



**USAID**  
FROM THE AMERICAN PEOPLE



# **MCHIP QUARTERLY REPORT**

---

**REPORTING PERIOD: OCTOBER-DECEMBER 2010**

**Submitted to:**

**Melanie Luick-Martins**

**AOTR, MCHIP Malawi**

**Submitted by:**

**Tambudzai Rashidi**

**Chief of Party, MCHIP Malawi**

**January 31, 2011**

# Table of Contents

---

1. Acronyms and Abbreviations	3
2. Executive Summary	5
3. Key Accomplishments by Activity	6
a. Performance and Quality Improvement	7
b. Basic Emergency Obstetric and Neonatal Care	8
c. Kangaroo Mother Care	8
d. Postpartum Family Planning	9
e. Injection Safety	10
f. Community based Maternal and Neonatal Care	10
g. RH Strategy	11
h. Performance Based Incentives	11
i. Social Marketing of Thanzi/ORS	12
j. Family Planning Social Marketing	13
k. Malaria Control	15
l. PMTCT	17
m. Male Circumcision	18
n. Program Management and M&E	18
4. Monitoring & Evaluation Framework	19

## 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
CBMNC	Community Based Maternal and Neonatal 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
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

### New Results under PMTCT and Male Circumcision

Under the conceptual framework for MCHIP/Malawi, these are facility-level results. However, to maintain consistency from Y1 to Y2 for the existing results, MCHIP is adding these two results as Result 12 and Result 13.

1. Strengthened integration, provision and access to quality Prevention of Mother to Child Transmission (PMTCT) and Reproductive Health services
2. Increase access to and availability of quality Voluntary Medical Male Circumcision services

## Program Outputs

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

- 139 service providers from 14 districts were trained in BEmONC core competencies including AMTSL, essential newborn care, newborn resuscitation and the six signal functions; 79 providers from 8 districts introduced to PQI RH and were trained in postpartum family planning in December 2010.
- MCHIP provided basic FP equipment and supplies to Kamuzu College of Nursing to help strengthen their skills laboratory where nursing students are provided with hands on learning on FP. Additional equipment and supplies were also provided to 2 health centers where nursing students are posted as part of their clinical rotation and where FP services are generally in high demand.
- From October-December 2010, two of Malawi's national radio stations aired 1392 adverts that promoted the SafePlan brand as being accessible through the private sector and, the private sector as an alternative place to reliably access FP services. Following the airing of the messages, MCHIP has received calls from listeners asking to know more about contraceptives in general and SafePlan in particular. In support of the radio messages, two health talks were conducted targeting low income women and these have provided a platform where women in urban and peri-urban areas have the opportunity to voice their questions on FP issues.
- 7,598 cycles of oral contraceptives and 18,068 vials of the injectables were distributed (compared to 4,961 cycles and 5,993 vials respectively for the previous quarter). Besides an increase in the communication activities, other factors that contributed to these high volumes being distributed were stock outs in some districts that were experienced in the previous quarter.
- On the 21<sup>st</sup>- 22<sup>nd</sup> December, the pilot initiative for community based distribution of SafePlan oral contraceptives at a subsidized rate was officially launched in Liwonde and Chikweo TAs in Machinga district. Fifty identified volunteers were trained as community based distribution agents (30 from Chikweo and 20 from Liwonde) from their respective villages to provide comprehensive family planning counseling and distribute the SafePlan oral contraceptives.
- 499,684 LLINs were received, cleared, and warehoused. 223,169 LLINs were distributed to health facilities across the country targeting pregnant women and caregivers of children under five.
- MCHIP promoted correct and consistent use of LLINs and prompt treatment seeking behavior through 120 community drama shows in 13 high risk malaria districts reaching an estimated audience of 30,000, 123 targeted outreach communication shows across the country reaching an estimated audience of 38,693 and 32 road shows in six malaria prone districts reaching an estimated audience 105,720.
- Forty-two wall paintings created across the country with messages promoting prompt treatment seeking behavior, IPTp and completion of the dosage of LA.
- 2,231 radio spots aired on five radio stations (MBC1, MBC2, Joy, Zodiak and Transworld) promoting correct and consistent use of LLINs. These messages were replaced by the newly developed messages on IPTp and Malaria treatment using LA messages in mid December, 2010.
- The Standard Operating Procedures for Voluntary Medical Male Circumcision were developed by the Ministry of Health with technical support from MCHIP from September 27-October 1, 2010. MCHIP Malawi facilitated the development of the MC Malawi Standard Operating Guidelines. The guidelines are undergoing final editing by the MoH and will be used by MCHIP to establish two model MC centers in Dedza and Mulanje districts as well as roll-out services to an additional seven district hospitals.

## Key Accomplishments by Activity

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

1.1 Activity: Catalyze scale-up of PQI IP/RH (for health centers) in PMNCH districts

Outputs and Outcomes: Not initiated this quarter.

Issues/Challenges: N/A

Next Steps: A national stakeholder meeting for DHOs, DNOs and HMIS Officers from all 10 PMNCH districts will be conducted in January 2011. The purpose of the meeting is to orient managers on the process of introducing PQI IP/RH and CBMNC to strengthen the household to hospital continuum of care. Lessons learned from current experiences in MCHIP’s focus districts will be shared and districts will be asked to identify sites for scale-up within their districts using PMNCH funding.

1.2 Activity: Expansion of PQI/RH at the health center level

Outputs and Outcomes: The 16 facilities targets for PQI scale up were identified. They include four health centers per focus district, as follows:

<b>DISTRICT</b>	<b>NEW SCALE UP HCS FOR PQI</b>
Phalombe	Nkhwayi Chitseka Migowi Nambazo
Machinga	Nyambi Nsanama Nayuchi Namanja
Nkhotakota	Ngala Mwansambo Nkhunga Dwambazi
Rumphi	Lura Mpompha N’gonga Katowo

Issues/Challenges: N/A

Next Steps: MCHIP plans to conduct two sessions of PQI IP/RH trainings for 32 service providers from all the above health centers in January 2011. Immediately following the PQI trainings, MCHIP will facilitate the baseline assessments at each of the health centers.

1.3 Activity: Support recognition ceremonies for hospital and health centers attaining minimum requirement

Outputs and Outcomes: Following the attainment of 88% on the RH standards, Machinga District Hospital has postponed the recognition ceremony until early 2011 due to lack of funds to support the recognition ceremony during the reporting quarter.

Issues/Challenges: N/A

Next Steps: MCHIP will continue to follow-up with the DHO to secure a final date for the recognition ceremony in the early weeks of 2011.

## **2. Improve the capacity of service providers to provide BEmONC (MCHIP Partner Lead: Jhpiego)**

### **2.1 Activity: Train service providers from MCHIP focus districts on BEmONC through on-site modular trainings**

Outputs and Outcomes: MCHIP facilitated the training of 139 service providers from 14 districts in BEmONC core competencies which included AMTSL, essential newborn care, newborn resuscitation and the six signal functions. This activity was a carry-over activity from MCHIP Y1, where MCHIP targeted 16 districts (12 PQI expansion sites under Y1 plus sites from MCHIP's four focus districts) for training in on-site, modular based BEmONC training. The trainings were facilitated by the already existing pool of trained trainers, safe motherhood coordinators and tutors trained in BEmONC under the ACCESS and MCHIP programs.

Issues/Challenges: Due to conflicts with other district activities, only 14 facilities out of 16 conducted the training in December 2010 as scheduled.

Next Steps: As was the case with the 14 districts, MCHIP expects to administrate funds and training materials directly to the 2 remaining districts ( Nkhotakota and Likoma Island districts) in order to conduct the on-site BEmONC updates. The BEmONC training in Likoma Island and Nkhota kota will be conducted by 24<sup>th</sup> January 2011.

### **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.

Issues/Challenges: N/A

Next Steps: In consultation with USAID/Malawi, MCHIP will continue to liaise with GAIA to assist them in conducting the first 5 day BEmONC Training to KCN tutors that is scheduled to take place from 14<sup>th</sup> through 18<sup>th</sup> February 2011.

## **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 December 2010, MCHIP conducted two sessions of ambulatory and community KMC trainings in Rumphu and Nkhotakota for a total of 21 nurses and clinicians. The training aimed at empowering nurses and clinicians with knowledge and skills on Kangaroo Mother Care which will enable them establish KMC services in their various health facilities. The Trainers also reviewed general care of the newborn, and newborn resuscitation with the participants before tackling KMC. Participants showed commitment throughout the training as seen through their participation during the questions and answers sessions. The Hospital visit to the KMC unit also added value to the training as participants were exposed to hands on experience and observation of KMC in practice including documentation.

Issues/Challenges: A nurse from one of the targeted scale-up health centers (Mzokoto Health Center) did not attend the training and instead a nurse from the District Hospital participated in her absence. The agreement is that the participating nurse would be sent to Mzokoto Health Center to train the service providers on KMC.

Next Steps: MCHIP will follow-up with the trained providers after two months as part of continuous mentorship as the facilities establish KMC services.

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

4.1 Activity: Conduct PFP modular trainings for 16 scale-up health facilities in MCHIP's four focus districts

Outputs and Outcomes: In MCHIP Y1, MCHIP facilitated district based training of 100 providers in PFP from 10 of the 16 facilities where PQI was scaled up. In continuing with the building capacity of providers in PFP, MCHIP further facilitated a 2 days training session for 79 providers from the remaining districts between 6<sup>th</sup> and 24<sup>th</sup> December 2010. This activity was a carryover activity from MCHIP Y1.

PFP modular trainings for the new 16 scale-up health facilities in MCHIP's four focus districts will commence in January 2011.

Issues/Challenges: 21 providers from Likoma Island and Nkhoskoti were not trained in the reporting quarter due to conflicting programs that were taking place at the same time in the districts.

Next Steps: MCHIP will conduct the PFP modular trainings for the target 96 providers from 16 health centers which will be introduced to PQI/RH and trained in BEMONC starting January 2011. In addition, the remaining 21 providers from Likoma and Nkhoskoti will be trained between January-March 2011.

4.2 Activity: Development of job aides on PFP for service providers and HSAs

Output and Outcomes: Not initiated in the reporting period.

Issues/ Challenges: N/A

Next Steps: This activity will take place in the January-March 2011 quarter.

#### **5. Family Planning Refurbishment (MCHIP Partner Lead: Jhpiego)**

5.1 Activity: Renovations to facilitate integration of FP in ANC, Maternity and Postnatal Clinics

Output and Outcomes: MCHIP in collaboration with the Planning Unit and Reproductive Health Unit of the Ministry of Health conducted a series of nine health facility assessments between 12<sup>th</sup>-17<sup>th</sup> December 2010. The assessment was done at family planning high volume sites like Phalombe Health Centre in Phalombe; Machinga District Hospital, Ntaja and Chikwewo Health Centers in Machinga; Nkhoskoti, Ngala, and Kasitu in Nkhoskoti; Bolero Community Hospital and Rumphi District Hospital in Rumphi

Generally all the facilities assessed require renovations. The major challenge observed was the shortage of space in most facilities. The facilities that have been recommended for extensive structural and cosmetic rehabilitation and renovation are Phalombe Health centre in Phalombe, Ntaja Health centre in Machinga, Ngala Health Centre in Nkhoskoti and Rumphi District Hospital MCH department in Rumphi.

Issues/Challenges: There were some changes that were made to the original selection of sites like in Machinga, the DHMT suggested changing the originally chosen health centre (Momba Health Center) to

Ntaja as Momba Health Centre does not have a maternity wing since it is a health post and in Nkhotakota, the DHMT suggested that the team add Ngala Health Center to the list of sites as it has increasing demand for FP services.

Next Steps: MCHIP will identify sites for renovation in January and will identify contractors and obtain necessary approvals by March 2011. Renovation work will be completed by 30 September 2011.

## **5. Implement quality improvement activities at high volume sites to address injection safety, PEP, and other infection prevention priorities (MCHIP Partner Lead: Jhpiego)**

6.1 Activity: Conduct national supervision on infection prevention including injection safety and PEP

Output and Outcomes: Not initiated in the reporting period.

Issues/ Challenges: N/A

Next Steps: This activity will take place in the January-March 2011 quarter.

## **7. Expansion of Community-Based Maternal and Newborn Care (CBMNC) (MCHIP Partner Lead: Save the Children)**

5.1 Activity: Support DHMTs to scale-up CBMNC in the focus districts

Outputs and Outcomes: Not initiated in the reporting period.

Issues/Challenges: None

Next Steps: This activity will take place in the January-March 2011 quarter.

5.3 Activity: Support districts to train service providers in Helping Babies Breathe

Output and Outcomes: Not initiated in the reporting period.

Issues/ Challenges: N/A

Next Steps: This activity will take place in the January-March 2011 quarter.

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

8.1 Activity: Participate in key working group meetings

Outputs and Outcomes: From October-December 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 the National Quality Assurance Technical Working Group meeting, on October 5<sup>th</sup>-6<sup>th</sup>. The purpose of the meeting was for members to develop a QA workplan for the SWAP POW II. A consultant from GTZ facilitated the process and a report on the proceedings of the TWG, including a final proposed workplan has since been submitted to the MOH.

2. Participation in the HPN and Synergy meeting on October 8<sup>th</sup>, 2010. MCHIP presented to HPN partners on the success of the household to hospital continuum of care model being implemented in MCHIP's four focus districts.
3. Participation in the SWAP review meeting from November 12<sup>th</sup>-14<sup>th</sup>, 2010 at Capital Hotel.
4. Participation and support to the National RH Strategy Stakeholder meeting on November 4<sup>th</sup>-5<sup>th</sup> to revise and finalize the strategy following comments received by stakeholders in the previous quarter.
5. Participation in the PMTCT/ART Technical Working Group meeting on November 23<sup>rd</sup>, 2010. The MOH presented on their expectations of PMTCT zonal partners and partner's had an opportunity to consult with the MOH on issues arising.

Issues/Challenges: None

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

- 8.2 Activity: Conduct district-level stakeholder meetings on MCHIP Household to Hospital Continuum of Care model

Output and Outcomes: Not initiated in the reporting period.

Issues/ Challenges: N/A

Next Steps: This activity will take place in the January-March 2011 quarter.

## **9. Update National Reproductive Health Strategy (MCHIP Partner Lead: Jhpiego)**

- 9.1 Activity: Finalize the updated National Reproductive Health Strategy

Outputs and Outcomes: The activity to finalize the updated National Reproductive Health Strategy (2006-2010) took place from 4<sup>th</sup>- 5<sup>th</sup> November 2010 at Crossroads Hotel in Lilongwe. The review process was lead by RHU and all key RH stakeholders including the following: Director of the Reproductive Health Unit, Deputy Director of Reproductive health, Representatives from the HIV/AIDS Unit of the MoH, USAID, UNFPA, WHO, UNICEF, PSI, Intra Health, MSH, Malawi College of Health Sciences, Kamuzu College of Nursing, College of Medicine, MSH, BLM and representatives from MCHIP. The aim of this working session was to finalize updating the RH strategy which was reviewed in June in Blantyre including incorporating the developed Reproductive Health Commodity Security Strategy (RHCSS). During the meeting, members changed the formatting of the previous strategy.

Issues/Challenges: RH strategy update was not finalized as participants felt that results from the Road Map review, 2008 Demographic Health Survey and recent 2010 EmONC assessment needed to be incorporated as part of the National RH Strategy, especially if new or emerging issues need to be addressed.

Next Steps: RHU has planned another meeting in April to finalize the RH strategy to incorporate the emerging issues and targets from the Road Map, DHS, and EmONC assessment reports.

## **10. Performance Based Incentives (MCHIP Partner Lead: Jhpiego, Broadbranch Associates)**

- 10.1 Activity: Develop and prepare a platform for Performance-Based incentives Initiative linked to PQI/RH

Outputs and Outcomes: During the reporting quarter, MCHIP developed the electronic module (SPSS database) as part of the first step in developing a platform for PBI to be linked to PQI/RH. As PQI/RH goes paperless, the electronic module will enable supervisors/managers to input provider observations directly into the electronic PQI tool. MCHIP has placed an order to procure 3 Dell tablets which will be road-tested early next quarter as part of the TDY scope of work for Catherine Schenck-Yglesias.

Issues/Challenges: It is anticipated that the Dell tablet models will not be released in time for the TDY schedule in early January. As such, the mission was notified that the TDY may need to be delayed until February.

Next Steps: MCHIP will continue following up with Dell sales representatives to confirm a date when the models will be available. Catherine’s TDY will be scheduled along the confirmed timeline in order to complete the road-testing at the earliest date possible.

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

### 11.1 Activity: Procurement of 1.1 million sachets of Thanzi ORS annually.

Outputs and Outcomes: A second order of 600,000 sachets of Thanzi ORS was placed and approved to make a total procurement of 1.1m sachets. The advantage with this is that the same waiver for the first order was used and caused no delays in the procurement process. Only two suppliers tendered for the second order and the supplier who won the 500,000 sachets order was selected and given the order to supply the 600,000 sachets.

MCHIP continued to monitor the warehouse stock levels of Thanzi/ORS and updated the procurement plan. According to the stock cards, MCHIP/PSI did not have enough stocks to meet the demand though there was no stock out of the product in the warehouse. A decision was made to control stock levels by reducing stock withdrawals by the sales team from the warehouse to the trade, and instead the sales teams were advised to withdraw stocks from the MCHIP key distributors and sell it to the wholesalers and retailers in order to reserve some stocks for Q1 for 2011 as it was reported from the PSI Washington procurement team that the order for the 500,000 sachets would only arrive in Malawi by February/March 2011.

	10-Jan	10-Feb	10-Mar	Apr-10	10-May	10-Jun	10-Jul	10-Aug	10-Sep	10-Oct	10-Nov	10-Dec
ORS stock levels	1,231,560	1,171,296	983,184	928,512	841,080	737,637	574,848	503,208	435,336	355,992	204,384	119,160
Procurement plan						1,100,000						

Issues/Challenges: None

Next Steps: Work with Pharmacies and Medicines Board to register the second supplier of ors whose factory was inspected during this quarter and encourage more suppliers of ors to register in Malawi so that there is wide selection of suppliers.

### 11.2 Activity: Communication on diarrhea treatment

Output and Outcomes: 15 community educators were deployed across the country especially targeting cholera prone districts and 1,000 sessions were conducted in the villages reaching an estimated audience of 15,000 people with messages and demonstrations on how to use Thanzi ORS and promotion of prompt treatment of diarrhea by the caregiver. Through these sessions IEC materials on Thanzi ORS were also distributed to the caregivers of under five children.

Issues/ Challenges: N/A

Next Steps: This activity will continue and will be supported by the radio adverts in the January-March 2011 quarter.

### 11.2 Activity: Procurement and distribution of 135,000 POU products

Outputs and Outcomes: An order was raised, approved and sent to the supplier and deliveries are expected Q1 2011. All packaging materials were ordered for the above quantities and deliveries expected in Q1 2011

Issues/Challenges: None

Next Steps: MCHIP will follow-up in early 2011 on the expected delivery of the products.

## 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 : In this quarter, a total of 1392 adverts were aired on two national radios. The adverts had 2 main messages, i.e. to promote the SafePlan brand and to promote the private sector as an alternative source for contraceptives. So far, we have received feedback from some women who have been calling asking to know more about contraceptives in general, SafePlan contraceptives in particular or their reproductive health choices. This is indicative of the fact that the messages are having the intended effect to encourage women to ask questions concerning their family planning choices.

In support of the radio messages, health talks have been conducted in some communities. These have provided a platform where women in urban and peri-urban areas ask questions on family planning issues. These health talks have also helped create a relationship between the private sector providers and the clients. In the reporting quarter, 2 health talks were conducted targeting low income women who are likely to use the private sector for their health needs.

All these communication activities have helped increase the volumes of contraceptives distributed through the private clinics as shown in the graph below when compared to the same period the previous year.

Figure 1. Sales of Oral Contraceptives during reporting period compared to previous year

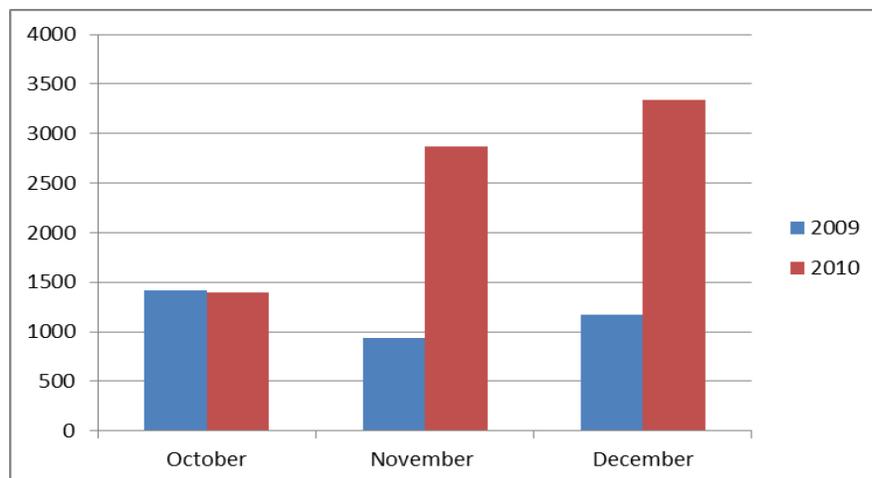
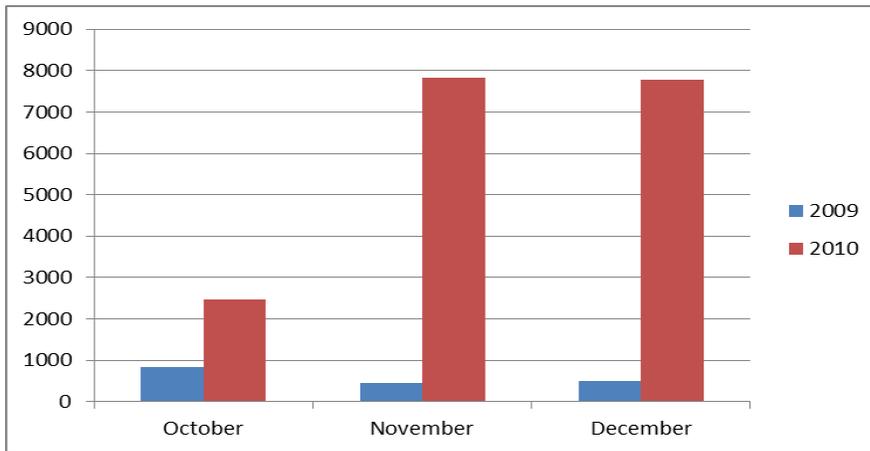


Figure 2. Sales of Injectable Contraceptives during reporting period compared to previous year



Issues/Challenges: None

Next Steps: In the next quarter, our emphasis will be on activities that will try and retain clients that have accessed contraceptives through the private sector. IPC events have demonstrated to be effective and more of these activities will be conducted in the next quarter. Detailing visits will also continue to the private sector providers to strengthen their service provision skills. Family planning registers will also be distributed to promote proper documentation of the family planning clients seen by the facilities. Mass media communication will continue to further promote our contraceptive brand, generate some interest to discuss different family planning issues and to promote the private sector as a source of contraceptives.

## 12.2 Activity: Pilot social marketing of OCs through Community Based Distribution Agents

Outputs and Outcomes: In the reporting quarter, the pilot CBDA social marketing initiative was shared with the Machinga District Executive Committee. With the committee's blessing, MCHIP was provided with guidance to conduct the pilot in two traditional authorities within the district. Machinga is a district where there is a lot of fishing and farming happening. The population also consists of migrants and some young men in the communities have migrated to South Africa to look for work. Uptake of contraceptives has generally been stagnant in the past year and very few family planning initiatives have been introduced in the district. Machinga represents a district where a lot of women would want to use modern contraceptives but they have limited access. The situation is even worse in TA Liwonde, which has 3 health centers with only 2 of these offering family planning services to a population of approximately 7,004 women of child bearing age. In TA Chikweo, there is only one health centre offering services to approximately 16,603 women of child bearing age.

After the DEC meeting, consultative meetings were done with the community gate keepers in the two TAs. This led to the selection of 50 volunteers (30 from Chikweo and 20 from Liwonde). These volunteers were selected on the basis that they were community role models, married with at least a child, residing in that community (not mobile fish traders, since this is a fishing community) and possessing at least a junior level examination certificate. These individuals then underwent 3 weeks of training, as well as 10 staff members from the health centers in these TAs who are going to supervise them.

On the 21 and 22<sup>nd</sup> of December, the pilot was officially launched in Liwonde and Chikweo respectively. The launch consisted of community activities, which had been organized by the communities, and the RHU FP desk officer was the guest of honor. During the ceremony, the CBDAs were given their certificates, drug boxes, bicycles and some seed stock of condoms (both male and female) and oral contraceptives.

Issues/Challenges: None

Next Steps: For the next 6 months, these volunteers will be distributing contraceptives at subsidized prices. Monthly supervisions will be done to provide technical assistance as well as replenish their contraceptives supplies. Community mobilization days will be organized in the TAs to help create demand for the CBDAs. A midterm evaluation will be conducted at the end of the next quarter to assess progress made so far.

12.3 Activity: Conduct Family Planning TRaC Survey and MAP study

Outputs and Outcomes: Not initiated in the reporting quarter

Issues/Challenges: None

Next Steps: The IRB protocol will be finalized in the next reporting quarter.

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

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

Outputs and Outcomes: A total of 223,169 LLINs were distributed to health facilities across the country targeting pregnant women and caregivers of under five children. Out of these nets, 40,000 were distributed to Phalombe District and 10,000 were distributed to Neno District for mass campaign. PSI initiated clinic supervision with NMCP to a total of sixteen clinics in Ntcheu, Machinga, Mangochi, Zomba and Phalombe to assess and monitor demand LLINs, monitor actual distribution of nets to beneficiaries, check documentation, records keeping and to assess storage of nets. The main findings were as follows:

- o 16 facilities were visited and 10 out of these said the nets they have been receiving are not enough and requested for an increase. The demand for nets is generally low in CHAM facilities due low patient turn as the cost is attached to the services available in these facilities
- o Procedures for net distribution to beneficiaries are followed
- o Documentation and record keeping is a challenge in most facilities
- o Noted some misuse/abuse of nets especially along the lake shore areas
- o USAID met with NMCP and agreed to divide the LLINs on hand between mass and routine distribution. Proposed districts for mass distribution are Phalombe, Dowa and Ntchisi.

**Table 1. 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>
April-10	<b>14,579</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>47,421</b>	
<b>May-10</b>	<b>10,524</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,001</b>	
<b>June-10</b>	<b>9,782</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>13,000</b>	
<b>Qtr 3</b>	<b>34,885</b>	<b>0</b>	<b>0</b>	<b>101</b>	<b>113,422</b>	<b>148,408</b>
<b>July</b>	<b>8,941</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	
<b>August</b>	<b>19,398</b>	<b>0</b>	<b>0</b>	<b>36,780</b>	<b>24,250</b>	
<b>Sept</b>	<b>12,712</b>	<b>0</b>	<b>0</b>	<b>54,280</b>	<b>52,700</b>	
<b>Qtr 4</b>	<b>41,051</b>	<b>0</b>	<b>0</b>	<b>91,062</b>	<b>76,950</b>	<b>209,063</b>
<b>October</b>	<b>38,977</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>6,500</b>	
<b>November</b>	<b>24,584</b>	<b>0</b>	<b>0</b>	<b>33,841</b>	<b>74,250</b>	
<b>December</b>	<b>16,286</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142,419</b>	
<b>Qtr 1</b>	<b>79,847</b>	<b>0</b>	<b>0</b>	<b>33,846</b>	<b>223,169</b>	<b>336,862</b>
<b>TOTAL</b>	<b>264,705</b>	<b>0</b>	<b>0</b>	<b>135,009</b>	<b>457,743</b>	<b>857,457</b>

Issues/Challenges: Documentation and record keeping continues to be a challenge at most facilities. The supervision team noted with disappointment that there seems to be misuse/abuse of nets along the lake shore areas and NMCP has therefore noted the need for additional communication IEC materials to educate these communities on consistent and correct use of LLINs for malaria prevention.

Next Steps: Continue with distribution and monitoring of LLINs through public sector health facilities in the next quarter. In addition, MCHIP will explore development of IEC communication messages targeting the observed misuse of LLINs along the lake shore.

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

Outputs and Outcomes: The following communication activities were undertaken during the reporting quarter:

- A total of 120 community drama shows were conducted in 13 malaria high risk districts reaching an estimated audience of 30,000 people with messages promoting correct and consistent use of LLINs and prompt treatment seeking behavior.
- A total of 123 targeted outreach communication shows were conducted across the country reaching an estimated audience of 38,693 people with messages promoting correct and consistent use of LLINs and prompt treatment seeking behavior.
- A total of 32 road shows were conducted in six malaria prone districts reaching an estimated audience 105,720 people with messages promoting correct and consistent use of LLINs and prompt treatment seeking behavior.

In addition, printed IEC materials to promote LLINs, IPTp and case management were produced as follows:

- 9,900 Malungo Zii Calendars with messages on use of LLINs, IPTp and prompt treatment of Malaria using LA as the first line drug
- 14,000 IPTp brochures
- 39,000 IMCI brochures
- 42 Wall paintings have been done across the country with messages promoting prompt treatment seeking behavior, IPTp and completion of the dosage of LA.
- A total of 2,231 radio spots have been aired on five radio stations (MBC1, MBC2, Joy, Zodiak and Transworld) promoting correct and consistent use of LLINs. These messages were replaced by the newly developed messages on IPTp and Malaria treatment using LA messages in mid December, 2010.

Issues/Challenges: None

Next Steps: In January 2011, MCHIP will begin placement of the developed IEC materials (including the wall paintings, and radio spots) and distribution of the posters, leaflets and calendars to all health centers across the country. MCHIP will also continue with the targeted outreach communication through the drama shows

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

Activity: Strengthening and Standardizing behavior change communication messages for MNH

Outputs and Outcomes: Not initiated this quarter

Issues/Challenges: None

Next Steps: In January 2011, MCHIP will orient 7 drama groups on MNH issues. These drama groups have traditionally been used by MCHIP/PSI to promote malaria messages in the communities. It is expected that integration of MNH and malaria messaging will have a great impact on reach communities with both MNH and malaria

### **15-20. Strengthening Integration of Prevention of Mother to Child Transmission of HIV in Reproductive Health**

*Note: All PMTCT related activities will be conducted in the next quarter beginning January 2011, and will therefore be reported on in the next quarter's report.*

## **21-23. Increase access to quality Voluntary Medical Male Circumcision**

Activity: Development of standard operating guidelines, quality improvement (PQI) standards on MC and other relevant materials for MOH

Outputs and Outcomes: The standard operating procedures for Male Circumcision were developed by Ministry of Health with technical support from MCHIP from September 27-October 1, 2010. Dr. Tigistu Adamu from MCHIP/HQ was invited by the MCHIP Malawi Office after receiving a request from MoH for TA to facilitate the development of these guidelines. In addition to the guidelines, indicators were developed and several monitoring tools were also developed for MC procedures. A list of standard equipment for MC procedures was also developed.

Overall the meeting of stakeholder to develop the SOP guidelines proved extremely successful and generated tremendous enthusiasm by partners and donors. Donors and the MOH acknowledged the importance of developing the SOP guidelines as a first step towards standardizing a comprehensive approach to MC programming in the public sector.

Issues/Challenges: None

Next Steps: The SOP guidelines will undergo comprehensive editing and final review before they are submitted to the PS for endorsement. It is expected that the SOP guidelines will be finalized by the time the first MC trainings begin next quarter.

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

### **16.1 Activity: Monitoring & Evaluation**

Outputs and Outcomes: Following 3 years of pilot testing the M&E system for the CBMNC package, MCHIP and Save the Children worked closely to use the lessons learned build a stronger system that can be adopted and sustained by the Ministry of Health. MCHIP and Saving the Children's Saving Newborn Lives (SNL) program, co-funded the hiring of 2 consultants (one US-base and one local consultant) to lead in the process of standardizing a set of community MNH indicators agreed by the MOH (including RHU and the Central M&E Department (CMED)) for national adoption. During a stakeholder meeting on November 10<sup>th</sup>, three layers of indicators were developed and endorsed; this included national, zonal/district, and facility level indicators. Following the stakeholder meeting, MCHIP and SNL revised the CBMNC tools and summary/reporting forms to reflect the needs of each reporting level based on the agreed indicators.

Issues/Challenges: It was expected that the draft tools would be finalized and pre-tested by December 2010, however due to the holidays the pre-testing was postponed to January 2011.

Next Steps: Pre-testing on the revised CBMNC tools and form will be conducted in January 2011 in 2 districts (1 MCHIP and 1 SNL district). HSAs will be expected to use the forms during their routine home visits for a period of 2 weeks following which MCHIP will conduct a debrief session and use the lessons learned to finalize the forms before formal adoption by the MOH.

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

Outputs and Outcomes: Not initiated this quarter

Issues/Challenges: N/A

Next Steps: Quarterly joint supervision visits will resume in the next quarter.

## 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	PY2 TARGET	PROGRESS AS OF 31 DEC	
<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	20,000	6,787	
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</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/Postnatal providers	Quarterly	M&E Specialist, Chief of Party	15,000	6,511	

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
	wrapping or 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	30,000	15,477	
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	410	160	
Number of HSA visits to pregnant women where counseling and referral was provided for ANC services from 4 focus districts	Number of home visits conducted by HSAs to pregnant women where counseling and referral was provided	CMNH register	HSAs record referrals as they occur; submit copies of logbook to MCHIP on	Ongoing, with submission of logs monthly	District Coordinators	Quarterly	M&E Specialist, Chief of Party	15,000		

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
	for ANC services. Counseling includes information sharing on birth preparedness		monthly basis							
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%	Does not include new scale up sites introduced in 2011.
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	HSA's and/or service providers to record AKMC clients	Monthly	Program Officer	Annually	M&E Specialist, Chief of Party	100%	100%	Does not include new scale up sites introduced in 2011.
Number 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	5	0	
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	TIMS	Data collection as trainings occur	As trainings occur	Program Officers	Semi-annually	M&E Specialist, Chief of Party	414	268	

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
	(including training in service delivery, communication, policy systems, research, etc.)									
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, implants, voluntary sterilization).	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	356	206	These 206 facilities are the private sector service delivery points. MCHIP will scale-up to the remaining 150 SDPs in the next quarter.
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</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	15,000	6,513	

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
	minute of birth (oxytocin preferred) <ul style="list-style-type: none"> <li>controlled cord traction</li> <li>uterine massage after the delivery of the placenta</li> </ul>									
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	30,000	3,389	
<b>Result 2: Increased adoption of household behaviors that positively impact the health of mothers and newborns and children under 5 years of age</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 Coordinators, MNH Advisor, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	TBD		In January, will propose to the mission to remove these indicators as the LQAS may not be carried out due to IRB fee issues with NHSRC.
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 Coordinators, MNH Advisor, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	TBD		
Percentage of women who practiced LAM or other PPF method	Number of postnatal women who accepted PPF method, including LAM /	Lot Quality Assurance Survey	LQAS survey in focus districts	Annual	District Coordinators, 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		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 31 DEC	
	Total number surveyed	(LQAS)			M&E Specialist					
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 Coordinators, 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 / Total number surveyed	Lot Quality Assurance Survey (LQAS)	LQAS survey in focus districts	Annual	District Coordinators, MNH Advisor, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	TBD		
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 Coordinators, 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 Coordinators, 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 Coordinators, MNH Advisor, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	TBD		
<b>Result 3: Increased availability of integrated community-based MNH/FP services through Health Surveillance Assistants</b>										
Percentage of pregnant women and their families in targeted HC	Number of pregnant women and their families receiving at	CMNH database	As counseling visits occur	Year 2 and EOP	Program Officer, M&E	Year 2 and EOP	M&E Specialist, Chief of	50%		Will report at end of year

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	PY2 TARG ET	PROG RESS AS OF 31 DEC	
catchment areas receive at least 3 home counseling visits from a trained HSA.	least 3 home counseling visits from trained HSAs / Number of expected pregnancies				Specialist		Party			
Percentage of postnatal women who received at least 3 home counseling visits within one week of delivery from a trained HSA	Number of postnatal women and their newborns receiving at least 3 home counseling visits from trained HSAs / Number of expected pregnancies	CMNH database	As counseling visits occur	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	50%		Will report at end of year
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 at end of year
<b>Result 4: Strengthened MNH policies, planning and management in place at the national, zonal and district level</b>										
Number of students graduating from target nursing and midwifery preservice schools with strengthened BEmONC and PFP curricular components	Number of students graduating from target nursing and midwifery preservice schools	School records	Aggregate number of graduating students reported to MCHIP by target schools	Annually	Program Officer	Annually	M&E Specialist, Chief of Party	150		Will report at end of year
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	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	Awaiting finalization of the RH strategy before developing Operational Roadmap.

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
	Syllabus, National RH strategy update, RBF guidelines, Misoprostol guidelines, etc.									
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	5	0	
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	0	
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	5	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	Number of MCHIP program trainings conducted using	Training reports	Program Officers	As trainings occur	Program Officer/ GoM	Quarterly	M&E Specialist, Chief of	2 (with GAIA funding)	0	1 training scheduled for January-March

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
conducted using leveraged funds by other donors	resources/funds from other donors						Party	)		quarter.
<b>Result 6: Strengthened planning and monitoring of MNH activities at community level</b>										
Number of HSAs documenting and reporting home visits using new community MNH register	Number of HSAs utilizing new community MNH register for all home visits for pregnant and postpartum mothers.	HSA monthly reports	Program Officer reports	Quarterly	Program Officer/GoM	Quarterly	M&E Specialist, Chief of Party	240	0	Register will be finalized in February and then introduced to HSAs.
Proportion of facilities reporting Community MNH indicators quarterly to DHMT	N: Number of facilities compiling and reporting quarterly reports to District based on standardize CMNH indicators; D: Total number of implementing facilities	Quarterly Consolidation forms	Program Officer reports	Quarterly	Program Officer/GoM	Quarterly	M&E Specialist, Chief of Party	80%		Register will be finalized in February and then introduced to HSAs.
<b>Result 7: 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)	Review of source documents on ORS sales will serve as proxy indicator. The assumption is for every 2 sachets of ORS sold, 1 case of child diarrhea is treated	Weekly	PSI/Malawi Sales Representatives	Monthly	PSI / MCHIP	500,000	0	
Number of ORS sachets provided through USG-supported programs	Number of low osmolarity ORS sachets provided through USG-	PSI/Wash and PSI/Malawi source	Trained data collectors from PSI will conduct weekly reviews	Weekly	PSI/Wash Procurement Specialist for East	Quarterly	PSI / MCHIP	1,100,000	0	The order of 500,000 sachets is expected to arrive in Q2.

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
	supported programs through community based distribution	documents (procurement contracts, sampling and testing results, warehouse reports/forms)	of source documents and report to PSI Sales Rep.		Africa and PSI/Malawi Warehouse Manager					
<b>Result 8: Increased use of oral and injectable contraceptives amongst middle income women of reproductive age intending to use FP methods</b>										
Number of new clients using oral contraceptives accessed through the private sector	Number of women of reproductive age who are started on oral contraceptives through the private sector	Private Clinics, pharmacies and drug store FP registers	Detailers will collect monthly reports from the facilities FP registers.	Monthly	PSI medical Detailers	Quarterly	PSI/MCHIP	150		Data collection currently being undertaken due to delay in introduction of new registers.
Number of repeat clients using oral contraceptives accessed through the private sector	Number of women of reproductive age who are started on oral contraceptives through the private sector	Private Clinics, pharmacies and drug store FP registers	Detailers will collect monthly reports from the facilities FP registers.	Monthly	PSI medical Detailers	Quarterly	PSI/MCHIP	600		Data collection currently being undertaken due to delay in introduction of new registers.
Number of new clients using injectable contraceptives accessed through the private sector	Number of women of reproductive age who are started on oral contraceptives through the private sector	Private Clinics, pharmacies and drug store FP registers	Detailers will collect monthly reports from the facilities FP registers.	Monthly	PSI medical Detailers	Quarterly	PSI/MCHIP	140		Data collection currently being undertaken due to delay in introduction of new registers.
Number of repeat clients using Injectable contraceptives accessed through the private sector	Number of women of reproductive age who are started on oral contraceptives through the private sector	Private Clinics, pharmacies and drug store FP registers	Detailers will collect monthly reports from the facilities FP registers.	Monthly	PSI medical Detailers	Quarterly	PSI/MCHIP	700		Data collection currently being undertaken due to delay in introduction of new registers.

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
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		TRaC anticipated to be in Q3.
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		TRaC anticipated to be in Q3.
<b>Result 9:</b> Promotion of correct and consistent use of LLINs, correct and prompt use of ACT anti-malarial among caregivers of children under five for effective treatment of malaria among children under five and improved awareness and uptake of IPT among pregnant women.										
Number of ITNs purchased with USG funds that were distributed	Number LLINs distributed in the country via ante-natal clinics and/or mass campaigns purchased with USG support.	PSI/Malawi source documents (warehouse requisition s/ delivery documents/	Daily Completion of sale document at point of sale	Weekly	PSI/Malawi LLIN/ITN Representatives	Monthly	PSI / MCHIP	934,830	223,169	

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
		receipts)								
Number of people reached through community outreach that promotes the treatment of Malaria according to National Guidelines.	Number of people reached with malaria treatment messages according to National Guidelines.	Field reports	Trained data collectors from PSI.	Quarterly	PSI marketing Agency	Quarterly	PSI / MCHIP	170,000	174,413	
Number of people reached through community outreach that promotes correct and consistent use of LLIN's	Number of people reached with messages on correct and consistent use of ITNs.	Field reports	Trained data collectors from PSI.	Quarterly	PSI marketing Agency	Quarterly	PSI / MCHIP	120,000	174,413	
Percent of caregivers of children under 5 years of age who report that their households own at least one mosquito net	Number of 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)	National level survey using trained data collectors from PSI	TRaC: Year 2	PSI Research Team	Year 2 and EOP	PSI/MCHIP	90%		Will report following TRaC
Percent of 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 caregivers of children under 5 years reporting that their children under 5 years of age slept under an ITN the previous night/ Number of household with children under 5	Tracking Results Continuously (TRaC)	National level survey using trained data collectors from PSI	TRaC: Year 2	PSI Research Team	Year 2 and EOP	PSI/MCHIP	85%		Will report following TRaC
Number of women of reproductive age who are reached by IPT Communications	Number of women of reproductive age who have seen or heard a USG supported IPT communications	Field reports	Trained data collectors from PSI	Quarterly	PSI marketing Agency	Quarterly	PSI/MCHIP	TBD	105,720	

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
Proportion of pregnant women who received at least 2 doses of IPT	Number of pregnant women who received at least 2 doses of IPT during their last pregnancy	ANC service delivery register	National level by MoH through District Malaria and Safe Motherhood Coordinators	Biannually	MoH	Biannually	MoH	TBD		Will report following 6 month period.
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 of symptoms	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		Will report following TRaC
<b>Result 10:</b> Increased community and district action, through community-based networks and communication programs, to support use of high impact MNH interventions										
Number of districts which develop plan for universal coverage of high impact interventions	Number of districts which have developed a plan to roll out coverage of selected “quick-wins” across the district	Program Reports; Roll-out plan	DHMT and MCHIP officers to report as planning meetings occur and plans are developed	Quarterly	DHMT/MCHIP	Annually	M&E Specialist, Chief of Party	2	0	PMNCH Stakeholder meeting to take place January 2011.
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	0	PMNCH Stakeholder meeting to take place January 2011.
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	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	0	Community Mobilization trainings to begin January 2011.

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
	community members  Examples include community financial schemes, emergency transport systems or community education schemes									
<b>Result 11: Strengthened integration, provision and access to quality Prevention of Mother to Child Transmission (PMTCT) and Reproductive Health services</b>										
Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of pregnant women who were tested for HIV and know their results	ANC register, Maternity register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	8,267		All activities under this result area to being January 2011.
Number of HIV-positive pregnant women who received anti-retrovirals to reduce risk of mother-to-child-transmission	N: No. of HIV-positive pregnant women who received anti-retrovirals to reduce MTCT; ARV prophylaxis includes: (1) single dose nevirapine (SD NVP), (2) prophylactic regimens using a combination of two ARVs, (3) prophylactic regimens using a combination of three ARVs, <u>or</u> (4) ART (HAART) for HIV-positive pregnant women eligible for treatment. <u>Count all</u>	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	790		

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
	of these types of regimen options in the total number of women who received any PMTCT ARVs. Since this indicator is for pregnant woman, do not count women who did not receive PMTCT prophylaxis themselves but whose infants did.									
Percent of HIV-positive pregnant women who received antiretroviral to reduce risk of mother to child transmission.	<p><b>N:</b> Number of HIV-positive pregnant women who received anti-retroviral to reduce risk of mother-to-child-transmission</p> <p><b>D:</b> No. of HIV-positive pregnant women identified in the reporting period (including known HIV-positive at entry)</p> <p>According to new guidelines, all HIV positive pregnant women are eligible for ART. MCHIP will target 80% of pregnant HIV infected women in our target sites.</p>	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	80%		
Number of HIV-	Number of HIV-	ANC	Data compiled	Quarterly	MCHIP	Quarterly	M&E	790		

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
positive adults and children provided with a minimum one care service	positive adults and children provided with a minimum one care service; includes support, preventive and clinical services (see NGI C1.1.D for full definition)	register, ART register	and reviewed during supervision visits				Specialist, Chief of Party			
Number of HIV-positive adults and children receiving a minimum of one clinical service	Number of HIV-positive individuals receiving a minimum of one clinical service. Clinical services may include both assessment of the need for interventions (for example assessing pain, clinical staging, eligibility for Cotrimoxizole, or screening for tuberculosis) and provision of needed interventions: prevention and treatment of TB/HIV, prevention and treatment of other opportunistic infections (OIs), etc.	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	790		
Number of HIV-	All HIV positive	CPT	Data compiled	Quarterly	MCHIP	Quarterly	M&E	790		

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
positive persons receiving cotrimoxazole prophylaxis	pregnant women should receive CPT. MCHIP will target 80% of HIV infected pregnant women	register	and reviewed during supervision visits				Specialist, Chief of Party			
Number of adults and children with advanced HIV infection newly enrolled on ART	According to new guidelines, all pregnant women are eligible for ART. MCHIP will target 80% of pregnant HIV infected women in our target sites.	ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	790		
Number of HIV-positive pregnant women assessed for ART eligibility through either clinical staging (using WHO clinical staging criteria) or CD4 testing	All HIV positive pregnant women should be assessed for ART eligibility through clinical staging or CD4 testing, according to the new guidelines.	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	790		
Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	<b>N:</b> Number of infants born to HIV-positive women who received an HIV test within 12 months of birth <b>D:</b> Number of infants born to HIV-positive women	Maternity register, EID register/c ase files	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	80%		
Number of infants who received virological testing in the first 2months	The number of infants who received virological testing through DNA PCR, in the first 2 months of birth	EID register/ case files	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	317		

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
Percent of infants born to HIV-positive pregnant women who are started on CTX prophylaxis within two months of birth	<b>N:</b> Number of infants born to HIV-positive pregnant women who are started on CTX prophylaxis within 2 months of birth <b>D:</b> Number of infants born to HIV positive pregnant women	CPT register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	80%		
Number of health workers trained in the provision of PMTCT services according to national or international standards	Training refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards when these exist.	TIMS	As trainings occur, TIMS forms completed for each participant	As trainings occur	Program Officer	Quarterly	M&E Specialist, Chief of Party	176		
Number of postnatal visits within 7 days of delivery <i>*This indicator is linked to the hygiene kit intervention</i>	Number of postnatal visits within 7 days of delivery (includes skilled deliveries at birth)	Maternity register; postnatal register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	TBD following baseline		
Number of postnatal visits at 6 weeks following delivery <i>*This indicator is linked to the hygiene kit intervention</i>	Number of postnatal visits at 6 weeks following delivery. Only includes visits where both mother and baby are seen.	Immunization register; postnatal register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	TBD following baseline		
Number of mother/well-baby visits at 12 weeks	Number of mother/well-baby visits at 12 weeks	Immunization register;	Data compiled and reviewed during	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of	TBD following		

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	PY2 TARGET	PROGRESS AS OF 31 DEC	
following delivery <i>*This indicator is linked to the hygiene kit intervention</i>	following delivery. Only includes visits where both mother and baby are seen.	postnatal register	supervision visits				Party	baseline		
Number of mother/well-baby visits at 6 months following delivery <i>*This indicator is linked to the hygiene kit intervention</i>	Number of mother/well-baby visits at 6 months following delivery. Only includes visits where both mother and baby are seen.	Immunization register; postnatal register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	TBD following baseline		
<b>Result 12: Increase access to voluntary medical male circumcision</b>										
Number of people trained in medical male circumcision	The number of skilled health workers trained in voluntary medical male circumcision according to international or national guidelines	TIMS	As trainings occur, TIMS forms completed for each participant	As trainings occur	Program Officer	Quarterly	M&E Specialist, Chief of Party	60		Activities under this result area to begin January 2011.
Number of males circumcised as part of the minimum package of MC for HIV prevention services	Number of males circumcised as part of the minimum package of MC for HIV prevention services disaggregated by age: <1, 1-14, 15+	MC register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	TBD		

