

MCHIP Quarterly Report

FY2013 Q1 (October - December 2012)



Guest of Honour, Minister of Health, Malawi Vice President Rt. Hon. Khumbo Kachali, carrying a baby in a symbolic administration of the vaccine at the rotavirus launch in October 2012, Lilongwe

Project Name: MCHIP

Reporting Period: FY 2013- Quarter 1: October 1, 2012 – December 31, 2012

Project Duration: October 2011 – September 2013

Evaluation Dates: TBD

Person Responsible for Drafting this Report: David Burrows

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

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

Immunization

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
<ul style="list-style-type: none"> Subnational level rota vaccine introduction training (8th – 25th October, 2012). 	<ul style="list-style-type: none"> The trainings took place as planned. The district TOTs facilitated the trainings and more than 10,000 health workers and health surveillance assistants were trained in Rotavirus vaccine introduction countrywide
<ul style="list-style-type: none"> Launching the nationwide introduction of rotavirus vaccine in October 2012 	<ul style="list-style-type: none"> The launch for the introduction of rotavirus vaccine was held on 29th October in Ntchisi district. The function was presided over by the Minister of Health Honorable Khumbo Kachale. In attendance were Stephanie Funk, USAID Deputy Mission Director and other cooperating agencies; WHO, UNICEF, Clinton Health Access Initiative (CHAI), District Health Management Teams and managers from other units within the ministry. There was high turn out from the community (approximately 1,000 people) including a dance troop who performed. MCHIP produced a Press Release through Technet21.com and through JSI's social media channels.
<ul style="list-style-type: none"> Updating the EPI field manual 	<ul style="list-style-type: none"> UNICEF engaged a consultant to review the manual in September 2012. The consultant reviewed, revised and submitted the draft in January 2013. It is now awaiting review by the MOH/EPI and partners. MCHIP will review the draft and submit feedback in January-March 2013 quarter.
<ul style="list-style-type: none"> Follow up on rotavirus vaccine introduction district trainings for health workers 	<ul style="list-style-type: none"> From October 15 – 19, the national EPI team, comprised of members from MOH/ EPI and its partners, especially those that trained the TOTs, visited the training centers and supervised the trainings. MCHIP accompanied the team and visited two districts; Thyolo and Chiradzulu in the southern region. In each district, a number of training centres ranging from 2-4 were visited in order to observe the sessions and feedback was given to District Health Officers. During the follow up, it was

Activities Planned	Activities Accomplished
	<p>noted that Thyolo had already started the trainings and both facilitation and participation was good. While Chiradzulu had not yet received the funding and they started later in the week and there were few facilitators, as such they had only one session at a time which took them more time to complete the trainings.</p>
<ul style="list-style-type: none"> • Post launch follow-ups with districts on the introduction of the rotavirus vaccine 	<ul style="list-style-type: none"> • The rota introduction follow-up visits were done by MOH/EPI and partners; however, MCHIP did not participate due to the competing priority of developing the EPI policy, which MCHIP was involved in. From these follow-ups it was noted that most facilities had finished training of health workers, received the vaccine, there was proper administration of the vaccine to children, social mobilization activities had started and communities accepted the vaccine.



A Health Surveillance Assistant explaining the rotavirus vaccine to the Guest of Honour, Minister of Health as USAID Malawi Deputy Mission Director Stephanie Funk looks on

<ul style="list-style-type: none"> • Development of EPI policy from November 5 to 17, 2012 	<ul style="list-style-type: none"> • The 1st draft policy for EPI programme was drafted in November 2012. MCHIP provided external TA to support this process, working alongside a consultant from WHO. MCHIP sponsored the policy
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	<p>development consultative meeting with stakeholders. This one day meeting aimed at soliciting views from stakeholders on the policy direction.</p>
<ul style="list-style-type: none"> • Conducting Effective Vaccine Management, (EVM) from November 5 to 17, 2012 	<ul style="list-style-type: none"> • The EPI programme conducted an EVM assessment from 20th November to 14th December 2012. The team conducted the assessment in 11 sample districts (Nkhatabay, Mzimba South, Dowa, Lilongwe, Mchinji, Ntchisi, Blantyre, Chiradzulu, Mangochi, Nsanje and Zomba). MCHIP participated in the training of assessors and consolidation of recommendations after the assessment. The recommendations for the districts were as follows: need to improve procurement of gas and kerosene and where possible consider replacing these refrigerators with solar powered ones, repair nonfunctioning refrigerators, ensure adequate fire extinguishers and train staff on the usage, conduct refresher trainings in Multi Dose Vial Policy (MDVP) and wastage rate calculations, consider supplying two months stock of vaccines and supplies.
<ul style="list-style-type: none"> • Conduct EPI comprehensive review from November 19 to December 07, 2012 	<ul style="list-style-type: none"> • The EPI comprehensive review was conducted from 27th November to 14th December, in 14 districts (Chitipa, Rumphi, Dedza, Nkhotakota, Ntcheu, Salima, Balaka, Chikwawa, Machinga, Mwanza, Neno and Phalombe). MCHIP participated in the exercise, along with consultants provided by WHO, and MCHIP provided funding for the data entry and analysis workshop. Finalization of the report and debriefing to the ministry and partners will be done during the next

	quarter.
<ul style="list-style-type: none"> • MCHIP technical support to training of service providers (immunization in practice training) 	<ul style="list-style-type: none"> • The trainings were not conducted due to competing activities; in the reporting period there were several scheduled activities. It is currently rescheduled for 25 February to 1 March, 2013.
<ul style="list-style-type: none"> • Proposal development for the introduction of Human Papilloma virus (HPV) vaccine in three pilot districts 	<ul style="list-style-type: none"> • MCHIP and partners provided the Ministry of Health with technical assistance to develop and submit the HPV proposal to GAVI in October 2012. The proposal was approved by GAVI alliance with some clarification and activities will be starting next quarter.

II. Challenges, Solutions and Actions taken

- This limited staffing affects MCHIP’s ability to participate in all immunization activities as many happen simultaneously and MCHIP must prioritize the technical advisors effort. MCHIP will ensure that reports for these activities are accessed and support follow up activities and/or implementation of recommendations.
- During this Quarter, there were delays in some of the planned activities, such as the EPI review and EVM, which were thus pushed to the end of the year. MCHIP appreciates that the delays were due to Rota introduction which resulted in additional follow up activities which were not in the EPI program earlier on. As such, other planned activities, such as training and supportive supervisions, were not conducted. There remains an opportunity for the MOH, EPI and partners to improve upon timely implementation of planned activities.

III. Lessons, Best Practices and Recommendations

- Delays in some activities occurred during Q1, presenting an opportunity for MCHIP to support the MOH, EPI and other program partners to work more closely together to adhere to planned timelines.

IV. Success Stories

MCHIP has no success stories to report during this Quarter

V. Management Issues

- MCHIP played an active role in the Comprehensive Multi Year Plan (cMYP) planning workshop in Johannesburg, South Africa from 12th – 18th November. During this meeting, the situation analysis, objectives, strategies and milestone components of the cMYP were updated. However, the work was not finalized due to time limitations and missing data. Current plans are to complete the work from 21-25 January 2013 in Lilongwe; MCHIP will support this process.
- As a requirement from USAID Malawi Mission, MCHIP developed EMMP which was approved by the Mission in December 2012.
- During Q1, MCHIP HQ technical assistance was provided by Jenny Sequeira, Regional Technical Advisor, who provided on-the-job mentoring to the MCHIP Malawi staff on internal and external communication. A draft communication flow-chart was developed and circulated to more clearly articulate flow of communication.

VI. Update of the PMP

The table below summarizes progress toward key indicators.

Indicator	FY Target	FY Achievement To date	Notes
Indicator 1.1.1: Number of new vaccines introduced	1	1	The country had planned to introduce Rotavirus vaccine and this was successfully introduced in October, 2012
Indicator 1.1.2: Percentage of children less than 12 months of age who received PCV3	95%	95.6%	
Indicator 1.1.3: Percentage of children less than 12 months of age who received first dose of Rotavirus vaccine	94%	-	The vaccine was launched on October 29, 2012 and no coverage data reported. This will be reported next quarter.
Indicator 1.1.4: Percentage of children less than 12 months of age who received penta3 through USG supported programs	95%	95.6%	
Indicator 1.1.5: Number of supportive supervision visits conducted with MCHIP assistance	4	0	Not able to conduct the September visits due to preparations for rota introduction and reviews i.e. EVM and comprehensive review.
1.1.6: Number of health workers trained in Rotavirus	10,000	>10,000	Actual report not compiled by MOH/EPI

vaccine introduction			
Indicator 1.9 Number of EPI management tools revised/developed	4	0	All scheduled for next quarter
2.1.2: Routine Immunization field guide revised	1	1	The field guide was reviewed by a consultant but needs to be reviewed and finalized next quarter
3.1.2: Number of districts reporting negative dropout rate reduced	0	1	Only one district (Karonga) reported negative drop-out rate.
3.1.4: EVM assessment conducted	1	1	

VII. Planned Activities for Next Quarter: January to March 2013

- Finalization of EPI field manual
- Finalization of EPI cMYP/2013 and Plan of Action
- Report writing for comprehensive review
- Finalization of EPI policy
- Conducting IIP training
- Conducting supportive supervision
- Start HPV activities in pilot districts of Zomba and Rumphi

Helping Babies Breathe

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
HBB Evaluation	
<ul style="list-style-type: none"> Cleaning of HBB Evaluation data for Round One 	<ul style="list-style-type: none"> Data cleaning for Round One is ongoing and will be completed by mid-February. This mainly involves gaps and outlier analysis, and verification of codes used.
<ul style="list-style-type: none"> Drafting report for the HBB qualitative data 	<ul style="list-style-type: none"> Analysis of HBB Qualitative Data was finalized and preparation of the report is currently in progress and expected to be out by the end of the quarter. The report will be shared among the project staff. Sharing of results with MoH and stakeholders will be done after results of the second round are ready and the evaluation is completed.
HBB Pre-service (MCHIP core-funded)	
<ul style="list-style-type: none"> No pre-service HBB activity was conducted during this quarter. The budget for the HBB pre-service was only for the period July to September 2012. 	.

II. Planned Activities for Next Quarter: January to March 2013

- MCHIP/HQ will continue to provide technical support to the HBB Evaluation, but all field (in-country activities) are being implemented under SSDI-Services. Therefore there are no major planned activities for the next quarter.
- Data analysis for Round 1 data. Analyzed data will be systematically included in Tables ready for inclusion in a report. The evaluation report will be drafted in the quarter and is expected to be out by the end of the quarter.
- HBB Malawi country team will also be making necessary preparatory arrangements for round 2 of data collection, including identification of data collectors and sites. Collection of second round of data is slated for August 2013 instead of April 2013 as earlier documented due to delays in procurement of essential HBB equipment making it difficult for providers to use HBB skills after training. The rescheduling of second round of data collection will give sufficient time for HBB team to address the equipment and supply gaps to allow the HBB intervention to have an effect. It is anticipated that the HBB equipment will be distributed by end of June 2013.

Voluntary Medical Male Circumcision

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
<ul style="list-style-type: none"> • Training of 35 VMMC providers (from Thyolo District Hospital and Malamulo Mission hospital) 	<ul style="list-style-type: none"> • 22 VMMC service providers trained. Most of the providers to be trained are from Thyolo DH and it is challenging to release a big number of the providers to attend the trainings as other services will be “paralyzed”. The remaining providers will be trained in the next quarter. • These providers have been providing VMMC services in Thyolo at both static and outreach sites.
<ul style="list-style-type: none"> • Training of 10 VMMC trainers through Clinical Training Skills (CTS) 	<ul style="list-style-type: none"> • 10 VMMC trainers were trained to add into a national pool of VMMC trainers. • Four of these trainers were from the target district (Thyolo). • All these trainers contributed to the training of new VMMC providers trained in this quarter.
<ul style="list-style-type: none"> • Supportive supervision to supported sites (Thyolo District hospital, Malamulo Mission Hospital and Thomas Health Centre) to monitor implementation of action plan 	<ul style="list-style-type: none"> • Supervision visits done to Thyolo District Hospital VMMC Site only as the other two sites are not operational due to the delays of site strengthening activities by CHAM. This has been reported to USAID/Malawi and MCHIP is awaiting feedback. • Two supervision visits were conducted to support areas of clinical set up, post training follow up, coaching and planning for the outreach service. MCHIP provided guidance in strategizing the outreach services, including where to conduct the services, expectations from the services, and needs during the services were outlined.
<ul style="list-style-type: none"> • Supporting outreach services 	<ul style="list-style-type: none"> • Following MCHIP’s visit, the facilities conducted outreach services during Christmas holidays in 2012 • Outreach services conducted during the Christmas holidays to cover two sites (Kwethemule and Njale) where 230 males were circumcised within a period of 9 days.
<ul style="list-style-type: none"> • Development of Waste Management Plan (WMP) 	<ul style="list-style-type: none"> • This is ongoing. The WMP is being developed in coordination with Thyolo

Activities Planned	Activities Accomplished
	District Hospital VMMC Team and it is expected to be finalized in Quarter 2.
<ul style="list-style-type: none"> Adaptation of quality assurance tools and quality improvement 	<ul style="list-style-type: none"> MCHIP continued adaptation of the WHO Quality Assurance tools to develop VMMC Performance & Quality Improvement (PQI) Standards. Plans are underway to incorporate these VMMC PQI standards in the National VMMC Quality Assurance activities.

II. Challenges, Solutions and Actions taken

- The outreach services coincided with the period when subsidized fertilizer was being sold to farm owners in Thyolo, therefore uptake of VMMC during the outreach services was not optimal as men were diverted towards the fertilizer sales. The outreach was also affected by the festive season activities in some areas and heavy rains in some days. The activity required a comprehensive community mobilization to include drama group and focused mobilization meetings which involve women and adult men. During this time around, only local public announcement was used. All these challenges will inform the future plans for the subsequent outreach services so as to maximize efforts to reach more men with VMMC Services.

III. Lessons, Best Practices and Recommendations

- The Thyolo District Hospital VMMC team is showing motivation to increase coverage and availability of VMMC services throughout the districts as indicated by their request to support outreach service during Christmas holidays. The team were willing to ‘give up’ holidays for MC Service provision. It is very commendable spirit which might be imparted to other teams.

- The Thyolo DHO's support for VMMC services has helped a lot to facilitate implementation of VMMC service in the district. This was depicted during the visit of HPN team leader in December where Dr. Andrew Likaka (Thyolo DHO) reiterated his commitment to support VMMC outreach service by allowing team of MC providers to participate in outreach services on monthly basis. He also promised to release one district's vehicle to be used during the Christmas' outreach services.

IV. Success Stories

- MCHIP has no success stories to report during this Quarter

V. Management Issues

- During the quarter, the VMMC M&E Specialist and VMMC Program Specialist were recruited. The M&E Specialist assumed position in November 2012, while the Program Specialist is expected to come on board in January 2013.

VI. Update of the PMP

- The table below summarizes progress toward key indicators.

Indicator	FY Target	FY Achievement To date	Notes
1. Number of health workers trained in VMMC	35	22	62.9% towards FY target
1b. Number of health workers trained in VMMC	10	10	100% achieved (Training of Trainers)
2. Number of Males circumcised as part of a minimum package of MC for HIV prevention services	2500	560	22.4% achieved in the quarter.
3. Number of Adverse events during the procedure	<2%	5 (0.9%)	
4. Number of Adverse events within 48 hours	<2%	8 (1.4%)	
5. Number of Adverse events within 7 days	<2%	0	
6. Number of clients returned at 48 hours post op	N/A	107 (19%)	
7. Number of clients returned at 1 week post op	N/A	0	
8. Number of health facilities with waste management plan	3	0	
9. Number of facilities reporting complete monthly/quarterly VMMC data	3	1	Two facilities will start reporting in Quarter 2 (Jan – Mar 2013).

VII. Planned Activities for Next Quarter January – March 2013

- Training of 17 service providers in VMMC service provision
- Conduct 2000 male circumcisions using different service delivery models such as static, outreach and campaign.
- Conduct supportive supervisions to the district and health facilities
- Develop VMMC database in DHIS2
- Standardize quality assurance tools and processes using SBM-R/PQI approach
- Conduct 3 VMMC QA visit at both static and outreach sites using the recently adopted PQI standards.
- Conduct 6 two – week VMMC outreach services
- Conduct 3 focused community mobilization meetings focusing women and tea estates owners
- Conduct Program Implementation Review Meeting
- Finalize the Development of waste management plan

Infection Prevention (core-funded)

I. Overall Progress of the Project for the Quarter

MCHIP resources were used to compliment 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 63 service providers and all 223 support staff in injection safety and PEP standards in three sites: Lumbadzi Health Center, Mlale Hospital and St. Gabriel Hospital. These three facilities were not target sites for SSDI-Services in Year 1 and realizing the crucial role of injection safety, MCHIP and DHO Lilongwe identified these sites for MCHIP support.

Activities Planned	Activities Accomplished
<ul style="list-style-type: none"> Procure and distribute PPE. 	<ul style="list-style-type: none"> Procurement actions were initiated in November. Procurements will be finalized and items distributed in Quarter 2 (Jan – Mar. 2013).
<ul style="list-style-type: none"> Train providers and support staff in IP/Injection safety for Lumbadzi which will be followed by internal assessment. 	<ul style="list-style-type: none"> A total 40 support staff (27 females and 13 males) were trained in December. Twelve service providers will be trained by the end of January 2013. The training for service providers has been delayed since the targeted facilities are understaffed and cannot release providers to participate in training sessions. Since MCHIP funds will no longer be available for this training SSDI- Services funds will be used to train the remainder.
<ul style="list-style-type: none"> Provide ongoing supportive supervision and periodic support during internal assessments until the facilities are externally assessed 	<ul style="list-style-type: none"> All the three sites were supervised during the reporting period. Marked improvement in IP practices has been observed at St. Gabriel and Mlale Hospital. The management of the two hospitals is supportive and has managed to purchase some Infection Prevention supplies and equipment such as buckets, pedal bins and Personal Protective Equipment (PPEs) i.e. heavy duty gloves, goggles, heavy duty aprons, gumboots etc. Lumbadzi hospital is moving slowly due to financial problems (the DHO is unable to procure resources for IPC practices). Continuous shortage of IP resources is affecting implementation and adherence to the newly acquired skills. Currently Mlale and St Gabriel hospitals

Activities Planned	Activities Accomplished
	<p>have had their first internal assessments (88% and 86.6% respectively in September 2012). Following the first internal assessments the QIST from the 2 health facilities were trained in Module 3 in October 2012. The results of the assessment were discussed during the training. It was noted that St Gabriel's assessment was not objective. After the training the hospital repeated the assessment in November 2012 and the score was 65%. This repeated assessment was more objective and depicts realities on the ground on adherence to the injection safety/ infection prevention and control standards.</p> <ul style="list-style-type: none"> • Mlale has planned for a benchmarking/learning visit to one of the centers of excellence in PQI/IP in January to Dowa District Hospital. The visit will be supported by the hospital Management. Lessons learnt from the visit will be replicated at Mlale and a subsequent assessment will be done.
<ul style="list-style-type: none"> • Stakeholders meeting for QIST teams from Lumbadzi, Mlale and St. Gabriels. 	<ul style="list-style-type: none"> • During the meeting facilities were able to share progress to date, challenges and how they are overcoming them. The representatives shared challenges and strategies to address them. Mlale Hospital worked with the community to assist patients/clients to manage use of flush toilets appropriately. Before the IP initiatives there was frequent blockage of the toilets because patients and guardians were using things like maize cobs and stones. The community and hospital agreed to subsidize the cost of the toilet tissue into the general hospital admission costs to address this gap. • All facilities have done baseline assessments. Both Mlale and St. Gabriel did 1st internal assessment. Only St. Gabriel has done 2nd internal assessment. Tremendous improvement has been seen in practices by both Mlale and St. Gabriel though they have

Activities Planned	Activities Accomplished
	<p>some resource constraints. Lumbadzi is moving at a snail's pace primarily because they lack most of the basic equipment and supplies.</p> <ul style="list-style-type: none"> • During her closing remarks the Zonal Nursing officer emphasized to the participants the importance of adhering to IPC to ensure a safe environment for staff, patients and the community. She indicated that despite challenges, it is possible to control infections with limited resources and innovation. She acknowledged MCHIP support, Management commitment, community participation, staff commitment and SSDI-Services for the commitment and support in promoting IP practices. She is hopeful that the facilities will in the next quarter be recognized as centers of excellence in IP.

Before	After
 <p>Mlale hospital consultation room with no hand washing facility</p>	 <p>Mlale hospital consultation room with hand washing facility (red bucket and green basin at far corner)</p>

<i>Before</i>	<i>After</i>
 <p data-bbox="199 737 716 793">Bamboo laundry collection baskets at Mlale Hospital</p>	 <p data-bbox="846 737 1365 793">Plastic bucket for collecting laundry at Mlale Hospital</p>

II. Challenges, Solutions and Actions taken

- Lack of IP/Injection safety resources especially at Lumbadzi Health Centre has been a challenge. MCHIP funds will be used to provide start up resources such as PPEs (goggles, aprons and gumboots), plastic buckets, surgical gloves, heavy duty aprons and gloves etc. SSDI-Services will work with DHO to prioritize replenishing of supplies to sustain IP practices at the facility.

III. Lessons, Best Practices and Recommendations

- Management commitment and support is very critical in institutionalization of IPC practices. This has been evidenced by the progress Mlale hospital has achieved in short period of time.
- Community involvement can facilitate change. Mlale was able solve some of the challenges after involving the community.
 - Scarcity of IP resources including cleaning materials in the health facilities impact on the provider's ability to change behavior or adapt new practices as it affects their ability to translate the theory into practice. People tend to forget what they have learnt during the training. It is therefore recommended that during the district implementation planning process there is need to consider resources for purchasing essential IP supplies

- Supportive supervision and feedback on performance motivated staff to sustain adapted behaviors. SSDI-Services will continue supervising the facilities.

IV. Success Stories

Improved Infection Prevention by Engagement of Communities, Health Workers and Management at Mlale Community Hospital

Reports by health workers and findings of initial assessments identified the following key challenges contributing to existing risk of infection in most of the health facilities in Malawi. These included: lack of training or orientation of health workers, support staff, management and communities on Infection Prevention (IP); poor or lack of dissemination of IP standards and lack of materials for hygiene, cleaning and waste disposals.

With funding from USAID, MCHIP has been collaborating with Malawi Ministry of Health (MOH) to implement a performance and quality improvement (PQI) initiative in infection prevention (IP) aimed to improve infection prevention practices in health facilities, in order to reduce the risk of infection transmission to clients, providers, and the community.

One of the facilities that has been supported in this initiative is Mlale Community Hospital in Lilongwe District in the Central Region of Malawi. Before the initiative, the facility reported inadequate unavailability of resources and supplies for IP such as buckets, brooms, brushes, mops, detergents and gloves; and there was frequent blockage of the toilets as patients and guardians were using items such as maize cobs and stones when using the toilets. This was due to lack of awareness of the patients and community members on using water toilets as no initiative was made to familiarize the patients and the guardians with the toilets.

In response, MCHIP collaborated with the DHO and Mlale Health Center authorities to conduct supportive supervision and assessments and engage stakeholders through the Quality Improvement Support Team (QIST) teams consisting of health workers, support, management and community members. Through this engagement, the management of the Mlale Hospital managed to purchase some IP supplies. With regard to the problem of toilet blockage, the facility engaged the community on how to use the toilets and the hospital management agreed to subsidize the cost of toilet paper into the hospital admission costs. These collaborated initiatives have tremendously improved the situation at Mlale with the service rooms, wards and the ground manifestly clean and no more blockages of toilets!

V. Management Issues

- Note that since these activities were complimenting SSDI-Services activities, the IP activities were managed by SSDI-Services staff at the district level.

VI. Update of the PMP

- None

VII. Planned Activities for Next Quarter: January – March 2013

- This MCHIP Core funding has been exhausted so no MCHIP-funded IP activities are planned except the distribution of the PPE and IP supplies being procured.