

CFPHS Monthly Report – August 2008

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

August 2008

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COMMUNITY BASED FAMILY PLANNING AND HIV&AIDS SERVICES PROJECT

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Monthly Report for the Month of August, 2008

1. Summary

The main activities for the month of July include: (1) Completing of second session training of CBDAs and their supervisors; (2) Conducting Message Design Workshop; (3) Comparing Baseline findings with targets in the CFPHS program proposal; (4) facilitating workshop for Community Based Injectable Contraceptive Services Guidelines, Training Manuals and Logistics Systems Development; (5) Finalizing GBV modules and PVT sector providers training modules; (6) Holding consultation, partnership, technical and stakeholders meetings; (7) Conducting data quality assessment and data audit exercise; (8) Follow up process of procuring CBDAs equipment; (9) Providing district support in establishment of HIV testing and counseling services at community level and participating in HTC outreach clinic activities; (10) Ensuring steady supply of contraceptives at CBDA/community levels;

2. Accomplishments

2.1 District trainings for CBDAs and their supervisors: By end of the month of August, the second round of the trainings (21 CBDAs) had been completed in Salima district. This has increased the number of CBDAs trained at the end of the month from 390 in July to 411 by August, of which 58% are male counter. A total of 70 primary supervisors (HSAs), 46 secondary supervisors (Nurses) and 10 pharmacy technicians completed both first and second sessions.

2.2: Conducting Message Development Workshop

The message design workshop took place in Lilongwe on the 5th of August with the project's main partners and stakeholders. During the meeting, attendees were updated on various research reports and preliminary messages were developed following the AED BEHAVE Framework.

Efforts are underway to compile the workshop products, which will be shared with partners. An internal communication experts meeting will also take place to distill the outcome of the workshop, which will then feed into the development of the communications strategy for this project. The Communication Strategy Paper will be shared with all our partners for feedback and comments.

2.3 Comparing Baseline findings with targets in the CFPHS program proposal

As reported in the previous month of July, the following three series of the Baseline Survey are yet to be submitted:

- Health facility profile and health system inventory.
- Service provider survey on knowledge, attitudes and practices regarding FP, HIV and AIDS and STIs and service integration (quantitative and qualitative perspectives).
- Client satisfaction with service provider's care and treatment.

Baseline survey findings from the two draft reports were compared with targets in the CFPHS program proposal for possible adjustment in figures. ***Can we proceed with just the pieces that we have so far? Let's talk up where we stand.***

2.4 Facilitating workshop for Community Based Injectable Contraceptive Services Guidelines, Training Manuals and Logistics Systems Development:

CFPHS in partnership with the Reproductive Health Unit of the Ministry of Health arranged for a workshop from 18 August – 22 August 2008 for the development of both the Community-Based Injectable Contraceptive services Guidelines, training manuals and logistics systems.

The workshop outcomes were:

- Zero drafts for guidelines for programme managers of community-based injectable contraceptive services.
- Zero draft for training and participants manuals for community based injectable contraceptive service providers and community-based logistics manual.
- Workshop participants agreed on the following next steps :
 - finalize the three documents (Guidelines, training and logistics manuals – by 31st August, 2008).
 - Circulate the documents to workshop members
 - Hold a meeting on harmonization of the documents on the 9th September, 2008
 - Pretest the documents; training manuals to be pretested during first trainings
 - Orient DHMT and Zonal Supervisors on the guidelines
 - Conduct TOT

The draft guidelines were finalized and circulated to workshop members.

2.5 Finalizing GBV modules and PVT sector providers training modules

- A Gender expert, Maggie Banda, was recruited to work on finalizing the GBV module. As part of her scope of work, she will develop two GBV modules, one for trainers and one for trainees, as well as a PowerPoint presentation that will be used to train CBDAs and Private Health Care Providers on GBV issues. The Gender expert will also meet with various stakeholders and partners to ensure that the developed modules are in line with stakeholder/partner expectations.
- The training modules for the Private Health Care Providers were finalized and sent to MSH for budget approval. The trainings will be held in Blantyre on the 6th of September and in Lilongwe on the 13th of September. Fifty (50) providers have been invited to attend from the eight focus districts covered by this project.
- PSI met with MSH to clarify the means of funding for this training.

2.6 Holding consultation, partnership, technical and stakeholders meetings

CFPHS Monthly Team Meeting: The meeting was held at the MSH conference room on 28 August 2008. The main outcome of the meeting was as follows:

- There was need for CF to finalize the two papers on policy barriers.

- As PSI presented its social marketed DMPA, an issue of how we can incorporate social marketing of Injectable contraceptives into the Community Based Model was discussed a bit and members agreed to explore about it further.
- PSI reported that IEC materials (posters, leaf lets, pads, pens) and packaging of Safe plan contraceptive has been completed. The samples were circulated for Members to see. It was also learnt that *SafePlan™ Injectolette*, the 3-month injectable contraceptive, is now available from PSI warehouse and the detailing team started collecting orders and supplying Pharmacies and Private Clinics as from August 18th. Production of *SafePlan™ Microlette™ (oral contraceptives)* is now underway and the product should be available in the country within the next two months.
- Constella Futures will lead the next meeting. The meetings are scheduled for the last Wednesday of each month.

FP Subcommittee meeting: The Policy Advisor and FP technical Advisor attended a family planning Subcommittee meeting on 28 August at the RHU Conference Room. The meeting agenda was as follows: report on world population day, progress on community DMPA, integration of FP and HIV/AIDS, update on Female Condom, training materials and models.

On integration, members agreed to discuss the issue further with the key person responsible for integration.

Meeting with CTO: The COP, DCOP, FP Technical Advisor, M&E Advisor and Policy Specialist attended a monthly CFPHS staff meeting with the CTO at USAID on 8 August 2008. The key outcome of the meeting was:

- Recommendations on actions for the DMPA and budget and that the proposal for procurement of vehicles, bicycles and other CBD supplies. MSH should write a letter to the Regional Contract Officer based on what is in the OP and COP.
- The MSH members were informed that there is a balance of 2 million US dollars (1.5 from family planning and 0.5 for DMPA)
- The CTO requested MSH to look at the budget for year one and request for budget re-alignment (within the 2m incremental funding.
- But if the funds are not sufficient, MSH should later on request a ceiling increase.
- The deadline for submitting a request for budget re-alignment is October.

The CTO informed MSH members that comments on draft FP compliance plan were related to guidelines which have to be considered in the process of developing the plan. Members also agreed on:

- Adopting the tools to suit the FP and HIV/AIDS programme in Malawi.
- MSH to compile a list of staff who have completed the internet training on compliance and encouraged those who have not yet done the training to do so on time.
- The FP technical advisor should coordinate in arrangements for District Coordinators to complete the compliance training.
- MSH to ensure that all service providers follow and apply the compliance guidelines
- Each of the FP clinics to have the Tiahrt chart as well as service guidelines.

The CTO reminded members that the operational report which outlines the set targets is due by September. The baseline survey results will have a great input to the preparation of the report.

The CTO made the following observations on targets based on the previous quarterly report covering the period of April to June:

- MSH's work covers the entirety of our 8 districts. As such, the report on all indicators should reflect health facilities in the entire district and not limited to those in the selected Traditional Authorities.
- For every quarter, the eight districts should report on indicators covering all health centers.
- Based on the agreement of report covering for all health centers, the M&E advisor was requested to revise the quarter performance after communicating with the responsible districts and review every target of the indicators so that they are achievable.
- District Coordinators should visit all the health facilities in order to collect and report on accurate data.

The CTO also listed indicators which will required a separate meeting for detailed discussion.

The CTO reminded Constella Futures about the report from the July 15 stakeholders meeting regarding community-based distribution of DMPA.

2.7 Conducting data quality assessment and data audit exercise

The data quality assessment was carried out in Phalombe district, where both CFPHS and BASICS are implementing their activities. The team members were the BASISC M&E Advisor, CFPHS M&E Advisor and the District Coordinator

A USG-designed Data Quality Assessment tool was applied on core indicators of CFPHS. A structured questionnaire was administered for data auditing and further assessment at community and health facility levels,.

Key findings include:

- Data collection using the correct registers and forms.
- Keeping and maintaining a record of various data source by type of program intervention.
- Ensuring confidentiality by storing records and registers in a lockable file cabinet with controlled access.

Evidence of weaknesses in accuracy and reliability of data exists and is attributed to:

- Absence of records and copies of reports at CBDA and Health Facility levels.
- Separate data sources for CBDAs and health facilities, which omits CBDA data into the District HMIS statistics.
- Underreporting from health centers and CBDAs due to unprocessed data at district database on indicators which are not prioritized by MOH counterparts.
- Misunderstanding of definitions for key indicators.

2.8 Procurement and supply of equipment.

As reported in the previous month, the process for procuring CBDAs T-shirts, carrier bags and bicycles is ongoing. District coordinators are constantly being reminded on the urgency of the equipment during CBDA supervisory visits.

2.9 Providing district support in establishment of HIV testing, training in long term methods and counseling services at community level and participating in FP/HTC outreach clinic activities.

- Meetings were conducted by districts at TA levels and sites have been proposed for mobile HTC. Assessments of areas were supposed to be done with Laboratory Assistants, HIV/Aids Coordinator and HSA of the area. Mobile HTC services have not yet been started.
- Following the training in HIV Testing and Counseling that took place in Lilongwe in July, the counselors were allocated to nearest health centers in their areas and will continue to practice in these centers on part time basis. A few districts have reported that there is high turn up in the HTC sites and with an example of one CBDA recording over 50 HTC clients during the reporting month.
- District participation in outreach clinic services and involvement of CBDAs is showing evidence of increased demand for long term methods.
- The training for long term family planning methods took place from 11 to 15 August 2008 in Phalombe District. It attracted health workers (nurses and clinicians) from 6 Health Centers within the Phalombe District.
- The overall objective of the training was to equip the health workers with knowledge and skills required for the provision of the long term family planning methods which are Implants and Intrauterine Contraceptive Device. Provision of these methods includes insertion and removal of the devices and these need special training.

2.10 Ensuring steady supply of contraceptives (at CBDA/community levels)

In the previous month, districts reported stock outs of contraceptives. Through frequent supervisory visits to the community level, districts have reported an improvement in the stock status.

3. Deliverables

Technical and Financial reports for the month of July were submitted to USAID according to schedule (it would be good to mention when).

4. Challenges and Issues

4.1 District reports on stock outs of contraceptives:

A number of districts, four out of eight, have reported improvement on stock outs of contraceptives at Health Facilities where CBDAs get replenishment of the stocks. The improvement has been contributed to follow up efforts by the MSH district staff on submission of reports on dispensed to user data from CBDAs to Health Facilities which ensures adequate and timely replenishment of contraceptives. The supply/logistics system has to be regularly monitored and reported in order to meet the demand being created by CBDAs. A few districts have reported on the increase of female condoms during CBDA supervisory visits.

4.2 Baseline survey results:

Baseline findings are yet to be finalized and alternative approaches are being explored to use findings from related studies in order to update the project proposal targets and also work out a plan for disseminating the baseline findings.

4.3 HTC Counselors and CBDAs motivation.

Districts reported that the training of 3 CBDAs to become part time counselors and the support rendered to them to work part time at the Health Centre has motivated the CBDAs to work even harder. However, districts continue reporting on challenges faced by CBDAs on transport and carrier bags to enable client follow up as well door to door visits.

5. Major activities for September.

- Finalize and submit work plan for Year Two
- Develop work plans for the first quarter for year two
- Participate in the joint quarterly review and planning meeting
- Conduct supportive supervision
- Orient TOT to DMPA trainers manuals
- Conduct pretesting of manual through training
- Continue with finalization process of baseline survey findings dissemination and utilization.
- Integrate the Private Providers' training in the Continuous Medical Education program
- Incorporate feedback from members on draft guidelines, training and logistics manuals for community based injectable services and make the document ready for discussion at the harmonization meeting.
- Procure and distribute CBDAs equipment
- Continue to provide district support for establishment of HIV testing and counseling services at community levels.
- Continue participation in review of contraceptive status at various levels of the LMIS and strengthen the system to minimize stock outs.