

CFPHS Monthly Report – February 2010

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

February 2010

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

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Monthly Report for February 2010

1. Main Activities

The main activities for the month included (1) Conducting CBDA Review Meetings, (2) Conducting CBDA Feedback Meetings (3) Conducting Door to Door HTC Review Meetings (4) Conducting DMPA Review Meetings (5) Conducting FP Listeners' Clubs Review Meetings (6) Conducting Community Sensitization Open Days (7) Conducting CBDA and HSA Supervision (8) Conducting CBO Supervision (9) Conducting Community Drama Performances (10) Conducting Environmental Compliance Activities (11) Finalizing FP / HIV and AIDS Integration Survey Report, and (12) Participating in Program related meetings and activities.

2. Accomplishments

2.1 Conducting CBDA Review Meetings

A CBDA review meeting was conducted in Mangochi. The meeting focused on making follow-ups on some of the issues that came out of the preceding supervisions and review meetings conducted in other zones in January.

Results

- 40 CBDAs, 17 primary supervisors (HSAs), and 10 Secondary Supervisors (9 nurses and 1 Medical Assistant), participated in the review meetings.
- The meetings have motivated CBDAs as expressed by the CBDAs themselves and their supervisors.
- From the meetings it was clear that most of the CBDAs are still organized and committed to their work. The following issues came up at the review meetings:
 - Refresher trainings need to be conducted
 - Problems of stock outs of some contraceptive commodities like condoms.
 - Some CBDAs are yet to get bicycles to aid their transportation
 - The CBDAs that have bicycles are having challenges in maintaining them.
- Listeners' clubs in Mpondasi Cluster are well linked to the CBDAs. Clubs involve the CBDAs in their activities and often make referrals to the CBDAs for FP.
- The meeting agreed that refresher trainings should be conducted at cluster or zonal level to minimize training costs.
- On issues of stock out of contraceptives, the Program will work with the Pharmacy Technicians to ensure that supplies are available to CBDAs.

Comments

Overall review meetings have enabled the district team to recognize both successes and challenges of the Program.

2.2 Conducting CBDA Feedback Meetings

CBDA feedback meetings were held in the Health Centers in Salima with CBDAs and their supervisors. The objective of the CBDA feedback meetings was to discuss the successes and challenges of the program with the CBDAs and supervisors. A total of 89 CBDAs and 21 supervisors attended the feedback meetings.

Results

- Meetings took the form of discussions and Q&A.
- The meetings addressed knowledge gaps identified during the Q&A sessions
- During the meetings, CBDAs showed a lot of interest and eagerness to learn.

Comment

- It was encouraging to note that CBDAs remain motivated in their work.
- The program should continue to hold feedback meetings and respond to the concerns raised by the CBDAs and their supervisors.

2.3 Conducting Door to Door HTC Review Meetings

In the reporting month, Door to Door HTC Review meetings were held in Mangochi and Kasungu districts.

In Mangochi, 20 participants (5 CBDA HTC Counselors) 3 primary Supervisors (HSAs) 2 Lab Technicians, 1 Pharmacy Technician, PSI representative, 4 DHMT members and 4 MSH Staff attended the meeting. Mangochi had not yet started implementing Door to Door HTC.

In Kasungu, 9 HTC CBDAs, 1 primary supervisor and district level staff including the Laboratory Technicians, Pharmacy Technicians, Family Planning Coordinator, and HIV and AIDS Coordinator attended the review meeting.

Results

- It was agreed that Sensitization Meetings should be done before the end of March so that the implementation of Door to Door HTC can start at the beginning of April in Mangochi. Meanwhile the CBDA counselors continue to provide HTC services at facility level, i.e. at health centers or district hospitals.
- Results and recommendation on the Quality Assurance assessment conducted with CHSU were shared and discussed.
- The meetings gave an opportunity for sharing experiences on provision of Door to Door HTC.

Comments

- It was encouraging to note that CBDAs remain motivated to provide HTC services.
- The Program is working to ensure that all CBDAs have bicycles.

2.4 Conducting DMPA Review Meetings

DMPA review meetings were conducted in Karonga and Kasungu districts. The objective was to discuss progress on DMPA provision by HSAs.

Results

- 36 HSAs and 10 Supervisors participated in the meeting in Karonga.
- 47 people (35M and 12 F) attended the review meeting in Kasungu.
- Progress and challenges on DMPA were discussed. For example, HSAs complained that their catchment areas are large. They were advised to establish DMPA outreach clinics in order to reach clients in the peripheral areas.
- The meeting reviewed registers as part of the data verification exercise.

Comment

HSAs reported that they were integrating DMPA provision within the Under Five clinic (Growth Monitoring and EPI), as this is where they meet most women of child bearing age. Through the clinic talks women are informed of the availability of DMPA services offered by HSAs.

2.5 Conducting FP Listeners' Clubs Review Meetings

FP Listeners' Club review meetings were conducted with all 25 Family Planning Listeners' Clubs in Chikhwawa. The review meeting discussed the progress and challenges of the listening club activities.

Result

- All 25 radios are functional

Comments

- Power interruption resulted into radio stations not airing the Program.
- Six trained club leaders dropped out due to personal commitments. These members will be replaced once the club activities re-start.

2.6 Conducting Community Sensitization Open Days

Open Days were conducted in Chikhwawa and Karonga districts during the reporting month.

Results

- The Open Day in Chikhwawa attracted a total of 721 people (489 females and 232 males).
- A total of 21 clients (10 males and 11 females) accessed HTC Services in Chikhwawa during the Open Day. None of them tested positive.
- FP and HIV and AIDS messages were disseminated through poems, songs, drama, traditional dances and speeches.
- A total of 2,148 people (1,145 males and 1,003 females) attended the Open Day in Karonga.
- 39 people (32 male and 7 females) accessed HIV testing. Two females tested positive and were referred for HIV related services to the nearest health facilities.

Comment

- Turn out for the Open Days has remained low during the month due to the rainy season, as people are busy with agricultural activities.

2.7 Conducting CBDA and HSA Supervision

CBDA and HSA Supervision took place in Chikhwawa, Karonga and Balaka districts. The supervision involved review of records and registers. On the job training was conducted on specific topics that CBDAs were experiencing problems with.

Results

- It was noted that clients accessing DMPA from HSAs are increasing as the HSAs integrate DMPA provision with the Under Five clinic growth monitoring and immunization.
- 14 HSAs and 33CBDAs were supervised in Karonga.
- 7 supervisors and 7 HSAs providing DMPA were supervised in Chikhwawa.

Comments

- HSAs were advised to observe adherence to infection prevention practices. Supervisors were advised to ensure availability of infection prevention supplies.
- High demand for Jadelle versus low supply of the product was experienced in Karonga (400 sets were delivered to the district versus over 1000 clients on the waiting list).
- Stock outs in male condoms, pills, and HTC kits were observed in some health facilities in Karonga.
- The Program is working with districts to facilitate ordering of the contraceptives and HTC kits from Regional Medical Stores.

2.8 Conducting CBO Supervision

CBO supervision was conducted in Mangochi and Nkhotakota districts for all the trained CBOs. In Mangochi, a district team made up of relevant officers from the District

Assembly, District Social Welfare Office, and District Health Office conducted the supervision of CBOs. The supervision was focused on strengthening the capacity of CBOs in service provision, record keeping, and referral system. All eight CBOs in Mangochi were supervised. In Balaka, 15 CBOs were supervised.

Results:

- It was determined that CBOs are generally linked to their nearest health facilities and work hand in hand with the relevant authorities.
- CBOs kept records on the activities they conducted.
- CBOs have been in touch with their nearest CBDAs and have utilized them where necessary; for example referral for FP and HTC Services.

Comments

- The link between CBOs and CBDAs need to be strengthened in order to increase access to FP and HIV AIDS services.
- CBOs visited were encouraged to integrate FP into their services.
- The non availability of fuel impacted the implementation of activities especially CBDA Supervision.

2.9 Conducting Community Drama Performances

Community drama activities continued in the month in all the 8 districts. During the month of January, 9,181 people were reached through the community drama shows (3,260 males and 5,921 females).

Result

- The drama groups took advantage to perform their shows during special activities for example during different community meetings organized in their areas.

Comments

The attendance was lower in January compared to the 11,712 people that were reached in the month of December 2009. This decrease can be attributed to the following reasons:

- Most of the performances were affected due to the rains since these groups conduct their performances in open grounds.
- This time being a rainy season, most people are busy with field activities.

2.10 Environmental Compliance Activities

A field visit to Chikhwawa district was conducted during the month on environmental compliance. The Regional Environmental Officer (REO), Camillien Saint-Cyr, and the Mission Environmental Officer (MEO), Madalitso Chisale, visited the program activities to appreciate the related environmental concerns.

Results

- The team visited Ndakwera Health Center to appreciate the management of medical waste generated at the facility. A waste management system was in place at the health center. It had a functional incinerator and a lined pit with partially collapsed walls.
- The team visited an HSA, Victor Chiphikire, providing DMPA at community level at Mandrade Health Post. The HSA said that he transports the waste generated from DMPA provision to the nearest health center for incineration.
- The team went to Mandalika Village in STA Ndakwera, where they visited Emma Chathyoka, a CBDA providing HTC services at community level through Door to Door. The CBDA described how waste was being disposed cited the long distance to the health center for waste incineration as a challenge.

Comments

- The REO advised the health center to come up with a properly documented plan on management of waste.
- The CFPHS program was already working on documenting the waste management plan for the medical waste accrued in the community through the provision of DMPA by HSAs and HTC services by CBDAs. In the plan, the program proposes to dispose generated waste right in the community through use of drum incinerators.
- Overall, the REO and MEO were pleased that the program was taking steps to address environmental concerns related to its activities.

2.10b Environmental Compliance Plan

During this month, the program worked on finalizing an Environmental Mitigation and Monitoring Plan. The plan reviews the management of waste accrued through the two program areas of community provision of DMPA by HSAs and HTC by CBDAs.

Result

- Draft Environmental Mitigation and Monitoring Plan submitted to the MEO USAID, including an Environmental Review Report.

Comments

- The program is awaiting feedback from USAID on the submitted EMMP.

2.11 Finalizing FP / HIV and AIDS Integration Survey Report

Review of the draft report on the FP/HIV and AIDS Survey report was finalized this month.

Result

- Draft report submitted to Futures Group International home office for review before submission to MSH.

Comment

- The report is expected to be submitted to MSH by mid March 2010. After MSH's review, the results will be shared with RHU, HIV unit, and the FP subcommittee members for their comments before a joint dissemination meeting with Family Planning Association of Malawi (FPAM) in May 2010. FPAM is currently conducting a similar study on SRH and HIV & AIDS linkages. It is expected that the findings will be ready by May 2010.

3. Participation in Program Related Activities

3.1 Contraceptive Quantification Exercise

The Program participated in the health commodity quantification exercise facilitated by USAID|DELIVER project and the RESPOND project in the month.

Result:

- Completed forecasting of all commodity requirements, including contraceptives.

Comment:

- Among other sources of information like HMIS and DHS; data collected from CFPHS on DMPA, Jadelle, Oral Pills, and IUCD was used to make assumptions for the Malawi contraceptive commodity needs for 2010. CFPHS data is consolidated into the Malawi HMIS.

3.2 Reproductive Health (RH) Technical Exchange Network Meeting

The program participated in the second meeting of the RH Technical Exchange Network (TEN) facilitated by MSH Global Technical Lead for RH. A presentation on the project work with CBDAs was made by the COP.

Results

- CFPHS delivered a presentation on the work with CBDAs
- CFPHS's work with CBDAs ignited a lot of interest among the TEN members.
- Members asked a lot of questions mainly on sustainability, coverage, and role of the HSAs.

Comments

- The meeting was a success, as the strategies applied in Malawi have been shared and well accepted by other USAID-funded projects. There are more new members joining.
- Next meeting to be held on the 25th of March 2010.

3.3 Field trip with Medical Council of Malawi

CFPHS conducted a field trip to Salima District with the Medical Council of Malawi (MCM). The purpose of the trip was to provide the Registrar for MCM with first hand information on the work that HSAs and CBDAs are doing in the community. The WHO (2009) Brief was also shared to emphasize on the fact that community based health workers can safely and effectively administer injectable contraceptives.

Result

- The Registrar was impressed with HSAs' and CBDAs' efforts to reach the underserved population.

Comments

- The Registrar promised to use the field trip experience and information in the WHO brief to educate board members on issues of community based service delivery, and use of non technical staff to serve the underserved communities.
- Regulatory bodies including Medical Council have not yet accepted the task shifting to HSAs.
- The Program plans to make similar trips with the Nurses and Midwives Council of Malawi.

3.4 Participating in the Launch of RAPID

CFPHS Participated in the launch of the Resources for the Awareness of Population Impacts on Development (RAPID) for Malawi held at the Capital Hotel on 26th of February 2010.

Results

- The launch was well supported by the Government as the Minister of Development Planning and Cooperation was the guest of honor and several government sectors were represented.
- Other high level delegates were also in attendance and made their remarks, specifically the UNFPA Representative and the US Deputy Chief of Mission.

Comment

- The remarks by the Minister, DCM and the UNFPA representative, emphasized on using RAPID as an advocacy and planning tool. The Minister urged the various government sectors to integrate population issues in their core business as what is needed now is more action. The RAPID will support the efforts by the CFPHS Program in trying to reposition family planning in Malawi.

4. Challenges Faced This Month

- CBDAs failure to attend monthly meetings due to the long standing problem of bicycles.

- Stock out and erratic supply of HTC kits, male condoms and Jadelle.
- No transport for HSAs to go for DMPA clinics and CBDA Supervision

5. Major Activities Planned for March 2010

- Participate in DMPA Evaluation
- Finalize Family Planning and HIV & AIDS Integration Survey report and share findings with the RHU and HIV unit.
- Prepare for the CFPHS midterm evaluation
- Conduct supervision of providers and supervisors of the Standard Days Method (SDM)
- Initiate preparations for operational research on Standard Days Method (SDM)
- Initiate preparations for demand creation activities evaluation
- Develop work plans for activities included in the ceiling increase
- Initiate preparations for the study on the sustainability of CBDA Program
- Pilot the Frontlines SMS – Medic reporting system
- Documentation of project activities