

CFPHS Quarterly Report No. 11 - April – June 2010

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

July 2010

Keywords: Family Planning, HIV/AIDS, Malawi

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

Quarterly Report No. 11



DMPA provision has helped increase CYP in the project districts

Quarterly Report April – June 2010

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

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Community-based Family Planning and HIV & AIDS Services (CFPHS) in Malawi will contribute to reducing total fertility rates and improving HIV & AIDS services in rural communities.

The US Agency for International Development (USAID) Malawi 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) 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 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).

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ACRONYMS AND ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
BASICS	Basic Support for Institutionalizing Child Survival
BTL	bilateral tubal ligation
CBDA	Community-based Distribution Agent
CBO	community-based organization
CFHPS	Community-based Family Planning and HIV & AIDS Services Project
CYP	couple-years of protection
DC	District Coordinator
DELIVER	A John Snow, Inc. (JSI), project
DHMT	District Health Management Team
DHO	District Health Office
DIP	Detailed Implementation Plan/District Implementation Plan
DMPA	Depo Provera [®]
EMMP	Environmental Mitigation and Monitoring Plan
FP	family planning
GBV	Gender Based Violence
HIV	human immunodeficiency virus
HMIS	Health Management Information System
HSA	Health Surveillance Assistant
HTC	HIV Testing and Counseling
IEC	information, education, and communication
IP	Implementation Plan
IUCD	intrauterine contraceptive device
LC	Listeners Club
LTPMs	long-term and permanent methods [of contraception]
M&E	monitoring and evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
PEPFAR	US President's Emergency Plan for AIDS Relief
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
SMS	Short Message Service
SRH	sexual and reproductive health
STI	sexually transmitted infection
SWAp	Sector-wide Approach
TA	Traditional Authority
TWG	technical working group
USAID	US Agency for International Development
USG	US Government
WCBA	women of childbearing age
WHO	World Health Organization
MUAC	Mid upper arm circumference
NMC	Nurses and Midwives Council
RAPID	Resource Awareness of Population Impact on Development
FGI	Futures Group International

K4H

Knowledge for Health

EXECUTIVE SUMMARY

The past quarter was an important quarter for the project because of midterm evaluation and the DMPA evaluation that provided an opportunity for the project to reflect on its activities and make adjustments where necessary.

Project Issues

CFPHS Midterm Evaluation

The Mid Term evaluation was conducted by three external consultants contracted by the USAID Mission in Malawi. The team visited 7 of the 8 impact districts and met with the DHMT, and district based project staff, FP providers, and HTC Counsellors. They also met with partners and donors at the country level. A debrief of the evaluation was held at the Ministry of Health Headquarters on the 13th of May, 2010. One of the major outcomes of the evaluation was that the project would achieve and/or exceed all of its targets by the time it comes to an end in September 2011. Issues were raised however on the project's role in ensuring that contraceptives commodities are available in the project sites. The evaluation also opined that the data generated by the project would have been better used for decision making.

DMPA Evaluation

The evaluation took place in three of the 8 CFPHS districts. The total district sample included Zomba where the Adventist Health Services are providing similar services. The evaluation found out that the provision of DMPA by HSAs is acceptable, safe and expands access to family planning. The evaluation also pointed out the work load of HSAs as an issue to be addressed. In terms of recommendations, the survey recommended additional supervision visits to ensure that quality of services is maintained.

CYP Increased mainly buoyed by DMPA

The CYP for the quarter is higher than that achieved in previous quarter largely buoyed by DMPA. DMPA has become a method of choice to many women evidenced by its 74% contribution of new acceptors in the project. The training of more HSAs to provide these services will surely expand access and ensure that more and more women access FP methods.

HTC Services – Test Kits Stock Outs affects testing

HTC testing increased 2% cumulatively over last quarter, compared to a 7% increase experienced between the quarter 9 and quarter 10. This has been largely as a result of unavailability of reagents across the country as well as the drop out of counsellors in the programme. The program will continue to advocate for the availability of reagents. The project is also training an additional 450 CBDAs to provide HTC services using the ceiling increase funds.

Integration study dissemination

During the Quarter, the project conducted a dissemination of the FP&HIV Services integration study results to the FP TWG on 10th June 2010. The study was conducted in quarter 9. It will now be disseminated to a larger audience on the 7th of July 2010. From a team meeting held to identify policy and advocacy activities for project year e four,4, four main activities came up namely: a) facilitation of a national level workshop to agree on a national definition of integration for FP and HIV and AIDS and develop a national strategy for the same; b) facilitate follow up advocacy activities with the MAM and QMAM; c) facilitate a policy round table on

increasing private sector participation in the provision of FP services in Malawi and lastly; d) conduct several small operational research studies to inform advocacy and policy dialogue.

Management Issues

The position of District Coordinator for Kasungu, that fell vacant after the departure of Joyce Nyasulu, was filled in the quarter by Jane Ngwira. Jane Ngwira is a long time MSHer having worked in the bilateral and more recently as a Community Liaison Officer in Mangochi and Kasungu.

In the past quarter, apart from other exigencies that affected the project, the impact of the ageing fleet of vehicles came to the fore when three districts had transport problems as their vehicles broke down.

OVERALL PROGRESS OF THE CFPHS PROJECT FOR THE QUARTER (APRIL – JUNE 2010)

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

Table 1. Summary of Planned Activities and Achievements, April - June 2010

SR#	Activity	
Family Planning		
1	Facilitate procurement and distribution of contraceptives/condoms/DMPA	The project has been working with the District Family Planning Coordinators and District Health Officers to ensure that DMPA is available. One district was stocked out as a result of a wrong delivery. Other contraceptives are in stock.
2	Monitor consumption, replenishment, and utilization of FP contraceptives by CBDAs	There have been no stock outs of orals by CBDAs. Male condoms were however out of stock in Balaka, Phalombe and Chikwawa.
3	Conduct FP compliance assessments and client exit interviews	Ongoing. Project intends to review the tool to ensure it meets current compliance requirements
4	Access health s for PQI/IP standards and practices for suitability of provision of Jadelle insertions	Ongoing
5	Conduct quarterly review meetings with LTPM providers	Postponed to next quarter
6	Advocate for procurement of BTL, Jadelle, and vasectomy sets at district level	Jadelle sets were procured and delivered, Vasectomy and BTL kits have been procured and are pending distribution.
7	Support monthly facilitative supervision by FP/HIV/AIDS Advisor	Karonga, Salima, Nkhotakota, Phalombe, Mangochi, and Kasungu were visited during the period
8	Scale up trainings in DMPA provision	539 HSA and 83 supervisors trained in the provision of DMPA. More HSAs will be trained in the next quarter
9	Monitor quality of care provided by CBDAs, HSAs, and LTPM providers	Ongoing. Visits have been made to mentor providers.
10	Conduct monthly DMPA supervision	Ongoing, DMPA monitoring will be intensified in after the training.
11	Conduct quarterly HSA and CBDA review meetings	5 out of the 8 districts (Karonga, Phalombe, Mangochi, Chikhwawa and Nkhotakota) conducted HSA Review meetings. CBDA review meetings conducted in Mangochi.
HIV & AIDS		
12	Ensure CBDAs have a continuous supply of test kits	Test kits are still a challenge. The project continues to work with HIV&AIDS Unit/ USAID DELIVER and HTSS unit to ensure availability of test kits.
13	Monitor utilization and replenishment of test kits for community HTC	As above
14	Facilitate quarterly supportive supervision of HTC counsellors	Ongoing. During the quarter Salima, Nkhotakota, Balaka and Karonga district were supervised.
15	Facilitate bi-annual sit-in supervision for HTC	Ongoing

	counsellors (required once every 6 months)	
16	Facilitate proficiency testing for HTC counsellors (required once every 6 months)	Ongoing
17	Conduct quarterly review meeting for all HTC counsellors	Review meetings done in Karonga
18	Train CBDAs in HTC/TB screening	Activity to start after the trainings
19	Train CBDAs in couple counselling	Activity will be done after the trainings
20	Train CBDAs in nutrition counselling and promotion	Activity will be done after initial HTC Training in the four districts
21	Participate in regional, district, and community <i>dawas</i> (meetings of Muslim women's groups) and make FP/HIV/AIDS presentations	Dawa meetings not held in the quarter
Demand Creation		
22	Train private health care providers from private clinics, pharmacies and drugstores on FP methods as well as BCC, gender-based violence (GBV) and FP counselling	26 providers were trained on effective communication on FP and Gender Based Violence.
23	Conduct detailing visits to registered private medical providers to engage them in social marketing.	This is an ongoing event. Leveraging funds from Maternal and Child Health Integrated Programme, the detailers are working with providers from over 200 outlets giving them support in offering family planning services.
25	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 communication on FP	17 open days were conducted throughout the project districts. 13,545 males and 16,398 females attended these activities.
26	Conduct clinic talks activities with the district FP coordinators	4 clinic talks were done in Nkhotakota Chikwawa, Kasungu and Mangochi. 74 males and 279 females attended these talks.
27	Assess CBDA, HSA and LTPM provider adherence to IP standards	Ongoing; done during supervisory visits.
Policy		
24	Develop guidelines for community-based social marketing of contraceptives	Project worked on modalities to organise a one day policy dialogue on ways of increasing FP provision through the private sector.
28	Conduct a survey on sustainability of the CBDA program	Protocols drafted and waiting for funds.
29	Hold a dissemination workshop on survey findings on integration of FP and HIV/AIDS services	Report ready, disseminated at FP TWG and Integration steering committee. Central level dissemination meeting to be done on 7 th of July, 2010.
30	Develop operational guidelines for integration of FP/HIV/AIDS	To start after central level dissemination meeting.
Monitoring and Evaluation		
31	Track key and custom performance indicators for monitoring at MSH and key partners, district, health, and community levels.	Quarterly data from all the districts collected and maintained in an excel database.
32	Adapt/maintain data collection and collation tools for each level.	CBDA Supervisory checklist, Monthly Review meetings agenda and Register developed.
33	Review District Coordinator's quarterly reports and provide documented feedback	Documented feedback done on a monthly basis.
34	Develop integrated registers for FP and HIV/AIDS	Modified CBD Register.

	issues at facility and community levels	
35	Develop HIV/AIDS referral forms to facilitate linkages and referrals for other services	Activity still in progress
36	Conduct monitoring and supervision visits on FP compliance	This is an ongoing activity. All supervision visits integrate compliance issues.
37	Conduct Frontlines SMS Training	Second training was conducted in Salima. Two more districts to be trained in the next quarter
38	Incorporate HIV/AIDS into standardized supervisory monitoring tool to be used in all districts	HIV/AIDS monitoring already incorporated in the CBDA tally sheet and Frontlines SMS
Integrated Activities		
39	Participate in DIP development processes at district level to ensure adequate incorporation of FP/HIV/AIDS and STI activities	All DCs participated in the development of DIPs in the districts.
40	Participate in DIP quarterly review meetings to monitor progress	All DCs participate in the review meetings whenever an invitation is extended to them
41	Conduct joint quarterly monitoring visits with MoH FP Coordinators.	Joint monitoring visits are standard operating procedures for the project.
42	Facilitate monthly/quarterly joint program review meetings.	Programme review meetings were conducted in the quarter
43	Facilitate quarterly district supervision-feedback meetings (with DHMT, Supervisors/Coordinators, CBDA Supervisor, and TAs)	A District supervision feedback meeting was conducted in Phalombe.
44	Participate in quarterly zonal DHMT meetings	No zonal meetings were held in the quarter.

OVERVIEW OF ACHIEVEMENTS IN THE QUARTER

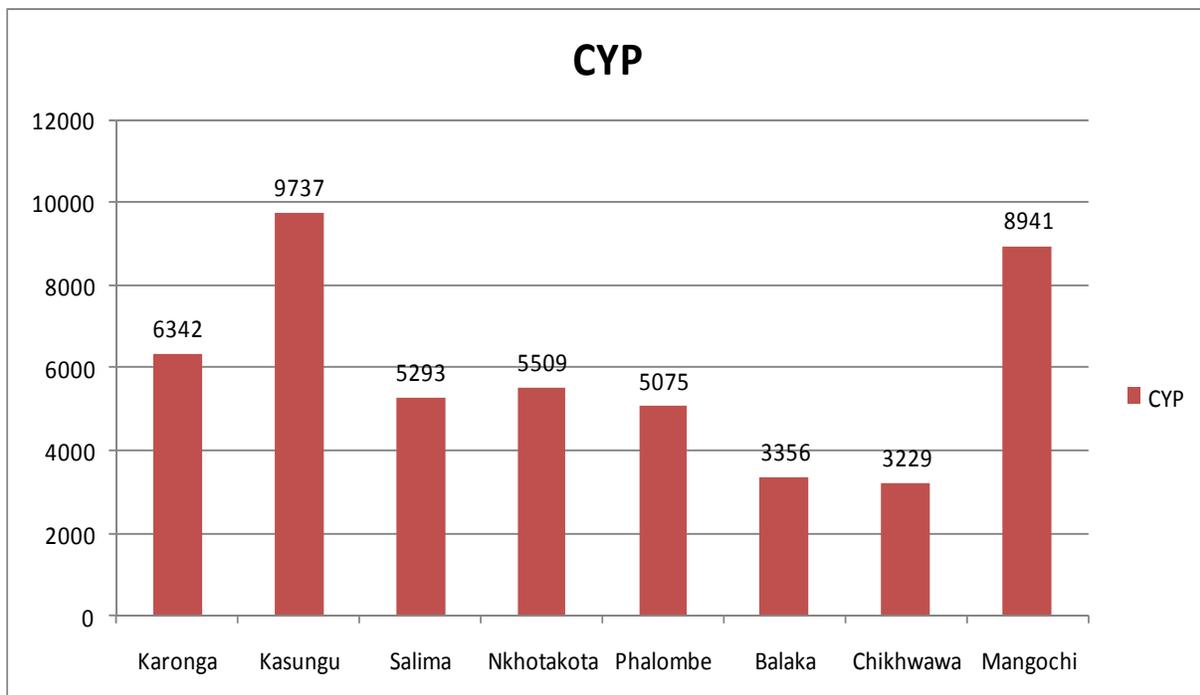
In the period covering April to June, the CFPHS project continued to work with the Ministry of Health, in all the eight impact districts to make Family Planning methods accessible in the remotest areas of the district. The project has in the past also equipped nurses and clinicians with skills to offer medium to long term family planning methods. It has also trained CBDAs to provide HTC services in the community. In this section, the report will take a graphical look at some of the successes that have been registered in the period. Attempts will be made to compare with other periods where possible. The report will start with Family Planning and later cover HTC Services.

Family Planning

Couple-Year of Protection

The project has two main components in the family planning component namely community based family planning services and health facility based services. To measure progress, the project used Couple Year of Protection (CYP) gained from offering such services. CYP is basically the equivalent of the amount of contraceptives that will protect a woman from becoming pregnant for one year. In the reporting period, the project achieved a total of 47, 483 CYP. Kasungu district contributes the most to the project CYP with over 9, 000 CYP seconded by Mangochi district. See Figure 1 below for CYP distribution among the districts.

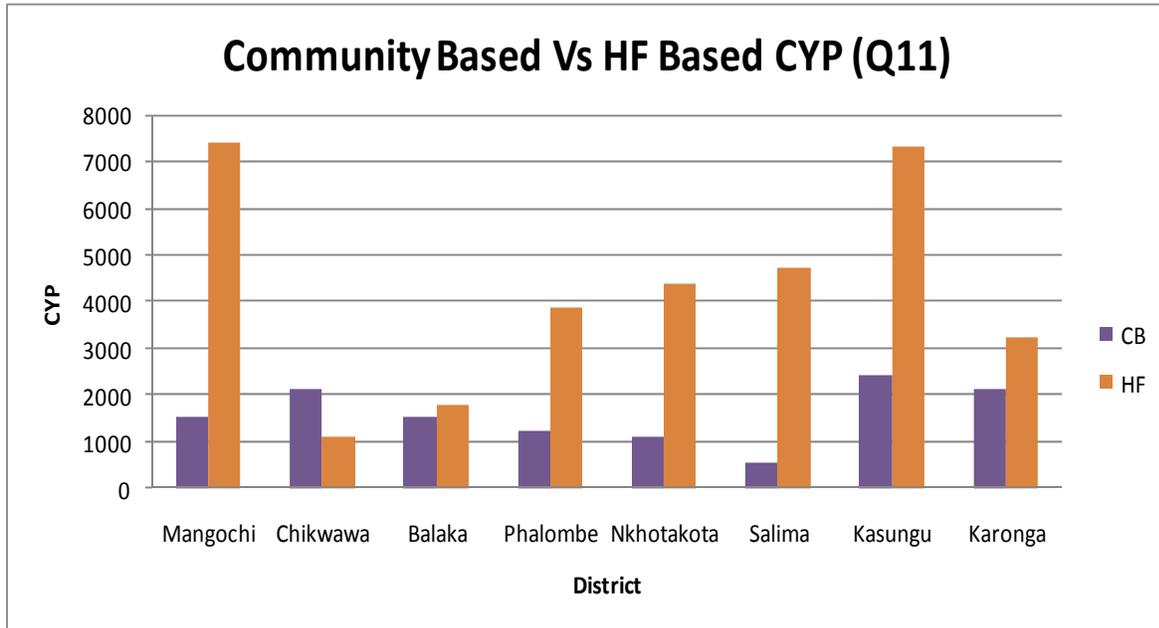
Figure 1: CYP per District



As indicated above, the family planning services are offered at the community as well as at the facility based level. The influence of community based provision of family planning is steadily growing. In some instances, (see the case of Chikhwawa in Figure 2 below) it is even surpassing

health facility based provisioning in terms of CYP¹. In other districts, the proportion of CYP contributed by community based programmes is very low like the case of Salima. In Salima, the meagre contribution is matched to the dropout rate of the CBDAs who have either joined teaching, migrating to South Africa and in a number of cases migrating out of the district. On the other hand, the CYP has been mainly buoyed by number of clients accessing long term and permanent methods. A modest number of clients accessing LTPM methods have the potential to positively affect the trajectory of CYP in any particular district. Figure 2 below shows the CYP contribution from community based compared with health facility based interventions.

Figure 2: Community Based Versus Health Facility Based CYP for Quarter 11



New Acceptors

The real contributors to the growing trend of CYP are the new clients that are recruited into the programme. In the reporting period, over 34 500 new clients were enrolled in the project across the 8 impact districts. Kasungu registered the most number of new clients at over 11, 000 clients in the past three months. This corresponds with the observed contribution the district made to the total project CYP above.

In terms of the contraceptive methods, DMPA attracted the most number of clients. Out of the total number of clients registered, 74% accessed DMPA. As a percentage of the total number of clients registered, 50% accessed health facility based DMPA while 24% accessed community based DMPA. Oral contraceptives were accessed by 19% of the new clients while sterilization (Tubal Ligation & Vasectomy) and Jadelle attracted 4% and 3% of the clients respectively. The contribution of Inter Uterine Contraceptive Device (IUCD) was negligible.

Figure 3 and Figure 4 below show the new acceptors by district as well as by method.

¹ Note that an alternative explanation might be a result of underreporting from health facility based interventions.

Figure 3: New Acceptors by District

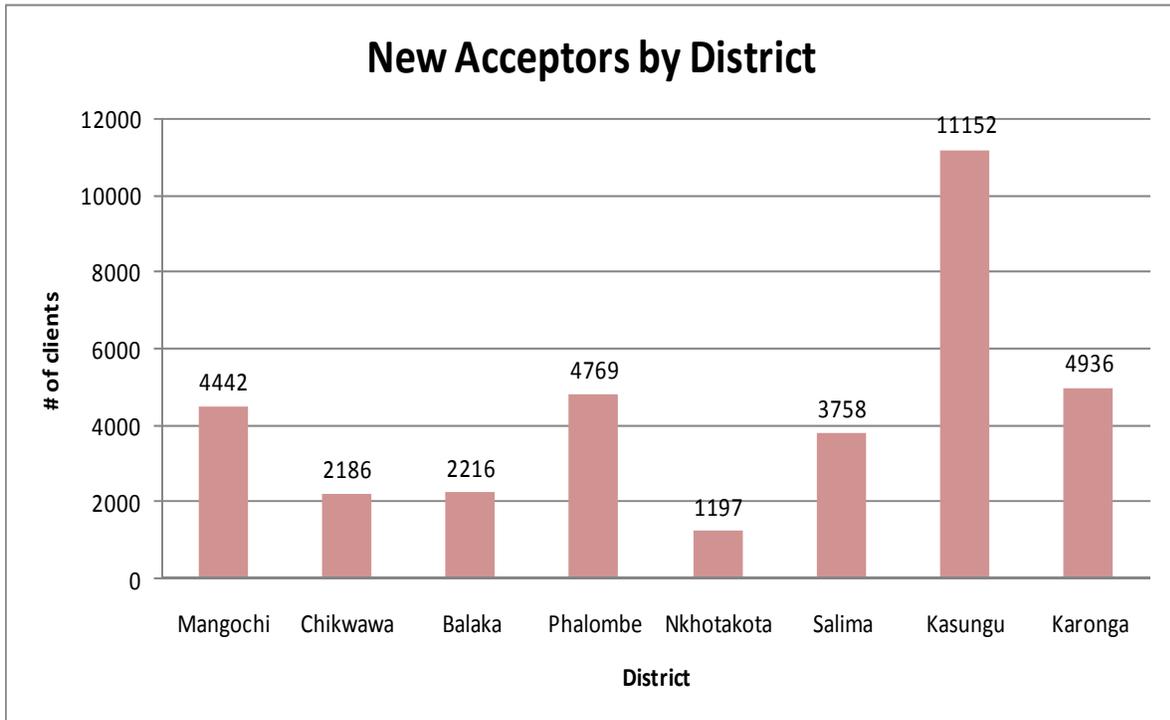
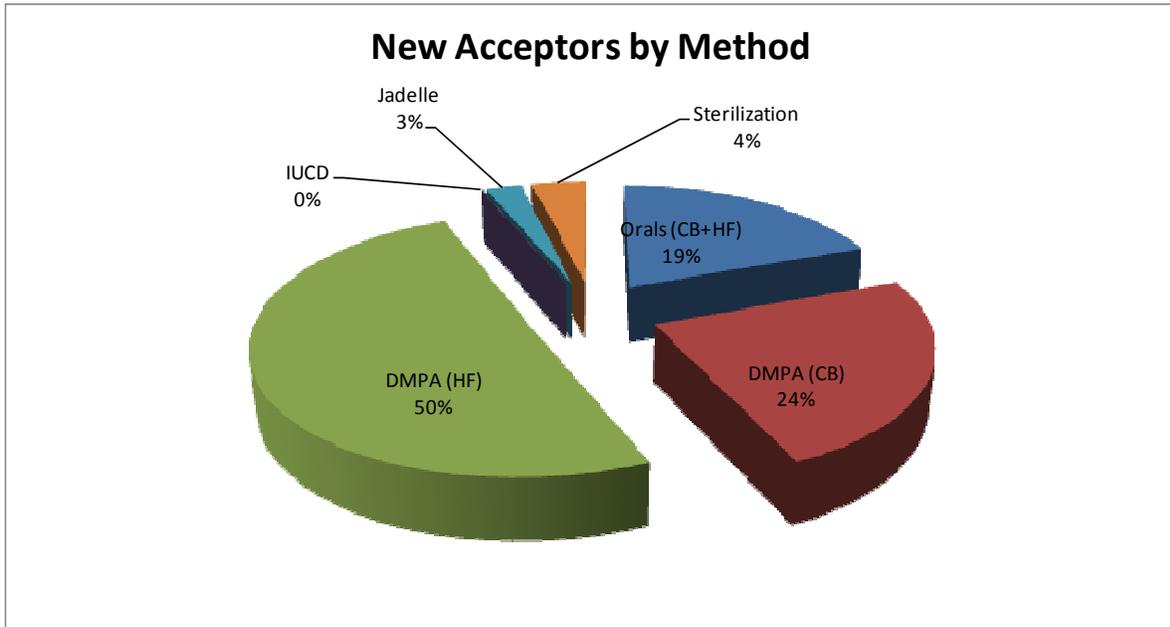


Figure 4: New Acceptors by Method

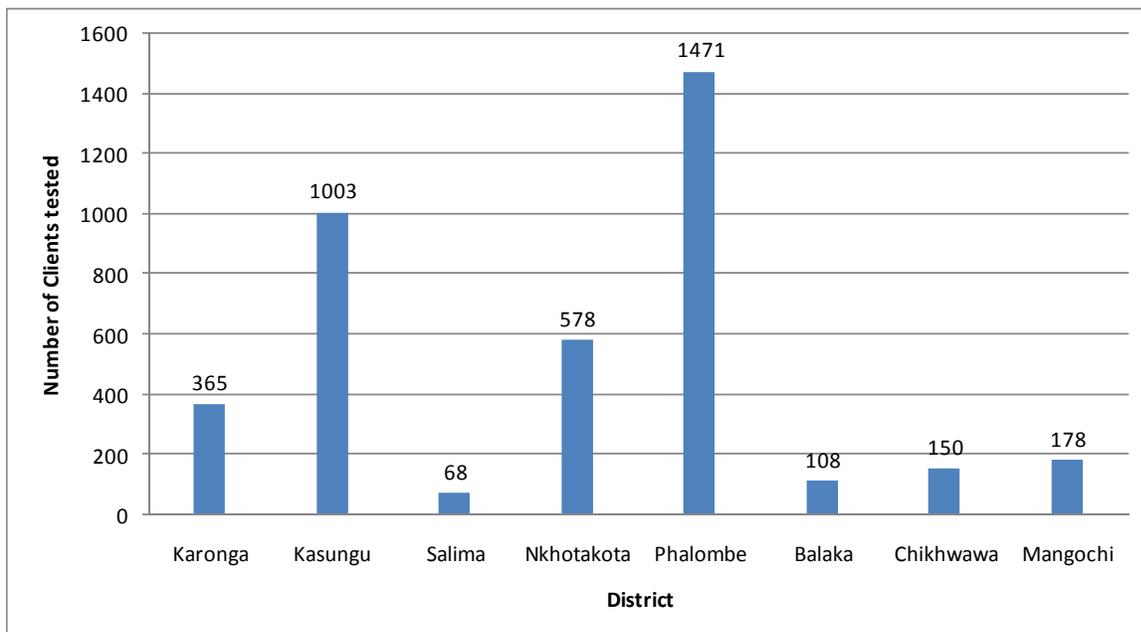


Community Based HIV Testing and Counselling

HTC provides an excellent change for one to know their sero-status and make life and behavioural altering decision about how they live their lives. HTC services are offered in the CFPHS project as integrated services. Some CBDAs have been trained to provide these services in addition to the family planning services. The testing figures in the quarter have been affected by CBDA dropout rates as well as the stock out of reagents. The project uses Determine HIV, for the initial test. In case of a positive result, Unigold is used as a confirmatory test. If the initial and confirmatory results are discordant, Bioline is used as a tie breaker.

Clients Tested

A total of 3 921 clients accessed HTC services in the quarter. Phalombe tested the most clients with over 1400 tested seconded by Kasungu. On the lower side, Salima tested 68 clients.



Close to 7% (6.8%) of the clients tested showed a reactive result. Those tested positive were referred to other support services like PMCT for pregnant women, ARV for non pregnant and men. All of them were however referred to psycho-social services available in their districts.

Testing Trends

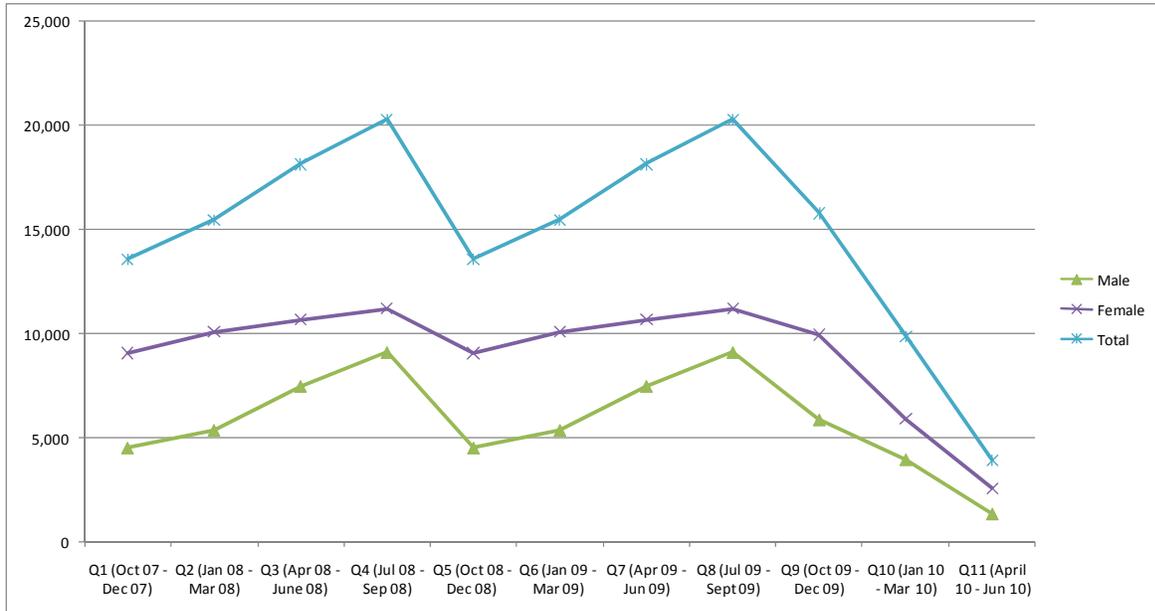
Data from the project shows that HTC has undulating trends peaking in the months of July to September. This could be attributed to the fact that this is the period when more people are able to access HTC Services as this is also a lean period in terms of agricultural activity. Given the past trend, the figures were supposed to start recovering in the quarter; however, recovery was hampered by the absence of test kits, a problem which was experienced across the country.

Figure 5 below, shows testing trends from project inception to the current quarter.

The number of clients tested from the beginning of the project to date has reached 164 000 clients. The rate of growth has however decreased in the past three quarters from 7% to 2 % principally as a result of counsellors dropping out of the programme in addition to the scarcity of

reagents. It is anticipated that this will pick up in the next quarter as more HTC providers will be trained using funds from the ceiling increase.

Figure 5: Testing trends up to Quarter 11



DETAILS OF ACTIVITIES CONDUCTED DURING THE QUARTER

FAMILY PLANNING

Under Family Planning, consolidation of activities continued in the quarter with the bulk of the activities implemented aimed at strengthening quality service provision through monitoring visits and review meetings. The project also started implementation of the ceiling increase activities. These activities are aimed at increasing community based access to family planning specifically, DMPA. In this section, activities implemented in the quarter under family planning will be covered under the themes of; access to community DMPA; Community Distribution Agents (Orals and Condoms) Standard Days Method, Long Term and Permanent Methods and Strengthening FP Services.

Access to Community DMPA

DMPA Review Meetings

DMPA review meetings were conducted in four of the eight districts namely Phalombe, Nkhotakota, Chikwawa and Mangochi. DMPA providers and their supervisors together with the DHMT participated in the review meetings. The aims of the meetings were to review progress in the provision of DMPA, discuss challenges and share ideas and solutions to challenges.

Results

- In Phalombe, a total of 37 people participated in the review meeting
- In Mangochi, five review meetings attracted a total of 76 people (52 providers, 21 Supervisors, a trainer, the District Coordinator (MSH) and the District Family Planning Coordinator).
- In Nkhotakota, 42 people attended the review meeting (32 providers, a trainer and a representative from the following: Pharmacy, Environmental Health, Matrons Office and Family Planning
- Some of the success discussed at the meetings included:
 - A reported general satisfaction of clients with the level of access to DMPA
 - Increased access to women whose spouses are not in support as they can discretely access the service without making a long journey as well as without any visible physical changes
- Some of the challenges discussed included:
 - Lack of feedback once providers refer clients to health facilities
 - Medical waste disposal
 - Stock outs, especially in Mangochi where they happened at the same time as condoms leaving some clients without access to contraceptives
 - Lack of transportation

Comments:

- Presence of trainers during the review meetings was helpful as they were able to review issues covered during the initial training
- The inclusion of all stakeholders (pharmacy, environmental health, family planning) proved very helpful as points of clarification were provided during such meetings

- Providers were encouraged to schedule their work properly in order to avoid overloading themselves

DMPA Supervision

DMPA Supervision was conducted in Balaka, Karonga Salima, and Nkhotakota districts. The aim of the supervision was to further mentor the providers and encourage them in their provision of quality FP services.

Results:

- In Karonga, 12 DMPA providers were supervised.
- 11 HSAs were supervised in Salima.
- 10 HSAs were supervised in Nkhotakota.
- It was noted that providers in Balaka serviced between 150 – 200 clients in a single month

Comments:

- The supervision of the 11 providers in Salima showed the need for DMPA Review meetings.
- The need to increase the number of DMPA providers also became apparent during the supervision visits as the providers are far apart leaving a large population without access to DMPA.
- DMPA continues to be a method of choice in the targeted districts.

DMPA Training

The ceiling increase which was approved earlier this year, provided for the scaling up of the provision of DMPA services to increase access to DMPA in the rural areas. The project started the implementation of training activities in the quarter. In May, seven of the eight districts implemented a session each. In June, second and third training sessions were conducted in the six districts, with the exception of Phalombe which implemented all its three sessions in the month and Balaka which implemented its second session.

Results:

- All districts with the exception of Balaka, have now completed three training sessions
- A total of 539 providers (377 males and 162 females) and 83 supervisors were trained.

Comments

- The cost of training is higher than anticipated in Salima, mainly as a result of the high cost of accommodation
- Female providers represent only 30% of those trained as a result of the difficulty of recruiting and deploying female providers in the hard to reach areas.

DMPA Training Supervision

The Family Planning Advisor conducted supervision of DMPA trainings. The aim of the supervision was to ensure that the trainings were being conducted following technical

specifications as a means of ensuring quality. The supervision was also meant to check availability of training materials and other teaching aids, and assess extent of preparation for classroom and clinical practice. Special attention was given to ensuring the availability of DMPA for use during clinical practice and for use at community level.

Results

- 2 districts were supervised (Karonga and Kasungu)
- Kasungu had 20 participants (14 male and 6 female) and 5 supervisors (2 male and 3 females),
- Karonga had 20 Participants (11 males and 9 females) and 5 supervisors (2 males and 3 females)

Comments

- There was adequate logistical and technical support available for the training except for inadequate job aids.
- The project is awaiting delivery of *Kabanja* flip charts from the printer.

Community Based Distribution Agents (Orals & Condoms)

The success of DMPA has not come without a price. A monitoring visit to Kasungu in the quarter showed that CBDAs were getting discouraged with the plummeting popularity of orals. The CBDA visited accounted how he would make a long trip to a village, organise meetings and end up without a single new client because the method of choice has become DMPA. Quarterly data has shown that up to 74% of the new clients are on DMPA compared to 19% for orals. The current trends call for a rethinking and/or redefinition of the roles of CBDAs. Meanwhile, support activities for orals and CBDAs were carried in the quarter as reported below.

CBDA Review Meetings

CBDA review meetings were conducted in Mangochi. The meetings involved Program Coordinators, Health Centre In-charges, CBDAs, Primary and Secondary supervisors. This is a quarterly activity that brings together CBDAs and their supervisors with a purpose of reviewing program activities.

Results:

- The meeting involved 36 people - (10 females and 26 males) - comprised of 24 CBDAs, 7 primary supervisors, 2 secondary supervisors, 2 FP Coordinators and 1 MSH staff.
- Issues discussed during the meetings include:
 - CBDAs were encouraged to maintain the submission of paper based reports as well as those that are electronically submitted through SMS Frontline facility as the Frontlines System is still being piloted.
 - The completeness of registers was emphasized and some of the registers were reviewed during the meeting.
 - Primary supervisors asked for bicycles but it was communicated that at the moment the bicycles are targeting CBDAs
 - Some of the CBDAs expressed having challenges with the solar chargers provided to them by the project. They were concerned that the chargers are not

working effectively, however, it was concluded that it might be due the current poor sunlight which means it takes longer to charge a phone.

- Some recommendations/way forward
 - Reporting should be done on time to reduce bottleneck in supplies.
 - Review meetings should be intensified to keep the CBDAs motivated and active.
 - Refresher course should also be planned for CBDAs.

Comment:

- The meeting was successfully done as it involved different people concerned with the delivery of FP services through CBDA Program namely in-charges, coordinators and CBDAs themselves.

CBDA Supervision

During the quarter, CBDA supervision was conducted in Salima, Nkhotakota, Chikhwawa and Karonga. The aim of the supervision was to check on the quality of services being offered by the CBDAs and also to promote the spirit of volunteerism, by recognizing the CBDAs contribution and providing moral and technical support.

Results:

- Some of the CBDAs were, as expected, heavily engaged in agricultural activities (i.e. harvesting) in their gardens and/or helping out family members. This lessened the time they were available to provide services to clients.
- In Salima, 39 CBDAs (24 Male and 15 females) were visited as part of the monthly supervision done by the District Coordinator.
- In Nkhotakota, 10 CBDAs were visited.
- In Chikhwawa, 3 CBDAs (All Males) were supervised out of the planned 10.
- In Karonga, 26 CBDAs were supervised.
- CBDAs complained of erratic supply of male condoms,
- Visibility materials like T-Shirts and bags are worn out,
- It was encouraging to note that the standards of services provided by CBDAs were generally of high quality reflecting the standard of training provided to them.

Comments:

- It was reported during the quarter to the District Coordinator in Salima that Domeck Nangoza aged 31 from Kapanda Village, TA Kambalame had passed on. He was a very hard working CBDA.
- The program should continue conducting quarterly review meetings.

CBDA Refresher Training

The World Health Organization (WHO) funded refresher training for 56 CBDAs (17 male and 39 female) in Karonga District. The refresher training was conducted over a period of 5 days.

Results:

- CBDA trainers went through topics that had been mutually agreed upon as having been difficult from both the theoretical as well as the practical aspects of the initial training.

- Groups also shared challenges in the practical implementation process which were thoroughly discussed among the participants.

Comments:

- Allowances paid during the refresher training were very much appreciated by the CBDAs.
- The project should continue to liaise with other agencies working in the field as a way of complementing project resources.

Standard Days Methods

Two activities were implemented under Standard Days Methods. The Standard Days Method is truly expanding method mix as it is able to reach those with moral objections as well as other side effects to modern family planning methods. Two activities were undertaken in the quarter as reported below.

SDM Supervision

April was the fourth months since the Standard Days Method of contraception was introduced by the project in the eight districts. The project is currently consolidating the achievements by intensifying supervision. In the reporting month, supervision was done in Salima, Nkhotakota, Mangochi, Chikhwawa and Karonga districts.

Result:

- The District Family Planning Coordinator supervised one couple providing SDM in Chikhwawa
- In Karonga, two parishes were visited for supervision.
- In Nkhotakota, 3 SDM providers were supervised

In Salima;

- 14 SDM providers were supervised.
- During supervision SDM providers in Salima district were encouraged to advise their clients about other methods so that they can make informed choice.

In Mangochi:

- 12 SDM providers (6 male and 6 female) out of the targeted 19 were supervised.
- Four out of the six catchment areas supervised show that there is a high demand of the method from clients, including non-Catholics.
- 10 out of 12 SDM providers' supervised were out of beads.

Comment:

- The programme has now received a consignment of 8 000 cycle beads which it has now distributed to all the districts.
- Regular supportive supervision will be conducted to ensure that providers are on track with the right information to the clients and counseling skills
- There is need to train more providers to adequately improve access and increase method mix
- A sustainable alternative to cycle beads that can be locally sourced at a low cost should be explored given that the ministry does not stock cycle beads.

- The project is should consider extending SDM training to CBDAs as a way of increasing access. The field experience shows that there is an increased interest in the method.

Long Term and Permanent Methods

Long term methods are offered in all the USG assisted Health Facilities. Tubal Ligation (Female Sterilization) and Vasectomy fall in the category of permanent methods. Jadelle and IUCD fall in the Long Term methods. Together, these methods contributed 7% of the total number of new clients in the quarter. While the number of clients is low, the CYP contribution is large at about 43% of total CYP for the quarter, broken down as follows: Sterilization (29%) Jadelle (14%) and an insignificant contribution from IUCDs (<1%). In the reporting period, an activity meant to consolidate the delivery of these methods was conducted in Balaka as reported below:

LTPM Supervision

Supervision of Long Term Permanent Methods (LTPM) was done at Phimbi Health Centre in Balaka District.

Results:

- Jadelle, one of LTPM which was out of stock from December 2009 to February 2010 was now available, and clients were accessing the method.
- The team witnessed a family planning health talk on LTPM which was given by a trained nurse.
- An interactive drama on FP methods including LTPM organized by the CBDAs in the catchment area was performed

Comment:

- The drama was very well performed and it was a very good educational aid as many clients seemed to agree with the messages contained in the drama.

Strengthening Family Planning Activities

Under this theme, three activities were conducted in the quarter. These activities are aimed at improving the quality of services and ensuring that more people are able to access the available services. These activities were implemented as reported below:

Quarterly district FP Supervision Feedback Meetings

A supervision feedback meeting was held in Phalombe District. The meeting was called to discuss issues that were observed during supervision visits by the District Family Planning Coordinator and the MSH District Coordinator. It was also aimed at sharing field experiences with all supervisors as well as provide an indication of how the programme was performing.

Results:

- The meeting was well attended by 25 primary supervisors (20 male and 5 female), 5 secondary supervisors (1male and 4 female), and 1 male DHMT member.
- The checklist for both primary and secondary supervisors was reviewed.
- Performance review of the FP programme was done and it was found that the programme was generally on track.

Comments:

- The program will consider providing both primary and secondary supervisors with stationery for example flat files for proper filling of reports.

Client Exit Interviews

Client exit interviews were conducted in Kasungu during the month. The aim of the interview was to learn from clients if services offered are of a good quality.

Result:

- From the interviews conducted, it was learned that providers know how to deliver the various services they are trained in.

Comment:

- It was observed that Kasungu District Hospital has a short supply of exit interview forms. Arrangements are in place to send the forms to Kasungu. The Central Office (MSH) will share the project tool with the district.

CBO Supervision

CBO supervision was conducted for all the 10 trained CBOs in Kasungu. These CBOs were trained to motivate the communities on FP and HTC services uptake.

Results

- Supervision was done using the CBO supervision checklist at each site
- Discussions with members from the 10 CBOs were conducted to mentor the groups
- All 10 CBOs supervised have radio listening clubs.
- Drama sessions are conducted in the communities to disseminate FP& HIV/AIDS messages in their impact areas on a regular basis.
- CBO members conduct meetings with gatekeepers and the community at large once every month.

Comments

- There is good cooperation between the CBO, CBDA, and the HSAs.
- There is need to train more CBDA HTC Door to Door counsellors due to increased demand for counselling services in all communities in the district.

HIV TESTING AND COUNSELLING**Community Based Door to Door HIV Testing and Counselling**

HIV testing and counselling is one of the services offered in the CFPHS integrated services programme. The reporting quarter was affected by Test Kit shortages which affected the number reached in the quarter. A second factor that affected performance was the HTC CBDAs drop outs. For example, out of the 8 trained CBDAs in Salima, 5 have dropped out. The dropout rate in the HTC programme has spiked as a result of the Ministry of Educations increased teacher recruitment drive targeting those with a Malawi School Certificate of Education. All the CBDAs

that were trained in the initial HTC training had to have this certificate in order to qualify. When an opportunity to get paid employment arose, the decision for them was easy. In order to further strengthen the HTC programme as well as increase access to HTC services, four activities were implemented in the quarter as reported below:

Door to Door HTC CBDA Review

An HTC review meeting was conducted in Karonga during the quarter to review progress made so far in implementing Door to Door HTC.

Results:

- 11 CBDAs, 8 HSAs and 4 supervisors attended the meeting.
- Activities included review of registers, the reporting system and referral channel, planning for proficiency testing, and discussions on storage of HTC kits.
- The meeting also discussed challenges faced and identified possible solutions.

Comments:

- HTC Kits still remain scarce. This is the major impediment to the implementation of program.
- The meeting agreed to continue with ongoing community sensitizations to assure the communities on the confidentiality of the Door to Door HTC by CBDAs.

Door to Door Supportive Supervision

Supportive supervision was conducted for CBDAs providing HTC services during the month in the districts of Karonga, Chikhwawa and Kasungu. The supervision of HTC CBDAs is done with the aim of motivating the CBDAs as well as ensuring that they continue to provide high quality services. During the supervision data collected by the HTC CBDAs is inspected to ensure that it is properly recorded. The supervisor also inspects storage facilities as part of the quality checks.

Results

- 12 HTC counsellors (7 females and 5 males) were supervised in Karonga.
- In Kasungu 7 CBDA counsellors (All Male) were supervised.
- In Chikhwawa, 3 HTC Counsellors were supervised.
- Availability of Test kits were mentioned as a single most important challenge to the provision of HTC Services
- In Kasungu, two HTC CBDAs have dropped out. One has moved from his catchment area and has stopped practicing, and the other has secured a job with Kasungu District Hospital effective 1st July 2010.
- The supervising team from the DHO agreed to have Health facilities supporting HTC door to door to have their monthly supply of test kits and condoms increased.
- Male condom supply is still erratic.

Comment

- People are eager to be tested. The project should ensure a steady supply of HTC supplies to ensure that supplies are not spoiling the HTC CBDAs' continued dedication and hard work.
- One on one supervision allowed for individual attention to problem solving

HTC Sensitization Campaigns

Mangochi district was the only district lagging behind in deploying HTC Counsellors in the community. Sensitization campaigns started in the previous reporting period. Two outstanding sessions had been carried forward to the current reporting period. The HTC sensitization campaigns were conducted in the villages where CBDAs trained in HTC will be offering Door to Door HTC services. It was one way of informing the communities and their leaders that CBDAs have been trained to offer such services. These campaigns specifically targeted HTC door to door services.

Results:

- Distributed 35 “Care” Female Condom posters; 200 VCT leaflets; 4 Zina Umanena T-shirts; 100 Pakechere booklets; 60 Pakachere calendars; 20 Zina Umanena posters; 5 Zina Umanena pens, and 100 Zina Umanenena leaflets
- A total number of 4450 attended these campaigns (1700 males and 2750 females).
- 60 clients (33 males and 27 females) accessed HTC services 3 (1 male & 2 females) tested positive.

Comments:

- The two remaining sessions from the month of March were completed and CBDAs started providing HTC services during the campaigns.
- The HTC door to door initiative was accepted by most members of the communities and their leaders as they showed interest in whatsoever happened during the campaigns including the HTC services that were offered by the trained CBDAs.
- Those that tested positive were referred to HIV and AIDS related services.

HTC Training Preparations

Preparations for HTC trainings for CBDAs were done in the quarter. The first training will be conducted for Phalombe CBDAs at Zomba RTC. A planning meeting for the CBDA trainings in HTC was conducted with the HIV Unit, the Health Technical Support Services (HTSS) and the Nutrition Unit. The team briefed the MoH counterparts on the programs’ plan to scale up HTC services by training 450 CBDAs in HTC in the four districts of Phalombe, Salima, Kasungu and Mangochi using the MoH trainers. The program is also expected to train CBDAs to take on an additional role of conducting simple nutrition assessments using the MUAC and also provide counselling on nutrition.

Results

- Training manuals and Standard Operation Procedures (SOPs) were reproduced
- The HIV Unit assisted with the provision of the trainers.
- Field visit conducted to Phalombe to support the field office in preparing for the training.
- The meeting at the HIV and HTSS unit agreed that the program will train CBDAs with a minimum of a JC qualification, since they have experience working as CBDAs.
- HTC Trainers will be called from different districts according to need to support the district based trainings.

- Each training session will require a total of five trainers; three trainers for the counseling component to be provided by the HIV Unit and two trainers for the testing /lab component to be provided by the HTSS/Diagnostics.
- MSH to check with the relevant districts on availability of reagents for the trainings as districts are currently experiencing stock outs.
- The nutrition unit will adapt training materials from the CTC training modules and also on nutrition counseling for PLWHIV.
- An orientation for the trainers will be done to ensure that trainers are familiar with the materials included under nutrition.

Comments

- The HTC training will run from the 4th to the 24th of July 2010.
- The program plans to conduct the other trainings at Mponela Primary Health Care centre.
- Trainings for the HTC supervisors will be done after the CBDA HTC trainings and will be done centrally as per requirement.

DEMAND CREATION ACTIVITIES

The expansion and strengthening of health services is of no consequence, if those services are not utilised. In order to ensure that services are used, a strategy was put in place to create demand for the services. Several activities were implemented in the quarter as follows:

Open Days

Open days are conducted with the aim of providing information about family planning and HTC services and highlighting the importance of family planning and HTC to communities. In the quarter, open days were conducted in all districts with the exception of Kasungu. In four of these districts namely Balaka, Mangochi, Karonga and Chikwawa, open days were conducted in each of the three months of the quarter. In Nkhotakota, open days were conducted in only two of the three months, while in Phalombe and Salima, Open days were conducted only in one of the three months.

Results:

- Traditional leadership was involved in the activity.
- Dances, Drama, Poems, Speeches and Quizzes all focussing on FP and HIV and AIDS were performed during the functions.
- A total of **25 983** people (**11 595** males and **14 388** females) participated in the open days.
- A total of **536** people (**250** males and **286** females) accessed HIV Testing and Counselling services
- A total of **24** people (**3** male and **21** females) were tested positive and referred to further HIV & AIDS services.

Comments

- Attendance was affected by other social activities like a funeral (in Balaka) and the FIFA World Cup games.

Refresher training of Private Sector Providers

On the 25th of April, training on effective counselling in a private setting was conducted at Ekwindeni in the Northern Region for private sector providers.

Results:

- 26 providers from private clinics and pharmacies were refreshed on counselling of different groups of people, i.e., the youth, menopausal women, HIV positive clients and old and new clients
- Training helped highlight some of the knowledge gaps existing in private practice. A lot of the participants highlighted limited knowledge on HIV transmission and handling family planning clients who are also HIV positive.
- Some new providers who had initially not been keen to offer family planning services reported that when they started offering the service, they had very few clients but more and more people were now coming up to get services from their facilities.

Community Drama performances

As a result of delays in submission of reports for consolidation, data on community drama performances for the month of March is incorporated in this report. During the month of March drama activities were conducted in all the districts where the project is working. The slow down means instead of the two shows a month, the drama clubs will perform only one show. Drama activities will resume fully in August when the second airing of the radio drama will be done.

Results:

- **12, 473** people were reached through the community drama shows (4, 694 **males and 7, 779 females**).
- In Chikhwawa, Salima and Mangochi the groups took advantage to perform their shows during special activities, for example during different community meetings organized in their areas hence an increase in figures from those districts.

Comment:

- After the March performances, community drama activities have slowed down to resume in August when the radio drama is going to be aired again.

Clinic Talks

During the reporting month of April one clinic talk was conducted in Chikhwawa district. The aim of the clinic talk was to highlight the benefits of family planning. The clinic talk was conducted in collaboration with the Family Planning Coordinator and IEC officer from the Ministry of Health. In June, one clinic talk was conducted in Nkhotakota district. This activity took place at a village clinic where postnatal services are delivered. Activities by one of the Listeners Clubs in the area spiced up the activity in the form of drama performances and songs. The aim of the clinic talk was to highlight the benefits of family planning. The HSA running the clinic gave a talk on the need to practice family planning.

Result:

- In Chikhwawa, the total number of people who attended the clinic talk was **84 (10 males and 74 females)**.
- In Nkhotakota, the total number of people who attended the clinic talk was **87 (29 males and 58 females)**.

Listening Club Supervision

Supervision of listeners' clubs continued during the reporting period. The clubs were involved in organizing and implementing open days as a way of keeping active in anticipation for August when the second airing of the drama will be done. In preparation for the second airing, the discussion guides for episodes 1 to 15 were reviewed by the team. The process included identifying new activities and point of emphasis for the discussions. These discussion guides will be distributed in August before the first program goes on air. The rest of the discussion guide (episode 16 to 26) will be reviewed at the end of August.

Result

- Listeners clubs were fully involved in the open days

POLICY

Success of the DMPA would not have been without the work of the policy section of the project in the initial stages of project inception. Staff in the policy section continue to engage themselves with project issues. In the past quarter, there was continued policy dialogue with the government and Muslim clerics via two main activities that were implemented as follows:

Dissemination of integration Study

CFPHS presented the findings of the integration study report to the quarterly Family Planning Sub Committee meeting held on the 10th June; and also to the Integration Steering Committee meeting on 17th June 2010.

Results

- The FP Sub Committee meeting was attended by 25 people
- The FP Sub Committee members generally supported the idea of integration as some members like Clinton Hunter Foundation were working on ways of integrating DMPA into VCT services in Machinga after realizing that more women on ARVs in Machinga District are having unintended pregnancies.
- FP Subcommittee members were interested in the way forward of the study as members required guidance on the effective approaches to integration.
- The Integration Steering Sub Committee agreed that the FP and HIV integration findings should jointly be presented with the findings of the SRH and HIV linkages study conducted by FPAM during the RH National dissemination meeting on July 7th.

Comment

- The Integration Steering Committee of which CFPHS is a member is planning to assist the government to develop a national strategy for integrating SRH and HIV & AIDS services in Malawi.

Collaboration with the Muslim Association of Malawi (MAM) and Qadria Muslim Association of Malawi (QMAM)

At a follow up meeting (May 2010) to the August 2009 Islamic Conference on FP and HIV, members agreed to have the Mali Islamic Advocacy tool (Power Point Presentation) for FP translated from French to English and adapt it for the Malawi context

Result

- The translated version has been shared with MAM and QMAM for their comments.

Comments

- CFPHS expects to get comments from MAM and QMAM by 15th July 2010.
- The next step after the comments by MAM and QMAM will be to incorporate issues from the Malawi RAPID into the specific Islamic version to create a powerful advocacy tool that MAM and QMAM leaders can use to direct messages at members of their communities.

MONITORING AND EVALUATION

In the reporting period, several important activities in Monitoring and Evaluation were undertaken. The first was the midterm evaluation which was overwhelmingly positive while recommending a better use of data for decision making. During the period, a DMPA evaluation was also conducted to review the provision of DMPA by community based distributors. In the quarter, routine monitoring activities concentrated on ensuring the quality of data and improving reporting rates for data. In response to the recommendation of better use of data for decision making, the project is currently piloting a survey to determine the client dropout rate and unreached population, in order to determine the level of effort that needs to be applied for the FP services to be truly accessible. In the reporting period, the following activities were

Mid Term Evaluation

A Mid Term Evaluation took place during the quarter. 7 out of the 8 impact districts were visited. In the districts, the consultants met with the District Health Management Team, Programme Coordinators, FP and HTC providers and project staff. While in the districts, the team also met traditional leaders and communities. At the central level, the team met with several stakeholders including officials from the Ministry of Health, the donor and other agencies.

Result:

- De-briefing took place on the 13th of May 2010
- Evaluation was largely positive indicating that the project would achieve all its targets by the end of the implementation period.

- Use of data for decision making was highlighted as an area for improvement for the project
- Supportive supervision was also highlighted as an area for improvement

Comment:

- The project eagerly awaits the final report.

SMS Frontlines Training and Implementation Review

Salima district was the second of the four CFPHS districts where the SMS frontlines system is being piloted. CBDA trainings were conducted in the four health zones of the district. A review of implementation was conducted in Mangochi district to understand problems associated with the system.

Results:

- In Salima, 85 CBDAs and 22 supervisors were trained in the use of the frontlines reporting system and provided with phones for that purpose.
- The project has extended the distribution of phones to primary supervisors to ensure that they are able to support CBDAs should CBDAs experience problems in using the system.
- Salima was the first district where primary supervisors were given cell phones.
- 6 CBDAs out of the targeted 7 were trained and received their cell phones in Mangochi in a second round training designed to reach the remaining CBDAs.
- To date a total of 156 CBDAs have been trained in the use of Frontlines SMS for data reporting in the two districts.

Comments:

- The distribution of cell phones is a sensitive activity as the cell phones distributed are of high quality. Everyone wants to set one.
- The project should ensure that the use of cell phones add value to reporting project activities.
- Primary supervisors in Mangochi and Salima will be given phones to improve supervision and support for CBDAs.
- The remaining CBDA will be trained during routine supervision of CBDAs.
- Most of the CBDAs are having their previously loaded reporting forms accidentally deleted at places where they leave their phones for charging. This problem will be resolved once the solar chargers have been delivered.

PARTICIPATING IN VARIOUS PROGRAM-RELATED ACTIVITIES

CFPHS Team Meeting

A team meeting was conducted to discuss the next steps of the project's proposal to pilot community based social marketing of contraceptives through CBDAs. The program has been discussing piloting and developing guidelines for the past 2 years for socially marketing contraceptives at the community level, as part of the project's efforts to increase access to family planning services. However, the Reproductive Health Unit (RHU) has not been in support of the idea as it would be in conflict with the country's policy to provide contraceptives free of charge through the public sector. The RHU also felt that selling contraceptives at the community level would derail the progress being made by the FP program as people may not be ready to buy contraceptives.

Results:

- The team agreed to envision another model for increased involvement of the private sector in family planning.
- A logical next step is to address policy issues at the highest level and host a policy roundtable that would include both the public and private sectors to discuss partnership ideas for family planning.
- A 2-page concept paper has been drafted to be discussed within the CFPHS team.
- The concept paper describes using currently available data to present to stakeholders from both the public and private sectors to facilitate the policy dialogue during a 1-day roundtable meeting.

Comment:

- Malawi's goals for increasing the contraceptive prevalence rate would best be achieved through a well coordinated public and private sector partnership.

Lobbying for the regulation of Health Surveillance Assistants

Meetings were held with the Registrar of Nurses and Midwives Council and the Chief Primary Health Care Officer. These meetings were aimed at briefing the two officials on the activities that were planned for the HSAs. The meeting with the Registrar of Nurses and Midwives council was a follow up to an earlier meeting held in November of 2008.

Results:

- CFPHS briefed the registrar about the program's achievements (service delivery, demand creation and policy); and challenges i.e. supervision of community workers, reporting, and retention of CBDAs).
- The NMC explained that the HSAs would only be regulated if their curriculum is a minimum of one year. The regulatory bodies are still concerned about quality issues and they were currently reviewing the revised HSAs' curriculum to understand their competencies.

- As a way forward on HSAs regulation, the council felt that the three regulatory bodies should have a meeting to have their own consensus on the matter and inform the MoH/RHU.
- To inform decision making, the meeting agreed to conduct an inventory of all in-service trainings that the HSAs undergo after initial qualification as HSAs; stakeholders involved and duration of trainings. The project agreed to support this activity.

Comment:

- A copy of the revised curriculum was provided to CFPHS and among other changes it was noted that provision of pills was now included in the HSA curriculum. This will solve the current challenge of HSAs referring pill clients to CBDAs which inconveniences the clients.
- The scope of work has been developed and process of hiring a consultant initiated.

Collaboration with Peace Corps

Peace Corps invited CFPHS to make a presentation to the Health Peace Corps Volunteers following a collaborative meeting that the CFPHS team had with the Peace Corps Director in April 2010. The PCVs, 20 in number, were having their three day mid service training after a year of service. The main objective of the CFPHS presentation was to brief the PCVs on the project's activities as a basis for discussing ways of collaboration in the community.

Results:

- CFPHS team made a presentation on the project activities
- It was learnt that Health Peace Corps are only present in three of the CFPHS districts (Salima, Nkhotakota and Chikhwawa).
- The PCVs were interested in collaborating with CFPHS in several activities at the community level i.e. supporting HSAs in: supervising CBDAs, data collection, reporting, follow up of clients and mobilizing communities during open days and other community level activities.

Comment:

- As a way forward, contact details for the PCVs and MSH District coordinators in Nkhotakota, Salima and Chikhwawa were shared for the PCVs and DCs to connect and work together.

Meeting with RHU

A meeting was organized between the CFPHS project and the Reproductive Health Unit of the Ministry of Health. It was meant to update the unit on the status of project implementation and plans for expansion.

Results:

- Briefed RHU on ceiling increase for the DMPA Scale up within the eight districts
- RHU was supportive of scaling up DMPA, even though they would have wanted to scale up to the whole country.

- Nsanje, where MSH already has an office (BASICS); Nkhatabay and Ntchisi where offices will be established under the NAC HTC programme) were suggested as additional districts for scale up upon USAID's Approval.

Comments:

- The program will discuss with USAID on the idea of scaling up DMPA initiative in the suggested three districts and will inform RHU of the results. Meanwhile the programme will continue planning for scale up activities in the eight project districts.

Preparing for World Population Day Activities

The project participated in a task force meeting for World Population Day with Department of Population to plan for the event which will take place on 14th July 2010.

Results:

- Meeting was attended by Reproductive Health Unit (RHU), Ministry of Development Planning and Cooperation, Management Sciences for Health, Futures Group International (FGI) and Knowledge for Health (K4H).
- Agenda for a one day seminar was developed,
- List of participants to the meeting was drawn
- A draft press release was developed.

Comments

- World Population day will be commemorated on 14th July 2010
- K4H in collaboration with MSH and RHU with other partners will hold a one day seminar on 15th July following World Population Day commemoration.

Participated in RH Strategy Review Meeting

The Program participated in a stakeholders meeting convened to review the 2006-2010 RH Strategy. The meeting was held in Blantyre from 23 and 24th June 2010, led by Maternal and Child Health Integrated Program (MCHIP) in collaboration with RHU. The revised strategy would guide the implementation of RH programs for a period of five years from 2010 – 2015. About 20 organizations participated in the meeting.

Results

- RH Program achievements, gaps, opportunities and threats were identified
- New international and national evidence based trends in reproductive health i.e. post partum and post abortion family planning, use of Misoprostol for Post partum Haemorrhage (PPH) management; use of the RAPID for advocacy; and linkages were incorporated in the new strategy.
- Zero Draft 2010-2015 RH strategy document developed.

Comment

- MCHIP to finalize compiling the draft and circulate to members for comments.

Participating in Effective HIV Prevention Training by USAID

The HIV/AIDS Advisor participated in a training organized by PEPFAR on “Comprehensive Overview of Effective Prevention Interventions”. The course provides a comprehensive overview of effective HIV prevention interventions to entities that fund or implement HIV prevention programs.

Results

- The course provided information for decision-making and an opportunity to discuss and explore the resources needed to build effective HIV prevention programs.
- It also provided additional uniform skills and processes to enhance service delivery.

Comment

- The course built the capacity of the participants to apply concepts to develop a plan for determining an appropriate combination of coordinated prevention strategies.

MAJOR CHALLENGES FACED IN THE QUARTER

DMPA stock outs

The project experienced DMPA Stock outs in Mangochi mainly as a result of a mixed up order. The district had ordered DMPA, however they were instead supplied with microgynon, a replacement for lofemenal.

Test kit stock outs

Test kits were a nationwide problem. Districts are consistently out of test kits

Stock out of condoms

Condoms like test kits are also a nationwide problem. There was no time in the quarter when districts had adequate supply of condoms.

The cost of training DMPA providers in Salima

Salima district is a lakeshore tourist district closest to Lilongwe. The cost of accommodation drove the cost of training for DMPA providers. The project will have to make a decision on how to proceed with the training as it may not reach the intended target with the current level of funding for the activity.

SUCCESS STORY: PLANNING IS KEY TO MULTI-TASKING

Rhodah Kandu is a female Health Surveillance Assistant from the South Eastern town of Mangochi. She was trained in 2007 to provide DMPA in addition to her other roles as a Health Surveillance Assistant. Rhoda works in an area with a total population of 6,995 Women of Child Bearing Age (WCBA). Her catchment area has a large catholic following. To date, she has managed to reach 1,050 of these women with DMPA. This figure does not include the many women she has reached with other FP methods like orals and condoms, which she provides as well. Using the DMPA figure alone, she has reached about 15% of WCBA population. As this figure only represents DMPA, the actual un reached population is expected to be far less than 85% because of the many other WCBA who are on other methods and those she refers to the health facility for long term and permanent methods (LTPM). There are also a percentage of women who are currently pregnant and would like to conceive, and therefore considered out of the population of interest. Rhoda says that more women prefer accessing family planning methods from her because of the respect and confidentiality she shows them. For her, proper planning enables her to combine provision of family planning services with her other responsibilities as a Senior Health Surveillance Assistant. She always finds time to join a team from the Ministry of Health as well as Management Sciences for Health on routine supervision of other community based providers.



Kandu (in blue) giving an injectable contraceptive to a client (left). Photo: Management Sciences for Health (MSH)



Mangochi is the only district in the project where the Ministry of Health matched the number of DMPA providers trained by the project. This will have a huge impact on the accessibility of contraceptives in the rural areas and eventually on the contraceptive prevalence rate in the district.

Supervision of Community Based Distribution Agent in progress. Photo: - Management

MANAGEMENT ISSUES

Recruitment and Placement of District Coordinator for Kasungu

The project managed to recruit a District Coordinator for Kasungu. The new District Coordinator is Jane Ngwira. At the time of her appointment to the post, Jane was working as a Community Liaison Officer (CLO) for the BASICS programme. In terms of field offices, the project has now managed to fill all positions that were originally planned.

Recruitment of Administrative Assistant for the programme

The position of Administration Services Manager which also handled administration issues for the CFPHS project fell vacant after Sarah German left the project for UNICEF. Interviews were held in an attempt to fill the position; however, no candidate was selected. Other interviews have been arranged for the next quarter.

Recruitment of Data Officers

The ceiling increase provided for the recruitment of 4 data officers to be placed in the ceiling increase districts. Interviews were held and the selected candidates will report in the next quarter. They will be placed in Kasungu, Salima, Phalombe and Mangochi.

Implementation of new staff conditions of service

New conditions of service approved by the donor were implemented in the quarter. Project staff saw their remuneration increase. This has helped to calm the project's fears of losing more staff to other organisations.

Staff Movement in Futures Group International

The project focal person in FGI, home office, Margot Fahnstock, left the organisation and has been replaced by Meghan Bishop.

Ageing vehicle Fleet

The project's fleet of vehicles is ageing. This came to the fore in the quarter when vehicles from three field offices broke down. These districts were Nkhotakota, Kasungu and Chikwawa. These problems affected project performance as no supervision and/or follow up of activities could take place.

ANNEX 1. PROJECT PERFORMANCE FOR QUARTERS 10 USING KEY INDICATORS

Ref. no			Annual T	Q. Results
1. Indicators FP and RH services				
1	Number of new approaches successfully introduced through USG supported programmes		2	0
2	Couple years of protection (CYP) in USG supported programmes		80000	47483
3	Number of people trained in FP and RH (with USG funds) both men and women	Total	500	489
		Male	200	311
		Female	300	178
4	Number of counselling visits for FP and RH as a result of USG assistance	Total	30000	43057
		Male	15000	11539
		Female	15000	31254
5	Number of people that have seen or heard a specific FP and Rh message	Total	400000	163629
		Male	200000	42871
		Female	200000	117861
6	Number of policies or guidelines developed or changed to improve access to and use of FP and RH services		0	0
7	Number of USG assisted SDPs providing FP counselling or services		50	176
8	Number of USG assisted SDPs experiences stocks outs of specific tracer medicines		0	13
2. HIV / AIDS, STI Services				
9	P8.1.D (PEPFAR Output) Number of the intended target population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required.	Total	8000	122136
		Male	4000	33061
		Female	4000	82675
10	P8.2.D (PEPFAR Output) Number of the intended target population reached with individual and/or small group level interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards requ	Total	5200	75347
		Male	2600	20987
		Female	2600	54349
11	P11.1.D (PEPFAR Output) Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results	Total	32000	3921
		Male	16000	1326
		Female	16000	2595
		<15		386
		15+		3095
12	MSH-TASCIH 1: Number of HIV Clients tested positive and referred		3200	268

ANNEX 2. ACTIVITIES FOR QUARTER 12

SR#	Activity	Responsible Person
	Family Planning	
1	Conduct Quarterly Review Meetings with LTPM Providers	FP Advisor
2	Train DMPA supervisors	FP Advisor
3	Train HSAs in DMPA Administration	FP Advisor
4	Facilitate procurement and distribution of contraceptives / condoms / DMPA	FP Advisor & USAID Deliver
5	Asses health centres for PQI / IP standards and practices for suitability of provision of Jadelle Insertions	FP Advisor / DCs
6	Conduct FP compliance assessments and client exits interviews	FP Advisor / DCs
7	Monitor quality of care being provided by all CBDAs, HSAs and LTPM providers	FP Advisor / M&E Advisor / DC
8	Monitor consumption, replenishment and utilization of FP contraceptives by CBDAs	FP Advisor / USAID Deliver / DC
9	Advocate for procurement of BTL, Jadelle and vasectomy sets at district level	FP Advisor / COP
	HIV & AIDS	
1	Train CBDAs in couple counselling	HIV/Advisor
2	Train CBDAs in Nutrition promotion and counselling	HIV/Advisor
3	Train supervisors in HTC Quality Assurance	HIV/Advisor
4	Develop HIV/AIDS referral form to facilitate linkages and referrals for other services	HIV/AIDS Advisor
5	Ensure CBDAs have a continuous supply of test kits	HIV/AIDS Advisor
6	Facilitate quarterly supportive supervision of HTC counsellors	HIV/AIDS Advisor
7	Incorporate HIV/AIDS into standardized supervisory monitoring tool to be used in all districts	HIV/AIDS Advisor
8	Train CBDAs in HTC in HTC/TB screening	HIV/AIDS Advisor
9	Train supervisors in HTC, TB Screening and Early infant diagnosis	HIV/AIDS Advisor
10	Monitoring utilisation and replenishment of test kits for community HTC	HIV/AIDS Advisor / DC
	Monitoring and Evaluation	
1	Adapt/ maintain data collection and collation tools for each level as highlighted in A.1.3. above incorporating key indicators identified for each level for systematic routine monitoring	M&E Advisor
2	Conduct Data Audit process for all the 8 target district	M&E Advisor
3	Conduct data quality assessments exercise every six months in all the 8 target districts	M&E Advisor
4	Develop and disseminate success stories and highlights	M&E Advisor
5	Hire 4 assistant statisticians (1 per district) to facilitate data collection from HTC counsellors – An average of 100 data sources	M&E Advisor
6	Maintain / update package of materials that can be used to brief a variety of audiences	M&E Advisor
7	Track key and custom performance indicators for monitoring at MSH and key partners, district, health centre and community levels.	M&E Advisor
8	Coordinate visits, events and ceremonies	M&E Advisor & COP
9	Provide project information appropriate to USAID website	M&E Advisor / COP
10	Develop press release as needed	M&E Advisor & COP
	Policy	
1	Participate in RHCS review	Policy Specialist / FP Advisor
2	HSA Training Inventory Study	Policy Specialist

3	Conduct Public Private Sector Policy dialogue	Policy Specialist /FP Advisor /Gender & Comm. Specialist
4	Start the process of developing integration strategy	Policy Specialist
5	Facilitate adaptation of the Malawi RAPID for Muslim Clerics	Policy Specialist /FP Advisor
	Integrated Activities	
1	Support monthly facilitative supervision by FP/HIV/AIDS Advisors	FP/HIV/AIDS Advisors
2	Assess CBDAs, HSAs and LTPM providers adherence to IP standards	FP & HIV Advisor / DCs
3	Participate in regional, district and community dawas (meeting of Muslim women groups) and make FP/HIV/AIDS presentations	FP & HIV Advisors / DCs, HSAs & CBDAs
4	Conduct training for DHMT in Performance monitoring and improvement and in leadership and management	FP & HIV/AIDS Advisor
5	Conduct monitoring and Supervision visits on FP compliance	FP & HIV/AIDS Advisor / M&E Advisor & DCs
6	Support refresher course for district staff in integrated HMIS	M&E Advisor / BASICS
7	Conduct joint quarterly monitoring visits	COP
8	Disseminate information on project progress to MoH and other stakeholders	COP
9	Facilitate monthly / quarterly joint program review meetings	COP
10	Submit quarterly reports to USAID	COP
11	Submit Year 4 Annual Work Plan and budget details	CPO
12	Participate in DIP quarterly review meetings to monitor progress	DC
13	Financial and administrative procedures established, implemented and regularly reviewed	DCOP
14	HR management issues sufficiently addressed	DCOP
15	Information systems infrastructure and connectivity suitably maintained	DCOP
16	Office equipment, other assets and suppliers procured and suitably maintained, vehicles suitably maintained	DCOP
17	Officers at central and district levels suitably maintained	DCOP
18	Procure and supply CBDA equipment	DCOP
19	Produce Monthly Financial Report	DCOP
20	Submit financial report to USAID as required	DCOP
21	Produce CD Rom of Integrated FP/HIV/AIDS Register	DCOP

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