

CFPHS Monthly Report – January 2008

Community-Based Family Planning and HIV/AIDS Services (CFPHS) Project

January 2008

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COMMUNITY BASED FAMILY PLANNING AND HIV/AIDS

SERVICES PROGRAM

CFPHS

Contract No: GHS-1-00-07-00006-00

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Monthly Report for the Month of January, 2008

1.0 Summary

The program continued to implement start up activities. The highlights for the month January, 2008 were meetings with ACCESS, USAID/Deliver Reproductive Health Unit of the Ministry of Health, BASICS, and USAID. In addition to holding various meetings program staff started developing tools for baseline data collection. Data available in many of the districts is outdated and therefore making it difficult to estimate targets for various activities. Baseline data will also be critical in understanding the dynamics of the population to be served in the target districts.

A significant accomplishment during the month was the recruitment process of district based staff. These included District Coordinators, Administrative assistants and drivers. District level personnel are critical for activities to take place at community level. Another important activity was the orientation of most of the Management Sciences for Health staff to the requirements and policies of United States of America Government for family Planning programs.

2.0 Accomplishments

i. Meeting with BASICS

At the same time as the CFPHS program was awarded, the Management Sciences for Health partnered with the BASICS project to implement a child health program in eight districts of Malawi and the CFPHS program will be working in six of the eight districts. This arrangement has necessitated the need for collaborative approach in order to maximize efficiency in using the limited resources. The two programs held a meeting to map out common grounds for effective collaboration. Some of the key areas identified for collaboration were baseline surveys, district briefing and orientation trips, staff recruitment and placement and Data Quality Assessments. This collaborative approach is in line with the concept of One MSH in Malawi and also leading to more efficient use of common resources while at the same time reaching more people with quality services.

ii. Meetings with USAID/Deliver

In the quest to leverage resources from other USAID funded projects a meeting was held with the Country Director for USAID/Deliver to examine common activities under the two programs. Training was identified as the major link between the two programs. The Country Director has extensive experience in training Community Based Distribution Agents in Kenya and the CFPHS is likely to benefit significantly from such experience. USAID/Deliver will as a follow up to this meeting be exploring with their Home Office on modalities for collaborating in the training of CBDAs for the CFPHS program. USAID/Deliver would provide technical assistance in training of CBDAs in logistics management of contraceptives. USAID/Deliver suggested holding of a design workshop to define key areas for training the CBDAs. Both users of the system and policy makers need to participate in such a workshop because recommendations from the workshop can then be used to design the curriculum for training the CBDAs. It is planned that more meetings will be held to focus on areas where USAID/Deliver could be of assistance to the CFPHS program.

iii Meetings with ACCESS

The meeting with the ACCESS Project also centered on discussing areas of collaboration between the two programs. The CFPHS team facilitated the discussion by sharing its annual work plan. The emphasis of the meeting was on how ACCESS can collaborate with the CFPHS program in the area of quality assurance. There is potential for the CFPHS program to benefit from ACCESS on experience and expertise in taking Quality Assurance issues to the community. During this meeting it was learned that ACCESS through JHPIEGO has developed Reproductive Health Quality Assurance Standards for district and central hospitals which the CFPHS Project can modify to roll out QA to the Health Centers. Other areas of collaboration discussed were Monitoring and Evaluation and database management. Furthermore, MSH and ACCESS are overlapping in Nkhotakota therefore more discussion are required to address common areas of operation. Generally, it was agreed that linkages between ACCESS staff and those from the CFPHS program be encouraged to meet more often in order to share knowledge and experiences.

iv Meeting with Reproductive Health Unit

This meeting was requested to discuss the way forward after the MOH completed a review of the program document and consented to program start up. The Director for RHU expressed that he welcomed the start of the program and pointed out that for the day to day program activities Mrs. Jane Mwalabu was the contact person, Mrs. Fanny Kachale would be the contact person for policy issues, Mr. Sam Chirwa would be the contact person on matters of logistics and data management and lastly Mr. Hans Katengeza would be the contact person for sexually transmitted infections program. These contact persons will greatly strengthen linkage with Ministry of Health.

During the meeting the Director for RHU extended an invitation to MSH to attend a planning meeting scheduled for all the District Health Officers, implementing and development partners in Malawi to be held in Salima.

v. **Meeting with USAID**

The technical meetings with the CTO at USAID have continued and play a critical role in briefing the CTO on bottlenecks in implementing the program and seeking technical guidance as appropriate. Other areas discussed were district staff recruitment and the upcoming study tour to Madagascar where CFPHS is taking the lead. A tentative list of participants for the trip was drawn up and agreed upon. The meeting agreed to hold a preparatory meeting before embarking on the trip.

vi **Development of Baseline tools**

As part of the start up activities, program has developed tools for collecting data to help fill gaps of information necessary for determining targets where no such data exist or is outdated. The tools have been developed for data collection at the district hospital, health center, and community levels. These were reviewed and commented on by the team and amendments were made. It is expected that further comments will be solicited to help in refining the tools in order to collect sound baseline data.

vii **Policy and Statutory Requirement for Family Planning Training**

MSH staff were oriented to policies and statutory requirements of the US Government for funding Family Planning programs. The CTO emphasized that it was critical to ensure adherence to the policies and statutory requirements and that it is the responsibility of everyone to document and report any violations to these requirements. It was emphasized that all staff must become familiar with these requirements at all levels. In addition, it was requested that MSH develop and refine monitoring tools to continuously assess the extent to which there are violation of the requirements.

vii **Recruitment of District based staff**

Recruitment of district based staff has been initiated. District Coordinators, Administrative Assistants and Drivers have been interviewed and successful candidates will be offered letters of appointments and hopefully take up their positions by mid March 2008.

viii **Quarterly Report**

The CFPHS team compiled the quarterly report for the period October-December, 2007. The final report was submitted to USAID on 31st January, 2008.

ix Performance Management Plan

The CFPHS team continued to work on the PMP incorporating new indicators and targets as required by USAID. Furthermore, the earlier version was reformatted using the recommended USAID guidelines. The final document will be ready for submission to USAID by 28 February.

3 Plans for February, 2008

- Develop Detailed Implementation Plan (DIP) and submit to USAID.
Responsible person: M & E Advisor
Due Date: 28th February 2008
- Refine and submit the Performance Management Plan.
Responsible person: M & E Advisor,
Due date: 28th February 2008
- Refine baseline tools to be administered in March, 2008.
Responsible person: M & E Advisor,
Due date: 28th February 2008
- Attend planning meeting for RHU in Salima.
Responsible person: FP Advisor,
Due date 8 February 2008
- Print CBDA manuals.
Responsible person: Finance and Administration Manager
Due date: 28th February 2008
- Adapt an integrated data collection tool for facilities, CBDAs, HTC, PMTCT and HBC Volunteers.
Responsible person: M & E Advisor,
Due date: 28th February 2008
- Develop SOW for STTA for the Detailed Implementation Plan
Responsible person: COP
Due Date: 1st February 2008
- Support STTA from Constella Futures
Responsible person: COP
Due Date: 15th February 2008
- Prepare itinerary for study tour to Madagascar
Responsible person: Family Planning Advisor
Due Date: 29th February 2008