USAID/Malawi
FY2012 Quarterly Report

Project Name: MCHIP
Reporting Period: FY 2012- Quarter 4: July 1, 2012 – September 30, 2012
Project Duration: October 2011 – September 2013
Evaluation Dates: TBD
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Project Objectives:

Immunization

1. Successfully introduce rotavirus vaccine in October 2012, support MOH/EPI in monitoring and follow up of PCV and rota vaccines and assist with the GAVI Alliance application submission process for the measles second dose and HPV vaccines.
2. Improve the capacity of the MOH/EPI to develop skills and improve the performance of its staff in new vaccine introduction and routine immunization.
3. Strengthen the platform for new vaccines introduction by developing national immunization policy, improving routine immunization monitoring and evaluation, data quality, vaccine and cold chain management at the national, zonal, district and health facility levels.

HBB

1. **Evaluation**: Evaluate the quality, coverage, and impact of the HBB newborn resuscitation intervention at the facility level in Malawi over time.
2. **Pre-service**: Establish HBB training methodology in 13 Malawi pre-service institutions implementing ENC (MCHIP Core-funded)

Injection Safety

1. Train providers in 17 targeted facilities on injection safety/PEP standards.
2. Orient support staff in 17 targeted facilities on injection safety/PEP standards.
3. Revise integrated supervision checklists to incorporate injection safety/PEP.

VMMC

1. Support CHAM to conduct 2500 MCs by March 2013 through:
    a. Training providers and orienting support staff at Thyolo District Hospital, Malamulo Mission Hospital and Thomas Health Center
    b. Support quality assurance efforts including development and implementation of a waste management plan
    c. Strengthen M&E systems

Immunization

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
• Recruit MCHIP-Immunization staff (Finance/Admin Officer)	• Finance/Admin Officer recruited and began duties October 8, 2012
• Revise Immunization Workplan and PMP to reflect two-year implementation period	• USAID approved revised workplan and PMP, in March 2012, but additional revisions have been made • Revised workplan and PMP submitted October, 2012; awaiting final USAID approval
• Support rotavirus vaccine introduction	• Social mobilization and communication materials for Rota vaccine introduction developed. Pre-testing is already done and printing will start shortly • MCHIP participated in the development of the Rotavirus vaccine introduction field guide for health workers, developed from 9th – 13th July, 2012 • The first shipment of vaccines arrived on 23rd September, 2012
• Train health workers on rotavirus vaccine introduction	• A total of 341 district-level trainers trained in Rotavirus vaccine introduction from 2nd - 21st September, 2012; these trainings were done in all five health zones of the country
• Conduct quarterly supportive supervision	• The national integrated quarterly EPI supportive supervision was conducted from 18 – 22 June 2012, funded by MCHIP
• Support the MOH/EPI to provide feedback to the subnational level based on reports and supervision outcomes	• Feedback reports were given to all the districts
• Conduct Data Quality Self-Assessment (DQS)	• MCHIP provided external and local Technical Assistance for the DQS • MCHIP co-funded the DQS exercise from 5th – 24th August, 2012. The assessment was done in 8 districts. Key findings showed that there was over reporting for all antigens assessed, verification factor ranged from 90% – 99%. The other components of measuring quality of monitoring were also poor, e.g., evidence of data use for decision making, demographic. However, archiving

	and recording components were fair, 66% – 84%.
• Conduct PCV13 post-introduction evaluation(PIE)	• MCHIP supported the PCV13 PIE, conducted from 15th July to 3rd August, 2012 in 6 districts: Rumphi, Mzimba South, Nkhotakota, Mchinji, Chikwawa and Machinga • The findings indicated that the main weaknesses were inadequate number of health workers trained and quality of training, e.g., number of days, practicals, knowledge of H/W in calculation of basic demographic figures, inadequate manuals given to the trained staff, no EPI policy in the country. While strengths reported were good knowledge about facts of the vaccine by both health workers and caretakers, national trainings completed in time before the introduction, monitoring tools revised to include the new vaccine
• Facilitate IIP trainings	• The activity was postponed to next year to provide more time for Rota activities
• Adapt EPI field manual	• UNICEF has hired a consultant to coordinate this activity and MCHIP is contributing to the review process; the review will be finalized by the end of October 2012

II. Challenges, Solutions and Actions taken

- None

III. Lessons, Best Practices and Recommendations

- Ensure effective communication and collaboration with program partners to achieve program success.
- Increase the use of regular communication with the EPI program to enable efficient program planning; however, when the schedule changes due to EPI shifts, MCHIP must remain flexible and responsive.

- Supportive supervision at points of delivery provides an effective opportunity for on-the-job training to improve service delivery and health worker performance.
- Ensure that MCHIP activities are included in the National Immunization Programme`s annual work plan to ensure implementation of the activities since these are the ones that are prioritized.
- Ensure strong partnerships: MCHIP and CHAI provided joint support for the DQS exercise which resulted in successful DQS implementation.
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IV. Success stories

Immunization has no success stories to share with this report.

V. Management Issues

- Recruitment for Immunization Finance/Admin Officer was greatly delayed, thus there was a burden on the Immunization Advisor to complete necessary administrative tasks during trainings. In response, the HQ Program Coordinator went to Malawi to provide TA.
- Due to the currency devaluation, there was a need to adjust salaries to a new cost of living standard. The adjustment was made and revised salary offerings provided to staff in September 2012.

VI. Update of the PMP

The Performance Monitoring and Evaluation Plan (PMP) was updated in October 2012. Awaiting approval from USAID (see attached PMP). The table below summarizes progress toward key indicators.

Indicator	FY Target	FY Achievement To date	Notes
Indicator 1.1.2: Percentage of children less than 12 months of age who received PCV3	95%	113%	This data is for April to June. For quarter 4 will be available in November. Current achievement is above 100% (i.e. 113%) because children above the target were also immunized and the coverage was very high i.e. the denominator was only for the period of the two months but children of other ages of 0-11 months were vaccinated, because they were not vaccinated before as the PCV3 is a new vaccine.
Indicator1.1.4: Percentage of children less than 12 months of age who received penta3	95%	97.8%	This data is for April to June. For quarter 4 will be available in November

through USG supported programs			
Indicator 1.1.5: Number of supportive supervision visits conducted with MCHIP assistance	4	2	Not able to conduct the September visits due to Rota trainings.
1.2.1: Number of H/W trained in Rota introduction	N/A	341	No targets were set due to uncertainty in funding
2.1.1: Number of MLM modules adapted	12	0	To be done next year
2.1.2: RI field guide revised	1	0	To be done next year
2.2.1: Number of managers trained in MLM training	N/A	0	To be done next year
2.2.2: Number of health workers trained in Immunization in Practice (IIP)	N/A	0	To be done next year
3.1.1: Number of districts where Data Quality Self-Assessment (DQS) findings implemented	N/A	8	No target was set
3.1.2: Number of districts reporting negative dropout rate reduced	0	4	Still a problem in some districts
3.1.4: EVM assessment conducted	1	0	To be done next year

VI. Planned Activities for Next Quarter: October to December 2012

- Peripheral level training will be conducted from 8th – 25th October.
- Launching the nationwide introduction of Rotavirus vaccine on October 27, 2012
- Updating the EPI field manual (already started).
- Follow up on Rotavirus vaccine introduction district trainings for health workers
- Post launch follow ups with districts on the introduction of the Rotavirus vaccine
- Development of EPI policy from November 5 to 17, 2012
- Conducting EVM from November 5 to 17, 2012
- Conduct EPI comprehensive review From November 19 to December 07, 2012
- Updating the comprehensive Multi Year Plan (cMYP)
- MCHIP technical support to training of service providers
- Development of an Environmental Mitigation Management Plan

VII. Planned activities for FY 2013

- Follow up of PCV and rota introductions
- Proposal preparation and submission to GAVI for MR and HPV introductions

- Conducting capacity building activities (MLM and IIP trainings)
- Conduct rota Post Introduction Evaluation (PIE)
- Assist the replacement of thermometers with fridge tags in all EPI refrigerators

Helping Babies Breathe

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
HBB Evaluation	
• Train HBB data collectors	• 33 Data Collectors trained. All data collectors were MoH employees trained in IMNCH or HBB with extensive experience working in the maternity ward. Facilitators came from MOH Reproductive Health Unit, Jhpiego, JHSPH and AAP • 10 Data Entry Clerks trained
• Conduct HBB data collection.	• Data collection conducted in 27 districts (90 Health facilities)
HBB Pre-service (MCHIP core-funded)	
• Conduct Facility Assessments	• 13 facility assessments conducted o Ekwendeni College of Nursing (Mzimba District) o St John's College of Nursing (Mzimba District) o Mzuzu University (Mzimba District) o Nkhoma College of Nursing (Lilongwe District) o Kamuzu College of Nursing (Lilongwe and Blantyre District) o Malawi College of Health Sciences (Blantyre District) o St Lukes College of Nursing (Zomba District) o St Joseph college of Nursing (Chiradzulu District) o Malamulo College of Health Sciences (Thyolo District) o Mulanje Mission Hospital (Mulanje District) o Holy Family College of Nursing and Midiwfery (Phalombe District) o Trinity College of Nursing (Nsanje District)
• Distribute supplies to support HBB skills labs	• HBB Training supplies, NeoNatalie sets, flipcharts, learner workbooks, distributed to 13 facilities and currently being used to practice HBB resuscitation techniques.
• Train faculty from 13 pre-service institutions in HBB.	• 24 lecturers and tutors trained representing 13 pre-service institutions
•	• Reviewed and recommended changes to Nurse and Midwives syllabus to include HBB

II. Challenges, Solutions and Actions taken

- Delays with IRB approval

- There were a lot of students in maternity ward making it difficult for data collectors to observe the minimum number of deliveries. Data collectors were then moved to other facilities in order to get the minimum number of deliveries

III. Lessons, Best Practices and Recommendations

- Due to experience of student nurses at targeted health facilities, MCHIP should assess the situation on the ground and liaise with DHOs and teaching institutions to determine the best time for the second round of data collection to avoid that challenge.
- Support curriculum review in remaining colleges to ensure HBB is integrated in the ENC college curriculum for each training college to ensure sustainability.
- Scale up HBB to medical training colleges and other regulatory bodies such as medical council of Malawi are oriented.
- Monitoring and supervision should be strengthened so that colleges adhere to the small group and paired teaching methodology to ensure students acquire knowledge and necessary skills.
- Supply clinical training sites with adequate equipment and health workers trained in HBB to support the students.

V. Management Issues

- No issues to report

VI. Update of the PMP

- N/A

VI. Planned Activities for Next Quarter: October to December 2012

- The second round of data collection for the HBB Evaluation, report writing and dissemination is part of Support for Service Delivery Integration (SSDI)-Services Y2 workplan. MCHIP/HQ will continue to provide technical support, but all in-country activities are being shifted to SSDI-Services. Therefore there are no major planned activities for the next quarter.
- Cleaning HBB Evaluation data for Round 1

Voluntary Medical Male Circumcision

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
• VMMC Technical Advisor hired	• VMMC Technical Advisor hired and reported for duties in August 2012.
• Recruitment of VMMC program specialist and M&E specialist.	• Interviews for these positions were conducted. • HR processes and finalization are underway.
• Site Assessment and site strengthening	• Site assessment was done jointly with CHAM and MOH/Thyolo DHO. • Site strengthening plan developed which is being implemented jointly by both CHAM and MCHIP
• Formation of VMMC management team in Thyolo district.	• VMMC management team was formed comprising all the VMMC partners working in the district. • This management team is chaired by DHO with CHAM being the secretariat. • The first meeting was conducted on 20th September, 2012 at Thyolo DHO.
• Prepare training plan for providers and VMMC trainers.	• Training plan finalized. • The 1st VMMC training for providers is scheduled on 1st October, 2012

II. Challenges, Solutions and Actions taken

- Lack of space dedicated for VMMC activities in all three CHAM supported sites.

III. Lessons, Best Practices and Recommendations

- None to be reported

IV. Success stories

- No success stories to report to date.

V. Management Issues

- None

VI. Update of the PMP

- PMP updates will be reported in the next quarter

VI. Planned Activities for Next Quarter October - December

- Training of 35 VMMC providers and 10 VMMC trainers
- Supportive supervision to supported sites (Thyolo District hospital, Malamulo Mission Hospital and Thomas Health Centre) to monitor implementation of action plan
- Development of Waste Management Plan
- Adaptation of quality assurance tools and quality improvement

Infection Prevention (core-funded)

I. Overall Progress of the Project for the Quarter

MCHIP resources were used to support USAID/Malawi's health bilateral, Support for Service Delivery Integration - Services (SSDI-Services) injection safety and PEP interventions in Lilongwe District. Working with the MOH, MCHIP trained of all (63) service providers and all (223) support staff in injection safety and PEP standards in 3 sites: Lumbadzi Health Center, Mlale Hospital and St. Hospital.

Activities Planned	Activities Accomplished
• Train QIST members from the 3 health facilities	• 24 (10 males, 14 females) QIST members from Mlale and St. Gabriel and Lumbadzi Health center were trained in June 2012. • After the training QIST members are able to monitor conduct PQI assessment in their facilities, develop and then implement action plans to improve quality of care including IP
• Baseline Assessment at Lumbadzi, Mlale and St. Gabriel	• Baseline assessments covering the entire set of PQI standards were conducted in September. Findings were presented to all staff and the management of the facilities. The comprehensive scores varied between 26% and 50%. • Following the PQI process, QIST members facilitated development of action plans to address the findings. • SSDI-Services staff provided on site mentorship to the QIST teams on how to use the PQI tools, baseline results and planning.
• Training of service providers and support staff in IP and Injection Safety	• 63 service providers (29 males, 34 females) and 223 support staff (137 males, 86 females) trained in IP and Injection Safety • The training provided participants with the knowledge and skills needed to implement and/or improve IP principles and practices and to influence in a positive way the attitudes of the staff towards the benefits of using appropriate IP principles and practices.
• Internal Assessment at Mlale and St. Gabriel to measure progress in implementing action plan	• Mlale and St. Gabriel hospitals conducted internal assessments in August following the IP training and development of the action

	plan. Overall, the internal assessment shows improved adherence to standards as compared to baseline **St Gabriel** The hospital scored 85% compared to the baseline score at 26%. Below are some of the notable changes observed and reported from the health facility; • The Chlorine for daily use is prepared in the respective departments instead of the pharmacy and the hospital attendants know the strength of the Chlorine that they are using. • Gloves are available for all hospital staffs that are in contact with body fluids. • Mops are rinsed and dried in the sun after mopping • The hospital administration is supporting improvement of IP practices. They are in the process of procuring Hepatitis B vaccine and have committed to provide additional buckets for infection prevention. Meanwhile the departments have improvised buckets with small basins. Despite making such improvements, St Gabriel still needs to improve in two key areas: 1) sourcing IP supplies such as adequate and proper buckets for decontamination, scrub suits and gumboots for maternity staff and support staff and 2) supporting service providers to internalize IP practices like decontaminating gloves after procedures and hand washing. QIST will also need support to internalize use of assessment tools and cause analysis. **Mlale Hospital** Significant change has occurred following the implementation of the plan. The internal assessment results have improved from 50% to 88%. The facility management rapidly implemented the action plan as follows: • Management has supported the procurement

	of IP supplies and equipment e.g. PPEs and buckets. • Management has positively oriented the staff on the use of PPEs • Staff are diluting chlorine according to standard protocol • Staff demonstrate willingness to comply to IP protocols However, the health staff need to make the PQI/IP/RH standards available in the wards AND all department so that all health workers access and use them when seeing patients. Mlale hospital also needs to solve the challenge of blocked toilets within departments.
• Supportive supervision for the three health facilities	• All three facilities received supportive supervisory visits after the baseline assessment, training of service providers and support staff and after internal assessments. The visits supported implementation of action plans and monitoring progress. It also worked to improve QIST members' facilitation and assessment skills.
• Module 3 training for QIST members for Lumbadzi, Mlale and St. Gabriel	• The training provided a framework for QIST members to share their internal assessments and baseline results with facility staff and monitor action plans and addressing challenges. • A total of 23 QIST members are currently under training. After training, the participants are expected to strengthen the implementation of PQI process in infection prevention and to promote its institutionalization and sustainability of practices.

II. Challenges, Solutions and Actions taken

- None.

III. Lessons, Best Practices and Recommendations

- The following recommendations will be incorporated into SSDI-Services activities that will continue following up on the PQI and IP activities in targeted health centers.
    - Staff need to make the PQI/IP/RH standards available in the wards and all department so that all health workers access and use them when seeing patients.
    - Mlale hospital also needs to solve the challenge of blocked toilets within departments.
    - Coordinate with DHO and CHAM management teams to ensure availability of all PPE. If feasible, procure and distribute PPE.
    - Provide ongoing supportive supervision and periodic support during internal assessments until the facilities are externally assessed
    - Train providers and support staff in IP/Injection safety for Lumbadzi and conduct an internal assessment.

IV. Success stories

- No success stories to report to date.

V. Management Issues

- Note that since these activities were supporting SSDI-Services activities, the IP activities were managed by SSDI-Services staff.

VI. Update of the PMP

- None

VI. Planned Activities for Next Quarter: October – December 2012

All planned activities will be implemented under SSDI-Services.

- Procure and distribute PPE.
- Train providers and support staff in IP/Injection safety for Lumbadzi which will be followed by internal assessment.
- Provide ongoing supportive supervision and periodic support during internal assessments until the facilities are externally assessed.