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MCHIP Malawi Quarterly Report

FY2013 Q3 (April - June 2013)



Training of Health Workers in Immunization in Practice

Project Name: MCHIP
Reporting Period: FY 2013 – Quarter 3 : April 1, 2013 – June 30, 2013
Project Duration: October 2011 – September 2013
Evaluation Dates: TBD
Person Responsible for Drafting this Report: Lolade Oseni and Jennifer Porter
<p>Project Objectives:</p> <p>Immunization</p> <ol style="list-style-type: none"> 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. 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. <p>HBB</p> <ol style="list-style-type: none"> 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) <p>VMMC</p> <ol style="list-style-type: none"> 1. Support CHAM and MOH to conduct 8,100 MCs by September 2013 through: <ol style="list-style-type: none"> 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
Conduct Mid-level Management (MLM) training: zonal and district managers will be trained on immunization MLM modules	MLM training was not done because MCHIP funds were channeled to the Immunization in Practice (IIP) district trainings. The funds were moved to IIP

Activities Planned	Activities Accomplished
	training because MoH EPI program recommended MCHIP to reallocate funds for other activities to IIP trainings which was considered a priority for MoH. The decision was made because IIP is a basic training for vaccinators and the EPI program had not conducted these for a long time. The reviews had also showed that most of the vaccinators were lacking knowledge on the basics of immunization services. The decision was shared with the mission and they concurred with the MoH recommendation.
Conduct training on the Reaching Every Community (REC) approach targeting district and health facility staff.	REC training was not done because MCHIP funds were channeled to the IIP district trainings. MCHIP plans to provide technical support next quarter in districts supported by other partners e.g. UNICEF.
Conduct supportive supervision	The role of MCHIP was to be part of the supportive supervision team that included MOH and partners. These visits were not done due to competing priorities for MOH and partners.
Develop immunization M&E framework	MCHIP funded the development of an EPI M&E framework from 8 th to 10 th April 2013. The document will be part of the EPI policy once finalized. The framework contains the objectives, strategies, activities, outputs, indicators and timeframe for the activities. This was mainly derived from the comprehensive multiyear plan for 2012 – 2016. The framework was developed by EPI officers from national, zonal and district level.
Conduct Data Quality Self-assessment (DQS) in the remaining districts	The activity is not yet done but will be completed next quarter.
Conduct EPI Training Needs Assessment (TNA)	The TNA was done from 20 th to 29 th May 2013. MCHIP provided funds and external technical assistance for the activity. The assessment was done at the national EPI Unit, in three zonal offices, 6 districts (Nsanje, Blantyre, Phalombe, Dedza, Kasungu and Mzimba South), 3 Health Surveillance Assistant training centres (Mzimba, Mponela and Mwanza) and 3 health workers training institutions (Mulanje mission, Malawi College of Health Sciences and Ekwendeni Nursing school). The key findings of the TNA were: All training institutions have included EPI in their training curricula and some in-service trainings are also held at all levels. However, the duration of training is not adequate and trainings are planned on ad hoc basis. The national training guide is not available in most places. Training materials are available at zonal and district level both in hard and electronic copies but the quantity is very limited. All levels reported that there is unmet training needs and for zonal level, MLM and managerial skill trainings are the most urgent needs and district and health facility level's most urgent needs are Reaching Every

Activities Planned	Activities Accomplished
	<p>District, cold chain and logistics and Immunization In Practice trainings. Health training institutions reported that the time allocated for EPI related training is not adequate and more than 60% of principals reported that their graduates benefit from in-service training before their assignment to provide service.</p> <p>The recommendations from TNA will be considered by the EPI program and partners whenever activities are being done and the other issues specific for colleges will be sorted by the introduction of the EPI prototype curricula in colleges, which MCHIP will also support..</p>
Conduct Rotavirus vaccine Post Introduction Evaluation (PIE)	The Rotavirus vaccine PIE has been scheduled to take place in July 2013.
Finalize EPI policy	MCHIP supported the consultative meeting with stakeholders on EPI policy. The meeting was held from 22 nd to 25 th April 2013. The meeting was attended by representatives from EPI partners, district coordinators and EPI zonal officers. The output of this meeting was a finalized document with inputs from all stakeholders which is ready for submission to MOH for approval.
Conduct district trainings on Immunization in Practice (IIP)	<p>IIP trainings were conducted from 9th June to 5th July 2013. A total of 23 districts conducted the trainings. Three health workers from each health facility in the 23 districts were trained. There were 29 sessions which trained a total of 1,406 health workers. The training covered all 8 IIP modules. The materials were adapted to the Malawi context. The training targeted Health Surveillance Assistants and their supervisors, i.e. Environmental Health Officers and community nurses.</p> <p>The remaining districts were Dedza, Zomba, Mangochi and Mzimba South. These will likely have their trainings next year.</p>
EPI prototype curricula for medical and nursing colleges	The MCHIP Immunization Technical Advisor attended a workshop on the review of the revised EPI prototype curricula. MCHIP also sponsored one lecturer from Kamuzu College of Nursing to attend the workshop. The meeting took place from 13 th -17 th May in Abidjan, Cote d'Ivoire. The way forward from the workshop is that the country should adopt the revised curricula and introduce them in schools for implementation. The EPI program is yet to develop a work plan for this.

II. Challenges, Solutions and Actions taken

	Action taken
Due to competing priorities, MCHIP was not able to implement the DQS in the remaining districts.	MCHIP is planning to implement this activity next quarter.
Reduction in funds for IIP training due to appreciation of the Malawi Kwacha.	Reduced the number of sessions conducted in Lilongwe and Chikwawa districts in line with available funds for the training.

III. Lessons, Best Practices and Recommendations

MCHIP has none to share for this quarter.

IV. Success Stories

MCHIP has none to share for this quarter.

V. Management Issues

MCHIP had funded the training of TOTs in IIP in April. It was expected that other partners will fund district trainings of health workers in IIP. However, this did not work out and the MoH EPI program recommended to MCHIP to reallocate funds from other activities e.g. MLM, RED to IIP trainings which were deemed a priority and felt need by MoH. This was approved by the mission and the trainings were conducted. This affected MCHIP'S support to MLM and RED trainings. However, technical support will be provided if other partners fund the activities in the next quarter.

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 2012. The country has decided to introduce Measles-Rubella combined vaccine in 2015 and meetings for the GAVI proposal writing will be held in the near future.
<i>Indicator 1.1.2:</i> Percentage of children less than 12 months of age who received PCV3	95%	91%	This is a cumulative coverage for the year.
<i>Indicator 1.1.3:</i> Percentage of children less than 12 months of age who received first dose of Rotavirus vaccine	94%	80%	This is a cumulative coverage for the year.

<i>Indicator 1.1.4:</i> Percentage of children less than 12 months of age who received penta3 through USG supported programs	95%	92%	This is a cumulative coverage for the year.
<i>Indicator 1.1.5:</i> Number of supportive supervision visits conducted with MCHIP assistance	4	0	Supervision was not done by MOH/EPI and partners during the 3 rd quarter. There were many activities within the reporting period and the team was unable to conduct the planned supervision.
<i>Indicator 1.1.6:</i> Post Introduction Evaluation conducted	2	1	PCV PIE was conducted and Rota PIE will be completed in July 2013.
<i>Indicator 1.1.8:</i> Percentage of children less than 12 months of age who received Measles vaccine	95%	83%	This is a cumulative coverage for the year.
<i>Indicator 1.9</i> Number of EPI management tools revised/developed	9	9	The tools have been revised and are ready for printing. MCHIP estimates printing will be done during the 4 th Quarter.
<i>Indicator 2.2.3</i> Number of health workers trained as IIP TOTs	88	88	Target accomplished during 2nd quarter.
<i>Indicator 2.2.4</i> Number of health workers trained in IIP	1,548	1,406	The number of health workers trained was reduced due to the reduction in the funds due to appreciation of the Malawi Kwacha.
<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	4	This is the overall dropout rate for April and May data.
<i>Indicator 3.1.4:</i> EVM assessment conducted	1	1	This activity was implemented during the 1 st quarter.
<i>Indicator 3.1.5:</i> EVM improvement plan developed	1	1	Developed during the 2 nd quarter.

Note: The achievements are cumulative for the year.

VII. Planned Activities for Next Quarter: July - September, 2013

- Conduct Rotavirus vaccine PIE
- Conduct DQS
- Support preparations for Measles/Polio supplementary immunization activities (SIAs)
- Support GAVI proposal writing for Measles-Rubella vaccine
- Provide technical support for training on REC in districts supported by other partners including UNICEF
- Participate in supportive supervision visits led by MOH in collaboration with partners
- Work with the EPI program to develop a work plan for adoption and introduction in schools of the revised EPI prototype curricula.

Helping Babies Breathe

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
<p>Finalize the preliminary HBB Evaluation –Round One report, and commence preparation for Round-2 data collection.</p>	<p>HBB Evaluation Round one report has been drafted. Comments from the HBB Malawi team have been incorporated and the report is now in the final stages. The findings from Round 1 Data Collection are planned to be presented during the upcoming HBB Stakeholders’ meeting (date TBD). The report will be shared with the mission along with the quarterly report.</p> <p>The IRB renewal procedures for both JHSPH and COMREC were commenced following the expiry of the certificate of approval which was for a period of one year. The Renewal Certificate is currently being awaited.</p> <p>Preparation for the 2nd Round of HBB Evaluation Data Collection is currently underway and the data collection activities are planned to commence in August – September 2013.</p>
<p>Complete report on process of integrating HBB learning materials into pre-service institutions.</p>	<p>13 of the 14 Nursing Training colleges in Malawi reviewed their curricula and included HBB in the essential newborn care course. The 14th one (Dae-yang Luke) is a new college which currently only offers Nursing courses but yet to begin Midwifery courses. However, as HBB has been incorporated in Midwives and Nurses Council syllabus, the institution will begin offering HBB courses as soon as the Midwifery courses begin, as endorsed by the regulatory body - Nurses and Midwifery Council-, which certified the inclusion of HBB in the Essential New Born Care component..</p> <p>From April to June 2013 a total number of 206 students undergoing nurse midwife technician course, 38 students undergoing registered nurse midwifery course and 34 students undergoing community Midwifery course underwent essential newborn course that included resuscitation of the newborn using the HBB approach. The total number of students undergoing these courses is based on the current student calendar for these training institutions.</p>

II. Challenges, Solutions and Actions taken

Challenge	Action taken
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III. Lessons, Best Practices and Recommendations

- None

IV. Success stories

- None

V. Management Issues

- None

VI. Planned Activities for Next Quarter: July - September, 2013

- Finalization of IRB process
- Recruitment of data collectors
- Training Data collectors
- Printing of data collection tools
- Second round of data collection
- There will be HBB process documentation from 26th August to 7th September 2013

Voluntary Medical Male Circumcision

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
<p>Conduct male circumcisions using different service delivery models such as static, outreach and campaign in Thyolo and Malamulo.</p>	<ul style="list-style-type: none"> A total of 951 male circumcisions were conducted in this quarter through routine facility service delivery, outreach and last week of mini – campaign including <i>mop-up</i> period of the campaign. The mop – up period is the special time designated to offer the services to all the clients who were coming after the closure of the campaign
<p>Orientation on VMMC package to 40 HTC counselors from Thyolo District.</p>	<ul style="list-style-type: none"> 21 HTC counselors from Thyolo District were oriented on VMMC package, and additional 30 counselors are planned to be oriented early July 2013. The number has been increased to have more than 40 counselors trained in preparation for the district’s participation in the national mass campaign. The second training was rescheduled from last week of June to first week of July because the facilitators of the training were part of campaign preparatory team, and engaged in meetings at district level.
<p>VMMC training for four (4) additional providers (nurses and clinicians) who recently joined Thyolo DHO; and eight (8) Malamulo college instructors</p>	<ul style="list-style-type: none"> 14 service providers trained in VMMC service provision bringing the total to 54 providers being trained by MCHIP support since October, 2012. Four of these were from Thyolo DHO while ten were Malamulo College instructors 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.
<p>Planning for VMMC campaign in July/August at Thyolo District</p>	<ul style="list-style-type: none"> Planning of the mass campaign to be conducted in July to August 2013 had been ongoing through National level coordination meetings, Thyolo District specific planning meetings, development and review of plans. The planned campaign is a national level campaign involving Thyolo, Mulanje, Phalombe, Blantyre, Nkhokota and Lilongwe districts, and implementing partners include MCHIP, I-TECH, PSI and Banja La Mtsogolo (BLM). The target for the campaign is 60,000 circumcisions, where MCHIP contributes a target of 15,000 for Thyolo district.

Activities Planned	Activities Accomplished
	<ul style="list-style-type: none"> • MCHIP will support MoH to coordinate the campaign at national level for all partners and districts involved. However, each partner will be responsible for its catchment area and MCHIP will be responsible for Thyolo district.
Supporting the development of national strategy on VMMC	<ul style="list-style-type: none"> • A meeting to discuss and develop the VMMC National Strategy for the next five years was conducted in April 2013 through MoH (HIV/AIDS Unit) coordination and included main VMMC players including USAID, National AIDS Commission (NAC) • MCHIP has been appointed as a member of the team which is developing the strategy and also supported this meeting in terms of logistics. • A draft strategy was developed and is pending next meeting with stakeholders for more input and finalization, which is scheduled for next quarter (July – September 2013)
Working with MOH's HIV unit to conduct VMMC gap analysis exercise	<ul style="list-style-type: none"> • The gap analysis exercise is part of the development of the national strategy. So it will be conducted during the development of the strategy. MCHIP will support this exercise when the time is due as it is a member of the team developing the strategy.
Consolidation of the final VMMC waste management plan which will be shared to other VMMC partners.	<ul style="list-style-type: none"> • Site specific waste management plan was developed for Malamulo and Thyolo District hospital in the last quarter. • A meeting with MoH QA team to review and solicit comments to finalize the plan was postponed from this quarter to the next as the MOH HIV/AIDS Unit could not manage to host the meeting on the scheduled dates due to other competing and equally important activities e.g. coordination meetings on the national VMMC mass Campaign. • However, the tool will be used in its draft form during the mass campaign, revisions and sharing to all partners will be done soon after the campaign.

II. Challenges, Solutions and Actions taken

Challenge	Action taken
<ul style="list-style-type: none">After the mini-campaign that ended first week of April and one more week of mop up activity, the static sites were not very active.	<ul style="list-style-type: none">Discussion was held with the site coordinators to continue offering services as routine where 2 days are dedicated to the VMMC service provision.

III. Lessons, Best Practices and Recommendations

- None

IV. Success stories

In this quarter, MCHIP observed that there was an interest from instructors from Malamulo College of Health Sciences to join the VMMC service delivery initiative. These instructors approached MCHIP for VMMC training so that they better equipped to offer VMMC services alongside clinicians and nurses during the campaigns and outreaches. MCHIP is engaging in discussion with the college management to set up a mobile/outreach site within the college to offer the services to students at the college who would otherwise not access the service outside their institution.

MCHIP will also engage these instructors to offer outreach services to other colleges (e.g. Teachers college) as they are well conversant with college environment and college students' experience. The provision of VMMC services to college students through the trained College Instructors is another innovation which MCHIP is exploring to bring the VMMC services to the beneficiaries. It is hoped that this innovative approach to VMMC service delivery will yield success stories in the future.

V. Management Issues

In this quarter, one VMMC technical specialist resigned from his post to pursue further studies leaving MCHIP with only two VMMC technical personnel (Technical Advisor and one Technical specialist). Recruitment process for a new VMMC Technical Specialist is underway and the identified candidate is set to assume duties in July 2013.

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	53	54	14 providers trained in the quarter April – June 2013, bringing the total number of trained providers to 54, against a year's target of 53
1b. Number of health workers trained in VMMC TOT	10	10	100% achieved (Training of Trainers). The trainers were identified and trained in the first quarter to assist in the series of district trainings that were planned.
1c. Number of HTC Counselors trained in VMMC package	40	50	More were trained to take care of mass campaign needs
2. Number of Males circumcised as part of a minimum package of MC for HIV prevention services	8,100	Neonate – 0 < 15 – 1799 15 to 24 – 2416 25 to 49 – 458 50plus – 28 Total – 4701	This is a revised target covering 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%	4665 (99%)	The remaining 32 clients had recent HIV test results and 4 had opted out of HIV testing.
4. Number of Adverse events during the procedure	<2%	28 (0.6%)	No moderate or severe adverse event occurred in the April – June 2013 quarter.
5. Number of Adverse events within 48 hours	<2%	52 (1.1%)	
6. Number of Adverse events within 7 days	<2%	0	
7. Number of clients returned at 48 hours post op	N/A	1465 (31.2%)	200 out of 951 (21%) circumcised men returned at 48 hours during the April – June 2013 quarter. The follow up is still low. There are anecdotal reports from the district that some clients are accessing follow up outside VMMC sites, or from other services within the district hospital such as casualty department and are lost in the system. The counseling is emphasizing the need to visit the VMMC site again for proper counseling and reviews to improve client follow ups
8. Number of clients returned at 1 week post op	N/A	19 (0.4%)	Follow up at 7 days is extremely low. Clients do not come because they feel they are ok and do not need medical review, and are missing out on counseling. Counseling at immediate post op and on 2 day follow up visit emphasizes on the

Indicator	FY 2013 Target	FY 2013 Achievement To date	Notes
			importance of coming again for further follow up and counseling.
9. Number of health facilities with waste management plan	3	2	The third facility, Thomas Health Center, does not fit the profile of static site which needs to have a proper waste management plan developed. This facility does not have the required number of clinical staff to qualify as a static site, thus it is only used during outreaches and campaigns.
10. Number of facilities reporting complete monthly/quarterly VMMC data	3	2	Thomas Health Centre is an outreach site of Thyolo District Hospital and is not an active static site but only used during campaigns. It is expected to report in the next quarter during the Thyolo campaign.

VII. Planned Activities for Next Quarter April – June 2013

1. To conduct mass campaign targeting 15,000 circumcisions in Thyolo district which is part of the national campaign involving other districts (Mulanje, Phalombe, Lilongwe, Nkhatakota and Blantyre) with target of 60,000 circumcisions.
2. Coordinate harmonization of National M&E tools including VMMC database
3. Consolidation of the final VMMC waste management plan which will be shared to other VMMC partners.
4. Continued working with MOH's HIV unit to finalize the development of the national strategy.