

## **CFPHS Quarterly Report No. 1 - October – December 2007**

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

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# Community-based Family Planning and HIV & AIDS Services in Malawi

Quarterly Report No. 1



**Quarterly Report for October–December 2007**

This publication was produced for review by the United States Agency for International Development. It was prepared by staff members of the Community-based Family Planning and HIV & AIDS Services in Malawi project.

**Contract No.: GHS-1-00-07-00006-00**

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## **About the Community-based Family Planning and HIV & AIDS Services in Malawi Project**

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USAID/Malawi's Community-based Family Planning and HIV & AIDS Services (CFPHS) Program provides a much-needed opportunity to assist the GOM in its efforts to improve the lives of the largest segment of its population. Management Sciences for Health (MSH) and its subcontractors-Population Services International (PSI) and Constella Futures (CF)-offer proven technical approaches and tools to work with the Ministry of Health to reposition family planning and improve/increase HIV & AIDS services in rural communities of the eight target districts. It is expected that by 2010, the project will have increased the use of integrated, high-quality, accessible family planning/reproductive health (FP/RH) and HIV & AIDS services. The target groups include Malawian women, men, and young people. Program activities span all four intermediate results (IRs) of USAID's strategic objective (SO) of "increased use of improved health behaviors and services."

To achieve project outcomes, two strategies will be employed:

(1) Create demand and outreach through behavior change communication (BCC) and community networks. This strategy is based on the traditional manner in which Malawian communities address priority problems or common needs. Thus the provision of FP/RH and HIV & AIDS services will become demand-driven and sustainable.

(2) Define and develop the supply and capacity of community-based distribution agents (CBDAs) and providers from health centers, dispensaries, and referral hospitals in both the public and private sectors.

Project activities are therefore in keeping with the two strategies outlined above. Achievement of project outcomes will be monitored through a selection of indicators to be outlined in the Performance Management Plan.

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## Acronyms

AIDS	Acquired immune deficiency syndrome
CBDA	Community-based distribution agent
DIP	Detailed Implementation Plan
HIV	Human immunodeficiency virus
MOH	Ministry of Health
MSH	Management Sciences for Health
PMP	Performance Monitoring Plan
USAID	United States Agency for International Development

## **I. Executive Summary**

After a successful bidding process, USAID awarded to Management Sciences for Health a contract to implement the Community-based Family Planning and HIV& AIDS Services program on October 1, 2007. The project is three years, with an option for a fourth year depending on satisfactory performance. The total funding is US\$7,999,706 including the optional year. The program will operate in eight districts of Malawi: Balaka, Chikwawa, Karonga, Kasungu, Mangochi, Nkhotakota, Phalombe, and Salima. The project was able to start operations quickly. By October 15, 2007, all key personnel were in place and a substantial number of support staff had been hired. A number of other startup activities have either been carried out or are in progress. Field activities stalled due to the Ministry of Health's desire to review the program documents once more. This long process was finally concluded at the end of the quarter. MSH has now been authorized to start field activities and other program activities.

While waiting for authorization to start program activities in the districts, MSH worked on two deliverables for the quarter. These were the Year 1 Workplan and the Performance Monitoring Plan (PMP). The Year 1 Workplan was completed and submitted on the due date. The PMP was completed and submitted on December 5, 2007. The last deliverable for the quarter is the detailed implementation plan, whose due date was extended until February 28, 2008, to allow field staff to visit the districts and incorporate the findings from the visits into the plan. Other preparatory activities included staff orientation, introductory meetings with stakeholders, and recruitment of district-based staff.

The one major obstacle to program implementation was the absence of authorization for program staff to visit the districts. This affected the development of both the annual workplan and the Detailed Implementation Plan.

## **II. Activities for the Quarter**

Activities for the first quarter included staff recruitment and orientation and meetings with USAID, Ministry of Health, subcontractors, and collaborating partners.

### **II.1. Staff Recruitment and Orientation**

A full complement of key program personnel was on board by October 15, 2007. MSH invited the Chief of Party to the home office for orientation and briefing meetings. On his return from headquarters, the rest of the staff participated in the briefing meetings that had been organized for them. These orientation meetings were designed to ensure that program staff are clear about their roles and responsibilities. They also helped clarify staff members' understanding of MSH operational systems, program objectives, and the expectations of USAID.

### **II.2. Introductory and Technical Meetings**

**Meetings with USAID.** USAID organized an orientation meeting to make sure that there was a common understanding of the program's goals and objectives. The Cognizant Technical Officer

guided the MSH team through the goals and objectives, clarified reporting lines, and suggested a schedule for technical meetings to discuss implementation issues.

Biweekly meetings have been convened to provide updates from both sides. The meetings are useful for program direction and clarification of any areas of potential misunderstanding.

A contract award orientation meeting was conducted by the Regional Contracting Officer (RCO) near the end of the quarter. The RCO emphasized the various deliverables, the code of conduct in the implementation of this program, and adherence to the term and conditions of the contract.

**Meetings with the Ministry of Health.** We held three meetings with the Ministry of Health (MOH). The first was a courtesy meeting with the Principal Secretary and senior officials of the MOH. At this meeting the MOH expressed the need for more time to review the program documents and hold further discussions with USAID. The documents were reviewed and the MOH ultimately communicated a formal authorization to proceed with program implementation to USAID.

Two other introductory meetings were conducted separately with the Head of the HIV and AIDS Unit and the Director of Reproductive Health. The meetings were cordial and supportive of MSH efforts to improve delivery of health services. The two Directors look forward to MSH's beginning program implementation.

**Meetings with subcontractors.** An introductory meeting was held with representatives of MSH subcontractors (Constella Futures and Population Services International) to share information and discuss implementation strategies for the program. There has been continued dialogue between MSH and the subcontractors about workplans, human resources, and other programmatic issues.

**Meeting with Malawian collaborating partners.** Malawian nongovernmental organizations working in family planning and HIV & AIDS were invited to a one-day meeting. The organizations included Adventist Health Services, the Christian Health Association of Malawi, Famli, the Malawi College of Health Sciences, the Moslem Association of Malawi, and the US Peace Corps. The purpose of the meeting was to develop a clear understanding of what they are doing, the problems they face, and the lessons their activities offer for the smooth startup of the program. Each organization gave a 10-minute presentation followed by a discussion. There were many lessons that can be used to help fast-track the program, including the importance of building on the experiences of these organizations.

These meetings have been helpful in understanding the extent to which family planning and HIV & AIDS programs are functioning, their limitations, and some key players at the community level.

**Meetings with other projects.** The project staff is holding meetings with other USAID-funded projects (among them BASICS, SPS, ACCESS) to foster coordination and collaboration.

### **II.3. Key Deliverables for the First Quarter**

The contract requires MSH to deliver the Year 1 Workplan, Performance Monitoring Plan (PMP), and Detailed Implementation Plan (DIP) within the first quarter. These have been the major concerns of the MSH team.

A draft of the Year 1 Workplan was submitted to USAID for review and comments. The document was delivered on time. Comments were received and duly acted upon, and the final document was sent to USAID within the 15 days stipulated for response in the contract.

A draft PMP was submitted for comments on December 5, 2007, and comments have been received. MSH will review the comments and take necessary action promptly. The delay in submitting the draft PMP was caused by a workshop on data quality assurance organized for all USAID-funded projects. Submission of this document has been shifted to February 28, 2008, to allow programs to incorporate information shared at the workshop.

Indicators will be included in the quarterly report in the agreed-upon format once they are approved by the USAID after the submission of the PMP on February 28, 2008.

The DIP has not yet been drafted because of the delay in field visits. Since it would be difficult to develop a DIP without consultation with the districts, it was negotiated during the postaward meeting that the delivery date for the DIP be changed to February 28, 2008. USAID extended the submission date to enable field staff to interact with the District Health Management Teams in program districts to develop mutually agreed-upon DIPs. The project team applauds this understanding from USAID.

### **III. Visit of MSH's President and Chief Executive Officer**

MSH's President and Chief Executive Officer visited the Malawi Programme and held various meetings with staff members and representatives of USAID, the US Embassy, and the Ministry of Health on issues related to MSH work in Malawi. In his interactions with staff members, he gave insights into MSH work globally that were motivating and broadened people's understanding of MSH activities. He also addressed the "One MSH" concept. It is expected that the Malawi program will continue to refine the concept to identify how it can best be implemented as one operating platform, thereby providing efficiencies and maximizing cost-effectiveness for USAID-funded activities.

### **IV. Constraints and Barriers to Program Implementation**

On the whole the program is resource constrained. With the current level of funding, it will be a challenge to achieve the targets set in this program. Some innovations are relatively expensive to implement but could be helpful in improving the uptake of contraceptives. Other constraints and challenges are described below.

Preliminary indications are that the Medical Council of Malawi and the Nurses and Midwives Council as regulatory bodies of medical practice in Malawi are reluctant to accept the use of

nonmedical personnel to administer injectable contraceptives. The use of community-based distribution agents (CBDAs) in this regard poses a big challenge.

Going by experience with the Expanded Programme of Immunization, sustaining the supply of contraceptives under the SWAp arrangement may be a challenge. Public health programs usually suffer from a lack of advocates for such programs.

Delay in identifying and recruiting program personnel by both subcontractors is a serious concern to MSH. However the latest information is that both of our contractors are actively pursuing the recruitment processes.

## **V. Lessons Learned**

The need for greater engagement with host-government officials to avoid or reduce program startup problems. Nearly three months of implementation time have been lost because of what has been perceived to be inadequate consultation.

Project team will schedule regular meetings with the MOH officials to facilitate timely decision-making and ensure that the MOH is kept informed about program activities.

## **VI. Plans for Next Quarter**

The following list shows the activities planned, staff members responsible for their completion, and deadlines.

- Recruit and deploy district-based staff: Deputy Chief of Party, by January 30, 2008.
- Revise and submit Performance Management Plan: M&E Advisor, by February 28, 2008.
- Develop tools and conduct baseline survey in all target districts: Program team by January 30, 2008.
- Conduct planning and implementation meeting with MOH, subcontractors, and District Health Management Teams: Chief of Party, by January 30, 2008.
- Conduct joint collaborative meetings with ACCESS, SPS, USAID/Deliver and BASICS: FP Advisor, ongoing.
- Conduct consensus meeting for stakeholders on integration: Constella Futures, February 28, 2008.
- Plan recruitment of CBDAs: FP Advisor/HIV & AIDS Advisor by March 15, 2008.
- Print the CBDA manual: FP Advisor/HIV & AIDS Advisor by March 15, 2008.
- Develop an integrated behavior change communication strategy: Gender/Communication Specialist by March 31, 2008.
- Facilitate identification of service sites for LTPM/STI: FP Advisor/HIV & AIDS Advisor by March 15, 2008.

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