

CFPHS Monthly Report – August 2010

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

August 2010

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

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Monthly Report for August, 2010

1. Main Activities

The main activities in the month ended included: (1) Conducting DMPA Training (2) Conducting CBDA HTC Training (3) Conducting CBDA Review Meetings (4) Conducting HTC Quarterly Review Meeting (5) Distribution of Registers and integrated tally sheets (6) Conducting CBDA Supportive Supervision (7) Conducting DMPA Supervision (8) Conducting Standard Days Review Meeting (9) Conducting LTPM providers Supervision (10) Conducting HTC Retrospective Data collection (11) Conducting HTC Supervision (12) Conducting listening club review meetings (13) Conducting community drama review meetings (14) Conducting open days (15) conducting Clinic Talks and other project related activities.

2.0 Accomplishments

2.1 Conducting DMPA Training

In the reporting month, DMPA trainings were conducted in Balaka, Nkhotakota and Phalombe. These trainings were done using the ceiling increase funds that will make it possible to increase access to community DMPA by training more Health Surveillance Assistants in the provision of DMPA. The project targeted HSAs based in the hard to reach areas.

Results:

- A total of 88 HSAs and 9 supervisors were trained in the provision and supervision of community DMPA respectively.
- Each of the trainees had time to do a practical which enhanced their skills.
- Post-test results were comparing very favorably against pre-test results indicating knowledge gain
- The latest training brings the total number of HSAs and supervisors trained to 887 and 117 respectively.

Comments:

- The training that was going on in Phalombe accorded the visiting delegation from West Africa (AWARE II) to observe the training in session. This allowed the delegation to learn what goes into organizing and training community DMPA providers training.

2.2 Conducting CBDA HTC Training

CBDA HTC Trainings were conducted in Kasungu, Mangochi and Salima in the reporting month. The venue for the Kasungu and Salima trainings was Mponela Primary Health Care Centre in Dowa District. The Mangochi training was done in Mwanza. These trainings are part of the ceiling increase funds that have made it possible for the CFPHS to increase the number of HTC CBDAs from a previously practicing figure of 76. In Salima, the training started on the 30th of August and will run into September. The training to provide HTC is competence based. Only those that pass competence testing examinations are allowed to practice.

Results:

- Out of the 20 CBDAs (8 female, 12 male) selected for training in Mangochi, 16 (7 female, 9 male) passed the competence examinations and are allowed to practice.
- In Kasungu, all the 19 (2 female, 17 male) CBDAs selected for the training passed competence examinations.
- Results for the Salima training will be reported in the next reporting period.
- From the completed trainings in the month, a total of 35 (9 female, 26 male) HTC CBDAs have been successfully trained.

Comments:

- The project will employ more stringent selection criteria to ensure that CBDAs selected for training are able to pass competence examinations.
- Training CBDAs away from their districts was helpful as there were less distractions and more time for the training.

2.3 Conducting CBDA Review Meetings

CBDA review meetings were conducted in Chikhwawa, Mangochi, Salima and Kasungu. In Kasungu the review meetings were aimed at understanding the reasons for CBDAs dropping out. Kasungu has one of the highest CBDA dropout rate. In Mangochi, the review meetings were meant to motivate the CBDAs to continue providing services in the communities. In Chikhwawa, the review meetings were done as part of the newly implemented monthly CBDA Review meeting meant to encourage the increased reporting of FP data.

Results:

- In Chikhwawa, 85 CBDA (35 female, 50 male), 28 (3 female, 25 male) HSAs as primary supervisors and 10 Medical Assistants/Nurses as secondary supervisors participated in the review meetings.
- In Mangochi, 30 (13 females, 17 males) of the planned 46 CBDAs were reached. These review meetings also reached 11 primary supervisors and 8 secondary supervisors.

- 53 CBDAs were reached in Kasungu. The review meetings established that there were 10 drop outs in the two TAs where the review meetings took place.

Comments:

- The monthly CBDA review meetings will allow the project to keep up to date records of the number of active CBDAs.
- These meetings will also help motivate the CBDAs as they will be a source of income for the CBDAs.

2.4 Conducting HTC Quarterly Review Meetings

An HTC Review meeting was conducted in Chikhwawa in the reporting month. The purpose was to encourage dialogue between the HTC counselors and their supervisors. The meeting was held on the 3rd of August at Chikhwawa Boma.

Results:

- 7 HTC CBDAs (1 female, 6 males) attended the meeting
- A total of 428 clients were tested in the past 4 months prior to the review meeting.
- The meeting was used as an opportunity for collecting retrospective data disaggregated by age.
- 3 HTC Counselors have dropped out from the program.

Comments:

- The project has bought bicycles to ease transportation for the CBDAs, which was mentioned as one of the major challenges in the provision of HTC Services.

2.5 Distribution of Registers and integrated tally sheets

In order to aid data collection and record keeping in the program, registers and integrated tally sheets were distributed in Balaka and Mangochi respectively. The distribution of registers in Balaka targeted the newly trained DMPA providers. These providers had been deployed without registers as these registers had not been delivered from the printer by the time the training session was concluding.

Results:

- In Mangochi, the integrated tally sheets were distributed to 40 CBDAs.
- 25 registers were distributed to the newly trained HSAs

Comment:

- Existing MoH structures were useful in the distribution process of the materials. This is due to the very good relationship that the project has established with the Ministry of Health in the districts.

2.6 Conducting CBDA Supportive Supervision

CBDA supportive supervision was conducted in Chikwawa, Karonga and Kasungu. In Kasungu, the supervision focused on following up of CBDAs that had dropped out. This was done to gain a greater understanding to the high dropout rate experienced in the district. In Chikwawa and Karonga, the supervision was meant to mentor the CBDAs and replenish their supplies.

Results:

- In Karonga, 11 CBDAs were supervised
- Interviews were conducted with 2 project dropouts in Kasungu. Information about other drop outs came from primary supervisors. Those CBDAs that are not gainfully employed expressed interest in re-joining the program: The reasons that were cited were lack of incentives and others secured paying jobs i.e. teaching.
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- 24 CBDAs were supervised in Chikwawa.
- In Chikwawa, while all the CBDAs supervised were able to provide services to clients, 58% of the CBDAs were providing outstanding services to the client according to the standard supervision checklist.

Comments:

- Condoms are still not readily available as dual protection for FP clients.

2.7 Conducting DMPA Supervision

DMPA Supportive supervision was conducted in Chikwawa and Karonga districts in the month. Like CBDA Supervision, DMPA supportive supervision was conducted with the aim of mentoring the HSAs as well as replenishing DMPA supplies.

Results:

- 16 DMPA providers were supervised in Chikwawa
- 18 DMPA providers were supervised in Karonga

Comments:

- Condoms as a backup method are not readily available

2.8 Conducting Standard Days Method Review Meeting

Standard Days Method (SDM) review meetings were conducted in Karonga. The aim of the review meeting was to review progress of standard days method provisioning in the district. The meetings were held in the different catholic parishes of the district.

Results:

- 34 (17 female, 17 male) providers attended the review meetings
- The providers are very motivated to provide the method

- 400 cycle beads were distributed during the review meetings

Comments:

- There is a great deal of interest in the provision of SDM by the providers. The project has started data collection efforts in order to determine the popularity of the method.

2.9 Conducting LTPM providers Supervision

In the reporting month, supervision of long term and permanent methods was done in Salima. The aim of the supervision was to encourage those that were trained in LTPM methods to put their knowledge into practice as they risk losing skills if they do not practice.

Results:

- 9 providers were supervised.
- 1 provider is not practicing as she does not feel competent enough to provider services
- Supervision revealed that there was no Jadelle provision in the past two months as a result of stock out of Lignocaine, a local anesthetic used in the process of inserting implants.

Comments:

- Supply of Lignocaine has been restored and Jadelle provision resumed. Makion health centre was found to be a star performer in the provision of Jadelle.

2.10 Conducting HTC Retrospective Data collection

HTC retrospective data collection has been planned in order to facilitate the collection of HTC data disaggregated by age. Before FY3, HTC data was collected disaggregated by gender only. New PEPFAR indicators require that this data be disaggregated by age as well.

Results:

- Data was collected in Balaka.
- All the 11 HTC CBDAs were visited where the FP Coordinator and one MSH staff went through the registers.

Comments:

- All data will be collected by the end of the year.

2.11 Conducting HTC Supervision

HTC supervision was conducted in Karonga during the reporting month. HTC Supervision comes in the backdrop of scarce reagents. The supervision was meant to

mentor the CBDAs, and reassure them that the problems being faced in the supply management of reagents is being looked at.

Results:

- 5 HTC CBDAs were supervised
- Reagents are still in short supply

Comments:

- There is continued community interest in the programme. The project will continue to lobby for better supply chain management for reagents.

2.12 Conducting Listening Club Review Meetings

The main activity for the listening clubs in the month of August was the review meetings. These review meetings were conducted in all the 8 districts with all the club leaders. The aim of these review meetings was to discuss and find solutions to the challenges faced during the previous airing of radio programs. During the meetings the club leaders were also refreshed with basic knowledge of Family Planning, Gender Based Violence (GBV), Club Leadership and Management and report writing.

Results:

- The following issues came out of the review meetings:
 - Club leaders reported that in Communities where the listening clubs are, people are now having accurate information on family planning, HIV/AIDS, STIs and GBV,
 - Club leaders also felt that there was an increase in number of people accessing family planning and HIV AIDS services from CBDAs, HSAs and Village Health Committees.
 - It was also encouraging to hear that there is good support from community stake holders in Balaka and Mangochi as some religious leaders and groups have started to participate in family planning activities.
 - Some clubs especially in Karonga, Kasungu and part of Balaka were not able to tune in to Zodiac because of poor reception in their areas.
 - The clubs would like to conduct more open days in their areas.
- The first episode of the radio drama was successfully re-aired on 25 August 2010 on MBC Radio 2. Two spot checks to see how the clubs have started listening to the programs were carried out in Salima district and patronage was good and the clubs reported good reception of MBC Radio 2 FM.
- Discussion guides for episodes 1 – 15 were distributed to all the clubs during the review meetings.

Comments:

- The project will conduct frequent supervision of clubs to further motivate them. It will also facilitate more open days and encourage the participation of different stakeholders.

2.13 Conducting Community drama Review meetings

Review meetings for all the 24 community drama troupes were conducted in all the 8 districts. The aim of these review meetings was to review how the clubs had performed in the last 8 months, and to address issues affecting their performance and refresh their knowledge on family planning. As a way of assessing the performances, the drama clubs were asked to perform during the meeting and all areas which needed improvement were discussed. Community drama performances will start in September and run concurrently with radio drama, and the clubs will be performing two shows a month.

Results:

- The drama club members would like to have IEC materials like pens and T shirts to distribute during performances
- Some chiefs do not publicize the performance because they demand money from the groups; such expectations have arisen from other NGOs providing of monetary incentives.

Comments:

- Drama troupes should be performing in venues which are closer to their areas to avoid incurring travel costs that may not be reimbursed by the project
- Chiefs should be involved during different project meetings for them to fully understand the project
- The drama clubs should plan and share their work plans with the CBDA in good time to allow CBDAs to participate more fully.

1.14 Conducting Open Days

During the month three open days were conducted, one in Chikhwawa and two in Karonga.

Results:

- A total of **5755** people (**2845** males and **2910** females) attended these open days.
- During one of the open days in Karonga a total of **38** people (**26** males and **12** females) were tested for HIV and no positive results were recorded

Comment:

Only a few open days were conducted this month since there were review meetings for Listening Clubs and drama troupes.

2.15 Conducting Clinic Talks

During the reporting month of August one clinic talk was conducted in Karonga. Activities by one of the Listening Clubs in the catchment area spiced the activity by performing a drama and songs.

Results:

- The total number of people who attended the clinic talk was 41 (**13** males and **28** females).

3.0 Participating in Other project Related Activities

3.1 Lesson learning visit by DAPP Total Control of the Epidemic (TCE)

A lesson learning visit was conducted in Phalombe by DAPP's Total Control of the Epidemic (TCE) program. The objective of the visit was to learn on the implementation of Door to Door HTC through the use CBDAs.

Results:

- The TCE program visited a CBDA conducting HTC at community level
- Implementation modalities of the door to door HTC such as reporting, supervision, restocking, and quality assurance were discussed.
- Lessons learnt, challenges faced in implementation were discussed.

Comments:

- The visiting team was impressed on how the CBDAs conduct the door to door HTC.

3.2 Preparation for AWARE 11 study tour

Preparations for the AWARE II included advance party visits and communication with MoH, RHU and districts where field visits were to be conducted. A trip was made to Nkhotakota District Hospital, Nsenjere health center and Matumbi village. Meetings were held with DHMT members, health center staff and community health workers in the Community Based FP and HIV/AIDS services program. District profiles were updated, HSA providing DMPA and CBDA in the community were informed of the visiting team.

Results:

- 2 Districts were identified and made ready with presentations and activities for the visitors to learn on community based FP.

Comments:

- The preparations did not require too much input as the health workers have been practicing these skills for a long time now.

3.3 Participating in District Implementation Plan (DIP) Review Meeting

In Nkhotakota, the project participated in a DIP review meeting represented by the District Coordinator. The meeting was conducted from 27th -28th August 2010 at DHO Conference Room. Present at the meeting was Nkhotakota DHMT, all the Coordinators of different programmes and in-charges of health centers and other stakeholders. The objectives of the meeting were to: share the approved 2010/11 DIP budget; Assess DIP activity implementation status; provide financial report and link DIP implementation with programmes. All coordinators made presentations of their programmes and at the end of each programme the meeting discussed the presentation. The Family Planning Coordinator was one of the presenters .She presented a well prepared power point presentation. It was pleasing to note that the Contraceptive Prevalent Rate is increasing in the district moving from 30% in 2009 to 40% in 2010. The Family Planning Programme set a target of 40% last year which has been achieved. It was also noted that among the planned activities last year in family planning, only activities funded by MSH were implemented. The DHO did not fund any planned activity in family planning and they have pledged to fund the activities in this fiscal year.

Results:

- It was observed that family planning programme is among the programmes which are doing well with the help of MSH and its community based project.
- Nkhotakota as a district is not doing well in drug and medical supplies because of the debts owed at Central Medical Stores (CMS).
- MSH is a leading partner in family planning and child health activities.
- The MSH District Coordinator also took this opportunity to brief the meeting on the updates on CBDAs new honoraria and bicycles supply and the DHMT welcomed the new development. However, the DHMT expressed concern over sustainability of this initiative.

Comment:

- The DIP provided an opportunity for the districts' self assessment against established indicators.
- The program will continue to engage the DHMT and District Executive Committee on ways of sustaining the incentives.

3.4 Facilitating AWARE II Study Tour

A team from the AWARE II project implemented in four West African countries (Burkina Faso, Sierra Leone, Togo,) and an official from the West Africa Health Organization, visited Malawi to learn from the MSH implemented Community Based Family Planning and HIV/AIDS services project. The main focus was to learn about the introduction and roll out of the administration of injectables by community health workers in particular the Health Surveillance Assistants. The tour included meetings at RHU, USAID and MSH in Lilongwe. This was followed by field visits to Nkhotakota, where the visiting team had an opportunity to visit a CBDA and an HSA providing FP services. In Phalombe the team visited a CBDA providing HTC services, a drama club and also observed a DMPA training session. The team finally reviewed and accessed DMPA training materials and FP IEC materials. A debriefing meeting was held at RHU on day five to share field experiences.

Results:

- 13 participants from Burkina Faso, Sierra Leone, Togo, and West Africa Health Organization, attended briefing/orientation meetings at RHU, USAID and MSH offices in Lilongwe.
- Participants had the opportunity to ask questions related to the community provisioning of family planning and HTC Services. The project in collaboration with the visited communities gave responses to the many questions that were asked.

Comments:

- The questions that were asked by the visiting delegation highlighted the amount of work and the hurdles that the project had to overcome in order to make FP services available in the communities. The project is proud of the achievements made so far.

3.5 Participating in a USAID Funded monitoring and evaluation training workshop

The workshop was organized by USAID in collaboration with Centre for Disease Control and Peace Corps. The workshop took the format of presentations on selected topics. The purpose of the workshop was to review general monitoring and evaluation process with regards to USAID, CDC, Peace Corps; introduce best practices in monitoring and evaluation including standardized monitoring and evaluation tools and develop a working group of people who will share experiences and therefore enhance best practices in M&E.

Results:

- The workshop was well patronized; the participants included M&E practitioners from various organizations including Concern World Wide, Total Land Care, Wellness in Agriculture for Life Advancement (WALA), Malawi Blood Transfusion, and Catholic Relief Services.
- The workshop provided a forum where organizations reviewed their M&E systems with regards to USAID, CDC and Peace Corps standards.
- It provided a bench mark for learning with regards to the best practices in monitoring and evaluation vis-à-vis project/programme planning monitoring and evaluation, data quality assessments; effective, efficient and timely reporting.
- The workshop provided a forum where M&E professionals would interact and share evidence based and practical experiences with regards to monitoring and evaluation.

Comments:

- The workshop contributed towards enhancing knowledge and skills in best practices in monitoring and evaluation.
- Based on the presentations and discussion conducted, it was observed that the organization's (MSH) M&E system is in the right track with regards to following the USAID M&E standards.

3.6 Participating in SWAP Review Meeting

The Nkhotakota District Coordinator attended the SWAP review meeting which was held at Livingstonia Beach Hotel in Salima from the 25th to 26th August 2010. This was the Sector Wide Approach (SWAP) review meeting for the Central East Zone where Nkhotakota DHO belongs. The objectives of the meeting were: to review achievements made on indicators during the 2004 -2010 implementation period; to review progress in implementation; to identify challenges, propose and ratify key strategic intervention and share the road map for the development. The meeting was attended by the Chairperson of the Health Donor Group; Director of SWAP, Deputy Director of Reproductive Health, Central East Zone Supervisor, WHO Representative , DHMT from Nkhotakota ,Salima , Dowa, Ntchisi , and Kasungu. Performance in all the pillars¹ was discussed.

Results:

- The meeting appreciated the role that USAID and MSH are playing in contributing in achievements of good indicator results.
- The MSH DCs had opportunity to share and interact with other stakeholders within the district and from other districts.
- The meeting also appreciated the role MSH plays in meeting the goals maternal and child health programs.
- The meeting also encouraged the DHMT to start or continue to move services towards community based provisioning

- All the districts owe the Central Medical Stores significant amounts of funds and therefore cannot order all their drug and medical supply requirements.
- Nkhotakota is not performing well in most of the pillars and indicators except in increase of Contraceptive Prevalent Rate and decrease of malaria episodes in under 5s.

Comment:

- It was interesting and encouraging to see that most of the programmes in which MSH is involved are doing well.
- Zone /SWAP review meetings are important meetings where one can see the performance status of the district hospitals concerned.

4.0 Challenges

Stock out of test kits

The problem of stock out of test kits has adversely affected the ability of the project to reach more clients with HTC services. The problem still continues, with some health facilities running without test kits for over 3 months.

Stock out of Lignocaine

Lignocaine, a local anesthetic, is used when implanting Jadelle. This product was stocked out in Salima district in the reporting month. This affected the number of implants that could be made.

5.0 Activities planned for September 2010

- Support CBDA review meetings
- Monitor contraceptive security in the districts
- Distribution of supplies; bicycles, drug boxes, and back packs
- Supportive supervision for FP services in the districts
- Conduct HTC trainings
- Conduct meetings with DEHOs on waste management
- Conducting open days
- Community drama performances
- Training of private sector providers
- Listening club activities
- Clinic talks
- Development of discussion guides for episodes 16-26

ⁱ (Pillar 1 - development and management of human resources for health; Pillar 2 - drug and medical supplies; Pillar 3 - Essential Basic Equipments Infrastructure and Rehabilitation, Transport and Referral System , Pillar 4 - Community participation and inter-sectoral collaboration ,Pillar 5 - infection prevention ,TB and HIV and Pillar 6 - maternal and child health and malaria episodes)