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MCHIP Malawi Quarterly Report

FY2014 Q1 (October – December, 2013)



Health Education band performing during the launch



The Minister of Health and Principal Secretary during the SIAs launch



Project Name: MCHIP
Reporting Period: FY 2014 – Quarter 1 : October 1 – December 31, 2013
Project Duration: October 2011 – June 2014
Evaluation Dates: TBD
Person Responsible for Drafting this Report: Hannah Hausi, David Amoruso, and Lolade Oseni
Project Objectives:
<p>Immunization</p> <ol style="list-style-type: none"> 1. Successfully introduce rotavirus vaccine in October 2012, and support MOH/EPI in monitoring and follow up of PCV and rotavirus 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, and implementation of successful supplementary immunization activities (SIAs). 3. Strengthen the platform for new vaccines introduction by developing national immunization policy, improving routine immunization monitoring and evaluation, data quality, and 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
<p>Support the integrated Measles Supplementary Immunization Activities (SIAs) both technically and financially, in order to facilitate integration of nutritional interventions in the campaign, which includes Vitamin A supplementation and Mebendazole treatment for deworming.</p>	<ul style="list-style-type: none"> • The integrated measles SIAs were conducted from November 2-6, 2013. MCHIP supported the SIAs technically and funded the following activities: <ul style="list-style-type: none"> ❖ Training of 1,633 vaccinators in 6 districts, including Karonga, Rumphi, Mzimba N, Mzima S, Nkhatabay and Chitipa from October 7-19, 2013. This exceeded the program target of 1,300 vaccinators trained. ❖ Orientation of 670 officials in 22 District Executive Committees from October 8-30, 2013. ❖ Briefing of 28 media personnel from different media houses, including TV, radio and newspapers, October 26, 2013. ❖ Performances by drama groups that performed in 5 different locations in each district, with a total of 140 performances countrywide from October 28 – November 1, 2013. ❖ Construction of two floats that moved from Mulanje and Mwanza to Blantyre, where the launch was conducted. The floats stopped at all trading centers on the way to Blantyre and were constructed on October 30-31, 2013. ❖ Communication experts from the MOH and other partners visited all the districts from October 28 – November 1, 2013 to support and supervise the districts in the implementation of social mobilization activities. ❖ The SIAs launch was completed on October 31, 2013 in Blantyre, with Minister of Health as the guest of honor. There were several performing artists who delivered the message on SIAs, and the event was well-attended. ❖ MCHIP participated in supervision of the SIAs in the two districts of Blantyre and

Activities Planned	Activities Accomplished
	<p>Mulanje, as well as the report writing workshop from December 16-19, 2013. The SIAs were a success and the administrative report coverage was as follows: Measles 105%, Polio 102%, Vitamin A 101%, and Mebendazole 107%. It is common in Malawi, even with routine immunization data, that coverage rates of greater than 100% are reported. It is anecdotally reported that this results from a problem with the denominators used to calculate coverage rates, meaning that population figures are inaccurately low and/or children from districts in bordering countries are being vaccinated in Malawi. The final report is yet to be released.</p>
<p>Support the nationwide immunization cluster coverage survey for both the SIAs and all routine immunization antigens. The results will give routine immunization coverage for all antigens for children aged 12 to 23 months.</p>	<ul style="list-style-type: none"> • MCHIP participated in and provided technical support for the planning of the coverage survey, which was for both the SIAs and routine immunization. WHO hired a consultant who conducted the survey and is responsible for developing the survey report. The report and findings have not yet been disseminated.
<p>Support the workshop on adaptation of the revised EPI prototype curricula which will be introduced in all the colleges.</p>	<ul style="list-style-type: none"> • The adaptation of the EPI prototype curricula did not take place this quarter because MOH and MCHIP were occupied with the urgent implementation of the SIAs. The adaptation workshop is scheduled to take place in February 2014.
<p>Train tutors/lecturers in the revised EPI curricula.</p>	<ul style="list-style-type: none"> • The orientation of tutors in EPI prototype curricula did not take place this quarter because MOH and MCHIP were occupied with the urgent implementation of the SIAs. It is scheduled to take place in February 2014.
<p>Print and distribute EPI management tools.</p>	<ul style="list-style-type: none"> • MCHIP funded the printing of vaccine and injection material stock books for health facilities. 750 copies of each were printed, which is enough for every health facility in the country. Health facilities did not previously have these materials and as a result, injection materials were not being recorded.

Activities Planned	Activities Accomplished
Provide financial and technical support for supportive supervision (SS) from the central level to the districts and health facilities.	<ul style="list-style-type: none"> Supportive supervision was conducted from December 3-12, 2013. MCHIP funded supportive supervision visits to the central and southern regions, while UNICEF funded the northern region. MCHIP participated in and provided technical support for supportive supervision to two districts in the northern region (Chitipa and Rumphi) and 1 district in the central region (Dedza). The report is yet to be finalized.
Provide technical support for the zonal review meeting in the northern region.	<ul style="list-style-type: none"> MCHIP participated in and provided technical support for the EPI review meeting for the northern region on December 23, 2013, with funding from WHO. The meeting was attended by all district health management teams (DHMTs), including EPI Coordinators. It was noted that some districts have improved their immunization coverage greatly as compared to the previous year, but other districts still need improvement. The problems noted included outreach clinic cancellations, mainly due to transport problems, and non-operational refrigerators due to lack of kerosene. MCHIP is part of the team that will provide technical assistance to these districts (Karonga, Nkhata Bay, Rumphi and Mzimba South) in the coming quarter.

II. Challenges, Solutions and Actions taken

Challenge	Action taken
None	

III. Lessons, Best Practices and Recommendations

The best practice achieved by MCHIP this quarter was to respond to the urgent request from the MOH for funding to integrate nutrition interventions in the SIAs. The funds provided by MCHIP allowed for the inclusion of Vitamin A and Mebendazole in the SIAs. It's encouraging to note that the coverage for these interventions was also high. As mentioned above however, it is common in Malawi, even with routine immunization data, that coverage rates of greater than 100% are reported. It is anecdotally reported that this results from a problem with the denominators used to calculate coverage rates, meaning that population figures are inaccurately low and/or children from districts in bordering countries are being vaccinated in Malawi.

IV. Success Stories

USAID ensures that high impact, child health interventions are delivered to Malawi's children

The USAID-funded MCHIP Immunization project works in Malawi to assist the Ministry of Health (MOH) with the roll out of lifesaving vaccines, including pneumococcal and rotavirus vaccine. It is estimated that these vaccines alone will substantially reduce the under-five mortality in Malawi by causes such as diarrhea, pneumonia and meningitis. MCHIP also provides technical support to improve routine immunization in Malawi.

Beyond routine immunization service delivery, WHO recommends implementing supplemental immunization activities (SIAs) for supplemental measles doses, through campaigns that cover a wider age group in order to increase the immunity level among children under five and to eliminate measles. Measles supplemental immunization is one way to control measles, and WHO recommends that these campaigns are done every three years. It is recommended however, that these measles campaigns are integrated with other high impact, child health interventions and not conducted as standalone activities.

In 2010, there was a measles outbreak in Malawi that resulted in a reported total of 118,712 measles cases and 249 deaths, representing a case fatality rate (CFR) of 0.21%. Consequently, a measles campaign was conducted by the MOH to contain the outbreak, and a series of follow-up Child Health Days were conducted in July 2013. Malawi has a routine immunization coverage of 88% for the first dose of measles vaccine. The MOH initially planned in November 2013 to implement a measles campaign integrated with polio vaccine because there were not adequate resources for integration with other child health interventions.

USAID was called upon to support the MOH with funding to cover the campaign that would integrate nutrition interventions into the measles and polio vaccine campaign. According to the latest Demographic Health Survey in Malawi from 2010, 13% of all children are malnourished. The nutrition interventions that were to be included in the campaign were distribution of deworming tablets and Vitamin A supplementation, which are critical interventions to improving the nutritional status of children. The global recommendation is to supply Vitamin A and deworming tablets every six months to all children under the age of five. Therefore, November 2013 was an ideal timeframe for these nutrition interventions to be included in the campaign as SIAs, given the last series of Child Health Days had occurred in July 2013.

USAID, through MCHIP, supported the national launch of the integrated campaign through the training of over 1,600 health workers in the northern region, and orientation of over 650 district officials. Additionally, MCHIP supported social mobilization activities for the campaign that included 140 drama performances, briefings of 28 major media houses, and construction of two floats that stopped at all trading centers on the way from Mulanje and Mwanza to Blantyre, where the national launch was conducted.

The targets for the different interventions that were included in the campaign were:

Intervention	Age Groups	Population Percentage	Total Target Population
Measles vaccine	9-59 months	15%	2,298,872
Polio vaccine	0-59 months	17%	2,605,215
Vitamin-A capsule	6-59 months	16%	2,451,968
De-worming tablet	12-59 months	13.6%	2,145,472

The integrated campaign was successfully conducted in all 29 districts of Malawi with coverage rates as indicated in the figure below.

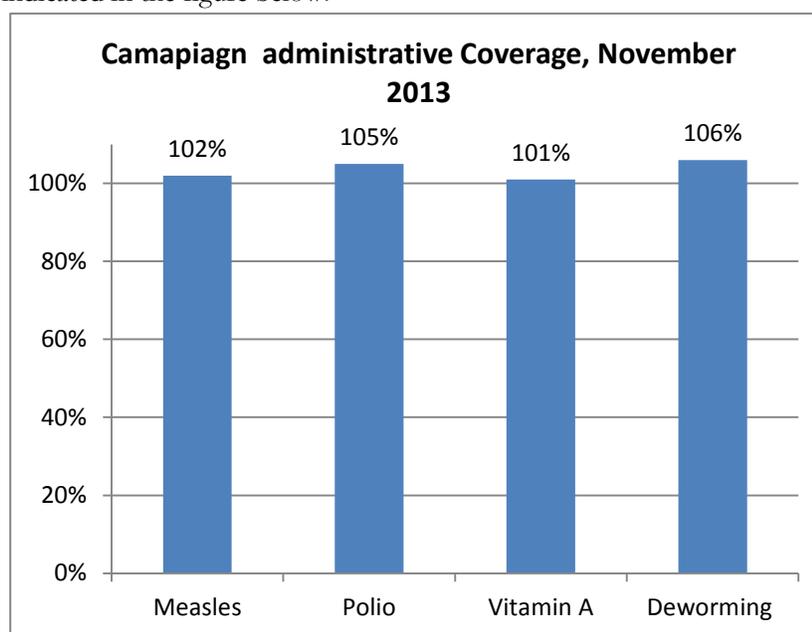


Figure 1. Measles and polio vaccination campaign coverage from Malawi’s November 2013 integrated campaign.

With support from USAID, through MCHIP, Malawi’s integrated measles and polio vaccination campaign was a great success with high coverage for all four high-impact, child health interventions.

V. Management Issues

The work plan, PMP and budget were revised to include the SIAs based on an urgent request from the MOH.

VI. Update of the PMP

The table below summarizes progress toward key indicators.

Indicator	FY 2014 Target	FY 2014 Achievement to date	Notes
<i>Indicator 1:</i> Percentage of children less than 12 months of age who received penta3 through USG supported programs	95%	89%	Excludes December data, which was not available at the time of reporting
<i>Indicator 2:</i> Percentage of children less than 12 months of age who received PCV through USG supported programs	95%	90%	Excludes December data, which was not available at the time of reporting
<i>Indicator 3:</i> Percentage of children less than 12 months of age who received rotavirus vaccine through USG supported programs	95%	82%	Excludes December data, which was not available at the time of reporting
<i>Indicator 4:</i> Percentage of children less than 12 months of age who received Measles vaccine through USG supported programs	95%	88%	Excludes December data, which was not available at the time of reporting
<i>Indicator 5:</i> Number of people trained	410	0	To be done in next quarter
<i>Indicator 6:</i> Number of curriculum adapted	1	0	To be done next quarter
<i>Indicator 7:</i> Number of tutors oriented to EPI prototype curricula	30	0	To be done in next quarter
<i>Indicator 8:</i> Number of people trained on integrated measles, polio, vitamin A and deworming SIAs	1,970	2,303	This includes 1,633 and 670 District Executive Council members
<i>Indicator 9:</i> Number of social mobilization activities conducted: <ul style="list-style-type: none"> • media personnel trained • national launch • drama performances • band performances 	30 1 140 0	28 1 140 12 districts	
<i>Indicator 10:</i> Number of districts with DQS conducted	17	0	To be done next quarter.
<i>Indicator 11:</i> Number of EPI review meetings conducted	1	0	MCHIP participated in a zonal review meeting for the northern region with support from WHO, but MCHIP has plans to fund one national EPI review meeting in April 2014.
<i>Indicator 12:</i> Number of coverage surveys conducted	1	1	The survey report is pending from WHO but the coverage survey was completed with technical support from MCHIP in November 2013.
<i>Indicator 13:</i> Number of supportive supervision visits conducted with MCHIP	2	1	

assistance			
<i>Indicator 14:</i> Number of international/regional meetings attended	1	0	MCHIP plans to attend the East and Southern Africa's EPI Manager's Meeting and the MCHIP Immunization Program Learning Meeting in Zimbabwe in March 2014.

VII. Planned Activities for Next Quarter: January to March 2014

- MCHIP will support the training of health workers in Immunization in Practice (IIP) in the remaining six districts.
- MCHIP will support the introduction of EPI prototype curricula for all medical and nursing colleges in the country, including HSA training centers.
- MCHIP will fund Data Quality Self-assessment (DQS) in 17 districts not covered in 2013.
- MCHIP will support the national review meeting on EPI.

Helping Babies Breathe

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished
Data entry training for data entry clerks	Training for data entry clerks was conducted from October 1-2, 2013. The training was conducted by the SSDI-Services database team to ensure that clerks understand the forms, and enter data with minimal errors. A total of 7 data entry clerks were trained.
Data entry for second round HBB Evaluation data	Data entry was completed and finalized in October.
Data cleaning for second round of HBB Evaluation data	Data cleaning started in November and has since been finalized. The data is ready for analysis, which will commence in January 2014 (Quarter 2). Analyzed data will be systematically represented in tables, ready for inclusion in a report. The report is planned to be finalized by March 2014.

II. Management Issues

- None

III. Planned Activities for Next Quarter: January – March 2014

- Data analysis
- Drafting and finalization of second round of HBB Evaluation report

Voluntary Medical Male Circumcision

I. Planned Activities for Next Quarter: January – March 2014

- With support from Jhpiego headquarters, the MCHIP team is reviewing the full inventory list of items procured under MCHIP and plans for disposition. The disposition plan will be finalized in the next quarter (by March 2014).
- An outline of the MCHIP closeout report has been developed, with plans to develop a full draft during the next quarter.
- Re-submit revised MCHIP PY6 workplan, with inclusion of procurement of t-shirts and tents for future VMMC campaigns.
- All VMMC technical activities are now being implemented under the MCHIP Associate Award, Sankhani.