

## **CFPHS Monthly Report – February 2008**

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

February 2008

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# COMMUNITY BASED FAMILY PLANNING AND HIV&AIDS SERVICES PROJECT

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## Monthly Report for the Month of February, 2008

### 1.0 Summary

Major activities for the month of February were meetings with USAID, Reproductive Health Unit of the Ministry of Health, and PSI; compiling and submission of key deliverables to USAID; District HMIS Orientation in Salima, and project-orientation visits to DHMTs, communities and health facilities in Karonga, Kasungu, Salima and Zomba..

### 2 Accomplishments

#### i. Meeting with USAID CTO

- CFPHS Annual Workplan: The workplan was approved after the CTO's comments were incorporated
- Collaboration with other USAID partners: CFPHS will collaborate on quality assurance with ACCESS and logistics management training for CBDAs with USAID|DELIVER
- Recruitment of Policy Advisor is in advanced stages, and the project is forming linkages with Health Policy Initiative project
- Recruitment of CBDAs: primary supervisor for CBDA will be HSAs, which implies 100 HSAs will be CBDA supervisors.
- FP Compliance training: This component will be included in the orientation for district coordinators
- Training/Refresher training of CBDAs: Several types of training may be required for the CBDAs; the main components are FP and HIV&AIDS

#### ii. Reproductive Health Unit Annual Planning Meeting in Salima

- Attended by CFPHS FP Advisor
- Objective: to review the RHU 2008/2009 draft annual workplan and discuss the modified partograph and harmonization of SRH manuals.
- Participants: Reproductive Health Unit team of the Ministry of Health, donors, NGOs, Regulatory bodies, Ministry of Health and Zonal officials.
- Critical issues unearthed:
  - The service agreement between Banja La Mtsogolo (BLM) and MOH does not cover long term and permanent contraception; therefore clients have to pay MK1000 when they receive these services from BLM clinics. If the CFPHS Program does not train an adequate number of LTPM providers, clients will need to patronize BLM clinics and pay MK1000 for LTPM services.
  - BLM has 2 CBDAs in each of the CFPHS districts whose role is to motivate clients for LTPM and sell contraceptives in the districts. In addition, BLM has two national TOT for CBDAs that can be used for

training in the eight target districts for CFPHS. Therefore there will be need to link with BLM in this regard as they can help in supporting CBDA training.

- The districts were developing their District implementation plans and CFPHS team will work with DHMTs so that CFPHS activities and corresponding budget will be incorporated in the plans.

- RHU also indicated in this meeting that the eight targeted CFPHS districts were selected based on their lowest CPR levels in Malawi, which accords an opportunity for CFPHS to show results by increasing the CPR. The program will be working at contributing towards improved CPR for the target districts.

iii. **Meeting with PSI**

- PSI's standard family planning quantitative research questions will be integrated into the planned baseline survey.
- M&E Advisor to meet with PSI team in Blantyre to discuss further on baseline tool during the first week of March
- Incorporate BCC Strategy for the CFPHS implementation plan
- Interviews were conducted and offers are to be made to the following positions: Gender/Communication Specialist, Detailers Targeted Outreach Communication Officers and a first Listeners Club Officer.

iv. **Key Deliverables**

- January Monthly Report: submitted to USAID on 14 February 2008.
- Annual Workplan: comments from USAID were incorporated and submitted on 14 February 2008. It was approved by USAID on 15 February 2008.
- Performance Management Plan: submitted to the USAID on 28 February 2008 and under review by the CTO.
- Implementation Plan: the extension of the submission deadline was concurred by the CTO due to the power blackout on 28 February 2008. The Implementation Plan was submitted to the USAID on 29 February 2008 and it is being reviewed by the CTO.

v. **District HMIS Orientation in Salima**

- Participants: USAID Strategic Information Advisor, CFPHS M&E Advisor, BASICS Chief of Party and M&E Advisor
- Venue: Salima District Hospital and Chipoka Health centre
- Purpose: To understand and appreciate the management information system for these two health facility levels.
- Key Findings:
  - Information for some indicators that CFPHS will be mandated to track is not being collected and collated for the levels assessed. For CFPHS to track such information, we will develop some simple user friendly tools which staff in health facilities will use to collect the information
  - Low M&E capacity, especially at health centre levels, that CFPHS and BASICS will need to address as they work with the target districts.

- Conclusion:
    - The understanding created helped the CFPHS and BASICS M&E Advisors refine the PMPs
    - The need to strengthen M&E capacity for districts was emphasized to USAID SI Advisor
- vi. Community sensitization meetings for Kasungu and Salima, and Zonal DHMT Dissemination meeting for Kasungu**

- Organizers: The CFPHS HIV&AIDS Advisor, Project Support Leader, and Project Support Officer from MSH/Cambridge, and the DHMT members,
  - Participants: 45 community leaders attended in Kasungu and 78 in Salima.
  - Objective: to sensitize local leader on CFPHS program so as to create an understanding and harness support for the program.
  - Generally the community leaders in the catchment areas welcomed the program and CFPHS in collaboration with DHMT were encouraged to commence program implementation as early as possible.
  - Key challenges identified by the community:
    - Community concern on program sustainability through use of volunteers who are not salaried.
    - Shortage of trained staff in the health facilities to provide Long Term and Permanent Methods of contraception.
    - Long distances and poor road network between service delivery points.
    - Community concern on drug management at their level as experienced with existing Red Cross drugs at T/A Chilowamatambe.
    - Inadequate trained counselors in health facilities.
    - Few individuals accessing HTC services.
    - Failure to disclose or opt for HIV testing by most of the antenatal mothers.
    - Lack of CBDAs in communities.
    - Lack of active male participation in FP and HIV activities.
    - Irregular supervision.
- The Program will work with DHMT and communities themselves to address these challenges.
  - The information gathered from these community meetings contributed towards development of the Implementation Plan which was submitted to USAID on 29 February, 2008.

In another development, the HIV&AIDS Advisor made a presentation on the CFPHS program to participants of the Central East Zone of the Ministry of Health. The participants welcomed the program, but expressed a concern on use of volunteers to manage the program at community level. After a lengthy discussion it was agreed that the program will recruit CBDAs as volunteers and HSAs will supervise CBDAs as per MOH policy.

### **3.0 Plans for March, 2008**

- I.A 1 2 Recruit the CBDAs, Responsible officer: FP Advisor
- I.A.1.5 Print CBDA manual, Responsible officer: Operations and Finance Manager.

- I.A.4.1 Conduct policy landscape analysis to identify current policies pertaining to family planning and reproductive health services: Responsible Officer: Policy Advisor.
- I.C.10.1 Conduct desk review of current practices/policies/regulations that affect women's family planning choices, Responsible officer: Policy Advisor
- I.C.10.2 Identify key stakeholder organization for policy dialogue regarding these restrictions Responsible officer: Policy Advisor.
- I.D.1 Collaborate with the RHU to develop and approve an integrated BCC strategy, Responsible officer: Gender and Communications specialist.
- I.D.2 Conduct Focus Group Discussions with men to improve understanding of factors influencing male opinions toward women's access to FP and HIV/AIDS Services, Responsible officer: Gender and Communications specialist.
- I.D.3 Develop and test IEC materials to build knowledge and confidence about modern FP methods and the importance of interspousal communication on FP, Responsible officer: Gender and Communications specialist.
- I.E.1 Collaborate with RHU & HIV unit to develop and test mass media communications to deliver integrated FP and HIV/AIDS information, Responsible officer: Gender and Communications specialist.
- I.F.3.1 Review/adapt quality assurance tool kit, Responsible officer: District Coordinators.
- I.F.4.1 Facilitate identification of space that has both audio and visual privacy for provision of FP/HIV services, Responsible officer: District coordinators.
- I.G.2.1 Conduct a consensus stakeholder meeting on integration, Responsible officer: Chief of Party.
- I.G.5.3 Facilitate/support establishment of HIV testing and counseling services at community level, Responsible officer: District coordinators.
- I.H.3.1 Participate in DIP development processes at district level to ensure adequate incorporation of FP/HIV/AIDS and STI activities, Responsible officer: FP/HIV Advisor.
- A.3.2 Conduct baseline survey in all the 8 targeted districts, Responsible officer: M&E Advisor
- C.1.1 Produce and submit monthly financial and activities report, Responsible officer: Deputy Chief of Party and Chief of Party respectively.