

CFPHS Quarterly Report No. 5 - October – December 2008

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

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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



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

Quarterly Report No. 5



Quarterly Report October – December 2008

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 Program in Malawi.

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**Community-based Family Planning and HIV & AIDS Services in Malawi
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Community-based Family Planning and HIV & AIDS Services (CFPHS) in Malawi will contribute to reducing Total Fertility Rates and improving HIV and AIDS services in rural communities.

USAID/Malawi's Community-based Family Planning and HIV & AIDS Services (CFPHS) Program provides a much-needed opportunity to assist the Government of Malawi in its efforts to improve the lives of the largest segment of its population (about 84 percent) who live in rural areas of the country. The MSH team has been working closely with the Ministry of Health (MOH) to strengthen family planning (FP) services and is designed to achieve sustainable results in the eight USAID-targeted districts.

The MSH, CFPHS Approach

Management Sciences for Health (MSH) and its subcontractors—Population Services International (PSI) and Futures Group International (FGI)—offer proven technical approaches and tools to work with the MOH to reposition FP and to improve access to HIV & AIDS services in rural communities of the eight target districts. We expect that by 2010, the project will have improved delivery of quality integrated FP /HIV/AIDS services for women, men, and young people. Program activities are in line with USAID/Malawi's family planning and reproductive health (FP/RH) portfolio priorities for the next five years in supporting Malawi's strategic priorities as stated in the Joint Program of Work for the Health Sector Wide Approach.

To achieve project outcomes, two strategies are being employed:

Create demand and outreach through behaviour 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.

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

Project activities are therefore in keeping with these two strategies. Achievement of project outcomes are being monitored through a selected list of core indicators as outlined in the Performance Management Plan.

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Acronyms

AHS	Adventist Health Services
AIDS	acquired immune deficiency syndrome
BASICS	Basic Support for Institutionalizing Child Survival
BCC	behaviour change communication
CBDA	community-based distribution agent
CFHPS	Community-based Family Planning and HIV/AIDS Services
CHAM	Christian Health Association of Malawi
CYP	couple of years of protection
DC	District Coordinator
DELIVER	A John Snow, Inc. (JSI) project
DHMT	District Health Management Team
DMPA	Depo Provera [®]
FP	family planning
FGI	Futures Group International
GBV	gender-based violence
HEU	Health Education Unit (of the Malawi Ministry of Health)
HIV	human immunodeficiency virus
HSA	health surveillance assistant
HTC	HIV testing and counselling
IC	injectable contraceptive
IEC	information, education, and communication
LMIS	logistics management information system
LTPM	long term and permanent methods
M&E	monitoring and evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	non-governmental organization
OC	oral contraceptive
PMTCT	prevention of mother-to-child transmission
PSI	Population Services International
RH	reproductive health
RHU	Reproductive Health Unit (of the Malawi Ministry of Health)
S&S	Simplify and Start
SDP	service delivery point
SPS	Strengthening Pharmaceutical Systems [Program]
STI	sexually transmitted infection
TA	technical advisor
TB CAP	Tuberculosis Control Assistance Program
TBD	to be determined
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government

Executive Summary

The Community Based Family Planning and HIV & AIDS Services Project (CFPHS) has effectively deployed CBDAs and their supervisors in the eight target districts for provision of FP/HIV/AIDS services. During the first quarter of year two of the program, CFPHS has seen collaborative efforts with Ministry of Health, District Executive Committee members and community leaders in enhancing demand creation through sensitization Open Days. Five Open Days were conducted in the districts of Nkhotakota, Karonga and Balaka. 20 FP/RH and HIV/AIDS topics were covered through traditional dances, songs, poems and drama. The five Open Days together mobilized **21,341** people and provided HIV/AIDS testing to **273** persons, 16 of whom tested positive (5.9% detection rate among the tested). The recruitment of new CBDAs and training updates for the old CBDAs from previous programs (187 in total) has contributed to decreasing the large coverage area for each CBDA in the districts. The HSA DMPA guidelines, training and logistics manuals for administering Depo Provera were reviewed and harmonized. An orientation for FP TOT to DMPA manuals was conducted and the training manuals were pilot tested in four districts. The programme conducted LTPC trainings for health centre staff in four districts. Within the three months, a total of 598 CBDAs contributed to CYP through dispensing oral contraceptives, male and female condoms and making referrals for DMPA and other long-term methods such as female sterilization and Norplant. The total CYP generated in the quarter was 19,690. This represents 117% of the quarterly target of 16,752 and 10% of the target for year two.

The process for policy landscape analysis continued with several consultation meetings with key stake holders. Development of IEC messages, materials and radio drama script has reached the final stage of pre-testing at the community level. During the quarter the programme developed a joint quarterly work plan, which is being managed by a single coordinator in the BASICS and CFPHS shared districts. The program advertised the vacant posts of Gender/Communication Specialist, HIV/AIDS Advisor and the District Coordinator for Salima. Recruitment will be finalized by next quarter.

The major challenge remaining is transport for the newly trained and updated CBDAs. This is likely to be a major problem in the subsequent months. Further, the program does not have vehicles at the country office, which has made supervision and monitoring in the eight districts difficult to plan.

I. Planned Activities and CFPHS Achievements from October to December 2008

The section summarises planned activities and associated achievements during the quarter.

Table 1. Summary of Planned Activities and Associated Achievements during the Reporting Quarter

No.	Planned Activities	Achievements	Comment
	Recruit and train additional CBDAs and their supervisors by districts	77 CBDAs and 32 supervisors recruited	Refer to Annex 1
	Facilitate training of CBDAs and CBDA supervisors	77 CBDAs and 32 supervisors trained	
	Conduct Policy Landscape analysis	Consultative meetings held and report on Policy Landscape analysis being compiled	
	Identify policy changes or new approaches that would improve equitable and affordable access to FP/RH services	Process in progress	
	Institute monitoring tools for condoms, contraceptives, DMPA and HIV Test Kits	DMPA logistics tools introduced jointly with USAID/DELIVER	
	Ensure CBDAs have continuous supply of condoms, contraceptives, DMPA and HIV Test Kits	Stock out for CBDAs only reported at one point	Female condoms have been out of stock at all levels of the supply system
	Provide all health facilities with contraceptives and other drug logistics management.	With USAID/DELIVER ensured adequate supply	USAID/DELIVER made a presentation on contraceptive handling, ordering and reporting from CBDA level
	Support training updates for CBDAs	135 CBDAs and 26 supervisors received training updates	Refer to annex 1
	Facilitate CBDAs and supervisors refresher training for those trained in early part of PY1	74 CBDAs and 18 supervisors received refresher training	

No.	Planned Activities	Achievements	Comment
	Development/adopt IEC materials for cycle beads and DMPA	Planning meetings started	Job AIDS developed and DMPA calendars developed, checklists developed
	Conduct TOT for DMPA	TOT conducted for 30 participants and four master trainers	
	Conduct briefing meetings on DMPA with key informants at community level (DHMT,DEC,VHC) and community leaders	All communities briefed on DMPA initiatives	On-going activity, after results of pre-test
	Facilitate training of HSAs and supervisors in DMPA administration	60 HSAs (56 Male and 4 Female) trained in DMPA with 16 nurses	In the 3 CFPHS districts
	Develop and Test IEC materials to build knowledge of and confidence about FP methods and the importance of inter-spousal communication on FP	Radio drama scripts, IEC messages and materials under pre-test	To be finalized next quarter
	Organize regular community Sensitization Open Days	5 sensitization Open Days organized in three districts	
	Conducted training in LTPC for Health Centre staff	41 nurses trained in implants insertions (ICUD and Jadelle) in 4 districts	
	Train all DCs in FP compliance and orient all SP in FP policies and statutory requirements	8 District Coordinators trained 30 FP TOT for DMPA trained 32 Pharmacy Technicians trained from all districts plus 3 regional stores and 3 from central medical stores. 212 new CBDAs and 60 HSAs (during DMPA trainings) were oriented	
	Conduct district meetings to strengthen coordination referral systems, linkages between health system and communities	Quarterly review and planning meeting held District feedback meetings conducted in all 8 districts	Traditional authorities were involved in the reviews
	Facilitate establishment of HCT FP service delivery points at TA and GVH levels.	All districts have identified outreach services at community level	On-going activities

No.	Planned Activities	Achievements	Comment
	Participate in DIP quarterly review meetings to monitor progress	DCs attended by districts	On-going
	Conduct data audit process for all 8 districts	6 districts visited and introduced data auditing procedures	On-going exercise
	Facilitate dissemination meetings of baseline findings	Baseline survey summary report finalized. Dissemination to continue next quarter	
	Identify two districts for comparison of performance	Identification process underway	Ntchisi in the central region and NkhataBay considered as comparative districts
	Submit annual, progress and financial reports	Financial report and annual report for year 1 submitted	

II. Details of CFPHS Achievements in the Quarter

Conducting Sensitization Open Days

Three districts, Nkhotakota, Karonga and Balaka, organized sensitization Open Days.

In total, five sensitization Open Days were conducted; two in Nkhotakota, two in Karonga and one in Balaka Districts. The aim of Open Days is to enhance demand creation and increase access and use of the services. They also help to inform target groups of the benefits of practicing modern FP methods and of the importance of inter-spousal communication of FP/RH and HIV/AIDS services in the communities. Finally, they provide immediate access to some of the services to the attendees. Some of the Open Days' results were as follows:

- Sustained collaboration at district level as evident from joint planning and active participation by the District Health Management Team, MSH District Coordinator, CFPHS country office team, traditional leaders, church elders and politicians.
- Increased knowledge: more than 20 FP/RH and HIV/AIDS topics were covered through traditional dances, songs, poems and drama, followed by a quiz at the end of the function. Documentation of the event in Karonga was facilitated by PSI/Malawi's in-house Video Production Unit (VPU). Video footage of the activities on the ground, as well as interviews with local beneficiaries was shot. PSI VPU technicians will now work with the CFPHS project team to create a mini-documentary of the event. This short film is expected to be ready by the end of January or early February 2009.

Turnout from all the three districts is summarized in the table below:

Table 2: Number of People Registered for Attending the Sensitization Open Days by Districts

Date	District	Activity	People in attendance			
			Adult		Youth	Total
			Female	Male		
28/10/08	Nkhotakota	People accessing FP/RH and HIV/AIDS messages	2,500	1,500	1,000	5,000
22/11/08	Nkhotakota	People accessing FP/RH and HIV/AIDS messages	38,00	2,700	1,500	8,000
13/12/08	Karonga	People accessing FP/RH and HIV/AIDS messages	1,989	1,372	Not applied	3,361
22/12/08	Balaka	People accessing FP/RH and HIV/AIDS messages	320	110	Not applied	430
31/12/08	Karonga	People accessing FP/RH and HIV/AIDS messages	2,660	1,890	Not applied	4,550
		Total Number of People	11,269	7,572	2,500	21,341



One of the CBDAs explains the message on FP from the displayed IEC materials during Open Day in Nkhotakota, 28/10/2008.

HSAs and CBDAs were recording the number of people in attendance which were consolidated by the District Coordinators and reported on a monthly basis. The sensitization Open Days contributed significantly to achieving the target number of people that have seen or heard a specific FP and RH message. Refer to Table 3

Temporary HCT sites were established at each of the five sensitization Open Days. A summary of people tested and given their results are summarized in Table 3 below:

Table 3: Number of Clients Tested and Received their Results

Date	District	Clients Tested During the Sensitization Open Day			Clients Tested and with Positive Results			
		Female Clients	Male Clients	Total	Female	Male	Total	Detection Rate
28/10/08	Nkhotakota	25	20	40	1	0	1	2.5%
22/11/08	Nkhotakota	29	44	73	2	0	2	2.7%
13/12/08	Karonga	34	25	59	2	0		0
22/12/08	Balaka	13	7	20	0	0		0
31/12/08	Karonga	48	28	76	3	8	11	14.5%
Total Number of Clients		149	124	273	8	8	16	5.9%

Clients who tested positive were counselled and referred to the nearest health centre.

Orientation of DMPA for TOTs and Pretesting of DMPA Manuals through HSA Training

The CFPHS program facilitated a three day orientation workshop for training of trainers on DMPA. Trainers were identified from the nine districts which are targeted for administration of DMPA as pilot sites.



Trainees from 9 districts with facilitators from Ministry of Health and MSH FP Technical advisor: October 2008

Following the development of DMPA manuals, MOH, MSH and AHS pre-tested the manuals through HSA trainings in Zomba, Chikwawa, Nkhotakota and Karonga districts. The National Family Planning Coordinator (MOH) and the MSH Family Planning Technical Advisor conducted facilitative supervision to mentor the facilitators.

A total of 60 HSAs, 56 male and 4 female, were trained in DMPA together with 16 nurses as their supervisors in the 3 CFPHS districts and 20 HSAs and 5 supervisors from Adventist Health Services (AHS). USAID|DELIVER assisted in the development and training of HSAs in logistics management. Generally the number of male HSAs is high compared to female HSAs in the hard to reach areas.

Harmonization of HSA DMPA Guidelines, Training and Logistics Manuals

A meeting was held which included eight participants from both the government and the private sector, who were both involved in the development of the Zero Drafts. It was agreed at this meeting that:

- The logistics manual should be incorporated into the training and participant manuals; and the guidelines should be specific for HSAs.

- Work on incorporation of logistics into the participant and training manual still continues and will be finalized next quarter.

Policy Landscape Analysis—Consultative Meetings

Consultations were conducted with 13 stakeholders. Some of the policy topics discussed during the consultative meetings were:

- **Regulation of Contraceptives:** During the consultations, the Policy Specialist followed up with the PMPB on the issue of de-regulation of oral contraceptives and Depo Provera from prescription only medicines to pharmacy initiated medicines.
- **Regulation of HSAs:** Nurses and Midwives Council of Malawi and the Medical Council of Malawi were consulted to follow-up on the issue of regulation of HSAs as a cadre.

The Policy Specialist continues with compilation of the policy landscape analysis report which is expected to be completed early next quarter.

Development of Radio Drama Script, Listeners Clubs and IEC Materials

A storyline development workshop was conducted for two days and was followed by identification of scriptwriters. Development of radio and drama script, listeners clubs and the rest of the IEC materials are in progress. The DHMT was briefed on the activities, and in the first quarter the four districts of Phalombe, Chikwawa, Balaka and Mangochi will implement the initiative. Recruitment for the new Listeners Club Coordinator and Club Officers will be underway in the following quarter. Negotiations with selected radio stations started with the aim of airing a drama series by first half of 2009.

Initial Training, Updates and Refresher for CBDAs

During the reporting quarter, districts facilitated initial/new training of CBDAs, and conducted refresher/update courses as summarized in the attached annex 1. In summary:

- A total of 77 CBDAs, 34 females and 43 males, underwent an initial training in three districts.
- Three districts facilitated refresher courses for 74 CBDAs, 18 females and 56 males, from the 411 CBDAs trained in year one.
- A total of 110 CBDAs, 39 females and 71 males, received update courses in the four districts.

Training of Nurses and Clinicians on LTPM

Four districts, Chikwawa, Kasungu, Balaka and Karonga, completed training of nurses and clinicians on long term and permanent methods. This also provided an opportunity to update trainees in the following topics: emergency contraceptives, female condom, and FP compliance. A total of 41 nurses (11 males and 30 females) from health centres were trained and 112 clients had Jadelle insertions.

Field visits by the MSH's Country Lead for Malawi

Dr. Issakha Diallo, the country lead for Malawi came to Malawi for a supervisory visit from the 27th of October through the 1st of November 2008. While in Malawi, he conducted visits to Nkhotakota and Kasungu districts and held meetings with: Dr. Mhango, the Director of MOH/RHU; Ms. Banda-Maliro, Program CTO at USAID; Ms. Jayne Waweru, Country Director for USAID/Deliver and Dr. Kaponda, the contractor for the CFPHS baseline. In the two districts Dr Diallo carried out the following:

- Discussed with the District Health Management teams in the two district hospitals.
- Attended Open Day in Nkhotakota district, highlights of which are summarized in “Table 2 and 3” of the report.
- Visited CBDAs at work in the two districts of Nkhotakota and Kasungu, and noted with appreciation the long distance they have to travel to reach their target clients
- In Kasungu district, attended sensitization and briefing meeting with traditional authorities and village heads on the training of CBDAs in their communities. Twenty-one village leaders attended the meeting as shown in the picture below.



A briefing and sensitization meeting in Kasungu district (with senior traditional authorities), during Dr. Issakha's visit to Malawi, October, 2008

Participating in HCT Week and Continuing of HCT Services by CBDAs

This year's annual HIV/AIDS testing week was held from 10 to 15 November. The FP Technical Advisor participated in the HIV/AIDS Testing Week through:

- Planning and organization of the national event as a participating member of the national task force committee chaired by the Ministry of Health
- Ensuring supply of adequate test kits and registers at the national event
- Supervision of counsellors, testers and HTC supervisors in the assigned district of Blantyre
- Submission of a report on the activities of the week.

District coordinators supported the HIV/AIDS Testing Week through:

- Transport and logistics support to the DHMT, including budget contribution for fuel cost
- 21 CBDAs who have been assigned as HTC Counselors participated in the event, which also advanced their experience as counsellors.

Held Partnership, Technical, and Subcontractors Meetings

Meeting with Intra-Health

A joint meeting was held with Intra-Health and a representative from USAID/Malawi. At the end of the meeting, members agreed on continued dialogue in order to explore areas of collaboration in LTPM.

Meeting Ministry of Health in Charge of HSA Programme

CFPHS team members met with Mr. Nkhono to share results of DMPA pilot trainings, as well as observations of the gaps identified in the HSA curriculum and job descriptions. It was learnt that the process of reviewing the HSA curriculum and job descriptions has just started, and further that CFPHS members should join the review team so that relevant issues observed during project implementation can be fully considered and incorporated accordingly.

FP Subcommittee Reports of Pretesting of DMPA

CFPHS attended a sub-committee quarterly meeting and reported results on pretesting of DMPA manuals.

NAC Meeting on Streaming the TWG

CFPHS attended a NAC meeting for which the main outcome was to incorporate MSH as a member.

Participation at Malawi National Data Standards Workshop

In Lilongwe, from 4 to 6 November 2008, CFPHS and BASICS M&E Advisors attended the workshop jointly organized by the Ministry of Health and USAID/ Malawi and other donor partners. The goal of the workshop was to build consensus around a national health information infrastructure for Malawi. The aim of the workshop was to establish governance and operational

policies and processes to promote ongoing collaboration between stakeholders. The aim was achieved through formulation of a collaborative task force and discussed ways of sustaining it. Members also discussed strategies for harmonizing reports, as well as integrating reports into the existing MOH district health information systems.

III. Other Related Developments

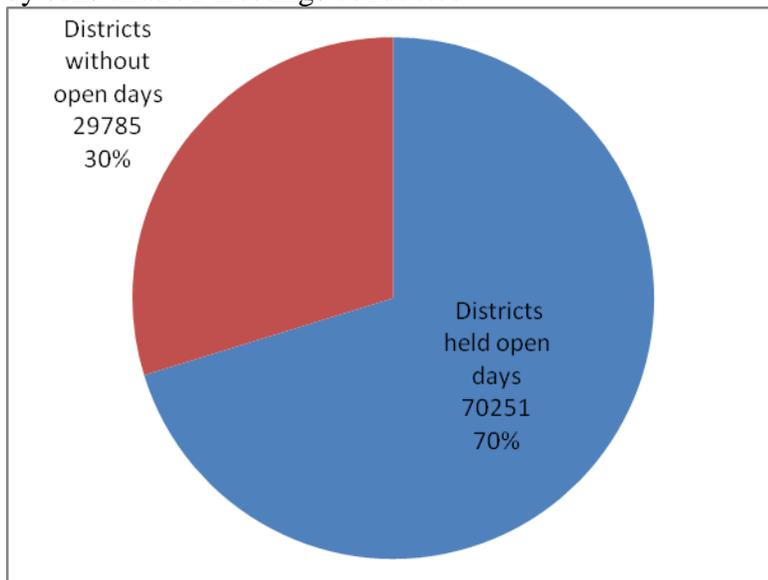
Linking CBDA Trainings and Performance Data

With reference to table 3, the program performance has been measured during the quarter and compared to updated targets for the program in the DIP.

Demand creation for FP/RH and HIV/AIDS services: Based on the group sessions and meetings that were organized, it was reported that a total of 100,036 people had seen or heard a specific FP and RH message.

Three districts conducted 5 sensitization Open Days, which represents 70 percent of the total in all the eight districts.

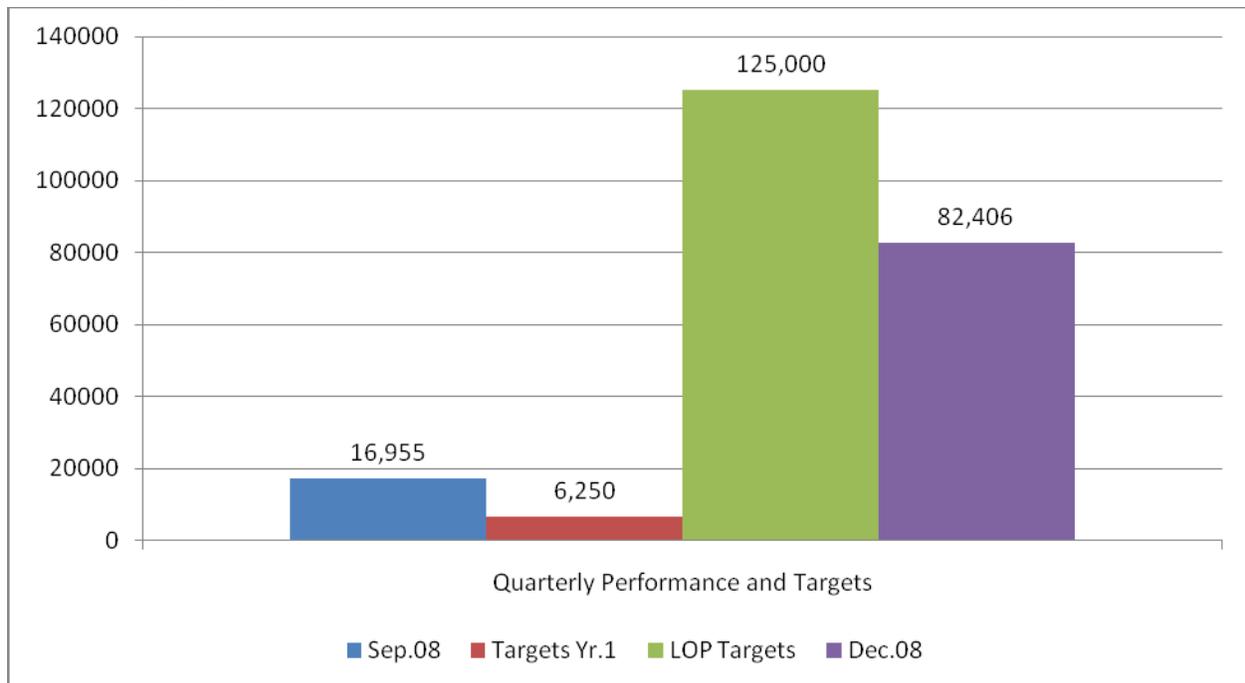
Figure 1: Comparison of districts registering people who have seen or heard a FP/RH message by sensitization meetings conducted



Counselling Visits: In total, 82,204 clients had counselling visits for FP and RH. As indicated in Figure 2 below, the counselling visits for this quarter was much higher than what was registered in the previous quarter. This represents 66 percent achievement of the revised targets for Decemeber,2008. CBDAs performance in counselling new clients, subsequent clients and conducting group and individual sessions has increased the demand for services at community levels.

Figure 2: Comparison number of users by quarter and target

Number of Users

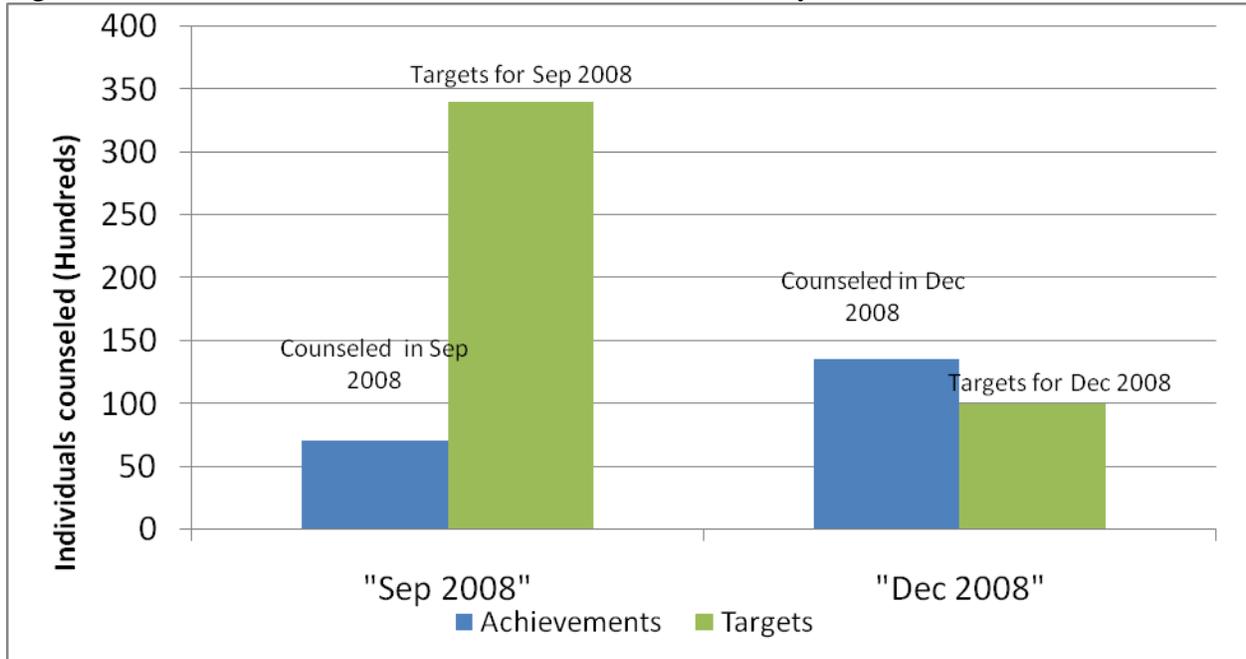


Family Planning users and usage measured through Couple Years of Protection: Within the three months, a total of 598 CBDAs contributed in CYP through dispensing oral contraceptives, male and female condoms and making referrals for DMPA and other long-term methods such as female sterilization and Norplants. CBDA CYP was added to CYP computed from all service delivery points in the districts with CBDA supervisors. The total CYP generated in the quarter was 19,690, which represents a 39% the revised December, 2008 targets. The following are the contributing factors to lower than anticipated CYP:

- Referrals to district hospitals and subsequent user on long term and permanent methods only incorporated in Balaka and Karonga. That is where all TAs are covered by CBDAs and their supervisors.
- There was a stock out of Jadelle country wide and it was reported by USAID|DELIVER that Jadelle would be in the country by December 2008.
- Three districts reported that referrals are made to private sector facilities whose consumption data is not reported to the Ministry of Health, yielding delayed and missing records. District Coordinators and District Health Management Team members are in consultation with private sectors for required reports to the respective catchment facility.

Individuals who received counselling and testing for HIV and received their result by CBDAs. The 21 CBDAs trained as HTC counsellors performed above the set targets. Figure 3 illustrates such performance.

Figure 3: Number of Clients Counseled and Tested for HIV by CBDAs



Source district reports, n=21 CBDAs from 7 districts

Quarterly Planning Meeting

In consultation with the districts, the CFPHS team developed a quarterly work plan with budgets for January to March, 2009.

The CFPHS and BASICS programs developed a joint quarterly work plan based on their approved year two work plans.

The meeting offered an opportunity to review performance in the previous quarter, share experiences and challenges, jointly work out strategies to resolve problems that were identified, and prepare consolidated work plans and budgets for the following quarter (January to March, 2009).

Work Plan and Budget for Year Two of the Program

The work plan for year two was approved by USAID in the month of December. The approval was done with the budget for year two. There was an experience of several revisions and amendments in the course of the budget and work plan preparations. For year three, a common approach will be adopted, and will include early technical assistance to the Lilongwe team.

Recruitment of Staff

PSI/Malawi identified a new candidate to fill the vacant position of Gender and Communications Specialist. The chosen candidate confirmed his commitment and availability, and a letter seeking

MSH's non-objection was sent on 8 December 2008. Approval to proceed with the recruitment was given by MSH on 16 December. The new team member is scheduled to begin work on the project early next quarter.

The key post of HIV/AIDS Technical Advisor was advertised. Qualified candidates were short-listed and interviews were conducted. The recruitment process will be finalized in the next quarter.

The vacant posts in the Salima district of DC—Administrative Assistant and Driver—were advertised. The recruitment and deployment of staff in the district will be completed by next quarter.

IV. Constraints to Program Implementation

Transport at the country office remains a problem. Provision has been made in the year 2 work plan and budget for two vehicles. The process of procurement is underway.

Since the CBDAs started implementing in December, the procurement of supplies and commodities for newly trained and updated CBDAs should be finalized. The demand for such essential working equipment at the community-level—for example, the bicycles for CBDAs—is critical.

The existing data management system remains weak at the district level, which affects data quality from lower levels of the health centre and communities. The problem is compounded with shortage of transport and inaccessible roads during this rainy season. For resolving the problem, measures such as the re-orientation of Pharmacy Technicians, district staff in HMIS, and MSH staff at district levels during monitoring and supervisory visits from country office have been introduced. The idea of introducing a Lot Quality Assurance Sampling Methodology to the districts is under discussion.

V. Lessons Learned and Strategic Opportunities for Future Work

Expanding FP and HIV & AIDS Services at the Community Level

- *Increasing access for CFPHS.* CBDAs and health staff have reported that the communities are better understanding the importance of contraceptive usage. This is evident from proper counselling services at community levels. CBDAs are having adequate time for counselling. With HSAs training, the last month for the quarter experienced high demand for Depo Provera.
- *Create demand at community level and reducing health facility workload.* At the community level, CBDAs and their supervisors are already creating demand for FP/RH services by reaching out to the families with counselling messages and providing oral contraceptives in their respective villages. For short term modern contraceptives, CBDA services have reduced the uptake from district hospitals. CBDAs are doing a number of referrals for Depo Provera and the long term and permanent methods which needs complete reporting, tracking and assessment.
- *Increased demand for implants and IUCD.* Following the training of health centre staff in implant insertion (Jadelle and IUCD), the demand in the districts increased and there was an experience of stock-outs from October to December. After consultations, USAID|DELIVER has just procured 2,700 implants in order to meet the demand.
- *Increased demand for HTC services at sensitization Open Days.* From the five sensitization Open Days that were held, demand for HTC services increased. The number of clients tested and receiving their results also increased with the establishment of temporary sites for testing.
- *Address the problem of the great distances between villages and clusters in the CBDAs catchment areas.* Currently, coverage areas for the CBDAs necessitate long travelling distances, as far as 20 square kilometres. Plans for training more CBDAs have been postponed due to budget constraints. However, an alternative approach was used to update 161 CBDAs who had been offering services from previous programs.
- *Supervision and incentives for CBDAS.* Supervision and follow-up of the CBDA is crucial. Any supervisory visit to the CBDA is a motivation. The incentives received by CBDAs have increased their moral and maintained insignificant dropout rates.
- *Improve on reporting of activities by CBDAs.* Effective reporting ensures good coverage for the numbers of people reached with FP, RH, and HIV messages. There was an improvement in actual numbers reached recorded by gender. But the core indicators require review in order to incorporate the main activities of CBDAs in the communities.

VI. Major Plans for Next Quarter

Major activities planned for next quarter include the following:

- Continue training of CBDAs (initial and updates)
- Support supervisory and monitoring visits to HSAs administering DMPA in pilot districts
- Conduct DMPA training for HSAs in the target districts
- Conduct training of 100 CBDAs as HTC counsellors
- Conduct consultation meeting with Moslem Association of Malawi (MAM) to advocate FP and HIV/AIDS prevention among Muslims.
- Conduct planning meetings with CHAM on promotion of natural methods
- Conduct training of TOT in SDM/Cycle beads
- Finalize radio drama script and IEC materials
- Finalise report on Policy Landscape Analysis
- Conduct dissemination of baseline survey results and DMPA guidelines in the eight districts
- Hold quarterly planning and review meeting

VII. TABLE AND ANNEXES

Table 3. Program Performance for the Fifth Quarter Using Key Indicators and Service Statistics

No.	CFPHS Indicators	Disaggregated by	Targets		Achievements to Date		Comments
	FP and RH Services		Life of Project	PY2	No.	% of PY2 Target	
1	Number of new approaches (e.g., tools, technologies, operational procedures, information systems) successfully introduced		9	5	0	0%	HSA approach, CBD logistics systems, DMPA guidelines, participants/trainer manuals, DMPA logistics and job aids
2	Couple years of protection (CYP) in USG-supported programmes		225,500	201,025	19,690	10%	Only two districts covering the entire TAs
3	Number of people trained in FP and RH (with USG funds), both men and women	Total	2,000	1,250	383	31%	Includes 161 updated, 109 initial trainees, 41 on LTPC, 72 on DMPA
		Male	1,000	625	238	38%	
		Female	1,000	625	145	23%	
4	Number of counselling visits for FP and RH as a result of USG assistance, both men and women	Total	1,500,000	500,000	82,406	16%	Expected to reach target after deployment of additional CBDAs in December
		Male	750,000	250,000	9,497	4%	
		Female	750,000	250,000	72,909	29%	
5	Number of people that have seen or heard a specific FP and RH message	Total	1,500,000	500,000	100,036	20%	With planned sensitization Open Days in 5 remaining districts, target will be reached
		Male	750,000	250,000	19,790	8%	
		Female	750,000	250,000	75,959	30%	
6	Number of policies or guidelines developed or changed to improve access to and use of FP and RH services		4	3	1	33%	DMPA guideline and approved
7	Number of USG-assisted service delivery points (SDPs) providing FP counselling or services		100	80	65	81%	
8	Number of USG-assisted SDPs experiencing stocks-outs of specific tracer medicines		0	15	30	200%	Female condoms & Norplant reported out of stock

No.	CFPHS Indicators	Disaggregated by	Targets		Achievements to Date		Comments
	FP and RH Services		Life of Project	PY2	No.	% of PY2 Target	
9	Number of people reached through community outreach that promotes HIV & AIDS prevention through abstinence, being faithful, or both	Total	500,000	500,000	70,767	14%	Expected to reach target after deployment of additional CBDAs in December
		Male	250,000	250,000	18,537	7%	
		Female	250,000	250,000	52,230	21%	
10	Number of people trained to promote HIV & AIDS prevention through abstinence, being faithful, or both	Total	2000	1,250	383	31%	Training includes CBDAs, nurses and HSAs
		Male	1,000	625	238	38%	
		Female	1,000	625	145	23%	
11	Number of individuals reached through community outreach that promotes HIV & AIDS prevention through other behaviour change beyond abstinence, being faithful, or both	Total	260,000	65,000	60,664	93%	Within target
		Male	130,000	32,500	15,831	49%	
		Female	130,000	32,500	44,833	138%	
12	Number of people trained to promote HIV & AIDS prevention through other behaviour change beyond abstinence and being faithful	Total	2,000	1,250	383	31%	Initial plan, before budget adjustment, was to train more in the first quarter
		Male	1,000	625	238	38%	
		Female	1,000	625	145	23%	
13	Number of targeted condom service outlets		100	80	139	174%	
14	Number of individuals trained in HIV-related stigma and discrimination reduction	Total	2,000	1,250	383	31%	
		Male	1,000	625	238	38%	
		Female	1,000	625	145	23%	
15	Number of service outlets providing counselling and testing according to national and international standards		100	80	93	116%	
16	Number of individuals trained in	Total	100	25	0	0%	Training pending preparations and

No.	CFPHS Indicators	Disaggregated by	Targets		Achievements to Date		Comments
	FP and RH Services		Life of Project	PY2	No.	% of PY2 Target	
	counselling and testing through FP project according to national and international standards	Male	50	12	0	0%	budget approval
		Female	50	13	0	0%	
17	Number of individuals counselled and tested for HIV who have received results (excluding TB)	Total	140,000	40,000	13,568	34%	21 CBDAs involved in Open Days and during national testing week
		Male	70,000	20,000	4,503	23%	
		Female	70,000	20,000	9,065	45%	
18	Number of local organizations provided with technical assistance for HIV-related institutional capacity-building		75	30	0	0%	
19	Number of individuals trained in HIV-related institutional capacity-building	Total	280	80	0	0%	Planned for next quarter
		Male	140	40	0	0%	
		Female	140	40	0	0%	

Source: Targets from updated DIP and achievements from district monthly reports (CFPHS)

Annex 1. The Cadre and Numbers of Trainees by Type of Course and by District for Year Two

District	Dates of Training	Cadre of Trainees	Female	Male	Total
Training of new CBDAs					
1. Karonga	10-28 Nov. 2008	CBDAs	18	7	25
		Primary Supervisor	0	8	8
		Secondary Supervisor	4	2	6
2. Nkhotakota	3-28 Nov. 2008	CBDAs	6	20	26
		Primary Supervisor	4	6	10
		Secondary Supervisor	0	0	0
3. Salima	8-24 Dec. 2008	CBDAs	10	16	26
		Primary Supervisor	1	3	4
		Secondary Supervisor	3	1	4
Subtotal for new CBDAs and their supervisors training		CBDAs	34	43	77
		Primary Supervisor	5	17	22
		Secondary Supervisor	7	3	10
Update trainings for old CBDAs					
1. Chikwawa	24-28 Nov. 2008	CBDAs	10	10	20
		HSAs	0	0	0
	30 Nov. 2008 4 Dec. 2008	CBDAs	5	15	20
		HSAs	1	3	4
2. Kasungu	23-28 Nov. 2008	CBDAs	7	14	21
		HSAs	0	2	2
3. Nkhotakota	Nov. 2008	CBDAs	9	17	26
		HSAs	1	1	2
4. Balaka	1-5 Dec. 2008	CBDAs	8	15	23
		Primary Supervisor	3	5	8
		Secondary Supervisor	2	2	4
Phalombe	25-29 Nov. 2008	CBDAs	0	25	25
		Primary Supervisor	6	0	6
Subtotal for Update trainings		CBDAs	39	96	135
		HSAs	11	11	22
		Nurses	2	2	4
Refresher courses for CBDAs and their Supervisors					
1. Kasungu	26-31 Oct. 2008	CBDAs	5	19	24
		HSAs	1	3	4
2. Mangochi	12-15 Nov. 2008	CBDAs	9	6	15
		HSAs	1	4	5
		Nurses	1	2	3
3. Phalombe	25-29 Nov. 2008	CBDAs	4	21	25
		HSAs	3	3	6
Subtotal for refresher courses		CBDAs	18	56	74
		HSAs	5	10	15
		Nurses	1	2	3

District	Dates of Training	Cadre of Trainees	Female	Male	Total
Trainings on Long Term and Permanent Methods					
1.Kasungu	3-7 Nov. 2008	Nurses	5	5	10
2.Chikwawa	19-26 Oct. 2008	Nurses	7	3	10
3.Karonga	13-17 Oct. 2008	Nurses	8	2	10
4.Balaka	19-25 Oct. 2008	Nurses	10	1	11
Subtotal LTPM		Nurses	20	10	41

Source: District Reports, December, 2008

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Management Sciences for Health
Area 4, Plot 4/356
P/Bag 398
Lilongwe 3, Malawi
Telephone: 265-1-756-111
Website: www.msh.org