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ONSE HEALTH ACTIVITY MALAWI

MONTHLY UPDATE

PY4 Quarter 4: September 2020

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ONSE HEALTH ACTIVITY OVERVIEW

Program Name	Organized Network of Services for Everyone's (ONSE) Health Activity
Activity Start and End Date	November 15, 2016 – November 15, 2021
Name of Prime Implementing Partner	Management Sciences for Health (MSH)
Contract/Agreement Number	AID-612-C-17-00001
Names of Subawardees	<i>Banja La Mtsogolo</i> (BLM) Dimagi VillageReach
Major Counterpart Organization	Malawi Ministry of Health and Population
Geographic Coverage	Sixteen districts in the country of Malawi: Balaka, Chikwawa, Chitipa, Dowa, Karonga, Kasungu, Lilongwe, Machinga, Mangochi, Mchinji, Mulanje, Nkhatabay, Nkhhotakota, Ntcheu, Salima, Zomba
Reporting Period	Project Year 4, Quarter 4: September 2020

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I. ACRONYMS AND ABBREVIATIONS

ACT	Artemisinin-based Combination Therapy
ADC	Area Development Committee
AM	Area Mechanic
ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Neonatal Care
BTL	Bilateral Tubal Ligation
CAC	Community Action Cycle
CBDA	Community-Based Distribution Agent
CC	Champion Community
CHAG	Community Health Action Group
CHAM	Christian Health Association Malawi
CHS	Community Health Section of the MoH
c-IPTp	Community-Based Delivery of IPTp
CMAM	Community Management of Acute Malnutrition
CMT	Community Mobilization Team
COMREC	College of Medicine Research Ethics Committee
CPD	Continuous Professional Development
CSC	Community Scorecard
CYP	Couple Years of Protection
DEC	District Executive Committees
DHIS2	District Health Information System 2
DHMT	District Health Management Team
DHO	District Health Office
DMPA	Depo Provera
DMPA-IM	Depo Provera intramuscular
DMPA-SC	Depo Provera Sub-Cutaneous Injection (Sayana Press)
DTC	Drug and Therapeutic Committee
EPI	Expanded Programme on Immunization
ETAT	Emergency Triage, Assessment, and Treatment
ETL	Education through Listening
FEFO	First to Expire First Out
FHP	Family Health Package
FP	Family Planning
GBV	Gender Based Violence
GVH	Group Village Head
HBB	Helping Babies Breathe
HCMC	Health Center Management Committee
HMIS	Health Management Information System
HTC	HIV Testing and Counselling
HSA	Health Surveillance Assistant
iCCM	Integrated Community Case Management
IFHOC	Integrated Family Health Outreach Clinic
IMCI	Integrated Management of Childhood Illnesses

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IPC	Infection Prevention and Control
IPTp	Intermittent Preventive Treatment in Pregnancy
ISS	Integrated Supportive Supervision
IUCD	Intrauterine Contraceptive Device
KMC	Kangaroo Mother Care
LA	Lumefantrine Artemether
LARC	Long-acting and Reversible Contraceptives
MDSR	Maternal Death Surveillance and Response
MIP	Malaria in Pregnancy
MNCH	Maternal, Newborn, and Child Health
MNH	Maternal and Newborn Health
MoH	Ministry of Health
mRDT	Malaria Rapid Diagnostic Test
MR	Measles Rubella Vaccine
NMCP	National Malaria Control Program
ONSE	Organized Network of Services for Everyone's Health
OPD	Outpatient Department
OTP	Outpatient Therapeutic Program
PA	Pharmacy Assistant
PAM	Physical Asset Management
PENTA	Pentavalent Vaccine
PPE	Personal Protective Equipment
PPH	Postpartum Hemorrhage
PY	Project Year
Q	Quarter
QI	Quality Improvement
QIST	Quality Improvement Support Teams
QoC	Quality of Care
RHD	Reproductive Health Department
SAM	Severe Acute Malnutrition
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SLA	Service Level Agreement
SP	Sulfadoxine-pyrimethamine
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
TB	Tuberculosis
ToT	Training of Trainers
TTC	Teaching Training Center
TWG	Technical Working Group
USAID	US Agency for International Development
VDC	Village Development Committee
VHC	Village Health Committee
VIP	Ventilated Improved Pit
WASH	Water, Sanitation, and Hygiene
WPC	Water Point Committee
WHO	World Health Organization
YFHS	Youth Friendly Health Services

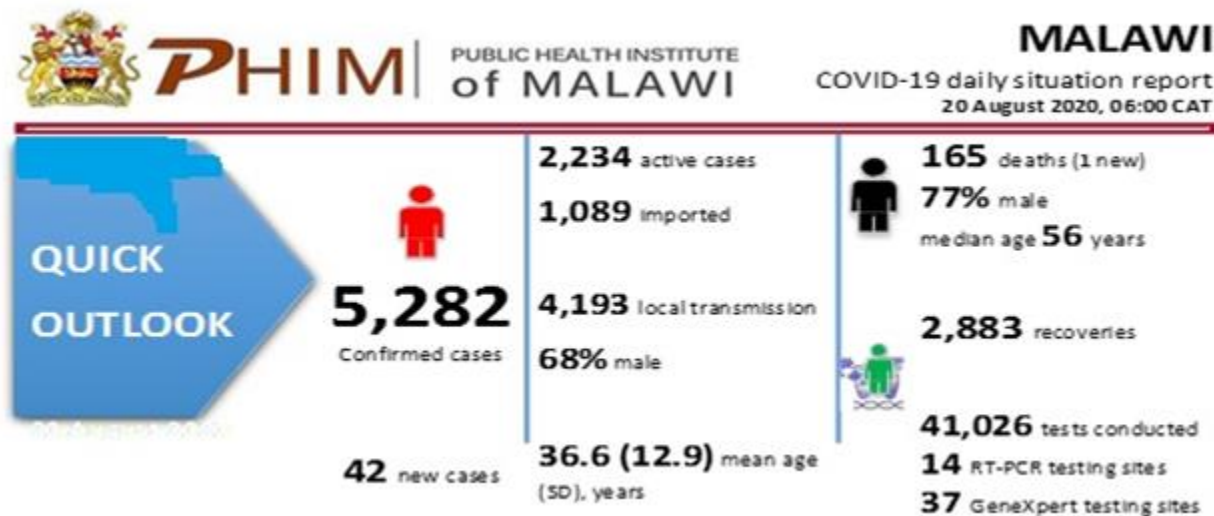
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I.MAJOR ACTIVITIES AND ACCOMPLISHMENTS

COVID-19 RESPONSE ACTIVITIES

- As of September 22, 2020 Malawi, had registered a total number of 5,739 confirmed cases, with 6 new cases, and a decline from August with 2,234 active cases to September with 1,495 active cases.
 - About 4,593 of these confirmed cases were spread through local transmission while 1,146 were imported cases mainly from returnees.
 - 68% of these cases were male while 32% were female.
 - In terms of mortality, the pandemic has claimed 179 lives with 1 new death during the month of September.
 - According to the data, the pandemic is mostly killing male adults (77%) especially among those with a median age of 56 years.
- During the reporting period, Malawi has reported a cumulative total of 4,065 recoveries, an increase from 2,883 recoveries in August 2020. Malawi has 29 districts and at the moment all districts have been affected including all 16 Organized Network of Services for Everyone’s Health (ONSE) districts. For more information regarding COVID-19 in Malawi refer to Fig 1 below:

Figure 1: COVID-19 daily situation report 20th August 2020-courtesy of Public Health Institute of Malawi



COORDINATION, PLANNING, & MONITORING

- ONSE supported various district COVID-19 coordination and planning meetings. Five Public Health Emergency Management Committee (PHEMC) meetings with a total participation of 123 (M:97, F:26) were supported by 5 districts; Balaka 20 (M:12, F:5), Nkhatabay 19 (M:14, F:5), Mangochi 26 (M:23, F:3), Salima 45 (M:34, F:11) and Mulanje 13 (M:11, F:2).
- Two COVID-19 Technical Working Group (TWG) weekly meetings were supported by Zomba district, with participation of 20 (M:15, F:5) on 25 August 2020 and 20 (M:12, F:8) on 31 August 2020.

- COVID-19 Task Force meeting was supported by Karonga district on 25 August, 8 people participated.
- Five District Rapid Response Team (DRRT) meetings with a total participation of 88 (M:63, F:25) were supported by 3 districts. Mangochi supported 25 (M:21, F:4) on 27 August 2020 and 18 (M:12, F:6) on 9 September 2020. Zomba supported 18 (M:12, F:6) on 7 September 2020. Mulanje supported 13 (M:8, F:5) on 24 August 2020 and 14 (M:10, F:4) on 31 August 2020.

Point of Entry

- ONSE supported screening of passengers at six Point of Entries. Mchinji, Mwami border, screened a total of 851 (M:724, F:127) people, Nkhotakota, Kariba port, screened 169 (F:72, M:97), Nkhatabay, Nkhatabay jetty, screened 2,277 (M:1364, F:913), Mulanje, Muloza border, screened 235 (M:215, F:20) while Ntcheu, Biriwiri border, screened 15 (M:14, F:1) people. Lilongwe district supported screening of 265 (M:166, F:99) incoming passengers on two flights at Kamuzu International Airport, KIA.
- A Border meeting and supervisions were also supported during the reporting period. Karonga supported the District Health Management Team (DHMT) to conduct COVID-19 Joint Border Committee Meeting at Songwe Border on 28 August 2020. During the meeting, it was agreed that immigrants who recently tested in other countries other than Tanzania be exempted from testing. The DHMT was also supported to conduct supervision at Songwe border on 27 August 2020 and 9 September 2020. Re-enforcement of screening remains a challenge as some people are refusing to be screened.

COVID-19 Trainings

COVID-19 Case Management Orientations

- Lilongwe supported orientations of 21 (M:6, F:15) nurses and clinicians from 6 health facilities (Kang'oma, Bwaila, Kawale, Area 18, Biwi and Maula) under Bwaila Health from 25 to 28 August 2020 and 16 (M:5, F:11) health workers from 10 private health facilities (Pakachere, Area 18 Medi Clinic, Lilongwe PVT, Spring Valley, City Centre clinic, MASM, Central Health, Lilongwe Adventist, Bwaila & Family Centered Clinic) from 10 to 13 September 2020.
- Kasungu oriented 70 (M:31, F:39) nurses and clinicians from (Kasungu, St Andrews, NKhamenya, Chamwabvi, Chulu, Simlemba, Kapelura, Kapyanga, Linyangwa, Khola, Livwezi, Kawamba health facilities) from 24 to 26 August 2020.
- Dowa oriented 50 (M:29, F:21) nurses and clinicians under Mbingwa cluster facilities (Mbingwa, Chisepo, Kayembe, Chizolowondo, Dzoole and Chakhaza) and Mvera cluster facilities (Nalunga, Thonje, Mvera Mission, Mvera army, Chezi, Grace Alliance and Chankhungu) from 24 to 29 August 2020.

COVID-19 Orientation of Support Staff

- Zomba supported 2 sessions; 40 (M:18, F:22) clerks and hospital attendants were oriented from 27 to 28 August 2020 and 20 (M:11, F:9) support staff from Mayaka cluster facilities (Ngwelero, Nasawa, Mayaka, Magomero) from 1 to 2 September 2020.

COVID-19 specimen collection orientation

- Ntcheu supported cluster orientation of 62 (M:47, F:15F) health workers from 26 to 31 August 2020.

COVID-19 screening and triaging clinical case management orientation

- Zomba supported 101 (M:55, F:46) health workers from 5 health facilities (Mwandama, Maera, Nasawa, Lambulira, Thondwe) from 10 to 11 September 2020 and orientation of 120 (M:59; F: 61) health workers from 9 health facilities (Chamba, Likangala, Naisi, St Lukes, Domasi, Namadidi, Mayaka, Ngweleru, Sadzi) from 14 to 18 September 2020.

RISK COMMUNICATION & COMMUNITY ENGAGEMENT

RCCE Activities

- In September, the Lilongwe ONSE team participated in a district COVID-19 review meeting at Bwaila Hospital. The activity was supported by ITECH and Red Cross and its aim was to update the district focal persons and partners on the progress made on COVID-19. Additionally the meeting presented challenges, drew recommendations, and suggested action points. Among some of the RCCE issues highlighted during the meetings were the need to prioritize community sensitization to reach out to all markets committees, since only 17 out of 74 market committees were sensitized. The RCCE team further noted the laxity of communities in practicing preventive measures as well as denial and resistance of some suspected
- In Balaka, ONSE supported a PHEMC meeting for different government sectors and partners working in the district. Some of the notable issues presented in the meeting were finalization of the draft COVID-19 recovery plan which was pending approval. The district COVID-19 plan had a total budget of MK775,702,667.50, of which MK52,500,000 was allocated to the coordination, communication and assessment cluster. Once the district COVID-19 plan was approved and funds were allocated, the district now plans to intensify RCCE activities on COVID-19. In the reporting month, awareness campaigns were conducted in 2 TAs by Chinansi (ONSE sub grantee) and NICE while orientation of Religious leaders and community policing structures was supported by ONSE. Mobile van sensitization was carried out by a USG partner DREAM.
- In September, ONSE supported a briefing of the community policing committee on COVID-19 in 3 TAs in Balaka. The aim of the briefing was to orient the community policing groups on COVID-19 and its preventive measures, Gender Based Violence (GBV) prevention in time of COVID-19 and contact tracing for cascading to Crime Prevention Committee (CPC) members. A total of 429 (316 M, 113 F) crime prevention panel (CPP) members were briefed on COVID-19. Three Ministry of Health (MoH) and 3 Police officers of which 5 were males who did the facilitation of the orientation
- In Salima and Chikwawa, ONSE supported community awareness sessions using mobile vans and community radio jingles and programs. The sensitization aimed at passing COVID-19 information to communities through messages, question and answer segments, and distribution of leaflets.
 - In Salima, it is estimated that over 173,874 people (72,874 M, 100,606 F) were reached through mobile van broadcast messages in the areas surrounding five health centers (Lifuwu, Maganga, Changunda, Khombedza, and Mchoka).
 - In Chikwawa, ONSE supported 154 minutes of airtime for COVID-19 message slots on GAKA FM radio. Prerecorded messages on COVID-19 are played by the radio station at scheduled periods for community members' benefit. The messages are a constant reminder of the pandemic amidst the population, regardless of the few number of cases

being registered. It is expected that with this airtime, an estimated population of 280,000 people in the district have been reached and be able to access COVID-19 information through this channel of communication

Community Health Ambassador Engagement with Community Health Structures

- ONSE has been in the forefront in supporting development and implementation of the 2017-2022 National Community Health Strategy. Effective implementation of the strategy is dependent on vibrant functionality and coordination of various community structures such as the Village Health Committees (VHCs), Community Health Action Groups (CHAGs) and Champion Communities (CCs), Village Development Committees (VDCs), Area Development Committees (ADCs) and Local Leadership. It is in view of the above background that the Community Health Services Section with support from the US Agency for International Development (USAID) funded ONSE Health Activity supported the Community Health Ambassador to visit Salima, Nkhotakota, Nkhatabay and Karonga in the reporting month 2020. The specific objective of the visit was to appreciate the engagement of community leaders and community structures on the prevention of the spread of COVID-19 pandemic. The visiting team had interacted with all the four District Commissioners, of Salima, Nkhotakota, Nkhatabay and Karonga Traditional Leaders, Religious Leaders, ADCs, VDCs, CHAGs and CCs, VHCs, and CBOs members in all the four districts.
- Key highlights from the visits include:
 - Local and religious leaders have undertaken various activities in efforts to prevent and control the spread of the virus. Joint efforts by all influential groups in the society were noted during the visit, for instance Traditional Authority leaders in most districts frequently monitor community structures as they disseminate messages on COVID-19 prevention and play a key role in enforcing agreed by laws in relation to COVID-19.
 - COVID-19 action plans have been developed by community volunteers, religious leaders, as well as local government structures including issues like mandatory face mask wearing, reduction in length of burial rights, and other equally sensitive traditional/religious ceremonies.
 - Communities have also worked together to ensure face masks are accessible. CHAGS and CCs in Karonga and Nkhotakota have procured masks for the vulnerable. Several traditional leaders in all districts have engaged local tailors to set prices of masks at a reasonable yet affordable price for community members.
 - The visit facilitated strengthening of linkages and coordination between MoH and local government interventions. In Salima, lack of documentation of COVID-19 interventions by community health volunteers and structures was due to stationary issues. The head of local government assured the visiting team of her involvement in ensuring stationary is available for community health volunteers and structures reporting. While in all districts, the consensus was for implementation of deliberate efforts to strengthen Local government oversight on implementation of health plans.
 - Additionally, the interaction-facilitated realization was that some health efforts were being frustrated due to rigid enforcement of COVID-19 preventive and control measures and policies. In Nkhotakota the district commissioner actioned a point where the council will deliberate on localizing regulations to suit the district.

Briefing of Community Structures of COVID-19

- In September, ONSE integrated COVID-19 prevention and control messaging in community activities in Balaka, Mchinji, Salima, and Nkhotakota. As part of the MoH RCCE plan, districts have noted the fundamental role Community Health Section of the MoH (CHS) and other relevant committees are playing in sensitizing the public on the coronavirus. Committees engaged in the reporting month included HCMCs, religious leaders, local leaders, police officers, community policing forums, CHAGs, VHCs, and CCs. The main objective of orientations were to empower the structures with correct messages on COVID-19 so that they further cascade this information to the community at large. The meetings also provided an opportunity for the participants to have most of the myths and misconceptions regarding the pandemic cleared out. A total of 429 (M: 316, F: 113) people were reached. Some of the common areas of discussion during engagement of community structures are highlighted below:
 - Access to face masks among communities continues to be an issue that various committees are grappling with. Discussion centered on ways to address this issue.
 - Availability of handwashing facilities and access to water in most communities remains a challenge. How best to make this available was discussed.
 - Practicing social/ physical distance when using public transport.
 - Conducting of traditional and religious ceremonies versus adherence to COVID-19 measures.
 - The role of traditional leaders in enforcing adherence to COVID-19 preventive measures and strengthening relationship of communities and health workers
 - Access and use of Social and Behavior Change Communication (SBCC) materials.
 - How to address low risk perception among communities as registered cases decrease.
 - Strengthening reporting to monitor milestones and avoid duplication of activities.

SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION

- ONSE Health with support from USG is at the forefront supporting contact tracing activities at the district level. Contact tracing is an essential public health measure and a critical component of comprehensive strategies to control the spread of COVID-19. Contact tracing breaks the chains of human-to-human transmission by identifying people exposed to confirmed cases, quarantining them, following up with them to ensure rapid isolation, and testing and treatment in case they develop symptoms. When implemented systematically and effectively, these actions can ensure that the number of new cases generated by each confirmed case is maintained below one.
- In September, ONSE supported contact tracing in all 16 districts where a total of 374 contacts were traced (some data still made available for reporting without sex disaggregation). This represents a drop from 905 in August 2020 due to logistical issues such as lack of reagents and the changes in testing guidelines where asymptomatic cases are not tested.
- Additionally, during the reporting period 575 samples were collected of which 1 was from a two-week pregnant woman in Salima and 9 were from a bank in Machinga district following one of their team members testing positive. Further, a total of 536 follow up visits were made during the reporting period.
- ONSE supported COVID-19 surveillance supportive supervision in Dowa. The health facilities visited were Dowa, Matekenya, Mtengowanthena, Dzoole and Chakhaza. The objective of the activity was to ensure that the health facilities were properly managing COVID-19 related data. Some of the findings are presented in the table below:

Table 1: Summary of COVID-19 Surveillance in Dowa

Issue	Action taken
<ul style="list-style-type: none"> • District Health Offices (DHOs) not sharing daily updates on COVID-19 situation with health centers • Lack of Health Surveillance Assistant (HSA) Training Manual • Health facilities of Dzoole and Chakhaza had no posters on COVID-19 • Poor community attitudes on COVID-19 	<ul style="list-style-type: none"> • IDSR coordinator to update facilities on COVID-19 status in the district every day from September, 2020 • Community health coordinator to facilitate orient HSAs on operational guide for community health workers • HPO to distribute posters on COVID-19 signs and symptoms possibly by September 2020 in Chakhaza and Dzoole health facility. • HSAs to penetrate villages with COVID-19 messages

- Additionally, ONSE participates in daily surveillance meetings where it is a member of the subcommittee for surveillance. Some of the challenges noted on COVID-19 surveillance and contact tracing include inadequate test kits in the country and poor COVID-19 data management with poor quality data coming from the districts. Regarding the issue of testing kits, the country has received some supplies from partners such as UNICEF and CDC. However, there are still challenges with the availability of test kits in Malawi. This has forced the country to make some changes regarding testing of contacts. Now it is only those contacts that are symptomatic and those with co-morbidities that are given a priority for testing.
- Additionally, ONSE has been attending partners meeting on COVID-19 surveillance. The partners meetings were established with the purpose of improving coordination of the support that is provided to the districts to avoid duplication.

INFECTIOUS PREVENTION, CONTROL, (IPC) AND CASE MANAGEMENT

Integrated Community Case Management (iCCM) / Malaria - COVID-19 Orientations

- In Salima, ONSE supported the conclusion-phase of COVID-19 orientations for iCCM providers across the 16 districts. A total of 33 (24M; 9F) iCCM providers from Makioni and Baptist health facilities were oriented to the concept. The objectives of the orientations were to provide basic information about COVID-19, ensure HSAs adhere to IPC measures established by authorities and guided by local epidemiology and transmission, and to prevent transmission of COVID-19 to both health workers and the public during provision of iCCM, family planning (FP), CBMNC and other services. Topics covered included iCCM case management in diarrhea, malaria and pneumonia; IPC; immunization during COVID-19 period; and how to make hand sanitizer.
- Successes of the orientation included completion of COVID-19 orientation content, availability of training manuals, and good participation of the iCCM providers. The major challenge was that most participants did not bring their face masks and therefore the facilitators and supervisors made the provision for such. A follow-up supervision will be made by the district team to assess implementation of the COVID-19 concept as it applies to iCCM.

IPC Water, Sanitation, and Hygiene (WASH) and COVID-19 IPC Trainings

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- In Karonga, ONSE supported COVID-19 IPC training of 42 (19 M, 23 F) staff at Chitipa District Hospital and Kaseye health facility. The supervisors met Quality Improvement Support Teams (QIST) members to review action plans developed during the last visit three months ago and toured the facilities with the facility staff and QIST members. Key challenges included lack of Personal Protective Equipment (PPEs), no water in some handwashing points at both facilities, poor waste management and congested nursery and C/S post op wards at Chitipa Hospital. Action points are highlighted under the QIST meeting for Karonga.
- Karonga also conducted supervision of Lwezga and Kayelekera health centers on IPC WASH/COVID-19 where 11 (7 M, 4 F) staff were supervised. The activity was to check on IPC precautionary measures and in reference to COVID-19. Some of the strengths include proper social distancing, compliance to IPC precautionary measures. Some of the challenges include poor waste management due to inadequate waste disposal bins, proper use of PPEs not done, soap not mostly used for hand washing due to inadequate supplies, poor dilution of chlorine for hand washing and inadequate PPEs and IPC cleaning materials.
- Also in Karonga, 9 HSAs (3 M, 6 F) from 9 Village Clinics were mentored on COVID-19 IPC by the district QIST team led by the district IPC coordinator.

IPC/WASH Interventions for COVID-19 Awareness

- In September 2020, ONSE through the four subgrantees (PDI in Karonga, IE in Machinga, AG care in Nkhotakota, and CPAR in Lilongwe) rolled out implementation of community WASH interventions. The implementation started with orientation of district government structures such DCTs, ADCs, VDCs and CHAGs to lobby their support in the project. The orientation focused on the importance of improved latrines in line with sustainable development goals, sanitation and hygiene around water point and community led total sanitation. During the meeting, the agenda emphasized COVID-19 prevention messages such as washing hands with soap, social distancing, face masking and the need to seek or call 54747 for support from a health worker in case one experiences COVID-19 signs and symptoms. The table below highlights the total number of people reached out in September 2020.

Table 2: Summary of Individuals Reached Through COVID-19 Prevention Messages - September 2020

District	ADC	CHAGs/VDCs
Karonga	113 (87 M, 26 F)	74 (66 M, 28 F)
Machinga	32 (9 M, 23 F)	1,590 (441 M, 1,149F)
Lilongwe	45 (20 M, 25 F)	130 (90 M, 40 F)
Nkhotakota	86 (66 M, 22 F)	188 (89 M, 99 F)
Total	276 (180 M, 96 F)	1,982 (1,651 M, 331 F)

CLINICAL SERVICES

RENOVATION OF HEALTH FACILITIES AND EQUIPMENT PROVISION

- In September 2020, the ONSE Health Activity continued implementation of construction and renovation activities of a number of targeted projects at health facilities in supported districts, including:
 - **Construction of 10 Double Pit Latrines:** Construction of the additional 5 Ventilated Improved Pit (VIP) latrines has commenced in Karonga, Ngala health center in Nkhotakota, Kalembo in Balaka, Mponela health center in Dowa and Chimalanga health center in Lilongwe, the vendor has delivered all materials in the sites except Karonga and Balaka where the materials will be delivered by the end of September
 - **FP Units:** Installation of a new prefabricated FP unit in Bwaila has commenced and is expected to be completed in the first week of October. The conversion of ONSE prefabricated offices into FP units has also commenced with Chitipa completed on 24th



September, and Kasungu started on Monday the 28th September, 2020. The remaining four sites of Chikwawa, Nkhotakota, Matawale and Dowa will be done in October/November. The conversion of bathroom facilities to FP units has been completed and ONSE will commence procurement of furniture.

Bwaila FP Clinic Construction. Photo credit: Rudi Thetard

- **Construction of Waste Disposal Facilities:** The construction of waste disposal facilities has commenced in 11 sites in Karonga and Nkhatabay in the north, Lilongwe, Mchinji, Ntcheu and Dowa in the center and Mulanje, Zomba and Chikwawa in the southern region. The works in the Central region are at superstructure stage and are expected to be completed in October 2020. The rest of the sites are expected to be completed by 30th October, 2020.
- **Plumbing Works for 38 Health Centers:** ONSE is implementing plumbing works of 38 selected health facilities across Malawi. By September 2020 35 sites have been

completed, with 3 sites that are still in progress. The work is expected to be completed by mid-October, 2020.

- **Emergency Treatment Centers, Holding Shelters and Quarantine centers for COVID-19:** ONSE has supported selected health facilities in prevention of COVID-19 by supporting plumbing works at Chancellor College hostel in Zomba in progress. Machinga Teaching Training Center (TTC) isolation center has been completed. The hostel at Nkhatabay Hospital has been completed, and the isolation center of Old hospital procurement of materials is in progress. The holding shelter at Chitipa District Hospital the foundations has been completed, and the superstructure is expected to be completed in October 2020.
- **Renovation of One Stop Center:** Conversion of the old cholera facility in Balaka has commenced to convert the facility to a One Stop Center. The work is expected to be completed by the end of September. MoH Physical Asset Management (PAM) staff are executing the work while ONSE is providing the construction materials.
- **Sluice units at KCH:** Procurement is at an advanced stage for procurement of 5 sluice units at Kamuzu Central hospital to replace the worn-out old sluice units that are not functional.
- **Renovation of Maternity and Postnatal Wards:** Renovation of maternity and postnatal wards at Dowa District hospital has commenced and this will involve plumbing, carpentry, painting, electrical, and building works.
- **Construction of 4 VIP Latrines at Bwaila:** Designs of the VIP latrines have been approved by MoH and they have been submitted to USAID for concurrence. The site selection was jointly done by MoH, Bwaila DHMT, and ONSE. Two blocks of three holes each will be for women while two blocks of two holes will be for men. The pit latrines will have desludging chambers for emptying when they are full.

QUALITY OF CARE (QOC)

National Level Support

- At the national level, ONSE participated in the development of the IPC WASH training manual for the support staff the activity was funded by UNICEF. ONSE was represented by a District Clinical Coordinator for Nkhotakota on behalf of the STA for QOC.

District Level Support

- At the district level, several Quality Improvement (QI) activities have been conducted. Activities such as Maternal Death Surveillance and Response (MDSR), pediatric death audits, clinical mentorship in various thematic areas have been conducted and are reported per specific thematic areas. This section captures specific QI activities such as QIST functionality and IPC WASH in health facilities.

QI Orientations

- In Nkhotakota, the QIST met on 27 August 2020 and oriented new labor ward WIT members of staff to quality management. A total of 16 (5 M, 11 F) staff members attended the orientation.
- In Mangochi, ONSE supported orientations of support staff on IPC WASH at Boma, Makanjira and Katuli on 21st- 26th August, 2020 then from 9th-11th September at Boma and Chilipa clusters. The

activity aimed at strengthening infection prevention methods in this context of COVID-19. A total of 228 (105 M, 123 F) support staff were oriented.

QI Meetings

- In Nkhotakota, the QIST met and established a QI project with the aim to reduce the incidence of birth asphyxia at Nkhotakota DHO labor ward from 7.1% to 5% between September and November 2020.
- In Dowa, 12 (3 M, 9 F) QIST members attended an update meeting that indicated that traffic in the ward had reduced due to introduction of IDs for guardians. The team agreed that every department and ward should have posters promoting use of facemasks and stating no 'Mask no Entry'. The team also re-emphasized the need to continue encouraging hand hygiene at the hospital for all. To strengthen QI interventions, the QIST members were assigned to different wards and departments.
- In Mangochi, 9(6 M, 3 F) QIST members attended the meeting. The team discussed two issues. One was about the QI project of improving rational prescription of antibiotics and the second was about how to handle nursing and clinical students coming for their practical attachments amid COVID-19 pandemic. On rational antibiotics prescription, their data indicated a huge improvement from 42% in May to 70% of rational antibiotic prescriptions with 30% of prescription still being irrational. To improve further, it was agreed that senior clinicians should continue to mentor junior prescribers on a weekly basis, and that every prescriber should be given a Malawi Standard Treatment Guideline (MSTG) hand book. On student nurses and clinicians, it was agreed that the DNMO and DMO should control the number of students coming for attachment to avoid congestion in the departments. The department in-charges should make sure students bring their own PPEs and hand sanitizers as hospital resources are inadequate. The department in charges should also make sure students are divided into shifts to avoid congestions.
- In Karonga, the QIST met at the end of August with a focus on IPC WASH. The team identified a number of issues and developed action points to address the issues. There was an issue of having no soap in hand washing facilities despite soap being available in the stores. The team identified one person to conduct inspection of the hand washing stations to ensure soap is always available. The other challenge was about proper donning and doffing of PPEs. The team agreed to mentor staff on the same and to paste protocols for donning and doffing. The third challenge was poor compliance to IPC standards especially amongst professional staff. The team agreed to be conducting supervision and mentoring of health care providers on IPC WASH. The team also agreed to identify influential individuals in each department and motivate them to be role models in their departments. In order to intensify IPC WASH measures, the team also agreed to be getting reports on IPC WASH on a weekly basis.

PRIVATE SECTOR

Service Level Agreement (SLA)

- In September, ONSE supported SLA verification exercises in Salima at five Christian Health Association of Malawi (CHAM) facilities of Thavite, Sengabay Baptist, Chitala, Ngodzi, and Kaphatenga, where a total of 4 (2 M, 2 F) individuals participated in the exercise. The objective of the activity was to verify August 2020 invoices that CHAM facilities had raised for payment from Salima DHO.

- Key findings were improved documentation, good record keeping as no discrepancies were noted from the invoices and information in the registers, availability of essential drugs, and good case management. However, documentation on pre-referral management for patients with pre-eclampsia and Postpartum Haemorrhage (PPH) was a challenge.
- Onsite coaching was done to address the identified gaps.

Integrated Maternal, Newborn, and Child Health (MNCH) Supportive Supervision

- In Zomba, ONSE supported integrated MNCH supportive supervision and coaching in two private facilities (MASM and Namikango) for 6 (2 M, 4 F) health workers. The activity aimed at providing technical support by assessing current clinical practice and strengthening MNCH quality service provision in a bid to improve outcomes of obstetric complications and avert avoidable maternal and neonatal deaths. Focus areas included general housekeeping (environment and ward cleanliness), review of registers (helping babies breathe [HBB], Kangaroo Mother Care [KMC], maternity, antenatal care [ANC], and postnatal), checking availability of Maternal and Newborn Health (MNH) protocols and standards, checking status of emergency trays and observing performance of MNH procedures.

TABLE 3. SUMMARY OF INTEGRATED MNCH SUPPORTIVE SUPERVISION - SEPTEMBER 2020

Strengths Observed	Challenges Observed	Recommendations
<ul style="list-style-type: none"> ● Service integration ● Adequate staffing ● Good documentation in MNCH registers ● Clean surroundings ● Consistent use of monitoring tools like labor charts ● Availability of essential drugs 	<ul style="list-style-type: none"> ● Incomplete documentation of the MNH registers (e.g. ANC register) ● Non updated emergency trays ● Non updated indicator charts and graphs in ● Poor data storage and filing system in ● Poor waste disposal, i.e. non segregation of dry and wet waste especially at Namikango Maternity Clinic. ● Poor monitoring of postnatal women, especially vital signs in all the supervised health facilities. 	<ul style="list-style-type: none"> ● Onsite coaching on proper documentation of the MNH registers and the partographs was done. Encouraged the team to do peer coaching of the same to the nurses not available by the time of supervision. ● Encouraged the nurses in to regularly update the MNCH indicator charts and graphs so that the nurses and clinicians are able to follow their progress. ● Encouraged the supervised health facilities to properly file their documents and keep their data at the right place for future reference. ● The safe motherhood coordinator in coordination with the ONSE District Coordinator to organize onsite for coaching at MASM on ANC

Malaria Case Management

- In the reporting month, ONSE supported the supervision of nine private clinics in Mchinji district where a total of 18 (10 M, 8 F) health workers were reached. The main aim of the exercise was

to strengthen the skills of health workers to provide quality diagnostic tests and treatment of malaria cases.

- Key findings were availability of antimalarial drugs, testing of suspected malaria cases before treatment and use of Artemisinin-based Combination Therapy (ACTs) as the drug of choice for the management of confirmed malaria cases and availability of essential equipment like thermometers, weighing scales, respiratory timer and stethoscopes.
- Notable challenges were: in some facilities workers have not been oriented on standard processes in performing RDTs, self-prescription by patients of antimalarials despite negative malaria test, non-inclusion of private practitioners in the district plans that results into being left out in times of crucial updates and dissemination of information regarding standard treatment guidelines.
- The supervisory team conducted onsite coaching on performing RDT and lobby with Mchinji DHO to support collaborative meetings with private practitioners in order coordination and good working relationship with the private practitioners

INTEGRATED FAMILY HEALTH OUTREACH CLINICS (IFHOCS)

- In September, ONSE supported 206 IFHOCS in all 16 ONSE districts, reaching an estimated total of 40,338 clients (Table 4); 82% of those planned for the month of September were supported. During the typical month, between 80-85% of scheduled IFHOCS take place.

TABLE 4. INTEGRATED FAMILY HEALTH OUTREACH CLINICS - SEPTEMBER 2020

DISTRICT	# IFHOCS Planned	# (%) IFHOCS Supported*	Total # of Clients	Average # Clients per IFHOC
Balaka	11	9 (82%)	1,693	592
Chikwawa	9	12 (133%)	2,550	599
Chitipa	12	7 (58%)	902	262
Dowa	18	19 (106%)	3,180	395
Karonga	31	12 (39%)	1,154	193
Kasungu	21	26 (124%)	4,330	451
Lilongwe	29	29 (100%)	8,100	1,273
Machinga	16	12 (133%)	2,523	624
Mangochi	9	9 (100%)	1,218	557
Mchinji	10	7 (70%)	762	303
Mulanje	12	9 (75%)	954	397
Nkhatabay	8	8(100%)	1184	148
Nkhotakota	11	11 (100%)	3,321	1,327

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Ntcheu	11	12 (109%)	2,497	987
Salima	11	7 (64%)	627	306
Zomba	20	25 (125%)	6,527	1,049
Total	250	206 (82%)	40,338	621

** Total IFHOCS supported was calculated using the Actual Reports data set function on MSH's enterprise District Health Information System 2 (DHIS2) instance.

MATERNAL AND NEWBORN HEALTH (MNH)

Intrapartum Care

- In Zomba, ONSE supported Basic Emergency Obstetric and Neonatal Care (BEmONC)



mentorship for 19 (10M, 9F) health providers from two facilities and topics covered were monitoring of woman in labor, use and interpretation of partographs, review of new ANC guidelines as well as MNCH registers and reporting tools. In Karonga, ONSE supported orientation of maternity ward nurses and clinicians at Karonga district hospital on use of Non-Pneumatic Anti-Shock Garment (NASG). A total of 13 (5M,8F) providers were oriented. The activity was conducted with an aim of orienting nurses and clinicians working in the labor ward on NASG which helps in prevention of shock resulting from obstetric hemorrhage. The orientation included imparting skills on how to apply, remove and care for the NASG. It is expected that these health providers will be able to implement these skills when they encounter bleeding emergencies in the labor ward.

Table 5. BEmONC Mentorship – September, 2020

District	# of Sites	# of participants	Topics Covered
Zomba	2	19 (10M, 9F)	Monitoring of woman in labor, use and interpretation of partographs, review of new ANC guidelines as well as MNCH registers (i.e. KMC, ANC, Maternity, postnatal), development of MNCH QI projects at Likangala health center and demonstration of how-to analyzing data

- In Chitipa, Karonga and Nkhotakota ONSE supported EmONC supervision at six facilities reaching 13 (6M, 7F) health providers. In Chitipa, Kaseye managed to conduct almost all but two signal functions (Manual Removal of Placenta and administration of Anticonvulsant) due to no cases however, the providers were conversant with the procedures and indications for the two signal functions. In Karonga, both Atupere and Kaporo had conducted six signal functions each except MRP because there were no cases. In Nkhotakota, Mwansambo had not performed vacuum extractions, MRP and administration of anticonvulsants. Coaching on indications for vacuum extraction and anticonvulsants was done. It was also discovered during this supervision that the facility did not have Magnesium Sulphate and yet the district pharmacy had it. The facility in-charge was advised to place an emergency order and this was done on the day of visit. It was encouraged in Nkhotakota at Malowa health center that they had an onsite ambulance that operates on funds – from their Member of Parliament. This helps in timely referrals.

Integrated MNH Supervision

- In Machinga and Zomba districts, ONSE supported integrated MNH supervision and coaching for 40(21M, 19F) providers from 7 facilities. The activity aimed at providing technical support by assessing current clinical practice and strengthening quality service provision in a bid to improve MNH. Below is the table summarizing the findings in each district.

Table 6. Summary of Supportive Supervision in Integrated MNH Conducted with ONSE Support

# Supervised	Strengths	Challenges	Recommendations
Zomba			
38(20M, 16F)	<ul style="list-style-type: none"> Service integration done in 80% of the supervised health facilities. Adequate staff on duty during the day of supervision in all the supervised health facilities 	<ul style="list-style-type: none"> Incomplete documentation of the MNH registers (e.g. ANC register) and labor graphs by nurses especially at MASM clinic) Poor monitoring of postnatal women, 	<ul style="list-style-type: none"> Coaching was done on documentation, storage of data and monitoring of women in labor Coaching was done on standard monitoring of women in postnatal ward including

	<ul style="list-style-type: none"> Improved documentation in MNCH registers especially at Namikango Maternity Clinic. Clean surrounding in all the health facilities supervised. Consistent use of monitoring tools like labor charts in 90% of the supervised health facilities 	<p>especially vital signs in all the supervised health facilities</p> <ul style="list-style-type: none"> Non updated indicator charts and graphs in 50% of the supervised health facilities making it so hard to follow their facility's progress 	<p>importance of vital signs</p> <ul style="list-style-type: none"> Indicator chart was developed on the day of supervision
Machinga			
4 (1M, 3F)	<ul style="list-style-type: none"> Clean environment in some facilities Good team work among nurses Emergency tray available and updated at Ntaja 	<ul style="list-style-type: none"> Frequent stock outs of essential drugs Pre/Eclampsia Management gap among nurses Emergency tray with some expired drugs at Mangamba 	<ul style="list-style-type: none"> Facility in-charges were advised to always provide accurate data in LMIS as it is the basis for ordering drugs Coaching was done on management of hypertensive disorders and providers were advised to be making reference to the protocols pasted on the walls Expired drugs were removed from the tray and providers were advised to always update their emergency tray to avoid medication errors

Family Led Care

- In Zomba, ONS supported KMC Family Led Care orientation at three health facilities of Mayaka, Ngwelero and Magomero. The activity aimed at equipping the health care providers with knowledge and skills in KMC and family led care as reflected in the new MNCH guidelines. A total of 22 (10M, 12F) health care workers were oriented. The providers were capacitated on how to put a preterm baby in a KMC position and its importance, calculation of the preterm baby's feeds and how to classify the preterm babies. They also had a hands-on practice on how to use the KMC flip chart, how to document the KMC registers, sick neonate registers and their

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related forms as well as reports. It is expected that management of low birth weight and premature babies will improve.

Maternal Death Surveillance and Response (MDSR)

- ONSE supported MDSR for 6 maternal deaths in Machinga and Mulanje. The causes included PPH (4), RU (1) and severe anaemia (1). All the deceased were aged between 20 and 35 years and either having their second, third or fourth child. While three of the deceased were brought in critical conditions, health providers did not do comprehensive initial assessments, monitoring in labor and delayed in instituting the right treatment and in some cases, there was delay in referral. Although some of the facilities had NASG at their facilities, these were not applied due to omissions or panicking and ending up forgetting that they had them. ONSE will support mentorship on prevention and management of PPH and hemorrhagic shock as almost all of the deceased died due to hemorrhage.
- ONSE in Zomba supported MDSR monthly meeting to review previous month's minutes and reviewing neonatal and maternal outcomes for the month of August 2020. A total number of 14 (3M, 11F) health care providers attended the meeting. It was encouraging to see that 70% of the previous planned action points have been implemented. The team agreed to follow up with DHMT who were responsible for the remaining action points. They further agreed to distribute to health centers a form that captures details for stillbirths to enable the team to audit them as well so that still births could be prevented.

Community Based Maternal and Newborn Care (CBMNC)

- In the reporting month, ONSE in Nkhotakota supported CBMNC review meetings for Mwansambo, Alinafe, and Mtosa health centers. A total of 35 (26M,9F) providers comprised of CBMNC providers, AEHOs, and facility in-charges participated in the meeting. The meeting aimed at reviewing the performance of the program by assessing data of each facility including quality of documentation in the registers; identifying challenges faced with the program at community, facility and district that are resulting in poor performance of MNH indicators; and mapping the way forward to mitigate the challenges. It was noted that some participants were still committed and providing CBMNC services. There were many challenges faced in the program such as: some (10) health workers did not have home visits and monthly reporting registers, (12) health workers did not have timers, hanging scale, screening cards, and thermometers. Lack of these supplies poses implementation challenges. ONSE is printing reporting tools for CBMNC however, the coordinator and ONSE were tasked to check with the Reproductive Health Department (RHD) and other partners to support addressing the other gaps.

CHILD HEALTH

Care of the Infant and Newborn (COIN)

- Care of the infant and newborn (COIN) is an advanced skill concept that was designed to enable clinical staff and nurses to provide important, best-practice and evidence care for every newborn and young infant less than two months old who is sick and admitted to the special care neonatal unit. In the reporting month, ONSE supported neonatal death audits at Nkhotakota and Salima District Hospitals. The aim of the neonatal death audit was to reduce neonatal

morbidity and mortality through identification of preventable factors contributing to neonatal deaths and to find strategies and develop action points that would lead to improvement in the quality of care provided at unit level.

- In the reporting month, ONSE supported neonatal death audits in five-districts of Balaka (4), Chitipa (9), Lilongwe (84), Mulanje (10) and Zomba (6). A total number of 113 neonatal death cases were audited from eight-facilities in the respective districts. The process of audit was conducted by 90 (F63; M27) health care providers. Lilongwe audited cases were from Bwaila Hospital from the period April to June. First time neonatal death audit was conducted at Comfort Mission Hospital in Balaka where the health care providers appreciated, gained skills and knowledge in the neonatal death audit processes. Zomba district conducted audits for Likangala, Matawale, Nasawa and Ngwelero health centers, while Chitipa and Mulanje conducted the audit's for the two neonatal care units at the district's hospitals. The major causes of death were birth asphyxia 63 (56%), prematurity 30 (27%), sepsis 9 (8%) and the other 9% was attributed to various cases.

Table 7. Findings of the neonatal death audits in the five-districts

Strengths	Challenges	Recommendations
<ul style="list-style-type: none"> • Availability of 24/7 hour nurses in the neonatal care units • Availability of neonatal care forms e.g. standardized admission sheets, critical care pathway forms and feeding charts. • Availability of basic equipment e.g. oxygen therapy, glucometers, pulse oximeters. • Availability of neonatal care spaces where sick neonates are provided with essential care. • Clinicians are able to review sick neonates especially in Mulanje DH and Comfort hospital in Balaka. 	<ul style="list-style-type: none"> • Inadequate initial assessments for both mothers and newborns on admission in the labor ward or neonatal care units respectively. • Poor assessment and monitoring of women in labor leading to poor newborn outcomes. • Lack of feeding charts to ascertain correctness of feeding schedules for sick neonates. • Clinicians did not review a reasonable number of sick newborns. • Delay in decision making for an alternative delivery process despite long hours of observations for women in labor. • Incomplete partograph documentation by the nurse/midwives. • Non adherence to obstetric protocols and guidelines 	<p>The MNCH / Quality Improvement teams to:</p> <ul style="list-style-type: none"> • Orient/mentor nurses/midwives and clinicians on initial assessment parameters for women in labor and newborns requiring admission. Ensure complete documentation of the admission charts. • Conduct orientation on partograph adherence, early identification of maternal and neonatal complications and their related interventions. • Conduct two-weekly audits of partographs and provide feedback (Bwaila Hospital). • Conduct mentorship sessions for midwives working in the labor ward and the neonatal care units. • Enforce the use and documentation of feeding charts and the critical care pathway forms- to be enforced by the unit in-charges. • Include DMO (Bwaila) to conduct mentorship sessions for clinicians especially those working in the labor ward.

	<ul style="list-style-type: none"> • Delay in referral (transport problems) especially for critically ill patients. • Inadequate documentation and insufficient notes in neonatal case files. • Inadequate oxygen supply due to an electrical problem at Chitipa District Hospital. • Lack of health seeking behavior (Chitipa DH) • 	<ul style="list-style-type: none"> • Ensure routine blood glucose and oxygen saturation checks for the sick neonate- Enforced by the unit in-charges. • The Maintenance Supervisors for Chitipa and Bwaila hospitals need to conduct regular maintenance checks on the oxygen concentrators and DMO Bwaila to assist in sourcing additional oxygen concentrators for Bwaila labor ward. • Chitipa Demand Creation team to organize an awareness campaign on the importance of prompt health seeking behavior and dangers signs during labor.
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Emergency Triage, Assessment, and Treatment (ETAT)

- ETAT compliments Integrated Management of Childhood Illnesses (IMCI) and iCCM services as a point for emergency care of the under-five conditions; it is an essential process of saving the lives of very sick under-five children by identifying children with immediately life-threatening conditions. In the reporting month, ONSE, in Balaka supported a two-day ETAT mentorship session for Balaka District and Comfort Mission Hospital’s. A total of 23 (12F; 11M) participated in the mentorship session. The mentorship was conducted in order to fill the gaps, which were identified during criterion-based audit that was conducted in the month of July 2020.
- The participants were mentored on the management of the following conditions: malaria & anemia, severe pneumonia, meningitis and shock management in sick children. At the end of the mentorship session, participants were encouraged to improve monitoring of patients in 24 hours with involvement of both clinicians and nurses, use critical care pathway (CCP) charts as a standardized tool for monitoring of patients (emphasis was made to Balaka DH health care providers as providers from Comfort MH were doing fine on use of CCP charts), collect blood samples for investigations so that correct diagnosis is made, attach laboratory results forms to patients files to facilitate correct referencing, and ensure correct calculations for medication and administer drugs according to prescription.

Integrated Community Case Management (iCCM)

- The iCCM program is one of the essential community health programs that is reducing under-five morbidity and mortality, iCCM focuses on hard-to-reach areas to complement fixed or scheduled facility-based services and iCCM compliments IMCI services. In the reporting month, ONSE Health Activity supported iCCM supportive supervision in 2 districts of Dowa and Zomba (5). A total of 27 (2F; 25 M) iCCM providers were supervised from 14 Village Clinics and 3 health centers. The aim of the activity was to assess iCCM providers knin managing children during the COVID-19 pandemic and provide technical support on identified gaps during the assessment, classification, treatment, and counseling process of managing the sick under-five child.

Table 8: Findings of the iCCM Supportive Supervision

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Strengths	Challenges	Recommendations
<ul style="list-style-type: none"> • Adequate essential drugs at both sites supervised • Availability of hand washing facilities at both sites in accordance to COVID-19 response requirements • The HSAs were in full uniform at the time of supervision. • Availability of a shelter at Malunga (Zomba) village clinic which was constructed by the community. • Good storage of essential drugs at Disi (Zomba) village clinic as they are stored in a drug box with two lock system. • The supervision facilitated the discovery of two village clinics, which were not practicing without knowledge of the DHO in Dowa • IMCI Coordinator in Dowa had time to mentors Senior HSAs in iCCM supportive supervision using a checklist, compiling summary form and development of action plan 	<ul style="list-style-type: none"> • Poor documentation in registers especially page summaries at both sites in Zomba. • Lack of drug box at Malunga (Zomba) village Clinic thereby compromising storage of essential drugs. • Lack of shelter for provision of care at Disi (Zomba) village clinic where services are provided under a tree • Use of a torn register at Malunga (Zomba). • Inconsistent supply of amoxicillin and ORS in village clinics • Lack of two lock system in 8 village clinics in Dowa • Lack of village clinic committees in almost all clinics in Dowa. • Lack of hand washing facilities in 5 village clinics in Dowa • Lack of referral slips • Data incompleteness in Village clinic registers for Dowa providers. 	<ul style="list-style-type: none"> • Mentorship done on proper documentation of the registers in both districts. • New register delivered at Malunga (Zomba) village clinic. • The IMCI coordinator to request DMO - Dowa to consider for the distribution dispensable Amoxicillin. • Senior HAS's Dowa to facilitate revamping non-functional clinics of Topaizi and Chinyanya village clinics by end of September 2020. • Seniors HSA's to facilitate formation of village clinic committees to improve community involvement e.g. construction of shelters and procurement of basins and buckets. • The IMCI coordinator to distribute referral slips to village clinics through Senior HSAs • SHSAs to carry out data verification exercises on reports submitted from HSAs on a routine basis. • Continued periodic supportive supervision for Village Clinics.

iCCM Cluster Based Review Meetings

- In the reporting month, ONSE supported cluster review meetings in Chikwawa and Nkhotakota, A total of 86 (17F; 69M) drawn from 80 Village Clinics and under four-facilities participated in these meetings. The aim of the review meeting was three-fold: to assess progress of iCCM implementation and status of commodities in the village clinics, to review use and documentation of the M&E tools registers, (form 1A and 1B), and to review data of the previous quarter for planning and decision-making purposes-Chikwawa.

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Table 9: Observations from the Cluster-based Review meetings

Strengths	Challenges	Recommendations
<ul style="list-style-type: none"> • Availability of antimalarial drugs – most of the clinics for the past 12 months in Nkhota-kota. • All iCCM providers supervised for at least once in the past 6 months. • All village clinics were actively running services with reports submitted in time. • M&E tools have been readily available and in use for the past 6 months. 	<ul style="list-style-type: none"> • Stock out of dispensable Amoxicillin and Rectal Artesunate. • Seven iCCM providers under Mtosa HC (Nkhota-kota) do not have lockable drug boxes. • Inadequate IP materials (PPEs) mostly for COVID-19 prevention. • Poor data documentation of registers in Chikwawa • Some villages not providing reports on monthly basis • Number of confirmed Malaria cases not tallying with Lumefantrine Artemether (LA) dispensed (more LA was dispensed). • Misuse of Malaria Rapid Diagnostic Test (MRDT) kits as evidenced by the total number of children tested for malaria were less than the number of MRDT used. 	<ul style="list-style-type: none"> • Promote routine supervision by Senior HSAs and follow up on a monthly basis. • The IMCI Coordinator to follow up on the supply of dispensable Amoxicillin and Rectal Artesunate at the district pharmacy and should guide the HSAs on systematic ordering of commodities. • The IMCI Coordinator (Nkhotakota DHO) to lobby for the drug boxes from partners and discussions with CHAG and VDC to procure drug boxes. • iCCM providers lobby for construction of shelter through CHAG and VDC. • The facility In-charges to continue providing PPEs while the IMCI Coordinator lobby for more PPEs from district pharmacy.

EXPANDED PROGRAMME ON IMMUNIZATION (EPI)

- During the reporting period the ONSE Health Project supported the collection and distribution of EPI supplies from the Central Vaccine Stores to the districts and to the health facilities. Some of the EPI supplies that were transported included: vaccines, gas cylinders for gas refrigerators, safety boxes and injection materials (5ml, 2ml, 0.5ml, and 0.05ml syringes). The distribution was based on monthly consumption and current stock status per commodity. This contributed to the availability of vaccines and other supplies at the health facility and also assisted in improving immunization coverage in the districts. The number of health facilities that benefited from the activity were (Karonga=32, Chitipa=24, Nkhotakota=19, Dowa=30, Zomba=46, Mulanje=23, Machinga=28, Kasungu=41, Balaka=16, Lilongwe=58 and Salima=18). During the exercise some spot checks were conducted in Dowa and Kasungu where some strengths and weaknesses were observed as follows:

Table 10. Summary of EPI Spot Checks - Dowa and Kasungu

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District	Strengths	Challenges	Action Points
Dowa	<ul style="list-style-type: none"> • Availability of vaccines, ability to send stock balances prior to distribution • Functioning refrigerators except at Chisepo and Mwangala Health Centers that had faulty refrigerators • Opening of a new reporting facility, i.e. Grace Alliance Community Hospital under Thonje Health Center, which will be supplied with a vaccine fridge • Availability of reporting booklets in all facilities and use of vaccine stock books. 	<ul style="list-style-type: none"> • Stock out of child health profiles (central level issue), inadequate safety boxes supplied by the regional vaccine stores, stock out of 2ml syringes at the regional vaccine store. 	<ul style="list-style-type: none"> • Advice to the health center staff to ensure that orders of supplies are timely sent and based on the current minimum stock value of 25%.
Kasungu	<ul style="list-style-type: none"> • The majority of the health facilities visited were able to monitor and record temperature twice daily as recommended (regular monitoring). Additionally, health facilities were able to update their stock books and make timely orders. • It was encouraging to note that 9 health facilities (Lodjwa, Khola, Newa, Chinyama, Thupa, Kamdidi, Manjondo, Kasiya and Mitula) Lodjwa, Khola, Newa, Chinyama, Thupa, Kamdidi, Manjondo, Kasiya and Mitula) had received solar refrigerators from the EPI unit. • Among the list of these beneficiary health facilities were some 	<ul style="list-style-type: none"> • Stock out of bivalent Oral Polio Vaccine for an average number of 6 days at Santhe, Bua and Mitula. Some health facilities did not send their ordering forms for vaccines prior to the vaccine delivery. • Irregular temperature monitoring was noted at Santhe, Wimbe, Livwezi, Shaona and Chamwavi • Refrigerator at Manjondo was non-functioning since 8 February, 2020 and that EPI supplies for Manjondo were kept at Simlemba which is 21 km away causing inconveniences. 	<ul style="list-style-type: none"> • Advised to ensure order forms are sent in advance before vaccine collection and distribution commences to ensure health facilities are receiving vaccines and supplies based on requirements. • The health facilities were advised to monitor refrigerator temperatures consistently. • It was also noted that the the allocation of new refrigerators, the problem now is resolved

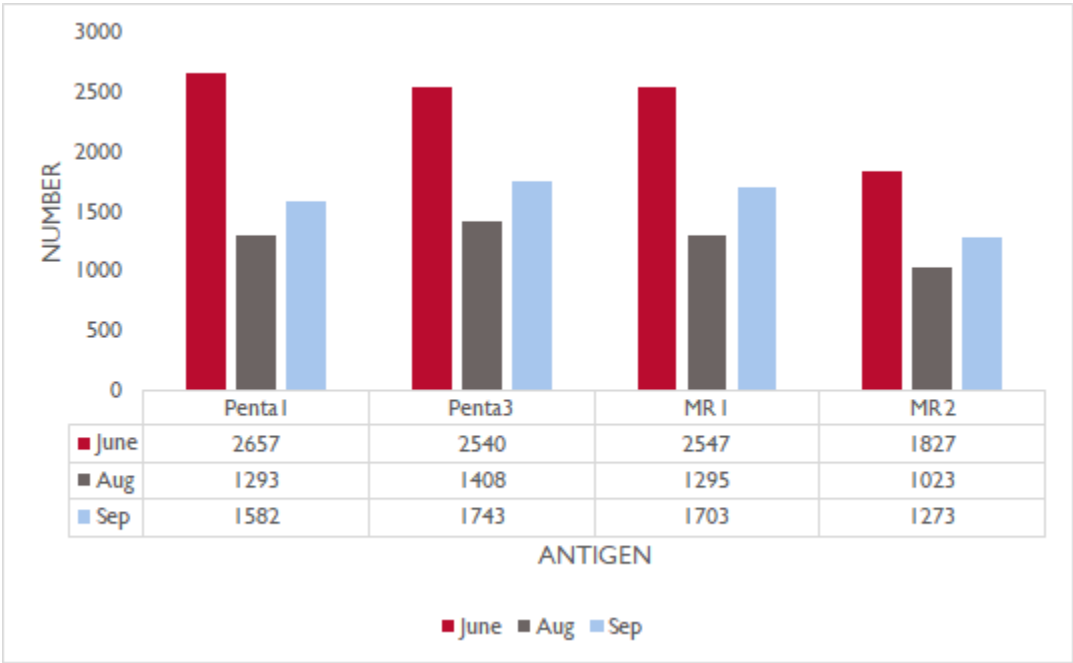
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	health facilities that used to have cold chain management problems. The coming of these refrigerators will ease cold chain problems in the health facilities.		
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Immunizations at IFHOC Clinics

- During the reporting period the EPI immunization activities continued to be supported through the IFHOCs and the immunizations given were as follows:
 - Pentavalent Vaccine (Penta) 1: 1,582 (794M; 788F)
 - Penta 3: 1,743 (842M; 901F),
 - Measles Rubella Vaccine (MR)1: 1,703 (889M; 814F),
 - MR2: 1,273 (604M; 669F)
- The number of immunizations provided during the reporting period suggests immunization coverage for all the antigens started to pick up compared to the data for August 2020 (see figure). This could be attributable to the decline of COVID-19 cases and the country opening up to business. Additionally, it may be attributable to communities taking heed of the health messages on prioritizing immunizations during the COVID-19 period. Figures declined due to child caretakers shunning away from health facilities fearing the spread of COVID-19. However, districts are still being encouraged to prioritize immunization services and adhere to COVID-19 pandemic prevention measures as the country is opening up.

Figure 2. Comparison of the Number of Children Immunized in June, August, and September 2020



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EPI Supportive Supervision

- During the reporting period, ONSE supported EPI supportive supervision in Balaka and Zomba districts. In Balaka, the supervision was conducted at Kalembo, Ulongwe, Mbera, Phalula, Utale 1 & Phimbi. A total number of 11 HSAs were supervised. In Zomba, supervision was conducted at 5 health facilities namely, Makwapala, City Clinic, Mwandama, Ngwelero, and Sadzi. A total number of 20 (M: 12; F: 8) HSAs were supervised. The supervision aimed at identifying gaps in EPI service delivery in health centers during COVID-19 pandemic so that possible recommendations are drawn. Find below a summary table with the issues and actions taken during the supervision:

Table 11: Summary of EPI Supportive Supervision - Balaka and Zomba

District	Issues	Action taken
Balaka	<ul style="list-style-type: none"> Catchment area maps and population figures not displayed IEC schedule was not available Daily immunizations not conducted Booking system still being done for other immunizations such as BCG and Measles Temperature recording not done in other health facilities inadequate knowledge on Multidose Vial Policy (MDVP), Vaccine Vial Monitor (VVM), and shake test 	<ul style="list-style-type: none"> Health facility staff was advised to produce catchment area maps and update population figures Health facility staff were advised to write IEC schedule and that immunization talks should be included Advised health facility staff to conduct daily immunizations at the health center static clinic to ensure all children that report for treatment of other illnesses are not missed. Health facility staff were advised to give the immunizations at the immunization clinic to any child due for immunization not waiting for a large number of kids to be available Health facility staff was advised to consistently monitor temperature for the refrigerator HSAs were mentored on MDVP, VVM, and the shake test
Zomba	<ul style="list-style-type: none"> At Sadzi and City Clinic injection stock books were not updated Used vaccines were not labelled in 80% of the supervised health facilities. 	<ul style="list-style-type: none"> Health Center staff advised to update the injection stock books Health Center staff advised to label all opened vials used

Central level EPI Supportive Supervision in Lilongwe

- EPI supportive supervision was conducted in Lilongwe district in the Central Eastern Zone from 25th to 28th August 2020. The supervisory team was composed of members from ONSE and Lilongwe DHO. The health facilities visited in total were 9: St Kizito, Area 18, Chiunjiza, Dikisoni, Maluwa, Katchali, Malingunde, Mingongo and Ndaula health centers. The total number of health workers supervised in all the health facilities visited were 36 (25M;11F).

- During the supervision, it was pleasing to note that most of the health facilities visited had micro plans although in other health facilities they were in their developmental stages. Additionally, health facilities had vaccination schedules, temperature monitoring charts and stock books. In terms of COVID-19 prevention and control measures some health facilities were adhering to the preventive measures while others had some challenges. We managed to observe two immunization clinics in session at St Kizito in urban area and Ndaula Health Center in rural area. At St Kizito, COVID-19 measures were strictly adhered to such as social distancing and donning of masks. Community members from the area were actively participating in the immunization clinic activities as volunteers. However, at Ndaula, there were issues regarding social distancing and flow of clients where the supervision team had to intervene to enforce the measures by ensuring that 1-meter social distancing and good flow of clients was in practice. For more details about the report refer to Table 12 below:

Table 12: Summary of EPI Supportive Supervision - Lilongwe

Issue	Action taken
<ul style="list-style-type: none"> • Inconsistent temperature recording (St Kizito) and malfunctioning refrigerator (Dickson and Chiunjiza) • Antigen monitoring charts not updated • Mothers on exit not communicated date of next appointment • Stock books not updated • Foam pad not in use during immunization • Schedule for immunization clinics not available • Adverse Events following Immunization (AEFI) cases not reported • COVID-19 impact on Td vaccine • Poor updating of under two registers • Low MR2 Coverage • Inadequate knowledge on Multi Dose Vial Policy (MDVP), Vaccine Vial Monitor (VVM) and shake test • Laxity in following COVID-19 measures • Shortage of mixing syringes for reconstituting vaccines • Defaulter tracing system not clear • MR Vaccine distributed without diluent (Mingongo) • Polio vaccine had no labels • Field manual not seen at the health facility 	<ul style="list-style-type: none"> • HSAs were advised to update the temperature monitoring charts consistently. For the malfunctioning refrigerator issue referred to the EPI Unit. • HSAs were advised to update the antigen monitoring charts and draw some action plans from them. • HSAs were reminded on communication to mothers on next appointment dates • HSAs were advised to keep their stock books updated. • Advised to use foam pad to maintain cool temperatures for vaccines • HSAs were advised to write and display clinic schedules on the wall. • HSAs were advised to report on the occurrence of AEFIs after immunization. • MNH staff to be informed on the impact • HSAs were advised to be updating the U/2 registers to assist them with defaulter tracing. • HSAs advised to conduct defaulter tracing using reminder cards and under-two registers. • HSAs were mentored on MDVP, VVM and the shake test • Health facility staff were advised to follow strict COVID-19 measures of prevention and control • Health facility staff were advised on updating their stock books

	<ul style="list-style-type: none"> • Health facility staff were mentored on how to use under-two registers and reminder cards in defaulter tracing • District EPI Coordinator was advised to ensure all vaccines are supplied with diluent • 240 doses were discarded as they did not have labels indicating their expiry dates and VVM status. • Every health facility is supposed to have a Field Manual for EPI on display as a reference unit.
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FAMILY PLANNING (FP)

Community-Level FP

IFHOCs

- Through support to MoH IFHOCs in the 11 Family Health Package (FHP) districts, ONSE reached a total of 7,443 (1,667 new, 5,776 revisit) clients with a full method mix, generating 4,822 Couple Years of Protection (CYP).

Table 13. IFHOC FP Services - September 2020

Method	New Visit	Revisit	Total Clients	CYP
Male Condoms	743	761	1,504	13
Female Condoms	60	62	122	1
Oral Contraceptives	51	270	321	21
Depo Provera intramuscular (DMPA-IM)	418	3,872	4,290	1,073
Implanon	137	306	443	1,108
Jadelle	161	457	618	1,978
Levonplant	60	48	108	270
Intrauterine Contraceptive Device (IUCD)	2	0	2	9.2
Bilateral Tubal Ligation (BTL)	35	0	35	350
TOTAL	1,667	5,776	7,443	4,822

IFHOC supportive supervision

- The ONSE technical team led by the FP, Youth and Nutrition advisors visited IFHOC clinics for Lilongwe and Dowa Districts. The activity aimed at assessing and learning from the services that are provided during the IFHOC. During the same visit in Dowa the team had technical discussions with the FP, Youth, and Nutrition coordinators on implementation of program activities. The visits were made to Kaponda, Mpsa sites and also Mbingwa health facility on

19th and 26th August, 2020 for Lilongwe and Dowa respectively. A total of 11 (M: 7, F: 4) health workers were reached during the visits. Below are key highlights from the supervision.

Table 14. Summary of IFHOC Supportive Supervision - Dowa and Lilongwe

District/ Facility	Strengths	Challenges	Key Action Points
Kaponda IFHOC in Lilongwe	<ul style="list-style-type: none"> • Physical distancing and masking observed by staff and clients • Health education on COVID-19 prevention and MNH was done • A good number of clients were on site waiting for services • Mentorship on adherence to IPC during implant insertion done • The visiting team assisted to perform Implant insertion and removal to 2 clients • At the end of the visit feedback was given to the FP provider and IFHOC focal person 	<ul style="list-style-type: none"> • The Health Education was not integrated with other messages on FP, Malaria, Nutrition etc • FP counselling on Implants not done according to standards. • Lack of a weighing scale and BP cuff for ANC and FP clients • Inadequate Implant insertion and removal sets • Inadequate IPC practices 	<ul style="list-style-type: none"> • To work with BLM nested providers to assist with Implant sets • Lobby for procurement or allocation of BP cuff and weighing scales for IFHOCs • Support supervisions to other outreach sites • Provide Kulela flip charts • Emphasize on integrated Health Education
Dowa IFHOC	<ul style="list-style-type: none"> • Good integration of services • The IFHOC was supported by growth monitoring volunteers • Availability of hand washing facilities • Availability of FP commodities • At the end of the visit feedback was given to the MCH coordinator • Use of individual Chitenjes for taking weight on salter scales 	<ul style="list-style-type: none"> • Lack of a weighing scale and BP cuff for ANC and FP clients • Stock out of lignocaine resulting to no Implants insertion • Non availability of implant insertion and removal sets • Lack of waste segregation during Depo Provera (DMPA) provision • Incomplete documentation in FP register • Few implant clients in the IFHOC FP register 	<ul style="list-style-type: none"> • Provide implant sets • Consider clinical participation aside from ICCM services • Provide BP cuff and weighing scale for FP clients • MCH coordinator to order Lignocaine from pharmacy • Supervision on IPC during IFHOC • Encourage motivation on DMPA-SC • Provide more PPEs to HSAs during IFHOCs

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		<ul style="list-style-type: none"> No Depo Provera Sub-Cutaneous Injection (DMPA-SC) self-injection clients registered during IFHOC No inclusion of a clinician to support consultations during the IFHOC HSAs reports inadequacy of PPEs such as masks, aprons 	
Mbingwa facility visit	<ul style="list-style-type: none"> Only one nurse out of the two trained in Long-acting and Reversible Contraceptives (LARC) Masking observed by some providers Availability of hand washing facilities Availability of FP commodities Integration of FP and EPI services 	<ul style="list-style-type: none"> Only one provider trained in LARC Lignocaine, sterile gloves, emergency contraceptives and micolut were out of stock No implant and IUCD sets No sterilization of instruments No specific room for FP services Gaps in FP register documentation Inadequacy of masks for service providers Poor expectation from community members where they go the facility to receive masks for free 	<ul style="list-style-type: none"> Linked with DNO and gas stove for sterilizer sent to Mbingwa Lobby for procurement or provision of sharp containers, BP cuff and weighing scales Support supervision and mentorship Provide Kulera flip charts FP coordinator supply stocked out commodities to Mbingwa Provide LARC sets to Mbingwa Facility to organize a dedicated FP room.

DMPA/Community-Based Distribution Agent (CBDA) supervision

- ONSE in Zomba supported CBDA supportive supervision and coaching at Chipini, Thondwe and Ngwelerero health facilities. The activity aimed at assessing stock levels of FP commodities and providing technical support to the CBDAs in a bid to improve quality of FP service provision at community level. Using a standard checklist, a total number of 48 (M: 29; F: 19) CBDAs were supervised.

Table 15. Summary of DMPA/CBDA Supportive Supervision - Zomba

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Strengths	Challenge	Suggested solution
<ul style="list-style-type: none"> All CBDAs are correctly managing the clients in their communities Good integration of services Good relationship with the communities Availability of demonstration materials e.g. demo pens, flip charts Availability of trained DMPA providers in the communities 	<ul style="list-style-type: none"> Lack of refresher meetings for CBDAs under Chipini and Ngwelero facilities Stock out of condoms and microlut for CBDAs under Chipini and Ngwelero facilities Lack of COVID-19 PPEs for CBDAs during service provision Lack of carrier bags essential commodities for service delivery Some DMPA providers under Thondwe are using old registers and no FP calendars Use of old registers by 40% of the supervised DMPA providers at Thondwe 10% of the providers at Thondwe did not order FP commodities as they cancelled other activities due to COVID-19 pandemic. 20% of the supervised DMPA providers are not trained in Sayana 	<ul style="list-style-type: none"> Lobby from partners to support with financial resources to conduct the orientations Engage DHO pharmacy for redistribution Lobby from partners to procure PPEs for the CBDAs Lobby from partners to support with financial resources to provide bags Coordinator to distribute the new registers available at the DHO The FP coordinator should distribute new registers and IEC materials to all the DMPA providers without the registers The FP coordinator should redistribute the FP commodities and registers The FP coordinator to lobby with partners to orient the DMPA providers in Sayana.

DMPA-SC supervision

- ONSE in Salima supported supervision in 5 health facilities (Mchoka, Chipoka, Lifuwu, Khombeza, and Chinguluwe) targeting trained DMPA-SC providers. The activity aimed at assessing provision of quality DMPA-SC and also providing mentorship on the gaps identified. The supervision team used DMPA-SC competency checklists to assess provider skills. A total of 16 (M:9, F: 7) providers were supervised.

Table 16. Summary of DMPA-SC Supportive Supervision - Salima

Strengths	Challenges	Actions Taken
<ul style="list-style-type: none"> DMPA-SC providers had knowledge on injectable FP methods 	<ul style="list-style-type: none"> Some facilities and DMPA-SC providers that have been operating 	<ul style="list-style-type: none"> Advised the providers to give health education on

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<ul style="list-style-type: none"> • All DMPA-SC were putting on face masks • The teams in the facilities were eager to be supervised and ready to get new guidelines in relation to COVID-19 pandemic • Proper documentation in the FP registers for providers. • FP services are provided both at the facility and in catchment areas especially DMPA-SC 	<p>without DMPA-SC for the past two months.</p> <ul style="list-style-type: none"> • DMPA-SC providers give health education on injectable FP methods only. • No FP-registers stocks in most facilities • No lignocaine at some facilities hence they do not give implants as FP method • Some HSAs were not doing page and monthly page summaries • • FP-stocks cannot accommodate both the facility and DMPA-providers for the next three months 	<p>all the FP methods to clients</p> <ul style="list-style-type: none"> • DMPA-SC were supplied by supervisors to selected facilities. • Advised the providers to do page and monthly page summaries. • • Pharmacy personnel were advised to order FP commodities from SDH like Sayana press since they are in stock
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DMPA-SC Mentorship

- ONSE in Balaka supported DMPA-SC mentorship at Phalula, Utale 1, and Utale 2 health facilities. The mentorship session was organized following the supervision that was conducted in the month of August where it was noted that HSAs in these facilities had challenges on documentation in the FP register and reporting booklets. Aside from this, they also had a shortage of Sayana. A total of 20 (M: 15, F5) HSAs, a nurse (F:1) and one data clerk (M:1) were mentored by one nurse (F:1) from Balaka District Hospital.
- The participants were mentored on FP register documentation, consolidation of the monthly FP report in the reporting booklet, use of hormonal checklist for client screening, and Injection techniques of DMPA-SC. Challenges included that 2 HSAs did not participate in the mentorship due to other competing priorities. It is expected that the HSAs will be followed up in the next cycle of mentorship
- At the end of the mentorship session, the HSAs were urged to properly document in the FP registers and to report accurately so that they should get adequate supply of FP commodities for their catchment areas. A total of 10 HSAs received FP registers. FP commodities i.e. condoms, pills and DMPA SC were also distributed during the mentorship.

Integrated FP review meeting

- ONSE in Nkhotakota supported a FP review meeting targeting providers from Mwansambo, Alinafe and Mtosa Health facilities. During the review meeting a number of interventions were integrated within the exercise i.e. FP, iCCM, and CBMNC. The activity aimed at assessing availability of FP commodities, the effect of COVID-19 pandemic on FP services and also determining data management at village clinic and facility level. A total of 35 (M:26, F:9) health care workers comprising AEHOs, facility in-charge, and HSAs participated in the meeting.

Table 17. Summary of Integrated FP Review Meeting - Nkhotakota

Key Strengths	Key Challenges	Key Actions
<ul style="list-style-type: none"> All HSAs who were invited participated in the review meeting DMPA-SC commodities are available in all facilities All HSAs have registers and are providing FP services 	<ul style="list-style-type: none"> At Mtosa, out of seven HSAs, one is not trained in DMPA-SC while at Alinafe, two out of eight HSAs are not trained Incorrect documentation in FP registers Missing data from BLM outreach clinics at Nyenje under Mwasambo 	<ul style="list-style-type: none"> FP coordinator to conduct mentorship on documentation Lobby for funds to train remaining HSAs on DMPA-SC FP coordinator to lobby with BLM to support follow up on outreach data.

FP Catch Up Campaign

- ONSE in Kasungu supported FP catch-up campaigns in hard to reach areas of Kapyanga and Chaima in Kasungu and Chipolonga and Chimbira in Machinga. The activity aimed at provision of FP services in the hard to reach areas due to barriers of access to the communities within these catchment areas. The campaign started with client mobilization done by HSAs and CBDAs for two days prior to the actual service provision. All needed supplies including sets were well prepared in advance with support from ONSE-BLM in Kasungu while in Machinga MoH providers conducted the campaign. Some clients that came from distant were ferried to and from to access permanent fp methods. At the end of the 2 days service provision, a total of 650 clients (232 in Kasungu and 418 in Machinga) were reached with contraception generating a total of 916 couple years of protection. Out of all services provided, short term methods accounted for 61%, LARC 33% and 7% permanent methods. The table below summarizes the methods and CYP generated.

Table 18. Summary of FP Catch Up Campaign - Kasungu

Method	Total Clients	CYP
COC	5	0.33
DMPA	15	3.8
Male Condoms	9	0.08
Implanon	79	198
Levoplant	16	51
Jadelle	62	236

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IUD	6	28
BTL	40	372
Total	232	889.2

Table 19. Summary of FP Catch Up Campaign - Machinga

Method	Total Clients	CYP
COC	4	0.3
DMPA-SC self injection	305 (Cycles 1220)	305
DMPA-IM and PI	59	15.3
Levoplant	17	54.4
Jadelle	31	118
IUD	0	0
BTL	2	19
Total	418	512

- Challenges included late finishing of service provision due to high client turn up especially on day one (at Kapyanga) in Kasungu. At Chaima in Kasungu and Chipolonga in Machinga there was a funeral that lead to low client turn out. Stock out of Implanon in Machinga resulted in clients accessing an alternative Implant upon counselling. There was a need to have a glucose drink (orange squash) to replenish sugar levels especially for BTL clients who complained post procedure. It was recommended that the campaign should be replicated to other hard to reach areas and also to consider provision of orange squash for BTL clients.



MoH clinicians conduct BTL at Khola in Kasungu. Picture credited to Alufeyo Chirwa FP coordinator

FP facility supervision

- ONSE in Lilongwe and Zomba supported FP supportive supervision targeting 13 health facilities, 12 in Lilongwe (Mitundu, Chiunjiza, Dickson, Malingunde, Chioza, Chadza, Katchale, Maluwa, Kang'oma, Kawale, Area 18 and Area 25) and 1 (Nasawa) in Zomba. The activity aimed at assessing delivery of FP services amidst COVID-19 pandemic. The supervision also aimed at strengthening provision of quality FP services. The supervision reached a total of 16 (M:2, F:14) providers, 14 in Lilongwe and 2 in Zomba.

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Table 20: Key findings for FP Facility Supervision in Lilongwe and Zomba

District	Strengths	Challenges	Action Points
Lilongwe	<ul style="list-style-type: none"> • FP services are offered in all health facilities visited despite COVID-19 pandemic • Facilities had COVID-19 prevention measures in place and being practiced especially hand washing, and face masks • Most FP commodities were available including DMPA –SC, however, some facilities had shortage of Jadelle. • At least one (1) trained provider in LARC was available at each facility and at Mitundu hospital, the team found clients that were accessing LARC methods. • FP registers were available and in use in 7 out of 12 facilities visited. • Consistent data reporting was observed at Chiunjiza, Dickson, Area 18 and Area 25 health facilities. • IEC materials such as Tiahrt charts were available in most facilities except 3 that had dirty and torn Tiahrt charts • In 5 facilities only, guidelines on removal of Implanon were available and 	<ul style="list-style-type: none"> • Social distancing remained a challenge in high volume facilities such as Mitundu, Area18 and Kawale • Most clients not on DMPA-SC self -Injecting • Guidelines on implant insertion not available in some the facilities • 5 facilities were using old FP registers. • Inadequate counselling materials available in most facilities, 2 facilities of Maluwa and Chadza had torn and dirty Tiahrt charts. • Counseling cards were not available in almost all health facilities visited except at Mitundu hospital. • Inability to access reports at Malingunde and Maluwa due to unavailability of the facility data clerk. Maluwa had no copies of sent reports. • Incomplete documentation in FP registers, page summaries not done in almost all health facilities except at Chiunjiza and Kang’oma health facilities. • Use of old registers in some facilities due to stock out of FP registers at Katchale, 	<ul style="list-style-type: none"> • New FP registers were distributed to all health facilities by 30th August 2020 This was supported by ONSE • The supervision team collected FP commodities (Jadelle and oral contraceptives) that were in excess from Chiunjiza to Katchale health facility • FP providers advised to check with other facilities once they have shortage of commodities. • The health area matron advised the team to order FP commodities and supplies on time based on the ordering guidelines and not waiting for complete stock outs • The Health area matron to collect Tiahrt charts from the district office and distribute them in the 3 health facilities. • ONSE MEPS team to support data review meeting at health area level

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	pasted in the FP clinic.	Chadza and Maluwa health facilities.	
Zomba	<ul style="list-style-type: none"> • Good record keeping of previous reports that were well filled. • Availability of 95% of FP commodities • Long term methods e.g. implants are being provided 	<ul style="list-style-type: none"> • The facility does not have proper FP sets (equipment) for implant removal. • 60% of the FP providers at the facility are not trained in LARC • Incomplete documentation in FP register 	<ul style="list-style-type: none"> • Mentorship on proper documentation in the FP register done. • FP coordinator to provide implant removal sets. • Lobbying for LARC training

Mobile Youth Outreach Teams

- The 9 Youth teams saw 6,845 client visits which generated 12,758 CYPs – a slight increase in client visits but fewer CYPs generated than in July. Fewer clients were seeking voluntary tubal ligations in August which drove the CYP decline, despite seeing more client visits. The Lilongwe team continued to be very productive in August which was assisted by a focused BCCI officer and vehicle to conduct demand generation and awareness creation prior to the day of service delivery. They saw 332 more client visits in August compared to July. Teams continue to report that clients have expressed a preference for services at an outreach rather than a busy public facility where there are fears about COVID-19 being present. The teams are also seeking out new sites to visit where there may be unmet need, which is also contributing to the numbers.
- Of the 6,399 client visits, 85% were female and 59% were under the age of 25, 8% more than in July. Of those under 25 years, 22% were under 19 years.
- The method mix for Youth Outreach teams in August was 61% short term methods (up from 49% in July), 34% LARCs, and 5% permanent methods. Over the preceding months the method mix has been shifting steadily from short term methods to LARCs and permanent methods which is attributed to increased knowledge on LARCs, improved comprehensive counselling and an increased interest in LARC methods during COVID-19 to reduce visits to facilities. In August however this trend has shifted as a greater proportion of clients chose to receive short acting methods than in previous periods.
- As in previous months, Lilongwe continues to see the most client visits at 1,440 which generated 3,090 CYPs making Lilongwe the most productive team in August, as it has been in the preceding months.
- The Youth Outreach teams continued to offer choice to clients seeking voluntary FP methods, with 11 methods available across the 9 teams as well as emergency contraception. There were shortages of Implanon, Levoplant and Jadelle and emergency contraception experienced in many districts.

Table 21. Mobile Youth Outreach Clinics - August 2020

District	Condoms (M)	Pills	EC	DMPA	Implants	IUCD	BTL	Clients	CYP
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	Pie.	Cl.	Cyc.	Cli.				3y	4y	5y				
						IM	SC							
Balaka	5,416	159	226	76	0	0	261	104	0	207	1	0	807	1,177
Chitipa	0	0	30	11	0	0	55	34	0	30	2	0	135	224
Dowa	10,421	162	78	38	3	8	215	56	160	76	3	50	788	1,491
Karonga	7,010	124	68	23	0	0	56	80	0	70	2	0	359	552
Kasungu	7,334	124	187	74	0	0	216	109	0	93	9	45	568	1,245
Lilongwe	10,709	264	308	114	0	0	499	0	0	483	0	102	1,440	3,090
Machinga	2,772	92	150	67	0	0	325	12	0	226	10	56	807	1,609
Mulanje	11,484	221	82	29	0	16	292	9	0	217	7	47	727	1,527
Nkhotakota	4,198	84	66	24	0	28	23	13	0	67	0	11	259	449
Salima	6,276	121	39	18	6	0	37	1	0	65	5	1	229	347
Zomba	10,033	308	103	34	0	25	92	91	121	17	5	31	726	1,047
TOTAL	75,653	1,659	1,337	508	9	77	2,071	509	281	1,551	44	343	6,845	12,758

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Nested Providers

- Nested providers saw 2,494 client visits in August which generated 4,733 CYPs. Client visits were 19% lower than July and CYPs were 17% lower, which is attributed to the MoH COVID-19 response plan which directs people to their nearest medical facility, to ease the burden at the district hospitals which is where the nested teams are located. Clients also continue to report concerns about attending big public facilities as they will be seeing and treating COVID-19 patients, and therefore it is perceived as more likely to spread there.
- Machinga was the most productive team, serving 421 client visits and generating 769 CYPs. Lilongwe saw just 149 clients but had the next highest number of CYPs generated which is attributed to the delivery of more BTL and IUCD services than other teams. The Lilongwe team typically serve clients from widespread locations who travel to/through the city.
- In August, Nested providers have started to collect data on DEPO-SC self-injection: the providers document on the client record forms the dose was given by the provider or whether the client had injected herself. The self-injection numbers include the number of doses given to the client to self-inject at home.
- The method mix for July was: 59% short term methods, 38% LARCs and 3% permanent methods.

Table 22. Nested Provider Clients and CYP - August 2020

District	Condoms (M)		Pills		EC	DMPA			Implants		IUCD	BTL	Clients	CYP
	Pie	CL	Cyc	CI		IM	SC	SI	3y	5y				
Balaka	40	2	0	0	0	16	49	8	66	57	5	10	205	523
Dowa	288	2	27	9	0	91	71	0	15	22	2	0	213	175
Karonga	920	44	9	3	0	3	45	0	66	56	11	10	194	549
Kasungu	300	10	41	20	0	0	83	0	51	56	5	7	223	459
Lilongwe	500	25	4	2	3	4	0	0	30	72	19	17	149	612
Machinga	656	50	76	24	1	0	41	623	0	97	15	14	421	769

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Mulanje	400	18	33	11	0	0	154	0	7	66	4	9	245	428
Nkhotakota	1,304	23	16	7	0	0	7	412	14	87	3	1	306	524
Salima	525	21	24	8	0	10	194	10	10	71	0	5	301	404
Zomba	612	9	24	8	0	0	153	0	30	27	7	3	237	290
Total	5,545	204	254	92	4	124	797	1,053	289	611	71	76	2,494	4,733

Facility-Based Outreach Teams

- Client visits decreased by 41% from July and CYPs declined by 3%. The facility-based outreach teams saw 3,215 client visits in August which generated 8,655 CYPs. The decrease in client visits is attributed to the intensification of farming activities in some of the districts which means women are less available for services. The high CYP numbers are attributed to the continuing shift of the method mix more towards long acting and permanent methods, as more clients elect to receive these services.
- The method mix was 48% short term methods, 43% LARCs and 9% permanent methods. The method mix remains consistent to previous months. 16% of the client visits were those under 20 while 31% were aged 20-24 years. Nearly 100% of the client visits were female: just 12 men received FP information and services in August.

Table 23. Facility-Based FP Outreach - August 2020

District	Condoms (M)		Pills		EC	DMPA		Implants			IUCD	BTL	Clients	CYP
	pie	CI	Pie	CI		IM	SC	3y	4y	5y				
Balaka	2,258	70	150	68	0	167	263	199	37	206	29	107	1,173	2,713

Karonga	6,710	290	121	41	0	33	426	104	0	233	19	29	687	1,702
Machinga	6,442	177	48	27	1	7	256	84	34	205	4	48	707	1,695
Nkhotakota	0	0	42	22	0	0	112	0	178	154	14	142	648	2,545
Total	15,410	537	361	158	1	207	1,057	387	249	798	66	326	3,215	8,655

Integrated FP facility and Community supervision

- ONSE supported RHD to conduct an integrated facility and community FP supervision to Salima, Nkhotakota, Balaka and Machinga districts. The ONSE team used the same exercise to conduct FP compliance monitoring and this will be reported on a separate section. The activity aimed at the following objectives;
 - To assess adherence to COVID-19 guidelines in provision of FP services at facility and community level
 - To identify gaps in service provision and provide onsite mentorship to ensure continuation of essential services.
- The supervision team used MoH facility and community checklists and DMPA-SC competency checklist. A total of 23(M:8, F;15) providers were supervised.

Table 24. Integrated Facility and Community FP Supervision - Salima, Machinga, Nkhotakota, and Balaka

District	Strengths	Challenges	Action points
Salima	<ul style="list-style-type: none"> • FP commodities stock cards were up to date in all facilities • IEC materials were readily available at Salima district hospital • All the facilities have clean environments and neat rooms for service provision. • Availability of all FP methods in all facilities • Availability of clients in all facilities that seek FP services 	<ul style="list-style-type: none"> • Group and individual counselling not done according to standards • Inadequate registers for HSAs • Inadequate DMPA-SC Injecting technique i.e. handling at port • Providers not putting on uniform • Some providers not oriented in DMPA SC • No special room for FP services room at 	<ul style="list-style-type: none"> • FP coordinator to conduct supervision and mentorship • FP coordinator so source FP registers and protocols from RHD • Lobby for funds to orient providers on DMPA-SC • DNO to allocate providers at MCH in Salima • Need for an FP room at Maganga

	<ul style="list-style-type: none"> • Open LMIS report is entered monthly • Re-allocation of FP commodities is done periodically 	<p>Maganga health center</p> <ul style="list-style-type: none"> • No protocols and kulera flip chart at Maganga health center • No MoH staff allocated to MCH for FP services at Salima DHO. 	
Nkhotakota	<ul style="list-style-type: none"> • Stock cards were up to date in all facilities • IEC materials available in all facilities • Facilities adhere to COVID-19 prevention measures • Availability of DMPA SC in all facilities • Availability of clients in all facilities • Good coordination amongst the key players in FP • Consent forms for permanent FP methods were available • Open LMIS report is entered monthly • Cartons with supplies are put on the palates and away from the wall. • Packing in pharmacy follows First Expire First Out (FEFO) 	<ul style="list-style-type: none"> • Group and individual counselling not done according to standards • Inadequate updated registers for HSAs • Injecting technique i.e. intradermal • Providers not in uniform • FP Commodities not enough for 3 months • Poor data management i.e. at Kasitu health center data not updated in DHIS2 • Condoms out of stock at Bua and Kasitu health center for the past 3 months • Some service providers forgot storage of Sayana and recommended waste disposal 	<ul style="list-style-type: none"> • Continue distribution of FP commodities i.e DMPA SC and calendars • FP coordinator to source and distribute FP registers, Kulera flip chart • District team to continue supervision and mentorship
Balaka	<ul style="list-style-type: none"> • Stock cards were up to date in all facilities • Some IEC materials were available in all facilities • Availability of DMPA SC in all facilities though in short supply • Availability of FP clients in all facilities • Consent forms for permanent FP 	<ul style="list-style-type: none"> • Inadequate counselling skills • Inadequate updated FP registers for HSAs • Injecting technique not done according standards • Majority of HSAs were not in uniform • Data in DHIS2 was different from what 	<ul style="list-style-type: none"> • Continue re-distribution of FP commodities • FP coordinator to source and distribute FP registers, Kulera flip chart and Tiahrt charts • continue supervision and mentorship in

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	<p>methods were available at the district hospital</p> <ul style="list-style-type: none"> • FEFO followed in all pharmacies • There is a good teamwork at the district clinic between ONSE-BLM FP providers and MoH-Balaka FP providers 	<p>was captured in monthly reporting booklets.</p> <ul style="list-style-type: none"> • At Mbera no integration of FP services • Stock outs of LARC at Mbera i.e. Implanon and Jadelle • Short supply of Depo-SC only 400 doses remaining • Incomplete documentation in FP registers and reports 	<p>the remaining facilities</p> <ul style="list-style-type: none"> • Health Management Information System (HMIS) office to conduct data verification exercises • District to organize cluster review meetings
Machinga	<ul style="list-style-type: none"> • Stock cards were up to date in all facilities • Some IEC materials were available in all facilities • Availability of DMPA SC in all facilities though in short supplies • Integration of services with the partners i.e. ONSE-BLM at the district • Availability of clients in all facilities • Consent forms for permanent FP methods were available at the district • FEFO followed in the pharmacies • Water supply and solar power available at Ngokwe health center • All HSAs visited were in full uniform • In all pharmacies LMIS reports are entered in Supply Chain Manager • There is a good teamwork at the district clinic between ONSE-BLM and MoH-providers 	<ul style="list-style-type: none"> • Group and individual counselling not done according to standards • Inadequate updated registers for HSAs • Injecting technique i.e. intradermal • Not checking expiry date of DMPA SC. • FP commodities not enough for 3 months • Short supply of DMPA-SC • A small number of HSAs have no newly updated FP registers 	<ul style="list-style-type: none"> • Continue distribution of FP commodities i.e DMPA-SC, Calendars • FP coordinator to source and distribute FP registers, Kulera flip chart • To continue supervision and mentorship • District to conduct data verification exercises in the facilities • District through pharmacy to do reallocation of FP commodities.

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FP Compliance Monitoring

- ONSE through the FP advisor supported FP compliance monitoring in 8 facilities in Salima, Nkhotakota, Balaka and Machinga districts. The activity aimed at monitoring adherence to FP compliance requirements in the FP program. A standard checklist was used to interview the providers and then exit interviews for the clients. A total of 14 clients all female and 7 (M:3 F:4) health care workers were interviewed. Table below highlights the number of health care workers and clients that were interviewed.

Table 25. Overview of FP Compliance Monitoring - Balaka, Nkhotakota, Machinga and Salima

Facility	Clients	Health workers
Nkhotakota DHO, Kasitu and Bua	5	3
Salima DHO and Maganga	4	2
Machinga DHO	2	1
Balaka DHO, Mbera and Namanolo	3	1
Total (9 Facilities)	14	7

- All the facilities assessed were compliant on the FP and abortion and protecting life in global health assistance requirements. Some vulnerabilities to be acted upon included;
 - Availability of Kulera flip charts
 - Pasting of Tiahrt charts
 - Storage of voluntary sterilization forms
- It is expected that the clinical coordinators in the four districts will work with FP coordinators to address the issues identified in the facilities

YOUTH

- In the reporting month, ONSE supported Youth Friendly Health Services (YFHS) supervision in Dowa and Mulanje districts reaching out to ten facilities. With this activity, a total of 23 (M19, F4) service providers were reached out. These supervisions are aimed at improving quality of services for young people through mentorship of providers in skills gaps identified during supervision thereby making facilities more sensitive to the needs of young people. In Dowa this activity was conducted from 18 to 25 August 2020, while for Mulanje was from 7th to 10th September 2020.

Table 26. Summary of Youth Friendly Health Assessment Findings - Dowa, and Mulanje

District & Facilities	Findings	Action Points
Dowa		
Kayembe	<ul style="list-style-type: none"> • Minimum package of YFHS is being provided to the youth. • The facility has HIV policy National YFHS Strategy (2015-2020) • Has basic equipments and supplies available for the provision of YFHS • Report disaggregated data using updated reporting forms. • Have updated reported forms (some were provided during the activity) • They have established links with other organizations e.g GENET and World Vision. • Displayed posters containing health information were available. • The facility has run out of stock in some drugs and is running short of supply of essential drugs for STI treatment e.g DCN, acyclovir and Gentamycin for close to 3 months 	<ul style="list-style-type: none"> • Providers were enlightened to include YFHS and FP talks in their routine health education schedule • Emphasis was made on the need for community sensitization on FP and YFHS through their usual community engagement. • The District YFHS Coordinator informed the providers that will check with Pharmacy personnel on the drugs that are out stock so that they can be sent.
Chisepo	<ul style="list-style-type: none"> • Minimum package of YFHS is being provided. • Has basic equipments and supplies available for the provision of YFHS • Report disaggregated data using updated reporting forms • Have updated reported forms (some were provided during the activity). • The service providers were trained in YFHS 2019 and support staff were also oriented on YFHS. • Active youth clubs which meet regularly 	<ul style="list-style-type: none"> • Providers were encouraged to continue the good work • YFHS Coordinator informed the facility that emergency contraceptive pills have been out of stock for some time even at the DHO once they are sourced this facility will be supplied. • On condoms the Coordinator promised to send to the facility any day an ambulance will be coming to the facility, however he also encouraged them to be reporting to keep the supply chain active.

	<ul style="list-style-type: none"> No condoms and emergency pills available 	
Mbingwa	<ul style="list-style-type: none"> The facility is providing minimum YFHS package They have HIV policy National YFHS Strategy (2015-2020) Has basic equipment and supplies available for the provision of YFHS Report disaggregated data using updated reporting forms Displayed posters containing health information were available Active youth clubs which meet regularly Young people are being involved in service provision especially through the youth club They have special room for YFHS 	<ul style="list-style-type: none"> Providers were encouraged for the work they are doing in making the youth accessing services at their facility. They were encouraged to continue be having regular meetings with the youth as that is the only way they can be accessing the services
Chizolowondo	<ul style="list-style-type: none"> The facility is providing a minimum YFHS package Has basic equipment and supplies available for the provision of YFHS It has established links with other organizations e.g GENET and World Vision There are no policies and strategies (Sexual and Reproductive Health [SRH] policy, HIV Policy, youth friendly strategy, SRH strategy, and national Youth Policy copies) to guide service provision. 	<ul style="list-style-type: none"> On the issue of policies, the Coordinator informed providers that YFHS Strategy and Policy are both expiring this year and RHD has already started meetings with partners on replacing the current guidelines hence they should wait as no partner can commit to print the old version which will be expiring soon. However providers were encouraged to be always referring to the five Standards for YFHS provision as they also guide on what is expected at the facility.
Mulanje		
Mbiza	<ul style="list-style-type: none"> The facility is providing minimum YFHS package Has basic equipment and supplies available for the provision of YFHS Submits monthly reports to the DHO No standards and guidelines for service provision at the facility 	<ul style="list-style-type: none"> The YFHS Coordinator informed the facility that once the new guidelines are developed will be shared with the facility.

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Chinyama	<ul style="list-style-type: none"> • The facility has basic equipment and drugs for the provision of YFHS Minimum YFHS package is being provided to the youth • Has at least two providers trained in YFHS • The facility has active youth clubs nearby 	<ul style="list-style-type: none"> • The District Coordinator encouraged providers on the good work they are doing
Chamba	<ul style="list-style-type: none"> • The facility has at least three providers trained in YFHS • Submits monthly reports to DHO • Has basic supplies and drugs for the provision of YFHS • No established links with other partners 	<ul style="list-style-type: none"> • Providers were encouraged to develop links with other partners.
Kambenje	<ul style="list-style-type: none"> • The facility is providing minimum package of YFHS to the youth • The facility has more than two providers that were oriented in YFHS • Submits reports to DHO every month • There is no established links with nearby youth clubs 	<ul style="list-style-type: none"> • The District YFHS Coordinator encouraged providers to establish links with nearby youth clubs so that more youth can be accessing Sexual and Reproductive Health Rights (SRHR) services at the facility. • Providers were recommended on the work being at the facility like submitting reports every month.
Milonde	<ul style="list-style-type: none"> • The facility has basic supplies and drugs for the provision of YFHS • Minimum package of YFHS is provided to the youth • It has some links with other partners • Providers that were trained in YFHS were transferred out. • The facility does not submit reports to the DHO consistently. 	<ul style="list-style-type: none"> • During the visit it was established that the only trained provider who was at the facility was transferred out which is affecting submission of reports. On this the Coordinator indicated that they will lobby with partners to support staff oriented on the data collection tools.
Mpala	<ul style="list-style-type: none"> • The facility submits reports to DHO every month • Has drugs and supplies for the provision of YFHS • The facility has only one trained providers in YFHS • The facility has YFHS standards as a guidelines for service provision 	<ul style="list-style-type: none"> • The District YFHS Coordinator will lobby other partners to support orientation sessions of providers in YFHS just to make sure that quality services are still provided when the trained provider has taken off or leave • The facility was recommended for the good work they are doing in making services available for the youth

YFHS TWG meeting

- In the reporting month, ONSE in Zomba participated in the Youth TWG that was organized by the District Youth Officer in collaboration with the YFHS Coordinator in the district. The meeting took place at the District Commissioners' Chamber on 21 August 2020. The aim of the meeting was to plan and develop strategies to address low uptake of SRHR services by the youth in this COVID-19 era. The meeting drew 26 (M10; F16) participants from different organizations working on Youth SRHR in the district. The District Youth Friendly Coordinator informed participants to the meeting that reports have shown a drop-in service uptake by the youth since closure of schools in March. She continued to say "stay at home" messages in order to prevent COVID-19, could be one of the contributing factors to the problem coupled with delayed development of service provision guidance for providers in this COVID-19 era made the matters worse. The drop-in service uptake by the youth has brought in fears of increased teenage pregnancies despite that there is not enough data to support this. The two officers informed members that they have been called to strategize on how service uptake by the youth can be improved.
- At the end of the meeting participants developed an action plan on how services uptake by the youth can be improved. The following are some of the activities that partners agreed to conduct starting from October.
 - Orient service providers in the newly developed YFHS service guidelines
 - Conduct outreach clinics targeting youth in the communities
 - Refresher sessions of YCBDAs so that they can be providing services to the fellow youth
 - Conduct awareness campaigns in combination with service provision
 - Conduct mass media awareness
 - Conduct radio jingles to raise awareness to youths on SRHR and COVID-19
 - Conduct school health talk
 - Conduct role modelling sessions in schools
- To this meeting, ONSE was represented by the District Clinical Coordinator and BLM-ONSE Youth Outreach Team lead and the two committed to do more on sensitization of youth and community members on the importance of youth accessing SRHR services even during this COVID-19 period. ONSE-BLM will continue to make SRHR services available through youth outreach service teams in different communities in the district. It is expected that service uptake by the youth will improve once the agreed activities are implemented and continued advocacy on the same.



Cross section of participants during youth friendly meeting at District chambers conference room, Picture taken by Chikondi Selemani (clinical coordinator) on 19 August 2020.

Gender Participation in the Gender TGW Activity

- In the reporting period, ONSE in Nkhotakota participated in a focus group discussion meeting on teenage pregnancies. The activity was organized by the Gender Officer in collaboration with the District Youth Officer with support from the District Council. These FDGs were conducted on 18th August 2020, at Malowa Health Center targeting community members within the catchment area. The area was selected because the facility registered more teenage pregnancies according to ANC data in Jan-March 2020 quarter, and the district decided to conduct this activity in order to unearth the reasons for high teenage pregnancies and together identify solutions that can bring down this upward trend. Secondly the district officials decided to go to this area knowing that with five months school closure, the problem could have worsened and this activity would help to encourage youth to access SRHR services. The district reached out to 26 (M13;F13) participants. Facilitators for these focus group discussions were taken from the Gender TWG.

Key Findings

- Community stigma towards youths accessing FP methods at the facility.
- Lack of knowledge on the availability of emergency contraceptives.
- Distances to the facilities are contributing to low utilization of services by the youth
- Youth are having a lot of free time due to closure of schools.
- Power imbalance between boys and girls which is negatively affecting girls as they fail to negotiate for condom use.

Action Points

- Community leaders that were present at the meeting were mobilized to support youth to access SRHR services if they are to complete their education and become responsible citizens of the area.
- Youth were informed about services that are available at Malowa Health center that can be accessed free of charge
- ONSE representative informed participants on youth outreach team that provide SRHR services within their localities
- The District YFHS informed the members about CBDAs that are present in the community that provide oral contraceptives and barrier methods.
- The District Youth Officer requested partners that were present at the meeting to support the district with recreation materials which can help youth to pass time especially now that schools are in recession.
- Chiefs pledged that they will sensitize parents to support sexually active girls to be accessing contraceptive methods.

MALARIA

Case Management

- Malaria case management supervision continues to be a core activity supported by ONSE in both public and private facilities across 10 districts. In the month under reporting, ONSE supported malaria case management supervisions in Balaka and Mchinji. Forty facilities (40) were supervised and intensive coaching and mentorship in areas of diagnosis and treatment were provided to 55 health workers (35M, 20F). In smaller facilities like health centers and dispensaries, the focus of coaching and mentorship was on patient assessment, use of mRDTs, adherence to test results and pre-referral management of severe cases while in facilities providing in-patient services mentorship extended to management of severe cases of malaria. Some of the action points developed and implemented included but not limited to; orientation on Laboratory, LA and Outpatient Registers.
- In order to broaden the reach of case management supervisions ONSE also supported group mentorships on case management in Mangochi and Nkhotakota. In Mangochi the group mentorships were supported at Mangochi District Hospital and Monkey Bay Rural Hospital while in Nkhotakota the group mentorships were conducted at St Anne's Hospital, Alinafe Hospital and Matiki Hospital. The main aim of group mentorship is to mentor and support health care workers in their delivery of quality malaria care and treatment services. Mentees were equipped with skills, knowledge, attitude necessary to provide high quality care and treatment in the context of a facility work environment. For efficiency and effective achievement of the group mentorship objectives mentors used OTSS checklist and identified specific gaps and developed specific mentorship plans to correct shortfalls. The mentorship reached 109 (55M 54F) health workers. One of the specific action points agreed at the mentorship meetings was to ensure quality improvement teams in the respective facilities take on board case management issues.



Mentor discussing with clinical staff at Monkey Bay and Mangochi Hospital respectively. Photo credit: Chisomo Kafuna

- ONSE also supported pediatric death audits at Ngabu Rural Hospital and St Montfort Hospital in Chikwawa. The audits aim at determining whether care given was consistent with evidence-based clinical practice and determine possible modifiable factors in the care of each child. Based on the audits severe malaria with anemia was the leading cause of deaths. The issues that were noted to have contributed to the deaths were incomplete assessments of patients, delays in starting treatment, delays in referral, inappropriate dose of artesunate (under-dosing), and patients not being reviewed by the ward clinicians. The recommendations were to conduct CPD sessions on history taking, artesunate dosage, and physical examination and to enhance frequent supervisions. Thirty-two (20 M, 12 F) nurses and clinicians participated in the death audits.

Malaria in Pregnancy (MIP)

- In the reporting month, ONSE supported Chikwawa and Mchinji to conduct MIP supervisions to 40 health facilities. MIP supervisions, coaching and mentorships continue to focus on building capacity of ANC providers in areas of understanding MIP guidelines, Intermittent Preventive Treatment in Pregnancy (IPTp), newly introduced ANC registers and ANC standard protocols. In Mchinji ONSE also supported orientation on new ANC registers to ANC providers from 12 facilities in the districts. One hundred and twelve (64 M, 48 F) health workers were reached, supervised, coached and mentored. These supervisions and orientations also provided an opportunity to strengthen MIP services in the context of COVID-19. It was observed that Ferrous Sulphate has been out of stock in all the visited facilities in Chikwawa. ONSE engaged the DHMT to lobby that procurement of Ferrous Sulphate be accorded a priority.

Malaria Data Reviews

- Data related activities continue to be core activities being supported by ONSE. In the reporting month malaria related data activities in Mangochi, Ntcheu, Machinga and Lilongwe. In Machinga and Ntcheu ONSE supported cluster-based malaria review meetings. The main aim of the reviews is to review performance of facilities in crucial indicators in the preceding quarter (April-June

2020). Forty-seven facilities participated in the review meetings resulting in 259 (164 M, 92 F) health workers (Laboratory, Data Clerks, pharmacy, Nurses and Clinicians) participating in the reviews. Some of the major issues discussed were prevailing discrepancies between confirmed cases and treatments dispensed, low positivity rates among tested malaria suspected cases. Since the major issues discussed are a reflection of malaria case management services being provided the review also tackled issues related to patient assessment, diagnosis (use of mRDTs), adherence to test results and use of ACTs.



Data Reviews - Photo Credit: Nixon Chidzere

- In Lilongwe (18 health facilities) and Mangochi (5 health facilities) ONSE supported malaria data verification, mentorship and coaching on data management and documentation, strengthening of LA dispensing register, Out-Patient Register, Malaria Laboratory Register, LA stock cards, and Malaria Monthly reporting forms. In Mangochi most facilities are using J2 system and it becomes a problem to do back-entry of data when the J2 is down, resulting in missing data in some facilities.

Community-Based Delivery of IPTp Study (c-IPTP)

c-IPTp End-Line Surveys Updates

- Implementation of c-IPTp study ended on July 31, 2020. The qualitative endline survey was conducted from July 27 to August 7, 2020 while the quantitative survey was conducted from August 17 to September 1, 2020. Malaria Alert Centre, subcontracted to undertake the surveys is in the process of analyzing data from both surveys. The final reports are expected before the end of November 2020.

c-IPTp Close Out Activities

- In compliance with College of Medicine Research Ethics Committee (COMREC) requirements ONSE is in the process of closing out the study and some of the study close out activities are;
 - Retrieval of registers, job aids and Sulfadoxine-pyrimethamine (SP) from implementing facilities
 - Perform final double blind data entry (implementation data)
 - Debriefing of DHMT members, District Executive Committees (DECs), ADCs on the closure of the study in study districts.
 - Transferring of all data and study materials to Malaria Alert Centre

- Drafting of the final study report
- ONSE anticipates completing all the above activities by December 31, 2020. Dissemination of study findings to all stakeholders will be part of the wider ONSE dissemination activities.

NUTRITION

Community Management of Acute Malnutrition (CMAM)

Severe Acute Malnutrition (SAM) orientation in the context of COVID-19

- In the reporting month, ONSE at the central level supported NRU orientations in the context of COVID-19 in Dowa, Kasungu, Nkhotakota, Machinga, Mulanje and Zomba districts. Thirteen NRU's from the aforementioned districts benefited from the orientations. The NRUs included Dowa district hospital, Chezi health center, Kasungu district hospital, St Andrews hospital, Nkhotakota district hospital, St Annie's hospital, Machinga district hospital, Nsanama health center, Mulanje district hospital, Mulanje Mission hospital, St Luke's hospital, Domasi hospital and Pirimiti hospital NRUs. The main objective of the orientations was to orient health care workers on management of severe acute malnutrition in the context of COVID-19 with focus on in-patient care. 89 (30, 59F) health workers have been oriented. Two sets of 3 MoH national CMAM trainers facilitated the orientations; each team covered 3 districts. Some key guidelines that were discussed included:
 - Ensure access to PPE and soap, water and/or disinfecting solutions to apply strict IPC measures while enabling continued screening for wasting using weight-for-height, MUAC and bilateral pitting oedema. Where possible involve caregivers to minimize contact with the patient.
 - If access to essential PPE and disinfecting solutions cannot be secured, then reducing exposure by shifting to MUAC and bilateral pitting oedema only for anthropometric measurements in infants and children is advised. MUAC tapes should also be disinfected after each use, or disposable tapes or personal child's tape should be used
 - Children with medically complicated severe wasting or bilateral pitting oedema who are suspected to have COVID-19 should be tested. Isolation is recommended for those who test positive according to national guidelines
 - Reduce the frequency of follow-up visits to bi-weekly/monthly. Outpatient Therapeutic Program (OTP) visits rescheduled to monthly instead of fortnightly and SFP monthly from fortnightly
 - All mothers of newborn infants, including those with suspected or confirmed COVID-19, should be encouraged and supported to initiate and continue exclusive breastfeeding
- A program performance review of each of the NRUs in attendance was done comparing the performance this year to a similar period last year. The aim was to analyse the impact of COVID-19 on SAM (number of admissions, deaths etc). To get a better understanding a review of the main causes of NRU deaths that occurred was also done. For Dowa NRU, it was noted that deaths were higher in the previous year than the current year; 21% in the second quarter last year versus 0% of deaths of the similar period this year when COVID-19 cases were at peak. This was attributed to an active NRU QI team where after an NRU death audit, the team analyses what went wrong and what could be done better. Action points are made and followed up; this greatly improved the performance indicators. It was also noted that in Dowa HSAs are also doing a better job in identifying cases early and they get treated at OTP; more OTP cases than NRU. To wrap up discussions, participants were reminded of the key ten steps to management of SAM. The main outcome of the orientations was that in all the facilities, the NRU teams were able to identify gaps

and challenges that they are facing in the facilities and they came up with interventions to solve the challenges. The main challenge was irregular review and monitoring of patients by clinicians in the NRUs. It is expected that after the orientation, there is going to be a great improvement due to the knowledge that the health workers have acquired in management of SAM children during COVID-19 pandemic. Implications for ONSE include enhanced support for supportive supervision, procurement/distribution of supplies like initial management charts, glucometers, thermometers and support for service providers training on revised CMAM guidelines for inpatient care.

CMAM Supervision

- Salima DHO with support from ONSE conducted CMAM supervision at Maganga, Thavite, MAFCO, Ngodzi, Chitala and Chinguluwe health facilities from 18 to 27 August 2020. 49 (33M, 16F) service providers were supervised by 3 male CMAM trainers from the DHO. The objectives of the supervision was to enhance adherence to the approved standards/guidelines in management of acute malnutrition. It was noted that anthropometric measurements (MUAC, height, weight) were measured accurately and weight for height calculated properly. A few challenges were noted as follows:
 - Inadequate capacity on new CMAM Guidelines as providers were not trained (201 out of 551 CMAM service providers were trained in the district)
 - Inadequate capacity in management of SAM in the whole district as only 4 providers were trained on in-patient care
 - Health workers not oriented on new nutrition guidelines in the Context of COVID-19
- The DHO requests support for training on new CMAM Guidelines, training on inpatient care management of SAM and orientations on new nutrition guidelines in the context of COVID-19.

Nutrition Commodity Distribution in Salima

- ONSE also supported MoH to distribute nutrition supplies to 10 health facilities in Salima; the facilities had run out of the supplies and were distributed from the DHO. 5 males participated in the distribution.

Table 27: Summary of Commodity Distribution in Salima

Date	Item description	Qty	To
28-7-2020	RUTF	5 cartons	Chagunda
28-7-2020	CMAM Monitoring cards	30	Chagunda
29-7-2020	RUTF	5 cartons	Kaphatenga
29-7-2020	RUTF	6 cartons	Chitala

11-8-2020	Nutrition screening tools	150	ADMARC, MAFCO, Senga bay Baptist, Lifuwu
11-8-2020	IFA compliance cards	1000	ADMARC, MAFCO, Senga bay Baptist, Lifuwu
11-8-2020	CMAM monitoring tools	120	ADMARC, MAFCO, Senga bay Baptist, Lifuwu
7-9-2020	Z-score charts	2	Chipoka
8-9-2020	OTP registers	3	Chipoka, Baptist, Mchoka

- In Zomba, ONSE also supported redistribution of CMAM supplies from Chipini health center to Domasi and Thondwe health centers on 9 September 2020. Chipini health center had more stock of Corn Soy Blend (CSB++), which is expiring at the end of October 2020 while Domasi and Thondwe health centers had run out of the same commodity hence the need for the redistribution. The exercise involved a total number of 2 (1M, 1F) health care workers who collected a total number of 16 cartoons of 150 sachets each of CSB++ from Chipini health center and redistributed 9 cartons to Domasi health center and 7 cartons to Thondwe health center.

NRU Quality of Care

NRU QI meeting in Salima

- Salima DHO was supported to conduct an NRU QI team meeting on 31 August, 2020 at Salima district hospital. 24 (16M, 8F) participated in the audit. The agenda of the meeting was to evaluate NRU case files to find out the causes and contributing factors to the deaths; identify challenges that led to the death of the children and come up with solutions; and discuss the standard case management and way forward on how to improve on the care. Previously NRU death audits revealed a number of challenges from both clinical, nursing and environmental section. Achievements observed included:

Table 28. Summary of NRU QI Meeting - Salima

Strengths	Challenges	Action Points
<ul style="list-style-type: none"> All in charges, departments came up with an implemented action plan as suggested 	<ul style="list-style-type: none"> Irregular documentation on vital signs Poor documentation on 	<ul style="list-style-type: none"> Nutrition coordinator to find out if availability of stocks of timers, scales and durable thermometers and liaise with DMO/Pharmacy to be procuring durable timer, thermometers

<p>from the previous meeting</p> <ul style="list-style-type: none"> • All case files had date and time of admission which was a challenge previously • All case files had basic investigations done and documented for instance MRDT, HB • All case files had daily weight, feeds, edema status documented • All files had information transferred to NRU admission forms • All cases were commenced on routine medication i.e. antibiotics as per protocol 	<p>testing of HIV in patient files</p> <ul style="list-style-type: none"> • Non-availability of timers, durable thermometers and scales for older children • Lack of child stimulating playing items and space. 	<ul style="list-style-type: none"> • Liaise with Baylor/HIV Testing and Counselling (HTC) counsellor to do HIV testing and document the results on both health passport and NRU admission form • The coordinator to liaise with DHMT and donor partners to buy or donate play materials for play and stimulation as recommended in CMAM guidelines and also liaise with DHMT if a well-spaced room can be constructed/identified for playing
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NRU QI review in Chitipa

- ONSE supported the routine quarterly NRU QI review in Chitipa on 21 August 2020. The exercise showed that the percentage of the initial management chart which was completely documented was 75% in April 2020 and decreased to 50% in May 2020 and raised to 55.6% in June 2020. On the outcome and temperature charts, some management charts were not completely documented. Prescribing and administering antibiotics to children with SAM was 25% in April 2020 increased to 50% in May 2020 and raised again to 66.7% in June 2020. There was a knowledge gap on administration of drugs on standard treatment protocol, specifically on PCM administration. It was noted that there was no death case in the three month of April, May and June, therefore no death audit was conducted. It was further noted that:
 - There was knowledge gap by the health worker on SAM management in the NRU
 - Mentorship of health workers stopped which greatly affected proper documentation on temperature monitoring, outcome and other parameters on specified months as shown in the graphs above
 - Cooking demonstrations for new caregivers stopped
 - There were some indications on service providers negligence and reluctance of most health workers to attend some no-allowance on-job orientations
 - On and off of antibiotics for children at the pharmacy

NRU Death Audit

- ONSE supported audit of 4 NRU deaths in Chitipa (1), Karonga (1) and Machinga (2); the death audits were conducted by 15(9M, 6F), 15(6M, 9F), 7 (4M, 3F) QI team members respectively who developed the following action points for follow up:

Table 29. Summary of NRU Death Audit - Chitipa, Karonga, and Machinga

District	Modifiable indicator	Proposed solution	By whom	By when
Chitipa	Late health seeking behavior (parents delayed to bring the patient to the hospital until the condition worsened)	Conduct community sensitization on acquiring health services early	Kameme cluster supervisor	11/09/2020 & on-going
	No referral notes were available	All referring facilities should ensure that referral notes are provided when referring patients	DMO	11/09/20 & on-going
	Inadequate documentation (information was missing on initial management chart and daily care)	Proper documentation during admission and throughout care	Ward in-charge	15/09/20 & on-going
Karonga	Lack of adherence to clinical management protocols in SAM management	NRU to provide intensive care to admitted child	Pediatric Ward in-charge	On-going
		There is need for proper coordination between the nutrition and medical team at Pediatric ward	Pediatric Ward in-charge and Nutritionist	
		Nurse in-charge in Pediatric ward should make follow ups of the action points developed during meetings and audits	Pediatric ward Nurse in-charge	
		Nurse in charge to conduct mentorship of Pediatric Ward staff on management of SAM		
	NRU QI team to conduct meetings once a month (every last Friday of the month) to review progress	NRU QI team chairperson	On-going	
	Nutritionist to print and paste the NRU standard treatment protocols in the Pediatric Ward	Nutritionist	Immediate	
	Pediatric Ward in-charge to cross-check management charts for documentation soon after every discharge from NRU program	Pediatric ward in-charge	On-going	

		Pediatric Ward in-charge to facilitate setting up of an isolated room/compartment for NRU patients only	Pediatric Ward in-charge	Immediate
Machinga	Inadequate monitoring of a very sick child in ward and missing of Lab results	Very sick children should be reported to clinicians and nurses by all home craft worker All home craft workers should make sure all lab results have been attached	NRU ward in-charge	On-going
	Inadequate management of SAM by clinician and nurse	Mentorship on how to manage very sick NRU children	NRU clinician	
	Delaying seeking care by the guardians	Community sensitization on early seeking care by guardians	Deputy Nutrition coordinator	

Nutrition at IFHOC Sites

- In the reporting period, ONSE supported growth monitoring to 4877 children in Chitipa, Karonga and Nkhotakota of which 124 were underweight as follows:

Table 30. Summary of Nutrition at IFHOC Sites - Chitipa, Karonga, and Nkhotakota

District	# Gone Through Growth Monitoring	# Underweight	# Underweight & Referred to CMAM
Chitipa	1,115	47	36
Karonga	2,107	70	45
Nkhotakota	1,208	1	0
Total	4,430	118	81

- At the zonal level, the Nutrition Officer participated in the DIP review meeting in Machinga district. The activity was conducted on 10 & 11 September 2020. One of the issues that came out was the increase in NRU death rates at Machinga District Hospital. The nutrition coordinator pointed out that almost 95% of the deaths that occur in the district are referrals from Balaka. The DEHO admitted that this issue had been there for a long time and that there was a need for a

change. ONSE nutrition officer suggested that there should be a timeline as to when the issue is going to be solved and the following action points came up:

- HMIS office need to assist the Nutritionist in coming up with data and do an analysis on the number NRU deaths that are referred from around Balaka
- The Nutritionist needs to come up with a report regarding referrals from Balaka areas that are contributing to deaths in Machinga and submit the report to Machinga DMO by 16 September 2020. Then Machinga DMO will discuss the issue with Balaka DHMT.

TUBERCULOSIS (TB)

- In the reporting month, ONSE supported the TB death audit review meeting at Machinga DHO on 9th September, 2020. A total of 12(6M,6F) health care workers comprising nurses, clinicians and environmental officers attended the meeting. The main objective of the meeting was to identify causes of high TB deaths rate in the district and find solutions to the causative factors. A total of 4 TB case files were audited. The main contributing factors that led to the deaths were misdiagnosis, late seeking care behaviors by the community, and inaccurate management of TB patients.
- It was agreed that the Chief clinical officer will come up with a clinicians TB ward roaster; TB cases especially, EPTB, should be thoroughly reviewed by a team of 2 to 3 clinicians to reduce misdiagnosed cases; TB nurses should improve on the care rendered to TB case; and Environmental Health team to emphasize on community sensitization on the importance of early health seeking behaviors.
- ONSE also supported community TB contact investigation at M'manga village TA Nsamala on 26th August 2020. The aim of the activity was to follow up one under five child who missed her two consecutive IPT doses. The activity was not successful as the mother (index case) and the child (contact) were not found at home during the time of the visit. Relatives of the index case were advised to inform the mother to bring the child to the hospital as soon as possible.
- ONSE also supported delivery of MDR-TB drugs for one male patient at Chikweo Health Center on 3rd September 2020. The activity was conducted by one male Assistant District TB Officer.

Facility-Based Finding TB cases Actively, Separating Safely and Treating (FAST) Effectively

- ONSE also supported Machinga DHO to conduct facility based FAST and COVID-19 orientations to some TB registration and non-TB registration sites in an effort to raise the index of TB suspicion among health workers. FAST is designed to equip health care workers with skills to be proactive in managing presumptive TB cases at facility level. The orientations were conducted from 11th to 25th August 2020 in 10 (Ngokwe, Chikweo, Nainunje, Nyambi, Ntaja, Mangamba, Namanja, Chamba, Gawanani, and Machinga District Hospital) facilities. A total of 100 (M68,F32) participants including healthcare workers, cough promoters and community TB volunteers attended the orientations. The activity was facilitated by 5 (M4,F1) facilitators (1 Lab, 2 Clinical and 2 Environmental Health Officers) from Machinga DHO. The broad objective of the FAST and COVID-19 orientations was to increase the number of presumptives as well as notified TB cases being registered by the district. The specific objectives were to orient health care workers on TB and COVID-19 signs and symptoms, orient health care workers and volunteers on the FAST strategy, discuss strategies to raise facility TB case detection efforts, and review facility TB Infection Prevention Control (TB-IPC) plans.

Table 31: Key Findings during FAST COVID-19 Orientations

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Strengths	Challenges	Action Points
<ul style="list-style-type: none"> • Functional TB-IPC committee in most facilities • Triaging and fast tracking of presumptive TB cases done at Machinga DHO, Mangamba and Namanja health facilities 	<ul style="list-style-type: none"> • TB IPC plan not updated in other facilities • Decline in number of presumptive TB cases at facility level and from the community sputum collection points • Some presumptive TB cases unwilling to submit sputum samples thinking they will be examined for COVID-19 • Unavailability of Standard Operating Procedures (SOPs) on sputum collection and on proper respirator use in most facilities • Namanja health center microscope got broken down and no TB microscopy services are done at the facility 	<ul style="list-style-type: none"> • Facilities to update their individual Facility TB-IPC plans as soon as possible • Conduct systematic TB screening in all entry points in all facilities & communities • Provide adequate education on TB/COVID-19 to presumptive TB cases prior to sputum samples submission • The District TB Office should provide SOPs for sample collection and proper respirator use to facilities that do not have and ensure they are posted in all departments • Machinga DHO laboratory In-charge to lobby for the maintenance or replacement of microscope at Namanja health center.



FAST/COVID-19 orientation in progress at Gawanani H/C on 21/08/2020. Photo credit: Geoffrey Makhallira-MoH

WATER, SANITATION, AND HYGIENE (WASH)

WASH Facility Action Plans

- ONSE engaged Participatory Development Initiative (PDI) in Karonga, Canadian Physicians for Aid and Relief (CPAR in Lilongwe), Assemblies of God Care (AG Care) in Nkhotakota and Emmanuel International (EI) in Machinga to facilitate and accelerate the implementation of health care facility WASH action plans. These are hand in hand with the government DHOs through IPC coordinators and QISTS/ WITs team to promote IPC in health care facilities. In Nkhotakota, ONSE through the subgrantees, oriented 40 (15F, 25M) cleaners in housekeeping, chlorine preparation, decontamination process and waste management. ONSE also oriented 60 (22F, 3M) HCMCs in resource mobilization and assessment of health facility WASH gaps, development of action plans to address the gap and follow up to ensure the gaps are addressed. Both the cleaners and HCMCs were from the health facilities of Mpamatha, Mwasambo, Nsenjere, Ngala, and Dwambazi. In Lilongwe, ONSE, through the subgrantee (CPAR) has also oriented 77 (33F, 44M) HCMCs of Kabudula, Chitedze, Nsaru, Malembo, and Khongoni facilities. In the reporting month of September, ONSE WASH team in collaboration with DHOs and subgrantees continues to conduct follow up on implementation of WASH action plan developed in the previous months as one way of promoting IPC in health facilities. It was found that five

health facilities (Mwasambo, Mpamatha, Nsenjere, Dwambazi, and Ngala) have implemented their WASH action plans. Issues addressed include, lack of handwashing stations, cleaners not trained in the past 24 months, and lack of rubbish pits. Health facility staff and the community through HCMCs and with support from ONSE's subgrantees helped to address the issues. Table 32 highlights some of the issues that were addressed in the reporting month

Table 32: WASH issues that have implemented in September 2020 - Nkhotakota

Facility	Date of Assessment	Issues Found	Action plan formed?	What Has Been Implemented/ Change/Improved
Mwasambo	20/08/2020	Cleaners not trained No rubbish pit No cleaning schedule	Yes	On 14 Sept 2020, cleaners trained by QIST, and cleaning schedule developed Rubbish pit was dug by HCMCs
Mпамatha	20/06/2020	Cleaners not trained No cleaning schedule. No soap on handwashing facility	Yes	On 15 Sept 2020, cleaners trained by QIST, and cleaning schedule developed Rubbish pit was dug by HCMCs Soap was replenished on handwashing station by health center in charge
Ngala	21/08/2020	Cleaners not trained No rubbish pit No cleaning schedule	Yes	On 14 Sept 2020, cleaners trained by QIST, and cleaning schedule developed Rubbish pit was dug by HCMCs
Dwambazi	21/08/2020	No cleaning schedule Cleaners not trained	Yes	On 17 Sept 2020, cleaners trained by QIST, and cleaning schedule developed
Nsenjere	20/08/2020	No water from outside tap due to pump problem. Cleaners not trained No cleaning schedule	Yes	On 16 Sept 2020, the water pump was worked on and now there is running water, Cleaners trained by QIST, and cleaning schedule developed

Community Water Supply

- ONSE coordinated and planned together with the Water Supply Directorate on CBM Trainings of 218 Water Points and for Trainer of Trainers in Mulanje. Before rolling out the actual training of Water Point Committees (WPCs), Hygiene Village Project, a subgrantee, hired to build the capacity of WPCs, trained 79 (45 males and 34 females) trainers of trainers who in turn would support in

the training of WPCs. Those training of trainers (ToTs) mostly were HSAs. The involvement of HSAs in the training of WPCs was vital because HSAs are the ones who supervise the villages under village health where WPs are located. This would reduce the gaps in the supervision of the functionality of the Water Points in their respective villages. After ToT training, 32 WPCs out of 218 were trained where a total of 240 WPC members (98men and 142 women) were trained. The CBM training is for 5 days: 3 days for classroom theory work and 2 days for practical work. In order to cover 218 Water Points, the CBM training will be carried out for the next 3 months up to December 2020.

- Eight boreholes were supervised in Kasungu (2), Karonga (3) and Chitipa 3 looking at the functionality number of beneficiaries and O&M funds. In Kasungu Chavula and Adison boreholes were visited. These 2 WPCs were also supported for COVID-19 response as indicated under WPC and COVID-19 Response section. The field visit was aimed at: (i). monitor the performance of the boreholes, (ii). Support the management of water point committees (WPC) and (iii). Sensitize them on COVID-19.
- ONSE WASH Officer (female) facilitated the activity. It was not possible to facilitate with district water staff as they were engaged in other engagements. Twenty people participated in the supervision (10 M; 10 F).
- Functionality of the boreholes was done by looking at water flow and ease of use. On the other hand, management of water point committees was monitored by checking the presence of meeting minutes; cleanliness of the water point surrounding and amount of operation and maintenance (O&M) funds collected which is vital in case of borehole general service and breakdowns. Furthermore, WPCs were asked whether routine borehole service was conducted which is important to the sustainability and the lifespan of a borehole. On the last objective of COVID-19 awareness, the community members were sensitized on COVID-19 transmission mode and its prevention measures.

Table 33: Summary of Water Point Committee (WPC) Visits by District - September 2020

District	WPC Name	Issues/Challenges	Action Plan made	Water Beneficiaries	O & M Funds Status
Kasungu	Adson	<ul style="list-style-type: none"> • The borehole is fully functional • It is easy to use and there were no complaints reported by water users. • The borehole surrounding was very clean • WPC meets fortnightly - meeting minutes seen 	<ul style="list-style-type: none"> • Continue with AM contract agreement • Conduct routine borehole service 	56	K50,000 (\$68.49)

	Chavula	<ul style="list-style-type: none"> The borehole is partially functional. The fulcrum pins are rusty and worn out. No O&M funds - the committee had MK8, 000 which was embezzled by one of the committee members. This has affected collection of O&M funds as people have lost trust in the committee. Poor sanitation around the borehole which led to drainage blockage. No Area Mechanic (AM) agreement 	<ul style="list-style-type: none"> Routine maintenance service and replacement of worn out pins by the AMs Water Monitoring Assistants to intervene and strong discussion to correct the situation. Discipline committee members Conduct close monitoring Facilitate the renewal of AM Agreement Form 	86	0
Chitipa	Ngoya	<ul style="list-style-type: none"> Operates a functional VSL 	<ul style="list-style-type: none"> Conduct periodic supervision to check borehole functionality 	85	K314,800 (\$418.23)
	Chendo	<ul style="list-style-type: none"> The borehole functions properly 	<ul style="list-style-type: none"> Conduct periodic borehole functionality 	465	K20,000 (\$27.40)
	Kachulu	<ul style="list-style-type: none"> The WP functions well 	<ul style="list-style-type: none"> Conduct periodic borehole 	295	K70,000 (\$95.89)
Karonga	Mzang'unya	<ul style="list-style-type: none"> The WP were functioning well and the surround was clean 	<ul style="list-style-type: none"> Conduct periodic borehole functionality and AM contract renewal 	146	K46,000 (\$63.01)
	Mulirasambo	<ul style="list-style-type: none"> The WP were functioning well and the surround was clean 	<ul style="list-style-type: none"> Conduct periodic borehole functionality and AM contract renewal 	445	K15,000 (\$63.56)
	Chilawira	<ul style="list-style-type: none"> The WP were functioning well 	<ul style="list-style-type: none"> Conduct periodic borehole 	220	K16,200 (\$22.19)

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		and the surround was clean	functionality and AM contract renewal		
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Water Points and COVID–19 Response

- In the reporting period, 5 water points were supported in Kasungu and Salima in relation to COVID-19 Response. Salima, 3 WPCs (Chafukira, Chilawi and Takumana) while in Kasungu 2 WPCs (Chavula and Adison) were supported by raising awareness on COVID-19 prevention measures such as handwashing, social distancing and wearing of masks as many people gather at water points and keeping the WP surrounding clean inorder to continue accessing safe drinking water. A total of 50 participants (7males and 23 females in Salima and 10males and 10 females in Kasungu) both committee members and water beneficiaries were reached. The activity was supported by 5 facilitators (M: 4, F: 1) consisting of 2 WMAs, Assistant Environmental Health Officer (AEHO), Pump Area Mechanic and WASH Officer.

Health Facility Water Supply

- In the month gone by, ONSE responded to the queries which were raised over the plumbing maintenance work ONSE supported at Machinga TTC, by the Department of Disaster Management (DoDMA) through WASH Cluster. ONSE participated in the assessment verification of Plumbing Works at Machinga TTC and provided the authenticated report by Machinga District Hospital, Machinga TTC, Southern Region Water Board, and ONSE. On the related development, ONSE participated in the documentation of Success Story for Machinga TTC plumbing works at Machinga TTC in Machinga. The plumbing works at Machinga TTC, has improved the water supply and sanitation to the institution which is anticipated to improve the service delivery to the students.
- In Dowa, the finalization of the MoU between ONSE Health Activity and Dowa DHO on the plumbing works in Maternity and PostNatal Wards at Dowa District Hospital to facilitated the commencement of the renovation works which include: plumbing, painting, carpentry, electrification of wards was done, and the coordination on the delivery of plumbing materials for maternity and postnatal wards at Dowa District Hospital was completed.
- ONSE continued supporting health facility WASH in various WASH targeted districts with the objective of increasing access and quality of priority health services. In the reporting period, ONSE supported 8 health facilities in Balaka 2 (Mbera and Namanolo), Zomba 2 (Mwandama and Maera), Chitipa 1 (Kaseye), Karonga 1 (Karonga District Hospital) and NkhotaKota 2 (Ngala and Mpamantha).
 - In Balaka, the DWDO conducted consultative meetings at Namanolo health facility including a technical assesment of the borehole held meetings with HCMC and community members on the management of the borehole and recommended DWDO to source spare parts needed to fix the borehole. The meetings were facilitated by 3 district water supervisors (1F: 2M) between 1-8 September 2020. The objective of the activity was to engage the community leaders to find a lasting solution to the water problems at the health facility. At Mbera health facility, ONSE supported plumbing repairs in four service rooms i.e. HTC, labor ward, Malaria room and in the Sluice. DHO PAM team (4 men) carried out the plumbing work and did the exercise from 1- 4September 2020.

- In Zomba, ONSE supported the plumbing works at Maera and Mwandama health facilities had some outstanding plumbing challenges which needed to be sorted out. In the reporting period the following plumbing works were done at Mwandama and Maera.
- In Chitipa ONSE supported Kaseye health facility with plumbing items to replace old items and repairing of plumbing systems
- In Karonga new plumbing items to replace old items and repairing of plumbing systems. The new items included 4 water closets, 4 shower systems, and 6 hand washing basins which were fitted in Maternity Wing
- in Nkhotakota ONSE supported the completion of rehabilitation of plumbing systems at Mpamantha, Bua, and Ngala health facilities by installing hand washing basins in postnatal, construction on a manhole for waste water from public health and clearing of the blocked waste pipes up to the septic tank, installation of taps and cisterns and replacing broken waste pipes.



Broken sewer pipe at Mwandama; Pic credit by Sam Sande WASH Officer - Zomba



The status of the sewer pipes at Mwandama: Pic credit by Sam Sande WASH Officer - Zomba

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The status of the sewer pipes at Mwandama Clinic after intervention by ONSE with Sam Sande WASH Officer, inspecting the work. Photo credit Berlings Banda, Water Governance Technical Advisor

- At Mwandama, the water storage tanks had a broken elbow connector which was leaking to the reduction of water supply for both the health facility and the community while at Maera, the twin storage tank was not connected to the other tank. The elbow connector was replaced as a result no water leakage and the twin storage tank was connected.

Community-Level Sanitation

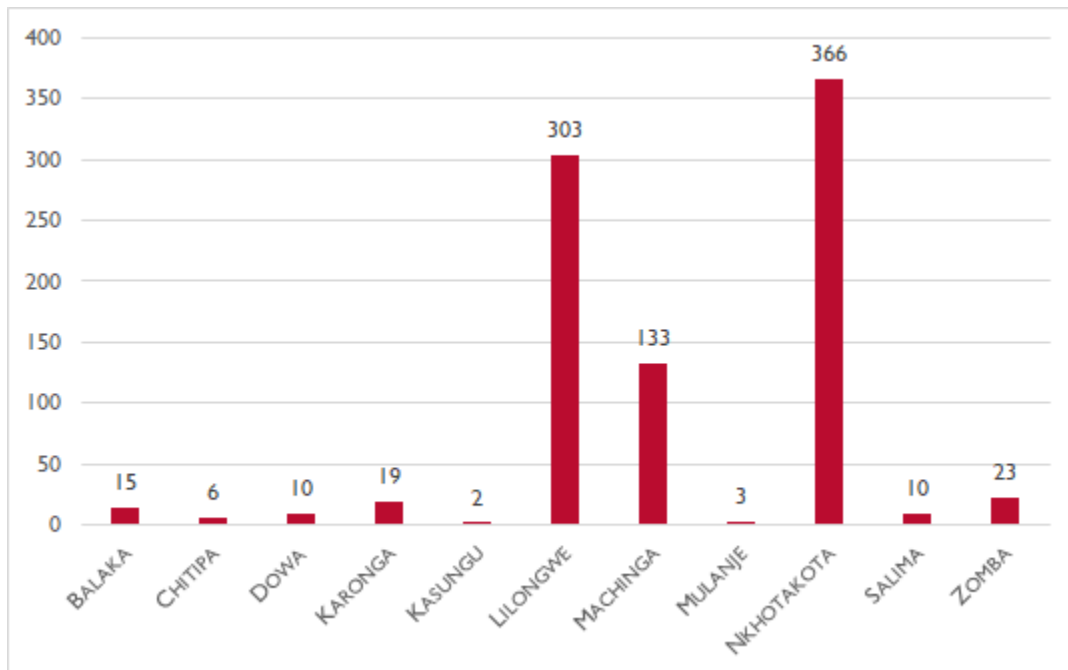
- ONSE through the subgrantees capacitated 47 (0F, 47M) masons in low cost sanitation technologies so that they can competently support construction of the improved latrines for themselves and their fellow community members as indicated in the table below.

Table 34: Summary of Masons Reached Through Capacity Building for Subgrantees - September 2020

District	Masons
Karonga	16 (0F, 16M)
Machinga	0
Lilongwe	15 (0F, 15M)
Nkhotakota	16 (0F, 16M)
Total	47 (0F, 47M)

- Through the work of these masons, a total of 890 latrines have been constructed, increasing access to 4,005 additional people. Machinga plans to train masons in October 2020. The table below highlights the number of latrines constructed per district in September 2020.

Figure 3: Number latrines constructed per district – September 2020



**HEALTH SYSTEMS STRENGTHENING
LEADERSHIP AND MANAGEMENT
Integrated Supportive Supervision (ISS)**

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- Following successful ISS field strengthening visits conducted between 17 – 28 August 2020, ONSE facilitated compilation of field reports with the rest of the team. Key outcomes as highlighted in the reports include the following:
 - Successful appraisal of districts on their performance in ISS implementation and areas requiring improvement. Districts also suggested approaches to improve their performance in ISS;
 - Successful deployment of ISS v2 and orientation of users in v2 in the ONSE supported districts
 - Review and updating of facility list and user lists for each of the districts visited. This is critical to ensure that district performance in ISS is being based on facilities that still exist and are functioning in the districts, and users that are still working in the districts

Facilitated Local Hosting Conversations

- In the month of September, ONSE held a meeting with EGPAF Director for Health Information Systems (HIS) who are supporting implementation of a CDC grant in order to understand what investments they are making at CHSU in terms of upgrading its hosting capacity, and how ISS could benefit from those investments. ONSE was informed that EGPAF has installed a Cisco hyperflex which allows the building of virtual servers at CHSU to host data. EGPAF advised that partners like ONSE could contribute toward supporting growth of CHSU as a hosting center and host ISS data as well.

DHMT ISS

- In the reporting month, ONSE supported health ISS within six districts of Chitipa, Dowa, Lilongwe, Mulanje, Nkhatabay, and Salima where twenty health facilities and 104 (64M: 40F) health workers were supervised. One action point was resolved on spot, three action points were resolved from the previous visit and 20 were created from the current visit.
 - At Kawale health center in Lilongwe, at the instruction and guidance of the health area managers on their arrival at the facility, had to clean the incineration area by burning the disposed waste that was lying still causing an eyesore and health hazard
 - At Area 18 health center in Lilongwe, issues of attitude of staff members towards patient care were taken care of, and the issue of blockages that affected the sanitation of the external environment was resolved
 - At Nsalu health center in Lilongwe, the issue of electricity in the labor ward was resolved

Table 35: Example of Issues and Action Points developed in Salima

Facility Name	Issues	Action points
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Mawale Social Islamic Development H/C	<ul style="list-style-type: none"> The external sanitation is not meeting the minimum sanitation standards. There is insufficient human resource in critical sections of the facility. There are incomplete ANC visits due to late starting 	<ul style="list-style-type: none"> Incinerator has to be constructed by next quarter and improve on external ground sweeping SID management to consider recruitment staff in conjunction with SDH Awareness campaigns to be intensified on the need to start ANC visits in time
Mnema H/C	<ul style="list-style-type: none"> The facility has no enough infrastructure but an Outpatient Department (OPD) structure is available 	<ul style="list-style-type: none"> It was agreed to lobby the district council to consider building a maternity wing and public health section at the facility. DHSS to take this up

- All facilities were advised to improve on working with community structures for the community to take lead on their own health. Proper guidance was given to the in-charges and service providers on how to handle operations during this COVID-19 pandemic.

HUMAN RESOURCES FOR HEALTH

Support to Relief Allowances

- In the reporting period ONSE supported 39 health workers at 37 health facilities in 12 DH Offices with relief allowances as follows

Table 36: Summary of Support to Relief Allowances

District	Facilities Supported	Health workers per Cadre
Chitipa	2 (Wenya & Misuku)	1 NMT 1 MA
Karonga	2 (Mpata & Kasoba)	2 NMTs
Nkhatabay	2 (Chitheka & Ruarwe)	2 Medical Assistants
Nkhotakota	3 (Benga, Mwansambo & Katimbira)	2 Mas 1 CO
Zomba	2 (Maera and Chisi)	1 NMT 2 Medical Assistants

Dowa	5 (Matekenya, Kayembe Nalunga, Mwangala, and Dowa District Hospital)	5 NMTs
Kasungu	4 (Kapelula. Mdunga, Simlemba and Mkhota)	4 NMTs
Salima	3 (Chipoka, Mchoka, and Makiyoni))	1 CO 3 NMT
Lilongwe	4 (Lemwe, Chilobwe, Lumbadzi, Chikowa)	3 Community Midwife Assistants 1 Medical Assistants
Balaka	2 (Namanolo & Dziwe)	2 NMT
Mchinji	2 (Kaigwazanga and Mchinji District Hospital)	1 Anesthetist 1 NMT
Ntcheu	6 (Nsiyaludzu, Bwanje, Bilira, Katsekera, Mlangeni, Diviko)	4 Mas 2NMTs
Totals	37	39

DISTRICT IMPLEMENTATION PLAN (DIP)

DIP

- In the reporting period, ONSE supported seven annual DIP review meetings in Nkhotakota, Lilongwe, Ntcheu, Mchinji, Mangochi, Machinga, and Zomba and four are confirmed to take place in Salima, Chitipa, and Karonga and by the end of September 2020.
- The aim of the DIP meeting was to review progress of district health programs performance for 2019/2020 fiscal year. In addition to the review of the annual activities, members also incorporated COVID-19 activities into the DIP so that the DIP is completed. The team participants comprised DHMT members, Program Coordinators, facility in-charges, health partners, selected District Council and community representatives mostly HEC and HCMC members. During the meetings, COVID-19 preventive measures such as social distancing, hand washing and use of facemasks were adhered to.



Machinga DHSS, Dr. Arnold Kapachika giving opening remarks on 10/09/2020 (Photo by Moses Chisangwala-ONSE WASH officer for Balaka and Machinga)



Machinga DPD (McPherson Mwachwawa) making closing remarks on 11/09/2020 (Photo credit Blessings Genti ONSE District Coordinator)

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Showing Lawrence Chulu (ONSE SE&W Zonal Manager) giving his Remarks on behalf of ONSE on 11/09/2020 (Photo by Moses Chisangwala-ONSE WASH Officer for Balaka and Machinga)

HEALTH CENTER MANAGEMENT COMMITTEES (HCMCS)

- In the nine districts of Chikwawa, Mangochi, Zomba, Machinga, Mulanje, Dowa, Lilongwe, Ntcheu, and Mchinji grantees progressively worked as a catalyst agent in the formation and orientation of HCMCs that were not formed and oriented on new HCMC guidelines. The grantees were allocated to form and orient 213 out of the 260 HCMCs that were not formed based on the new guidelines. The main objective is to have functional HCMCs which are active and able to carry out their responsibilities.

SUPPLY CHAIN

Drug and Therapeutic Committee (DTC) Meetings and Activities

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- ONSE supported DTC meetings in 10 districts, drawing participation from 111(82M, 29F) members. The table below summarizes the deliberations:

Table 37. ONSE DTC Meetings - September 2020

District	Highlights
Zomba	<ul style="list-style-type: none"> • It was reported that the status of PPEs for COVID-19 was adequate to support the district for the next 2 months. • Ordered medicines and medical supplies for DHO and health centers • District pharmacy has been allocated storage space for expired medicines at Domasi health center
Mulanje	<ul style="list-style-type: none"> • Ordered medicines and medical supplies for DHO and health centers • Members agreed that the drug budget balance for 2019/2020 be used to purchase other commodities required in the district.
Salima	<ul style="list-style-type: none"> • DTC agreed to begin rigorous enforcement of adherence to standard treatment guidelines • Pharmacy department will start giving periodic updates on stock status situation on commodities
Kasungu	<ul style="list-style-type: none"> • DTC agreed to identify new rooms for storage of PPEs and expired medicines • Pharmacy department to continue with ward supervisions
Dowa	<ul style="list-style-type: none"> • DTC agreed on recommendation to distribute to health centers PPEs received as donations. Among the donors included CARE Malawi, Palliative Care Association of Malawi and First Lady of Malawi • Short supply and stock outs of some key commodities due to undersupply or no supply at all from CMST. Such commodities include oxytocin, lignocaine, sutures.
Ntcheu	<ul style="list-style-type: none"> • DTC agreed to undertake a visit to CMST to discuss medicine supply issues • Ordered medicines and medical supplies for the district hospital and health centers
Balaka	<ul style="list-style-type: none"> • Ordered medicines and medical supplies for DHO and health centers
Karonga	<ul style="list-style-type: none"> • Ordered medicines and medical supplies for DHO and health centers
Nkhatabay	<ul style="list-style-type: none"> • DTC agreed to place an order of PPEs at CMST • DTC also agreed to conduct supervision to health centers

Nkhotakota	<ul style="list-style-type: none"> • DTC recommended redistribution of chlorhexidine for umbilical cord care which is unavailable in most health facilities in the district • DTC agreed to enhance rational use of PPEs
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Drug and Medical Supply Redistribution

- ONSE supported the redistribution of health commodities in Salima, Kasungu, Mchinji, Karonga, and Dowa districts. The table below depicts the redistribution efforts that ONSE supported in this reporting period:

Table 38. ONSE Supply Redistribution - September 2020

COMMODITY NAME	QUANTITY REDISTRIBUTED	FROM HOW MANY FACILITIES	TO HOW MANY FACILITIES
LA 1x6	720	1	2
LA 2x6	1,440	1	2
mRDTs	21,750	4	13
SP	4,000	2	3
LLINs	1,680	4	2
Jadelle	280	3	4
Implanon	134	5	3
Sayana	10,000	6	10
IUCD	20	1	1
Male condoms	28,800	3	2
Oxytocin	280	3	2
Magnesium Sulphate	60	3	2

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Pregnancy Test Kits	900	8	6
Chlorhexidine for umbilical cord care	1,300	1	8
Zinc sulphate tablets	6,500	1	7
ORS	900	1	3
RUTF	2,200	3	7
Surgical Face masks	1,600	1	9
Lignocaine 2%	20	2	1
Umbilical cord clips	30	1	3

Pharmacy Supervision

- ONSE supported 4 (3M,1F) district pharmacy personnel to conduct pharmacy supportive supervision to ten health centers in Mangochi. During this supervision, 15 (8M,7F) health providers were supervised. Among other areas of concern that were observed during the supervision were the prevalence of mathematical errors signaling LMIS data quality challenges, and gaps in adherence to recommended documentation and reporting guidelines. Mentorship and on the job, training were offered to the supervised health personnel.

Pharmacy Assistant (PA) Program

- In Mulanje, ONSE supported 3 (1M,2F) PA mentors to conduct mentorship to 10 health facilities, selected based on challenges identified from previous visits and their LMIS report status. The aim of the mentorship session was to assist in improving logistics, supply chain management in the district through identification of mentorship needs, and assist drug store clerks to better manage their units. The mentorship session was also done as a response to a pharmacy reflection meeting that was conducted on 18 June 2020 where it was observed that LMIS from the district lacks good quality.
- The selected facilities were Bondo, Milonde, Naphimba, Mpala, Thembe, Dzenje, Mbiza, Mulomba, Namphungo, and Nkomaula health center. Consequently, 10 (7M, 3F) mentees were identified in the selected facilities and these will be followed up several times to receive coaching and mentorship and also monitor their progress in improvement in their working efficiency.
- Among the strengths that were observed through these visits were the following:
 - Standard operating procedures for drug storage management available in 9 facilities

- 3 lock systems being practiced in 9 out of the 10 facilities.
- All drug stores were secure from penetration by water, leakage and entry.
- Medicines stored according to FEFO
- Physical inventory conducted every month
- RIVs used for medicines transactions in all the facilities.
- All the facilities submit reports to the district
- However, some challenges were also identified in the facilities including:
 - Dispensing trays and rods not being used at Nkomaula, Mulomba, Mbiza.
 - Quantities recorded on stock cards not tallying with items on report Nkomaula and Namphungo
 - Presence of expired drugs in the dispensing area at Namphungo.
 - No file for emergency orders at Mulomba, Namphungo, Bondo and no file for original copies of RIVs at Bondo
 - Non-functional air conditioner for SIAB at Mulomba pharmacy.
 - Absence of separate dispensary room at Dzenje health center
 - Commodities not well arranged for ease of access at Nkomaula, Bondo, and Thembe
- From the challenges identified, mentors have prioritized facilities areas for mentorship, starting with rearrangement of drug stores and labelling using LMIS report as is required
- ONSE also supported PA mentorship visits in Mangochi, Chitipa, Karonga, and Nkhatabay districts. The snapshot for the visits is depicted in the table below:

Table 39. Summary of PA Mentorship - September 2020

DISTRICT	NO. OF HEALTH FACILITIES	PA MENTORS	MENTEES	KEY FOCUS AREAS
Nkhatabay	6	2(2M, 0F)	6(4M, 2F)	-Expired medicines management -Use of dispensing charts -Proper use of supply chain documents to enhance commodity accountability
Karonga	5	1(1M, 0F)	5(3M, 2F)	-Adherence to First to Expire First Out (FEFO) -Reconciliation of mathematical errors -Use of Requisition and Issue Vouchers (RIVs)
Mangochi	6	2(1M, 1F)	6(4M, 2F)	-Reviewing stock card use -Expired medicines management -Inventory management

Chitipa	1	1(1M, 0F)	1(1M, 0F)	-Stock card documentation -Expired medicines management
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Supply Chain Collaboration

- ONSE supply chain TA participated in the quantification review for antimalarial commodities that was organized by National Malaria Control Program (NMCP). This is an important exercise whose outputs culminates in key supply chain decisions for the national program e.g. supply planning for commodities in the pipeline as well as adjustment of quantities for procurement of antimalarials.
- ONSE Supply Chain TA was incorporated in the core team that is developing the PSM components of the maiden malaria integrated supervision tool. This tool will be used by NMCP to conduct joint supervision for all its thematic areas.
- ONSE also supported the MoH in printing and distribution of stock cards and requisition issue vouchers. These documents are currently in short supply in the Ministry. As such, this contribution will enhance the Ministry’s efforts in enhancing accountability of medicines and other medical supplies.
- ONSE supply chain TA held a virtual call with PSM senior commodity logistics officers to share experiences on support for MoH PPEs distribution to health facilities. PSM is scheduled to support PPEs distribution round for September, 2020.
- ONSE supported MoH to conduct supply chain supportive supervision of PPEs to health centers, district and central hospitals.

HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

Monthly Data Collection and upload in DHIS2

- ONSE Health Activity collaborates closely with central-level HSS partners, and other stakeholders to reduce fragmentation and improve holistic use of data across information systems. During the reporting period, ONSE Health supported 16 districts to collect data from public, private, and CHAM health facilities in the districts in order to increase the reporting rates on time of HMIS reports. ONSE provided the districts with operational support for Internet connectivity in order to upload the data in the DHIS2. During the data collection exercise, ONSE collected supplementary data for reporting of data which is available in registers but not in the reporting tools. Specifically:
 - In Chitipa, ONSE supported four people all males to conduct monthly routine data collection from 7 to 1 September, 2020 at all the 12 health facilities.
 - In Karonga, the support was provided to 6 people (5M, 1F) from 7th to 11th September, 2020 to collect data from 22 health facilities
 - In Nkhotakota, ONSE supported data collection from 11 to 16 September 2020 for all the 20 health facilities of the district.
 - Dowa district collected reports from all their 22 health facilities and uploaded data into DHIS2. The reports were collected by 7 data clerks (3F and 4M) from 7 to 14 of September 2020
 - In Kasungu, reports were collected from 34 health facilities from 7 to 14 September 2020. The reports were collected by 6 data clerks (2F and 4M)

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- Mangochi collected reports from all the 42 health facilities in the district and entered it into DHIS2. Out of the 42 facilities which were visited, (7) facilities Jalasi, Chiponde, Kukalanga, Malembo, Katuli, Luwalika and Namalaka did not complete the HMIS 15 report. The data collection team assisted the facilities to complete the reports and later entered in DHIS2.
- In Salima, reports were collected from 18 health facilities from 7 to 14 September 2020.
- In Chikwawa the activity was conducted from 3 to 11 September 2020 in all the 28 facilities in the district by a five all male data collection team.
- In Machinga, the activity was conducted in all the 21 health facilities in Machinga from 7 to 17 September 2020. Seven (4M, 3F) HMIS personnel participated in the activity.
- In Mulanje, ONSE Health Activity supported this activity in 23 facilities in the district from 7 to 11 September 2020. Eight HMIS statistical clerks (5M, 3F) participated in the activity
- For Zomba District, the activity was conducted from 7 to 20 September 2020. A total number of five (3M, 2F) HMIS team members and a nurse midwife conducted the exercise.

Data Quality Management

Printing and Distribution of Registers

- ONSE provides support to facility and district-level staff to systematize and organize management of data at the district level. In project year (PY)3, ONSE districts recorded an improved documentation at service delivery points due to the printing and distribution of HMIS tools support provided in PY2. The improved documentation has created a high demand for these tools in all facilities. The MoH requested that ONSE supply more of these tools and registers. In collaboration with CMED, ONSE printed and distributed registers to all the 16 districts. ONSE is working closely with the Central Monitoring and Evaluation Department (CMED) to ensure continued availability of registers at district and health facilities.

Data Verification

- The activity is aimed at ensuring that the facilities have and use quality data for decision-making. The exercise assessed the completeness of data in reports; complete documentation of source registers; triangulation of reported data, source document data and verified data; and use of data at facility level for decision-making. The data verification teams together with facility staff developed action points and agreed on the timeline for action points' implementation. During the reporting period, seven districts conducted the activity as follows:
 - In Chitipa, ONSE supported 5 people (4M, 1F) to conduct data verification for April to June 2020 from 26th to 31st August, 2020 at 6 facilities (Chitipa DH, Kaseye, Misuku, Ifumbo, Chisansu and Chambo).
 - In Karonga, ONSE supported data verification from 24th to 28th August, 2020 at 5 facilities (Nyungwe, Chilumba, Lwezga, Wiliro and Barracks)
 - Mangochi data verification was done at 5 facilities (Lungwena, Chikole, Chiunda, Malembo, Nangalamo)
 - Salima conducted the exercise from 10-14 August 2020 at Chinguluwe, Thavite, Makioni and Baptist Health Centers. The data verification team conducted on the spot coaching and mentorship to the individual facilities based on the gaps identified.

- Chikwawa conducted data verification from 17 to 21 August 2020, at Ngabu, St Montfort, Bereu, Chikwawa Hospitals, Kapichira and Mfera Health Centers. Five male MoH staff from Chikwawa DHO participated in the activity.
- Machinga conducted data verification at Machinga District Hospital from 26th to 28 August 2020. Three (2M, 1F) HMIS personnel participated in the activity.
- Zomba conducted this exercise from 25 to 27 August 2020, targeting 3 health facilities Likangala, Nasawa and Pirititi Hospital. The exercise was conducted by 4 (M: 3; F: 1) MoH staff

HMIS Cluster Review Meetings

- ONSE supports HMIS review meetings so that the facilities review key HMIS indicators in the districts and work on the agreed action points that will improve the indicators and, also, to get lessons on how other facilities are doing to improve on these indicators. During this reporting period in Dowa District, ONSE supported the HMIS Cluster Review meeting at Mvera Cluster with 6 health facilities (Chankhungu, Chezi, Mvera Mission, Mvera MDF, Thonje and Nalunga) and Madisi clusters with 4 health facilities (Madisi, Kasese, Bowe and Chakhaza) from 25th to 28th August 2020. The activity was conducted by 2 male statistical clerks, 1 male safe motherhood coordinator and 1 male Youth Friendly Services Coordinator. A total of 21 (15M, 7F) health facility staff participated in these meetings

COMMUNITY MOBILIZATION AND ENGAGEMENT

COMMUNITY ACTION CYCLE (CAC)

- In the reporting month ONSE supported the MoH to conduct mentorship and supportive supervision sessions in Lilongwe, Ntcheu, Mchinji, Zomba, Machinga, Salima, Mangochi, Dowa, Chitipa, Karonga, and Nkhotakota to CHAGs, CCs, and VHCs. The overall objective was to enhance ongoing efforts by ONSE to improve on CHAG functionality according to the 2017-2022 National Community Health Strategy. Specific areas of interest were aimed at reviewing COVID-19 mitigation measures, implementation of day to day activities, enhancing report writing and collection, reinforcing use of the CAC in addressing COVID-19 and addressing emerging in relation to COVID-19. Additionally, the district teams used the support to collect best practices in response to COVID-19 for dissemination to other communities. A total of 163 CHAGs, 6 CCs, and 135 VHCs reached a total of 4,177 (M: 1,726, F: 2,451) community members.

Key Highlights

- As much as most community health volunteers adhere to COVID-19 preventive and control measures such as observing social distance and putting on masks in public places, the community at large are tending to have low risk perception of the virus due to few registered cases. There is a low turn up of community members to activities for fear of COVID-19.
- Community health volunteers are still having problems to fully implement planned activities due to restrictions related to COVID-19.
- Most community health volunteer groups CHAGs and VHCs visited have come up with COVID-19 problem tree analysis and action plans which will be presented to respective VDCs and monitor the same in their catchments.
- Communities visited during the month across the 11 districts had no registered COVID-19 cases.

Review Meetings

- In the month under review, ONSE supported review meetings in Mchinji, Zomba, and Machinga. The review meetings conducted were for community mobilization teams (CMTs) at district and community level. Participants to the review meeting included AEHO, HPO, community health coordinator, SHSA, HSAs, community nurses and extension workers from other sectors. A total of 76 (M:45, F:31) people were reached during the meetings. The CMT review meetings aimed at clarifying the role of CMT and HSAs in ensuring sustainability of community health structures, mentoring CMT and HSAs on supervision checklist and enhancing CMT role in strengthening community structures capacity to undertake prevention and control of COVID-19 pandemic

Key Highlights

- CMTs and HSAs developed supervision plans for community health structures. HSAs were allocated CHAGs from their respective catchment areas as one way of improving reporting.
- The meeting also clearly outlined CMTs and HSAs roles to ensure collaboration and coordination in supporting and monitoring community health volunteer structures implementation of activities.
- HSAs were advised to link with CHAGs to start or continue working closely with community health structures in all health programs.
- CMTs and HSAs were advised to take advantage of the COVID-19 messaging to help revitalize CHAGs roles as they will be able to apply the CAC in addressing COVID-19 issues.

COMMUNITY SCORECARD (CSC)

- In the reporting month, ONSE supported Lilongwe to conduct follow up of CSC actions for a session held in PY4 quarter (Q)2. 14 people (M: 9, F: 5) participated in the follow up meeting. It was noted during the meeting that most of the action points were resolved which included, repairing of toilets in the facility by ONSE and orientation of HCAC with support from ONSE. One action which was not resolved was the meeting between the community and Mitundu hospital management on the construction of pit latrines at the facility, and a follow up action was developed for the meeting to take place.

CHIPATALA CHA PA FONI (CCPF)

- ONSE continues to strengthen the CCPF hotline to provide health information, advice, and referrals about COVID-19. The assistance focuses on human resource solutions to ensure that there are more people to answer calls, as well as strengthening the development of relevant IVR messages on COVID-19, and following up on referrals. CCPF has continued to be actively promoted at the community level in all ONSE districts. The hotline is also being actively promoted by Government and Non-Governmental Organizations as a resource for COVID-19 health information and referrals.
- In the reporting period, ONSE Health Activity integrated CCPF message dissemination during CHAG supervision, orientation of community structures, and CC on COVID-19 meetings. In the reporting month, a total number of 9 CHAGs and 1 CC from in Machinga and Zomba were sensitized on using CCPF toll free line of 54747 to access more information on COVID-19 prevention and to report any COVID-19 suspects and cases for contact tracing. The information on CCPF was disseminated to a total of 184 (M59, F: 125) people.

- The technology team has continued to work with the technology vendor Viamo, to improve the COVID-19 dashboard and reporting requirements as requested by the MoH. The team has upgraded the platform to include data automation for quick and easy data analysis and interpretation. The MoH is expected to provide feedback on the platform adaptation.
- The MoH successfully conducted a functional review which saw a functional unity established and approved for CCPF. Following this approval, CCPF hotline worker positions have become established and all hotline staff will now be given permanent contracts. In addition, CCPF will have its own operational budget
- During this period, the hotline workers registered 4,341 total calls nationally, of which 3,007 calls (69%) were from the 16 ONSE districts. Some of calls 241 had no district indicated possibly because of call disruption before demographics were captured. All calls received this month, 4,341 (100%) were 'new relevant calls. Overall, relevant call volume in ONSE districts has increased by 32% in August 2020 relative to the volume of relevant calls observed in July 2020 (2286). The data for August 2020 shows that the majority of new relevant calls whose purpose was recorded were about COVID-19 (74%) followed by "other health topics" (16%) and SRH (6%).

CHAMPION COMMUNITIES (CCS)

- The CC approach promotes communities to be resilient and self-reliant in their pursuit for improving health outcomes within their communities. In the reporting month, ONSE supported orientation of CCs in Machinga, Mulanje, Balaka Mchinji, Dowa, Nkhotakota, Karonga and Chikwawa with the overall objective of strengthening the capacity of CCs to deliver SBCC and generate income that will go towards supporting their respective health initiatives. The 3 Days Education through Listening (ETL)-SBCC practical and theory orientation for CCs helps to foster understanding of CC roles and responsibilities, to build CC capacity to deliver SBCC through ETL, to strengthen CC documentation, M&E, and to enhance CC financial literacy skills. CC members mostly work with CHAGs, VHC, community health volunteers such as care groups and mother groups, chiefs, VDC members and are overseen by HSAs. 8 CCs (Msomo, Khuni, Bua, Juma 3, Namunde, Salala-senti, Chulu and Nkandama) where oriented on ETL and SBCC delivery reaching 451 (M:194, F:257) CC members. A total of 40 facilitators (26 M, 14 F) from ONSE, Community Development Department and MoH staff conducted the training.

Highlights on CC activities

- USAID ONSE Health activity in Machinga supported mentorship and supportive supervision to Mnyumwa CC, 35 participants (M:19, F:16) were reached. In attendance were Group Village Head (GVH) Mnyumwa, CC members, CMT members, and VHC members. Assessment of Mnyumwa CC was positive and facilitators endorsed to have it orientated on ETL and SBCC delivery. Mnyumwa CC has 2 income generating activities these include buying and selling rice and buying and selling local chicken currently having a business capital of 450,000 MWK invested.
- To strengthen CC capacity and maximize on ONSE support to the district, ONSE subgrantee worked on strengthening the capacity of the HCMCs in Zomba, linked with Chimbalanga CC in efforts to facilitate ETS for the community. A total of 11 CC members (M:6; F:5) participated in the introductory meeting.
- During the reporting period, ONSE in Zomba supported orientation of Mbalu CC in proposal writing with the aim of equipping the CC members with proposal writing skills to ably lobby for

funds from partners for their development and growth. A total number of 50 (M:17; F:33) CC members participated in the orientation which was facilitated by 4 (M: 3; F:1) Community development staff. Mbalu CC have through this orientation committed to develop a proposal with assistance from the community development staff responsible for their catchment area by end September 2020.

SOCIAL AND BEHAVIOR CHANGE (SBC)

- In the reporting period, USAID ONSE Health Activity supported distribution of SBCC materials on various thematic areas including COVID-19 to health facilities, community health structures schools, sub grantees in Chikwawa, Mulanje, Machinga, Salima, Mchinji, Lilongwe, Nkhatabay, and Nkhotakota. This exercise is aimed at increasing awareness on various health prevention and curative interventions at both facility and community levels. A total of 2,780 assorted SBCC materials, 681 posters and 1,491 leaflets on COVID-19 were distributed reaching 11 Health facilities 58 CHAGs.

Table 40. ONSE Health worker guides and SBC Material Distribution – September 2020

Thematic area	Type of SBC material distributed	# of Materials
MNCH	Early ANC posters	75
	KMC Posters	24
MALARIA	Wheel of Good Practices	6
	Malaria case management posters	50
EPI	Immunization posters	2,245
FAMILIY PLANNING AND REPRODUCTIVE HEALTH	TIART Chart	
	FP/RH girls posters	60
	FP/RH Boys seated posters	

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	FP/RH Boys football posters	
NUTRITION	Complementary feeding posters	
Other	IPC Cards	320
	COVID-19 Leaflets	1,491
	COVID-19 Posters	681

II. PROJECT MANAGEMENT

GRANTS UNDER CONTRACT

- During September grantees were concluding their PY4Q4 planned activities. Looking forward to next month, all these grantees would be conducting their various activities in the anticipation of meeting their PY5Q1 planned activities and deliverables. The grantees shall also continue to maintain COVID-19 awareness messaging into their activities as they work with communities.

Sanitation

- In their assigned districts of Lilongwe, Karonga, Machinga, and Nkhotakota; the grantees conducted a series of campaigns that resulted into a number of households constructing improved latrines. They, further, worked with health facilities in the development and implementation of WASH plans and engaged with WPC in assessing the hygiene and sanitation status of water sources (boreholes). In Lilongwe, Karonga, and Machinga districts, the grantees put their efforts in the implementation of CLTS in selected traditional authorities so as to enable the identified communities to attain ODF in PY5Q1.

HCMC, EPI, and ETS

- In the nine districts (Chikwawa, Mangochi, Zomba, Machinga, Mulanje, Dowa, Lilongwe, Ntcheu and Mchinji); the grantees progressively worked as a catalyst agent in the formation and orientation of HCMC where of recent times none existed. As the HCMC became active and functional, among other responsibilities that they carried, they involved some of the communities that were distant from the HCF in the identification and establishment of emergency transport systems that shall be serving pregnant women in times of need. Some of the means of transport proposed by communities include bicycle ambulances, stretchers, and establishment of pots of funds that can be accessed to hire vehicles when need arises. In

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selected districts (Zomba, Machinga, Mulanje, Dowa, and Lilongwe); the grantees have supported targeted HCF in the development of REC plans as means to propel EPI.

Malaria

- Malaria SBC activities were carried out across eight districts of Mchinji, Lilongwe, Nkhatabay, Nkhatakota, Salima, Mangochi, Machinga, and Chikwawa. The grantees carried out a series of awareness activities on malaria prevention and treatment that reached out to specific traditional authorities and group villages. With the COVID-19 crowd gathering restrictions, the grantees mostly carried out their messaging through village cluster meetings, and household talks.

COVID-19

- Grantees wrapped up their COVID-19 awareness raising activities in the 16 ONSE-supported districts. As this was their last month in the period performance, they concentrated on reaching out to populous communities, market places and trading centers not reached before. They also facilitated the broadcasting of interactive radio programs that addressed myths, misconceptions and concerns that have emerged over the past few months around COVID-19 pandemic.

Community-Based Management for Rural Water Supply

- In its second month of project implementation, the grantee has already initiated and concluded the formation and training of 78 WPC in the district of Mulanje from the targeted 218 identified communities that have no functional WPC. The activity is resource intensive, as it requires a team of trainers managing a considerable number of clusters of trainings happening in parallel fashion. The grantee explored options with the district WASH Officers negotiating with neighboring districts for additional trainers.

III. KEY CHALLENGES

- Huge shortage of support staff in some facilities is compromising quality of service delivery, most facilities do not have trained support staff on mRDT preparation, those involved in mRDT preparation did not participate in the intensive training.
- It has been reported that there is presumably high utilization of soap in some of the hand washing facilities within most health facilities leading to unavailability of soap at times. This is in spite of it being released from the bulk store periodically. This is causing confusion among health facility management looking at the number of soap bars being utilized at short intervals. It has been concluded that there is need for the in-charges to follow up on the utilization of the soap and QIST members to intensify supervision of hand hygiene.
- Most facilities reported that there is inadequate PPEs and poor utilization of the available PPEs which was causing worry among health personnel.

IV. LESSONS LEARNED AND BEST PRACTICES

- There seems to be no COVID-19 screening for in-patients in some health facilities. QIST agreed that this should be tabled at the COVID-19 committee meeting and get feedback from them.

- It has been noted that waste segregation is not being done according to standards in most hospitals. This was due to lack of training of staff in a lot of health facilities. It has therefore a recommendation that there is need to train staff on IPC activities and as well to intensify supervision.
- The World Health Organization (WHO) had provided handwashing guidelines to which it has been observed that many health workers across the country are not adhering to. There will therefore be suggestions to orient staff on WHO hand washing steps. Clinical Officers and IPC Coordinators will be tasked to produce and paste hand washing guidelines.

V. COMPLETED STTA

- No STTA took place in September 2020.

VI. UPCOMING STTA

- No upcoming STTA. The ongoing outbreak of COVID-19 has had a significant impact in countries around the world, which has resulted in new travel restrictions and policies. MSH has restricted all non-essential international travel for its programs. As such, we are suspending all ONSE international travels, including partners', for the foreseeable future until the COVID-19 situation settles.