

## **CFPHS Quarterly Report No. 8 and Annual Report October 2008 – September 2009**

---

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

October 2008

Keywords: Family Planning, HIV/AIDS, Malawi

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number GHS-1-00-07-00006-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

---

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](http://www.msh.org)



**USAID** | **MALAWI**  
FROM THE AMERICAN PEOPLE



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

Annual/Quarterly Report No. 8



**Delegates from MOH, USAID, MSH and Muslim Associations at a Conference on FP/HIV/AIDS, Lilongwe, August 2009**

---

**Community-based Family Planning and HIV& AIDS Services in Malawi  
Quarterly Report No. 8 July–September 2009**

---

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government (USG).

## **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 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 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).

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

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

Task Order No.: GHS-1-03-07-00006-00

Management Sciences for Health

784 Memorial Drive

Cambridge, MA 02139

Telephone: 617-250-9500

[www.msh.org](http://www.msh.org)

# CONTENTS

<b>Executive Summary .....</b>	<b>vii</b>
<b>Major Achievements .....</b>	<b>viii</b>
<b>Management Issues.....</b>	<b>ix</b>
<b>Major Challenges.....</b>	<b>ix</b>
<b>Activities for Year 3.....</b>	<b>x</b>
<b>Overall Progress of the CFPHS Project for the Quarter (July–September 2009) .....</b>	<b>1</b>
<b>Provide Initial Training and Updates for CBDAs.....</b>	<b>6</b>
<b>Train selected CBDAs in HTC.....</b>	<b>7</b>
<b>Train clinicians in Implants and Long-Term Permanent Methods.....</b>	<b>8</b>
<b>Train Health Centre Staff in Implants.....</b>	<b>9</b>
<b>Result .....</b>	<b>9</b>
<b>Training of Trainers in Standard Days Method (SDM).....</b>	<b>9</b>
<b>Train SDM Provider .....</b>	<b>10</b>
<b>Conduct Training of HSAs in DMPA .....</b>	<b>11</b>
<b>Facilitate capacity-building trainings for Community-based Organizations.....</b>	<b>12</b>
<b>Conduct Advocacy Conference on FP/HIV and AIDS Services for Muslim Clerics .....</b>	<b>14</b>
<b>Facilitate Listeners Clubs Activities.....</b>	<b>14</b>
<b>Distribute IEC Materials Developed for Radio Drama Series .....</b>	<b>15</b>
<b>Finalize Community Drama Trainings .....</b>	<b>16</b>
<b>Conduct a Survey on FP and HIV &amp; AIDS Integration.....</b>	<b>16</b>
<b>Challenges, Solutions, and Actions Taken .....</b>	<b>17</b>
<b>Lessons, Best Practices, and Recommendations.....</b>	<b>18</b>
<b>Success Story: Creating Demand for FP and HIV &amp; AIDS Services in CHIKWAWA (December 2008) .....</b>	<b>19</b>
<b>Management Issues .....</b>	<b>21</b>
<b>Leadership Development Program .....</b>	<b>21</b>
<b>Quarterly Planning and Review Meeting .....</b>	<b>21</b>
<b>Quality Assurance in Door-to-door HIV Testing by CBDAs.....</b>	<b>22</b>
<b>Qualitative Supportive Supervision of CBDAs trained as HTCs .....</b>	<b>23</b>
<b>UPDATE OF THE Performance Monitoring Plan.....</b>	<b>24</b>
<b>Conduct Joint Monitoring and Data Quality Assessments in the Districts .....</b>	<b>24</b>
<b>Individuals who Received Counselling and Testing for HIV and Received Their Results     from CBDAs .....</b>	<b>26</b>
<b>MAJOR PLANS FOR YEAR 3 .....</b>	<b>28</b>
<b>Annex 1. Project Performance for Quarters 7 and 8 (June–September 2009) Using Key Indicators .....</b>	<b>30</b>
<b>Annex 2. Project Performance for Year 2 (October 2008–March 2009) Using Key Indicators.....</b>	<b>32</b>
<b>Annex 3. Summary of Trainings Completed, by District.....</b>	<b>34</b>

## ACRONYMS

AIDS	acquired Immunodeficiency 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 Project
CHAM	Christian Health Association of Malawi
CHSU	Community Health Sciences Unit [of the Malawi Ministry of Health]
CYP	couple years of protection
DC	District Coordinator
DELIVER	A John Snow, Inc. (JSI) project
DHMT	District Health Management Team
DMPA	Depo Provera <sup>®</sup>
DIP	Detailed Implementation Plan/District Implementation Plan
FGI	Futures Group International
FP	family planning
GBV	gender-based violence
GOM	Government of Malawi
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
IPC	Infection Prevention Committee
IUCD	intrauterine contraceptive device
LC	Listeners Club
LTPM	long-term and permanent methods [of contraception]
MACRO	Malawi Counselling and Resource Mobilization
MAM	Muslim Association of Malawi
M&E	monitoring and evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NAC	National AIDS Commission
NGO	nongovernmental organization
OC	oral contraceptive
PMP	Performance Monitoring Plan
PMTCT	prevention of mother-to-child transmission [of HIV]
PSI	Population Services International
RH	Reproductive Health
RHU	Reproductive Health Unit [of the Malawi Ministry of Health]
SDM	standard days method
SDP	service delivery point
STI	sexually transmitted infection

SRH	sexual and reproductive health
SWAp	Sector-wide Approach
TOT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
WCBA	Women of Child Bearing Age

## EXECUTIVE SUMMARY

USAID's CFPHS Project, implemented by Management Sciences for Health along with its subcontractors, Population Services International (PSI) and Futures Group International (FGI), provides a unique opportunity for the GOM/MOH to reposition family planning and improve/increase HIV & AIDS services in rural communities of the eight target districts: Balaka, Chikwawa, Karonga, Kasungu, Nkhosakota, Mangochi, Phalombe, and Salima. These districts are basically rural, with pockets of semi-urban areas. Our technical approach mandates the CFPHS program to work closely with the MOH to strengthen FP and HIV & AIDS services and is designed to achieve sustainable results in the eight USAID-targeted districts. This is being achieved through training various cadres of MOH staff and volunteer community-based distribution agents (CBDAs), working closely with community leaders at various levels, assisting with policy formulation to provide an enabling environment for service delivery and mass communication to increase awareness of services provided by the project.

The project has received overwhelming support from the Ministry of Health, National AIDS Commission (NAC), USAID/DELIVER in Malawi, and the communities served by the project. Specifically, the support has been demonstrated in a variety of ways, such as the Ministry acknowledging activities being undertaken by the project at important meetings such as the Sector-wide Approach (SWAp) review, involving project staff in the Technical Working Groups (TWGs) in both Family Planning and HIV & AIDS, the Minister of Health and other senior officials advocating the services being provided by the project at technical meetings. The Community Health Sciences Unit (CHSU), NAC, and the HIV & AIDS Unit of the Ministry of Health have been extremely supportive of these initiatives and have provided necessary guidance regarding Quality Assurance, and acknowledge this as a most cost-effective way of conducting testing and counseling. Further, the MOH provided introductory letters allowing project-trained counsellors to provide counselling and testing services in the communities. The letters of introduction of the HIV Testing and Counselling (HTC) counsellors to the District Health Offices in the eight target districts allowing the HTC Counsellors to conduct testing on a door-to-door basis are indicative of the recognition of the quality of training and services provided by project-trained counsellors. Such support demonstrates Government commitment to Family Planning and HIV & AIDS programs. USAID/DELIVER has been particularly supportive in developing logistics management tools.

Collaboration between the contractor and subcontractors has been healthy and conducive to making significant progress to achieve project results. An advocacy meeting was held for Muslim clerics and leaders to discuss issues related to use of Family Planning and HIV & AIDS services among Muslims. The meeting has opened new avenues to increase access to services to communities that have not been in the mainstream of service delivery. This meeting was opened by the Deputy Head of Mission of the US Embassy and closed by the Minister of Health. The meeting served as a critical advocacy tool for FP and HIV & AIDS services in Muslim communities. As a follow-up to the meeting, Muslim women invited project staff to talk about FP and HIV&AIDS at their national annual meeting in Karonga. Another collaborative effort has been with the Catholic communities in the eight districts to provide training of trainers for

natural FP methods, especially the Standard Days Method. The training has been welcomed by the communities in predominantly Catholic areas.

The use of community-based volunteers in serving the hard-to-reach rural populations provides a model that has great potential for sustainability, because CBDAs are selected on the basis of trust by their own communities to serve them. The model also provides the most-needed link between the community health worker and the formal health system through the Health Surveillance Assistants. The door-to-door delivery of FP services and HIV Testing and Counseling has won the hearts and minds of community leaders, as well as those of senior officials in both the MOH and NAC. Clients do not have to travel long distances to access these services. In addition, the services are provided by individuals whom community members trust to maintain confidentiality. Every effort needs to be made to sustain this model.

## **Major Achievements**

The major achievement of the program in Year 2 has been the completion of various training activities. This has prepared the program for implementation of field activities directed at providing services to Malawians in the eight target districts. An additional 589 CBDAs were trained, bringing the total of trained CBDAs to 1,000, increasing awareness in target communities, providing oral contraceptives and distributing condoms; 320 Health Surveillance Assistants were trained to administer DMPA in the communities, with 80 supervisors; 160 Nurses were trained to insert implants; 16 pairs of facility-based staff (Clinical Officer and Nurse) were trained to provide permanent methods, and various groups were trained to provide supportive supervision as necessary. While the target of training 16 HIV testing and counselling counsellors was achieved, the number was found to be insignificant to make any impact on community testing and counselling services in the target districts with a population of approximately 3.4 million in the life of the project. As a result, an additional 59 counsellors and 15 supervisors were trained and deployed in the field. The door-to-door counselling and testing is gaining momentum, but the numbers are still insufficient to meet the demand for C&T.

The use of community health volunteers has proved to be a great success in bringing services closer to the rural hard to reach populations. This fact has been echoed at Health Open Days by District Commissioners, Traditional Authorities, District Health Officers, and senior officials at the Reproductive Health Unit (RHU)/Ministry of Health Headquarters. The MOH acknowledges that with the introduction of CBDAs, clients requiring services do not have to travel long distances and that the service providers live within the communities, thereby making the services available to them most of the times. The RHU/MOH is now encouraging none target districts to start training CBDAs with funding from other sources. Districts such as Mchinji, Dedza, Mzimba, Zomba, with Bill & Melinda Gates Foundation funds, have started training CBDAs. The project has laid a solid foundation for implementing community-based activities.

## **Management Issues**

The MSH/BASICS presence in all eight target districts has significantly contributed to the achievement of the set targets. Out of the eight target districts, three are staffed by BASICS staff where one District Coordinator is implementing the two programs. Likewise, three districts BASICS districts benefited from CFPHS Project. This has meant staff, transport, office accommodation, and other necessities are shared between the two projects.

An issue of great concern has been the high turnover of District Coordinators. Over the past year five District Coordinators have left the program, resulting in implementation challenges. It has always taken time to find suitable replacements. Two were terminated on grounds of financial mismanagement while the other three left to seek better remuneration elsewhere. Although the matter is being considered it is taking long and there are fears that more could be lost to competing organizations.

Another concern is the increasing dropout rate of CBDAs. Although the dropout rate has not reach an alarming proportion, it is of significant concern as CBDAs form the axis of service delivery in this project. One of their major complaints has been lack of mobility and support to maintain bicycles for those who have bicycles. There is a need for concerted effort to resolve these issues. The in-country office has attempted to seek assistance from USAID and the National AIDS Commission but both of these requests are still pending.

## **Major Challenges**

The project experienced a few challenges in the course of implementing Year 2 activities. Supply of contraceptives and test kits was problematic because of the general supply at the national level and reporting of consumption at the community, health centre, and district level. Consumption data has now improved with assistance from the project, but procurement at the national level is still an issue. The major contraceptives of concern are DMPA and implants. The situation is being addressed, and some improvements have been observed.

Equipment for long-term and permanent methods (LTPMs) has been in short supply at various health facilities making it difficult for trained staff to practice and provide clients with the LTPM of their choice. The project has been advocating with the MOH to provide such equipment and some of the equipment have been supplied. The situation needs to be improved further.

As mentioned above, transport for CBDAs still remains a serious concern. Both program implementation and data collection are becoming problematic. The CBDAs are mobility difficult. Efforts are being made to solve the problem but nothing has yet materialized.

### **Activities for Year 3**

The workplan for Year 3 was submitted as required, and has been approved. However, financial information will require further attention to explain any carryover and detailing the colours of the FP and HIV&AIDS streams of funding.

With training completed, Year 3 activities will focus on implementation of FP and HIV & AIDS activities, strengthening the MOH supervision systems, data collection and minor refresher training of CBDAs, HSAs, and supervisors. In HIV & AIDS there will be greater focus on quality of services to ensure credible result and ethical counselling of clients.

## OVERALL PROGRESS OF THE CFPHS PROJECT FOR THE QUARTER (JULY– SEPTEMBER 2009)

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

**Table 1. Summary of Planned Activities and Achievements, July–September 2009**

No.	Planned Activities	Achievements	Comments
1.	Recruit and train additional CBDAs and their supervisors by districts.	CBDAs and supervisors recruited.	Activity completed this quarter.
2.	Facilitate training of CBDAs and CBDA supervisors.	CBDAs and supervisors trained.	All CBDA trainings have been completed this quarter.
3.	Facilitate training of CBDAs on gender-based violence (GBV) information and counselling skills and supervised and monitored accordingly.	CBDAs trained on GBV information and counselling skills.	The topics are covered during CBDA trainings.
4.	Facilitate training of HSAs and supervisors in DMPA administration.	HSAs trained in DMPA with supervisors.	DMPA trainings completed in Mangochi District.
5.	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 were out of stock at Balaka District.
6.	Provide all health facilities with contraceptives and other pharmaceutical logistics management.	With USAID/DELIVER, ensured adequate supply,	Ongoing activity,
7.	Support training updates for CBDAs.	CBDAs and supervisors received training updates.	
8.	Pilot the feasibility of having CBDAs carry a standard-days method (i.e., cycle beads).	Procurement of cycle beads processed. Training manuals adopted.	
9.	Develop and test Information, Education, and Communication (IEC) materials to build knowledge of and confidence about FP methods and the importance of interspousal communication on FP.	IEC materials developed and being distributed.	Eight districts briefed on formation of Listeners Clubs for radio scripts and drama.
10.	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 interspousal communications on FP.	7 Community Sensitization Open Days conducted in two districts.	

11.	Equip CBDAs to use simplified quality assurance management tools.	Job aids and tools developed for CBDAs.	Ongoing activity.
12.	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 activity.
13.	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.	
14.	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.
15.	Facilitate formation of or revitalize existing community groups to address FP, HIV & AIDS, and sexually transmitted infection (STI) activities (i.e., information on prevention, SDPs).	Inventory of support groups completed in the eight districts.	Ongoing activity.
16.	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 activity.
17.	Conduct data audit process for all eight districts.	One district (Mangochi) was visited and data reviewed auditing procedures	Ongoing exercise but with transport constraints at country office till the end of this quarter.
18.	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.
19.	Facilitate dissemination meetings of baseline findings.	Hard copies of Summary of baseline findings distributed to DC and their counterparts at DHMT.	During review meetings baseline findings were linked with existing BCC interventions
20.	Submit quarterly, progress, and financial reports.	Financial and monthly progress reports submitted.	Ongoing activity.

**Table 1B. Summary of Planned Activities and Achievements for Year 2**

<b>Activity</b>	<b>Indicator</b>	<b>Targets</b>	<b>Implementation Status</b>	<b>Comments</b>
Facilitate training for CBDAs.	Number of CBDAs trained.	250	250 new CBDAs recruited and trained.	Reached target of 250.
Train CBDA supervisors (refer to I.A.1.4 for budget).	Number of first- and second-line CBDA supervisors recruited (10 each).	192	281 supervisors selected and trained.	89 over and above target.
Procurement of 500 bicycles.		500	96 bicycles to be purchased by Sept. 2009.	404 CBDAs remaining without bicycles.
Conduct policy landscape analysis to identify current policies pertaining to family planning and reproductive health services.	Report produced and disseminated.	1	1	Report was produced and disseminated at RHU meeting.
Identify policies changes or new policies that would improve equitable and affordable access to FP/RH services.	Number of policy changes identified.	3	3 policy areas identified (community-based DMPA, FP/HIV/AIDS integration, and social marketing)	DMPA guidelines developed, FP/HIV/AIDS integration survey underway.
Implementation and dissemination of policy changes	Number of policy changes implemented and disseminated.	1	1	Community-based DMPA policy.
Facilitate training for CBDAs on information and counselling skills on GBV, supervised and monitored accordingly.	Number of CBDAs and clinical providers trained.	589 CBDAs and 192 clinical providers.	589 CBDAs and 281 clinical providers trained.	
Ensure CBDAs have continuous supply of contraceptives/condoms/DMPA and HIV test kits.	% of trained CBDAs with no stock-out of contraceptives (couple years of protection by method).	90%	90% achieved.	Shortage of some commodities is constrained by procurement bottlenecks at national level.
Develop private sector, nongovernmental organization (NGO) and other partners' capacity to provide accurate and complete information and counselling on family planning and modern methods as well as IEC and BCC.	Number of private medical providers, private clinic and staff, and health NGO workers trained in family planning counselling.	50	163	101 trained, leveraging with other funds.

Facilitate training of trainers (TOT) for cycle beads.	Number of women and men trained.	40	16 TOTs to be trained in Sept. 2009.	This number will be adequate to cover training needs; target is to train 10 providers per district in PY3
Facilitate CBDA and supervisors' refresher training for those trained in early part of PY1 - 1 session per district	Number of CBDAs (208) and supervisors (32) updated.	1,000	208 CBDAs and 32 supervisors trained.	Refresher training conducted only in Kasungu, Phalombe, and Mangochi; refresher training was limited by funding.
Facilitate training of HSAs and supervisors in DMPA administration.	Number of HSAs and supervisors trained in DMPA.	400	320 HSAs and 80 supervisors trained.	The trainees are providing services.
Adopt and print TOT training materials for surgical contraception.	Number of TOT materials printed.	32	32	2 sets of draft training materials printed (participant's and trainer's manuals) and used during trainings.
Train 160 nurses in Norplant and IUCD insertion at health centre level.	Number of health workers trained in Norplant and IUCD methods.	160	160 nurses trained.	There is short supply of Jadelle at national level (CMS)
Train 16 Clinical officers in long term and permanent (Norplant, tubal ligation and vasectomy)	Number of health workers trained in LTPMs.	16	16	Trained and providing services.
Collaborate with the RHU to develop and approve an integrated BCC strategy.	Strategy document in place.	1	1	Integrated BCC strategy approved and in use
Conduct focus group discussions with men to improve understanding of factors influencing male opinions towards women's access to FP and HIV/AIDS services.	Focus group discussion reports prepared and disseminated.	50	50	Reports disseminated and used for developing BCC messages.
Develop and test IEC materials to build knowledge of and confidence about modern FP methods and the importance of inter spousal communication on FP.	Number of printed IEC materials developed, produced and disseminated.	4	8	4 brochures, 2 booklet, and 2 posters

Train health workers and providers in communication skills essential for behaviour change in target groups.	Number of health workers trained in communications and FP methods.	20	20	This was incorporated in all the trainings done.
Disseminate mass media campaign elements throughout target districts and beyond, production of video; IEC events(production and implementation).	Number of people who have seen/heard a specific FP/RH message.	300,000	In progress and likely to exceed target.	Started in August airing on two radio stations.
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.	Number of Community Sensitization Open Days conducted (est. 150 persons per event).	32	32	Open days continue to attract men, women, and youth to get FP/HIV/AIDS messages.
Develop, test, and produce FP drama series and disseminate in all target districts and beyond.	Production of weekly drama series and dissemination of shows on national and/or community radio.	52	In progress and likely to exceed target.	Started in August, airing on two radio stations.
Conduct training for leaders of Radio Drama Listeners Club (LC)	Number of LC leaders trained.	40	398 trained.	
Conduct training for NGOs, faith-based organisations (FBOs), and community-based organizations (CBOs) in FP- and HIV-related institutional capacity building.	Number of local organisations provided with technical assistance for HIV-related institutional capacity building.	75	97	Exceeding target.
Conduct training in HTC, stigma and discrimination reduction. Refer to I.A.1.4.	Number of individuals trained in counseling and testing according to national and international standards.	100	80	54 CBDAs and 15 supervisors qualified and 11 failed. Total to date trained is 101.

Support training, updates, workshops/meetings/study tours for FP/HIV/STI staff.	Number of trainings supported.	8	1	Monitoring and Evaluation Advisor to Ethiopia for Population, Health and Nutrition training. Limited funds to carry out this activity.
Track key performance indicators for monitoring at MSH and key partners, district, health centre, and community levels.	Number of key performance indicators identified.	19	24	5 custom indicators added .
Facilitate meetings to disseminate baseline findings.	Number of dissemination meetings conducted.	12	11	Disseminated in the process of developing BCC materials, at review meetings, RHU, and DHMT meetings.
Disseminate information on project progress to MOH and other stakeholders.	Number of progress report submitted.	1	3	Update on CBDAs and DMPA; policy update; annual workplan shared with MOH.
Develop and disseminate success stories and highlights.	Number of success stories submitted and approved.	5	4	2 Success stories submitted to USAID and 2 stories shared.

## Provide Initial Training and Updates for CBDAs

During this reporting quarter, Mangochi and Phalombe districts facilitated initial and new trainings of CBDAs. 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 sexually transmitted infections (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

- A total of 20 CBDAs supervisors were trained during the initial CBDA trainings in Mangochi and Phalombe districts.
- A total of 35 CBDAs and eight supervisors were updated.
- The training of initial (20) and updated (42) CBDAs—brings the total number of trained CBDAs to date to 1,003. CFHPS has reached the target of 1,000.

- 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 receive a one-week training to bring them up to speed with other CBDAs.

### **Comments**

- The dropout rate for CBDAs has significantly increased, from 2.8 percent in the previous quarters to about 4 percent. While the impact of this has not yet been measured, it is known that some clients are beginning to travel long distances to get services. This hardship could cause some clients to discontinue with a method. Male CBDAs represented a higher percentage of the dropout numbers than female counterparts. The main reason for resigning is finding new employment.
- The reporting system from the districts has been greatly compromised by the lack of bicycles. The CBDAs cover long distances on foot and sometimes do not report to the HSAs on what they were doing in their communities. The turnover of CBDAs is also increasing because of, among other things, the sacrifice they make to walk long distances. The project continues to look for any possible savings that could go towards procurement of bicycles.

### **Train selected CBDAs in HTC**

A total of 80 CBDAs were trained in HIV testing and counselling through MACRO and Lighthouse as recommended by the Ministry of Health.

### **Results**

- MACRO in Blantyre trained 41 participants from Balaka, Chikwawa, Mangochi, and Phalombe, while Lighthouse in Lilongwe trained 39 participants from Karonga, Kasungu, Nkhotakota, and Salima.
- A total of 80 participants were drawn from all eight target districts (15 HSAs and 65 CBDAs). However, 11 CBDAs did not qualify and were not recognized to practice as HTC counsellors but as motivators for testing.

### **Comments**

- These trainings increased the number of CBDAs and HSAs trained in HTC from 21 to a total of 90.
- Contracting out the training made it cheaper than planned and the programme realized some savings.

- The number of individuals counselled and tested in the year by the CBDAs reached 67,437, of whom 26,433 were male and 41,004 were female.

### **Train clinicians in Implants and Long-Term Permanent Methods**

As a result of the increase in the implant uptake, the program found it necessary to increase the number of service providers to ensure that women should have a wider contraceptive method choice.

LTPM training is a hands-on, competency-based training in tubal ligation, vasectomy, and IUCD implantation. The aim of the training was to provide participants with knowledge and skills appropriate to manage LTPM clients.

Prior to the trainings, draft participant's, and trainer's training manuals were developed as part of the preparations of the LTPM training for clinicians and nurse pairs from the eight districts.

### **Results**

- Twenty-two participants were trained in LTPM. Eleven clinicians and eleven nurses were trained in Jadelle insertion and removal; clinicians were trained in performing bilateral tubal ligation (BTL) under local anaesthesia.
- During the training, a total of 18 clients had BTL, 129 clients had Jadelle insertion, and 27 had Jadelle removal. There were no clients with complications recorded during or one week following the training.
- This training brings the total number of trained teams to 19. CFPHS has exceeded its target by three teams.

### **Comments**

- All the clinicians had a chance to conduct two BTLs; there is a need to follow up with the participants to ensure that they provide quality services.
- Arrangements have been made to supervise them before certification (supervision is in progress by national trainers).
- Equipment is still posing a challenge in other district hospitals.
- There is a need to lobby with DHMTs to procure uterine elevators and tubal hooks, which are in short supply in the districts.
- There were adequate clientele for the participants; hence the participants were able to acquire required competencies. In addition, it will be important to continue lobbying with DHMTs to procure uterine elevators and tubal hooks, which are critical to conducting bilateral tubal ligation in the districts.



*Participants during LTPM practicum session in August 2009.*

## **Train Health Centre Staff in Implants**

This was a six-day skill competency training conducted by all the eight districts for health centre staff to learn how to counsel clients for implants (Jadelle and IUCD) insertion and removal.

### **Result**

- A total of 90 (28 males and 62 females) clinical staff were trained in implant insertion and family planning technology updates (emergency contraceptives, female condoms), bringing the total of clinicians trained to 172, exceeding the target by 12.

### **Comments**

- Jadelle is now being provided in all health centres of the targeted 8 districts.
- Due to increased demand, and the increased number of providers, the country has experienced stock-outs of Jadelle at the central medical stores for the first time and arrangements are being made to procure and airlift 10,000 implants by November 2009.

## **Training of Trainers in Standard Days Method (SDM)**

A one-week training for trainers of trainers (TOT) was organized to equip trainers with knowledge and skills in fertility awareness methods. Although the emphasis was on SDM, participants were also oriented to other methods such as calendar, cervical mucus, lactation

amenorrhoea, and withdrawal methods just to mention a few. Microteaching was also introduced to ensure that the participants gain the skills in teaching adults.

### **Results**

- Fifteen (15) participants (10 males and 5 females) drawn from 8 MSH districts were trained. These came from different Catholic institutions, mostly catechists, church counsellors, and nurses from health centres owned by the Catholic Church.



*Participant teaching about SDM during microteaching, August, 2009*

- The participants developed workplans of what they are going to do after the training. The MSH District Coordinators will work with the TOTs and mount workshops to train providers. Each TOT will train 40 providers in each district.

### **Comment**

- The training materials for this workshop were prepared in English, which made training difficult because some of the participants could not communicate in English. The trainers made quick translations into Chichewa as they were training to ensure that all trainees understood the training materials. Efforts will be made to translate the training materials into Chichewa and maybe other local languages. One of the major advantages of the natural methods is that they promote male participation and communication of couples on matters of sexuality.

### **Train SDM Provider**

Following the training of 15 trainers in SDM, SDM providers have been trained in all the eight target districts. The training equipped providers with knowledge and skills in fertility awareness methods, emphasizing SDM using cycle beads. The trainings were facilitated by the MSH District Coordinators, Districts FP (MOH) coordinators, and Catholic priests in the respective districts.

### **Results**

- A total of 205 providers were trained in six districts (104 males and 101 females).
- The training participants included couples, catechists, and Catholic family counsellors.
- Catholic nuns and priests were also trained as SDM providers in order to provide counselling services to their parishioners.

### **Comments**

- The SDM trainings have created a lot of interest among the Catholic communities, and as such it has received much support from the parish priests.
- The Catholic communities were very appreciative of the role of MSH and MOH to promote SDM among the Catholic communities.
- Some parishes have co-funded the trainings to ensure more providers are trained in SDM.
- There is a need to translate the manuals in Chichewa (and other local languages).
- Two districts of Balaka and Nkhotakota did not conduct the trainings because it coincided with the quarterly planning meeting. The two trainings have been scheduled for the week beginning October 5, 2009.

### **Conduct Training of HSAs in DMPA**

During a DMPA review meeting in Mangochi, it was discovered that there were more than 20 HSAs who were administering DMPA before the pilot phase. These HSAs were giving DMPA at a site that is not recommended under the currently agreed protocol. The DHMT acknowledged this anomaly and agreed to use non-project funds for training these HSAs and further agreed that MSH should provide technical assistance and all other training materials (such as manuals, bags, and drug boxes). A seven-day training was conducted

### **Results**

- Twenty-five HSAs and 5 supervisors were trained to administer DMPA under the agreed curriculum.

- Mangochi now has a total of 65 HSAs trained in DMPA administration.
- This brings the number of trained HSAs administering DMPA to a total of 361 HSAs in the eight districts.
- Since the DMPA training started, users of the method have increased significantly and districts are disaggregating data by HSAs and facilities in order to track the uptake of DMPA.
- Current figures show 67,883 clients received their DMPA through HSAs by the third reporting quarter.

### ***Comment***

- Mangochi DHMT was commended for the effort to standardize the training of HSAs in DMPA administration in the district.

## **Facilitate capacity-building trainings for Community-based Organizations**

The five-day trainings for community-based organizations (CBOs) were conducted in the districts of Balaka, Kasungu, Mangochi, Phalombe, and Salima. The trainings were designed to address the capacity gaps that exist in CBOs on family planning and HIV&AIDS issues. Facilitators to the trainings included the FP Coordinator, HTC Coordinator, STI Coordinator, and Prevention of Mother-to-Child (PMTCT) Coordinator at the district level.

### ***Results***

- A total of 148 people, 75 male and 73 females, from 24 CBOs were trained as motivators for family planning and HIV & AIDS services.
- The topics covered included family planning methods, benefits of family planning, the role of CBDAs, HIV & AIDS (including HTC and PMTCT), STIs, peer education, and community mobilization.

### ***Comments***

- As a way forward, CBO members agreed to work in collaboration with CBDAs and to motivate clients through community mobilization with messages on family planning, STIs, and HIV & AIDS.
- The Monthly Activity Report Form was reviewed, and CBOs were encouraged to submit a correctly completed form monthly to the relevant office, reflecting the work they have done each month.

## Hold Community Sensitization Open Days

Seven Open Days were conducted during the reporting quarter. The Open Days were conducted in the following districts: Balaka, Chikwawa, Kasungu (two), Mangochi, Phalombe, Mangochi, and Salima. The theme for all the Open Days was “Zina Umanena – Kulera ndi anthu awiri.” (*It take two to plan a family, Let us talk about it*). These Open Days were also conducted in order to encourage men and women of reproductive age to freely talk about HIV & AIDS and family planning in their families.

### Results

- Displays were put up to show how CBDAs work, and CBDAs trained in HTC were also available to provide their services. Activities included dramas, poems, and traditional dances. Speeches were made by Traditional Authorities and a representative of the District Commissioners.
- The communities, led by members of the Listeners Clubs, organized and implemented the Open Day activities, and the Ministry of Health provided needed technical support.
- A total of 19,014 people (7,184 males and 11,830 females) attended the events. The breakdown of the attendance is shown in Table 1.

**Table 1. Number of People Who Attended Seven Community Sensitization Open Days**

District	Male	Female	Totals
Phalombe	290	454	744
Chikwawa	415	982	1,397
Balaka	927	1382	2,309
Mangochi	1108	1693	2,801
Kasungu	3500	5,763	9,263
Salima	944	1,556	2,500
<b>Total</b>	<b>7,184</b>	<b>11,830</b>	<b>19,014</b>

Table 2 shows the number people in Phalombe and Chikwawa who were tested for HIV after counselling.

**Table 2. Number of individuals who were counseled and tested by gender**

District	Male	Female	Totals
Phalombe	7	21	28
Chikwawa	49	14	63
<b>Total</b>	<b>56</b>	<b>35</b>	<b>91</b>

In Chikwawa, 10 clients (7 female and 3 males) were HIV-positive and have been referred for care and support service.

### **Conduct Advocacy Conference on FP/HIV and AIDS Services for Muslim Clerics**

An advocacy conference on FP and HIV & AIDS services for Muslim clerics was held August 4–5 in Lilongwe. The conference brought together senior Muslim religious leaders to discuss issues related to FP, HIV & AIDs, and sexual reproductive health. The main objective of the conference was to create a platform for advocating for family planning and HIV & AIDS among Muslims. The conference was opened by the American Embassy Deputy Chief of Mission and closed by the Honourable Minister of Health MP. The opening and closing of this conference by high-profile persons is a demonstration that the conference was seen as a necessary step in repositioning FP and HIV & AIDS services in Malawi. The Ministry of Health Reproductive Health Unit and the HIV & AIDS Unit took the lead to present papers on the status of FP and HIV & AIDS programs. Both the MOH and the US Embassy looked at the conference as a groundbreaking initiative in recognition of the diversity and the need to work with various social and religious groups to promote FP and HIV& AIDS services in Malawi.

#### **Results**

- A total of 53 people attended (35 males and 18 females).
- Five presentations were made: the situation of sexual and reproductive health in Malawi; the situation of HIV & AIDS in Malawi; Islamic teaching and sexual and reproductive health rights; Islamic teaching and family planning; and HIV & AIDS and Islamic teaching which acted as catalysts for discussion.
- Resolutions were drawn and presented to the participants.

#### **Comment**

- The Muslim Association of Malawi and the Quadria Muslim Association of Malawi (MAM/QMAM) leadership, the Minister of Health and the US Government commended this as a timely move in expanding the use of FP and HIV & AIDS services. As follow-up to the conference, CFPHS will assist QMAM and MAM to develop proposals for family planning and HIV & AIDS interventions among the Muslim communities. CFPHS will participate in regional, district, and community dawas (meetings of Muslim women's groups) to ensure that resolutions made at the conference are translated into action.

### **Facilitate Listeners Clubs Activities**

During the month of September, Listeners Club activities continued, with the airing of episodes 4–8 of the *Zina Umanena* radio drama, which encourages listeners to talk about sexuality and HIV & AIDS in family settings.

## **Results**

- Listeners Clubs (LCs) have started with an impressive attendance. A total of 5,324 members attended the LC sessions. Of these, 3,128 were females and 2,196 were males. In Mangochi, the CFPHS observed that Listeners Clubs and drama groups are coordinating in mobilizing the community groups for listening and performing with FP/HIV/AIDS and GBV messages.

## **Comments**

- In one district (Mangochi) at least two clubs reported that their trained leaders had moved out of the community either because of new employment or due to marriages.
- However, these clubs are still meeting and listening to the program with the aid of the discussion guide and CBDAs. In addition, a basic facilitation and leadership training will be held in October 2009 to help the affected clubs.
- A survey to find out what information community members are getting out of the Listeners Clubs is critical.

## **Distribute IEC Materials Developed for Radio Drama Series**

The distribution of IEC materials (posters and brochures) continued in the reporting quarter. These materials were distributed through the MSH District Coordinators, who delivered them to the CBDAs and the different health centres so that they can reach the target group in the communities.

## **Results**

- Distributed 1,400 couple communication posters.
- Distributed 1,400 men's involvement posters and related brochures for a total of 50,000.
- Distributed 1,4,00 family planning and HIV posters and 50,000 brochures.

## **Comments**

- The materials were delivered in batches according to the different themes as they the topics were being aired on the radio.
- The distribution of brochures on involvement of religious leaders, gender-based violence, family planning and the family planning methods will continue in the following months. There are ongoing discussions about an assessment of the effectiveness of the brochures and other IEC materials sometime during Year

## **Finalize Community Drama Trainings**

- As a continuation from previous month, community members were trained in staging 20-minute community dramas to go along with the radio drama series. During the month of September trainings were completed in the remaining six districts: Balaka, Karonga, Kasungu, Nkhotakota, Mangochi, and Salima.

### ***Results***

- A total of 24 drama troupes (with 168 actors) were trained in all eight districts. The drama groups are expected to perform two shows a month starting from October for a period of six months.

### ***Comment***

- The drama troupes will contribute in raising awareness, and create demand for family planning and HIV & AIDS services, and will also work hand in hand with the CBDAs in promoting family planning in different communities.

## **Conduct a Survey on FP and HIV & AIDS Integration**

CFPHS conducted a survey on FP and HIV & AIDS integration with the aim of establishing the meaning, purpose, and barriers to integration. The survey results and lessons learned from the CBDA FP and HIV & AIDS services model will assist in development of guidelines for FP/HIV/AIDS integration.

### ***Results***

- Data was collected from July 29 to August 14, 2009 by a consultant that the project hired and two research assistants.
- Data was collected from Balaka, Chikwawa and Nkhotakota districts, with policy makers and other key informants interviewed from Lilongwe and Blantyre.

### ***Comments***

- The data collection exercise was a success, with all scheduled interviews and focus group discussions (FGDs) conducted.
- Reporting has been delayed due to delayed payment of the operational funds to the consultant; instead of the September submission date, the consultant will submit the report by October 30, 2009.
- Once the report is ready, survey findings will be disseminated at a stakeholder's workshop coordinated by CFPHS and the MOH's RHU and HIV/AIDS Unit.

## **CHALLENGES, SOLUTIONS, AND ACTIONS TAKEN**

- Mobility of the CBDAs is a challenge. Although the CBDAs started implementing services 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.
- 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 that of other NGOs in provision of sets and for installation of incinerators in health centres.

## LESSONS, BEST PRACTICES, AND RECOMMENDATIONS

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

- Increased contraceptive use at the health centre level has required substantially increased orders for contraceptives.
- While supervision and follow-up of the CBDAs are considered crucial to motivating them, there is a need to consider some form of incentive to help them sustain themselves.
- An FP/HIV & AIDS capacity gap exists among Muslims (women). A sustainable advocacy strategy with Muslim associations will help to reach Muslim communities in FP/HIV/AIDS messages.
- Distribution of contraceptives by CBDAs in the communities has resulted in a reduced number of clients seeking short-term methods at health centres. One likely possibility for such a movement is the increase in the number of new and subsequent clients coming to CBDAs. (See Figure 1.)
- The community-based administration of DMPA by HSAs has resulted in clients shifting/changing methods from CBDAs/orals contraceptives to DMPA.
- The training in SDM has created a lot of interest among Catholic community members in FP. The parish priests have expressed the need for expanding this method in their parishes.
- Increased training of LTPM providers has created high demand for Jadelle. For the first time ever, Malawi has experienced stock-outs of Jadelle at the Central Medical Stores (CMS). The MOH, with support from USAID/DELIVER and MSH, have worked on reporting requirements to ensure availability of all contraceptives in the target districts.
- A sustainable advocacy strategy with MAM and QMAM will assist to reach the Muslim community with FP and HIV & AIDS messages. (Capacity gaps in FP and HIV & AIDS issues exist among Muslim clerics)

## SUCCESS STORY: CREATING DEMAND FOR FP AND HIV & AIDS SERVICES IN CHIKWAWA (DECEMBER 2008)



Mr. Manyamba, a CBDA aged over 40 years, was initially trained in 1996 as a CBDA. He has attended two refresher courses, the last one being a CBDA update training in December 2008 organized by MSH. Following these trainings, he has been conducting community sensitization meetings with support from primary and secondary supervisors.

Mr. Manyamba motivates people to access FP and HIV & AIDS services through door-to-door visits. He provides FP methods such as oral contraceptives, both male and female condoms, and also provides education on HIV & AIDS, counselling, and referrals for HIV testing. He links the clients for HIV testing to other CBDAs trained in HIV testing or to nearby health facilities. Between July and August 2009, he facilitated 27 effective referrals for physical examinations for family planning.

The nearest health facility is about 11 kilometers away, while a nearby health post is 4 kilometers away. Mr. Mobile FP and antenatal clinic (ANC) services are conducted on a monthly basis at the health post within Mr. Manyamba's catchment area. He was able to take advantage of these services to have physical examinations done for the referred clients by a nurse.

Mr. Manyamba covers four villages with a total population of 1,264, of whom 385 are women of Child Bearing age (WCBA). He has a total of 45 clients, 18 of whom have changed to DMPA as a FP method.

## **MANAGEMENT ISSUES**

### **Leadership Development Program**

The Leadership Development Program (LDP) was officially closed by the Hon. Minister of Health on September 24, 2009 at Capital Hotel. The Deputy Chief of Mission represented the USG at the closing ceremony. The teams expressed gratitude that they had been given this opportunity to gain skills in leading and managing for results. Within the short period of training there were significant achievements in reducing stock-outs of contraceptives and increasing health facility deliveries. The program was funded through MSH core funds provided by USAID.

#### ***Results***

- The six participating teams presented their final findings.
- All participating teams received diplomas.
- Participants expressed the desire to help expand the program.
- Some of the participants gave testimonies as to how the training has assisted them in their overall work.
- Many invited guests were well engaged in the presentations, asking many pertinent questions.

#### ***Comment***

- The Minister expressed that the presentation helped to enlighten him about the problems of logistics management in his Ministry and the need to ensure efficiency in the supply chain of various commodities required in the health care delivery. It was very encouraging that the Minister stayed on for the entire final results presentations, which took more than three hours. This is one program that has received overwhelming support at the regional, district, and health centre levels.

### **Quarterly Planning and Review Meeting**

The meeting was conducted from September 24–25, 2009. Presentations were made by MSH District Coordinators, who outlined achievements to date and planned activities for the following quarter in their respective districts.

## **Results**

- All District Coordinators and Community Liaison Officers from the MSH and BASICS target districts attended.
- Each district made a presentation of their program activities and achievements.
- Workplans were finalized through consultations with the advisors, specialists, and officers.

## **Comment**

- The meeting accorded the District Coordinators an opportunity to share their districts' achievements and plans for the coming quarter with their colleagues and supervisors.

## **Quality Assurance in Door-to-door HIV Testing by CBDAs**

CFPHS initiated a meeting with Dr. Chilima, the Deputy Director for the MOH's Community Health Sciences Unit (CHSU), to get guidance on improving the quality of door-to-door HTC services that the program is implementing in the eight districts through CBDAs. This was in recognition that quality assurance is very vital in a door-to-door HTC program, as this model is still being implemented as a pilot at the moment.

## **Results**

- The meeting recommended that HTC supervisors undergo a four-day training in laboratory skills at CHSU, tailored for door-to-door testing.
- The program agreed to ensure involvement of the lab technicians at the district hospital who run and/or ensure quality control at the health centres. It was emphasized that proper storage of testing kits in boxes and bags provided by the project is crucial to avoid damage due to excessive heat, moisture, or insects.
- The meeting also discussed the need for CBDAs to observe quality controls on a weekly basis. It was decided that CBDAs will participate in proficiency testing for counselling every three months as part of quality control procedure.
- The program was advised to involve the District Health Officer to facilitate collaboration among the relevant staff at the district hospital, to ensure quality in the provision of HTC services.

## **Comments**

- The project needs support from both CHSU lab technicians and district-based HTC Coordinators to ensure delivery of quality of door-to-door HTC services by CBDAs in all eight program districts.

## **Qualitative Supportive Supervision of CBDAs trained as HTCs**

A joint supportive supervision exercise for HTC activities was conducted in the Karonga, Kasungu, and Nkhotakota districts with a lab technician from CHSU. The supervision in each district involved the district lab technician, HTC supervisors and coordinators, and the family planning coordinators. The aim of the exercise was to assess quality assurance issues in door-to-door HIV testing by CBDAs.

### ***Results***

- Meetings were conducted with the District Nursing Officers (DNOs), district lab technicians, HTC Coordinators, and HTC Supervisors to promote the need for collaboration among them as a key to HIV testing services.
- Spot checks were conducted by CHSU lab technicians on CBDAs visited in their homes to ensure quality was maintained in storage of test kits.
- Job aids (standard operating procedures), aprons and stop-watches were also distributed to the CBDAs who were visited, as requirements for quality assurance.
- Feedback meetings were conducted with the DNOs and DHOs during the field visits.

### ***Comment***

- Supportive supervision on issues of quality assurance will continue for the remaining program districts of Salima, Mangochi, Balaka, Phalombe, and Chikwawa. The exercise will provide guidance in terms of promoting quality in door-to-door HIV testing services by CBDAs.

## UPDATE OF THE PERFORMANCE MONITORING PLAN

### Conduct Joint Monitoring and Data Quality Assessments in the Districts

The CFPHS Monitoring and Evaluation (M&E) Advisor, on September 15–17, 2009, visited the two districts of Balaka and Mangochi. The purpose of the visit was to conduct a data quality assessment to determine the appropriateness of targets in the Performance Monitoring Plan, and provide technical guidance to the newly assigned District Coordinators on data quality assurance from the CBDA level. In Mangochi, a CBDA and his two primary supervisors were visited. A joint monitoring visit with a PSI District Officer was conducted to one of the Listeners Clubs.

#### **Results**

- Supported two districts in consolidating and entering performance data for the previous quarter and the first two months of the current quarter (July/August 2009).
- Provided guidelines, orientation, and standard definitions of CYP, counselling visits and new acceptors for maintaining coverage data on CBDAs by health facility and population figures on women of reproductive age. Updated training records based on recent trainings of CBDAs and nurses.
- Conducted joint supervision and monitoring of BCC activities in the communities (Takondwa Listeners Club and Tidzisunge Drama Group) and determined the target audience being exposed to the radio episode on “Zina Umanena.”
- Visited a CBDA, HTC, primary and secondary supervisors to verify quality of data being collected and how it is being utilized at the district level to ensure availability of contraceptives and test kits at the community level.
- Participated in the official opening of SDM training at Mangochi Catholic Parish, which was also represented by the DHMT. Twenty-three participants from Catholic community groups attended with joint financial support by CFPHS and the parishes.

#### **Comments**

- CBDAs and primary supervisors reported on limited incentives, focusing on bicycles and umbrellas. As the season enters its hottest months, the CBDAs with bicycles are experiencing regular tyre problems. Those who have to walk would require at least an umbrella or a bicycle.
- Timely orientation and periodic update of the district staff in the process of revising indicators will ensure simplicity and integration with the district health management information system (DHMIS).

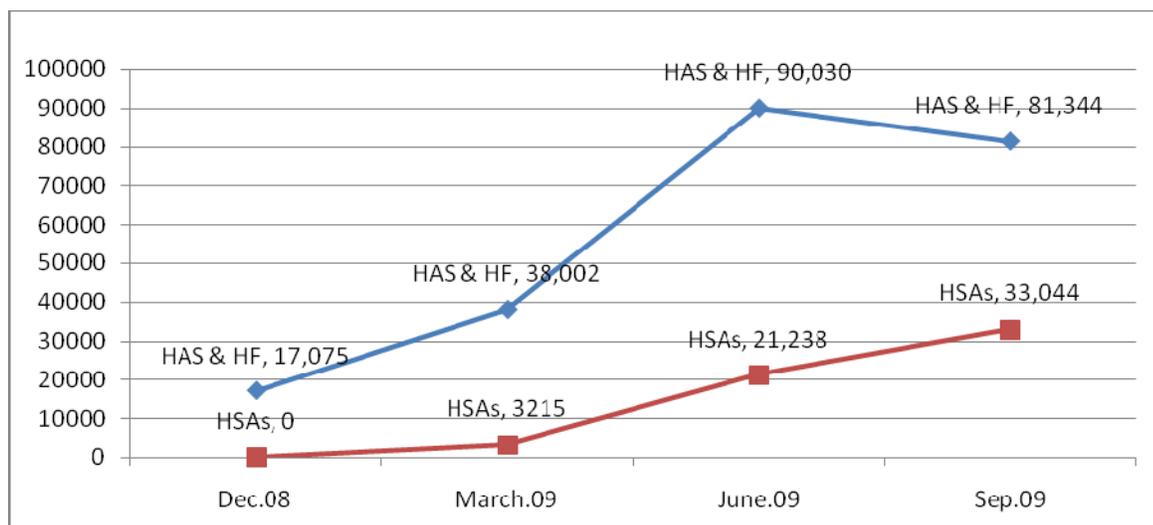
- Limited usage of data: CFPHS coverage data in Mangochi was observed not being updated or shared with MOH counterparts. The output/short-term outcomes of contraceptive prevalence rate (CPR), CYP, and new acceptors were used inconsistently and lacked standard formats for consolidating data. The problems have now been resolved through a visit to Mangochi by the M & E Advisor, who among other things:
  - Provided timely orientation and periodic update of district staff in understanding core and custom indicators (each indicator was explained in the presence of the FP Coordinator).
  - Advocated for an electronic system for both FP and HIV & AIDS data capturing and processing, with the involvement of the DHMIS.
  - Provided handouts on standard definitions and measurements of CYP, new acceptors, and CPR.
  - Recommended the District Coordinator to reenter all FP/HIV/AIDS data for the previous two quarters (January to June 2009) which had no reliable source from community reports.

It is expected that the M&E Advisor will continue to provide necessary guidance to staff in the field.

### Linking CBDAs and HSAs Activities and Health Centre Work Load

CBDAs and HSAs are contributing to the reduction of the workload in health facilities. Figure 1 illustrates an increase in the number of clients accessing DMPA at the community level, who would have otherwise accessed the services at a health facility.

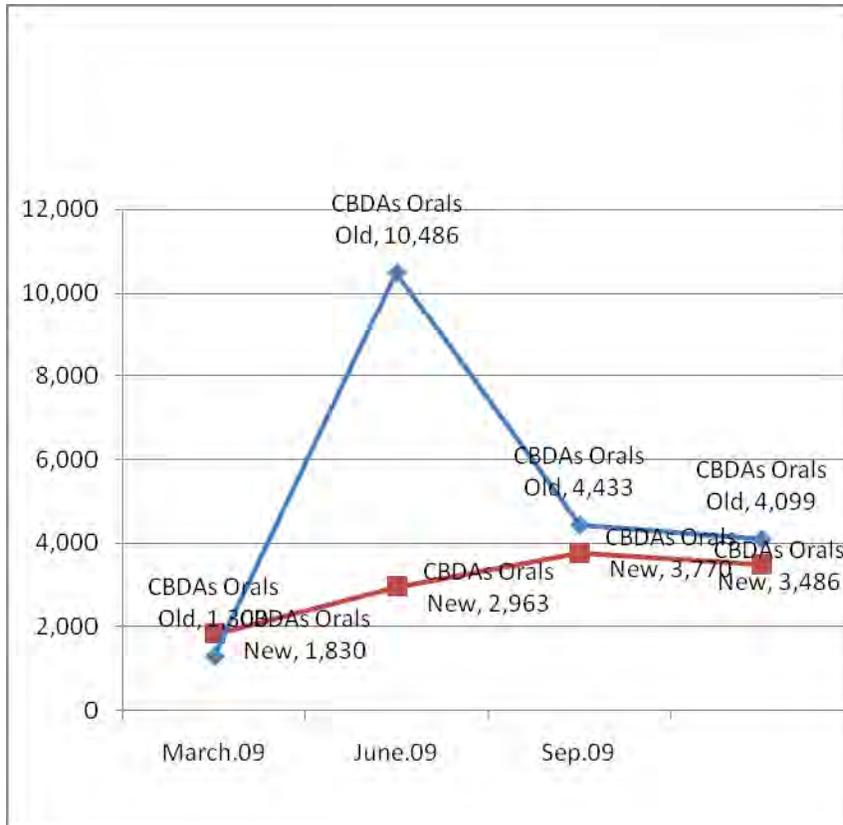
**Figure 1. Comparison of DMPA uptake at health facility and HSA**



Source: District quarterly reports

Figure 2 shows a steady increase of DMPA administered by HSAs and a declining trend at the health facilities.

**Figure 2. Uptake of oral contraceptives at the community level**



**Source: District quarterly reports**

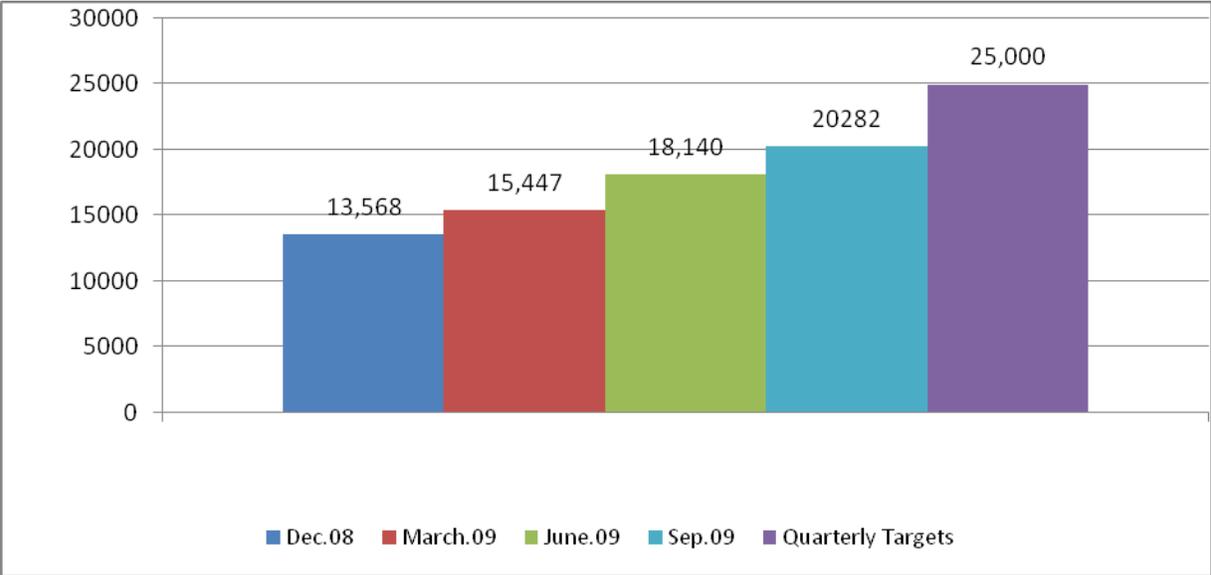
The uptake of oral pills has shown a declining trend from June 2009. This can be attributed to more women switching to DMPA. Since the pilot program of HSAs administering DMPA started, the uptake of Depo-Provera has increased, as shown in Figure 1.

For the quarter under review, CYP increased by almost 35 percent, from 31,724 in the previous quarter to 42,763. For Year 2, the project reached a cumulative total of 118,739, which represents 148 percent of the annual target of 80,000.

### **Individuals who Received Counselling and Testing for HIV and Received Their Results from CBDAs**

The other 69 CBDAs who just successfully completed training have not commenced full implementation of door-to-door service. Their performance was slightly below target but with an increase in comparison to the previous quarter (Figure 3).

**Figure 3. Number of Clients Counselling and Tested for HIV by CBDAs**



**Source:** District reports; n=69 CBDAs from seven (excludes Balaka) districts

## MAJOR PLANS FOR YEAR 3

The major activities planned for the next year include the following

- Conduct CBDA district review meetings (October to December 2009).
- Monitor consumption, replenishments, and utilization of contraceptives, condoms, and DMPA (October 2009–September 2010).
- Pilot the feasibility of having CBDAs provide SDM service (cycle beads). (October–December 2009).
- Participate in regional, district, and community dawas (meetings of Muslim women’s groups) and make FP/HIV/AIDS presentations (October 2009 and May–September, 2010).
- Train private health care providers from private clinics, pharmacies, and drugstores on family planning methods as well as BCC, GBV, and FP counselling (November 2009–May 2010).
- Air radio drama and spots on four radio stations at the agreed times (October 2009–March 2010).
- 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 (October 2009–March 2010).
- Air FP drama series through national and community radio stations in all target districts and beyond (October 2009–March 2010).
- Conduct FP compliance assessments and client exit interviews (ongoing).
- Assess health centres for PQI/IP standards and practices for suitability of providing Jadelle insertions (ongoing).
- Conduct community impact environmental assessment (October–December 2009).
- Facilitate biannual sit-in supervision for HTC counsellors (required once every six months).
- Disseminate survey findings on integration of FP and HIV & AIDS (October–December 2009).
- Incorporate HIV & AIDS into a standardized supervisory monitoring tool to be used in all districts (ongoing).

- Participate in DIP development processes at the district level to ensure adequate incorporation of FP/HIV/AIDS and STI activities (ongoing).
- Conduct joint quarterly monitoring visits (quarterly).
- Develop guidelines for community-based social marketing of contraceptives (ongoing).
- Develop/adapt/maintain data management information system for use by the project (ongoing).
- Train all Administrative Assistants (AA) and District Coordinators (DC) on the use of the management information system (October–December 2009).
- Conduct data audit process for all the eight target districts (ongoing).
- Conduct a survey on sustainability of the CBDA program (March–June 2010).
- Review the financial report at least once per month (ongoing).
- Participate in USAID evaluation of DMPA administration in the nine pilot districts (*including Zomba*) (November–December 2009).
- Procure and supply CBDA equipment (ongoing).
- Hold quarterly planning and review meetings (ongoing).

**ANNEX 1. PROJECT PERFORMANCE FOR QUARTERS 7 AND 8 (JUNE–SEPTEMBER 2009) USING KEY INDICATORS**

No.	CFPHS Indicators	Disaggregated By	PY2 Targets
	FP and RH Services		
1	Number of new approaches (e.g., tools, technologies, operational procedures, information systems) successfully introduced		2
2	CYP in USG-supported programmes		80,000
3	Number of people trained in FP and RH (with USG funds), both men and women	Total	500
		Male	200
		Female	300
4	Number of counselling visits for FP and RH as a result of USG assistance, both men and women	Total	30,000
		Male	15,000
		Female	15,000
5	Number of people who have seen or heard a specific FP or RH message	Total	400,000
		Male	200,000
		Female	200,000
6	Number of policies or guidelines developed or changed to improve access to and use of FP and RH services		0
7	Number of USG-assisted SDPs providing FP counselling or services		50
8	Number of USG-assisted SDPs experiencing stocks-outs of specific tracer medicines		0
9	Number of people reached through community outreach that promotes HIV & AIDS prevention through abstinence, being faithful, or both	Total	750,000
		Male	375,000
		Female	375,000
10	Number of people trained to promote HIV & AIDS prevention through abstinence, being faithful, or both	Total	1,250
		Male	625
		Female	625
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
		Male	32,500
		Female	32,500
12	Number of people trained to promote HIV & AIDS prevention through other behaviour change beyond abstinence and being faithful, or both	Total	1,250
		Male	625
		Female	625
13	Number of targeted condom service outlets		80
14	Number of individuals trained in HIV-related stigma and discrimination reduction	Total	1,250

No.	CFPHS Indicators	Disaggregated By	PY2 Targets
	FP and RH Services		
			Male
		Female	625
15	Number of service outlets providing counselling and testing according to national and international standards		84
16	Number of individuals trained in counselling and testing through FP project according to national and international standards	Total	25
		Male	12
		Female	13
17	Number of individuals counselled and tested for HIV who have received results (excluding TB)	Total	100,000
		Male	50,000
		Female	50,000
18	Number of local organizations provided with technical assistance for HIV-related institutional capacity building		30
19	Number of individuals trained in HIV-related institutional capacity building	Total	80
		Male	40
		Female	40

## ANNEX 2. PROJECT PERFORMANCE FOR YEAR 2 (OCTOBER 2008–MARCH 2009) USING KEY INDICATORS

No.	CFPHS Indicators	Disaggregated By	PY2 Targets	Annual Achievements		Comments
	FP and RH Services			Oct–Sept Actual	Percentage of PY2 Target	
1	Number of new approaches (e.g., tools, technologies, operational procedures, information systems) successfully introduced		2		0%	<ul style="list-style-type: none"> <li>1. DMPA guidelines</li> <li>2. Participant's and trainer's manuals</li> <li>3. DMPA logistics and job aids</li> </ul>
2	CYP in USG-supported programmes		80,000	118,739	148%	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	3,659	732%	
		Male	200	962	481%	
		Female	300	2,697	899%	
4	Number of counselling visits for FP and RH as a result of USG assistance, both men and women	Total	30,000	490,645	1635%	
		Male	15,000	103,781	692%	
		Female	15,000	386,864	2579%	
5	Number of people who have seen or heard a specific FP or RH message	Total	400,000	693,935	173%	With planned Open Days, radio dramas, and IEC messages, target will be exceeded.
		Male	200,000	169,549	85%	
		Female	200,000	520,099	260%	
6	Number of policies or guidelines developed or changed to improve access to and use of FP and RH services		0	1	100%	
7	Number of USG-assisted SDPs providing FP counselling or services		50	533	1,066%	
8	Number of USG-assisted SDPs experiencing stocks-outs of specific tracer medicines		0	52	NA	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	430,467	57%	Expected to reach target after deployment of additional CBDAs in December
		Male	375,000	113,966	30%	
		Female	375,000	316,501	84%	
10	Number of people trained to promote HIV & AIDS prevention through abstinence, being faithful, or both	Total	1,250	1,481	118%	Training includes CBDAs, nurses, and HSAs
		Male	625	871	139%	
		Female	625	610	98%	
				419,223	645%	
11	Number of individuals reached through	Total	65,000	111,196	342%	Within target

No.	CFPHS Indicators	Disaggregated By	PY2 Targets	Annual Achievements		Comments
	FP and RH Services			Oct–Sept Actual	Percentage of PY2 Target	
	community outreach that promotes HIV & AIDS prevention through other behaviour change beyond abstinence, being faithful, or both	Male	32,500	308,027	948%	
		Female	32,500	1606	128%	
12	Number of people trained to promote HIV & AIDS prevention through other behaviour change beyond abstinence and being faithful	Total	1,250	1,606	128%	
		Male	625	955	153%	
		Female	625	651	104%	
13	Number of targeted condom service outlets		80	807	1009%	Excludes CBDAs as condom service outlets
14	Number of individuals trained in HIV-related stigma and discrimination reduction	Total	1,250	1,509	121%	Topic covered during CBDAs trainings and HTC
		Male	625	908	145%	
		Female	625	601	96%	
15	Number of service outlets providing counselling and testing according to national and international standards		84	522	621%	
16	Number of individuals trained in counselling and testing through FP project according to national and international standards	Total	25	79	316%	Trained 80 but 11 did not pass
		Male	12	64	533%	
		Female	13	15	115%	
17	Number of individuals counselled and tested for HIV who have received results (excluding TB)	Total	100,000	67,437	67%	Newly trained CBDA counselors to contribute in reaching targets
		Male	50,000	26,433	53%	
		Female	50,000	41,004	82%	
18	Number of local organizations provided with technical assistance for HIV-related institutional capacity building		30	71	237%	Planned for next quarter
19	Number of individuals trained in HIV-related institutional capacity building	Total	80	242	303%	
		Male	40	127	318%	
		Female	40	115	288%	

Source: District reports

### ANNEX 3. SUMMARY OF TRAININGS COMPLETED, BY DISTRICT

District		CBDAs			CBDA Supervisors			DMPA (HSAs)			TOT Natural Methods		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
1	Karonga	37	64	101	30	10	40	29	11	40	2		2
2	Kasungu	89	29	118	11	4	15	31	11	42		2	2
3	Nkhotakota	107	47	154	21	15	36	35	5	40		2	2
4	Salima	69	51	120	32	8	40	25	15	40	1	1	2
5	Balaka	73	47	120	19	16	35	20	20	40	2		2
6	Mangochi	59	49	108	13	7	20	58	21	79		2	2
7	Chikwawa	65	71	136	28	11	39	37	3	40	1		1
8	Phalombe	62	84	146	32	8	40	32	8	40	1	1	2
District		HTC Training (CBDAs)			HTC Training (HSAs)			LTPM (Norplant)			LTPM (Tubal Ligation and Vasectomy)		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
1	Karonga	5	6	11	2		2	2	8	10	1	1	2
2	Kasungu	9	3	12	1	1	2	5	5	10	2		2
3	Nkhotakota	7	2	9	2		2	2	8	10	2		2
4	Salima	6	2	8	2		2	4	6	10	1	1	2
5	Balaka	8	3	11			0	1	10	11	1	1	2
6	Mangochi	5	6	11	2		2	2	6	8	1	1	2
7	Chikwawa	9	1	10	2		2	3	7	10	1	1	2
8	Phalombe	9	2	11	2		2	2	9	11	1	1	2

Project Name: Community-based Family Planning and HIV & AIDS Services in Malawi  
Task Order No.: GHS-I-03-07-00006-00



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