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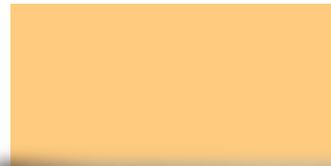


*An excited client during VMMC campaign at Thyolo District Hospital*



## MCHIP Quarterly Report

FY2013 Q2 (January – March 2013)



*A circumcision surgery room at Thyolo District Hospital*



*Young and adult men queuing for circumcision in Thyolo*

**USAID/Malawi  
FY2013 Quarterly Report**

<b>Project Name:</b> MCHIP
<b>Reporting Period:</b> FY 2013 – Quarter 2 : January 1, 2013 – March 31, 2013
<b>Project Duration:</b> October 2011 – September 2013
<b>Evaluation Dates:</b> TBD
<b>Person Responsible for Drafting this Report:</b> David Burrows and Lolade Oseni
<b>Project Objectives:</b>  <b>Immunization</b> <ol style="list-style-type: none"><li>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.</li><li>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.</li><li>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.</li></ol> <b>HBB</b> <ol style="list-style-type: none"><li>1. <b>Evaluation:</b> Evaluate the quality, coverage, and impact of the HBB newborn resuscitation intervention at the facility level in Malawi over time.</li><li>2. <b>Pre-service:</b> Establish HBB training methodology in 13 Malawi pre-service institutions implementing ENC (MCHIP core-funded)</li></ol> <b>VMMC</b> <ol style="list-style-type: none"><li>1. Support CHAM to conduct 2500 MCs by March 2013 through:<ol style="list-style-type: none"><li>a. Training providers and orienting support staff at Thyolo District Hospital, Malamulo Mission Hospital and Thomas Health Center</li><li>b. Support quality assurance efforts including development and implementation of a waste management plan</li><li>c. Strengthen M&amp;E systems</li></ol></li></ol>

## Immunization

### I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
Finalize EPI field manual	MCHIP provided technical support to finalize the manual which was completed on the 10 <sup>th</sup> and 11 <sup>th</sup> of January, 2013. The document will be pre-tested next quarter to ensure for its efficacy. The finalized EPI field manual will provide guidance to Malawi program partners working on immunization.
Finalize EPI comprehensive multi-year plan (cMYP) and 2013 annual Plan of Action	MCHIP assisted in finalizing the cMYP in South Africa (14 <sup>th</sup> – 18 <sup>th</sup> January, 2013) and the 2013 Plan of Action, completed in-country in collaboration with MCHIP program partners and the MOH. The Plan of Action and cMYP will enable MCHIP to reprioritize activities in line with the national plan and input from additional partners and the MOH.
Finalize EPI policy document	The EPI policy was drafted in November 2012 with external technical support from MCHIP. Finalization of the EPI policy was postponed to next quarter due to other competing activities. Moving this review to next quarter enables MCHIP to focus on other activities during this quarter. However, MCHIP will follow-up to support getting this on the agenda next quarter.
Conduct Immunization In Practice (IIP) training	MCHIP funded the Immunization in Practice (IIP) Trainers of Trainers (TOT) session from 24 <sup>th</sup> February to 1 <sup>st</sup> March, 2013. A total of 88 TOTs were trained. There were three participants from each district and 35 were females. These TOTs will build a strong foundation to support the district-based trainings which will be done in the coming months.
Conducting supportive supervision	The programme was unable to carry out the supervision for this quarter due to other priority activities.
Revision of immunization recording, reporting and monitoring materials	MCHIP participated in the revision of the following materials: <ul style="list-style-type: none"> <li>- Under one register</li> <li>- Child health passport</li> <li>- Monthly reporting forms for performance and vaccine stocks</li> <li>- Immunization tally sheets</li> <li>- Temperature monitoring charts</li> <li>- Health facility stock book</li> </ul>

Activities Planned	Activities Accomplished
	<ul style="list-style-type: none"> <li>- Vaccine Arrival Report</li> </ul> <p>The revisions were done in order to include newly introduced vaccines and strategies, allow for tracking of defaulters, allow proper monitoring of stocks, provide more information on temperature monitoring and provide more information on vaccines which are provided to health facilities.</p>
Annual EPI review meetings	<p>MCHIP attended the WHO-funded north zone annual review meeting on immunization, providing the opportunity to understand key challenges Malawi's immunization portfolio faces. It was noted that the region is having problem with kerosene-operated refrigerators since kerosene is not readily available in the country. This has resulted in cancellation of more than 10% of the planned sessions, which affected the immunization coverage: for example, in Mzimba South district, coverage for Penta 3 was 101% in the first quarter of 2011, but declined to 83% in first quarter of 2012 and currently, this year's January/February data records just 70%. However, for most districts, the coverage is still above the 80% target, although the trend is declining. This presents an opportunity for districts to think through alternative methods, for example, using cold box for storage or collaborating with nearby health facilities to store vaccines.</p>
<ul style="list-style-type: none"> <li>• EMMP</li> </ul>	<p>MCHIP attended the March 2013 USAID workshop on Environmental Compliance. The meeting emphasized the development of EMMP and its implementation, monitoring and reporting on EMMP indicators and updated USAID program partners on how to use the EMMP as a monitoring tool. Participating in this workshop helped MCHIP to better understand how to incorporate EMMP indicators into MCHIP reporting which MCHIP aims to do during Quarter 3.</p>
Improve capacity of MOH/EPI	<p>MCHIP attended the East and Southern Africa EPI managers meeting in Harare in March. All countries in East and South Africa (ESA) region attended the meeting. This provided a forum for learning and sharing experiences in immunization.</p> <ul style="list-style-type: none"> <li>• After the ESA EPI manager's meeting, MCHIP Technical Officers Hannah Hausi and Asnakew participated in a field study in Manicaland province, Zimbabwe. The field study provided the opportunity to observe how Reaching Every</li> </ul>

Activities Planned	Activities Accomplished
	District (RED) is being implemented in Zimbabwe. The lessons learnt from there included the training of health workers in RED in terms of training materials and duration, microplanning in health facilities, use of data, defaulter tracing, community engagement and supervision of REC implementation.

**II. Challenges, Solutions and Actions taken**

- Finalization of the EPI policy document and supportive supervision visits have been postponed to next quarter.

**III. Lessons, Best Practices and Recommendations**

- MCHIP has none to share during this quarter

**IV. Success stories**

- MCHIP has none to share during this quarter

**V. Management Issues**

- The current MCHIP implementation activity plan needed to be revised to take into account the priorities established from the cMYP and Plan of Action, both of which were drafted during Quarter 2. Thus, MCHIP headquarter-based Senior Program Officer supported in-country staff to re-develop MCHIP’s key priority activities from the workplan to be in synch with the cMYP and Plan of Action.

## VI. Update of the PMP

The table below summarizes progress toward key indicators.

Indicator	FY 2013 Target	FY 2013 Achievement to date	Notes
<i>Indicator 1.1.1:</i> Number of new vaccines introduced	2	1	Rota was introduced in October. The country is undecided on whether to introduce measles second dose or measles rubella.
<i>Indicator 1.1.2:</i> Percentage of children less than 12 months of age who received PCV3	95%	89%	This coverage is only for January and February, 2013. March data is yet to be consolidated.
<i>Indicator 1.1.3:</i> Percentage of children less than 12 months of age who received first dose of Rotavirus vaccine	94%	84%	This coverage is only for January and February, 2013. March data is yet to be consolidated.
<i>Indicator 1.1.4:</i> Percentage of children less than 12 months of age who received penta3 through USG supported programs	95%	87%	This coverage is only for January and February, 2013. March data is yet to be consolidated.
<i>Indicator 1.1.5:</i> Number of supportive supervision visits conducted with MCHIP assistance	4	0	Supervision was not completed by MOH/EPI and partners. During the 2nd Quarter (January – March 2013) there were too many activities and the team was unable to conduct the planned supervision. Supervision has been planned for Quarter 3.
<i>Indicator 1.1.6:</i> Post Introduction Evaluation conducted	2	1	PCV PIE was conducted and Rota PIE will be completed by next quarter.
<i>Indicator 1.1.8:</i> Percentage of children less than 12 months of age who received Measles vaccine	95%	90%	This coverage is only for January and February, 2013. March data is yet to be consolidated.
<i>Indicator 1.9</i> Number of EPI management tools revised/developed	9	9	The tools have been revised and ready for printing. MCHIP estimates printing will be done during the 3rd Quarter.
<i>Indicator 2.2.3</i> Number of health workers trained as IIP TOTs	88	88	Target accomplished
<i>Indicator 2.1.2:</i> Routine Immunization field guide revised	1	1	Activity accomplished
<i>Indicator 3.1.2:</i> Number of districts reporting negative dropout rate	0	5	This coverage is only for January and February, 2013. March data is yet to be consolidated.
<i>Indicator 3.1.4:</i> EVM assessment conducted	1	1	This activity was implemented during the first quarter
<i>Indicator 3.1.5:</i> EVM improvement plan developed	1	1	

Note: The achievements are cumulative for the year.

## VII. Planned Activities for Next Quarter: April to June, 2013

- Conduct MLM training: zonal and district managers will be trained on immunization mid-level management modules
- Conduct REC training: Reaching Every Community approach; training will be conducted targeting district and health facility staff.
- Conduct supportive supervision

- Develop immunization M&E framework
- Conduct DQS in the remaining districts
- Conduct TNA
- Conduct Rotavirus vaccine PIE
- Finalize EPI policy
- Conduct district trainings on immunization in practice

## Helping Babies Breathe

### I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
In close collaboration with SSDI-Services, MCHIP/HQ will provide technical support to the HBB Evaluation.	MCHIP HQ provided ongoing support during the data cleaning and ongoing analysis of the first round of data collection. MCHIP.
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.	Data analysis in progress. The preliminary tables emanating from the quantitative data analysis of round-one HBB evaluation have been generated and currently under review. Report tables will be finalized next quarter. The qualitative data analysis was also finalized and review of draft report is currently underway. A consolidated HBB evaluation- part 1 report including the quantitative and qualitative data analyses findings has been drafted and will be finalized next quarter.
Conduct review of process for integrating HBB learning materials into pre-service institutions	Review completed. Meetings held with Nurses and Midwives council, MOH, RHU and SSDI. Selected training institutions were visited and selected students interviewed. Report is pending.

### II. Planned Activities for Next Quarter: April to June 2013

- Finalize the preliminary HBB Evaluation –Round One report, and commence preparation for Round-2 data collection. Complete report on process of integrating HBB learning materials into pre-service institutions.

## Voluntary Medical Male Circumcision

### I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
Conduct 2000 male circumcisions using different service delivery models such as static, outreach and campaign.	<ul style="list-style-type: none"> <li>• The total of 3,190 male circumcisions conducted in this quarter through routine, outreach and mini –campaign service delivery models.</li> <li>• Eighty nine percent (2,833) of these circumcisions were contributed by mini – campaign which started in the last two weeks of March and ended in the first week of April (18<sup>th</sup> March – 5<sup>th</sup> April). See Thyolo Campaign Summary and Success Story below for additional details.</li> <li>• The remaining 11% was contributed by Thyolo district hospital’s fixed services and one outreach sites.</li> </ul>
Training of 18 service providers in VMMC service provision	<ul style="list-style-type: none"> <li>• 18 service providers trained in VMMC service provision bringing the total to 40 providers being trained by MCHIP support since October, 2012.</li> <li>• There are additional 4 providers (nurses and clinicians) who joined Thyolo DHO. MCHIP will train these providers in the next quarter together with 8 Malamulo college instructors</li> <li>• All these providers will be part of the districts pool of providers who will be offering VMMC services at fixed and outreach sites as well as during campaigns.</li> </ul>
Conduct supportive supervisions to the district and health facilities	<ul style="list-style-type: none"> <li>• Supportive supervision was conducted to Thyolo District Hospital alongside monitoring, data verification and QA.</li> <li>• The major findings during the supervision include faulted incinerator due to damaged valve which resulted into wastage of fuel used during incineration process. The report was shared with DHO promised to fix the damages.</li> <li>• The other major finding was on incorrect data entry into the registers where some information was not properly transferred from the client cards to the registers. This misnomer was discussed by VMMC coordinator and correction was done onsite.</li> </ul>
Develop VMMC database in DHIS2	<ul style="list-style-type: none"> <li>• Database finalized but data entry into DHIS2 yet to begin. Retrospective data entry in DHIS2 planned to begin in in April 2013. The database might be reviewed again following changes to national data tools that are currently being finalized.</li> </ul>

Activities Planned	Activities Accomplished
Standardize quality assurance tools and processes using SBM-R/PQI approach	<ul style="list-style-type: none"> <li>The quality assurance tools for VMMC services are not yet standardized. This activity has been postponed to the next quarter to allow for the MoH HIV unit time to obtain inputs from other partners so as to have a collaborative approach before making the national tools to be used by all VMMC partners.</li> </ul>
Conduct 3 VMMC QA visit at both static and outreach sites using the recently adopted PQI standards.	<ul style="list-style-type: none"> <li>Conducted one QA at Thyolo District Hospital and another one conducted during Campaign at Thyolo District Hospital, Malamulo Hospital, and two outreach sites, Nkusa and Ntambanyama Community Based Organizations (CBOs).</li> <li>Gaps which needed the management intervention (such as buying fuel for incinerator) were shared with the VMMC coordinator and Thyolo DHO which acted promptly.</li> <li>Challenges pertaining to providers' adherence to Infection Prevention standards were addressed on site and follow up was made to make sure that providers abide to the set of standards. E.g. most providers were not dipping soiled gloves in 0.5% chlorine solution. After follow up, they abided to this standard.</li> </ul>
Conduct 6 two – week VMMC outreach services	<ul style="list-style-type: none"> <li>This activity was not accomplished (by MCHIP) in this quarter due to competing priorities in the same district (CHAM implemented the same activity using the same providers from Thyolo using other funding sources).</li> <li>MCHIP dedicated resources for these activities to plan and prepare the VMMC mini-campaign conducted in March.</li> <li>These VMMC outreach services will be provided in the next quarter to focus in the areas where there is a high demand following the just ended mini – campaign.</li> </ul>
Conduct 3 focused community mobilization meetings targeting women and tea estates owners	<ul style="list-style-type: none"> <li>One community mobilization meeting held (in collaboration with BRIDGE II) with tea estate managers during the mini-campaign preparatory period. This resulted in mobilization and high turn of tea estate workers coming forward for VMMC services. Engaging women resulted in the women encouraging their spouses to seek the services during the campaign, an aspect of couple joint decision making.</li> <li>Despite the fact that the campaign was conducted during the plucking season, estate managers</li> </ul>

Activities Planned	Activities Accomplished
	mobilized workers to come forward for circumcisions. Fifty tea estate workers were circumcised during the campaign at Thyolo district hospital
Conduct Program Implementation Review Meeting	<ul style="list-style-type: none"> <li>• One program review meeting at district level held</li> <li>• The major outcome of the meeting was the use of different approaches to reach men and adolescents with VMMC services including campaigns and secondary school's motivation talks through district education office.</li> <li>•</li> </ul>
Finalize the Development of waste management plan	<ul style="list-style-type: none"> <li>• Site specific waste management plan was developed for Malamulo and Thyolo District hospital.</li> <li>• Following this, the district QA team will consolidate the site specific waste management plan with waste management plans for non – hospital settings (e.g. CBOs) and outreach sites which are used during the campaigns and routine outreach services.</li> <li>• The final plan will be shared with MoH QA team for review and comments before sharing to all the partners. In the next of this quarter, the plan will be ready to be shared with other VMMC partners.</li> <li>• The development of waste management plan for third facility (Thomas health Centre) is currently under way.</li> </ul>

### **Thyolo Mini VMMC Campaign:**

MCHIP supported the MOH to organize and implement a three-week VMMC campaign in Thyolo District from 18<sup>th</sup> March to 5<sup>th</sup> April 2013. The campaign planned to offer continuous VMMC services in two fixed sites, Thyolo District Hospital, Malamulo Mission Hospital. In order to cover a larger area within the district and where no/limited VMMC services have been conducted, two community based organizations (CBOs) were used as outreach sites during this campaign. Using a target of 50 MCs per day, MCHIP set a target of 1,500 for the entire campaign period.

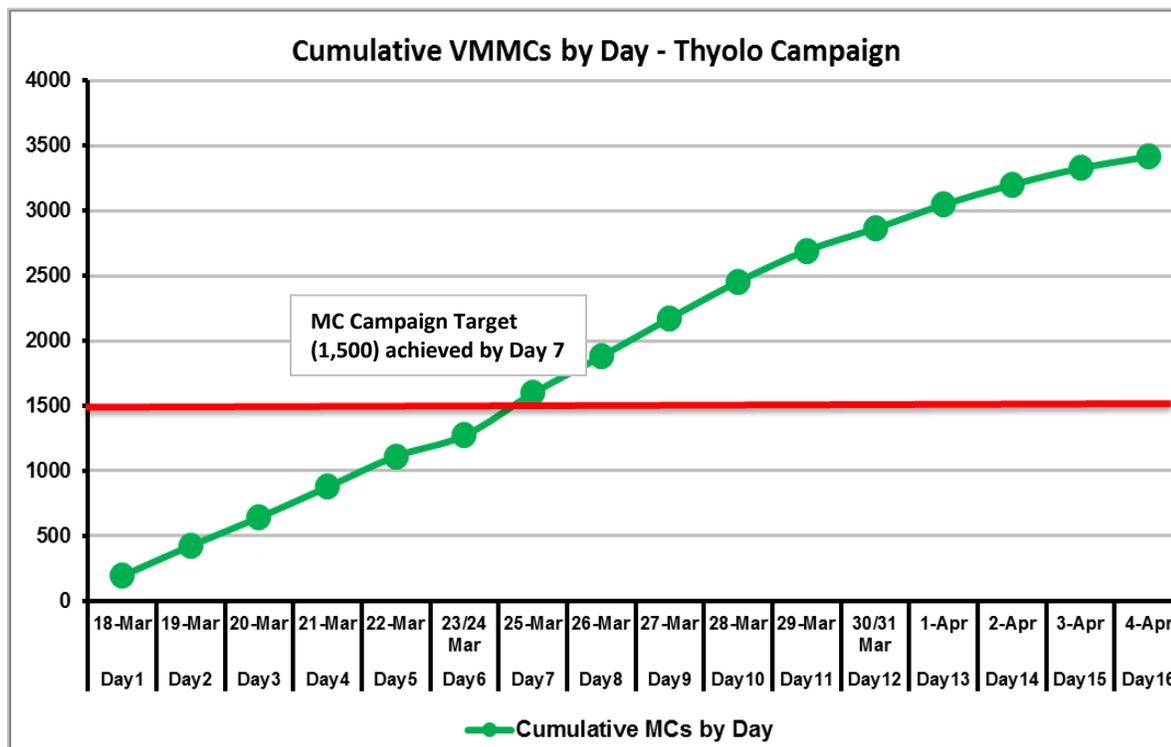
In collaboration with the Thyolo VMMC Coordinator and District Health Officer, MCHIP identified the human resources needed to form VMMC teams to serve at each service delivery site. Lead circumcisers were chosen from the pool of trained providers already established by MCHIP. The teams received an orientation prior to the commencement of services.

MCHIP collaborated with the MOH and other stakeholders to initiate demand creation activities to ensure clients sought services during the campaign period. Demand creation activities started two weeks prior to the campaign period and continued through the first week of the campaign. Demand creation efforts were modest, relying on the use of Thyolo District Hospital's Health Information and Education team's PA system.

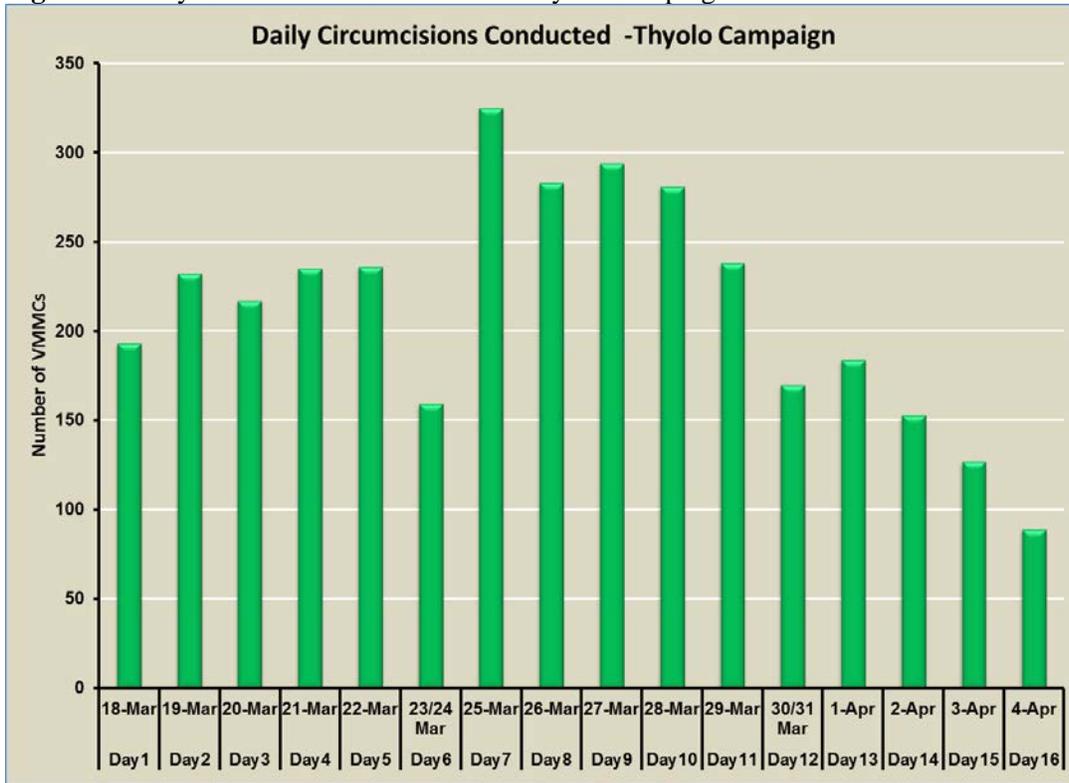
MCHIP conducted regular quality assurance checks, including adverse event monitoring and documentation, at each service delivery sites that. MOH-approved data collection tools (including clients record forms and VMMC register (electronic version) were used for documentation at the campaign sites, and daily data entry and minor analysis was performed to continuously inform the campaign organizers on achievements and allow for any adjustments in implementation.

The Thyolo Campaign conducted 2,833, 89% of targets for just 12 days (18 – 30<sup>th</sup> March. The campaign however spanned through April 5<sup>th</sup> (upon demand by DHO) and resulting in a total of **3,416 male circumcisions conducted over the 17-day campaign**. This is 228% of the initial campaign target of 1,500 circumcisions (i.e. more than double the target). The huge success and high turnout of clients during this campaign are attributed to three unique approaches: i) engagement of CBOs as campaign sites (taking services closer to the home of clients, and encouraged clients who would not prefer to seek care at health centers; ii) the use of a different approach of demand creation with a combination of community-wide motivational talks, school visits, engagement tea estate managers and the public lectures where communication team moved with technical team is one of the innovation which attracted many clients to seek the MC services; iii) strong leadership and support of the DHO which resulted district ownership of the campaign and highly motivated and inspired teams of providers who worked tirelessly to ensure that little or no client is turned back after knocking the door for VMMC services. *See Figures 1-5 for additional information.*

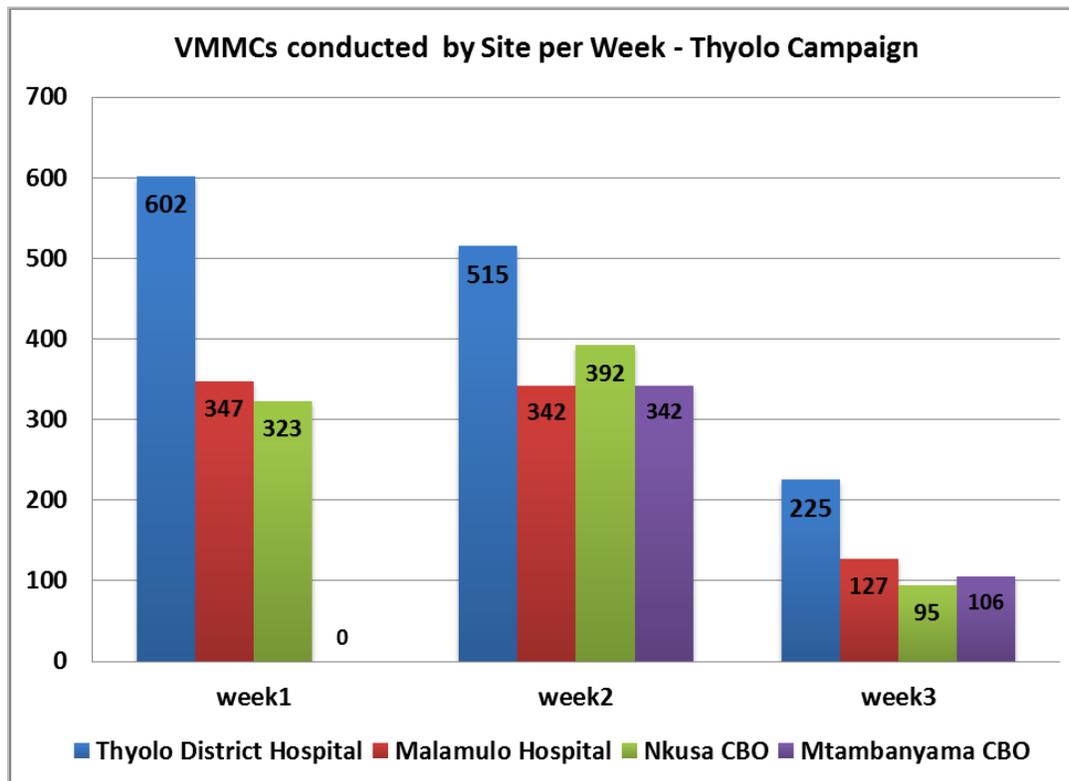
**Figure 1:** Cumulative VMMCs by Day - Thyolo Campaign



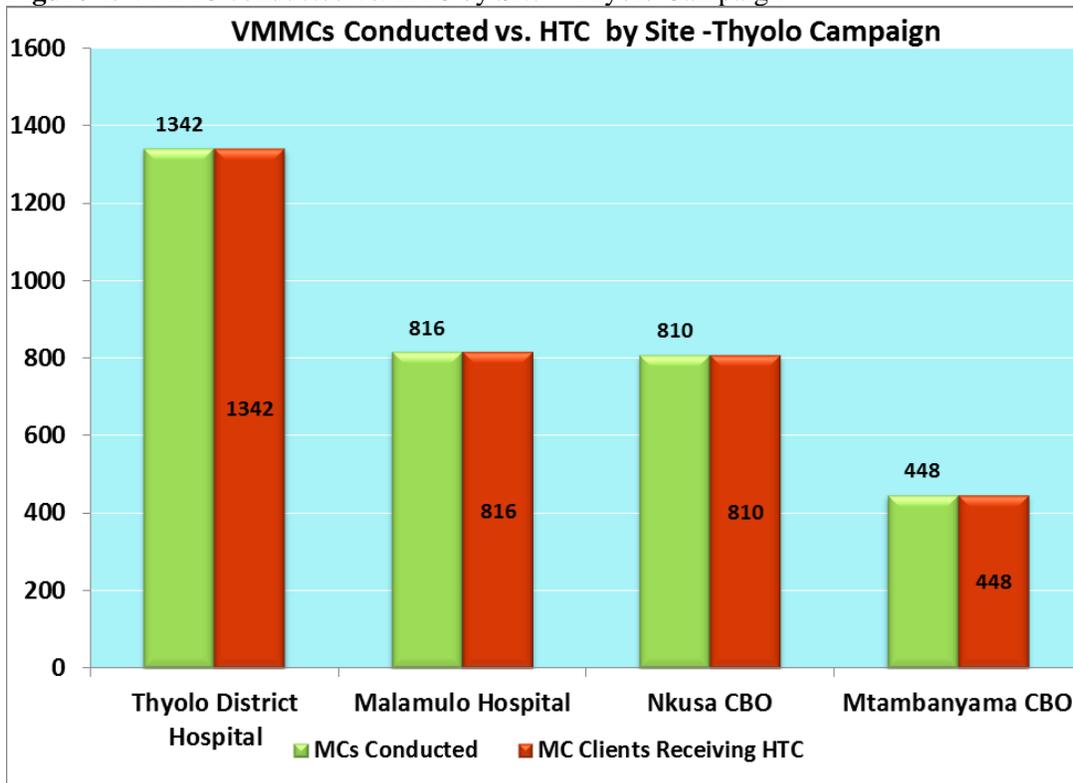
**Figure 2: Daily Circumcision Conducted – Thyolo Campaign**



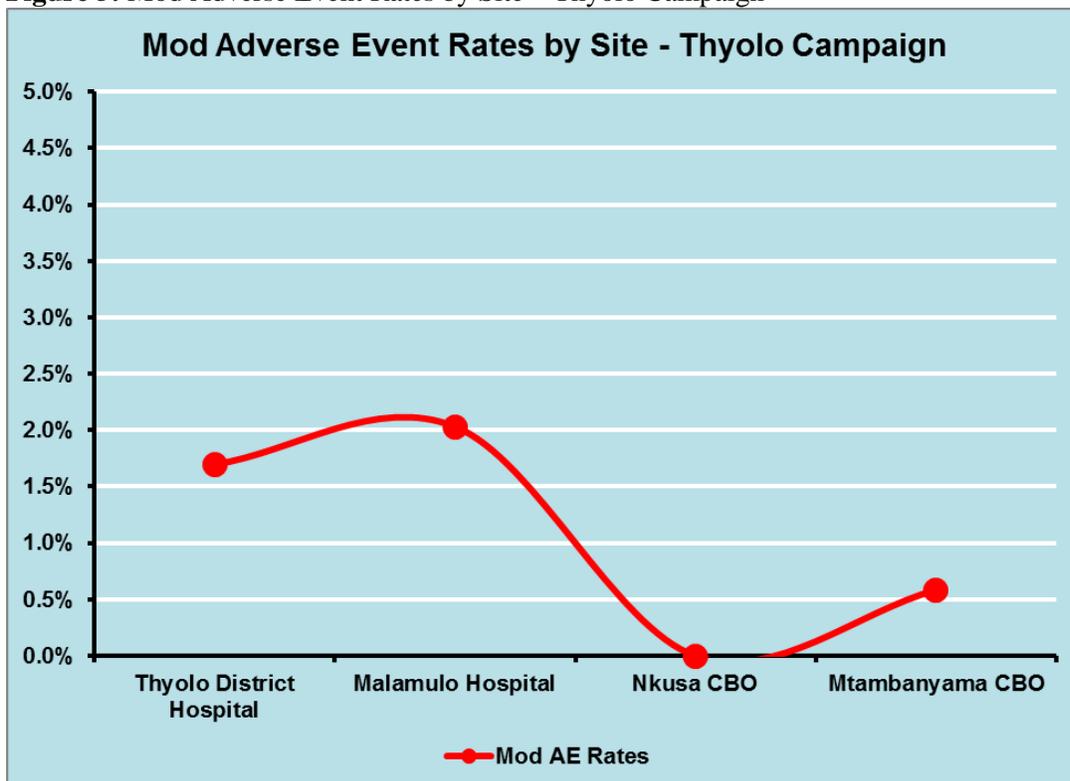
**Figure 3: VMCM conducted by Site per Week – Thyolo Campaign**



**Figure 4:** VMMC conducted vs. HTC by Site – Thyolo Campaign



**Figure 5:** Mod Adverse Event Rates by Site – Thyolo Campaign



## II. Challenges, Solutions and Actions taken

Challenge	Action taken
Lack of space at Malamulo hospital for a fixed site for VMMC service delivery	MCHIP conducted a series of follow up meetings with management of Malamulo Hospital, and then MCHIP engaged Thyolo DHO's office in the course of discussions with Malamulo management. The management agreed to allocate space for VMMC which needed partitioning to suit the client flow. CHAM funded the partitioning of the site. This site was used during the mini – campaign which started mid-March and finished the first week of April.

## III. Lessons, Best Practices and Recommendations

- Involving the office of Thyolo DHO proved to be key component for implementing a successful VMMC campaign. The DHO led demand creation activities and VMMC service provision. It further enhances ownership, responsibility and accountability of the VMMC program. At Malamulo Mission hospital the DHO himself made daily follow up to make sure to strengthen and prepare the site within 7 days only in order for it to be used in the campaign.
- When MCHIP's mini – campaign initiative started, DHO's office took a 'driver's seat' during implementation. These matters included demand creation, staff allocation to the campaign sites not to affect the daily service delivery at the hospital and also releasing some of the district vehicles to fill the gap of transportation of clients, materials and providers to VMMC campaign sites.
- It is recommended that collaboration with Thyolo DHO should be the mainstay of VMMC initiative in the district. This collaboration should be consolidated in day to day activities from planning period to implementation phase. Close collaboration with the DHO and DHO taking the lead role should be recommended in VMMC programs in Malawi because it builds the capacity of the DHO in managing campaigns.

#### IV. Success stories

### **“JUST LIKE GETTING CIRCUMCISED AT HOME” Young Married Man’s Story of Getting Circumcision Through An Innovative “Door Step” Delivery Approach**



*Our Choice Together: Kizito with wife, Triza holding their baby at their home*



*Kizito getting through the circumcision procedure*

Thyolo, Malawi – When the outreach roadshow advertising free male circumcision services arrived in the village of Helimani, Kizito Liyasi was curious enough to attend an information session. A grocer with a wife and baby boy, Kizito was moved by a man’s personal decision to be circumcised as part of a comprehensive strategy to prevent the spread of HIV. He headed home to discuss the free health service with his wife.

Along the way, he met several male friends who dissuaded him from undergoing the procedure, arguing that he didn’t need to be circumcised because he was married. Kizito’s wife, Triza, saw it differently, sharing with him the health benefits of circumcision that a local nurse had explained to her. A group education session at the nearby Ntambanyama Community-Based Organization provided further information for the 20-something father. Together, he and his wife decided that medical male circumcision was right for their family. “I was convinced I needed to do this,” he says.

Kizito is among the 3,416 men who were circumcised during the three-week long Jhpiego – led Voluntary Medical Male Circumcision (VMMC) campaign in Thyolo District that ended April 5. The campaign was implemented under the U.S. Agency for International Development’s Maternal and Child Health Integrated Program (MCHIP) in collaboration with the Christian Health Association of Malawi (CHAM) and Malawi Ministry of Health (MoH).

Kizito is older than most of the clients who participated in the services held at Thyolo District Hospital, Malamulo Mission Hospital, and Nkusa and Ntambanyama Community Based Organization (CBO) centers. But, as he rightly stated, age shouldn’t be a factor in choosing VMMC. “It is not about how old you are; as for me it is about focusing on the high benefits of circumcision. It’s never too late for my hygiene and safety. It’s just the right time. I can protect my wife from cervical cancer. It’s more than a choice to me. It’s a responsibility,” says Kizito, who queued up for services with the younger clients and talked with them during the group education sessions.

For Kizito, the convenience of getting the service at the local Ntambanyama CBO, an outreach site near to his home and a place that is not a regular health facility, added to his motivation. “It is like the hospital came to my village. I couldn’t ask for more with the service available for free. I knew I could easily walk a short distance back home after the procedure. In a way, you can say it is like I have been circumcised at home,” explains Kizito.

The campaign's innovative and comprehensive approach to circumcision and the input by his wife jointly influenced Kizito. The group education sessions he attended dispelled myths about circumcision he had heard and educated him on VMMC's health benefits. "All my life I had never thought about getting circumcised. What for? It was not part of my culture and religion," says Kizito, adding that stories and hearsay linked circumcision to sexual pleasure and certain cultures and religious sects.

But the conversation with his wife proved most persuasive. To Kizito's surprise, Triza had no reservations. She was happy to encourage him and even shared her knowledge about the benefits of male circumcision:

"During one of my antenatal visits, the nurse at the hospital was teaching us about cervical cancer. She mentioned that male circumcision helps reduce the chance for cervical cancer as well as penile cancer and, most importantly, HIV...I never told my husband then because I was not sure how he would take it. He might have been angry with me. I was also worried about agreeing to pay around 1500 Kwacha for the service at Malamulo (Hospital) while we are struggling to get other daily necessities in our home. Now that he initiated the issue himself and that the service is being offered freely and near, I encouraged him to go for it for the safety of our family."

Kizito Liyasi's successful participation in the VMMC campaign in Thyolo is a testament to a married man's motivation in choosing circumcision, family decision-making and a uniquely-organized campaign to deliver services, most significantly, at community-based outreach service points in the catchment areas of the static sites. With most of the villages located far from the hospital-based sites, the community-based outreach sites made it more convenient for most clients and created a local excitement about the campaign. This innovative approach also helped to reduce chances of high client turnover at a single site, which could likely affect quality output of the providers.

The "doorstep delivery" setup to deliver circumcision services through community-based temporary sites proved the clincher for Kizito who likened it to "getting circumcised at home" – a convenient, innovative and intimate approach that significantly led to the campaign exceeding the initial projected target of 2,500 – and providing comprehensive circumcision services to more than 3,000 males in just 17 days.

## “WITH THE PEOPLE, FOR THE PEOPLE”

### Applauding Active Local Leadership and Ownership for the Success of Voluntary Medical Male Circumcision Campaign in Thyolo

By Joel Suzi



*Eager: Men waiting for a male circumcision point to open at Thyolo District Hospital*



*Using local structures: Ntambanyama CBO which local chiefs allowed its use as an community-based outreach site for medical male circumcision*

Thyolo, Malawi –An air of expectation and eagerness was evident as young and adult men filed to get circumcised at Thyolo District Hospital, Malamulo Mission Hospital, and Nkusa and Ntambanyama Community Based Organizations (CBO). Same level of excitement was apparent in the communities surrounding the service points as the Voluntary Medical Male Circumcision (VMMC) campaign was conducted in Thyolo District under the USAID-funded Maternal and Child Health Integration Program (MCHIP) in collaboration with the Christian Health Association of Malawi (CHAM) and Ministry of Health (MOH).

Community leaders and their people worked with the district health office and other partners to sensitize community members and the functioning of community-based sites.

The focus and interest for a localized campaign was inspired and driven through a coordination approach led by local District Health Office. While Jhpiego and other external partners injected technical and material resources from training of providers to provision of equipment and supplies, the campaign was spearheaded by local stakeholders at community and district levels. “The idea to have the campaign in our district started and was nurtured locally and the other partners only came in to support already existing enthusiasm”, explains Dr. Andrew Likaka, District Health Officer (DHO) for Thyolo.

Before awareness activities led by JHU-CCP BRIDGE II Project were rolled out, district health authorities had already started engaging community leaders and holding awareness meetings in the communities. Later, they involved MOH and MCHIP to meet with traditional leaders, school teachers, and community health and development groups to buy in support ahead of the campaign. Letters of notice were sent around the villages and workplaces, especially to tea plantations.

As quoted, Thyolo DHO elaborates how local championship built local trust and ownership from start through to the end and defined the success of the campaign.

“We knew where to setup outreach sites to get many clients as well as when most people are not busy in their gardens or the plantations”. The district and community teams are familiar with the local area thus they were in the best position in deciding location for service sites, appropriate timing, defining specific needs and approaches.

“There have been cases where other programs have failed to draw popular support when outside partners went to the communities on their own without district level leadership...especially on such culturally delicate sexual and reproductive health topics”. Staying in the district, and regularly interacting with community leaders and groups, places the district health authorities at an advantage to earn local trust on the cause than if it were external organizations introducing the idea to the people. Considering this background, the Thyolo district health officials went ahead of MCHIP and Ministry of Health central officials to mobilize local stakeholders.

“The chiefs and community groups addressed meetings about the campaign and allowed us to operate outreach sites within their local CBOs considering our existing amicable relationship strengthened through collaboration on other health campaigns”. Most significantly, community leaders stirred community participation and allowed use of community-based structures in which outreach sites were established. With most of the villages located far from the static sites, the community-based outreach sites guaranteed close and convenient access to the VMMC services which encouraged most potential clients to show up. Not surprising 3,416 men were circumcised in just 17 days – exceeding the initial target of 2,500.

Looking ahead, Thyolo district intends to apply the success lessons from the recently-concluded campaign in planning for another round with wider coverage and re-strategize routine services at the district hospital and other health centers. “The district and communities are already organized, the demand is still there and we expect same level of partnership with Jhpiego and others to bring in their valued support for wider access”, concludes Dr. Likaka, Thyolo District Health Officer.

## V. Management Issues

- In this quarter, MCHIP hired an additional VMMC Program Specialist to join the VMMC technical team. He assumed position on 18<sup>th</sup> March, 2013. He will be working with the current specialist and technical advisor in day to day activities for VMMC program.

## VI. Update of the PMP

The table below summarizes progress toward key indicators.

Indicator	FY 2013 Target	FY 2013 Achievement To date	Notes
1. Number of health workers trained in VMMC	35	39	
1b. Number of health workers trained in VMMC TOT	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	3750	This target was the target from July 12 to 31 March 2013. Up to this date, 127.6% of the targeted men were circumcised. Workplan revision is ongoing and a finalized revised workplan will include an upward revision of targets to cover the FY (i.e. Oct 2012 to Sep. 2013)
3. Number of individuals who received testing and counseling services for HIV as part of MC	90%	3718 (99%)	The remaining 32 clients had previous recent HIV test results
4. Number of Adverse events during the procedure	<2%	28 (0.7%)	
5. Number of Adverse events within 48 hours	<2%	52 (1.4%)	
6. Number of Adverse events within 7 days	<2%	0	
7. Number of clients returned at 48 hours post op	N/A	1265 (33.7%)	
8. Number of clients returned at 1 week post op	N/A	0	
9. Number of health facilities with waste management plan	3	2	The third facility could not be reached in this quarter due to rains as the road is impassable during rainy season.
10. Number of facilities reporting complete monthly/quarterly VMMC data	3	2	One facility, Malamulo Hospital started activities and reporting in March 2013 while another, Thomas Health Centre, is an outreach site of Thyolo District Hospital but has not yet started activities due to bad road and rains. This site will start reporting in the next quarter (April – June 2013).

## VII. Planned Activities for Next Quarter April – June 2013

- Orientation of 40 HTC counselors on VMMC package
- VMMC training for four (4) additional providers (nurses and clinicians) who recently joined Thyolo DHO; and eight (8) Malamulo college instructors
- Consolidation of the final VMMC waste management plan which will be shared to other VMMC partners.
- Supporting the development of national strategy on VMMC
- Working with MOH's HIV unit to conduct VMMC gap analysis exercise
- Planning for VMMC campaign in July/August at Thyolo District