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ASSIST PROJECT
*Applying Science to Strengthen
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USAID ASSIST Project

Malawi Country Report FY15

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2014 – September 30, 2015

NOVEMBER 2015

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DISCLAIMER

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Abbreviations

ART	Antiretroviral therapy
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
BLM	Banja La Mtsogolo
CBO	Community-based organization
CDCS	Country Development Cooperation Strategy
CSI	Child Status Index
FY	Fiscal year
HCI	USAID Health Care Improvement Project
HES	Household economic strengthening
HIV	Human immunodeficiency virus
HTC	HIV testing and counseling
MOGCDSW	Ministry of Gender, Children, Disability, and Social Welfare
MOH	Ministry of Health
NGO	Non-governmental organization
NPA	National Plan of Action
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission of HIV
PSI	Population Services International
QI	Quality improvement
TB	Tuberculosis
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
VHH	Vulnerable households
VMMC	Voluntary Medical Male Circumcision
VSLA	Village Savings and Loan Association
WHO	World Health Organization

1 Introduction

Malawi has an alarming 10.6% national prevalence of HIV, with one million people in the country living with HIV. More than half (58%) of those infected are women and girls. The pandemic continues to infect 10,000 people a year, and around 46% of new infections occur among young people ages 15-24. The disease impacts thousands of families, leaving a growing number of children affected by HIV and AIDS. The HIV pandemic has led to an increase in number of orphans and vulnerable children (OVC) in the country, currently 1.8 million.¹ Of the OVC population, 130,000 (over 7%) are infected with HIV.² Almost half (49.6%) of the girls are married off before their 18th birthday, and 10% are not in school.³ As a result, vulnerable children and their families in Malawi are faced with a myriad of challenges, including access to essential services such as health, education, economic wellbeing, and protection.

In recent years, there has been rapid expansion of efforts to provide services for orphans and vulnerable children in Malawi. At times, the increase in OVC funding has resulted in a focus on high coverage and outputs, with insufficient attention to the outcomes. Further, stakeholders have called for extra attention to desired outcomes that make a difference in the lives of vulnerable children and their families.

In 2009, the USAID Health Care Improvement Project (HCI), with support from the USAID Mission in Malawi and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), supported the Ministry of Gender, Children, Disability, and Social Welfare (MOGCDSW) to develop quality standards of care to guide the delivery of services provided to vulnerable children in the country. The MOGCDSW endorsed the standards and recommended the scale-up of their usage in Malawi. The MOGCDSW also incorporated the use of the OVC standards in the National Plan of Action (NPA) for Vulnerable Children 2015-2019 with support from UNICEF and USAID. In the NPA 2015-2019, the MOGCDSW promotes six core objectives: 1) improving access to essential services by vulnerable children, 2) building the capacity of families and communities to facilitate full rights of vulnerable children, 3) improving capacity (technical, institutional and human resource) of the social protection system, 4) ensuring vulnerable children live in supportive environments, 5) strengthening the functionality of the monitoring and evaluation systems, and 6) improving policy, legislation, leadership, and coordination to protect vulnerable children from the consequences of vulnerability. The USAID Applying Science to Strengthen and Improve Systems Project (ASSIST) is supporting the MOGCDSW to achieve all the six objectives in its activities.

The Ministry of Health (MOH) in Malawi in its National Strategic Plan (2011-2016) endorsed voluntary medical male circumcision (VMMC) as one of the country's HIV prevention strategies. Since then, notable achievements have been observed, such as the development of standard operating procedures, a national policy, and a communication strategy on VMMC. In FY15, USAID Malawi requested ASSIST to work with the MOH and implementing partners to improve the quality of VMMC services being provided across the country. In the fourth quarter of FY15, with Cross Bureau funding, ASSIST began a new activity to support the National Malaria Control Program (NMCP) to develop and implement a quality improvement program to strengthen malaria case management.

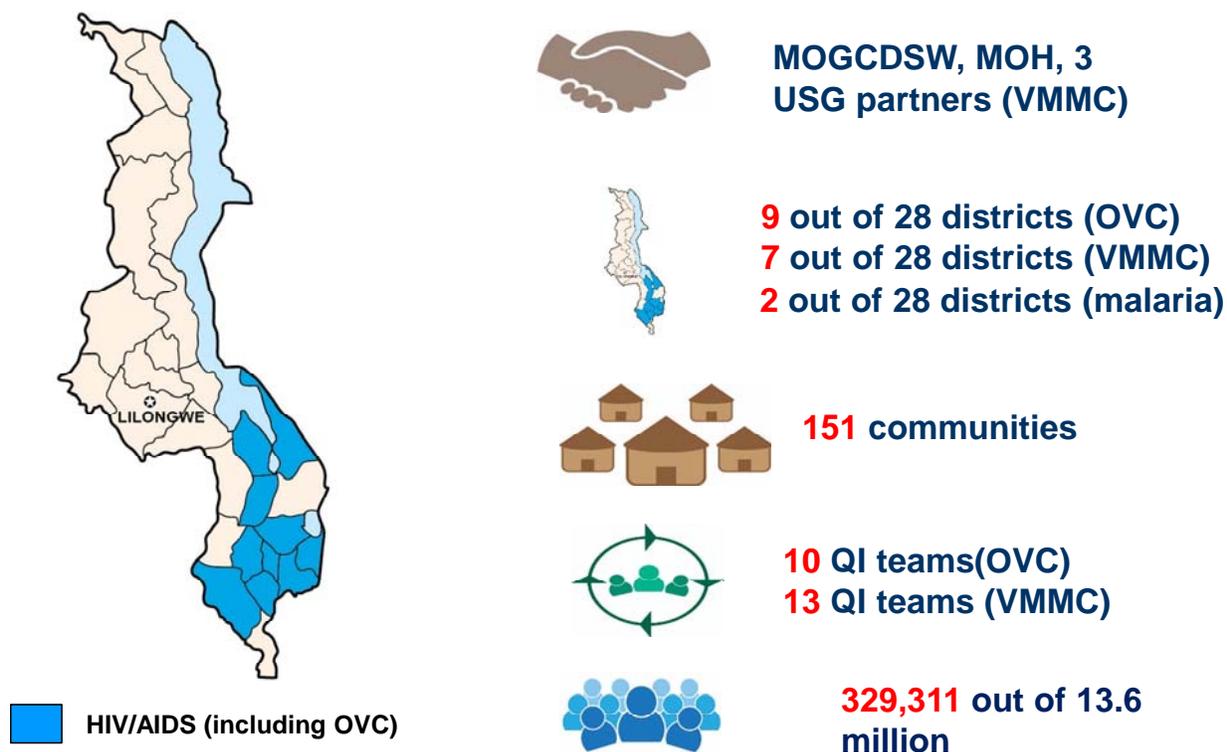
ASSIST Malawi's work supports the five PEPFAR agendas, particularly the agenda of promotion and protection of human rights for all and vulnerable populations. The project is promoting sustainable changes to be introduced in existing community local government structures to support the welfare of children. ASSIST's work in Malawi contributes to the first Development Objective of the Country Development Cooperation Strategy (CDCS, 2013-2018) of improving social and sustainable livelihoods through promotion of self-reliance, community ownership, participation, partnership, and multi-sectoral teamwork of government and non-governmental stakeholders at the grass root level. This work is also contributing to the PEPFAR 3.0 pillar of sustaining the control of the epidemic by saving lives and averting new infections by increasing women and girls' access to income and productive resources including education.

¹ Malawi National Plan of Action, Ministry of Gender Children Disability and Social Welfare (2015-2019)

² UNAIDS HIV estimates, 2014

³ Malawi Violence Against Children (2013) Findings from a national survey, The Ministry of Gender, Children Disability and Social Welfare

Scale of USAID ASSIST's Work in Malawi



2 Program Overview

What are we trying to accomplish?	At what scale?
1. Improve quality of services for vulnerable children and their families	
<ul style="list-style-type: none"> Improve the percentage of vulnerable children ages 6-17 with improved school performance in 21 primary schools by strengthening family and community support and involvement in children's education in Balaka and Mangochi districts Increase the percentage of vulnerable families engaged in household economic strengthening (HES) activities that are linked to existing community support systems Build the capacity of 10 communities to identify evidence-based, effective changes for spreading to new communities Build the capacity of District Social Welfare Officers in 2 districts to facilitate subsequent OVC program improvements 	<ul style="list-style-type: none"> Southern Region: Balaka and Mangochi districts 5/12 traditional authorities in Mangochi and 2/7 Traditional Authorities in Balaka Communities: 10 Catchment population: 173,399 out of 316,748 total population of Balaka District 155,912 people out of 803,602 total population of Mangochi District
2. Improve the quality and safety of voluntary medical male circumcision (VMMC)	
<ul style="list-style-type: none"> Build the capacity of PEPFAR partners to implement continuous quality improvement in VMMC service delivery Build the capacity of VMMC facilities to continuously improve the quality and safety of VMMC services at the site level Improve the quality and safety of VMMC services, processes and systems in targeted VMMC facilities in 7 districts 	<ul style="list-style-type: none"> Southern Region: Blantyre, Chikwawa, Thyolo, Mulanje, Chiladzulu, Zomba and Phalombe districts 13 QI teams 3 implementing partners

What are we trying to accomplish?	At what scale?
3. Institutionalize the capacity to examine and improve care in EPCMD countries (Malawi)	
<ul style="list-style-type: none"> Assessing quality of care for patients with febrile illness and applying a collaborative improvement approach in Malawi to systematically improve case management 	2 intervention and 1 control district out of 28 districts in Malawi 3 district hospitals, 9 health centers, and 9 village health centers

Improvement Activity

3 Key Activities, Accomplishments, and Results (October 2014-September 2015)

Activity 1. Improve quality of services for vulnerable children and their families

OVERVIEW

In FY14, ASSIST supported five community-based improvement teams in Balaka and Mangochi districts to identify and overcome critical barriers in delivering services to orphans and vulnerable children in accordance with Malawi’s approved national standards for OVC care. In March 2015, the MOGCDSW, with support from ASSIST, started supporting five new community-based teams to initiate improvement work in their communities. The teams were taught how to conduct assess children’s needs using the MEASURE Evaluation Child Status Index (CSI) tool. The new communities identified various priority areas to work on, and they initiated their improvement work to improve the quality of services delivered to vulnerable children and their families. In quarters two and three of FY15, the five previously established quality improvement (QI) teams started to improve education performance of children in 15 primary schools in Mangochi and Balaka districts. These five teams were also supported to develop improvement aims, changes to be tested, and improvement progress indicators. The aims were based on the selected priorities identified from the community CSI assessment findings.

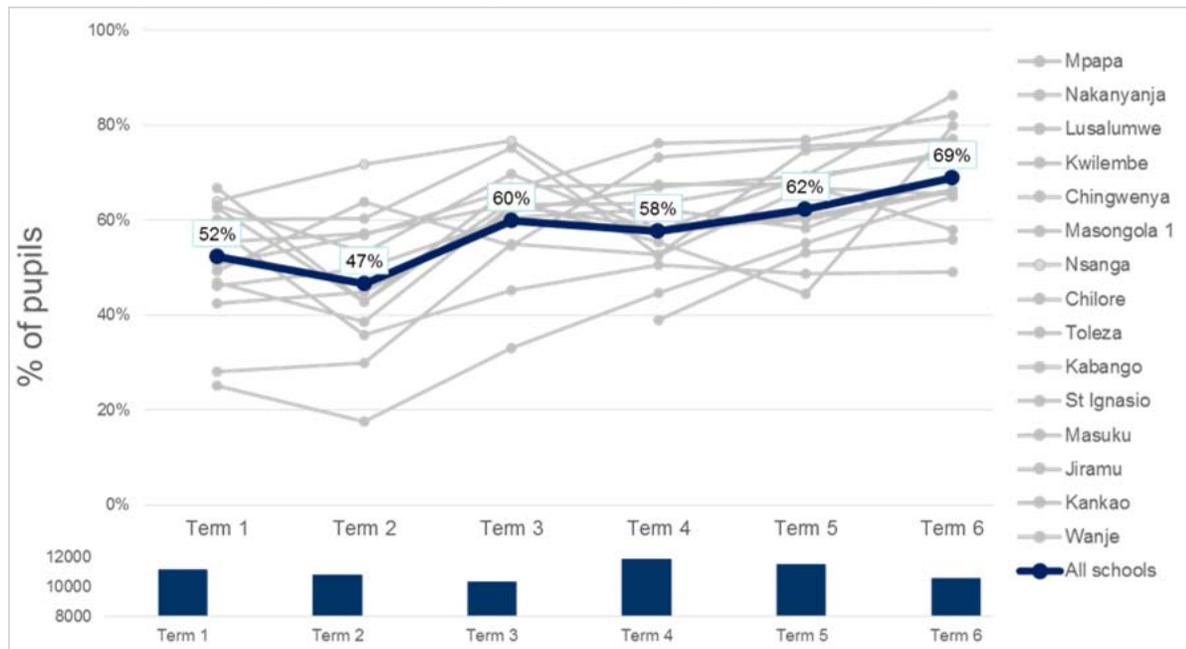
KEY ACTIVITIES AND RESULTS

- **Seven QI teams have supported 696 vulnerable households with various services** (Jan 2015 – Sept 2015). ASSIST supported the
- **Provided support to 10 quality improvement teams through on-site coaching visits** (Q3-Q4): In order to improve the quality of services for vulnerable children and their families, the MOGCDSW, in collaboration with ASSIST, conducted on-site coaching visits to 10 communities to build the capacity and skills of social service providers to use QI techniques in their work. During the coaching visits, the Ministry supported the five initial QI teams to develop second improvement aims and also guided the five new community improvement teams to conduct CSI, analyze, and use the results to identify priority areas for improvement.
- **Conducted three quarterly learning sessions** (Nov 3-6, 2014, Mar 9-13 and Aug 22–25, 2015). In the first quarter of FY15, ASSIST and the MOGCDSW facilitated a learning session bringing together primary school teachers, school heads, and agriculture extension workers. During the learning session, teams were taught some of the evidence-based changes that could lead to improvement in education performance among vulnerable children in schools. Objectives of the learning sessions included reviewing baseline information collected for the second improvement aim on household economic strengthening, reviewing progress, and sharing lessons from the targeted schools. During these learning sessions, ASSIST and the MOGCDSW compiled all the changes that were reported to be effective in leading to improvements in educational performance among vulnerable children. Further, representatives from each of the 10 communities were brought together to share best

practices and to learn from each other about their improvement experiences. To facilitate learning, the teams undertook a field visit to one of the schools in the district to learn how the school managed their data on site. The teams appreciated the visit and learned a lot from the school.

- **QI orientation for five new communities (Q3-Q4):** The MOGCDSW, with support from ASSIST, scaled up the improvement work to new communities within the targeted Mangochi and Balaka districts. The Ministry, in collaboration with the Mangochi and Balaka District Social Welfare Officers selected five community-based organizations (CBO) to champion the improvement work. The communities were oriented on QI methods and techniques. To initiate the improvement work, community representatives were guided to go back to their communities to collect baseline information about the welfare of vulnerable children, identify critical challenges faced by vulnerable children and their families using the CSI assessment tool adapted from MEASURE Evaluation, and identify priorities to address based on the findings.
- **Senior Improvement Advisor for orphans and vulnerable children visited Malawi in August to support the OVC program (Q3).** To ensure the OVC work in Malawi is aligned to the PEPFAR 3.0 objectives, Dr. Diana Chamrad visited Malawi to support the OVC work and how it can align to the new PEPFAR objectives in its programming. She also provided technical support on how to improve case management and referrals of vulnerable families to various interventions, particularly access and utilization of health services.
- **Results on improving education performance of children in 15 targeted primary schools in Balaka and Mangochi Districts (Q2-3).** Between January and July 2015, the community QI teams worked with 15 primary schools to improve the performance of learners. The teams tested different changes, some of which included: 1) using volunteer mother groups to follow up children attending school irregularly, 2) using continuous assessments and revisions, 3) using local role models to motivate girls to work hard in school, and 4) introducing extra-curricular educational activities such as children's corner sessions, debates and competitions' among classes. As the teams tested these changes across terms, the schools continued to show improvement in the performance of the pupils. **Figure 1** shows that from quarter two and three there was an improvement from 52% to 69% in end-of-term exam pass rates in primary schools.

Figure 1: Percentage of pupils passing exams in 6 terms, 15 primary schools supported by five community QI teams, Balaka and Mangochi districts (Sept 2013- Jul 2015)

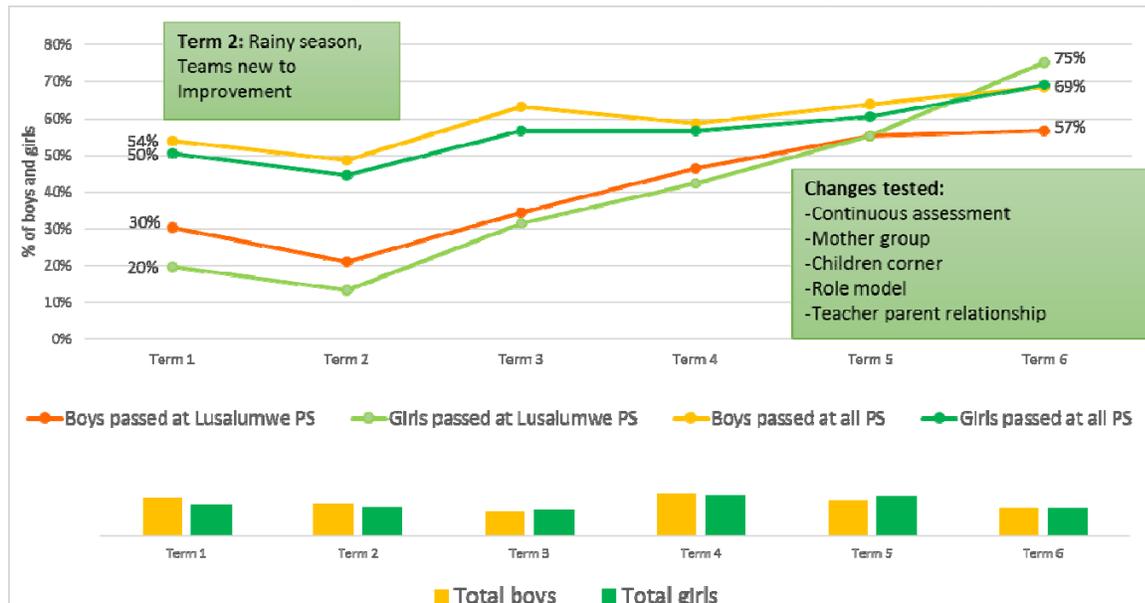


- **Integrated gender in primary education in Balaka and Mangochi districts (Q3-4).** The teams continued to analyze education performance data disaggregated by sex. Using the results of the

analysis, the teams developed improvement plans that incorporated gender-sensitive changes to address the gender gaps that existed between boys and girls in terms of academic performance.

Figure 2 shows results of overall education performance of children in 15 schools disaggregated by sex and an example of one primary school that has managed to clearly close the gender gap by moving from 20%, 54% for girls and boys in term one, to 75%, 69% in term six. For more details on specific activities to address gender barriers, see Section 6 on Gender.

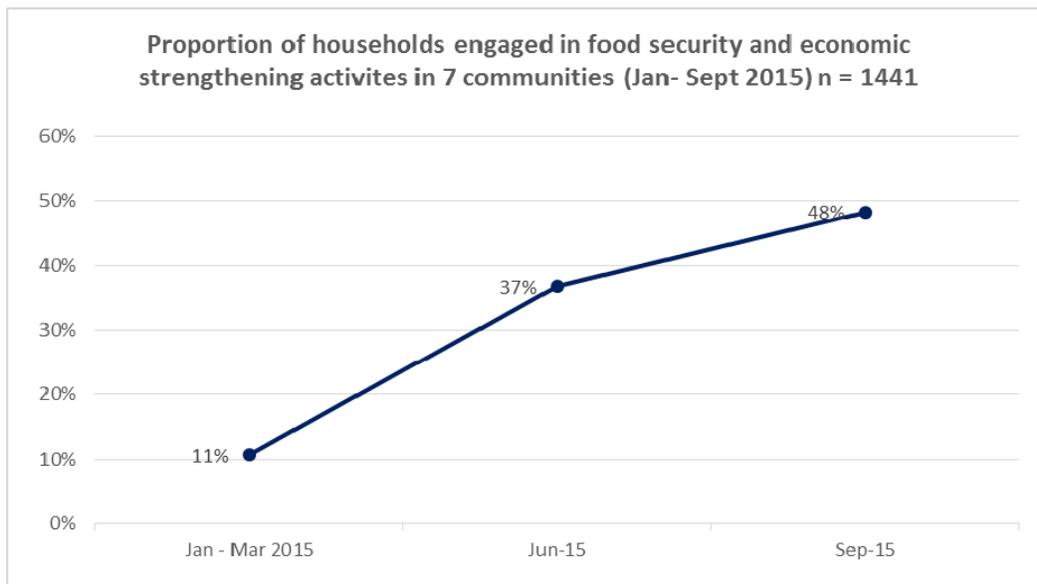
Figure 2: Percentage of boys and girls who passed end-of-term exams across 6 terms, 15 primary schools in Balaka and Mangochi districts and Lusalumwe Primary School (Sept 2013 – Jul 2015)



- Aligning to the National Plan of Action 2015-2019, the Ministry with support from ASSIST supported community teams to build the capacity of guardians in vulnerable households as primary caregivers to care for their own children in an economically stable environment (Q3).** A number of interventions were promoted by the community teams to improve vulnerable households' (VHHs) food security and economic status. The goal was to ensure that VHHs have enough food for the rest of the year, particularly during food scarce months of October-February. Guardians were taught how to access money to meet important family needs such as access to food, health, and education and scholastic materials for their children.

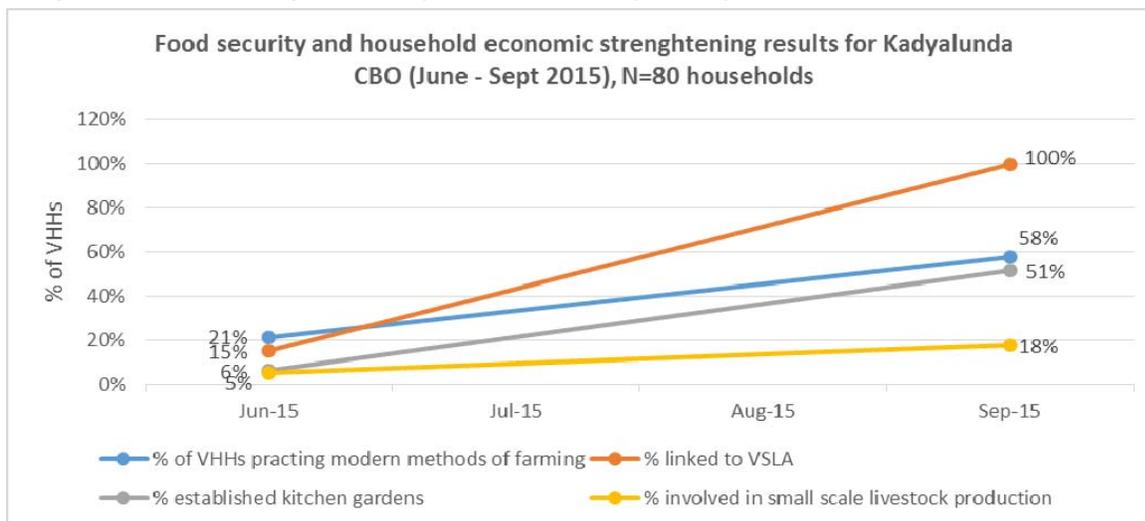
The 10 teams began having discussions with vulnerable families to participate in food security and economic strengthening activities, while linking them to available services or projects available in their communities. Anecdotal evidence shows that families are becoming more self-reliant and are now able to cope with seasonal adversities. Some of the interventions the teams engaged the VHHs to improve food availability and economic status of their households included: linking VHHs to Village Savings and Loan Associations, establishing kitchen gardens, linking VHHs to NGOs supporting economic strengthening activities, and supporting households to begin using modern methods of farming as they prepare for the growing season. **Figure 3** shows the percentage of VHHs supported in seven of the 10 communities. The remaining three communities have not yet started reporting household economic strengthening (HES) data due to data analysis challenges. Overall, 1,441 vulnerable households were targeted between Q2-Q4. Out of these, 11% were supported with various household economic strengthening activities in Q2; by Q4, 48% had been reached with the HES interventions to build their self-reliance.

Figure 3: Percentage of vulnerable households supported to improve their household food availability and economic status in Balaka and Mangochi districts (Jan – Sept 2015), n=1441 households



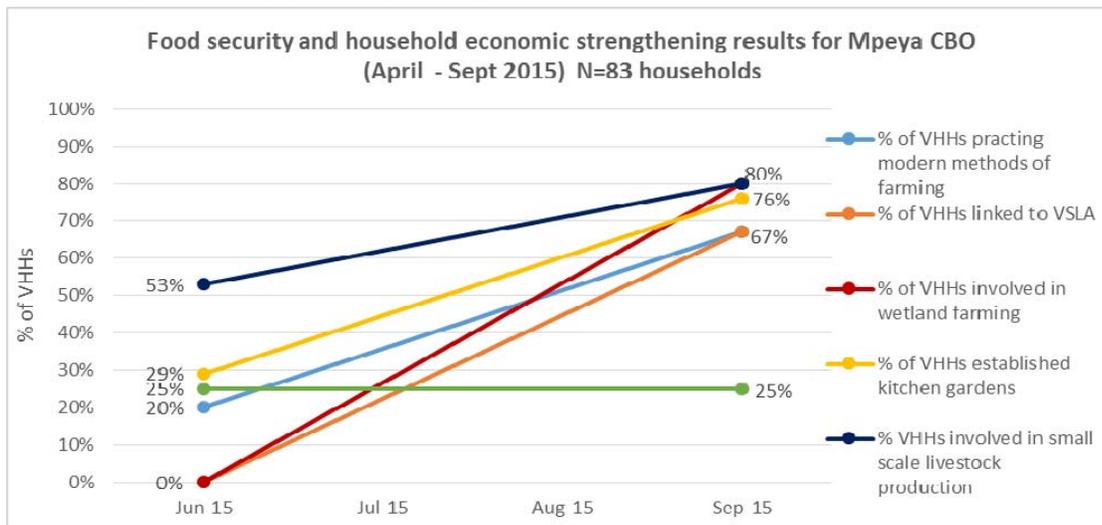
- Results from community teams that supported vulnerable households in various HES interventions.** Kadyalunda CBO is one of the community QI teams that engaged the vulnerable families to improve household food availability and economic wellbeing to support essential needs of their families. **Figure 4** shows the results of support the Kadyalunda QI team provided to vulnerable households in the last two quarters. The team mentored families on how to be economically resilient and to be food secure during periods of food scarcity. The team encouraged vulnerable households to use modern methods of farming and discourage cultural practices that promote food wastage. The team recorded an increase from 21% in June 2015 to 58% in September 2015 of vulnerable households practicing modern methods of farming. Vulnerable families were also counselled on the importance of participating in interventions like VSLA to be able to access small loans for capital for small businesses and boost the household income and savings for the families. The team facilitated linkages of vulnerable households to VSLA groups from 15% in quarter two to 100% in quarter four among 80 vulnerable households.

Figure 4: Results of household economic strengthening and food security activities for Kadyalunda community QI team (March 2015 – Sept 2015), n=80 households



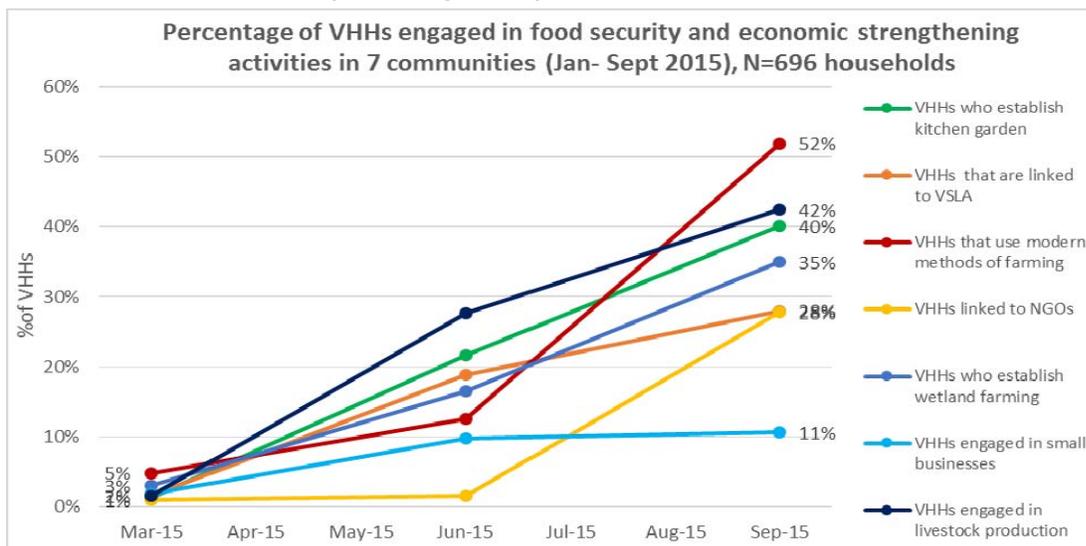
- **Another example of a community team that also observed improvements in households supported with household economic strengthening activities is the Mpeya community QI team in Balaka District. Figure 5** shows that the Mpeya QI team engaged nearly all the targeted families in an activity to improve their food security situation and economic status. The targeted beneficiaries were 83 vulnerable households in the catchment area. It also illustrates that from June to September 2015, improvements were attained in the percentage of vulnerable households: linked to VSLA interventions (from 0% in June 2015 to 67% in September 2015); cultivating in wetland areas during the dry season (0% to 80%); and establishing kitchen gardens (29% in June 2015 to 76% in September 2015) to encourage families to incorporate vegetables in their dietary intake, particularly for children and HIV-infected guardians/family members, among other improvements.

Figure 5: Results of household economic strengthening and food security activities for Mpeya community QI team (April– Sept 2015), n=83 households



- **Figure 6 shows the increase in percentage of vulnerable households engaged in food security and economic strengthening activities across seven communities from March 2015 to September 2015: Chingwenya, Toleza, Chanthunya 1 and 2, Kadyalunda, Mpeya, and Malembo.**

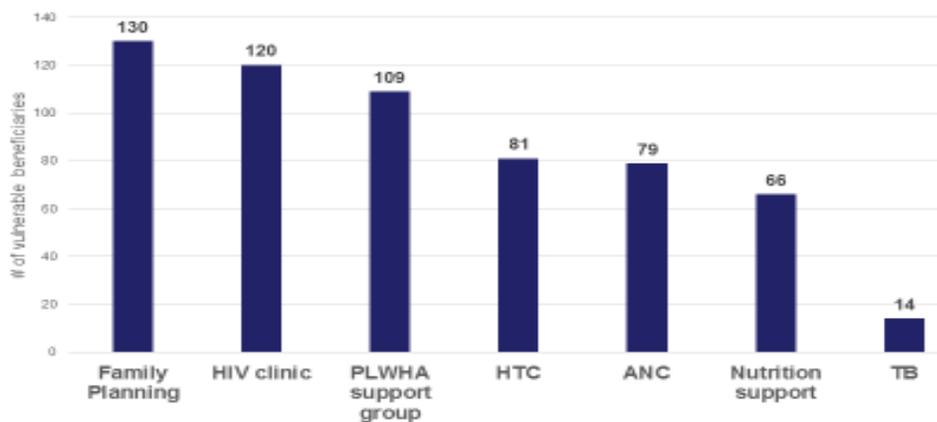
Figure 6: Percentage of village households engaged in food security and economic strengthening activities, 7 communities (Jan – Sept 2015), n=696 households



Linkages to health services

- In an effort to comprehensively support vulnerable families in these two districts and align the improvement work with PEPFAR 3.0 key agendas, the MOGCDSW and ASSIST supported the community teams to reach out to vulnerable families and their children in an effort to improve their access to and utilization of health services in their catchment area (Q3). Community teams were encouraged and taught how to integrate health services in the existing improvement work by intensifying counselling, discussions, guidance, and referrals of vulnerable families to appropriate health services according to their needs. A specific improvement aim was not developed for this intervention. All 10 communities have started counselling vulnerable families on the importance of accessing health services such as PMTCT, ART, TB screening, HIV testing and counseling (HTC) (including pediatric HTC), family planning, malnutrition screening, antenatal care, and positive living support group therapies.
- **Figure 7 shows the results of these efforts in terms of the referrals made to health services, including family planning, HIV testing, antenatal care, HIV clinic, nutrition support, and TB services.**

Figure 7: Number of vulnerable beneficiaries referred for health services from six communities, Balaka and Mangochi districts (Apr – Sept 2015)



- **Harvard University doctoral student visited Malawi to conduct OVC data validation (Q4):** As part of ASSIST's mandate to validate 25% of the key indicators collected by teams supported by the project, Alex Kintu, a post-doctoral student from Harvard University, visited Malawi to support the field team to conduct a data validation exercise. The purpose of the visit was to compare ASSIST-reported results with records kept by CBOs and school records; appreciate the processes followed by QI teams in coming up with the reported figures to understand what these figures represent; compare the data collection processes and data quality across all teams; and compare primary education performance data in schools that ASSIST supports to that of control facilities that do not get this support. The validation was confined to education indicators only.

Results of the validation exercise showed that QI activities have had a positive effect on education performance in the communities that are supported by ASSIST. This was manifested by the positive trend in education performance in almost all schools that received this support; by the similarity of data that QI teams previously submitted to ASSIST and finally by the data collected during the validation process. In addition, schools that are supported by QI teams had more reliable data tracking mechanisms and generally performed better than those that did not.

SPREAD OF IMPROVEMENT

ASSIST supported the MOGCDSW to develop the change package in the last months of FY15 to be used among service providers to improve social services in the new scale-up districts. It is expected that new districts social welfare officers and community-based organizations will be oriented on the change package developed out of the experience of the established community improvement teams in the first two districts. It is expected that the new districts usage of the changes package will expedite improvement

of social services for vulnerable children and their families in other districts because all the evidence-based changes that led to improvement are compiled in the change package.

IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline (April 2015)	September 2015	Last value	Change (percentage points)
Improve the quality of services for vulnerable children in Malawi	% of vulnerable children 6-17 years passing termly exams	54% (15 schools)	69% (15 schools) Apr- Sept 2015 5 community QI	69% (15 schools) Apr- Sept 2015 5 community QI	15
	% of vulnerable households linked to NGOs supporting HES activities	1% (2 communities)	28% (7 communities)	28% (7 communities) Jan – Sept 2015	27
	% of VHHs established kitchen gardens	1% (2 communities)	29% (7 communities)	29% (7 communities) Jan – Sept 2015	28
	% of VHHs linked to VSLA	2% (2 communities)	66% (7 communities)	66% (7 communities)	64
	% of VHHs practicing modern methods of farming	5% (2 communities)	52% (7 communities)	52% (7 communities) Jan – Sept 2015	47
	% of VHHs involved in wetland farming	3% (2 communities)	35% (7 communities)	35% (7 communities)	32
	% of VHHs engaged in small-scale business	2% (2 communities)	11% (7 communities)	11% (7 communities) Jan – Sept 2015	9
	% of VHHs engaged in small-scale livestock production	2% (2 communities)	42% (7 communities)	42% (7 communities)	40
	# of vulnerable beneficiaries referred for health services	No documentation of referrals	599 (6 communities)	599 (6 communities) April - Sept 2015	--

Activity 2. Improve the quality and safety of VMMC

OVERVIEW

In March 2007, the World Health Organization (WHO) along with the Joint United Nations Program on HIV/AIDS recognized male circumcision as an effective intervention for HIV prevention in regions with high HIV prevalence and low male circumcision rates, such as in Sub-Saharan Africa. Voluntary medical male circumcision (VMMC) has shown to be 60% effective in reducing the risks of transmission of HIV. However, as a country poised to scale up VMMC as a prevention strategy for HIV, health facilities in Malawi offering the services need to be ready to provide safe and quality services.

In October 2014, ASSIST started work on improving quality of VMMC services in Malawi. ASSIST provided technical assistance to the MOH to ensure quality services were delivered to all VMMC clients at all times. ASSIST supported three USAID implementing partners that are providing VMMC services in 13 sites in seven districts in the southern region. The MOH, with support from ASSIST, trained service providers and supported them to initiate improvement work in their sites. ASSIST also supported the District Health Officers to conduct quality improvement coaching sessions.

KEY ACCOMPLISHMENTS AND RESULTS

- **Participated in a USAID External Quality Assessment exercise** led by USAID to the seven VMMC districts being supported by Jhpiego, Population Services International (PSI), and Banja La Mtsogolo (BLM) in the Southern Region (Feb 10-19, 2015).
- **Worked with the MOH to adapt the VMMC assessment tools used in Uganda for use in Malawi.** The adapted baseline CQI assessment tool was presented to the VMMC Technical Working Group chaired by the MOH for approval (Feb 25, 2015).
- **ASSIST included gender-sensitive indicators in the VMMC activity.** During her visit to Malawi in March 2015, ASSIST gender integration specialist Ms. Elizabeth Silva and Chief of Party Tiwonge Moyo met with USAID VMMC technical advisor Zebedee Mwandi to brief him on approaches and results from integrating gender considerations into VMMC improvement work in Uganda and to discuss how the ASSIST-supported Malawi VMMC work will address gender issues, including through integrating gender-sensitive indicators into the VMMC improvement work and ongoing monitoring mechanisms.
- **The MOH and USAID implementing partners, with support from ASSIST, conducted baseline assessments on VMMC services** (Apr 26–May 1 and Jun 7-16, 2015). The assessments were conducted in 13 facilities supported by USAID implementing partners Jhpiego, PSI, and BLM in the following seven service areas: 1) management systems; 2) supplies, equipment, and environment; 3) registration group education and information, education, and counseling; 4) individual counseling and HIV testing; 5) male circumcision surgical procedure; 6) monitoring and evaluation; and 7) infection prevention. The results of the assessments revealed significant gaps in 12 of the 13 sites: Zomba police, Thyolo, Makhwira, Bangwe, Maravi, Migowi, Chisitu, Thembe, Malambwe, Dziwe, Sakata and Chimwala.
- **Based on the findings of the baseline assessments, the MOH with technical assistance from ASSIST Malawi and Uganda, oriented a total of 28 VMMC service providers from the three implementing partners and 13 VMMC sites in quality improvement (Q3).** As a result, 13 QI teams were formed, and ASSIST and the MOH supported these teams to design and implement improvements in all their sites.
- **Conducted QI coaching in VMMC sites (Q3).** After collecting the baseline data, the MOH with support from ASSIST began working with the VMMC service providers to address the gaps identified during the baseline assessment. ASSIST conducted onsite QI coaching visits to support service providers on their improvement plans and how they would address service delivery gaps identified during the baseline assessment.
- **Results of the VMMC baseline assessment.** Table 1 shows the results of the VMMC baseline assessment conducted in 13 sites. A follow-up assessment is due at the end of October 2015 where teams will be assessed to determine whether they have improved on the indicators.

SPREAD OF IMPROVEMENT

ASSIST supported selected teams to identify evidence-based effective changes from the implementing VMMC sites that led to improvements in VMMC. These changes will be documented in selected case studies to be used in the spread process to other new targeted sites in other districts. On a quarterly basis the implementing sites are expected to share their progress in implementation and lessons from implementing various changes.

Through working with the MOH and various implementing partners, ASSIST will continually build on the compiled effective changes that led to improvement in high-burden VMMC sites. It is expected that once the district VMMC coordinators' are equipped with skills in providing quality services they will ably facilitate new improvement work in other facilities within their districts.

Table 1: Results of the VMMC baseline assessment conducted in 13 sites supported by BLM, PSI, and Jhpiego (May-June 2015)

MALAWI VMMC BASELINE ASSESSMENT RESULTS							
Dashboard Key	>=80%		Collaborative support				
	50% - <80%		Light support				
	<50%		Intensive support				
	Not observed						
	Management systems	Supplies, equipment & environment	Registration group education and IEC	Individual counseling & HIV testing	Male circumcision surgical procedure	Monitoring & evaluation	Infection prevention
Zomba police	27.3	33.3	25	0	66.7	50	54.5
Thyolo	36.4	50	50	NO	50	78.6	83.3
Makhwira	45.5	33.3	0	50	33.3	0	60
Bangwe	54.5	33.3	100	66.7	40	64.3	60
Maravi	45.5	33.3	66.7	72.2	74.2	71.4	70
Migowi	36.4	50	100	88.9	56.7	21.4	100
Chisitu	27.3	33.3	50	17.6	28.1	78.6	54.5
Thembe	18.2	66.7	80.7	66.7	42.9	71.4	77.8
Malambwe	18.2	83.3	50	66.7	50	28.6	77.8
Dziwe	63.6	83.3	66.7	88.9	78.8	85.7	66.7
Sakata	90.9	66.7	83.3	72.2	75.8	21.4	87.5
Chimwala	54.5	83.3	83.3	61.1	90.6	28.6	77.8
Namwera	63.6	83.3	66.7	72.2	71.9	71.4	88.9

Activity 3. Institutionalize the capacity to examine and improve care in EPCMD countries

OVERVIEW

USAID Malawi has asked the ASSIST project to support the National Malaria Control Program (NMCP) to develop and implement a quality improvement program to strengthen malaria case management. Beginning in September 2015, the ASSIST program in Malawi seeks to improve the extent to which febrile illnesses, and especially Malaria, are correctly diagnosed and managed with good clinical outcomes.

Working through teams of local providers and patients through the use of quality improvement, ASSIST seeks to identify and remedy gaps in the malaria case management process at three levels of the health care system: community, health center, and at district hospital levels. ASSIST focuses on the needs of all patients presenting at facilities with febrile illnesses in three districts (two case and one control) in Malawi, and ASSIST will also focus on patients that are particularly vulnerable, pregnant women and children < 5 years of age, and children >5 years of age.

ASSIST will carry out the work in three phases:

- **Phase I** – USAID ASSIST will conduct a baseline assessment of 21 sites to describe the how febrile illness cases are managed in Malawi at three levels of the health care system and among populations who present with malaria and febrile illnesses (children <5 years, children >5 years, pregnant women, and the general population).
- **Phase II** – The Ministry of Health with support from the USAID ASSIST Project will work to improve the quality of febrile illness case management services being provided in two targeted districts, Balaka and Mchinji, while collecting parallel information in a third district, Machinga.
- **Phase III** - The NMCP and ASSIST will document and disseminate lessons learned globally and replicate successful aspects of the approach in other PMI districts in Malawi, and especially the third control district, Machinga.

KEY ACCOMPLISHMENTS AND RESULTS

- **Establishment of close working relationships with stakeholders.** Over a series of several meetings, ASSIST has developed collaborative relationships with Jennifer Bergeson-Lockwood, USAID, Edson Dembo, USAID Malaria Program Specialist, and Peter Troell, Malaria Program, CDC, Malawi. The ASSIST team is working closely with the National Malaria Control Program leadership,

including; Doreen Ali, Program Director, Elizabeth, and Austin Gumbo, Monitoring and Evaluation Focal Person. The NMCP has agreed to support the activity and there is overall agreement on the scope of work.

- **USAID, the MOH, and ASSIST team selected the three study districts and facility sites** at the village clinic, health center, and district hospital levels (Aug 2015).
- **The ASSIST team is coordinating with implementing partners in the three districts.** These include Support for Service Delivery Integration Services and the Malaria Care Project.
- **Held meetings with district leadership (District Health Officers and District Malaria Coordinators) in the three districts to brief the teams on the upcoming malaria activity and to identify the 21 (7 control and 14 intervention sites) sites to work with.**
- **An assessment tool has been drafted and is undergoing revision and review.** The assessment is planned for the week of November 30, 2015.

4 Sustainability and Institutionalization

At the national level, ASSIST is supporting the MOGCDSW to build capacity of 10 model teams in improvement work to compile effective ways of improving wellbeing of vulnerable children in education, household economic wellbeing, and health. Learning from the 10 communities, the MOGCDSW will expedite the spread of improvements in new communities and districts in FY16. During the past two quarters, the MOGCDSW staff facilitated coaching and peer-to-peer learning sessions of the teams engaged in improvement work.

At district and community levels, the MOGCDSW, with support from ASSIST, supported district social welfare officers, child protection workers, health surveillance assistants, agriculture extension officers, primary school heads and teachers, group village heads, and area and village development committee representatives in continuous QI processes to enhance their capacity to lead and manage improvement work at community and district levels.

5 Knowledge Management Products and Activities

During the third and fourth quarters, ASSIST developed three case studies (not yet published):

- Improving access and utilization of health services for vulnerable children and their families.
- Improving education performance of children in Chingwenya, Masongola 1, Chilore and Msanga and Primary Schools in Chingwenya area in Mangochi District using quality improvement methods.
- Improving education performance of children in two primary schools in Toleza A, Balaka District, using quality improvement methods.

On July 7, the Chief of Party participated in the webinar “Rolling out continuous quality improvement in voluntary medical male circumcision: Lessons learned from the USAID ASSIST pilot projects in Uganda, South Africa, Malawi and Tanzania,” sharing Malawi’s experience getting CQI work started in the VMMC program.

On September 2, the Chief of Party co-facilitated a skill-building workshop with WI-HER LLC entitled “Using an Improvement Approach to Address Gender Issues in Programs for Vulnerable Girls and Vulnerable Boys” at the Regional Psychosocial Support Initiative Forum held in Victoria Falls, Zimbabwe.

6 Gender Integration Activities

Initially, the QI teams ASSIST worked with were disaggregating their data by sex but they needed more support and skills to fully integrate gender-responsive changes into the improvement work. Elizabeth Romanoff Silva, an Improvement and Gender Specialist from WI-HER LLC, visited Malawi in March 2015 to support gender integration in the OVC improvement work. In collaboration with the MOGCDSW, she oriented community quality improvement teams on how to identify gender gaps and how teams can identify effective changes to address gender gaps that exist in many social services. Ms. Silva presented on gender aspects of improving OVC care at a QI orientation attended by 39 (29 male and 10 female) community members, government extension workers, volunteers, and local leaders (Mar 3-6, 2015).

Participants were drawn from three CBOs in Mangochi and two CBOs in Balaka. During the QI orientation, teams from the five communities (Malembo, Mpeya, Chapola, Kadyalunda and Chanthunya 2) were exposed to how to use quality improvement techniques to improve the quality of life for vulnerable children and their households. ASSIST and the District Social Welfare Officer for Balaka District facilitated the workshop.

During the workshop, ASSIST shared the sex-disaggregated data for all 14 targeted primary schools, and together the participants reviewed gender differences in performance, attendance, and completion of primary education in upper primary school classes. Teams were encouraged to analyze the gender differences in the areas identified, brainstorm the causes, and look for solutions to improve the situation. There are many cultural influences in these two districts, particularly the cultural belief that girls are not meant to go further in their education. As a result, girls are not encouraged to work hard, and when they fail a number of times in one class, they become frustrated and tend to drop out.

The QI teams have responded to these issues, including by linking with volunteer mother groups who every week follow up girl children who are absent from school to have discussions with the parents on the importance of school and share stories about girls who have excelled in school and are doing very well. ASSIST will continue to identify and respond to gender issues to improve education and health outcomes for vulnerable girls and vulnerable boys.

**USAID APPLYING SCIENCE TO STRENGTHEN
AND IMPROVE SYSTEMS PROJECT**

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