

## **CFPHS Monthly Report – February 2009**

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

February 2009

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# COMMUNITY BASED FAMILY PLANNING AND HIV&AIDS SERVICES PROJECT

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Monthly Report for February, 2009

## 1. Main activities

The main activities for the month of February included: (1) Conducting Sensitization Open Day at District level in the communities; (2) Conducting CBDA Trainings (3) Conducting DMPA training; (4) Facilitating HTC training for selected CBDAs; (5) Conducting consultative meetings with Muslim Association of Malawi and Qadrai Association of Malawi on FP and HIV/AIDS Advocacy; (6) Disseminating policy guidelines to the districts; (7) Conduct stakeholders survey regarding definition and purpose of integration in relation to HIV and FP/RH; (8) Developing Radio Dram Script (9) Initiating process of including outcome indicators and update program database by district; (10) CTO Visit to the Field; (11) Participating in various program related meetings.

## 2. Accomplishments

### 2.1 Sensitization Open Day held in one district.

One sensitization open day was conducted this month in Mangochi District. The aim of open days is to enhance demand creation and inform target groups on the benefits of practicing modern FP methods and the importance of inter-spousal communication of FP/RH and HIV/AIDS services in the communities.

#### Results

Some of the Open Days' results are as follows:

- Sustained collaboration at district level as evident from active participation by the District Health Management Team, MSH District Coordinator, CFPHS country office team, traditional leaders, church and Muslim elders and politicians.
- Increased number of people aware of FP/RH and HIV/AIDS messages. Four hundred and thirty people (320 females and 110 males) attended the Balaka open day on 22 December 2008. The Karonga open days were well patronized with a total of 3,361 (1,989 females and 1,372 males) at the first one and 4,550 people (2,660 females and 1,890 males) at the second one.
- Increased number of people accessing HCT services: temporary HCT sites were established and volunteers were tested. A total of 20 clients (7 male and 13 female) in Balaka were tested and given results (which were all negative). In Karonga, 76 clients (48females and 28 males) were tested and 11 (14.5% were positive (8 males and 3 females). Those found positive were referred to the nearest Health Center for further attention.
- Increased knowledge: FP/RH and HIV/AIDS topics were covered through traditional dances, songs, poems and drama, followed by a quiz at the end of the function. Documentation of the event in Karonga was facilitated by PSI/Malawi's in-house

Video Production Unit (VPU). Video footage of the activities on the ground, as well as interviews with local beneficiaries were shot and the PSI VPU technicians will now work with the CFPHS project team to create a mini-documentary of the event. This short film is expected to be ready by the end of March 2009.



**Picture showing Mangochi District Coordinator during and open day in Mangochi**

### **Comment**

Test kits for HIV were out of stock during the open day in Balaka as a result only group counseling was conducted. For the previous 5 Sensitization Open Days, a significant number of individuals had been counseled, tested and received their results.. In the next Sensitization Open Days, we will strengthen our collaboration with PSI on empowering the existing drama groups on Behavior Change messages as this collaboration is critical to improve on quality of the events.

## **2.2 CBDA Trainings**

In the month of February, two initial trainings were conducted in Kasungu and Salima.. One CBDA update training was conducted in Chikwawa .

### **Results**

A total of 56 CBDAs and 14 supervisors were trained during the initial training and a total of 20 old CBDAs and 4 supervisors were updated. All the CBDAs were provided with drug boxes, golf shirts, registers and manuals.

## Comments

- To date the program has trained 724 CBDAs with 276 CBDAs remaining to reach the target of 1,000. In view of budgetary constraint, the program has found a number of a significant number of CBDAs previously trained by other NGOs in the target districts who have expressed willingness to continue with their voluntary work. In consultation with the Reproductive Health Unit it has been agreed that such CBDAs should be trained for one week to bring them up to speed with other CBDAs. To date 182 have been updated and working in various target districts.
- In Karonga district, 2 clients expressed interest in vasectomy as their FP method of choice. The clients were counseled by CBDAs and referred to the District Hospital where the method was provided. They are now satisfied clients providing testimony about the method in the districts.
- The CFPHS CBDA program has generated a lot of interest in other districts like Dedza and Ntcheu who are planning to start CBDA program using their own allocated funds from Ministry of Health. The project will make available for them the various materials developed, tested and validated in the 8 districts its covers.

## 2.3 DMPA Trainings

Following the pretesting and finalization of the DMPA manuals in December, the program has printed 250 manuals. Six DMPA trainings were conducted in the month of February in the following districts : Phalombe, Nkhotakota, Chikwawa, Karonga and Mangochi, with Karonga, Chikwawa and Nkhotakota conducting their second and last trainings in DMPA. Phalombe completed all their DMPA trainings in the month of February.

### Results

- During the DMPA trainings 120 HSAs and 30 Nurses (supervisors) were trained in the administration of injectable contraceptives. This was a seven days training with three days theory and three days practicum.
- All the trainings were conducted by competent trainers of trainers who were trained by CFPHS. There was support from the DHMT, who officially opened the trainings and provided the starter pack of 50 vials and drug boxes to each has. boxes. USAID DELIVER provided support during the manual development by developing the logistics system and during the actual training, by training the HSA and supervisors in logistics management.
- Upon completion of the training the HSAs were provided with a drug box, bag, DMPA calendars and a starter pack of 50vails of DMPA and auto-disabled syringes.

## Comments

- Despite the fact that HSAs give immunizations, during the training it has been observed that they have problems in the technique of administration of DMPA deep intramuscularly (This includes shaking of the vials, drawing of DMPA into the syringes and holding of the syringes). These weaknesses improved with practice and good follow up and supervision.
- Majority of trained HSAs who are in hard to reach areas are more males than females. In the pilot phase, the HSAs will be giving DMPA on the arm.
- It was observed that in other districts, the health centers have no incinerators to burn the waste. The programme is discussing with the DHMT involved to find ways to ensure safe disposal of sharps and associated materials.
- Lack of supervisory systems for HSAs at district level: The program has trained nurse/ medical Assistant from the nearest health centre to supervise and provide DMPA to the HSAs.
- Due to closure of CMS some districts like Salima have run out of DMPA. Special arrangements have been made to supply Salima with 1,000 DMPA for the HSA who are undergoing training with assistance from USAID DELIVER.

## 2.4 HTC training for selected CBDAs

Prior to the training of CBDAs in HTC, CFPHS had a meeting with HIV/AIDS Unit to discuss the upcoming training in HTC for CBDAs, follow up on CBDA certificates, HTC training manuals, update on logistics of testing kits. During the meeting CFPHS discussed the pending trainings of CBDAs in HTC and asked the ministry to provide manuals and registers. The ministry recommended Light House in addition to Macro which was already identified by MSH as possible organization to train CBDAs in HTC. Both MACRO and Light House were approached and agreed to conduct two trainings each back to back. Four trainings were planned to train 80 CBDAs.

### Results

- Several meetings were conducted to plan for the trainings and budgets were approved. Two trainings have been conducted with 40 participants, this include 8 supervisors and 32 CBDAs. These have been drawn from all the eight districts.
- MACRO in Blantyre is training participants from Phalombe, Chikwawa, Balaka, and Mangochi , while Light House in Lilongwe is training participants from Karonga, Kasungu, Nkhotakota and Salima.
- The last trainings will start on 9<sup>th</sup> March 2009 and is expected to train 40 participants to make a total of 80.

## **Comments**

- Contracting out the training has made it cheaper than planned and the programme has realized some savings.
- The HTC training is acting as a motivator for CBDAs. It is expected that upon completion of the course the CBDAs will be attached to a health centre twice a week for a month before they start testing door to door.
- At the moment, there is no logistics system for test kits, the ministry in conjunction with USAID DELIVER is working out a system. Meanwhile all the CBDAs will be getting test kits from their supervisor at the health centre.

## **2.5 Conducting consultative meeting with Muslim Association of Malawi and Qadria Muslim Association of Malawi on FP and HIV/AIDS Advocacy.**

CFPHS is collaborating with Muslim Association of Malawi and Qadria Muslim Association of Malawi to hold a national FP/HIV/ AIDS advocacy conference targeting Muslim leaders/policy makers from 30<sup>th</sup> March to 1<sup>st</sup> April 2009. MAM and QMAM are Faith Based Organizations working for the Muslim Communities in Malawi. The goal of the conference is to promote FP and reduce the effect of HIV/AIDS among the Muslim Communities through appropriate Islamic teachings.

Two planning meetings were facilitated and the following results were achieved:

### **Results**

- Determining the Theme, goal and objectives of the conference
- Setting appropriate dates and venue
- Determine the cost and number of participants
- Sustain collaboration
- Develop expected outcomes of the conference which are to have
  - i) Muslims position on FP/HIV/AIDS clearly understood;
  - ii) Increased Islamic leaders' commitment to promote FP and combat HIV/AIDS among the Muslim communities;
  - iii) A clear roadmap to the development of Guidelines for FP/HIV/AIDS issues and Islamic faith
  - iv) Advocacy for FP/HIV/AIDS among Islamic leaders increased.

### **Comment**

While the process is slow, the program is receiving the needed cooperation from the leadership of the Muslim community.

## **2.6 Disseminated policy guidelines to the districts.**

### **Result**

Each of the eight project districts was sent a copy of the guidelines accompanied by a letter of approval from Ministry of Health.

### **Comment**

Central level dissemination will be done later since RHU would like to do it jointly with other stakeholders' documents.

## **2.7 Conduct stakeholders survey regarding definition and purpose of integration in relation to HIV and FP/RH**

A call for proposals to carry out the FP and HIV/AIDS integration survey was done early in the month for the interested candidates to submit their proposals by 27<sup>th</sup> February, 2009.

### **Result**

Two candidates have been shortlisted and will be interviewed during the second week of March 2009 for the assignment to commence end of March through April 2009.

### **Comment:**

The report by consultant will contribute to holding stakeholder workshop where findings from survey will help in building consensus on integration.

## **2.8 Behaviour Change Communications Activities for FP/HR and HIV/AIDS**

### **Result**

Initial draft radio drama scripts for the first four episodes of the radio drama series were finalized in January. In February, the pre-testing of these scripts with focus groups took place and the results obtained are now being used to refine the script.

The project's local Gender Specialist Consultant reviewed these draft scripts and recommended changes from a gender perspective. The draft scripts were also shared with key project stakeholders for comments. Once all these inputs and comments have been received, the initial four scripts will be finalized.

The drafting of the remaining 22 scripts has also been completed now and plans are being set to hold workshop with a broad consultative creative and technical panel in March to review and finalize all the scripts for the series in light of the feedback received on the initial four.

Meetings with stakeholders in the eight districts have been completed in preparation for the Listeners Club (LC) activities due to begin in June 2009.

## **Comment**

The process of developing radio drama and other IEC material will lead to formal selection of Listeners Clubs and start implementation of BCC activities in the districts by June,2009.

### **2.9 Initiating process of including outcome indicators and update program database by district.**

A two days' filed trip to Balaka and Phalombe district was conducted for the purpose of reviewing January and February reports on performance data, health facility reports and community records on core indicators. Ensure participatory approach in developing and sustaining the monitoring and evaluation system.

#### **Results**

- Supported the two districts in consolidating and entering performance data on regular basis for each quarter.
- Provided guidelines for maintaining and utilizing coverage data on CBDAs by Health Facilities, Traditional Authorities and population figures including Women of Reproductive Age.
- Involved district staff (DHMT) in the process of updating the quarterly spreadsheet for inclusion of impact indicators such as FP users and profile of clients tested for HIV.

#### **Comment**

A visit to Kavala in Balaka district, revealed an experience of stock outs for condoms and HIV/Test Kits. The Balaka logistics system for the supply of contraceptives in Christian Health Association of Malawi (CHAM) health facilities is weak. The program staff continue monitoring the situation together with the DHMT and USAID/DELIVER to strengthen the system and avoid stock outs.

### **2.10 Conducting field visits with Contracting Technical Officer Representative (COTR)**

The Contracting Officer Technical Representative (COTR) visited programs in Blantyre, Phalombe and Chikwawa from the 11<sup>th</sup> to 14<sup>th</sup> of February, 2009 together with the FP Advisor. The purpose of the visit was to observe HTC training in Blantyre, DMPA training in Phalombe and observe the implanting of Jadelle in a client by nurses trained by the program in Chikwawa and conduct site visits in selected communities.

#### **Results**

- The COTR was impressed with the involvement of MACRO in training HTC counselors and encouraged the collaborative effort to use other organization.

- There was a clear demonstration that USAID is concerned with the wellbeing of CBDAs who are doing a wonderful job for no pay. The COTR donated MK1, 000 from her pocket to a CBDA in Phalombe in recognition of the good work done by the CBDA visited.
- The COTR commends MSH for the quality of training to both CBDAs and Nurses.

### **Comments**

Overall the COTR expressed satisfaction with program performance and commended MSH for the good work that is going on in Chikwawa and Phalombe. Important observations were made on maintaining vigilance over waste disposal which must be disposed of at Health Center incinerators and not within the communities. There was also suggestion to begin disaggregating the activities of CBDAs from those performed by HSAs in the next Annual Report.

## **2.11 Other management, coordination and support information**

- The position of HIV/AIDS Advisor was filled effective 19 February, interviews for the Salima positions which fell vacant were conducted and successful candidates identified. The program is expected to have a full complement of staff in early March.
- Participate in various program related meetings at RHU.
- Met with the HIV/AIDS Unit at the Ministry of Health to discuss community counseling and testing. It was agreed at that meeting that the Ministry should inform the target districts that the CBDAs trained in HTC should be allowed to practice under the supervision of health center staff.
- The CFPHS team held a meeting with the Strategic Information Advisor of USAID/Malawi to discuss issues related to targets, the PMP and DIP and comments on the CFPHS program baseline report submitted by MSH. It was agreed that in order to conclude these issues there is need for the Strategic Information Adviser to conduct a field visit to Chikwawa district to verify data collection methods and data quality. Arrangements were finalized for this field activity.

## **3. Deliverables**

Technical and Financial reports for the month of January, 2009 were submitted to USAID according to schedule.

## **4. Challenges and Issues**

### **4.1 CBDA Training**

All new CBDAs have not been given bicycles due to financial constraints. Most of the CBDAs cover more than five to 10 villages in hard to reach areas and a bicycle is more a necessity to get

the work done than an incentive only. Despite the trainings the communities have expressed the need to train more CBDAs in their communities.

#### **4.2 DMPA Training**

During the planning and development of the training materials, the assumption was that all the HSAs have completed secondary school level, and have gone through the basic HSAs training which covers family planning in their curriculum and have skills in administration of injections since they give immunizations to children.

#### **4.3 Background education of HSAs**

It was noted that some HSAs had standard eight (grade eight) and had problems understanding English. However their vast experience in working on community health needs and their link with the formal health system make them a very important resource in our programs. As a result the trainers use both English and a bit of Chichewa to conduct training to ensure that those who are not good in English benefit from the training.

#### **4.4 Family Planning Content of HSA Curriculum**

The other challenge was on family planning knowledge; they were trained as motivators not as providers as such their knowledge in family planning was limited. This was anticipated and the training programme had included a review of all the methods to ensure they understand all the family planning methods and were give CBDA manuals as reference books. Hence the training is for seven day to accommodate the challenges.

#### **4. Major activities for March 2009**

- Continue facilitating DMPA trainings by districts
- Continue facilitating HTC training for selected CBDAs
- Finalize process of hiring a consultant on integration activity
- conducting consultative meetings with Muslim Association of Malawi on Family Planning and HIV/AIDS advocacy
- Print DMPA Guidelines and Training and Logistics manuals
- Facilitate a quarterly review and Planning meeting
- Continue update of program indicators and targets.
- Document monitoring of FP compliance
- Hold Sensitization Open Days in the districts.