

5 key words:

Malawi
Interviews
CSO
Capacity
Development

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Brief Summary of Trip

Ummuro Adano traveled to Malawi to monitor program management and implementation and collect data for a forthcoming technical brief on demand-driven capacity development, the approach being used by the AIDSTAR-Two Malawi project to plan and deliver technical assistance and support to 14 HIV and AIDS CSOs in the country. The purpose of this trip was to provide management oversight on technical activities that are being implemented, conduct staff performance appraisal for supervisee, assist the local team with the delivery of the third two-day leadership development program and the one day Results Review meeting, and conduct interviews with CSO representatives to obtain their own insights and perspectives on the overall program of support and the delivery approaches and techniques used to foster change and achieve organizational results.

Mr. Adano held discussions with Project Director to review the current work plan, and given the intensity of the ongoing activities and staff workload, a decision was made not to go ahead with the resource mobilization activity. Mr. Adano also reviewed the Memorandum of Understanding (MoUs) that were later issued to six CSOs that will be receiving goods/items to facilitate the accomplishment of their LDP “mini-projects”.

He also developed a success story on the results of the project’s interventions on Namwera AIDS Coordinating Committee, one of the CSOs receiving institutional strengthening technical assistance from AIDSTAR-Two in Malawi.

1. Scope of Work:	
Destination and Client(s)/ Partner(s)	Malawi - Lilongwe, Zomba
Traveler(s) Name, Role	Ummuro Adano - Deputy Director, AIDSTAR - Two
Date of travel on Trip	April 7 – 18, 2013
Purpose of trip	The purpose of this trip was to: <ul style="list-style-type: none"> - Review program implementation and accomplishments to date - Assist the local project team to deliver the third LDP for 11 CSO teams - Conduct interviews with CSO representatives to obtain their perspectives on demand driven capacity development - Provide input and participate in the Results Review meeting of the CSOs - Develop a draft success story on the results of project’s interventions on one organization
Objectives/Activities/ Deliverables	<ul style="list-style-type: none"> - Draft success story - Guideline for interviews with CSOs
Background/Context, if appropriate.	Launched in October 2011, the strategic goal of the AIDSTAR-Two Malawi CSO Capacity Building Project is to contribute to the reduction of the spread of HIV and AIDS by strengthening the technical and managerial capacity of local CSOs and enhancing the quality and effectiveness of civil society response to HIV and AIDS in Malawi. The project works with 14 local CSOs

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that are providing a range of HIV and AIDS services and/or are working in the areas of HIV and AIDS advocacy. Using a demand-driven approach to capacity development, the project seeks to strengthen their organizational capacity in leadership, management, governance, advocacy, as well as monitoring and evaluation (among other areas).

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

- During meeting with Leonard Nkosi, Project Director to review the status of current work plan, a decision was made not to go ahead with the Resource Mobilization activity, given some of the issues around absorptive capacity on the part of the CSOs. Apparently, the CSOs had complained about the volume and rapid pace of the technical assistance that they were receiving from the project, and the need to consolidate and wrap up all the remaining loose ends from all the ongoing work.
- Conducted a series of interviews with 7 CSO representatives to obtain data and their insights on the process and results of demand driven capacity development. Please see discussion guidelines for the interviews in Annex 1.
- Supported the delivery of the 2 day LDP workshop for CSO teams at Ku Chawe Inn, Zomba. - Supported the 1 day Results Review meeting whereby the CSOs presented the results of their work and received feedback. - Informal breakfast meeting with Ndasowa to discuss progress and future of OD support to Malawi CSOs post-AIDSTAR-Two - Reviewed MOUs to be issued to a few CSOs that will receive goods and services from the project to support the implementation of their LDP “mini-projects”.

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Finalize and issue the MOUs to respective CSOs	Leonard Nkosi, Project Director	April 26 th
Resubmit revised budget to USAID Namibia to include expanded SOW with CoHeNa and additional activities to program the newly available money	Teri Brezner	April 15 th
Finalize a subcontract with CoHeNa	Teri Brezner	April 15 th
Quote for vegetable garden in Rosh Pinah	Jackson Kandjii	April 9 th

4. Contacts: List key individuals contacted during your trip, including the contacts’ organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
Mr. Haufiku (National MOHSS)	dhaufiku@mhss.gov.na	MOHSS	Meet for in brief meeting on Monday Feb.18 th 2013
Dr. Shannon Kakungulu,	skakungulu@msh.o	MSH Namibia	Attended our in brief meeting with

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COP	rg		USAID Feb.18 th , 2013
Elzadia Washington-Danaux, Mission Director	P: 61-273-701 E: ewashington@usa id.gov	USAID Namibia	Meet for in brief meeting on Monday Feb.18 th 2013
Rosalia Indongo TB/HIV advisor	rindongo@usaid.gov	USAID Namibia	Meet for in brief meeting on Monday Feb.18 th 2013 and out briefing on Tuesday Feb. 26
Ida Lamperth - Technical Program Assistant	61-273752	USAID Namibia	Meet for in brief meeting on Monday Feb.18 th 2013 out briefing on Tuesday Feb. 26
Susan Chira - Local clinic nurse, Onderombapa	81-3629285	MOHSS, Onderombapa Clinic	Met on Feb. 20 th to discuss status and activity of CHWs in Onderombapa
Ms. Renee Kaune – Regional Health Director	rekaune@yahoo.com	Regional MOHSS Omaheke Region	Met for in brief meeting on Thursday February 21, 2013
Dan Rooney - Director of Programming and Training	81-146-3338	Peace Corps	Met on Feb.21 to finalizing processing of former Peace Corps Volunteer, received project files
Jackson Kandjii, local consultant	81 330 0945	MSH	Met on Feb. 22 th to discuss project status. Attended training on Feb. 23 rd for CHWs
Sister Karrol - Local Clinic Nurse, Rosh Pinah	81 305 8682	MOHSS, Rosh Pinah Clinic	Met on Feb. 22 th to discuss project status. Attended training on Feb. 23 rd for CHWs
Stefan Saayman - RoshSkor Manager	81 239 1208	RoshSkor	Met on Feb. 25 th to discuss PPP proof of concept for next 5 months and the role of RoshSkor moving forward.
Eva-Liza Nailenge	81-253-6844, Email: Eva-Liza.Nailenge@r oshskor.com.na	RoshSkor	Met on Feb. 25 th to discuss PPP proof of concept for next 5 months and the role of RoshSkor moving forward
Dr Cordelia Simbisai Zvavamwe PhD - Executive Director	Email: cordelia@iway.na 264 61 237908/9 264 81 280 2516	CoHeNa	Meet on Feb.26 to discuss expanding SOW for CoHeNa to revitalize Centership CHWs in Onderombapa through their existing program

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
Training Design for Data Collection and Building Effective Partnerships	Provides outline of training topics on the subject of data collection	eRoom
Summary Report on Data Collection Process	Provides update on status of data collection, challenges and opportunities	eRoom
Transition Plan	Captures agreements with various stakeholders regarding the transition and sustainability of the project post AIDSTAR-Two	eRoom

Annex 1.

Summary Report on Data Collection Process in Centerships

1. Onderombapa Centership:

Upon arriving at the Onderombapa centership we were able to determine that there were only 2 active community health workers. The Peace Corp Volunteer who had acted as the MSH representative and local community coordinator resigned due to personal reasons in early February. At that time the activity of the community health workers had been low. Many CHWs have moved out of the area in search for work.

From October – January, the PCV had only received 2 data reports. One of the reports showed identical information to the data that was collected by the same CHW in the month prior indicating that it was likely copied and most likely unreliable.

It was determined during the meeting with the two active CHWs and Nurse Susan that the Centership data collection activities would cease until a new local partner CoHeNa has agreed to help the project by recruiting new CHWs and providing training on proper data techniques.

Update: Since the trip in February, the contract with CoHeNa has been drafted and is pending final signature from the CoHeNa Executive Director. Activities will commence immediately once the document is signed (week of April 15).

2. Rosh Pinah Centership:

Our visit to Rosh Pinah included a full day training and workshop on the topics of data collection and building effective partnerships. Through the first session on data collection we were able to discuss how the CHWs were collecting and reporting on the monthly community health information they gathered.

It was determined that at the end of each month the community health workers would submit their data to the local coordinator. In the past, the local coordinator had regularly submitted the community health data to the local nurse, but from October – January he had only submitted the data to MSH and not at the local level. We determined through discussions with the local coordinator, the local nurse and the CHWs that during the month of October when the former Centership Committee had resurfaced requesting a role in the development and implementation of the public-private-partnership agreement for the CHWs, RoshSkor, the Ministry of Health, MSH and USAID. Given their lack of involvement in community health activities MSH determined that they would no longer engage with the Centership Committee, and a meeting was held to elect new officers from within the existing group of CHWs. During that time tensions were high and this caused a breakdown in communication and trust between the local nurse (who sought to move forward with the CHW activities) and the CHWs and local coordinator (who were feeling pressured by the former board to not work with the nurse).

Through the second session of the training on building effective partnerships, we were able to address the issues of communication, trust and collaboration by having a transparent and honest discussion. By the end of the training the group collectively agreed that working together,

inspiring trust and communicating frequently was in the best interest of all involved in the PPP and that they would use the principals discussed during the trainings going forward.

The data collection session provided the CHWs with a clear vision for what happens to the data once it has been reported to the clinic, the path it takes to reach the national and international level, and how this data determines the health resources assigned to their community. We provided them with the Four Cs of data collection as a framework to remember how to collect and report health data that is correct, consistent, concordant and complete. Together with the local coordinator and clinic nurse, the CHWs established deadline dates for reporting their data. All data is now due to the local coordinator by the 25th of each month, and the local coordinator will report this data to the local clinic by the 2nd of each month. CHWs have committed to collecting data at least once a week and will also attend group meetings on a weekly basis.

Update: Since the data collection training, the local coordinator has reported that all but one group of CHWs were able to collect and report their data on time to the local clinic.

Annex 2

Transition Plan

1. Onderombapa

After assessing the activity in Onderombapa and holding discussions about the low level of Centership activity, it was determined with USAID that this Centership is not in the position to start up and implement their original business proposal. Owing to the lack of man-power and motivation from the CHWs, and the lack of a representative from MSH on the group to manage the procurement and logistics, it is no longer a feasible option.

MSH will instead establish a sub-contract with the local partner CoHeNa to work with the Onderombapa community. CoHeNa was selected as the local implementing partner due to their track record of developing effective and efficient CHW programs, and their established presence in the Omaheke/Onderombapa regions. The CHWs agreed that working with CoHeNa would improve their work, especially if they were given access to transportation. CoHeNa agreed to work with the remaining CHWs, in addition to recruiting and training up to 15 more. The new cadre of CHWs will be trained in data collection, as well as how to establish, implement and maintain a small animal livelihood project selling chickens??goats. The profit from the sale of goats would go towards the Centership activities.

CoHeNa will reinvigorate this program with the goal of eventually incorporating the new cadre of CHWs into the Community Health Coordinator program. CoHeNa would then assume the responsibilities of training and overseeing the work of the Centership CHWs going forward, beyond the end of AIDSTAR-Two. Such a strategic relationship with CoHeNa, a local entity with a proven track record in this field of work, provides a plausible mechanism for ensuring sustainability of the CHW program in Onderombapa.

2. Rosh Pinah/Tutengeni

At the end of AIDSTAR Two's visit in Rosh Pinah, they had a meeting with the Manager of RoshSkor. In that meeting they discussed the workplan for the proof of concept that represents the initial 6 months of the Public Private Partnership. During the first 6 months the Community Health Workers will receive 2 training of the trainers from the MoHSS (1 per every 3 months) on topics of their choosing. CHWs will then have the opportunity to replicate the trainings with a group of at least 10 community members. For each of these group presentations, the CHWs will be paid a small fixed stipend by MSH (on behalf of USAID). Each local partner listed in the PPP agreed to attend one monthly meeting where they would discuss the results, challenges and success of the program to keep each other informed and to identify issues as far in advance as possible.

At the end of the six month trial period, the CHWs, local nurse and local coordinator will discuss the results of their PPP activities with the RoshSkor Manager. He will bring the results of this meeting (and each of the monthly meetings) back to his Director to ensure that RoshSkor will assume the responsibility of issuing small stipends once AIDSTAR-Two's funding has ended. One possibility for transition that RoshSkor discussed was expanding the SOW of their sanitation workers/toilet cleaners to also include the responsibilities of performing community health work

and presentations. The RoshSkor Manager will explore this option with his Directors. Additional conversations are needed to finalize the transition plan for the Tutengeni CHWs.