



JSI-STAFH PROJECT

ANNUAL REPORT

1 OCTOBER, 1996 THROUGH 30 SEPTEMBER, 1997

**Funded under USAID Contract No. 623-038-C00-4058-00
The views expressed herein do not necessarily
represent those of USAID.**



CONTENTS

LIST OF ACRONYMS

I. OVERVIEW

1. Introduction.....	1
2. Program Accomplishments	1
3. Partners in Collaboration	2
4. Personnel	3
5. Management and Administration	4
6. Finance	5
7. Important Visitors	6
8. Problems and Constraints	6
9. Focus for Year Four	7

II. DETAILED REPORT

1. Family Planning	8
2. STD/HIV	16
3. Integration of FP and STD/HIV	24
4. Youth	27
5. Strengthening of Institutional Capacity	30
6. Support Services	34

III. ANNEX

1. Status Report on Quantifiable Indicators/Targets, September, 1997

LIST OF ACRONYMS

ADMARC	=	Agricultural Development and Marketing Corporation
AIDS	=	Acquired Immune Deficiency Syndrome
AIDSCAP	=	AIDS Control and Prevention (Project)
AIDSEC	=	National AIDS Control Program Secretariat
AVSC	=	Association for Voluntary and Safe Contraception
BLM	=	Banja La Mtsogolo
CBD	=	Community-Based Distribution
CDLMIS	=	Contraceptive Distribution and Logistics Management Information System
CHAM	=	Christian Health Association of Malawi
CIDA	=	Canadian International Development Agency
CO	=	Clinical Officer
CPR	=	Contraceptive Prevalence Rate
CQI	=	Continuous Quality Improvement
CSR	=	Centre for Social Research
CSW	=	Commercial Sex Worker
CTU	=	Contraceptive Technology Update
DANIDA	=	Danish International Development Agency
DFID	=	Department for International Development (British)
DHO	=	District Health Office
ECAM	=	Employers Consultative Association of Malawi
EU	=	European Union
FGD	=	Focus Group Discussion
FP	=	Family Planning
FPLM	=	Family Planning Logistics Management project
GOM	=	Government of Malawi
GTZ	=	Gesellschaft fuer Technische Zusammenarbeit (German Technical Aid)
HEU	=	Health Education Unit (MOHP)
HIV	=	Human Immuno-deficiency Virus
HPN	=	Health, Population and Nutrition Office (USAID)
HRC	=	Health Research Committee
IEF	=	International Eye Foundation
IMPACT	=	Initiative for Mobilizing the Private Sector to Action
IPCC	=	Interpersonal Communication and Counselling
IUD	=	Intrauterine Contraceptive Device
JSI	=	John Snow, Incorporated
KCN	=	Kamuzu College of Nursing
MACRO	=	Malawi AIDS Counselling Resources Organization
MAM	=	Muslim Association of Malawi
MANEB	=	Malawi National Examinations Board
MASO	=	Media and AIDS Society
MBC	=	Malawi Broadcasting Corporation
MCHS	=	Malawi College of Health Sciences
MIE	=	Malawi Institute of Education

MIS	=	Management Information System
ML/LA	=	Minilaparatomy/Local Anesthesia
MOE	=	Ministry of Education
MOHP	=	Ministry of Health and Population
MOLG	=	Ministry of Local Government
MOYSC	=	Ministry of Youth, Sports and Culture
NACP	=	National AIDS Control Program
NFWC	=	National Family Welfare Council (now NFPC - National Family Planning Council).
NGO	=	Non-Governmental Organization
NICO	=	National Insurance Corporation
ODA	=	(British) Overseas Development Administration (now DFID)
OPD	=	Outpatient Department
PHRDU	=	Population and Human Resources Development Unit
PSI	=	Population Services International
PVO	=	Private Voluntary Organization
REDSO	=	Regional Economic Development Services Office (USAID)
RH	=	Reproductive Health
RHO	=	Regional Health Office
RHU	=	Reproductive Health Unit/MOHP (formerly Family Health Unit - FHU)
SCF	=	Save the Children Fund (UK or US)
SDP	=	Service Delivery Point
STAFH	=	Support to AIDS and Family Health
STD	=	Sexually Transmitted Disease
TOT	=	Training of Trainers
UD	=	Urethral Discharge
UNC	=	University of North Carolina
UNFPA	=	United Nations Population Fund
UNICEF	=	United Nations Children's Fund
USAID	=	United States Agency for International Development
VSC	=	Voluntary Surgical Contraception

JSI-STAFH PROJECT
THIRD YEAR ANNUAL REPORT
(1 October, 1996 - 30 September, 1997)

I. OVERVIEW

1. Introduction

The third year of the JSI-STAFH contract witnessed intensive and extensive implementation of program activities, to increase accessibility and utilization of family planning services, expand STD/HIV prevention education and treatment of STDs, promote integration of FP and STD/HIV programs and services, and strengthen program, technical and management capacity. At the same time, the year was marked by consolidation of the program activities, and a sharpened focus by members of staff on their respective activities.

This report is presented in three main parts. The first is an overview highlighting the accomplishments of the year in the program and management areas, visitors to JSI-STAFH, problems and constraints, and the focus for the fourth year of the contract. The second part presents a more detailed report on program activities, presented according to the established objectives (6) and strategies (38). The third and last part is an Annex on the status of the JSI-STAFH Project quantifiable indicators and targets.

2. Program Accomplishments

Appendix One highlights the main accomplishments in each of the program component areas: family planning promotion; STD/HIV prevention and control; integration; and institutional capacity building. In general program performance was satisfactory, and the progress of program activities was on track. Program activities continued to be effective in supporting public, NGO and private sector efforts to develop and manage FP and STD/HIV/AIDS programs and services.

During the year, JSI-STAFH sharpened its role to emphasize technical assistance while also serving as a funding mechanism for pilot demonstrational interventions, and for supporting research and production of IEC materials.

JSI-STAFH PROJECT
OVERVIEW OF PROGRAM ACCOMPLISHMENTS
(October 1996 - September, 1997)

FAMILY PLANNING	STD/HIV	INTEGRATION	CAPACITY BUILDING
<p>1. <u>Services</u></p> <p>1.1. <u>CBD</u></p> <ul style="list-style-type: none"> - 1033 CBDs deployed with 120 supervisors (NFWC NGOs) - CBD curriculum and guidelines in Chichewa finalized (NFWC) <p>1.2. <u>Core FP Services</u></p> <ul style="list-style-type: none"> - 270 sets of clinic equipment procured and distributed - Renovation/upgrading of 50 facilities started. Nine facilities almost ready (MOHP, NFWC, UNFPA) - CQI experience and lessons in six pilot sites disseminated (MOHP, Medical Council). <p>1.3. <u>Comprehensive Services</u></p> <ul style="list-style-type: none"> - LTPC Strategy developed - 100 ML/LA and 20 NSV kits procured for distribution - 6 teams of surgeons, Cos and nurses trained in ML/LA (AVSC, MOHP). 	<p>1. <u>Services</u></p> <ul style="list-style-type: none"> - 5 pilot sites maintained and supervised; treated approximately 2,500 patients per month - STD clinical equipment distributed to pilot CHAM, MOHP and 6 NGO sites - 79 STAFH NGO grantee facilities providing STD/SMA services - STD service providers manual revised - STD service supervisor's handbook developed. <p>2. <u>Training of Personnel</u></p> <ul style="list-style-type: none"> - 815 STD service providers trained in STD/SMA - 44 trainers trained in STD/SMA - 27 youth leaders trained in health; initiated anti-AIDS activities - STD trainers' guide revised. 	<p>1. <u>NGO Integration Services</u></p> <ul style="list-style-type: none"> - 24 NGO grants awarded and implemented - 63 NGO facilities providing integrated services - 340 CBDs trained to provide integrated messages - Quarterly NGO exchange of experience meetings initiated; 3 held. <p>2. <u>Private Sector Services</u></p> <ul style="list-style-type: none"> - 55 companies with 300 or more employees being assisted to undertake FP and STD/HIV activities. - 68 peer educators trained and initiated activities in 8 companies (MOHP, BLM, PSI) - 40 company managers trained in FP and HIV/AIDS. 	<p>1. <u>Human Resources</u></p> <ul style="list-style-type: none"> - Pool of 26 research assistants trained (on the job) - Six NGO staff members supported to undertake exchange of experience travel to Uganda - Four Malamulo Hospital staff and six Cobbe Barracks FP and STD/HIV/AIDS committee members trained in audience research methodologies. <p>2. <u>Equipment Supplies</u></p> <ul style="list-style-type: none"> - Heavy duty photocopy machine supplied to AIDSEC. <p>3. <u>Management Strengthening</u></p> <ul style="list-style-type: none"> - NFWC strategic planning consultancy funded - Management strengthening assistance to RHU/MOHP initiated - NGO Management capacity building implemented.

FAMILY PLANNING	STD/HIV	INTEGRATION	CAPACITY BUILDING
<p>2. <u>Logistics Support</u></p> <ul style="list-style-type: none"> - CDLMIS training provided to 1,500 personnel of all levels (MOHP, NFWC, CHAM, FPLM) - 10,000 CDLMIS forms and 4,272 assorted booklets printed and distributed. <p>3. <u>Training Personnel</u></p> <ul style="list-style-type: none"> - 22 trainers in core FP services trained (MOHP) - 340 CBDs and 44 supervisors trained (NFWC, NGO) - 28 CBD trainers trained - 26 CQI coaches trained (MC) - 271 IPCC trainers trained (NFWC) <p>4. <u>IEC</u></p> <ul style="list-style-type: none"> - 250,000 FP method-specific leaflets distributed - 50,000 copies of leaflets on benefits of FP and role of men distributed (NFWC) <p>5. <u>Research</u></p> <ul style="list-style-type: none"> - 3 research reports (Serie No. 4, 6 and 8) distributed - Study on contraceptive experience conducted 	<p>3. <u>IEC</u></p> <ul style="list-style-type: none"> - 65,000 posters on HIV/AIDS released for distribution - 350,000 leaflets on HIV/AIDS released for distribution - 5,000 posters on importance of early STD treatment seeking behavior distributed - 1,000 STD patient education flipcharts distributed. - 5,000 copies each of 4 picture codes STD/HIV subjects targeting youth and bar girls released for distribution. <p>4. <u>Research</u></p> <ul style="list-style-type: none"> - 3 research reports (series Nos 5, 7 and 9) distributed - Study on STD Client Partner Notification and STD Health Seeking Behavior conducted - 2 research reports on cultural practices and initiation rights among Yao Muslims prepared and distributed - 1996 HIV/Syphilis Surveillance completed. - Rapid HIV test kit study undertaken 	<p>3. <u>IEC</u></p> <ul style="list-style-type: none"> - "Tinkanena" continued to 159 episodes. Voted one of the best programs on MBC (MBC, UNICEF) - IPCC curriculum developed and in use (NFWC). 	

3. Partners in Collaboration

JSI worked very closely with its key partners, and strengthened its consultation, cooperation and coordination with other agencies. Where applicable, the names of the collaborating partners, other organizations, and donors are stated in brackets in Appendix One. Appendix Two presents JSI's partners in collaboration.



PARTNERS IN COLLABORATION

- **Ministry of Health and Population**
 - National AIDS Control Programme
 - Family Health Unit
 - Planning Unit
 - Central Medical Stores
 - Regional District Officers
 - Central Hospitals
 - Community Health Sciences Unit
 - PHRDU
 - District Health Offices
- **Ministry of Women, Children Affairs, Social Welfare and Community Development**
 - National Family Welfare Council of Malawi
- **Ministry of Education**
- **Ministry of Information and Broadcasting**
- **Ministry of Defence**
- **Ministry of Youth , Sports and Culture**
- **Ministry of Labour**
- **Christian Health Association of Malawi**
- **Ministry of Local Government**
- **University of Malawi:**
 - College of Medicine
 - Kamuzu College of Nursing
- **Malawi College of Health Sciences**
- **CONGOMA**
- **Donors / International Organizations**

USAID	DfID
UNFPA	World Bank
WHO	UNDP
UNICEF	GTZ
UNAIDS	KFW
EU	
- **FPLM**
- **AVSC**
- **STAFH NGO Grantees (24)**
- **Private Companies**
- **PVOs:**
 - Project HOPE
 - Save the Children Fund (US)
 - International Eye Foundation
 - PSI
- **Medical Council**
- **Nurses & Midwives Council of Malawi**
- **Banja La Mtsogolo**

4. Personnel

The new COP, Mr Marc Noor Ahmed Okunnu, Sr. arrived in Lilongwe in the first quarter of the year (18 November, 1996), to take over from Dr Jerry Russell who left JSI-STAFH earlier in October, 1996. The year was to witness significant further staff movements, both departures and new arrivals.

Expatriate Advisors who left during the year were:

- Dr Celine Daly (STD Advisor), at the end of March, 1997. The Community Services Advisor, Mrs Catherine Thompson, and a UK-based consultant, Dr Anthony Klouda, filled this position until September, 1997 when it was phased-out as planned.
- Mrs Catherine Thompson (Community Services Advisor), effective July 16, 1997. Her position was taken by Mrs Mrudula Amin Smithson who had been working as a consultant in the unit.
- Mrs Lynette Malianga (Quality Assurance Advisor), at the end of September, 1997 when her position was phased-out as planned.

Dr Ruth Kornfield (Research Advisor) whose position was to have ended at the end of September, 1997 was extended (with MOHP and USAID approval) by three months to the end of December, 1997.

Changes in associate-level staff during the year were:

- Mr John Phiri (Community Services Associate) was terminated in the first quarter of the year. He was replaced by Mr C.Q. Nyirenda in the second quarter.
- Ms Rose Kalea (STD/HIV Associate) left during the second quarter. She was replaced by Mrs Chifundo Kachiza who was previously the STD/HIV Program Assistant.
- Ms Pamela Twea (IEC Associate) left in the third quarter to join the UNICEF. Her replacement, Mr Sam Kaponda, was hired in the fourth quarter.
- Dr Dorothy Namate (Research Associate) left at the end of the year to become the Country Director for Project Hope.
- Mr J.R. Nyirenda (Construction Management Associate) was hired in the second quarter to fill a position that was previously vacant.

- Mr Bill Chisimba was hired as NGO Management Associate in the last quarter. His appointment as management consultant to our NGO grantees was in response to an increased emphasis on management capacity building among NGOs.

Redeployments and hiring of other staff during the year were as follows:

- Mrs Winnie Chikoza moved from the NGO unit to become Office Manager. The previous Office Manager became the General Services Officer.
- Mrs Jane Banda (Community Services Associate) was redeployed to the NGO unit as NGO Program Associate
- Mr Chris Kandulu, the Chief Accountant in the Finance and Administration unit moved to the NGO unit as NGO Financial Analyst. Mr Masauko Mkhutumula was hired as his replacement but was subsequently moved to the NGO unit as the second NGO Financial Analyst. This was in response to the need to work more on the administrative systems of the NGO grantees.
- Mrs Eleanor Kumdana was hired as Community Services Program Assistant, primarily to assist with administrative arrangements for private sector training while her Associate, Mr C.Q. Nyirenda, was heavily burdened with private sector peer education training and follow-up.

The staff complement as at the end of the year was as follows:

7	Advisors
9	Associates
7	Program-associated professionals (program assistants, financial analysts, other)
13	Administrative staff (accountants, office support, secretaries, clerks, cleaners)
10	Drivers

46	Total

5. Management and Administration

There was a large turn-over of management staff during the year, starting with the arrival of the new COP. Seven advisor- and associate-level staff left JSI-STAFH, and six management level staff joined. Administrative staff members remained quite stable, but there were several redeployments, as outlined above, which improved the overall performance

The advent of the new COP who has a strong emphasis on management, proved beneficial to the administration of the contract. Policies and procedures were evaluated and strengthened as necessary, with the result that tighter control was established over various contract/project resources. Such aspects as time management, work planning, and

The advent of the new COP who has a strong emphasis on management, proved beneficial to the administration of the contract. Policies and procedures were evaluated and strengthened as necessary, with the result that tighter control was established over various contract/project resources. Such aspects as time management, work planning, and communication and coordination were improved, and vehicle use and travel necessities became better focussed towards achieving contract and project goals.

Strong and regular contacts and communication were maintained with USAID, including the Regional Contracting Officer in Botswana. The USAID HPN Office was extremely cooperative and supportive, offering valuable advice and guidance. The required quarterly reports (7th, 8th and 9th, covering the period 1 October, 1996 to 30 June, 1997) were submitted to USAID. As previously agreed the quarter ending 30 September, 1997 is incorporated into this annual report.

A new activity, upgrading of family planning service delivery points (SDPs), started during the year and consumed enormous resources. A steep learning curve for the project management and a large degree of flexibility resulted in some positive progress in the activity which is expected to be completed by the second quarter of the fourth year.

At year end, the following vehicles were in operation:

- 4 x Toyota Landcruiser II 4 Wheel Drives (4WD)
- 2 x Toyota Hilux Twincab 4WD
- 1 x Nissan Patrol 4WD
- 1 x Toyota HiAce 12-seater Minibus
- 1 x Nissan AD Station Wagon
- 3 x Toyota Ventures

Eleven (11) accidents took place during the year, mostly fender-benders. Of these, four seemed to be the responsibility of the JSI-STAFH Drivers, and the rest the fault of the other drivers. There was one fatal accident involving one project vehicle in September, 1997, when our vehicle ran into and killed a child in Mangochi. As at the end of the year there had been no word from the police on the accident.

As at year end, all vehicles were functional and in every day use, although a number of them had dents and/or broken lenses yet to be fixed.

6. Finance

Contract expenditures remained generally on track, with expenditures to the end of the third year standing at 68% of the total contract budget. The fourth year will need to see some reallocation of money among line items but it is expected that most activities and budget lines will be adequately funded. Appendix Three presents a report of expenditure to date by major line items.

Appendix Three

**JSI - STAFH PROJECT
BUDGET AND EXPENDITURES
(October, 1994 - September, 1997)**

CATEGORIES	BUDGET	EXPENDITURES TO DATE	FUNDS REMAINING
Salaries	\$2,253,414.00	\$1,627,855.15	\$625,558.85
Overhead	876,130.00	658,015.64	218,114.36
Consultants	18,480.00	33,334.11	(14,854.11)
Travel/Transportation	399,095.00	289,244.82	109,850.18
Training and Research	1,050,000.00	536,703.02	513,296.98
Allowances	989,998.00	848,605.21	141,392.79
Equipment, Materials & Supplie	830,734.00	753,109.54	77,624.46
Other Direct Costs	956,997.00	607,229.30	349,767.70
Subcontracts	2,672,771.00	1,934,572.09	738,198.91
Subawards (grants)	2,400,000.00	1,273,434.08	1,126,565.92
Fee 4.66%	580,000.00	398,994.02	181,005.98
TOTAL	\$13,027,619.00	\$8,961,096.98	\$4,066,522.02

7. Visitors

JSI-STAFH hosted a large number of national and international visitors during the year, as reported in the quarterly reports. Many came to familiarize themselves with JSI-STAFH activities. Others came to seek or share information about reproductive health policy, program and management development in Malawi in general. Some were interested in specific issues or concerns related to research and evaluation, program planning and interventions, or resource allocation, utilization, and accountability. Among the prominent visitors were:

- Mr Tom Lofgren, Deputy USAID Mission Director (familiarization with JSI-STAFH offices , staff and activities).
- Mr Dave Washburn, Malawi Desk Officer, AID/W (familiarization with JSI-STAFH offices, staff and activities).
- Dr James Chen, Team Leader (and other members), World Bank AIDS Assessment Mission (to obtain information on the AIDS situation, and the related programs of JSI-STAFH).
- Mr Terrence McCaughan, Field Director, SCF-UK, Lilongwe and Mr John Parry-Williams, Regional Advisor on Social Policy, SCF-UK, Swaziland (courtesy call and to discuss collaboration)
- Dr Victoria Wells, USAID/REDSO, Nairobi, Kenya (to assist with the preparation of a scope of work for evaluating the training in STD syndromic management approach).
- Mr Lalan Mubiala, Country Representative, UNFPA/Malawi, Lilongwe (to attend meeting of facility renovation task force).
- Mr Vyrle Owens, Country Director, Peace Corps, Lilongwe (courtesy call)
- Dr Stuart Tyson, ODA Regional Population Officer, Harare, Zimbabwe (courtesy call, and to consult on ODA management and other support to the NFWC)
- Dr Sarah Kambou, Global Technical Coordinator, Reproductive Health for Refugees Initiative, CARE International (to obtain information on JSI-STAFH program activities, and on FP and STD/HIV needs in Malawi in general)

8. Problems and Constraints

The main program-related problems and constraints are outlined in the detailed report. They include delays (sometimes extended) in obtaining approvals or inputs from partners, the unresolved issue of STD drug supplies, and high turn-over of associate-level staff, particularly in the IEC unit.

A major local staff morale issue during the year was salaries, in view of the devaluation of the Kwacha. Although inflation was fairly low and constant, staff became very nervous about their buying power when the currency changed value. JSI staff, like staff of all the other USAID-funded projects, came to expect either a timely update of the Local Compensation Plan from the US Embassy, or a firm denial that any salary

upgrades were to be forthcoming. The last quarter of the year was particularly unsettling while conflicting rumours circulated about where USAID salaries were headed.

Spares for the Japanese-made vehicles provided by USAID at the start of the contract, in particular the Landcruiser II and the Nissan AD, are virtually impossible to come by, as these models are not supported by local dealers. It is strongly recommended that vehicles purchased by USAID should be either from local dealers or should be popular Malawi models.

As at the year end, a contract amendment to add \$266,000 into the JSI contract was still pending. This money was originally destined for the Malawi Government for the purpose of upgrading family planning clinics, an activity which was subsequently transferred to JSI.

9. Focus for Year Four

The focus for the coming year is to cover all program activities while attempting to retain motivated staff. It is inevitable, given the uncertainty of the future of the STAFH Project in general, and of JSI's role in it, in particular that staff will become increasingly earnest about seeking new employment as the fourth year proceeds.

During the first three years of the contract, efforts were focussed on building program and technical capacity (e.g. through training of trainers and service providers, development of training curricula and materials, production of information and education materials, and selection of NGOs to undertake education and service activities). While these efforts will be consolidated and expanded as necessary, the fourth year will emphasise management capacity building with the key partners and selected NGOs.

As the last year of the current JSI contract, the fourth year will focus on winding-down and close-out of activities, including transfer of activities, vehicles, equipment and furniture to appropriate GOM agencies or other organizations designated by USAID.

There will also be a focus on documentation of experience and lessons with regards to both the processes and outcomes of contract and program activities. This effort will include identifying or organizing appropriate settings and channels for dissemination of experience.

II. DETAILED REPORT

Objective One: FAMILY PLANNING: Improve Knowledge and Attitudes about Family Planning as well as Access to and Use of Family Planning Services.

1.1. Strategy 1: Increase access to family planning services through community based services.

Accomplishments

JSI-STAFH continued to work with and assist the NFWCM in completing necessary documentation and training personnel in order to strengthen the national CBD program. Training and re-training also continued for the nine STAFH-funded NGOs which are implementing CBD projects. JSI staff supervised CBD personnel and activities directly or through NGO grantee staff.

Events and Milestones

- The new CBD curriculum was completed and used in trainings with two NGOs (St. Anne's and ADMARC) as a pilot.
- Twenty eight (28) trainers (13 existing and 15 new) were trained as trainers for the new CBD curriculum.
- Six (6) NGOs trained 340 new CBDs and 44 supervisors, bringing the total number of trained CBDs to 712 and supervisors to 120.
- Seven (7) NGOs conducted refresher training for CBDs and supervisors.

Constraints

- The development of the CBD curriculum took longer than originally anticipated delaying the training of CBDs by the NGOs. This, however, was resolved and the CBD programs are now moving forward.

Focus For Year Four

- The focus for year four will be to institutionalize the CBD program at national level and with the NGO projects implementing CBD activities. The activities will include:
 - production and distribution of the new CBD curriculum to all relevant parties;
 - production and distribution of CBD guidelines in English;
 - Continued retraining of CBDs;
 - Continued monitoring and supervision of NGO grantees to ensure they are prepared to continue implementing CBD programs after STAFH grants end.

1.2. Strategy 2: Increase access to core family planning services

Accomplishments

One major activity in increasing access to core FP services is renovation and upgrading of health facilities to create or increase space for FP, and provide for audio and visual privacy. After the preparatory work in years 1 and 2 involving building evaluations, engagement of the construction management firm, and the development of building plans, the Construction Management Associate was engaged to work hand in hand with the construction management firm (Hanscomb) and JSI-STAFH partner agencies. A Grant Agreement was developed to formalize relations between JSI-STAFH and the construction management firm.

During the year, construction work on the ground commenced on nine facilities. The facility upgrading work was divided into 5 packages, each package constituting a contract. Between May, 1997 and September 1997, a contractor was identified for each package and the 5 contracts were awarded to the building contractors. Work was started in the sluice room at Kasungu District Hospital, and in the theatres at Dowa District Hospital and St. Annes Hospital.

As part of facility upgrading, a set of 270 clinical equipment for core family planning was procured and distributed to some MOHP, CHAM and MOLG facilities providing core FP services throughout the country. Distribution of equipment was completed in all the sites selected to receive equipment in the Northern, Southern, and some of the sites in the Central Regions

Access to FP services was further enhanced by the provision of FP methods in outreach clinics and OPDs using the hormonal checklist. To this end, core FP service providers were trained in five districts during the year following the

training of trainers in the Central and Southern Regions. The last TOT for core FP trainers was conducted in December 1996. A total of 22 trainers (two from each of the districts in the Southern Region and two from the Regional Health Office) were trained. This activity was conducted in collaboration with the MOHP and NFWCM.

To increase the pace of training, discussions were held with the National Family Health Co-ordinator and the STAFH project Accountant in the MOHP to find solutions to the issue of liquidation of funds at the end of each FP training course. As a result of the discussions, guidelines for tracking and monitoring the use of training funds were agreed, and developed and distributed to all the FP training centres.

Negotiations were successfully held with MOHP to replace refresher courses with the more comprehensive Contraceptive Technology Update (CTU) courses.

Events and Milestones

- Out of 267 facilities assessed by the building assessors, 50 facilities were selected by the Family Planning Facility Upgrading Task Force for renovation. Approval was granted by the MOHP to upgrade the 50 facilities.
- Dwambazi Health Centre (Nkhota-kota), Liwaladzi Health Centre (Nkhotakota), Chimwamkango Health Centre (Mchinji), Khasu Health Centre (Lilongwe) and Dolo Health Centre (Nsanje) were upgraded and were almost ready for use.
- Construction work was started at St. Annes Hospital (Nkhotakota), Nkhotakota District Hospital, Dowa District Hospital, Mkuzi Health Centre (Ntchisi), Mtunthama Health Centre (Kasungu), Kasungu District Hospital, Mbingwa Health Centre (Dowa), Kochirira Health Centre (Mchinji), Khongoni (Lilongwe), Makhanga (Nsanje), Nsanje District Hospital and Chikwawa District Hospital.
- Funds were accessed from UNFPA for paying contractors undertaking CIDA and DANIDA-funded facility renovations under the collaborative JSI-STAFH/UNFPA effort.
- Reports were produced and distributed to the Family Planning Facility Upgrading Task Force on progress of work, quality of workmanship of the facility upgrades, and on payments for the work done.

Constraints

- MOHP approval of renovation plans, involving communication with the District Health Officers, was slow and delayed progress of the facility upgrading effort.
- The belated requirement that a Grant, not a Sub-contract, Agreement be executed with Hanscomb Partners seriously affected the progress of facility upgrading. In absence of the Agreement payments to contractors were delayed resulting in a slow down of work and, in a few cases, withdrawal from sites.
- The number of facilities to be upgraded had to be reduced due to budget shortfalls arising from inflation and other factors.
- There were problems in identifying a contractor to undertake renovations in the Northern Region due to the remoteness of the sites.
- With regard to FP training, there have been delays in liquidation of training funds by the Regional Accountants. As a consequence, courses were frequently postponed, resulting in very few courses conducted.
- The training of Core FP Service Providers in the Central and Southern Regions has been put on hold due to unavailability of funds. Only 5 out of 19 districts were able to train their health personnel to provide FP services using the checklist.

Focus for Year Four

- Get the other 2 contractors in the Northern Region and Southern Region (Northern part) started.
- Intensify supervision of the construction work to avoid poor quality of workmanship, warn of impending delays, and monitor construction cost overruns.
- Hand-over to MOHP and UNFPA facilities which are completed.
- Finalise the editing of the Core FP training manual, print and distribute copies to all districts for use in the 3-day training courses.
- Monitor the training of FP Practitioners and ensure that courses are conducted according to schedule.

- Collaborate with MOHP to provide CTU training for 200 FP Service Providers.
- Complete the distribution of equipment in the Central Region and to a selected number of private institutions.
- Procure training equipment for the 3 training centres supported by USAID.
- Continue supervision of the NGO grants to ensure they are providing core family planning services.

1.3. Strategy 3: Increase access to comprehensive family planning services

Accomplishments

Out of the 24 district hospitals, 13 are now providing ML/LA services as the number of Clinical Officer and Theatre Nurse teams was increased by 10, following two training sessions. Each team was provided with 2 sets of ML/LA equipment for use in their respective sites.

Events and Milestones

- A total of 10 CO/Theatre Nurses received training conducted by Trainers from AVSC International (Nairobi) and local trainers. All the 10 teams received ML/LA kits with which they initiated services in the hospitals.
- One hundred (100) ML/LA kits and 20 Non-Scapel Vasectomy kits were received, and some were distributed.
- The Strategy for Long -Term and Permanent Contraception (LTPC) was finalized, following a series of consultations and workshops involving MOHP, BLM, CHAM, AVSC and JSI-STAFH Project.
- Follow-up visits were conducted to 9 ML/LA teams in the Southern and Northern regions.

Constraints

- Since the retirement of the VSC co-ordinator in the MOHP the program has come to a stand still as no appropriate replacement was assigned.

Focus for Year Four

- Work with MOHP to identify an appropriate person to co-ordinate the LTTPC programme.
- Continue training ML/LA teams to expand services to the remaining 11 districts. Training to be done with assistance from AVSC International.
- Order, distribute and install equipment for comprehensive FP services.
- Distribute ML/LA kits to each team at the completion of training.
- Conduct follow-up and supervision visits to all ML/LA teams.

1.4. Strategy 4: Improve the quality of family planning services

Accomplishments

An approach to improving the quality of family planning services on a continuous basis was successfully pre-tested in 6 FP sites in 2 regions. Under the pilot activity, each of the six pilot sites selected a set of quality-related problems for solution, to result in improved service quality. All the six FP pilot sites completed their first problem solving exercise.

The Continuous Quality Improvement (CQI) teams in 4 of the pilot sites managed to reduce client waiting time considerably. In one of the sites the team integrated FP services in the OPD; and the sixth site oriented their health personnel to the types and availability of FP services.

To assist in supervising and supporting the pilot sites, twenty six (26) CQI Coaches were trained in facilitation skills, using assistance from University Research Corporation. The training took place in February, 1997. Ten of the Coaches were selected from FP facilities funded by JSI-STAFH Project. The rest came from Medical Council and Blantyre Integrated Malaria Initiative.

Events and Milestones

- Results of the pre-test were disseminated to health personnel during a 2 day seminar organized jointly by JSI-STAFH Project and the Medical Council of Malawi. At the seminar conducted in Blantyre, experiences from a selected number of pilot sites were presented to a large audience (over 70) of representatives from MOHP, CHAM, and MOLG.
- The Interpersonal Communication and Counselling (IPCC) Curriculum was finalized, and 27 district and regional IPCC Trainers were trained using the curriculum.

- Regional and district Accountants were oriented on how to handle and liquidate funds for district IPCC training courses.
- IPCC courses were conducted in 8 districts, resulting in training of omission FP providers.

Constraints

- Involvement of local facilitators in supervision has been erratic due to their other commitments. Supervision was undertaken mostly by the Quality Assurance Advisor and the Regional Health personnel.

Focus for Year Four

- Collaborate with Medical Council to develop a national implementation plan for expansion of Quality Improvement to other service delivery sites.
- Finalize the editing of the IPCC curriculum and submit for printing.

1.5. **Strategy 5: Provide research to support interventions to improve knowledge, attitudes, access to and use of family planning services**

Accomplishments

Research findings were widely shared with all partner agencies and NGO's which have been able to use them for program development and implementation. Several research reports were finalized, printed, bound and distributed to over 200 government agencies, libraries, NGO's, international donor agencies, and individual professionals. These reports are available on request and are continually being reprinted for further distribution. The report on female condom acceptability study was also sent to USAID Washington to be used as part of the USAID world-wide female condom policy planning. The research reports are listed below.

Events and Milestones

The following reports were printed and distributed:

- Quality of Family Planning Community-Based Distribution in Malawi, Report Series No 4, STAFH Project, December 1996
- Condom Use in Marriage among Family Planning Providers in the Cities of Blantyre, Lilongwe and Mzuzu, Report Series No. 6 May 1997.

- Female Condom Acceptability among Family Planning Clients of Blantyre City, Report Series No. 8.
- The draft report of the Study on Contraceptive Experiences (including the female condom) of family planning clients in Blantyre was completed and will be finalized in the first quarter of the fourth year.
- The study on family planning experiences among rural men and women, discontinuation of contraceptive use, and contraceptive decision making was conducted between July and September 1997. Data analysis is in process.
- The National Population Research Agenda was developed with inputs from JSI-STAFH personnel, and will be distributed by PHRDU.

Focus for Year Four

- The fourth year will focus on completing all activities from the proceeding years, dissemination of research findings, and capacity building in research skills.
- The report on the study of Contraceptive Experiences (including the female condom) of Family Planning Clients in Blantyre will be finalized, printed, bound and distributed.
- The report on Contraceptive Experiences of Rural Men and Women: Male Involvement, Family Planning Decision-making, and Reasons for Discontinuation, will be finalized, printed, bound and distributed.

1.6. Strategy 6: Provides for evaluation to assure the continued relevance of project activities to the family planning strategies and objectives

Accomplishments

A review of the first series of end-of-course evaluation in 24 districts revealed that the five-day training session on IPCC did not allow enough time for participants to practice counselling skills during the training. Therefore, the second series of training, with funding from JSI-STAFH project, added one more day to ensure more time for practical counselling skills session during the training.

Impact evaluation has been scheduled for next year by NFWC, to assess the extent to which the IPCC skills are being utilized by providers in their interactions with FP clients.

Objective Two -STD/HIV: Expand knowledge about and positive behaviour relating to STD/HIV prevention as well as access to and use of STD treatment services.

2.1 Strategy 1: Improve the quality of clinical STD management.

Accomplishments

During the third year the quality of clinical STD syndromic case management was observed to be lowering in the pilot sites. However, MIS from the pilot sites for July to December 1996 demonstrated that treatment accuracy rates of indicator syndromes (urethral discharge and genital ulcer disease) was still at 90 - 100%.

Several aspects of clinical care were monitored and performance of service providers was supervised. During the supervision visits, gaps were identified and a decision to conduct an STD training evaluation using a multifaceted approach was made. The evaluation was conducted in May and June 1997, in collaboration with the National AIDS Control Program and MOHP. The areas covered were : training, supervision, clinic environment, resources, and clinical practice. The findings are summarized as follows:-

- Pilot sites performance was much better than non-pilot sites because of the support from JSI - STAFH.
- However the performance was not good enough to sustain the syndromic approach in terms of accuracy of treatment
- Communication with clients and their partners was not accurate.
- The examination skills were poor.
- Infection prevention was poor especially on hand washing.
- In-non pilot sites as well as pilot sites, supervision by non-JSI-STAFH personnel was almost non-existent.
- Length of training was rather short or inadequate.
- Insufficient provision of practical and communication skills.

Substantial progress was made on incorporating evaluation findings into service providers training handbooks and health workers training school curricula (MCHS, KCN, and Nursing and midwifery technician's schools). The evaluation report was widely distributed to interested individuals, partner agencies, and USAID. Presentation of findings was made at several fora for policy-makers and managers, and service providers.

Events and Milestones

- Distribution of equipment to CHAM, MOHP, STD pilot sites and some NGOs.
- Introduced partner notification slips beyond pilot sites (distributed partner notification stamps and stamp pads).
- Conducted health seeking behaviour and partner notification study. The findings were incorporated into the STD training handbooks.
- Distribution of patient education materials (DRC, leaflets, demonstration penises) to MOHP, and CHAM facilities.
- Workshops were held to develop health training schools curricula for STD management.
- In collaboration with EU, patient education materials, e.g. flipcharts, were sent to printers in Zimbabwe.
- Genital Ulcer study to determine the organisms that cause the disease was undertaken. The report is being finalized and will be ready by January 1998.
- Trichomonas study to determine the extent to which trichomonas is responsible for urethral discharge was also undertaken. It is responsible for 20% while chlamydia is only 2%. This requires review of the management flow chart for UD.
- New training and reference handbook for service providers were developed including:
 - STD trainers guide (revised.)
 - Supervisors handbook (developed.)
 - Rapid HIV tests done (however it is not wanted by AIDSEC).
 - HIV surveillance in antenatal mothers done in collaboration with AIDSEC.
 - Feedback workshop for the STD training evaluation to policy makers
 - District management teams, and implementers of STD evaluation report.

Constraints

- Lack of operational MOHP supervisory structures lead to many problems relating to quality of care, management support, and staff deployment.

- Lack of provision for infection control in the health facilities.
- Lack of commitment to patient care by service providers even in situations where support, drugs, personnel and necessary requirements were available.
- Plans for establishing referral laboratory are going on at a very slow pace.
- Most of the recommended drugs were not available.
- Lack of continuity of supervision of service providers due to high staff turn over.

Focus for Year Four

- Capacity building of District management teams in supervision, management and support.
- Introduction of team approach to supervision.
- Refresher trainings for STD service providers and STD trainers.
- New trainings for supervisors and their trainers.
- Development of a holistic approach to STD management paving the way for STDs to be integrated as part of sexual and reproductive health.
- Assisting AIDSEC to plan for new trainings
- Set up of STD reference laboratory in collaboration with GTZ, MOHP.

2.2. Strategy 2: Expand availability of comprehensive STD service.

Accomplishments

In the past year there was an expansion of comprehensive STD services in MOHP, CHAM, military health facilities, NGO grantees, PVO grantees, and private company facilities through direct JSI-STAFH funding.. The number of STD pilot sites has been maintained at 5, and services have been expanded to more health care facilities including health centres. Pilot sites treated approximately 2,500 patients per month . More than 1,000 STD service providers were trained from MOHP, CHAM, PVOs, and NGOs, and 44 STD trainers were trained.

Events and Milestones

- About 394 health workers from CHAM were trained in STD syndromic management.
- NGOs have trained 421 health care workers in STD syndromic management. These workers are providing services at 79 health facilities throughout Malawi.
- Clinical equipment was procured, and distributed to 6 NGO grantees. The remaining 6 NGOs will receive their equipment early next year.

Constraints

- Delays in drug procurement processes led to unavailability of drugs in most of the STD pilot sites.
- No sustainable plans were made in order for the hospitals to take up the function of procuring STD drugs.
- Lack of proper consultation rooms with adequate visual and audio privacy.
- Supervision of health care workers is a problem with respect to most aspects of health care in Malawi and STD syndromic management is no exception.

Focus for Year Four

- Develop holistic approach to STD management that paves the way for STDs to be integrated as part of sexual and reproductive health.
- Conduct nation-wide STD management refresher courses for service providers and trainers. Also new training for supervisors and their trainers.
- Increase awareness of STDs at the community level and market the services available.
- Improve coordination with partners, and work on sustainability of STD services.
- Review STD drug procurement and distribution to STD pilot sites with USAID and AIDSEC.
- Conduct supervisory training to give health facilities the skills necessary to fully implement STD syndromic management.

2.3 Strategy 3: Institute STD case finding and screening in selected population groups.

Accomplishments

Orientation workshop to introduce management guidelines on antenatal syphilis was conducted for managers, service providers, and laboratory assistants. The following areas were addressed : content of syphilis in adults/pregnant women/children, education, counselling, screening, treatment, and record keeping and reporting.

In collaboration with AIDSEC and MOHP, lab equipment, supplies, and drugs for syphilis screening were supplied to sentinel sites. Statistics were analyzed at regional level, and reports and records were kept at AIDSEC.

Events and Milestones

- Revised guidelines for antenatal syphilis management were sent to health facilities and they are being implemented.
- Equipment procurement for MOHP laboratories is in process.

Constraints

- Delay in procurement of laboratory equipment by AIDSEC has affected implementation.
- Lack of personnel and resources at AIDSEC and lack of infrastructure has delayed implementation of antenatal and CSW screening programmes.
- Failure to pilot community outreach programmes to target CSW, due to lack of funds and personnel.

Focus for Year Four

- Assisting AIDSEC to develop a national control program for syphilis laboratory testing. The 1997 HIV/syphilis surveillance will be based on 19 sentinel sites in order to maintain the general trends rather than specific groups. Some analysis of specific groups by incorporating larger sample sizes in two towns.
- Briefing for all private practitioners and educational packs to be distributed to them.
- Conducting orientation and training workshops for some of the private practitioners.

2.5 Strategy 5: Provide research to support STD knowledge, positive behaviour and access to use of STD treatment services.

Accomplishments

It is important that interventions are guided by a clear understanding of the cultural and social context in which they are to be applied. Research findings from studies implemented with NGO's involved in STD/HIV community education, and HIV counselling were directly applied in the development of interventions. This includes the identification of practices related to HIV risk behavior through the study of initiation rites among Yao Muslims with MAM, the study of cultural practices related to risk behavior with the Salvation Army in Phalombe, and the study on HIV counselling conducted with MACRO.

In addition findings from the study on STD client partner notification and health seeking behavior were used in the revision of the curriculum for syndromic management of STD's, the teachers' guide, and the supervisor's manual. Presentations of several studies were given at the First National Conference on AIDS in Malawi and in international venues as well. The reports listed below are available for further distribution.

Events and Milestones

- Collection of baseline data for STD health seeking behaviour and partner notification .
- Rapid HIV test conducted; report and findings disseminated to policy makers. AIDSEC not in favour of the test.
- Data analysis for the study determining aetiology of genital ulcer disease and report writing by UNC.
- Condom Use in Marriage among Urban Workers and their Wives, Report Series: No. 5. February 1997, was finalized and distributed.
- Cultural Practices Related to HIV/AIDS Behavior; Focus Group Discussion of Village Leaders in Phalombe, Report Series No. 9, was finalized and distributed
- The draft report "Cultural Practices Related to HIV/AIDS Transmission: Major Findings of a Survey in Phalombe" was completed and circulated and the findings used for project implementation.

- The report “Initiation Rites among Yao Muslims in the Southern Region of Malawi: *Jando and Nsondo from Mchinji, Mangochi and Zomba* was completed and findings have been used by MAM for their project implementation.
- The study on “STD Client Partner Notification and STD Health Seeking Behavior: An Ethnographic Perspective” was conducted and data analysis is in process.
- The First National Conference on AIDS in Malawi was held in Zomba. Several papers based on research findings from completed studies concerning AIDS and STD’s were presented at this conference.
- The paper “Trends in Seroprevalence and Behaviour Related to Risk of HIV Infection in Malawi “ was presented at the UNAIDS Best Practice Workshop on Behavior Change in the Context of HIV Decline in Uganda, which took place in February in Kenya. Information brought back from that workshop has been applied to program planning by the AIDSEC. The paper has been presented at many other workshops and seminars in Malawi.
- Presentation on “Condom Use in Marriage among Urban Workers and their Wives” was presented at the Congress on Excellence in clinical Nursing at the University of Pretoria, Pretoria, SA.

Constraints

- The study proposal on spermicide was rejected by the Health Research Committee of the MOHP therefore study was not conducted.

Focus for Year Four

- Reports on E - Test to be finalized by January 1998. Alteration of antibiotic regime for urethral discharge since research results show that 20% of UD is caused by Trichomonas and Chlamydia causes only 2% of Uds.
- Development of a system for E - Test e.g every 2 years for all of the antibiotics used on treatment of STD syndromes.
- Finalization, printing, binding and distribution of the study on “STD Client Partner Notification and STD Health Seeking Behavior: An Ethnographic Perspective” in Report Series format.
- Development of STD messages for the clinic waiting room and community based on findings from the above STD study.

2.6 Strategy 6: Provide monitoring and evaluation of STD/HIV activities and measure progress toward the STD/HIV objectives.

Accomplishments

Monitoring of the quality of care in STD pilot sites continued through the management information system (MIS) for STD pilot site quality of care. The MIS has indicated high treatment accuracy rates, increased partner return rate, and increased condom distribution, and allows feedback to STD pilot sites and MOHP. A system that was developed in 1995/96 is being implemented for monitoring and evaluating STD/HIV activities. The system provides on going feedback so that activities can be modified or adjusted as needed.

Annual HIV/syphilis surveillance in antenatal women continued to be carried out by the AIDSEC.

Events and Milestones

- Maintenance of MIS for STD pilot sites.
- Completion of 1996 HIV/syphilis surveillance.

Constraints

- HIS not covering syndromes therefore STD surveillance beyond pilot sites is extremely limited.

Focus for Year Four

- 1997 HIV/syphilis surveillance data collection to start in November.
- Monitoring of MIS for STD pilot sites - phase out process with AIDSEC.

Objective Three - INTEGRATION OF FP AND STD/HIV SERVICES: Where it is feasible and useful, integrate family planning and STD/HIV services.

3.1. Strategy 1: Integrate family planning with STD/AIDS education in community based programs

Accomplishments

HIV/AIDS and Family Planning in the Private Sector began intensive implementation through private companies and NGOs during 1996-97. An integrated strategy plan was developed and reviewed by the senior staff of JSI/STAFH. This strategic plan forms the basis for integrating education/services on HIV/AIDS and FP provided to private and parastatal companies and estates. All activities resulting from the strategic plan are integrated. All training materials are also integrated.

Nine NGOs trained CBDs who are providing integrated messages to communities. The CBDs are providing messages on identification of STDs and where to go to seek treatment.

Events and Milestone

- 340 CBDs trained to provide integrated messages, among other duties.

Constraints

- CBDs find it difficult to present both family planning and STD messages at the same time. It is too much information to present at one time. So while CBDs are trained to present integrated messages it is unclear how much is actually being delivered by the CBDs.

Focus for Year Four

- Assist selected private/parastatal companies and estates to develop their own in-house policies and strategy documents for implementing integrated services in the work place.
- Conduct study to determine how effectively CBDs are delivering integrated messages in order to develop more effective ways of delivery.
- Focus monitoring of NGO grants on ensuring that project managers have the requisite skills to manage their CBD projects after their grants end.

3.2. Strategy 2: Encourage the use of appropriate barrier contraceptives for family planning and STD/AIDS.

Accomplishments

In the eight private and parastatal companies reached by JSI-STAFH, CHISHANGO sales were established through the peer leaders. PSI was actively involved in providing education on the purpose and use of condoms during management and peer education trainings provided to the companies.

Events and Milestones

- Sale and/or free distribution of condoms rose dramatically within the companies reached after peer education was provided. In most companies there was an excess demand and a shortage of condom supply.
- Additionally, some companies requested for CHISHANGO vending machines to be established in the work places. PSI made a special effort to manufacture a sample vending machine for trial purposes only.
- Ten vending machines were functioning as at year end, and were available for distribution. The demand for installing these machines in work places, however, is large.

Constraints

- The sample vending machines were manufactured in the USA while the CHISHANGO containers (cardboard packets) were manufactured in Malawi. As a result, the vending machines had to be worked on for a long period of time before they were compatible.

Focus for Year Four

- Work with PSI through the Work Place Task Force to ensure that all the eight companies reached so far have vending machines installed in them and more are produced to meet the demand from private and parastatal companies.

3.3. Strategy 3: Institute STD treatment services in family planning clinics.

Accomplishments

With the completion of training of family planning providers in syndromic management in 10 NGOs, 63 family planning clinics are now able to provide integrated services.

Constraints

- The delay in provision of equipment constrained the clinics' ability to provide STD treatment.
- Although it is now legal for nurses to prescribe, the practice has not been universally implemented. In some clinics this means a nurse will diagnose, but then will have to refer the patients to another department for treatment.

Focus for Year Four

- Monitor and assist NGOs to ensure that they are prepared to manage the projects when their STAFH grants end.

3.4. Strategy 4: Research

No particular activity was undertaken.

3.5 Strategy 5: Provide for evaluation to assure that project activities are relevant to the objective of integrating family planning and STD/HIV services.

Accomplishments

The design of a thematic evaluation of the integration of HIV/STD and family planning NGO's was completed.

Focus for Year Four

- Develop a national program on integration to include an assessment of knowledge of the concept of integration, a thematic evaluation of the integration of HIV/STD and family planning, and a review and assessment of currently implementing integrated services. The result is envisaged to be recommendations for a model to be tested.

Objective Four - YOUTH: Expand Knowledge about and Positive Behaviour of Youth Related to AIDS Prevention

4.1 Strategy 1: Improve AIDS Education in schools

Accomplishments:

In year three, the main accomplishment under this strategy was the completion and dissemination of results of the evaluation of the school AIDS education programme, based on the AIDSCAP booklets. The evaluation was conducted as a logical follow-up to the orientation of 16,000 primary and 450 secondary school teachers in teaching about AIDS in 1994 and the subsequent introduction of classroom AIDS education in 1995.

Plans were made to begin the review, revision and finalization of the School AIDS Curriculum, based on the results of the evaluation of the classroom AIDS Education in the schools of Malawi. MOE was urged to take the lead in this activity; experience has shown that ownership of the materials will only be assured if MOE initiates the action/revision and follows it through to the end, with support and assistance from MIE, AIDS Secretariat and donor agencies.

Events and Milestones

- Plans for revising the School AIDS curriculum materials were initiated by the MOE.

Focus for Year Four:

- Continue disseminating the evaluation results
- Utilize the results to guide the revision of the AIDSCAP teachers' manual and learners' handbooks. Introduce Life Planning Skills into the revised curriculum materials in collaboration with MOE, MIE and UNICEF.
- Continue encouraging MANEB to maintain AIDS as a testable subject in schools and provide feedback to the MOE and the AIDS Secretariat.
- Encourage MOE and MIE to commit themselves to the revision
- Collaborate with other agencies and leverage funds for the activity

- Financially support and assist in drafting and pre-testing the revised materials utilizing audience research (focus group discussions -FGDs) with pupils, students and teachers. The aim of the FGDs will be to solicit the participants' inputs throughout the revision process.

4.2 Strategy 2: Collaborate with other agencies to develop and implement activities on AIDS education programs for the out-of-school youth.

Accomplishments

The main achievement during this year was the agreement by UNICEF, MOYSC, MOE, NFWC, UNFPA and the STAFH Project to merge various curricula on adolescent reproductive health and life planning skills, in order to have a unified, participatory curriculum for the Malawian youth, both in- and out-of-school. Consultations were initiated with all interested parties and materials development was scheduled for year four.

Tinkanena continued to be successfully co-funded by UNICEF. The radio soap opera continued to target both in- and out-of-school youth, and continued to provide a unique opportunity to address topical issues on FP, STDs, HIV/AIDS, and other general reproductive health issues, including prevailing misconceptions.

STAFH NGO grantees implementing school AIDS education activities also worked with anti-AIDS clubs; they integrate STD and FP messages into their anti-AIDS activities.

There was consistent collaboration with the UN Youth Theme Group and the Adolescent Reproductive Health and Sexuality Task Force through monthly and quarterly meetings. Assistance was given to the UN Youth Theme Group for the compilation of an annotated bibliography on youth.

Events and Milestones

- For the second time, in two consecutive years, Tinkanena was voted one of the best programmes on MBC in December 1996.
- Twenty instructors at MOYSC Vocational Training Centres were trained in Adolescent Reproductive Health (life planning skills); these instructors incorporated reproductive health topics into their syllabus.
- A number of peer educators, for example, 7 in the Kasungu district were trained and began holding peer education sessions with their friends, especially in youth clubs. Similarly, in the Lilongwe district, 2 Youth

Centres became operational, run by youth NGOs utilizing exercises from the life planning skills curriculum during their peer education sessions.

- Membership in UN Youth Theme Group
- Membership in the Adolescent Reproductive Health and Sexuality Task Force

Constraints:

- The Ministry of Youth, Sports and Culture (MYOSC) was dissolved during the year and condensed into one Department of Youth under the Ministry of Women, Youth and Community Services. This further delayed the full implementation of youth centre activities throughout the country.

Focus for Year Four

- Develop a consolidated reproductive health curriculum and resource materials on life planning skills for the Malawian in- and out-of-school youth, in collaboration with MOE, NFWC, AIDS Secretariat, Department of Youth, and donor agencies in Malawi.

4.3 Strategy 3: Expand knowledge about and positive behavior of youth related to AIDS prevention through research.

No particular research activity was undertaken.

4.4 Strategy 4: Expand knowledge about and positive behavior of youth related to AIDS prevention through evaluation

The Ministry of Education has introduced AIDS education in the classroom. An evaluation of the AIDS classroom education was conducted at the end of the second school year that AIDS was to be taught in the schools. The objectives of the evaluation were to determine the extent to which the teachers were teaching about AIDS, identify the barriers to teaching about AIDS, and assess the responses and attitudes of the pupils. A nationwide survey on the evaluation was completed. Presentations of the findings were made to the Teacher's Union of Malawi and other relevant groups. The evaluation report was finalized and distribution initiated. The Ministry of Education has the report for their use for future planning.

Events and Milestones

- Report No. 7, Evaluation of AIDS Education in the Classroom: A national Survey, March 1997, was finalized and distributed.

Constraints

- As, in the interest of sustainability, it is desirable for the Ministry of Education itself to take the initiative to distribute the evaluation report among the various levels of education and arrange dissemination workshops and planning meetings, copies of the report were sent to the Ministry, but they have not taken the initiative to continue planning.

Focus for Year Four

- So as not to lose the momentum of the AIDS education program, JSI-STAFH will under-take once again the role of catalyst to assure that the program is strengthened through the use of the evaluation findings.

Objective Five -- NFWC AND AIDSEC: Strengthen institutional capacity of the NFWC and AIDS Secretariat

5.1 Strategy 1: Provide assistance for human resource development

Accomplishments

The project addressed professional development through close working of its staff with the staff of NFWC and AIDSEC. This monitoring has been an important strategy of the project by providing role models, encouragement and support to colleagues.

The research unit worked closely with the personnel of the research and evaluation units of AIDSEC and NFWC in transferring knowledge concerning qualitative research. In addition, a pool of 26 research assistants was trained on the job are now available as data collectors and supervisors to be called upon for assisting in further research. The list of the 26 trained research assistants is

available in the project office to be used by agencies needing people for behavior research.

The IEC unit provided training in audience research. Four members of staff of the Community Services Department of the Malamulo Hospital's FP, STD and HIV/AIDS project and six members of the Cobbe Barracks project committee were trained to pre-test and refine messages and print materials using audience research methodologies (focus group discussions and individual in-depth interviews). In addition to learning the theory of audience research, the participants also had a real chance to put their acquired skills into practice.

JSI-STAFH facilitated the preparation of a national (MOHP) FP and STD/HIV/AIDS training plan for the period October, 1997 to September, 1998

Events and Milestones

- National FP and STD/HIV/AIDS Training Plan developed, to be funded by USAID and other interested donors during the period October, 1997 to September, 1998
- STAFH NGO Grantee personnel were successfully trained to use audience research to develop and refine messages and materials for their respective target audiences.

Focus for Year Four

- Transfer of research skills to the research and evaluation personnel in AIDSEC and NFWC as well as appropriate personnel from the NGO grantees.
- Development of a human resources management strategy for the NFWC, as part of the process of implementing the Council's strategic plan for the period 1998-2002.

5.2. Strategy 2: Provision of equipment and supplies.

Accomplishments

Discussions with NFWC, RHU and Work Place Task Force were initiated on the provision of FP equipment to the clinics of private/parastatal companies and private medical practitioners.

A request for a set of training equipment for three FP training centres (Blantyre, Mulanje and Lilongwe) was received from the RHU and approved for procurement in year four. Discussions were held with the RHU and the HEU regarding supply of office and audio-visual equipment to the HEU.

Partial funding (50%) for the purchase of a heavy duty photocopy machine was provided to the AIDSEC.

Constraints

- FP equipment to private/parastatal companies could not be provided because of a lack of agreement on the selection of companies or private practitioners as beneficiaries of the equipment.

Focus for Year Four

- Conduct comprehensive needs assessment study for the clinics that serve private and parastatal companies, including private medical practitioners. The study should look at both equipment needs as well as training needs for HIV/AIDS/STDs and FP.
- Procure office, audio-visual and training equipment for the RHU, HEU and the NFWC as requested.

5.3 Strategy 3 : Provide technical assistance for development and implementation of activities and policies

Accomplishments

Two research proposals were prepared jointly with NFWC and AIDSEC on "Family Planning Discontinuation" and "STD Client Partner Notification and Health Seeking Behavior," respectively, and both studies were carried out in conjunction with their personnel. Continual technical assistance was provided

on request to our partners in research design, questionnaire development, data analysis and report write-up.

The Work Place Task Force, which was established to involve the NFWC and NACP and to strengthen their capacity to monitor activities in private and parastatal companies and estates, was supported through regular meetings during the year. The objective of the Task Force was to bridge the gap between private/parastatal sector and the government for the provision of HIV/AIDS and FP education and services. Four meetings with the Work Place Task Force were conducted during which the NACP and NFWC co-chaired in rotation. Full participation from collaborating NGOs and donor agencies was recorded and the sharing of experiences and addressing issues related to HIV/AIDS and FP activities in the work place was beneficial to all.

Events and Milestones

- Various research studies have been conducted with partners' participation and findings have been shared (see Objectives 1,2,3, and 4)
- The Ministry of Labour and some private sector companies were enrolled as members of the Work Place Task Force.
- A database was developed which lists all the companies (300+) participating in HIV/AIDS and/or FP activities. Also included in the database is relevant information about which NGO provided assistance to the individual companies, what programs were adopted, their addresses and their contact persons. This database will help the NFWC and NACP monitor activities in the work place and support activities where needed.

Constraints

- Because the JSI/STAFH Project Office was the Secretariat for the Work Place Task Force, most of the monitoring was being done by the Project staff. NFWC and NACP were not actively involved in the co-ordination of technical support and materials distribution required by member NGOs and companies seeking assistance.
- The database could not be regularly updated for lack of personnel to enter data

Focus for Year Four

- Transfer the Secretariat for the Work Place Task Force to the Government. The functioning of the Work Place Task Force will be made affective by appointing a point person for the Work Place Task Force and by transferring the database and all relevant documentation to the new Secretariat.
- Hire a computer consultant on an ad-hoc bases to update the database from time to time

OBJECTIVE Six: SUPPORT SERVICES: Provide support to project activities in the areas of IEC, research, NGO grants, private sector, and administration

6.1. Strategy 1: ADMINISTRATION: Establish and manage a Project Office.

Accomplishments

The running of the project office during the third year of the project was marked by an increased efficiency and purpose. This was primarily caused by having the right staff in place, who were well trained, and who had the right tools and infrastructure to provide the desired quality of service to project members and partner organisations. New office management and accounting staff, more office space, and sufficient vehicles enabled requisite services to be provided efficiently, and a management review conducted by the new COP tightened administrative controls and procedures to provide better utilization of resources.

Events and Milestones

- Monthly financial reports were submitted to JSI home office in a timely fashion, who in turned billed USAID/Malawi for the reimbursement of costs incurred
- The project acquired additional office space on December 1, 1996. This enabled consolidation of all project activities under one roof, and greatly improved communication and the sense of purpose of the staff. All the administration functions moved into the new space, freeing up space for the NGO unit in the old building.

There was a significant change in personnel during the year. Details are in the overview section of this report. All new staff were interviewed competitively, and letters of appointment with job descriptions were issued as necessary.

- Computer support (both hardware and software) were 'outsourced' during the year. This provided a better level of service and training to project users.

Constraints

- Staff morale was dampened by the introduction of PAYE payroll tax this year, but this seemed to be quickly forgotten.
- Morale was also affected by the depreciating kwacha, which started losing value in July 1997. By the end of the year, the US Embassy had not given any indication that adjustments to the LCP were forthcoming.

Focus for Year Four

- Keeping staff motivated as the project nears its completion date - an early USAID decision on the future of STAFH project will help
- Starting the winding-up process in good time to have all equipment disposed of and accounts reconciled by the end of the year. This will require timely USAID decision making as to the disposal of individual assets.

6.2. Strategy 2: ADMINISTRATION: Disseminate information about the STAFH Project plans, activities and findings to all Project participants and relevant organizations

Accomplishments

Involvement and participation of partners and collaborating agencies in STAFH Project activities were significantly expanded during the year through increased and more frequent contacts. Key partners (NFWC, FHU/MOHP, and AIDSEC) were invited to participate in the JSI-STAFH planning retreats in January and September. Bilateral monthly coordination meetings were reactivated with the same key partners. Participation in multilateral settings (e.g work place and facilities renovation task forces, working committee on national FP logo) continued, involving partners and donor agencies.

Through the bilateral and multilateral channels, STAFH and JSI-STAFH plans, activities, accomplishments and constraints were shared with other agencies and

partners. Such settings also enabled dissemination of research findings, to support program planning and implementation. The same settings also assisted JSI-STAFH to become informed about the issues, concerns and priorities of the various partners and donor organizations and to accommodate these in its program planing and implementation.

A large number of national and international visitors were received and assisted with information, materials or advice on various reproductive health issues. These occasions also enabled dissemination of information on STAFH Project plans, activities and research findings.

Copies of the JSI-STAFH second annual report were distributed to USAID. The 7th, 8th and 9th quarterly reports were widely distributed to USAID, key partners, and PVOs implementing STAFH Project activities.

Events and Milestones

- The second annual coordination meeting of STAFH Project partners was successfully held on 10 June, 1997, bringing together over 90 population and reproductive health professionals to share STAFH Project experiences, lessons and plans.
- Presentations on the STAFH Project were made at a meeting of the NFWC Board in Lilongwe in February, 1997; the Family Planning Conference organized to mark the 10th anniversary of Banja La Mtsogolo, in April, 1997; and a meeting of the Regional Health Office/South and NGOs in May, 1997.
- Research findings from and information on STAFH Project activities were shared with international audiences in Nairobi, Kenya, and Pretoria, South Africa, where JSI-STAFH Advisors (Celine Daly and Ruth Kornfield, and Dorothy Namate, respectively) made presentations.

Focus for Year Four

- Plan and organize the third coordination meeting of STAFH Project participants.
- Continue and strengthen participation in interagency activities to share STAFH Project plans and contribute to reproductive program planning
- Concentrate on disseminating STAFH project experiences and lessons through reports, publications and conferences.

6.3. Strategy 3: ADMINISTRATION: Ensure the adequate and timely availability of all STAFH procured commodities and equipment.

Accomplishments

FP and STD clinical equipment ordered from the US and South Africa was received, and distribution started. The equipment was offloaded into the STAFH Project Warehouse in Area 3 and a rented warehouse in Kanengo. A list of recipient clinics for the FP equipment was agreed with the three RHOs. Short-term regional warehouses were rented in Blantyre and Mzuzu, and the equipment was shipped in bulk to those sites. Using one 10-ton truck rented from the SHARED Project, and one STAFH Project 4x4, equipment was moved from the regional warehouses to the various health centres where it was assembled in situ by a STAFH Project team. This exercise took approximately six months to cover the entire country.

Events and Milestones

- Two container loads of FP clinical equipment (270 sets) worth \$346,000 was received and distributed throughout the country. Included in the shipment was some STD clinical equipment for CHAM hospitals and NGO Grantees.
- One container of clinical equipment worth \$78,000 was received in August, 1997 from a South African supplier SAMTREX, being the remainder of the STD equipment for CHAM hospitals and NGOs. This equipment was also distributed.
- A consignment of 100 ML/LA and 20 non-scalpel vasectomy (NSV) kits was received and distribution started. However, the bulk of the consignment was held awaiting further training of ML/LA teams to whom the equipment was intended.

Focus for Year Four

The anticipated procurements for the fourth year are:

- STD clinical equipment for district hospitals and rural health centers.
- Local procurements for FP and STD service sites, including furniture and stoves for sterilizing.
- STD training equipment
- Office and clinical equipment for three regional FO training centers in Blantyre, Mulanje and Lilongwe.

- Audio-visual and office equipment for the Health Education Unit of the MOHP.
- Some new vehicles for the Project and selected NGO Grantees.

6.4 Strategy 4: NGO GRANTS Design and implement procedures for grant management

Accomplishments

The target of 24 NGO grant awards was accomplished during the year. The role of the Program Review and Advisory Committee (PRAC) set up earlier to review and approve NGO proposals was revised to focus on project monitoring. All of the 24 NGO grants were monitored, with staff visiting each on at least a quarterly basis for programmatic and financial matters. The programmatic visits included review of the project workplan to ensure that the NGOs were on track, and assistance with project implementation as necessary. The financial visits include checking the books to ensure that they were being kept correctly, and assistance where needed.

The institution of quarterly meetings to allow the NGOs to share experiences and to allow the NGO Unit to discuss issues relevant to the implementation of all grants has been very successful. During the year, three such meetings, covering both administrative and technical issues, were held.

Events and Milestones

- The NGO Unit added four staff members (one program associate, one management associate and two financial analysts). This increased the capacity of the Unit to better monitor the NGO grants.

Constraints

- The NGO Unit was understaffed for most of the year so it was difficult to provide the desired level of assistance to the NGOs.

Focus for Year Four

- The program associates and NGO advisor will visit each NGO at least quarterly to advise and assist on programmatic issues related to managing HIV/AIDS and family planning activities.

- There are now two financial analysts so each NGO will be visited at least quarterly. They will ensure that the NGOs are keeping the books appropriately.

6.5 Strategy 5: NGO GRANTS: Strengthen NGO capacity to develop, implement and manage project activities.

Accomplishments

Each of the 24 NGO grantees was visited at least one time during each quarter to provide assistance on project management and implementation. Additional visits were made to NGOs having problems or requesting special assistance.

The NGO financial analyst who joined the NGO Unit in January was very active in assisting the NGOs. While he was not able to visit each NGO quarterly he did visit at least 2/3 each of the three quarters. During these visits he worked with the NGO accounts staff to improve their skills. He also assisted 4 NGOs to replace accountants who left or were let go.

The NGO Unit designed a management capacity building program, selected NGOs for inclusion in the program and began the assessments of these NGOs.

Events and Milestones

- 24 NGOs received funds and implemented grants during the reported period. Some of the highlights include:
 - 11 NGOs trained staff in STD syndromic management;
 - Two NGOs completed research designed to lead the development of IEC materials. They were Muslim Association of Malawi which completed a study on cultural practices within initiation ceremonies, and MACRO which completed a study on counselling practices and client perception of their services at their two facilities;
 - All NGOs implementing CBD projects trained their CBDs. A total of 340 new CBDs and 44 new supervisors were trained bringing the total number of trained CBDs and supervisors operating within the 9 NGOs to 712 and 120 respectively;
 - PSI conducted Chishango training for the 9 remaining NGOs.

- A two and a half days project and financial management workshop was organized for all the NGO grantees. Two officers from each NGO attended the course in three batches.
- Six staff members from three NGOs visited Uganda on a week long NGO exchange of experience. Blantyre Christian Centre, MACRO and Youth Arm Organization visited more than a dozen Ugandan NGOs and other organizations involved in implementation of AIDS activities in Uganda to develop an understanding of the successes of Ugandan NGOs in order to better design and implement programs in Malawi;
- A management capacity building program was implemented and eight NGOs were slated for capacity building. An NGO Management Associate was hired to be responsible for the capacity building program. Assessments of the NGOs began and will be completed within the first two months of the next year.
- A consultant was hired to do a case study of the life-cycle of three STAFH NGO grantees. The case study will provide information to NGOs and donors on the strengths and weaknesses of NGOs in proposal development and grant management and will look at all stages of the grants from proposal development to end of project activities.

Constraints

- Under-staffing of the NGO Unit did not allow for as intensive support for the NGOs as desired at the beginning of the year. The NGO Unit had only one program associate and the advisor until an additional associate was added in mid-1997. However, her commitments with CBD activities meant she would not be working with the NGOs full-time until next year.
- Finding trainers for various NGO activities made implementation of the grants more difficult. In some instances this was been due to unavailability of trainers, in others trainers would not accept the allowances being offered by the NGOs.

Focus for Year Four

- Continue to monitor and provide technical assistance to the NGO grantees, concentrating on preparing the NGOs for the end of STAFH funding. This means a greater concentration on imparting management skills to the NGO project managers and in assisting NGOs to access funds for continuation of project activities.

- With the two financial analysts visit each NGO at least quarterly. The visits for the final year will concentrate on ensuring that the accountants are well equipped with the necessary skills for their jobs after STAFH funding ends.
- Focus the management capacity building program on a few key areas for implementation (e.g., development of policies and procedures, strategic planning, strengthening of board of directors) for each of the NGOs. By implementing only a few activities we can be sure to improve these areas of NGO operations by the end of the project.

6.6 Strategy 6: NGO GRANTS: Monitor and evaluate NGO project activities

Accomplishments

The NGO quarterly exchange of experience meeting held in July was designed to allow NGOs to conduct mid-project reviews. The meeting discussed development of objectives, indicators and tools for conducting the review. Following the review the NGO office developed a guide, based on the information presented at the meeting, and distributed this to the NGOs. Three NGOs completed their reviews and most of the others began implementing their reviews.

A case study was designed to look at the implementation of integration of family planning and HIV/AIDS activities for STAFH-funded NGOs. The study will be conducted early next year.

The NGO Unit monitored the 24 NGO grants, visiting each on at least a quarterly basis for programmatic and financial matters. The programmatic visits included discussion of the project workplan to ensure that the NGOs were on track, and assistance with project implementation as necessary. The financial visits included checking the books to ensure that they were being kept correctly and assistance where needed.

Tracking sheets were developed for each of the NGO grantees, in order to track project objectives/indicators.

Constraints

- NGOs have not been diligent in submitting quarterly reports, which has made it difficult to track NGO progress.

Focus for Year Four

- Will work with the NGOs to ensure that they submit their quarterly reports regularly and that the reports contain all necessary information. The reports will be used to lead discussions during monitoring visits.
- Prepare each NGO to conduct a final evaluation of its grant. This should be similar to the mid-project review, but should also look at what the NGOs intend to do after STAFH funding ends.

6.7 Strategy 7: SUPPORT SERVICES: Research: Develop and implement research to determine socio-cultural variables which influence contraceptive prevalence and AIDS prevention behavior

Accomplishments

Technical assistance was continually provided to governmental agencies, NGO's PVO's, USAID, international organizations, donor agencies and JSI team members on research design, development of focus group guidelines and questionnaires, data collection, and report writing. Several studies were implemented and findings were applied to the design of interventions.

The project participated in the planning and facilitation of the workshop of the National Population Research Committee to develop a national population research agenda and in the Workshop on the Development of a Strategic Work Plan of the Center for Social Research.

Events and Milestones

- The National Agenda for Population Research was developed and was to be printed and distributed by PHRDU.
- The Strategic Work Plan for the Center for Social Research was developed and was to be finalized by CSR.
- Technical assistance in research and evaluation was provided to several institutions and agencies including, AIDSEC, NFWC, World Bank, the Malawi Center for Human Rights and Rehabilitation, and Action AID.
- Technical assistance was continually provided to both the Salvation Army and MAM for the application of the research findings in the project

implementation and further research that they were able to carry out themselves after being trained by the research advisor.

- Technical assistance in design of data analysis was provided to the Malawi Knowledge, Attitudes and Practices in Health (MKAPH) survey funded by USAID and implemented by the Malawi National Statistical Office.
- The findings from the Evaluation of the Quality of CBD Services were incorporated into the CBD curriculum.
- Based on the findings of the CBD evaluation, a paper was prepared on “CBD Agents and Visual AIDS” which was used for the development of IEC materials.
- Technical assistance was provided to MASO in the design of data collection tools for an audience research study on cultural practices related to AIDS risk behavior. The study was implemented.

Focus on Year Four

- Training materials based on research findings will be developed for use in family planning and STD refresher courses, and by static clinic providers and CBD agents, as companions to handbooks in provider courses, and for peer education in the private sector.
- The project will work directly with personnel from AIDSEC and NFWC in training of specific research skills.

6.8 Strategy 8: EVALUATION: Develop and implement a project monitoring and evaluation system.

Accomplishments

The project worked with HPN/USAID to design the results framework for evaluating performance in FP and STD/HIV . Information on the status of the family planning and STD/HIV program performance indicators was also provided upon request to the HPN Office. Technical assistance was provided to

USAID/HPN in refining the results indicators and reporting the achievements for each indicator .

6.9 Strategy 9 : PRIVATE SECTOR: Develop systems to mobilize the private sector for FP and STD/AIDS activities.

Accomplishment

The Community Services Unit continued to mobilise private and parastatal companies and estates in Malawi with more than 300 employees. While the goal of the project is to reach 80% of companies and estates (300+) through active involvement of the members of the Work Place Task Force, the JSI-STAFH also aspires to set models and put systems in place for the collaborating NGOs to adopt and replicate in their activities with companies.

During 1996-97, a model program for the provision of integrated HIV/AIDS and FP services in private and parastatal companies and estates was developed. This model program was introduced in eight large private and parastatal companies through collaborating NGOs. The eight include: Press Agriculture, Limbe Leaf, Southern Bottlers/Carlsberg, Kasungu Flue Cured Tobacco Authority (KFTCA), Brown & Clapperton (B&C) Ltd., Universal Industries Ltd., ESCOM and OILCOM.

Additional companies were reached through collaborating NGOs which are registered members of the Work Place Task Force. These NGOs include: BLM, Project HOPE, IEF, Save the Children/US, EU AIDS and PSI.

Events and Milestones

- Of the listed 186 companies with 300+ employees, approximately 55 companies have been reached through the Work Place Task Force. This estimate represents approximately 164,000 employees or 55% of the targeted population.
- An integrated strategy document was developed for designing, implementing, monitoring and evaluating HIV/AIDS and FP services in the work place.
- A Managers' Information Portfolio was developed and distributed through the Work Place Task Force to mobilise senior management of private and parastatal companies and estates.
- A Managers' Guideline was developed and distributed during Managers' Orientation Workshops and through the Work Place Task Force.

- A Peer-Education Curriculum was developed and distributed through the Work Place Task Force for providing integrated education to employees in their work place.
- Thirty five private companies which are registered members of the Initiative for Mobilising the Private Sector to Action (ACTION) were sensitised on HIV and employment issues.
- There was an increased demand from private and parastatal companies for program support from JSI-STAFH. ADMARC and NICO requested support for peer-education activities in their work place; Limbe Leaf, ADMARC and Reserve Bank requested assistance to conduct Cost-Benefit Analysis of HIV/AIDS in their work places. Additionally, all members of the Work Place Task Force requested a news letter to share information on activities in the private and parastatal companies.

Constraints

- Promotion of model work place activities did not occur as planned, hence slowing down the increase in the numbers of companies and estates reached.
- JSI-STAFH Project had sub-granted Employers' Consultative Association of Malawi (ECAM), a well established association, to co-ordinate the implementation of the JSI-STAFH designed model programs through the members of the Work Place Task Force. ECAM, however, was dysfunctional during 1996-97 because of poor performance of their co-ordinator assigned to the Project. As a result, access to STD drugs was hampered, cost benefit studies planned for the year were not conducted, newsletter was not produced and publicity for the private and parastatal companies was not achieved. Peer education activities had to be conducted through assistance from other NGOs represented in the Work Place Task Force. ECAM's performance was reviewed and their sub-grant was suspended until corrective measures were instituted.

Focus for Year Four

- Assist ECAM to recruit and train another co-ordinator to accomplish activities stated in the sub-grant.
- Assist ECAM to consolidate systems already developed for the private and parastatal sector. Through the co-ordination of ECAM, a workshop for managers of the eight companies will be held to develop in-house strategies and policy documents.
- Conduct workshop for peer leaders of companies through the co-ordination

of ECAM, to train them as trainers of peer educators.

- Develop training of trainers manual for peer-educators through collaboration with members of the Work Place Task Force.
- Conduct media promotional campaign on private sector FP and STD/HIV activities either through ECAM or through IMPACT.

6.10 Strategy 10: IEC: Condom first and condom plus.

Accomplishments

One of the main goals of the STAFH Project is to reduce sexually transmitted HIV. An important strategy to accomplish this goal is the promotion of consistent and correct use of the condom and to foster a positive policy environment that ensures the availability of adequate supplies of condoms to meet increase in demand.

During the year, efforts focused on:

- Ensuring the incorporation of condom promotion in the training of FP providers at district level; specifically during the training on interpersonal communication and counselling.
- The successful completion of two rounds of pre-testing, revision and finalization of the condom information leaflet with the Malamulo Hospital's Integrated FP, STD & HIV/AIDS project team. The groups included in the pre-testing exercise were: community and religious leaders, workers, and women and youth groups. The final prototype was at the printers at the year end.
- Nation-wide distribution of target-specific posters with testimonies by a football player and a bar girl via the MOHP/ Health Education Unit's distribution channels.
- Several studies concerning condom use were completed which are being used by the IEC unit.

Events and Milestones

- The dissemination of the results of two studies: "Condom Use in Marriage Among Urban Workers and Their Wives" and "Female Condom Acceptability Among Family Planning Clients in Blantyre City".

- The media, in particular the newspapers also published feature articles and editorials on the results of the above-mentioned studies.

Constraints:

- The condom initiative work groups did not meet throughout the year; these groups await the resolution of policy issues surrounding the condom promotion strategy.

Focus for Year Four

- Ensure adaptation of the Malamulo-initiated condom leaflet for nationwide use, through re-testing and revision of the language (text) to the standard national Chichewa.

6.11 Strategy 11: IEC: Marketing of family planning services.

Accomplishments

During the year, a variety of print materials were developed and pre-tested utilizing audience research methodologies at every stage of the development process, i.e. from problem identification to message and materials development and pre-testing. The materials included: STD and condom leaflet for community education; and a poster targeting youth, bar girls, STD patients, and employed men, including soldiers. Audience research was also used to develop and refine educational and promotional materials in support of family planning, specifically, the national family planning logo and five FP method-specific information leaflets.

Family planning services continued to be promoted in the following ways:

- Print materials - 250,000 method-specific leaflets, giving detailed information on the Pill, IUCD, Depo, Tubal Ligation and Vasectomy. Some 50,000 copies of each material were printed and distributed nationwide in collaboration with NFWC. Similarly, 50,000 leaflets each on the benefits and the role of men in family planning were printed and distributed. Most of the materials, five out of seven, are written in Chichewa.
- Posters: two posters went through the first round of pre-testing and were prepared for the final pre-testing session. One of them promotes the condom as an effective family planning method (particularly in this era of the AIDS epidemic) and another displays the available family planning method options in Malawi.

- Malawi Family Planning Programme Logo: the logo design was pre-tested, revised and submitted to MOHP for approval. Plans are underway to utilize the logo to produce promotional materials which will help identify both clinic- and community-based sites that provide family planning services.
- IPCC: in collaboration with the NFWC and MOHP, pre-testing of the curriculum and revision, incorporating changes dictated by the pre-testing results, were accomplished. The curriculum, in its loose leaf format is being used by FP trainers to train providers nationwide in district level courses. Plans are underway to fund the printing, binding and distribution of 150 copies of the IPCC training manual for use by FP implementing agencies in the country.
- Mass Media : preparations were finalized for a mass media and reproductive health (FP, STD & HIV/AIDS) workshop. A needs assessment to identify the training needs of journalists in the area of reproductive health was successfully accomplished. The results of the assessment guided the formulation of the goals and objectives of the workshop which has been scheduled for the first quarter of year four.

Events and Milestones:

- Audience research methods were utilized at every stage of IEC materials development
- Successful pre-testing of the IPCC training manual (curriculum)
- IPCC curriculum was finalized and is in use nationwide
- Twenty seven (27) family planning trainers were trained in IPCC; they are now utilizing their skills to train FP providers in district level training sessions.
- The approval of the logo for the Malawi Family Planning Programme.
- Increased availability of family planning information materials at community level.
- Training needs of journalists in the area of FP, STD and HIV/AIDS were identified; and goals and objectives were formulated for a workshop aimed at improving news coverage about these reproductive health issues.

Constraints

- The resignation of the IEC Associate and the time lapse between submission of the FP logo design and approval by MOHP delayed efforts to vigorously market FP services during the year.
- Delays caused by the limited printing services and capacities in the country.
- The very limited number of trained IEC officers in the country had implications for the IEC Advisor's and Associate's use of time. A lot of time was spent training IEC officers on IEC materials pre-testing methodologies - a skill which trained health education/IEC officers should normally acquire during their pre-service training.

Focus for Year Four:

- Assist NFWC to print and distribute 150 copies of the IPCC training manual.
- Assist the NFWC to design, print and distribute materials for promoting FP service delivery sites.
- Assist NFWC to vigorously market FP services (renovated facilities) in the country through:
 - increased use of the mass media to promote service delivery sites;
 - billboards, flags and signposts promoting the logo and service delivery sites
 - radio spots to address fears, rumours and misconceptions about FP methods, STD/HIV/AIDS
- Revise, reprint and distribute community education print materials in order to increase availability for those who need them in the community.

6.12 Strategy 12: IEC: Use every opportunity for HIV/AIDS education.

Accomplishments

In collaboration with partner agencies, JSI-STAFH utilized a variety of channels to educate a wide range of target groups on FP, STDs and HIV/AIDS. Over 65,000 posters and 350,000 leaflets were released and in circulation throughout

the country in the common languages spoken in Malawi. Integration of messages and materials on FP, STDs and HIV/AIDS wherever feasible and appropriate was the guiding principle used for materials development. The condom and STD leaflets for community education were pre-tested, re-tested and revised three times; they were at the printers as at the end of the year.

Progressively the mass media in Malawi is being prepared to market FP, STD and HIV/AIDS services, as these services become more available and user friendly in the country (in particular, services being provided by MOHP, CHAM and STAFH/NGO grantees). Ground work for promoting services include: the training of service providers in IPCC, FP facility renovation around the country, and the training of journalists in reproductive health.

Events and Milestones

- Over 65,000 posters and 350,000 leaflets produced and now being distributed; many of them conveying integrated messages on FP, STDs and HIV/AIDS
- JSI-STAFH Project facilitated the materials distribution process by packaging, labelling and expediting the materials by district, through the Regional Health Offices/Health Education Unit. Distribution costs from RHOs to DHOs were also funded by the project.
- An appropriate user guide for print materials accompanied each consignment dispatched to the districts.

Constraints

- The resignation of the IEC Associate and the time lapse between submission of the FP logo design and approval by MOHP delayed efforts to vigorously market FP services during the year.
- Delays caused by the limited printing services and capacities in the country.
- The very limited number of trained IEC officers in the country had implications for the IEC Advisors and Associate' use of time. A lot of time was spent training IEC officers on IEC materials pre-testing methodologies - a skill which trained health education / IEC officers acquire during their pre-service training.

Focus for Year Four

- Market STD, FP and HIV/AIDS services
- Revise, reprint and distribute community education print materials in order to increase availability and accessibility.
- Finalize, print and distribute IE materials currently under development

6.13 Strategy 13: IEC: Collaborative to maximize resources

Accomplishments

Collaboration with other donors, government agencies, NGOs and technical assistance groups involved in implementing reproductive health IEC programmes, continued to be pursued as an effective way to maximize the use of the limited available resources in the country.

Events and Milestones

- Successfully co-funded with UNICEF the radio soap opera - Tinkanena, which by the end of the year was in its 159 episode. The soap opera continues to provide opportunities for addressing all aspects of reproductive health (RH) issues on the radio including abstract concepts like attitudes toward topical and controversial RH issues, misconceptions, sexual restraint, etc.
- Continued conducting regular reviews of the soap opera scripts by a multi-sectoral team comprising AIDS Secretariat, NFWC, MOHP/HEU, UNICEF, MOE and the Department of Youth of the Ministry of Women, Youth and Community Services.
- Development, pre-testing, and re-testing of IEC materials in collaboration with NFWC, AIDS Secretariat, MOHP/HEU, STAFH/NGO grantees and Advertising agencies.
- IPCC curriculum finalization and training of trainers accomplished in collaboration with MOHP/FHU, NFWC/UNFPA and the JSI-STAFH Project's Quality Assurance Unit.
- Adaptation of the adolescent reproductive health curriculum entitled "Life Planning Skills: A Curriculum for Young People in Malawi" - implemented by MOE, Department of Youth/Ministry of Women, Youth and Community Services and NFWC.

- Development of the Malawi National Family Planning Programme Logo was completed in cooperation with NFWC, MOHP/FHU & HEU, CHAM and other NGOs including BLM and GTZ.

Constraints

- Delays due to bureaucratic procedures in some organizations.
- Different workplans engendered compromising work schedules to accommodate and maintain collaborative efforts.

Focus for Year Four

- Continue and strengthen collaborative efforts.

6.14 Strategy 14: LOGISTICS Ensure availability of contraceptives, STD drugs, family planning equipment, and IEC materials at user points.

Accomplishments

With field support funds which came through the JSI-FPLM Project, JSI-STAFH was involved from the initial design to the final presentation to the Ministry of Health and Population for approval of the new Contraceptive Distribution and Logistics Management Information system (CDLMIS). JSI-STAFH organized, administered and participated in training family planning managers, providers and contraceptive stores personnel in the country. This activity was conducted in close collaboration with partner agencies, namely; Ministry of Health and Population (Family Health Unit and Family Planning Training Centres), the National Family Welfare Council of Malawi, Christian Health Association of Malawi, and FPLM.

Events and Milestone

- Completion of the series of CDLMIS trainings from regional level to CBD level, resulting in 1,500 trained personnel.
- Coordination of printing and distribution of Logistics Management Information System forms which are in use in all family planning delivery points at the moment.
- As a direct result of the CDLMIS training, record keeping and reporting by facilities on contraceptive use improved. The storage of contraceptives by all facilities also improved. These were detailed in the report on the Assessment of the Impact of Training conducted in August, 1997.

- JSI-STAFH funded and conducted a Training of Family Planning Trainers which led to the incorporation of CDLMIS into the Family Planning Practitioners' Training Curriculum.
- Worked with Ministry of Health and Population to identify a sustainable logistics system for IEC materials. The system uses the existing Health Education Units at all levels.
- Coordinated and conducted the CDLMIS training with partner agencies.
- Distributed family planning clinical equipment in health facilities country wide. Trucking day and night through various terrain provided an opportunity to appreciate the challenges in contraceptive logistics and other materials movement.

Constraints

- The absence of a specific logistics budget in the JSI-STAFH Project and difficulties associated with MOHP getting funds from the larger STAFH Project has delayed many logistics activities which were planned as strengthening mechanisms of the CDLMIS. Follow-up and monitoring remains undone. Printing of additional CDLMIS forms awaits the MOHP's budget request to USAID. Laminated posters of the CDLMIS forms for use during training are unavailable at all family planning training centres.
- The expanding CBD programme is continuously putting pressure on logistics trainers. The lack of funds has hampered training of trainers for CBD level.
- Another major constraint was the failure to resupply the sites with STD drugs. That has had an impact on the image of the project. It is looked upon as if there was poor planning.

Focus for Year Four

- Work with the National Family Welfare Council of Malawi, AIDSEC and Christian Health Association of Malawi, to continue assisting the Ministry of Health and Population in putting in place mechanisms to strengthen the contraceptive logistics system.
- Complete the distribution of clinical equipment to all selected private sector, partner agencies and CHAM facilities.
- Work with the MOHP and other partner agencies to begin putting data together for contraceptive forecasting.

JSI/STAFH PROJECT
STATUS REPORT ON QUANTIFIABLE INDICATORS/TARGETS
31 JULY, 1996 THROUGH 30 SEPTEMBER, 1997

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
NATIONAL RATES FOR 1994 (CBD not Included) CPR CPY (given as % of population of reproductive age with 1 couple year protection) CAR	CPR - 7% CPY - 6% CAR - 4.6%	8% increase in CPR			14.4%
I. COMPREHENSIVE CHILD SPACING A. <u>MOHP Hospitals</u>					
• ML/LA services added to 24 MOHP district hospitals (4 per year starting in 1993)	3 MOHP hospitals with ML/LA services	21 MOHP hospitals with ML/LA services	24 MOHP hospitals with ML/LA services		13
• Norplant initiated at all 25 MOHP hospitals (phased in after ML/LA services are institutionalized)	1 MOHP hospital with Norplant services	23 MOHP hospitals with Norplant services	24 MOHP hospitals with Norplant services		4
• 5 MOHP sites selected as sites for vasectomy services	0 MOHP hospitals with vasectomy services	5 MOHP hospitals with vasectomy services	5 MOHP hospitals with vasectomy services.		2

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
B. CHAM Hospitals (Non-Catholic)					
<ul style="list-style-type: none"> ML/LA services established in 2 CHAM hospitals (7 already provide ML/LA) 	7	2	9		9
<ul style="list-style-type: none"> Norplant services supported at all 9 CHAM hospitals. 	0	9	9		9
<ul style="list-style-type: none"> 95 surgeons and 425 other service providers (including counselors and IEC workers) trained to provide or assist in providing ML/LA, Norplant and vasectomy services. For service personnel, training will also include information on other child spacing services counseling and referrals. 	Not done	95 surgeons (MD and CO) 425 service providers	95 surgeons (MD and CO) 425 service providers		21 MDs trained 4 MDs active 26 COs trained 24 COs active 26 Theatre nurses trained 13 Theatre nurses active 27 IPCC trainers trained 243 counsellors trained
II. CORE CHILD SPACING					
A. Contraceptive Use					
<ul style="list-style-type: none"> 1,400,000 cycles of oral contraceptives sold annually by 1998. 	Not done	1,400,000 sold/year	1,400,000 sold/year		

55

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
<ul style="list-style-type: none"> 437,000 users of modern methods of child spacing in 1998. 	68,000 users of modern methods (CYP to be determined)	369,000 users of modern methods	437,000 users of modern methods		
<p>B. Core Services</p> <p>267 new site with institutionalization of core services (as below)</p>	326 currently provide core service *	267 facilities with core services, Section Bi - vi	593 facilities offering core services		411
<ul style="list-style-type: none"> MOHP - 57 additional level-two MOHP facilities (clinics, rural health centres, dispensaries and maternities) with expanded and improved core service capability by 1998). 	175 currently provide core service	57 sites with core services	232 facilities is the JSI target for # of MOHP core service providers		229
<ul style="list-style-type: none"> MOLG - 40 additional MOLG facilities with core service delivery capability, if an assessment indicate a need for additional facilities with core services. 	58 currently provide core services	40 sites with core services	98 facilities is the JSI target # of MOLG core service providers.		54**
<ul style="list-style-type: none"> Other GOM/NGO - 36 other GOM/NGO facilities, include NGO and parastatal, will be assessed and upgraded or incorporated with core service capabilities. 	33 currently provide core services	36 sites with core services	69 is the JSI target for # of other GOM/NGO core service facilities.		16

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
<ul style="list-style-type: none"> • <u>CHAM Clinics</u> - Incorporation or upgrade of 46 additional facilities where religious tenets do not prohibit modern contraceptive methods. 	44 currently provide core services	46 sites with core services	90 facilities is the JSI target for # of CHAM clinic core service		56
<ul style="list-style-type: none"> • <u>Private Commercial Sector</u> - 64 private sector facilities with upgraded or incorporated core service capabilities. 	6 currently provide core services	64 sites with core services	70 facilities is the JSI target for # of private commercial sector core.		53
<ul style="list-style-type: none"> • <u>Private Practitioners</u> - As many as 24 additional facilities supported with the integration of core CS service capabilities. 	10 currently provide core services	12 sites with core services	34 is the JSI target for # of core service facilities		3
<p>C. <u>Training</u></p> <ul style="list-style-type: none"> • 57 additional MOHP providers trained and oriented to the new shortened and more comprehensive curriculum over a two year time period. 	0 trained to new curriculum	576 MOHP providers trained with new curriculum.	576 MOHP providers trained with new curriculum.	42	42

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
<ul style="list-style-type: none"> 200 providers updated on contraceptive technology. 	0 updated	200 MOHP service providers updated	200 MOHP service providers updated.	0	0
D. <u>Community Based Distribution (CBD) Service</u>					
<ul style="list-style-type: none"> Up to 800 CBD agents trained in-service on CS at the regional or district level. 	432 CBDs	368 CBDs	800 CBDs	340 trained through NGO grantees	1144 CBDs
<ul style="list-style-type: none"> 800 CBD agents retrained in a refresher course 	0	800 CBDs	800 CBDs	427 received refresher course through NGO grantees	
<ul style="list-style-type: none"> 68 CBD supervisors trained 	40 supervisors (Approximate Number)	28 supervisors	68 Supervisors (Approximate Number)	120 new CBD supervisors trained through NGOs	160 supervisors
III. AIDS PREVENTION AND CONTROL 50% increase of MOHP and CHAM hospitals providing comprehensive STD prevention and control services for female and male clients, by 1998.	1 (QECH)	21 hospitals providing comprehensive STD prevention control service.	22 hospitals providing comprehensive STD prevention and control service (50% of MOHP and CHAM).	-421 health care workers trained by CHAM and other NGOs - equipment has been received for all NGOs, covering 79 health centres and hospitals - equipment has been distributed to 6 NGOs which includes 25 health centres and 7 hospitals	

58

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
<ul style="list-style-type: none"> Information/notification materials developed for STD patients and health care providers. 	0	Undermined - Partner notification slips - Patient education - Treatment wall chart - Treatment pocket card - STD management Guidelines booklet - Clinic waiting room	Amount undermined		
<ul style="list-style-type: none"> 90% of large private sector companies and estates (300 employees or more) will have access to effective AIDS prevention and condom distribution programs, by 1998. 	10% of large Private Sector companies have AIDS prevention and condom distribution programs	80% increase in AIDS prevention and condom distribution programs	90% of employees of companies with more than 300 employees have access to effective AIDS prevention and condom distribution programs.	Additional 51 of large private sector companies have access and are mobilised	Approximately 15% large private sector companies have ongoing HIV/AIDS prevention and FP activities.
<ul style="list-style-type: none"> Increase the number of condoms sold to 4 million condoms/year by 1998. 	Prior contractor Protector sold 220,000 in 2 ½ years	3,800,00 sold/year (by 1998)	4,000,000 sold/year (by 1998)		
<ul style="list-style-type: none"> 6 million condoms/year distributed free by 1998 	2,742,000 distributed in 1994	3,258,000 free/year	6,000,000 free/year		

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
<p>A. Youth</p> <ul style="list-style-type: none"> 80% of schools providing AIDS prevention education by 1998 	0	<p>3056 Schools (80%)</p> <p><u>3425 Primary</u></p> <p><u>405 Secondary:</u> 55 Private 74 Government 276 MCDE</p>	3830 Schools in Malawi	No activity this quarter.	<p>98.5% schools oriented: 16,000 primary school teachers oriented (approximately 1 head and 4 teachers/school). 456 secondary school teachers oriented including MCDE and Teachers Colleges (approximately 1 head and 4 teacher/school, excluding 5 private secondary schools). Educational materials distributed. Workshop held to develop examination questions for AIDS curriculum.</p>
<ul style="list-style-type: none"> Youth programs reaching out-of-school youth 			No specific target number: 208 episodes of youth - targeted soap opera	<p>13 episodes of Tinkanena were broadcasted</p> <p>Distribution of print materials to NGOs is on-going</p>	<p>a) 154 episodes of Tinkanena, the youth targeted soap opera aired at end of the quarter (September 30, 1997).</p> <p>b) 15000 picture codes and, 20000 posters targeting the youth produced</p>

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
<p>B. Employed Males</p> <ul style="list-style-type: none"> • "AIDS in the Workplace" educational and counseling programs developed 	0	Part of the 90% target for large private sector	Part of the 90% target for large private sector	Work Place guidelines, Managers portfolio and peer education curriculum developed and distributed through the work place task force. IEC materials also distributed through the work place task force.	Part of the 90% target for large private sector
<ul style="list-style-type: none"> • Company clinics with improved STD services 	0		A training needs assessment for company clinics and private medical practioners will be conducted.		
Workplace services available for partners of male employees including STD diagnosis, treatment and couple counseling	0	Part of the 90% target for large private sector companies	Part of the 90% target for large private sector companies reached through work place task force	Referral system using a BLM referral voucher has been established through the work place task force	
<p>C. Male STD Clients</p> <ul style="list-style-type: none"> • All health care providers in each district trained in STD management (defined as doctors, clinical officers, clinical assistants, registered nurses and enrolled nurses). 	0	Approximately 960 (40 per district)	960 personnel trained at the district level. The trained personnel will then be responsible for the training of all relevant personnel at their respective facilities.	119 service providers trained - 54 from Project HOPE - 65 were CHAM health units	26 educators oriented 44 1102 Development of leaflets, one on condom use and the other on STD, in progress

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
<ul style="list-style-type: none"> 3-6 pilot sites for STD activity initiated 	1 (QECH)	4 facilities (Part of the 50% target)	5 facilities with STD activity initiated	5 facilities maintained	<p>5 have been established (QECH, KCH, Mzuzu, Nkhatabay & Mangochi) Construction finished at Mangochi.</p> <p>EU has an ongoing program to work with girls. JSI/STAFH/IEC has developed 5,000 posters (promoting condom use) and 5,000 picture codes (promoting condom negotiation to complement EU's effort.</p>
<ul style="list-style-type: none"> Laboratory facilities at the reference lab and referral hospital upgraded 	0	1 reference lab 1 or 2 reference hospitals (Part of the 50% Target)	1 reference lab 1 or 2 reference hospitals	Conducting inventory	
<ul style="list-style-type: none"> IEC materials on symptom recognition and correct condom use designed, pretested and distributed 	0	90,000 pamphlets 5,000 posters	90,000 pamphlets 5,000 posters	Final pre-testing and revision accomplished, of the leaflet on STD symptom recognition, importance of early treatment seeking and partner notification, in Chichewa and Tumbuka.	Half the batch of leaflets as well as flipcharts still with the printers
<p>D. <u>Bar Girls, Freelancers and Bar Owners</u></p> <ul style="list-style-type: none"> Peer education programs developed for bar girls 	Unknown			EC has ongoing program to work with bar girls	

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
<ul style="list-style-type: none"> STD management improved in "food handler" clinics 	0				
IV. NGO/PVO SUPPORT <ul style="list-style-type: none"> Linkages between the STAFH project, NFWCM, AIDSEC, U.S. PVO/NGO's and local NGOs developed. 	0			<p>JSI worked with NFWC training CBDs for St. Anne's and ADMARC using the new curriculum. 125 CBDs and 14 supervisors trained</p> <p>PRAC met April, 1997</p>	<p>PRAC formed and meeting regularly (6 times since May, 1996) members include : USAID, NFWC, MOHP (NACP/FHU) and CONGOMA (represented by CHAM).</p>
<ul style="list-style-type: none"> Financial, administrative, management and technical skills of local NGO's strengthened 	0	24 NGO grants approved and disbursed	24 NGO grants approved and disbursed	<p>At least 2/3 or all NGOs were visited by the NGO financial analyst each quarter.</p> <ul style="list-style-type: none"> - JSI-STAFH hired an additional financial analyst who is except to begin working early in the fourth year. - NGO financial program management workshop was held in Blantyre in May all the 24 NGOs attended. 	

ACTIVITY	BASELINE	ADDITIONAL NUMBER	TOTAL PROJECT COMPLETION	STATUS	
				THIS QUARTER	TO DATE
<ul style="list-style-type: none"> Grants administered to U.S. PVO/NGO's and local NGO'S for AIDS prevention and CS activities 	0	24 NGO grants approved and disbursed 4 PVO grants approved and disbursed	24 NGO grants approved and disbursed 4 PVO grants approved	Each NGO was visited at least once during the quarter by NGO Unit program personnel	24 NGO grants approved and funds being disbursed, and being visited on at least a quarterly basis.
<ul style="list-style-type: none"> Mechanism developed for coordinating the activities sharing lessons learned, and maximizing the impact of activities. 	0	NGO community	NGO community	Three quarterly meetings for the NGOs were held this year. They were attended by 24, 24 and 23 NGOs respectively.	Quarterly NGO meetings instituted to allow sharing of lessons learned, etc.

Notes

* Some of the 326 active facilities in our baseline were Malawi Young Pioneer clinics which are closed.

** The majority of MOIG co-located with MOHP facilities.

64