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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
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 availability of integrated community-based MNH/FP services through Health Surveillance Assistants

### Enabling Environment

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

### Social Marketing

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

### Social Mobilization

8. 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.
9. Increased community and district action, through community-based networks and communication programs, to support use of high impact MNH interventions

### HIV

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

## Program Outputs

Key program achievements during the January-March 2011 reporting period included the following:

- Conducted National Stakeholder meeting on January 20<sup>th</sup>, 2011 to formally introduce MCHIP's Household to Hospital Continuum of Care (HHCC) model to the 10 districts implementing the Partnership for Maternal Newborn and Child Health (PMNCH) initiative. Elements of the HHCC include the Community Based Maternal and Newborn Health (CBMNH) package, Community Mobilization (CM), and Community Kangaroo Mother Care (CKMC); Performance and Quality Improvement (PQI) in Reproductive Health (RH) and Infection Prevention (IP), Basic Emergency Obstetric and Neonatal Care (BEmONC), Kangaroo Mother Care (KMC), and Postpartum Family Planning (PPFP). Beginning June 2011, the HHCC will expand to include prevention of mother to child transmission (PMTCT) of HIV, specifically strengthening PMTCT at the facility level and mother-infant pair follow-up at the community level.
- In January and February 2011, 80 HSAs trained in the CBMNH package including ambulatory and community KMC and in March 2011 40 HSAs trained in CM from 16 new scale-up health facilities in all four of MCHIP's focus districts. 40 Service providers based at these scale-up health facilities were oriented on CBMNH and AKMC to enable them to supervise HSAs and ensure adequate continuum of care from the facility level to community level and vice versa.
- Participated and presented at the National Stakeholder meeting on Helping Babies on Breathe (HBB) conducted on March 23<sup>rd</sup>, 2011. The purpose of the meeting was to introduce policy and service delivery stakeholders to the concept of HBB and initiate discussions on how HBB might be integrated into the in-service and pre-service training on the Integrated Maternal and Newborn Care (IMNC) Package. MCHIP presented on a potential HBB Evaluation to understand how the program is being implemented at scale and the associated results in terms of health system performance, provider competence, quality of care, and neonatal outcomes. MCHIP led the development of the national HBB roll out plan
- Trained 96 skilled providers in PPFP and BEmONC core competencies from the 16 scale-up health facilities in 4 focus districts and 20 from Likoma (carry over from Y1).
- Provided technical assistance to the Global AIDS Interfaith Alliance (GAIA) in February 2011, to train 10 lecturers from Kamuzu College of Nursing in BEmONC. MCHIP provided technical assistance on content, training models and logistical support such as preparing the clinical sites for practicals.
- Conducted a national level workshop on 17<sup>th</sup>-20<sup>th</sup> January, 2011 to review and refine the existing PQI RH standards to fully integrate PMTCT standards across the continuum of care. The workshop produced a first draft of standards on early infant diagnosis, early infant feeding, ART for PMTCT, integrated FP-HIV, integrated Sexually Transmitted Infections-HIV, integrated Cervical Cancer Prevention (CECAP)-HIV and inclusion of PMTCT in FANC, labor and delivery and postpartum care. The complete standards will be introduced to 36 facilities across the Central East Zone, Rumphi and Likoma next quarter.
- Conducted a national level stakeholder meeting on 1<sup>st</sup> February 2011 to reintroduce the Community Maternal Verbal Autopsy form and review and refine it as part of a national level initiative to revitalize the practice of routinely conducting community-based maternal death audits. MCHIP will use the finalized Community maternal death audit form to conduct retrospective community maternal death audits for all community based maternal deaths for the period January-December 2010 in three districts (Lilongwe, Mangochi, and Kasungu). On March 23<sup>rd</sup> and 24<sup>th</sup>, MCHIP and the Lilongwe Safe Motherhood Coordinator, conducted two community-based maternal death reviews in rural Lilongwe to pretest the draft audit form. Service providers and Health Surveillance Assistants from the nearest health centers where the deaths took place were oriented on the audit form and the team carried out the community maternal death audit with success.

- Introduced the integrated PQI RH standards at the health center level to 16 additional health centers in MCHIP's four focus districts, which included training 31 service providers from these 16 health centers in the PQI process. MCHIP and the District Quality Improvement Support Team (QIST) conducted baseline assessments of each facility. The mean baseline score was 31.9% with a range of 10% to 53%.
- Conducted two sessions of male circumcision (MC) clinical skills training for 42 service providers from nine districts in February and March 2011. Four of the 42 trained providers came from two hospitals operated by the Malawi Defense Forces (MDF); Cobbe Barracks in Zomba and Kamuzu Barracks in Lilongwe. Two of the nine district hospitals where providers were trained will serve as MC model sites, with support from MCHIP. During the practicals, a total of 147 MC were conducted (45 in the first training and 102 in the second). All 45 MC clients from the first training received counseling on HIV and none had any adverse events following the surgery. Of the 102 clients operated upon during the second training, all of the 102 clients tested for HIV and only 1 client had moderate adverse events (hematoma) reported on the follow up visit.
- Conducted two facility-based site assessments on 27<sup>th</sup>-28<sup>th</sup> January at Dedza and Mulanje District Hospitals which will serve as the Ministry of Health's model MC sites. A prepared checklist developed by the National MC Taskforce and endorsed as part of the MC Standard Operating Procedures (SOP) for Malawi was utilized to guide the site assessments. Areas assessed were Minor Theatre, Major Operating Theatre, availability of equipment and supplies for Voluntary Medical Male Circumcision (VMMC), and adequate infrastructure for client flow of VMMC services. Results of the site assessments will guide MCHIP and the MoH during site strengthening and working with facilities to improve VMMC uptake.
- Distributed 255,775 Long Lasting Insecticide Treated Nets (LLINs) to health facilities countrywide in January and February and 165,000 in March, according to the National Malaria Control Program's distribution plan. Reports from the field indicate that most health facilities from the northern region are well stocked with nets while health facilities for the central and southern were found to be stocked out at the time of delivery of the new stock.
- Received and distributed 135,000 bottles of Waterguard to rural areas through commercial outlets
- 500,000 ORS sachets received and the remainder 600,000 expected in June 2011. No stock outs of ORS were reported for this program.
- Placement of IEC messages on malaria prevention was done countrywide with the following outputs:
  - 812 long lasting plastic LLIN posters were placed on walls of health facilities countrywide
  - 9,900 Malungo Zi calendars and posters, 4500 brochures promoting use of LLINs and 600 brochures for IPTp were distributed to health facilities and malaria partners countrywide
  - 7 drama group team leaders were oriented on key messages for MNH. These drama groups will perform shows including integrated messages on malaria and MNH across the country
  - 5 Local drama groups at district level were also identified in preparation to perform in their communities on messages for IMCI, IPTp and promotion for use of LLINs.

# 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: MCHIP conducted a stakeholder’s meeting for PMNCH partners on 20<sup>th</sup> January 2011 to orient representatives of the DHMT from these districts on MCHIP’s Household to Hospital Continuum of Care (HHCC) model. In addition to orienting participants on the Community-based Maternal and Newborn Care (CBMNC) Package, MCHIP introduced PQI in integrated IP and RH for the health center level. The meeting highlighted the process of introducing the integrated standards in health centers which involves training providers, conducting baseline assessments, and regular internal assessments as well as the achievements of the PQI initiative in the current 15 implementing health centers. The Ministry of Health has since recommended the continued scale up of PQI to additional health facilities starting with the PMNCH districts which receive support from WHO, UNICEF and UNFPA.

Issues/Challenges: WHO, UNICEF and UNFPA representatives did not participate in the stakeholders meeting due to another competing meeting that was scheduled at the last minute. As such the DHOs and their representatives did not commit themselves to scaling up activities to other health centers without the pledge of PMNCH partners.

Next Steps: It was recommended during the meeting that RHU should send a memorandum to the PMNCH districts reminding them to include HHCC interventions in the PMNCH supported work plans and to submit their Maternal and Newborn interventions through RHU for approval before funding.

It was also recommended that WHO should make a deliberate effort to support RHUs memorandum on HHCC interventions in PMNCH districts. MCHIP will call for a meeting with WHO to continue advocating for this important issue.

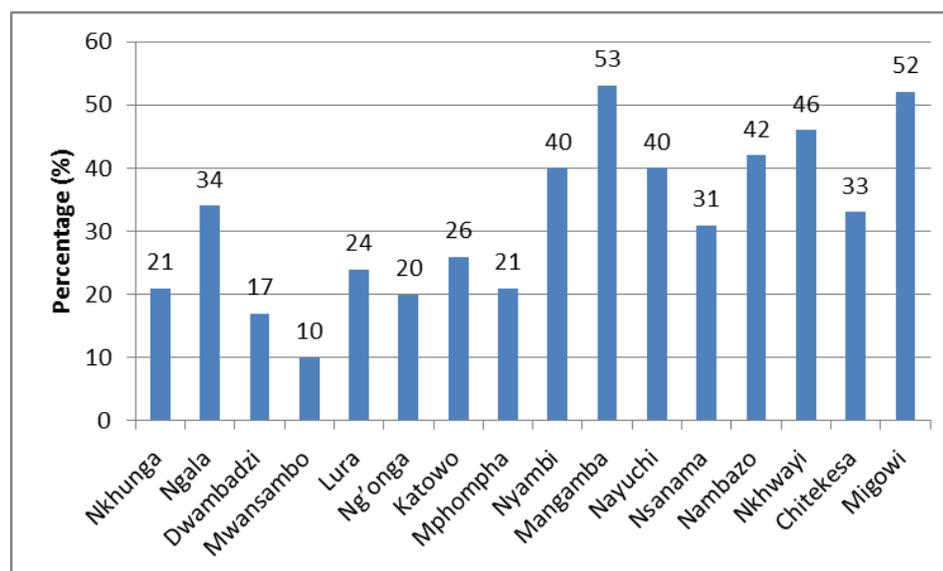
### 1.2 Activity: Expansion of PQI/RH at the health center level

Outputs and Outcomes: This reporting quarter, MCHIP expanded the PQI RH initiative to 16 new health centers in MCHIP’s four focus districts. The table below specifies the complete list of health centers now implementing the integrated IP and RH PQI standards.

District	Implementing health centers as	Scale-up facilities under MCHIP
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	of MCHIP Year 1	Year 2
Rumphi	Bolero Health Center Mwazisi Health Center Mhuju Health Center	Lura, Mpompha, N’gonga and Katowo
Machinga	Ntaja Health Center Ngokwe Health Center Chikweo Health Center	Nyambi, Nsanama, Nayuchi, and Mangamba
Nkhotakota	Alinafe Rural Community Hospital Benga Health Center Malowa Health Center Ntosa Health Center	Ngala, Mwansambo , Nkhunga, and Dwambazi
Phalombe	Phalombe Health Center Mpsa Health Center Holy Family	Nkhwayi ,Chitekesa, Migowi, and Nambazo

A total of 31 providers from the above 16 health centers were trained in PQI module 1 and 2 which took place on 31<sup>st</sup> January to 2<sup>nd</sup> February 2011 and 7 February to 9 February 2011. Following the trainings, MCHIP supported baseline assessments at each facility between 23<sup>rd</sup> February to 11<sup>th</sup> March 2011. The mean baseline score was 31.9% with a range of 10% to 53%. See graph below for complete list of scores.



**Issues/Challenges:** During the baseline assessment at Ng’onga Health Center, it was discovered that the health center is not providing maternity services because the district is yet to replace the nurse who was transferred due to conflicts with a member of the community on encroachment on the hospital premises.

**Next Steps:** With regards to Ng’onga Health Center, MCHIP will meet with the DHO for Rumphi to strongly advocate for posting of a nurse to the health center as an urgent next step.. In May MCHIP will conduct the third and final PQI module training for the implementing health centers where the additional 16 health facilities will be sharing results of their first internal assessments. In addition supportive supervision to the additional 16 health facilities will be conducted to strengthen transfer of learning skills and mentor implementation of PQI in IP and RH services.

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

Outputs and Outcomes: On April 1, 2011, Machinga District Hospital was awarded a Certificate of Excellence in Infection Prevention practices and Reproductive Health Services by the Honorable Minister of Health, Professor David Mphande and the Acting Deputy Chief of Mission, Craig Anderson, who proudly presided over the glamorous and colorful recognition ceremony. Machinga is the sixteenth hospital out of 40 hospitals to be recognized in IP and fourth hospital out of 24 to be recognized in RH based on the PQI and SBM-R approach.

Performance improvement by providers has translated into better maternal health outcomes at Machinga District hospital with the proportion of deaths arising from pregnancy and child birth significantly decreasing from 5.6% in 2005 to 2.7% in 2010 and the proportion of women who developed life-threatening complications following childbirth declining from 46.85% in 2007 to a record low level of 18.6% in 2010.

Issues/Challenges: None

Next Steps: MCHIP will continue to support the recognition process for PQI/RH sites, especially in MCHIP's focus districts, Salima and Dedza to enable them achieve recognition status.

## **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: From February- March 2011, MCHIP facilitated district-level BEmONC trainings for a total of 116 skilled providers from the 16 scale-up health facilities in 4 focus districts and Likoma. Of the 116 providers trained, twenty providers were targeted from Likoma Island as part of the carry over trainings from Year 1. The 96 providers from the 16 scale-up sites are the same providers who were trained in PQI/RH to ensure that the facility component of the household to hospital continuum of care model is being met. MCHIP was piloting the BEmONC core competencies onsite trainings and have made the following observations: it enhances ownership, builds capacity and institutionalizes training skills and mentorship by the district based trainers; avoids taking service providers out of the district, more providers can be trained and it is cost-effective in comparison to the off-site 3 weeks training (MK32,000.00) per trainee versus MK350,000.00 per trainee). To kick start the trainings and build capacity of district trainers, external facilitators (trained BEmONC tutors) supported the initial training sessions, while the rest were conducted by district based trainers.

Issues/Challenges: MCHIP observed that in the absence of external facilitators, quality of onsite training was significantly compromised in 3 districts because the district based trainers did not take the initiative to borrow models from the zone. In this case the training lacked skills laboratory component where participants practice skills.

Next Steps: By training the 96 providers from the 16 health centers, MCHIP has reached its target for Y2. No additional BEmONC trainings are scheduled, however MCHIP will provide supportive supervision to these providers in the April-June quarter. MCHIP recommends this approach where models are available at the district level and there will be external support from BEmONC trained tutors working at a training institution within that respective zone. The trainings should be held in several sessions to address the identified training needs and should be coupled with mentorship by zone and district supervisors.

### **2.2 Activity: Provide technical assistance to MoH and other partners to conduct BEmONC and Cervical Cancer Prevention trainings**

Outputs and Outcomes: MCHIP provided technical assistance to the Global AIDS Interfaith Alliance (GAIA) in February 2011, to train 10 lecturers from Kamuzu College of Nursing in BEmONC. MCHIP provided technical assistance on content, training models and logistical support such as preparing the clinical sites for

practicals. To date 116 tutors/lecturers have been trained (106 ACCESS/MCHIP support and 10 GAIA) out of a total of 160.

MCHIP also facilitated a 6 day training on Cervical Cancer Prevention (CECAP) for providers from Chikhwawa District on March 20<sup>th</sup>-25<sup>th</sup> 2011. Participants were invited from Gaga, Makhuwira Health Centers, Ngabu Rural Hospital, Chikhwawa District Hospital, Montfort Mission Hospital and Kapichila Clinic. As part of the practicals, participants screened a total of 83 clients. Three clients were VIA positive and immediate Cryotherapy was performed. Facilitators were selected from Malawi College of Health Sciences, Kamuzu Central Hospital, and MCHIP, and included one Gynecologist from College of Medicine.

Issues/Challenges: GAIA planned to train 12 lecturers, however 2 were not able to attend at the last minute. None of the clients exhibited signs of pre-cancerous lesions so participants did not get hands on practice in identifying pre-cancerous lesions.

Next Steps: MCHIP will continue to advocate with GAIA to continue training more lecturers from nurse-midwifery training institution to close the remaining gap of 44 who are yet to be trained. RHU will continue to follow-up with trained providers through supportive supervision. MCHIP will be available for technical assistance where appropriate.

### **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 conducted the last two sessions of Ambulatory and Community KMC trainings in Phalombe and Machinga in February 2011. In total 20 Nurses were trained (10 per district). The training aimed at empowering nurses and clinicians with knowledge and skills on Kangaroo Mother Care which will enable them to establish and/or promote KMC services in their various health facilities. One participant each came from the new scale up sites which are Mwanga, Chitekesa, Nkhwayi, Migowi in Phalombe and Mpili, Mangamba, Nayuchi and Namanja Health centers in Machinga and the rest of the participants were from the district hospital and other health centres. The Trainers reviewed general care of the newborn and newborn resuscitation with the participants before tackling KMC. Later, participants practiced KMC position of a low birth weight baby using a doll. Participants were taken step by step on how to document on KMC monitoring tools as documentation has been a major challenge in the past. HSAs from the same health centers have already been trained on KMC and their work will therefore complement the facility based KMC which will be initiated by the newly trained skilled providers.

In addition, MCHIP trained an additional 80 HSAs in Ambulatory and Community KMC in the four focus districts using the integrated CBMNH training manual; AKMC and CKMC are incorporated in the CBMNH training manual.

In February and March 2011, KMC supervision was conducted in Rumphi and Nkhotakota. All the 8 new scale up sites in these two districts had started KMC and were documenting appropriately on temporary registers. MCHIP also supervised all current KMC sites in Rumphi and Nkhotakota, Machinga and Phalombe. All sites were making good progress in KMC implementation and documentation has improved.

Issues/Challenges: At the time of the supervision, the revised KMC register had not been finalized and printed which is why new sites were using temporary hand-written registers. However, as of the time of this report, the revised KMC register has been finalized and printed.

HSAs based in District Hospital catchment areas have not been trained in KMC because the catchment areas were not part of the focus areas. Although a number of nurses from the district hospital were trained in KMC, there is a lack of follow up of KMC babies after discharge from the hospital. MCHIP has advocated with DHMTs to include training of these HSAs in their District Implementation Plans (DIPs).

Next Steps: MCHIP will follow up with the newly trained providers in Phalombe and Machinga in the April – June 2011 quarter as part of continuous mentorship as the facilities establish KMC services. MCHIP will also supervise the old KMC sites to offer support and distribute the KMC register in the next quarter at all implementing sites. The register will enable providers to report on a core set of facility, ambulatory and community level indicators that have been standardized globally.

#### **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: The 116 service providers from the 16 scale-up health centers who were trained in BEmONC, were also trained in PFP as part of an on-site modular training approach.

Issues/Challenges: None

Next Steps: In the April-June quarter, MCHIP will follow-up with the trained providers through on-site mentoring and supportive supervision.

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

Output and Outcomes: The Health Education Unit in collaboration with MCHIP conducted a one-day Stakeholder meeting for all FP partners on 24<sup>th</sup> February 2011 to jointly decide on the type of PFP job aids that will require development. The convened FP taskforce recommended the need to complement the existing FP IEC materials through the development of additional picture (counseling) cards for HSAs to complement the existing CBMNH counseling cards, a LAM counseling card, a LAM Transition Job Aid and a flip chart for the service providers.

Issues/ Challenges: Members of the FP IEC taskforce have very busy schedules causing delays in convening the whole group to discuss the development of the job aides.

Next Steps: MCHIP is in the process of scheduling three follow-on meetings with the FP IEC taskforce to revise the job aides, pre-test them, finalize and print the materials before September 2011.

#### **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 report was disseminated to the officials from the Planning department in the Ministry of Health on the 8<sup>th</sup> March 2011 and they stated that as part of protocol, they would assist in determining the cost estimates for each facility and identification of bidders. MCHIP is in the process identifying contractors to provide quotations on the cost of rehabilitating each of the four facilities to enable selection of health facilities which MCHIP can support.

Issues/Challenges: None

Next Steps: MCHIP will explore other avenues to speed up the process of costing and bidding through use of private firms rather than the Ministry of Health. The Planning Unit of MoH endorsed this option to expedite

the process. According to the timeline, MCHIP may not be able to complete the renovations by September 2011.

## **1. 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: MCHIP began liaising the Nurses and Midwives Council of Malawi (NMCM) to ascertain the total number of providers who have been trained in injection safety, PEP and IP to date. Once this list is received, MCHIP will draw a schedule for national supervision.

Issues/ Challenges: MCHIP is still awaiting the list of providers trained

Next Steps: MCHIP will support national supportive supervision for all providers trained in injection safety, PEP and IP in the April-June quarter which will be conducted by NMCM, QA secretariat and MCHIP.

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

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

Outputs and Outcomes: MCHIP trained 80 HSAs and 16 Supervisors from the 16 new scale up sites in MCHIP's focus districts. These district-based trainings were conducted concurrently; Nkhotakota and Machinga from 10-19<sup>th</sup> January 2011 and Rumphu and Phalombe from 14 – 23 February 2011. Four HSAs and one supervisor were drawn from each of the new scale up facilities. The trainings were facilitated by district trainers trained under the ACCESS program and MCHIP provided technical support during the training.

MCHIP hired a Consultant to review the CBMNC reporting form. The form was developed at the beginning of the program but after using it for some time it was observed that the form had many variables some of which were difficult to analyze and it was time consuming to enter in the database. Many Stakeholders including RHU, CMED and Development Partners were included in the review. The Consultant has since finished the review and District Supervisors will be oriented on the new tool next quarter followed by an orientation of all HSAs on the new M&E system.

In March 2011, MCHIP conducted training of 40 HSAs from Rumphu and Nkhotakota on Community Mobilization with the purpose of imparting knowledge and skills to HSAs to mobilize communities to effectively participate in MNH activities in order to reduce maternal and newborn morbidity and mortality in the targeted communities. The HSAs came from the new scale up sites mentioned above. During training, participants were motivated and actively participated. Field visit experience provided the participants with hands on experience. The HSAs went back to their duty stations to initiate community mobilization

All the four MCHIP focus districts were supervised as part of continuous monitoring in community MNH interventions. A number of achievements were recorded during supervision. For example, Nkhotakota DHMT used two Community Action Groups (CAG) that are doing well to sensitize other neighboring communities where there has been a maternal death. A CAG in Machinga contributed money and bought materials for a Stretcher to ease transport problems in their area; Chiefs from a Moslem community in Ntaja/Machinga and Alinafe/Nkhotakota who used to refuse pregnant women to be delivered by male nurses were busy advocating for facility delivery after community sensitization meetings.

Issues/Challenges: Many HSAs do not have working bicycles which prohibits ease of making timely home visits.

Next Steps: MCHIP will conduct Supervision for the 16 new scale up health centres to assess progress of community interventions. MCHIP will also orient HSA supervisors on the revised CBMNH form and the supervisors will later orient HSAs in their districts. MCHIP will follow up progress on dissemination of MNH messages by WALA and PSI drama groups.

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

Output and Outcomes: MCHIP supported training of 7 trainers in HBB curriculum during the MCHIP regional essential maternal and newborn care meeting held in Addis Ababa in February 21-25 2011. These trainers will later train district level HBB trainers who will in turn train HBB district service providers. In March, RHU organized a stakeholders meeting to sensitize stakeholders on HBB. Professor George Little from the American Academy of Pediatrics and Dr. Stella Abwao, HBB Technical Advisor co-facilitated the meeting. Stakeholders developed a National HBB Roll Out Plan of which all future HBB implementation and scale-up will be based upon. Stake holders agreed to train 2 HBB trainers per district and the district Safe Motherhood Coordinator to be trained as HBB mentor. The stakeholders agreed that participants to be trained as HBB trainers should be selected from the pool of existing BEmONC or Integrated MNH trainers.

MCHIP made an initial order of 20 sets of supplies/equipment to facilitate the first training of trainers; these are anticipated to arrive in the country first week of June, for this reason the training of trainers has been shifted from May to the week of June 6, 2011. Professor George Little (AAP) will provide technical support for this activity.

Issues/ Challenges: MCHIP consulted districts to develop a list of available BEmONC/IMNH trainers and observed that there are few people available in the districts to be trained as trainers and mentors and be readily available for onsite supervision and mentoring in HBB – it was suggested that health workers with ‘hands-on’ experience in maternity units could be trained as HBB district trainers and receive an additional 1 week training to prepare them to become trainers. The participants will be selected from the pool of service providers trained in BEmONC/IMNH or BEmONC onsite core competencies training. Safe Motherhood Coordinators could also serve as mentors as they are currently responsible for supervision of health centers

Next Steps: MCHIP will conduct HBB TOT training on 6<sup>th</sup> and 7<sup>th</sup> June 2011 and thereafter district level training of service providers will be conducted.

## **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: This quarter MCHIP participated in the following key MNH stakeholder meetings:

1. SRH TWG: 16<sup>th</sup> March 2011, key issues discussed included encouraging women to sign voluntary sterilization form to complement theatre consent form with the aim of having adequate documentation on voluntarism; NMCM informed RHU that the revised NMT curriculum still includes PAC and MVA contrary to the what was reported in other meetings; health accounts may provide in the future information on how much of the SWAp funds support RH interventions.
2. Participated and presented at the National Stakeholder meeting on Helping Babies on Breathe (HBB) conducted on March 23<sup>rd</sup>, 2011. The purpose of the meeting was to introduce policy and service delivery stakeholders to the concept of HBB and initiate discussions on how HBB might be integrated

into the in-service and pre-service training on the Integrated Maternal and Newborn Care (IMNC) Package. MCHIP presented on a potential HBB Evaluation to understand both how the program is being implemented at scale as well as the associated results in terms of health system performance, provider competence, quality of care, and neonatal outcomes.

3. Safe Motherhood Subcommittee: 25<sup>th</sup> January 2011, key issues discussed included EmONC assessment report; First Lady of Malawi will host an international Stop Cervical Cancer campaign in July at Cross Roads hotel and small taskforce set up to develop standard list of MNH equipment and supplies for various levels of health facilities. A second meeting was conducted on 25<sup>th</sup> March 2011 and key issues discussed include: adoption of maternal death verbal autopsy form, pilot of Misoprostol for PPH and PAC on small scale, training of 16 police officer on providing emergency contraception for victims of violence, and debate by the Ministry of Gender and MOH on the curriculum of TBAs to conduct deliveries.
4. PMI Partner's Meeting: held on 29<sup>th</sup> March and key issues discussed included the parallel supply chain management system by DELIVER, availability of RDT (3 million) and the need to target them to under fives; current LA stocks for health facilities will last until May 2011 while stocks for the 5 CCM districts will last 5 months in anticipation of support from Global fundUSAID HPN Meeting: 10th February, highlights included an update on GHI, BEST, HPN performance in FY 10 and need for partners to submit quality data timely; data should be disaggregated and also the need for data quality verification
5. MC meeting with PEPFAR team: held on 16<sup>th</sup> February; HIV unit provided an overview of MC services in the country which was followed by recommendations from the PEPFAR team.
6. RH Planning meeting: Held from 26-28<sup>th</sup> January to develop an annual comprehensive work plan for RH services

Issues/Challenges: None

Next Steps: MCHIP will continue participating actively in key working group 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 this quarter.

Issues/ Challenges: N/A

Next Steps: This activity will be conducted in May 2011.

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

- 9.1 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 led 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. UNFPA has since hired a local consultant to refine the zero draft Road Map with input from key MNH stakeholders including MCHIP.

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.

RHU is delaying in setting up dates for the meeting to finalize the RH strategy.

Next Steps: Once the preliminary results of the 2010 DHS are released, MCHIP will liaise with RHU to fast track finalization of the Road Map. WHO/UNFPA have identified a consultant to work on finalization of the Road Map once stakeholders agree if any other emerging issues need to be included based on the results of the 2010 DHS. Dissemination of the RH strategy will be done after the finalization.

## 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 from 21<sup>st</sup> March 2011- 1<sup>st</sup> April 2011, MCHIP with Technical Support from Catherine Schenck-Yglesias from Jhpiego/MCHIP Head Office pretested 3 procured Dell tablets in Nkhotakota at Alinafe Health Centre with the aim of determining the feasibility of using the tablets for documentation of PQI internal assessments. Areas in the standards assessed using the tablets were support services (Pharmacy, OPD) and postnatal care. The pretest was done successfully and service providers unanimously agreed that the tablets would facilitate efficient documentation and analysis of PQI results.

Next Steps: Given the success of the tablets linked to PQI, MCHIP will plan to orient PQI trainers to use the computer tablets as a replacement for paper-based documentation. These trainers will in turn be responsible for orienting service providers from the Central East Zone on PQI/RH using computer tablets once the bid is finalized.

## 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: MCHIP received, cleared and warehoused 500,000 sachets of Thanzi ORS which is a part of order of the 1.1m sachets. MCHIP/PSI followed up on sampling and testing results for the second order of 600,000 sachets with the procurement in DC and the whole lot passed. Results were communicated on 15<sup>th</sup> March, 2011. Shipping arrangements have been made and estimated date of arrival is now scheduled for June, 2011.

	<u>11-Jan</u>	<u>11-feb</u>	<u>11-Mar</u>	<u>11-Apr</u>	<u>11-May</u>	<u>11-June</u>	<u>11-Jul</u>	<u>11-Aug</u>	<u>11-Sep</u>	<u>11-Oct</u>	<u>11-Nov</u>	<u>11-Dec</u>
<u>ORS stock levels</u>	<u>119,160</u>	<u>32,360</u>	<u>1,164</u>									
<u>Procurement Plan (N/A)</u>			<u>500,000</u>									

Issues/Challenges: The extended period for sampling and testing from 4 weeks to six weeks and the congestion at Beira caused delays in receiving the consignment which resulted into product stock out in the MCHIP warehouse. A decision was made to borrow 75,000 Thanzi ORS sachets from the CIDA funded

program in order to reduce length of time for stock out. The second supplier of ORS (Apex Drug House) had its factory inspected by PMPB, however the factory was not certified it did not meet the standards set by PMPB.

Next Steps: Through PSI Washington procurement team, identify another supplier to register ORS in Malawi with PMPB.

#### 11.2 Activity: Communication on diarrhea treatment

Outputs and Outcomes: Community education on product use was done across the country specifically in Karonga, Ntcheu, Salima, Chikwawa, Mangochi, Zomba, Machinga, Blantyre, Lilongwe, Nkhata-Bay, Dowa, Mchinji, Ntchisi, Rumphu, Thyolo, Chiradzulu, Mwanza and Mzimba. A total of 403 community education sessions were conducted and reached an estimated audience of 8,600.

Issues/ Challenges: N/A

Next Steps: Ongoing community education sessions will continue in the remaining 10 districts during the April-June quarter.

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

Outputs and Outcomes: Received and distributed 135,000 bottles of WaterGuard through the commercial outlets to the rural areas.

Issues/Challenges: N/A

Next Steps: This activity is now completed.

### 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 : January saw the introduction of the family planning registers in private sector outlets. The Detailers continued visiting the private sector providers, offering technical assistance as well as conducting clinic talks.

In the reporting quarter, the following were achieved:

- **6,685** cycles of oral contraceptives and **11,485** vials of injectable contraceptives were distributed through the private sector. As the public sector continues facing challenges with contraceptive logistics, more and more people are constantly turning to the private sector as an alternative. BLM has also been getting some injectable contraceptives from the program for distribution through its social marketing facilities.
- Method specific brochures were distributed in the reporting quarter. These are being left in the waiting rooms of clinics and the shop floors in pharmacies and drug stores.
- 761 radio adverts were aired in the reporting quarter. 4 clinic talks were also conducted. This has helped increase demand especially for oral contraceptives. Since the airing of the adverts, there has been a steady increase in oral contraceptive uptake and brand awareness. This has been shown by the number of people walking into facilities and specifically asking for the SafePlan® branded contraceptives.

- In the last quarter, data on clients seen was not reported. The data for the previous quarter and part this quarter was collected and has shown that over the last 6 months, private sector facilities have had a total of **6,296** family planning visits. **182** were from new clients for the injection, **3,477** were from old clients for the injection, **65** were from new clients for pills and **2,572** were from old clients for pills.

Issues/Challenges: Collecting data from the facilities has proven to be a challenge. It is impossible to visit all 200 outlets every month hence some data is being collected a month or two late. Most facilities are having challenges filling in the registers. Some workshops are being planned for the next quarter leveraging other funds to orient the providers on the registers.

Next Steps: In the next quarter, detailing visits will continue. Leveraging funds from the Dutch government; a lot of communication activities will also be conducted targeting the private sector and promoting brand awareness.

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

Outputs and Outcomes: This quarter marked the beginning of data collection for the CBDA pilot. After launching the pilot in December, the CBDAs started distribution of oral contraceptives and male and female condoms at subsidized prices. The main activities that were conducted in this quarter were fortnightly supervision visits and community sensitization events.

During supervision visits the following were noted:

- people in the communities have welcomed the CBDAs regardless of them selling the contraceptives
- The chiefs have shown great support to the project. This has been demonstrated in the way they give CBDAs time to talk when the chiefs call for meetings. Some Chiefs have also attended talks conducted by the CBDAs and have openly declared their support to the CBDAs.
- So far the CBDAs have managed to distribute **556 pills, 742 male condoms and 194 female condoms.**
- The CBDAs have managed to counsel **5,637** people though door-to-door counseling
- Looking at the number of people counseled against those accepting pills as a method, it demonstrates that the fact that CBDAs are selling pills, however this has not affected the uptake of counseling or of other FP methods.
- The initiative has proven to be a success in hard to reach areas than areas close to health facilities.

From the sensitization meetings conducted, the following were noted

- There are a lot of myths surrounding the use of contraceptives in the areas the project is working in.
- The communities appreciated the fact that services are now available at their door step.

Issues/Challenges:

- There was a delay in the printing of the IEC materials. These will be distributed in the next quarter.
- The constant non-availability of other methods has caused discouragement among clients referred by CBDAs.

- 2 of the CBDAs who had been trained dropped out. One, because of family issues and the other was going back to school. This has demonstrated a shortfall in the selection process since both candidates were related to the Chiefs who were involved in the selection process. The project is working on replacing these CBDAs
- To avoid leakage of pills from the public sector, MCHIP decided to partially brand the contraceptives distributed by the CBDAs. It was also noted that it may cause some complications to use the same brand name as the one available through the private sector as had been previously planned. There was a possibility that using the SafePlan brand may result in some CBDAs selling to private clinics so as to move their stocks fast. A branded dispensing envelope was therefore developed to distinguish between the public sector pills and the pills being distributed by the CBDAs.

Next Steps: In the beginning of the next quarter, a midterm review of the pilot will be conducted to guide on how best the pilot can be tweaked at this stage to make it a success. This will include a review of the CBDAs' skills as well as community response to the initiative. Community sensitization events will continue to help dispel myths associated with contraceptive use.

### 12.3 Activity: Conduct Family Planning TRaC Survey and MAP study

Outputs and Outcomes: : In the reporting quarter, the TRaC study concept note was submitted to USAID to get guidance on how to handle the Malawian Ethics Review Board's request for a research fee. The initial phase of the development of the study design also took place. This will be shared with MCHIP once the PSI Research team has finalized.

For the MAP study, the study will be carried out in the April-June quarter.

Issues/Challenges: None

Next Steps: The MAP study will be conducted in the next 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 280,605 LLINs were distributed to health facilities across the country targeting pregnant women and caregivers of under five children based on the distribution plan from NMCP. Reports from the field indicated that most health facilities in the northern region were well stocked with LLINs while those from the central and south were found to be stocked out at the time of delivery of the new stock. A meeting was held with NMCP, USAID and CHEMONICS to discuss and plan for the mass distribution campaign in Nkhota-kota and Salima districts. An initial budget was submitted to USAID for the proposed mass campaign. MCHIP/PSI hosted the PMI audit team.

Issues/Challenges: Scarcity of fuel and road accessibility were the major challenges that caused the delay to finish all the plans for the mass campaign.

Next Steps: Continue discussions with NMCP, CHEMONICS and USAID to finalize plans and budget for the mass distribution campaign. Continue distribution of LLINs to health facilities based on the NMCP distribution plan

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

Outputs and Outcomes: 812 Long Lasting posters, 9,900 Malungo Zii Calendars, 4,500 LLIN brochures and 600 IPTp brochures were distributed across the country. These had four key messages; promoting prompt treatment for malaria, adherence to LA treatment that has been received for the child, use of LLINs every night and uptake of IPTp among pregnant women.

Issues/Challenges: Most of the planned communication activities for the quarter were not implemented due to delays with budget approvals, however despite the slow down of activities during the reporting quarter, MCHIP will reach all BCC targets.

Next Steps: Continue with the distribution of the already produced IEC materials. Implement the carried over activities from Q1 in Q2, 2011.

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

### 14.1 Activity: Strengthening and Standardizing behavior change communication messages for MNH

Outputs and Outcomes: MCHIP oriented PSI drama Groups on MNH and shared IEC messages that were developed during the ACCESS program. MCHIP also shared the messages with WALA. The purpose was to forge partnerships with various organizations at the community level, to share MNH messages developed under the ACCESS program and determine concrete modalities for dissemination through each programs' existing platforms. PSI drama groups planned to come up with drama performances on the messages and show them in many districts. There were 9 participants and each participant was responsible for a number of districts. WALA incorporated the messages in their work plans and these will be taught to families in the project.

Issues/Challenges: None.

Next Steps: MCHIP will follow-up with the trained drama groups and WALA Coordinators to determine the total number of community members who have benefited from the IEC messages to date.

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

### 15.1 Activity: Update providers in PMTCT service delivery skills

Outputs and Outcomes: Clinical skills training in PMTCT has been delayed until May/June 2011 once the HIV Unit of the Ministry of Health finalizes the curriculum and schedule for training.

Issues/Challenges: Following the rejection of the Global Fund Round 10 proposal, delays have occurred due to the need to revisit plans by the MOH to change the PMTCT regimen and also amend the curriculum for the training of service providers in PMTCT.

Next Steps: The MOH has given indications that trainings will be able to resume by May/June 2011. MCHIP has requested MoH to prioritize MCHIP supported sites for the initial batch of trainings in PMTCT for service providers. .

### 15.2 Activity: Review and refine existing PMTCT-RH PQI standards and develop new standards as necessary

Outputs and Outcomes: Conducted a national level workshop on 17th-20th January, 2011 to review and refine the existing PQI RH standards to fully integrate PMTCT standards across the continuum of care. The workshop produced a first draft of standards on early infant diagnosis, early infant feeding, ART for PMTCT, integrated FP-HIV, integrated Sexually Transmitted Infections-HIV, integrated Cervical Cancer Prevention (CECAP)-HIV and inclusion of PMTCT in FANC, labor and delivery and postpartum care. The team that was involved in the development and the review process included representatives from MSH, UNFPA, Mothers to Mothers, Elizabeth Glaser Pediatric Aids Foundation, MoH (HIV and RH Units), Queen Elizabeth Central Hospital, Baylor Foundation, Holy Family College of Nursing and MCHIP.

Issues/Challenges: Delays in getting feedback especially from the ART focal person at MoH which resulted in delays to finalize the standards..

Next Steps: A stakeholders meeting for DHMT from MCHIP supported sites and Zonal officers to brief them on the standards has been planned for next quarter. Once completed, the standards will be introduced to 36 facilities across the Central East Zone, Rumphi and Likoma.

- 15.3 Activity: Introduce PQI for integrated PMTCT with zonal and district health officials in Central East Zone Rumphi and Likoma Districts

Outputs and Outcomes: Not initiated this reporting quarter.

Issues/Challenges: N/A

Next Steps: Activities schedule to take place April-June 2011.

- 15.4 Activity: Orient external assessors and master trainers in specific PMTCT standards in order to conduct integrated RH-HIV external assessments

Outputs and Outcomes: Not initiated this reporting quarter.

Issues/Challenges: N/A

Next Steps: Activities schedule to take place April-June 2011.

- 15.5 Activity: Assessment of PMTCT sites in Central East Zone, Likoma and Rumphi

Outputs and Outcomes: Not initiated this reporting quarter.

Issues/Challenges: N/A

Next Steps: Activities schedule to take place April-June 2011.

- 15.6 Activity: Ongoing mentorship through supportive supervision of 36 target sites in Central East Zone: Likoma and Rumphi

Outputs and Outcomes: Not initiated this reporting quarter.

Issues/Challenges: N/A

Next Steps: Activities schedule to take place April-June 2011.

15.7 Activity: Document and share process and approach of implementing PMTCT standards with other PMTCT mentoring partners

Outputs and Outcomes: Not initiated this reporting quarter.

Issues/Challenges: N/A

Next Steps: Activities schedule to take place April-June 2011.

## **16. Training of HSAs in Central East and Northern Zones in PMTCT-follow-up**

16.1 Activity: Update and finalize mother-infant pair (MIP) follow-up training materials and IEC materials for HSAs as part of the Community MNH package

Outputs and Outcomes: Activity not yet done. MCHIP wanted to fully involve the HIV Unit when updating Mother Infant Pair follow up training and IEC materials. In the process of discussion, HIV unit expressed the need for a National MIP training manual. Earlier, BASICS drafted MIP training manual but was rejected by HIV unit. HIV unit recommended a small group to review this manual and come up with specific MIP information and later invite a larger stakeholders meeting to review and finalize it according to MoH guidance and indorse it as National training manual. Two small group meetings have been held but HIV unit has been busy with national PMTCT work to organize and be available for the larger group meeting. However, larger group meeting is scheduled to take place from 2-7<sup>th</sup> May 2011. MCHIP plan to co-fund the larger group meeting.

Issues/Challenges: HIV unit too busy to lead finalization of the training manual. This has delayed implementation of MIP. All other MIP related activities are dependent on the training manual.

Next Steps: MCHIP will participate in the larger stakeholders meeting to finalize the training manual; and move fast to train the trainers and HSAs in order to provide adequate time for implementation.

16.2 Activity: Finalize and print mother-infant pair follow-up register for 1 target site in Rumphi, Nkhotakota, Ntchisi and Likoma

Outputs and Outcomes: Draft Register available but completion is awaiting completion of the MIP training manual

Issues/Challenges: N/A

Next Steps: MCHIP will carry out this activity next April-June quarter.

16.3 Activity: Orient existing CMNH master and district-level trainers on MIP training component, including the MIP register

Outputs and Outcomes: Activity not conducted; awaiting the MIP training manual

Issues/Challenges: N/A

Next Steps: MCHIP will carry out this activity next April-June quarter.

16.4 Activity: Train HSAs in Rumphi, Nkhotakota, Ntchisi and Likoma on MIP- follow up and use of MIP register

Outputs and Outcomes: Activity not conducted; awaiting the MIP training manual

Issues/Challenges: N/A

Next Steps: MCHIP will carry out this activity next April-June quarter.

16.5 Activity: Train HSAs in Rumphu, Nkhotakota, Ntchisi and Likoma on MIP- follow up and use of MIP register

Outputs and Outcomes: Activity not conducted; awaiting the MIP training manual

Issues/Challenges: N/A

Next Steps: MCHIP will carry out this activity next April-June quarter.

16.5 Activity: Orient Zonal Health Officers in Central East and Northern Zone to MIP implementation including guidelines and standards

Outputs and Outcomes: Activity not conducted; awaiting the MIP training manual

Issues/Challenges: N/A

Next Steps: MCHIP will carry out this activity next April-June quarter.

16.6 Activity: Supportive supervision to HSAs in Central East Zone

Outputs and Outcomes: Activity not conducted; awaiting the MIP training manual

Issues/Challenges: N/A

Next Steps: MCHIP will carry out this activity next April-June quarter.

16.7 Activity: Orient national stakeholders to updated Community MNH package

Outputs and Outcomes: Activity not conducted; awaiting the MIP training manual

Issues/Challenges: N/A

Next Steps: MCHIP will carry out this activity next April-June quarter.

## **17. Strengthen integration of PMTCT and Family Planning**

17.1 Activity: Review and update the STI and cervical cancer prevention (CECAP) components of the RH standards to include FP and PMTCT

Outputs and Outcomes: The STI and CECAP components of the RH standards were revised to include elements of FP and PMTCT during the stakeholder meeting to develop the integrated PMTCT-RH standards. See activity 15.2 for details.

Issues/Challenges: Delay in training providers on PMTCT.

Next Steps: Once providers are trained in PMTCT, MCHIP will roll out the implementation of the PQI integrated PMTCT standards in the Central East Zone, Rumphu and Likoma. This is anticipated to take place in May/June 2011.

17.2 Activity: Share best practice and tools of FP-PMTCT integration to other PMTCT mentoring partners

Outputs and Outcomes: This activity will take place following the lessons learned from Activity 17.1

Issues/Challenges:

Next Steps: MCHIP will carry out this activity in the July-September quarter.

## **18. Procurement of the Hygiene Package for HIV+ pregnant and lactating women**

18.1 Activity: Procurement and distribution of 5,704 hygiene kits

Outputs and Outcomes: MCHIP is in the process of procuring 5,704 hygiene kits for a total of 16 health centres in 3 districts (Nkhotakota and Rumphu and Machinga). The hygiene kit will be given to postnatal mothers to improve facility based postnatal care visit within one week, 6 weeks, at 12 weeks and at 6 months with the aim of increasing post natal care which is very low within the critical period of one week. It will also be an opportunity to promote exclusive breast feeding, PFP and MIP, opportunity for immunization for the child, exclusive breast feeding for 6 months, PFP and MIP, ensuring a good transition period from exclusive breast feeding to complementary feeding as well as reinforcement of breastfeeding practices among HIV positive women . It is also another opportunity for long term FP methods. There will be eight implementing sites and the remaining health centers will be the control sites.

Next Steps: Orienting HSAs and training providers on hygiene kits and distributing the hygiene kits to selected health facilities.

18.2 Activity: Orientation of DHMTs, Safe Motherhood Coordinators, in Central-East Zone to implement hygiene kit activity

Outputs and Outcomes: Not initiated in the reporting quarter.

Issues/Challenges: N/A

Next Steps: To be done in the April-June 2011 quarter

## **19. Conduct maternal death audit linked to HIV**

19.1 Activity: Develop maternal death audit tool

Outputs and Outcomes: MCHIP conducted a national level stakeholder meeting on 1<sup>st</sup> February 2011 to reintroduce the Community Verbal Autopsy form and review and refine it as part of a national level initiative to revitalize the practice of routinely conducting community-based maternal death audits.

On March 23<sup>rd</sup> and 24<sup>th</sup>, MCHIP, health centre staff from Chiunjiza and Mngoni Health centres and the Lilongwe Safe Motherhood Coordinator, conducted two community-based maternal death reviews in rural Lilongwe to pretest the draft audit form. Service providers and Health Surveillance Assistants from the nearest health centers where the deaths took place were oriented on the audit form and the team carried out the community maternal death audit with success. Community members were also involved in this

exercise and they included Traditional Birth Attendants, members of the VDC, Village Headmen and family members of the deceased. The revisions have been made according to the outcome of the pretest. The form will be circulated to a larger group for their comments before it is printed.

MCHIP will use the finalized Community maternal death audit form to conduct retrospective community maternal death audits for all community based maternal deaths for the period January-December 2010 in three districts (Lilongwe, Mangochi, and Kasungu).

Issues/Challenges: Difficulties in finding data on community deaths that occurred in respective districts because information on the community maternal deaths is not being effectively collected by districts

Next Steps: Selection of health facilities with community maternal deaths and identification of HSAs and service providers to be oriented.

19.2 Activity: Service Providers and HSAs from selected districts oriented to maternal death audit tool

Outputs and Outcomes: Not initiated this reporting quarter; awaiting finalization of the tool following the pre-testing exercise.

Issues/Challenges: N/A

Next Steps: To be done in the April-June 2011 quarter

## **20. Capacity building to improve data utilization and reporting**

20.1 Activity: Supportive supervision to selected high volume sites in Central East Zone and Rumphi, Ntchisi, and Likoma Districts

Outputs and Outcomes: Sites requiring additional support to improve data utilization were identified based on data received by the HIV unit. These sites include: Madisi Mission hospital in Dowa, Santhe Health Center in Kasungu, Mwansambo Health Center in Nkhotakota, Malomo Health Center in Ntchisi, Salima District Hospital, and Bolero Rural Hospital in Rumphi.

Issues/Challenges: MCHIP was eager to align the selection of sites based on the sites that will be targeted for provider trainings on PMTCT and PQI in order to strengthen the full continuum of care, in addition to data utilization. Because the PMTCT trainings have been delayed by the HIV unit, actual capacity building for data utilization was also postponed to align with the proposed trainings.

Next Steps: MCHIP will carry out supportive supervision for improving data utilization and reporting concurrently with the PMTCT trainings scheduled for the upcoming April-June quarter.

20.2 Activity: Quarterly review of PMTCT data with DHMT in Central East Zone and Rumphi, Ntchisi and Likoma Districts

Outputs and Outcomes: Not initiated; will follow on activity 20.1.

Issues/Challenges: N/A

Next Steps: This activity will be initiated in June 2011.

## **21. Providing technical assistance to support the MOH in developing training materials, tools, and quality standards for MC**

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

Outputs and Outcomes: SOP's were completed in November 2010 when MCHIP facilitated the development of the Standard Operating Procedure for Voluntary Medical Male Circumcision. The SOP is now on a final draft awaiting the signature of the Secretary for health.

Issues/Challenges: Jhpiego HQ is in the process of developing MC standards which MCHIP and MoH will adapt in line with the Malawi SOP to develop MC standards. The MC standards will be adapted in May/June 2011.

Next Steps: Once the Secretary for health signs the SOP, thereafter the Ministry of Health will produce copies for distribution to sites implementing VMMC. In the meantime, MCHIP is using the draft SOP as a national guideline during the provider trainings.

## **22. Training of clinical providers in medical male circumcision**

22.1 Activity: Conduct training of trainer in MC service provision, Clinical Training Skills, and quality improvement

Outputs and Outcomes: This activity has been rescheduled for the Next quarter of July to September 2011 to await MC Service providers gain experience in VMMC before being trained as trainers.

Issues/Challenges: N/A

Next Steps: MC training of trainers will be conducted in the quarter July to September 2011.

22.2 Activity: Train 36 service providers in MC from 9 district hospitals (Mulanje, Machinga, Mangochi, Thyolo, Salima, Nkhotakota, Dedza, Kasungu and Nkhatabay)

Outputs and Outcomes: MC training was conducted in two phases. The first phase of the training was conducted in Blantyre with practical attachments being done in Blantyre and Mulanje from 21 February to 1 March 2011. Twenty (20) Service providers were trained and 18 of them came from the above 9 Government hospitals and 2 came from the Malawi Defense Force hospital. The second phase of the training was conducted from 21 March to 28 March 2011 at Limbani Lodge in Mulanje (theory component). The Practical component took place at Mulanje District Hospital and Chonde Health Center. Twenty one (21) Participants took part in this training with 19 Participants coming from the above 9 Government hospitals and 2 from the Malawi Defense Force. During the practical attachments, a total of 45 MC operations were conducted during the first training and 102 MC operations were conducted during the second training with no complications being reported.

Issues/Challenges: There were inadequate training materials during the first MC providers training such as equipment for MC operations, Clients register and client's examination forms. However this problem was resolved during the second training. .

Next Steps: There is need to follow up on the MC Service providers and collect figures of MC clients operated upon in all the 9 sites.

22.3 Activity: Site Strengthening in 2 target facilities (Mulanje and Dedza district hospitals) for adoption of MOVE model

Outputs and Outcomes: Site strengthening for both Dedza and Mulanje in terms of human resource capacity building was conducted. In Mulanje, 6 service providers were trained in VMMC and 5 providers from Dedza were trained in VMMC. A Total of 26 MC sets, 12 theatre boots, clients drapes, theatre gowns and 100 aprons, HIV test kits surgical gloves and sutures were provided to Mulanje hospital to start the MC services. Dedza Hospital is yet to be provided with equipment and supplies for VMMC.

Issues/Challenges: MCHIP observed that procuring MC supplies and equipment in Malawi is very costly and is looking into the possibility of procuring future consignments from suppliers in RSA.

Next Steps: Procure more MC sets and supplies for distribution to Dedza Hospital and the remaining supplies for Mulanje Hospital. Follow up with all the nine sites to collect data on VMMC conducted and to conduct supportive supervision in the two model sites of Dedza and Mulanje hospital.

### **23. Exploring results-based financing and voucher approaches for MC**

23.1 Activity: Develop guidelines and a work plan for the pilot of a results based financing scheme on strengthening MC service delivery

Outputs and Outcomes: Not initiated during the reporting quarter

Issues/Challenges: N/A

Next Steps: MCHIP will begin discussions with BLM and MOH to develop a concept paper for RBF approaches for increasing MC uptake.

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

24.1 Activity: Monitoring & Evaluation

Outputs and Outcomes: MCHIP continued work on supporting the finalization of the CBMNH indicators and tools, including a pre-testing exercise in Dowa and Nkhotakota. The pre-testing exercise proved highly successful with HSAs welcoming the new tools and reporting system as a more streamlined, easy-to use system. In addition, MCHIP continued routine M&E activities, including a joint supervision in Rumphu and Nkhotakota where MCHIP conducted a Data Quality Assessment at the intervention facilities supported by MCHIP. Results of the DQA showed that the new ANC and maternity register have significantly improved reporting of key ANC and maternity indicators although re-orientation of providers was needed in order for them to understand how the results could be interpreted.

Issues/Challenges: It's clear that the current CBMNH documentation and data entry system at the district level is burdensome for district staff. While unentered data continues to accumulate, MCHIP is continuing to support the district to clear the backlog of data during supervision visits.

Next Steps: MCHIP support finalization of the revised CBMNH tools in April followed by a re-orientation of 400 HSAs on the new tools in May 2011. M&E staff will continue to participate during supervision visits and support increased data utilization at the district level.

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

Outputs and Outcomes: MCHIP conducted joint supervision visits on the full household to hospital continuum of care model in the four target districts. In general, all health facilities are continuing to implement the HHCC with successes such as improved documentation to monitor service delivery outcomes, improvement in IP practices, internalization of the RH standards and CBMNH processes. HSAs are

prioritizing CBMNH home visiting, especially in communities where Community mobilization activities have increased due to dedication of the community action groups.

Issues/Challenges: The majority of facilities have not yet conducted another round of internal assessments for PQI. For the 16 new scale-up sites, this will delay the final Module 3 training as facilities are required to conduct their first internal monitoring assessments by the time of the module 3 training. HSAs continue to complain about lack of bicycles to facilitate home visits. This is of particular concern due to the rainy season.

Next Steps: MCHIP will address the success and challenges of the HHCC to each DHMT when MCHIP conducts the district-level HHCC dissemination stakeholder meetings. MCHIP will conduct another round of supportive supervision visits to each district in the next quarter to continue facilitating efforts for integration and sustainability.

## **OTHER ACTIVITIES/VISITS**

1. Hosted Michelle Wallon from Jhpiego Zambia from January 10<sup>th</sup>-18<sup>th</sup> to interview stakeholders for inclusion in a Malaria in Pregnancy Case Study.
2. MCHIP's MC Officer, Mr. Eneud Gumbo, participated in Jhpiego's regional MC meeting in Addis Ababa from 10<sup>th</sup>-15<sup>th</sup> January, 2011 with the theme of "Sustaining Jhpiego's Leadership in MC". Presentations emphasized demand creation and serving hard to reach areas, integration of MC and MCH, and M&E.
3. Hosted Barbara Rawlins, M&E Manager, and Charlene Reynolds, Communications Officer from MCHIP HQ from 27<sup>th</sup> February- 4<sup>th</sup> March 2011. Barbara Rawlins supported the office to begin preparations for MCHIP Malawi closeout, development of an HBB concept note, and engaging with the MOH to discuss the establishment of MNH sentinel site surveillance. Ms. Reynolds provided an orientation to staff on writing success stories and documentation of MCHIP Malawi's work.
4. Hosted Dr. Jabbin Mulwana from 21<sup>st</sup> February to 1<sup>st</sup> March 2011 to co-facilitate the first session of the MC clinical skills training. Following guidance from the MOH and MCHIP, Dr. Mulwanda returned to observe and coach the second clinical skills training at the end of March.

## 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		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
<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 vdates/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	10,193	
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</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	10,116	

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
	drying and 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	23,420	
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	367	Does not include 139 providers trained in BEmONC with Y1 carryover funds
Number of HSA visits to pregnant women	Number of home visits conducted by	CMNH register	HSAs record referrals as they	Ongoing, with	District Coordinator	Quarterly	M&E Specialist,	15,000	2,193	A backlog of data remains to

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
where counseling and referral was provided for ANC services from 4 focus districts	HSAs to pregnant women where counseling and referral was provided for ANC services. Counseling includes information sharing on birth preparedness		occur; submit copies of logbook to MCHIP on monthly basis	submission of logs monthly	s		Chief of Party			be entered at the district level, however once entered we expect to reach 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%	Includes 16 new scale-up health centers
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%	Includes 16 new scale-up health centers
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	3	1	Machinga District Hospital recognized IP and RH on April 1 <sup>st</sup> , 2011
Number of people trained in FP/RH	Number of people (health professionals, primary health care workers, community	TIMS	Data collection as trainings occur	As trainings occur	Program Officers	Semi-annually	M&E Specialist, Chief of Party	414	432	Includes the 159 providers trained in PFP using Y1 carry

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
	health workers, volunteers, non-health personnel) trained in FP/RH (including training in service delivery, communication, policy systems, research, etc.)									forward funds.
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	254	These 254 facilities are the private sector service delivery points and 48 SDPs from the 16 PQI scale-up sites. MCHIP will scale-up to the remaining 108 SDPs in the next quarter once we scale up to the 36 PMTCT-FP sites.
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	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	As deliveries occur	Maternity providers/ MCHIP	Quarterly	M&E Specialist, Chief of Party	15,000	10,116	

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
	<p>the following three elements:</p> <ul style="list-style-type: none"> <li>• Use of uterotonic drug within one minute of birth (oxytocin preferred)</li> <li>• controlled cord traction</li> <li>• uterine massage after the delivery of the placenta</li> </ul>		review							
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	29,471	
<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>										
<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 catchment areas receive at least 3 home counseling visits from a trained HSA.	Number of pregnant women and their families receiving at least 3 home counseling visits from trained HSAs / Number of expected pregnancies	CMNH database	As counseling visits occur	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	50%		Will report at end of year
Percentage of postnatal women who received at least 3 home	Number of postnatal women and their newborns receiving	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		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
counseling visits within one week of delivery from a trained HSA	at least 3 home counseling visits from trained HSAs / Number of expected pregnancies				Specialist		Party			
Percentage of targeted communities that have action plans to support pregnant women and newborns to use MNH services appropriately	Number of target communities that have action plans to support pregnant women and newborn to use MNH services appropriately/ 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 PPFPP 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 Syllabus, National RH strategy update, RBF guidelines, Misoprostol guidelines, etc.	Program Reports	Program officer will detail developments in FP/RH policies or guidelines	As program milestones occur	Program Officer	Annually	M&E Specialist, Chief of Party	1	0	Awaiting finalization of the RH strategy
Number of district-level scale-up plans in place to expand	Number of scale-up plans developed by districts to expand	Program Reports	Program officers	As scale-up plans are	Program Officer/DH MT	Annually	M&E Specialist, Chief of	5	0	

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
coverage of MCHIP programs	coverage of MCHIP activities, including community model, PQI IP/RH at health centers, and KMC.			developed			Party			
Number of policies or guidelines developed or changed with USG-assistance to improve access to and use of Community MNH services	Number of policies or guidelines developed or changed to improve access to and use of Community MNH services.	Program Reports	Program officer will detail developments in CMNH policies or guidelines	As program milestones occur	Program Officer	Annually	M&E Specialist, Chief of Party	1	1	New CBMNH M&E system endorsed by RHU and near finalization
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	PQI internal assessments for 16 new sites will be completed in April.
<b>Result 5: Increased commitment of resources for MNH from GoM and other donors</b>										
Number of trainings on CMNH, KMC, PQI, BEmONC, FP conducted using leveraged funds by other donors	Number of MCHIP program trainings conducted using resources/funds from other donors	Training reports	Program Officers	As trainings occur	Program Officer/ GoM	Quarterly	M&E Specialist, Chief of Party	2 (with GAIA funding )	1	BEmONC training for tutors with MCHIP TA.
<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	Number of HSAs utilizing new community MNH register for all home	HSA monthly reports	Program Officers	Quarterly	Program Officer/ GoM	Quarterly	M&E Specialist, Chief of Party	240	0	Register near finalization. Will be introduced to

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
MNH register	visits for pregnant and postpartum mothers.									HSAs in May.
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 Officers	Quarterly	Program Officer/ GoM	Quarterly	M&E Specialist, Chief of Party	80%		Register near finalization. Will be introduced to HSAs in May.
<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)	National level survey using trained data collectors from PSI	Weekly	PSI/Malawi Sales Representatives	Monthly	PSI / MCHIP	500,000	0	Distribution of the received 500,000 MCHIP-procured sachets will begin in April.
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/for	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	1,100,000	500,000	A second order of the remaining 600,000 sachets is expected to arrive in June 2011.

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARG ET	PROG RES AS OF 30 Mar	
		ms)								
<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	65	
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	2572	
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	182	
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	3477	
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)	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 begin in Q3.

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
		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		TRaC anticipated to begin 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 requisitions/ delivery documents/ receipts)	Daily Completion of sale document at point of sale	Weekly	PSI/Malawi LLIN/ITN Representatives	Monthly	PSI / MCHIP	934,830	503,774	
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	Does not include people reached through radio adverts as quantification of this IEC mechanism is being worked on.

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
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	Does not include people reached through radio adverts as quantification of this IEC mechanism is being worked on.
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 pregnant women who are reached by IPT Communications	Number of pregnant women 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	Does not include people reached through radio adverts as quantification of this IEC mechanism is being worked on.
Proportion of pregnant women who received	Number of pregnant women who received	ANC service	National level by MoH through	Biannually	MoH	Biannually	MoH	85%		Awaiting final report from

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARG ET	PROG RESS AS OF 30 Mar	
at least 2 doses of IPT	at least 2 doses of IPT during their last pregnancy	delivery register	District Malaria and Safe Motherhood Coordinators							NMCP.
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	60%		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 took place January 2011 however WHO did not attend at the last minute. MCHIP continuing to follow-up.
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	7 Local Drama groups trained; WALA provided with IEC materials.
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	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. All Community Action Groups

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
	<p>complication readiness for community members</p> <p>Examples include community financial schemes, emergency transport systems or community education schemes</p>									currently at stage of identifying community challenges.
<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)	N: Number of pregnant women who were tested for HIV and know their results; D: Number of new ANC and L&D clients	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 were postponed until May following directive from the MOH to finalize the training curriculum before activities could start.
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	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		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
	regimens using a combination of three ARVs, <u>or</u> (4) ART (HAART) for HIV-positive pregnant women eligible for treatment. <u>Count all of these types of regimen options</u> 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.	<b>N:</b> Number of HIV-positive pregnant women who received anti-retroviral to reduce risk of mother-to-child-transmission <b>D:</b> No. of HIV-positive pregnant women identified in the reporting period (including known HIV-positive at entry) According to new guidelines, all HIV positive pregnant	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	80%		

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
	women are eligible for ART. MCHIP will target 80% of pregnant HIV infected women in our target sites.									
Number of HIV-positive adults and children provided with a minimum one care 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		

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
Number of HIV-positive adults and children provided receiving a minimum of one clinical service	Number of HIV-positive individuals receiving a minimum of one clinical service. 5 domains described in PEPFAR include care and support guidance for clinical, psychological, spiritual, social, and prevention	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	790		
Number of HIV-positive persons receiving cotrimoxazole prophylaxis	All HIV positive pregnant women should receive CPT. MCHIP will target 80% of HIV infected pregnant women	CPT register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	790		
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		

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
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/case 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 2 months	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		
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	Number of postnatal	Maternity	Data compiled	Quarterly	MCHIP	Quarterly	M&E	TBD		Internal delays

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARG ET	PROG RESS AS OF 30 Mar	
visits within 7 days of delivery <i>*This indicator is linked to the hygiene kit intervention</i>	visits within 7 days of delivery (includes skilled deliveries at birth)	register; postnatal register	and reviewed during supervision visits				Specialist, Chief of Party	following baseline		in procurement of hygiene kits. Activity will start in May.
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 following delivery <i>*This indicator is linked to the hygiene kit intervention</i>	Number of mother/well-baby visits at 12 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 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	42	
Number of males	Number of males	MC	Data compiled	Quarterly	MCHIP	Quarterly	M&E	1,344	147	

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASURE	SOURCE OF DATA	METHOD OF DATA COLLECTION	DATA COLLECTION		REPORTING		PY2 TARGET AND PROGRESS		COMMENTS
				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 30 Mar	
circumcised as part of the minimum package of MC for HIV prevention services	circumcised as part of the minimum package of MC for HIV prevention services disaggregated by age: <1, 1-14, 15+	register	and reviewed during supervision visits				Specialist, Chief of Party			

