

CFPHS Monthly Report – October 2008

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

October 2008

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COMMUNITY BASED FAMILY PLANNING AND HIV & AIDS SERVICES PROJECT

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Monthly Report for October, 2008

1. Summary

The main activities for the month of October included: (1) Conducting sensitization Open Day at district level in the communities; (2) Conducting field visits with Dr. Issakha Diallo, MSH's Country Lead for Malawi; (3) Orientation of TOTs on DMPA and orientation of Policy Specialist at Futures Group Headquarters; (4) Training of nurses and clinicians on Long Term and Permanent Methods and planning for new CBDA trainings, updates and refresher courses; (5) Provision of HCT services by CBDAs (6) Strengthening district capacity in data auditing and documentation; (7) Conducting meetings on policy analysis; (8) Attending Sector Wide Approach (SWAp) Review meeting.

2. Accomplishments

2.1 Conducting sensitization Open Day in Nkhotakota district

The first open day was done on 28th October 2008, at Mpondagaga Primary School in Traditional Authority Mphonde in Nkhotakota district.

The aim of the activity is enhancing demand creation and raising awareness regarding FP/RH and HIV/AIDS services in the communities. Some of the Open Day results were as follows:

- Sustained collaboration at district level as evident from joint planning with the District Health Management Team, District Coordinator for MSH (with the support of the Malawi country office team), traditional leaders and politicians.
- Notable dignitaries at the Open Day were the District Commissioner who gave a keynote address, Traditional Authority Mphonde who spoke on behalf of other traditional leaders supporting the program. Also in attendance were fourteen Group Village Headmen and twenty five village headmen.
- Increased number of people accessing FP/RH and HIV/AIDS messages. The turn up of people at the open day was high and the HSAs assisted in registration. In total, about 5000 people attended the open Day. Out of the total, 2500 were women, 1500 were men and 1000 were recorded as the youths.
- During this function seventy individuals were counseled and tested for HIV.
- Increased knowledge with more than 20 FP/RH and HIV/AIDS topics covered followed by a quiz at the end of the function. Messages were also disseminated through traditional dances, health talks, drama and a display of IEC material on a board (see picture below).



A CBDA explains the IEC material displayed during Open Day in Nkhotakota, 28/10/2008

- Increased number of people accessing HCT services: a temporary HCT site was established where people were being tested and 70 people got tested
- FP counseling was done in groups which were facilitated by CBDAs and reached about 5,000 people.

2.2 Field visits by the MSH's Country Lead for Malawi

Dr. Issakha Diallo, the country lead for Malawi came to Malawi for a supervisory visit from the 27th of October through 1 November 2008. While in Malawi, he conducted visits to Nkhotakota and Kasungu districts and held meetings with Dr. Mhango, the Director of MOH/RHU; Ms. Banda-Maliro, Program CTO at USAID; Ms. Jayne Waweru, Country Director for USAID/Deliver and Dr. Kaponda, the contractor for the CFPHS baseline. In the two districts Dr Diallo carried out the following:

- Discussed with the District Health Management Teams in the two district hospitals
- Attended Open Day in Nkhotakota district highlights of which are reported under “2.1” of the report
- Visited CBDAs in the two districts.
- Attended sensitization and briefing meeting in Kasungu district with Traditional Authorities and village heads on the training of CBDAs in their communities. Twenty one village leaders attended the meeting.

2.3 Orientations

Orientation of TOTs on DMPA

The CFPHS program facilitated a three day orientation workshop for Training of Trainers on DMPA. Trainers were identified from the nine districts which are targeted for administration of DMPA by HSAs.

Orientation of Policy Specialist at Futures Group Headquarters

The Policy Specialist visited the Futures Group International Headquarters in Washington DC from 14 to 23/10/08 for orientation and training in selected Futures Group Policy and Advocacy Tools for application into the work plan activities on the CFHPS project:

- SPECTRUM which is a suite of policy models that make use of a unified set of windows-based commands to project the need for family planning, Reproductive Health, Maternal Health and HIV/AIDS services. She was also oriented in Advocacy where the difference between social mobilization, IEC and Advocacy was stressed.
- Several orientation meetings with various experts were organized to brief her about FGI programs and projects in Africa, Asia and Latin America.
- During the visit the Policy Specialist together with the Country Project Manager presented the Malawi CBD programme. The audience was excited by the unique nature of the Malawi community based injectable contraceptive initiative that will use HSAs who are MoH employees to provide ICs. They felt that this would guarantee sustainability of the program.

2.4: Training

Training of Nurses and clinicians on LTPM: Three more districts, Chikwawa, Balaka and Karonga, completed facilitation of training of nurses and clinicians on Long Term Methods.

In Chikwawa district;

- A total number of ten Nurses/Family planning service providers were trained in long term methods of contraception from 20th to 25th October 2008. There were 7 female and 3 male Nurses.
- The participants were given a pre-test to assess knowledge gap and this helped trainers to identify areas which needed emphasis. Pre-test results range was 54% to 80%, while post-test improved to 76% to 98% range.
- The trainers presented the following topics: Definition of family planning and family planning policy in Malawi, quality of care, infection prevention, counseling, client assessment, revision of menstrual cycle and implants – Jadelle and IUCD.
- The trainers demonstrated insertion of Jadelle and IUCD, then each participant did the same on models and finally on actual clients. A total number of 40 clients had

Jadelle inserted during the three days of practical by the participants with an average of four clients per participant.

In Karonga district;

- The Jadelle/IUCD insertion training took place from 13th to 17th October 2008. Ten participants attended the training and all of them passed. There was a two days classroom session and 3 days for practical which was held at the District Hospital and one of the Health Centre in the district, (Kaporo Health Centre).In Balaka district;
- Eleven nurses were trained in long term family planning methods.
- On average twenty five (25) women accessed nor-plants as a method of family planning during the practicals.

Refresher courses for CBDAs and sensitization meetings for recruitment of new CBDAS: All the eight districts carried out, sensitizations meetings on CFPHS programme with community leaders.

Radio Drama Storyline Development Workshop: A Storyline Development Workshop was held from 30th to 31st of October in Blantyre.

Following this workshop one or two scriptwriters will be identified to start working on developing the script. Once the script is further developed, the rest of the planned IEC materials and activities will also start to be developed to make sure that all the messages are well integrated and coordinated across all planned activities.

2.5 Provision of HCT services by CBDAs

The twenty-one CBDAs trained as counselors (three in each of the seven districts) continue to provide HIV counseling and testing services under supervision of Ministry of Health personnel; Two districts reported that the counselors have been incorporated in HCT teams providing services at outreach clinics. The outreach services are also supported by local Community Based Organizations who assist in the provision of shelter/space for activity. On the average the CBDA counselors are counseling and testing 60 clients per month.

2.6 Strengthening district capacity in data auditing, recording and documentation

Kasungu, was purposely selected for joint verification of performance data for year one. The visiting team consisted of the program CTO, the Strategic Information Officer and the (CFPHS) program M&E Advisor. Two core indicators were tracked for accuracy at District Hospital and through a visit to one of the health facilities. The table below summaries the results:

Indicator	Before verification	Adjustments from four districts
Couple years of protection (CYP) in USG supported programmes	54,386	54,617
Number of counseling visits for FP and RH as a result of USG assistance	9,860	17,053

- The difference was attributed to incomplete data by not including both CBDAs and the three health facilities.
- A definition on coverage for counseling visits was illustrated to the health workers which should include new and subsequent clients who visit the health facilities and are counseled in the process.
- Filing system at both district and health center level was notably disorganized.
- The visiting team recommended an orderly filing system of CBDA summary reports, copies from District Health Information System on service statistics by health centers.

2.7 Policy landscape analysis- consultative Meetings

The Policy Specialist continued with the consultative meetings which started during the last week of September, 2008. The following stakeholders were consulted during the first week of October: The Ministry of Health HIV Unit and RHU; and MSH BASICS.

Through the consultative meetings the following gaps in policy have so far been identified:

- No policy or policy statement in the current HIV Policy that addresses door to door or community based HIV testing and Counseling.
- The HIV Policy developed in 2003 is due for review.
- There are no regulatory policies for regulating performance and competencies of paraprofessionals such as Health Surveillance Assistants. This cadre does not fall under Nurses and Midwives Council and Medical Council of Malawi's regulation.
- Pharmacy and Poisons Board policy restricting HSAs from administering Injectable and oral contraceptives since they are 'prescription Only Medicines'
- Lack of guidelines for integration of FP and HIV
- Lack of Community Based Distribution and Service policy
- No policy and guidelines for male circumcision
- No formal partnerships among different stakeholders

2.8 Sector Wide Approach (SWAp) Review Meeting

SWAP Review Meeting: The Policy and Family Planning Technical Advisors attended part of the SWAP Review meeting which ran from 7-10 October 2008. It was noted during the discussion that a lot of challenges are being faced as follows:

- Lack of coordination between HIV unit and RHU. For example, on condom strategy, the condom programme officer is under RHU and HIV unit is not conversant of the programme.
- Lack of capacity to supervise as shown by inadequate recording and reporting of HTC data. .
- There is need for strong partnership working to ease the problem of lack of capacity.
- Health workers not accessing Post Exposure Prophylaxis (PEP) services and public not aware of PEP; some hospitals do not have PEP. It was agreed that the guidelines should be reviewed to cover the public as well; and then give a public lecture on PEP to promote awareness and use.

3. Deliverables

Technical and Financial reports for the month of September were submitted to USAID according to schedule. The revised Country Operation Plan updates for PEPFAR for HIV/AIDS, the SOPIR and a reviewed annual work plan and budget for Year two were re-submitted to USAID.

4. Challenges and Issues

4.1 CBDAs motivation: CBDA supplies, golf shirts, carrier bags and bicycles were distributed during the month. The supplies have been one of the motivation factors for previous CBDA programs. Refresher courses are also seen as a motivating factor because the CBDAs gain knowledge and skills in providing FP/RH and HIV/AIDS services in the community.

4.2 Vehicles for supervisory and monitoring visits: At country office, there are still no vehicles to support the districts with supervision and monitoring activities. Two vehicles have been included in year two budget. The procurement process will be closely followed up in order to reduce the lead time from ordering to field use.

5. Major activities for November, 2008

- Finalize process of IEC material development and distribution
- Continue organization of sensitization open days at district level in the communities.
- Get feedback from key stakeholders on second draft community based Injectable Contraceptive Guidelines and finalize the document.
- Finalize Policy landscape analysis
- Start compiling a report of the policy landscape analysis
- Submit a summary of baseline survey findings from the reports in five series
- Visit additional districts for strengthening district capacity in data auditing, recording and documentation
- 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.
- Finalize recruitment process for Gender/Communication Specialist