Survey;	survey using trained data collectors from PSI	Year 2	Research Team	and EOP				done in Y2.

