

## **CFPHS Monthly Report – July 2010**

---

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

July 2010

Keywords: Family Planning, HIV/AIDS, Malawi

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number GHS-1-00-07-00006-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

---

Community-Based Family Planning and HIV/AIDS Services (CFPHS) Project  
Management Sciences for Health  
784 Memorial Drive  
Cambridge, MA 02139  
Telephone: (617) 250-9500  
[www.msh.org](http://www.msh.org)

# 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, 2010**

## 1. Main activities

The main activities in the month included: (1) conducting DMPA training, (2) conducting HTC training (3) conducting CBDA refresher trainings (4) conducting open days (5) conducting community drama, (6) conducting clinic talks, (7) conducting CBDA review meetings, (8) conducting SDM review meetings, (9) conducting Long Term and Permanent Methods (LTPM) review meetings, (10) conducting HTC review meetings, (11) conducting CBDA supportive supervision, (12) conducting DMPA supervision, (13) conducting HTC supervision, (14) conducting supervision of Listeners Clubs activities (15) conducting national level dissemination of Integration study and other project related activities

## 2. Accomplishments

### 2.1 Conducting DMPA Training

DMPA trainings were conducted in the month, in all the eight impact districts namely: Karonga, Nkhotakota, Salima, Kasungu, Mangochi, Balaka, Phalombe and Chikhwawa. These trainings are a continuation of the DMPA ceiling increase scale up trainings that started in mid May, 2010.

#### **Results:**

- 260 HSAs (173 males and 87 females), 26 supervisors (7 males and 19 females) were trained in DMPA provision.
- The training sessions were successful as all the participants, except one, passed the post test and training objectives and participants' expectations were achieved.
- The participants actively participated and there was no drop out of participants
- In Nkhotakota, there was good representation of males and females among the participants and facilitators.

#### **Comments:**

- The trainings were well attended and participants were eager to learn

- All the 8 impact districts were conducting DMPA Trainings at the same time; as a result, it was difficult to find trainers that were available during the planned training days.
- The project will work to address shortage of DMPA in Kasungu to ensure the scale up goes smoothly, as planned.

## **2.2 Conducting HTC Training for CBDAs**

MSH in collaboration with the Ministry of Health, HIV and AIDS unit organized a three week training in counseling and testing for site counselors. The training was conducted at Zomba Residential Training Center for CBDAs from Phalombe district from 5<sup>th</sup> to 23<sup>rd</sup> July 2010. The main objective of the training was to equip participants with knowledge and skills in order to provide counseling and testing services to clients with the aim of facilitating behavioral change in self, colleagues and the community as the way forward in prevention of HIV infection/re-infection and promote care for those infected and affected. The first two weeks of the training were dedicated to classroom work and the last week of the training was on counseling and whole blood rapid testing practicum.

### **Results**

- Twenty participants, ten females and ten males attended the trainings.
- The training was facilitated by five national trainers who were provided by the HIV Unit.

### **Comments**

- All the 20 participants who attended the training passed the examination that was administered at the end of the training and qualified as HTC counselors.
- The trainers recommended that selection of sites for practicum should be limited to those which do not have chronically ill patients, as these are challenging when it comes to practicing counseling.

## **2.3 Conducting CBDA Refresher Training**

With funding from the World Health Organization, A CBDA refresher training was conducted in Karonga District. This was a second such training sponsored by the WHO. The refresher training ran for a week.

### **Results:**

- 24 CBDAs were refreshed during the training.
- The training also included 4 secondary supervisors and 2 primary supervisors

**Comments:**

- The project will continue collaborating with the Ministry of Health and the World Health Organization to ensure that more CBDAs are provided with the refresher training.

**2.4 Conducting Open days**

Family planning and HIV and AIDS open days were conducted in Nkhotakota, Balaka, Kasungu, Chikhwawa, Salima and Mangochi. The activity was organized by PSI Malawi, in collaboration with MSH and the Ministry of Health. The activity was attended by community leaders, CBDAs, religious leaders, listener clubs and the general public. In Nkhotakota, chief Kanyenda was the guest of honor. In order to encourage men's attendance in Mangochi, the open day was organized around a football match between two popular teams.

The purpose of the activity was to increase family planning and HTC services awareness in the communities. In Balaka, the activities were held under the theme "*RH issues everybody's responsibility*".

**Results:**

- A total of 14,510 people (7,551 males and 6,959 females) attended open days in the districts.
- A total of 326 clients (133 males and 193 females) accessed HTC services. Out of this number, only 11 (5 females and 6 male) clients tested positive.
- There were various activities including songs, poems, traditional dances, dramas, quizzes and speeches on family planning and HIV.
- In Nkhotakota, posters, T/shirts, pens and tracks carrying family planning and HIV and AIDS messages were distributed.

**Comments:**

- In all the districts, there was poor representation of males during the open day except for Mangochi where more males attended the open day than females (1930 males against 810 females). The project will continue to make deliberate efforts to encourage men to attend open days.

**2.5 Conducting community drama Review Meetings**

During the last week of July, a community drama review meeting was conducted in Phalombe and a total of 24 drama club members attended the meeting. During the meeting the participants shared the successes and the challenges which they are facing in

their communities. It was reported that some chiefs in some areas were not very supportive because they were expecting to be given some money for them to organize and allow the dram clubs to perform in their areas while in some areas things were different because the chiefs were very supportive.

**Results:**

- Drama clubs were asked to perform during the meeting in order to assess areas which needed improvement.
- Feedback was provided to the drama groups through discussions.

**Comment:**

- Community drama performances will start in September and will run concurrently with radio drama performing two shows a month.
- Similar meetings will be conducted with all the drama clubs in the remaining districts during the month of August

## **2.6 Conducting clinic talks**

During the reporting month two clinic talks were conducted in Balaka and Mangochi districts. The clinic talks involved the listening clubs that performed drama. An HAS gave a talk of the advantages of family planning and explained the different options available.

**Results:**

- A total number of 190 people (6 males and 184 females) attended the talks.

**Comment:**

- There is a good synergy between the various motivators (drama clubs, listeners clubs) and the service providers (HSAs, CBDAs and LTPM provider)

## **2.7 Conducting CBDA review meeting**

The CBDA review meetings were conducted in Nkhotakota, Kasungu, Salima and Mangochi. The objectives of the review meetings included reviewing and sharing experiences and challenges volunteers encounter in the day to day work. In Kasungu, the forums also provided a chance to audit CBDAs still working and active, those who dropped out and reasons for dropping out. The review meetings were conducted in the district health zones.

**Results:**

- A total of 279 (185 males and 94 females) CBDAs, participated in the meeting.
- In Kasungu, the audit of CBDAs covered 3 health facilities.
- 13 CBDAs have dropped out in Kasungu. 2 of them have become HSAs, 3 have secured Jobs, 6 have joined the teaching profession and 2 have decided to go back to school.
- All CBDAs drop outs that were interviewed indicated lack of incentives as the main reason for dropping out of the program
- CBDAs were encouraged to maintain parallel submission of reports both SMS and paper based.
- Some of the strengths discussed at the meetings included:
  - A reported general improvement in community acceptance and perception on family planning methods evidenced by improved male participation and reduced family planning misconceptions at grass root level.
  - Reduced cases on gender based violence following family planning counseling by CBDAs.
  - A reported general client satisfaction as family planning services are being accessed within the communities.
- The challenges discussed included:
  - CBDAs not being recognized and respected by medical staff when they and their families are sick

**Comments:**

- Newly developed CBDA register and supervision checklist were used during the meetings.
- The project should consider addressing reasons for increased CBDA drop outs T
- The project should consider organizing refresher course for CBDAs

**2.8 Conducting Standard Days Method review meetings**

In the reporting month, Standard Days Review meetings were done in Nkhotakota, Balaka and Mangochi. The review meetings were organized in order to monitor the progress of the service and to distribute the cycle beads to SDM providers.

**Results:**

- A total of 53 participants attended the meeting
- SDM service providers were supplied with cycle beads.

- 514 cycle beads were distributed (264 and 250 in Balaka and Nkhotakota respectively).
- Enthusiasm of the method among the catholic communities is very high. Providers reported increased awareness of the method leading to increased demand for the service from the communities since the inception of the service.
- The use of English language on cycle beads was noted at the meetings as not being helpful due to the low educational status of the CBDAs.

**Comments:**

- SDM providers requested golf shirts or T/Shirts with written awareness messages promoting the methods.
- The project should consider translating instructions/information on the track into Chichewa for easy understanding of the providers
- The project should consider aligning SDM providers to HAS as supervisor from the nearest health centre for easy communication in case of urgent needs and guidance.

**2.9 Conducting Long Term and Permanent Methods (LTPM) review meetings**

An LTPM review meeting was done in Nkhotakota in the reporting month. All the LTPM providers were invited to the meeting. The objective of the meeting was to check on the progress of the services and allow providers to share experiences including strengths and challenges and discuss possible ways to address them.

**Results:**

- Twelve providers attended the meeting (11 females and 1 male)
- It was noted that some of the providers have moved out of the district.
- The meeting motivated the providers in the sense that they felt that the MSH and MOH still recognized them and their role in the health care delivery.
- Participants demanded an increase in LTPM inserting equipment in the following order.
- Some of the strengths that were discussed included
  - Increased awareness of the methods evidenced by the number of clients opting for the methods.
  - No side effects reported by the beneficiaries.
  - Providers gaining confidence and having their skills in method insertion enhanced as a result of increased frequency of performing the procedures.
  - No stock outs experienced

- Increased demand for the methods. For example, at Mwansambo health centre, clients were booking by leaving health passport books at the facility.
- Some of the challenges discussed included:
  - Inadequate inserting equipment in all health facilities including DHO. For example, Mwala wa Tongole an outreach clinic where LTPM is also provided had no couch for the procedure and for physical examination of clients.
  - Jadelle equipment/ tools are delayed after sterilization from the DHO sterilization department.
  - Challenges exist in providing LTPM as providers are usually assigned in other wards. Few providers are available for the services at the DHO as most of them are busy in their wards and were not released by their in charges to provide LPTM.

**Comments:**

- Equipment to support LTPM activities has been procured. Distribution will start as soon as accompanying clothes have been procured to make complete sets.

**2.10 Conducting door to door HTC review meetings**

In the reporting month HTC counselor review meeting was conducted in Nkhotakota on the 19<sup>th</sup> July 2010. The objective of the meeting was to check the progress of their work and to allow counselors share experiences, strengths, challenges and was forward. The counselors were also briefed on the new updates in the field of HIV/AIDS by the HTC Coordinator. The meeting was done in a round table discussion format.

**Results:**

- 7 CBDAs attended the meeting (4males and 3 females), 4 supervisors also participated in the meeting.
- Registration, documentation and reporting were reviewed; CBDAs were briefed on the new Daily Activity Register (DAR) which was designed to check on the reagents consumption.
- CBDAs were briefed on quality assurance and quality control, Proficiency Tests, SOPs and its benefits, and reasons for common errors in HIV tests;
- CBDAs reported that the supply of test kits had improved. CBDAs reported that continued work on HTC allowed their competence in providing the service to continue increasing.

## **Comments**

- There is need for proficiency tests and refresher courses for the CBDAs to be held frequently in order to contribute towards nurturing their skills.

### **2.11 Conducting CBDA Supportive Supervision**

CBDA supportive supervision was done in Karonga, Phalombe, Chikhwawa and Mangochi. The aims of the visits were three fold namely, a) to promote the spirit of volunteerism, b) to hold discussions with the CBDAs as regards their work and finally to c) to ensure that standards of service provision were being upheld. This is an ongoing activity that is collaboratively conducted by the Ministry of Health and the project.

#### **Results:**

- 38 CBDAs (14 in Karonga, 21 in Mangochi and 3 in Chikhwawa respectively) and 9 DMPA providers were visited.
- Condoms were in short supply. Those that were carried to replenish the stocks of CBDAs were not enough to go around.
- For Mangochi, the target was to supervise 26 CBDAs in the two zones; however, only 21 CBDAs (11 females and 10 males) were supervised. Five were not present at their homes when the supervision team visited them.
- 7 out the 21 (33%) supervised CBDAs had challenges with completing the registers while 10 (48%) maintained well documented registers and the rest (4) had minor challenges in register documentation.
- All CBDAs having challenges with documentation were assisted by the team on spot.
- In Karonga HTC kits were in short supply at health facilities, for example, CBDAs got 10 kits only

#### **Comments:**

- It is encouraging to note that CBDAs continue to work hard.
- In Mangochi, a checklist that had been recently developed by the district team made supervision easy and a successful venture.
- Review meetings that followed soon after the supervision, allowed an exhaustive discussion of all the challenges observed during the supervision to take place while memories were fresh.

## 2.12 Conducting DMPA supervision

The DMPA supervision was done in Phalombe, Chikhwawa and Karonga. This was done to monitor progress of the DMPA services being provided. In the month, DMPA supervision was conducted in Phalombe, Chikhwawa and Karonga

### Results:

- 12 DMPA providers were visited (4 in Chikhwawa and 8 in Karonga respectively).
- DMPA stock outs for example, Sapporo Health centre reported DMPA stock outs for 3 days during the time of visit.
- 40 HSAs (36 male and 4 female) were supervised (Phalombe)

### Comments:

- Good record keeping and checklist being used for client eligibility
- HSAs refer clients to health centers for LTPM other methods

## 2.13 Conducting HTC Supervision

HTC supervision was conducted in Phalombe, Chikhwawa and Karonga to assess HTC services in the community where the CBDAs were already working.

### Results:

- In Chikhwawa 2 HTC counselors were visited
- In Karonga, 3 HTC counselors ( 2 females and 1 male) were visited

The following are some of the challenges that were identified were:

- In Chikhwawa the HTC counselors were not offering services due to lack of testing reagents and clients were being referred to the nearest health center for testing.
- In Karonga, HTC CBDAs reported that they were having challenges when ordering test kits from health centers.

### Comments:

- More people in the communities are willing to be tested.
- HTC counselors were motivated with supervision and they look forward to regular supervision

## **2.14 Distribution of teaching aids and modified registers for CBD activities**

In the reporting month, the project distributed Kabanja flip charts (teaching aid for FP service provision) and modified DMPA register for record keeping. The teaching aids were distributed to seven of the eight target districts. The rest will be delivered to the remaining district Karonga in due course.

### **Results:**

- Over 1,000 flip charts and 700 registers distributed

### **Comments**

- The Kabanja flip chart as a teaching aid will assist the CBDA during family planning motivation talk and counseling at community level.
- Modified CBD register provides adequate space for records especially HSAs who have many DMPA clients per month.

## **2.15 Conducting National Level Dissemination of FP/HIV Integration Study Findings**

CFPHS collaborated with the Reproductive Health Unit and other FP SRH partners to conduct a national level dissemination meeting of SRH policy/guidelines documents and research studies. CFPHS co-funded the meeting and disseminated the FP/HIV/AIDS integration study results.

### **Results**

- The following documents were disseminated:
  - Results of the rapid assessment on SRH/HIV/AIDS linkages by FPAM,
  - evaluation of the DMPA pilot by FHI,
  - The national reproductive health and rights policy;
  - The RAPID advocacy tool.
- About 90 Participants from private and public sectors including representatives from all the District health offices attended the meeting.
- Stakeholders agreed on the need to move the integration of SRH and HIV & AIDS services agenda forward.
- FHI reported the success of the DMPA pilot; the study showed that HSA provision of DMPA is: acceptable, safe, expands access to family planning; and that clients are satisfied with it. Most providers, supervisors, CBDAs and HSAs support continued HSA provision of DMPA
- Stakeholders agreed on scaling up the DMPA initiative to the rest of the districts.

### **Comment**

- FPAM and CFPHS will continue to collaborate on the next steps regarding integration of SRH and HIV & AIDS services. An Integration steering committee meeting is scheduled for next month to map out the next steps to addressing the gaps identified in the study findings.
- The methodology of scale up of DMPA initiative will be discussed at the next Family Planning Technical working group meeting in August 2010.

### **3. Other program related activities**

#### **3.1 Participating in the XVIII International AIDS Conference**

CFPHS was represented at the XVIII International AIDS Conference which was conducted from the 18<sup>th</sup> to the 23<sup>rd</sup> of July 2010 in Vienna, Austria, by the HIV&AIDS Advisor. The HIV Advisor attended together with the MOH counterpart from the HIV Unit. The HIV Unit is playing a critical role in supporting the door to door HTC services. The theme of the conference was “Rights here Right Now”. The conference featured programme activities to build the bridges between the science, community and leadership programmes and to generate action and commitment from conference delegates and members of the public.

##### **Results**

- Activities at the conference included plenary sessions, workshops, sessions, programme activities i.e. performances and screenings in the Global Village, satellite meetings and poster presentations.
- CFPHS made a poster presentation titled “Bringing HIV Testing to the doorstep”.
- Other notable events at the conference included;
  - Keynote address by former President Bill Clinton on his commitment against HIV&AIDS through the CHAI.
  - Results of the CAPRISA Trial on the effectiveness of microbicides HIV prevention were shared at the conference.
  - The Vienna Declaration was signed; this is a scientific statement seeking to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies.

##### **Comments**

- The conference provided a lot of opportunities for learning through the different presentations and exhibitions.

#### **3.2 Monitoring Utilization of Contraceptives and HTC tool kits**

These activities were conducted in Phalombe district during the reporting month. The activities were done to monitor utilization and replenishment of contraceptives and test kits for community. These activities were done through supervision.

**Results:**

- HTC coordinator, HTC supervisors and Pharmacy assistant (3 male) conducted monitoring utilization replenishment of test kits for community HTC.
- All the HTC reagents are available in the community

**3.3 Annual DIP Review meeting**

Annual DIP meeting in the month was done in Balaka where MSH presented its annual achievements, challenges and future plans. MSH also presented the challenges faced during the period including late reporting or none reporting of activities from Programme Coordinators and H/Fs.

**3.4 Participation in World Population Day Activities**

CFPHS in collaboration with Knowledge for Health project conducted a one day seminar on knowledge exchange as a build up to the World Population Day activities. The aim of the seminar was to bring to light the key role that family planning data and knowledge exchange plays in FP programming and subsequently the control of population growth.

**Results:**

- Fifty three people from both public and private sector including development partners and selected DHOs attended the meeting.
- Service providers from the community to the National level i.e. CBDAs, HSAs, Health centre, District Hospital and the Reproductive Health Unit displayed their work and the type of data they handle at their particular level.
- Three presentations focusing on the relationship between population issues and development were made by the ministry of Development Planning and Ministry of health - Reproductive Health Unit.
- Management Sciences for health, K4H demonstrated to the participants on: how to access the Global and Malawi K4Health tool kits at [www.K4Health.org](http://www.K4Health.org) / [www.K4Health.org/Malawi](http://www.K4Health.org/Malawi); and data collection by CBDAs using Frontline SMS.

**Comment**

- The seminar brought together different sectors (public and private) and each sector's role was discussed. Worth noting was the initiation of a discussion on the role that the ministry of development planning and cooperation can play in promoting contraceptive security; and the role faith based organizations can play in the reduction of reproductive health related morbidity and mortality especially among the youth

- Participants felt that the knowledge exchange is a good initiative and a number of good suggestions were made which will be seriously taken on board i.e. need for strong links with permanent structures i.e. Technical Working groups, Health regulatory bodies and training institutions.

#### **4. Major Challenges:**

- Stock outs of test kits
- CBDA drop outs in Salima district to join the teaching profession.

#### **5. Major activities planned for August 2010**

- Airing of the radio drama
- Conduct DMPA Training
- Conduct CBDAs training in HTC door to door and nutrition
- Conduct CBDAs, SDM, DMPA and HSAs supportive supervision
- Monitor utilization of contraceptives and replenishment of test
- Convene a meeting for the integration steering committee in collaboration with FPAM to map out the next steps for the FP/HIV integration agenda.
- Conduct an inventory of the Health assistants' post basic trainings.