

## **CFPHS Monthly Report – July 2009**

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

July 2009

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**COMMUNITY BASED FAMILY PLANNING AND HIV&AIDS SERVICES PROJECT**  
**(CFPHS)**

**Contract No: GHS-1-00-07-00006-00**  
**Task Order No: GHS-1-03-07-00006-00**  
**Monthly Report for July, 2009**

**1. Main activities**

The main activities for the month of July, 2009 included: update CBDAs previously trained by other NGOs; finalize training of the Listeners Club leaders; prepare for LTPM training; develop, pre-test print and distribute IEC materials; Develop DMPA IEC material; conduct stakeholder survey regarding definition and purpose of integration; develop Community Based Social Marketing Guidelines; conduct open days; conduct Counselors' quarterly review meetings; conduct supportive supervision for CBDAs, HSAs, and LTPM providers; host Nadira Kabir, USAID Program officer on a visit to Salima district; and participate in various program-related meetings.

**2. Accomplishments**

**2.1. Update CBDAs Previously Trained by NGOs**

During the month of July, CFPHS conducted two CBDA training updates in Mangochi district for CBDAs left by Save the Children in Sept 2007. This was a one-week training to update the CBDAs in emerging issues like female condom, emergency contraceptives, gender based violence, Jadelle and HIV/AIDS and STI, adolescent health and concept of integration of FP and HIV/AIDS services.

**Results**

- A total of 42 CBDAs were trained with 8 (primary and secondary) supervisors.
- The CBDAs were provided with all the basic equipments and supplies except bicycles.

**Comments**

The training of the 42 CBDAs brings the total number of trained CBDAs in Mangochi to 111, and to a total of 992 against planned target of 1000 CBDAs.

The important role CBDAs can play is increasingly being recognized, as evidenced by the growing number of districts training CBDAs with their own resources, including Thyolo, Chiradzulu, Mzimba, and Dedza .

## **2.2. Finalize Training of Radio Listeners' Club Leaders**

Orientation of radio listeners clubs continued during the reporting period. To this end three day workshops for the club leaders were conducted in Kasungu and Salima to prepare the leaders to facilitate weekly listening club discussions. Distribution of radios to the clubs, along with the discussion guides for the first 8 episodes, started in the final week of July and is expected to be finalized by the end of first week of August.

### **Results**

- 100 club leaders (51 males and 49 Female, including 6 CBDAs) trained in two districts
- Distribution of radios to the clubs, along with the discussion guides for the first 8 episodes, started in the final week of July and is expected to be finalized by the end of first week of August.

### **Comments**

All 200 listening clubs will receive solar/wind-up radios which they will use to listen to the radio program every week. The trained CBDAs will work as supervisors for the listening clubs and assist in the monthly report collection what are they reporting on?.

## **2.3. Prepare for LTPM training**

Draft LTPM participants' and trainers' manuals have been developed as part of the preparations of the LTPM training for clinician and nurse pairs from the eight districts. This is a hands-on competency-based training in tubal ligation, vasectomy, and insertion of IUCD and Jadelle.

### **Result**

- Draft participants and trainers' manuals, clinical guides, and consent forms have been printed in readiness for the trainings.
- Clinical sites and participants have been identified.
- Training materials such as arm and pelvic models, operating sets, and infection prevention equipment have been assembled.

### **Comments**

The training manuals will be tested during the training and finalized in year three. The LTPM training is expected to improve family planning method mix in the eight districts.

## **2.4. Develop, print and distribute IEC materials**

In the past two months, the program has developed a set of innovative IEC materials integrated under the *Zina Umanena* communications campaign theme. The materials developed include brochures, flyers, posters and radio spots.

## **Results**

- IEC materials have been fully pretested, and materials were finalized based on pretesting results
- Based on the results from this pretesting, flyers and posters advertising the radio program were printed and are now being distributed in the project districts through CBDAs.
- Radio spots advertising the radio program were also developed and started airing on 29<sup>th</sup> July on Zodiac and MBC 2 broadcasting stations.
- Painting of wall signs advertising the radio drama started in Chikwawa.

## **Comment**

A dissemination plan for the rest of the IEC materials was developed and shared with the partners. It was agreed that the release of the IEC materials with the different themes will be staggered according to the episodes of the radio drama.

### **2.5. Develop DMPA IEC material**

Adventist Health Services (AHS), with technical assistance from CFPHS, conducted a five-day-long workshop to develop IEC materials for a community DMPA program for Malawi. The workshop was attended by 17 participants from AHS, MSH, the Health Education Unit, Reproductive Health Unit of the MoH, and two Health Surveillance Assistants from Mangochi district.

## **Results**

- Participants were oriented on development of leaflets and posters.
- Two DMPA leaflets and one hormonal checklist were developed and translated into Chichewa.
- Four Chichewa posters were developed.
- The DMPA calendar was reviewed.

## **Comments**

The leaflets and posters will help promote awareness of DMPA in the communities. Since the program is being implemented in eight districts with different languages, there is need to translate the leaflets into Tumbuka and Yawo at a later stage.

### **2.6. Conduct Stakeholder Survey Regarding Definition and Purpose of Integration**

CFPHS, through a consultant, continued work on the Integration of FP/HIV and AIDS survey. Three of the target districts (Chikwawa, Balaka and Nkhotakota) have been chosen for the survey. In-depth stakeholder interviews at central level will be conducted in Lilongwe and Blantyre.

## **Results**

- Integration survey framework and tools produced by the consultant were reviewed.
- The tools were pretested and finalized and data collection started on 29/07/09

## **Comments**

Data collection for the survey will be finalized by end August 2009.

### **2.7. Develop Community Based Social Marketing Guidelines**

During the month of July, the program discussed with the RHU and also sought views of CBDAs on the possibility of piloting community based social marketing of contraceptives.

Lessons from other countries based on literature reviewed were shared with the RHU by the program. Literature review showed that the programmes were most successful where CBDAs were linked to local NGOs for support.

## **Results**

- CBDAs were skeptical about social marketing of contraceptives in rural areas, as most people in rural communities were used to free contraceptives and that they may not be able to afford to pay. Funds permitting, there is need at some point to conduct a willingness to pay for contraceptives study.
- RHU felt that it is not yet the right time to introduce community based social marketing of contraceptives since FP at the community level in Malawi was still at sensitization stage and selling FP might derail service uptake.

## **Comment**

There is need for CFPHS to revisit the strategy for pilot at a later stage. However, RHU provided an opportunity to explore the idea further and consider piloting through private sector like Banja La Mstogolo.

### **2.8. Conduct Open Days**

Two open days were conducted in the month of July to raise awareness among community members on issues of FP and HIV/AIDS. In Salima the open day was conducted at TA Msosa and the TA was the guest of honor. The Kasungu open day was conducted at Mitula in TA Chilowamatambe, and the guest of honor was the District Health Officer.

## **Results**

- The activities of the day included displays by community workers and hospital staff on FP and HIV/AIDS, poems, dramas, hospital band, traditional dances and speeches.
- A total of 8,100 people were reached with FP and HIV/AIDS messages; 2,500 in Salima; 5,600 in Kasungu.
- A total of 96 people accessed HTC services; 32 in Salima, 18 females and 12 males and none were negative; and 64 in Kasungu, 17 females and 47 males and 1 female was positive.
- 16 people accessed FP services on the open day.

## **Comments**

Since the open day, the number of women taking family planning methods from the HSAs in the TA Msosa in Salima has increased from 35 to 198. In Kasungu the number of men attending the Open day was significantly higher than many preceding Open days in other districts.

### **2.9. Conduct HTC Counselors Quarterly Review meetings**

Counselors Quarterly Review meetings were conducted in Phalombe in collaboration with BASICS and in Karonga in collaboration with other NGOs. Counselors from the MoH and other NGOs including CBDAs trained in HTC attended the meetings. Counselors meet to share and discuss experiences and new developments in providing HTC services.

## **Results**

- New changes in terms of reporting and data flow from health facility were discussed
- The annual HTC report was shared and discussed with the counselors
- The meetings strategized on how to support the CBDAs to enable them provide quality HTC services in the community, especially to reach men who claim to be busy in the community and hence unable to travel to facilities to access HIV testing.
- The meetings highlighted the link between HTC counselors and other service providers i.e. clinicians, medical Assistants and nurses for effective delivery of HTC services
- Issues of infection prevention and quality controls were reviewed and discussed with the counselors.
- The meetings also discussed the need to put in place a system for the disposal of waste from the community HTC services by CBDA counselors.

## **Comments**

These meetings provided the CBDAs an opportunity to discuss emerging issues and challenges they faced on the ground as they roll out door to door HIV testing in the communities.

## **2.10. Conduct Supportive Supervision for CBDAs and LTPM Providers**

Supportive supervision was conducted for CBDAs providing door to door HTC services in the community in Phalombe, Karonga and Chikwawa. Through the CBDAs, communities are able to access HTC services at the doorstep.

### **Results**

- CBDAs are playing a remarkable role in motivating people to be tested, including couples. In Karonga, 12 people were tested as couples in the month. At Nyungwe Health center in Karonga, the number of people tested rose from 211 per month to 708 in the month of July alone.
- In Chikwawa, one CBDA visited had provided HTC services to 103 clients, 36 male, 62 female, including 4 couples. One client who tested positive was effectively referred and accessed pre-ART services.
- In Phalombe, lap tables and HTC registers were distributed to the CBDAs to support them as they conduct HIV testing in the communities.
- Shortage of test kits were observed in some health centers in Phalombe, and Karonga, and this in turn affected the availability of test kits for the CBDAs.
- Numbers of people reported tested at health centers are decreasing as a result of door to door testing.

### **Comments**

The program will continue to monitor the CBDAs conducting HTC in the community to ensure that they have adequate test kits and other necessary supplies to enable them provide quality door to door HIV testing services.

## **2.11. Host Nadira Kabir, USAID Program Officer on a visit to Salima District**

On 22<sup>nd</sup> July 2009 CFPHS program hosted Nadira Kabir, Program Officer for USAID, and Marlowe Farrar, Chief Information Officer from MSH in Boston. Both of them visited program sites in Salima.

### **Results**

- The visitors made a courtesy call to the DHMT where the Deputy District Health Officer gave a brief on the FP and HIV/AIDS program in Salima, progress to date and the LDP training program they are undergoing.
- Nadira conducted FP compliance exist interviews to clients at the family planning clinic who had received DMPA and also interviewed the FP Coordinator on the same.
- The visitors were taken to Maganga Village where they interacted with an HSA providing DMPA and a CBDA providing both FP and HIV/AIDS services.

## **Comments**

Nadira was very impressed with the work of the CBDA and HSA. She was also delighted to hear about the LDP program which falls under her department.

The trip provided the Chief Information Officer an opportunity to assess telephone net work in the remote area. Discussions were conducted on exploring ways of improving data collection from CBDAs using phones.

### **2.12. Participate in Program related meetings**

#### **Quality assurance in door-to-door HIV testing by CBDAs**

CFPHS initiated a meeting with Dr. Chilima, the Deputy Director for CHSU, to get guidance on improving the quality of door to door HTC services that the program is implementing in the 8 districts through CBDAs. This was in recognition that Quality Assurance is very vital in a door-to-door HTC program as this model is still in its pilot phase.

#### **Results**

- The meeting recommended that HTC supervisors should undergo a four-day-long training in laboratory skills at CHSU, tailored for door-to-door testing.
- The program agreed to ensure involvement of the lab technicians at the district hospital who run and/or ensure quality of QCs from the health centers.
- It was emphasized that proper storage of testing kit was crucial to avoid damage to test kits due to excessive heat, moisture and insects.
- The need for CBDAs to conduct and observe quality controls on weekly basis was also discussed.
- In addition to routine supportive supervision and mentoring CBDAs to participate in proficiency testing for counseling every three months as part of the quality control.
- The program was advised to involve the DHOs to facilitate collaboration among the relevant staff at the district hospitals to ensure quality in the provision of HTC services.

## **Comments**

As a way forward it was agreed that the program will work with the lab technicians from CHSU to support supervision of the program in terms of Quality Assurance in all the 8 program districts to promote and ensure quality in the door to door HTC services by CBDAs.

### **3.0. Challenges**

The following challenges were expressed by District Coordinators:

- Lack of bicycles for half of the trained CBDAs has made communication tough as the CBDAs were selected from hard to reach areas; this has resulted into challenges in collecting supplies and attending monthly meetings. *Efforts are being made to procure bicycles from other sources as well as taking a close look at our budget.*
- Inadequate supplies of HIV test kits, Jadelle, DMPA and condoms (male and female) were experienced in the month. *The project continues to advocate MOH procurement of these commodities now that reporting systems have been put in place.*
- There is a need for refresher for CBDAs as required by the Ministry of Health guidelines. *The project is reviewing the budget and also looking elsewhere for supporting the refresher training of the trained CBDAs.*

### **4.0. Major activities for August 2009**

- Conduct supervision of CBDAs, HSAs and LPTM providers
- Some project staff will participate in LDP activities
- Conduct preparatory meetings on TOT training for SDM with CHAM/RHU
- Conduct LTPM training for clinicians and nurses
- Conduct SDM service providers training
- Capacity building trainings for CBOs
- Planning for HTC Supervisors training
- Facilitate counselors review meetings
- Airing of the radio drama on the four radio stations
- Continue printing and distributing the IEC materials
- Finalize distributing the radios and discussion guides
- Training of the community drama troupes
- Planning for additional open days
- Training of private providers
- Conducting the advocacy conference on FP and HIV/AIDS services for Muslim Clerics
- Conducting survey on integration of FP and HIV/AIDS (data collection and analysis)
- Developing work plan for project year 3