

## **CFPHS Quarterly Report No. 9 - October – December 2009**

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

January 2010

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

### Quarterly Report No. 9



The Global Technical Lead for FP/RH discussing with the Traditional Authority in Nkhotakota

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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.**

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US Agency for International Development (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 85 percent) that 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 and 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 behavioural 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 is being monitored through a selected list of core indicators as outlined in the Performance Management Plan (PMP).

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## ACRONYMS

AA	Administrative Assistant
AIDS	acquired immunodeficiency syndrome
BASICS	Basic Support for Institutionalizing Child Survival
BCC	behavioural change communication
CBDA	Community-based Distribution Agent
CBO	community-based organization
CFPHS	Community-based Family Planning and HIV & AIDS Services
CHAM	Christian Health Association of Malawi
CHSU	Community Health Sciences Unit [of the Malawi Ministry of Health]
CMS	Central Medical Stores
COP	Chief of Party
CYP	couple-years of protection
DC	District Coordinator
DELIVER	At? John Snow, Inc. (JSI) project
DHMT	District Health Management Team
DMPA	Depo Provera <sup>®</sup>
DIP	Detailed Implementation Plan
FGI	Futures Group International
FP	family planning
FPAM	Family Planning Association of Malawi
GBV	gender-based violence
GOM	Government of Malawi
GTL	Global Technical Lead
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
ICPD	International Conference on Population and Development
IEC	information, education, and communication
IP	Implementation Plan
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
MDGs	Millennium Development Goals
MEDI	Malawi Entrepreneur Development Institute
MOH	Ministry of Health
MSH	Management Sciences for Health
NAC	National AIDS Commission

NGO	nongovernmental organization
OC	oral contraceptive
PMP	Performance Management Plan
PMTCT	prevention of mother-to-child transmission [of HIV]
PQI	Performance Quality Improvement
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
SRH	sexual and reproductive health
STI	sexually transmitted infection
STTA	short-term technical assistance
SWAp	Sector-wide Approach
TOT	Training of Trainers
TWG	Technical Working Group
UNFPA	United Nations Population Fund
USAID	US Agency for International Development
USG	US Government
WCBA	women of child-bearing age

## EXECUTIVE SUMMARY

Management Sciences for Health along with its subcontractors, Population Services International (PSI) and Futures Group International (FGI), is pleased to submit to the US Agency for International Development (USAID) the status of implementation of the Community-based Family Planning and HIV/AIDS (CFPHS) project activities.

The collaboration between the contractor and subcontractors has been healthy and conducive to making significant progress to achieve project results. The project provides a unique opportunity for the Government of Malawi/Ministry of Health (GOM/MOH) to reposition family planning and improve/increase HIV & AIDS services in rural and hard-to-reach communities of the eight target districts: Balaka, Chikwawa, Karonga, Kasungu, Nkhonkhotakota, Mangochi, Phalombe, and Salima. This report presents progress made in this quarter towards achieving project objectives. It highlights achievements, progress towards meeting set targets, management issues, challenges, lessons learned, and major activities planned for the upcoming quarter.

Now that the major component of training is completed as per project requirement, the focus is towards implementing such activities as supervising HSAs and CBDAs with them. These meetings have been acknowledged as being very helpful to HSAs and CBDAs as they start providing services. The meetings are designed to provide these cadres with updates as well as to support them in building confidence in the work they do.

The project continues to receive overwhelming support from the Ministry of Health, the National AIDS Commission (NAC), and USAID/DELIVER and development partners. United Nations Population Fund (UNFPA) expressed the willingness to work with the project in the overlapping districts. The Community Health Sciences Unit of MOH has been very helpful in ensuring that quality HIV Testing and Counselling (HTC) services are offered by CBDAs. This is of significant importance to the project as it ensures quality services—historically reserved for medically trained personnel—to now be delivered by a cadre with which regulatory authorities had previously been uncomfortable.

Lighthouse Trust, an organization that was used to train HTC counsellors, assessed the performance of the CBDAs who had been trained in counselling and testing. The preliminary results indicate that CBDAs adhere to the guidelines, the testing techniques, and the counselling standards they were taught during training. Their knowledge retention is good and their testing practices have not been compromised.

Collaborative efforts continue with religious organizations. After the National Conference on Family Planning and HIV that was held for the Muslim leadership, the project was invited to participate at a Muslim Women's Annual Meeting held in the Karonga district. The HIV/AIDS Advisor attended the meeting. The project counts on this conference as a major advocacy initiative. The training of trainers and providers in natural methods continues to attract greater involvement of the Catholic Church leadership at the parish level. Some church leaders have requested to use locally available seeds to make local cycle beads. The project, however, is discouraging the introduction of the locally made cycle beads to avoid confusion at this early stage of piloting this method. In general there is an increasing demand for cycle beads in the

eight target districts. New users of the SDM, an average of 25 couples per district, have been registered in the districts and a uniform procedure for reporting is under review.

In reviewing data for the quarter, there is a disturbing revelation about the decline in the Depo Provera<sup>®</sup> (DMPA) uptake. This could be attributed to underreporting because of the holidays in general. We have also had specific reporting problems in Karonga because of the earthquakes and in Balaka and Mangochi because of staffing issues—we did not have District Coordinators (DCs). The project is actively investigating the cause of this decline. Jadelle insertions are also on the decline, although this clearly has been influenced by the nationwide stock-outs of Jadelle. We have nevertheless been informed that sufficient stocks are on order and that the country should have these early in the next quarter.

As implementation progresses, environmental issues are becoming clear and require urgent attention. MSH is working with USAID and the District Health Management Teams (DHMTs) in the eight target districts to address these issues. USAID has guided the programme in addressing environmental issues that have arisen during the implementation of the project. An assessment of the door-to-door HIV Testing by CBDAs was initiated to determine the effectiveness of the disposal of waste from testing procedures. Discussions with DHMTs, field visits with USAID and drafting of the environmental assessment report will be accomplished in the next quarter.

Another activity to be highlighted is the Listeners Club (LC); members continued listening to Zina Umanena radio drama in all eight districts. The reporting system included registering the new people in attendance. For the quarter under review a total of 10,895 new members attended. Female members (6,560) outnumbered their male counterparts (4,335). In Malawi, radio is one of the most preferred channels for information, education, and communication (IEC) in rural areas where 85 percent of the national population live, especially in view of low levels of literacy. However this is one activity that may be soon curtailed for lack of funding. Radio slots are expensive, and resources allocated for this activity are now exhausted.

The project continues to document success stories. With the visit of Dr. Halida Akhter from the MSH home office to Malawi, the project has developed a list of topics for documentation. In addition, the Country Office is working with the home office on the production of a project brochure.

One of the major activities planned for the next quarter is the Mid-term Evaluation. The project is preparing to participate in the evaluation of itself. USAID has yet to confirm the dates for this activity.

## **Major Achievements**

The major achievement of the programme has been the Community-based Distribution Agent (CBDA) review meetings that were started in four of the eight districts. Attendance was high; the CBDAs had indicated that the review meetings were necessary to update their knowledge of family planning/HIV/gender-based violence (FP/HIV/GBV).

After the standard days method (SDM) providers were trained, adoption of the method increased and will require systematic reporting and documentation. The project has plans to conduct follow-up meetings—in the next quarter with the Catholic Secretariat—on recording, sharing reports, procurement, and the sustainability of the SDM.

Listeners Club members continued listening to Zina Umanena radio drama in all eight districts. For the quarter under review, a total of 10,895 new members attended—6,560 females and 4,335 males. In Malawi, radio is one of the most preferred channels for IEC in rural areas (where 85 percent of the national population live), particularly in view of low levels of literacy.

## **Management Issues**

District Coordinator (DC) turnover has been high. Another DC left to seek greater remuneration elsewhere. Although the matter is being considered, this is taking a long time, and the fear is that more DCs could be lost to competing organizations.

The increasing dropout rate of CBDAs remains a major concern. In one district of Chikwawa, the review meeting revealed that 6 male CBDAs had dropped out.

Although the dropout rate has not reached an alarming proportion, it is of significant concern since CBDAs form the axis of service delivery in this project. One of their major complaints has been the lack of mobility and, for those who ride bicycles, the lack of support in maintaining these bicycles. A concerted effort is necessary to resolve these issues. Although, the in-country office has attempted to seek assistance from both USAID and the National AIDS Commission, both requests are still pending.

## Major Challenges

Equipment for long-term and permanent methods (LTPMs) has been in short supply at various health facilities making it difficult for trained staff to 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 has been supplied. The situation needs to be improved further.

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

## OVERALL PROGRESS OF THE CFPHS PROJECT FOR THE QUARTER (OCTOBER–DECEMBER 2009)

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

**Table 1. Summary of Planned Activities and Achievements, October—December, 2009**

No.	Planned Activities	Achievements	Comments
1.	Conduct CBDA district review meetings	417 out of 1003 CBDAs attended	Review meetings to be completed by February 2010
2.	Monitor consumption, replenishments, and utilization of contraceptives, condoms, and DMPA	All eight districts reported an adequate stock status with the exception of Jadelle which was out of stock at Central Medical Stores	Ongoing
3.	Pilot the feasibility of having CBDAs provide SDM service (cycle beads)	Postponed to next quarter	
4.	Participate in regional, district, and community dawas (meetings of Muslim women's groups) and make FP/HIV/AIDS presentations	Participated in the Muslim Women's National Annual Gathering in Karonga	Presentations on FP/HIV/GBV were made to about 5,000 women who attended the Ijtmah
5.	Train private health care providers from private clinics, pharmacies, and drugstores on family planning methods as well as BCC, GBV, and FP counselling	Not done in the quarter	
6.	Organize regular Community Sensitization Open Days to gain support of gatekeepers and inform target groups of the benefits of practicing modern FP methods and the importance of intra-spousal communications on FP	12 Open Days conducted in all 8 districts. A total of 21,486 people attended; out of the number, 406 were tested for HIV after counselling. 13 clients tested positive and were referred for care and support services.	

7.	Air FP drama series through national and community radio stations in all target districts and beyond	Radio drama series aired as planned	A total of 21,887 people participated through the Listeners Clubs
8.	Conduct FP compliance assessments and client exit interviews	Postponed to next quarter	Ongoing
9.	Access health centres for PQI/IP standards and practices for suitability of providing Jadelle insertions	Postponed to next quarter	
10.	Conduct community impact environmental assessment	Desk review and consultation meetings with USAID/Malawi Environment Unit held	Process to continue in the next quarter
11.	Disseminate survey findings on integration of FP and HIV & AIDS	Draft report submitted by the consultant is under review	
12.	Participate in detailed implementation plan (DIP) development processes at the district level to ensure adequate incorporation of FP/HIV/AIDS and sexually transmitted infection (STI) activities	All 8 districts reported attendance of DIP meetings	Ongoing
13.	Develop guidelines for community-based social marketing of contraceptives	Guidelines will be developed during the pilot.	Programme to explore opportunities to pilot in non-MSH districts as recommended by Reproductive Health Unit (RHU)
14.	Develop/adapt/maintain data management information system for use by the project	Data management system in place and tracking core, custom, and supporting indicators	
15.	Train all Administrative Assistants (AAs) and District Coordinators (DCs) in the use of the management information system	Partly conducted with MIS for Basic Support for Institutionalizing Child Survival (BASICS)	FP/HIV/AIDS training to be rescheduled
16.	Conduct data audit process for all eight target districts	One data audit conducted in Chikwawa	
17.	Conduct a survey on sustainability of the CBDA programme	Postponed to next quarter	May require short-term technical assistance (STTA)
18.	Participate in USAID evaluation of DMPA administration in the nine pilot districts ( <i>including Zomba</i> )	Planned for next quarter	
19.	Procure and supply CBDA equipment	96 bicycles procured	
20.	Hold quarterly planning and review meetings	Postponed to early next quarter due to festival holidays	

## **Conducting CBDA refresher trainings/review meetings**

CBDA refresher trainings were conducted in Nkhotakota, Karonga, Chikwawa, and Phalombe districts at the community level, a year and a half after the CBDAs' initial training. Issues covered during the refresher trainings included review of records and registers, tally sheet, family planning methods and side effects, gender-based violence, and adolescent reproductive health.

### **Results**

- A total of 417 out of the 537 CBDAs in the four districts participated in the review meetings
- Eighteen primary supervisors (15 males and 3 females) and 13 secondary supervisors (4 males and 9 females) participated in the review meetings

### **Comments**

- CBDAs stated that the communities and community leaders have been very accommodating and very willing to work with them;
- There was a general observation that reaching men with FP and HIV & AIDS services remained a challenge as they were not usually available in their homes, often out for social or economic engagements;
- Six male CBDA dropouts were reported in Chikwawa. All CBDAs who missed the review meetings will be targeted for training by primary supervisors in the next quarter;
- Refresher/review meetings will continue in the next quarter for the four districts of Salima, Balaka, Mangochi, and Kasungu.

## **Conducting DMPA District review meetings**

During the month of October, CFPHS project conducted four District review meetings of HSAs in Salima, Kasungu, Nkhotakota, and Karonga. The aim of the meetings was to monitor progress in implementing the community administration of DMPA by HSAs: to discuss what was working well, what challenges they were facing, and what practical solutions were available to improve performance.

### **Results**

- A total of 158 HSAs and supervisors attended the meeting that was supported by the presence of the District Environmental Health Officer, the Family Planning Coordinator, and Pharmacy Technicians;
- The team reviewed the HSAs' records, which included DMPA registers, Health centre supervisors' reports, Pharmacy Technicians' reports, and District Family Planning Coordinators' reports;
- The records showed an increase in the number of women are accessing DMPA in their communities;
- The districts reported no stock-outs of DMPA;

- The community-based administration of DMPA is reducing the client load at the health centres;
- HSAs were encouraged to submit their reports on time.

### **Comments**

- There is sufficient support from the District Health Management Team (DHMT) as evidenced by their presence at the review meetings and their support in procuring DMPA for the communities;
- While the disposal of safety boxes remains a challenge, HSAs were encouraged to dispose of the safety boxes at the health centres, and supervisors were advised to keep a record of all the safety boxes received from the HSAs.

### **Conducting training for HSAs in HTC supervision**

The CFPHS Project conducted five-day training in HIV Testing and Counselling (HTC) supervision at MEDI in Mponela for HSAs from all eight programme districts. The training was officially opened by the Head of the HIV/AIDS Unit of the Ministry of Health. The goal of the training was to develop the skills and competency of the HSAs so that they can provide quality HTC supervision to CBDAs and other counsellors in all eight programme districts.



*A facilitator from HIV Unit engaging participants during the HTC supervisors training*

## **Results**

- A total of 17 participants (14 males and 3 females) were trained as HTC supervisors;
- The trainees gained acceptable skills in HTC supervision models, methods, practices, and ethics, including how to use all HTC Quality Assurance tools;
- An examination was administered at the end of the course, and 14 of the 17 participants qualified as HTC supervisors

## **Comments**

- The HSAs trained in HTC supervision were advised to work together with the supervisors already operating in their respective districts to support all the counsellors and CBDAs at the community, health centre, and district levels to ensure provision of quality HTC services to the community

## **Training the SDM providers**

The training of SDM providers was finalized in the two remaining districts of Balaka and Nkhatakota. The training was organized to equip providers with knowledge and skills in fertility awareness methods with emphasis on the SDM using cycle beads. The training was conducted by the TOTs in the SDM from the Catholic churches with assistance from the District Family Planning Coordinator. In the two-day training sessions, participants covered all the natural methods.

## **Results**

- A total of 36 participants (17 males and 19 females) were trained from a number of Catholic churches in the eight programme districts. The participants are expected to train clients in their catchment areas in the use of natural method, especially the SDM;
- Participants were given cycle beads

## **Comments**

- As most of the trainers cannot read English, it is important to translate the SDM manuals into the local language. As the uptake of this method increases, it will be important to seek contributions from the Catholic Church. Some parish priests have expressed interest in cofunding the procurement of cycle beads. The project intends to conduct follow-up meetings with the Catholic Secretariat on the matter as a way of making the SDM sustainable.

## **Holding Community Sensitization Open Days**

Open Days were conducted during the reporting quarter in all eight districts. The theme for the Open Days was “Zina Umanena – Kulera ndi anthu awiri.” (*It takes 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**

- A total of 12 Open Days were conducted;
- Displays were mounted to showcase the work of the CBDAs;
- Activities included dramas, poems, and traditional dances. Speeches were made by Traditional Authorities and a representative of the District Commissioners;
- CBDAs trained in HTC provided HTC services to 406 people (203 males and 203 females). A total of 13 clients (11 males and 2 females) tested positive and were referred for HIV-related services;
- 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 21,486 people (10,592 males and 10,894 females) attended the events

## **Conducting community drama activities**

The community drama groups in the eight districts continued to perform the Zina Umanena community drama.

## **Results**

- A total of 21,887 people were reached through the community drama shows (8,583 males and 13,304 females).

## **Comments**

- Timely reporting on community drama activities remains a challenge. The programme is working to ensure timely reporting of data for community drama by officers of the Listeners Clubs;
- The project is contemplating an assessment of the effectiveness of drama group activities at a later date.

## **Facilitating Listeners Club Discussions**

Listeners Club members continued listening to Zina Umanena radio drama in all eight districts.

## **Results**

- A total of 5,315 returning members (2,081 males and 3,234 females) attended the LC sessions;
- A total of 10,895 new members attended the LC sessions (4,335 males and 6,560 females).

## **Comments**

- LC members in Salima and Karonga conducted additional activities—which attracted more listeners—to address misconceptions about FP and HIV /AIDS.

## **Conducting 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 and purpose of, and the barriers to, integration. The survey results and lessons learned from the CBDA FP and HIV & AIDS services model will assist in developing guidelines for FP/HIV/AIDS integration.

### **Results**

- The consultant has submitted the first draft report to CFPHS for review.

### **Comments**

- The results of this study are expected to feed into the larger study to be conducted in February 2010 by the Family Planning Association of Malawi (FPAM). USAID is in concert with this arrangement.
- Once the report is ready, survey findings will be disseminated at a stakeholders' workshop coordinated by CFPHS, FPAM, and the MOH's RHU and HIV/AIDS Unit.

## **Attending the national annual gathering for Muslim women**

The project continued to collaborate with the Muslim community on Family Planning and HIV& AIDS issues. CFPHS project was invited to make presentations on FP and HIV/AIDS during the National Muslim Women's gathering known as "**IJITMAH**" in Karonga.

The theme of the Ijitmah was "Lighting the Torch of Islam; empowering women." Women from Muslim communities coming from all districts of the country attended the meeting (about 5,000 women attended).



*Women photographed during the discussions at the annual gathering—IJITMAH—in Karonga*  
Credit:

### **Results**

- The programme made presentations on Family Planning and on HIV & AIDS;
- The FP Coordinator also took the opportunity to present on cervical cancer to raise awareness among the women;
- All presentations were followed by interactive sessions of questions and discussions;
- The Muslim women requested MSH to continue making such presentations on FP and HIV/AIDS in other similar gatherings for Muslim women

### **Comments**

- Most of the women expressed interest in the Family Planning and HIV/AIDS topics that were presented and welcomed the idea of having such presentations included as part of their IJITMAH programme. It is the intention of the programme to continue participating in district and community Islamic Women's Dawas.

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

- Mobility of the CBDAs remains a challenge. The procurement of supplies for newly trained and updated CBDAs has been limited by financial resources. The demand for such essential working equipment at the community level—for example, the bicycles for CBDAs—is critical;
- Lack of sets for LTPM has been a challenge; the project continues to advocate for the MOH to provide the equipment;
- Lack of incinerators for waste management remains a problem in many health centres. An environmental review and mitigation monitoring plan are some of the processes of addressing waste management in the targeted communities.

## **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, review meetings substantiated the ongoing concern of providing some form of incentive to help them sustain themselves;
- Increased training of LTPM providers has created high demand for Jadelle. After experiencing 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. The procured consignment arrived during the quarter and follow-up for timely dispatch is being coordinated with the districts;
- During the field visit by Dr. Halida Akhter, MSH's Global Technical Lead for FP/RH, she and the project team assisted in reviewing the programme activities and isolated the components and activities that need to be documented for sharing as best practices (and claiming organizational credibility);
- Ownership of Family Planning Programmes by African Leaders is a key to achieving Universal Access as learned from the International Family Planning Conference;
- The close collaboration with the MOH Community Health Sciences Unit (CHSU) has been instrumental in promoting quality door-to-door HTC services;
- Health Surveillance Assistant (HSA) DMPA District Review meetings revealed reduced congestion of DMPA clients at the health facilities. In the reporting quarter, HSAs who are providing DMPA in the communities reported 29,788 (5,417 new clients and 24,371 continuing/subsequent users) compared to 46,561 clients who received DMPA at health facilities including district hospitals;
- The August 2009 National FP/HIV Conference has provided a conducive environment for further interactions on FP/HIV issues with the Muslim communities.

## **SUCCESS STORY:**

### **Malawi Makes Strides in Integrating Family Planning and AIDS Services**

*Byline:* Barbara K. Timmons, Principal Writer-Editor, Management Sciences for Health

In January 2010, which marks the 15th anniversary of the International Conference on Population and Development (ICPD), Secretary of State Hillary Rodham Clinton announced the US Government's renewed support for and dedication to reaching the ICPD goals. She reminded those listening at the State Department and around the world that women and girls still represent "the majority of the world's poor, unschooled, unhealthy, and underfed."

"More than 215 million women worldwide lack access to modern means of contraception," she stated. Clinton deplored the grim health statistics and marginalization of women and reminded her listeners of the connections between women's health, education, and opportunity to work, on one hand, and the survival and well-being of children and the progress of nations, on the other.

The link between overpopulation and stalled development is perhaps nowhere more clearly than in Malawi, which has one of the highest birth rates in the world: the average woman can expect to have six children during her reproductive years. Her lifetime chance of dying in childbirth is 1 in 18. Anaemia, one risk factor for maternal death, affects 42 percent of women.

In a country where the great majority of people live on less than \$2 a day and a baby born today can expect to live only until age 46, fewer than half of married couples are using modern methods of family planning. A related challenge is that one in nine adults is living with HIV. Girls are especially vulnerable: 8.4 percent of young women aged 15–24 are already infected with HIV.

In this setting, integrating services—for family planning/reproductive health, HIV & AIDS, and maternal, newborn, and child health—is crucial to reach more people. Expanding access to services for healthy timing and spacing of pregnancy helps prevent both maternal and child deaths. And when there are fewer births per woman, as well as more use of condoms, there is less mother-to-child transmission of HIV.

Increasing the involvement of rural communities—including community and religious leaders—is heightening demand for family planning/HIV services in eight districts in Malawi. These leaders and other community members act as agents for social change.

In a recent national conference on family planning, Muslim leaders lauded the United States Government for supporting the initiative and consulting beneficiaries because "some donors implement projects without consulting beneficiaries and that is why such projects do not last," according to the *Maravi Post* (Jan. 8, 2009).

In partnership with the Ministry of Health, MSH and partners organize regular “open days” to provide services such as HIV tests, counselling and IEC messages for family planning/HIV/AIDS and GBV, and immunization for children. During these events, traditional dances, poems, and drama bring health issues to life.



Actors dramatize health issues during Open Days.

*Credit:* Management Sciences for Health

Trained volunteers, called Community-based Distribution Agents (CBDAs), provide clients with a range of contraceptive methods, link them to facilities, and offer them information and education, both during the open days and at home. Using a community approach means all family members can receive services without having to travel to health centres.

Emmanuel Chirwa, a 27-year-old CBDA, meets with clients in the villages he serves in Nkhotakota, a rural district in Malawi that has a contraceptive prevalence rate of 28 percent. During a supervision visit, Mr. Chirwa went through a flipchart on family planning, explaining each contraceptive method and stating confidently that “this is the way I was taught and how I am conducting my counselling sessions” on family planning, HIV, and sexually transmitted infections.

The results are clear: Through door-to-door testing, the USAID-funded Family Planning and HIV/AIDS Services Project increased the use of modern contraceptives (known as couple-years of protection) from 20,000 in the first quarter of 2009 to nearly 32,000 by the end of the last quarter. The number of people who know their HIV status exceeded 67,000 between September 2008 and September 2009. More than 1,000 CBDAs have been trained, and nearly 700,000 people have received family planning and HIV messages.

Because of the campaign message “It takes two to plan a family—let’s talk about it,” some families are talking about family planning for the first time. A Muslim women’s group and Muslim clerics are discussing family planning and HIV. Catholic priests support the use of

natural family planning methods. Community radio listeners and the members of 24 drama troupes are all talking about health.

For more information, please go to [www.msh.org](http://www.msh.org) or contact Dr. Halida Akhter, Global Technical Lead, Family Planning/Reproductive Health, at [hakhter@msh.org](mailto:hakhter@msh.org).

## MANAGEMENT ISSUES

### Conducting Field Office visits with MSH's Global Technical Lead for FP/RH

Dr. Halida Akhter, MSH's Global Technical Lead (GTL) for FP/RH visited the CFPHS programme from the 21 to 26 November 2009. The overall goal and objective of the visit was to provide the in-country team with direct technical support to document practices. In addition she looked at the processes and strategic approaches adopted for implementation.

#### **Results**

The Global Technical Lead for FP/RH:

- Received an orientation to the specific areas of the programme;
- Visited Salima district where she met the DHMT and visited a health centre, an HSA providing DMPA at community level, and a CBDA at his home;
- Visited Nkhotakota district where she met the DHMT and visited a health centre, one Traditional Authority, and an HSA and a CBDA providing HTC at community level;



*The GTL FP/RH discussing with the Traditional Authority in Nkhotakota*  
Credit: \_\_\_\_\_

- Conducted multiple meetings with the programme team including FP Advisor, Policy Specialist, HIV/AIDS Advisor and M&E Advisor and the Chief of Party (COP);
- Advised the team on how to determine the at-risk women of child-bearing age (WCBA) (under 18 and over 35 years of age);
- Helped update the team on how to interpret the couple-years of protection (CYP)

## **Comments**

- Dr. Halida Akhter and the team reviewed the programme activities and isolated those components and activities to document for sharing as best practices and claiming organizational credibility. Several best practices documents were also shared with the team members.

## **Participating in the International Conference on Family Planning Research and Best Practices**

The programme was represented by the FP Advisor and the Policy Specialist at the International Conference on Family Planning Research and Best Practices Conference which took place in Uganda from 15 to 18 November 2009. The conference provided an opportunity for delegates to share available research findings and best practices, to identify knowledge gaps, and also to use the current knowledge for policy development. The conference brought together about 1,300 delegates from 59 countries.

## **Results**

The following key FP issues became clear in the technical presentations:

- Family planning is essential for achieving all the Millennium Development Goals (MDGs) and should be regarded as a vaccine against maternal mortality;
- Overuse of short term methods is contributing to problems in adherence and commodity supply; the use of long-term and less-expensive methods such as Sino-implant and DMPA was recommended;
- Community Involvement is key to successful FP programmes;
- Need for commodity franchising/funder collaboration to improve service delivery;
- Integration of FP and MCH, i.e., MCH–Post-Partum IUCD (PPIUCD) Insertion; immunization clinics as FP points of delivery are vital to avoid missed opportunities and to leverage funding;
- Need for increasing total global financing of FP/RH;
- Public Private Partnerships (PPPs) are important to the success of FP programmes.

## **Comments**

- Reaffirmation of the existing instruments on Sexual and Reproductive Health was made. A call for harmonization of efforts by different players and ownership of FP programmes by African leaders was made. Malawian delegates will hold a post conference meeting to discuss lessons learned and action areas for Malawi.

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

The project worked with the MOH Community Health Sciences Unit (CHSU) to conduct a joint supportive supervision exercise in seven of the eight districts. The supervision in each district involved the District Lab Technician, HTC supervisors and coordinators, and the FP Coordinators. The aim of the exercise was to assess quality assurance issues in door-to-door HIV testing by CBDAs.

### ***Results***

- Four health centres were assessed; centres in which HTC staff were engaged in supporting door-to-door HTC services;
- Quality assurance issues for door-to-door HTC—such as observing quality controls, participating in proficiency testing, and properly managing waste—were discussed;
- Spot-check visits (complete with a checklist) were made to seven CBDAs in their homes to ensure quality was maintained.

### ***Comments***

- The exercise provided guidance in terms of promoting quality in door-to-door HIV testing services by CBDAs. The CHSU recommended purchasing thermometers for all the MSH-supported districts so that those districts could monitor the storage conditions of test kits. The project was also advised to reprint and laminate additional HTC job aids for CBDAs;
- Update of the Performance Monitoring Plan

## **Conducting joint monitoring and data quality assessments on BCC**

The Monitoring and Evaluation (M&E) Advisor conducted a data quality assessment in Chikwawa on 21 to 23 October 2009. The purpose of the visit was to assess the system of collecting and reporting results for behavioural change and communication (BCC) intervention at the community level.

### ***Results***

- Discussed data collection systems and the reporting of BCC activities with the research unit and members of the Listeners Club in Chikwawa;
- Data sources were verified for the number of posters, brochures, and leaflets distributed during the previous quarter



*CFPHS team discussing the baseline findings in relation to BCC interventions, Blantyre, October 2009*

### **Comments**

- The team developed custom indicators for BCC amongst which were indicators to track the number of new participants attending Listening Clubs.

### **Conducting a meeting on Country Operational Plan (COP) indicators with USAID**

CFPHS conducted a meeting with USAID to discuss the 2010 indicators for tracking HIV activities for the programme.

### **Results**

- CFPHS project was advised to report on FY09 COP indicators from the Next Generation Indicators guide;
- Clarification was sought and provided on some of the indicators which seemed somehow similar but are expected to be captured separately; and in some cases indicators had to be combined into one, i.e., indicators #10 and #12 on the CFPHS Performance Indicator Table (Annex I);

- The programme agreed to continue tracking some indicators, though it dropped (internally for programme use, i.e., indicator #15); and the programme was also advised to develop some custom indicators for the same purpose, i.e., indicator #19 to be rephrased as a custom indicator;

### **Comments**

- The meeting agreed that USAID would advise on the new indicators to be tracked on community-based-organization (CBO) activities after consultations with other partners who work with CBOs.

### **MAJOR PLANS FOR QUARTER NO. 10, JANUARY TO MARCH 2010**

The major activities planned for the next quarter, January to March 2010, include the following

- Conduct CBDA district review meetings (January, February);
- Monitor consumption, replenishments, and utilization of contraceptives, condoms, and DMPA (ongoing);
- Pilot the feasibility of having CBDAs provide the SDM service (cycle beads) (March);
- Train private health care providers from private clinics, pharmacies, and drugstores on family planning methods as well as BCC, GBV, and FP counselling (January–March);
- Air radio drama and spots on four radio stations at the agreed times (January–February);
- Organize regular Community Sensitization Open Days to gain support of gatekeepers and inform target groups about the benefits of practicing modern FP methods and the importance of intraspousal communications on FP (January–March);
- Conduct FP compliance assessments and client exit interviews (ongoing);
- Access health centres for PQI/IP standards and practices for suitability of providing Jadelle insertions (ongoing);
- Conduct community impact environmental assessment (ongoing);
- Share with RHU and HIV Unit the survey findings on integration of FP and HIV & AIDS (January–March);
- 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 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 (DCs) on the use of the management information system (March);
- Conduct data audit process for all eight target districts (ongoing);
- Conduct a survey on sustainability of the CBDA programme (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*) (January–March);
- Procure and supply CBDA equipment (ongoing);
- Hold quarterly planning and review meetings (*ongoing*)

**ANNEX 1. PROJECT PERFORMANCE FOR QUARTER 9 (OCTOBER TO DECEMBER 2009) USING KEY INDICATORS**

<b>Ref. no</b>	<b>Service Indicators</b>	<b>Disaggregated by</b>	<b>Targets PY2</b>	<b>Program totals</b>	<b>Comments</b>
	<b>1. Indicators FP and RH services</b>				
1.	Number of new approaches successfully introduced through USG-supported programmes		2	0	
2.	Couple-years of protection (CYP) in USG-supported programmes		80,000	29,321	Significantly above target
3.	Number of people trained in FP and RH (with USG funds) both men and women	Total	500	196	Trainees, incl. review meetings
		Male	200	138	
		Female	300	148	
4.	Number of counselling visits for FP and RH as a result of USG assistance	Total	30,000	116,273	By far exceeds target
		Male	15,000	31,055	
		Female	15,000	85,218	
5.	Number of people that have seen or heard a specific FP and RH message	Total	400,000	158,403	By far exceeds target
		Male	200,000	42,734	
		Female	200,000	115,669	
6.	Number policies or guidelines developed/changed to improve access to/ use of FP and RH services		0	1	
7.	Number of USG-assisted service delivery points (SDPs) providing FP counselling or services		50	276	
8.	Number of USG-assisted SDPs experiencing stock-outs of specific tracer medicines		0	60	Mainly stock-outs of Jadelle
	<b>2. HIV/AIDS, STI Services</b>				
9.	Number of people reached through community outreach that promotes HIV/AIDS prevention through abstinence, being faithful, or both	Total	750,000	98,483	Indicators under PEPFAR review (9 to 19)
		Male	375,000	18,913	
		Female	375,000	79,570	
10.	Number of People trained to promote HIV/AIDS prevention through other behavioural change beyond abstinence, being faithful, or both	Total	1,250	9,682	
		Male	625	1,767	
		Female	625	7,915	
11.	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavioural change beyond abstinence, being faithful, or both	Total	65,000	133,059	
		Male	32,500	29,966	
		Female	32,500	103,093	

12.	Number of People trained to promote HIV / AIDS prevention through abstinence, being faithful, or both	Total	1,250	461	
		Male	625	95	
		Female	625	366	
13.	Number of targeted condom service outlets		80	187	
14.	Number of individuals trained in HIV-related stigma and discrimination reduction	Total	1,250	1,480	
		Male	625	438	
		Female	625	1,042	
15.	Number of service outlets providing counselling and testing according to national and international standards		84	118	
16.	Number of individuals trained in Counselling and Testing through FP Project	Total	25	0	
		Male	12	0	
		Female	13	0	
17.	Number of Individuals counselled and tested for HIV and received results (excluding TB)	Total	100,000	15,783	
		Male	50,000	5,858	
		Female	50,000	9,925	
18.	Number of local organizations provided with technical assistance for HIV institutional capacity building		30	0	
19.	Number of Individuals trained in HIV-related institutional capacity-building	Total	80	0	
		Male	40	0	
		Female	40	0	

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