

## **CFPHS Monthly Report – October 2010**

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

October 2010

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

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Monthly Report for October 2010

## 1.0 Main activities

The main activities for the month included: (1) Conducting CBDA Review Meetings (2) Conducting HTC Training (3) HTC Training Supervision, (4) Conducting feedback meetings on HTC training supervision, (5) Conducting Door to Door HTC sensitization (6) Conducting door to door HTC supervision (7) Conducting HTC Review Meetings (8) Conducting LTPM providers Supervision (9) Conducting LTPM providers review meetings (10) Conducting supervision of SDM providers (11) Conducting supervision of DMPA providers (12) Conducting facilitative supervision of Health Facilities (13) Conducting radio listening club activities (14) Conducting community drama performances (15) Conducting clinic Talks (16) Conducting open days, (17) Collaboration with Muslim Clerics.

## 2.0 Accomplishments

### 2.1 CBDA Monthly Review Meetings

CBDA review meetings were conducted in Mangochi, Kasungu, Phalombe, Salima, Karonga and Nkhotakota districts. Balaka and Chikwawa districts failed to conduct the meetings due to delays in funding as the financial audit exercise was taking place around the scheduled period. The purposes of the review meetings were to review progress of the community based intervention with regard to oral contraceptives, condom distribution and provision of HTC services. This meeting was also used as a conduit for the disbursement of the honoraria to the CBDAs. The honorarium is meant to assist the CBDAs with bicycle maintenance.

#### Results:

- A total of 444 CBDAs were reached (259 males and 185 females) in the six districts.
- Experiences and challenges on the CBDA work were discussed during the meeting.
- The meetings provide an opportunity for collection and reviewing of monthly data from CBDAs.

- In Karonga, bicycles were distributed to the CBDAs that did not receive the bicycles from the previous consignment.

**Comments:**

- The introduction of the honoraria is keeping the CBDAs well-motivated.
- Chiefs are proving to be very supportive.
- The project will work with the communities to explore ways of ensuring that CBDAs remain motivated.
- With the distribution of bicycles it is more likely that CBDAs will be attending review meetings and also submitting their reports in time.

**2.2 Conducting HTC Training**

HTC training was conducted at Mponela PHC for CBDAs from Salima in the reporting month. This was a second training session conducted at district level. The main objective of the training was to equip participants with knowledge and skills in order to provide counseling and testing services to clients.

**Results:**

- A total of 21 CBDAs (14 males and 7 females) were trained.
- 18 out of the 21 participants successfully completed the training.

**Comment:**

- The Lilongwe DHO and Lighthouse clinic were supportive in the trainings as they provided a conducive environment for the practicum sessions of the training. All the participants managed to test the recommended number of clients.

**2.3 Conducting HTC training supervision**

The HIV Advisor conducted a supportive supervision for HTC training for CBDAs in Balaka which is being conducted at Mwanza PHC center. The three week-long training for the 20 HTC CBDAs started in the month on the 25<sup>th</sup> and will run up to the 12<sup>th</sup> of November 2010.

**Results:**

- The DHO for Mwanza was available at the opening of the



DHO Mwanza opening HTC Training

training and he encouraged the participants to work hard so they complete successfully.

- All the required five trainers were available for the training, and a brief meeting was conducted with the facilitators to discuss the approach to be taken on the training.
- The 20 CBDAs will undergo two weeks of training in class and a one week practicum at Mwanza DHO.

**Comment:**

- The DHO commended the CBDAs for their existing role in providing FP services in the communities and also encouraged them to work hard during the trainings so they can be qualified as HTC counselors.

**2.4 Conducting feedback meetings on HTC training supervision**

Two feedback meetings were held as a follow-up to the HTC training supervision visits that were conducted by the USAID HIV Prevention Specialist and HTC Officer from the HIV Unit of the MoH. The discussions in the two meetings were based on the reports that were compiled from the two supervision visits of the trainings in Mponela and Mwanza PHC centers.

**Results:**

- The HIV Prevention Specialist shared his impressions from the supervision visit; and he gave recommendations such as to restricting the number of participants at a time to avoid congestion in terms of accommodation.
- The HTC officer from the HIV Unit also shared his observations and made recommendations on improving the quality of HTC training outputs i.e. intensifying coaching during trainings.
- One of the common observations was that the trainers needed to use both English and the local language to ensure that the participants are able to grasp the material.

**Comments:**

- The supervision and feedback on the trainings will help to improve the quality of HTC trainings that the project provides for the CBDAs. The project will work to improve the HTC trainings based on the recommendations made.

## **2.5 Conducting Door to Door HTC Sensitization meeting**

Door to door HTC sensitization meetings were conducted in Mangochi district. The sensitization meetings were conducted in Traditional Authorities Katuli and Mpitato to introduce and present two of the 19 recently trained HTC CBDAs

### **Results:**

- A total of 2,555 people (1,040 males and 1,515 females) attended the two meetings.
- The two recently trained CBDAs provided HTC services to 22 people (13 males and 9 females) during the activity; 2 people were found positive (1 male and 1 female) and were referred to Katuli health centre for related services.

### **Comments:**

- More meetings will be conducted to introduce the remaining 19 CBDAs in their catchment areas.
- These CBDAs will be attached to the nearest health centre for one month to gain competency before being deployed to their catchment areas.

## **2.6 Conducting HTC door to door Supervision**

HTC supervision was conducted in Kasungu, Karonga and Phalombe districts in the reporting period. The supervision was conducted to monitor the quality of service provision and to replenish HTC supplies.

### **Results:**

- 26 HTC CBDAs (18 males and 8 females) were supervised in Kasungu and Phalombe.
- Documentation of the HTC registers was reviewed. Test kits were checked for expiry dates and it observed that the documentation in the registers was properly done.

### **Comment:**

- Health facilities continue to experience irregular HTC supplies. However, there are more supplies coming.

## **2.7 Conducting HTC review meeting**

An HTC review meeting was conducted in Nkhotakota and Karonga districts to discuss the referral system, submission of monthly reports, proficiency testing and the HTC counselor's network association.

### **Results:**

- 29 CBDAs attended the meeting (21 males and 8 females)
- CBDAs were reminded of the importance of referring clients found positive for HIV related services.
- A new referral form recommended by the Ministry of Health was reviewed and included more areas like referral to Post Test Clubs, PLWA Association, FP, STI, Hospital/Clinic, Home Based Care (HBC), Social Welfare and the usual services such as, TB, PMTCT and ART.
- The importance of quality and timely reporting was also discussed.
- HTC CBDAs were encouraged to participate in the proficiency testing.

### **Comments:**

- HTC CBDAs have proved to be an important human resource for the MoH as they are often called upon to fill in for Health facility testing personnel.

## **2.8 Conducting LTPM providers Review Meeting**

The Long Term and Permanent Methods providers review meeting was held in Chikhwawa with Jadelle providers. The aim of the review meeting was to share experiences, success stories and challenges during the period, and also to provide feedback on service data to the providers.

### **Results:**

- 21 providers were reached through the review meetings in Chikhwawa.
- Lack of materials like buckets, scalpel blades, bowls and forceps was reported.

### **Comments:**

- The project will continue to sensitize the communities on the benefits of long term methods.

## **2.9 Conducting LTPM providers Supervision**

Supervision visits to health facilities were done in Mangochi in the reporting month. The supervision was aimed at checking the quality of services provided and to mentor providers. A checklist was used as a supervision tool.

**Results:**

- 10 out of the 22 providers were supervised in Mangochi.
- In Mangochi, only 2 of the 10 facilities supervised have their own working sterilizers while the rest depend on the Mangochi district hospital to sterilize their equipment.
- 5 of the 10 facilities supervised have no running water in the insertion rooms.
- All providers demonstrated that knowledge retention was high.

**Comment:**

- 6 providers have been transferred out of the district, and one left for further studies.
- The remaining three facilities will be supervised in the next month.

## **2.10 Conducting Supervision of SDM providers**

Supervision of providers for Standard Days Method was done in Mangochi in the reporting month. This activity was aimed at conducting discussions with providers about the newly introduced reporting system. It was also aimed at mentoring the providers and providing relevant support to providers.

**Results:**

- 6 SDM providers (4 males and 2 females) were supervised.
- It was found out that priests are getting involved in reaching more people with the standard days methods. This was encouraging as priests are opinion makers.
- There was proper documentation of services provided.
- 50 Cycle Beads were distributed during the supervision.

**Comments:**

- The project will encourage the participation of the church leadership in information dissemination about standard days method.

## **2.11 Conducting supervision of DMPA providers**

Supervision of DMPA providers was done in Salima and Karonga during the reporting period. The aim of the supervision was to monitor DMPA supplies and to strengthen DMPA provision at community level.

**Results:**

- 21 DMPA providers (15 males and 6 females) were supervised
- In Salima, 6 of the supervised 10 providers did not have DMPA
- In Karonga, initial DMPA supplies and drug boxes were issued and HSAs also obtained condoms to be given as back up method

**Comment:**

- The project will continue to monitor stock levels of DMPA.

## **2.12 Conducting Facilitative Supervision of Health Facilities**

Facilitative supervision of health facilities was conducted in Nkhotakota in the reporting month. This facilitative supervision is meant to be a forum for interaction between the district health office and the health facilities. The health facilities are a crucial link for the success as well as sustenance of the CBDA approach. Some of the issues that were discussed included submission of quality reports on time support to CBDAs and restocking of CBDAs.

**Results:**

- 17 of the 22 Health facilities were visited
- Monthly reports were collected from all the 17 health facilities visited.
- Transportation problems affected restocking of commodities in health facilities.

**Comment:**

- It is encouraging to note that reports are prepared on time. Transportation strategies will be put in place to facilitate transportation of drugs and reports.

## **2.13 Conducting radio listening club activities**

Radio listening clubs activities were conducted during the month of September. The listening clubs in all the 8 districts listened to 3 episodes of the radio drama series. The messages in the 3 episodes were highlighting the effect of GBV, promoting male participation in family planning and highlighting the role of CBDAs in the communities.

**Results:**

- **2, 632** new listeners to the program were reported in the month of September. **1,036** were males and **1,596** were females. The total number including old members that listened to the program is 4,911 (1,926 males and 2,985 females).
- The radio drama is now also being aired on Nkhotakota community radio to ensure maximum coverage especially in areas where there is poor MBC reception.
- The clubs did not listen to one program because of JCE exams, which were being announced on radio 2 fm. This will delay the finishing of the program by one week.
- Fertilizer subsidy coupon distribution has also affected attendance in some clubs especially in Phalombe and Mangochi districts.

**Comments:**

- Due to unforeseeable circumstances, some reports were not collected on time. The figures from these reports will be reported in next month's report.

**2.14 Conducting community drama performances**

In the reporting month all 24 community drama troupes conducted their performances in all the districts. The community drama performances are based on a drama script produced in line with the radio drama series. These are interactive dramas which help translate mass media communication to interpersonal communication. They highlight the different issues surrounding family planning, gender based violence, male involvement and HIV and AIDS.

**Results:**

- **7, 617** people attended these drama shows (**2, 937** males and **4, 680** females)
- Nkhotakota registered the highest number of patrons at the drama shows with a total of **1,482** patrons (**638** males and **844** females)

**2.15 Conducting clinic Talks**

During the reporting month of October, 3 clinic talks were conducted in Phalombe and Nkhotakota districts. Activities by the Listening Clubs in the catchment areas where the clinic talks were taking place spiced this activity by performing drama and songs. The main messages disseminated through the clinic talks were to dispel myths and misconceptions surrounding contraceptive use.

**Results:**

- A total of **387** attended the clinic talks (**35** males and **352** females)

**Comment:**

- The last clinic talk will be conducted in November

## **2.16 Conducting open days**

During the month of October **10** open days were conducted in all the 8 districts. The aim of these open days was to clear myths and misconceptions that negatively affect the use of family planning methods. In addition to disseminating FP messages, HIV testing was provided during all the open days. The open days also provided an opportunity for communities to know more about the activities of the family planning listening clubs. All the open days were attended by different project partners and stake holders both from the community and the district.

### **Results:**

- **19,865** people attended these open days (**9,745** males and **10,120** females).
- A total of **315** people (**109** males and **206** females) were tested during the open days and **17** people who tested positive were referred for further counseling and treatment.
- The number of men attending the open days has increased because of the inclusion of football games during the open days.
- Some open days were negatively affected by the selling and distribution of subsidized fertilizer coupons.
- In Mangochi, there was a funeral in the same village where an open day was conducted; this resulted in a low turn up.
- In Phalombe, Balaka and Mangochi, there were problems in accessing HTC kits which resulted in few people accessing the HTC services.

### **Comments:**

- The project will continue exploring innovative ways to increase male participation in these events.

## **2.17 Collaboration with Muslim Clerics**

The project continued to collaborate with MAM and QMAM to plan for dissemination of the August 2009 conference resolutions to the Ulama and to discuss ways of addressing some of the resolutions. Ulama is a body of Islamic scholars who have jurisdiction over legal and social matters for the Muslims. Two resolutions from the conference included clarification of misconceptions and misunderstandings on Islamic teachings in relation to FP and HIV/AIDS and to develop Islamic- friendly FP and HIV/AIDS IEC materials. The project has so far finalized adapting the Mali FP advocacy tool, and a meeting was held with MAM and QMAM to review the final draft and discuss next steps.

### **Results:**

- The dissemination meeting of the conference resolutions has been tentatively scheduled for the first week of December 2010 with the proposed guest of honor being the Minister of Health.
- MAM and QMAM both liked the FP advocacy tool and feel it will help to clarify misconceptions about Islam and FP and will help to advocate for FP among the Muslims. A few edits were made especially on the quotes from the Quran and layout of the slides.
- The advocacy tool will be disseminated at the Ulama meeting.

**Comment:**

- The conference resolutions will be read and endorsed by the Ulama during the meeting.
- The sheikhs and scholars will then further disseminate the resolutions to the grassroots.
- Disseminating the FP advocacy tool at the Ulama meeting will give chance to the Sheikhs and Scholars to examine the content (Quranic quotes and/or Hadiths) and provide more input before taking the messages to the grassroots.
- CFPHS is collaborating with RHU to identify a guest of honor for the meeting as requested by the MAM and QMAM.

### **3.0 Other Project Related Activities**

#### **3.1 Rolling out of NAC activities in the districts**

In the month, the program conducted several roll-out activities in readiness for the implementation of the NAC –funded activities.

**Results:**

- The advisors worked with the relevant MoH District coordinators for HTC and FP and the District Environmental Health Officer, to come up with an implementation plan for the program activities in Nkhatabay district.
- Meetings were conducted with the Chiradzulu and Chikwawa DHMT to orient them on the project activities.
- A PowerPoint presentation on the project was made for the Nsanje DEC; the DEC members were oriented on the new project activities and welcomed the project.

**Comments:**

- The project will continue to work with the relevant DHMTs to conduct sensitization meetings at area level in all districts where the selection of CBDAs for the program will also be done.

### 3.2 Attending Events Management Meeting

USAID conducted a meeting for its partners on events management. The objective of the meeting was to enhance the ability of the partners to conduct events more efficiently.

#### Results:

- A presentation was made by USAID’s Development Outreach and Communications Specialist on “Events Management”.
- The main objective of the presentation was to inform all USAID implementing partners on guidance, procedures, and necessary requirements when conducting events.
- Partners were also oriented on how to prepare scene setters, press releases, and talking points.

#### Comments:

- The meeting was very useful as it strengthened the partners’ skills in planning and hosting successful events.

### 3.3 Supporting UNFPA Funded DMPA Training in Dedza District

UNFPA requested technical assistance from CFPHS to conduct DMPA training in collaboration with RHU in Dedza, a UNFPA supported district. The training was conducted in October 2010 and the main objective was to prepare HSAs to safely administer DMPA at Community level. Participants’ knowledge was assessed through pre and post-tests.

#### Results:

- A total number of **30 HSAs (23 males and 7 females)** drawn from various hard to reach areas around **12 health centers (5**



A Health Surveillance Assistant counseling a DMPA client during a practicum session

MoH and 7 CHAM facilities) attended the training.

- Five supervisors (3 male Medical Assistants and 2 female Nurses) attended the training and will provide technical and logistical support to the HSAs in the respective catchment areas.
- All participants were successful in the training. Pre test results ranged from 44% to 85% and Post test results ranged from 52% to 96% with an average mark of 79%. A total number of 221 clients accessed DMPA (97 new and 124 subsequent clients) during the clinical practicum.

**Comments:**

- DHMT members were supportive as they were present both at the opening and closing sessions and also by providing support during practicum.
- Clients in Dedza are interested in DMPA as evidenced by the high turn up of clients during the practicum. All participants demonstrated competence as they were able to administer DMPA to clients during training.

**3.4 Conducting USAID joint MSH/MCHIP field visit to Phalombe and Machinga district**

Two USAID staff from Washington, Karen Fogg, Maternal and Newborn Health Advisor and Milly Koyongo working on FP/HIV/MCH Integration visited Phalombe and Machinga districts. The objective of the visit was to monitor progress in the implementation of MSH Community Based FP/HIV/AIDS services program and MCHIP Community/Facility Maternal and Neonatal Health program.

**Results:**

- District Health Officers for Phalombe and Machinga districts presented the district profiles and achievements in the integrated MSH and MCHIP supported activities.
- One HSA providing DMPA at community level was visited by the team; the HSA has a catchment population of 3,827 and 880 women of child bearing age and had seen a total number of 368 clients (79 new and 289 subsequent clients).

**Comments:**

- The providers discussed importance of Post-Partum Family Planning (PPFP) being implemented at the facility, as women access FP services soon after delivery.

- The Community Action Group developed an action plan and proposed solutions such encouraging health care seeking behaviour; discourage home delivery, requested for additional Midwife at the facility, counselling in nutrition, growth monitoring and promotion and family planning motivation.
- It was encouraging to note that despite the HSAs multiple roles in implementing community activities, through guidance, support and regular supervision, the community are accessing services which were not available before (for example, contraceptives at community level and community case management for common childhood illnesses)

### **3.4 Participating in Reproductive Health Commodity Security Strategy (RHCS) Development Workshop**

The project in collaboration with USAID DELIVER and the Reproductive Health Unit initiated a four day workshop on RHCS development which was held in Blantyre. Participants to the workshop included key RH stakeholders from Government and Non-Governmental Organizations including civil society organizations and development partners. The goal of the workshop was to develop a strategy to ensure reproductive health commodity security.

#### **Results:**

- A draft RHCS was developed including Terms of Reference for RHCS Coordinating sub-Committee.

#### **Comments:**

- The draft RHCS was circulated among members for their review and comments before finalization.

### **3.6 Participating in District Level RAPID Dissemination meeting**

The project participated in the Ntchisi district level RAPID dissemination meeting held during the month. RAPID is an acronym which means Resources for the Awareness of Rapid Population Impact on development and is a computer based tool that is used to demonstrate the negative effects of rapid population on different sectors and the benefits of FP programs. The tool was developed by the Ministry of Development Planning and Cooperation with technical support from USAID Health Policy Initiative Project. It was first launched at national level and is now being scaled up to the districts. With the phasing out of HPI, CFPHS provided financial support for the Ntchisi dissemination meeting.

## Results:

- A total of 50+ people attended the meeting including all sectors (agriculture, education, health, economic planning and development, the police, parliamentarians, NGOs, FBOs and traditional leaders).
- The district accepted the RAPID and showed interest to promote FP in the district as they appreciated the effects of rapid population on their district i.e. deforestation.
- The project briefed the meeting on the community based door to door FP and HIV/AIDS services that the project would be implementing in the district with financial support from National AIDS Commission (NAC).

## Comment:

- The RAPID dissemination meeting was a success as it was very participatory. All sectors, including chiefs and the religious people, were given a chance to lead discussions on the effects of rapid population related to their sectors. The District Commissioner and the traditional leaders demonstrated great interest in the coming door to door FP/HIV project and promised to be strong advocates for the initiative.

### 3.7 Participating in Mother's day fun run

The project participated in the Karonga Mothers' Day Fun Run organized by Nation Publications Limited (NPL). The main objective of the event was to source necessary equipment and supplies for the hospital's maternity wards to contribute to improving quality of maternal and child health services; to promote safe motherhood. The fun run is an annual event and Karonga district was selected this year because of its poor RH indicators.

## Results:

- Karonga District showed interest in the event as evidenced by high patronage which included influential people in the district i.e. parliamentarians.
- Various government and nongovernmental sectors contributed through donations of either cash or actual equipment and supplies.



UNFPA Country Rep presenting an autoclave to the DHO- Karonga

- The hospital received all the equipment and supplies requested from the well-wishers i.e. Blood pressure and Doppler machines, beds and mattresses, autoclave, suction machines and kidney dishes.

**Comment:**

- The Karonga District Health Officer was grateful to the organizers of the Fun Run because there were many donations received for their Maternity Wing at the hospital. He acknowledged receipt of the various donations and thanked the stakeholders for their generosity and support.

**4.0 Challenges faced during September 2010**

- Stock out of test kits still remain a challenge in all the districts.
- The level of district stocks for DMPA has not stabilized yet. A number of providers have not started practicing. There is hope that after completing the SRHCS Strategy forecasting may improve and that the Government may start prioritizing the supply of SRH commodities.
- Some districts like Mangochi do not have enough stocks of HTC registers to get to all HTC CBDAs currently being trained.

**5.0 Planned Activities for November 2010**

- HTC, TB and Nutrition Trainings
- Review and reproduction of monitoring tools and registers
- Facilitate construction of low cost incinerators
- Monthly Review meetings
- Conduct CBDA monthly review meetings
- Conduct DMPA trainings
- Plan for Ulama meeting
- Conducting inventory of HSA trainings