

CFPHS Quarterly Report No. 6 - January – March 2009

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. 6



**CBDAs in white golf shirts,
participating at the Community Sensitization Open Day**

Quarterly Report January – March 2009

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 (CFPHS) in Malawi will contribute to reducing total fertility rates and improving HIV & AIDS services in rural communities.

USAID Malawi's Community-based Family Planning and HIV & AIDS Services (CFPHS) Project 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 Management Sciences for Health (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

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 CFPHS will have improved delivery of quality integrated FP /HIV & AIDS services for women, men, and young people. Project 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 (SWAp).

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 (PMP).

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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
COTR	Contracting Officer Technical Representative
CYP	Couple of Years of Protection
DC	District Coordinator
DEC	District Executive Committee
DELIVER	A John Snow, Inc. (JSI) project
DHMT	District Health Management Team
DMPA	Depo Provera [®]
DIP	Detailed Implementation Plan/District Implementation Plan
FP	Family Planning
FGI	Futures Group International
GBV	Gender-Based Violence
GHV	Group Village Headman
HEU	Health Education Unit (of the Malawi Ministry of Health)
HIV	Human Immunodeficiency Virus
HAS	Health Surveillance Assistant
HTC	HIV Testing and Counselling
IC	Injectable Contraceptive
IEC	Information, Education, and Communication
IPC	Infection Prevention Committee
IUCD	Inter Uterine Contraceptive Device
LC	Listeners Clubs
LMIS	Logistics Management Information System
LTPM	Long Term and Permanent Methods
MACRO	Malawi Counselling and Resource Mobilization
MAM	Muslim Association of Malawi/ Medical Association of Malawi
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-governmental organization
OC	Oral Contraceptive
PMP	Performance Monitoring Plan
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
STTA	Short Term Technical Assistance
SRH	Sexual Reproductive Health
SWAp	Sector Wide Approach
TA	Technical Advisor/Traditional Authority
TB CAP	Tuberculosis Control Assistance Program
TBD	To Be Determined
TOT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
VPU	Video Production Unit
VHC	Village Health Committee

Executive Summary

MSH is pleased to submit quarterly report no. 6 of the Community-based Family Planning and HIV & AIDS Services Project (CFPHS). This report outlines activities undertaken, overall progress, detailed achievements, challenges, lessons learned, a success story, management issues, progress on the PMP, and planned activities for the next quarter.

At the outset, it is important to mention that the quarter encompassed the severe rainy season, when most of the roads are in a poor state and our main implementers of the project, the volunteer community-based distribution agents (CBDAs), are busy working in their gardens. It also is pertinent to mention that the clients, who are community members, are also giving priority to their gardens. Despite these challenges, the CFPHS Project continues to make significant inroads in serving the rural communities that are reachable given our current transportation capacity. This time was also used to complete training of 260 health surveillance assistants (HSAs) and 64 supervisors (nurses). A total 80 supervisors and 320 HSAs that have been trained will be providing Depo Provera® (DMPA) in the hard to reach communities of the eight pilot districts. In addition, the programme has trained 121 CBDAs bringing the total to 743 CBDAs trained, of which 65 CBDAs were also trained as HTC counsellors and 15 HSAs as HTC supervisors for CBDAs. Authorization was received from MOH for HTC counsellors to start the door-to-door counselling after an attachment period of one month at a health centre.

CBDAs and HSAs made significant contributions to couple of years of protection (CYP) rates by dispensing oral contraceptives and male and female condoms, administering DMPA, and applying other long-term methods. The total CYP generated in the quarter is 24,562, representing 122 percent of the quarterly target and 55 percent of the target for Project Year 2 (PY2).

Two open days were conducted in two districts to enhance demand and increase access and use of FP and HIV services. Also during the reporting period, CFPHS made significant progress in behaviour change communication (BCC) and information, education, and communication (IEC) activities. Listeners' Clubs have been formed, drama scripts reviewed and finalized, and radio drama materials pretested. We have also made progress on the policy front. The policy landscape assessment has been completed and findings presented to FP subcommittee. Consultative meetings with the Muslim Clerics to chart a way forward regarding the participation of Muslim men and women in FP and HIV & AIDS services in the eight target districts have reached an advanced stage.

During the quarter, the CTOR and FGI project manager conducted field visits to three districts to witness the programme activities. The district coordinators and central office staff conducted monthly and quarterly supportive and facilitative supervision.

The vacant positions of the HIV & AIDS advisor and district coordinator (DC), administrative assistant, and driver for Salima District were filled. Restructuring of the position of communications gender specialist was also resolved. This will speed up the implementation of demand creation activities.

The challenges for CFHPS have been mainly related to financial issues. As a result, training in long-term and permanent methods (LTPM) of contraception was suspended and bicycles for newly trained CBDAs could not be procured. The LTPMs contribute to a wide method mix for individuals and couples. Bicycles are needed for CBDAs to cover large catchment areas and travel the long distances to remote areas where FP and HIV & AIDS messages and services are most needed.

MOH DHMTs are challenged by lack of financial resources to provide contraceptives, especially DMPA, due to the handling fees and purchase of SWAp-procured contraceptives. Lack of funds is likely to adversely affect the achievement of project targets and, if not addressed, will also deter sustaining the programme throughout the life of the project and thereafter. Lack of funds to purchase basic supplies such as sets for conducting LTPM procedures and construction of incinerators for disposing sharps and associated wastes has a critical impact on MOH efforts to manage clinical procedures and keep the environment safe.

A number of lessons learned have emerged from the project as implementation continues. These lessons include the following:

- Distribution of contraceptives by CBDAs in the communities has resulted in a reduced number of clients seeking short-term methods at health centres.
- Demand for DMPA has increased after training HSAs to administer DMPA in communities.
- Community Sensitization Open Days increased the demand for FP and HIV & AIDS services.
- Increased use of contraceptives would require a corresponding increase in procurement of contraceptives if supply is to keep up with client demand.

1. OVERALL PROGRESS OF THE CFPHS PROJECT FOR THE QUARTER (JANUARY TO MARCH 2009)

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

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

No.	Planned Activities	Achievements	Comment
1.	Recruit and train additional CBDAs and their supervisors by districts.	121 CBDAs and 27 supervisors recruited	Activity carried over from previous quarter
2.	Facilitate training of CBDAs and CBDA supervisors.	121 CBDAs and 27 supervisors trained	All CBDA trainings to be completed by next quarter
3.	Conduct a policy landscape analysis.	Assignment completed	Report produced, awaiting joint dissemination with the Reproductive Health Unit (RHU) of MOH
4.	Conduct dissemination and consensus-building meeting on findings from the policy landscape analysis.	FP findings presented to the FP subcommittee	Awaiting joint dissemination with RHU to stakeholders
5.	Facilitate training of CBDAs on gender-based violence (GBV) information and counselling skills and supervised and monitored accordingly.	132 CBDAs trained on GBV, information and counselling skills	The topics are covered during CBDA trainings.
6.	Facilitate training of selected CBDAs and HSAs in HTC	65 CBDAs and 15 HSAs (supervisors) trained as HTC counsellors	This makes a total of 86 CBDAs and 15 HSAs trained in HTC (total: 101). Eleven CBDAs did not qualify.
7.	Facilitate training of HSAs and supervisors in DMPA administration.	260 HSAs trained in DMPA with 64 supervisors	DMPA trainings completed for planned 320 HSAs and 80 supervisors
8.	Institute monitoring tools for condoms, contraceptives, DMPA, and HIV test kits.	DMPA logistics tools introduced jointly with USAID/DELIVER	The other tools were already instituted in PY1.
9.	Ensure CBDAs have continuous supply of condoms, contraceptives, DMPA, and HIV test kits.	Stock-out for CBDAs reported at only one point by two CBDAs.	Male condoms had been out of stock at Balaka District.
10.	Provide all health facilities with contraceptives and other pharmaceutical logistics management.	With USAID/DELIVER, ensured adequate supply	Ongoing activity

No.	Planned Activities	Achievements	Comment
11.	Support training updates for CBDAs.	66 CBDAs and nine supervisors received training updates	Training of CBDA updates included in 121 CBDAs trained.
12.	Pilot the feasibility of having CBDAs carry a standard-days method (SDM) (i.e., cycle beads).	Procurement of cycle beads processed. Training manuals adopted.	Process initiated. Consultative meetings conducted and training of trainers (TOT) identified for training in SDM.
13.	Orient all service providers in FP policies and statutory requirements.	121 CBDAs and 27 supervisors oriented; 320 HSAs and 80 supervisors oriented in FP compliance	Ongoing in all CFPHS trainings and forums
14.	Conduct briefing meetings on DMPA with key informants at the community level (i.e., district health management teams [DHMTs], District Executive Committee (DEC), and village health committees [VHCs]) and with community leaders.	All communities briefed on DMPA initiatives	Ongoing activity, after results of pretest
15.	Develop and test IEC materials to build knowledge of and confidence about FP methods and the importance of inter-spousal communication on FP.	26 radio drama scripts, IEC messages and materials pretested and reviewed; currently being finalized	Eight districts briefed on formation of Listeners Clubs for radio scripts
16.	Organize regular Community Sensitization Open Days to gain support of gatekeepers, and inform target groups on the benefits of practicing modern FP methods and the importance of inter-spousal communications on FP.	Two Community Sensitization Open Days conducted in two districts	Three Open Days (in Chikwawa, Nkhotakota, and Phalombe) were postponed to next quarter because of heavy seasonal rains.
17.	Equip CBDAs to use simplified quality assurance management tools.	Job aids and tools developed for CBDAs	Ongoing
18.	Facilitate identification of a space that has both audio and visual privacy for provision of FP and sexually transmitted infection (STI) services.	All eight districts have space for FP services	Ongoing
19.	Implement regular infection prevention committee (IPC) activities into routine service provision days at MOH and Christian Health Association of Malawi (CHAM) health clinics.	Counselling and health talks being implemented in the MOH and CHAM clinics	Ongoing
20.	Conduct district meetings to strengthen coordination referral systems and linkages between health system and communities.	Quarterly review and planning meeting held; district feedback meetings conducted in all eight districts	Traditional authorities were involved in the reviews

No.	Planned Activities	Achievements	Comment
21.	Facilitate establishment of HTC FP service delivery points (SDPs) at traditional authority and group village headman levels.	All districts have identified outreach services at community level	Ongoing activities
22.	Facilitate formation or revitalize existing community groups to address FP, HIV & AIDS, and STI activities (i.e., information on prevention, SDPs).	Inventory of support groups completed in the eight districts	Ongoing activity
23.	Participate in the District detailed implementation plan (DIP) quarterly review meetings to monitor progress.	DCs attended by districts. MSH activities are being incorporated in the DIPs	Ongoing
24.	Conduct data audit process for all eight districts	Two districts (Balaka and Chikwawa) visited and introduced data auditing procedures	Ongoing exercise but with transport constraints from country office to districts
25.	Conduct training for DHMT in performance monitoring and improvement in leadership and management.	Partly accomplished through DCs delegated during quarterly review meetings	Ongoing activity. Leadership development program training for Nkhotakota and Salima districts
26.	Facilitate dissemination meetings of baseline findings	Consultations on final endorsement and approval of baseline survey summary report continued with USAID Malawi with team.	Dissemination to continue next quarter
27.	Identify two districts for comparison of performance	Identification process underway.	Ntchisi in the central region and Nkhata Bay considered as comparative districts
28.	Submit annual, progress, and financial reports	Financial and monthly progress reports submitted	Ongoing

Providing Initial Training and Updates for CBDAs

During this reporting quarter, Balaka, Kasungu, Mangochi, and Salima districts facilitated initial and new trainings of CBDAs, and Chikwawa and Phalombe conducted updated training for CBDAs who had been trained through previous projects. The latter was a one-week training to update the CBDAs on the latest FP topics, such as the female condom, emergency contraceptives, GBV, LTPM, the relationship between HIV & AIDS and STIs, adolescent health, and the concept of integration of FP and HIV & AIDS services. The CBDAs were provided with all the basic equipment except bicycles.

RESULTS:

At the initial CBDA trainings—

- In the CBDA initial trainings held in four districts, a total of 68 CBDAs and 19 supervisors were trained.

At the update trainings for current CBDAs—

- A total of 53 CBDAs and eight supervisors were updated.
- The training of initial (68) and updated (53) CBDAs—121 CBDAs—brings the total number of trained CBDAs to date to 743. CFHPS expects to reach the target of 1,000 CBDAs before the end of the third quarter of the PY2.
- In light of the budgetary constraints, the project has found a significant number of CBDAs previously trained by other nongovernmental organizations (NGOs) in the target districts who have expressed willingness to continue with their voluntary work. In consultation with RHU, an agreement was reached that such CBDAs should be trained for one week to bring them up to speed with other CBDAs.
- During the quarter, a total of 136,477 clients have been counselled (refer to table 3 in the annex, core indicator number 4)
- In Karonga District, two clients expressed interest in vasectomy as their FP method of choice. The clients were counselled by CBDAs and referred to the district hospital where the procedure was performed. They are now satisfied clients providing testimony about the method in the districts.

COMMENTS:

- Dedza District, which is not one of eight targeted districts but which borders Balaka and Salima, has prioritized the training of CBDAs in its work plan. Training is now in progress. This development can be viewed as evidence of the important role the CBDAs play in the community in the promotion of FP and HIV & AIDS services and may also be indicative of support from MOH for the CBDA initiative.
- This quarter, four out of 743 CBDAs, three from Kasungu and one from Mangochi, were selected to pursue the HSA course. The district health officers have assured the communities from which the four CBDAs were selected for trainings that the four will return to their communities after training as HSAs.
- The dropout rate for CBDAs has remained low at 2.8 percent. Male CBDAs represented 60 percent of the dropout numbers.
- Staff at health centres have reported an increase in uptake of contraceptives at community level and a decrease in clientele at health centres. Communities have a better understanding of the importance of contraceptive usage because CBDAs have adequate time for proper counselling.

- Following training of HSAs in DMPA and providers in LTPM, the number of referrals for DMPA and LTPM has increased. During this reporting quarter, CBDAs have referred 1,660 for DMPA, and two for vasectomy. Some CBDAs are even demanding to be trained in administration of DMPA. A CBDA in Salima District commented, “I wish I was trained as a DMPA provider because I am losing my clients by referring them to the HSAs or health centre.”

Providing HTC Training for Selected CBDAs

Before the training of CBDAs in HTC, CFPHS discussed with HIV unit of MOH the provision of training manuals and HTC registers. The ministry recommended the organization Light House in addition to Malawi Counselling and Resource Mobilization (MACRO), which was already identified by MSH as possible organization to train CBDAs in HTC. Both MACRO and Light House were approached and agreed to conduct two trainings each, back to back. Four trainings were planned to train 80 CBDAs. MACRO in Blantyre trained participants from Balaka, Chikwawa, Mangochi, and Phalombe; Light House in Lilongwe trained participants from Karonga, Kasungu, Nkhoskhota, and Salima.

RESULTS:

- In total, 80 participants were drawn from all eight target districts (15 HSAs as supervisors and 65 CBDAs). These trainings have increased the number of CBDAs and HSAs trained in HTC from 21 to a total of 101. Eleven CBDAs, however, did not qualify and were not recognized to do the actual testing but will be allowed to motivate and counsel individuals for testing.
- The number of individuals counselled and tested, which increased from 13,568 in the previous quarter to 15,447 in the reporting quarter, represents almost 14 percent increase. The performance for the two quarters, however, adds up to 34 percent of the annual targets (refer to table 3 in the annex, core indicator number 17).

COMMENTS:

- Contracting out the training has made it cheaper than planned, and the project has realized some savings.
- The HTC training serves as a motivator for CBDAs. We expect that upon completion of the course, the CBDAs will be attached to a health centre twice a week for a month before they start testing door to door.
- Training of CBDAs in HTC has reinforced the integration of FP and HIV & AIDS services at the community level.
- DHMTs did not accept door-to-door HTC by CBDAs until recently when MOH released a circular to all the districts allowing the CBDAs to provide door-to-door HTC.

Following the circular, all the trained CBDAs are now practicing with all the support from health centre staff.

- The demand for HTC services at the community level has increased.
- At the moment, no logistics system exists for test kits; MOH in conjunction with USAID/DELIVER is working out a system, and as a result, the supply of test kits is erratic. Meanwhile all the CBDAs will be getting test kits from their supervisors at the health centre.
- The trained CBDAs and HTC counsellors from both CFPHS and BASICS conducted a joint quarterly district meeting to introduce newly trained CBDAs, define their roles and responsibilities, and seek support from district HTC supervisor.

Providing HSA Trainings in DMPA Administration

Following the pretesting and finalization of the DMPA manuals in the previous quarter, the project has printed 250 manuals. In all the eight districts, the DMPA trainings were completed for HSAs and their supervisors who will participate in the pilot for the administration of DMPA.

RESULTS:

- During the DMPA trainings, 260 HSAs and 64 supervisors were trained and with previous quarter trainings, a total of 320 HSAs and 80 nurses (supervisors) have completed training in the administration of injectable contraceptives. This seven-day training provided four days of theory and three days of practicum.
- All the trainings were conducted by competent TOTs who had been trained by CFPHS. DHMT, who officially opened the trainings. The DHMT provided the starter pack of 50 vials and drug boxes to each participant and also provided support. In addition, HSAs received a calendar upon completion of the training.
- USAID/DELIVER provided support in the development of the logistics system and in training the HSAs and supervisors in logistics management.
- During the quarter under review, the client uptake for DMPA improved from 18,854 clients to 26,638 clients, and CBDAs referred 1,665 clients for DMPA.

COMMENTS:

- DMPA is the most popular contraceptive method among women in Malawi. Most women in rural areas were previously unable to access DMPA, but the training of HSAs in DMPA administration has increased women's access to DMPA, especially in rural and hard-to-reach areas.
- Following the training of HSAs in DMPA administration, the demand for DMPA at community level has increased. The DHMTs have consequently not been able to

maintain sufficient supplies due to financial constraints limiting procurement and are asking for more HSAs to be trained in DMPA administration.

- CFHPS will now advocate inclusion of DMPA administration in the HSA job description.
- Despite the fact that HSAs give immunizations, during the training it was observed that they have problems in the technique of deep intramuscular administration of DMPA. (These problems include shaking of the vials, drawing of DMPA into the syringes, and the holding of the syringes). The weaknesses improved with practice and good follow-up and supervision.
- The majority of trained HSAs who are in hard-to-reach areas are male. Due to cultural issues with the buttock as site on injection, the HSAs will be injecting DMPA in the arm during the pilot phase.
- It was observed that in most of the district health centres have no incinerators to burn the waste. CFHPS is discussing with the DHMT involved to find ways to ensure safe disposal of sharps and associated materials.
- Supervisory systems for HSAs are lacking at the district level. CFHPS has trained nurses and medical assistants from the nearest health centre to supervise and provide DMPA to the HSAs to fill the gap.

Other Related Trainings and Private Providers' Training

A Medical Association of Malawi (MAM) training Conference on Family Planning and Women's Health was held in Blantyre. During this conference, PSI's lead medical detailer/trainer and lead female condom project manager/trainer presented in a modified format (given the conference set-up) the private medical service provider training approved by the Lilongwe and Blantyre district health officers along with special information on female condoms.

RESULTS:

- In total, 22 participants attended this training conference. The topics covered included FP methods and complications, FP and hypertension and diabetes, GBV and FP, HIV & AIDS and FP, postabortion care, and screening for cervical cancer.
- The participants included general practitioners, clinical officers, and social workers. The social workers were able to share views on FP issues that are happening at community level. They reported that many women in their communities are affected by GBV, which prevents many of them from using contraceptives.

COMMENT:

- Overall, the conference was a success, and a number of private practitioners forwarded requests for staff training in their clinics.

Holding Community Sensitization Open Days

Two districts, Karonga and Mangochi, organized Community Sensitization Open Days. 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 in 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 the district level* as evidenced by joint planning and active participation by the DHMT, MSH DC, CFPHS country office team, traditional leaders, Christian and Muslim elders and politicians.
- *Increased knowledge* as evidenced by the more than 20 FP/RH and HIV & AIDS topics that were covered through traditional dances, songs, poems, and drama, followed by a quiz at the end of the function.
- *An increase in the number of people who have seen and heard FP/ RH messages.* For the quarter under review, a total of 141,926 individuals had seen or heard FP/RH message (tally recorded during community meetings, health talks, and CBDAs group and individual counselling).

Turnout from the two districts is summarized in tables 2 and 3. Temporary HCT sites were established at each of the two Community Sensitization Open Days. Clients who tested positive were counselled and referred to the nearest health centre.

Table 2. Number of People Registered for Attending the Community Sensitization Open Days by District during the quarter

Date	District	Activity	People in Attendance			
			Adult		Youth	Total
			Female	Male		
2 Feb.09	Mangochi	People accessing FP/RH and HIV & AIDS messages	1,024	987	513	2,524
6 Mar.09	Karonga	People accessing FP/RH and HIV & AIDS messages	2,360	1,740	2,700	6,800
		Total number of people	3,384	2,727	3,213	9,324

Table 3. Number of Clients Who Were Tested and Received Their Results

Date	District	Clients Tested during the Sensitization Open Day			Clients Tested and with Positive Results		
		Female	Male	Total	Female	Male	Total
6 Mar.09	Karonga	48	28	76	2	0	2

COMMENTS:

- HSAs and CBDAs recorded the number of people in attendance. These numbers were consolidated by the DCs and reported on a monthly basis. The Open Days contributed significantly to achieving the target number of people who have seen or heard a specific FP and RH message.
- Test kits for HIV were out of stock during the Open Day in Mangochi, so as a result only group counselling was conducted. In the next Open Days, we will strengthen our collaboration with PSI on empowering the existing drama groups on BCC messages because this collaboration is critical to improve on quality of the events.
- Plans for holding Open Days in the other three districts were postponed to the next quarter due to community involvement in agricultural productions and heavy seasonal rains.

Developing Radio Drama Script, Listeners Clubs, and IEC Materials

The initial drafts radio drama scripts for the first four episodes of the radio drama series were finalized in January 2009. The project's local gender specialist consultant reviewed these draft scripts and recommended changes from a gender perspective. The draft scripts were also shared with key project stakeholders for comments.

The drafting of the remaining 22 scripts has also been completed and a workshop was held with a broad consultative creative and technical panel in March to review and finalize all the scripts for the series in light of the feedback received on the initial four.

RESULTS:

- All 26 episodes were reviewed, and changes are being incorporated into the script.
- The DC involved in the review was helpful; he gave guidance on what is exactly happening on the ground.
- After incorporating the changes, a final script will be circulated to all stakeholders and production of the radio drama will begin.
- Results from the pretesting of the radio drama series were shared by the scriptwriters for comments.

COMMENTS:

- The process of developing radio dramas and other IEC materials will lead to formal selection of Listeners Clubs and start implementation of BCC activities in the districts.
- Meetings with stakeholders in the eight districts have been completed in preparation for the Listeners Club activities due to begin in June 2009.
- Members who participated at the workshop were from Family Planning Association of Malawi, the Health Education Unit of MOH, and MSH.

Conducting a Survey on FP and HIV and AIDS Integration

A call for proposals to carry out the FP and HIV & AIDS integration survey was made in February. The aim of the survey is to establish the meaning, purpose, and barriers to integration and also to use the lessons learned from the community-based CBDA FP and HIV & AIDS services model.

RESULT:

- Consultancy candidate was identified and is expected to start the assignment May 2009 once the process of hiring her is finalized.

COMMENT:

- Following the survey, the consultant will disseminate the findings at a stakeholder's workshop.

Conducting Consultative Meetings on FP and HIV & AIDS Advocacy***Consultative Meetings with MAM and QMAM***

CFPHS is collaborating with the Muslim Association of Malawi (MAM) and Quadria Muslim Association of Malawi (QMAM) to hold a national FP and HIV & AIDS advocacy conference targeting Muslim leaders and policy makers. MAM and QMAM are faith-based organizations working for the Muslim communities in Malawi. The aim of the conference is to advocate for FP and HIV & AIDS services among Muslim leaders. Three planning meetings were facilitated during the quarter.

RESULT:

- A task force to facilitate planning for the conference was formulated and came up with conference objectives, outcomes, and proposed dates and agreed that selected presenters should present their papers to the task force for review.

COMMENTS:

- Although the process is slow, CFHPS is receiving the needed cooperation from the leadership of the Muslim community.
- The MAM and QMAM task force members are now opening up more for discussions among themselves and with CFPHS team members than in the previous meetings. Both sides are looking forward to having a successful conference which will act as a starting point for advocating FP and HIV & AIDS services in the Muslim communities.

Consultative Meetings with CHAM

Consultative meetings were conducted with CHAM secretariat to map out the way forward to select candidates for TOT SDM. The eight districts conducted meetings with CHAM stakeholders and have identified two candidates in each district for training. Meanwhile, CFHPS is procuring cycle beads and adapting training manuals.

COMMENT:

- The demand for natural methods is high in Catholic-dominated areas. The CFPHS approach will also promote fertility awareness among women and promote male involvement in FP. For this reason, CFHPS is procuring the cycle beads for use as a method.

Conducting Field Visits with the COTR

Along with the FP advisor, the Contracting Officer's Technical Representative (COTR) visited projects in Blantyre, Chikwawa, and Phalombe, February 11 to 14, 2009. The purpose of the visit was to observe HTC training in Blantyre, CFPHS-trained nurses' skills in Jadelle use, and HSA DMPA provision in Chikwawa.

RESULTS:

- The COTR was impressed with the involvement of MACRO in training HTC counsellors and encouraged the collaborative effort to use other organizations.
- There was a clear demonstration that USAID is concerned with the well-being of CBDAs, who are doing a wonderful job for no pay.

COMMENT:

- Overall, the COTR expressed satisfaction with CFHPS performance and commended MSH for the good work in Chikwawa and Phalombe. Important observations were made on maintaining vigilance over the disposal of waste, which must be disposed of at health centre incinerators and not within the communities. The COTR also suggested that

CFHPS should begin to disaggregating the activities of CBDAs from those performed by HSAs in the next annual report.

Conducting Planning, Collaborative, and Technical Meetings

Meeting with the U.S. Peace Corps in Malawi

CFPHS sought a letter of support from the Peace Corps organisation during the inception of the project. The Peace Corps Malawi participated in a stakeholders meeting during the first quarter of year one and it was agreed that Peace Corps volunteers would be fully involved once the programme is rolled out to the community where the volunteers are placed. A meeting was held with a representative from the U.S. Peace Corps in Malawi to follow up on the support that they can be provided to the CFPHS Project.

RESULTS:

- The Peace Corps volunteers are responsible for community mobilisation and BCC, this fits well with the role of the CBDAs at community levels.
- Meanwhile, PSI is already involving them in youth Listeners Clubs in another programme; it will be easy to involve them in Listeners Clubs in the eight districts.

COMMENTS:

- It was noted that the Peace Corps volunteers are working in almost all the CFPHS districts except in Chikwawa and Nkhotakota, and they have plans to expand to more districts soon.
- Volunteers are of two types: PRV-Peace Corps, who are response volunteers working as technical advisors and are based at the district assemblies, and PCV-Peace Corps volunteers, who are placed at the community level at health centres.

Participating in Sexual Reproductive Health Technical Working Group Meetings

CFPHS participated in the FP subcommittee and sexual reproductive health (SRH) technical working group meetings during the quarter.

RESULTS:

- *The RHU presented the draft national SRH policy for comments.* This policy now includes language on involvement of the private sector in FP, including social marketing, and on using properly trained community health workers to administer injectable contraceptives. This policy would cover both HSAs and CBDAs.
- *The CFPHS Project presented the progress on the DMPA initiative in the eight pilot districts.* Findings of the policy landscape analysis and the gaps identified included the

regulation of DMPA, the lack of a regulatory body for HSAs, and the lack of guidelines for FP and HIV & AIDS integration.

2. CHALLENGES, SOLUTIONS, AND ACTIONS TAKEN

- Transport at the country office remains a problem. Provision has been made in the PY2 work plan and budget for two vehicles. The process of procurement is slowly under way.
- Mobility of newly trained CBDAs is a challenge. Since the CBDAs started implementing in December, the procurement of supplies and commodities for newly trained and updated CBDAs has yet to be finalized. The demand for such essential working equipment at the community-level—for example, the bicycles for CBDAs—is critical.
- The supply of necessities such as HIV test kits is erratic due to lack of a logistics system. A logistic system for test kits should be instituted in collaboration with USAID/DELIVER.
- The supply of DMPA is inadequate in targeted districts. The solution is to advocate to MOH to include procurement of DMPA in SWAp and other recurrent transactions. USAID and donors should advocate for removal of handling fees for DMPA. A parallel system for monitoring DMPA usage rate monthly has been introduced and is integrated with CBDAs' consolidated reports.
- The existing data management system remains weak at the district level, which affects data quality from lower levels of the health centres and communities. The problem is compounded by the shortage of transport and inaccessible roads during rainy seasons. To resolve the problem, measures such as the re-orientation of pharmacy technicians and district staff in health management information systems and the participation of MSH staff at district levels during monitoring and supervisory visits from the country office have been introduced.
- Lack of sets for LTPM and lack of incinerators in some health centres for waste management are problems. The potential solution is to advocate with DHMTs and seek donor support and other NGOs in provision of sets and for installation of incinerators in health centres.

3. LESSONS, BEST PRACTICES, AND RECOMMENDATIONS

To expand FP and HIV & AIDS services at the community level, the following are noted:

- Following the training of health centre staff in implant insertion (Jadelle and IUCD), the demand in the districts increased. USAID/DELIVER procured 2,700 implants to meet the demand but this number is not enough to meet the demand raised by the project districts.
- Open Days have increased the demand for HTC services at the community level.
- Increased contraceptive use at health centre level has required substantially increased orders for contraceptives.
- Supervision and follow-up of the CBDAs are crucial. Any supervisory visit to a CBDA is a motivation. The incentives received by CBDAs have increased their morale and kept dropout rates at nominal levels.
- Reporting of activities by CBDAs should be improved. Effective reporting ensures good coverage for the numbers of people reached with FP, RH, and HIV messages. The actual numbers reached and recorded by gender showed improvement, but the core indicators require review to incorporate the main activities of CBDAs into the communities.

4. SUCCESS STORY: CREATING DEMAND FOR FP AND HIV & AIDS SERVICES IN KARONGA (DECEMBER,2008)

In the second year of implementing a community-based, district-level integrated FP and HIV/Services, MSH Malawi has reached over 21,341 people with behaviour change messages through Community Sensitization Open Days. Karonga is one of the districts that has contributed almost 8,000 of individuals reached and provided HTC services in two of its Open Days. Karonga, which has a population of around 260,000, is rice growing and fishing district. It has many cross-border businesses, and informal social activities take place in the district.

At 14 percent, Karonga's high HIV & AIDS prevalence rate is similar to the national average rate. The district's contraceptive prevalence rate (currently estimated at 32 percent), by contrast, is low. According to recent estimates from the Malawi Demographic Health Survey, knowledge of a modern method of FP for currently married women is 99 percent, but only 28 percent of all women were using a method of FP. MSH and its subcontractor, PSI, have adopted a low-cost BCC strategy to meet the health needs at community levels.

The Community Sensitization Open Day held in Karonga on December 30, 2008, demonstrated its contribution to increasing community knowledge and interest in FP and HIV & AIDS services. Some of the Open Days' key results were as follows:

- *Community networks.* Sustained collaboration at the district level was evidenced by joint planning and active participation by the DHMT, the MSH DC, the CFPHS country office team, traditional leaders, clerics, politicians, youth drama groups, and social teams of football.
- *Increased number of people aware of FP/RH and HIV & AIDS messages.* A total of 4,550 people (2,660 female and 1,890 male) were head-counted by CBDAs who were in attendance.
- *Increased numbers of people accessing HCT services.* Temporary HCT sites were established and volunteers were tested. In total, 76 clients (48 female and 28 male) were tested and given results. Out of these, 11 were positive (8 male and 3 female); they were further counselled and referred to the hospital.
- *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. Video footage of the activities on the ground, as well as interviews with local beneficiaries was shot, and the PSI video production unit technicians will now work with the CFPHS project team to create a mini-documentary of the event.

5. MANAGEMENT ISSUES

Quarterly Planning Meeting

The DCs and MSH Lilongwe-based staff held a quarterly review and planning meeting March 18 to 20, 2009.

RESULTS:

- Shared January to March 2009 actual performance by districts and consolidated the April to June work plan by project activities.
- Provided feedback on performance statistics for the previous quarter, October to December, by districts, and explained the revised outcome indicators.

COMMENTS:

- A task force was established by management at the country office to review effectiveness of previous meetings.
- The new approach included cost savings in travelling whereby district teams shared vehicles to travel to the quarterly planning meetings, standard format for presenting quarterly results and prior consultations on work plans.

Recruitment of Staff

PSI Malawi identified a new candidate to fill the vacant position of gender and communications Specialist. Approval to proceed with the recruitment was given by MSH. The new team member started work on the project during the course of the quarter.

The recruitment process for the key post of HIV & AIDS technical advisor was finalized, and the incumbent joined the team during the quarter. The vacant posts in the Salima District of DC, administrative assistant, and driver were advertised and recruited. The three staff were deployed in the district during the last month of the quarter.

CFPHS Technical Meetings

The CFPHS Project staff and subcontractors held two technical meetings on March 17 and 18, 2009.

RESULTS:

- PSI would produce different IEC materials such as posters, leaflets, and billboards and launch the IEC materials and the radio drama. About 1,000 copies of gender based manuals will be printed for distribution to CBDAs.
- The communications gender specialist will draft guidelines for conducting Community Sensitization Open Days. The idea is to promote and sustain quality of Open Days' activities, support district in a systematic approach, and maintain accuracy in documentation of the events.

6. UPDATE OF THE PMP

Joint Data Quality Assessment

Following recommendations during previous meetings between USAID and MSH, a joint field visit was carried out to Chikwawa by the strategic information advisor (USAID Malawi) and the CFPHS M&E advisor, March 11 and 12, 2009. The purpose of the visit was to conduct a data quality assessment to determine appropriateness of targets in the PMP, observe an Open Day, and provide technical guidance in head-counting of people seeing and hearing FP/RH and HIV & AIDS messages. An earlier data quality assessment was carried out in Balaka District where CBDA records were reviewed.

RESULTS:

- Ascertained appropriateness of targets and updated sections of clarity such as the number of people to be trained in Abstinence, be faithful and condom use (ABC) and abstinence and being faithful (AB), counselling visits by CBDAs and district hospitals in the DIP.
- Conducted data quality performance on the “Number of people trained in FP and RH (using USG funds) both men and women.” The DC had accurate (manual) records of male and female CBDAs and health workers trained and reported to the country office.
- Assessed the quality of data on FP at health facility by examining records kept by the primary supervisor (i.e., HSAs). The primary supervisor for CBDAs kept complete records of all CBDAs and consolidated accurately for a monthly report.
- Interviewed DC, clinic staff, health post staff, and clients on FP compliance and documented the results. No violation of the Tiahrt Amendment was found.

COMMENTS:

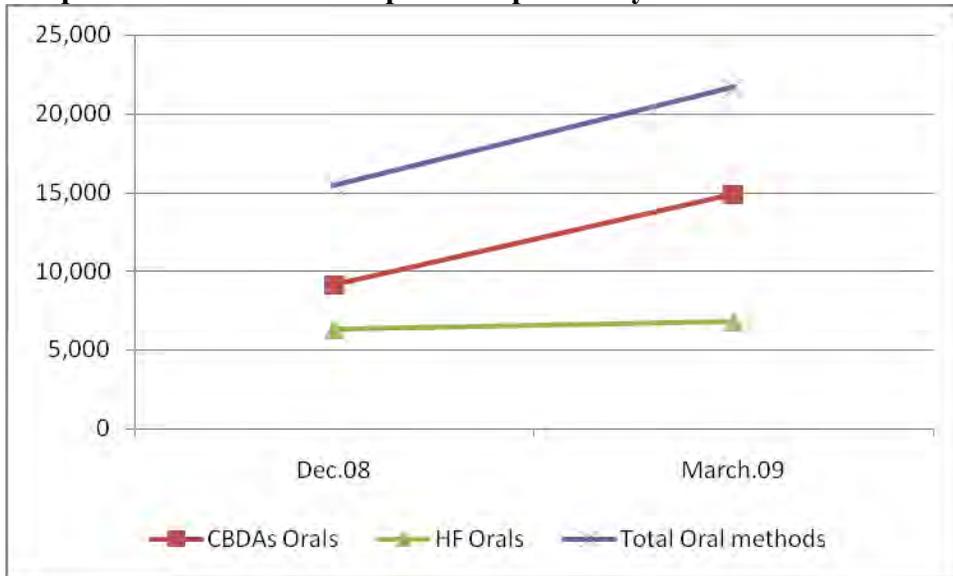
- It was unfortunate that the Community Sensitization Open Day was cancelled on short notice because of bad weather. All parties have generally agreed that the events should be conducted during the dry season.
- The CBDA referral system could not be verified from the CBDAs who were interviewed. The CBDA did not have adequate experience in making effective referrals and the working definition of referrals had to be re-explained during the field visit.

Linking CBDAs and Performance Data

CBDAs are contributing to the reduction of the work load at health facilities. Figure 1 illustrates the uptake of oral pills, which is increasing at the CBDA level and declining at the health facility level. For DMPA, an upward trend is evident, and CBDAs play a major role in referring clients to the health facilities and to newly trained HSAs. During the quarter under review, CBDAs

referred over 1,660 clients for DMPA compared to almost a 1,000 clients who were referred in the previous quarter.

Figure 1: Comparison of oral contraceptives dispensed by CBDAs and at HFs



Source: District quarterly reports

Figure 2. Increase in CYP by quarter

For the quarter under review, CYP increased from 19,690 to 24,562. See figure 2.

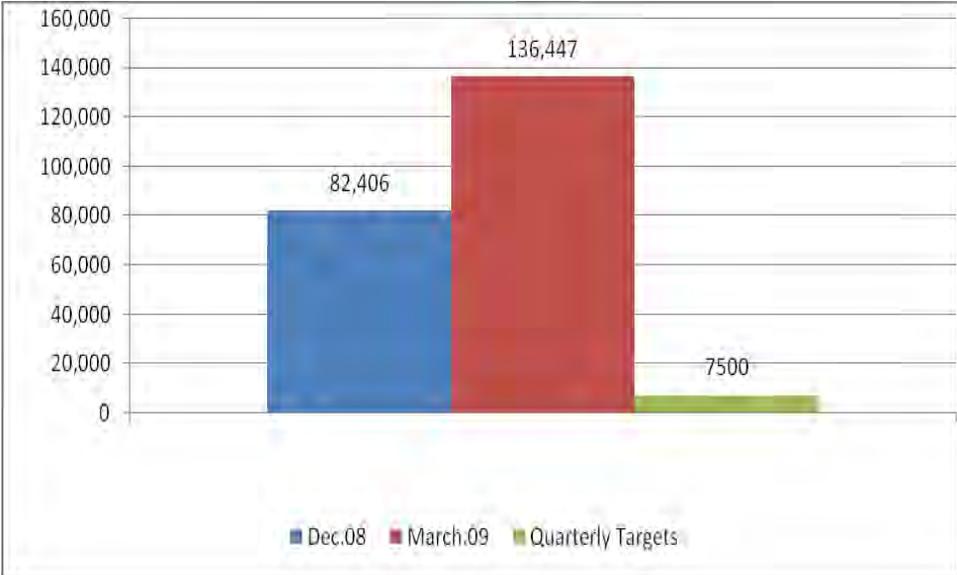


Source: District quarterly reports

Counselling Visits

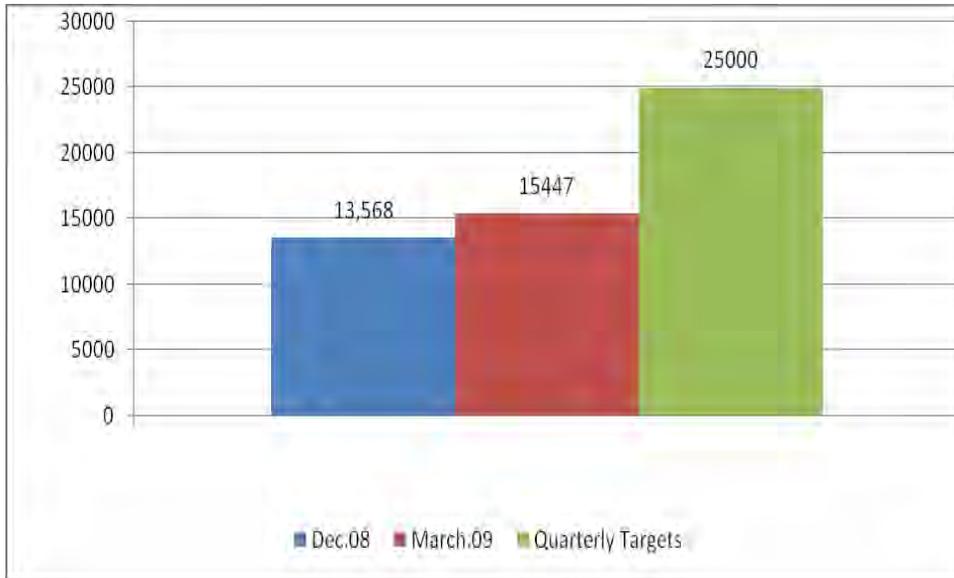
In total, 136,447 clients had counselling visits for FP and RH. As indicated in figure 3, the counselling visits for this quarter were much higher than what was registered in the previous quarter (82,406). This increase represents a 66 percent increase from the previous quarter. The CBDAs’ performance in counselling new and returning clients and in conducting group and individual sessions has increased the demand for services at community levels.

Figure 3. Increase in Counselling Visits



Individuals who Received Counselling and Testing for HIV and Received Their Result by CBDAs

The 21 CBDAs trained as HTC counsellors did not perform above the set targets. Figure 4 illustrates such performance on quarterly basis. This deficit was due primarily to a delay in MOH approval of permission for CBDAs to provide these services. The other 69 CBDAs who just successfully completed training will commence full implementation by the next quarter.



Source: District reports, n=21 CBDAs from seven districts

Figure 4. Number of Clients Counsellled and Tested for HIV by CBDAs

7. PLANNED ACTIVITIES FOR NEXT QUARTER

The major activities planned for the next quarter include the following:

- Support supervisory and monitoring visits to trained HSAs administering DMPA in pilot districts (April to June 2009).
- Conduct training of remaining 257 CBDAs (April 2009).
- Conduct a consultation meeting with Muslim Association of Malawi (MAM) and QMAM to advocate FP and HIV & AIDS prevention among Muslims
- Conduct planning meetings with CHAM on promotion of natural methods (April to June 2009).
- Conduct training of trainers (TOT) in SDM and cycle beads (April to June 2009).
- Finalize production of FP/HIV & AIDS and GBV radio drama script, IEC materials, and disseminate to target districts and beyond (April to June 2009).
- Implement an integrated supervision system to facilitate the work of all CBDAs (April to June 2009).
- Facilitate hiring of an STTA to conduct operational research (April to May 2009).
- Conduct joint monitoring and data quality assessments (April to June 2009).
- Conduct stakeholders survey regarding definition and purpose of integration in relation to HIV and FP/RH (April to June 2009).
- Hold quarterly planning and review meeting (June 2009).

8. ANNEX

Table 3. Project Performance for Quarter 5 and 6 (October 2008 to March 2009) Using Key Indicators

No.	CFPHS Indicators	Disaggregated by	PY2 Targets	Quarterly Actual	
	FP and RH Services			Q5 Oct-Dec	Q6 Jan-March
1	Number of new approaches (e.g., tools, technologies, operational procedures, information systems) successfully introduced		2	0	0
2	CYP in USG-supported programmes		80,000	19,690	24,562
3	Number of people trained in FP and RH (with USG funds), both men and women	Total	500	383	482
		Male	200	238	295
		Female	300	145	187
4	Number of counselling visits for FP and RH as a result of USG assistance, both men and women	Total	30,000	82,406	136,447
		Male	15,000	9,497	23,580
		Female	15,000	72,909	112,867
5	Number of people who have seen or heard a specific FP and RH message	Total	400,000	100,036	232,508
		Male	200,000	19,790	59,401
		Female	200,000	75,959	173,107
6	Number of policies or guidelines developed or changed to improve access to and use of FP and RH services		0	1	0
7	Number of USG-assisted SDPs providing FP counselling or services		50	65	320
8	Number of USG-assisted SDPs experiencing stocks-outs of specific tracer medicines		0	30	1
9	Number of people reached through community outreach that promotes HIV & AIDS prevention through abstinence, being faithful, or both	Total	750,000	70,767	232,508
		Male	375,000	18,537	59,401
		Female	375,000	52,230	173,107
10	Number of people trained to promote HIV & AIDS prevention through abstinence, being faithful, or both	Total	1,250	383	482
		Male	625	238	295
		Female	625	145	187

No.	CFPHS Indicators	Disaggregated by	PY2 Targets	Quarterly Actual	
	FP and RH Services			Q5 Oct-Dec	Q6 Jan-March
11	Number of individuals reached through community outreach that promotes HIV & AIDS prevention through other behaviour change beyond abstinence, being faithful, or both	Total	65,000	60,664	104,823
		Male	32,500	15,831	28,346
		Female	32,500	44,833	76,477
12	Number of people trained to promote HIV & AIDS prevention through other behaviour change beyond abstinence and being faithful	Total	1,250	383	482
		Male	625	238	295
		Female	625	145	187
13	Number of targeted condom service outlets		80	139	208
14	Number of individuals trained in HIV-related stigma and discrimination reduction	Total	1,250	383	482
		Male	625	238	295
		Female	625	145	187
15	Number of service outlets providing counselling and testing according to national and international standards			93	
			84		113
16	Number of individuals trained in counselling and testing through FP project according to national and international standards	Total	25	0	69
		Male	12	0	54
		Female	13	0	15
17	Number of individuals counselled and tested for HIV who have received results (excluding TB)	Total	100,000	13,568	15,447
		Male	50,000	4,503	5,355
		Female	50,000	9,065	10,092
18	Number of local organizations provided with technical assistance for HIV-related institutional capacity-building			0	
			30		0
19	Number of individuals trained in HIV-related institutional capacity-building	Total	80	0	0
		Male	40	0	0
		Female	40	0	0

Table 4. Project Performance for Quarters 5 and 6 (October 2008 to March 2009) Using Key Indicators

No.	CFPHS Indicators	Disaggregated by	PY2 Targets	Semi Annual Achievements		Comments
	FP and RH Services			Oct – March Actual	Percentage of PY2 Target	
1	Number of new approaches (e.g., tools, technologies, operational procedures, information systems) successfully introduced		2	3	150%	1. DMPA guidelines, 2. Participant and trainer manuals, 3. DMPA logistics and job aids
2	CYP in USG-supported programmes		80,000	44,252	55%	With more demand for DMPA target will be sustained
3	Number of people trained in FP and RH (with USG funds), both men and women	Total	500	865	173%	
		Male	200	533	267%	
		Female	300	332	111%	
4	Number of counselling visits for FP and RH as a result of USG assistance, both men and women	Total	30,000	218,853	730%	
		Male	15,000	33,077	221%	
		Female	15,000	185,776	1,239%	
5	Number of people who have seen or heard a specific FP and RH message	Total	400,000	332,544	83%	With planned Open Days, radio dramas, and IEC messages, target will be exceeded.
		Male	200,000	79,191	40%	
		Female	200,000	253,353	127%	
6	Number of policies or guidelines developed or changed to improve access to and use of FP and RH services		0	0		
7	Number of USG-assisted SDPs providing FP counselling or services		50	320	640%	
8	Number of USG-assisted SDPs experiencing stocks-outs of specific tracer medicines		0	31		Female condoms and Norplant/Jadelle reported out of stock
9	Number of people reached through community outreach that promotes HIV & AIDS prevention through abstinence, being faithful, or both	Total	750,000	303,275	40%	Expected to reach target after deployment of additional CBDAs in December
		Male	375,000	77,938	21%	
		Female	375,000	225,337	60%	
10	Number of people trained to promote HIV & AIDS prevention through abstinence, being faithful, or both	Total	1,250	865	69%	Training includes CBDAs, nurses, and HSAs
		Male	625	533	85%	
		Female	625	332	53%	

No.	CFPHS Indicators	Disaggregated by	PY2 Targets	Semi Annual Achievements		Comments
	FP and RH Services			Oct – March Actual	Percentage of PY2 Target	
11	Number of individuals reached through community outreach that promotes HIV & AIDS prevention through other behaviour change beyond abstinence, being faithful, or both	Total	65,000	166,154	256%	Within target
		Male	32,500	44,417	137%	
		Female	32,500	121,737	375%	
12	Number of people trained to promote HIV & AIDS prevention through other behaviour change beyond abstinence and being faithful	Total	1,250	865	69%	
		Male	625	533	85%	
		Female	625	332	53%	
13	Number of targeted condom service outlets		80	208	260%	Excludes CBDAs as condom service outlets
14	Number of individuals trained in HIV-related stigma and discrimination reduction	Total	1,250	865	69%	Topic covered during CBDAs trainings and HTC
		Male	625	533	85%	
		Female	625	332	53%	
15	Number of service outlets providing counselling and testing according to national and international standards		84	113	135%	
16	Number of individuals trained in counselling and testing through FP project according to national and international standards	Total	25	69	276%	Trained 80 but 11 did not pass
		Male	12	54	450%	
		Female	13	15	115%	
17	Number of individuals counselled and tested for HIV who have received results (excluding TB)	Total	100,000	29,015	29%	Newly trained CBDA counselors to contribute in reaching targets
		Male	50,000	9,858	20%	
		Female	50,000	19,157	38%	
18	Number of local organizations provided with technical assistance for HIV-related institutional capacity-building		30	0	0	Planned for next quarter
19	Number of individuals trained in HIV-related institutional capacity-building	Total	80	0	0	
		Male	40	0	0	
		Female	40	0	0	

Source: District reports

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