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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 April-June 2011 reporting period included the following:

- Procured 5,704 hygiene kits. The kits are intended to incentivize facility deliveries and subsequent postnatal care visits at 1 week, 6 weeks, 12 weeks and 6 months postpartum. The full hygiene kit including a bucket with tap, Waterguard, ORS Thanzi and soap will be given to all women who deliver in a facility and receive postnatal care; refills of Waterguard, ORS Thanzi and soap will be provided at each follow-up visit. Participating facilities include 16 facilities in Machinga, Nkhotakota and Rumphu. Distribution is planned in July – September quarter.
- Conducted maternal death audit in Machinga, Kasungu, and Lilongwe districts. The findings were similar across all districts suggesting that the majority of deaths were preventable had women been taken to a facility early in labor. The majority of deaths occurred when women had delivered at home or at a TBA despite attending antenatal care. Results indicate that the community only takes pregnant/ postnatal women to a facility after they have reached a critical stage in labour or postpartum. Full analysis of the audit reports will be done in the July-September quarter and the community maternal audit form will be handed over to MoH for adaptation and potential scale up.
- In collaboration with multiple HIV stakeholders, supported Ministry of Health to develop a national mother-infant pair (MIP) follow-up training manual; drafting and pretesting of MIP IEC materials. MCHIP conducted orientations of DHMTs, District Executive Committee (DEC) and Area Development Committee (ADC) on CBMNH and Mother Infant Pair follow up in Ntchisi district. The orientation was well received and the chiefs were eager to work with HSAs on MNH in their communities. Similar orientations were conducted in Rumphu and Nkhotakota in the previous quarters and will be conducted in following quarter in Likoma.
- 40 HSAs and 8 supervisors from Machinga and Phalombe districts trained in community mobilization. During training, HSAs went through theory and practical sessions to prepare them for their responsibilities in community mobilization. They practiced identification of community MNH problems using the problem tree and picture cards. At the end of the training, HSAs went back to mobilize communities for MNH . This training was the last one planned in MCHIP Y2 trainings.
- Trained 35 trainers in Helping Babies Breathe bringing the total of HBB trainers in Malawi to 40. The trainers are based in 10 MCHIP supported HBB-implementing districts (Rumphu, Nkhatabay, Nkhotakota, Lilongwe, Kasungu, Machinga, Phalombe, Zomba, Mwanza, Nsanje) and 3 zonal health offices and will facilitate the roll out of HBB trainings in Malawi. The training took place in small groups to facilitate transfer of learning and acquisition of HBB skills;the teacher learner ratio was 1:4. Participants were required to take a pre and post assessment using knowledge tests and Observed Structured Clinical Exams (OSCEs) to assess that learning had taken place. Pre-test knowledge scores were high in comparison to OSCE results prior to the training. All participants passed very highly on both the knowledge check and OSCEs after going through the course an indication of improvement in skill acquisition.
- Distributed 154,435 Long Lasting Insecticide Treated Nets (LLINs) to health facilities countrywide, in accordance with the National Malaria Control Program’s distribution plan.
- Conducted LLIN Mass Distribution Campaign in Salima and Nkhotakota in collaboration with CHEMONICS and PSI/Malawi. The campaign was held from 6-12 June and included orientation of local leaders to LLINs, registration of beneficiaries, and supervision and verification of registered beneficiaries. MCHIP distributed **387,400 LLINs (190,000 LLINs** in 128 distribution sites in Salima and **197,400 LLINs** in 130 distribution sites in Nkhotakota). There was a strong collaboration among MCHIP team, DHMTs, NMCP, Peace Corps Volunteers, HSAs and the community.

- Conducted IEC activities to promote prompt and effective treatment of malaria and improved awareness of IPT. This included placing 144 radio spots on local radio promoting use of LLIN every night to reduce malaria in pregnant women and children under five, and distribution of 584 posters at facilities nationwide. In addition, 330 drama shows were conducted across the country reaching an estimated audience of 44,576 people (21,881 males and 22,695 females).
- PFP job aids were pretested and finalized. The job aids have been translated into Chichewa . The job aids will support service providers and HSAs in providing adequate information on FP, in addition the job aids will facilitate the provision of PFP services and contribute to consistent quality and efficiency of those services. The PFP job aids will be printed and disseminated next quarter.
- 26 PQI assessors were oriented to integrated PMTCT/ART/EID/infant-feeding standards, which will be used to measure quality in these service delivery areas. The assessors will be responsible for measuring achievements of participating facilities against the standards. The integrated standards will be implemented at 36 PMTCT sites in the Central East Zone, Rumphi and Likoma.
- Conducted supervision visits to CBDAs involved with social marketing of FP products. Findings of the visits included the following observations: there is a significant proportion of people who can pay for contraceptives; perception of roles of CBDAs has not changed since inception of social marketing of FP products; people who do not buy FP products have negative attitude towards FP in general; and CBDA profit margin may be too low to result in sustainable motivation. In the reporting quarter, the CBDAs distributed **749 pills, 459 male condoms and 155 female condoms**. The CBDAs have counseled **3,046** people through door-to-door counseling
- **7,080** cycles of oral contraceptives and **8,980** vials of injectable contraceptives were distributed through the private sector. Demand for contraceptives through private clinics has been overwhelming in the reporting quarter. Some pharmaceutical wholesalers have helped a lot to ensure fast and effective distribution of contraceptives throughout the facilities. This has freed the detailers to concentrate more on detailing and monitoring quality of service provision in private sector facilities.
- Completed supportive supervision and FP compliance visits to 26 private sector facilities. Observations included stock outs in some districts still contributes to the increase in sales in the private sector; IPC with small groups of FP clients is an effective way of dissemination FP messages; many myths and misconceptions still exist about FP that need to be dispelled; there is more demand for LTPM from the private sector; and social marketing is not likely going to affect contraceptive uptake negatively. All facilities were found to be complying with the USAID policies and regulations governing family planning service provision. All the facilities were also supplied with Tiarht charts.
- Received and warehoused 600,000 sachets of ORS Thanzi. Distributed 210,000 sachets nationally through commercial sector. No stock outs were reported during this period.
- Conducted 200 community education sessions through community educators promoting point of use water treatment, prompt treatment of dehydration using Thanzi ORS.
- Continued to monitor MC services following the clinical skills training of MC providers' that was conducted in the previous quarter. A total of 609 routine adult circumcisions and 1 neonatal circumcison have been conducted since late February in the eleven health facilities (Mulanje, Machinga, Mangochi, Thyolo, Salima, Nkhotakota, Dedza, Kasungu and Nkhatabay district hospitals, Cobbe and Kamuzu barracks). HIV testing uptake continues to be high at 84.4% (n=515). 61% of clients returned for a post-op visit within 48 hours, decreasing to 32% post-op follow-up at 1 week. The rate of moderate to major adverse events continues to be low at 1.3% (n=8).

Challenges

- Securing cost estimates for the FP renovations in the selected high priority sites of the MCHIP's four focus districts (Phalombe, Ntaja, Boleror, Ngala) This will be done in the July-September 2011 quarter with some of the works completed by September 2011.
- The development of the MIP training module and IEC materials was delayed resulting in shifting of training of HSAs in MIP from the reporting period to next quarter. The actual MIP follow up by HSAs will only be conducted from September onwards.
- Although PMTCT service provider trainings will start in earnest in July 2011, the delays in conducting the trainings will also delay the introduction of PQI at the target 36 sites. The PQI process takes a minimum of 3-6 months from trainings to baseline assessments and internal assessments.

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: No planned activities on mobilizing other partners to scale up PQI IP/RH in the reporting period.

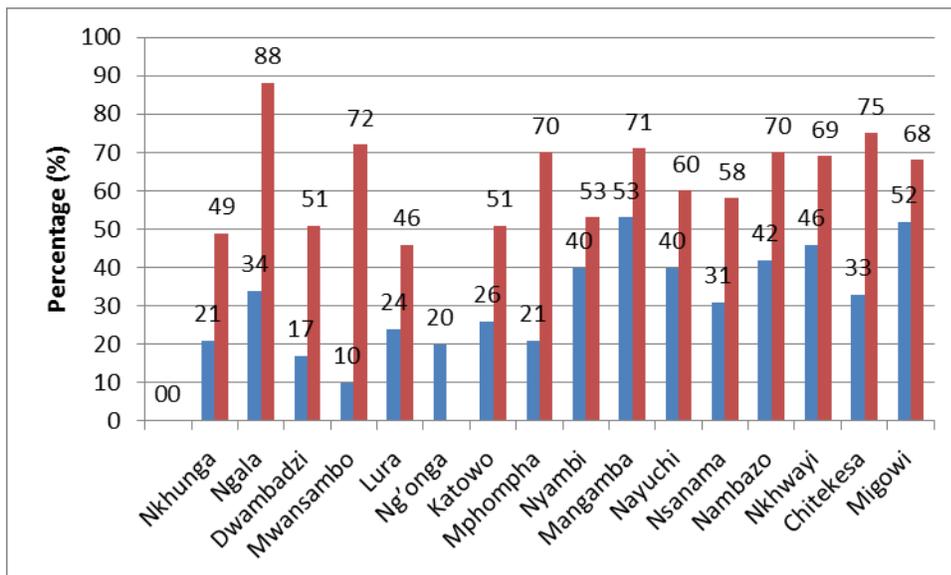
Issues/Challenges: N/A

Next Steps: MCHIP will continue in the next quarter to follow up with WHO and RHU and advocate for their support to scale up HHCC in the ten PMNCH supported districts.

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

Outputs and Outcomes: MCHIP conducted PQI module 3 training of service providers from the 16 expansion sites. A total of 30 participants were trained, 14 in the first session conducted from 10 to 12 May 2011 and 16 in the second session conducted from 23 to 25 May 2011. During the training participants shared the results of 1st internal assessments. In general, there were improvements in the performance of providers in accordance with PQI standards in the 1st internal assessments as compared to the baseline scores except for three health centers of Lura in Rumphi, Nyambi in Machinga and Nkhunga in Nkhotakota. See graph below for results.

Figure 1. PQI assessment scores compared to baseline at 16 scale-up sites



Issues/Challenges: It was clear from the presentations made by participants that most of the health facilities have not been provided with supportive supervision from the DHOs' office. In addition there is general lack of essential drugs and supplies such as gloves and STI drugs. Ngonga is still waiting for DHO Rumphi to replace the nurse who was transferred .

Next Steps: MCHIP to continue providing supportive supervision and to urge the DHMTs' to also conduct regular supportive supervisions. In addition, there is need to provide essential supplies so that PQI activities can continue to improve.

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

Outputs and Outcomes: There was no additional recognition ceremony in PQI RH in the reporting period apart from the Machinga recognition ceremony which took place on 1st April 2011 and was reported in the previous quarter

Issues/Challenges: N/A

Next Steps: MCHIP will continue to advocate with QIST and DHMT's to support PQI RH and make further improvements towards achieving the recognition status. MCHIP will also liaise with RHU to designate another focal person on PQI to replace the officer who has since gone for further studies.

1.4 **Activity:** Introduce Electronic Data Collection Systems at District hospitals and three primary health care sites

Outputs and Outcomes: Based on the revised work plan, MCHIP will introduce the PQI electronic data collection process in 7 district hospitals from the three focus districts and Central East Zone (Rumphi, Nkhotakota, Machinga, Ntchisi, Salima, Dowa and Kasungu district hospitals). In addition, MCHIP will introduce the system in three primary health care sites (Alinafe in Nkhotakota, Ntaja in Machinga and Phalombe). This includes procurement and dissemination of 20 tablets to targeted facilities and training QIST members on its use. This new paperless approach, to collect PQI data for analysis and production of performance dashboards will facilitate decision-making by facilities, district teams and national policymakers. This system will be incorporated into the broader PBI pilot planned by the Malawi Ministry of Health. In June, MCHIP began the internal procurement procedures for the tablets and is expected to receive the full consignment in July 2011.

Issues/Challenges: None

Next Steps: The PQI information system is currently being designed by Jhpiego in collaboration with InfoStrat, a Microsoft business partner, using the Microsoft CRM 2011 software platform will be a flexible system that dynamically generates data entry screens based on currently used performance standards, has online/offline capabilities, and will be user-friendly to facility, district and the National Quality Assurance Secretariat. Dashboards created using the Microsoft CRM software will enable managers at health facility and district level to plan effectively to both invest further effort in improving poor-performing areas and to recognize high-performing facilities. Once the tablets have been received, MCHIP will conduct a 1-day orientation in each district for members of the QIST, which will include use of the tablets, conducting data analysis and reporting.

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

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

Outputs and Outcomes: MCHIP completed this activity in the last quarter after training 96 providers from the target 16 health centers. No additional BEmONC trainings are scheduled; however MCHIP continues to provide supportive supervision during the MNH facility-community joint supervision visits held quarterly.

The providers have started implementing the new skills that they learned for example in the health facilities in Phalombe providers were observed providing care according to standards in resuscitation of the newborn and management of post-partum hemorrhage. In three out of four sites the providers have set up emergency trays for managing obstetric emergencies. In health facilities in Nkhotakota, the providers are now providing integrated FANC/FP/PMTCT services, there is male involvement in FANC and PMTCT services. The facilities had RH essential drugs including oxytocin, STI drugs and Mag Sulphate except on health center..

Issues/Challenges: All facilities visited lacked some supplies and equipment notably sterilization equipment. Infection prevention practices were followed but given adequate supplies they are likely to improve in the implementation. The District management team was informed on the needs identified.

Next Steps: MCHIP will conduct one more round of supportive supervision in the July-September quarter.

2.2 Activity: Provide technical assistance to MoH and other partners to conduct BEmONC and Cervical Cancer Prevention trainings in the reporting period.

Outputs and Outcomes: MCHIP did not provide additional technical support to partners in BEmONC and CECAP.

Issues/Challenges: None

Next Steps: 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 supervision of the newly trained KMC service providers in the 4 focus districts in April 2011. The service providers were ready to implement KMC and two of them had referred a baby each to district hospital for KMC management; one at Rumphi and the other one at Machinga District hospitals. During the same period, MCHIP also supervised HSAs who went through CBMNH & KMC integrated training. Two of them (one in Machinga and the other in one in Phalombe) were

each following a premature baby that had been referred for Ambulatory KMC. The HSAs were reminded on criteria for enrolling premature babies on different types of KMC and importance of documenting and submitting reports on KMC.

In the quarter, MCHIP shared the KMC register with RHU for final editing before printing. Although it took long to get comments from RHU, the register was finalized in the quarter and is now being printed. It will be distributed to all MCHIP KMC supported health facilities and will be used as a national KMC register.

Issues/Challenges: None

Next Steps: With closing of MCHIP program in September, KMC activities under MCHIP notably supervision will continue with support from the MoH, RHU department and Save the Children.

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: This activity was completed in the previous quarter.

Issues/Challenges: N/A

Next Steps: MCHIP will conduct a final round of supportive supervision visits in the July-September quarter.

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 two one-day FP IEC taskforce meetings with Family Planning partners on May 3rd and June 16th 2011 to develop and review the PFP job aids. Following these meetings, the job aids were translated into Chichewa from 20th through 24th June 2011. Later they were pre tested in both rural and urban settings in the three regions in the following districts: Rumphi, Nkhosakota and Machinga. Immediately after pre testing the PFP job aids, changes were incorporated and the job aids were presented to the Family Planning Subcommittee and were approved. The job aides include: materials on LAM and health timing and spacing of pregnancy.

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 printing the job aids. After printing, service providers in MCHIP's focus districts will be orientated on how the teaching aids will be used and later the PFP Job aids will be distributed to all districts in Malawi.

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 in December 2010 and this was shared with the officials from the Planning department in the Ministry of Health in March 2011; subsequently a costing exercise by MCHIP and a private firm (DSA) was done in May 2011 and they are in the process of identifying contractors to provide quotations on the cost of rehabilitating each of the four facilities (Bolero, Ngala, Ntaja, Phalombe).. From 27-29 June 2011, the RHU with MCHIP conducted a second family planning refurbishment assessment exercise at Nyambi in Machinga, Chiringa in Phalombe, Katimbila in Nkhosakota and Katowo in Rumphi to determine the need for refurbishment in 2 high priority sites.

MCHIP team was accompanied by a team from the Private firm (Design Studio Architects) to expedite the process of costing.

Issues/Challenges: Delays by Ministry of Health Officials to provide list of district based contactors who will bid for the proposed works. MCHIP proceeded to work DSA to identify local contractors from respective districts of Machinga, Rumphu and Nkhotakota . DSA reported that the majority of local contractors were not active members of the National Construction Industry Council (NCIC). The delays by MoH planning unit in costing the refurbishment work and the subsequent delays in identification of local contractors will result in some of the major works being completed after September.

Next Steps: DSA and MCHIP are in the process of selecting other contractors from the list provided by DSA considering that all but one local contractor identified from the districts are not members of NCIC.

6. 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: From 16-28 May 2011, MCHIP facilitated and supported a national supervision of Infection prevention including injection safety in 16 facilities namely Mzuzu Central hospital, Chitipa, Karonga , , Mzimba , Rumphu and Nkhatabay District Hospitals in the Northern Region, in Central Region; Mchinji, Dedza District Hospitals and Bwaila maternity unit and in the Southern Region; St Lukes Hospital, Machinga , , Balaka , Phalombe , Mangochi , Mwanza and Mulanje District Hospitals. MoH advised that Ekwendeni hospital should not be supervised as they just have recently been trained in Infection prevention as such; they have not had enough time to implement. Selected areas of Labor and Delivery, Operating Theatre, Casualty, Surgical Medical Wards, Waste Disposal, MCH/FP Clinics, Laboratory and Dental departments were supervised during this activity.

Issues/ Challenges: The reports that were drafted by the supervisors were very brief (lacking substance) despite providing the supervisors with a reporting template and orienting them.

Next Steps: MCHIP will support national supportive supervision for all providers trained in injection safety, PEP and IP in the remaining hospitals apart from Ekwendeni in the July-September quarter. MCHIP will call for a meeting with NQATWG secretariat to discuss modalities to obtain detailed reports from the national IP and PEP trained supervisors.

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 40 HSAs and 8 Supervisors from scale up health centres in Machinga and Phalombe in Community Mobilization in April and May 2011 respectively . These HSAs had gone through CBMNC package training in the January – March 2011 quarter. During training, HSAs went through theory and practical sessions to prepare them for their responsibilities in community mobilization. They practiced identification of community MNH problems using the problem tree and picture cards. At the end of the training, HSAs went back to initiate community mobilization for MNH. This training was the last one planned in MCHIP Y2 trainings.

Supervision included community mobilization and community MNH package. In all the four focus districts, HSAs had conducted orientations of community leaders and their catchment communities; identified pregnant women and started conducting home visits; 70% of HSAs that were trained in the previous quarter

had assisted communities to form Community Action Groups. HSAs were generally motivated in the community MNH initiative.

From communities that were trained in previous quarters, a team of Community Action Groups in Malowa Catchment area organized an open day to teach communities and other community leaders and Action groups on the role of communities in improving Maternal and Newborn health in their areas. This team invited the Minister of Health, District Commissioner, the District Education Officer, Nkhotakota DHMT, Traditional Authorities in Nkhotakota, and Community Action Groups and HSAs that are implementing CBMNH interventions. They shared the process they use to reach communities with MNH messages and measures they use to get information and data from their communities. The team reported that there have been zero community deliveries for one and half years and 2 years for maternal deaths since they started working in their community. They also shared with the invited guests how communities can support MNH in their areas. In addition they donated gifts to Malowa Health Centre including two torches to improve visibility of the nurse at night and a roll of rexine plastic paper for use in the maternity unit to promote infection prevention practices. The team of Community Action Groups also donated school uniforms to 25 orphans. This is a powerful testimony that the Community Action Cycle can be utilized to identify and resolve other community needs beyond health..

Issues/Challenges: None

Next Steps: MCHIP will conduct supervision of MNH interventions in the following quarter. MCHIP will also conduct program review meetings with district stakeholders to mark the end of MCHIP program.

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

Output and Outcomes: MCHIP conducted the training of trainers in HBB in June 2011. Thirty five (35) trainers were drawn from 10 MCHIP supported districts (30); the 5 Zonal Offices (4); and MCHIP Office (1). Participants from the districts were drawn from BEmONC service providers. The initial program was to train BEmONC trainers to become HBB trainers but it was proved that this group of people was busy with other programs and was hardly found in the labour wards. MoH therefore decided to train BEmONC service providers. To prepare them for the Trainer role, MCHIP trained this group in teaching skills first before training them in HBB. Professor George Little from the American Academy of Pediatrics was the master trainer and the pool of Malawian trainers that was trained in Addis facilitated the training. The training took place in groups and the teacher learner ratio was 1:4. The training was well organized; each participant received the necessary teaching/learning materials and the participants rated the course as well organized and relevant to their work. Participants went through pre and post assessment of knowledge checks and OSCEs to assess improvement in knowledge and skills at the end of the training. Pre-test knowledge scores were high in comparison to OSCE results prior to the training. All participants passed very highly on both the knowledge check and OSCEs after going through the course.

Issues/ Challenges: Training participants were concerned that their facilities did not have the necessary materials namely penguin suction bulbs and ambu bags, required for HBB implementation; therefore it would be difficult to initiate HBB in their respective labour wards. During the development of the national HBB roll out plan, MoH indicated that they would procure the needed essential equipment to facilitate HBB at health facility level countrywide; however this is yet to be realized.

Next Steps: MCHIP will conduct HBB training of 300 service providers from 10 MCHIP supported districts. The recently trained HBB Trainers will facilitate trainings in their districts with support from the newly recruited national HBB Coordinator and HBB Master Trainers. The national HBB coordinator is supporting MCHIP efforts and will continue to work with MoH beyond September. MCHIP will continue to lobby RHU and reach out to prospective partners to support the purchase of the essential HBB equipment and supplies for service provision.

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: held on 2nd June and key issues discussed included condom availability study, depo sub Q study, Sinoplant/Zarin registration in Malawi, Save CBMNH endline survey, need to revive the national confidential committee on maternal deaths.
2. Safe Motherhood Subcommittee: held on 24th May and discussed among other issues the need to develop a proposal for possible funding of improvements in one needy health center, round table discussions with Phillips company and stakeholders on progress towards meeting MDG's, community MDA by maimwana in Mchinji, FANC assessment in ECSA countries.
3. PMTCT stakeholders: held on 14th April and 16th June to discuss trainings of service providers in the integrated PMTCT/ART developed training curriculum.
4. PMI Partner's : held on 7th June and included discussion on preparations for MOP visit and updates from partners.
5. USAID Health partners: held on 6th April to discuss finances, on 7th April to discuss BEST, GHI, Operational Plan, FP compliance training and Branding. Another partners meeting took place on 2nd June in which partners were introduced to new staff at the mission and updates were given by all partners. In addition, the PEPFAR team notified members that an MC taskforce from Washington would be visiting the first week of August.
6. Review of Road map: held on 19th April and 1st June and the road map is near finalization, RHU and partners are planning to hold the last finalization meeting.

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 September 2011 to also discuss with necessary stakeholders the sustainability of MCHIP activities.

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

9.1 **Outputs and Outcomes:** The 2006-2010 strategy was reviewed in June 2010 (Y1 of MCHIP) due to the need to incorporate emerging issues in various components of Reproductive Health which include Basic Emergency Obstetric and Neonatal Care (BEmONC), Community Based Maternal and Neonatal Care (CMNH), new guidelines of PMTCT and ART, MC and Post-Partum Family Planning. Other priorities within the MoH delayed finalization of the RH strategy in Y1 such as development of the Commodity Security Strategy in October 2010, which was to be incorporated into the greater RH strategy.

The second meeting to refine the RH strategy took place in November 2010 after the Commodity Security Strategy was developed and the National EmONC assessment draft report was produced from which some strategies to be incorporated in RH strategy were to be adopted. Due to unavailability of data from the 2010 DHS and the revised Road Map to inform the inclusion of new innovations in the RH strategy, the documents was planned to be finalized after the 2010 DHS results have been released and the Road Map has been finalized. WHO and UNFPA identified a consultant to work on the Road map and the only component remaining is working on indicators.

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

Next Steps: Will be finalized in July- September quarter after the Road Map has been reviewed and the 2010 DHS results are released and dissemination of the updated RH strategy to all districts is being scheduled to take place in October 2011.

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: No activity planned for the reporting period.

Issues/Challenges: Ongoing delays by the KFW/Norway governments to sign the PBI award will likely delay MCHIP's ability to contribute TA in the overall design of the PBI pilot linked to PQI.

Next Steps: MCHIP is moving forward with EDS which will form a platform for PBI (refer to activity 1.4 for details).

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 600,000 sachets of Thanzi ORS which completed the total order of the 1.1m sachets.

	<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>285,060</u>	<u>181,956</u>	<u>728,616</u>						
<u>Procurement Plan</u>					<u>600,000</u>							

Issues/Challenges: N/A

Next Steps: This activity is now completed

11.2 Activity: Communication on diarrhea treatment

Outputs and Outcomes: Community education on Thanzi ORS use and general hygiene was done across the country specifically in Chiradzulu, Phalombe, Zomba, Neno, Ntcheu, Blantyre, Rumphu, Nkhata-bay, Dowa, Mzuzu, Karonga and Dowa districts. A total of 200 community education sessions were conducted and reached an estimated audience of 4,000.

Issues/ Challenges: N/A

Next Steps: This activity is completed

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

Outputs and Outcomes: N/A

Issues/Challenges: N/A

Next Steps: This activity was completed in the previous quarter.

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

12.1 Activity: Social marketing of OCs and ICs

Outputs and Outcomes: The reporting quarter was mainly characterized by stock outs of commodities in the public sector in some districts and increased communication activities in the private sector. This resulted in an increase in commodities distributed through the private sector. Injectable contraceptives are still the most popular choice as shown by the distribution figures. Leveraging with a Dutch fund, more radio spots were aired and family planning mobilisers were recruited in Blantyre and Lilongwe to increase interpersonal communication activities.

In the reporting quarter, the following were achieved:

- **7,080** cycles of oral contraceptives and **8,980** vials of injectable contraceptives were distributed through the private sector. Demand for contraceptives through private clinics has been overwhelming in the reporting quarter. Some pharmaceutical wholesalers have significantly helped to ensure fast and effective distribution of contraceptives throughout the facilities. This freed the detailers to concentrate more on detailing and monitoring quality of service provision in private sector facilities.
- Compliance monitoring was done during detailing visits to 26 facilities. All of them were found to be complying with the USAID policies and regulations governing family planning service provision. All the facilities were also supplied with Tiarht charts though there were challenges in finding an ideal place to place them in some facilities especially pharmacies.
- The number of clients seen through the private sector has also increased in the past quarter. Clinics reported **297** new visits for oral contraceptives and **2,190** repeat visits for the same and **619** new injectable contraceptive clients and 6,316 old clients.

Issues/Challenges: There are still a lot of challenges with getting data especially from the pharmacies and drug stores. These outlets are normally busy and do not have a defined format for seeing clients hence a lot of clients are not being recorded.

Next Steps: In the next quarter, detailing visits will continue with emphasis on compliance monitoring to ensure quality service provision. Client exit interviews will also be conducted to monitor quality of service provision.

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

Outputs and Outcomes: This quarter marked the second and final quarter for the pilot. Activities conducted included supervision of CBDAs, midterm review meeting, refresher training on HIV/AIDS and community sensitization events.

- 3 supervisory visits were conducted. The midterm review meeting included individual interviews with performing and non-performing CBDA's, community stakeholders and some clients and their spouses. The information gathered will be combined with the results to form the final report.
- Community sensitization events were conducted to introduce the CBDAs in their communities and to help create demand for their services. It has been noted that there are a lot of myths and misconceptions in the district that hamper contraceptive uptake.
- In the reporting quarter, the CBDAs distributed **749 pills, 459 male condoms and 155 female condoms**. There has also been a marked increase in pills distributed as compared to the previous quarter which may also be attributed to the stock outs that were experienced at the facilities and the increased communication activities. This has managed to highlight that social marketing can be an alternative even in rural areas.
- The CBDAs have managed to counsel **3,046** people through door-to-door counseling

Issues/Challenges: To increase motivation of the CBDAs, two more commodities were added to their product profile, Thanzi for management of diarrhea and Waterguard for water treatment. This is also in an attempt to integrate maternal health and child health since these products are targeting the same individual, the mother. During supervision visits, it was noted that most CBDAs still had challenges with filling the registers. A lot of challenges have been faced especially with the female condom since this is predominantly a Moslem area.

Next Steps: A recommendation will be made to RHU and the FP Subcommittee to simplify the CBDA register (the current register is a modification of health facility register and not user friendly for CBDA's. In the next quarter, dissemination meetings will be planned with partners and the Ministry and hopefully guide policy change following the final data collection and sharing of the final report on the pilot in Machinga.

12.3 Activity: Conduct Family Planning TRaC Survey and MAP study

Outputs and Outcomes: In the reporting quarter, the TRaC study protocol was designed with the help of a consultant from Kamuzu College of Nursing, Mrs. Evelyn Chilemba, who will also serve as the Principle Investigator on the study. The protocol was submitted to the College of Medicine Research Ethics Committee for approval.

The MAP study design has been finalized and data collection will commence in the next quarter.

Issues/Challenges: None

Next Steps: Both studies 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 154,435 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. Mass campaign for Salima and Nkhotakota districts was conducted in collaboration with NMCP and DHMTs of each district. Before the actual distribution of the LLINs several activities took place such as;

- Briefing sessions for DHMTs, local leaders, HSAs and volunteers
- Registration of beneficiaries from each household
- Supervision of HSAs during registration exercise
- Verification of registered beneficiaries by HAS supervisors

LLIN distribution started on 6th June and ended on 21st June 2011. **387,400 LLINs** were distributed (**190,000 LLINs** for Salima -128 distribution sites and **197,400 LLINs** for Nkhotakota – 130 distribution sites). There was strong collaboration among the MCHIP team, DHMTs, NMCP, Peace Corps Volunteers, HSAs and the community which resulted in delivery of an efficient and effective distribution campaign.



Beneficiaries line up to receive LLINs in Nkhotakota

Table 1. Summary of LLIN distribution countrywide

Quarter	Chitetezo Blue ITN	Green SWAP ITNs	Green GTZ ITNs	Green UNICEF LLINs	Green PMI LLINs	TOTAL
Oct – 09	20,362	0	0	0	1	
Nov – 09	13,512	0	0	0	0	
Dec - 09	11,844	0	0	0	0	
Q1 Total	45,718	0	0	0	1	45,719
Jan – 10	17,987	0	0	0	0	
Feb – 10	25,562	0	0	10,000	41,201	

Mar -10	19,655	0	0	0	3,000	
Q2 Total	63,204	0	0	10,000	44,201	117,405
Apr – 10	14,579	0	0	1	47,421	
May – 10	10,524	0	0	0	53,001	
June – 10	9,782	0	0	100	13,000	
Q3 Total	34,885	0	0	101	113,422	148,408
July -10	8,941	0	0	2	0	
Aug – 10	19,398	0	0	36,780	24,250	
Sep-10	12,712	0	0	54,280	52,700	
Q4 Total	41,051	0	0	91,062	76,950	209,063
Oct -10	38,977	0	0	5	6,500	
Nov- 10	24,584	0	0	33,841	74,250	
Dec - 10	16,286	0	0	0	142,419	
Q1 Total	79,847	0	0	33,846	223,169	336,862
Jan – 11	22,489	0	0	0	112,335	
Feb – 11	22,673	0	0	0	143,440	
Mar -11	3,389	0	0	0	24,830	
Q2 Total	48,551	0	0	0	280,605	329,156
April	1,660	0	0	0	77,320	
May	12,386	0	0	0	220,250	
June	6,770	0	0	0	246,350	
Q3 Total	20,816	0	0	0	543,920	564,736
TOTAL	334,072	0	0	135,009	1,282,268	1,751,349

Issues/Challenges: The campaign exercise took longer than planned due to the following reasons:

- Fuel scarcity in the country
- Registration and net distribution took longer than planned due to long distances and some HSAs were not available during the registration exercise as they were attending other trainings.
- Long distances covered from the warehouse at PSI to the distribution sites
- Under estimation of the total number of LLINs to be distributed at the planning stage where the formulae used for distributing the nets per household (1 net per 2 people) was changed during the actual distribution and secondly the districts added additional beneficiaries (secondary schools) during the distribution exercise.

Next Steps: Complete the mass campaign in the remaining two sites in Nkhotakota District in the July-September quarter. Finalization of the mass distribution report and share with NMCP, the mission and partners; this report and the recommendations will inform future mass campaigns.

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

Outputs and Outcomes: 144 radio spots were placed promoting use of LLIN every night and 584 LLIN posters were placed across the country in health facilities. 330 drama shows were conducted across the country reaching an estimated audience of 44,576 people (21,881 males and 22,695 females).

Issues/Challenges: The Malaria TRAC research study was cancelled due to delays in getting approval for the research protocol which would have resulted in completion of the study outside the Malaria season. MCHIP will therefore reprogram the funds allocated to the TRaC towards supporting NMCP to develop LLIN campaign specific IEC materials in the July-September quarter.

Next Steps: Production of IMCI IEC materials, Community drama shows for LLIN, IPTp and IMCI has been planned for the upcoming and final quarter. MCHIP has reached all BCC targets and will exceed the target in the coming quarter.

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: PSI Drama Groups conducted 330 drama sessions using information that PSI drama groups learned from MCHIP in January – March 2011 quarter. The drama groups were conducted in different locations in 23 districts in Malawi where PSI was also reaching people with various malaria messages. About 47,000 people were reached (24,000 women and 21,000 males). People in the audience expressed interest in the information presented and requested for more sessions of MNH dramas.

MCHIP also shared MNH messages with WALA in January – March 2011 quarter. In April – June quarter, WALA incorporated the MNH messages in their work plan. The messages will reach small holder farmers in their locations when they are taught principles of good farming and family care.

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 integrated PMTCT/ART will commence on 10th July 2011 and will continue until the end of August 2011. Both trainers and providers will be trained using the revised MOH PMTCT/ART regimen as per the new curriculum.

Issues/Challenges: The trainings were delayed due to the national revision and finalization of the PMTCT-ART curriculum.

Next Steps: The MOH has given indications that trainings will be able to resume the last week of June 2011. MCHIP has requested MoH to prioritize MCHIP supported sites to conduct 7 sessions of trainings in a period of 3 weeks for the in PMTCT/ART for service providers from the 11th to 29th July 2011. For two weeks, there will be training sessions going on concurrently in Mponela, Nathenje and Rumphu. However, the last training session will be conducted at one site in Mponela.

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

Outputs and Outcomes: This activity was completed in the previous reporting quarter. The PQI PMTCT-RH standards have been finalized.

Issues/Challenges: N/A

Next Steps: The PQI PMTCT-RH standards will be introduced to 36 sites following the completion of the PMTCT-ART provider trainings in August.

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

Outputs and Outcomes: MCHIP conducted a national stakeholder meeting for district health management teams to introduce them to the integrated PQI/RH/PMTCT/ART standards that will be implemented in 36 high volume sites in the Central East Zone, Likoma and Rumphu . Nineteen (19) stakeholders from the Central East and Northern Zones, Ntchisi, Dowa, Nkhota Kota, Salima, RHU, HIV Unit and MCHIP attended the meeting that took place at Crown Hotel in Lilongwe in April 2011.

Issues/Challenges: There was no representation from Kasungu and Likoma Island. Members of staff from Kasungu could not attend the meeting because of a road accident that occurred in the district. As for Likoma there was no communication on why they did not attend the orientation.

Next Steps: The first PQI trainings are expected to be conducted in mid to late- September. As the implementation of the PMTCTC /ART services start, MCHIP will work with the District Health Management Team to provide ongoing support to the implementing providers at the 36 intervention sites that will be introduced to PQI.

- 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: In May 2011, MCHIP oriented 26 existing national PQI RH/IP assessors in the PMTCT/ART/Early Infant Feeding integrated standards. These assessors are PQI trainers with vast experience in the implementation of PQI in the country. Because of the experience that they have in the use of standards, as they were being oriented to the integrated standards they assisted in refining of the standards.

Issues/Challenges: N/A

Next Steps: The assessors/trainers will be utilized in the assessment of the 36 sites in Rumphu, Likoma and all selected health facilities in the Central East Zone following the first PQI module trainings..

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

Outputs and Outcomes: Not initiated this reporting quarter.

Issues/Challenges: N/A

Next Steps: Activities schedule to take place July-September 2011.

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

Outputs and Outcomes: Not initiated this reporting quarter.

Issues/Challenges: N/A

Next Steps: Activities schedule to take place July-September 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 July-September 2011.

15.8 Activity: Develop Draft of MCH-PMTCT Strategy Paper in collaboration with MOH

Outputs and Outcomes: Not initiated this reporting quarter.

Issues/Challenges: N/A

Next Steps: Activities schedule to take place July-September 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: MCHIP in collaboration with HIV unit, RHU, Health Education and other stakeholders participated in a national workshop to finalize the draft Mother Infant Pair follow training manual the first week of May 2011. Other participants included BASICS, Clinton Foundation, UNICEF, Malawi College of Health Sciences, PACT Malawi, implementing districts and the Nutrition Department. The training manual has four modules; basic facts of HIV, identification, treatment and adherence to ART; Nutrition & Growth Monitoring, Community Care of families with HIV + mother and exposed infants; Supervision and Monitoring of MIP services.

MCHIP also organized a meeting to develop counseling cards to go together with the training manual. The counseling cards will be used for clients who have tested HIV + and will be used to complement the CBMNH counseling cards that were developed at the beginning of the CBMNH program. The MIP counseling cards were developed and pretested in June 2011 and are ready for printing.

MCHIP conducted orientations of DHMTs, District Executive Committee (DEC) and Area Development Committee (ADC) on CBMNH and Mother Infant Pair follow up in Ntchisi district. The orientation was well received and the chiefs were eager to work with HSAs on MNH in their communities. Similar orientations were conducted in Rumphi and Nkhotakota in the previous quarters and will be conducted in the following quarter in Likoma.

Issues/Challenges: Although the MIP manual is in its final stage, the development process took longer than expected due to the HIV unit's busy schedules. The initial plan was to develop the module in January – March 2011 however this was not possible given competing priorities namely finalization of the PMTCT-ART training curriculum for service providers. This delay will result in delay of the follow on MIP activities.

Next Steps: MCHIP will lead the finalization of the training module to include table of contents, abbreviations, opening remarks and aligning the document.

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: During the stakeholder meetings to develop the MIP training module, participants also drafted MIP indicators, the MIP register and monitoring tools. Participants recommended that the tools should be reviewed by Monitoring and Evaluation Officers before finalizing.

Issues/Challenges: The MoH has delayed calling for a meeting to finalize the tools and M&E system. In the meantime, MCHIP has agreed with the MOH that MCHIP should proceed to finalize the tools and share with MoH..

Next Steps: MCHIP will finalize the tools in the July-September quarter and roll them out as the trainings take place.

- 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.

Issues/Challenges: N/A

Next Steps: MCHIP will carry out this activity next July-September 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.

Issues/Challenges: N/A

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

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

Outputs and Outcomes: Activity not conducted.

Issues/Challenges: N/A

Next Steps: MCHIP will carry out this activity next July-September 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.

Issues/Challenges: N/A

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

- 16.6 Activity: Supportive supervision to HSAs in Central East Zone

Outputs and Outcomes: Activity not conducted.

Issues/Challenges: N/A

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

16.7 Activity: Orient national stakeholders to updated Community MNH package

Outputs and Outcomes: Activity not conducted.

Issues/Challenges: N/A

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

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:N/A

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 n of 5,704 hygiene kits

Outputs and Outcomes: MCHIP has procured 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, PFFP and MIP, opportunity for immunization for the child, exclusive breast feeding for 6 months, PFFP 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 to promote long term FP methods. There will be eight implementing sites and the remaining health centers will be the control sites. The process of procuring ORS is also been completed. These hygiene kits are being stored at PSI warehouse.

Issues/Challenges: Delay in starting the implementation of the hygiene kits..

Next Steps: Orienting HSAs and training providers on hygiene kits, community sensitization and distributing the hygiene kits to selected health facilities will take place in the next quarter. The provision of the refills, follow up and data collection will only be feasible after September.

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

Outputs and Outcomes: MCHIP (Jhpiego and PSI) conducted orientation meetings with the DHMTs of the 3 districts above. The DHO/DMO, DNO, and DEHO were available for the meeting. Issues raised were inclusion of Zinc in the hygiene kits as part of diarrheal treatment.

Issues/Challenges: District Safe motherhood Coordinators did not attend the meeting.

Next Steps: The Safe motherhood coordinators will be included in the July- September quarter 2011 quarter trainings of service providers and HSAs

19. Conduct maternal death audit linked to HIV

19.1 Activity: Develop maternal death audit tool

Outputs and Outcomes:

In April-May, MCHIP utilized the developed 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). A total of 6 community maternal reviews were done in Chilipa zone in Mangochi, Mitundu, and Chileka in Lilongwe and Mpasazi health facility in Kasungu. The District safe motherhood coordinators, HSAs for the catchment area where the death occurred, the nurse/midwife of the health center in the catchment area were involved. Members of the audit team also interviewed the Traditional Birth Attendants, members of the VDC, ADC, Village Headmen and family members of the deceased.

Issues/Challenges: There are many challenges in identifying community maternal deaths as they are not reported accurately in districts due to lack of audit forms. In Chilipa zone, it was easy to identify the community maternal deaths because College of Medicine is using members of the ADC to be Safe motherhood coordinators (who are village based) as such, the ADC are able to inform Chilipa Health Centre if any maternal death in the community occurs. The communities were not forthcoming on giving information on the cause of maternal deaths because they thought they would be prosecuted if they gave any information on the cause as they are aware that the MOH does not allow women to deliver at the community level. Lessons learnt were that there is need to promote male involvement in order to reduce community deaths as they are decision makers in the community and that there is need to intensify information on Birth preparedness which is needed to reduce maternal deaths. Most family members did not know the HIV status of deceased women and only one family made available the deceased health passport.

Next Steps: Analysis of the collected and audited facility and community based maternal deaths audit will be done in July and reported in the next reporting quarter.

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

Outputs and Outcomes: Service providers and HSAs were oriented on the tool before the community death audit commenced in Kasungu, Mangochi and Lilongwe. All the service providers and HSAs from the catchment areas where community maternal deaths occurred were oriented to the developed community maternal death audit tool before they conducted the audit.

Issues/Challenges: N/A

Next Steps: MCHIP will disseminate the findings of maternal death audits from the three districts. Currently there is no standardized community maternal death audit form, the tool being piloted will be handed over to RHU for potential adaptation as national tool.

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: Because the PMTCT trainings have been delayed , actual capacity building for data utilization has been postponed to the next quarter. In addition, MCHIP will train data clerks from each health center during the PMTCT trainings.

Next Steps: MCHIP will carry out supportive supervision for improving data utilization and reporting after the PMTCT trainings.

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 in the reporting period.

Issues/Challenges: N/A

Next Steps: This activity will be done in September 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 and are waiting the signature of the Secretary for health.

Issues/Challenges: Previous communication from Jhpiego HQ was that they were in the process of developing MC standards which MCHIP and MoH could adapt in line with the Malawi SOP to develop MC standards. However, it was discussed in June that MCHIP/Malawi should proceed to adapt the global WHO QA MC tools as the WHO tools have already been validated by multiple stakeholders.

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. MCHIP will adapt the WHO QA tools in August 2011.

21.1 Activity: Print client registers, client cards, and client forms for dissemination to high volume MC sites

Outputs and Outcomes: This activity is linked to the planned MC campaign however MCHIP will print an excess number of registers, client cards and client forms for national use.

Issues/Challenges: None

Next Steps: This activity will take place in the July-September quarter.

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: Not initiated this quarter.

Issues/Challenges: The training was postponed in order to prioritize initial preparations for the planned MC outreach campaign to be held in Mulanje in September 2011.

Next Steps: MCHIP will conduct the training of trainers in MC in August 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: The training of 42 service providers was completed in the previous reporting quarter. Since then 609 adult male circumcisions and 1 neonatal circumcision have been done in the 9 district hospitals and 2 MDF clinics. HIV testing uptake continues to be high at 84.4% (n=515). 61% of clients returned for a post-op visit within 48 hours, decreasing to 32% post-op follow-up at 1 week. The rate of moderate to major adverse events continues to be low at 1.3% (n=8).

Issues/Challenges: Nkhotakota District Hospital has high demand for MC services and as a result they have had to turn clients away due to lack of supplies.

Next Steps: MCHIP will liaise with the MOH to determine if supplies planned for Dedza can be provided to Nkhotakota to enable them to effectively meet the demand for MCs since MC services at Dedza are yet to start.

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. As reported in the previous quarter, 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. During the supportive supervision visits held this quarter it was noted that the Dedza DHMT is still in the process of developing MC action plans.

Issues/Challenges: MCHIP is procuring the majority of site strengthening supplies and equipment from South Africa to be included in the consignment of supplies and equipment required for the planned MC campaign in Mulanje. It is expected that the consignment will arrive in Malawi in September.

Next Steps: MCHIP will plan to conduct a visit to Dedza DHMT in conjunction with MOH in order to stress the importance of establishing MC services as part of a learning experience for the rest of Malawi. This visit will be planned for in the July-September quarter.

22.4 Activity: Conduct two Outreach Campaigns in selected districts

Outputs and Outcomes: Preparations for conducting VMMC outreach Campaigns in Mulanje District are underway. MC services will be provided simultaneously at three static sites in the TAs of the following health facilities: Mulanje District Hospital, Chonde and Muloza Health Centers. Currently MCHIP is in the process of ordering equipment and supplies and these are expected to arrive in country in September. MCHIP will develop a master work plan for the MC campaign and share it amongst stakeholders for buy-in. Although MCHIP anticipated circumcising 1,500 adult males during this campaign, due to support from the Mission in procuring MC kits, MCHIP anticipates to circumcise an excess of 3,000 clients.

Issues/Challenges: Procurement of supplies and equipment within and outside of Malawi has proven to be tedious and challenging. Most vendors do not carry the majority of supplies or the volume of supplies required. In addition, most vendors have offered a lead time of several weeks to get the supplies in country which therefore may delay the start of the campaign planned for September.

Next Steps: MCHIP continues to prioritize this activity and is proceeding with placing orders for supplies and equipment, liaising with the mission on procurement of the MC kits, and working with the MOH to finalize staffing plans, and the communication/demand creation strategy.

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 began the re-orientation of 400 HSAs on the review CBMNH tools in late June with the majority of the orientations taking place in July. In general, HSAs are eager to start using the new tools considering they are less burdensome to complete.

M&E staff participated in the quarterly joint supervision visits to all implementing facilities in MCHIP's focus districts and facilitated review of data and provided on-site capacity building of providers to improve documentation and reporting.

Issues/Challenges: None

Next Steps: M&E staff will continue to participate during supervision visits and support increased data utilization at the district level. The MCHIP M&E team will play a critical role in preparations for closeout in order to ensure that all data has been collected, analyzed and accurately reported at the time of closeout of MCHIP activities.

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 terms of PQI implementation, in all the facilities visited, there was general improvement in the performance of providers in accordance with PQI RH/IP standards. It was observed that the PQI teams are spearheading and coordinating the activities at the facility level.

With regards to CBMNH, supervision included community mobilization and community MNH package. In all the four focus districts, HSAs had conducted orientations of community leaders and their catchment communities; identified pregnant women and started conducting home visits; 70% of HSAs that were trained in the previous quarter had assisted communities to form Community Action Groups. HSAs were generally motivated in the community MNH initiative.

Issues/Challenges: There is lack of supportive supervision from the DHMT. The facilities are experiencing shortage of essential drugs such as tetracycline eye ointment, examination gloves and STI drugs.

Next Steps: 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. MCHIP's M&E Advisor participated in the HBB Evaluation Meeting held in Washington DC on June 17th. During the breakout sessions, the Malawi group drafted a presentation on the proposed key objectives of the evaluation, possible study designs, methodology and next steps (see attached presentation). It was agreed that the primary objective of the evaluation would be to determine if providers trained using the HBB approach continue performing to standard post training (at 6 months and 1 year).
2. Tambudzai Rashidi attended the annual Jhpiego Country Director's meeting in Tanzania from 15-21 May 2011 which focused on discussions and inputs to finalize the next Jhpiego global strategic plan. The meeting also featured a mini university session and shared best practices with stakeholders in Tanzania.
3. MCHIP mid term evaluation was conducted in May 2011 by GH tech consultants.
4. In June, MCHIP participated in TB/IPC meetings to refine and finalize training materials TB officers; the trainings are scheduled to start in July in all zones.
5. On 5th April, MCHIP participated in meeting with H4 plus partners and shared their lessons learnt and success stories with the H4 plus team who were impressed with the progress.
6. The Ministry of Health conducted external verification exercise to several hospitals on IP and the results were as follows: Mzimba 50%, Chitipa 42%, Nkhotakota 66%. The secretary for health presided over the IP recognition ceremony of Mulanje mission hospital on 11th June and Thyolo district hospital on 13th June 2011. All these efforts by MoH are an indication that MoH continues to place IP as a priority and are also investing resources in this initiative which will ensure sustainability.

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 29 JUL	
Goal: Accelerate the reduction of maternal, neonatal, and child morbidity and mortality towards the achievements of the Millennium Development Goals (MDGs)										
MCHIP Program Objective: Increased coverage of MNCH/FP services/interventions and practice of healthy maternal and neonatal behaviors										
Result 1: Increased access to and availability of quality maternal and newborn care services										
Number of postpartum / newborn visits within 3 days of birth by trained workers from USG-assisted facilities	Number of postpartum/newborn visits at community and facility level within 3 days of their birth, includes skilled deliveries at birth	Maternity register; CMNH register	Documentation of SBA deliveries as they occur in maternity register; HSAs to record 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	40,000 (revised)	16,783	Because the MOH reporting requirements for ANC and Maternity indicators are every 6 months, most facilities fail to report data on a quarterly basis. MCHIP plans to conduct M&E follow-up visits to all implementing sites in order to collect the required data by closeout.
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	Partograph review, Maternity Register, KMC (LBW) register	Use total number of deliveries at PQI sites as proxy Data collection as AMTSL occurs; Monthly feedback	Monthly	Maternity/P ostnatal providers	Quarterly	M&E Specialist, Chief of Party	30,000 (revised)	16,715	Same as above.

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 29 JUL	
	facilities Essential newborn care consists of: <ul style="list-style-type: none"> • Clean cord care • Thermal care (immediate drying and wrapping or KMC) • Immediate breastfeeding within 1 hour of birth 		reporting to MCHIP for data review							
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	60,000 (revised)	46,757	
Number of people trained in maternal and/or newborn health and nutrition through USG-supported programs	Number of people (health professionals, primary health care workers, community health workers, non-health personnel,	TIMS	MNH trainings (including KMC, BEmONC, CMNH/CM, PAC, etc. trainings) as they	As trainings occur	Program Officer	Quarterly	M&E Specialist, Chief of Party	812 (revised)	412	Does not include 139 providers trained in BEmONC with Y1 carryover

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 29 JUL	
	volunteers) trained in maternal and/or newborn health and nutrition care through USG-supported programs		occur							funds. The remaining trainings are for HBB.
Number of HSA visits to pregnant women where counseling and referral was provided for ANC services from 4 focus districts	Number of home visits conducted by HSAs to pregnant women where counseling and referral was provided for ANC services. Counseling includes information sharing on birth preparedness	CMNH register	HSAs record referrals as they occur; submit copies of logbook to MCHIP on monthly basis	Ongoing, with submission of logs monthly	District Coordinators	Quarterly	M&E Specialist, Chief of Party	15,000	7,966	A backlog of data remains to 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	PQI database	Data collection as assessments occur using a standardized PQI checklist	As assessments occur	External Assessment Team	Semi-annually	M&E Specialist, Chief of Party	5 (3 hospitals; 2 health centers)	3 hospitals	Machinga District Hospital in IP and RH; Thyolo and Mulanje Mission Hospitals in IP

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 29 JUL	
	standards / all MCHIP-supported facilities implementing PQI									
Number of people trained in FP/RH	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in FP/RH (including training in service delivery, communication, policy systems, research, etc.)	TIMS	Data collection as trainings occur	As trainings occur	Program Officers	Semi-annually	M&E Specialist, Chief of Party	414	458	Includes the 159 providers trained in PFPF using Y1 carry 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	Number of women who received	Partograph,	Use total number of deliveries at	As deliveries	Maternity providers/	Quarterly	M&E Specialist,	30,000 (revised)	16,715	

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 29 JUL	
AMTSL in selected MCHIP-supported facilities	<p>AMTSL at sampled facilities/Total number of women with vaginal deliveries at sampled facilities</p> <p>AMTSL is defined as the following three elements:</p> <ul style="list-style-type: none"> • Use of uterotonic drug within one minute of birth (oxytocin preferred) • controlled cord traction • uterine massage after the delivery of the placenta 	Maternity register	PQI sites as proxy Data collection as AMTSL occurs; Monthly feedback reporting to MCHIP for data review	occur	MCHIP		Chief of Party			
Number of counseling visits for FP/RH as a result of USG assistance	Number of visits that include counseling on FP/RH. Can include clinic visits as well as 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	49,311	
Number of health facilities rehabilitated or renovated	Rehabilitated ranges from cosmetic upgrades such as whitewashing walls, to structural	Project records and reports	As activities occur	As activities occur	MNH Specialist	Quarterly	M&E Specialist, Chief of Party	4	0	Bidding of the works is underway with renovations to begin in August

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 29 JUL	
	improvements (replacing broken windows, fixing leaking roofs, rebuilding damaged walls or roofs) and mending broken furniture.									2011.
Result 2: Increased availability of integrated community-based MNH/FP services through Health Surveillance Assistants										
Percentage of pregnant women and their families in targeted HC catchment areas receive at least 3 home counseling visits from a trained HSA.	Number of pregnant women and their families receiving at least 3 home counseling visits from trained HSAs / Number of expected pregnancies	CMNH database	As counseling visits occur	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	50%		Will report at end of year
Percentage of postnatal women who received at least 3 home counseling visits within one week of delivery from a trained HSA	Number of postnatal women and their newborns receiving at least 3 home counseling visits from trained HSAs / Number of expected pregnancies	CMNH database	As counseling visits occur	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	50%		Will report at end of year
Percentage of targeted communities that have action plans to support pregnant women and newborns to use MNH services appropriately	Number of target communities that have action plans to support pregnant women and newborn to use MNH services appropriately/ Number of target communities	Program Reports	Review of program reports supplemented by informant interviews during field visits	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	80%		Will report at end of year
Result 3: Strengthened MNH policies, planning and management in place at the national, zonal and district level										
Number of students graduating from target	Number of students graduating from	School records	Aggregate number of	Annually	Program Officer	Annually	M&E Specialist,	150		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 29 JUL	
nursing and midwifery preservice schools with strengthened BEmONC and PFP curricular components	target nursing and midwifery preservice schools		graduating students reported to MCHIP by target schools				Chief of Party			
Number of policies or guidelines developed or changed with USG-assistance to improve access to and use of FP/RH services	Number of policies or guidelines developed or changed to improve access to and use of FP/RH services. Includes: Preservice FP Syllabus, National RH strategy update, RBF guidelines, Misoprostol guidelines, etc.	Program Reports	Program officer will detail developments in FP/RH policies or guidelines	As program milestones occur	Program Officer	Annually	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 coverage of MCHIP programs	Number of scale-up plans developed by districts to expand coverage of MCHIP activities, including community model, PQI IP/RH at health centers, and KMC.	Program Reports	Program officers	As scale-up plans are developed	Program Officer/DH MT	Annually	M&E Specialist, Chief of Party	5	1	Nkhotakota has shown tremendous commitment in trying to scale-up CBMNH both from the DHO and CAGs.
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	For example, this includes the use of the LiST to inform national or sub-	Meeting minutes, policy document	Part of PQI internal assessments	As internal assessments occur	HMIS Officer	Quarterly	M&E Specialist/ COP	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 29 JUL	
making/priority setting with MCHIP support	national program planning. This may also include improved use of HMIS, community HMIS, supervision or quality assurance data for decision making.	s, program records								
Number of facilities utilizing electronic PQI tool and analyzing results on a quarterly basis	Number of facilities in Central east zone utilizing the new electronic PQI tool (standards) and generating reports on quarterly basis. This electronic PQI tool will be linked to PBI activities funded by KfW-Norway. Target based on number of MCHIP sites currently implementing PQI in Nkhotakota.	Electronic PQI tool	Part of PQI internal assessments	As internal assessments occur	QIST	Quarterly	M&E Specialist/COP	10		This initiative will begin in August following distribution of the tablets.
Result 4: Increased commitment of resources for MNH from GoM and other donors										
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.
Result 5: Strengthened planning and monitoring of MNH activities at community level										
Number of HSAs documenting and reporting home visits	Number of HSAs utilizing new community MNH	HSA monthly reports	Program Officers	Quarterly	Program Officer/GoM	Quarterly	M&E Specialist, Chief of	240	0	Trainings of HSAs will be conducted in

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 29 JUL	
using new community MNH register	register for all home visits for pregnant and postpartum mothers.						Party			July 2011.
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%		Same as above.
Result 6: Increased availability and access to low osmolarity ORS among mothers and caregivers of children under 5										
Number of cases of child diarrhea treated through USG-supported programs	Number of cases of child diarrhea treated through USG-supported programs with: a) oral rehydration therapy (ORT), b) zinc supplements	PSI/Malawi source documents (sales documents/ receipts/ invoices)	National level survey using trained data collectors from PSI	Weekly	PSI/Malawi Sales Representatives	Monthly	PSI / MCHIP	500,000	151,332	A total of 302,664 sachets of ORS were sold in the reporting quarter.
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,	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	1,100,000	The second consignment of 600,000 sachets was received in June 2011 bringing the total to 1.1million.

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 29 JUL	
		warehouse reports/forms)								
Result 7: Increased use of oral and injectable contraceptives amongst middle income women of reproductive age intending to use FP methods										
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	362	
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	4,762	
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	801	
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	9,793	
Percent of 15-49 year olds using oral contraceptives accessed outside of the public	Number of 15-49 year olds using oral contraceptives accessed outside of the public sector / Number of 15-49 year olds using any FP method accessed outside of the public	Tracking Results Continuously (TRaC) Survey; Measuring Access and	National level survey using trained data collectors from PSI	TRaC: Year 2 MAP: Annually	PSI Research Team	Year 1 and EOP	PSI/MCHIP	TBD		TRaC anticipated to begin in Q4.

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 29 JUL	
	sector	Performance (MAP) survey								
Percent of 15-49 year olds using injectable contraceptives accessed outside of the public sector	Number of 15-49 year olds using injectable contraceptives accessed outside of the public sector / Number of 15-49 year olds using any FP method accessed outside of the public sector	Tracking Results Continuously (TRaC) Survey; Measuring Access and Performance (MAP) survey	National level survey using trained data collectors from PSI	TRaC: Year 2 MAP: Annually	PSI Research Team	Year 1 and EOP	PSI/MCHIP	TBD		TRaC anticipated to begin in Q4.
Result 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.										
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	934,830	Additional nets were distributed using another mechanism in order to support the campaign.
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	218,989	Does not include people reached through radio adverts as quantification of this IEC mechanism is

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 29 JUL	
										being worked on.
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	218,989	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%	Not avail	Since the TRaC will not be conducted, PSI will collect this indicator at a future date.
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%	Not avail	Since the TRaC will not be conducted, PSI will collect this indicator at a future date.
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	136,868	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 29 JUL	
Proportion of pregnant women who received at least 2 doses of IPT	Number of pregnant women who received at least 2 doses of IPT during their last pregnancy	ANC service delivery register	National level by MoH through District Malaria and Safe Motherhood Coordinators	Biannually	MoH	Biannually	MoH	65%	Not avail	Awaiting final report from 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%	Not avail	Since the TRaC will not be conducted, PSI will collect this indicator at a future date.
Result 9: Increased community and district action, through community-based networks and communication programs, to support use of high impact MNH interventions										
Number of districts which develop plan for universal coverage of high impact interventions	Number of districts which have developed a plan to roll out coverage of selected "quick-wins" across the district	Program Reports; Roll-out plan	DHMT and MCHIP officers to report as planning meetings occur and plans are developed	Quarterly	DHMT/MCHIP	Annually	M&E Specialist, Chief of Party	2	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/complica	Communities include Village Executive Committees which have developed mechanisms for	Program Records, key informant interviews	Review of program reports supplemented by informant interviews	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	2,000 villages	0	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 29 JUL	
tion readiness	supporting birth preparedness and complication readiness for community members Examples include community financial schemes, emergency transport systems or community education schemes		during field visits							
Result 10: Strengthened integration, provision and access to quality Prevention of Mother to Child Transmission (PMTCT) and Reproductive Health services										
Number of health workers trained in provision of PMTCT services according to national or international standards	Number of skilled and unskilled health workers trained in provision of PMTCT services according to national policy, guidelines and standards	Program Reports/ TIMS	Data collected during every training	As trainings occur	Program Assistant/Officer	Quarterly	M&E Specialist, Chief of Party	493	10	Trained 10 CBMNH master trainers and Zonal officers in MIP. Postponed PMTCT trainings until July.
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	24,939 (revised)		All activities under this result were postponed until July following directive from the MOH to finalize the training curriculum before activities could start.
Number of HIV-positive pregnant women who received	N: No. of HIV-positive pregnant women who received anti-	ANC register, ART	Data compiled and reviewed during	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of	2,993 (revised)		

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 29 JUL	
anti-retrovirals to reduce risk of mother-to-child-transmission	retrovirals to reduce MTCT; ARV prophylaxis includes: (1) single dose nevirapine (SD NVP), (2) prophylactic regimens using a combination of two ARVs, (3) prophylactic regimens using a combination of three ARVs, or (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.	register	supervision visits				Party			
Percent of HIV-positive pregnant women who received antiretroviral to reduce risk of mother to child transmission.	N: Number of HIV-positive pregnant women who received anti-retroviral to reduce risk of mother-to-child-	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	80%		

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				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 29 JUL	
	transmission D: 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 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	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	2,993		

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				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 29 JUL	
	interventions: prevention and treatment of TB/HIV, prevention and treatment of other opportunistic infections (OIs), etc.									
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	2,993		
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	2,394		
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	ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	2,394		

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	80% of pregnant HIV infected women in our target sites.									
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	2,993		
Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	N: Number of infants born to HIV-positive women who received an HIV test within 12 months of birth D: Number of infants born to HIV-positive women	Maternity register, EID register/c ase files	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	80%		
Number of infants who received virological testing in the first 2months	The number of infants who received virological testing through DNA PCR, in the first 2 months of birth	EID register/ case files	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	1,197		
Percent of infants born to HIV-positive pregnant women who are started on CTX prophylaxis within two months of birth	N: Number of infants born to HIV-positive pregnant women who are started on CTX prophylaxis within 2 months of birth D: 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%		

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Number of postnatal visits within 7 days of delivery <i>*This indicator is linked to the hygiene kit intervention</i>	Number of postnatal visits within 7 days of delivery (includes skilled deliveries at birth)	Maternity register; postnatal register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party			Internal delays 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			
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			
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			
Result 12: Increase access to voluntary medical male circumcision										
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	

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				Schedule	Responsible	Schedule	Responsible	PY2 TARGET	PROGRESS AS OF 29 JUL	
Number of males circumcised as part of the minimum package of MC for HIV prevention services	Number of males circumcised as part of the minimum package of MC for HIV prevention services disaggregated by age: <1, 1-14, 15+	MC register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	2,064	610	Through routine service provision.

