FORM #3
Grants Solicitation and Management

Quarterly Progress Report

Grantee Name: **Maternal and Child Survival Program**
Grant Number: **# AID-OAA-A-14-00028**

Primary contact person regarding this report: **Mira Thompson (mira.thompson@jhpiego.org)**

Reporting for the quarter Period: **Year 3, Quarter 1 (October –December 2018)**

1. **Briefly describe any significant highlights/accomplishments that took place during this reporting period. Please limit your comments to a maximum of 4 to 6 sentences.**

During this reporting period, MCSP Zambia:

- Supported MOH to conduct a data quality assessment to identify and address data quality gaps that some districts have been recording due to inability to correctly interpret data elements in HMIS tools. Some districts lacked the revised registers as well.
- Collected data on Phase 2 of the TA study looking at the acceptability, level of influence, and results of MCSP's TA model that supports the G2G granting mechanism. Data collection included interviews with 53 MOH staff from 4 provinces, 20 districts and 20 health facilities.
- Supported 16 districts in mentorship and service quality assessment (SQA) to support planning and decision-making. In the period under review, MCSP established that multidisciplinary mentorship teams in 10 districts in Luapula Province were functional.
- Continued with the eIMCI/EPI course orientation in all Provinces. By the end of the quarter under review, in Muchinga 26 HCWs had completed the course, increasing the number of HCWs who improved EPI knowledge and can manage children using IMNCI Guidelines. In Southern Province, 19 mentors from 4 districts were oriented through the electronic EPI/IMNCI interactive learning and had the software installed on their computers. Seventy-eight (78) HCWs were oriented in Southern Province with 19 receiving certificates of completion. The remaining HCWs will complete the course in the subsequent quarter.

2. **Briefly describe any unforeseen obstacles or challenges that are having a negative impact on the implementation of the grant activity. For any mentioned, please describe your possible strategy for resolution.**

The late disbursement of 2018 G2G CoC grants to the districts affected MCSP's plans to provide TA during implementation of the 2018 district plans. MCSP has been following up with the CoC coordinators to reschedule these activities, and at the same time providing TA during implementation of GRZ-funded activities.

3. **Please describe activities to monitor field activities and ensure compliance with USAID family planning and commodity regulations as described in Appendix 2. Activities may include staff training, supervision visits, observation, monitoring of reports, etc. Please indicate whether there are any concerns or questions.**

- All MCSP staff at the national and provincial levels have taken the 2018 version of the US Abortion and FP Compliance and Protecting Life in Global Health Assistance courses on Global Health eLearning Center as required by USAID. The certificates are on file in the MCSP Zambia office. MCSP continues to ensure that all staff are oriented to FP compliance and are trained and certified so that they are able to prevent and look out for any violations. Staff will be reminded to update their certification for the two courses for 2019 in the subsequent reporting period.
- MCSP has continued to emphasize to MOH at all levels the need for compliance with FP rules and regulations. This TA has also included recommendations for MOH personnel to take the appropriate online courses on Global Health eLearning Center. In provinces where non-USG funds are available together with USG, MCSP has provided TA to MOH personnel to clearly indicate and separate funds that come from other sources to ensure that USG funds are not used for services that may violate these requirements.
- MCSP staff have been carrying out internal monitoring related to compliance with the mentioned statutes and policies. During the reporting period, no violation of the relevant statutes has been identified.
- MCSP distributed FP Wall Charts (Do You Know Your Family Planning Choices, 2017) to health care facilities and had them displayed in accessible positions to allow FP clients make more informed family planning choices

4. Briefly comment on the status of the activity as compared with the agreed-to work plan. Mention whether you are behind, basically consistent with, or ahead of the work plan.

Objective 1: Provide demand-driven technical assistance for sustainable scale up of RMNCAH&N intervention across the four focus provinces of Zambia.

***Provided TA for Maternal and Reproductive Health*:**

- Followed up on TA offered on the health facilities to admit mothers for 48 hours post-delivery to promote the health of mothers and newborns and prevent perinatal and maternal deaths, which are most likely to occur within 48-72 hours post-delivery.

- Followed up on TA given to the districts on labor management using a partograph. Mafinga District in Muchinga and Chipata, Nyimba, Katete and Chadiza Districts in Eastern Province have since conducted mentorship on partograph use. 5 staff were mentored in Chipata District and 3 out of 5 partographs at Nyimba District Hospital were correctly completed. Mansa General Hospital staff are now comfortably managing women in labor using the partograph and the gaps identified in the previous TA were addressed.
- Provided TA on Infection Prevention and Control (IPC) Guidelines and new labor ward at CGH, working closely with the PNO MNCH and the Nursing Officer at Chinsali General Hospital. The IPC practices at the labor ward showed a marked improvement and IP buckets were brought into the delivery room with a new designated IPC corner well labeled for easy identification. This will prevent sepsis in mothers and their newborns.
- Followed up with Health Facility Labor Ward teams in all four provinces who received TA on the importance of using recommended protocols in the management of obstetric emergencies. In Muchinga Province, 10 health facilities are now holding clinical meetings (32 meetings so far) to improve skills in emergencies. Staff have testified that the meetings are very helpful and meetings provide opportunities for revisions and skill acquisition and strengthening. In Luapula Province, Luamfumu Health Facility procured emergency kits for PPH and eclampsia, and both are well labeled for use in emergencies.
- Continued to provide technical assistance to MOH to review maternal perinatal deaths and determine how to promptly respond to them. In Southern Province, MCSP supported Kalomo District following 3 maternal deaths that occurred in the district in the 3rd quarter of 2018. Based on MCSP's guidance and recommendations, Kalomo District has re-oriented 52 health care workers in new maternal referral guidelines, conducted one round of obstetric emergency drills at the district hospital, and installed or repaired resuscitative equipment in two ambulances. In Eastern Province, MCSP supported Nyimba, Katete and Chipata Districts and EPHO during their PNMDSR meetings with appropriate recommendations being made.
- Supported MOH in conducting DQA in Southern and Luapula Provinces in collaboration with SBH. In Luapula Province, Chipili District reported that ANC < 14 weeks was at 95% in Quarter 3 2018. All facilities visited over reported in HIA2 compared to their facility registers. The actual Quarter 3 2018 data reviewed showed 65% coverage instead of 95%. MCSP guided the district team to ensure that there was close supervision of HF staff in registers updating and used as primary source of data when reporting.
- Followed up on quality improvement projects identified in QI projects orientation and SQA. Five districts have developed QI projects in maternal health and are at different stages:
  - Chienge, Luapula Province: Reducing post caesarian infected wounds in postnatal ward at Chienge District Hospital

- Milenge, Luapula Province: Increasing capacity among HCWs in infection prevention and control at Milenge East HC
- Mwense, Luapula Province: Increasing Access to ANC 1st visit <14 weeks GA at Kalaba RHC
- Chembe, Luapula Province: Increasing integrated outreach in FANC services in Chikola RHC
- Chadiza, Eastern Province: Increasing institutional deliveries

- Continued implementing the LNG IUS study in collaboration with SM360+ in Luapula, Eastern and Muchinga Provinces. In Eastern Province, MCSP and SM360+ teams offered TA to Mafuta RHC as the HF is a study site. MCSP oriented Safe Motherhood Action Groups in FP messages to create demand for LARC in the community, to reduce unwanted pregnancies that result in obstetric emergencies. 3 staff from Chipata Central Hospital were offered mentorship at Mwasemphangwe ZHC

Provided TA for Essential Newborn Care:

- Followed up on Technical Assistance visits during implementation of 2018 CoC grants. MCSP conducted TA visits to 6 health facilities in Muchinga and 11 facilities in Eastern province to ascertain levels of compliance to recommendations made during the previous visits. All the visited facilities acted on most of the recommendations, which included infection prevention, creation of resuscitation spaces and KMC. The follow up visits focused on the following areas and technical assistance was provided for gaps identified.
  - **Infection Prevention:** Follow up visits were made to TAZARA Clinic, Mpumba RHC, and Mpika Urban Clinic on infection prevention in labor wards. All three facilities procured small IPC buckets for reprocessing and storage of neonatal resuscitation equipment, so HFs were no longer mixing them with other equipment. The reprocessed equipment is well stored to avoid contamination. Furthermore, MSCP discussed the need for improved infection prevention and control at the facility with the in charge at Lwanya Health Post to contribute to the reduction of neonatal morbidity and mortality due to sepsis.
  - **Designated spaces for resuscitation;** MCSP followed up on the creation of infant resuscitation spaces and availability of infant resuscitation equipment in Muchinga and Eastern Provinces. Two facilities in Muchinga Province (Mpumba RHC and TAZARA Clinic) and nine facilities in Eastern Province (Mwanjabantu Zona, Petauake Urban, Mumbi RHC, Nyimba Urban, Sinda Zonal, Nyanje Hospital, Magwero RHC, Walela HC, and Namuseche HC) were visited. HF staff were oriented on the importance of creating designated infant resuscitation spaces to enable HCWs to swiftly help babies breathe within the golden minute and improve outcomes of asphyxiated babies. Since MCSP's initial visit, resuscitation spaces have been created at the both facilities

in Muchinga Province and 4 facilities in Eastern Province (Mwanjabantu Zona, Peatuake Urban, Nyimba Urban, and Sinda Zonal). In the remaining facilities, oriented staff were transferred to other facilities and the new staff are not yet oriented.

  - **Kangaroo Mother Care (KMC):** In Q4, MCSP oriented staff on establishing KMC in high volume delivery sites in Mpika district (Mpika Urban Clinic and Chibansa RHC) and Sinda District (Sinda Zonal HC and Nyanje Mission Hospital). Rooms were identified and facilities were prepared for the provision of KMC and now ready for the first KMC clients. Furthermore, facility and maternity in-charges were advised to scale up KMC to SMAGs during the NHC/CBV meeting to orient them on information they will be using in the community to educate mothers with low birthweight babies.

- Reviewed perinatal deaths. MCSP discussed the need to review perinatal deaths as they occur at the facility level with 5 facility staff and 2 District Nursing Officers in Lavushimanda and Mpika. TAZARA and Mpika Urban clinics in Muchinga province have started reviewing the perinatal deaths as they occur. Twenty (20) and three (3) perinatal deaths respectively were reviewed at the time of the visit. The perinatal death reviews help isolate contributing factors and prevent occurrences of similar deaths in the future.

- Provided TA during Provincial Performance Assessment (PA). MCSP participated and provided TA to Mafinga, Isoka and Nakonde in Muchinga Province during the PA. Isoka District Hospital recorded 108 asphyxiated babies in Q1 and 2 of 2018, who were all successfully resuscitated. The staff were commended for their competency in helping babies' breath (HBB) as this greatly contributed to the reduction of neonatal deaths. MCSP observed that perinatal death reviews were not prioritized in Isoka and some facilities in Nakonde. TA was provided on the need to review perinatal deaths as they occur. Reports from Isoka indicates that no death reviews were done, while in Nakonde only 75% were reviewed. 8 of 11 facilities in Isoka met the post-natal care national target of 50%. MCSP discussed with the DHO to follow up on the 3 facilities failing to meet the target (Katyetye, Mwenkombe and Kasoka) and provide the necessary technical support to improve performance. Needed support includes the creation of a space at the facility to admit mothers for 48 hours and ensuring HCWs (working closely with the SMAGs) are facilitated to conduct domiciliary visits.

- Provided TA during Perinatal and Maternal Death Surveillance and Response (PNMDSR) meetings. MCSP participated and provided TA during the district and provincial PNMDSR in Muchinga and Eastern Provinces to help contribute to the improvement of the maternal and neonatal indicators. Delays in making decisions (e.g. to refer clients) was cited as one of the biggest contributing factor to the deaths. MCSP facilitated a discussion with the district MCH coordinators on the need to follow WHO guidelines in procurement of neonatal resuscitation equipment for effective resuscitation. Some of the other recommendations discussed include:
  - Dissemination and utilization of national guidelines

- Holding staff accountable through writing of incidence reports when a death occurs
- Provision of a full FANC package
- Provision of mentorship

Provided TA for mentorship activities:

- MCSP provided hands on mentorship in the development and updating of a mentorship dashboard for Mafinga DHO, Mpika DHO and Petauka DHO. The updated dashboards will help track the progress of the mentees and inform decision making in the improvement of health care provider skills. The districts have updated dashboards used during pre-mentorship planning meetings to guide the visits. Nyimba district had conducted one mentorship round in antenatal care to nine staff (4 Enrolled Nurses, 2 COG, 1RM, 2RNs. 4 Females and 5 Males) from nine facilities. Two (2) staff were in dark green, meaning the providers had demonstrated proficiency and should be involved in the mentorship of other staff. Seven staff were in yellow, meaning the providers needed to work under supervision and follow up mentorship and support supervision is required. However, Petuaka DHO needs to improve on timely report writing and filing.
- At St Francis Hospital and Nyimba, DHO MCSP oriented 19 hospital staff and 2 Program Officers at Nyimba DHO in Service Quality Assessment, mentorship tools on Newborn and how to create dashboards and use data for decision making. This will help the hospital easily identify areas of improvement for timely action.

Provided TA on ASRH:

- Supported formation of ADH TWG. MCSP provided TA to strengthen the ADH TWG, which was formed following TA provided last quarter. Technical support was provided to Mafinga DHO, Isoka DHO, Mambwe DHO, Petauke DHO, Sinda DHO and Namwala DHO. DHO staff were oriented on the ASRH strategy and guidelines. The districts have since formed the TWG in line with the National ASRH Strategic Plan. Luapula Province has made great progress, with 12 out of 13 districts having ADH TWG in place. The only exception was Chifunabuli, which is a new district. The ADH TWG has strengthened stakeholder coordination. For example, in Namwala, Monze and Kazungula districts, the ADH TWG members were influential in creating adolescent spaces at facilities and in communities working with traditional leaders. This has resulted in creation of 4 spaces in Monze, 3 in Kazungula, and 5 in Namwala. These spaces will increase youth’s access to reproductive health services.
- Strengthened ADH Social Mobilization. MCSP followed up on the capacity building conducted to the adolescent health group at Chilasa HF to reach out to their peers and other community members through social mobilization and community health education campaigns for health prevention using the large group participatory approaches. This has resulted in the ability to handle large crowds effectively with

good attendance and participation from the community members. Nine community sensitization sessions have since been held with 743 males and 1,175 females in attendance (a total 1,918 of which more than 50% were adolescents) between April and December 2018. Various topics including Family Planning, STIs prevention, HIV prevention and treatment, water and sanitation were discussed.

- Oriented in ADH approaches and monitored progress of implementation. In Luapula Province, MCSP conducted follow up TA with PHO staff on review of 2018 CoC implementation on Adolescent Health in four districts (Mansa, Kawambwa, Mwansabombwe and Chipili). During the review, it was found 85% of planned activities under ADH were implemented. However, Kawambwa, Chienge and Mwansabombwe Districts (3/12) districts did not plan for any ADH activity in their 2018 plans. Mansa District had only one activity planned and had already implemented it, Mwansabombwe and Kawambwa had no ADH activity planned and Chipili district had two activities but implemented only one due to PHO guidance as to prioritize trainings. Most districts did not plan for ADH activities in the 2018 CoC plans because PHO had anticipated that World Bank or other funders would fund all the ADH activities. In addition, there was limited knowledge on what type of activities to plan. MCSP provided a list of High Impact Interventions (HII) for the 2019 planning period to help districts understand what type of activities they can plan.

- Trained of Health Care Workers in ADH standards and guidelines. MCSP provided ADH training materials and oriented DHO staff in ADH strategy prior to district trainings. The DHOs in Monze and Kazungula Districts used the training materials to train ADH focal point persons in ADH standards and guidelines using the 2018 CoC grant. The total number trained were 38 in Monze and 22 in Kazungula, for a total number of 60 facility staff trained in ADH standards and guidelines. The trainings will strengthen operationalization of ADH activities at grassroots level.

Provided TA on Child Health

- Facilitated establishment of Quality Improvement projects in IMCI in Nchelenge (Nchelenge RHC) and Kawambwa (Central Clinic) in Luapula Province. This was a result of the SQA completed by MOH with TA from MCSP, which identified the following gaps: Children were not screened according to IMCI guidelines and Oral Rehydration Therapy (ORT) corners were not in place. Both facilities had staff trained in IMCI. The aim of these QI projects was to help them abide by the IMCI guidelines in their Case Management and establish ORT corners in appropriate places.

- Conducted on spot mentorship on effective management of vaccines. Through SQAs in Chinsali, Mpika, Lavushimanda and Chama, it was observed that some facilities had challenges maintaining the cold chain, especially for reconstituted vaccines such as measles. On spot mentorship in effective management of vaccines was given, especially on the vaccine vial monitor (VVM) and temperature monitoring of cold chain equipment. A short video clip from EPI-IMCI e-learning was used to illustrate the cold chain management concept. It was also observed that facility staff were not

using IMNCI guidelines when managing children. TA was given to establish a QI project in Chinsali at Luwala Clinic in IMNCI. This project procured IMNCI job aids and monitored patients' clinical cards to ensure IMNCI guidelines are followed.

- Oriented HF staff on managing supplies and logistics for ICCM. Community Engagement in Case Management was identified as a gap in most Districts. In Chipata, Mafuta HF had 6 ICCM providers trained under the support of PAMO but they were unable to function as they did not have supplies. The HF staff were oriented on how to manage supplies and logistics.

- Provided Technical Assistance on Vaccine Management and EPI to 8 Districts. MCSP gave TA to 8 of 12 districts in Luapula (Mansa, Kawambwa, Chipili, Chembe, Chifunabuli, Mwense, Mwansabombwe and Samfya) on vaccines management and EPI. At least two facilities per district were visited and staff (4 staff per facility) were mentored on the spot on VVM and multi-dose vial policy (MDVP), where gaps in effective vaccine management were identified in these districts.

- Supported DHO program officers to orient 16 staff in the EPI microplanning process. EPI microplans found not updated in the districts of Luapula and Muchinga. Technical Assistance provided to the EPI District Health Office staff on how to facilitate updating the EPI microplans. In addition, in Eastern Province draft microplans were prepared in four facilities (5 HCWs at Chikoma Zonal RHC in Vubwi District, 5 HCWs at Sadzu Zonal HC and 3 HCWs at Zemba RHCs in Chadiza District, 3 HCWs at Undi RHC in Katete district). This will help the HFs strategize on how to reach children in their catchment areas. TA was given to 4 MNCH Coordinators in Muchinga District to ensure that facilities make micro plans. This was appreciated TA, as some of the coordinators are not trained in Reaching Every District (RED) strategy and needed support to develop the microplans.

- Followed up on the utilization of Monthly Immunization Monitoring Charts for improvement of immunization services in Eastern province. As an outcome TA provided by MCSP, more than 50% of HFs in Chipata district are now using the immunization-monitoring chart charts, which they have been updating on a monthly basis, and the charts subsequently used to develop lists of immunization defaulter for tracking. This has helped HFs such as Eastern Command and Feni to reduce dropout rates to below 10% for most vaccines. For example, between April and October 2018, the immunization dropout rate for Pentavalent 1 - Pentavalent 3 at Eastern Command Camp Clinic reduced from 33% to 4%. Mambwe and Chipata DHOs have displayed the immunization monitoring charts, while an analyzed immunizations data sheet was shared with the rest of the districts in order to develop their charts. In Choma District, MCSP advised facilities such as Njase facility to have two immunization charts using both target population of CSO (Population 5,484) and Head Count (Population 28,176) because the discrepancy between the two was large. The National Technical Group (which consists of the EPI TWG of MOH EPI Unit as a secretariat and other stakeholders) has been made aware of the challenges in denominators.

- Demonstrated the importance of using registers both at static and outreach points of service delivery in three districts in Southern Province (Mazabuka, Siavonga and

Chikankata). This was relevant because findings from the SQA show that facilities were mostly using tally sheets with no information entered in the EPI registers. This makes it difficult to validate data as tally sheets just give the number of children attended without details to identify them. There was variation in reported coverage ranging from 103% to 200% in Chinsali, yet the register had no details of the vaccinated children. During a Data Review meeting, TA was provided to ensure data was validated.

- Completed the eIMCI/EPI course orientation of staff in all districts in Muchinga. By end of Quarter 4 2018, 26 health care workers (HCWs) had completed the course and the number of HCWs who can manage children using IMNCI guidelines has increased to 26 (i.e. Nurses 22, Environmental Health Technologists (EHTs) - 2, Nutritionist-1 and Clinical Officer). For Southern Province, 4 more mentors were enrolled in Gwembe District bringing the total number to 78, of which 19 have received certificates. In Eastern Province out of the 36 enrolled 10 have completed course. In Luapula, 16 have completing the course. MCSP is in the process of data collection from the participants for documentation of its usefulness, understanding the challenges and areas of improvement in using this tool.
- Participated in the second round of child health week and supported two Districts in Luapula province (Chembe and Chipili) in reaching 28 of 33 facilities. Technical Support was given to MOH staff concerning the following gaps:
  - Most health care workers needed help in using the microplans for their daily services and some facilities did not even have the microplans.
  - Districts were also encouraged to invest more in the Routine Immunization services than in the campaigns.
- Supported at the National level through technical working group (TWG) activities:
  - MCSP participated in the drafting of the Gavi Joint Appraisal (JA) meeting report and Targeted Country Assistance (TCA) plans
  - Supported interagency coordination committee (ICC) and the national immunization technical advisory group (NITAG) meetings

Provided TA on Nutrition:

- **Developed nutrition microplans:** MCSP provided TA to all the 13 DNOs in Southern Province and three districts (Chikankata, Mazabuka and Siavonga) operationalized the development of microplans at the district level. The microplans were used to guide decision making and planning for logistics during outreach and child health week. The result was that these districts did not run into logistical problems during the Child Health Week. Additionally, TA was provided to DNOs from the three districts on strengthening their supervisory skills during the monitoring of child health week.
- **Oriented on MUAC assessments:** TA was offered to Monze, Siavonga, Kalomo, Livingstone, Mazabuka and Chikankata districts on the need to re-orient health

center staff on the correct assessment using the MUAC tape. A total of 44 nurses (23 males and 21 females) were oriented. Some districts such as Choma have already oriented their CBVs following the recommendation from MCSP at Njase and Shampande health facilities. Four CBVs from Njase and 5 from Shampande have been oriented in the correct use of the MUAC tape to detect malnutrition

- **Nutrition Dashboards:** In Luapula, follow up to the TA in formation of dashboards in GMP, MYCIN and Clinical nutrition after the orientations in SQA nutrition tools, MCSP visited Mansa, Kawambwa and Samfya to do a spot-check on the dashboards. In Samfya only one of the three facilities was found with dashboards while Chipili district reported to have managed to have nutrition dash boards in 8 of the 9 facilities by December, 2018. The TA was provided to the nutritionists focusing on developing their skills in using SQA and developing dashboards as initially the health information officers used to develop the dashboards on their behalf. Chipili district nutritionist was part of the team that scaled up use of SQAs is the district and through her the district has managed to scale up to all the facilities as she worked with heath facility staff as she conducted orientation on-site SQAs and development of dashboards.
- In Muchinga Province, the importance of data visualizations on nutrition have been re-enforced through TA provided by MCSP to health staff. For example, at Kalwala HF, the nutritionist created space for nutrition graphical displays and started displaying the nutrition monthly indicators own stunting, wasting, underweight, deworming, vitamin A supplementation and breastfeeding within the first one hour after birth. Additionally, the facility is also displaying key nutrition messages, such as the importance of breastfeeding within the first hour after delivery and exclusive breastfeeding for the first 6 months. Through MCSP, the HF was also supported to acquire protocols on RUTF administration.
- **Formed of District Nutrition Coordinating Committee (DNCC):** MCSP provided technical support and guidelines on the formation of District Nutrition Coordinating Committee (DNCC) in Chama District, Muchinga Province to facilitate the coordination of nutrition from district level to the lowest structures at community level. Chama District Health Office working, with other partners like Reformed Open Community Schools (ROCS), has since spearheaded the formation of the DNCC and this committee will be linked to the provincial coordinator SUNFUND district nutrition team of the for further support.
- **Tracked malnourished children in the community:** In Chinsali District, TA was provided on the importance of following up with malnourished children who are referred to higher levels of care after they are discharged back to the community. The trained CHVs in IYCF are actively involved in the identification of children with malnutrition within the communities. In Sinda District, Eastern Province at Chiwuyu HC, the health staff are working in collaboration with volunteers to support women with malnourished children to rehabilitate them using locally available foods.
- After MCSP provided TA to St. Francis Hospital in Eastern Province, the nutritionist developed discharge slips, which are given to all mothers and

caregivers of malnourished children who are discharged for follow up at the health center. This activity has been linked to the health facilities that have assigned CBVs to follow up on underweight children and those discharged from the hospital for continued reporting on progress of their the nutritional status. This action has also helped in proper tracking of the children and achieving optimum rehabilitation.

- **Integrated of nutrition into ANC.** In Eastern province, MCSP followed up on nutritional activities in Nyimba, Petauke, Sinda and Lundazi on the integration of nutrition related education during their sessions at the mother's waiting shelter. Lundazi is already integrating and mothers have appropriate information which has resulted in increasing the confidence to breastfeed their babies within an hour after birth and to continue appropriate nutrition practices such as exclusive breastfeeding for the first six months and appropriate commencement of complementary feeds.
- **Provided TA prior and during Child Health Week (CHW);** MCSP assisted with logistics (transport) and offered TA prior and during monitoring of CHW across all the target provinces. Some of the findings which were corrected included:
    - **What went well:** Most of the facilities had conducted orientations to both the HCWs and the CBVs prior to the exercise, logistics and supplies were distributed to facilities in good time, all the facilities conducted at least some sort of social mobilization at community level (i.e. writing letters to schools and churches to inform the community members about CHW), and CBVs were knowledgeable on the correct administration of Vitamin A and deworming tablets including the difference doses. Good stakeholder participation in the Child Health activities was observed from each district.
    - **Areas of concern**: In almost all the facilities monitored, MCSP observed that facilities were given 2016 population figures to use during the child health week by the district health office instead of 2017 population figures. There was no supervision of the CBVs on administration of Vitamin A and deworming tablets. The majority of the facilities monitored did not have microplans displayed on the wall for easy reference and also some facilities did not know how to calculate their daily targets. It was also generally observed that there were inadequate health education guidelines to health centers during CHWK and some facilities could not offer integrated services during CHW due to limited staff and logistics. MCSP provided corrective guidance where possible, documented these findings, and shared recommendations with DHOs on how areas of concern could be addressed in the next round of CHWs. Some of the guidance included health education on the following: importance of immunization and continued attendance of children at U5 clinic and dangers signs of a sick child e.g refusing to breastfeed, vomiting. These were documented and shared with DHOs on how best these areas of concern could be addressed in the next round of CHWs.

***Provided TA on Community Engagement*:**

- **Provided TA in Establishment of District Health Promotion Teams (DHPTs).** MCSP followed up to assess the functionality of the DHPTs across all the target provinces formed last quarter. In Southern Province, there has been increased stakeholder involvement in Health Promotion activities on RMNCAH+N services, which contributed to leveraging of resources in the districts following the establishment of DHPTs. For example, during the second round of Child Health Week, stakeholders from various private sectors that are part of DHPT, like Zambia Sugar Company and ZESCO provided transport to DHOs during distribution of logistics and monitoring of Child Health activities in Chikakanta and Mazabuka districts. In Kazungula, Gwembe and Namwala, DHPTs have been conducting advocacy activities in selected facilities on RMNCAH+N low performing indicators like 1st ANC visit at 14 weeks. For instance, in Gwembe district, there has been upward improvement in ANC from 11% on first ANC visit at 14 weeks to 23%. The DHPTs held meetings with key gate keepers, creating awareness on the importance of mothers attending 1st ANC and discussing barriers that hinder 1st ANC, such as long distance to services and myths and misconception among others. While the other Provinces have maintained the number of established DHPTs as follows; Luapula Province (07), Eastern Province (07) and Muchinga Province (06).

- **Rolled out use of community integrated registers to strengthen defaulter tracing.** Defaulter tracing of both mother and child in accessing MCH services has continued to be a challenge in most facilities. This is because of uncoordinated follow up mechanisms at the zonal level. This has hindered mothers and children receiving all the required services on time. As such, MOH introduced the use of integrated community registers at NHC zonal level. However, the roll out process has been slow due to limited staff skills at PHO in addition to lack of hard copies for use. MCSP continued to fill up the gap by conducting the following activities during the quarter: MCSP in Luapula Province visited four of 12 districts (Samfya, Mwansabombwe, Mansa and Kawambwa) and selected facilities to follow up on the use of integrated community register. The districts have registers in place and are using them at the community level. In Eastern Province, Mambwe, Katete and Lundazi DHOs reported continued challenges with low institutional deliveries and MCSP provided an orientation on the use of the integrated registers and advised facility staff to ensure that SMAGs utilize their pregnancy registers to track where the pregnant women went for deliveries. However, implementation can only commence once PHOs provide hard copies which are currently not available in the provinces.

- **Provided TA during Orientation of NHCs in their Roles & Responsibilities** One of the high impact interventions that MCSP influenced DHOs to include and budget in their 2018 revised CoC plans is the training of NHCs on their roles and responsibilities, as almost all the NHCs were not oriented despite being formed for over 5 years. This lack of training incapacitated them to fully function hence, de-linking service provision at community level. Therefore, during routine monthly TA visits, a follow up to find out which districts had actually included trainings of NHCs in their 2018 quarterly plans was conducted. The following districts had included and conducted trainings of NHCs in their roles and responsibilities:

- In Southern Province Namwala, Kazungula, Siavonga and Monze
- Eastern Province Chipata, Sinda, Vubwi, Petuaka Shin'gaundu, Chinsail and Mpika
- Luupaula Province; Chiengi, Nchelenge, Mansa, Samfya, Milenge, Chipili and Chembe

Prior to the trainings of NHCs, MCSP oriented all the DHO staff and some selected facility staff (10) on the new NHCs guidelines. Additionally, in Namwala District, MCSP conducted direct training of 30 (17 F/ 13 M) NHC members through CoC grants at a training organized by the DHO. This has resulted in revitalization of NHCs zones and development of community level action plans to strengthen health promotion activities, including integrated outreach in hard to reach areas. The orientation of facility and DHO staff in the NHC guidelines will play a critical role in supporting the NHCs during planning, implementation and evaluation of community engagement activities at the community level. However, NHCs and CBVs need hard copies of NHCs Guidelines and Community Integrated Registers.

- **S**trengthened Gatekeepers' engagement in advocating for an increase in the uptake RMNCAH+N services at community. Following MCSP TA on high impact interventions that needed to be considered for implementation, all the 42 districts included meetings with key gate keepers at the community level. 31 of 42 districts had implemented as planned. Involvement of gatekeepers in RMNCH+N programs is critical as most of the hindrance to access services is attributed to traditional beliefs and distance from the facility. The gatekeepers, if engaged effectively, can help counteract some of these beliefs through community sensitization meetings working hand in hand with the SMAG members and other CBVs, such as the ICCM providers and CBDs, and also help mobilize resources to set up outreach points. MCSP oriented the Health Promotion Officers and MCH coordinators from 31 of 42 districts during routine monthly TA visits on how to effectively engage gatekeepers in creating demand for RMNCAH+N services at community level and also provided soft copies of the Traditional Leadership tool kit with DHO as reference material as they implement the activity. The districts that implemented this activity reported improvement in most indicators, e.g. increase in institutional delivery, early ANC booking and uptake of family planning services in seven health facilities in Kazungula District
- Improved collection, monitoring and use of data use for decision-making and quality improvement. MCSP has continued to orient DHO and facility staff in use of Health Promotion Service Quality Assessment Tool. MCSP supported the following districts: five (05) districts in Eastern Province, six (06) districts and three (03) facilities in Luapula Province, four (04) Districts and four (04) facilities in Muchinga Province and seven (07) DHO and sixteen (16) facilities in Southern Province. In Southern Province, MCSP conducted hands on orientation with DHO staffs at facility level, where facility staff also joined in the activity (20 facility staff (8 F/12 M). Across all the districts supported, facilities have now displayed dashboards, areas of concerns identified and at the same time DHO teams have identified follow up actions to support the facilities.

Provided TA on Monitoring, Evaluation, and Learning (MEL):

The following are the key monitoring and evaluation activities conducted this quarter in the four MCSP supported Provinces:

- In Luapula MCSP, a number of data quality gaps were observed in the data coming from Chipili District. In collaboration with the Provincial Health Office and SBH, MCSP participated in the data quality assessment in Chipili district which revealed a number of challenges such as lack of activity sheets (Child health), standard nutrition register, a knowledge gap in filling of a new FP register, a knowledge gap in filling of HMIS2 and its interpretation by six of eight facilities visited. MCSP has since made recommendations to the DHO and the PHO to plan for an onsite training in the HMIS. This will promote data quality in the district and reduce the data queries it has been suspected.
- MCSP also participated in data quality assessment exercise in Southern Province, specifically in Mukuni and Kabuyi were visited in Kazungula and Simwatachila, HAHC and Zimba mission Hospital in Zimba district. Some of the key observations were lack of standards in the use of graphs and use of tally sheets instead of registers to document certain services. An onsite orientation was conducted to the facility staff on how to use the registers and the HIA2 for some indicators at the end of the month.
- MCSP conducted qualitative interviews in 4 provinces with the PHO staff, 20 district health staff from 20 districts and 20 facility staff from 20 facilities as part of the learning question. The interviews are part of the study evaluating the acceptability, level of influence, and results of a TA model that supports an existing G2G granting mechanism, providing technical input towards identification, planning, implementing and monitoring activities funded with the G2G grant in the four provinces. Overall, 53 interviews were conducted in Luapula (11), Muchinga (11), Eastern (11) and Southern (10) provinces. The interviews have been transcribed and the team is drafting the report.
- Promoting data use was one of the key focus areas for the MER team in the period under review in Luapula and Eastern Provinces. In Luapula, three districts (Chipili, Mwansabombwe and Chembe) were oriented in how to formulate the dashboards using existing low cost materials such as pen and A4 plain papers. The orientation also focused on how to interpret the indicators. The team agreed on a plan for the districts to roll out dashboards to facilities. This will help facilities appreciate the easiest way of identifying progress (decision making) and come up with quality annual plans and interventions, since district plans start from the down up approach.
- MCSP collaborated with PAMO to train 30 health staff in selected facilities, hospitals and districts in the HMIS/DHIS2 and data use. The training focused on the information cycle, data collecting tools, registers, HIA tools and tally sheets. Specific focus was on the OPD registers, under 5 registers, mother and child follow up (0-23 & 23-59 months) registers, aggregation forms (HIA1, 2, 3 and 4), antenatal register, family planning registers, postnatal registers and integrated maternal health newborn and under 5 community register.

- In Eastern Province, MCSP supported five facilities (Katete UZHC, Chipata Central Hospital, Chadiza Hospital, Mphomwa RHC, and Nkhanga RHC) in in three districts on facility dashboards/data use. A follow up visits revealed that all the facilities are now displaying the data and it is useful during the departmental meetings and helping developed targeted interventions.
- In Southern Province, MCSP provided onsite support to Pemba Main and Railway Surgery Clinic in documenting the LNG IUS activities. The team focused on how to correctly record data in the new family planning register and support districts in increasing LARC uptake. The team also attended the District Integrated Meeting in Gwembe, Southern Province. The meeting reviewed the RMNCA&H indicators by zone and observed improvements in the ANC before 14 weeks from 11% to 23% following the advocacy activities conducted by the District Health Promotions Team.

Figure 1. Dashboard developed by the team in Chipili District after MCSP TA

On observation the team used an old SQA form for IMCI and on HP they have indicated 'N/A" instead of a GREY code. Generally, the team can do better if the activity is institutionalized.

Province	District	Facility name	Area	Domain score						
				Infra	Equip	HR	Guidelines and protocols	Commodities & supplies	Practices	Records/ Data Management
Luapula	Chipili	Chipili RHC	IMCI	3	3	4	2	5	3	5
			ASRH	2	2	3	3	5	2	2
			HP	N/A	2	3	3	2	3	2
			IPC	3	3	3	3	3	3	2
			L&D	3	3	2	3	5	2	3
			M&E	2	4	2	3	4	4	2

- MCSP offered TA in Mazabuka, Chikankata, Choma and Siavonga Districts (DHOs) to 9 selected rural health centers in Mazabuka, 2 rural health centers in Chikankata, 2 health facilities in Choma and 6 rural health facilities in Siavonga District. It was discovered that most facilities are still using tally sheets most of the time instead of registers and the justification was because of the overwhelming numbers of mothers accessing the services. Some facilities have not started using the newly introduced registers. MSCP encouraged the facilities to use the registers and to help in correct data aggregation at the end of the month.

TA on Cross-Cutting Activities

- Districts have continued to use mentorship and SQA skills to support their planning and decision making. In the period under review, MCSP visited 10 districts in Luapula Province to establish the status of the mentorship teams. It was discovered that 10 out of 12 districts had active mentorship teams but the team compositions were limited to midwives and a few nurses without other

cadres like nutritionists, EPI technician, DHIO and planner. MCSP worked with the districts to realign their mentorship teams and come incorporate others. A follow up will be conducted to establish the status of the teams.

- In Eastern province, MCSP supported all the districts to form multidisciplinary mentorship teams, use of the MOH 2017 revised mentorship tools and development and use of the mentorship dashboards for monitoring of mentees' skills.
- In the period under review, MCSP supported four districts (Vubwi, Chadiza, Katete and Sinda Districts) with mentorship models. Onsite support to set up the mentorship hub was provided at Nyanje Hospital and Sinda Zonal Health Centre in Sinda district, which will help improve in-house mentorship activities thereby improving the skills of the midwives, nurses and doctors. Chipata District has successfully conducted mentorship follow ups of mentorships conducted in October 2018 and are now developing mentorship.
- In Luapula MCSP followed up on the status of SQA activities in some districts and it was observed that Nchelenge DHO and Chipili DHO have conducted SQA visits to facilities. Dashboards have been developed for 8 out of 16 facilities in Nchelenge 8 out of 19 facilities visited in Chipili district.

Activity pictures:

The DHO team at Chipili RHC conducting SQA.

DNO interpreting the dashboard to the facility in-charge

- Follow up visits were conducted on the status of the identified of quality improvement projects in 6 districts of Luapula province (Chienge, Nchelenge, Mwense, Mansa, Kawambwa and Chembe). Two districts had no quality improvement projects and MCSP worked with the districts to identify and develop quality improvement projects in some facilities with poor performance.
- In the period under review, MCSP also focused on supporting the implementation of the 2018 CoC districts plans. In Southern Province, TA was provided to four districts (Namwala, Monze, Kazungula and Livingstone) to form the ADH TWG by training

Health Care Workers in ADH standards and guidelines so that they can create adolescent spaces in facilities and in communities.

- MCSP also provided TA in the planning of 2019 COC districts plans in all the provinces. MCSP visited all the districts to support the preplanning activities that focused on reviewing the RMNCAH indicators, identification of gaps and high impact intervention for inclusion in the plans and ensuring districts planned for DQA and SQA.
- In Eastern Province, MCSP oriented 19 staff at St. Francis General Hospital in Service Quality Assessment to be used for decision making in the improvement of quality services.
- In Muchinga, MSCP supported districts during the 2019 provincial planning review and consolidation meeting in HMIS related activities, this resulted in guiding all the 9 DHIOs in prioritizing certain activities for inclusion in the 2019 plans, such as purchase of 5 laptops and dongles per district for the facilities. Five facilities were also identified to start facility level DHIS2 data entry and plan to train at least 2 HCWs in the 5 facilities per district in DHIS2 data entry was included in the plan. Other activities included in the plans include technical supervision in DHIS2 to the facilities, purchase of monthly talk time for data entry for health facilities, train DHO program officers in Data analysis and use through DHIS2 and train/orient/mentor health center in charges in data presentation and analysis. This will enhance data presentation and analysis during data review meeting.
- In Muchinga MCSP in collaboration with the Provincial Health Office visited all districts to assess and determine the level of implementation of the 2018 CoC activities in all the nine districts of Muchinga Province. The district levels of completeness with regard to implementation of 2018 CoC planned activities established to be at 50% in one district while the other eight districts were above 50%. During this process, districts narrated a number of success recorded with the coming of G2G and TA from MCSP. Districts were encouraged to work with MCSP to document all their success stories

Objective 2: Foster institutional collaboration to build local capacity in RMNCAH&N

A team from the Nursing Council of Kenya (NCK) traveled to Zambia to provide technical support directly to the Nursing Council of Zambia. During their visit, the General Nursing Council of Zambia, with support from NCK, collected data from four districts in Luapula province for the CPD evaluation. The team interviewed 200 nurses and 10 nurse leaders. Data has been entered and a report will be generated in the next quarter.

Objective 3: Develop eLearning training courses to improve provider knowledge

MSCP is responsible for developing four e-learning training courses on behalf of the government with the aim of improving health worker provider knowledge. The courses have been developed with subject matter experts (SMEs) from the Ministry of Health and key stakeholders.
The four courses being developed are: ANC, Consolidated HIV, Maternal Adolescent, Infant and Child Nutrition (MAIYCN) and Integrated Management of Acute Malnutrition (IMAM). IThe ANC course has been completed. During this quarter, the MAIYCN course completed the first

cycle testing. The voicing for MAICYN and cycle two testing are scheduled for January. Half the modules for consolidated HIV have undergone the first round of cycle testing and the other half are having their instructional design worksheets (IDWs) finalized. IMAM has been segmented into two courses due to size: outpatient therapeutic program (IMAM –OTP) and inpatient therapeutic program (IMAM – ITP). All the IDWs for IMAM – OTP have been submitted to the vendor for assembly. Consolidated HIV, MAIYCN and IMAM-OTP courses will be completed in the next quarter. Due to the increase in size of the IMAM course as a whole and time constraints, the MCSP will be unable to complete the IMAM-ITP course, but will package the IDWs for MOH to discuss with another partner to support their completion.

5. USAID Branding and Marking status:

i. Did any of your activities during this quarter result in printed materials, training events, web page development or other instances where the application of USAID logo/brand mark may be required? If so, please list and include examples of each.

No activities resulted in printed materials during the quarter under review.

ii. Are you anticipating any activities during the next quarter that will produce or result in printed materials, training events, web development, or other instances where the application of USAID logo/brand mark may be required? If so, please list them.

Yes, the launch of the online e-learning courses.

6. Please provide an updated status on the indicators developed for your activities.

See Annex 2 attached

Annexes

- **Annex 1: Project expenditures to-date**
- **Annex 2: MCSP Performance Indicators Quarterly Table**
- **Annex 3: Success Stories**
- **Annex 4: Eastern Province Quarter Report**
- **Annex 5: Luapula Province Quarter Report**
- **Annex 6: Muchinga Province Quarter Report**
- **Annex 7: Southern Province Quarter Report**

Annex 1: Project Expenditures to Date

Total Estimated Award Amount	Total Funds Obligated To Date	Actual Expenditures thru 09/30/2018	Actual Expenditures for Previous Quarter July- Sept 2018	Actual Expenditures for Oct 2018	Actual Expenditures for November 2018	Actual Expenditures for December 20180	Accrued Expenditures	Total Estimated Expenditures to Date	Estimated Remaining Obligated Funds to Date
	$9,000,000	**$7,055,917**	$1,477,142	$392,431	$332,983	$269,132	$362,299	$8,412,762	$587,238

Annex 2: MCSP Performance Indicators Quarterly Table

No	PMP Indicators **IR 1.1. High Impact Interventions Implemented** *(% population denominator)*	2017 Baseline Status	Status FY2018	Q1 2019 (October – December 2018)				
				Eastern	Luapula	Muchinga	Southern	Overall
1	Number of new clients adopting an FP method	**264,707**	**263,240**	**16,716**	**18,794**	**17,613**	**18,263**	**71,386**
2	Number /Percentage of pregnant women who received 1 antenatal care visit in the first trimester *(# of women who received 1 ANC Visit <14 weeks / Expected Pregnancies)*	**55,610**	**83,641**	**6,014**	**8,799**	**6,734**	**6,115**	**27,662**
		18%	26%	23%	54%	50%	24%	34%
3	Number /Percentage of pregnant women that attended at least 4 or more antenatal care visits *(# of at least 4 ANC Visits/ expected pregnancies)*	**108,813**	**151,374**	**14,564**	**6,839**	**5,273**	**16,805**	**43,481**
		34%	47%	55%	42%	39%	67%	53%
4	Number /Percentage of institutional deliveries *(# of institutional deliveries/ expected deliveries)*	**201,668**	**213,621**	**18,415**	**13,232**	**9,031**	**15,419**	**56,097**
		66%	69%	72%	84%	70%	64%	72%
5	Still Births in facility *(Still birth in facility total /Total Births)*	**3,480**	**3,228**	**234**	**176**	**111**	**192**	**713**
		1.7%	1.5%	1.3%	1.4%	1.2%	1.3%	1.3%
6	Number /Percentage of newborns initiated on breastfeeding within 1 hour of birth *(Breast feeding initiated within an hour of birth / Live Births)*	**171,763**	**142,400**	**15,026**	**10,157**	**8,010**	**12,917**	**46,110**
		88%	69%	85%	81%	90%	87%	85%
7	Number /Percentage of women who received a postnatal care visit within 6 days of birth *(Postnatal care within 6 days/ Expected Deliveries)*	**153,017**	**127,435**	**6,571**	**7,046**	**5,342**	**7,864**	**26,823**
		50%	41%	26%	45%	41%	33%	34%
8	Number/Percentage of children 12-23 months who are fully immunized *(Fully Immunized 2 /Population Under 2) Note. New Indicator in 2018 hence no data for Q4 2017*	**146,250**	**160,545**	**13,697**	**9,591**	**5,609**	**13,987**	**42,884**
		31%	34%	36%	39%	28%	38%	36%
9	Number of Diarrhea non-bloody cases under 5 years	**339,258**	**337,111**	**28,265**	**13,588**	**10,621**	**29,720**	**82,194**
		290	281	66	223	213	320	272
10		**98,375**	**77,054**	**6,522**	**3,996**	**762**	**2,323**	**13,603**

	Number of Pneumonia cases under 5 years	84	64	66	66	15	25	45
11	Number of children underweight < 5 years *(Weight between -2Z and -3Z scores 0-59 months/Children weighed)*	**44,257**	**56,770**	**1,331**	**6,073**	**1,067**	**2,116**	**10,587**
		0.8%	1%	0.2%	1.3%	0.4%	0.5%	0.6%
12	Number of districts with plans reflecting evidence based, targeted RMNCAH&N priorities	NA	42	0	0	0	0	0

No	PMP Indicators	2017 Baseline Status	Status 2018	Overall				
	IR 2.1. Health Worker Skills Improved			**Eastern**	**Luapula**	**Muchinga**	**Southern**	**Annual**
13	Number of providers (mentees) that received on-site clinical mentorship disaggregated by mentorship thematic area	NA	447	121	-	-	-	121
14	Number of mentors trained on mentorship skills	92	158	-	-	-	-	-
15	Number /Percentage of active District Mentorship teams	2	30	-	-	-	-	2
16	Number of Health Care Workers (HCWs) trained/mentored on Data Use Initiatives	46	397	-	-	-	-	19
17	Number of DHOs oriented in the ADSRH approaches	0	26	-	-	-	-	-
18	Number of districts with active Adolescent Health Technical Working Groups	0	29	-	-	-	-	-
19	Number of e-learning courses developed	-	4	NA	NA	NA	NA	3
20	Number of twinning partnerships established	-	1	NA	NA	NA	NA	1
	IR 3.1. Community Engagement Systems Strengthened							
21	Number of DHO staff oriented in community engagement strategies/approaches	-	293	-	-	3	6	9
22	Number of facility staff oriented in community engagement strategies/approaches	-	614	-	-	7	43	50
23	# District Health Offices with DHPT representatives, which include private sector and CSO partners	-	24	-	-	1	-	1

Annex 3. Success Story

SUCCESS STORY

ZAMBIA

Winter Lubombo, Siavonga District Nursing Officer, treating a newborn in Siavonga District Hospital maternity ward.

NAME

Winter Lubombo

ROLE

Acting Nursing Officer

LOCATION

Siavonga District Health Office - Zambia

SUMMARY

Siavonga District, a predominantly rural area, is home to the resort town of Siavonga in the Southern part of Zambia. With a population estimate of over 60,000, the demand for healthcare services is high. There are eighteen (18) health facilities in the district, including one referral hospital.

Neonatal deaths have been on the rise with the growing population. To combat this the USAID sponsored Maternal and Child Survival Program (MCSP) provided technical assistance (TA) to Siavonga District in several health areas. Since an early and newborn care training conducted in 2017, the number of neonatal deaths reduced by 36%.

By: Rita Muunga and Nephas Hindamu

MCSP Contributes to Reduced Neonatal Deaths in Siavonga District

About 193 kilometers (120 miles) south of Lusaka, the capital city of Zambia, lies a resort town of Siavonga, neighboring Zimbabwe. It is home to Lake Kariba, the world's largest man-made lake by volume, and hosts both local and international tourists year round.

Siavonga District is home to 63,000 people. The district has eighteen (18) health facilities, including one referral hospital. Despite this, the district records high numbers of neonatal deaths each year. Eleven neonatal death cases were recorded in 2016. The number was more than doubled when 25 neonatal deaths were recorded in 2017.

To prevent more newborn deaths, the USAID funded Maternal and Child Survival program (MCSP) conducted a training for health care workers on early and newborn care, in December 2017. The training covered antenatal care ANC, preventing complications like anemia, , room preparation for delivery, helping babies breathe resuscitation techniques, kangaroo mother care, exclusive breast feeding, child immunization, new born examination, and danger signs in neonates and small babies.

Winter Lubombo, the Acting Nursing Officer at Siavonga District Health Office, took the training. Since the training, Lubombo has seen significant improvements in antenatal and newborn care in the district.

Healthcare workers in all delivering facilities and the referral hospital have gained critical delivery and newborn care skills to save neonatal lives. In the year since the training neonatal deaths decreased from 25 reported in 2017 to 16 reported in 2019.

"From the time I was trained in early and newborn care, which was organized by MCSP, a lot of things have improved in Siavonga district health facilities".

\- Winter Lubombo

USAID
FROM THE AMERICAN PEOPLE

USAID FROM THE AMERICAN PEOPLE

Maternal and Child Survival Program

Eastern Province Quarter Report

Team Members

1. Goodson Mukosa Mpumba — Provincial Coordinator
2. Moses Mwanza — Provincial Technical Officer
3. Pauline Sikazwe — Newborn Health Technical Advisor
4. Wilson Siachalinga — Nutrition Technical Advisor
5. Robert Sakutaha — Community Engagement Technical Advisor
6. Bubile Mzumara — Provincial Monitoring, Evaluation and Research Officer
7. Misheck Kwenda — Driver/General Duties

Province: Eastern Province

Reporting Period: Quarter 4 2018 (October to December 2018)

Summary of Major Accomplishments

- MCSP in Eastern Province provided TA to Katete, Sinda, Mambwe, Lundazi and Chipata Districts in RMNCAH&N. The Focus was on following up the previous months TAs including the usage of Monthly Immunization Monitoring Charts to Improve Access and Utilization of Immunizations, 2018 National Maternal and Newborn referral Guidelines, MOH 2017 Revised Mentorship Tools and Dashboards and conducting SQA and developing Dashboards for easy decision making.
- Follow up TA conducted at Mafuta RHC to a trained mentor in LARC. This was meant to evaluate the LNG IUS FP study programme. The staff were advised to provide the SMAGs with information on LARC as a way to create demand which would increase on the LARC uptake and reduce on the possible complication that come with short spaced pregnancies.
- MCSP continued to share reference material in KMC and ENBC in the 4 facilities so that staff can be able to provide KMC and ENBC services according to approved MOH standards.
- MCSP facilitated and supported the setting up of mentorship hubs at Sinda Zonal and Nyanje Hospital as this will help the staff in the district to improve their competences in various maternal and newborn health service delivery. This was after MCSP provided the district with some mentorship simulators.
- MCSP followed up the creation of Infant resuscitation spaces and availability of infant resuscitation equipment in 9 facilities visited during the district Technical Supportive Supervision in Petauke district, to enable the staff to quickly help babies breath within the golden minute and improve the outcomes of resuscitation. This activity has been given the attention looking at the Provincial picture of the number of asphyxiated babies being reported every quarter. The Health Facilities visited were still struggling with space but MCSP, together with DHO staff helped them identify where to arrange resuscitative equipment
- MCSP followed up the utilization of partograph to manage labour at Nyimba Urban HC. There was a great improvement on the documentation on the partograph and acting as compared to the previous visits in May 2018 and this has led to improvement in the outcomes of delivery thereby reducing on maternal deaths.
- Katete, Mambwe, Petauke, Nyimba, Sinda, Chipata and Chadiza districts have formed their DHPCCs

following the orientations from MCSP and have since held or planned to hold their meetings. Chipata District held their inaugural meeting which was chaired by the acting DC and is composed of different government departments, CSOs and other interested groups like the adolescents.

- Worked closely with Chipata District Health Office in conducting follow up mentorship in October using the mentorship dashboards. The district program officers and mentors were oriented in how to develop and use mentorship dashboards. This has made the DHD happy that mentees will now be followed up based on evidence. This was also done in collaboration with SM360+ who appreciated the concept of Mentorship Dashboards after being oriented
- MCSP successfully conducted a round two data collection interviews of the MCSP TA Qualitative Study from five districts and PHO (16 interviewees). The feedback was the ministry of health was appreciating the MCSP TA and demanded for it to continue but on a frequent basis with at least one MCSP staff based at DHO.
- MCSP followed up Nutritional activities in Nyimba, Petauke, Sinda and Lundazi. In Lundazi, Lundazi DH has started integrating nutrition related education during their sessions at the mother's waiting shelter which is increasing on the confidence of the women to breastfeed their babies within an hour after birth and continued appropriate nutrition practices such as exclusive breastfeeding for the first six months and appropriate commencement of complementary feeds. Sinda District, at Chiwuyu HCs, the nurse is working in collaboration with the volunteers to support women with malnourished children rehabilitate them using locally available foods.
- MCSP worked closely with the PHO Adolescent Health Focal Point Person in coordinating the one day ADH services roadmap meeting which was held in Chipata. MCSP influenced the districts to ensure they planned for ADH TWG meetings as well as establishing more ADH spaces both in communities and at health facilities. This has resulted in all district developing ADH plans which will be factored into the CoC plans and to ensure that there was linkage between the HFs and schools within their catchment areas.

Below are the key accomplishments for the period October to December 2018 per thematic area;

1. **Reproductive and Maternal Health**
   - MCSP collaborated with SM360+ to Mafuta RHC TA in LNG IUS as the HF is a study site. The HF was providing the LARCs but the demand was low. MCSP guided that the SMAGs be oriented in FP messages to create demand for LARC in the community which would reduce on the unwanted pregnancies that result in obstetric emergencies.

   - MCSP guided Mafuta HC, in Chipata District, to reorganize their MCH department using the 5S quality improvement approach. This created enough space and allowed the team to arrange packs for management of severe preeclampsia/eclampsia using Magnesium Sulphate, Management of PPH, Management of APH and other maternity emergencies. This has helped the staff to be ready for any emergency and are now able to save life within a short time.

   - At Nyimba district MCSP sampled 5 used partographs the findings were as follows:
   - Out of the 5 sampled partographs 3 had all the details completed well and these were the partographs handled by the student midwives. The rest of the partographs had all the details entered correctly without the key indication. This was an improvement as compared to the findings in the first visit in May 2018. This positive development on the correct use of the partograph at Nyimba UHC will improve the labour and delivery outcomes at the facility.

2. **Newborn Health:**

- Creation and functionality of the Neonatal Resuscitation Spaces followed up Petauke Urban Health centre, Mantonga Health Post, Mwanjabantu Zonal Health centre, Mumbi Rural Health centre, Ongolwa Health Post, Nyimba District Hospital and Nyimba Urban Health Centre. Supported the staff at the HF in identifying space for infant resuscitation near the delivery bay and were encouraged to ask for infant resuscitation equipment from the neighboring facilities.
- MCSP oriented two staff at Vulamkoko ZHC (maternity and the facility Incharge) on Kangaroo mother care basic information and shared a soft copy of National Kangaroo mother care guidelines. The staff were advised to scale up KMC to the SMAGs during NHC/CBV meeting as a way of giving them information that they will be using in the community to educate mothers with low birthweight babies. A mother who delivered a low birth weight baby gave a testimony on how she was taught by the nurses, who were previously oriented by MCSP, on how to practice Kangaroo Mother Care method to keep her baby warm and encourage bonding. The baby was born with 2200g but weighed 3300g at 6 weeks and was feeding well.
- MCSP team shared soft and hard copies for new born health to Petauke Urban ZHC, Vulamukoko ZHC, Sinda ZHC and Nyanje Mission Hospital for continued reference. The documents included; Maternal and neonatal referral guidelines, Essential newborn care chart booklet, Kangaroo mother care guidelines, HBB action plan, Essential newborn care flow chart, Perinatal death audit form and Every baby count audit information chart.

3. Child Health

- MCSP followed up the utilization of the Monthly Immunization Monitoring Charts for improvement of immunization services in the districts. More than 50% Health Facilities in Chipata district are now using the charts which they are updating on a monthly basis and subsequently develop defaulter tracing lists. This has helped HFs such as Eastern Command and Feni to reduce their dropout rates to below 10% in most of the vaccines. Mambwe and Chipata DHOs have displayed the Immunization monitoring charts while the rest of the districts were shared with an analyzed immunizations sheet for them to develop their charts.
- After orientation by MCSP, 2 HFs in Chadiza and 2 in Vubwi districts have developed their 2019 REC microplans and since submitted them to their respective DHOs for approval. This will help the HFs in strengthening routine immunizations thereby preventing most of the preventable childhood illnesses.

4. Adolescent and Reproductive Health

- MCSP followed up the capacity building conducted to the adolescent health group at Chilasa health facility to reach out to their peers and other community members through conducting social mobilization and community health education campaigns for health prevention using the large group participatory approaches. This has resulted in the ability to handle large crowds effectively with good attendance and participation from the community members as confirmed by the EHT at the HF.

- With continued MCSP TA, all the districts have appointed ADH FPPs who are now working closely with the MNCH coordinators in ensuring that adolescent health issues are given the priority they deserve. MCSP has provided ADH guidelines to these FPPs for easy reference and are now reporting through the provincial ADH FPP.

- MCSP continued to support the districts in formation of their district ADH TWGs. Guidelines and strategies and TORs for ADH TWG have been shared to all the districts through the DHDs and FPPs. Lundazi, Chadiza and Chipata Districts have since formed their TWGs which they are using as a platform for advancing ADH services and prevent teenage pregnancies. Chipata District held its first ADH TWG meeting which revealed that they had seen 5000+ <20 years pregnancies in 2018 from January to September. Katete district, after TA from MCSP, has revived their TWG and since held their meeting. This is expected to enhance campaign against teenage pregnancies and marriages. A walk campaign against teenage pregnancies and marriages has been organized to be held on 18th January 2019.
- MCSP supported the Provincial FPP in planning and holding of the first ever ADH meeting which attracted participants from all the districts, PHO and MOH. The meeting discussed the ADH roadmap and was used for planning. MCSP influenced the districts to ensure that they planned for holding of quarterly ADH TWG meetings and establishing/strengthening of ADH spaces to increase access to ADH services. The districts were encouraged to include the activities planned for in their G2G or GRZ plans to ensure funding was available.

5. Nutrition

- MCSP followed up Nutritional activities in Nyimba, Petauke, Sinda and Lundazi. In Lundazi, Lundazi DH has started integrating nutrition related education during their sessions at the mother's waiting shelter which is increasing on the confidence of the women to breastfeed their babies within an hour after birth and continued appropriate nutrition practices such as exclusive breastfeeding for the first six months and appropriate commencement of complementary feeds. Sinda District, at Chiwuyu HCs, the nurse is working in collaboration with the volunteers to support women with malnourished children rehabilitate them using locally available foods.
- After TA from MCSP St. Francis hospital nutritionist has developed discharge slips which are given to all malnourished children discharged for follow up at health centre for further continuum of care. This is being linked to the HFs which have assigned specific CBVs to follow up underweight children and those discharged from the hospital and are reporting the nutritional status of clients seen. This has helped in not losing any children and achieving optimum rehabilitation.

6. Community Engagement

- MCSP provided TA on construction of Community Information Boards and Radio Listening Groups for community members to have access to health information. Katete district has since formed Radio listening groups in more than 50% of their HFs (only 2 HFs remaining). This has benefited the communities through easy access to information on health related issues.
- MCSP has been offering TA in formation of DHPCCs to ensure that there was proper coordination of health promotion related issues and that the committee was well represented with members from related government departments, NGOs and CSOs. Chadiza, Katete, Nyimba, Sinda, Vubwi and Chipata Districts have since held their first meetings. Chipata district has since chosen their DHPCC executive.

7. MER

- MCSP has been offering TA to Districts and HFs on the importance of displaying data in the HFs (Dashboards), more especially in maternity wards. Isolated HFs across the province (e.g Katete UZHC, Chipata CH, Chadiza Hospital, Mphomwa RHC, Nkhanga RHC) are displaying the data which is now helping them to conduct departmental data review and analysis for targeted specific interventions.
- The Nyimba and Petauke hospitals were not isolating data for admitted malnourished children to share

with district nutrition officer to ascertain health facilities contributing high numbers for further follow up. MCSP advised the Hospital nutrition technologists to document health facilities contributing high number of admissions of malnourished children. Upon discharge, they should work closely with Out Patient Therapeutic (OTP) sites for continuum of care at community level. This will help in reducing readmissions and prevent new admissions.

- MCSP successfully conducted a round two data collection interviews of the MCSP TA Qualitative Study from five districts and PHO (16 interviewees). The feedback was the ministry of health was appreciating the MCSP TA and demanded for it to continue but on a frequent basis with at least one MCSP staff based at DHO

8. Crosscutting

- MCSP supported Vubwi, Chadiza, Katete and Sinda Districts with Mentorship models. In Sinda District, MCSP supported the setting up of mentorship hub at Nyanje Hospital and Sinda Zonal Health Centre. This will help in conducting in house mentorship which will improve the skills of the midwives, nurses and doctors and have a bearing on the improvement of the quality of care.
- MCSP has been offering TA to all the districts in Mentorship; formation of multidisciplinary mentorship teams, use of the MOH 2017 revised mentorship tools and development and use of the mentorship dashboards for monitoring of mentees' skills and easy follow up. Chipata District successfully conducted mentorship follow up in October 2018 and were able to develop mentorship dashboards.
- MCSP oriented 19 staff at St. Francis GH in Service Quality Assessment. To be used for decision making in the improvement of quality services.

Objective 1: Provide demand-driven technical assistance for sustainable scale up of RMNCAH&N interventions across the four focus provinces of Zambia

Technical Area	Activity	**Progress of the Activity**	**Next Steps for this Activity**
Reproductive and Maternal Health	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical assistance during implementation of 2018 CoC grants	**Follow up visit at Mafuta RHC** • MCSP provided TA to Mafuta RHC facility staff to reorganize the counselling room in the maternity waiting room, which was congested with a lot of unused materials/equipment. • Staff advised to separate or pack instruments according to procedures as all the instruments were stacked in one tray. • Staff advised to use the 5S quality improvement approach to help them put all their items in place and remove unnecessary items in the labour and delivery room to create enough space. • Staff advised to make pre-made packs for management of severe pre-eclampsia and eclampsia using Magnesium Sulphate, Management of PPH, and Management of APH to reduce on the turnaround time during such emergencies. **Follow up Visit at Magwero RHC and Nyimba Urban HC** • At Magwero RHC, MCSP sampled and they were all not correctly documented, the Incharge, who is a Registered Midwife, was	• Ward Incharge for Nyimba to ensure that all the partographs have the key for contractions and other key parameters for the partograph and review the partograph periodically with the staff to discuss the proper way to use the partograph

		advised to find time to provide onsite mentorship on documentation and interpretation of a partograph for quick decision making, to the nurse that is helping in conducting deliveries due to having only one midwife at the HF. • At Nyimba UHC MCSP managed to sampled 5 used partographs the findings were as follows: Out of the 5 sampled partographs 3 had all the details completed well and these were the partographs handled by the student midwives. The rest of the partographs had all the details entered correctly without the key indicated. • Soft copy of the new WHO ANC guidelines, Maternal and neonatal referral guidelines were shared to the Staff present who expressed some knowledge but not adequate and the SMAG member present did not know of the recommendations thereby contributing to women coming late for their first ANC booking and not appreciating the reason for having at least ANC 8 contacts. **MCSP participation at Katete and Nyimba PNMDSR meeting** • MCSP oriented the district team and staff from health facilities took them through the guidelines and shared the maternal and	• Katete DHO to consider printing the referral forms in a form of a book. • DHO to Lobby from MSL that other facilities can be ordering direct from MSL by incorporating FANC logistics in REMMS – DHO to Procure FANC logistics. • Midwives to start writing detailed notes on the findings and interventions done on a patient. • DHO staff/ facility In charges to conduct TSS and Mentorship on the ANC cards and monitor change after mentorship/ TSS by periodic sampling of ANC cards. • St Francis To design a system of escorting ill

		Neonatal Referral Guidelines with the DHO and facility staff. • In Nyimba MCSP advised management to follow up and assist in the selection of two nurses for orientation in anaethetisia. that was according to the meeting discussion that was held at the district. • Management advised to ensure that the repairers of blood chemistry equipment must be contacted in advance **MCSP participation at the extraordinary PNMDSR meeting at EPHO** MCSP offered the following TA • Chadiza district to ensure that the midwife from Chanida boarder is mentored in management of multigravidas and referral of patients • Chadiza Hospital and any other hospitals to ensure that all the women admitted as referrals to be referred immediately by an MO • All clinical staff working at OPDs to be oriented/mentored on management of shock and abortion • Focused mentorship on management of labour using the partograph to be done to	patients for investigations to ensure that all the patients get back to be reviewed after the scan. • DHO to plan and conduct Mentorship on management of Labour using the partograph as a way to intensified/strengthened the correct use of the partograph to monitor progress of labour. • Facility staff to open up a folder to keep maternal death files. Verbatim reports should be written immediately a maternal death occurs to keep track of the details. Nursing Officer Standards to facilitate the process of procuring the referral books, as the quotation was done and they are waiting for the procurement evaluation team to sit.

		all staff working in labour and delivery wards more especially the staff in Lundazi **MCSP follow up on the utilization of the maternal neonatal national guidelines in Lundazi and Mambwe district.** • Facilities visited in Lundazi and Mambwe district had no guideline and some staff had no idea about the availability of the guidelines.	
	Provide technical assistance during monitoring of 2018 CoC Grants	**Mafuta Rural Health Centre to check of LARC mentor in collaboration with SM360+ and visitor from MOH and Washington** • A discussion with the facility Incharge on the facility mentor in LARC to be supported so that she reaches competence to be able to mentor other staff at the facility and surrounding facilities. • MCSP and SM360+ to carry all the job aids as they conduct facility visit so as conduct onsite mentorship for the mentors to improve pre discharge Family Planning after the mentors are assessed on competences. • . MCSP and SM360+ team to follow up the mentor who was trained on the modules and items that she came with from the training. • Facility Incharge to reorganize the procedure room and create space for maneuver. Staff to be oriented	• Facility In Charge/MCSP and SM360+ to support and facilitate the implementation of the recommendations. • SM360+ to reassess the mentors in LARC and develop a plan for her on performance development. • SM360+ in collaboration with MCSP staff to find out the type of items and modules that she came with from the trainings as there were no models or modules available for use.

		in the 5S Quality improvement approach so as to enable them • MCSP and SM360+ to plan for a meeting with the staff that were trained as mentors in LARC. • Facility Incharge as a zonal chairperson, he needs to consider conducting zonal meeting to discuss issues of Family Planning as they discuss many other issues affecting the health of the community. • MCSP and SM360+ to facilitate the development of the mentor plan to step down to other staff with the time frame and supervisory to be strengthened.	• Facility In Charge to ensure that all the rooms at the facility that are being used for counselling and screening have the Family Planning protocols for reference during counselling. • SM360+ to have a tracking method of evidence of fellow up of mentors trained in LARC. • SM360+ staff to plan for the meeting with the mentors and mentees and document responses.
	Activity 1.2: Improve quality of RMNCAH&N services through introduction/expansion of on-site mentorship		
	Establish mentorship teams	**Sinda district supported in setting up of mentorship hub at Nyanje Hospital and Sinda Zonal Health Centre.** • MCSP advised the facility Incharge and the maternity Incharge to set up a skills lab for staff mentorship. • Facility supported with models to be used in the skills lab for mentorship from MCSP.	• MCH Coordinator to find EmONC trainers who can demonstrate to mentors how to use the models for management of obstetric emergencies. • Sinda Zonal and Nyanje hospital to identify rooms for mentorship hubs

		• MCH coordinator advised to find trainers in EmONC who can demonstrate to the mentors how to use the models for management of obstetric emergencies. • MCSP advised that mentors should be having mentorship meetings for 2 days to discuss and practice the use of the models in the areas they decide to mentor the mentees on before the commencement of mentorship round. • The facility Incharge and her staff were advised to find a room where the models will be kept under lock and used for demonstration during mentorship. • MCSP advised the Incharge to make use of the data for decision making on what to focus on during mentorship e.g. high numbers of asphyxiated babies the focus for mentorship should be correct use of a partograph and infant resuscitation to staff where the cases were recorded.	
	Equip mentorship teams with models	**At Sinda District:** • MCSP advised the facility staff to remove the other models found at Nyanje hospital models where they were being kept in the tea room to somewhere where it is secure (**Immediately the models were removed**	• DHO to facilitate the development of a plan for mentorship rounds. • Labour ward Incharge to facilitate the washing of model bags to be washed

		and kept at the Nursing Officers office for the time being • MCSP provided Sinda district with the following models: Madam Zoe, Female pelvis, Baby Natalie, Arm for implant insertion • MCSP shared with the Nursing Officer the following documents: ✓ Mentorship tools ✓ Maternal Neonatal referral guidelines. ✓ Perinatal death audit form	as they had gathered a lot of dust and stains. • Sinda and Nyanje In charges to confirm on the rooms to be used as a skills lab and set it up in readiness for mentorship. • MCSP to follow up with Sinda District MCH Coordinator • District MCH Coordinator to facilitate the sharing of the models
	Technical Assistance to programming for mentorship in 2019 CoC Plans	**Nyimba DHO** • MCSP team oriented the CCO and the MCH coordinator on the SQA tools, Mentorship tools and creation of mentorship dashboards using the last mentorship rounds as they were not available during the initial district orientation. • Shared with the staff the steps on how to create dashboards, revised mentorship tools and SQA tool. • CCO advised to conduct the SQAs starting with the nearby Nyimba Urban HC and ensure that plans to conduct mentorship and SQAs are done for 2019. • At Petauke DHO MCSP discussed with the MCH coordinator to ensure that the mentorship	• Nyimba DHO to start conducting SQAs starting with Nyimba Urban HC and create dash boards as a SQA start up facility.

		dash boards were created as DHO staff were oriented on how to create dash boards and the acting CCO was advised to seriously consider using the new mentorship tools in the next mentorship round. **<u>Chipata District</u>** MCSP worked closely with Chipata District in conducting mentorship in October 2018 and they were able to develop dashboards. Mentorship was done in Family Planning, EmONC	
Newborn	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical assistance during implementation of 2018 CoC grants	**Follow up TA to Magwero RHC, Mwanjabanthu ZHC, Ongolwa HP, Nyimba UHC, Petauke UHC, Kanyanga ZHC, Mpomwa RHC** on creation and functionality of infant resuscitation spaces **Magwero RHC** • Facility Incharge advised to keep the resuscitation space free from other equipment's and lobby from DHO for HBB Action plan **Mwanjabanthu ZHC.** • Rescisitation space available but far away from the delivery bay staff advised to reorganize the labour to create space for the infant rescusitaire near the delivery bay. **Ongolwa HP**	• Facility Incharge to find another place where to put the infant weighing scale and lobby for an HBB action plan from DHO. • Staff to reorganize the labour to create space for the infant rescusitaire near the delivery bay.

		• MCSP was able to discuss with the staff on the importance of having a resuscitation space for the infants and infant resuscitation equipment as they had only 1 penguin sucker with no self-inflating ambu bag. A suggestion was made on where the space can be created.	• Staff advised to ask from the neighboring facilities for infant rescisitation equipment especially the infant ambu bag
		Follow up on Kangaroo Mother Care practices in zonal facilities. **At Katete UHC, VulamukokoZHC**, • MCSP team discussed with 4 staff on the implementation of kangaroo mother care. How to educate mothers on the importance and steps for practicing KMC. • MCSP team also advised the staff to ensure that preterm babies that are being referred to the next level are transferred in KMC position. • MCSP team talked about the observations that need to be done while the mother and her infant are in the ward for 48hrs observation for the mother all vital signs to be checked including per vaginal bleeding • MCSP team asked the staff on duty to show the mother how to practice kangaroo mother care position.	• Staff to intensify the education to mothers on Kangaroo Mother Care through the SMAGs. • Staff to start referring premature babies in KMC position. • Staff to start documenting the observations conducted on the mother and her infant during the 48hrs stay at the facility.

		• MCSP team shared the following soft and hard copies for new born health to Urban ZHC and Vulamukoko ZHC ✓ Maternal and neonatal referral guidelines ✓ Essential newborn care chart booklet. ✓ Kangaroo mother care guidelines ✓ HBB action plan ✓ Essential newborn care flow chart ✓ Perinatal death audit form. ✓ Every baby count audit information chart. For reference by the staff as they implement the standard care for the newborn infants. **At Sinda ZHC:** • MCSP oriented maternity Incharge and the facility Incharge on Kangaroo mother care basic information and shared a soft copy of National Kangaroo mother care guidelines. • Facility and maternity Incharge were advised to scale up KMC to the SMAGs during the NHC/CBV meeting as a way of giving them information that they will be using in the community to educate mothers with low birthweight babies.	• Facilities to begin scaling up KMC to SMAGS by providing an orientation using the KMC national guidelines.
	Provide technical assistance during monitoring of 2018 CoC Grants	**MCSP participated in the extraordinary MDSR meeting which was held on 25th October 2018** where 5 deaths were discussed The deaths where from Chadiza, Lundazi, St. Francis, Petauke and Chipata Central Hospital Some of the gaps identified included the following;	•

		Chadiza • The G6 was observed at a RHC in labour until she delayed at 7 cm dilatation • The Midwives at the Hospital not calling the doctors to review every admission to the labour ward • The anesthetist did not consider the type of anaesthesia to give to a woman with a ruptured uterus **Petauke** • The woman was managed by a CE at a HF where there are qualified staff • The woman was referred to the hospital to use her own transport, ambulance not called • The CO and Dr. failed to manage a woman in shock secondary to abortion **Lundazi** • The woman seem not to have been monitored using the partograph in labour • -The woman stayed at mothers' waiting shelter for 3 weeks but seem not to have been monitored **MCSP offered the following TA** • Chadiza district to ensure that the midwife from Chanida boarder is mentored in management of multigravidas and referral of patients • Chadiza Hospital and any other hospitals to ensure that all the women admitted as referrals to be referred immediately by an MO	

		• All clinical staff working at OPDs to be oriented/mentored on management of shock and abortion • Focused mentorship on management of labour using the partograph to be done to all staff working in labour and delivery wards more especially the staff in Lundazi • Petauke district hospital to always stock Magnesium Sulphate so that pre-treatment is always given to women before referral • Districts to strengthen referral systems • Chipata Central Hospital team to devise a strategy where an ambulance nurse can stop by the nearest institution if the patient's condition change while going to Lusaka	
Child health	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical assistance during implementation of 2018 CoC grants	**Follow up of staff oriented I electronic EPI/IMNCI training** **Petauke and Nyimba district:** • No staff that was provided with the off line EPI/ IMNCI electronic training had either started or finished the training. • For Petauke out of 4 staff only one has started and cannot remember the last chapter he did. • MCSP talked to the Staff that were given the Off line EPI/IMNCI electronic training and were	• CCO to follow up the staff and ensure that the other staff are provided with the training package.

		encouraged to start and complete the training with a time frame attached to it. **Chadiza and Vubwi districts** • In the month of December 2018, one health facility in Vubwi, and two health facilities in Chadiza had developed and submitted facility micro plans for child immunization, which had guided the facility teams to plan for Reach Every Child Strategy. The districts also reported that they were scaling up the development of micro plans to other facilities, a thing that will help the development of comprehensive district plans in future	
	Provide technical assistance during monitoring of 2018 CoC Grants	**Follow up TA on the utilization of monthly immunization monitoring charts** **At Mafuta RHC** • The EHT was oriented in the development of Monthly Immunization Monitoring Charts as provided for under the EPI 2017 guidelines and advised the HF team to develop the charts for all the vaccines (BCG/MR1, Pentavalent 1/Pentavalent 3, PCV1/PCV3, RV 1/RV 2, MR1/MR2) for easy monitoring of the performance in immunization and develop strategies for improvement. A soft copy of the 2017 EPI Guidelines was shared with the team	• DHOs to ensure that the immunization monitoring charts are in all the facilities and are being used correctly and the dropout rates are correctly calculated and follow up of defaulters are done

		• MCSP guided the HF team to ensure that the iCCM providers were provided with the necessary medications including Zinc Sulphate and ORS for management of community uncomplicated cases • MCSP oriented the EHT in developing a REC Microplan and provided him with a soft copy of the Microplan template. **Vubwi district** • Some staff at Sindemisale health centre did not understand the calculations of targets as the case. The MCSP oriented three nurses including the facility in charge on how to calculate dropout rates. **At Petauke Urban HC** • MCSP shared with the staff the immunization charts and advised to develop the charts accordingly as they had 2 staff trained in REC strategy **Mwanjabantu ZHC** • Staff advised to redo the temperature chart for November as it had the temperature recorded in advance for all the days in November. **Ongolwa HP** • MCSP provided the facility with the immunization monitoring charts and an orientation was conducted to 1 staff and 1 support staff on how to	using the community volunteers. • MCH coordinators to take through health centre staff in drop out calculations. Facility in charges to ensure that the monitoring charts are developed and the temperature charts to be recorded on daily according to standard. .

		plot on the chart and to calculate the dropout rate for all the antigens	
	Activity 1.2: Improve quality of RMNCAH&N services through introduction/expansion of on-site mentorship		
	Equip mentorship teams with models.	• MCSP provided Neonatalies to Vubwi, Chadiza and Katete Districts for mentorship simulation	•
	Expand Technical scope of mentorship to include child health, nutrition and community engagement topics	• Chipata, Nyimba, Katete, Chadiza, Lundazi Districts were able to conduct mentorship in essential newborn care using the G2G funds	•
	Provide technical assistance to districts to link mentorship with existing quality assurance activities	• Mentors have been oriented in Service Quality Assessment and are using them in identifying gaps for mentorship	•
	Technical Assistance to programming for mentorship in 2019 CoC Plans	MCSP worked closely with all the districts in ensuring that all the districts planned for mentorship in essential newborn care and other related newborn competencies.	•
Community engagement	**Activity 1.4 Increased demand for services through increased community engagement**		
	Provide technical assistance during implementation of 2018 CoC grants	**At Katete Urban Zonal Health Centre**: • MCSP advised the facility staff to ensure that the SMAGs have somewhere to record when they refer client from the community to the facility. • MCSP oriented 3 staff on how to complete an integrated maternal and under 5 community register. Registers are supposed to be in the	• Facility Incharge/EHT to source for more integrated maternal and under 5 community registers for all the community zones

		community for use by the zonal NHCs to capture all under 5 children and pregnant women. • MCSP advised staff present to brief the facility EHT on the community registers. **Vulamukoko Zonal health Centre** • MCSP advised the Health facility staff to permit pregnant women assist watering the garden too and learn how to grow the vegetables. • The zonal facility to share the same model to other neighboring facilities. **At Chiwuyu Rural Health Centre: Sinda district**. • The mother nutrition support group at Chiwuyu health centre is able to make use of locally available foods e.g.One of the recipes developed by the support group is called Chinjenje made from pumpkin seeds and cowpea leaves and tomato. • The cooking demonstrations appreciated by mothers as evidenced by 7 pregnant mothers, 8 lactating of which two their children's weight have improved tremendously through use of Chinjenje. The two care takers with malnourished children were given advice on how to prepare Chinjenje (Offals) using locally available foods.	. • Health facility to permit pregnant women assist watering the garden too and learn how to grow the vegetables.
	Provide technical assistance during monitoring of 2018 CoC Grants	**Kagoro RHC: Katete district:** • Although, the Nutrition focal point person at Kagoro zonal centre , the EHT has not been trained in any of the prescribed nutrition programmes, with the knowledge acquired through Early Child	

		Development (ECD) training he has been able to use knowledge acquired to monitor and manage the malnourished children enrolled in OTP. With support of the trained ECD and Integrated Community Case management (iCCM) community, based volunteers have been instrumental in following up progress of malnourished children. • MCSP advised the staff to scale up the basic ECD knowledge to the community volunteers so as that they can be able to educate the community on how nutrition plays a big role in child development. **In Petauke district** • MCSP advised the DHO staff to discuss with the district pharmacist to facilitate availability of Vitamin A, folic acid and ferrous Sulphate in health centres where there is none. • MCSP proposed that the hospital management working with the departmental heads to allocate a nutrition technologist at the ART department as this was important to improve the nutritional status of the ART clients through nutrition education and to strengthen nutrition integration ANC mothers, Nutrition assessment and counseling should be introduced at the mother's shelter to pregnant women to increase knowledge on maternal and infant young child feeding practices.	• DHO to consider involving a number of departments /NGOs and even community partners during planning and

		At Nyimba DHO **During the Child Health Week preparatory meeting with stakeholders.** • Of the 17(12 males 5 females) persons participating in the Nyimba district health office Child Health week preparatory meeting, only three partners were present namely; World Vision-Nyimba ADP, Safe motherhood 360+ and MCSP. The partners were few despite being many in the district including government departments • MCSP advised to broaden the stakeholders such as government departments using the office the District Commissioner. The Ag. DHD should ensure that the letters written to other departments for support is made available early, as the responses will assist them to plan the next move.	evaluation of child survival activities
	Provide technical assistance during planning of 2019 CoC grants	• MCSP has observed that most of the proposed High Impact interventions that were shared for Community Engagement were included in the DHOs' 2019 plans to address the various RMNCAH&N indicators that were directly influenced by Community Engagement. These included such as low first ANC before 14 weeks, at least 4 ANC visits, low family planning uptake. The three districts have included construction/renovation of two outreach posts shelters each, with partnership with the community which is expected to promote integration of outreach activities	

		during routine as well as in major immunization campaigns	
Adolescent Health	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical assistance during implementation of 2018 CoC grants	**Katete District** • After MCSP TA, Katete District revamped its ADH TWG by holding meetings and working together to coordinate the service. These teams will facilitate opening up of Adolescent health spaces to increase the service in the district. **Lundazi district** • The DHO had an ADH Focal Point Person, the facility that was visited Mwase Mphangwe also had an ADH Focal Point Person. This assured ADH service provision to target group to reduce of challenges youths were facing in accessing health services. • MCSP oriented the District ADH focal Point Person on how to compete the SQA in order to support other focal point persons in the facilities **At Mambwe district** • MCSP oriented the District ADH focal Point Person on how to compete the SQA in order to support other focal point persons in the facilities **At Magwero RHC**	

		Magwero RHC has an ADH Focal Point Person who is oriented in ADH strategy and was working with youths in adolescent health activities already. • MCSP provided TA by oriented the focal point person through participatory approaches that help create sustainability in community sensitization activities.	
	Provide technical assistance during monitoring of 2018 CoC Grants	**In Sinda district**, • MCSP built capacities of adolescent health groups to reach out to their peers at Chilasa health facility through conducting social mobilization and community health education campaigns for health prevention using the large group participatory approaches; The team was oriented in these approaches by MCSP to handle large crowds effectively, and the team confirmed that it was very effective. **Sinda, Petauke and Nyimba DHOs:** • However, Nyimba and Petauke are still behind in formation of the District Health Promotion Coordinating Committee, which they have planned to take place in December 2018. • MCSP has observed that most of the proposed High Impact interventions that were shared for Community Engagement were included in the	• More practice needed for the teams to perfect the art of large group social mobilization DHO to facilitate. • **Mambwe, Petauke and Sinda** need support to get their Adolescent Health Technical Working Groups functional. Terms of reference and guidelines have been shared, but group formation was under way by the time of the las TA visit, with letters already distributed to stakeholders appointed as members • ADH Focal Point Persons to speed up the process and get the team

		DHOs' 2019 plans to address the various RMNCAH&N indicators that were directly influenced by Community Engagement. These included such as low first ANC before 14 weeks, at least 4 ANC visits, low family planning uptake. • The three districts have included construction/renovation of two outreach posts shelters each, with partnership with the community which is expected to promote integration of outreach activities during routine as well as in major immunization campaigns.	operational; all documents are available
		Chipata District • MCSP provided TA that there was need for a comprehensive peer education approach that empowered girls with life skills that would delay start of teenage sexual debut, through capacity building of systems that would eventually keep girls longer in schools. • This TA was provided to the DC at his office on Wednesday, 12 December 2018. **<u>Chadiza and Vubwi DHOs:</u>** • Chadiza had continued reporting high numbers of patients from Mozambique, a thing that affects medical stocks, as stocks were supplied based on either head counts or CSO statistics, which did not capture Mozambicans. • MCSP provided TA that in future, provide detailed data to the province for the cases to be scaled up to	•

		the Medical Stores in order to address the issue comprehensively. • Vubwi on the other hand reported a similar situation, dealing with high Malawian patient numbers at health facilities. **Mambwe, Katete Lundazi** • MCSP provided TA that SMAGs should utilize their pregnancy registers to track where the pregnant women went for deliveries. Equally, facilities should use their postnatal registers to track where those attending postnatal services had gone for their deliveries and conduct case findings to establish reasons for not delivering from the facilities.	
	Provide technical assistance during planning of 2019 CoC grants	**Eastern Province Plans for Adolescent Health in December 2018** • The Ministry of Health had planned through Sida CoC budget to have the following ADH activities in the week starting 17 December 2018: • 5 out of the 9 districts will be selected for ADH intensive activities; • Each of the 5 districts will have 5 facilities that will be supported to become ADH Centres of Excellence; • A Provincial ADH Implementation Plan will be developed to serve as the basis for all monitoring and supportive supervision visits to the districts.	• PHO to develop an ADH implementation plan to save as a basis for all the monitoring and supportive supervision visits to the districts
	Activity 1.1: Technical Assistance to CoC Program		

Nutrition	Provide technical assistance during implementation of 2018 CoC grants	**At St Francis Hospital** • At the new ART clinic, there is no display of client flow chart to indicate where to get the next service. However, based on the arrangement of benches clients inform each other where to go. • To support nutrition activities two nurses where trained in Nutrition assessment counseling and support and in Infant Young Child Feeding at Katete urban health centre. **Sinda district** • Conducted cooking demonstrations in 13 other health facilities where 130 CBVs attended and 13 additional Nutrition Support groups were formed in Sinda district. • The facility to continue tracking the malnourished children and promote use of locally available foods. To make a follow up at PHO availability of RUTF for the health centre. **In Petauke district** • District pharmacist to facilitate availability of Vitamin A, folic acid and ferrous Sulphate in health centres where there is none as it was reported that the products were not available in the district. • MCSP discussed with the hospital management to work with the departmental heads to allocate a nutrition technologist at the ART department as the	• Facility to assign specific CBVs to follow up underweight children and those discharged from the hospital. The CBVs should report nutritional status of clients seen. • The ART in charge to develop a client flow chart advised to look at the high number of under weights and make follow up to check on improvement of the children. • The DHO to ensure that the rural health centre is supported in providing nutrition interventions

		current situation there is no nutrition technologist in the department. In order to strengthen nutrition integration ANC mothers, Nutrition assessment and counseling should be introduced at the mother's shelter to pregnant women to increase knowledge on maternal and infant young child feeding practices.	
	Provide technical assistance during monitoring of 2018 CoC Grants	**Vulamukoko ZHC** Khunga NHC at Vulamukoko has formed a mother support group comprising of mothers with underweight children, pregnant women with low birth weight babies and their mothers come together to share knowledge on preparation of complementary food for the children. The mother support group has 30 mothers who come together for cooking demonstrations and feeding of children. As a result of the activity a client Dingase Zulu of Kabilibili village who had a low birth weight baby appreciated the knowledge on nutrition during meetings with Mother Support group members as it has helped her prepare and eat quality food leading to weight gain to her baby from 2200g to 3300 g. • The staff were advised not to manage children with -3 z score or severely malnourished but instead refer them to the hospital • Encouraged the centre to revisit the QI project. MCSP left some information on QI projects development process in Nutrition and Maternal health (Low first ANC visit) for them to refer	• Facility advised to roll out Khunga model to other NHCs and facilities in the neighborhood with support of DHO. • DHO to conduct an in-house orientation in phases on key MoH prescribed nutrition programmes

		In Nyimba and Chadiza district. MCSP participated in the preparations meeting for Child health week with stakeholders. • The partners were few despite being many in the district including government departments. MCSP advised to broaden the stakeholders such as government departments using the office the District Commissioner • MCSP provided TA that staff needed to visit outreach posts in numbers to attend to all ailments of children that attended the CHWk at the outreach posts instead of just letting them go. • MCSP urged staff to ensure not many staff travel in one direction as there are not enough resources • MCSP provided TA that social mobilization should always start early to allow caregivers to also plan early for taking children for immunization **Vubwi District** • The observation at Mbande and Manota health centres in Vubwi district were using (chitenge) wrappers as provided by each mother to hang children for weighing due to non-availability of weighing bags. • MCSP advised DHO and health centres to plan to procure weighing bags in future in the 2019 plan.	• DHO need to involve a number of departments /NGOs and even community partners during planning and evaluation of child survival activities in the next stakeholders meeting.
M&E	**Activity 1.3: Improve collection, monitoring and use of data use for decision making and quality improvement**		

	Provide TA to DHIO data verification activities, including quarterly integrated supportive supervision and data quality assessments DQA in provinces	**Katete and Sinda district** • District nutritionist to support the health centre in documentation in the integrated nutrition register • MCSP discuss with St Francis hospital nutritionist for discharge slips for follow up at health centre for further continuum of care. • DHIO requested to run data for all health centres to enable nutritionist to do targeted mentorship to facilities with high numbers of under weights • There is need to install an IMAM database too at Kagoro HC and supplying them with an Integrated Nutrition Register	• Facilities to identify gaps in documentation of the integrated nutrition register and demand for orientation from DHIO
	Support collection of service delivery data using facility monitoring tools and regular data reviews	**Petauke and Nyimba Hospital** • MCSP advised the Hospital nutrition technologists to document health facilities contributing high number of admissions of malnourished children. Upon discharge, they should work closely with Out Patient Therapeutic (OTP) sites for continuum of care at community level.	• The hospitals to start sharing data to help the health centers providing primary health care services address areas where the malnourished children are coming from
	Support facilities to develop and update dashboards and utilize for decision making	**At St Francis Mission Hospital** • MCSP oriented 19 hospital staff on Service Quality Assessment, mentorship tools and how to create dashboards and use data for decision making. Examples were given using dashboards created across Eastern Province. • MCSP emphasized that SQA dashboards looks at quality of services offered by the facility while Mentorship looks at the skill of an individual staff.	•

Crosscutting	Establish mentorship teams	**Chipata DHO:** • Chipata DHO had shown tangible progress in assimilation of the SQAs and Dashboards as was evidenced by their being pinned on notice boards of most program officers, thanks to the DHD who spoke strongly on their usage in assessing health delivery skills of staff. • The Chipata DHO multi-disciplinary mentorship team was in place, with plans of conducting several mentorship rounds in 2019 • By December 2018, he three districts have shown progress in utilization of the SQA tools for staff skills assessment, with Sinda having gone as far as printing the dashboards and posting them on the wall of the DHD. Each district has been able to analyze the RMNCAH&N indicator performances and developed proposed activities to close the gap in the 2019 MTEF/CoC plans.	•
	Provide technical assistance to districts to link mentorship with existing quality assurance activities	**Petauke DHO** • Mentorship round was conducted in the 4th quarter month of October 2018. MCSP only managed to review 7 mentorship tool from one mentorship team had no access to the mentorship tools from the other 2 mentorship teams. • Out of the 7 mentorship tool reviewed only 3 staff were mentored using new revised the rest	• MCSP team to follow up on Petauke district for creation of dash boards for all the mentorship rounds conducted

		of the tools were conducted using old mentorship tools. • MCSP discussed with the MCH coordinator to ensure that the mentorship dash boards were created as DHO staff were oriented on how to create dash boards. The acting CCO was advised to seriously consider using the new mentorship tools in the next mentorship round **Nyimba DHO** • MCSP team oriented the CCO and the MCH coordinator on the SQA tools, Mentorship tools and creation of mentorship dashboards using the last mentorship rounds as they were not available during the initial district orientation. • Shared with the staff the steps on how to create dashboards, revised mentorship tools and SQA tool. • MCSP CCO advised to conduct the SQAs starting with the nearby Nyimba Urban HC.	• Nyimba DHO to start conducting SQAs starting with Nyimba Urban HC and create dash boards as a SQA start up facility.

Challenges and recommendations

Thematic Area	Challenge	Recommendations to Address the Challenge
Reproductive and Maternal Health	• Shortage of staff to do various health care services at the facility at any given time as there are only 2 nurses, one was on leave at the time of the visit, and one EHT. • No clerk to be doing most of the documentation hence compromising the documentation across activities. • Immigrants from neighboring countries coming to seek health care services when the conditions are already complicated hence leading to poor prognosis at times.	• DHOs to lobby for more staff from the appropriate officers.
	• Only one midwife at the facility and the other nurse is not a midwife and does not fully understand how to use and interpret the partograph affect decision making especially if the midwife is off or on leave	• Facilities to lobby to DHO for more staff.
	• Lack of CBDs in most of the districts except for a few in Nyimba, Lundazi, Chipata, Mambwe, Petauke thereby having low numbers of FP New acceptors	• Districts to organize for training/orientation of CBDs to enhance FP intake
Newborn	• Inadequate infrastructure at the zonal facilities to practice a full package of Kangaroo Mother care and to keep mother for 48hrs post-delivery.	• MCSP advised the facility staff to not think of implementing KMC in a large scale they should just start small as long as the guidelines are followed to reduce the neonatal deaths due to prematurity.

	Few staff handling pregnant women oriented or trained in essential newborn care.	• District to plan for onsite orientation and mentorship in Newborn Care and HBB
	Staff not oriented in Kangaroo Mother Care currently using general knowledge to practice and educate mothers with preterm babies	• DHOs advised to use the provide KMC guideline to orient staff in KMC
Child health	• Most facilities visited have no monthly immunization monitoring charts to monitor immunization coverages.	• MCSP has continued to help the district to orient facility staff on the usage of the immunization monitoring charts. • District to revive the use of immunization monitoring chart in the facilities and facilitate the follow up of immunization dropouts •
	• Staff in the district resisting to take up the electronic EPI/IMNCI training as it was found that the staff that were given the off line training had either not finished or started the training. Some of the reasons given is that staff want the actual class training.	MCSP advised the CH Coordinators to take up the challenge to ensure that the staff start and finish the training and give the staff the timeline to finish the training.
Community engagement	• Nyimba and Petauke are still behind in formation of the District Health Promotion Coordinating Committee, which they have planned to take place in December 2018.	• DHOs to ensure that by end of 2018 DHPT are formed District health promotion officers to facilitate.
Adolescent health	Some district delaying in forming Adolescent health TWGs due to lack of focal point person commitment to the programme.	• DHDs to plan for meeting with the focal point persons and chart way forward.

		• DHOs to take advantage of the Provincial ADH orientation meeting to be held in December 2018 and form the ADH TWGs.
Nutrition	**At Kagoro RHC Katete district**. They had Nutrition Quality Improvement (QI) project but currently they are not following it up as the people who initiated it have since been transferred. None of the new staff at the centre is trained in Quality Improvement	Facility staf to read through and discuss the previous process and have where to continue the QI project. DHO to support the process.
M&E	• Most of the community volunteers not availed with integrated community registers for use in their zones.	• DHOs to source for the integrated community registers
Crosscutting	• Slow pace in implementing the recommendation by the districts and facilities. • No follow up of the recommendations for all the data reviews, PNMDSR meeting by the districts.	• DHOs to ensure that all the recommendations have the follow up plan prior to the next meeting.
	• SQAs are not conducted by some districts even after MCSP assisted in conducting the baseline SQAs for some facilities follow up SQAs not being conducted	• DHDs to facilitate and plan to conduct SQA to the facilities in the districts.

Previous Quarter Recommendation and Action taken

Thematic area	Previous recommendation	Current statues	Next step for quarter
Reproductive and Maternal	Support Katete, Sinda, Chadiza and Vubwi districts in setting up their mentorship Hubs	MCSP has provided some mentorship models to Sinda, Katete, Chadiza and Vubwi districts	Districts to create and setting of mentorship hubs in all the Zonal facilities.
	Continue engaging the districts in ensuring that their CoC activities had specific timelines Offer TA to the district which have provided timelines for their activities	Districts only put time line with the availability of CoC funds	District to ensure that the times lines for conducting the activities are well planned for to enable adequate preparation and notification of the other supporting partners.
	Support the districts which conducted mentorship in completing their mentorship dashboards	Chipata, Nyimba, Sinda, Lundazi, Petauke district have conducted mentorship rounds in the 4th Quarter 2018 only Nyimba and Chipata district had mentorship dash boards created	DHOs to be supported in the creation of the mentorship dash boards using the Quarter 4 2018 mentorship tools.
Newborn	Using the mentorship dashboards the staff with good performance in specific competences to be involved in mentoring others after orientation in mentorship skills.	Chipata district conducted mentorship in Essential newborn care and infant rescisitation and dash boards created.	The rest of the districts still need a lot of support in the creation of dash boards and the use of MoH mentorship tools
	Districts to plan for mentorship being informed by the RMNCAH&N performance indicators. This will help the facility staff to provide quality health care service to the public.	All the district have planned to conduct integrated mentorship rounds in all the 2019 quarters	DHDs to ensure that the implementation of the district CoC plans priotize the integrated mentorship
	MCH coordinator to be having periodic meetings with staff and constantly remind them on the	All the facilities visited in this quarter were below	DHOs to facilitate the orientation of staff in 5S quality improvement

	need of maintaining cleanliness in the delivery rooms.	standards in terms cleanliness and orderliness	approach to help them create a conducive environment for service delivery.
Child health	District to follow up on the usage of the immunization monitoring charts and facility staff to orient other staff on plotting the immunization charts and interpretation of the graphs during the subsequent monthly data compilation	The facilities that MCSP has visited have since started using the immunization monitoring charts.	MCH coordinators to orient staff on the correct use of the monitoring charts and calculation of dropout rate for all the antigens.
	Follow up the completion of the off line electronic EPI/INMCI course by the district and facility staff.	All the districts with staff that were given the EPI/IMCI electronic course have either started and have not finished or have not started doing the course.	MCH coordinators to follow up the staff to start or complete the course and attach timeline to it.
Community engagement	Provide technical assistance during implementation of 2018 CoC grants to districts by providing technical Assistance visits to DHO in orienting NHCs in their roles	On-going	
	Provide technical assistance during monitoring of 2018 CoC Grants by participating in DIM and PIM events organized by District and province	Done	
	Provide technical assistance during planning of 2019 CoC grants through support to districts during preparatory meetings for the planning process for CoC and METF 2019 plans and participating in MOH Provincial Planning meetings	Done	
	Support facilities to develop and update dashboards and utilize for decision making by offering technical assistance to districts on the	On-going	

	formation and interpretation of dashboards of key indicators for decision making for community engagement		
Nutrition	MCSP to provide guidance during budgeting to include procurements of necessary anthropometric tools and any other nutrition job aids.	District CoC 2019 plan have been developed and submitted.	PHO/DHOs to lobby for the anthropometric tools other supporting partners.
	Engage Vubwi district on how they can prioritize nutrition activities	•	
		•	•
ASRH	Technical Assistance to CoC Program by providing TA in the formation of District Technical Working Groups in ASRH in all the nine districts	On-going	
M&E	MCSP will provide TA and support to the districts on the QI projects		
	MCSP to work with the DHIO to attend a facility data review and provide necessary TA.	On going	
	Continuous TA on the need to complete registers so data is complete and accurate	On going	
	Schedule is being developed and MCSP will provide TA to the facilities.	Done	.

I. Lessons Learned – Cross cutting

- Staff prefer EPI/.IMCI workshop to an Electronic EPI/IMCI course in Sinda

Community Engagement

Selected Community Engagement Key Indicators					
Key Indicator	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Cumulative Totals**	**Comments**
Number of DHO staff oriented in community engagement	3	40	24	**67**	
Number of facility staff oriented in community engagement strategies/approaches	17	70	22	**109**	
# District Health Offices with DHPT representatives, which include private sector and CSO partners	0	2	4	**6**	
Number of partners reached out / oriented in Community Engagement Approaches	13	12	64	**89**	
Number of CBVs reached out / oriented in Community Engagement Approaches	8	158	6	**172**	

CHIPATA DHO LARC MENTORSHIP DASHBOARD OCTOBER 2018

			Competency Score						
Code	designation	Facility	Ability to take history of FP Client	Ability to conduct physical examinations	Able to provide counseling familly planning options	Able tp provide STI/HVI counseling and testing during familly planning	Able to provder LARC services	Ability to document the services offered	Overall score
00001	EN	Namseche	3	3	3	2	2	3	3
00002	EM	Namseche	3	3	2	3	2	3	3
00003	EN	Lunkhwakwa	2	2	2	2	2	2	2
00004	EN	Gondar	3	2	1	2	3	2	2
00005	RN	Eastern command	3	1	2	3	3	1	3
00006	RN	Chiparamba	3	1	1	2	2	3	2
00007	EN	Tamanda	2	1	2	1	1	1	1
00008	EN	Tamanda	1	1	1	1	1	1	1
00009	COG	Chiparamba	3	3	2	2	3	2	3
00010	CM	Chakoloma	3	1	1	2	3	3	2
00011	CO	Chanyumbu	3	3	3	3	2	3	3
00012	EM	Mnukwa	3	1	3	3	3	3	2
00013	RM	Dwankhonzi	3	2	2	3	1	3	2
00014	EHT	Chipangali	2	2	2	2	2	2	2
00015	CHA	Chinunda	2	2	2	2	2	2	2
00016	RN	Kamlanza	2	1	1	2	2	3	2
00017	EN	Chiwoko	3	2	1	3	3	3	2
00018	COG	Rukuzye	2	1	0	1	3	3	1
00019	RN	Rukuzye	3	2	0	3	2	2	2
00020	EHT	Rukuzye	3	2	0	3	2	2	2
00021	COG	Madziatuba	2	3	3	2	3	3	3
00022	EN	Madziatuba	3	3	2	3	3	2	3
00023	COG	Vizenge	1	1	1	1	1	1	1
00024	EM	Vizenge	2	2		2	2	2	2
00025	CM	Walela	3	2		3	2	3	2
00026	Bsc Nurse	Walela	3	2	2	3	2	3	3
00027	RN	Walela	3	3	2	2	3	2	3
00028	RN	Mshawa	1	1		1	1	2	1
00029	EN	Kasenga	3	2		2	2	2	2

KEY	
RED	Provider needs substantial supportand should be retrained
YELLOW	Proviiver needs to work under supervion and follow upmentorship occur within 2-6 months
LIGHT GREEN	Provider can function independently but may need periodic mentorship and support supervision
DARK GREEN	Provider demonstrates proficiency and should be involved in the mentorship of other staff

CHIPATA DHO EmONC MENTORSHIP DASHBOARD FOR OCTOBER 2018

CODE	DESIGNATION	FACILITY	Able to identity obstetric and gynae complication	Able to perform post abortion care	Ability to assess woman in established labour	Ability to manage latent phase of labour	Ability to manage active of the first stage of labour	Ability to manage 2nd stage of labour	Ability to manage 3rd stage of labour	Able to perform breech deliveries	Able to perform vacuum deliveries	Able to perform forceps deliveries	management multiple pregnancy deliveries (twin,etc)	Neonatal resuscitation	Mangaement of pre-eclampsia	management of severe pre-eclampsia	Manual removal of the placenta	management of APH	Management of PPH	Able to manage shock	Repair of the cervix	Be able to transfuse blood	Able to provide respectful care	overall score
			Competency Score																					
00001	RNM	ST. BENEDICTS	4	0	4	4	4	4	4	4	0	0	0	3	4	4	0	0	0	0	0	0	4	4
00002	CM	KAPATA	4	1	4	4	4	4	4	4	3	0	4	3	4	2	1	3	2	3	2	2	2	3
00003	CM	MUZEYI	3	3	3	3	3	4	4	0	0	0	0	3	4	4	0	0	3	0	0	0	3	3
00004	EN	MUZEYI	3	3	3	3	3	4	4	0	0	0	0	3	3	4	0	0	3	0	0	0	3	3
00005	EN	MUZEYI	3	4	3	3	3	4	4	0	0	0	0	3	4	4	0	0	3	0	0	0	3	3

KEY

Colour	Meaning
RED	Provider needs substantial supportand should be retrained
YELLOW	Proviiver needs to work under supervion and follow upmentorship occur within 2-6 months
LIGHT GREEN	Provider can function independently but may need periodic mentorship and support supervision
DARK GREEN	Provider demonstrates proficiency and should be involved in the mentorship of other staff

CHIPATA DHO NEWBORN RESUSCITATION MENTORSHIP DASHBOARD FOR OCTOBER 2018

			Competency Score							
CODE	DESIGNATION	FACILITY	Able to prepare environment for resusciation adequately	Able to prepare for newborn resuscitation adequately	Able to perform initial care and assessment	Able to resuscitate the neonate	Able to administer drugs to the neonate	Able to resuscitate meconium aspiration	Able to perform post resuscitation mangement	Overall score
00001	EM	CHIPARAMBA	2	2	3	2	2	2	1	2
00002	RN	CHIPARAMBA	1	2	1	1	2	1	1	1
00003	CHA	CHINUNDA	1	1	1	1	1	1	1	1
00004	CM	CHIWOKO	2	3	2	2	0	3	2	2
00005	RM	KASENENGWA	2	2	2	3	0	0	0	2
00006	EM	FENI	1	1	0	2	0	0	0	1
00007	COG	MADZIMOYO	3	2	3	2	2	2	2	3
00008	RN	MADZIMOYO	3	3	3	2	2	2	2	2
00009	RN	MBENJERE	2	2	1	2	0	0	0	1
00010	RN	MBENJERE	2	1	2	0	1	1	0	1
00011	EM	MNUKWA	3	3	3	2	2	2	0	2
00012	EN	MNUKWA	3	2	2	2	0	2	3	3
00013	CM	MKANDA	3	3	2	2	3	3	3	3
00014	COG	MKANDA	3	2	1	1	1	1	1	1
00015	ML	MUZEYI	3	3	2	3	3	3	3	3
00016	RN	MUZEYI	2	2	2	1	1	1	2	2
00017	RN	MUZEYI	3	2	1	1	1	1	1	1
00018	EN	MUZEYI	1	1	1	1	1	1	1	1
00019	CM	MUZEYI	3	3	2	2	2	2	2	2
00020	RN	MUZEYI	2	3	1	1	1	1	2	2
00021	EN	MSHAWA	3	3	2	3	0	0	2	3
00022	EN	CHIWOKO	2	2	2	2	1	2	2	2
00023	RN	KATONDO	2	1	3	0	0	0	0	1
00024	CM	KAPATA	3	3	3	3	3	2	3	3
00025	EM	KAPATA	3	3	2	3	2	2	2	2
00026	EN	KASENGA	3	3	3	3	0	3	3	3
00027	EN	CHIZENJE	3	3	3	2	2	2	2	2
00028	EHT	SAMUEL	2	2	2	0	2	2	2	2
00029	RM	KWENJE	3	3	3	2	2	2	2	2
00030	RN	KWENJE	3	3	3	1	2	2	2	2
00031	EN	KWENJE	3	3	3	2	2	2	2	2
00032	RM	ST BENDICTS	3	3	3	3	3	2	3	3
00033	EN	TAMANDA	3	1	1	0	0	0		1
00034	EN	TAMANDA	3	1	1	1	1	0	0	1

KEY

RED	Provider needs substantial supportand should be retrained
YELLOW	Proviiver needs to work under supervion and follow upmentorship occur within 2-6 months
LIGHT GREEN	Provider can function independently but may need periodic mentorship and support supervision
DARK GREEN	Provider demonstrates proficiency and should be involved in the mentorship of other staff

CHIPATA DHO ESSENTIAL NEWBORN CARE MENTORSHIP DASHBOARD FOR OCTOBER 2018

			Competency Score								
CODE	DESIGNATION	FACILITY	Prevent newborn exposure to infections	Resuscitation of the newborn	Performs thermal care for the newborn	Counsels mother on effective breast feeding	Counsel mother on cord care	Ensures immunisation is given to the baby before discharge	Ability to assess and clarity the baby before discharge and therefore	Ability to manage a newborn with Jaundice	Overall score
00001	EM	CHIPARAMBA	2	3	2	2	2	2	3	3	2
00002	RN	CHIPARAMBA	1	1	1	1	1	1	2	2	1
00003	CHA	CHINUNDA	1	1	1	1	1	1	1	1	1
00004	CM	CHIWOKO	3	3	3	3	2	3	3	2	2
00005	EN	CHIWOKO	2	2	2	2	2	2	2	1	2
00006	RN	CHIZENJE	3	2	3	1		2	2	2	2
00007	RN	CHINUNDA	2	3	2	3	3	3	3	3	3
00008	EM	KAPATA	2	2	1	3	2	3	2	2	2
00009	EM	KAPATA	2	3	2	3	2	3	3	3	3
00010	EM	KAMLANZA	3	2	3	2	2	3	3	0	2
00011	COG	MADZIMOYO	3	3	3	3	3	3	3	2	2
00012	RM	MADZIMOYO	3	3	3	3	3	3	3	3	2
00013	RN	MBENJERRE	2	3	3	2	1	3	2	0	2
00014	RN	MBENJERRE	1	1	3	3	0	2	0	0	2
00015	COG	MKANDA	1	1	2	3	2	3	3	3	2
00016	CM	MKANDA	1	2	2	3	3	3	3	3	2
00017	EN	MNUKWA	3	3	3	2	0	3	3	0	3
00018	EM	MNUKWA	3	3	2	3	3	3	0	0	3
00019	EN	MSHAWA	2	3	1	0	1	2	2	0	2
00020	ML	MUZEYI	2	3	3	1	2	3	2	3	2
00021	RN	MUZEYI	1	1	1	1	1	1	1	1	1
00022	RN	MUZEYI	2	1	1	2	1	2	2	1	1
00023	RN	MUZEYI	3	1	2	1	1	3	2	2	2
00024	RN	MUZEYI	2	1	1	1	1	1	2	1	1
00025	CM	MUZEYI	3	2	2	2	2	3	2	2	2
00026	COG	TAMANDA	3	2	1	1	2	2	2	1	2
00027	EN	TAMANDA	2	1	2	1	2	3	2	1	2
00028	EHT	SAMUEL	2	3	2	1	2	2	1	1	2
00029	RN	SAMUEL	3	3	3	2	1	3	3	2	2
00030	RM	ST. BENEDICTS	3	3	2	1	3	3	2	3	3

KEY	
RED	Provider needs substantial supportand should be retrained
YELLOW	Proviiver needs to work under supervion and follow upmentorship occur within 2-6 months
LIGHT GREEN	Provider can function independently but may need periodic mentorship and support supervision
DARK GREEN	Provider demonstrates proficiency and should be involved in the mentorship of other staff

PROVINCE: LUAPULA

REPORTING PERIOD: OCTOBER TO DECEMBER, 2018

Summary of Major Accomplishments

MCSP Technical team visited 11/12 districts except Lunga during the quarter for technical assistance in all thematic areas. The team worked together with district and facility staff, identified gaps in service delivery and provided technical assistance needed. TA was provided to Mansa, Kawambwa, Mwansabombwe, Nchelenge, Chipili, Chembe, Samfya, Mwense, Chifunabuli, and Chienge making 92% of districts visited, this is in order to monitor MCSP TA visit quarterly coverage for effective monitoring and evaluation of even distribution of TA services. MCSP attended various meetings such as PNMDSR at Senama 1st level hospital. Participated in responding to CoC 2019 plans review meetings for PHO and 9 districts (Mansa, Mwansabombwe, Chipili, Nchelenge, Milenge, Kawambwa, Chienge, Mwense and Chembe) with two (2) hospitals (Mansa General Hospital and St. Pauls' Mission Hospital) to try and respond to some issues raised by the donor during the approval process. This resulted in improving quality of 2019 CoC plans for RBF and USAID funds allocated to districts. Districts were advised to remove campaigns like Child health week, safe motherhood week, nutrition week and all HIV related activities like training lay counselors in PMTCT, hold community meetings with exposed children to HIV guardians for cooking demonstrations etc. MCSP influenced districts using review period as an opportunity for districts to include more activities for community engagement (construction of outreach posts, strengthening NHC meetings, procurement of incentives for CBVs and other procurements such as job aids across all thematic areas and SQA/QI meetings. This resulted in 11/12 districts including SQA/QI meetings and procurement of job aids in their CoC 2019 plans

The main objective for the quarter was to strengthening Service Quality Assessment, Quality Improvement and mentorship systems in the 12 districts. 11/12 districts were assisted to revamp integrated District QI and mentorship teams and TA provided on the identification of QI projects using SQA tools and Mentorship dashboards. The TA provided an opportunity for MCSP to share mentorship simulation models to 8/12 integrated mentorship district teams according to identified gaps.

The team had a privilege to host the country director for a one day meeting held at SM360+ conference room and after the meeting the director visited MCSP office for familiarization tour. On his tour he requested for where the signage for USAID is allocated. In his remarks he stressed the need to follow up the matter at the office with procurement team

The main objective for November TA was follow ups on the status of previous TA provided since August, 2017 so as to come up with an end of project draft report (EOP) in all thematic areas with focus to assigned activities from Zambia office. MCSP supported the first ever DQA meeting in Chipili district and captured three success stories, participated in the national event (Child health week) and a provincial performance assessment program visiting Mansa General Hospital and Mansa District Hospital. MCSP strengthened implementation of community engagement activities at district level by reviewing the 2018 CoC implementation status in 5/12 districts, progress in DHPTs in 5/12 districts and RED/C strategy implementation in 5/12 districts.

MATERNAL HEALTH

- In the previous TA conducted in at Mansa General Hospital labour ward some two months ago, the ward had gaps in completing partographs, labour and delivery registers and had no dashboards displayed. During a follow up visit in November, the following were the findings; delivery notes well written in the labour and delivery register, partographs filled in completely and dashboards well displayed on the notice board with hand written coloring. Staff were encouraged to conduct SQA in other functional areas and create dash boards for decision making as well such infection prevention and postnatal care
- MCSP visited Luamfumu RHC to establish and provide TA in emergency kits. By then the facility had incomplete kits as per MoH standard. The team visited to check on the implementation status and the findings were that the facility responded to TA provided in putting in place emergency kits well prepared and secured in special boxes, labeled and in conformity with the MoH standards (PPH and Eclampsia kits as seen in the annex, inventory daily charts done and put near the eclampsia and PPH kits for updating the supplies. The facility had missing protocols on the walls in labor ward like PPH, eclampsia management, APH, mgso4 and MCSP provided TA to DHO staff to help in sourcing for the printed job-aids and or prioritize the facility during distribution of job-aids or to encourage staff do a hand written job-aids whilst waiting for standardized ones
- MCSP provided TA to DHO staff at Kabunda RHC, the facility staff were oriented onsite on the use of pregnancy wheel as a tool to hasten antenatal booking in terms of gestation age and expected date of delivery. The DNO with support from MCSP provided TA to some Nurse at the facility so that they can implement and the following were the findings; pregnant wheels are being utilized by the facility and it has reduced time spent on calculating manually. The wheels were found available on the MCH antenatal booking tray as evidence that staff are using them and they claimed that the wheels are useful even in labour ward especially on admission to calculate the gestation so as to prevent premature labour and delays in admissions

NEWBORN HEALTH

- MCSP visited Nchelenge RHC in Nchelenge district, Chienge RHC in Chienge district and Chipili RHC in Chipili district where facilities have created space for newborn resuscitation in labor room which was missing. This will contribute to easy and quick approach to problem babies at birth who need emergency attendance to address increased neonatal mortality rate in the province. MCSP provided TA on the importance and creation of emergency resuscitation space in labor room with all the requirements available in one place
- MCSP attended the perinatal and neonatal death review meeting at Senama 1st referral hospital. Four (4) deaths were reported in one month and this made the DHO to consider urgent review. On the findings the following were the factors contributed to deaths; The SMAGS within the catchment area are not very active and are not supported by the facility staff, skills in Newborn Resuscitation by staff very low (2/23 HCWs trained in ENBC, HBB training), key Laboratory Investigations/Bedside tests are not done like HB, Glucose, urinalysis and RPR in mothers and staffing levels very low as the hospital is mostly manned by one staff during night shift and this promotes poor monitoring of new born babies on the ward. MCSP provided TA MCSP provided TA to the facility staff to own the need of using standard PNMDSR audit tools, need for the facility to do an audit of the active SMAGs within the catchment area so that it can create a baseline for action and the importance of facility referring to new referral guidelines

CHILD HEALTH

- MCSP conducted a follow up TA to Nchelenge at Nchelenge RHC and Kawambwa at Central Clinic on IMCI. Children still not screened according to IMCI guidelines, ORT corner still was not in place, facility had IMCI drugs well stored in pharmacy stores and trained staff in IMCI were available at both facilities. MCSP influenced both facilities to come up with a quality improvement in IMCI so as to reach quality of care and find out what are the issues behind not improving in IMCI service delivery with staff trained available

- MCSP followed up 8/12 districts and visited at least 2 facilities in each district on vaccines management and EPI in general in line with staff understanding and implementation of MDVP policy, VVM and stock control of vaccines movements. It was discovered that during TA, 6/8(Mansa, Kawambwa, Chipili, Chembe, Mwansabombwe and Samfya) districts had staff following MDVP policy with their local policies to avoid vaccines wastage and not missing children for vaccination on time. All districts had a challenge in terms of staff understanding the VVM policy in vaccines management and MCSP gave TA to all the visited and affected facilities and district staff. 2/8(Mwansabombwe and Kawambwa) districts visited had stock cards in facilities well updated and able to track where vaccines are being used (outreach and static). This is so as to control vaccines wastage and reduce waste rate which will promote availability of vaccines and prevent missed opportunities in under-five immunization

- MCSP followed up districts on the status of RED/C strategy implementation by reviewing the micro plans. Only 3/8 districts visited had RED micro plans and none of the 3 districts visited had reviewed its plan. This shows that districts are no honoring the importance of RED strategy implementation but are busy conducting trainings. MCSP is yet to review the total number of staff trained in RED/C and follow up districts to provide TA in mentorship and promote the implementation of RED/C strategy, even scaling up to other thematic areas

- MCSP participated in the second round child health week conducted by 12 districts across the province and visited 2/12(Chembe and Chipili) districts reaching 28/33 facilities as planned. The activity went on well and the following were the findings; The province had not conducted a pre-CHWk orientation of HCWs, no micro plans available from districts and the outreach posts were not following hours allocated to child health(08 hours to 18 hours). Generally, the activity though performed well did not conform to MoH laid standards of service delivery in most areas MCSP checked. MCSP advised provincial team to plan child health week as it has been in the past following some laid standards which used to help the facility staff and community based volunteers conduct the activity with quality. MCSP advised PHO not to use a lot of resources towards one off activity like CHWk using CoC grants BUT to allocate 95% child health allocation towards monthly routine outreach and static child health service delivery

ADOLESCENT HEALTH

- MCSP conducted a follow up TA with PHO staff in review of 2018 CoC implementation in adolescent health four districts namely Mansa, Kawambwa, Mwansabombwe and Chipili. During the review 85% of planned activities under ADH were implemented. On the other hand some districts did not plan for any ADH activity in their 2018 plans. The districts stated that it was because of the guidelines which were given to them by PHO and partners. Mansa district had only one activity planned and has implemented it, Mwansabombwe and Kawambwa had no activity planned on ADH and Chipili district had 2 activities implemented ½ due to PHO guidance to priorities trainings then other activities in the second tranche. MCSP advised all districts without ADH plans in their 2018 to be a must in the 2019 CoC plan as they review it

NUTRITION

- MCSP visited Mansa, Kawambwa and Samfya as a follow up TA in formation of dashboards in GMP, MYCIN and Clinical nutrition/dietics. 1/3(Samfya) districts adhered / was found with dashboards at both facility and district level as discussed in the previous TA. The districts were advised to scale up to facilities. Chipili district reported to have scaled up to 8/9 facilities in December, 2018. The other facilities were advised to institutionalize the SQA and dashboard (Clinical and mentorship)
- MCSP followed up 4 districts (Mansa, Chipili, Kawambwa and Mwansabombwe on the implementation status of 2018 CoC grants and the following were the findings; Mansa district had planned nothing in nutrition, Kawambwa had planned 4 and has implemented all the 4 activities using the first tranche, Mwansabombwe planned 4 and has implemented 2 activities and Chipili planned 3 and implemented 2 activities. The reason for review was to make a track on districts management of resources received if are put in good use as planned in the approved budgets. Generally, most districts are on track

COMMUNITY ENGAGEMENT

- MCSP oriented 4 districts on the TOR for the DHPT, consolidate and collect a complete CBVs matrix. This aims at strengthening the understanding of its importance especially in terms of implementing meetings. Only 10/12 districts previously oriented have so far started conducting meetings and are progressing in steps, except Chifunabuli and Lunga districts which are yet to be followed up

- MCSP with PHO, conducted a follow up TA in community engagement focusing on formation and progress of district health promotion teams (DHPTs) action plans and meetings held in 8 districts(Mansa, Kawambwa, Samfya, Mwansabombwe, Chifunabuli, Chembe, Chipili and Mwense). 7/8 districts managed to conduct mapping of stakeholders and documentation composition of the DHPT with representatives from GRZ, CSO/Private sector done, held initial meeting and oriented in DHPT in their mandate, understands roles and responsibilities of DHPTs and held only one introductory meeting, but have not yet come up with the executive committee. This in exception of 1 district (Chifunabuli- new in the province) and MCSP has prioritized this district in 2019 to be oriented in DHPT, both DHO and facility staff

- MCSP visited 4/12 (Mansa, Kawambwa, Mwansabombwe and Chipili) district and reviewed the 2018 CoC implementation status in Community engagement and the following were the findings; Mansa district planned for 8 and implemented all the 8 activities, Kawambwa planned for 6 and has implemented all, Mwansabombwe district planned for 2 and has implemented all and Chipili district planned for 4 and implemented all the 4 activities. This shows 100% implementation status in districts using G2G funds for 2018. This will promote effective funding to districts as they adhere to planned activities.

- MCSP visited four (4/12) districts and selected facilities to make a follow up in the use of an integrated community register. The districts have registers in place and are in use at community level. These registers will help in CBVs conduct an effective lost to follow children and mothers. MCSP was pleased to learn that all the visited districts had evidence showing the use of community registers though not all zones have the standard registers. PHO was advised to make a follow up and get information on the districts with a number of zones not using standard integrated community register

MONITORING AND EVALUATION

- MCSP provided TA in DQA conducted by SBH and Chipili DHO. This was an opportunity for MCSP to understand the data gaps as to why Chipili district has been reporting alarming figures.
- MCSP conducted a 2nd phase qualitative study and has come up with responses from the number of staff and districts visited. Generally, the knowledge gap has reduced and staff are able to articulate MCSP mandate in their districts. This activity was conducted in the same districts as in 1st phase(Mansa, Chembe, Kawambwa, Mwansabombwe and Nchelenge)
- Visited Chipili, Mwansabombwe and Chembe to provide TA on how to formulate dashboards using pens and a ruler as a way of conserving limited resources; MCSP with PHO will follow up listed districts and ensure they roll out to facilities
- Nchelenge DHO and Chipili DHO have conducted SQA visits to facilities. This is evident enough that districts have started rolling out to facilities where the source of data lies. Nchelenge has conducted and forms dashboards in 8/16 (50% district coverage) facilities whilst Chipili 8/19 (42% district coverage) facilities respectively
- MCSP visited 6 districts (Chienge, Nchelenge, Mwense, Mansa, Kawambwa and Chembe) to follow up on the implementation of coming up with quality improvement projects. All the districts visited had to develop a quality improvement project. Two (2) districts out of 6 had 6 had no projects on the time of our visit and this was an opportunity for MCSP team to provide technical assistance on how to come up with a project. Out of this assistance during the same meeting districts were to identify 2 projects each in their nearby facilities. All districts visited appreciated the work MCSP is offering in terms of making all staff understand and take an action

CROSS-CUTTING

- ❖ MCSP visited 10 districts during the period and followed up on districts forming integrated mentorship teams. Out of this visit it was realized that 10/12 districts had active mentorship teams but needed revising and realigning the composition. This was an opportunity for MCSP and provided TA in all the districts. Currently out of 10 active mentorship teams MCSP has realigned the teams to form district integrated mentorship team as a source of all mentorships at district level. This was after realizing that mentorship teams had only Midwives and few of nurses without these other cadres like nutritionists, EPI technician, DHIO and planner. This activity helped districts realign their mentorship teams and come up with district teams

Objective 1: Provide demand-driven technical assistance for sustainable scale up of RMNCAH&N interventions across the four focus provinces of Zambia

Thematic Area	Activity	Progress of the Activity	Next Steps for this Activity
Reproductive & Maternal health	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical assistance during implementation of 2018 CoC grants	- MCSP followed up Chipili on data as recommended in the previous quarter as one of the activity to conduct a DQA in maternal which indicated that ANC < 14 weeks was at 95% in quarter 3, 2018. All facilities visited had an over reporting in HIA2 as compared to what was in their facility registers. The actual quarter 3, 2018 data reviewed 65% coverage instead of 95%. - MCSP visited 11/12 districts on the follow up to composition of mentorship teams as recommended in the previous quarter. All districts were advised to conform to the MoH standard in terms of district mentorship teams. 11 districts visited have currently 11 district mentorship teams with integrated skill composition so as to reach all areas in RMNCHAN&C - MCSP followed up on number of quality improvement projects identified in maternal health. This promotes quality of care and encourages ownership of activities. 3/11 districts visited had QI projects in maternal health(Chienge, Mwense and Chembe)	- MCSP to influence PHO scale up DQA to other districts so as to promote quality data. - MCSP to make a follow up on the implementation of mentorship dashboards as a tool in post mentorship report and outcome - MCSP to visit districts on how the projects are helping reducing maternal death
	Expand Technical scope of mentorship to include child health, nutrition and community engagement topics	- MCSP visited 11/12 districts on the follow up to composition of mentorship teams as recommended in the previous quarter. All districts were advised to conform to the MoH standard in terms of district mentorship teams. 11 districts visited have currently 11 district mentorship teams with integrated skill composition so as to reach all areas in RMNCHAN&C	- Teams to sustain the holistic approach in mentorship by reaching all the thematic areas, using the standardized MoH mentorship tools.
Newborn	**Activity 1.1: Technical Assistance to CoC Program**		
	TA provided in addressing high numbers in still births & neonatal deaths	- MCSP attended the perinatal and neonatal death review meeting at Senama 1st referral hospital. Four (4) deaths were reported in one month and this made the DHO to consider urgent review. On the findings the following were the factors contributed to deaths; The SMAGS within the catchment area are not very active and are not receiving support from the facility staff, skills in Newborn Resuscitation by staff very low (2/23 HCWs trained in ENBC, HBB training), key Laboratory Investigations/Bedside tests are not done like HB, Glucose, urinalysis and RPR in mothers and staffing levels very low as the hospital is mostly manned by one staff during night shift and this promotes poor monitoring of new born babies on the ward. MCSP provided TA MCSP provided TA to the facility staff to own the need of using standard PNMDSR audit tools, need for the facility to do an audit of the active SMAGs within the catchment area so that it can create a baseline for action and the importance of facility referring to new referral guidelines - MCSP influenced DHO staff (DNOs) to address facility staff in prioritizing creation of space for KMC in all districts within the maternity annex or elsewhere within the facility - MCSP shared protocols for KMC with the DNOs for facility staff - DNOs advised to facilitate mentorship to labour ward staff in KMC whilst waiting for staff to undergo formal ENC training and this is in 5/12 districts (Mwansabombwe, Nchelenge, Kawambwa, Samfya and Mwense hospitals).	- MCSP to follow up on the districts without projects and strengthen them to start at least with one. - MCSP to make follow ups on the spaces created as this is one of the reasons why neonates die.

Child health	Activity 1.1: Technical Assistance to CoC Program		
	Provide technical assistance during implementation of 2018 CoC grants	MCSP followed up districts on the status of RED/C strategy implementation by reviewing the micro plans. Only 3/8 districts visited had RED micro plans and none of the 3 districts visited had reviewed its plan. This shows that districts are no honoring the importance of RED strategy implementation but are busy conducting trainings. MCSP is yet to review the total number of staff trained in RED/C and follow up districts to provide TA in mentorship and promote the implementation of RED/C strategy, even scaling up to other thematic areas	MCSP to provide TA during trainings to include a package of actual coming up of micro plans before the training ends
		MCSP followed up Mansa district on the IMCI scaling up to other facilities. The district has scaled up to 8 from 5 facilities in quarter 3. The rate at which they are scaling up looking at the number of facilities (56+) in the district is not appeasing.	MCSP to visit the district and ask them to increase on the number of facilities providing IMCI in the district from current 18/56 to at least 28 by first quarter, 2019
	Provide technical assistance during planning of 2019 CoC grants • TA provided during provincial review of draft 1 plans submitted to USAID/SIDA	Under child health the following activities were influenced to be part of the plans and were costed; • Procurement of job aids in vaccines management, IMCI wall charts and conducting SQA in child health and other thematic areas • Training of HCWs in EPI and RED strategy to include training of CBVs in REC	MCSP with PHO awaiting for the approval of plans submitted
Community engagement	**Activity 1.4 Increased demand for services through increased community engagement**		
	Strengthen implementation of CE activities at community level to address social norms for gradual adoption of recommended RMNCH&N practices through varies community platforms such as community dialogues, drama and social mass media communication.	• MCSP with PHO, conducted a follow up TA in community engagement focusing on formation and progress of district health promotion teams (DHPTs) action plans and meetings held in 8 districts(Mansa, Kawambwa, Samfya, Mwansabombwe, Chifunabuli, Chembe, Chipili and Mwense). 7/8 districts managed to conduct mapping of stakeholders and documentation composition of the DHPT with representatives from GRZ, CSO/Private sector done, held initial meeting and oriented in DHPT in their mandate, understands roles and responsibilities of DHPTs and held only one introductory meeting, but have not yet come up with the executive committee. This in exception of 1 district (Chifunabuli- new in the province) and MCSP has prioritized this district in 2019 to be oriented in DHPT, both DHO and facility staff • MCSP visited four (4/12) districts and selected facilities to make a follow up in the use of an integrated community register. The districts have registers in place and are in use at community level. These registers will help in CBVs conduct an effective lost to follow children and mothers. MCSP was pleased to learn that all the visited districts had evidence showing the use of community registers though not all zones have the standard registers. PHO was advised to make a follow up and get information on the districts with a number of zones not using standard integrated community registers	To conduct follow up visits to all districts
	Provide technical assistance during planning of 2019 plans	MCSP in Luapula province conducted collaborative review of 2019 CoC plans with systems for better health and RMNCAHN&C provincial coordinator to 6 districts and this was an opportunity for MCSP to include the following in the plans; community integrated registers for	MCSP to await for the approved document from USAID/SIDA

		CBVs; supervision of NHCs and CBVs; HCC quarterly planning and review meeting	
	Capacity building in CE package: Provincial, District and community members and groups' capacity to plan and mobilize resources in order to implement and monitor RMNCH-N preventive and promotional activities.	- MCSP conducted SQAs and came up with dashboards in health promotion in 4 districts. This was to capacitate the district staff with the skill of hand written(manual) formation of SQA dashboards than relying on computerized, which may not be sustainable in Rural health Centres	- MCSP with PHO to follow up on the status of implementation by the end of 1st quarter, 2019
	Provide technical assistance during implementation of 2018 CoC grants	- Under community engagement, the following activities were influenced during the review and adjustment of rejected plans for Luapula province in 6 districts(Chienge, Mwansabombwe, Samfya, Mansa, Chembe and Milenge) to be part of the plans and were costed; DHPT quarterly meetings, NHC incentive support, NHC meetings, NHC training and orientation, Community transport and Job aids for health promotion	- MCSP awaits the approval of the plans and plans for implementation monitoring of 2019 CoC budgets
Adolescent Health	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical assistance during implementation of 2018 CoC grants	- MCSP conducted a follow up TA with PHO staff in review of 2018 CoC implementation in adolescent health four districts namely Mansa, Kawambwa, Mwansabombwe and Chipili. During the review 85% of planned activities under ADH were implemented. On the other hand some districts did not plan for any ADH activity in their 2018 plans. The districts stated that it was because of the guidelines which were given to them by PHO and partners. Mansa district had only one activity planned and has implemented it, Mwansabombwe and Kawambwa had no activity planned on ADH and Chipili district had 2 activities implemented ½ due to PHO guidance to priorities trainings then other activities in the second tranche. MCSP advised all districts without ADH plans in their 2018 to be a must in the 2019 CoC plan as they review it	- MCSP to follow up implementation of 2018 even to the rest of the districts
	Activity 1.1: Technical Assistance to CoC Program		
Nutrition	Provide technical assistance during implementation of 2018 CoC grants	- MCSP visited Mansa, Kawambwa and Samfya as a follow up TA in formation of dashboards in GMP, MYCIN and Clinical nutrition/dietics. 1/3(Samfya) districts adhered / was found with dashboards at both facility and district level as discussed in the previous TA. The districts were advised to scale up to facilities. Chipili district reported to have scaled up to 8/9 facilities in December, 2018. The other facilities were advised to institutionalize the SQA and dashboard (Clinical and mentorship) - MCSP followed up 4 districts (Mansa, Chipili, Kawambwa and Mwansabombwe on the implementation status of 2018 CoC grants and the following were the findings; Mansa district had planned nothing in nutrition, Kawambwa had planned 4 and has implemented all the 4 activities using the first tranche, Mwansabombwe planned 4 and has implemented 2 activities and Chipili planned 3 and implemented 2 activities. The reason for review was to make a track on districts management of resources received if are put in good use as planned in the approved budgets. Generally, most districts are on track	- To follow up districts and review the scale up implementation status
M&E	**Activity 1.3: Improve collection, monitoring and use of data use for decision making and quality improvement**		

	Provide technical assistance during monitoring of 2018 CoC Grants	- MCSP visited 6 districts (Chienge, Nchelenge, Mwense, Mansa, Kawambwa and Chembe) to follow up on the implementation of coming up with quality improvement projects. All the districts visited had to develop a quality improvement project. Two (2) districts out of 6 had no projects on the time of our visit and this was an opportunity for MCSP team to provide technical assistance on how to come up with a project. Out of this assistance during the same meeting districts were to identify 2 projects each in their nearby facilities. All districts visited appreciated the work MCSP is offering in terms of making all staff understand and take an action	- MCSP with PHO to follow up affected districts (districts with no QI project) and learn the reasons as to why there is no QI. - MCSP with PHO to follow up the other 6 districts in quarter 1, 2019 on the QI status.
	Improve collection, monitoring of data use for decision making and quality improvement	- MCSP provided TA in DQA conducted by SBH and Chipili DHO. This was an opportunity for MCSP to understand the data gaps as to why Chipili district has been reporting alarming figures.	- MCSP to make a follow up in quarter 1, 2018 on the reporting status in terms of data reported if it is improving or the district is responding to TA offered in quarter 4, 2018.
Crosscutting	Improve mentorship approaches in the district	- MCSP visited 10 districts during the period and followed up on districts forming integrated mentorship teams. Out of this visit it was realized that 10/12 districts had active mentorship teams but needed revising and realigning the composition. This was an opportunity for MCSP and provided TA in all the districts. Currently out of 10 active mentorship teams MCSP has realigned the teams to form district integrated mentorship team as a source of all mentorships at district level. This was after realizing that mentorship teams had only Midwives and few of nurses without these other cadres like nutritionists, EPI technician, DHIO and planner. This activity helped districts realign their mentorship teams and come up with district teams	- MCSP to make a follow up visit to the districts and find out the adherence status to responding to the TA provided

I. Challenges and recommendations

Thematic Area	Challenge	Recommendations to Address the Challenge
Maternal	Non availability of job aids such as guidelines and protocols for reference in execution of quality service in labor ward and MCH departments	- Ensure that districts plan to procure through the 2019 COC grants - Districts to procure color printers in order to print out the documents from soft copies shared by MCSP
	Inadequate transport logistics therefore most District MNDSR meetings are not supported technically	- Work with Districts to come up with schedules in time so as to enable effective coordination.
	Inadequate skills of staff attending to most mothers, especially that most deliveries are in the rural health Centers where there are no midwives and Doctors	- PHO to prioritize implementation of 2019 CoC training of staff in rural areas in EmONC and Midwifery - Mentorship and onsite orientations to most affected areas to be well planned by the districts
Newborn	Facilities have no space for KMC. This will continue affecting increased number of neonatal deaths.	- PHO and DHO to implement the creation of spaces by prioritizing infrastructure through renovations and constructions using 2018 CoC grants
	Unavailability of resuscitation machines in 80% of district facilities(RHCs/HPs) making it difficult for the clinics to resuscitate the problem newborn babies	- Districts to procurement resuscitation machines using 2018 and 2019 CoC grants, RBF funds and GRZ allocation
	Inadequate skills in ENC in HCWs to care for the newly born baby with problems	- Capacity building in HBB, ENC and midwifery training.
Child health	Poor cold chain and vaccines management in 70% of clinics	- Districts to provide SQA, mentorship, onsite orientations and trainings in management of vaccines(EPI training)
	IMCI not provided as per protocols and guidelines	- Districts to provide onsite and continuous mentorship and train non skilled providers in IMCI
	Facilities do not display graphs for malaria, pneumonia and non-bloody diarrhea in under five	- Districts to make follow ups and make all facilities display all the KPI in under five care.
Community engagement	Inadequate transport / budget for follow up visits to Districts and facilities (MCSP Staff are not able to reach target areas as and when needed due to limited transport)	- Jhpiego to consider bus fares with this limited transport in order to work on the speed the activity demands.
Adolescent health	No infrastructure for adolescent health in districts. This makes ASRH services inaccessible to adolescents.	- Districts to implement CoC grants in rehabilitations and construction of new structures in the facilities as they receive the funds

Nutrition	Inadequate equipment such as Seca scales, length and height boards, MUAC tapes for adults	- Districts to prioritise during procurement of nutrition equipment in 2019 CoC plans
	No protocols and guidelines for IMAM, IYCF, GMP, 10 steps to breast feeding and MAYCIN in districts	- Districts to plan for procurement of stationery(Flip charts, ream of papers, markers and computers as well as printers) - Districts to procure colour printers for the printing of protocols and guidelines to be displayed on the facility walls for this is MoH service delivery standard
M&E	- Inadequate quantities and varieties of revised HMIS tools in the province - Gaps continue in the understanding of the data elements, registers and reporting tools at the district and facility level. Major barriers include the interpretation of data elements, accurate documentation and recording of service data in real time, and capturing data using the right tools. The increased emphasis for facilities, districts, and provinces to use data for decision-making has increased the need for reliable data at the district and facility level. - 70% of districts have no dashboards displayed in their work places (DHOs). This is a possible indicator that districts are not honoring the data and are not using it for decision making	- PMERO to work closely with SHIO and see how best the shortage of new HMIS tools can be resolved quickly - MCSP to work with the SHIO, DHIOs and facility-level staff to ensure efficient and reliable data systems are in place and to promote data use at all levels. - MCSP to work closely with DHIOs and where dashboards already exist, the rollout team will provide technical support for continuous utilization of the existing tools. Low performing facilities will be visited at least once per month, and low performing facilities may also receive additional support as needed.
Crosscutting	- Inadequate transport to cover the province as planned - Downward adjustment of activity time frame in districts(Time spent to work drastically reduced in terms of number of districts, facilities and time)	- MCSP to sustain the fuel requested to use GRZ vehicles - Jhpiego program unit to get the down up approach in terms of adjustments and follow the quarterly work plans
	Limitations to material support which are recommended in our follow up TA such as Job aids, RMNCAH&N protocols and IEC materials	- MCSP to prioritize the printing of IEC materials, RMNCAH&N protocols and guidelines such as HBB, VVM,MDVP, PPH, APH, FP, ENC and many others for distribution to affected districts

LESSONS LEARNED – CROSS CUTTING

1. Continued presentations of TA at various meetings such as PIMS, DIMS, PMDSR and integrated partner meetings has led to consistency in building up the partners to understand MCSP mandate in the province, unlike the situation that existed before where there was open hostility towards the team.
2. MCSP has championed the district orientation in SQAs and mentorship dashboards for determining performance of facilities and staff.
3. MoH has been so helpful in terms of transport provision in situations where we only have one vehicle against 12 districts which need to be covered and reached on a monthly basis. The main partner (MoH) used to provide us with transport and a driver, but it was our mandate to pay the allowances for the GRZ driver and pay for fuel.
4. MCSP has been so helpful in the quarter for reaching all the districts in Luapula province representing 100% TA and the MoH integrated their TSS to facilities and communities at large.
5. MCSP managed to implement 86% of its quarter 4 activities (12/14) as per quarter 4 activity plans, 2018.
6. MCSP has reached 7/12 districts and provided TA in coming up with quality improvement projects
7. The qualitative study 2 for 2018 was fulfilled and went on well under difficulty situations. This is the same period when the province was conducting performance assessment in the same districts we conducted the activity.

Previous Quarter Recommendations (quarter 3, 2018)

Thematic area	Previous Recommendations	Current Status	Next Steps
Maternal	Follow up districts if are following the strategy and review its impact, challenges and lessons learnt	12/12 districts with 36 DHO staff were oriented during PMDSR meeting held in Samfya district(December, 2018)	Reviewing the PMDSR meetings if tools are in use
Newborn	Follow up during PMDSR meetings in districts for sustainability and check on the stock status of MOH revised MDSR tools	12/12 districts are currently using the tools	Sustain in all meetings
Child health	MCSP to follow up implementation of mentorship and review the approved G2G plans for 2019 to see the RED strategy trainings upheld	9/12 districts included RED strategy training in their CoC 2019 plans	To follow up and monitor implementation
	MCSP to make a follow up on status of DOR graphs at provincial level by reviewing the scorecards on BCG/Measles/DPT3 indicator	PHO DORs updated but not on the notice board	MCSP to influence PHO to display the scorecards and the DORs for quarter 3 on the notice board
Adolescent health	MCSP to follow up formation of TWGs and trickling down to facility focal point persons. Remaining districts to be reminded on the selection criteria as some staff not vested with a lot of programs like Nursing officers	12/12 districts formed the ADHTWGs and have 12 focal point persons 7/12 districts adhered to the advise	MCSP to follow up meeting minutes for TWGs in districts as a reference in monitoring CoC ADH plans
	MCSP to follow up on approved 2019 G2G plans in MTEF	Done and HII for ADH included in 2019 CoC plans	To follow up and monitor implementation
Nutrition	MCSP to follow up if districts have plans for becoming centre of excellence (Mansa and Samfya districts) to start planning for being centre of excellence	MCSP has been visiting Mansa and Samfya Hospitals in nutrition services	MCSP to influence Mansa GH and Samfya DHO in working towards reaching center of excellence
Community engagement	Follow up on DHPCC meetings and sustainability by the districts	12/12 districts oriented in DHPCC	MCSP to follow up meeting minutes for DHPCCs in districts as a reference in monitoring CoC DHPCC 2019, plans
	Follow up districts in completion of stakeholder mapping matrix in five districts	5/5 districts followed up have developed matrices	MCSP to follow up the 7 districts in the formation and reviewing of matrices
M&E	MCSP to work with PHO SHIO staff in implementing DQA in 4/12 districts	Conducted in 2/12 districts	MCSP to work with SHIO, SBH HMIS officer and DHIOS in selected districts to conduct DQA
	Follow up on sustainability by reviewing meeting minutes and attending some of the audit meetings by MCSP team	8/12 districts have started attaching data review minutes to HMIS district report	To reach 100% coverage by covering 4 districts remaining
Crosscutting	To sustain and improve on time management and planning to avoid two vehicles going the same direction	SM360+ does not comply to the meeting resolutions SBH has a different time management in terms of days spent in a certain direction	MCSP to strategize on the visits with its resources so as to reach the planned objectives

		Generally, this has failed	
	MCSP to support in printing out the protocols and guidelines Facilities to continue using handwritten documents	MCSP is printing and facilities are using handwritten documents too	Sustain the plan especially in protocols and guidelines as well as dashboards
	MCSP to follow up on the number of districts with QI projects by the end of 4th quarter, 2018	7/12 districts have at least a QI project	To scale up and influence 5 districts to come up with QI projects

MUCHINGA PROVINCE
OCT-DEC 2018 REPORT

Team Members

1. Beatrice M. Zulu - Provincial TA/Coordinator
2. Constance Choka - TA RH/Maternal &Newborn
3. David Matafwali - Provincial Technical Officer
4. Vincent Simangolwa- TA ASRH/CE
5. Stanley Patela – TA Child Health
6. Methodius Chishimba - PMERO
7. Mike Tembo - Driver/General Duties

Summary of Major Accomplishments

1. **Reproductive and Maternal Health**
   a. MCSP provided the link for the USAID FP and Abortion Policy guidelines and online course. Four facilities in Nakonde and Shiwang'andu, and 4 members of staff at Nakonde DHO, 1 from Mulanga Mission RHC and 1 Shiwang'andu RHC have already taken the course and were grateful for the guidelines provided in the course and knowledge received.
   b. In the previous quarter, MCSP in the presence of the DHO staff, provided guidance to the health care providers in the labour ward on the use of recommended protocols in the management of obstetric emergencies and the importance of having a well set emergency tray within the delivery room. The team further guided facility in-charges on the need to assign each staff topics for presentation during clinical meetings and come up with schedules for the said meetings. More facilities that received the guidance started holding clinical meetings and testified that it was very helpful for the staff as the meetings provided opportunities for revisions and skills acquisition.

2. **Newborn Health**
   a. MCSP in Muchinga participated and provided technical assistance during the review of the CoC plans using the feedback provided by the national office. Guidance was provided in the reprioritization of the most appropriate, targeted, evidence based, high impact RMNCAHN interventions for inclusion in the 2019 Continuum of Care (CoC) plans e.g. Lavushimanda dropped the procurement of a scan machine to procurement of delivery beds which was a dire need for the district. The review of CoC plans will ensure inclusion and implementation of high impact interventions to improve RMNCAHN indicators.
   b. MCSP facilitated the establishment of a KMC site at Mpika Urban Clinic in Mpika which is a high volume delivery site. The establishment of KMC at the facility will contribute to the reduction in referrals of low birth weight infants from to facility to facility thereby increasing their chances of survival and decongesting the district hospital.

c. MCSP made follow TA visits to three districts (Mpika, Shiwang'andu, and Lavushi Manda) to ascertain levels of compliance to recommendations made during the previous TA visits. The activity helped strengthen the implementation of 2018 CoC plans and the TA provided by MCSP.

3. Child Health

a. Guided facility staff on data management in order to improve on the monitoring of Child Health Week activities. Most facilities had not updated the daily monitoring charts.
b. Worked with Chief EPI Officer from Lusaka to guide Mpika DHO staff on improving management of vaccines. Mpika received EPI manuals for distribution to all facilities
c. MCSP completed the eIMCI/EPI course orientation of staff in all districts. By end of 4th Quarter 2018, 26 HCWs had completed the course and MCSP started getting feedback from staff who had completed the course.

4. ASRH

a. MCSP provided the stakeholder mapping tool, ToRs for the ADH TWG members, composition of ADH TWG with the district ADH FPP. Going forward, it is expected that Isoka DHO will set up the ADH TWG to help improve ADH programming in the district.
b. During the PA exercise, it was noticed that Adolescents and sexual Reproductive health activities were not active despite having four staff trained
c. MCSP visited Isoka and provided TA on the development of SQA in ADH MCSP during a routine visit to Isoka administered SQA in ADH as a buildup on the previous orientation made to the district on SQAs

5. Nutrition

a. Through the TA provided by MCSP the Nutritionist at Kalwala has created space for a nutrition section and has now started displaying graphically displays in nutrition monthly indicators on stunting, wasting, underweight, deworming, vitamin A supplementation and breastfeeding within the first one hour after birth etc. The facility displayed key nutrition message. The MCSP nutritionist also helped the health facility to acquire protocols on RUTF administration displayed.
b. MCSP made follow-up to Chinsali General Hospital to do on-spot checks on the display of key messages on breastfeeding within the first hour and message on breast feeding within one hour was displayed. Through the MCSP TA, the hospital nutritionists has since displayed graphs on the numbers of malnourished children admitted and discharged. TA provided to ensure that the quarterly and monthly variations in the admissions over time and trends explained.
c. MCSP provided technical support and guidelines on the formation of District Nutrition Coordinating Committee (DNCC) in Chama. Chama District Health Office working with other partners like Reformed Open Community Schools (ROCS) has since spearheaded formation of the DNCC the and this committee will linked to the provincial coordinator SUNFUND district nutrition team of the for further support
d. TA provided on the importance of following up malnourished children who are referred to higher levels of care once they are discharged to the community. The trained CHVs in IYCF are actively involved in the identification of children with malnutrition within the communities, refer the cases to the facility which carries out a comprehensive assessment (in the facilities and communities under Chinsali district).

6. Community Engagement

a. MCSP provided TA to Kalwala RHP by orienting facility staff on the NHC guidelines. This happened at time when the facility just created a new zone to add to the other they already have. The orientation was aimed at ensuring that the facility is strengthened in community engagement through NHCs.

b. Oriented facility staff on the NHC guidelines and it is expected that the staff will play a critical role in supporting the NHCs during the planning, implementation and evaluation of their activities.

c. MCSP visited Isoka and provided TA on the development of SQA in Health Promotion MCSP during a routine visit to Isoka administered SQA in Health Promotion as a buildup on the previous orientation made to the district on SQAs.

7. MER

a. Collaborated with PAMO to train thirty (30) health staff (10 Kanchibiya health centre staff , 7 staff from Lavushimanda , 2 staff from Nakonde, 2staff from Mafinga, 3 from Chama, 2 from Mpika specifically Chilonga General Hospital, 1 from Isoka and one (1) from Shiwangandu. We also had two DHIOs; one from Chama the other one from Kanchibiya.) in HMIS/DHIS2 and data use. Therefore, the MCSP staff provided technical assistance on setting of the pretest and reading out the results of the data audit exercise conducted in May and June. On average participants recorded 58% of data skills, knowledge, use and analysis. Participants were taken through the information cycle, data collecting tools (Registers, HIA tools and tally sheets). Provided clarification on the OPD registers, Under 5 registers, Mother and child follow up (0-23 & 23-59 months) registers, aggregation forms (HIA1, 2, 3 and 4), antenatal register, family planning registers, postnatal registers and Integrated maternal health newborn and Under 5 community register. Oriented the participants on the Integrated Maternal Health newborn and under 5 register. Emphasized on the need to check what Neighborhood Health Committees (NHCs) are doing with the registers since that gives them an insight of the community and offer health services at primary level. Despite the health Centre staff not trained in iCCM, it is important to check them registers so to supervise the work, which the NHCs are offering at community level through that register. Need to be calling the NHCs to review the data with the facility at certain time intervals.

b. MSCP successfully provided technical assistance to all the districts during the 2019 Provincial Planning Review and consolidation meeting in HMIS related activities. This TA resulted into guiding all the 9 DHIOs in the following M&E activities to prioritize for their 2019 inclusion/implementation; Purchase of 5 laptops and dongles per district for the facilities. We wanted to prioritize 5 HF for the start to do facility level DHIS2 data entry, Plan to train at least 2 HCWs in the 5 facilities per district in DHIS2 data entry. Therefore, needed to plan for DHIOs to be part of the training as well as one additional staff from DHO to provide technical supervision when the training is done, Plan to conduct technical supervision in DHIS2 to the facilities, Plan to purchase monthly talktime for data entry for health facilities, Plan to train DHO program officers in Data analysis and use through DHIS2, Plan to train/orient/mentor Health centre in charges in data presentation and analysis. This will enhance data presentation and analysis during data review meeting, Plan to train health facilities and program officers in QI/QA and SQA, Plan to conduct any research topic/success story in RMNCAHN, Plan to provide DHIS2/HMIS technical support/mentorship to facilities, Plan to district any latest HMIS registers to the facilities. This will also enable us to be on the lookout of stock outs of registers in the facilities and distribute as quickly as possible, Plan to train/orient health centre staff in the new/updated HMIS registers. This was in line with National Health policy, legacy goals and M&E framework for 2019.

c. MCSP successfully conducted interviews on key lessons documented from Ministry of Health staff and partners at provincial, district and facility level on the TA MCSP provides. The interviews went as per schedule, we managed to interview two (2) district nursing officers (DNO-MCH) in Mpika and Chinsali, two (2) district health directors (DHDs) in Kanchibiya and Nakonde, one (1) district health information officer (DHIO) in Chama, two MCSP staff, one SBH staff, the provincial health director (PHD) and one provincial CoC coordinator. The province just received the CoC coordinator who is less than 1 month old, hence the coordination of the RMNCAH&N activities were under the provincial public health specialist (PHS). Therefore, we interviewed the PHS in the capacity of the Provincial CoC coordinator. In total, we reached out to fifteen (15) staff.

8. **Crosscutting**
   a. Conducted TA visit in conjunction with the Provincial Health Office to assess and determine the level of implementation of the 2018 CoC activities in all the nine districts of Muchinga Province. The district levels of completeness with regard to implementation of 2018 CoC planned activities established to be at 50% in one district while the other eight districts were above 50%. During this process, districts narrated a number of success recorded with the coming of G2G and TA from MCSP. Districts were encouraged to work with MCSP to document all their success stories
   b. MCSP conducted TA visits to the last four districts in the province (Chama, Isoka, Nakonde and Mafinga) and supported the DHO in the prioritization and identification of appropriate, evidence based, high impact interventions to be used during planning for the 2019 MTEF and CoC Plans. The TA support was provided to all the 9 districts in the province before the planning launch and this was a better preparation for the districts as the planning process was made easier.
   c. MCSP strengthened the capacity of the mentorship teams in the use Service Quality Assessment tools (SQA) to identify gaps that need attention and development of mentorship dash boards to inform mentorship rounds. This resulted in 7 districts out of 9 forming District mentorship teams

   d. MCSP participated well in the Provincial Planning Launch, review of action plans (at district and provincial level) as well as during the Provincial Integrated Meeting (PIM)).

1 **PMP Key Indicators** *(1-3pages) across all thematic areas – MCSP Bulletin table here* **-** This section should include a table of key indicators for each technical or crosscutting area in your program for the reporting period.

Selected Community Engagement Key Indicators								
Technical Area	Key Indicator		**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Cumulative Totals**	**Comments**
Community Engagement	Number of DHO staff oriented in community engagement strategies/approaches	Muchinga	**37**	**32**	**18**	**0**	87	

	Number of facility staff oriented in community engagement strategies/approaches	Muchinga	**12**	**185**	**38**	**0**	235	
	# District Health Offices with DHPT representatives, which include private sector and CSO partners	Muchinga	**0**	**3**	**4**	**1**	8	
	Number of partners reached out / oriented in Community Engagement Approaches	Muchinga	**12**	**28**	**53**	**0**	93	
	Number of CBVs reached out / oriented in Community Engagement Approaches	Muchinga	**40**	**73**	**0**	**0**	113	

Youth Friendly Spaces in Muchinga province

	District	# of youth friendly spaces
1	Chama	3
2	Isoka	1
3	Lavushimanda	All facilities
4	Kanchibiya	4
5	Mafinga	1 (funded by Child fund)
6	Mpika	3
7	Nakonde	5 (3 supported by SFH)
8	Shiwangandu	3

Objective 1: Provision of Demand Driven TA (what, when, where, why, how- so what)

Technical Area	Activity from the work plan	Progress of the Activity	Next Steps/Recommendation/TA opportunities
Maternal	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical assistance during implementation of 2018 CoC grants	Provided guidance on the institutionalizing and use of the WHO 2016 ANC Guidelines • TA and discussions continued on the need for facilities to keep mothers for 48 hours post-delivery as this was the most critical period for both mother and the baby. This practice will promote the health of both the mothers and newborns and thus improve the indicator for PN attendance within 48 hours. • Management of labour using a partograph; During the TA visits MCSP observed that the partograph was not effectively used to monitor fetal wellbeing during labour. Discussed with the MCH coordinators to conduct onsite mentorship to facility staff on the use of partograph. All districts except for Mafinga had stared conducting mentorship on the use of the partograph. Skills in the effective use of the partograph will help reduce on the number of stillbirths. The teams were advised to ensure adequate supply of WHO partograph in all facilities	DHO and MCH Coordinators to continue monitoring the use of standard WHO guidelines by facility staff MCSP to follow up on the implementation and documentation of the post-natal care within 48hrs according to postnatal care guidelines with facilities informed by the 48 hours' post-natal indicators
	Provide technical assistance during	MCSP highlighted the lack of basic skills in the management of obstetric emergencies among skilled	

	monitoring of 2018 CoC Grants	birth attendants (e.g. management of eclampsia), lack of stocked emergency trays in the delivery rooms, gaps in the utilization and interpretation of the partograph during management of women in labour. In the presence of MCH Coordinators, • MCH provided guidance to the health care providers in the labour ward on the use of recommended protocols in the management of obstetric emergencies and the importance having a well set emergency tray within the delivery room. The team further guided facility in-charges on the need to assign each staff topics for presentation during clinical meetings and come up with schedules for the said meetings. More facilities that were talked to have since started holding clinical meetings and testified that it was very helpful for the staff as the meetings provided opportunities for revisions and skills acquisition • Continued provision of TA to MCH Coordinators to guide the nurses and midwives (especially those trained in EmONC) during onsite mentorship on utilization and interpretation of the partograph in monitoring progress of labour and maternal wellbeing and early detection of signs of complications. • MCSP in conjunction with the PNO at PHO and the Nursing Officer at Chinsali General Hospital made three tours of the new labour ward at CGH to identify and made follow-ups on the IPP. The first recommendations given to the NO and follow up visits showed a marked improvement in that IP buckets were brought into the delivery room.	DHOs to continue strengthening onsite mentorship in the management of obstetric emergencies. DHOs to provide facilities with all necessary medicines and equipment used in emergencies and set up emergency trays DHOs to develop mentorship score cards and provide onsite training using the low dose-high frequency approach in the facilities MCH Coordinators to follow up with facilities to make sure there is separation of delivery and MVA beds

	Provide technical assistance during planning of 2019 CoC grants	MCSP provided technical assistance during the pre-planning meetings for Mpika, Kanchibiya, Lavushimanda, Chama and Chinsali districts to strengthen the reproductive and maternal component in the 2019 plans which was missed out during the 2018 CoC plans by ensuring that the reproductive and maternal high impact interventions are included in the 2019 CoC plans. With the inclusion of the high impact interventions in the 2019 plans, the plans will be more focused and targeting what will further improve the outcome of the RMNCAHN services	DHOs to prioritize strengthening outreach sites thus provision of outreach services to also offer ANC services. This will further improve the first ANC coverage.
	Activity 1.2: Improve quality of RMNCAH&N services through introduction/expansion of on-site mentorship		
	Establish mentorship teams	TA Offered to Chinsali, Mpika, Kanchibiya, Shiwangandu, Isoka and Nakonde district on how to form mentorship teams which should include Maternal and Reproductive Health	MCSP to follow up the formation of integrated mentorship teams in the said districts
	Equip mentorship teams with models	TA offered to Districts to include in the 2019 CoC plans the for procurement of mentorship models such as Baby/Mama natalie/birthie for use during simulations during mentorship	MCSP to attend the district planning meetings
	Other activities coordination	MCSP facilitated the distribution of WHO recommended pregnancy wheels and FP protocols to all the districts in the province. With the available tools, staff in facilities will be providing FP and ANC services in a more focused manner and thereby improve the health of mothers and contribute to the improvement of RMNCAHN indicators	MCSP and MoH to continue providing districts with approved standard guidelines for use in the facilities. DHO to continue monitoring the facilities for their adherence to provided guidelines in service provision

Essential New Born Health	**1.1.1**	**Provided technical assistance during implementation of 2018 CoC grants**	**Follow up Technical Assistance visits:** MCSP conducted technical assistance visits to the 6 health facilities in Muchinga (Mpika urban, Isoka district hospital, TAZARA residential clinic, Mpumba RHC, Chinsali general Hospital and Lwanya health post) to ascertain levels of compliance to the recommendations made during the previous visits to the districts. The follow up visits focused on the following areas and technical	

		assistance provided in gaps identified.	
		Infection Prevention; • Follow up visits were made to TAZARA clinic, Mpumba RHC, and Mpika urban clinic on infection prevention in the labour wards • All the three facilities were found to have procured small IPC buckets specifically for reprocessing and storage of neonatal resuscitation equipment and are no longer mixing the equipment with other delivery/MVA equipment. The reprocessed equipment is also well stored to avoid contamination. • The enhanced Infection Prevention Practices will contribute to reduction in neonatal morbidity and mortality due to sepsis • Discussed with the in charge at Lwanya health post on the need for the facility to improve Infection prevention and control at the facility to contribute to the reduction of neonatal morbidity and mortality due to sepsis	The District Nursing Officers and mentorship teams to continue providing technical support to the facilities on infection prevention to ensure continuity in compliance. The DHO to facilitate procurement of IPC buckets at the facility
		Designated spaces for resuscitation; • MCSP made follow up visits to TAZARA clinic and Mpumba RHC, on creation of resuscitation spaces. • Resuscitation spaces were found to have been created at the two facilities. The creation of the spaces has eased resuscitation contributing to more efficient and effective resuscitation of the asphyxiated babies. • The facilities were commended for their positive response to help improve outcomes of the newborn	
		Kangaroo Mother Care (KMC); • MCSP had discussed the need for establishing KMC in Mpika especially at Mpika urban clinic which is a high volume delivery site in Mpika • The room was identified and prepared and awaiting the first KMC client.	• DHO nursing officer to follow up on the preparation of the identified room for KMC at Chibansa • DHO at Kanchibiya and Mafinga to ensure establishment of KMC in the districts.

		Content	Action
		• Space was also identified at Chibansa health centre • TA was provided on the need to adhere to KMC and IPP guidelines to optimize the survival chances of the LBW babies. **Review of Perinatal deaths** • MCSP had discussed the need to review perinatal deaths as they occur at the facility level. • TAZARA and Mpika Urban clinics have started reviewing the perinatal deaths as they occur. All the deaths at the time of the visit were reviewed. The perinatal death reviews help isolate contributing factors to the deaths to prevent similar occurrences in future. **Provincial Performance assessment (PA)** MCSP participated and provided TA to Mafinga, Isoka and Nakonde during the Provincial Performance Assessment (PA) • Isoka district hospital recorded 108 asphyxiated babies in Q1 & 2 of 2018 who were all successfully resuscitated. The staff were commended for their competency in helping babies breath (HBB) as this greatly contributed to the reduction of neonatal deaths. • MCSP provided TA on the need to review perinatal deaths as they occur. Of the experienced in Isoka none were reviewed while Nakonde only reviewed 75%. Facilities not reviewing the deaths in Nakonde included Chanka, Shem, Chozi and Ntantumbila. MCSP discussed with the MCH coordinators and the nursing officers on the need to conduct perinatal death reviews to draw lessons and avert similar occurrences in future. The teams was urged to ensure all delivery facilities in the district have copies of the perinatal death audit form which was shared with the MCH coordinators. • Eight out of the eleven facilities in Isoka were meeting the post-natal care national target of 50%. MCSP discussed with DHO to follow up the 3 facilities that were failing to meet the target	District to ensure perinatal death reviews are conducted by each and every facility that records a death.

		(Katyetye, Mwenkombe and Kasoka and provide the necessary technical support to improve performance.	
	1.1.2 Provide technical assistance during monitoring of 2018 CoC Grants	**Perinatal and Maternal Death Surveillance and Response meetings** MCSP participated and provided TA during the district and provincial PNMDSR in Muchinga province to help contribute to the improvement of the maternal and neonatal indicators. Delays in decision making to refer the client was cited as one of the biggest contributing factor to the deaths. Some of the recommendations discussed included • Dissemination and utilization of national guidelines • Holding staff accountable through writing of incidence reports when a death occurs • Provision of full FANC package • Provision of mentorship • MCSP facilitated a discussion on the need to follow WHO guidelines in procurement of neonatal resuscitation equipment for effective resuscitation	• DHOs to ensure all perinatal deaths are reviewed by making follow-ups on perinatal death statistics.
	1.1.3 Provide technical assistance during planning of 2019 CoC grants	**MoH MTEF/CoC planning** During the period under review, MCSP participated in the review of 2019 CoC plans using feedback from the national level. • The CoC plan was revised following the feedback from the national level which included breaking down of the activities which were not clear on the CoC plans such as itemizing the items to be procured and reprioritization of some of the activities for example Lavushimanda was assisted in reprioritization of the activities which resulted in dropping the procurement of a scanning machine and the funds used to procure delivery beds which the district was in dire need of.	

	1.1.4 Technical Assistance to programming for mentorship in 2019 CoC Plans	**Provide TA for mentorship activities:** • MCSP provided hands on mentorship in the development and updating of the mentorship dashboard for Mafinga DHO • Provided mentorship in the updating of the mentorship dashboard with Mpika DHO. • The updated tool will help track the progress of the mentees and for decision making in the improvement of health care provider skills	• DHOs to be updating the mentorship dashboards as they conduct mentorship • District mentorship teams to continue providing mentorship informed by data on perinatal deaths and the dashboards
	1.3.5 **Build facility capacity in data collection, management, and usage technique**	• MCSP orientated the in charge at Chinsali general hospital to the SQA tool so as to help identify gaps in the service provision. • MCSP guided the in charge in the administration of the SQA tool for postnatal care within 48hrs which reviewed gaps in records/data management as the facility does not provide a full package of postnatal care. Mothers are referred to central clinic which is the HAHC upon discharge. • Discussed with the in charge on the need for the facility to start providing PNC services. The issue was brought to the attention of the provincial nursing officer standards so as to improve 48hrs PNC indicator • The in charge was guided in the development of dashboard which was later displayed on the notice board for the ward	The hospital staff to use the tool in identifying gaps in service provision in other areas
CHILD HEALTH	**Activity 1.1: Technical Assistance to CoC Program**		

	Provide technical assistance during District and Provincial 2019 CoC planning meetings	**Achievement(s)** Supported Mpika, Lavushimanda, Kanchibiya and Chama districts with the finalization of 2019 CoC plans. The revised plans provided for the inclusion of procurement of IMCI job aids **Challenge(s)** Districts still had challenges with the use of planning tools	• District to adhere to planning timelines to avoid last minute rush. • PHO/partners to provide orientation on the use of planning tools
	Provided Technical Assistance to Shiwangandu, Kanchibiya, Mpika and Lavushimanda during Child Health Week	**Achievement(s)** • Guided facility staff on data management in order to improve on the monitoring of Child Health Week activities. Most facilities had not updated the daily monitoring charts. • Worked with Chief EPI Officer from Lusaka to guide Mpika DHO staff on improving management of vaccines. Mpika received EPI manuals for distribution to all facilities **Challenge(s)** • Most facilities visited by MCSP during the exercise had no micro plans in place. • There was no vaccine fridge at Lwanya HP in Shiwangandu and vaccines were kept at a nearby HC, a situation which posed a threat to vaccine quality	• MNCH Coordinators to ensure that facilities make micro plans • Shiwangandu DHO to plan for improving of Cold Chain at Lwanya HP
	Provide technical assistance on SQA and QI projects to Chinsali, Mpika, Lavushimanda and Chama	**Achievement(s)** By end of 4th quarter 2018 all districts in the province had received orientation on SQA **Challenge(s)** Most Districts had not conducted SQA	• DHD to follow on the implementation of SQA in facilities
	Completed the installation of eIMCI/EPI on district computers and orientation of DHO staff	**Achievement(s)** MCSP completed the eIMCI/EPI course orientation of staff in all districts. By end of 4th Quarter 2018, 26 HCWs had completed the course and MCSP started getting feedback from staff who had completed the course.	• Clinical Care Officers/ MNCH coordinators to ensure that staff in facilities take up the course

		"I managed to refresh my knowledge with regard to EPI services and how to address the main program areas. It was a very helpful program that requires periodic reading and also needs to quickly cascade it to staff in all facilities. There was improved skills on the number of areas that can assist during supervision" Dennis Tembo MNCH Coordinator, Chama district. . **Challenge(s)** • Inadequate number of DHO staff taking up the course • Lack of flash discs with adequate space (16 GB) to use for sharing the eIMCI/EPI package from one computer to another	
	Participated in MCSP study in Luapula	**Achievement(s)** **Challenge(s)**	For your information
	Participated in the Immunization Data Review meeting for Chinsali District	**Achievement(s)** MCSP provided support to Chinsali DHO staff during an Immunization Data Review meeting. MCSP encouraged the district to intensify the use of the integrated registers so as to provide a secondary data source **Challenge(s)** • Lack of Data Audits and Review meetings • Inconsistence in the data • Fully immunized 2 was too low • Not using a using a register to track the immunizations	• DHO to hold monthly Immunization data Review meetings • DHO to conduct data audits in selected facilities • MCSP to provide TA to facilities on Monitoring Immunization coverages
Adolescent Sexual Reproductive Health	**1.2 Improve quality of RMNCAH&N services through introduction/expansion of on-site mentorship**	**MCSP visited Isoka and provided TA on the development of SQA** in ADH MCSP during a routine visit to Isoka administered SQA in ADH as a buildup on the previous orientation made to the district on SQAs **Achievements** Administered SQA in ADH with the district Adolescent Health Focal Point person for Isoka. For the administered SQA, kindly refer to the appendix	• Kasoka facility to identify a focal point staff for ADH and liaise with DHO to orient the identified staff. In the long term, ensure the staff is trained in HCW

		Challenges • The facility doesn't have a trained staff in ADH • The facility doesn't have a permanent Youth Friendly Space as the one currently in use is sometimes used for generic patient screening **MCSP provided TA relating to ADH TWG formation at Isoka district.** **Achievements** MCSP provided the stakeholder mapping tool, ToRs for the ADH TWG members, composition of ADH TWG with the district ADH FPP. Going forward, it is expected that Isoka DHO will set up the ADH TWG to help improve ADH programming in the district. **MCSP participated in PHO performance assessment and provided TA** • During the PA exercise, it was noticed that Adolescents and sexual Reproductive health activities were not active despite having four staff trained	training for ADH programming • Kasoka facility to find a permanent room for the Youth Friendly Space • Isoka DHO to set up the district ADH TWG soon after completing the partner mapping exercise in readiness for the first ADH TWG meeting • MCSP to continue providing remote support on the process of setting up the TWG.
Community engagement	**Activity 1.1: Technical Assistance to CoC Program**		
	1.1.1 Provide technical assistance during implementation of 2018 CoC grants	Conducted TA visit to assess and determine the level of activity implementation of the 2018 CoC activities in all the nine districts of Muchinga Province. The TA visit jointly undertaken with the Provincial Health Office (PHO) from 9th to 15th September 2018. The focus of the trip for Community Engagement was four fold:	

		• Conduct on the spot check and assess the functionality and establishment of the district community engagement platforms (DHPTs) • Assessing and determining the functionality (activeness) of community based community engagement structures (NHCs, HCCs) • Stakeholder mapping and involvement • Implementation of Integrated Community Registers and use of integrated equity based approach in reaching communities **Findings:** **DHPT establishment and Functionality** • Seven out of nine districts completed the formation of DHPTs. The two districts that did not complete the process were Chama and Mafinga. The two districts however, completed their partner mapping and will soon be holding start up meetings before the end of September 2018. • Two districts (Isoka and Chinsali) conducted two days training for DHPT members in roles and responsibilities with financial support from Breakthrough Action. **TA Provided:** • Chama and Mafinga supported with guidelines for the formation of District Health Promotion Teams • DHOs urged to schedule regular DHPT meetings (Planning and review) and keep the teams active **Revitalization and Profiling of NHCs** • NHC structures are functional in all districts • All districts have completed NHC profiling • Currently NHCs comprise of Community Based Volunteer groups	• DHOs to plan for DHPT planning and review meetings

		Col3	Col4
		• Over 80% of NHCs are active and submitting reports. Most active groups are SMAGs, CBDs, ICCM **Implementation of Integrated Community Registers** • In all districts, registers have been distributed to NHC zones, but DHOs and facilities have not started monitoring their utilization • DHIOs were oriented in the registers • Registers at zone level are being used by CBVs trained in ICCM • Facilities have not started using the registers for implementation of equity based integrated outreaches. **Establishment of the Provincial Health Promotion Technical Working Group** • MCSP worked and supported the Provincial Health Office in forming the first ever-Provincial Health Promotion Technical Working Group. The team was formed on 17th July 2018 with composition of 14 members (10 males, 4 females). Through collaboration with Breakthrough Action, the PHO received financial support and conducted a two day training to orient the team in their roles and responsibilities **Achievements:** • MCSP consistent and sustained TA both at provincial and district levels resulted into establishment of the Provincial and District Community Support Structures (platforms) and at facility level, the revitalization of community support structures (NHCs). • The Provincial Health Promotion Technical Working Group (PHPTWG) was formed in July, whilst the DHPTs have been established in seven of the nine (78%) target districts. This realization is a greater achievement towards the fulfilment of the MCSP mandate of supporting provinces, districts and facilities in the development of functional community engagement systems.	• Support DHOs and facilities in completing NHC data base and training matrix • Facilities to actively support and Supervise NHCs • Provide TA to support DHOs and facilities in implementation of community registers • Mentors facility staff in use of community registers for evidence based decision making • Facilities to support utilization of Integrated registers by CBVs • Support PHO in strengthening Provincial Health Promotion Technical Working Groups • Support DHOs in strengthening Provincial Health Promotion Technical Working Groups • Support DHOs in strengthening community based

		Going forward, the established district health promotion teams under the supervision and coordination of respective DHO should take an active role in coordination of NHCs to increase demand for RMNCAH&N services. • MCSP TA support to the districts facilitated the introduction and implementation of Integrated Community Registers at Community level in all districts. The registers, which have been widely distributed in all facilities, when fully utilized, will become an evidence based key source document to facilities, and communities in the implementation of equity based integrated outreaches, monitoring and follow of antenatal and Post-natal mothers, follow up of defaulting / non-immunized under five children and will provide record of pregnancy outcomes.	collaborative meetings with key stakeholders including FBO, Traditional and civic leaders
Nutrition	**Activity 1.1: Technical Assistance to CoC Program**		
	Provided TA on the use of guidelines for identifications, classification and management of malnutrition	• MCSP influenced Districts to display the Guidelines/posters for ten steps to successful breastfeeding, management of malnutrition and these have been distributed to and displayed in some of the HFs • Through the TA provided by MCSP the Nutritionist at Kalwala has created space for a nutrition section graphically displays monthly performance of the facility on nutrition indicators like stunting, wasting, underweight, deworming, vitamin A supplementation and breastfeeding within the first one hour after birth etc. • The facility has displayed key nutrition message, the facility had wrong protocols on RUTF administration, through the help and support from MCSP appropriate charts accessed and displayed by the health facility.	
	Provided TA on the importance of reclassifying all children admitted in the children medical ward for Malnutrition and	• With the constant guidance from MCSP, Chinsali General Hospital now able to identify malnourished children from among the children admitted for other ailments. The facility has since strengthened activity case finding of children with malnutrition during routine growth monitoring at the facility and during outreach. They have further started providing RUTF to the children with moderate acute malnutrition.	MCSP to continue offering TA to other DHOs to give further guidance to facilities

	those found to be malnourished to undergo rehabilitation	• Trained CHVs in IYCF are actively involved in the identification of children with malnutrition within the communities and are referring the cases to the facility which carries out a comprehensive assessment.	
	Provide technical assistance during monitoring of 2018 CoC Grants	MCSP worked with the provincial Nutritionist and managed to have 12 Community health volunteers trained from Lubwa RHC trained in IYCF/MIYCN under the G2G program.	MCSP and DHO to make a schedule for monitoring the impact of the knowledge gained from the trainings among the CHV.
	Provide technical assistance during planning of 2019 CoC grants	• MCSP conducted three (4) meetings with District staff in Lavushimanda, Kanchibiya, Mpika and Shiwangandu districts to orient staff on the 2019 CoC planning and share high impact interventions. • Provided TA to the Provincial Nutritionist on the importance of including in the 2019 plans, procurement and provision of formula feeds to the districts to ensure effectiveness in the management of SAM clients.	MCSP to participate and continue offering technical assistance to districts
Crosscutting	1.1.3 Provide technical assistance during planning of 2019 CoC grants	• Conducted TA visits to the last four districts in Muchinga Province (Chama, Isoka, Nakonde and Mafinga and supported them in the prioritization of appropriate and identification of evidence- based interventions during planning for the 2019 MTEF and CoC Plans. The staff who received technical assistance improved their skills in the development of evidence based activity plans with targeted and appropriate interventions. • Throughout the process of interaction, the MCSP team took the leadership role in mentoring and couching DHO and facility teams in the identification of performance gaps through use of HMIS data collection tools / reports, scorecard indicators, mentorship and Service Quality Assessment reports and dashboards. The DHO and facility teams provided with the MoH proposed high impact	• Support DHOs to conduct data and performance review meetings using proven data review tools • Support in prioritization and rescheduling of CoC activities

		interventions across the RMNCAHN thematic areas as reference document to aid the planning process. **Achievements:** • As part of the ongoing process of equipping health care workers with adequate knowledge in development of annual health care plans that are linked to performance, Health care workers in the all the nine DHOs improved their capacity in assessing evidences and identification of high impact interventions. It is therefore expected that 2019 MTEF and CoC Districts plans will not only improve in quality but will contain evidence based, targeted and appropriate interventions	

I. Challenges and recommendations (not more than 3 per thematic areas)

Thematic	Challenge	Recommendations to Address the Challenge
Maternal	Not all staff working in labour wards are midwives and this resulted in lack of skills and confidence in performing procedures like those required to manage obstetric emergencies.	Ensure MCH Coordinators to mentor facility staff and encourage them to be holding clinical meetings so as to strengthen knowledge and skills in management of obstetric emergencies
	Non adherence to standard IPP due to low supply of Chlorine to the delivery rooms because of non -availability of the commodity to last a month.	Districts and facilities to plan to procure more quantities of chlorine in the 2019 grants
	Inadequate transport logistics resulting in most District MNDSR meetings not being supported technically	Plan with the PHO to come up with a schedule in time to enable MCSP coordinates logistics in good time
Newborn	Neonatal deaths issues seemed not to have been prioritized by the districts and facility staff as they were not conducting the	MCH coordinators to ensure that the District facilities are conducting Neonatal Deaths reviews as

	neonatal death reviews as soon as they occur at facility level to establish causes such as birth asphyxia, prematurity etc. and develop necessary interventions for prevention such as KMC	they occur at facility level MCSP to support the district facilities during the process
	Most of the newborn health activities seemed not to have been standing alone but included to the maternal Health activities, which paused a danger of having newborn health neglected at the implementation period.	The district mentorship teams to continue providing onsite mentorship DHO and MCH Coordinators advised to come up with newborn health activities that will address the increasing numbers of stillbirths, neonatal deaths and birth asphyxias so that they can be implemented during the implementation period.
	Some districts and HFs are not using the **Perinatal and Neonatal Deaths Audit Form, MDSR audit form, MD Notification form, MDSR Community Autopsy. T**here are no printed copies ready for use, the staff on duty at the time of the death or stillbirth felt lazy to complete the document, or they have never been oriented to the tools.	• At least each HF should have not less than five copies of each of these tools (depending on how busy that HF is, you may need to provide them with more • The availability of a completed tool (up to the point as prescribed) during hand over or change of shifts, if a death or stillbirth occurred, MUST be one of the things that should be checked.
Child health	Poor Case Management of Childhood illnesses. This is due to inadequate numbers of staff trained in IMCI, lack of job aids, lack of mentorship and supportive supervision from DHOs and no Quality Improvement activities	1. Mentorship in Case Management 2. Capacity building HCWs skills i.e training IMCI and ETAT 3. Service Quality Assessment (SQA) to identify areas of improvement
	Poor Quality of Immunization Services. This is due to poorly integrated outreach activities, inadequate number of staff trained in RED strategy, lack of mentorship activities in Immunizations as evidenced by low fully immunized coverage and high dropout rates in the province	1. Mentorship in RED/C 2. Capacity building in RED/C strategy 3. Service Quality Assessment (SQA) to identify areas of improvement 4. Community Engagement

Community engagement	Weak Coordination and supervision of community engagement platforms at DHO and facility levels	• DHOs and facilities to prioritize activities to strengthen DHPTs and NHCs
	DHO and Facility staff not Prioritising Community Engagement activities	• DHOs and facilities to prioritize community engagement activities
		• Integrate community engagement activities in other ongoing funded activities
	Weak program integration at both DHOs and Facilities. RMNCAHN activity implementation considered to be an MCH activity for MCH Coordinators	• DHOs and facilities to be holding monthly and quarterly performance review meetings with all team members
		• Activity implementation to involve wider participation of DHO and facility team members
Nutrition	Lack of knowledge in the DHOs to develop the nutrition mentorship dashboards	MCSP to give TA to DHOs with the development of dashboards
	Majority of the districts are making their own feeds using milk, cooking oil and sugar because the districts have been finding challenges to procure F-75 and F-100 formula feeds.	The provincial nutritionist to facilitate the inclusion of procuring therapeutic feeds in the 2019 CoC plans for the district.
	Lack of IEC materials on nutrition in some facilities	DHOs advised to include printing of IEC materials in the 2019 CoC plans
Adolescent Sexual Reproductive Health	Inadequate transport to facilitate field visit to all the districts	To strengthen integration of ASRH technical assistance in other technical areas To reinforce integration of ASRH in the field visit possibly TA trackers should be used to track ASRH activities
	Delayed response to approve the revised 2018 CoC Plans by SIDA, this delayed the implementation of activities in the districts Limited understanding of ADH programming by DHO staff.	• The District health office to enhance communication with the SIDA focal point person for feedback • District ADH Focal point staff to make use of the district meetings to share information with DHO staff as a way to bring them to speed on ADH programming

Crosscutting	Some districts are yet to form District Multidisciplinary Mentorship Teams	Support Districts in forming and developing schedules for their District Multidisciplinary Mentorship teams

I. Lessons Learned – Cross cutting (what worked well and what did not work well) things you did to get to the end of the road

Newborn Lesson Learnt

- District do not use indicator performance scorecard to analyze the performance of RMNCAH/N indicators.
- Eastern Province has an Eastern Province Zambia Maternal Neonatal and Child Health Alliance CSO stakeholder Coalition Building and Advocacy Steering Committee that has a goal of improving maternal, neonatal and child health in the province through advocacy.

Adolescent Health – Lessons learnt

During the period under review, the following were some of the Lessons Learned:

i. The extracted high impact intervention given to the districts helped the DHOs align their programming to the National Health Strategic Plan and the ADH Strategy
ii. The allocations to the districts for 2019 plans was insufficient to cutter for all the proposed interventions, however some high impact activities were prioritized and integrated
iii. The use of the scorecard was helpful for the districts to prioritize key interventions to be include in the 2019 CoC plans
iv. There was need for more orientations and trainings of health care workers in ADH as most of them were not exposed to working with adolescent health

Community Engagement - Lessons learnt

What went well?

- Good collaboration with other partners organization supporting PHO (PAMO, JSI, Breakthrough Action) has resulted into partner meeting every two weeks chaired by MCSP
- Good collaboration with Break Through Action resulting into formation of Provincial Health Promotion Technical Working Group
- Good collaboration with GRZ counterparts (PHO, DHO and facilities). PHO has been providing transport to facilitate MCSP movements

What didn't go well?

- Inadequate transport and budgets hampering MCSP follow up visits to districts
- DHO staff not being proactive in implementing Technical Assistance visit recommendations. Most recommendations are either partially undertaken or not done at all. DHO teams are willing to undertake activities associated with immediate monetary gain creating an imbalance in activity implementation
- Facilities and DHOs not having data review meetings
- DHOs not engaging themselves in explaining to facilities the MCSP and G2G support. Most facilities were unaware of the G2G and MCSP mandate.
- Poor program coordination between MCSP and SBH.
- Weak program integration at district level. Weak program ownership which might challenge continuity once MCSP comes to an end.

Lessons Learnt:

- Joint programme undertaking between MCSP, SBH and PHO should be planned and encouraged. When teams move together, they complement each other and provide immediate assistance. The recent MCSP and PHO trip from 9th to 15th September is one good example.
- DHO teams do not hold regular monthly and quarterly meeting and do not share information. This has resulted into TA visits appearing to be ineffective. Programme officers keep information to themselves and in most instances if they did not implement the recommendations end up refusing having been oriented / mentored.
- Continued presentations of TA at various fora is leading to acceptance of MCSP TA in the province and particularly at DHO level.
- The community engagement agenda is still not a priority when developing activity plans. TA in this area should be strengthened
- Weak programme integration at DHO. Need for DHO programme officers to do joint programme planning
- MCSP team should spend much time at facility level because DHOs do not usually reach out, rarely share program information, and DHOs have highly centralized RMNCAHN activity implementation. Most facilities do not have clear understanding of RMNCAHN programme.

II. Previous Quarter Recommendation and Action taken

Thematic area	Previous recommendation	Current statues	Next step for quarter
Maternal	District and facility staff to be oriented to the USAID FP and Abortion Policy	Two districts out of nine (22%) were aware of the policy	MCSP to continue sensitizing the districts on the policy To provide the link for staff to take the online course
	In the previous visits to districts and facilities, it was noted that facility staff were not very conversant with	Districts were conducting mentorship in the effective use of the partograph except for Isoka and Mafinga.	Include effective use of the partograph in the mentorship rounds

	the use and interpretation of the partograph		
	Set up Functional emergency trays Previous visits revealed that facilities did not have well stocked emergency trays in the delivery rooms.	Most facilities had functional emergency trays e.g. 8 out of 10 facilities in Lavushimanda have functional emergency trays	All facilities to have functional emergency trays
Newborn	**Infection Prevention**: MCSP had provided TA on the importance of adhering to IPC standards in the labour wards to reduce on morbidity and mortality for the newborn due to sepsis.	Chama, Isoka, and Mafinga including Chinsali general hospital had acquired IP buckets with lids for reprocessing and storage of neonatal equipment. Kanchibiya was still waiting for the vendor to deliver the buckets this month (Septemebr 2018). Lavushimanda will do the procurement using RBF funds this month (September)	Follow up with Lavushimanda and Kanchibiya to see that they have also procured the IP buckets for their facilities
Child health	To start holding data analysis meetings at facility and district levels. The exercise will help in planning with evidence	• Muchinga Province fully immunized coverage still below 80% as at end of 2nd Quarter • Newly created districts such as Lavushimanda and Kanchibiya contributed to the low coverage • Case Fatality in under 5 slightly improved	MCSP to continue supporting districts through TA focusing on improving fully immunized coverage i.e. to encourage DHO to hold regular Data review meetings, use data analytical tools such as Graphs and dash boards
Community engagement	MCSP provided TA to the Districts on the need for revitalization and Profiling of NHCs	• NHC structures are functional in all districts • All districts have completed NHC profiling	MCSP to continue monitoring the DHOs for revitalization of all NHCs

		• Currently NHCs comprise of Community Based Volunteer groups • Over 80% of NHCs are active and submitting reports. Most active groups are SMAGs, CBDs, ICCM	
	Community registers delivered to all districts for onward distribution to the facilities and finally communities for use.	Six districts – 67% (Isoka, Kanchibiya, Lavushimanda, Nakonde, Mpika, and Shiwang'andu) had distributed the registers and they were being used.	• The other three districts to distribute the registers to their NHCs • DHO to follow up on the completeness of the registers
ASRH	Formulation of the district ADH TWG	Lavushimanda, Mpika, Nakonde, Chama and Shiwangandu had ADH TWGs	MCSP to share national guidelines with the districts
	Districts were urged to identify Youth Friendly Spaces in their facilities	Only 1 district i.e. Lavushimanda reported having YFS in all the facilities while the rest of the 8 districts were still creating in some of the facilities All districts have ADH focal point persons and implementing activities.	MCSP to follow up the creation of active Youth Friendly Spaces in facilities
M&E	During the previous TA visits to the districts MCSP had recommended that districts carry out orientation of staff to RMNCAHN and its link to 2G2, MCSP and SBH	All the districts had orientated their staff to RMNCAHN and its linkage to G2G, MCSP and SBH although understanding was at different levels and there were still some staff who were not aware of the G2G funding.	To incorporate the orientation in different platforms such as the DIM, mentorship rounds and the technical support visits to facilities

	PHO and districts to formulate the training database	The training database was formulated and was being updated after each training	PHO and DHOs to continue updating the database and utilize the information their in for capacity building planning.
	Districts have a number of partners offering support to their facilities and there was need to coordinate their work there was therefore need for districts to develop the partner matrix and display it	All the districts visited had partner matrices though at different levels of completion e.g. Chama and Nakonde were still updating the matrices	MCSP to share a more comprehensive template
	Districts were urged to form integrated district mentorship teams	All districts visited had established mentorship teams and were conducting mentorship rounds except for Mafinga.	MCSP to provide guidelines for formation of mentorship teams and orient Mafinga on development of mentorship dashboards

Province: Southern Province
Reporting Period: Quarter 4 2018 (October to December)

Major Accomplishments

Maternal, Newborn and Reproductive

- MCSP provided TA during the MDSR meeting in Kalomo following the 3 maternal deaths that occurred in the district in the 3rd quarter, this helped the district to identify gaps that contributed to the deaths. Recommendations were made by MCSP to the district and this prompted the districts to re orient the health care workers in the new Maternal referral guidelines, zonal facilities to conduct obstetric emergency drills and also for the district to install resuscitative equipment in some ambulances
- MCSP provided TA during the implementation of the 2018 CoC activities. These activities were data quality audit and service quality assessment in Zimba and Kazungula DHOs, District integrated meetings for Zimba and Choma DHOs. Mazabuka DHO was reoritened in SQA and so did implement during the Performance Assessment. The gaps identified during DQA were addressed and the districts have since oriented the new staff on the HMIS tools so that data is well captured and filled in correctly. Zimba and Choma District Nursing officers have since planned to orient the Labour ward nurses in the zonal facilities in the maternal and neonatal guidelines to strengthen the maternal referral system.
- MCSP provided routine TA in the 2nd round of child health week to Mazabuka, Chikankata and Siavonga DHOs. This resulted into all the districts to provide onsite orientation in completely filling in the family planning registers, stocking of family planning commodities and Chikankata supplied one facility with a baby scale that the facility did not have.

ASRH

- MCSP provided technical assistance in the establishment of adolescent health technical working groups in three districts; Kazungula, Namwala and Monze. In Namwala, ADH TWG has been working with traditional leaders to create youth friendly spaces because of engagement with traditional leaders, five youth friendly spaces created where adolescents are accessing services like FP, which has led to the reduction of adolescent pregnancies.
- During the orientation of DHO staff in ADH strategy, MCSP influenced two districts (Monze and Kazungula) include in their 2018 CoC plans training of ADH focal point persons in ADH. 38 focal point persons trained in Monze (12M/8F) and 22 trained in Kazungula. The training of ADH focal point persons from the 20 facilities in Monze has contributed to the establishment of 4 adolescent spaces where youths are accessing reproductive and sexual information and services delivered in friendly environment that is critical to reducing incidences of STIs, unplanned and wanted pregnancies.

Community Engagement

- Six District Health Promotion Teams established in six districts namely Namwala, Monze, Mazabuka, Gwembe, Siavonga and Livingstone because of MCSP orienting the district health officers in MCSP Community Engagement approach in the respective districts. The establishment DHPTs has led to increased stakeholders involvement in health promotion activities around RMNCAH+N services and contributed to leveraging of resources. During the second round of Child Health week, the stakeholders from the private sector that are part of the DHPT like Zambia Sugar Company and ZESCO provided transport to DHO during distribution of logistics and monitoring of

Child Health activities in Chikakanta and Mazabuka districts.

- MCSP orientation of DHO staff in MCSP CE approach influenced three districts; Kazungula, Namwala and Siavonga to include and budget in their revised 2018 CoC plans orienting Neighborhood Health Committees (NHCs) in their roles as intervention to strengthen community engagement structures at the community level. Strengthened community engagement structures will contribute to increased demand in RMNCAH+N services.
- MCSP TA influenced two districts (Kazungula & Livingstone) to include gatekeepers' engagement in advocating for increased uptake of reproductive, newborn, child health, adolescents' and nutrition services at the community level (RMNCAH+N) in 2018 CoC plans. The advocacy focused in indicators that were not doing well like; institution deliveries, 1st ANC visit at 14wks, male involvement in ANC and family planning. There has been remarkable improvement in institution deliveries and ANC visit because of advocacy from tradition leaders in Kazungula district.

Child Health

- MCSP influenced three districts that is Mazabuka, Siavonga and Chikankata to start using registers as it was observed that facilities were not using the tally sheets instead of entering in the registers and that some facilities do not use the registers at all. This resulted in districts in changing the strategy of monitoring by including use of registers during the campaign.
- MCSP offered TA to districts by providing the feedback from the donors on the CoC 2019 budget in Child health and immunization in the districts which resulted in districts revising the budget to include some IMCI trainings and printing of community registers and have submitted the plans for the 2019 plans according to the donor guidance.
- MCSP provided TA in mentorship for staff in IMCI by building capacity of mentors in knowledge and skills in EPI- IMCI through e learning. Four districts had mentors oriented in the electronic EPI interactive learning and the software installed on their computers. 19 members enrolled in the course and five have successfully completed the course.

Nutrition

- TA was offered to DNOs in three districts namely Chikankata, Mazabuka and Siavonga on the importance of developing micro plans by health centers for outreach and child health week instead of the DHO producing on behalf of the facilities.
- Provided TA to DNOs in three districts during the monitoring of child health week. Districts were to ensure that all activities being implemented during the campaign time should be
- TA was offered to Monze, Siavonga, Kalomo, Livingstone, Mazabuka and Chikankata districts on the need to re-orient health center staff on the correct assessments of MUAC. Some districts such as Choma at Njase and Shampande UHCs have already oriented its CBVs following the recommendation from MCSP.

MER

- Provided TA to Kazungula and Zimba during Data Quality (DQA) exercise. To enhance data completeness and correctness to be used in decision making.
- Provided TA to LNG IUS providers at Pemba Main and Railways Surgery Clinic on how to correctly record data in the new family planning register and support districts in increasing LARC uptake
- Provide TA during Gwembe DIM. The district looked at the RMNCA&H indicator by zonaling the facilities.

Objective 1: Provide demand-driven technical assistance for sustainable scale up of RMNCAH&N interventions across the four focus provinces of Zambia

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
Maternal, Newborn and Reproductive Health	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical support during District MDSR Meeting in Kalomo	During the third (3rd) quarter up to the second week of October of 2018, Kalomo district recorded three (3) maternal deaths and they conducted the MDSR at community and facility levels. MCSP was invited to this review meeting. It was noted that the deaths were due to Eclampsia, Hypovolemic shock secondary to ruptured uterus and postpartum hemorrhage. MCSP provided TA and the following were the recommendations: • District should plan for integrated mentorship round instead of the TSS, which the district is still doing, which has not made good impact. • District to conduct the re-orientation of the new maternal referral guidelines to all facility staff • District to conduct Nursing Care Audits in facilities to assess the quality of nursing care been provided to the clients, this to be done through record reviews and exit interviews • District Hospitals and facilities to conduct obstetric emergency drills. • The district to procure and install the resuscitative equipment in all the ambulances	• MCSP to continue providing TA to strengthen the district mentorship team and orienting the district to generate mentorship dash boards.

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
	Provide technical assistance in implementation of 2018 CoC grants during Data Quality Audits in Zimba and Kazungula DHOs.	MCSP worked with Zimba and Kazungula districts to conduct Data Quality Audits in line with maternal health, the following were the findings; • The DHOs do not have standard graph templates so that they have the same way of presenting data and this prompted MCSP to share a proposed template for use. • Some facilities have been using the tally sheets instead of entering in the registers and some do not use the registers at all. Onsite TA was provided on how to fill in the registers and do the summations at the end of the month • Other key performance indicators on MCH and adolescents were not displayed on the wall and an emphasis was made to display all the key indicators for easy access. • The health facilities are not allowed to enter mothers coming from outside catchment area in the ANC registers if they already started their ANC from another facility • A few gaps were identified in the family planning register such as not summarizing data on the last page of the month according to HMIS instructions. Certain months in the family planning register were joined together without leaving any space to separate the current and previous reporting months thereby increasing the chances of error when aggregating. MSCP made a recommendation to DHIOs to conduct orientations on the new staff in the HMIS tools so that data is well captured and filled in	• The DHO to continue provide Mentorship to the staff in the use of revised registers and other HIMS tools • DHO to source the revised registers from PHO. • MCSP to continue providing TA in all thematic areas to make sure that the poorly performing indicators improve

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
	Provide technical assistance during the monitoring of the 2018 CoC activities in Mazabuka, Chikankata and Siavonga and Choma Districts	MCSP offered TA in Mazabuka, Chikankata, Choma and Siavonga Districts (DHOs) to 9 selected Rural health centers in Mazabuka, 2 rural health centers in Chikankata, 2 health facilities in Choma and 6 Rural health facilities in Siavonga Districts • MCSP identified gaps such as some facilities had run out family planning pills in Mazabuka district, as Medical stores had not yet supplied the district. MCSP provided TA for the district to take an inventory for facilities that have the commodities and redistribute to facilities that do not have. • Most facilities are still using the tally sheets most of the time instead of registers and justification was because of the overwhelming numbers of mothers accessing the services. Some facilities have not started using the newly introduced registers. MSCP encouraged the facilities to use the registers and this would help in correct data aggregation at the end of the month. • MCSP also noted that one of the facilities named Manyonyo RHC had Labour room that was using a couch a delivery bed, no baby scale the facility had no guidelines and protocols, no HBB corner and infection prevention was not properly followed. Recommendations were made to the district to source the delivery bed, baby scale from the nearby facility in order for the facility to have the right equipment for quality service delivery.	The DHIOs to make a follow up on the use of registers in the facilities. Chikankata Nursing officer to supply the facility with all the guidelines and protocols, follow up to assess if the infection prevention corner has been put in place and

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
			mentor the facility staff working in Labour ward.
	Activity 1.2: Improve quality of RMNCAH&N services through introduction/expansion of on-site mentorship and MDSR in selected districts		
ASRH			
	Provide TA during implementation of 2018 CoC plans.	In quarter 4, MCSP made a follow up on the implementation of the following activities included in the 2018 CoC district plans because of MCSP TA in four districts namely Namwala, Monze, Kazungula and Livingstone. • Formation of ADH TWG • Training of Health Care Workers in ADH standards and guidelines. • Creation of adolescent spaces at facility and in communities.	
		Formation of ADH TWG • ADH TWG formed in the four districts • ADH TWG oriented in their roles using the ADH strategic plan. • Despite the ADH TWG being in place, the four DHOs visited did not have a documented inventory or database of stakeholders belonging to the group showing contact and type of adolescent support they offer in their respective districts. • MCSP shared with the district ADH focal point persons in the four districts tools for creating a database for easy coordination among the stakeholders sitting on ADH TWG	The ADH district focal point person to create the database for stakeholders belonging to ADH TWG in the four districts.

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		Training of Health Care Workers in ADH standards and guidelines. During the 4th quarter of 2018 with TA from MCSP in terms of training materials and orientation of DHO staff in ADH strategy, the DHOs in Monze and Kazungula districts trained facility staff in ADH standard and guidelines using the 2018 CoC grant. The target for the training were ADH focal point persons in selected facilities of Kazungula and Monze districts. The total number of ADH focal point persons from selected facilities in the period under review were 38 in Monze and 22 in Kazungula bringing the total number of facility staff trained in ADH standards and guidelines to 60.	
		Creation of adolescent spaces at facility and in communities. In Namwala district**,** ADH TWG has been working with traditional leaders to create youth friendly spaces. As a result of engagement with traditional leaders, 5 youth friendly spaces have been created where adolescents are accessing services like FP which has led to the reduction of adolescent pregnancies. However, the ADH district focal point person was unable to share the data showing the extent of reduction in adolescent pregnancies because of access to family planning services. MSCP advised the focal point person to the importance of capturing data regarding the number of adolescents accessing family planning services in the youth friendly spaces. The trained ADH focal point persons in Monze established 4 youth friendly spaces while in Kazungula 3 spaces created. Therefore, the total	ADH focal point person to share with MCSP data to show the extent to which adolescent pregnancies has reduced because of them accessing FP services in the youth friendly spaces.

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		number of youth friendly spaces created in period under review in the three districts were 12 where adolescents are accessing various health services.	
Community Engagement	**Activity 1.4 Increased demand for services through increased community engagement**		
	Provide TA during implementation of 2018 CoC plan	MCSP through the monthly routine TA visits visited 9 districts out of the 13 districts in the provinces. The purpose of the visits in the reporting period was to make a follow up on the following activities after orienting DHO in MCSP CE approach and provision of TA during the revision of 2018 CoC plans: • Establishment of DHPT • Orienting of DHO and facility staff in MCSP CE approach • Orienting of NHCs in their roles • Gatekeepers' engagement in advocating for an increase in the uptake RMNCAH+N services at community level.	
		Establishment of DHPTs In this reporting period, MCSP visited 9 DHOs to make a follow up on the status of the DHPT. The 9 DHOs visited were part of the districts whose staff were oriented in MCSP CE approach. • Out of the 9 districts visited, 6 DHOs had established DHPTs consisting of stakeholders from GRZ, CSO and the private sector that are functioning and involved in health promotion activities. • The establishment DHPTs has led to Increased stakeholders involvement in health promotion activities around RMNCAH+N services and contributed to leveraging of resources. During the second	

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		round of Child Health week, the stakeholders from the private sector that are part of the DHPT like Zambia Sugar Company and ZESCO provided transport to DHO during distribution of logistics and monitoring of Child Health activities in Chikakanta and Mazabuka districts. • Some DHPTs have been conducting advocacy activities in selected facilities on some RMNCAH+N indicators that have not been doing well like first ANC visit at 14 weeks. For instance in Gwembe district, because of the advocacy activities carried out by Gwembe DHPT, there has been upward improvement in ANC from 11% on first ANC visit at 14 weeks to 23%. • Despite functioning DHPT being in place there is no database or inventory showing the type of stakeholder, contact and their focus areas for easy coordination of efforts. • MCSP shared with the 6 DHOs tools for creating a database for the DHPT in each district.	The District Health Promotion Officers in each district to create a database for the DHPT.
		Orienting DHO and facility staff in MCSP CE approach. The number of DHOs targeted for orientation in MCSP CE approach is all the 13 districts in Southern Province. During quarter 1, 2 and 3, twelve districts were oriented in MCSP CE approach remaining with one district. Therefore in quarter 4 of 2018, MCSP oriented DHO staff in the remaining district which is Zimba. In the same reporting period, one district Gwembe requested	The Program Officers oriented in MCSP CE approach in Zimba district appreciated the importance of strengthening CE around RMNCAH+N. They

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		MCSP to orient facility staff in MCSP CE approach during DIM. In Zimba district, 5(4F/1M) DHO and in Gwembe 34 (14M/11F facility staff oriented in MCSP CE approach bringing to a total of 89 DHO and 120 facility staff oriented in MCSP CE approach in all the 13 districts of Southern Province. The MCSP CE approach focused on the three strategies for strengthening CE namely; strengthening CE structures/platforms like NHC/SMAGS, Capacity building of HCWs in sound CE models and strengthening IEC strategies. The MCSP CE approach also included a list of interventions that the district may consider in each strategy. Orientation of DHO and facility staff in MCSP CE approach in Southern Province contributed greatly to raising the profile of CE strategies and interventions in the revised 2018 CoC plans and development of 2019 CoC plans. Some of the notable strategies and interventions included in almost all the districts CoC plans are strengthening CE structures at district and community levels, capacity building of HCWs and CBV in sound CE models and Behavior Change Communication around RMNCAH+N.	therefore recommended that they have a management meeting to look at how they could revise the 2018 CoC plans to include activities like orienting NHCs in their roles.
		Orienting NHCs in their roles One of the high impact interventions that MCSP influenced DHOs to include and budget in their 2018 revised CoC plans is the training of NHCs in their roles. MCSP influenced the DHOs because of the TA provided during the revision of 2018 CoC plans and orientation DHO staff in MCSP CE approach.	The District Health Promotion Officer to inform management on the availability of training materials for NHCs so that the orientations could take off before the end of quarter 4.

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		During MCSP routine TA monthly visit in this reporting period, we made a follow up to find out which districts had actually included training of NHCs in their plans. Out of the 9 districts visited, 4 districts namely Namwala, Kazungula, Siavonga and Monze had actually included in it in their plans and had planned to implement it in quarter 4 of 2018. At the time of the TA visit, Namwala DHO oriented 30 NHCs members in their roles coming from 6 zones. The orientation of the NHCs in the other districts had not taken off because the districts did not have the latest NHCs guidelines. MCSP during the visit shared with the three districts the latest simplified power point presentation to use during the orientation of NHCs based on the latest NHCs guidelines of 2017.	
		Gatekeepers' engagement in advocating for an increase in the uptake RMNCAH+N services at community. The other intervention that MCSP influenced the DHO to include in the 2018 CoC plans during the revision of the CoC plans is the involvement of gatekeepers in advocating for the uptake of RMNCAH+N services. The two districts that had included this intervention in their plans were Livingstone and Kazungula. At the time of the TA visit to the two districts in quarter 4, only Kazungula had implemented the activity while Livingstone had not. The reason why the activity has not taken off in Livingstone was that the DHPO and MCH Coordinator did not know how to package the activity because they did not have the materials to	The MCH and DHPO to meet and finalize the package for gatekeepers' engagement.

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		use for reference. MCSP provided TA to DHO in packaging the involvement of gatekeepers in creating demand for RMNCAH+N services at community level. The Traditional leadership tool shared with DHO as reference material as they implement the activity. Kazungula DHO engaged Traditional leaders in how to advocate for RMNCAH+N services in order to create demand especially on the indicators not doing well like; institution deliveries, 1st ANC visit at 4wks, male involvement in ANC and family planning in seven facilities. Based on the feedback from the district, there has been remarkable improvement in institution deliveries and ANC visit because of advocacy from tradition leaders. However, the DHO unable to show the data showing the extent of improvement because of gatekeeper's involvement in advocacy for RMNCAH+N services. MCSP immediately advised the DHO to show in terms of data the extent of improvement in the performance certain indicators attributed to advocacy of gatekeepers.	MCH Coordinator and HPO to request the information Officer to generate the data.
Child Health	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical assistance during monitoring of 2018 CoC grants	• MCSP provided TA in the planning of 2019 COC by sharing the feedback to the district on the submitted plans. TA was also provided to other districts, which guided to follow the donors' advice on the 2019 CoC plans through the email. Four districts were visited namely Chikankata, Mazabuka, Siavonga and Monze.	• MCSP to follow-up with CoC coordinator

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		Chikankata • The plan to include integrated community maternal child and nutrition registers and that district should consider procuring phones for community volunteers to be used in the SMS reminders not as incentives. Siavonga Funds from non-high impact interventions to be channeled to Case management of children such as IMCI. Sinazongwe to include IMCI and RED trainings as it was missing in the CoC Namwala was guided to include IMCI training All 13 Districts were given TA to include printing of Job aid in child health as well as nutrition and Community registers. All districts have revised the CoC budgets according to donors guidance and have submitted to HQ for approval.	
	Provide technical assistance during monitoring of 2018 CoC grants	• Following the observations that were made during the routine TA on the implementation of revised COC 2018 activities namely in Kalomo, Zimba and Livingstone and Kazungula. Kalomo: • TA was offered to DHOs on the implementation of CoC activities. The districts had planned to conduct IMCI training for 11 health workers but finds were inadequate (K83, 000). The districts were advised to co-host the training with	• MCSP to follow-up with the districts

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		other districts in order to maximize resources. • Guidance was offered to Kalomo prioritize ICCM training for community based volunteers in order to increase community case management of sick children. However, inclusion of minimal of health workers was emphasized for supervision and mentorship of the CBVs. • Reviewed Zimba plan for 2018, which indicates that the district will be orienting staff in RED strategy. It was noted that Zimba district is one of the districts that has more orientations than trainings in its plans. TA was offered to the district to consider converting some of the orientations into trainings, as at times it is difficult to measure the standards and the content of the orientations being offered and to some existent, it compromises the quality of the skill and knowledge as some important information may be omitted. • Provided TA during child health week preparations and MCSP participated in the zonal orientation to health workers During monitoring of Child health week campaign, MCSP influenced three districts that is Mazabuka, Siavonga and Chikankata to start using registers as it was observed that facilities were not using the tally sheets instead of entering in the registers and that some do not use the registers at all.	

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		• During the routine visit to Kalomo and Choma, MCSP guided facilities in Kalomo district in Kalonda, Siachitema Kalomo HAHC on calculation of drop-out rates and correct plotting of EPI graphs. Some facilities were given a printed copy on the formula and facilities have displayed the formula of dropout rate in the departments such as Railway and Njase of Choma.	
	Improve quality of RMNCAH&N services through introduction/expansion of on-site mentorship	MCSP team provided TA in mentorship to districts such as Monze, Gwembe, Zimba and Mazabuka by building capacity in the program officers in MCH and Clinical Care office. • During the period under review, 19 health workers were enrolled in the e-learning of EPI-IMCI and 5 members successfully completed the course. Furthermore, Gwembe District management was expressed interested in the e learning concept and have obtained the flash and has since installed in zonal facilities who are the mentors for smaller facilities. • Onsite mentorship was the EPI WHO e-learning was conducted to four members of Staff at Sianyolo in Siavonga in cold chain management of vaccines using the EPI video upon observing that polio vaccines vials were in stage 4. The software was installed on the facility computer. **Case management** • On spot mentorship was also offered to members of staff of Kalonda health	MCSP to follow up on for certificates from enrolled participants in IMCI –EPI e- learning District to install the E – learning materials of EPI-IMCI to zonal facilities in order to empower the mentors with IMCI and EPI knowledge and skills. Districts to encourage facilities to procure ORS utensils and make the ORS functional.

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		centre on management of sick children where it was observed that most sick children are not being managed using IMCI guidelines and at times managed using outdated guidelines. For instance, managing non-exposed children with cotrimoxazole. TA was offered to DHO clinical care office to distribute the latest guidelines and to provide more mentorship to small facilities as well. • TA was offered to Livingstone district to orient staff in IMCI using the chart booklet. The District was guided to distribute reference materials for the orientated staff such as copies of chart booklets and photocopies of the wall charts (on A3 paper). • Facilities in Kazungula were guided to reactivate ORS corners Kabuyu, Mukuni and Mambova RHCs which were not fully functional. Samples of under-five records indicated that the facility is making efforts in screening children in IMCI. Mukuni Rural Health centre has problems in managing sick children despite having one staff trained in IMCI. TA was offered to the district to consider printing and distributing copies of chart booklets to facilities to enable trained staff to conduct IMCI.	DHO- clinical care office to provide TSS to Kalonda and other non-zonal facilities on latest guidelines on management of sick children.
Nutrition	**Activity 1.1: Technical Assistance to CoC Program**		
	Provide technical assistance during	MCSP offered TA to the districts on the feedback	Health workers to consider

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
	the planning of 2019 CoC grants	from the donors on the expectations and acceptable and the disallowable activities in the CoC 2019. This resulted in districts reallocating some funds from nutrition non high Impact interventions such as cooking demonstrations instead have included training of community volunteers in C-IYFC. Districts were guided to exclude activities such as commemorations of breastfeeding week that instead the funds should be channeled to other activities within the nutrition thematic focus area. TA emphasized on the need to have more community training in IYCF. All districts managed to include the printing of nutrition job aids and under five cards. MCSP offered TA to selected facilities in Choma District. It was observed that Children who came for weighing only had no chance of interacting with health workers as volunteers did the weighing and plotted on the cards while health workers entered information in the registers. This practice presented a missed opportunity for health workers to any health challenges in a child.	onsite orientations on early detection of malnutrition and thereafter task shifting of GMP activities.
	Provide technical assistance during monitoring of 2018 CoC Grants	MUAC screenings and it was MUAC screening not generally conducted in routine GMP and noted that most staff are not conversant in using MUAC tape. The staff were given on spot mentorship on proper measurement of MUAC and further TA was given to the district to factor in orientation of MUAC in the 2019 CoC plans	Health workers to provide orientation of MUAC assessment to all CBVs
MER	**Activity 1.3: Improve collection, monitoring and use of data for decision making and quality improvement**		
	Provide TA to DHIO data verification activities, including	MCSP provided TA during data verification exercises in Zimba and Kazungula districts. The	MCSP to Continue engaging

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
	quarterly integrated supportive supervision and data quality assessments (DQA) in provinces.	main aim of the activity was to verify key service delivery data reported in HIA2 with the source documents used at facility level. MCSP also oriented and provided guidance to facility staff how to develop graphs to monitor performance. **Achievements** Successfully carried out data verifications in the following facilities: Mukuni RHC, Kabuyu RHC, Luyaba and HAHC with the following findings. • All health facilities visited do not have all the required HMIS tools/registers. Major registers missing include Postnatal register, Integrated Family Planning register, and Delivery register • Most facilities whose data had discrepancies after verification were using tally sheets and activity sheets to report on service delivery instead of registers, which are the primary source of data. • Siachitema Zonal HC and HAHC had not yet started using the new Child and Mother Follow-up register (0-23 months) despite the register having been distributed to the two facilities. • Lack of updated graphs on key Performance indicators in most facilities indicating poor utilization of data. **Action taken** • The need to adhere to HMIS procedure/guide was re-emphasized to facility staff, such as using only the register as the primary source of data.	the SHIO and respective DHIOs for each district to follow-up the availability of registers from MOH HQ.

Technical Area	Activity	Progress of the Activity	Next Steps for this Activity
		• The facility staff were oriented how to develop simple graphs on all key performance indicators to show performance MCSP to engage PHO through the SHIO to follow-up the printing of postnatal registers with MOH HQ.	
		MCSP provided technical assistance to Railways Surgery Clinic under Choma district. The aim was to build the capacity of facility staff in data collection, management, visualizations and usage techniques. The support included the following: • Oriented facility staff at railways surgery how to develop simple standard graphs that are updated on a monthly basis to show performance. • Re-emphasized to facility staff to strictly adhere to HMIS procedure to use only registers as primary source documents when and not tally or activity sheets when reporting. Oriented facility staff how to properly record data in the new family planning register. It is a common gap in most facilities the need to support the DHOs to improve data quality on the registers.	There is need for DHOs to continuously provide technical support to health facilities on a routine basis especially those with huge data gaps

I. **Challenges and recommendations (not more than 3 per thematic areas)**

Thematic Area	Challenge	Recommendations to Address the Challenge
Maternal, Newborn and Reproductive Health	Non availability of enough job aids such as protocols and guidelines	• The districts planned to procure in the 2019 CoC plans
	Mentorship not conducted in most facilities	• Districts to strengthen mentorship in maternal and reproductive health.
ARSH	Transport continued to be a challenge	• To reinforce integration of ASRH in the field visit possibly TA trackers should be used to track ASRH activities
	Delayed response to approve the revised 2018 CoC Plans by SIDA, this delayed the implementation of activities in the districts	• The District health office to enhance communication with the SIDA focal point person for feedback
MER	MOH HQ/PHO has not yet printed/delivered the postnatal register to all districts resulting in certain data elements not being captured	• Continue engaging PHO to follow-up with national office or consider sourcing funds to print locally
	Delayed disbursement of 2018 CoC funds in all districts resulted in many MER activities like DQA, DIMs not be implemented as scheduled	• Encourage all districts implement all 2018 CoC planned activities before year closes up
Community Engagement	MCSP shared both softy and hard copies of reference materials in CE developed by MOH.	DHOs to budget for printing of MOH reference materials in the 2019 CoC plans.
	None availability and usage of reference materials for CE by HCWs developed by MOH was a huge challenge in providing TA in CE	
Child Health	Inadequate transport to go round to all district at least once per month or a quarter especially when trainings are being conducted or performance assessments due to limitation in resource allocation per month.	• To include child health activities in every TRA
	Poor case management of sick children in the facilities	• To continue installing and orienting the

		mentors in IMCI-EPI interactive course
	None prioritising of printing of protocols and guidelines by the District program officers thus perpetuating the problem of scarcity of job aid and protocols.	• To engage PHO to plan and procure job aid centrally
Nutrition	Inadequate equipment in the facilities	• To continue planning for more anthropometric equipment until every zone has in all the districts
	Lack of protocols and wall charts	• To include the printing of protocols in the revised plans
	Inadequate human resource to provide supervision for the non-nutritionists such that most the services being provided by either health workers or CBVs are not conforming to the standards	Include more mentors in Nutrition activities so CBVs and Nurses are mentored

1. Lessons Learned – Cross cutting

1. MCSP investment in establishing sound working relationships with DHOs contributed to DHOs to be receptive to the TA provided which eventually led to an improvement in some of the RMNCAH+N indicators**.**

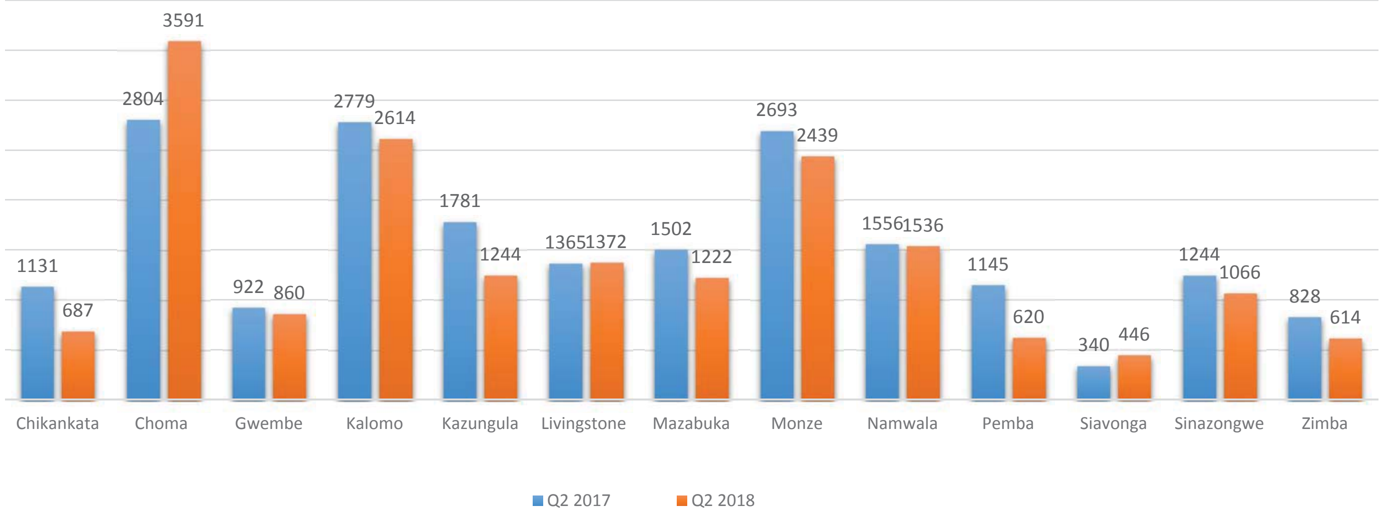
2. In house coordination through joint planning with TA partners had led to leveraging of resources like use of one vehicle when going to the same district to provide TA
3. Child Health: most districts have challenges in managing the sick child due to lack of supervision mechanism
4. The activity menu that MCSP shared with districts in the MCSP target districts to help with identifying and implementing high impact activities proved helpful in planning for RMNCAH&N activities
5. Providing TA at DHO may affect the immediate output as the officers may choose to utilize the TA or turn it down
6. Conducting DQAs at least every after three months enhances data quality and the workload/period to be audited is manageable, auditing a much longer period like six months or one year is strenuous and consumes more time and resources. The extracted high impact intervention given to the districts helped the DHOs align their programming to the National Health Strategic Plan and the ADH Strategy

Previous Quarter Recommendations

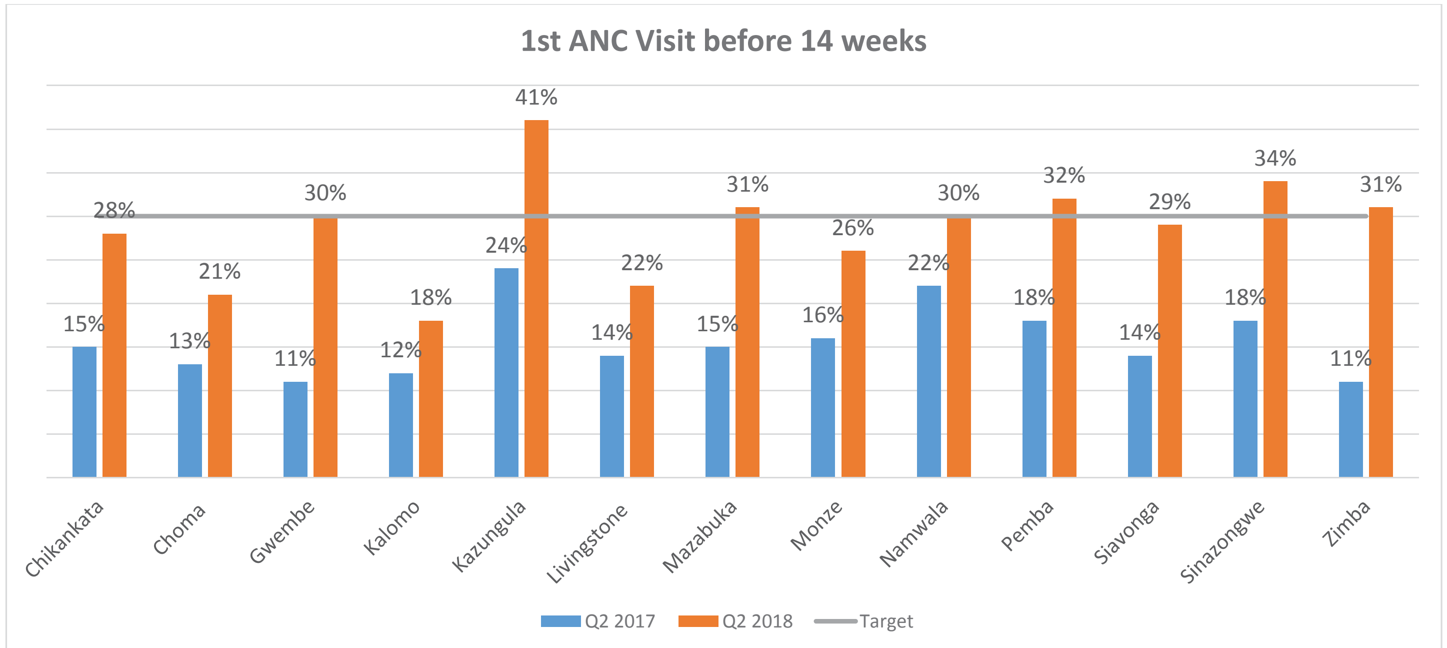
Thematic area	Previous Recommendations	Current Status	Next Steps
Maternal, Newborn and	MNH&RH proposed high impact interventions to be	MCSP provided TA to the 13	DHOs to implement the

Reproductive Health	included in the 2019 CoC and MTEF plans	districts during planning and the proposed interventions were included in the 2019 CoC and MTEF plans	activities planned after approved.
Community Engagement	In order to strengthen CE structures at district and community level, MCSP had recommended to 9 districts who had been oriented in MCSP CE to: • Formation and orientation of DHPTs in their mandate. • Orientation of NHCs in their roles. • Capacity Building of Health Care Workers in sound CE.	Out of the 9 districts oriented, only 6 districts have established DHPTs in the reporting period in Southern Province. However, the established DHPTs have not been oriented in their mandate. The other three districts	• MCSP to continue providing TA to DHOs in the remaining 5 districts in establishment of DHPTs. • MCSP to share with districts the scope of work for the DHPTs as defined by MOH.
MER	Districts to conduct at least one DQA every after three months	Not completed Some districts could not conduct DQA due to late release of CoC funds	MCSP to follow up and ensure districts prioritize the activity
	Support districts orient at least one facility based in the revised HMIS tools	All districts have oriented at least one facility level staff in the revised HMIS tools	MCSP to identify and support districts with skill gaps and conduct follow-up orientation in the revised HMIS
Child Health	DHO to include the printing of wall charts in 2019 so that health workers are reminded the correct steps of screening children	A few districts such as Kalomo, Mazabuka and Kazungula have included the printing of IMCI wall charts in the 2019 but very few in quantity	To lobby more for more budget line to help the printing of protocols in the provincial plans
	Poor Management of cold chain of vaccines in some facilities especially the reconstituted vaccines	More mentorship have been included in the revised and 2019 budget	To ensure that correct tools are used in mentorship and also to conduct more on spot TSS on cold chain management
	IT staff to provide the password to the MCSP staff so that more can enroll in the IMCI interactive learning	MCSP staff and other staff have found another alternative	To follow up all who enrolled and ensure mentors start

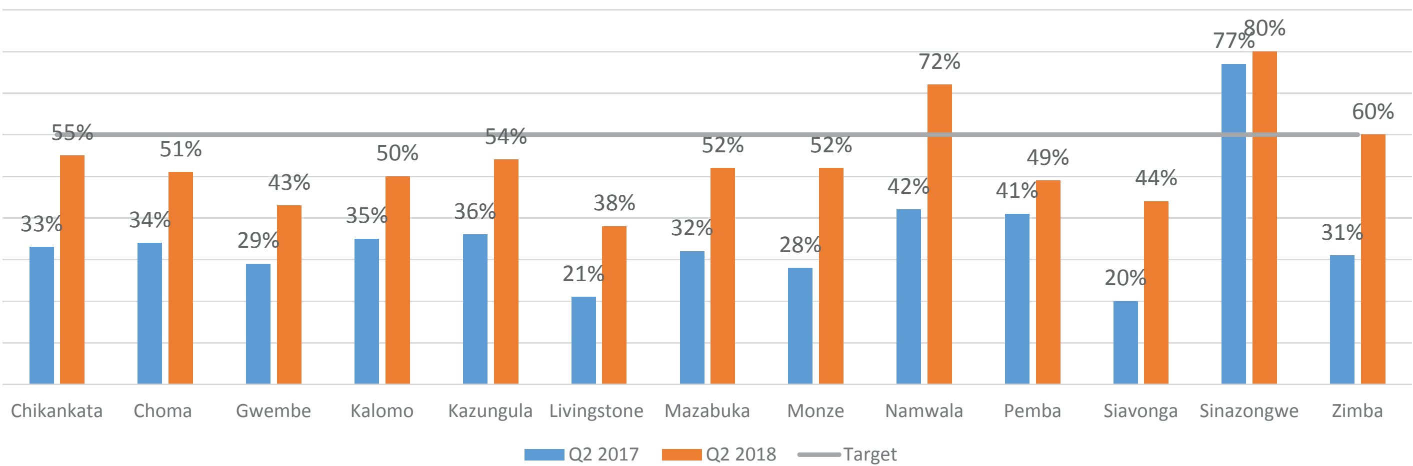
		of accessing the course by using other computers which are non Jhpiego	providing mentorship in IMCI.
Nutrition	Inadequate nutritionists in the districts whereby most of the work is done by the non-nutritionists staff	Most districts have factored onsite orientations in the 2019 for members of staff in an effort to equip the staff with essential knowledge in this field	To provide TA during pre-mentorship meeting and ensure that district nutritionist are involved in mentorship rounds



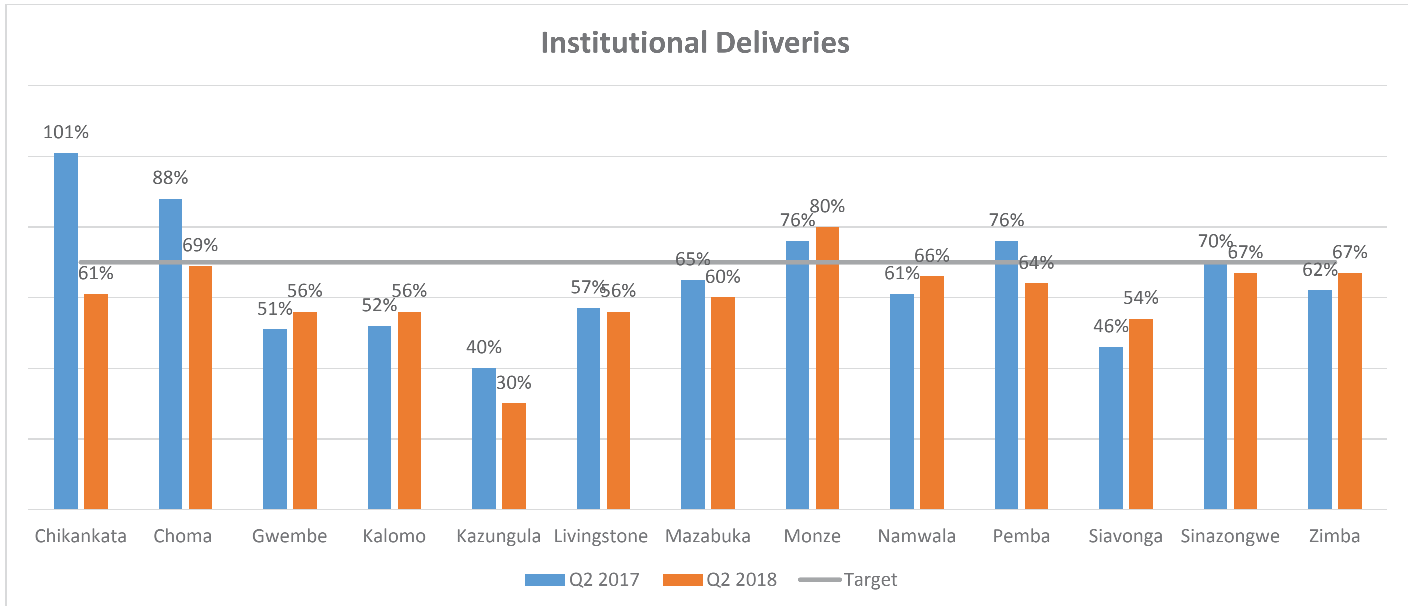
Chikankata, Kazungula, Mazabuka and Pemba recorded significant dropouts in the number of women accepting a new FP method for Q2 2018. The four districts will followed-up to identify the bottlenecks.



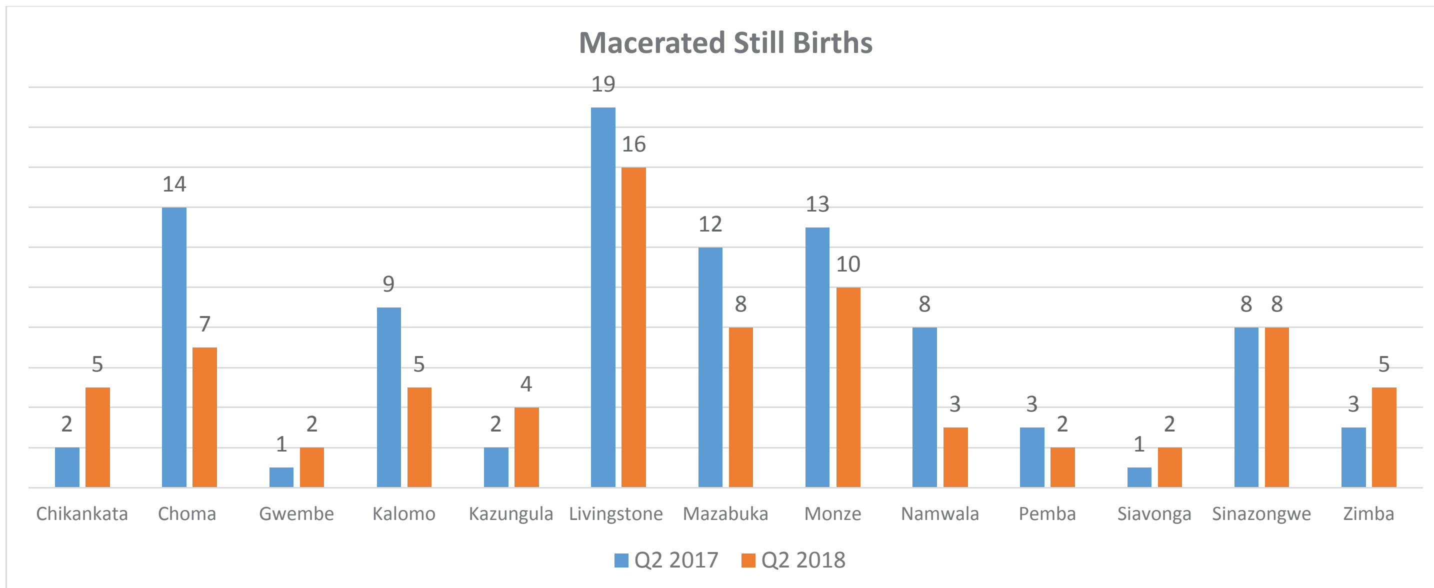
On average, all districts have showed an improvement in first ANC visit before 14 for Q2 2018 except for Choma, Kalomo and Livingstone, this can be attributed to MCSP continued technical support both during planning and implementation of activities. There has been a shift across all districts towards strengthening community engagement structures including training and recruitment of community health workers such, CBV and SMAGS. In addition, the integration of activities has also improved the quality of health service during outreach activities; this has had a huge impact in improving the indicator.



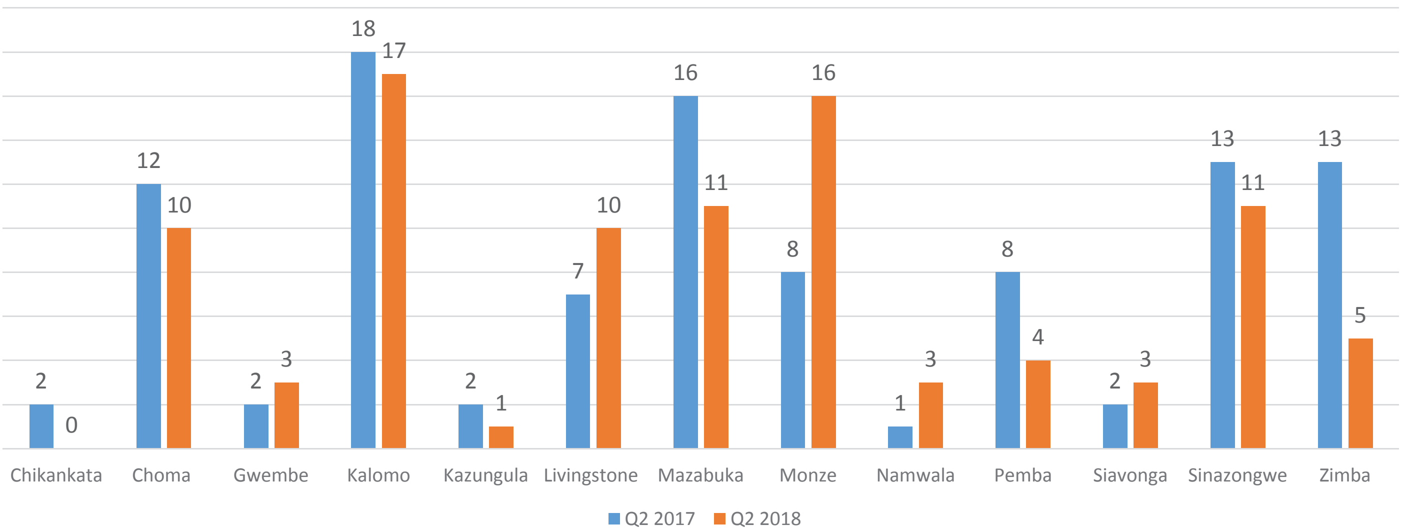
All districts have recorded an increase in the percentage for at least four ANC visits and this is largely due to a shift across all districts towards strengthening community engagement structures including training and recruitment of community health workers such, CBV and SMAGS. In addition, the integration of activities has also improved the quality of health service during outreach activities; which has had a huge impact in improving the indicator.



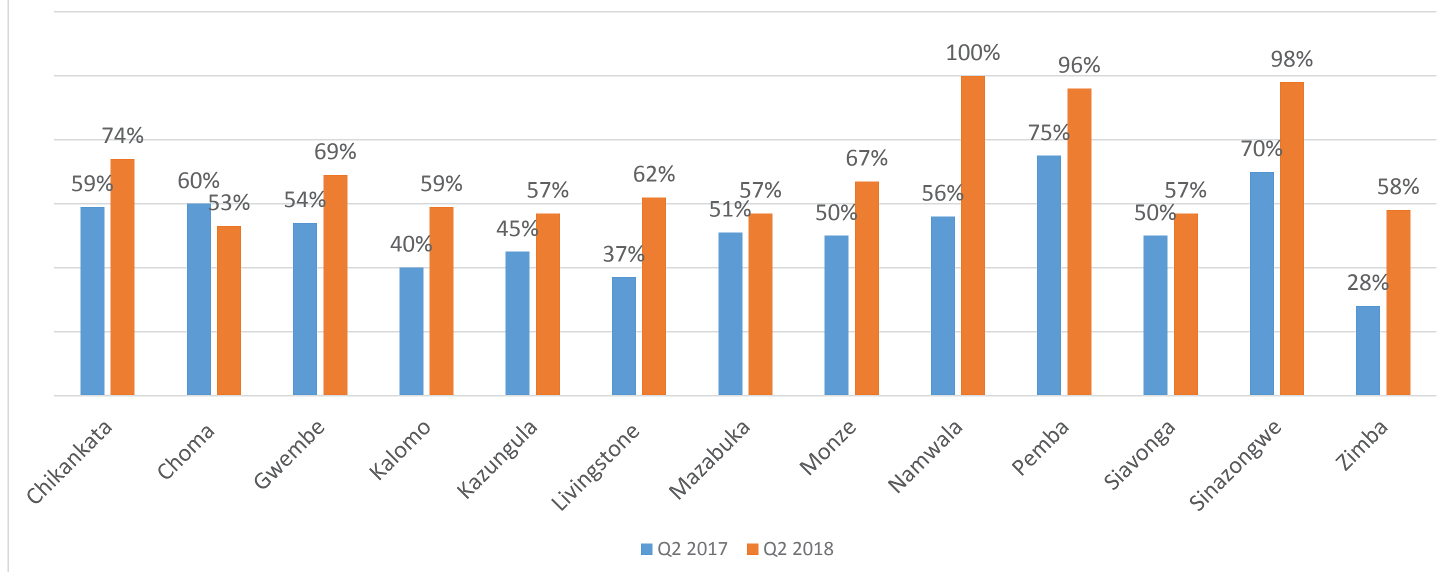
On average, most districts have showed an upward increase in the number of institutional deliveries except for Kazungula for Q2 2018; while on the other hand Chikankata and Choma have record a decline compared to their Q2 2017 performance. MCSP will follow-up with the two districts to determine whether it could be a data issue or more technical support is required.



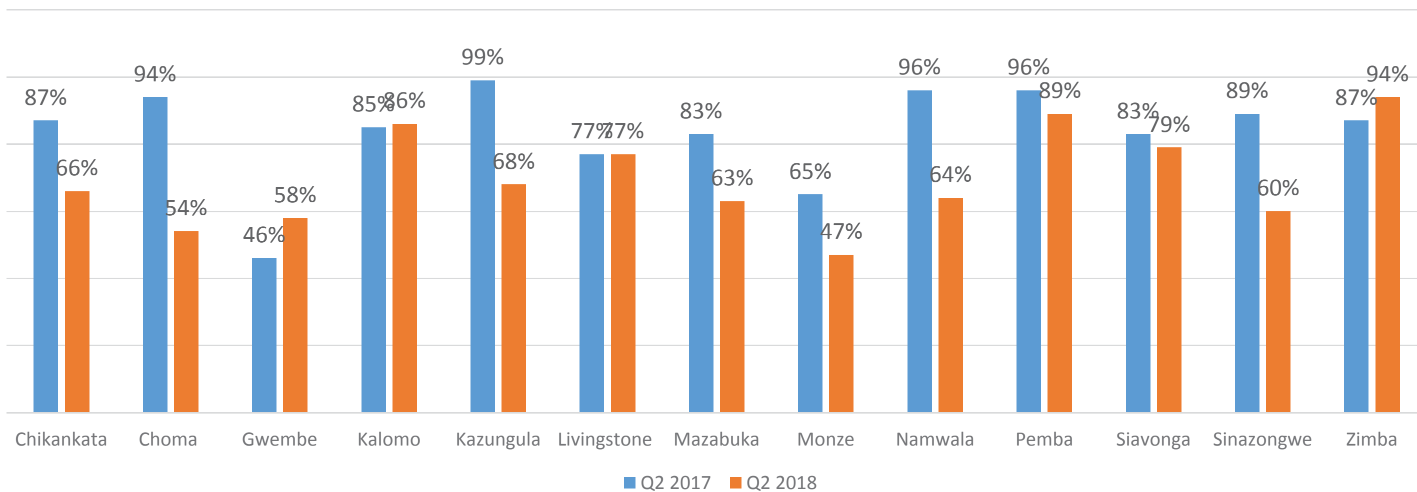
Livingstone, Monze, Mazabuka, Choma and Sinazongwe districts have recorded a high number of macerated stillbirths in Q2 2018. MCSP will engage the districts to identify the underlying causes.



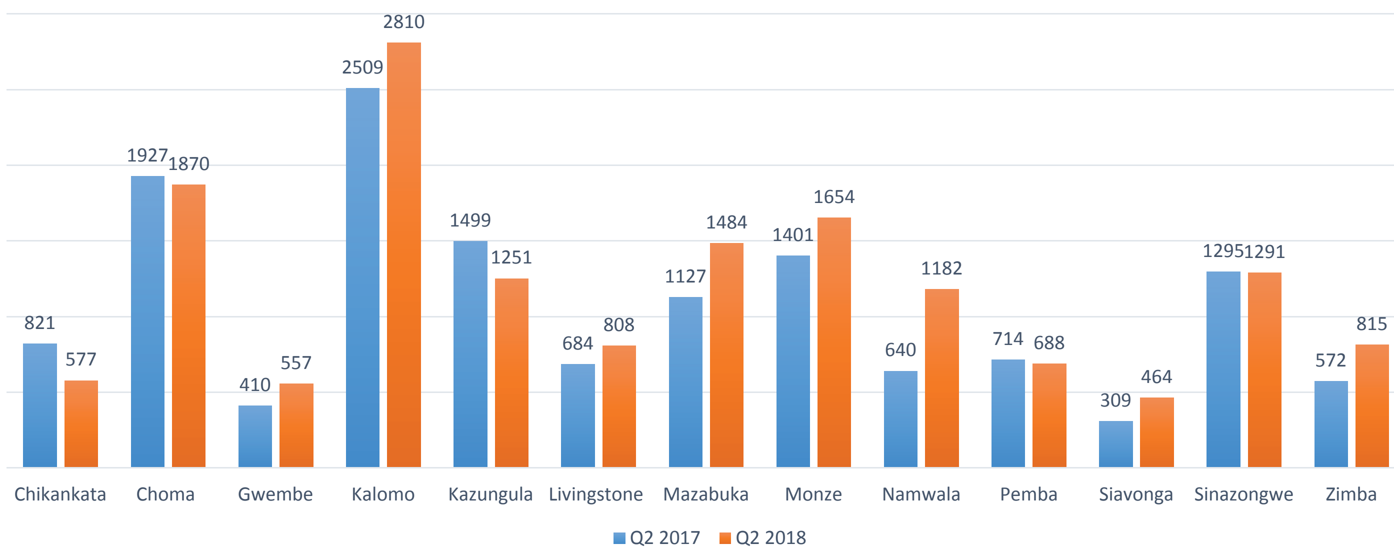
Kalomo, Choma, Livingstone, Mazabuka, Monze and Sinazongwe districts have recorded a high number of fresh stillbirth inn Q2 2018.



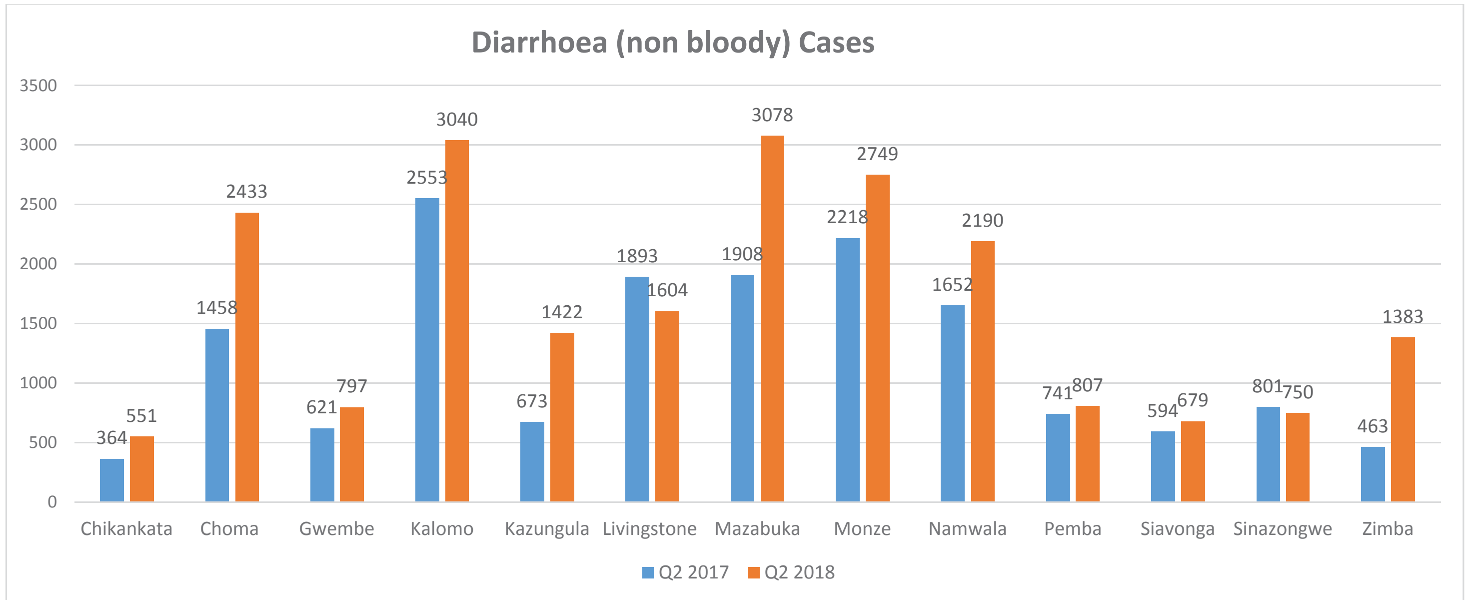
All districts have showed an upward trend in Q2 2018 except for Choma and that could be also a data issue. MCSP will continue supporting all the districts and emphasizing that all mothers who come for postnatal care within six days are captured in the register.



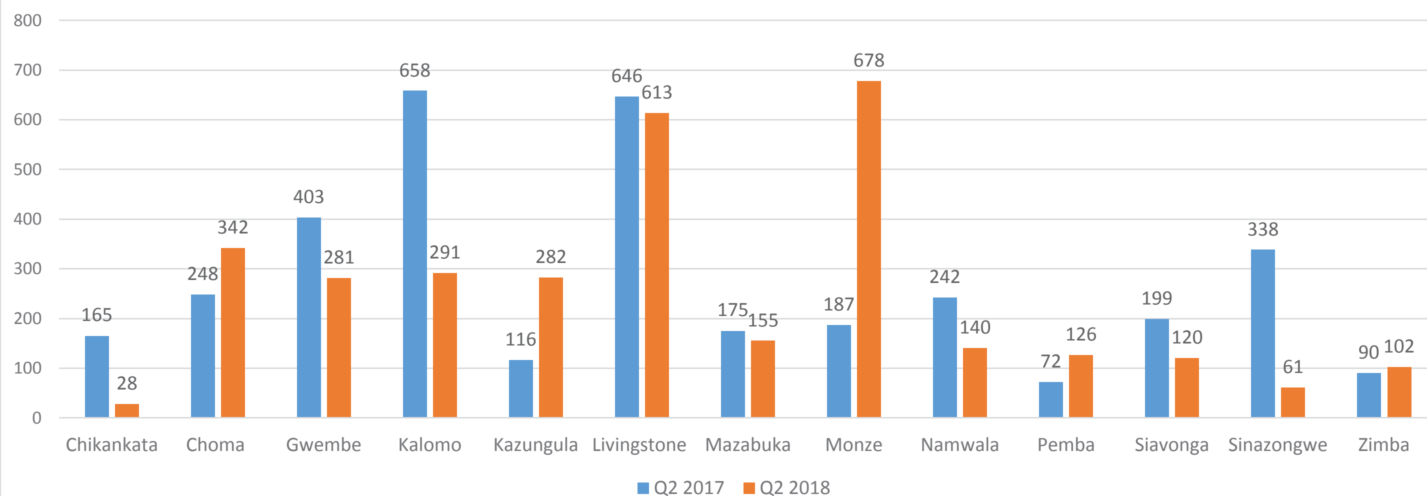
Chikankata, Choma and Monze districts have recorded a decline in performance for Q2 2018, which can also be a data issue. The relevant DHIOs will be engaged to ascertain whether the data was not captured.



Chikankata, Choma, and Kazungula district have recorded a down ward trend for measles 2nd dose.



All district have recorded a high number of diarrhea cases in Q2 2018 except for Sinazongwe district. MCSP will work closely work with district Nutritionists to identify the root cause.



Livingstone and Monze districts have recorded high pneumonia cases, while the rest of the districts have recorded a decline compared to Q2 2017 performance.