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Maternal and Child Health Integrated Program

Zimbabwe

FY11 Annual Report

October 1, 2010 – September 30, 2011

(with Q4 highlights from the period July-Sept 2011)

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ACRONYMS AND ABBREVIATIONS

| | |
|---------|--|
| ACSM | Advocacy, Communication, and Social Mobilization |
| ANC | Antenatal Care |
| AVM | Africa Vaccination Month |
| cMYP | Comprehensive Multi-Year Plan (for Immunization) |
| CS | Child Survival |
| DCO | District Community Officers |
| DH | District Hospital |
| DHE | District Health Executive |
| DFID | Department for International Development (UK) |
| EGPAF | Elizabeth Glaser Pediatric AIDS Foundation |
| EMMP | Environmental Mitigation and Monitoring Plan |
| EmONC | Emergency Obstetric and Newborn Care |
| EQOC | Equity and Quality of Care Study |
| FANC | Focused Antenatal Care |
| FP | Family Planning |
| FY | Fiscal Year |
| HBB | Helping Babies Breathe |
| HCW | Health Care Worker |
| HF | Health Facility |
| HMIS | Health Management Information System |
| ICC | Immunization Coordination Committee |
| IEC | Information, Education, Communication |
| IMNCI | Integrated Management of Newborn and Childhood Illness |
| IPC | Infection Prevention and Control |
| IYCF | Infant and Young Child Feeding |
| KMC | Kangaroo Mother Care |
| M&E | Monitoring and Evaluation |
| MCHIP | Maternal and Child Health Integrated Program |
| MDGs | Millennium Development Goals |
| MNCH | Maternal, Newborn and Child Health |
| MNH | Maternal and Newborn Health |
| MOHCW | Zimbabwe's Ministry of Health and Child Welfare |
| NIHFA | National Integrated Health Facility Assessment |
| OJT | On the Job Training |
| ORS/ORT | Oral Rehydration Salts/Oral Rehydration Therapy |
| PCN | Primary Care Nurse |
| PCV | Pneumococcal Vaccine |
| PHE | Provincial Health Executive |
| PMP | Performance Monitoring Plan |
| PMTCT | Prevention of Mother-to-Child Transmission of HIV |
| PPFP | Postpartum Family Planning |
| QOC | Quality of Care |
| RED | Reaching Every District |
| RGN | Registered General Nurse |
| RH | Reproductive Health |
| RHC | Rural Health Center |
| SBM-R | Standards Based Management and Recognition |
| TA | Technical Assistance |
| TOR | Terms of Reference |
| TOT | Training of Trainers |
| TWG | Technical Working Group |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children Fund |
| USAID | United States Agency for International Development |
| VHW | Village Health Worker |
| WHO | World Health Organization |
| WG | Working Group |

1. INTRODUCTION

Though this annual report officially covers the period from October 2010 to September 2011, MCHIP's story in Zimbabwe actually began in January 2010, when a team from MCHIP/Washington was invited to visit the country by USAID/Zimbabwe. The objective of that visit was to carry out an initial assessment of the MNCH situation in the country and to submit a proposal on how the Mission could work through MCHIP in supporting the MOHCW and other partners in accelerating national efforts towards improving maternal, newborn, and child health. A situation analysis report and a proposal including the initial life of project workplan for 2010-2013 were produced and approved by USAID. In mid-2010, MCHIP started establishing an office in Harare and began preparing for the implementation of the FY11 workplan covering October 2010 to September 2011.

The MCHIP/Zimbabwe program objectives and main strategies in FY11 were to:

1. Support the MOHCW to formulate national health policies, strategies and programs that increase the population's access to affordable, evidence-based, high impact maternal, newborn, and child health/family planning (MNCH/FP) interventions;
2. Improve the quality of maternal and newborn health services provided by District Hospitals (DH) and high-volume Rural Health Centers (RHC);
3. Improve the coverage and quality of high-impact MNCH/FP interventions provided by Primary Care Nurses (PCN) in RHCs and by Village Health Workers (VHW) in communities; and
4. Increase routine immunization coverage, focusing on those districts with large numbers of unimmunized children, and successfully obtain and introduce pneumococcal vaccine by 2013.

The MCHIP program therefore prioritized the following strategies in the FY11 year:

- Strengthening the capacity of the MOHCW to coordinate MNCH/FP through support to national technical working groups, addressing human resources gaps at key coordinating units/divisions of MOHCW headquarters, supporting generation of evidence for policy advocacy.
- Prioritizing support to performance and quality improvement in MNCH/FP service delivery at facility level with a focus on primary and secondary levels of care.
- Working with VHW trainers, the Unit responsible for VHWs at MOHCW, other stakeholders and communities to assess the training, performance, and quality gaps in the work of VHWs in community-based MNCH/FP.
- Supporting the introduction of new vaccines for immunization and the strengthening of routine immunization services using the Reaching Every District (RED) strategy.
- Accelerating mortality reduction through an integrated package of evidence-based, high-impact MNCH/FP interventions.

This annual report details the progress and accomplishments of the MCHIP/Zimbabwe team during the period October 2010 to September 2011. Significant achievements were made in the year, both programmatically and operationally. This report begins with a description of the fourth quarter's (July-September 2011) highlights, followed by highlights of major achievements made in FY11. Subsequent sections of this report describe in greater detail progress against FY11 annual targets, as set out under each program objective in the FY11 annual workplan. Final sections of the report include major challenges and opportunities encountered during the year, as well as a success story about how MCHIP collaborated successfully with partners in the fourth quarter to facilitate scale up of national capacity building efforts around newborn resuscitation. The final section includes the MCHIP/Zimbabwe indicator table which details M&E data for the year and shows progress against annual targets.

2. KEY ACHIEVEMENTS FOR THE FOURTH QUARTER (JULY – SEPTEMBER 2011)

Technical Achievements

- Implemented SBM-R Module 2 in the learning site districts and conducted associated HF internal assessments and follow-up/supportive supervision visits to SBM-R supported HFs.
- Disseminated the maternal, newborn, and child health baseline findings to the Permanent Secretary of Health, the Pediatric Association of Zimbabwe, and staff from learning site HFs (as part of SBM-R Module 2).
- Through participation in the Child Survival Working Group, contributed toward the planning and preparation for the launch of the Maternal, Newborn, and Child Health Steering Committee within the MOHCW.
- Contributed technically to the development of a final IMNCI training module on management of the 0-7 day newborn, as well as supported finalization of other IMNCI training materials.
- Supported follow up of the 31 HCWs trained in IMNCI to assess post-training skills retention.
- Conducted one-day Helping Babies Breathe training at Mutare Provincial Hospital and two-day partograph trainings at Mutare Provincial and Chimanimani Rural hospitals.
- Conducted EmONC training in Kadoma for Nurse Managers (PNOs, Tutors, and senior nursing staff from Harare, Chitungwiza, and Bulawayo city councils).
- Delivered supplies to MCHIP-reinvigorated Kangaroo Mother Care units in Sakubva, Mutambara, Chimanimani, and Rusitu Mission Hospitals.
- Trained 49 HCWs representing the majority of HFs in Chipinge district on RED (including district micro-planning).
- Supported (technically and financially) the MOHCW EPI Unit in revision of national immunization policy and adaptation of the RED Field Guide.
- Provided technical assistance to the national PMTCT program review.
- Provided financial and technical support to the launch of World Breastfeeding Week in Gokwe South in August.
- Continued to provide technical and logistical support to the NIHFA/EQOC task force.
- Held discussions with visiting representatives of the President's Malaria Initiative regarding the possible addition of funds to MCHIP for implementation of malaria activities.
- Successfully hosted a monitoring team visit from USAID/Washington (Nahed Matta and Malia Boggs) that included stakeholder meetings in Harare as well as field visits to Mutare and Chimanimani.
- Developed VHW assessment tools and protocol; further refined MCHIP internal plans for VHW activities in the learning sites.
- Laid the groundwork for upcoming nutrition activities (e.g., participated in relevant nutrition coordination meetings/working groups; engaged key nutrition stakeholders at the MOHCW, Food and Nutrition Council, UNICEF, etc.,; developed nutrition workplan).
- M&E Officer and Technical Director attended the RISE training workshop in South Africa.
- Developed the FY12 MCHIP/Zimbabwe annual workplan, budget, and indicators/targets.

Program Management Achievements

- Project Administrator (based on Harare office) and two District Community Officers (one based each in the Mutare and Chimanimani offices) on board full time.
- Completed recruitment process for Nutrition Consultant and Nutrition Technical Officer.
- Arrival of three project vehicles and completion of all related registration, insurance, etc., paperwork.

3. KEY ACHIEVEMENTS FOR PROGRAM YEAR 1 (FY11)

MCHIP/Zimbabwe achieved significant results in FY11. Detailed achievements are chronicled in MCHIP/Zimbabwe quarterly program reports, but a few major highlights are included below:

- At the national level, MCHIP/Zimbabwe managed to secure a seat on the main technical working groups and made significant contributions in setting the priorities for national programs and development of national implementation plans. Working through the maternal and newborn health (MNH) working group(WG), MCHIP/Zimbabwe, under the leadership of MOHCW, initiated the review of the MNH Road map and the development of an implementation plan. However, the review was deferred as the MNH WG noted the paucity of data needed for the review process and hence the need to carry out a National Integrated Health Facility Assessment (NIHFA). MCHIP/Zimbabwe advocated for the inclusion of an MNCH Quality of Care (QOC) module in the NIHFA and led the process of developing the study protocol and tools, while remaining engaged with the broader logistic planning for the whole survey. However, due to some logistic and administration challenges, initiation of the study has lagged behind and is now scheduled for FY12.
- Similarly at the national level, working through the Immunization Interagency Coordinating Committee (ICC), MCHIP provided technical support to the MOHCW to develop and submit proposals to GAVI for the introduction of pneumococcal and rotavirus vaccines. The pneumococcal vaccine (PCV) introduction application was approved by GAVI and PCV-13 will be introduced in 2012, while the rotavirus vaccine proposal was approved subject to clarifications. Going forward, MCHIP technical support will be required to support the successful introduction of these new vaccines and the necessary review of policies, strategies, communication materials, and tools that will accompany new vaccine introduction.

- At program delivery level, MCHIP mainly focused on strengthening the performance and quality of service provision at health facilities in MCHIP learning districts (Mutare and Chimanimani districts in Manicaland Province). A performance and quality improvement strategy based on the Standards-Based Management and Recognition (SBM-R) approach was successfully introduced at one-third (n=17) of the health facilities in each of these

Figure 1: Percentage of MNH standards fully met per facility at baseline (n=106 standards)



districts. These 17 health facilities provide over 80% of the deliveries occurring in these districts, and over 90% of the maternal and newborn deaths occurring in facilities in these two districts occur in these 17 facilities. In FY11, the MOHCW Reproductive Health (RH) Unit led the process of adapting performance standards, through a multi-stakeholder workshop supported by MCHIP. MCHIP also completed a baseline assessment on SBM-R for MNCH and the results are being used for refocusing interventions by MCHIP, MOHCW, and other partners. Each health facility assessed has developed facility-specific action plans which MCHIP and partners have been using to develop procurement, training, refurbishment, and supportive supervision plans in Mutare and Chimanimani. The dissemination of baseline results, which has already been done for facility staff, District Health Executives (DHE), the Provincial Health Executive (PHE), and the MOHCW Permanent Secretary, will

continue at various levels in order to foster the adoption of performance and quality improvement approaches in accelerating progress towards MDGs 4, 5, and 6. These baseline surveys showed major skills gaps among health care providers; the team focused significant resources in FY11 towards addressing these gaps through intensive training activities, which will continue in FY12.

- In an effort to improve the skills and knowledge of health care workers (HCWs) in improving the quality of maternal, newborn and child health care, in FY11 MCHIP supported national, provincial and district level health care worker trainings on: Helping Babies Breathe (HBB); emergency obstetric and newborn care (EmONC)/Life Saving Skills; RED; Integrated Management of Newborn and Childhood Illness (IMNCI); and midwifery skills (see table below).

| District | HBB/EmONC | RED** | IMNCI | Midwifery training*** | Life Saving Skills | Other **** |
|------------------------------------|-----------|-------|-------|-----------------------|--------------------|------------|
| Chimanimani | 31 | 34 | 10 | 3 | 1 | 7 |
| Mutare | 98 | 53 | 16 | 1 | 2 | 8 |
| Other districts in Manicaland | 10 | 143 | 5 | 8 | 12 | 0 |
| Other districts outside Manicaland | 153* | | | | | |

* This includes EmONC TOT and HBB TOT

** Includes RED TOT

***Six-week theoretical midwifery block (portion of longer midwifery training)

****Modular training in the use of partograph

These trainings were highly needed given the results of MCHIP's baseline assessments in maternal, newborn, and child health which showed low levels of knowledge and skills among health care workers in MCHIP's learning sites. In FY11 and continuing into FY12, MCHIP will follow these trainings up with procurement support (for minor supplies and equipments needed at health facilities) to enable use of newly acquired skills and maintain motivation, as well as supportive supervision and on the job training. In addition to training a significant proportion of providers within MCHIP's learning districts, MCHIP's training activities are also having national and provincial-level impact, as MCHIP has supported the training of providers, clinical tutors, and trainers of trainers from all over the country (e.g., 90+ trainers trained in HBB nationally). These trained individuals will in turn cascade training throughout the nation.

- Regarding immunization training specifically, at the district level, MCHIP support to the national immunization program saw the successful revitalization of the RED strategy and roll out in all seven districts of Manicaland. In FY11, trainings of health care workers (HCW) on the Reaching Every District (RED) approach were completed in five of the seven Manicaland districts. The remaining challenge, and an interesting opportunity, will be for MCHIP to support post-training follow ups (PTFU) in the seven districts, including the successful implementation of facility action plans. Lessons learned will be valuable for innovative approaches to scaling up routine immunization at the national level.
- Finally, in FY11 MCHIP provided technical and material support for the revitalization and refurbishment of two MNCH training units and 4 kangaroo mother care (KMC) units in district hospitals. It is well recognized that training in a hotel environment is costly and does not confer the critical clinical skills that are necessary to deal with MNCH emergencies. In this light, MCHIP supported the refurbishment of two clinical training units at Sakubva and Mutambara district hospitals that will

see large numbers of health care workers undergoing modular short courses in MNCH in FY12. Regarding KMC, this is a well-recognized method of improving newborn survival, particularly among those born with low birth weight. Though KMC was almost universally practiced in Zimbabwe's district and provincial hospitals in the 1990s, very few facilities continue currently to provide this method of care. Given the proven advantages of this method of care, MCHIP (through the MOHCW) financially and materially supported the revitalization of KMC in select health facilities in Mutare and Chimanimani. In FY11, four KMC units were established in Sakubva, Chimanimani, Rusitu and Mutambara hospitals.

4. GEOGRAPHICAL COVERAGE IN FY11

MCHIP operates at national, provincial, district and community levels. In FY11 (as is planned for FY12), national-level activities included support for development, adaptation, and review of national policies, strategies, guidelines and protocols, as well as MNCH training including training of national trainers. MCHIP also engaged in national-level advocacy activities and provided key technical assistance and coordination support for a wide variety of MOHCW-led technical working groups. At provincial level, in FY11 MCHIP conducted advocacy, planning, coordination, and training activities in Manicaland, and also conducted province-wide Reaching Every District (RED) immunization activities across all 283 health facilities in the province, as well as supported province-wide activities such as African Vaccination Month.

At district level (learning sites), MCHIP works in Chimanimani and Mutare to scale up integrated, high impact packages of MNCH interventions aimed at reducing maternal, newborn and child morbidity and mortality. In FY11, MCHIP did this through district-wide health provider training, support for follow up and supervision, support for equipment and supplies to select health facilities, and other activities. In FY11, MCHIP also initiated the SBM-R quality of care improvement approach in 20 high-volume health facilities which provide over 80% of the deliveries occurring in these districts, and see over 90% of the maternal and newborn deaths occurring in facilities in these two districts. In FY12, MCHIP will continue to work throughout the 79 health facilities in Mutare and Chimanimani districts on activities such as training and supervision support, and within the 20 high-volume HFs in terms of continued SBM-R support (see table below).

| District | # of HFs in district | # of MCHIP-supported ^a sites in FY11 (% of total) | # of SBM-R supported ^b sites in FY11 (% of total) | # of anticipated MCHIP-supported ^a sites in FY12 (% of total) | # of anticipated SBM-R supported ^b sites in FY12 (% of total) |
|--------------------------|----------------------|--|--|--|--|
| Mutare ^c | 52 | 52 (100%) | 11 (21%) | 52 (100%) | 11 (21%) |
| Chimanimani ^c | 27 | 27 (100%) | 9 (33%) | 27 (100%) | 9 (33%) |
| Buhera | 30 | 30 (100%) | n/a | 30 (100%) | n/a |
| Chipinge | 52 | 52 (100%) | n/a | 52 (100%) | n/a |
| Makoni | 53 | 53 (100%) | n/a | 53 (100%) | n/a |
| Mutasa | 43 | 43 (100%) | n/a | 43 (100%) | n/a |
| Nyanga | 26 | 26 (100%) | n/a | 26 (100%) | n/a |
| Total HFs | 283 | 283 (100% of Manicaland HFs) | 20 (25% of learning site HFs) | 283 (100% of Manicaland HFs) | 20 (25% of learning site HFs) ^d |

Notes:

^a“MCHIP-supported” means any HF having received any type of training, material, or other support or technical assistance from MCHIP.

^b“SBM-R supported” means any HF having received specific MCHIP support for SBM-R quality improvement implementation.

^cMCHIP “learning site” districts.

^dIn FY12, MCHIP will explore the possibility (with USAID, the Manicaland PMD, and respective DHEs) of expanding the SBM-R approach to high-volume HFs in one additional district.

5. PROGRESS AGAINST FY11 ANNUAL TARGETS – DETAIL BY OBJECTIVE

Objective 1: Support the MOHCW to formulate national health policies, strategies and programs that increase the population’s access to affordable, evidence-based, high impact MNCH/FP interventions

Throughout FY11, MCHIP provided significant technical and material support toward the development and/or review of key MNCH national guidelines, policy documents, and training materials. MCHIP’s progress toward annual targets and achievements under Objective 1 are detailed below:

| Objective #1: Support the MOHCW to formulate national health policies, strategies and programs that increase the population’s access to affordable, evidence-based, high impact maternal, newborn, and child health/family planning (MNCH/FP) interventions | | |
|---|------------------|--|
| Activity 1.1: Contribute to key MNCH/FP national surveys/assessments | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| National MNH Quality of Care (QoC) study carried out, report available | Support ongoing. | The MOHCW-led National Integrated Health Facility Assessment/Quality of Care (NIHFA/QOC) study, which is planned to begin in late 2011, has been supported significantly (technically and logistically) by MCHIP throughout FY11 and requires MCHIP’s continued involvement in FY12. MCHIP’s main contribution is in technical support to the QOC portion of the study, which will provide national data on the quality of MNCH services being provided in the country’s public health facilities. |
| Child Health Needs Assessment (CH NA) carried out in learning sites by MCHIP, and report available | Completed. | In addition to conducting a MNH-focused baseline study in 17 HFs, MCHIP also carried out a CH NA in Mutare and Chimanimani in February 2011 and examined the quality of child health services being provided in 20 HFs in the learning sites, as well as other topics including health systems infrastructure, community-level activities, and some household health behaviours. Results from both the MNH and CH assessments have since been disseminated to the Permanent Secretary of Health, provincial and district health executives, HF staff, and many others. |
| Findings of both studies widely disseminated and used in planning | Completed. | Dissemination of findings of the MNH and CH baseline studies has occurred at health facility level, among the Mutare and Chimanimani DHEs, and the Manicaland PHE. In addition, MCHIP has presented the study results to the MOHCW Permanent Secretary, and at meetings of the Pediatric Association of Zimbabwe and the Ob/GYN Society of Zimbabwe, among others. |
| Activity 1.2: Improve the effectiveness and efficiency of MNCH/FP coordination mechanisms at the national level | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |

| | | |
|--|--|--|
| MNH and CH working groups with clear mandates and Terms of Reference | Not completed. The TOR for the CS WG is pending higher-level actions. The MOHCW is likely going to adapt the MNCH TORs developed in 2007/8. | MCHIP provided support to the MNH and CS WGs throughout FY11. In October 2011, the Permanent Secretary will launch the MNCH Steering Committee, which once formalized, will enable the framework for formalization of lower-level working groups (and subsequently the formalization of TORs for these WGs). |
| MNH Roadmap midterm evaluation carried out by partners and recommendations generated to guide implementation | Not completed. | The MNH Roadmap midterm evaluation is on hold, pending completion and results of the NIHFA. |
| National implementation plans for MNH and Child Survival drafted with partners and initiated | Ongoing. | In Q4, MCHIP supported a one-day workshop for stakeholders of the CS WG to prepare the first draft of the CS implementation plan. The CS WG subsequently advocated to the PS to mobilize other MOHCW units to add inputs to the implementation plan; this work will continue in FY12. The RH unit has been convening partner meetings to produce annual implementation plans though not all partners were covered and the budgets were not declared. |
| National comprehensive Multi Year Plan (cMYP) for immunization and immunization policy updated | cMYP update completed. Immunisation Policy is now circulating for comments from other technical stakeholders before it is sent for printing. | In light of the introduction of the new pneumococcal vaccine in 2012, MCHIP supported the review of the following critical documents: EPI Policy, EPI Policy Implementation Guidelines, Integrated Communication Strategy for EPI, and Training Guidelines for Introduction of Pneumococcal Vaccine. MOHCW plans to conduct measles NID in 2012 and MCHIP supported the drafting of the proposal for a Measles Campaign in June 2012. |

Activity 1.3 Support development and standardization of national guidelines/tools on key MNCH/FP interventions

| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
|--|-------------------------|---|
| Gaps in maternal and newborn care in existing MNH and CH policies identified and addressed, as appropriate | Completed; ongoing. | The national PMTCT program review was conducted with MCHIP support. The final draft of the 2011-2015 PMTCT/Pediatric HIV Strategic Plan was produced as an outcome of the program review exercise. This will succeed the 2006-2010 National PMTCT Strategic Plan in light of the new global agenda to eliminate pediatric HIV infections. MOHCW to share the new plan with partners in FY12. MCHIP has also supported the review of other MNCH-related policies, for example the national EPI Policy. |
| Specific MNCH/FP protocols and service delivery guidelines | Completed; ongoing. | MCHIP supported the review, revision, and/or development of service delivery guidelines throughout FY11. MCHIP has supported development of EmONC, IMNCI, RED, and KMC training guidelines, |

| | | |
|---|--------------------------------|---|
| revised/developed and initiated | | as well as the updating of the EPI Policy, communication strategy, cold chain equipment data analysis, NID proposal for measles for 2012, and new vaccines training materials. MCHIP also participated in adaptation of FANC guidelines for use nationally. |
| Comprehensive national strategy on integration of MNCH education into pre-service medical and nursing curricula developed and implementation initiated | Not completed. | Throughout FY11, significant challenges were met trying to engage with the MOHCW unit in charge of pre-service training (Nursing Services); progress was difficult in this area. MCHIP needs to revise its advocacy strategy in order to negotiate more effectively for action with national level stakeholders. |
| Comprehensive maternal and newborn care guidelines and training package developed with partners | Ongoing; nearing finalization. | Through participation in the Reproductive Health Working Group, MCHIP facilitated development of draft national EmONC training curricula, which will now enable national roll out of this training, as well as supported EmONC training of tutors/clinical instructors. In addition, MCHIP also supported adaptation of the national RED training field guide and will continue to support roll out of RED training and follow up throughout Manicaland province. In FY12, MCHIP will seek opportunities to support the MOHCW in a discussion about national coordination on training for health workers and/or development of a national training plan if possible. |
| IMNCI guidelines finalized and in use, including guidelines and tools for scaling up diarrhea prevention and management and management of newborn infection | Ongoing; nearing finalization. | Through participation in the Child Survival Working Group (CS WG), MCHIP played a leading role in providing technical and financial support to the national IMNCI review process and facilitated inclusion of the newborn component (0-7 day module for care of the sick newborn) and integration of PMTCT/Malaria into the IMNCI curriculum. MCHIP also provided key input into reducing the IMNCI training duration (from 11 days down to six) and costs without compromising quality, which is a goal of many developing countries. IMNCI training materials are hoped to be finalized by the end of 2011, at which point MCHIP will roll out IMNCI training in the learning site districts. Regarding diarrhea prevention and management scale up, MCHIP initiated discussions with both DHEs in Q4 on the need for diarrheal disease/zinc scale up plans. Both DHEs are supportive of the idea and the team will continue work on this in FY12 |

Activity 1.4: Strengthen capacity of MOHCW to coordinate implementation of CH and immunization policies and programs

| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
|---|-------------------------|---|
| 1 Focal person recruited and assigned to the national EPI Unit | Completed. | Secondment of Immunization Technical Officer to MOHCW ongoing since February 2011. The EPI Unit has increased capacity now and has been a strong partner in the adaptation of the RED field guide, new vaccine introduction (NUVI) work, and coordinating national EPI reviews. |
| 1 Focal person recruited and assigned to the national Child Health Unit | Completed. | Secondment of CH Technical Officer to MOHCW ongoing since February 2011. The CH Unit has increased capacity now and has been a strong partner in terms of moving forward on IMNCI trainings and training material review, IMNCI post-training follow up, and coordination of the CS WG. |

Objective 2: Improve the quality of maternal and newborn health services provided by District Hospitals (DH) and Rural Health Centers (RHC)

MCHIP's progress toward annual targets and achievements under Objective 2 are detailed below:

| Objective #2: Improve the quality of maternal and newborn health services provided by District Hospitals (DH) and high-volume Rural Health Centers (RHC) | | |
|---|-------------------------|--|
| Activity 2.1: Introduce and scale up SBM-R (quality improvement) approach in 17 health facilities in Mutare and Chimanimani –all steps | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| SBM-R introduced with consensus achieved on initial MNCH/PPFP performance standards at national level | Completed. | There are very few and fragmented MNH Quality of Care initiatives in Zimbabwe. MCHIP successfully introduced the SBM-R process which provides a framework for improving QOC and performance in MNH service delivery. The adoption of the SBM-R process was well received at all levels with high level MOHCW representation and leadership during stakeholder consultations and development of the SBM-R tools, as well as 33 participants representing more than 10 different partner organizations attending an initial MCHIP-led stakeholders workshop. To influence policy, MCHIP is working closely with the newly established national Quality Assurance Unit of the MOHCW to raise the profile of quality of care improvement and advocate for development of national performance standards and a QOC improvement strategy including possible adoption of SBM-R standards. |
| SBM-R baseline assessment completed in Mutare and Chimanimani | Completed. | An initial MNH-focused baseline assessment was conducted in 16 health facilities in two districts which highlighted huge gaps and variations in provider knowledge and competencies which are currently being addressed (through training and supportive supervision, support for minor procurement, etc.). MCHIP has also explored the use of the SBM-R approach to assess the quality of child health care in the learning sites and will continue to test ways to use SBM-R to improve the quality in child health areas. MCHIP has and continues to share experiences with the SBM-R approach at multiple fora. |
| SBM-R being implemented in 17 HFs in Mutare district (10) and Chimanimani (7) | Completed. | MCHIP successfully introduced and is currently implementing the SBM-R quality improvement approach in 20 health facilities in 2 districts (and piloting the integration of child health standards into the SBM-R approach). |
| Activity 2.2: Establish center of excellence in MNH/PPFP clinical training in learning sites | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| MNH/PPFP centers of excellence established at 1 hospital in each of the two districts | Almost complete. | The MNH/PPFP centres of excellence will comprise a facility providing MNH/PPFP services according to SBM-R standards, will have a team of trainers with capacity to offer training on quality MNH/PPFP, will have a clinical training unit with capacity for provision of competency-based clinical training, and will have a facility management team which takes a leading role in promoting MNH/FP performance and quality improvement. In FY11, Sakubva |

| | | |
|---|------------------|--|
| | | and Mutambara district hospitals were identified as the sites where centers of excellence could be established. By the end of FY11, refurbishment and furnishing of the clinical training units was over 90% complete; a core team of health workers have been trained in MNH and await being trained as trainers; both sites have SBM-R facility teams; and both facilities are receiving enhanced support from MCHIP and partners to make them fully functional CEmONC centres. |
| 4 KMC units established in learning sites and equipped for comprehensive newborn training (HBB, KMC, prevention and management of newborn sepsis) | Almost complete. | Financial and technical support was provided to revitalize KMC units at Sakubva Hospital, Mutambara Hospital, Rusitu Rural Hospital and Chimanimani Rural Hospital. MCHIP has provided critically needed supplies to these units (such as baby wrappers, mothers' clothes, towels, room heaters, etc., to keep the mothers and babies warm and thereby improve the care and survival of preterm and low birth weight babies). Refurbishment and furnishing of previously under-utilized rooms/wards was completed at Mutambara which is now fully functional, while progress at Sakubva is nearly 90% complete. (Note: both Mutambara and Sakubva are also MCHIP-supported training centres which means that theoretical and practical training can now be done on site at these HFs.) Work has started at Rusitu and Chimanimani rural hospitals. In addition, MCHIP is also providing support to revitalize the KMC unit at Harare Central Hospital (the biggest national referral center) and in FY12 will support "attachment" of HCWs from the learning sites to Harare Hospital to observe and practice improved KMC skills there. |
| 10 trainers trained (6 for Mutare district and 4 for Chimanimani) | Partially done. | Participants for the TOT have been identified and have received training. The TOT was deferred to FY12 to allow for the finalization and national endorsement of clinical training materials developed by the MOHCW with technical support from MCHIP. |
| Minor modification and refurbishments completed to centers of excellence and additional KMC units | Almost complete. | As described above, refurbishments are almost complete for 4 KMC units in the learning sites as well as at Harare Central Hospital. The Harare Hospital KMC unit is the model KMC unit in the country and staff from the districts will be attached to the unit for experience in the next quarter. This unit is at the biggest referral center where there are training schools for midwives and general nursing, and it has been running for a long time, though with minimal resources and support. MCHIP provided supplies such as buckets for proper storage of feeding utensils for babies, e.g., feeding cups to ensure appropriate infection prevention. The Harare Hospital KMC unit will also be painted with MCHIP assistance; paint has already been supplied. |
| SBM-R process completed and quality of MNH/FP care improved in centers of excellence and KMC units before training begins | Completed. | Both Sakubva and Mutambara have successfully introduced SBM-R and have: participated in adaptation of SBM-R standards, completed SBM-R baseline assessments, and have started implementing facility-specific action plans. |

Activity 2.3: Update provider skills on key MNCH/PPFP interventions in DHs and RHCs in the learning sites (further elaboration of SBM-R capacity building steps)

| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
|--|------------------|---|
| 10 trainers in 2 districts trained as TOTs on key MNCH interventions and OJT/mentoring/supervision | Partially done. | See comments under Activity 2.2 above. |
| 80 health workers in 2 districts trained in AMTSL use of partograph, BEmONC, PPFP, KMC, HBB | Completed. | The target of 80 health workers was surpassed. |
| OJT/mentoring/supervision visits conducted quarterly to all health facilities with trained HCWs | Partially done. | The TOT discussed above will equip teams with OJT/SS skills. The training is yet to be done but MCHIP and MOHCW have already been conducting OJT/supervisory visits using the SBM-R standards in learning sites. OJT has been on partograph use, SBM-R self-assessments, management of diarrhoea, the RED strategy, and management of ANC. Most nurses in the learning sites are now using the partograph in management of labour and zinc in the treatment of diarrhoea. |

Activity 2.4: Carry out other SBM-R, capacity building and site strengthening activities, as needed, in learning sites

| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
|--|------------------------|--|
| Quality improvement initiatives defined and carried out based on baseline assessment and/or continuous self assessment | Completed. | All SBM-R-supported HFs developed facility-specific action plans. SBM-R teams have been set up in all sites to work on the gaps identified by areas, and all facilities have implemented over 80% of the activities they had total control over. The second self-assessment conducted in Q4 is showing improvement across all facilities against the standards, though gaps still exist in the areas of management of Emergency Obstetric Care (Area 8), MNH service management (Area 1), and physical and material resources (Area 3). OJT/mentoring/supervision is being done to address initial SBM-R self assessment gaps. |
| Other results of quality improvement initiatives | Completed and ongoing. | SBM-R assessments identified the need for new placenta pits and bottle pits at certain HFs in Chimanimani. After the implementation of the SBM-R assessments, the DHE for Chimanimani district lobbied with Mercy Corps for the construction of placenta pits, bottle pits, and incinerators in the health centers, including in MCHIP-supported health centers. Construction has since been completed in most sites. In addition, the Chimanimani Rural Development Council has begun to increase support to SBM-R health facilities with resources for infection prevention and control. At the national level, MCHIP has emerged as a leader on quality of care improvement issues and has been asked by the MOHCW Quality Assurance Unit to support national-level discussions on quality of care. |

Activity 2.5: Monitor, evaluate and use the initial results in learning sites to inform future quality improvement strategies for MNH/PPFP

| Annual Target from FY11 | FY11 | Comments |
|-------------------------|------|----------|
|-------------------------|------|----------|

| Workplan | Achievement | |
|---|---------------------------------|--|
| SBM-R baseline assessment completed in learning sites and report produced | Completed. | See under Activity 2.1. |
| Quarterly reports comparing SBM-R supervision and self assessment findings with baseline | Completed. | A second SBM-R assessment was completed in Q4 and reports are currently being finalized. Preliminary findings show that significant progress has been reported in the MNH clinical competencies across all facilities. CH is still lagging behind because the IMNCI trainings have not been rolled out. |
| Annual program review includes assessment of SBM-R process and results | Completed. | Completed as part of FY12 annual workplanning process, as well as during USAID/W field visit. |
| Recommendations vis a vis continuation, refinement, expansion of SBM-R approach in FY12 | Ongoing. | Refinement of the SBM-R process is ongoing and will incorporate feedback gathered throughout FY11 and beyond. |
| Activity 2.6: Support the MOHCW's national initiative to provide an additional six months of pre-service or in-service training in obstetrics, maternity and newborn care to PCN cadre. (This would be beyond clinical training courses for pre-service tutors in learning sites described under Activity 2.3) | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| Technical assistance provided to MOHCW for competency-based training of PCN tutors | Activity being supported by EU. | This activity is being implemented by MOHCW with EU support; PCNs are now going through up-skilling activities. The impact of this on MCHIP in the short term has been that some MCHIP-trained HF staff have left their posts for up-skilling and thus are not available for MCHIP-supported activities. In the long term, these staff should return to their posts however and be more technically competent than before. |

Objective 3: Improve the coverage and quality of high-impact MNCH/FP interventions provided by Primary Care Nurses in RHCs and by Village Health Workers (VHW) in communities

At community level, MCHIP made slower progress in FY11 relative to its facility-based achievements, as the phased approach adopted in MCHIP/Zimbabwe's program design prompted a focus first on building capacity of health facilities to provide quality MNCH services before meaningfully engaging communities. Strategically, MCHIP was hesitant to mobilize communities to utilize services of poor quality. In addition, the changing role of the PCN in the national health delivery system has forced MCHIP to refocus its strategy for community engagement. The type of cadre manning the primary care level is changing as PCNs go for midwifery up-skilling and as the system tries to absorb an over-supply of Registered General Nurses (RGN). In FY12, the facility, and not necessarily the type of health worker cadre, will become the target focus in providing support to MCHIP's activities with VHWs.

MCHIP/Zimbabwe progress and achievements under Objective 3 are detailed below:

Objective #3: Improve the coverage and quality of high-impact MNCH/FP interventions provided by Primary Care Nurses in RHCs and by Village Health Workers in communities

Activity 3.1: Assess the quality of care provided to infants and young children in learning sites

| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
|--|--|---|
| Child health needs assessment completed in the learning sites | Completed. | See under Activity 2.1. |
| Assessment results used to develop final activity plan under this objective | Completed. | Assessment results have been incorporated into the FY11 and FY12 activity plans for this objective. |
| Activity 3.2: Increase the capacity of PCNs/RHCs to scale up IMNCI | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| 60 HCWs (PCNs and RGNs) trained in short courses on topics emerging from MNH QoC assessment, SBM-R baseline, and CH needs assessment | Ongoing. | Short training courses were started towards the end of FY11, focusing mainly on HBB and the use of the partograph. For example, 6 nurses from Chimanimani Hospital have been trained on partograph use and 14 PCN up-skilling students and 8 student midwives were trained in HBB. |
| Revised IMNCI guidelines finalized at national level and printed and disseminated in learning sites | Ongoing; nearing finalization. | See under Activity 1.3. |
| Newborn sepsis and diarrhea prevention and management policies rolled out in learning sites through IMNCI training | Partially completed. | The IMCI now has a strong newborn component but the trainings have not yet been rolled out. Newborn sepsis has also been incorporated into EmONC training curricula. |
| Improved MNCH knowledge and skills of the PCNs and RGNs who staff most RHCs | Ongoing. | In FY11, MCHIP supported training of HCWs in MNCH and supportive supervision was carried out throughout the year to reinforce the knowledge and skills gained during trainings. HCW knowledge and skills are being monitored through SBM-R assessments. |
| Activity 3.3: Strengthen community-based MNCH interventions | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| VHW training and support needs defined | Planned assessment not able to be completed. | In Q4 of FY11, MCHIP had planned to conduct a VHW assessment to assess the content and effectiveness of VHW training in the learning sites. MCHIP developed tools in conjunction with provincial and district counterparts and identified dates for the assessment exercise. Unfortunately, at the last minute the assessment was delayed due to a national level decision and MCHIP will strategize another way to get the needed information in FY12. |
| 60 VHWs trained (in short refresher courses on priority MNCH topics) | Not completed. | Had been awaiting results of VHW assessment. |
| IEC materials developed, printed and disseminated on key MNCH issues for use by VHWs | Ongoing. | In Q4 of FY11, MCHIP supported focus group discussions with the National AIDS Council for World AIDS Day (WAD) message development (with a focus on teasing out which messages are especially relevant to MNCH within the WAD messages). Also in Q4, MCHIP supported development and production of IEC materials that were distributed to community members and others at the launch of World Breastfeeding Week in Gokwe South district. In FY12, |

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| | | MCHIP will support production of IEC materials for VHWs and community members on infant and young child feeding messages, among other topics. |
| Community mobilization strategies developed and being implemented in priority districts, i.e., districts with serious geographic, religious and other cultural barriers to utilization of PHC services | Not completed. | In Q4, MCHIP added two District Community Officers to its team, one each based in Mutare and Chimanimani. These staff have initiated the development of community mobilization strategies, and the FY12 workplan features more focus on the community component of the program. |
| Documented improvements in the numbers of VHWs in learning sites who are conducting CB-MNCH according to guidelines | Not completed. | For the issues raised above, VHW activities were not able to be conducted in earnest in FY11. |
| Activity 3.4: Work with OPHID and other partners in the learning sites to improve the coverage of PMTCT (four pillars) and the quality of MNCH/FP care provided for HIV-affected women and infants. | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| PMTCT quality of care findings generated through SBM-R baseline in DHs and select RHCs | Completed. | The MNCH assessments had standards that assessed the performance and quality of PMTCT of HIV services provision. The findings form part of the MNH and the CH baseline reports. |
| Coordinated workplans developed and implemented with OPHID in relevant program sites | Partially completed. | In FY11, efforts were made to conduct joint workplanning with provincial and district partners including OPHID. In Q2, MCHIP hosted a joint coordination meeting in which the PNO, DNOs from Mutare and Chimanimani, and partners including OPHID, IRC, IOM, and others met and coordinated training plans for the districts for that quarter. In addition to streamlining coordination, this also facilitated activities like joint EmONC training that MCHIP conducted with IRC in Mutare. In addition, throughout the year MCHIP district staff participated in two PMTCT quarterly review meetings in Chimanimani hosted by OPHID. In FY12, MCHIP will fund 2 quarterly review meetings in Chimanimani district, and OPHID will fund the other two. A combined MCHIP/OPHID data collecting tool has been developed for this activity. |
| In Mutare and Chimanimani, PCNs and RGNs who staff the RHCs possess up-to-date knowledge of the new PMTCT screening, treatment and infant feeding guidelines | Supported by other district partners (e.g. OPHID); ongoing. | In FY11 in Chimanimani, nurses have been updated on new PMTCT and infant feeding guidelines. Trainings have been conducted on MER 14 and the nurses are already implementing the new guidelines. Revised registers for PMTCT are also now in use and early infant diagnosis is being done at most health facilities in Chimanimani district. PMTCT has also been incorporated into IMNCI trainings, which will be rolled out in FY12. |
| In Mutare and Chimanimani, other PMTCT quality improvement activities initiated with coordinated support from MCHIP, OPHID, and/or other partners | Partially completed. | See above. In FY12, MCHIP will also work with OPHID on VHW-level activities, as OPHID already has extensive experience working with VHWs in the learning sites. |

Objective 4: Increase routine immunization coverage, focusing on those districts with large numbers of unimmunized children, and successfully obtain and introduce pneumococcal vaccine by 2013

MCHIP/Zimbabwe progress and achievements under Objective 4 are detailed below:

| Objective 4: Increase routine immunization coverage, focusing on those districts with large numbers of unimmunized children, and successfully obtain and introduce pneumococcal vaccine by 2013 | | |
|--|---|--|
| Activity 4.1: Roll out the Reaching Every District (RED) strategy in the learning sites and to other priority districts | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| 30-cluster district immunization coverage surveys completed in learning sites and up to 4 other priority districts | Completed by MOHCW prior to start of MCHIP implementation. | Results from the coverage surveys are being used by MCHIP in Manicaland to devise strategies geared at improving vaccination coverage. The RED approach has been spearheaded by MCHIP and a provincial-level cluster survey is planned for the last quarter of 2012. |
| Microplans and implementation plans developed and monitored | Partially completed. | Five of the seven districts conducted RED microplanning in FY11 and developed plans to implement the RED approach. MCHIP will follow up the implementation of these plans. |
| 15 senior managers trained in RED approach | Completed. | In FY11, MCHIP supported MNCH services in Mutare and Chimanimani, but for immunization, MCHIP's support has been expanded to include the remaining five districts of Manicaland province (Bhura, Chipinge, Makoni, Mutasa and Nyanga). MCHIP had initially planned to train 15 senior managers on the RED approach but instead, 23 were trained in May 2011 to serve as trainers for all Manicaland districts. |
| 80% of RHCs in priority districts have staff trained and implementing the RED approach | Completed. | In FY11, MCHIP also trained a total of 74 health workers in the two learning sites (representing 100% of learning district facilities), who have started implementing the RED strategy (including participating in Data Quality Surveys and the use of monitoring and evaluation tools). |
| Up to 6 districts assisted to conduct Data Quality Self-Assessment (DQS) | Completed. | DQS was done as part of RED training in 6 districts and it will be reinforced during supportive supervision. |
| Supply, data quality and community/health facility linkages addressed | Ongoing. | As part of RED follow up and monitoring efforts. |
| Activity 4.2: Support MOHCW to submit application for Pneumococcal Vaccine (PCV 10) through supporting MOHCW increase of Penta 3 coverage to 75% | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| Introduction plan developed, CCL assessed, cMYP updated, ACSM plan | Introduction plan developed, cMYP completed. ACSM plan update | In FY11, MCHIP provided key technical support to the MOHCW for the development and submission of the country's comprehensive multi-year plan (cMYP) and introduction plans for PCV-13 and rotavirus vaccines to GAVI |

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| drafted | completed and awaiting printing. | Alliance. The ACSM strategy has been updated to include new vaccine introduction and is ready for printing. |
| Proposal to introduce PCV-10 submitted to GAVI Alliance by MOHCW | Completed. | In FY11, MCHIP provided key technical support for drafting and submission of Zimbabwe's successful application to GAVI for the introduction of pneumococcal vaccine in 2012 (and rotavirus vaccine in 2013). These proposals were submitted in May 2011; the PCV-13 application has been approved by the Independent Review Committee for introduction in 2012, and the rotavirus application was approved with conditions. MCHIP supported the MOHCW in addressing the rotavirus conditions and the proposal will be submitted before the 15 th of November 2011, for introduction in 2013. MCHIP's support of these new vaccine application activities was significant, and our contributions were highly appreciated by the MOHCW and other immunization partners in the country. |

Monitoring and Evaluation (M&E)

The growing need for health-related information to satisfy policy makers, program managers, donors, and other stakeholders exists and this poses multiple challenges at all levels, including at health facility level where data is collected. Zimbabwe has a National Health Information Strategy 2009-2014 which aims to provide the overall framework for the establishment of a comprehensive and integrated data collection, storage, processing, analysis, reporting, dissemination and utilization system, however there currently exists multiple data collection tools coupled with limited human capacity to collect, collate, use, and channel data in a timely manner from the health facility level through to district, provincial, and national levels. Furthermore, resource constraints continue to pose challenges that result in frequent stock outs of data collection forms, and other inadequate support systems (including coordination challenges at the national level and information technology/communication infrastructure challenges) all serve to compromise the ability of health personnel to record, report, and use high quality data. Manicaland is not immune to these challenges.

In FY11, MCHIP's activities set the foundation for the project's M&E strategy, focusing on district, provincial, and (where needed) national-level coordination and capacity-building, and on establishing the necessary systems and tools to guide and manage project data collection and analysis. These included development of the formal Performance Monitoring Plan (PMP), databases that are being used to store and analyze project data, and M&E capacity-building that was required at each level to ensure timely, complete, and high quality project data. Despite these and other efforts, throughout FY11 challenges with regard to data quality and availability were significant. Given this, MCHIP's FY12 activities have been developed with an added focus on HMIS systems strengthening and capacity building.

MCHIP/Zimbabwe's achievements under the M&E Objective in FY11 are detailed below:

| Monitoring and Evaluation (M&E) | | |
|---|------------------|---|
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| M&E1: PMP finalized | Completed. | MCHIP's PMP was approved by USAID in FY11. MCHIP continually reviews the PMP and revises it as needed to reflect new information about indicators, targets, and data quality/availability issues. |
| M&E2: Program M&E database developed | Completed. | Training database developed in EpiInfo for the MCHIP team. The global MCHIP RISE database was also adapted for program monitoring activities and has been in use since FY11 Q4. |

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| M&E3: Data flow analysis; HF and other assessments as needed | Partially completed. | The data flow analysis is planned for FY12. The 2010 HMIS assessment provides information on how data flows from the facility to the national level through the district and province. The main challenges in the flow of data are timeliness and completeness. District Health Information Officers have limited capacity to follow up on poor reporting facilities. |
| M&E4: Availability of timely and accurate internal project data | Completed (maintenance ongoing). | This is an ongoing activity. As part of ensuring high quality data, a Data Quality Assessment was done in conjunction with USAID, in three sites. Challenges were identified and will be addressed through training and other activities. More Data Quality Assessments will be held in FY12. |
| M&E5: Collaborations/partnerships identified and formed with others supporting HMIS strengthening; training and/or support provided to HMIS unit to ensure availability of needed program data | Completed. | MCHIP is a member of the national HMIS Steering Committee and has participated in meetings and activities in FY11 (the HMIS Steering Committee includes the following partners: CDC, RTI, JSI, MOHCW, USAID, UNICEF, ZIMSTAT, USAID, WHO, EGPAF, and others). One meeting resulted in the development of draft TORs for 5 steering committee TWGs (the MCHIP M&E Officer is a co-chair of the TWG on national reporting). The TORs are expected to be finalised and endorsed in FY12. MCHIP-supported HMIS trainings are also planned for FY12. |
| M&E6: Internal status reports; quarterly reports submitted on time | Completed (maintenance ongoing). | All MCHIP quarterly and other reports have been submitted to MCHIP/HQ and USAID on time throughout FY11. |

In addition to the M&E activities described above, MCHIP also developed an Environmental Monitoring and Mitigation Plan (EMMP) in FY11 and oriented its staff on its purpose and the team's monitoring responsibilities. Throughout the year MCHIP staff maintained awareness of environmental compliance issues and noted health care waste management issues in internal reports such as supportive supervision (SS) feedback reports and other activity reports. For example, observations made during Africa Vaccination Month included "Waste generated during AVM comprised of paper, sharps, empty vials and vitamin A capsules. This waste was either disposed of at the health facility incinerator or brought to the Mutare Provincial Hospital incinerator." As was noted during a SS visit to Chakowa Rural Health Centre in Chimanimani during Quarter 3, "Sharps containers were available and were being properly used in all the working rooms and they were not above ¾ full. Extra containers were seen in the pharmacy where there is a good stock control system. Contaminated body fluid waste is properly disposed of in sluice room and toilets." In FY12, MCHIP will develop training materials on health care waste management for inclusion in all MCHIP-led trainings.

Management and Administration

FY11 was MCHIP/Zimbabwe's "start up" year and as such much energy and resources were spent in the initial quarters on establishing project offices; recruiting staff; procuring supplies and equipment; establishing professional networks and relationships with the MOHCW and other major stakeholders; and developing office financial and administrative systems, policies, and procedures. By the end of FY11, the team had grown to about 30 staff members in size (located in Harare as well as in two district offices), and all major internal systems had been developed and operationalized. The project has successfully established itself within the Zimbabwean public health community as a respected and valuable partner, and the team enjoys a healthy and productive work environment in which contributions can be effectively made.

MCHIP's achievements under the management and finance/administration objective are detailed below:

MANAGEMENT, FINANCE AND ADMINISTRATION

Activity MFA1: General program management

| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
|---|----------------------------------|--|
| Key management systems in place | Completed (maintenance ongoing). | The MCHIP senior management team provided consistent managerial oversight, guidance, and support to all levels of MCHIP/Zimbabwe implementation throughout FY11. |
| Relationships/collaborations/partnerships established and maintained | Completed (maintenance ongoing). | The entire MCHIP team is well networked within the public health arena and participates in all major, relevant working groups, partner fora, etc., at the national, provincial, and district levels. MCHIP has established itself as a valuable, respected, and relevant partner and technical leader. |
| Deliverables submitted on time | Completed (maintenance ongoing). | All MCHIP deliverables (workplan, budgets, PMP, EMMP, quarterly and other reports, financial reports, etc.) have been submitted to USAID on time throughout FY11. |
| Activity MFA 2: General finance and administration (F&A) | | |
| Annual Target from FY11 Workplan | FY11 Achievement | Comments |
| Program F&A systems, policies, and procedures in place and maintained | Completed (maintenance ongoing). | The MCHIP finance/admin team provided consistent fiscal and administrative support to all levels of MCHIP/Zimbabwe implementation throughout FY11. The project is donor-compliant and adheres to generally accepted accounting and management practises. |

6. CHALLENGES AND OPPORTUNITIES

6.1 Challenges

The main challenges faced by MCHIP during FY11, both internal and external include the following:

- Poor functioning of some national coordination committees:* One of MCHIP's priorities during FY11 was to support the strengthening of various national MOHCW coordination committees, such as the Child Survival Technical Working Group (CS TWG, which has yet to actually achieve official "working group" status within the MOHCW and thus is currently operating on an ad hoc, informal basis). Because this body is currently not functioning to its potential, activities it is undertaking are not able to gain full traction or effectiveness. For example, development of national implementation plans for Zimbabwe's recently launched Child Survival Strategy (CSS) has been put on hold until the CS TWG has been officially endorsed by the MOHCW. Without key items including this implementation plan, significant national progress in the child health arena will be hampered and national coordination will remain weak. Therefore a key MCHIP priority for FY12 will be to advocate for endorsement of the CS TWG with stakeholders like the MOHCW Permanent Secretary, as well as to continue to support the CS TWG in improving its current coordination activities.
- MOHCW cancellation and/or postponement of activities:* Throughout FY11, several key planned MCHIP activities were cancelled or postponed – often without warning – by MOHCW counterparts at national, provincial, and district levels, resulting in significant delays in some technical areas. For example, in the second and third quarters, dissemination of MNCH baseline findings and follow up action in the districts was significantly delayed by cancellations/postponements of critical meetings with the Permanent Secretary and his team, without which district-level actions were not allowed to take place. In Q3, implementation of SBM-R Module 2 in the districts was delayed by over a month due to a last minute cancellation (the day before the activity was to begin) of this planned activity by government counterparts. In Q4, initiation of MCHIP's planned Village Health Worker activities were

cancelled by decision-makers at the national level a week prior to implementation; these activities will hopefully be allowed to begin in the first quarter of FY12.

- *Difficulties collecting indicator data and ongoing data quality issues:* Throughout FY11, some MCHIP indicators have proven very difficult to measure given the current state of data collection tools/forms/registers in Zimbabwe's health facilities (HFs), and current challenges faced by the country's HMIS system. In particular, it has been challenging to measure the indicator related to provision of essential newborn care services, as there is no routine data currently being collected on these services in HFs. In order to measure this indicator (and others with similar data collection/quality issues), MCHIP has had to consider developing separate data collection tools for use at facilities, and orienting/training HF workers as to proper use of new tools. To date, these activities have not occurred however given ongoing concerns about creating parallel data systems and overburdening health care workers, and thus this data has remained unavailable to MCHIP. During Q4 and likely into FY12, USAID and MCHIP will assess whether indicators like the essential newborn care indicator should remain part of our PMP, or should be revised, replaced, or eliminated.
- *Challenges with effectiveness of MOHCW secondments:* In February 2011, MCHIP seconded a Child Health Technical Officer to the MOHCW child health unit and an Immunization Technical Officer to the EPI Unit. Although these secondments were developed with full participation from MOHCW counterparts, challenges did emerge among stakeholders in terms of supervisory and reporting issues, seconded staff feeling unsupported in their new roles, and questions about whether the secondments were producing the intended benefits that had been envisioned. By the end of FY11, relationship and roles issues had settled down and it does appear that the secondees are indeed strengthening their respective units and are providing critically needed daily support which is facilitating forward movement of the IMNCI and EPI agendas. However, this issue will be monitored closely in FY12 and adjustments may be made as the need arises.

6.2 Opportunities

Despite the challenges identified above, MCHIP identified potential opportunities during FY11 as well:

- *Capacity building nationally and in districts around training:* MCHIP dedicated the last two quarters of FY11 to training national, provincial, and district-level health care workers in EmONC, HBB, IMNCI, and RED. MCHIP's training achievements during the last half of the year represent improved capacity among government health cadres and increased availability of trained health professionals in the country and in MCHIP's learning sites. MCHIP will be able to capitalize on these trained cadres in future quarters in terms of improved delivery of services in MCHIP-supported sites, as well as increased availability of personnel capable of training others.
- *New nutrition and malaria funding:* In Q3, USAID/Zimbabwe finalized a decision to increase MCHIP/Zimbabwe's funding by \$450,000, for additional work in the nutrition area. This Feed the Future funding provides a major opportunity for MCHIP/Zimbabwe to engage more meaningfully in Zimbabwe's nutrition and food security arena, and to enhance the integration of nutrition work into MCHIP's current MNCH portfolio. New activities will include supporting: an MOHCW-led infant and young child feeding (IYCF) program review; IYCF-related formative research; and development of the MOHCW's nutrition strategy under the soon to be finalized National Nutrition and Food Security Policy. In addition, in Q4, MCHIP/Zimbabwe also received \$175,000 in additional funds from the President's Malaria Initiative (PMI) to support enhanced malaria activities. MCHIP will use these funds to support improved malaria prevention and community case management in its focus districts, as well as to improve malaria prevention and case management within health facilities.

7. SUCCESS STORY: MCHIP COLLABORATES WITH KEY PARTNERS TO BUILD NATIONAL CAPACITY IN NEWBORN RESUSCITATION

August 2011, Zimbabwe - MCHIP joined with the Zimbabwe Ministry of Health and Child Welfare (MOHCW), Latter Day Saints Charities (LDS), and UNICEF in a unique collaboration to build nationwide capacity in Helping Babies Breathe (HBB), a method aimed at reducing neonatal deaths caused by birth asphyxia. MCHIP/Zimbabwe, the Latter Day Saints Charities, and UNICEF are all committed to supporting the MOHCW in its efforts to roll-out the HBB program nationally, and – in an excellent example of organizational collaboration and leveraging of resources – combined forces in August to support a MOHCW-led training for health workers and senior managers from public health institutions across the country.

From August 16-19, 2011, MCHIP, UNICEF, and LDS supported the MOHCW in implementation of two, back-to-back, “training of trainers” (TOT) courses for senior clinical health workers. From August 16-17, nearly 50 health workers from Zimbabwe’s Northern provinces were trained as HBB trainers, followed on August 18-19 by training of an additional 45+ trainers from Zimbabwe’s southern provinces. Four members of MCHIP’s technical team (themselves HBB Master Trainers) assisted in preparations for the workshops and facilitated both training events. UNICEF also provided critical technical and financial assistance in terms of facilitation and logistic support. The trainings were officially opened by Zimbabwe’s Honorable Minister of Health and Child Welfare, Dr. Henry Madzorera, who delivered a supporting statement. In total, 91 participants successfully completed the HBB TOT (including six from Manicaland province, where MCHIP/Zimbabwe’s provincial activities are focused). At the end of the workshop, the Latter Day Saints Charities donated significant amounts of much-needed HBB equipment and training materials (including resuscitation bags and masks, suction devices, stethoscopes, HBB management protocols and service guidelines, and training manikins for use in future cascade training) to all central, provincial, and district-level hospitals, as well as to approximately 100 primary health centers nationwide.

According to Dr. Assaye Kassie, the Maternal, Newborn, and Child Health Specialist at UNICEF, who was key in organizing this activity, *“This training was the first of its kind, as the training was immediately complemented with the supply of basic utilities for essential newborn care and neonatal resuscitation.”* In addition, he described the partnership between the MOHCW, LDS, UNICEF, and MCHIP in implementing this activity as *“fruitful and strong”*.

The MOHCW highly appreciated the support from LDS, UNICEF, and MCHIP, and commended MCHIP for collaborating with the other partners in scaling up an important priority for the Ministry. By collaborating and partnering with UNICEF and LDS, MCHIP helped to elevate HBB, as well as broader newborn care issues, within the national agenda. For MCHIP, partnership also enabled the leveraging of significant resources for scaling up of HBB beyond MCHIP’s two supported districts in Manicaland. This model of collaboration and leveraging of resources to achieve nationwide impact is a scale up model that MCHIP/Zimbabwe will seek to replicate in FY12 and beyond.

In terms of next steps in national HBB roll out, the goal is now for each of the 91 trainers trained during these workshops to return to their home provinces and train a minimum of 5-10 additional service providers in the next three to six months’ time. Support will also be sought to enable supportive supervision/on the job



Trainees practicing skills in newborn resuscitation. MCHIP provided four master trainers to facilitate this training, which produced over 90 new HBB trainers from all over Zimbabwe. These 90+ trainers will now return to their provinces to roll out HBB trainings among health care workers.

training visits to ensure that health care workers are putting their newly acquired skills to use, and that HBB as a service is being provided consistently and correctly in the nation's health facilities. This national plan is consistent with MCHIP's plans for FY12, where MCHIP plans to implement a three-pronged approach to capacity building of health workers in its districts covering training; supportive supervision/on the job training/post-training follow up; and mobilizing essential medicines, equipment, and supplies. In this vein, MCHIP will continue to provide technical leadership at national and district levels, while continuing to seek partnerships and leverage resources in areas outside of MCHIP's areas of comparative advantage (for example in procurement of drugs and equipment).

8. VISITORS/INTERNATIONAL TRAVEL IN QUARTER 4

During Quarter 4, MCHIP/Zimbabwe received several headquarters staff for short-term technical assistance (STTA). Individual trip reports are available upon request.

| Name of Consultant/STTA | Scope of Work | Dates Traveled |
|--|---|---|
| Dyness Kasungami, Child Health Advisor | To assist the team with development of scale up plans for diarrheal disease/zinc, as well as the child health portion of the FY12 annual workplan. | July 12 - 23 |
| <ul style="list-style-type: none"> • Stella Abwao, NH Advisor; • Asnakew Tsega, Immunization Advisor; • Sheena Currie, MH Advisor; • Pat Taylor, Country Team Leader | To assist with FY12 annual workplan development, as well as other technical activities related to respective areas of expertise. | <ul style="list-style-type: none"> • Jul 18-29 • Jul 24 – Aug 6 • Jul 24 – Aug 6 • Jul 24 – Aug 2 |
| Abdu Nurhusein, SBM-R Advisor | To assist the team with implementation of SBM-R Module 2 and planning for other SBM-R related activities. | July 30 – Aug 13 |
| Rae Galloway, Nutrition Advisor | To help orient the new Nutrition Consultant and Nutrition Technical Officer to the nutrition scope of work; to assist the team with IYCF formative research development and planning, as well as other pieces of the nutrition scope of work. | Sep 25 – Oct 6 |

In addition to STTA, MCHIP/Zimbabwe staff traveled internationally during the quarter as follows:

| Name of Staff | Scope of Work | Dates Traveled |
|---|---|----------------|
| Frank Chikhata, M&E Officer and Hillary Chiguvare, Technical Director | Travelled to South Africa to participate in a MCHIP Results Information System for Excellence (RISE) training/workshop. The RISE database is the global MCHIP M&E database; Zimbabwe contributes M&E data to this database regularly. | Sep 26 - 30 |

Short-term technical assistance visits and regional travel expected during Quarter 1 of FY12 is shown below:

| Name of Consultant/STTA | Scope of Work | Approx. Dates |
|---|--|----------------------------------|
| Asnakew Tsega, Immunization Advisor | To participate in WHO ESA New Vaccine Introduction meeting; also work with the MCHIP team on immunization training and policy development activities including work on new vaccine introduction plans. | Oct 17 - 27 |
| Sheena Currie, MH Advisor | To assist with further testing and refinement of the EmONC training materials; to provide technical assistance in the pretesting, tool refinement, and enumerator training for the upcoming Equity and Quality of Care (EQOC) study. | Early November; approx. 3 weeks |
| Barbara Rawlins, David Cantor, Becca Levine, Heather Parsons, and/or others TBD | To provide technical assistance in the pretesting, tool refinement, and enumerator training for the upcoming Equity and Quality of Care (EQOC) study. | November; approx. 2-3 weeks each |

Anticipated MCHIP/Zimbabwe staff international travel during Quarter 1 of FY12 is shown below:

| Name of Consultant/STTA | Scope of Work | Approx. Dates |
|---|---|----------------------|
| Rose Kambarami, Frances Tain, Hillary Chiguvare | To participate in MCHIP HQ Global Learning workshop in Washington, DC. The workshop will bring members from MCHIP country offices worldwide together to discuss MCHIP's learning goals and share information about how country teams can accelerate program learning and dissemination. | Nov 2 – 5 |

ANNEX 1: MCHIP/ZIMBABWE INDICATOR TABLE: ACHIEVEMENTS IN Q4 AND CUMULATIVE AGAINST FY11 (PY1) TARGETS

| Indicator | Definition | Baseline Value | Q1 (Oct-Dec 2010) | Q2 (Jan-Mar 2011) | Q3 (Apr-Jun 2011) | Q4 (Jul-Sep 2011) | Cumulative for FY11 | Year 1 (FY11) Targets | Comment |
|--|---|----------------------------|-------------------|-------------------|-------------------|-------------------|-----------------------------|----------------------------------|--|
| GOAL: Reduced maternal, newborn and child mortality | | | | | | | | | |
| G1. Direct obstetric case fatality rate in MCHIP supported facilities | % of women admitted to an EmOC facility with major direct obstetric complications, or who develop such complications after admission, and die before discharge. | TBD | 2 | 1 | 2 | 6 | 11 | Reduce cause specific CFR by 20% | The data could not be disaggregated by cause of death. These are absolute figures not percentages. |
| G2. Intrapartum and early newborn death rate in MCHIP supported facilities | % of births that result in a very early neonatal death or an intrapartum death (fresh stillbirth) in MCHIP supported facilities. | TBD | 6.5% | 5.9% | 4.7% | 4.3% | 5.4% | Reduce cause specific CFR by 20% | |
| G3. Under 5 death rate in MCHIP supported districts | % of children under 5 years who die in MCHIP supported facilities. | 86/1000 births (MIMS 2009) | -- | -- | -- | -- | Not avail at time of report | Reduce cause specific CFR by 10% | |
| OBJECTIVE 1: Support the MOHCW to formulate national health policies, strategies and programs that increase the population's access to affordable, evidence-based, high impact maternal, newborn, and child health (MNCH) interventions | | | | | | | | | |
| 1.1 Number of national policies/guidelines/pr otocols/strategies developed with MCHIP support | # of national policies, regulations, strategy documents, including national service delivery guidelines and performance standards, developed or revised with MCHIP support. | 0 | -- | -- | -- | 4 | 4 | 3 | EmONC, IMNCI, FANC, ENC/PNC training guidelines |

| 1.2 Number of MNCH/FP evaluations/reviews conducted with findings shared with stakeholders | # of evaluations and reviews conducted internally to gather information relevant for a particular program or activity in order to improve knowledge or understanding about the program. | 0 | 1 | 2 | 0 | 0 | 3 | 4 | Findings from the SBM-R, CH NA, and immunization assessments shared with stakeholders. |
|--|---|----------------|-------------------|-------------------|-------------------|-------------------|---------------------|-----------------------|--|
| 1.3 Number of trainers trained in MNH with MCHIP support | # of trainers trained in training methodology and the national MNH training package. | 0 | 0 | 4 | 60 | 90 | 154 | 20 | Trainings included RED, EMONC, and HBB TOTs |
| 1.4 Number of VHW trainers trained in MNCH with MCHIP support | # of VHW trainers trained in MNCH with MCHIP support. | 0 | 0 | 0 | 0 | 0 | 0 | 30 | Awaiting assessment of VHW training needs which is slated for FY12 Q1. |
| OBJECTIVE 2: Improve the quality of maternal and newborn health services provided in District/Rural Hospitals and Select Rural Health Centers | | | | | | | | | |
| Indicator | Definition | Baseline Value | Q1 (Oct-Dec 2010) | Q2 (Jan-Mar 2011) | Q3 (Apr-Jun 2011) | Q4 (Jul-Sep 2011) | Cumulative for FY11 | Year 1 (FY11) Targets | Comment |
| 2.1 Number of health workers trained in MNH in MCHIP supported facilities | # of health workers trained in the national MNH training package. | 0 | 0 | 14 | 110 | 274 | 398 | 60 | Trained in EmONC, HBB, IMNCI and RED in learning sites and national level. |
| 2.2 Percentage of MCHIP supported facilities achieving at least 80% of MNCH clinical standards | # of MCHIP supported facilities achieving at least 80% of MNCH clinical standards, divided by # of MCHIP supported HFs. | 0 | -- | -- | -- | -- | 0 | 60 | Reported annually; second HF SBM-R assessment completed in late Q4 but results not yet ready to be reported. |
| 2.3 Percentage of women with vaginal births receiving a uterotonic immediately after birth in MCHIP supported facilities | # of women giving birth who received a uterotonic during the third stage of labor in MCHIP supported facilities, divided by # women giving birth in MCHIP supported HFs. | n/a | 73.5% | 77.7% | 97.7% | 99.0% | 87.0% | 30% | |

| 2.4 Percentage of newborns receiving essential newborn care through MCHIP supported programs | # of newborn infants who receive essential newborn care from trained health worker, at MCHIP supported HFs, divided by # newborns delivered in MCHIP supported HFs. | 0 | -- | -- | -- | -- | -- | 30% | Data on this indicator was not able to be collected as it is not currently recorded in HFs. This indicator has been dropped for FY12. |
|--|---|----------------|-------------------|-------------------|-------------------|-------------------|---------------------|-----------------------|---|
| 2.5 Percentage of LBW newborns in MCHIP supported facilities receiving KMC services | # of LBW newborns in MCHIP supported facilities receiving KMC services, divided by # LBW newborns admitted to MCHIP supported HFs. | 0 | 240 | 231 | 196 | 52 | 719 | 30% | These are absolute figures not percentages. |
| OBJECTIVE 3: Improve the coverage and quality of high-impact MNCH/FP interventions provided by Primary Care Nurses in Rural Health Centers and by Village Health Workers in communities | | | | | | | | | |
| Indicator | Definition | Baseline Value | Q1 (Oct-Dec 2010) | Q2 (Jan-Mar 2011) | Q3 (Apr-Jun 2011) | Q4 (Jul-Sep 2011) | Cumulative for FY11 | Year 1 (FY11) Targets | Comment |
| 3.1 Number of deliveries with a skilled birth attendant in MCHIP supported facilities | # of deliveries with a skilled birth attendant (SBA). SBA includes medically trained doctor, nurse, or midwife (not TBAs). | n/a | 2,301 | 2,318 | 2,628 | 2,063 | 9,310 | 490 | Annual target set too low; targets set higher for project years 2 and 3 in FY12 workplan. |
| 3.2 Number of health care workers trained in child health and nutrition in MCHIP supported districts | # of health workers trained in national IMNCI services. This does not include community based IMNCI. | n/a | 0 | 0 | 31 | 0 | 31 | 40 | IMNCI pretesting/training. |
| 3.3 Number of VHWs trained in child health and nutrition in MCHIP supported districts | # of VHWs trained in MNCH services (community based IMNCI) within MCHIP supported districts. | n/a | 0 | 0 | 0 | 0 | 0 | 150 | VHW activities to be begun in earnest in FY12. |
| 3.4 Number of pregnant women receiving first ANC visit in MCHIP supported facilities | # of pregnant women receiving first ANC visit in MCHIP supported facilities. | n/a | 2,876 | 2,831 | 2,586 | 2,174 | 10,467 | Not established | Targets set accordingly for project years 2 and 3 in FY12 workplan (based on FY11 figures). |

| | | | | | | | | | |
|---|--|-----|-------|-------|-------|-------|--------|-----------------|--|
| 3.5 Number of pregnant women receiving at least 4 ANC visits in MCHIP supported facilities | # of pregnant women receiving at least 4 ANC visits in MCHIP supported facilities. | n/a | 3,279 | 2,556 | 3,084 | 2,290 | 11,209 | Not established | Targets set accordingly for project years 2 and 3 in FY12 workplan (based on FY11 figures). |
| 3.6 Number of pregnant women referred to health facility for ANC services by MCHIP supported VHWs | # of pregnant women referred to health facility for ANC services by MCHIP supported VHWs. | n/a | 2 | 2 | 46 | 0 | 50 | 350 | These are not MCHIP-supported VHWs, but VHWs working in MCHIP supported facilities and the data is not complete. |
| 3.7 Number of newborns visited by VHWs within the first 7 days in MCHIP supported districts | # of newborns visited by VHWs within the first 7 days in MCHIP supported districts. | n/a | 11 | 53 | 53 | 64 | 181 | 350 | These are not MCHIP-supported VHWs, but VHWs working in MCHIP supported facilities and the data is not complete. |
| 3.8 Number of cases of child diarrhea treated in MCHIP supported facilities | # of cases of diarrhea treated in children under 5 years of age through MCHIP supported facilities with: a) oral rehydration therapy (ORT), b) ORT and Zinc supplements. | n/a | 1,060 | 999 | 1,459 | 2,894 | 6,412 | 182 | Annual target set too low; targets set higher for project years 2 and 3 in FY12 workplan. |
| 3.9 Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in MCHIP supported programs | # of cases of pneumonia treated in children under 5 years of age with antibiotics in MCHIP supported facilities. | n/a | 3,124 | 3,074 | 4,232 | 4,028 | 14,458 | 353 | Annual target set too low; targets set higher for project years 2 and 3 in FY12 workplan. |
| 3.10 Number of cases of child malaria treated in MCHIP supported facilities | # of cases of malaria treated in children under 5 years of age in MCHIP supported facilities. | n/a | 1,059 | 2,109 | 1,744 | 217 | 5,129 | 309 | Annual target set too low; targets set higher for project years 2 and 3 in FY12 workplan. |

OBJECTIVE 4. Assist the MOHCW to increase routine immunization coverage, focusing on those districts with the largest numbers of unimmunized children, and to successfully obtain and introduce pneumococcal vaccine by 2013

| Indicator | Definition | Baseline Value | Q1 (Oct-Dec 2010) | Q2 (Jan-Mar 2011) | Q3 (Apr-Jun 2011) | Q4 (Jul-Sep 2011) | Cumulative for FY11 | Year 1 (FY11) Targets | Comment |
|---|---|----------------|-------------------|-------------------|-------------------|-------------------|---------------------|-----------------------|---|
| 4.1 Percentage of children less than 12 months of age who received Penta 3 through MCHIP supported facilities | # of children less than 12 months who received Pent 3 in MCHIP supported facilities, divided by # children < 12 months in MCHIP supported facilities. | n/a | 1,851 | 1,464 | 1,905 | 1,690 | 6,910 | 80% | These are absolute numbers as the under 1 population could not be ascertained. |
| 4.2 Percentage of children less than 12 months of age who received measles vaccination through MCHIP supported facilities | # of children less than 12 months who received measles vaccination in MCHIP supported facilities, divided by # children < 12 months in MCHIP supported facilities. | n/a | 1,986 | 1,643 | 1,607 | 1,510 | 6,746 | 80% | These are absolute numbers as the under 1 population could not be ascertained. |
| 4.3 Percentage of MCHIP-supported health facilities which offer integrated MNCH/FP/PMTCT and immunization services | # of HFs which are offering integrated MNCH/FP/PMTCT and immunization services on the day of an MCHIP-supported supportive supervision visit, divided by # of HFs receiving an MCHIP-supported supportive supervision visit | 0 | -- | --- | --- | --- | Data not collected | 50% | This indicator has been problematic to report on and has been dropped for FY12. |