

CFPHS Monthly Report – August 2009

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

August 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 August, 2009**

1. Main activities

The main activities for the month of August included: (1) Conduct advocacy conference on FP/HIV and AIDS services for Muslim Clerics; (2) Launch Listening Club activities; (3) Distribute IEC materials; (4) Conduct community drama group trainings; (5) Facilitate capacity building trainings for CBOs; (6) Conduct LTPM training for clinicians and nurses; (7) Train TOT in Standard Days Method (SDM); (8) Training of HSAs in DMPA; (9) Participate in various program related meetings and workshops; and (10) Facilitate USAID and FHI field visits.

2. Accomplishments

2.1. Conduct advocacy conference on FP/HIV and AIDS services for Muslim Clerics

An advocacy conference on FP/HIV and AIDS services for Muslim Clerics was held on August 4th and 5th in Lilongwe. The conference brought together senior Muslim religious leaders to discuss issues related to FP, HIV/AIDS and Sexual Reproductive Health. The main objective of the conference was to create a platform for advocating for family planning and HIV/AIDS among Muslims. The conference was opened by the American Embassy Deputy Chief of Mission and closed by the Honorable Minister of Health MP. The opening and closing of this conference by high profile persons is a demonstration that the conference was seen as a necessary step in repositioning FP and HIV/AIDS services in Malawi. The Ministry of Health Reproductive Health Unit and the HIV/AIDS Unit took the lead to present papers on the status of FP and HIV/AIDS programs. Both the MOH and the US Embassy looked at the conference as a groundbreaking initiative in recognition diversity and the need to work with various social and religious groups to promote FP and HIV/AIDS services in Malawi.

Results

- A total of 53 people attended (35 males and 18 females).
- Five presentations were made; situation of SRH in Malawi; situation of HIV/AIDS in Malawi; Islamic teaching and sexual and reproductive health rights; Islamic teaching and family planning; and HIV/AIDS and Islamic teaching which acted as catalysts for discussion.
- Resolutions were drawn and presented to the participants.

Comment

The MAM/QMAM leadership, the Minister of Health and the US Government commended this as a timely move in expanding the use of FP and HIV/AIDS services.

As follow up to the conference, CFPHS will assist QMAM and MAM to develop proposals for family planning and HIV/AIDS interventions among the Muslim communities. CFPHS will participate in regional, district and community dawas (meetings of Muslim women groups) to ensure that resolutions made at the conference are translated into action.

2.2. Launch Listening Club Activities

Listener's clubs activities commenced with the Zina Umanena radio drama being aired on all the 4 radio stations during the month. The first episode was aired on Zodiac radio station on the 12th of August and repeat episodes were aired on the 15th on two community radio stations and on the 16th on Malawi Broadcasting radio 2.

Results

- All clubs had received the radios and the discussion guides to aid in club activities discussions.
- It was reported that all clubs were able to listen to all the episodes aired during the reporting month.
- CBDAs are participating in the clubs and help to guide the listeners in the communities.

Comments

The listeners' Club officers will continue to offer technical support to the clubs to monitor smooth running of club activities.

2.3. Distribute IEC materials developed for radio drama series

The materials developed as part of the radio drama series includes flyers, posters, radio spots advertising for the radio show and OC inserts. The materials will be distributed in batches according to the different themes as they are being aired on the radio.

Result

- The promotional materials advertising the radio drama were distributed two weeks prior to the airing of the first episode.
- The printed materials were distributed through the MSH district coordinators who in turn delivered the materials to CBDAs and the different health centers so that they can reach the target group in the communities.

Comments

This will be a continuous process until materials for all episodes are distributed.

2.4. Conduct community drama trainings

Community members were trained in staging twenty minute community dramas to go along with the radio drama series. The stage scripts for the community dramas were

developed based on the radio drama story line and script. The scripts addresses issues of Gender based violence, men involvement in HIV and family planning, the importance of family planning in economic development and encouraging couples to talk about family planning and HIV/AIDS issues in their households. The community drama groups are expected to perform two shows a month starting from October, 2009 for a period of 6 months.

Results

- A total of 24 drama groups (3 in each district) were identified and trained.
- Two community drama trainings were conducted in Phalombe and Chikwawa and a total of 6 groups were trained on the Zina Umanena stage script.

Comment

The drama groups were identified with the help of District (MSH) Coordinators and official representatives from the Ministry of Health in the respective districts.

2.5. Facilitate capacity building trainings for Community Based Organizations (CBOs)

The 5 day trainings for CBOs offering HIV/AIDS services in communities were conducted in Karonga, Nkhonkhotakota and Chikwawa districts at community level. A total of 85 people from 25 CBOs were trained to motivate communities to access family planning and HIV&AIDS services. The trainings were designed to address the capacity gaps that exist in the CBO on family planning and HIV&AIDS issues. Facilitators to the trainings included the FP coordinator, HTC coordinator, STI Coordinator and PMTCT Coordinator.

Results

- A total of 85 people from 25 CBOs were trained as motivators in Family Planning and HIV&AIDS.
- The topics that were covered included Family Planning (Family Planning methods, Benefits of Family planning, Role of CBDAS); HIV/AIDS including HTC and PMTCT; Sexual Transmitted Infections; Peer education and Community mobilisation

Comments

As a way forward, CBO members agreed to work in collaboration with CBDAs and to embrace their role in motivating clients through community mobilization with messages on Family Planning, STI and HIV/AIDS.

2.6. Conduct LTPM training for clinicians and nurses

This is hands on competency based training in tubal ligation, vasectomy, IUCD insertion and jadelle insertion. In preparation for the training, draft participants and trainer's manuals, clinical guides, consent forms were printed in readiness for the trainings. Three clinical sites were identified and assessed. Training models like arm, pelvic, operating

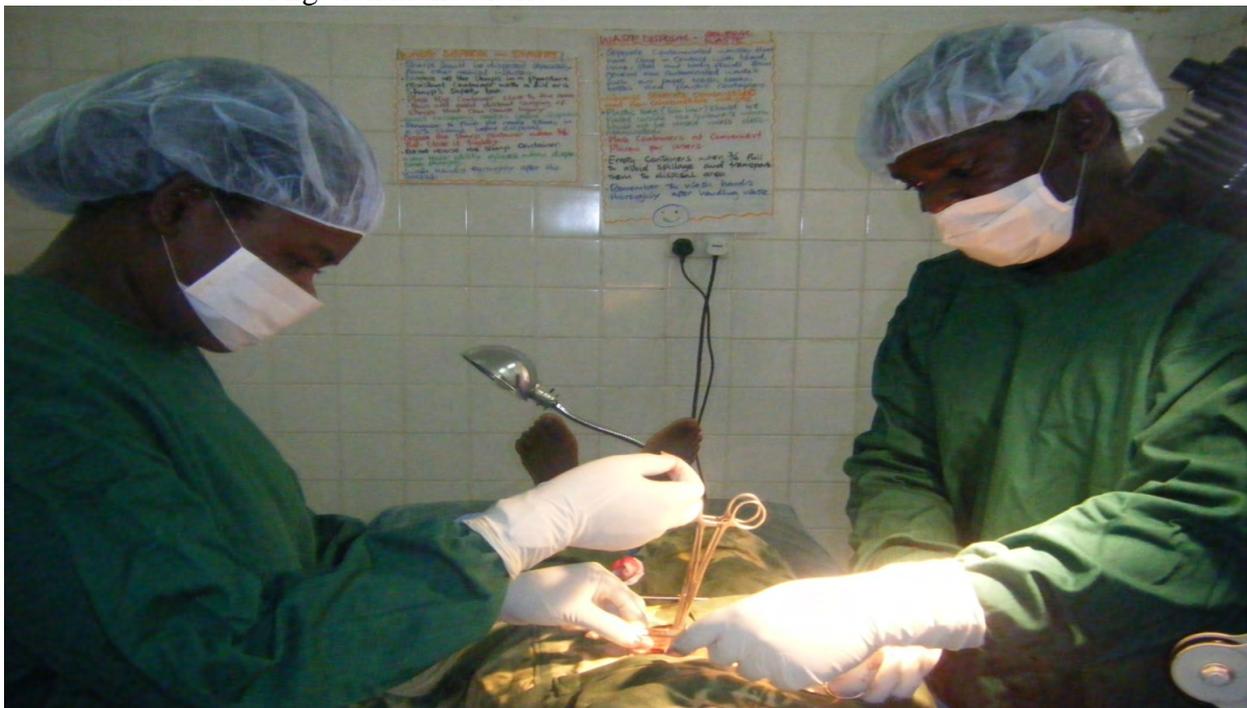
sets, and IP equipments were assembled. Two participants (clinician/nurse teams) were selected by the respective DHOs in the eight districts.

Results

- Sixteen participants were trained in LTPM. Eight Clinicians and eight nurses were trained in jadelle insertions and removals, the clinicians were also trained in performing bilateral tubal ligation under local anesthesia.
- During the training a total of 84 clients had bilateral tubal ligation (BTL) and 123 clients had jadelle insertion and 21 had jadelle removals. There were no clients complications recorded during and after one week following the training.

Comments

There were adequate clientele for the participants; hence the participants were able to acquire required competencies. In addition it will be important to continue lobbying with DHMTs to procure uterine elevators and tubal hooks which are critical to conducting bilateral tubal ligation in the districts.



Participants during LTPM practicum session August, 2009

2.7. Train TOT in Standard Days Method (SDM)

One week training for trainers of trainers (TOT) was organized to equip trainers with knowledge and skills in fertility awareness methods. While emphasis was on SDM, participants were also oriented to other methods such as calendar, cervical mucus, lactation amenorrhea and withdraw methods just to mention a few. Micro teaching was also introduced to ensure that the participants gain the skills in teaching adults.

Results

- Fifteen (15) participants (10males and 5 females) were drawn from 8 MSH districts. These come from different catholic institutions. Most of them were catechists, church counselors, while others were nurses from health centers owned by the Catholic Church.
- The training requires illustration as demonstrated in the picture below:



Participant teaching about SDM during micro teaching, August, 2009

- The participants developed workplans of what they are going to do after the training. MSH District Coordinators (MSH) will work with the TOTs and mount workshops to train providers. Each TOT will train 40 providers in each district.

Comment

The training materials for this workshop were prepared in English only which made training difficult because some of the participants could not communicate in English. The trainers were made quick translation into Chichewa as they were training to ensure that all trainees were fully on board and understood the training materials. Effort will be made to translate the training materials in Chichewa and maybe other local languages. One of the major advantages of the natural methods is that they promote male participation and communication of couples on matters of sexuality.

2.8. Conduct Training of HSAs in DMPA

During a DMPA review meeting in Mangochi, it was discovered that there were over 20 HSAs who were administering DMPA before the pilot phase. These HSAs were giving DMPA on a site that is not recommended under the currently agreed protocol. The DHMT acknowledged this anomaly and agreed to use non project funds for training these

HSAs and that MSH should provide technical assistance and all other training materials like manuals, bags and, drug boxes. A seven days training was conducted

Results

- Twenty –five HSAs and 5 supervisors were trained to administer DMPA under the agreed upon curriculum.
- Mangochi now has a total of 65 HSAs trained in DMPA administration.
- This brings the number of trained HSAs administering DMPA to a total of 361 HSAs in the eight districts.
- Since the DMPA training started users of the method have increased significantly and districts are disaggregating data by HSAs and Facilities in order to track uptake of DMPA.
- Current figures show 67,883 clients received their DMPA through HSAs by the third reporting quarter.

Comments

Mangochi DHMT was commended for the effort to standardize the training of HSAs in DMPA administration in the district.

2.9. Participate in various program related meetings and workshops.

2.9.1 Meeting with USAID on Proposed scale-up of HTC activities

The meeting was initiated by USAID to touch base with MSH and discuss on how to move forward on scaling up HTC services through training and supporting 500 CBDAs and 40 supervisors (HSAs) over the next 2 years.

Results

- USAID raised issues to be addressed by MSH in its proposal including; Environmental risks, e.g. handling and disposal of used equipment and infected material and Quality assurance issues.
- MSH was also requested to demonstrate the Government's commitment on the proposed activities within the proposal.

Comments

As a way forward, the meeting agreed that the proposal be revised to address the issues raised and MSH was requested to submit a work plan with a budget.

2.9.2 Meetings on Country Operational Plan (COP) Next Generation Indicators

The program participated in a series of meetings and discussions on the COP HIV indicators facilitated by PEPFAR and USAID. The program attended the New Indicators Training Workshop followed by program specific consultation meeting with the SI team to discuss further on the HIV indicators relevant for CFPHS activities.

Results

- The 2010 COP templates and the New Generation of Indicators were shared.
- Guidance was given on the selection of the relevant new generation indicators to monitor the Partnership Framework year 1 (FY09 funds) and year 2 (FY10 funds).

Comments

As a follow up to the meetings, partners were given until the 30th of August to work on their specific COP 2010 narrative. A draft has been prepared for further collaboration and selection of new indicators with 2010/2011 targets. The program will continue report on the 11 core indicators till the end of the reporting year (September, 2009).

2.9.3 Attend at Regional Workshop on M and E of Population, Health and Nutrition Programmes

The Regional workshop was organized by MEASURE Evaluation in Addis Ababa, Ethiopia from the 3rd to 21st of August, 2009. Participants were drawn from Ethiopia, Ghana, Kenya, Malawi, Tanzania, Rwanda and Zambia. The CFPHS M&E Advisor attended the workshop.

Results:

- Worked in a team for development of an M&E Plan for Sexual Reproductive Health/Family Planning
- Reviewed different types of Evaluation Designs: Experimental, Quasi-experimental and Non-experimental (trend analysis/time series and pre-post tests) and applicability of each evaluation design and adopted appropriate methodology for the project
- Shared experience in Population, Health and Nutrition M&E tools and applied relevant frameworks/models for various program interventions.

Comment:

This has been a most awaited training program to familiarize the M&E Advisor to acquaint with changes, additions and updates in monitoring and evaluation of population and other health programs.

2.9.4 Review year two work plan and develop of year three work plan

The CFPHS project team conducted a two days planning meeting to develop the Year 3 workplan. The main objectives of the meeting were: to review year two workplan and accomplishments; develop workplan and budget for year three; develop supplementary plan for scaling up DMPA and community HTC services. Prior to the workshop each technical advisor developed a draft activity plan.

Results

- During the two days, the CFPHS team reviewed year two accomplishments and isolated activities which were not done in year two and rescheduled them for Year 3.
- The team consolidated the work plan, narrative and finalized the budget by 14th of August 2009 for review by Home Office.
- In addition the team developed a supplementary budgets and SOW for DMPA and HIV and AIDS activities.

2.10 Facilitate USAID Mission and FHI Team visits to Chikwawa, Karonga and Kasungu project districts

During the stakeholders meeting in August 2008, it was agreed that the evaluation of DMPA initiative should be conducted by independent evaluators. USAID/Malawi has hired Family Health International (FHI) to conduct this evaluation. The FHI team was in Malawi on a familiarization of the program. The team visited Zomba where DMPA activities are being implemented by the Adventist Health Services (AHS) and Chikwawa, Karonga and Kasungu where MSH is implementing the DMPA initiative. The FHI team will then submit a protocol to Malawi Research committee for review and approval.

Results

Chikwawa

- The visitors made a curtsey call to the DHMT where the District Nursing Officer gave a brief on the FP and HIV/AIDS program in Chikwawa with emphasis on DMPA.
- The visiting team was taken to TA Chapananga Village and visited HSA who is providing DMPA and a CBDA who is providing both FP and HIV/AIDS services. The village headman in this village has mobilized the community to build health post and HTC shelter.

Karonga

- In Karonga, the FHI team accompanied by the USAID/Malawi CTOR for the CFPHS project was briefed on health profile for Karonga district and on the CFPHS program with emphasis on the DMPA initiatives.
- The team visited three HSAs at Kasowa, Mwenelondo, and at Chiondo who are administering DMPA at community levels.

Kasungu

- The team met with the DHMT and was able to ask some questions on the DMPA initiative in the district.
- The team was accompanied by the District Nursing Officer (DNO) and MSH District Coordinator (DC) for Kasungu to Kachembwe village, some twenty kilometers to the south of Kasungu town.

- The team visited an HSA who administers DMPA at the community level who is also a first line supervisor for five CBDAs in the area.



HSA explaining his monthly schedule to FHI official in Kasungu August, 09

Comment:

The team was impressed with the performance of the HSAs and CBDAs whom they interacted with. The records were in order, had supplies of DMPA, demographic data of the catchment areas were available, knowledge on DMPA and infection prevention was good. Most of the HSAs visited had more than 200 clients with majority with new clients. The communities have welcomed the initiative; this is evident by the increased number of clients accessing DMPA at the community level and the support from the village headmen who have motivated their community members to provide shelter for the providers. All the HSAs visited had enough stocks of DMPA

3.0. Challenges

The following were the changes expressed by DCs in the implementation:

- As reported in the previous month lack of bicycles for more than half of the trained CBDAs has made communication difficult as the CBDAs were selected from hard to reach areas; this has resulted into challenges in collecting supplies, data and attending monthly meetings
- There is a stock out of Jadelle at central medical stores necessitating an emergency supply that USAID DELIVER is working on air lifting Jadelle into the country, there is evidence of declining trends by districts.

4.0. Major activities for September 2009

- Support Capacity building trainings for CBOS
- Planning for HTC Supervisors training
- Conduct supervision of CBDAs, HSAs and LPTM providers
- Conduct LTPM training for clinicians and nurses
- Conduct SDM service providers training
- Conduct training updates for CBDAs
- Facilitate Quarterly Review and Planning 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
- Planning and conducting additional open days
- Training of private providers
- Finalize survey on integration of FP and HIV/AIDS (data collection and analysis)
- Finalize Developing work plan for project year 3
- Prepare and report on COP for 2010/2011