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*Applying Science to Strengthen  
and Improve Systems*

## USAID ASSIST Project

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# Malawi Country Report FY14

**Cooperative Agreement Number:**

AID-OAA-A-12-00101

**Performance Period:**

October 1, 2013 – September 30, 2014

**DECEMBER 2014**

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This annual country report was prepared by University Research Co., LLC for review by the United States Agency for International Development (USAID). The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is made possible by the generous support of the American people through USAID.



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#### DISCLAIMER

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## **Abbreviations**

AIDS	Acquired immunodeficiency syndrome
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
BMI	Body mass index
CHAI	Clinton Health Access Initiative
CSI	Child status index
FANTA	Food and Nutrition Technical Assistance Project III
FISP	Fertilizer and inputs program
FY	Fiscal year
HCI	USAID Health Care Improvement Project
HIV	Human immunodeficiency virus
HMIS	Health and management information systems
LIFT	Livelihoods and Food Security Technical Assistance Project II
MOGCSW	Ministry of Gender, Children and Social Welfare
MOH	Ministry of Health
MUAC	Mid-upper arm circumference
NCST	Nutrition Counseling, Support and Treatment Program
OVC	Orphans and vulnerable children
PDSA	Plan-do-study-act
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
QI	Quality improvement
RUTF	Ready-to-use therapeutic food
TB	Tuberculosis
UNICEF	United Nations Children's Emergency Fund
URC	University Research Co., LLC
USAID	United States Agency of International Development
USG	United States Government
VSL	Village savings and loan

# 1 Introduction

Malawi has an extremely high prevalence of HIV/AIDS at 10.6% (Malawi National AIDS Commission 2013). There are over one million orphans and vulnerable children (OVC) in the country, and 770,000 of them are orphaned due to AIDS (UNAIDS, 2013). The country has continued to make progress to improve service access for all children; however, few vulnerable children have access to improved care or support provided outside their households or communities. Only 17% of households caring for vulnerable children receive external care and support (Malawi Demographic and Health Survey 2010).

In 2009, the Ministry of Gender, Children and Social Welfare (MOGCSW), supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through USAID, UNICEF, and other stakeholders, developed draft minimum standards to guide the care for orphans and vulnerable children in Malawi. In 2011, the USAID Health Care Improvement Project (HCI) was asked to provide technical and administrative support to the MOGCSW to pilot the OVC standards in four districts. The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project started working in Malawi in January 2013, building on the previous work conducted by HCI, also with PEPFAR funding.

In FY13, ASSIST finalized the piloting and development of the OVC national standards. ASSIST initiated the implementation of the OVC standards using quality improvement (QI) methods in Mangochi and Balaka districts, where ASSIST is working with five community-based QI teams in Nancholi, Mkata, Chingwenya, Toleza, and Chanthunya. In FY14, ASSIST supported the community teams to identify and address critical barriers in accessing various services for vulnerable children and in improving academic education performance among vulnerable children in primary schools.

In FY13, with PEPFAR core funding from USAID Washington, USAID ASSIST began supporting 12 clinics and communities to improve nutrition care and to support the Government of Malawi to strengthen the national Nutrition Counseling, Support and Treatment (NCST) Program within the Ministry of Health (MOH). This activity is being implemented in collaboration with the Food and Nutrition Technical Assistance Project III (FANTA) and Livelihoods and Food Security Technical Assistance Project II (LIFT) as well as implementing partners and stakeholders.

Despite the availability of approaches to improve nutritional support for people with HIV and widespread recognition of the importance of doing so, integrating nutrition support into HIV services in Malawi has been challenging. Firstly, even after health workers know what to do and have the correct supplies, low staff numbers make it hard for clinics to handle the increased workload required to add a new service to their already busy clinics. Secondly, weak data systems limit the ability to manage efforts to improve care and also cause supply chain issues by making quantification difficult. Thirdly, links between communities and facilities are often weak. This leads to problems with identifying the population in need of care and makes follow-up of patients on treatment challenging.

## Scale of USAID ASSIST's Work in Malawi



**MOGCSW, MOH, Office of the President and Cabinet**



**12 facilities (NCST)**



**72 Communities (OVC)**



**5 Quality Improvement Teams (OVC)**

**12 Quality Improvement Teams (NCST)**

## 2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
1. Improve quality of care and protection services for vulnerable children and their families	Identify and address critical barriers in the scale up and sustaining of effective high-impact interventions provided to vulnerable children and their families	2/28 districts in southern region of Malawi 72 villages 5 QI teams (3 in Mangochi and 2 in Balaka)	x	
	Improve the quality of OVC services and care through distribution of national service standards and support for the creation of improvement teams	Distribution of standards to 28 districts through 3 regional meetings in North, South, and Central		x
2. <b>Core-funded:</b> Nutrition Counseling, Support and Treatment Program (NCST)	Integrate nutrition services into HIV and TB clinics to improve nutritional status of HIV and TB clients	2 districts (Balaka – 8 sites and Karonga – 4 sites). 1 QI team per site. The project is covering a population of 165,803 in Karonga and 236,861 in Balaka	x	

## 3 Key Activities, Accomplishments, and Results

### **Activity 1. Improve quality of care and protection services for vulnerable children and their families**

#### **ACCOMPLISHMENTS**

- **Conducted a QI training for district and community social service providers.**  
Conducted a QI training for five districts implementing the OVC standards (November 2013). A total of 60 participants attended, including: District Social Welfare Officers, Social Welfare Officers, Community Child Protection Officers, Community Based Organizations' Directors, and Field Officers. After the training, the coaches set up QI teams in the communities who are meeting bi-weekly.
- **Established two QI teams in surrounding villages** (December 2013). After the QI training, coaches in Balaka District conducted meetings in the surrounding 27 villages with support from the Community Child Protection workers from the area. The coaches facilitated the establishment of two QI teams in the area to support vulnerable children in the area.
- **Conducted child status index (CSI) assessments for OVC** (January 2014). The newly formulated QI teams reviewed existing OVC registers and updated them before sampling a quarter of the vulnerable children from the surrounding 27 villages in the two Traditional Authorities. The team oriented the volunteers and members of the QI teams on the use of the CSI form and how to conduct the assessments. The teams assessed 180 vulnerable children from the existing OVC registers.
- **Conducted fish bone analyses for the priority problems identified** (January 2014). The QI teams identified the following factors as contributing to the poor school performance of the children in the catchment area.
  - Staffing: Limited numbers of primary school teachers in the surrounding schools; minimal supervision of teachers; and poor housing for teachers in the area.
  - Absenteeism: Lack of parental guidance; lack of role models; lack of scholastic materials; and peer pressure to miss classes.

- Cultural: Child labor; cultural practices interfering with school calendars.
- Infrastructure: Inadequate school blocks leading to overcrowding in classes; inadequate latrines in the primary schools to cater for large numbers of children.
- Scholastic materials: Most primary schools experienced shortages of teaching and learning materials.
- **Conducted bi-monthly quality improvement coaching visits to five QI teams in two districts.**
  - ASSIST, in collaboration with the MOGCSW, conducted coaching visits to the five QI teams in Mangochi and Balaka districts. This was done to follow up progress on the following: CSI assessments, problems analysis, developing improvement aims, indicators, changes to be tested, and organization of data on results.
  - The five QI teams have registered a total of 3,280 vulnerable children, and out of these, 790 (24%) vulnerable children were randomly selected and assessed on all six CSI domains: food security and nutrition; shelter and care; abuse and legal protection, wellness and health care; emotional and social wellbeing; educational performance and work. After the assessments, the teams compiled the results using a simple template to summarize all the scores.
  - Using the CSI summary table, each QI team isolated and identified two domains that were poorly rated by volunteers during child assessments. The teams then developed improvement aims for the poorly rated domains. The teams also outlined changes to be tested guided by the OVC national standards.

#### **Chingwenya QI team**

- **Chingwenya QI team started supporting Chingwenya, Msanga, Chilore, and Masongola primary schools** (January 2014). After assessing a sample of 132 children, 70% showed poor scores on educational performance. As a result, the Chingwenya team prioritized to work on improving education performance in the four primary schools in their catchment area. After starting supporting the schools, all the four schools have registered improvements in the three terms they have been supported. Some of the changes the schools tested to improve the education performance for children included:
  - Ensuring monthly assessments are done in each of their targeted primary schools.
  - Using female role models to encourage girl children to attend classes regularly and remain in school. Primary school female teachers were therefore selected to encourage girls on a monthly basis in an effort to improve their performance, daily attendance of classes, and interest in school.
  - Monitoring daily attendance and performance of girl children in collaboration with community mother groups. The mother groups are linked to the targeted primary schools. The volunteer mothers counsel OVC guardians on the economic benefits of education, importance of providing time for children to study at home, and advising them on harmful cultural norms that sometimes interfere with the good academic performance of children.
  - Intensifying community sensitization on the importance of attaining education through connecting with other stakeholders working on children's issues in the area, such as Campaign for Girls Education, Youth Net, National Initiative on Civic Education, Community Victim Support Units, local leaders, and Community Child Protection workers from the surrounding areas.
  - Lobbying the Primary Education Advisor to increase teaching staff in the targeted four primary schools.
  - Lobbying through the Primary Education Advisor to introduce standard eight in one junior primary school to reduce the distance travelled by children for standard eight.
- **Chingwenya QI team also identified that there were some gender disparities in performance in various grades** due to reasons such as: irregular school attendance, being given domestic chores/work to do during school hours, poor preparation for exams, and child marriage proposals affect the concentration of the children in school. To curb the poor attendance of girls in school, Msanga primary school intensified linkages with volunteer mother groups to follow up girl children in communities to make sure the girls were attending school regularly.
- **The QI team also discovered that the school had limited teachers' guides to support teachers**

**in their lessons.** The QI team linked with the District Education Managers Office who indicated that the teachers' guides were not available in the district to distribute to teachers but a copy was given for the team to make copies instead. The QI team worked with the school management committee and parents with children in the school to contribute an equivalent of 50 cents to raise money for photocopying. Fortunately, the school raised an equivalent of \$27 to photocopy the teaching guides. The teaching guides were shared with the Open Distance Learning teachers at the school for their reference to lessons to standardize the quality of teaching at the school.

#### Toleza QI team

- **The Toleza QI team in Balaka District also discovered that most vulnerable children in their nine villages were also facing challenges in educational performance.** The Toleza QI team registered 338 vulnerable children out of whom 83 (25%) (76 boys and 56 girls) were assessed. The team decided to compile some recent test results in Toleza primary school.
  - The QI team discovered that there was a gender disparity in the performance among girls and boys. Most girls passed in the lower classes such as standard 1, 2, and 5, while boys did well in standard 3, 4, 6, and 7. The team conducted their root-cause analysis and learned that the girls in standard 3 and 4 were sometimes disturbed with traditional cultural practices which led to absences from school for 3-4 weeks.
  - The following are some of the changes that were suggested by the teams in Toleza and Chingwenya to be tested:
    - Link with District Educational Manager to increase performance in primary schools by redistributing teachers in schools with inadequate numbers of teachers
    - Identify role models to motivate girl children in standard 3,4, 6, 7, and 8 to work harder to excel in their primary education
    - Introduce math clubs, quizzes, spelling bees, debates, and best performance incentives in schools to encourage children to perform well in their classes
    - Conduct regular inspection of video show rooms with the child protection committees to identify truants in primary schools
    - Conduct counseling and guidance sessions for non-performing pupils to improve how they perform in school
  - Apart from education performance, the team in Toleza also discovered from their CSI summary data that psychosocial wellbeing of children in the area was also a problem. As a result, the team developed a specific improvement aim to improve access to psychosocial support activities in the surrounding villages. Only 9% of children accessing a newly established community children center indicated that they have someone that shows them love and affection.
  - Changes that are being tested to improve psychosocial wellbeing:
    - Establish four children's corner centers in Toleza catchment area to target 9 villages
    - Conduct experiential learning games and play activities during the children's corner sessions each weekend
    - Undertake home visits for children in need of counseling and follow-up
    - Identify and refer children with psychosocial issues to the District Social Welfare Office, especially cases that communities cannot appropriately manage
    - Conduct life skills training for children in children's corner centers
    - Orient caregivers in Early Childhood Centers and children's corner centers in psychosocial support topics such as counseling and general management of centers
    - Diversify the types of food stored in strategic food reserves at community level
    - Organize career talks for the two targeted primary schools of Toleza and Kabango to encourage children to work harder in their studies and to involve local role models from the community
    - Convene counseling and guidance sessions for children with academic performance challenges in collaboration with the mother group representatives
    - Lobby the District Education Managers Office through the Primary Education Advisor to allocate additional teachers to the two primary schools..
- The team has recorded improvements in Toleza primary school and noted that Kabango Primary

school needs more support. Following the lobbying, four more primary school teachers were deployed to the two schools to reduce the high pupil-teacher ratios for the schools.

### **Chanthunya QI team**

- The QI team developed the following improvement aim to work on in FY14: Within 12 months, Chanthunya QI team will improve food security in vulnerable households from 31.6% to 50% through sensitizing families on modern farming methods and economic activities in Thamanda and Phingo villages in Traditional Authority Chanthunya in Balaka District.
- Only 32% of OVC households that were interviewed were food secure in the 19 villages in Chanthunya catchment area. After analyzing the food security service area using fish bone diagrams, the team agreed to test the following changes guided by the OVC national standards:
  - Conduct community awareness activities on modern agricultural methods and livestock production
  - Encourage community members, especially vulnerable households, to improve household structures in all the villages for the safety, sanitation, and general protection of children
  - Strengthen farmers clubs in the villages
  - Promote kitchen gardens at household level, especially in vulnerable households
  - Promote formation of Village Savings and Loan (VSL) groups
- **Conducted a learning session for the five QI teams:** In collaboration with the Ministry of Gender, Children and Social Welfare, ASSIST conducted a learning session on March 26-28, 2014 for representatives from the five QI teams from Balaka and Mangochi districts. Thirty-two participants attended the learning session to discuss the following: Share progress in the improvement plans; how to use OVC national standards to develop changes for testing; review the process of testing changes using PDSA cycles; and document results of changes being tested in all service areas.
- **Gender disparities were analyzed in school performance in classes at Msanga primary school:** The Msanga quality improvement team identified that most girls who fail exams in classes (i.e., standard 2, 3, 5, 6 and 7) do not attend classes regularly and are given other domestic chores to do. As a result, they do not prepare for exams or do not even take all of them. Hence their scores are lower than those of boys, and they fail.
- **Conducted District Executive Committees briefing meetings on piloting the OVC standards.** In May 2014, the project supported the Ministry to conduct three District Executive Committee briefings on the OVC standards, how the standards were implemented, and results accomplished by the piloting districts. Approximately 150 District Executive Committee members were briefed in three districts.

## **RESULTS**

### **Improvement in Key Indicators**

<b>Activity</b>	<b>Indicators</b>	<b>Baseline (Sept-Dec 2013)</b>	<b>Last value (July 2014)</b>	<b>Magnitude of improvement</b>
Improve school performance of vulnerable children aged 6-17years by strengthening family, community support and involvement in children's school	% of children aged 6-17years with improved school performance by comparing grades in termly assessments	52% <sup>1</sup>	61% <sup>2</sup>	9 (percentage points)
	Number of VSL groups functional	0	30	30 (groups)
	Number of OVC households linked to social cash transfer program	Data not available	429	--

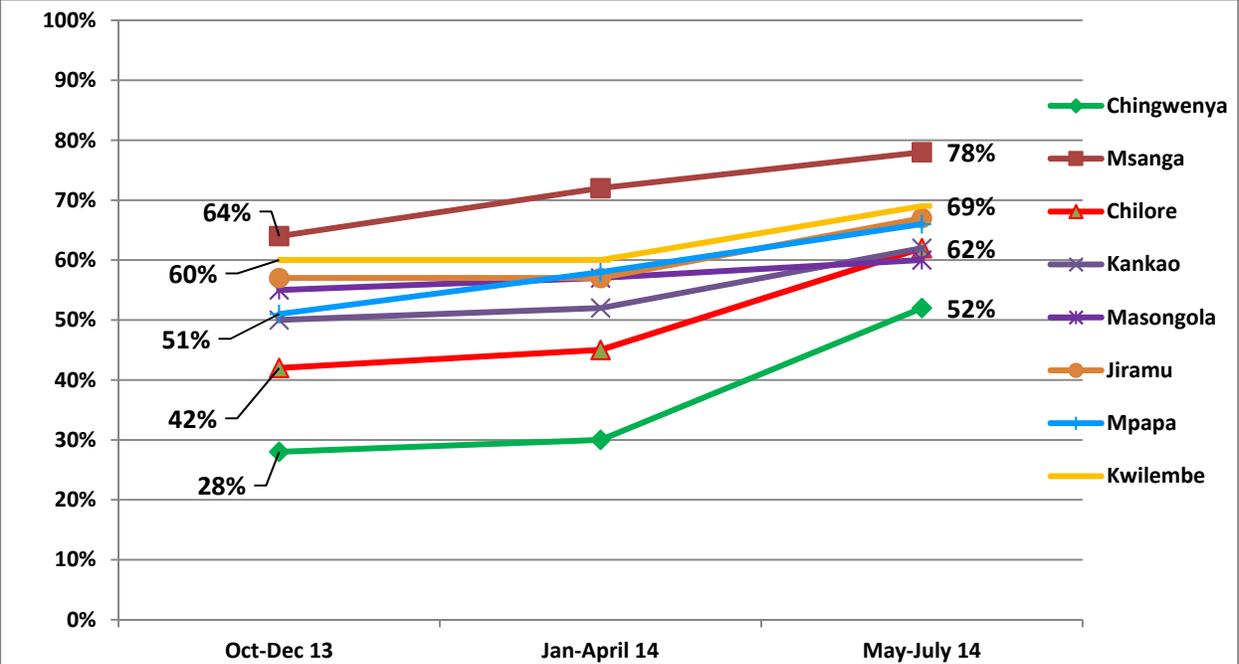
<sup>1</sup> This was the average pass rate for fourteen primary schools overall performance in September-December 2013

<sup>2</sup> This last value is overall performance of children for term three for fourteen primary schools

Activity	Indicators	Baseline (Sept-Dec 2013)	Last value (July 2014)	Magnitude of improvement
studies. Increase the percentage of vulnerable families engaged in household economic strengthening activities who are linked to existing community support systems	Number of OVC households linked to government subsidized fertilizer and inputs program (FISP)	Data not available	306	--
	Number of OVC households linked to cash for work project activities	Data not available	120	--
	Number of OVC households participating in livestock production	Data not available	200	--

- Improved the percentage of vulnerable children (aged 6-17 years) enrolled and passing term assessments in primary schools in Balaka and Mangochi districts through engaging children, families, communities, and primary schools themselves. The five community quality improvement teams worked with 14 primary schools in the two districts. They tested a number of changes to improve education performance for children. A total of 8 out of 14 (57%) primary schools have registered improvement in three academic terms.
- Figure 1 shows increase in pass rates children in eight of 14 primary schools among grades 1-8 (five primary schools); grades 1-7 (two primary schools); and grades 1-5 (one primary school). In some schools, for example Chingwenya, the overall performance of children has increased from 28% to 52% due to the changes the teams have been testing at the school in collaboration with the school management committees and teachers. Six out of the 14 schools showed some improvements in either one or two terms only, and this is why they were not included in Figure 1.

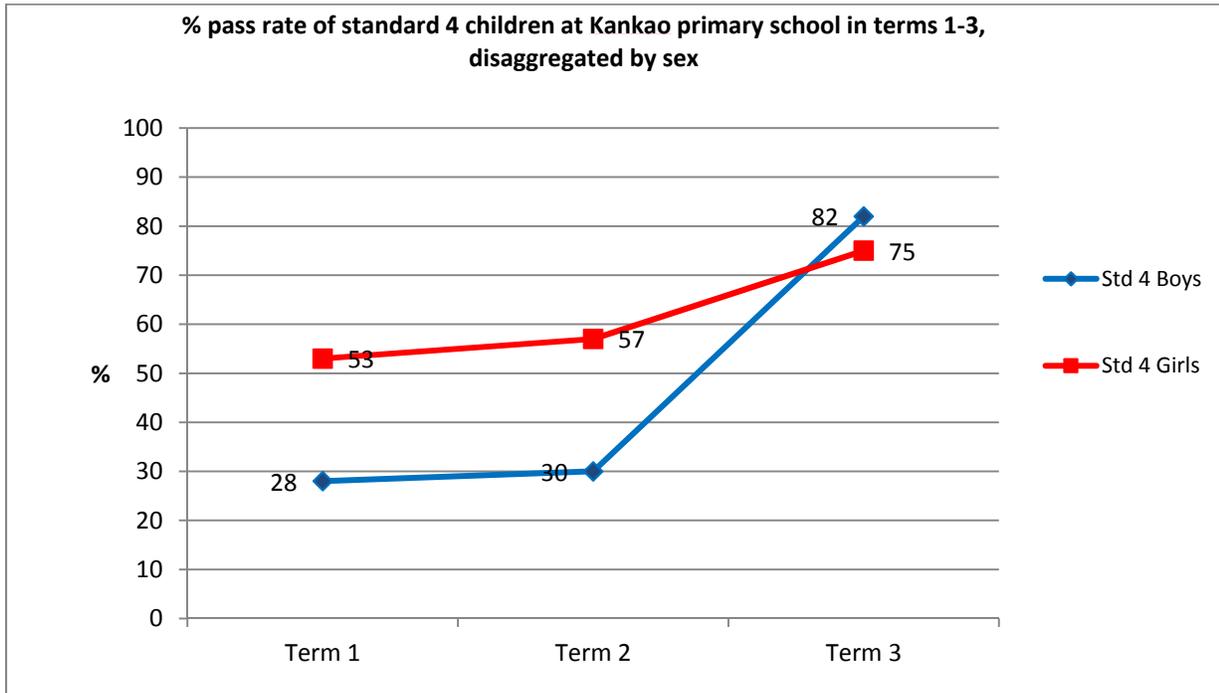
**Figure 1: Percent increase in pass rates for eight out of fourteen primary schools in three academic terms (Oct 2013 – July 2014)**



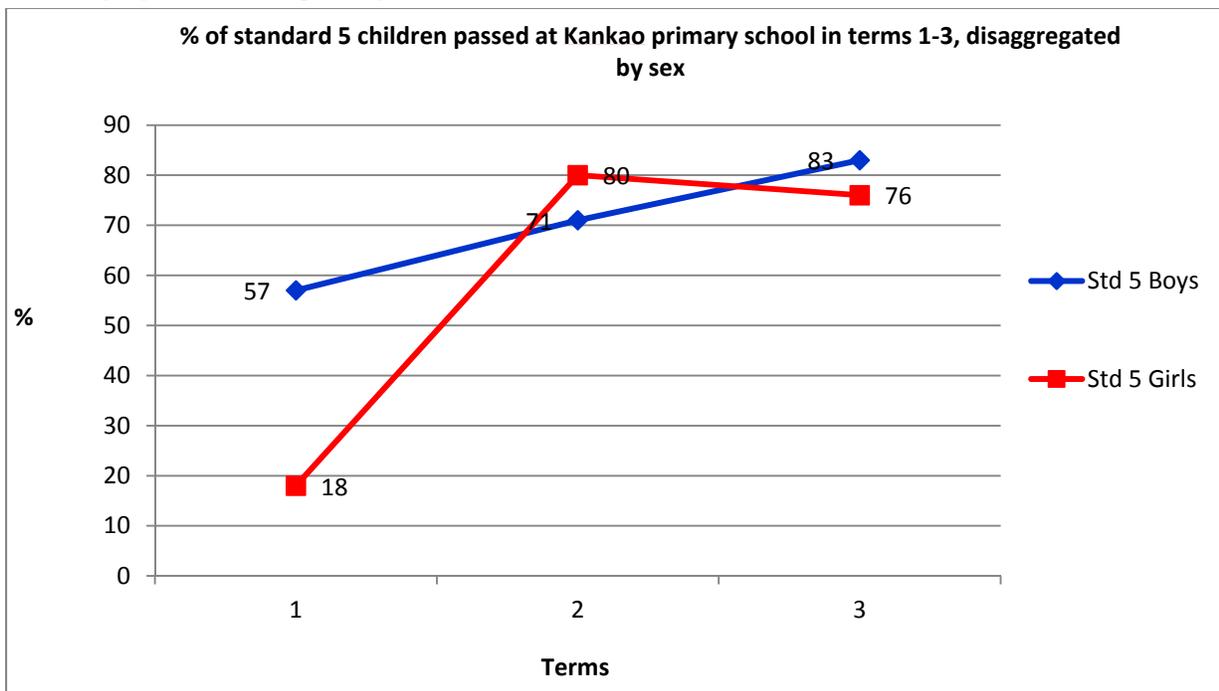
Figures 2-4 show the results from community efforts to improve the pass rates of boys and girls in standard 4 and 5 at Kankao primary school in Balaka District. Changes that were tested included having

the math clubs and children being taught in groups to help each other for subjects like math. The headmaster, after being briefed of what the QI team was trying to achieve in the school, was also interested and motivated to supervise and mentor teachers for these two classes to improve their educational performance. In addition, the girl children were being tracked by mother groups to ensure they were regularly attending classes in communities.

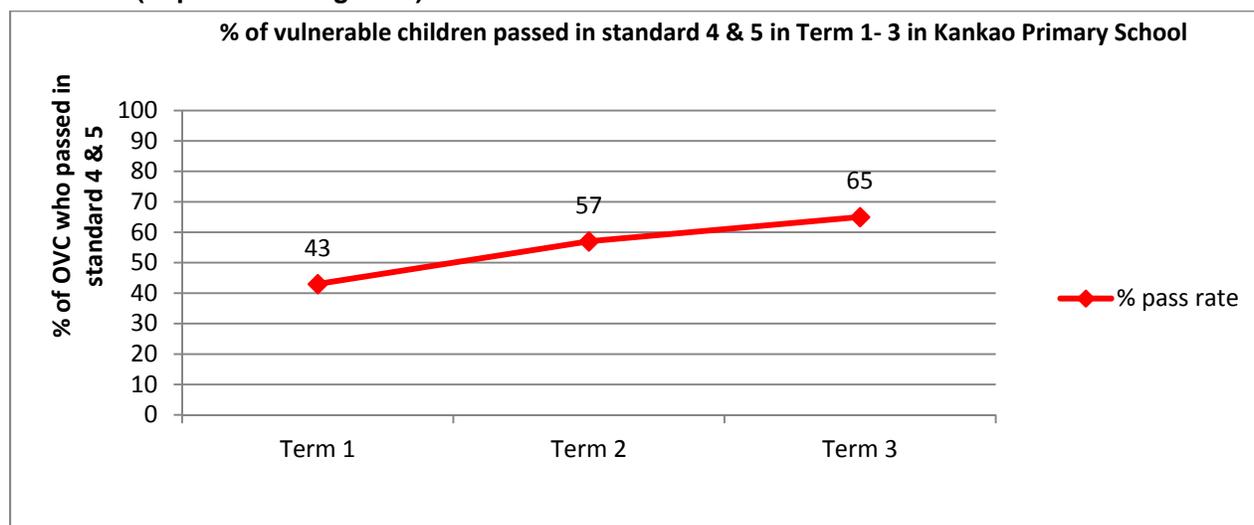
**Figure 2: Sex-disaggregated pass rates for standard 4 in three academic terms at Kankao primary school (Sept 2013 – Aug 2014)**



**Figure 3: Sex-disaggregated pass rates for standard 5 in three academic terms at Kankao primary school (Sept 2013 – Aug 2014)**



**Figure 4: Pass rates among vulnerable children in standard 4 and 5 at Kankao primary school in terms 1-3 (Sept 2013 – Aug 2014)**



### **SPREAD OF IMPROVEMENT**

To ensure only evidence-based, effective changes are scaled up, USAID ASSIST in FY14 identified effective changes tested by the QI teams to improve educational performance among vulnerable children in 14 primary schools.

USAID ASSIST supported the MOGCSW to train four District Social Welfare Officers, two Ministry of Education, two Ministry of Agriculture, and two Ministry of Health extension and district officers to build their capacity at community and districts levels to manage and sustain improvement work in the targeted sites. Through the MOGCSW, efforts were made to include the use of the OVC minimum standards and quality improvement in the national plan of action to integrate quality service provision at all levels working with vulnerable children.

### **Activity 2. Core-funded Nutrition Counseling, Support and Treatment Program**

#### **ACCOMPLISHMENTS**

- **Advocated for food supplies for malnourished clients identified in the eight initial sites supported by ASSIST.**

In October 2013, ASSIST negotiated with Clinton Health Access Initiative (CHAI) to provide food supplies for managing the malnourished patients identified at the eight sites in which ASSIST supported improvement work. During this time, CHAI was supporting the Malawi Community Management of Acute Malnutrition (CMAM) program that focuses on children only. CHAI had no plans to support the NACS program. ASSIST shared the results from the eight sites and highlighted the need for food supplies to support the program. ASSIST provided CHAI with projections for food supplies to support the eight sites for one year. After a month of negotiations, CHAI was convinced of the need to support the sites. In February and March 2014, CHAI began providing ready-to-use therapeutic food (RUTF) for severely malnourished clients and corn soya blend flour for moderately malnourished clients.

- **Conducted learning sessions**

- On December 11-12, 2013, ASSIST worked with MOH to conduct the first learning session in FY14 for Karonga and Balaka QI teams to share progress of their improvement work. During the learning session, the teams shared what they learned about improving nutrition assessments, both in terms of successes and challenges, as well as refreshing the teams' skills in improvement and discussing next steps. Most teams had achieved high levels of assessment (80% and higher). Therefore, during this learning session ASSIST staff asked QI teams to share their current data on default rates (i.e., patients in nutrition programs who have stopped coming for assessments). QI teams discussed improving measurement for default rates and then generated

some initial ideas about why defaults occur. The day before the learning session, a coaches' meeting was held to prepare for the learning session, discuss strengths and weaknesses in coaching, and brainstorm ways to strengthen it.

- In April 2014, ASSIST worked with the MOH to conduct a second learning session for the eight sites from Karonga and Balaka districts. The purpose of the learning session was to provide a forum for peer-to-peer learning and sharing of best practices to improve retention of patients in nutrition care. During the learning session, teams shared results and changes they tested to improve retention for nutrition care. The teams also consolidated the effective changes tested to improve assessment and classification to be used for spreading.
- From September 16-17, 2014, a learning session was held for four sites in Karonga. During the learning session, QI teams shared results accomplished to improve retention of patients in nutrition care. They also developed a new improvement aim to improve linkage of malnourished patients to economic strengthening, livelihood and food security support.



Learning session participants listening to presentation from Nyungwe health center

A group discussion during a QI learning session

- **Conducted coaching sessions**

- In January and February 2014 ASSIST together with MOH conducted coaching sessions in all eight health facilities and focused on the following objectives:
  - Reviewing with the facility QI teams the improvement objectives developed on reducing defaulters and the indicators they are using to track achievement of the improvement aims
  - Reviewing with the teams the changes they have developed and tested to improve retention of patients in nutrition care
  - Supporting and reviewing data management and reporting with the facility QI teams
  - Following up on action points agreed during the last coaching sessions
  - Providing support to district coaches for them to be able to support teams of health workers to improve service delivery
- During the coaching visit, ASSIST, the Ministry of Health, and the Office of the President and Cabinet held meetings with Karonga and Balaka District QI coaches where they reviewed the coaches' support to sites and planned for the coaching sessions. Through these meetings it was learned that Balaka District coaches requested funding from the District Health Management Team (DHMT) in quarter two, which they received and used for coaching sessions in their four sites.
- In May 2014, a second coaching session was held in the eight sites. The coaching visits were organized to follow up on improvement plans developed during the April 2014 learning session. The visits were also intended to review and support the teams on changes developed and currently being tested. During this period it was learned that QI teams were testing changes to improve patient retention in nutritional care and data management. The coaches went through all the changes the teams are testing, and they supported the teams on how to use the plan-do-study-act (PDSA) cycles to test their changes. The coaches also supported the teams on how to document the effectiveness of the changes tested.

- **Provided inputs to the Malawi NACS Guidelines currently supported by Food and Nutrition Technical Assistance III Project (FANTA) (February 2014).** The Ministry of Health recommended that QI should be incorporated into the Malawi NACS Guidelines. ASSIST has been providing technical guidance for the QI sections during the review process.
- **Worked with other partners to finalize the roadmap for incorporating nutritional assessment and counseling indicators into HMIS, HIV, and TB monitoring and evaluation systems (February 2014).**
- **To understand why clients are missing appointments for NCST care, the sites conducted a survey (December 2013 - January 2014).** The improvement teams began testing changes targeted at the top three reasons for missing appointments which were: 1) stock-out of specialized food supplements; 2) long distance to the hospital; and 3) patients did not remember the appointment date.
- **Participated in assessment of the capacity and competencies of service providers in NCST (May 2014).** ASSIST planned to scale up QI to four other health facilities in Balaka District, in collaboration with FANTA. Before the scale up, assessment of the new sites was necessary, so ASSIST joined FANTA in assessing the facility structures and competencies of service providers in NCST services. Preliminary results shared by FANTA indicated that there were wide gaps in NCST knowledge and competencies; however, the sites had adequate structures and enough service providers to deliver NCST services. ASSIST also learned that two of the four new sites are using the improvement approach to improve hospital deliveries.
- **Conducted training of service providers (June 2014).** ASSIST with FANTA jointly supported the MOH to conduct the NCST training of service providers in four new sites in Balaka District. The purpose of the training was to build knowledge and equip the service providers with skills to apply quality improvement methods and techniques to integrate and improve nutrition services in HIV and TB care. Thirty-one service providers from Namdumbo, Mbela, Utale 2, and Phalula health centers attended the training. The participants were trained on quality improvement principles, the quality improvement model, and how to apply the quality improvement model to integrate NCST services in their existing service delivery system. The participants then developed a three-month quality improvement implementation plan for their sites.

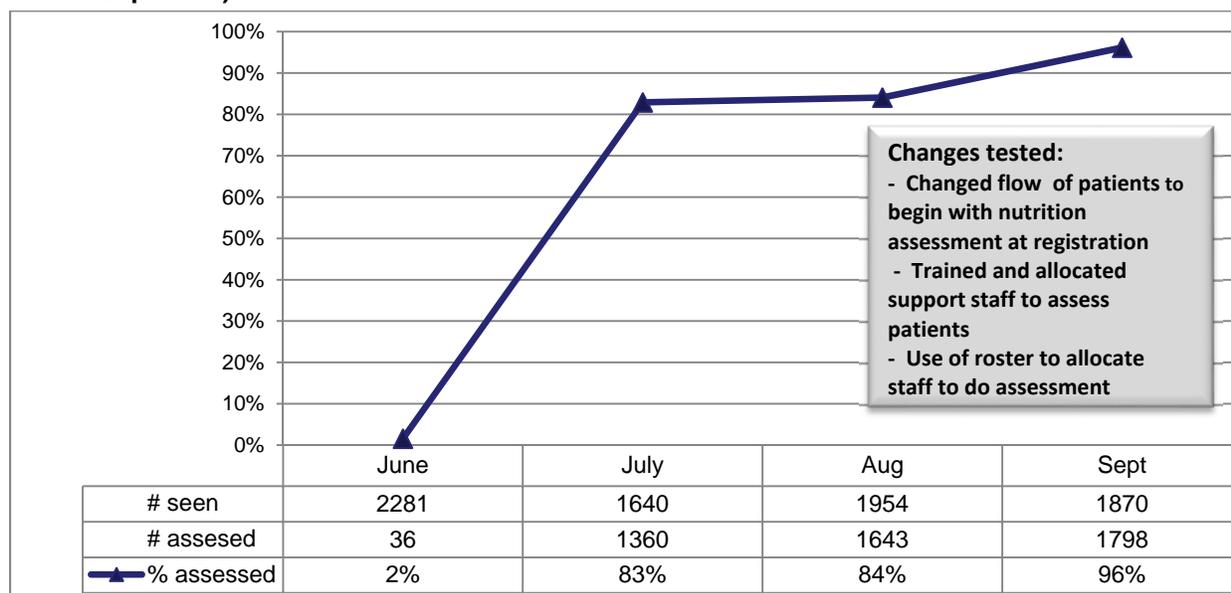
## RESULTS

### Improvement in Key Indicators

Activity	Indicators	Baseline	Last value	Magnitude of improvement (percentage points)
Nutrition Counseling, Support and Treatment Program (NCST)	% of clients assessed and categorized for malnutrition using mid-upper arm circumference (MUAC) and body mass index (BMI)	2% (Jan 2013) 7 sites	99% (Sept 2014) 7 sites	97
	% of patients who default	37% (Nov 2013) 8 sites	2% (Sept 2014) 8 sites	-35
	% of patients who recovered from malnutrition	3% (May 2013) 8 sites	81% (Sept 2014) 8 sites	76

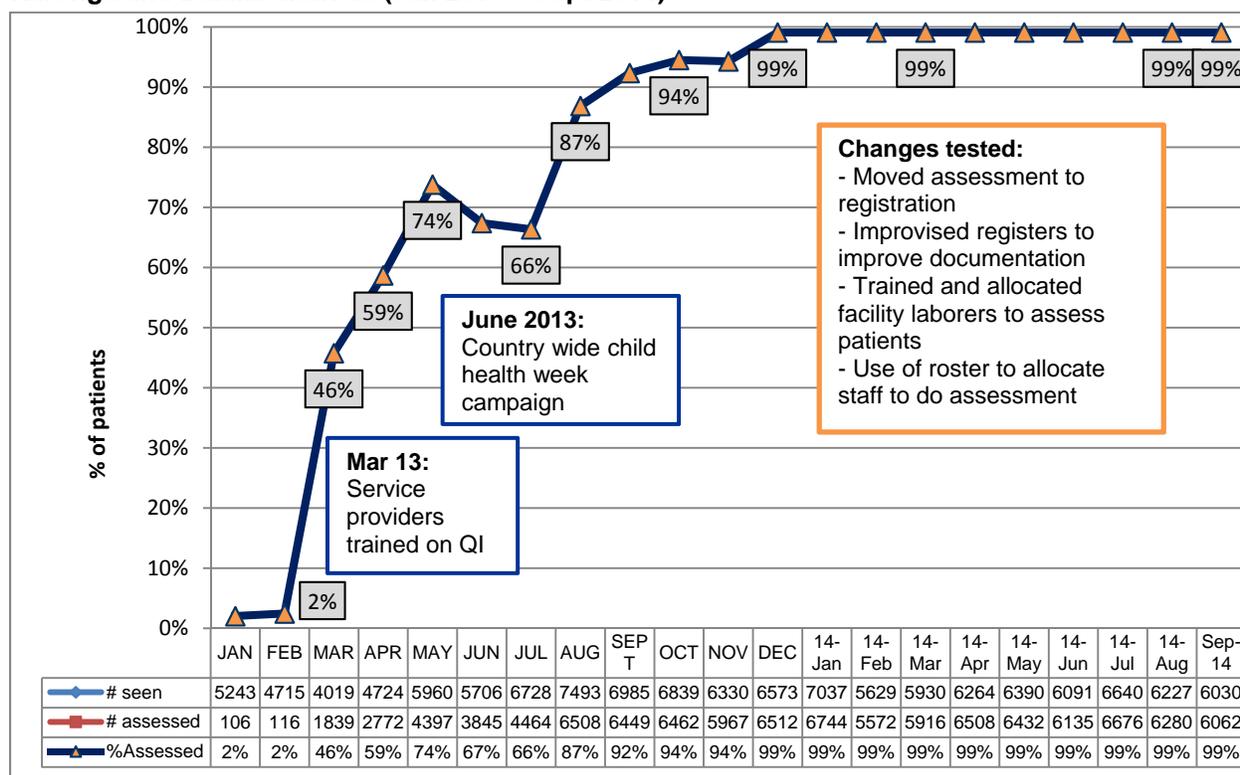
- **Rapid increase in nutrition assessment and categorization in new sites:** In Q4, QI teams in the eight original sites continued to sustain improvement in nutrition assessment, with 99% of patients being assessed and more than 400 malnourished patients identified and put on care every month. The four new QI teams applied effective changes compiled by the initial eight sites to improve assessment and categorization and were able to improve services within three months, from 2% in June to 96% in September 2014 (Figure 5).

**Figure 5: Percentage of patients assessed and categorized at 4 new sites in Balaka District (June 2013 – Sept 2014)**



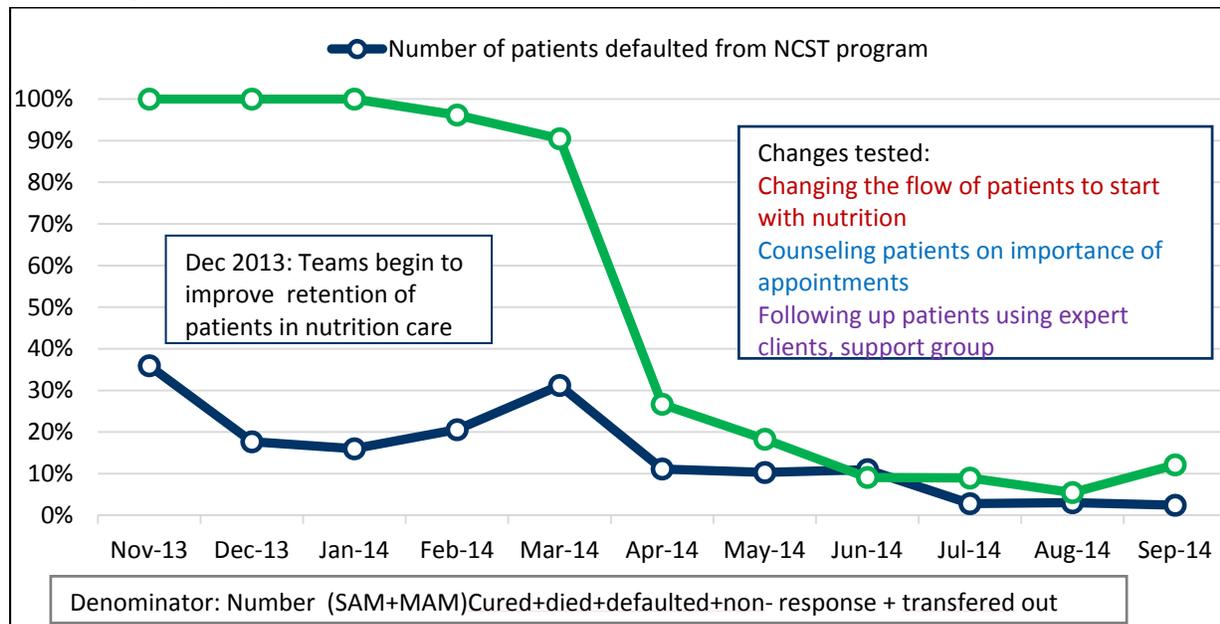
- Increased percentage of patients assessed and categorized for malnutrition.** In January 2013, only (106) 2% of clients coming to the clinics were being assessed for malnutrition in seven of the eight sites. The eighth site was already assessing 100% of clients. After incorporating the changes to improve nutrition service delivery, those seven facilities increased nutrition assessments to 99% by December 2013 and have sustained that high level of performance through September 2014, as shown in Figure 6.

**Figure 6: Percentage of patients assessed and categorized for malnutrition at seven sites in Karonga and Balaka districts (Jan 2013 – Sept 2014)**



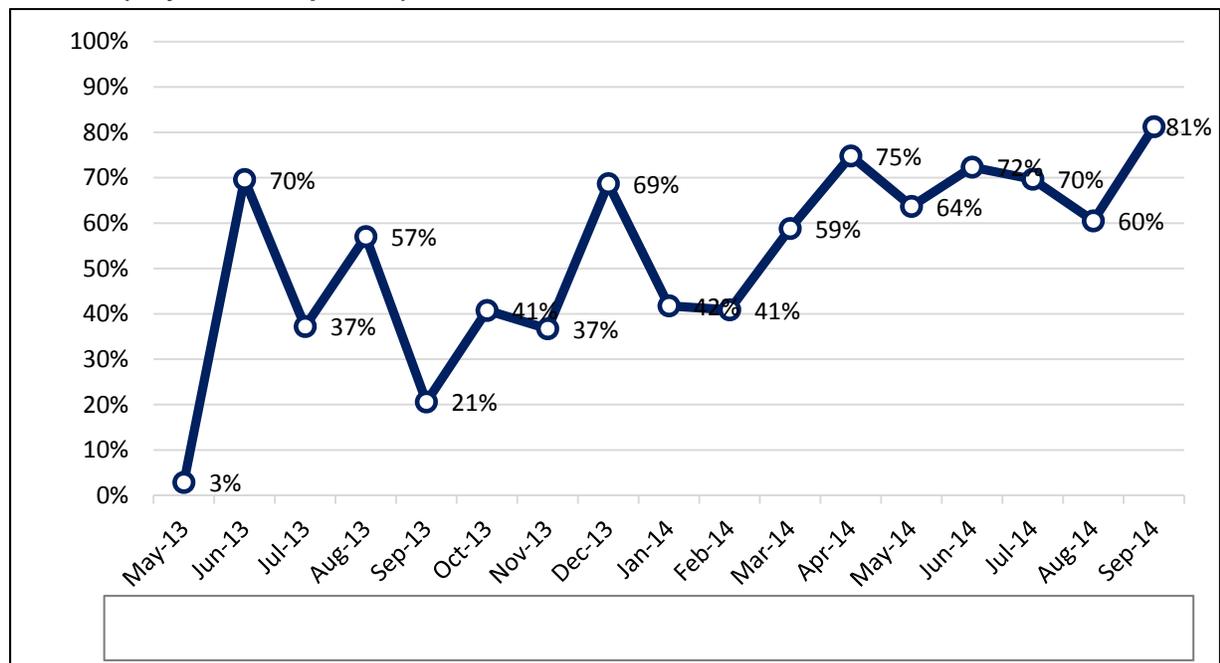
- **Improved retention of patients in nutrition care.** Results show that the percentage of defaulters across all eight sites was reduced from 37% in November 2013 to 2% by September 2014 (Figure 7).

**Figure 7: Percentage of patients defaulting from NCST care, Karonga and Balaka districts (Nov 2013 – Sept 2014)**



- **Improved percentage of clients who recovered from malnutrition.** Figure 8 shows progress in the percentage of clients who recovered from malnutrition at the eight sites in Balaka and Karonga districts. Patients are considered to have recovered from malnutrition if they attain a body mass index (BMI) of 18.5 or higher, do not have bilateral edema, or have a MUAC of 23cm or more (for pregnant or lactating patients whose BMI cannot be accurately measured).

**Figure 8: Percentage of clients who recovered from malnutrition, 8 sites in Balaka and Karonga districts (May 2013 – Sept 2014)**



## 4 Sustainability and Institutionalization

USAID ASSIST supported the MOGCSW to train four District Social Welfare Officers, two Ministry of Education, two Ministry of Agriculture, and two Ministry of Health extension and district officers to build their capacity at community and districts levels to manage and sustain OVC improvement work in the targeted sites. Through the MOGCSW, efforts were made to include the use of the OVC minimum standards and quality improvement in the national plan of action to integrate quality service provision at all levels working with vulnerable children.

USAID ASSIST incorporated the QI concepts for implementing NCST activities in the Malawi NCST guidelines and also developed training materials for the Ministry of Health to use for training service providers on quality improvement in NCST. These materials will be used henceforth by the ministry and all stakeholders supporting the NCST program in Malawi.

## 5 Knowledge Management Products and Activities

- During FY14, USAID ASSIST conducted learning sessions to gather effective changes in improving academic performance among 14 primary schools. The learning sessions aimed at consolidating the changes, documenting the results observed in testing the changes, and documenting how they were implemented in the targeted primary schools. The participants in the learning sessions included government social service providers, primary school heads, and teachers at the community level as well as district and national level officers.
- Resident Advisor, Tiwonge Tracy Moyo, wrote a blog on “Addressing the needs of vulnerable girls in Malawi to improve educational outcomes,” accessible at: <https://www.usaidassist.org/blog/addressing-needs-vulnerable-girls-malawi-improve-educational-outcomes>.
- Starting in September 2014, the MOGCSW supported the project to systematically prepare and document scale-up packages to be used by districts in how they can use the standards to improve service delivery for children using the locally available resources and partnerships within the districts. During implementation, the project initiated the compilation of change concepts and knowledge nuggets for easy sharing with new sites planning to initiate the spread in their districts.
- For the NACS work, ASSIST developed the quality improvement component of the Malawi NCST training package in June 2014. The materials include a facilitator’s guide, participant’s guide, and a participant’s workbook. These will be part of the Malawi NCST training package for national use. The materials were field tested during the NCST training in Balaka District. Comments were consolidated and the training materials were updated based on the comments and observations.

## 6 Gender Integration Activities

During FY14, the ASSIST team in Malawi integrated gender into the OVC improvement work in a number of ways. The Toleza improvement team identified a gender disparity in educational performance between girls and boys in a Balaka District school and conducted a root cause analysis. At the Msanga primary school, the team identified that most girls who fail exams in classes (within standards 2,3,5,6,and 7) did not attend school regularly and are given a heavy load of domestic chores, which inhibited them from accessing and attending school on a regular basis. Harmful traditional practices, coupled with girls’ domestic chore responsibilities, were found to be the strongest inhibitors to girls’ continued school attendance. As a result, many female students could not prepare for their exams or did not take exams at all, and girls’ test scores were found to be lower than boys’ scores. Girls were found to be more likely to fail their classes than boy students.

In an effort to address this disparity, the ASSIST team established and mobilized several mothers’ groups who conducted monthly meetings with girls in standard 3, 4, 6, and 8 and established two mother representatives in each village to track daily school attendance among girls and conduct biweekly assessments of girls’ educational performance in targeted schools. The ASSIST Malawi team also worked to raise awareness among parents and teachers about the importance of educating girl students. Through this initiative, teachers are encouraged to reward girls with learning materials, such as books and writing instruments, and parents are encouraged to reward their daughters with personal gifts for

succeeding in school, to encourage girls to work harder and strive for better attendance in schools. The ASSIST Malawi team collected the following sex-disaggregated indicators within the OVC improvement work:

- Baseline distribution of boys and girls who passes two exams by class in Balaka District
- Number of children accessing psychosocial support centers by sex
- Education performance among children in Msanga primary school for two terms

## 7 Directions for FY15

Contingent upon FY15 funding, USAID ASSIST will scale up OVC improvement work to five new communities while continuing to support the five currently supported communities in Balaka and Mangochi districts to facilitate shared learning. USAID ASSIST will collaborate and provide technical support in QI to newly identified USG OVC awardees to scale up the use of the national OVC standards using QI techniques. The project will build the capacity of selected District Social Welfare Officers, who are part of the decentralized government structure at the local level, to facilitate subsequent OVC programming using quality improvement.

ASSIST stopped supporting the MOH on NACS in September 2014 because no further funding was received from USAID. The ministry will continue supporting the 12 sites in Karonga and Balaka to sustain the NACS results.



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