



USAID
FROM THE AMERICAN PEOPLE



MCHIP QUARTERLY REPORT

REPORTING PERIOD: JULY-SEPTEMBER 2011

Submitted to:

Lilly Banda

Activity Manager, MCHIP Malawi

Submitted by:

Tambudzai Rashidi

Chief of Party, MCHIP Malawi

October 31st, 2011

(Resubmitted 15 January 2012)

Table of Contents

1. Acronyms and Abbreviations	3
2. Executive Summary	5
3. Key Accomplishments by Activity	7
a. Performance and Quality Improvement	7
b. Basic Emergency Obstetric and Neonatal Care	10
c. Kangaroo Mother Care	10
d. Postpartum Family Planning	11
e. Injection Safety	11
f. Community based Maternal and Neonatal Care	12
g. RH Strategy	14
h. Performance Based Incentives	15
i. Social Marketing of Thanzi/ORS	16
j. Family Planning Social Marketing	16
k. Malaria Control	18
l. PMTCT	20
m. Male Circumcision	26
n. Program Management and M&E	27
4. Monitoring & Evaluation Framework	30

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
MAP	Measure Access and Performance
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
MOVE	Models for Optimizing Volume and Efficiency (of services)
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
TRaC	Tracking Results Continuously
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 focused 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 July-September 2011 reporting period included the following:

- Conducted HBB training of 210 service providers from 7 MCHIP supported districts (Nkhotakota, Kasungu, Lilongwe, Machinga, Zomba, Phalombe and Nsanje). HBB Trainers facilitated the trainings in their districts with support from the newly recruited national HBB Coordinator and HBB Master Trainers. The district level trainings took place in groups and the teacher learner ratio was 1:4. The target for HBB service providers training for the year is 300, the remainder will be trained in the quarter of October-December 2011.
- PFPF job aids were pretested, finalized and translated into Chichewa. The job aids will support service providers and HSAs in providing adequate FP information and facilitate the provision of PFPF services and contribute to consistent quality and efficiency of those services.
- Facilitated and supported a national supervision of Infection prevention including injection safety and PEP in 16 facilities namely St Johns Mission Hospital, Kasungu District Hospital, Nkhotakota District Hospital, Salima District Hospital, Ntchisi District Hospital, Dowa District Hospital, St Gabriel's Hospital, Kamuzu Central Hospital, Nkhoma Mission Hospital, Neno, Chikhwawa, Nsanje, Chiradzulu, Thyolo District Hospitals and Zomba and Queen Elizabeth Central Hospitals. All facilities are adhering to the PEP standards and are keeping the requisite records.
- Oriented 239 Health Surveillance Assistants, 28 Clinicians/Medical Assistants, 41 Nurses and 7 District Health Management Team representatives on the Hygiene Kit in Machinga, Nkhotakota and Rumphu, this will assist in the promotion of postnatal care among mothers thereby reducing maternal and infant mortality rates.
- Conducted IEC activities to promote prompt and effective treatment of malaria, improved awareness of IPT, raised awareness on LA as first drug for the treatment of malaria and community involvement to support mothers to take the child to the health center who has been referred by the Health Surveillance Assistants from the community that are trained in Community Case Management. This included placing 766 radio spots for each intervention were placed promoting each of the interventions and in addition to that 270 drama shows were performed across the country reaching an estimated audience of 40,815 people (18,865 males and 21,680 females) with the same messages across the country.
- Distributed 269,604 sachets of Thanzi ORS through the commercial outlets. No stock outs were reported during this period.
- Conducted 731 community education sessions through community educators promoting point of use water treatment, prompt treatment of dehydration using Thanzi ORS reaching an estimated audience of 17,300 people.
- **10,464** cycles of oral contraceptives and **51,936** vials of injectable contraceptives were distributed through the private sector. Though availability of contraceptives in the public sector has improved, private sector consumption seemed to be increasing as well. Very few clients prefer the pill as a method of contraception because of the many myths and misconceptions surrounding their use, e.g. Pills accumulate in the stomach and can cause cancer. However, with increase in communication activities, especially through the family planning mobilisers, there has been an increase in oral contraceptives distributed when compared to last quarter.
 - Private sector FP clinics reported **655** new visits for oral contraceptives and **1135** repeat visits for the same and **1074** new injectable contraceptive clients and **6465** old clients.
- Three hundred sixty (360) providers and data clerks from ten districts in the Central East Zone, Rumphu, Karonga, Chitipa and Likoma Island were trained in the integrated PMTCT/ART.

Major Challenges

- The national challenge of fuel shortage has resulted in delays in commencing data collection for FP TRaC; MCHIP is exploring alternatives so that the data collection is done in October.

Key Activities undertaken during the quarter

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.

Next Steps: MCHIP continues to highlight the progress of facilities utilizing PQI as a quality improvement approach during various meetings with the Ministry and stakeholders.

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

Outputs and Outcomes: Following on the internal assessments that were done in the previous quarter, MCHIP conducted supervision visits to facilitate internalization of the standards. MCHIP utilized a focused clinical mentoring approach during the supportive supervision visits to facilities in Machinga and Phalombe districts. In general, there were improvements in the performance of providers in accordance with PQI integrated IP/RH/PMTCT standards in the health centers. The following were particularly noted to have improved:

- The labour ward was clean
- The facilities were adhering to infection prevention standards
- Integration of PMTCT-RH services was being done especially within the antenatal clinic, maternity and postnatal clinics.
- Privacy for patients in labour is being maintained as the ward has curtains demarcating patients' beds.
- Some guidelines for management of complications like Eclampsia were posted on walls
- There was an emergency tray for management PPH and Eclampsia

Issues/Challenges: Some essential drugs were not in stock at the health centres e.g. Amoxyl, Chloramphenicol, and LA for adults. In addition in HTC, procedures were not explained before taking blood

samples and patients' privacy is not adhered to in the ART clinic as more than one client is allowed in the consultation rooms

Next Steps: DHO and the DHMT team 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 April-June 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 a focal person (from the 2 new officers) on PQI to replace the officer who has since gone for further studies. Linking PBI to PQI and awarding hospital and health center teams for achieving certain indicators under SSD; will greatly improve performance and health outcomes.

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

Outputs and Outcomes: MCHIP has received a total of 22 Dell tablets which are currently available in country. Roll-out of the pilot electronic PQI system was put on hold following discussions with USAID to delay the pilot until the KfW/Norad PBI pilot was underway. In the meantime, Jhpiego Baltimore is continuing to design the electronic PQI modules which will be available for roll out in early 2012 should USAID and the Malawi MOH decide to pursue implementation of the redesigned system.

Issues/Challenges: None

Next Steps: The funds were reprogrammed to facilitate printing of Obstetric protocols following the guidance from the mission.

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

All activities planned under this result were completed.

3. Expand KMC in the four focus districts (MCHIP Partner Lead: Save the Children)

All activities planned under this result completed.

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

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

Outputs and Outcomes: MCHIP conducted a final round of supportive supervisory visits between August and September 2011 to follow up on the family planning services that the providers offer to clients with the new knowledge and skills which they acquired during the updates in PPFPP. The FP providers in the 16 health facilities are providing FP services according to PPFPP guidelines. All trainings were completed in the two previous quarters.

Issues/Challenges: Despite MCHIP's efforts to obtain the numbers from the 16 health facilities on FP clientele, the information is yet to be delivered.

Next Steps: MCHIP will follow up with District Family Planning Coordinators through the District Health Officers and include the information in the close out report.

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 finalized the following PFP job aides: LAM, LAM and transition, LAM leaflets (Chichewa and English), healthy timing and spacing of pregnancy, discussing and choosing a FP method antenatally and prior to 6 weeks postpartum period and post-partum contraceptive options. MCHIP is in the process of printing the job aids which are expected to be distributed by the time MCHIP will submit the closeout report. While waiting for printing of the PFP job aids, 28 health education officers and family planning coordinators from 14 districts (Chitipa, Rumphi, Mzimba North, Kasungu, Lilongwe, Dedza, Likoma, Nkhota Kota, Zomba, Phalombe, Thyolo, Nsanje, Neno and Blantyre) were oriented to the PFP job aids at Crown Hotel in Lilongwe. MCHIP already oriented the FP service providers from these 14 districts to the provision of PFP services in previous quarters and this orientation session was organized to enhance the use of the job aids once they are printed. The orientation included presentations on how to use and store the teaching aids with focus on no missed opportunities for FP. Participants commended MCHIP for the orientation indicating that introducing new job aids to the health education officers and relevant coordinators at district would increase utilization of the job aids. Below is the table that is showing the planned quantities and types of PFP jobs to be printed.

PPFP JOB AIDS

Number	Type of Job Aids	Quantities
1.	Healthy timing and spacing pregnancies	1500
2.	LAM	1500
3.	LAM and the transition	1500
4.	Discussing and choosing a FP method antenatally and prior to 6 weeks after birth	1500
5.	Post-partum Contraceptive Options	1500
6.	LAM Leaflet –Chichewa and English	1000 each type

Issues/ Challenges: Four participants from Machinga and Nkhata Bay did not participate in the PFP orientation session organized by MCHIP. MCHIP communicated to the Management that these participants should be oriented on site by their colleagues.

Next Steps: After printing, 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: In the reporting period, contractors were selected to do the work and these are: Flinty Rock Constructions with their principal place of business at Mzuzu who will be responsible for renovating Bolero Health Center in Rumphi; Lembuka Building Contractors based in Mzuzu who will be responsible for renovating Ngala and Katimbila Health Centers in Nkhota Kota, Ngakomboleka Building

Contractors based in Liwonde who will renovate Ntaja Health Center, and lastly Zuja Building Contractors Based In Blantyre, who will renovate Phalombe and Chiringa Health Centres in Phalombe.

Issues/Challenges: Due to the level of the works proposed to be undertaken, MCHIP has requested for prior approval from USAID Washington. The request for prior approval was finalized in August and submitted in September and MCHIP has continued to follow-up on the progress of reviewing the request. In the meantime, MCHIP is refining the contracts with DSA.

Next Steps: Upon receiving the prior approvals, the contracts will be submitted to Jhpiego HQ for approval.

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 7-20 August 2011, MCHIP facilitated and supported a national supervision of Infection prevention including injection safety and PEP in 16 facilities namely St Johns Mission Hospital, Kasungu District Hospital, Nkhotakota District Hospital, Salima District Hospital, Ntchisi District Hospital, Dowa District Hospital, St Gabriel's Hospital, Kamuzu Central Hospital, Nkhoma Mission Hospital, Neno, Chikhwawa, Nsanje, Chiradzulu, Thyolo District Hospitals and Zomba and Queen Elizabeth Central Hospitals.

Selected areas of focus where: PEP services, waste /sharp management, instrument processing, Hand hygiene, use of personal protective equipment and Housekeeping. All the 16 health facilities are adhering to PEP standards including keeping records on PEP management.

Issues/ Challenges: In most Hospitals standards of IP have gone down and the gap could be attributed to inadequate IP supplies, inadequate supervision, and shallow knowledge of IP amongst providers and housekeeping staff due to lack of refresher training on IP and on the job training since Jhpiego handed over coordination of IP to MoH in 2007.

Next Steps: MOH needs to critically revise the approach to the implementation of the IP initiative in order to uplift the IP standards in all the implementing hospitals. MCHIP has proposed to the QA desk officer that a refresher training in PEP and IP, along with continuous mentoring and supervision, is needed urgently and this should be communicated in writing to all the hospital directors by the chairperson of the National Quality Assurance TWG.

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 conducted district review meetings in all the four focus districts. The aim of the meetings was to review progress of implemented activities under MCHIP using the HHCC approach; and also informing the implementing partners about closure of MCHIP program in Malawi. Participants included representatives from the community leaders, Community Action Groups, Health facility members, HSAs, DHMT, Trainers, Supervisors, RHU, the Zone; representatives from NGOs who are implementing MNH interventions in the district and representative from the District Assembly. The review was approached in a way that community members and the health centre nurses were encouraged to report the changes they have seen since the MCHIP program started. In all four focus districts, tremendous improvement was reported ranging from improved attitude of health care workers, health care worker responsiveness to clients needs, increased antenatal and postnatal clients and facility deliveries at health facility level. Community leaders and core group members reported improved knowledge on MNH which they did not know before the program, changed beliefs, practices and attitude on MNH and health in general and

appreciated male and community involvement in MNH. A number of success stories were reported ranging from surviving babies under ambulatory KMC care; and CAGs leading communities in construction of under-fives shelters (Machinga); husband who escorted wife for delivery saved her life because of blood donation (Rumphu); TA Mwansambo encouraging a recently delivered woman and husband for postnatal care (Nkhotakota) and CAG under GVH Jenala leading communities to have transport means for emergencies in their village (Phalombe). A number of participants also reported a number of successes.

MCHIP commended the teams for the work done and urged communities and health care workers to continue with the work they witnessed to have brought the reported changes. The community leaders and members urged the DHMTs to continue supporting what MCHIP started and assured MCHIP and DHMT's that the work will continue both at facility and community levels.

Issues/Challenges: None

Next Steps: This was the last meeting under MCHIP. The DHMTs will continue supporting the HHCC interventions initiated in their districts; Zonal Officers and RHU will conduct supervision occasionally. MCHIP will document the success stories and include them in the final report.

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

Output and Outcomes: Following successful training of 35 HBB trainers in June 2011, MCHIP conducted HBB training of 210 service providers from 7 MCHIP supported districts. (Nkhotakota, Kasungu, Lilongwe, Machinga, Zomba, Phalombe and Nsanje). HBB Trainers facilitated the trainings in their districts with support from the newly recruited national HBB Coordinator and HBB Master Trainers. The district level trainings took place in groups and the teacher learner ratio was 1:4. Each participant received the necessary learning materials, went through theory and practiced resuscitation of the newborn. At the end of the training, participants rated the courses 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 and indication of lack of skills in newborn resuscitation. From the seven trainings, 3 participants had supplementary exams and later passed. The trainers were advised to follow their participants closely after the training and continue practicing the learned skills. Each institution was given NeoNatalie doll, penguin sucker and ambu-bag for practicing. Participants were advised to continue practicing newborn resuscitation skills using the provided items and the items to be placed at a visible learning centre in the labour ward. Following the training, it is anticipated that the providers have been enabled to start keeping records on care of asphyxiated babies.

Prior to the HBB trainings, MCHIP conducted facility assessment on new born resuscitation to act as baseline in preparation for HBB interventions. Questionnaires were distributed to the 10 MCHIP supported districts to be responded by the Safe Motherhood Supervisors and 2 health care workers that were earmarked for HBB TOT training. Main areas assessed in the questionnaire that are central to newborn resuscitation included availability of ambu-bags, face masks sizes 0 and 1; and suckers. In general, it was noted that there is lack of new born resuscitation materials in many health facilities that provide MNH services. Average % on availability of face masks size 1 (46%); size 0 50%; ambu bags 83% and bulb syringes (29%). Although ambubags were available in many health facilities, they were in very short supply in some districts like Nkhotakota; Kasungu; Phalombe and Zomba. RHU was given a copy of the report and reported that they had requested UNICEF to assist government procure these materials. RHU also indicated that they would share the report with DHOs and advise them to procure the materials they could afford to procure. MCHIP advocated with WHO to procure the needed items in the PMNCH districts and a follow up has shown that WHO has taken this on board to support HBB service provision.

Next Steps: MCHIP will finalize training of the remaining 90 HBB service providers from Mwanza, Nkhatabay and Rumphu districts in the October – December 2011 quarter. MCHIP will also conduct joint supervision and report on number of neonates saved from birth asphyxia and continue advocating for availability of resuscitation materials in the labour wards.

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. Participated in the MoH MC Policy development meetings from 18-21st July 2011
2. Presented to MOP team MCHIP progress in implementation of MIP activities on 19th July 2011
3. Participated in the MoH PMTCT stakeholders meeting on 20th July 2011; the focus of the meeting was for zonal PMTCT implementing partners to outline the extent of their support on PMTCT/ART trainings for service providers in their allocated zones
4. Presented to the mission progress on HIV activities on 21st July 2011 highlighting PMTCT, MC and MIP interventions
5. Attended MC meeting at Kalikuti Hotel on 2nd August 2011 where the visiting PEPFAR teams made presentations and provided guidance on the way forward to MC in Malawi
6. Participated in the National Quality Assurance TWG meeting on 25th August 2011 which discussed the QI component of the Health Sector Strategic Plan and the need for QI directorate in MoH as well as the availability of funds by GIZ to support targeted trainings and supervision in IP
7. Participated in the Safe motherhood subcommittee meeting on 30th August 2011; the discussions included Essential Training on Appropriate Technology for Mothers and Babies (ETATMBA) by College of Medicine which will focus on improving the skills of clinical officers in Obstetrics, implementation of EC by Lilongwe Police, updates from RHU on implementation per each component of RH
8. Participated in the meeting to refine the Road map for acceleration of the reduction in maternal morbidity and mortality from 5-7th September; the outcome of the working session was a near final draft of the road map awaiting in put on statistics from DHS 2010 and the costing exercise.
9. Attended the synergy meeting on 9th September where the new mission director (Douglas Arbuckle) was introduced and he chaired the meeting
10. Participated in the SRH TWG meeting on 14th September, key issues discussed included ETATMBA; SHOPS; majority of condom dispensers not in use; Sinoplant not registered by PMPB while Implanon has been registered; Community Midwives training by Callista Mutharika Foundation; reduction in handling fee for FP commodities from 12.5% to 5%; DIGNITAS program on HIV and Gender Based Violence
11. Participated in MoH MC launch preparatory meeting on 16th September 2011
12. Participated in SWAp annual review meeting 28-30 September 2011

Issues/Challenges: None

Next Steps: MCHIP will continue participating actively in key working group meetings in the next quarter

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

No activity was scheduled for this quarter.

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: Following guidance from USAID, MCHIP reprogrammed PBI funds to support printing of the Obstetric protocols (number TBD in consultation with RHU) and CBMNC registers. The plan is to print 400 CBMNH registers, 400 booklets and 40 facility reporting forms.

Issues/Challenges: None

Next Steps: Printing will be done in the next quarter.

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: This activity is completed, below are the stock levels in the warehouse. 500,000 sachets were procured during March-April period and the remaining 600,000 were procured during April-September period. During this quarter a total of 269,604 sachets of Thanzi ORS were distributed through commercial outlets. As of September the total number of sachets distributed is 479,604 in response to the demand from commercial outlets.

	<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>635,280</u>	<u>603,756</u>	<u>457,740</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 the promotion for the consistent use of Thanzi ORS, WaterGuard and hand washing with soap was done across the country specifically in Machinga, Lilongwe, Dedza, Nkhata-bay, Karonga, Rumphu, Chitipa, Chikwawa, Nsanje, Thyolo, Blantyre, Neno, Dowa, Ntchisi,

Ntcheu, Mzimba and Salima districts. A total of 731 community education sessions were conducted reaching an estimated audience of 17,300 people. The target was to reach 16,000.

Issues/ Challenges: N/A

Next Steps: This activity is completed

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

12.1 Activity: Social marketing of OCs and ICs

Outputs and Outcomes: In the reporting quarter, some districts reported availability of contraceptives in some health facilities. However, sales through the private sector continued to increase. Leveraging with the Dutch fund, more radio spots were aired and family planning mobilisers in Blantyre and Lilongwe continued with interpersonal communication activities. While the leveraging of other resources had benefits for MCHIP, all figures reported are only through USG support.

In the reporting quarter, the following were achieved:

- **10,464** cycles of oral contraceptives and **51,936** vials of injectable contraceptives were distributed through the private sector. MCHIP planned to distribute 6,990 injectable contraceptives and 6,000 oral contraceptives in the reporting period. All the reported commodities are from USG support.
- Though availability of contraceptives in the public sector has improved, private sector consumption seemed to be increasing as well. Very few clients prefer the pill as a method of contraception because of the many myths and misconceptions surrounding their use, e.g. Pills accumulate in the stomach and can cause cancer. However, with increase in communication activities, especially through the family planning mobilisers, there has been an increase in oral contraceptives distributed when compared to last quarter.
- The number of clients seen through the private sector has also increased in the past quarter. Clinics reported **655** new visits for oral contraceptives and **1135** repeat visits for the same and **1074** new injectable contraceptive clients and **6465** 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: This activity has been phased out of MCHIP and will continue under PSI with support from the Dutch fund.

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

Outputs and Outcomes: In this quarter, the report on the pilot was finalized and submitted to the mission for review before dissemination of the results. Exit meetings were also conducted with the DHMT and the ADC where activities were handed over to the DHO and the community. Supply of contraceptives will however continue to the CBDAs as part of social marketing activities.

- In the reporting quarter, the CBDAs saw 176 new clients for pills, 392 repeat clients for pills, 111 new clients for male condoms, 88 repeat clients for male condoms, 46 new clients for female condoms and 59 repeat clients for female condoms. This data was for July and August only.
- The CBDAs have managed to counsel **1,993** people through door-to-door counseling. MCHIP did not set a target for this activity.

Issues/Challenges: The introduction of Thanzi ORS and Water guard did not have a negative impact on uptake of contraceptives. The performance of some CBDAs seemed to have improved after the introduction of these products.

Next Steps: Dissemination of final report to Ministry will be done in the next reporting quarter.

12.3 Activity: Conduct Family Planning TRaC Survey and MAP study

Outputs and Outcomes: In the reporting quarter, the College of Medicine Research Ethics Committee approved the TRaC study protocol. The approval came in late and data collection has been moved to October.

Data collection for the MAP study will also start in October. There have been delays due to inconsistent supplies of fuel.

Issues/Challenges: Challenges in getting fuel may further delay data collection.

Next Steps: MCHIP is looking at strategies to overcome the fuel situation by hiring of fueled vehicles and possibly reducing the sample size, as a last resort.

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: Distribution of LLINs under MCHIP was completed in June during the Salima and Nkhotakota LLIN outreach campaign. As a result, no nets were distributed in the reporting quarter through MCHIP. The table below illustrates the break down of nets distributed in 2011 between MCHIP and the new PSI LLIN contract.

Distribution of PMI LLINs	
Feb-September Year 2011	
Quarter	PMI LLINs
Feb-11	143,440
Mar-11	24,830
Qtr2	168,270
Apr-11	77,320
May-11	220,250
Jun-11	184,289
Qtr3	481,859
July-11	0

Aug-11	0
Sept-11	0
Qtr4	0
TOTALS	650,129
Nets distributed through Mass Campaign	325,339
Nets distributed through health facilities	324,790

Issues/Challenge: None

Next Steps: None.

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

Outputs and Outcomes: 766 radio spots were placed promoting each of the following interventions; use of LLIN every night, use of LA as first line treatment for malaria, use of IPTp for pregnant women and community involvement to support a referral case for an under five child from trained Community Case Management trained Health Surveillance Assistants. A total of 270 drama shows were performed across the country reaching an estimated audience of 40,815 people (18,865 males and 21,680 females) with messages on consistent use of LLINs, IPTp and early seeking treatment behavior for under five children by caregivers.

Issues/Challenges:

Next Steps: Finish the remaining drama shows in the month on October for IMCI.

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

Activity completed in the last quarter

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:

From 10th July to 27th August 2011, there were series of trainings for service providers and data clerks in the integrated PMTCT/ART services that were organized by HIV Unit of the Ministry of Health with funding from MCHIP. Both trainers and providers were trained using the revised MOH PMTCT/ART regimen using the new curriculum. Three hundred sixty (360) providers and data clerks from ten districts in the Central East Zone, Rumphu, Karonga, Chitipa and Likoma Island were trained in the integrated PMTCT/ART. In the original plan, MCHIP did not include the data clerks. However, MoH -HIV Unit recommended their inclusion so that data

collection is facilitated. Fifteen training sessions were conducted in Rumphi, Mzimba, Mponela, Nathenje, Blantyre and Luchenza ;the trainings were conducted back to back in order to complete the trainings. . The original number of providers to be trained in the first 7 sessions increased from 72 to 202 making it possible for more families to access the PMTCT/ART services.

Although Chitipa, Karonga and Mwanza PMTCT/ART providers were not part of the original plan for training by MCHIP, support for training of additional service providers was done. All the 360 providers from the 10 districts are ready to provide services using the integrated ART/PMTCT guidelines as evidenced by some of the providers' participation in the baseline assessments of the selected facilities and the work plans that they made on completion of the training. The number of providers trained for each district is in the table provided below.

INTEGRATED PMTCT/ART PROVIDERS TRAINING

District	Providers Trained	Clerks trained	Total
<u>Likoma Island</u>	<u>16</u>	<u>2</u>	<u>18</u>
<u>Rumphi</u>	<u>50</u>	<u>5</u>	<u>55</u>
<u>Chitipa</u>	<u>29</u>	<u>6</u>	<u>35</u>
<u>Karonga</u>	<u>42</u>	<u>10</u>	<u>52</u>
<u>Mwanza</u>	<u>26</u>	<u>5</u>	<u>31</u>
<u>Kasungu</u>	<u>30</u>	<u>2</u>	<u>32</u>
<u>Salima</u>	<u>25</u>	<u>4</u>	<u>29</u>
<u>Nkhota kota</u>	<u>22</u>	<u>7</u>	<u>29</u>
<u>Dowa</u>	<u>42</u>	<u>4</u>	<u>46</u>
<u>Ntchisi</u>	<u>25</u>	<u>4</u>	<u>29</u>
<u>Other</u>	<u>4</u>	<u>-</u>	<u>4</u>
<u>TOTAL</u>	<u>311</u>	<u>49</u>	<u>360</u>

Note: Other stands for 1 MCHIP staff and 3 participants from Dedza and Ntcheu districts

Issues/Challenges: There were too many training sessions taking place at the same time therefore that created staff shortages in the health facilities. Due to absenteeism of two participants from Chitipa and Mwanza respectively they did not write the examination because they missed some lectures and group work.

Next Steps: The MOH is in the process of distributing the new regimen of ART drugs and supplies ready for implementation.

Activities 15.2 – 15.4 have been completed.

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

Outputs and Outcomes: The assessors/trainers that were orientated in the new standards facilitated the baseline assessment of the 33 high volume PMTCT sites in the Central East Zone and Rumphi following the first PQI module one and two trainings; they utilized the final version of the PQI PMTCT-RH standards. . The

standards were used to assess Focused antenatal care, labour and delivery, care of the mother and baby in the post natal period, sexually transmitted infections, cervical cancer, family planning initiation, family planning follow up, ART initiation, ART follow up, infant feeding in the context of HIV/AIDS and early infant diagnosis.

None of the 33 sites achieved the minimum 80% scores. The scores are as follows: Seven facilities scored between 60%- 68%; 7 facilities scores were in the range of 50% - 58%; four in the range of 45% - 48% 4 and 16 facilities' scores ranged from 0% - 39%. This is evidence of the gaps the facilities have and some of these gaps were identified by providers during the modules 1 and 2 trainings; the table below provides individual scores for each of the 33 facilities.

<u>District</u>	<u>Number</u>	<u>Facility</u>	<u>Scores Achieved</u>
<u>Ntchisi</u>	1.	<u>Ntchisi District Hospital</u>	<u>60%</u>
	2.	<u>Nthondo Health Center</u>	<u>58%</u>
	3.	<u>Mzandu Health Center</u>	<u>62%</u>
	4.	<u>Kamsonga Health Center</u>	<u>63%</u>
	5.	<u>Malomo Health Center</u>	<u>68%</u>
	6.	<u>Khuwi Health Center</u>	<u>50%</u>
<u>Dowa</u>	7.	<u>Bowe Health Center</u>	<u>53%</u>
	8.	<u>Madisi Mission Hospital</u>	<u>46%</u>
	9.	<u>Dowa District Hospital</u>	<u>60%</u>
	10.	<u>Dzaleka Health Center</u>	<u>47%</u>
	11.	<u>Mtengowanthena Community Hospital</u>	<u>63%</u>
<u>Salima</u>	12.	<u>Mchoka Health Center</u>	<u>25%</u>
	13.	<u>Kaphatenga Health Center</u>	<u>13.6%</u>
	14.	<u>Khombedza Health Center</u>	<u>29.6%</u>
	15.	<u>Salima District Hospital</u>	<u>39.4%</u>
	16.	<u>Maganga Health Center</u>	<u>24%</u>
<u>Nkhota Kota</u>	17.	<u>Kapili Health Center</u>	<u>53%</u>
	18.	<u>Malowa Health Center</u>	<u>48%</u>
	19.	<u>Mwansambo Health Center</u>	<u>34%</u>
	20.	<u>Nkhota Kota District Hospital</u>	<u>44.9%</u>
	21.	<u>Nkhunga Health Center</u>	<u>50%</u>
	22.	<u>Bua Health Center</u>	<u>25%</u>

<u>Kasungu</u>	23.	<u>Nkhamenya Community Hospital</u>	<u>2.6%</u>
	24.	<u>Kaluluma Rural Hospital</u>	<u>7 %</u>
	25.	<u>Kawamba Health Center</u>	<u>28.6%</u>
	26.	<u>Kasungu District Hospital</u>	<u>30%</u>
	27.	<u>Wimbe Health Center</u>	<u>23%</u>
<u>Rumphi</u>	28.	<u>David Gordon Memorial Hospital</u>	<u>0%</u>
	29.	<u>Bolero Rural Hospital</u>	<u>58%</u>
	30.	<u>Mhuju Rural Hospital</u>	<u>20%</u>
	31.	<u>Katowo Rural Hospital</u>	<u>20%</u>
	32.	<u>Rumphi District Hospital</u>	<u>56%</u>
	33.	<u>Mzokoto Health Center</u>	<u>0%</u>

Issues/Challenges: Baseline assessments were not conducted in 3 health facilities and these are scheduled to be conducted in October.

Next Steps: There are plans to conduct PQI module 3 training and stakeholders meeting to complete the PQI process.

Activities 15.6 – 15.8: Activities planned for October-December 2011 quarter.

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: Following successful development of the mother – infant pair (MIP) follow up training manual in April – June 2011 quarter, MCHIP led the process of finalization of the manual in the reporting quarter including integrating MIP content to already existing CBMNH content. It was noted that from previous work, some content that was included in the MIP training manual was already integrated in the CBMNH manual. MCHIP therefore further strengthened the CBMNH training manual by adding the remaining MIP content. MCHIP also finalized procurement process of counseling cards, MIP Register and reporting forms and documents will be printed by end October 2011. Once printed, these materials will be distributed to all implementing health facilities.

MCHIP finalized DEC and ADC meetings for integrated CBMNH package and MIP interventions in Likoma in July 2011. There was good participation in both DEC and ADC meetings. Both groups welcomed the integrated program and assured the meeting to support the program.

Issues/Challenges: Integrated CBMNH package and MIP activities are still in infant stage of implementation because of delayed development of the training manual. There is still need to continue supporting HSAs as they start implementing these activities.

Next Steps: MCHIP worked with District Coordinators and RHU on this program. With closeout of MCHIP, MCHIP handed over follow up of this intervention to DHMTs and RHU.

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

Outputs and Outcomes: MCHIP finalized and pre-tested the MIP register. MCHIP also finalized procurement process for printing of the registers and reporting forms. While waiting for printing MCHIP distributed temporary registers to all HSAs that were trained in the integrated program for use.

Issues/Challenges: None

Next Steps: MCHIP will distribute printed registers in October - December 2011 quarter

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

Outputs and Outcomes: MCHIP conducted orientation of 4 CBMNH Master Trainers and 6 district level trainers of MIP training content including the MIP register. The trainers were taken through the new content in the training manual and how to facilitate the content. Trainers also had chance to review the content and made recommendations. MCHIP further went through the draft MIP register with the trainers and necessary changes were made.

Issues/Challenges: None

Next Steps: With close out of MCHIP, Trainers and supervisors will supervise and support HSAs to ensure CBMNH and MIP are successfully implemented

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

Outputs and Outcomes: MCHIP trained 40 HSAs (10 each from Rumphu, Nkhotakota, Ntchisi and Likoma) on integrated CBMNH and MIP and use of MIP Register. The trainings were conducted in two sessions, Likoma and Rumphu HSAs were trained together at Chenda Motel in Mzuzu ; and Ntchisi and Nkhotakota HSAs were trained together at Grace Motel in Nkhotakota. Participants went through theory, and practical sessions on CBMNH and MIP; also practiced completing both CBMNH and MIP registers and reporting forms.

Issues/Challenges: None

Next Steps: With closure of MCHIP, Trainers and supervisors will supervise and support HSAs to ensure CBMNH and MIP are successfully implemented

Activity 16.5 is completed.

16.6 Activity: Supportive supervision to HSAs in Central East Zone in integrated CBMNH & MIP

Outputs and Outcomes: MCHIP conducted supervision for 10 HSAs who were trained in integrated CBMNH & MIP in Nzandu Health Centre. The HSAs were trained in July 2011 and supervision was conducted in September 2011. The aim of supervision was to see and observe how the HSAs started implementing the initiative and what challenges they were meeting. At the time of supervision, HSAs at Nzandu had already sensitized community members in their catchment areas on the community initiatives, identified pregnant women and had started conducting home visiting. Only one HSA had an HIV positive client. In all HSAs started at a good note

Issues/Challenges: None

Next Steps: None

Activity 16.7: Activities planned for October-December 2011 quarter.

17. Strengthen integration of PMTCT and Family Planning: No activity planned for the quarter

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

18.1 – 18.2 Activity: Procurement and distribution of 5,704 hygiene kits and Orientation of DHMTs, Safe Motherhood Coordinators, in Central-East Zone to implement hygiene kit activity

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

239 Health Surveillance Assistants, 28 Clinicians/Medical Assistants, 41 Nurses and 7 District Health Management Team representatives were trained in the Hygiene Kit in Machinga, Nkhotakota and Rumphi. Distribution of the full consignment of kits to Rumphi has been delayed, however, due to fuel scarcity.

Issues/Challenges: Delay in starting the implementation of the hygiene kits due to fuel scarcity.

Next Steps: MCHIP will complete distribution of the kits in Rumphi in October pending supply of fuel following which MCHIP will conduct a data collection exercise to review progress to date.

19. Conduct maternal death audit linked to HIV: Activity completed last quarter

20. Capacity building to improve data utilization and reporting

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

Outputs and Outcomes: Sites requiring additional support to improve data utilization were identified based on data received by the HIV unit. These sites include: Madisi Mission hospital in Dowa, Santhe Health Center in Kasungu, Mwansambo Health Center in Nkhotakota, Malomo Health Center in Ntchisi, Salima District Hospital, and Bolero Rural Hospital in Rumphi. However, following additional advice from the MOH, MCHIP supported training of data clerks for all sites receiving the PMTCT training. As a result, MCHIP trained a total of 49 data clerks from the 10 districts. Refer to activity 15.1 above.

Issues/Challenges: None

Next Steps: MCHIP will carry out supportive supervision for improving data utilization and reporting in November 2011.

Activity 20.2: Activities planned for October-December 2011 quarter.

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. In addition, MCHIP adapted the WHO QA tools for national use as well as for the VMMC campaign in October.

Issues/Challenges: None

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.

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. MCHIP printed 30 MC registers and 7000 client cards.

Issues/Challenges: None

Next Steps: Distribute MC registers to the 8 MC implementation sites and utilize 4 MC registers and client cards during the upcoming MC campaign in Mulanje in October 2011.

22. Training of clinical providers in medical male circumcision

Activity 22.1: Conduct Training of Trainers in MC: with guidance from HIV/AIDS unit of MoH and in consultation with the mission, this activity was cancelled since MoH did not plan to train additional MC providers in 2011. The recommendation was that the funds should support activities for the MC campaign including the launch which was not initially in the work plan.

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

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

Outputs and Outcomes: During the reporting period delivered 3 benches and 2 examination couches to Dedza district hospital and the following to Mulanje district hospital, Chonde and Muloza health centers: 18 benches, 12 examination couches, 3 desks and 3 chairs. Additional supplies and equipment will be provided to Mulanje District hospital following the completion of the VMMC campaign at the beginning of November.

Issues/Challenges: None

Next Steps: None

22.4 Activity: Conduct two Outreach Campaigns in selected districts

Outputs and Outcomes: Preparations for conducting VMMC outreach Campaigns in Mulanje District, for the large part, were conducted successfully during the July-September quarter. The preparation included a

benchmarking visit to Iringa Tanzania where MCHIP Malawi sent four officers to observe the Iringa Campaign. On their return the team made several recommendations and incorporated the findings into the final preparation for the MC campaign. The MC services will be provided simultaneously at three static sites in Mulanje District Hospital, Chonde and Muloza Health Centers. MCHIP developed a master work plan for the MC campaign and the Quality Assurance tools and waste disposal plan for the MC campaign.

MCHIP also welcomed Dr. Tigistu Adamu the MCHIP HIV Technical Team Leader from September 22nd to October 1st. In addition to assisting the team with site preparations, Dr. Adamu trained the 42 VMMC campaign service providers in use of the disposable kits as well as MOVE principles that will be utilized during the campaign.

Issues/Challenges: Based on delays by partners in carrying out demand creation activities, MCHIP received additional Core funds to support HEU to conduct community mobilization efforts to fill the gaps.

Next Steps: The launch of the VMMC campaign will be presided over by the Deputy Minister of Health and the mission director in Mulanje on October 8th 2011.

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. MCHIP is compiling a detailed report documenting the successes, challenges and lessons learned from the first VMMC campaign in Malawi. Within this report, MCHIP will discuss the use of vouchers for transportation of clients, as this is likely to be a key obstacle during the campaign towards accessing services.

Issues/Challenges: N/A

Next Steps: Will be reported on by December 2011.

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

24.1 Activity: Monitoring & Evaluation

Outputs and Outcomes: Following a request by RHU to print and orient additional CBMNC registers for MCHIP's focus districts and the PMNCH districts, MCHIP supported the orientation of 114 providers and health workers from 8 districts. This activity thus contributed to the catalytic strategy to engage more districts to adopt the CBMNC program.

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

MCHIP conducted joint facility and community supervision visits in the four focus districts' 16 health centers in Rumphi, Nkhota Kota, Machinga and Phalombe..

The providers have internalized the standards and some have improved their performance, this was observed during service provision and is worth commending... Findings from the facility and community were shared with the DHMT at the end of the visit.

Next Steps: MCHIP's no cost extension ends in December 2011 therefore there is likely to be no supportive supervision organized by this organization. However, since the supervision has been conducted in collaboration with the central and district MoH teams throughout, we expect the supportive supervision to be sustainable.

OTHER ACTIVITIES/VISITS

1. MCHIP's VMMC team visited Iringa, Tanzania during their high volume VMMC campaign in August in order to learn from the process and provide specific recommendations on the Malawi VMMC campaign activities.
2. Jhpiego and MoH Tanzania conducted a study tour to Malawi from 1-5th August to learn more about progress in IP and RH and how the MoH is leading the process so that they can replicate the lessons learnt to facilitate the process in their country
3. MCHIP attended the MSH/BASICS dissemination meeting from 13-15th September 2011
4. MCHIP conducted a successful program review meeting on 22nd September 2011 and the guest of honor was the honorable minister of health and the supervisory officer at the mission

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 31 Sept	
Goal: Accelerate the reduction of maternal, neonatal, and child morbidity and mortality towards the achievements of the Millennium Development Goals (MDGs)										
MCHIP Program Objective: Increased coverage of MNCH/FP services/interventions and practice of healthy maternal and neonatal behaviors										
Result 1: Increased access to and availability of quality maternal and newborn care services										
Number of postpartum / newborn visits within 3 days of birth by trained workers from USG-assisted facilities	Number of postpartum/newborn visits at community and facility level within 3 days of their birth, includes skilled deliveries at birth	Maternity register; CMNH register	Documentation of SBA deliveries as they occur in maternity register; HSAs to record 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 from 20,000)	21,324	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 Nov.
Number of newborns receiving essential newborn care in selected MCHIP-supported facilities	# of newborns born in selected MCHIP-supported health facilities who receive essential newborn care/ total number of newborns born in selected MCHIP-supported health facilities Essential newborn	Partograph review, Maternity Register, KMC (LBW) register	Use total number of deliveries at PQI sites as proxy Data collection as AMTSL occurs; Monthly feedback reporting to MCHIP for data review	Monthly	Maternity/Postnatal providers	Quarterly	M&E Specialist, Chief of Party	30,000 (revised from 15,000)	20,474	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 31 Sept	
	<p>care consists of:</p> <ul style="list-style-type: none"> • Clean cord care • Thermal care (immediate drying and wrapping or KMC) • Immediate breastfeeding within 1 hour of birth 									
Number of ANC visits by skilled providers from USG-assisted facilities	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities. Skilled providers includes: medically trained doctor, nurse, and/or midwife. It does NOT include traditional birth attendants (TBA) or HSAs.	ANC register,	Skilled providers conducting ANC visits will fill a ANC register	As ANC visits occur (facility)	ANC providers	Semi-annually	M&E Specialist, Chief of Party	60,000 (revised from 30,000)	55,786	
Number of people trained in maternal and/or newborn health and nutrition through USG-supported programs	Number of people (health professionals, primary health care workers, community health workers, non-health personnel, volunteers) trained in maternal and/or newborn health and	TIMS	MNH trainings (including KMC, BEmONC, CMNH/CM, PAC, etc. trainings) as they occur	As trainings occur	Program Officer	Quarterly	M&E Specialist, Chief of Party	812 (revised from 410)	666	Does not include 139 providers trained in BEmONC with Y1 carryover funds. The remaining trainings are for

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 31 Sept	
	nutrition care through USG-supported programs									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 Coordinator	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. There has also been a transition to the new reporting forms which has delayed reporting.
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,	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

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 31 Sept	
	on national performance standards / all MCHIP-supported facilities implementing PQI									Mission Hospitals in IP
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	528	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	362	An additional 6 private sector outlets were trained and distributing FP commodities.

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 31 Sept	
Number of women giving birth receiving AMTSL in selected MCHIP-supported facilities	<p>Number of women who received 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 	Partograph, Maternity register	Use total number of deliveries at PQI sites as proxy Data collection as AMTSL occurs; Monthly feedback reporting to MCHIP for data review	As deliveries occur	Maternity providers/ MCHIP	Quarterly	M&E Specialist, Chief of Party	30,000 (revised from 15,000)	20,474	
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	Project records and	As activities occur	As activities occur	MNH Specialist	Quarterly	M&E Specialist, Chief of	4	0	Waiting for prior approvals, then will

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 31 Sept	
	whitewashing walls, to structural improvements (replacing broken windows, fixing leaking roofs, rebuilding damaged walls or roofs) and mending broken furniture.	reports					Party			submit contracts to Jhpiego for approval
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%		Data being compiled. Will report in January 2012.
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%		Data being compiled. Will report in January 2012.
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%		Data being compiled. Will report in January 2012.
Result 3: Strengthened MNH policies, planning and management in place at the national, zonal and district level										

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 31 Sept	
Number of students graduating from target nursing and midwifery preservice schools with strengthened BEmONC and PFP curricular components	Number of students graduating from target nursing and midwifery preservice schools	School records	Aggregate number of graduating students reported to MCHIP by target schools	Annually	Program Officer	Annually	M&E Specialist, Chief of Party	150	233	
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	8	Oriented 8 additional PMNCH districts on use of CBMNC tools for scale up.
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 example, this includes the use of the LiST to inform	Meeting minutes, policy	Part of PQI internal assessments	As internal assessmen	HMIS Officer	Quarterly	M&E Specialist/ COP	5	4	MCHIP focus districts

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 31 Sept	
for decision making/priority setting with MCHIP support	national or sub-national program planning. This may also include improved use of HMIS, community HMIS, supervision or quality assurance data for decision making.	documents, program records		ts occur						
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	0	This activity was cancelled.
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	Number of HSAs utilizing new	HSA monthly	Program Officers	Quarterly	Program Officer/	Quarterly	M&E Specialist,	240	240	All HSAs trained.

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 31 Sept	
reporting home visits using new community MNH register	community MNH register for all home visits for pregnant and postpartum mothers.	reports			GoM		Chief of Party			
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%		400 Registers being printed.
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	500,000	
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	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	1,1 million sachets procured; 600,000 distributed.

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 31 Sept	
		results, 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	1,107	Clientele in private sector increased due to stock outs in public facilities. CBDA pilot in Machinga also contributed to increase in uptake of oral contraceptives.
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	5,897	
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	1,875	
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	16,258	
Percent of 15-49 year olds using oral contraceptives	Number of 15-49 year olds using oral contraceptives	Tracking Results Continuou	National level survey using trained data	TRaC: Year 2	PSI Research Team	Year 1 and EOP	PSI/MCHIP	TBD		TRaC anticipated to begin 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 31 Sept	
accessed outside of the public	accessed outside of the public sector / Number of 15-49 year olds using any FP method accessed outside of the public sector	sly (TRaC) Survey; Measuring Access and Performance (MAP) survey	collectors from PSI	MAP: Annually						Oct/Nov.
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 Oct/Nov.
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	
Number of people	Number of people	Field	Trained data	Quarterly	PSI	Quarterly	PSI /	170,000	218,989	Does not

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 31 Sept	
reached through community outreach that promotes the treatment of Malaria according to National Guidelines.	reached with malaria treatment messages according to National Guidelines.	reports	collectors from PSI.		marketing Agency		MCHIP			include people reached through radio adverts as quantification of this IEC mechanism is being worked on. The figure is determined as an estimate.
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	259,804	
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 available	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 available	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	Field reports	Trained data collectors from PSI	Quarterly	PSI marketing Agency	Quarterly	PSI/MCHIP	TBD	138,485	Does not include people reached through radio adverts as

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 31 Sept	
	communications									quantification of this IEC mechanism is being worked on.
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.

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 31 Sept	
Number of target communities with mechanisms for supporting birth preparedness/complication readiness	Communities include Village Executive Committees which have developed mechanisms for supporting birth preparedness and complication readiness for community members Examples include community financial schemes, emergency transport systems or community education schemes	Program Records, key informant interviews	Review of program reports supplemented by informant interviews during field visits	Year 2 and EOP	Program Officer, M&E Specialist	Year 2 and EOP	M&E Specialist, Chief of Party	2,000 villages	2,132 villages	
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	506	3 Additional districts were added
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 from 8,267)		Since trainings took place in July and August, MCHIP currently compiling data for Aug onwards, to be reported next quarter.

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 31 Sept	
Number of HIV-positive pregnant women who received anti-retrovirals to reduce risk of mother-to-child-transmission	N: No. of HIV-positive pregnant women who received anti-retrovirals to reduce MTCT; ARV prophylaxis includes: (1) single dose nevirapine (SD NVP), (2) prophylactic regimens using a combination of two ARVs, (3) prophylactic regimens using a combination of three ARVs, 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.	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	2,993 (revised from 790)		As Above
Percent of HIV-positive pregnant women who received	N: Number of HIV-positive pregnant women who received	ANC register, ART	Data compiled and reviewed during	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of	80%		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 31 Sept	
antiretroviral to reduce risk of mother to child transmission.	anti-retroviral to reduce risk of mother-to-child-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.	register	supervision visits				Party			
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	ANC register, ART register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	2,993		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 31 Sept	
	tuberculosis) and provision of needed 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		As Above
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		As Above
Number of adults and children with advanced HIV	According to new guidelines, all pregnant women are	ART register	Data compiled and reviewed during	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of	2,394		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 31 Sept	
infection newly enrolled on ART	eligible for ART. MCHIP will target 80% of pregnant HIV infected women in our target sites.		supervision visits				Party			
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		As Above
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%		As Above
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		As Above
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	CPT register	Data compiled and reviewed during supervision visits	Quarterly	MCHIP	Quarterly	M&E Specialist, Chief of Party	80%		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 31 Sept	
	born to HIV positive pregnant women									
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			Data will be reported by end Dec.
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	TIMS	As trainings occur, TIMS forms completed for each participant	As trainings occur	Program Officer	Quarterly	M&E Specialist, Chief of Party	60	42	

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 31 Sept	
	international or national guidelines									
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	778	Through routine service provision.

