

## **CFPHS Monthly Report – May 2010**

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

May 2010

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

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Monthly Report for May, 2010

## 1. Main Activities

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The main activities for the month included: (1) Conducting DMPA review meetings; (2) Conducting DMPA training; (3) Conducting DMPA Supervision; (4) Conducting open days; (5) Conducting CBDA and HTC supervision; (6) Conducting CBO supervision; (7) Conducting CBDA Refresher Training; (8) Conducting Frontlines SMS Training; (9) Conducting HTC Training preparatory meetings; and (10) Other project related activities.

## 2. Accomplishments

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### 2.1 Conducting DMPA Review Meeting

DMPA review meetings were conducted in Chikhwawa, Mangochi and Nkhotakota. HSAs providing DMPA, their supervisors and DHMT members participated in the review meetings. The aims of the meetings were to review progress in the provision of DMPA, discuss challenges and share ideas and solutions to challenges.

#### Results:

- A total of 125 HSAs (102 male and 23 female), 32 supervisors (14 male and 18 female) and 11 DHMT members (4 male and 7 female) attended the meetings. In Mangochi, five meetings were conducted at zonal centers involving a total of 76 people (52 DMPA providers, 21 supervisors, one trainer and a member of staff from MSH and the Ministry of Health). In Nkhotakota, 42 people attended the review meeting (37 providers, a DMPA trainer and one representative from the following: Pharmacy, Environmental Health, Matron's Office and Family Planning). In Chikhwawa, 36 providers and 13 supervisors attended the meeting.
- Nkhotakota Pharmacy has had no DMPA stock outs since July 2009. Chikhwawa also did not experience any DMPA stock outs since the providers were trained.
- The introduction of injecting DMPA on the upper arm has been accepted by clients as well as their spouses in Mangochi.
- Some of the successes discussed at the meetings included:
  - A reported general satisfaction of clients as they no longer have to walk long distances to access DMPA.
  - Increased access to women whose spouses are not in support as they can discretely access the service without making a noticeable long journey to the clinic.

- An average of 9 new clients was registered per month in the last quarter (Jan – Mar 2010).
- Some of the challenges discussed included:
  - Lack of feedback once providers refer clients to health facilities
  - Lack of paraffin to burn medical waste
  - Size of safety boxes hampering mobility
  - Lack of pain killers for the treatment of mild side effects
  - In Mangochi, stock outs of DMPA were experienced at the same time as the stock outs of condoms leaving some clients with no contraceptive alternative.
  - 30 out of the 52 providers in Mangochi have problems accessing their target areas because of lack of transportation.
  - Five (5) facilities in Mangochi do not have DMPA supervisors.

**Comments:**

- The project is currently scaling up DMPA provision in all the eight impact districts. Supervisors will also be trained to ensure that all providers are properly mentored.
- Presence of trainers during the review meetings was helpful as they were able to review issues covered during the initial training
- The inclusion of all stakeholders (pharmacy, environmental health, family planning) proved very helpful as points of clarification were provided during such meetings.
- DMPA providers were encouraged to schedule their work properly to avoid overloading themselves.

## **2.2 Conducting Training of HSAs in DMPA**

The project had trained an average of 40 providers in the first round of trainings per district. In the reporting month, training of DMPA providers has been scaled up in seven out of eight districts namely: Karonga, Kasungu, Nkhotakota, Balaka, Chikhwawa, Mangochi and Salima. This was the first round of trainings. HSAs from hard to reach areas and their supervisors from health centers attended the six day training.

**Results:**

- 179 HSAs (127 male and 52 female), 22 supervisors (11 male and 11 female) were trained in providing DMPA at community level.
- 71% of HSAs trained in DMPA were male while 29% were female. Most of the HSAs working in hard to reach areas are male.
- All participants trained demonstrated skills gained during the practicum sessions as well as the results of the post test.

**Comments:**

- Phalombe district is yet to conduct the first round of the DMPA training due to logistical issues.
- Trainings were well attended.

- The project should ensure all materials and logistical needs are carefully thought through before commencement of trainings.
- Training materials like *kulera* flip charts and practicum stationery as well as logistical preparations like provision of transportation to and from practicum sessions and the number of HSAs being trained vis a vis the clients available for the practical sessions should be arranged in advance.
- The design of the project i.e. targeting hard to reach areas, makes it difficult to achieve a gender balance in terms of the HSAs trained per district as there are more male HSAs posted in the hard to reach areas.

### 2.3 Conducting DMPA Supervision

DMPA supervision was conducted in Salima in the reporting month. Of the 39 DMPA providers active in the district, 12 providers (7 females and 5 males) were supervised. The aim of the supervision was to monitor the quality of services provided in the community.

#### Results:

- Services provided by DMPA providers are of good quality.
- Providers expressed desire to be included in the piloting of the Frontlines SMS.

#### Comment:

- The project should continue to disseminate the objectives of the Frontlines SMS piloting to other stakeholders to ensure that the pilot is not misunderstood.

### 2.4 Conducting Open Days

During the month, FP/HIV and AIDS open days were conducted in Balaka, Mangochi and Phalombe. The activity was conducted to inform the communities on the availability of Family Planning and HTC services in the communities. The open days were organized in collaboration with the District Health Management Teams.

#### Results:

- A total of 5832 people (2668 male and 3164 female) attended open days in the three districts.
- A total number of 139 clients accessed HTC services (40 male and 99 female) and a total number of 6 female clients tested HIV positive and all male clients tested negative. HIV positive clients were referred for care and support services at health centers.
- Function was attended by District Aids Coordinators, local leaders, Community Aids Coordinating Committees, HSAs, CBDAs and Religious Leaders.
- During open days, RH, FP and HIV/AIDS messages were disseminated through poems, songs, traditional dances and drama.
- HSAs and CBDAs showcased various activities (Displayed FP methods, FP and HIV/AIDS IEC materials).

**Comment:**

- Continuous BCC interventions are required to continue to increase awareness of the services available at community level.

**2.5 Conducting CBDA and HTC supervision**

HTC supervision was conducted in Karonga. The aim of the supervision was to ensure that the quality of HTC provision remains high. The supportive supervision to CBDAs and HTC Counselors was conducted to increase the spirit of volunteerism.

**Results:**

- Registers and storage boxes were inspected by the District Coordinator.
- Progress of HTC provision was reviewed for each of the counselors visited.
- 5 HTC counselors (3 females, 2 males) were supervised by the District Coordinator in their homes.
- 18 CBDAs were also supervised during the month in Karonga.
- CBDA and HTC stocks were replenished during the supervision.
- The demand for male condoms is higher than the supply in the district.

**Comments:**

- One on one supervision allowed for individual attention to problem solving
- The project needs to support CBDAs and HTC providers with incentives for the good work they are providing.

**2.6 Conducting CBOs Supervision**

Supervision of CBOs was conducted in Mangochi by a team comprising of MSH, PSI and MoH. The supervision was done in the form of group meetings for both trained and non-trained members with each of the 5 CBO at their catchment areas. The aim of the supervision was to follow up on the trainings conducted for CBOs.

**Results:**

- A total number of 5 of the 6 CBOs targeted were supervised.
- Four out of the five CBOs had good links with CBDAs in their areas and are taking family planning and HIV issues as part of their activities.
- All the members trained in the CBOs supervised are still active.
- CBO funding makes a difference in terms of the level of engagement of the CBO.
- CBOs with some funding are more active compared with CBOs that do not have any resources.

**Comments:**

- It was observed that members were able to link clients with other services including family planning.
- CBOs require regular supervision to maintain their motivation as all of them work as volunteers within their communities. This was clearly shown by their expressed appreciation that the supervision encouraged them.

- The CBO that was missed has been included in the next supervision that will be conducted in the month of June.

## **2.7 Conducting CBDA Refresher Training**

The World Health Organization (WHO) funded refresher training for 56 CBDAs (17 male and 39 female) in Karonga District. The refresher training was conducted over a period of 5 days.

### **Results:**

- CBDA trainers went through topics that had been mutually agreed upon as having been difficult from both the theoretical as well as the practical aspects of the initial training.
- Groups also shared challenges in the practical implementation process which were thoroughly discussed among the participants.

### **Comments:**

- Allowances paid during the refresher training were very much appreciated by the CBDAs.
- The project should continue to liaise with other agencies working in the field as a way of complementing project resources.

## **2.8 Conducting Frontlines SMS Training and Implementation Review**

The Salima district was the second of the four CFPHS districts where the SMS frontlines system is being piloted. CBDA trainings were conducted in the four health zones of the district. A review of implementation was conducted in Mangochi district, the first district where CBDAs were first trained to use cell phones for reporting.

### **Results:**

- 65 CBDAs and 22 supervisors were trained in the use of the frontlines reporting system and provided with phones for that purpose.
- The project has extended the distribution phones to primary supervisors as well to ensure that they are able to support CBDAs should they experience problems in using the system.
- Salima was the first district where primary supervisors were given cell phones.

### **Comments:**

- The distribution of cell phones is a sensitive activity as the cell phones distributed are of high quality.
- The project should ensure that the use of cell phones add value reporting project activities.
- Primary supervisors in Mangochi and Salima will be given phones to improve supervision and support for CBDAs.

## **2.9 Conducted Planning Meetings on HTC Training**

A planning meeting for the CBDA trainings in HTC was conducted with the HIV Unit, the Health Technical Support Services (HTSS) and the Nutrition Unit. The team briefed

the MoH counterparts on the programs plan to scale up HTC services by training 450 CBDAs in HTC in the four districts of Phalombe, Salima, Kasungu and Mangochi using the MoH trainers. The program is also expected to train CBDAs to take on an additional role of conducting simple nutrition assessments using the MUAC and also provide counseling on nutrition.

**Results:**

- The meeting at the HIV and HTSS unit agreed that the program will train CBDAs with a minimum of a JC qualification, since they have experience working as CBDAs.
- HTC Trainers will be called from different districts according to need to support the district based trainings.
- Each training session will require a total of five trainers; three trainers for the counseling component to be provided by the HIV Unit and two trainers for the testing /lab component to be provided by the HTSS/Diagnostics.
- MSH to check with the relevant districts on availability of reagents for the trainings as districts are currently experiencing stock outs.
- The nutrition unit will adapt training materials from the CTC training materials and also on nutrition counseling for PLWHIV.
- An orientation for the trainers will be done to ensure that trainers are familiar with the materials included under nutrition.

**Comments:**

- Trainings for the HTC supervisors will be done after the CBDA HTC trainings and will be done centrally as per requirement.

## Other Project Related Activities

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### 2.11 CFPHS Team Meeting

A team meeting was conducted to discuss the next steps of the project's proposal to pilot community based social marketing of contraceptives through CBDAs. The program has been discussing piloting and developing guidelines for the past 2 years for socially marketing contraceptives at the community level, as part of the project's efforts to increase access to family planning services. However, the Reproductive Health Unit (RHU) has not been in support of the idea as it would be in conflict with the country's policy to provide contraceptives free of charge through the public sector. The RHU also felt that selling contraceptives at the community level would derail the progress being made by the FP program as people may not be ready to buy contraceptives.

**Results:**

- The team agreed to envision another model for increased involvement of the private sector in family planning.
- A logical next step is to address policy issues at the highest level and host a policy roundtable that would include both the public and private sectors to discuss partnership ideas for family planning.

- A 2-page concept paper has been drafted to be discussed within CFPHS team.
- The concept paper describes using currently available data to present to stakeholders from both the public and private sectors to facilitate the policy dialogue during a 1-day roundtable meeting.

**Comment:**

- Malawi's goals for increasing the contraceptive prevalence rate would best be achieved through a well coordinated public and private sector partnership.

**2.12 Planning for Dissemination of Results of FP and HIV/AIDS Integration Study**

CFPHS met with the Malawi College of Medicine - Center for Reproductive Health, and the Family Planning Association of Malawi to discuss how to collaborate on jointly disseminating findings from the integration study conducted by CFPHS and the study conducted by the College of Medicine, financed by the Family Planning Association of Malawi.

**Results:**

- FPAM and CFPHS agreed to present the findings together at the dissemination meeting planned by the RHU for July 7<sup>th</sup>, 2010.
- CFPHS will present their study findings to the Integration Steering Committee convened for the College of Medicine study. The participants at this meeting will decide how to combine the findings from the two reports for presentation to a larger audience at the July 7<sup>th</sup> national dissemination meeting.

**Comment:**

- CFPHS will after the dissemination of the study findings continue to collaborate with FPAM to assist the government to develop a national strategy for integrating SRH and HIV & AIDS services.

**2.13 Meeting with the Muslim Association of Malawi (MAM) and Qadria Muslim Association of Malawi (QMAM)**

The program initiated a meeting with the MAM and QMAM as a follow on to the August 2009 conference facilitated by the CFPHS project. The objective of the meeting was to discuss potential future collaboration and follow-on activities.

**Results:**

- Both the MAM and QMAM expressed wish to disseminate the conference resolutions; and messages regarding family planning and HIV/AIDS to their respective communities.
- The meeting agreed that the CFPHS project will provide technical assistance to the two associations to develop advocacy and communications materials for use at the community level.

**Comment:**

- As first step, the project will facilitate translation of an advocacy tool used in Mali, the RAPID model, from French into English that the MAM and QMAM

leaders may adapt for their own purposes. This model includes passages from the Qur'an and Hadiths to explain Islam's position on family planning and other population issues. Since the USAID | Health Policy Initiative has recently developed a RAPID model analysis for Malawi in 2010, this analysis will be easy to combine with the Islam-specific version to create a very powerful advocacy tool that MAM and QMAM leaders can use to direct messages at members of their communities.

#### **2.14 Meeting with the Registrar of Nurses and Midwives Council of Malawi**

The program initiated a meeting with the Registrar of Nurses and Midwives council to share progress to date of the community based services since last meeting with the council in November 2008. CFPHS also wanted to find out from the Council on any developments regarding HSAs' regulation.

##### **Results:**

- CFPHS briefed the registrar about the program's achievements (service delivery, demand creation and policy); and challenges i.e. supervision of community workers, reporting, and retention of CBDAs).
- The NMC explained that the HSAs would only be regulated if their curriculum is a minimum of one year. The regulatory bodies are still concerned about quality issues and they were currently reviewing the HSAs' curriculum to understand their competencies.
- As a way forward on HSAs regulation, the council felt that the three regulatory bodies should have a meeting to have their own consensus on the matter and inform the MoH/RHU.
- To inform decision making, the meeting agreed to conduct an inventory of all in-service trainings that the HSAs undergo after initial qualification as HSAs; stakeholders involved and duration of trainings.

#### **2.15 Meeting with the Chief Primary Health Care Officer**

The program initiated a meeting with Mr. Nkhono the responsible officer for HSAs trainings to: brief him on the projects plans to train 1400 more HSAs in DMPA; discuss the future of the HSAs especially those whose salary was paid by global fund; also to discuss the idea of conducting inventory of HSA' trainings and to follow up progress on the review of HSA' curriculum.

##### **Results:**

- The curriculum for HSAs was reviewed and the duration was extended from 10 to 12weeks. However MoH realizes that the regulatory bodies can regulate HSAs if their curriculum duration is 9-12months long.
- MoH informed the meeting that regulatory bodies were currently reviewing the curriculum to think of ways of spreading it to one year and if that is possible the product of the curriculum should be called something else as they are multi-skilled not only focusing on disease surveillance.
- MoH informed the meeting that not all HSAs were on government pay roll as 6000 are on un-established positions paid by MoH and about less than 5000 paid

by Ministry of Finance. Government is working towards absorbing all HSAs by July 1<sup>st</sup> 2010.

**Comment:**

- A copy of the revised curriculum was provided to CFPHS and among other changes it was noted that provision of pills was now included in the HSA curriculum. This will solve the current challenge of HSAs referring pill clients to CBDAs which inconveniences the clients.

**2.16 Meeting with the Peace Corps Volunteers**

Peace Corps invited CFPHS to make a presentation to the Health Peace Corps Volunteers following a collaborative meeting that the CFPHS team had with the Peace Corps Director in April 2010. The PCVs 20 in number were having their three day mid service training after a year of service. The main objective of the CFPHS presentation was to brief the PCVs on the project's activities as a basis for discussing ways of collaboration in the community.

**Results:**

- CFPHS team made a presentation on the project activities
- It was learnt that Health Peace Corps are only present in three of the CFPHS districts (Salima, Nkhotakota and Chikhwawa).
- The PCVs were interested in collaborating with CFPHS in several activities at the community level i.e. supporting HSAs in: supervising CBDAs, data collection, reporting, follow up of clients and mobilizing communities during open days and other community level activities.

**Comment:**

- As a way forward, contact details for the PCVs and MSH District coordinators in Nkhotakota, Salima and Chikhwawa were shared for the PCVs and DCs to connect and work together.

**2.17 Identifying Other Policy and Advocacy Activities for Year 4 Work Plan**

The team discussed the following activities for project year four:

- Facilitate a national-level workshop to agree on a national definition of integration of FP and HIV/AIDS services and develop a national strategy for integration.
- Facilitate follow-up advocacy activities with the Muslim Association of Malawi, including
  - Translating and adapting an Islamic-specific RAPID model developed for francophone Africa.
  - Support a one day meeting for the Ulama's to disseminate the August 2009 conference resolutions.
  - Support printing of the resolutions document.
  - Consider funding a small delegation (CFPHS, MAM, and QMAM) to travel to Mali to learn from our experience in (under the HPI project)

- engaging Islamic religious leaders in advocacy for FP and HIV services at the community level.
  - Support a survey to establish the information needs of the Muslim communities/identify the gaps.
  - Support development of a communication strategy.
- Facilitate a policy roundtable on increasing private sector participation in the provision of FP services in Malawi.
- Conduct several small operational research studies to inform advocacy and policy dialogue:
  - Sustainability of CBDAs (incentives, reasons for drop out, future of CBD post project life)
  - Introduction methods for the Standard Days Method
  - Inventory of training periods and curricula for Health Surveillance Assistants in an effort toward regulation of HSAs by the regulatory councils in Malawi.

### **2.18 Participated in the Mid Term Project Evaluation**

The CFPHS was during the reporting month evaluated. Three consultants appointed by USAID visited 7 of the 8 impact districts namely Karonga, Kasungu, Nkhotakota, Salima, Mangochi, Phalombe and Chikhwawa.

#### **Results:**

- A debrief was held at the Ministry of Health on the 13<sup>th</sup> of May 2010
- The evaluation was largely positive indicating that all project targets will be reached and some surpassed by the end of the implementation period.
- Use of data for decision making was pointed out as an area required improvement

#### **Comments:**

- The project eagerly awaits the final report
- Some of the issues raised, like use of data for decision making are already being implemented.

## **3 Challenges Faced During May 2010**

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- DMPA training for HSAs and Supervisors in Phalombe postponed to June 2010 as DMPA trainers and Family Planning Coordinator were committed with other duties.
- DMPA stock outs in Mangochi.

## **4. Major Activities Planned for June 2010**

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- Conducting second sessions of DMPA training in the 8 districts and provide supplies and equipment for DMPA provision at community level.
- Conducting CBDA, LTPM and HTC quarterly review meetings.
- Conduct CBDA and SDM supervision.

- Conducting open days.
- Conducting Clinic talks.
- Conducting Frontlines SMS Training in three districts.