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**REPORT ON
TECHNICAL SUPPORT TO MALAWI ON**

**PSYCHOSOCIAL COUNSELLING COURSE TO INTEGRATE
INFANT FEEDING, HIV/AIDS AND PMTCT, VOLUNTARY
COUNSELLING AND TESTING IN MCH AND COMMUNITY
SERVICES – A CONSOLIDATION PHASE**

JANUARY 13TH – JANUARY 19TH, 2002

**AT NJEDZA TEACHER'S DEVELOPMENT CENTRE
MULANJE DISTRICT**

**ORGANIZED AND HOSTED BY PROJECT HOPE MULANJE
DISTRICT IN COLLABORATION WITH LINKAGES PROJECT
MALAWI**

**FUNDED BY ACADEMY FOR EDUCATION AND DEVELOPMENT
(AED) LINKAGES PROJECT, WASHINGTON DC**

BY

LINKAGES PROJECT CONSULTANT

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COUNSELLING COUNCIL, NDOLA DEMONSTRATION PROJECT.**

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EXECUTIVE SUMMARY

This report highlights events of the one week consolidation phase for integrated psychosocial counseling in which participants had adjourned for 6 weeks praxum November to December 2001.

The main focus was to review participants experience, bridge the gaps and harmonize programme areas relating to integrated psychosocial counseling approach.

The information includes institutional reports from participants, review of various topics, counseling skills and scenarios. An introduction to monitoring and evaluation focusing on PMTCT indicators, record keeping and standardizing of registers was emphasized as an important part of counseling service responsibility. Standardizing contents for health education in HIV/AIDS, PMTCT and Infant Feeding and facilitation skills were introduced as part of consolidation of the course.

The consolidation phase was for one week from January 13th – 19th, 2002. The training was funded by LINKAGES Project in collaborating with the three focal LINKAGES Districts and UMOYO Networks

The workshop ended with recommendations and certifications by a representative from the National AIDS Commission.

1.0 INTRODUCTION

The consolidation phase for integrated Psychosocial Counselling for Infant Feeding, HIV/AIDS and PMTCT was conducted from January 13th – 19th, 2002. This was the final phase of the initial six weeks integrated course which was in phases of intensive theory; one to one mentorship, a practical period for participants' self development and confidence building.

During the consolidation phase other areas such as how to initiate integrated psychosocial counseling services, monitoring and evaluation of counseling activities, standardizing of health education sessions for advocacy, keeping correct records and registers were highlighted. Providing services within the contexts of Malawi National AIDS Commission was emphasized.

1.1 The Aim

The aim of the consolidation period was to review participants' experiences, bridge the gaps and harmonize programme areas relating to integrated psychosocial counseling.

1.2 Specific Objectives

At the end of the final phase, the participants should be able to:

- 1. Provide confidently integrated psychosocial counseling services in Infant Feeding, HIV/AIDS and PMTCT in VCT Sites and MCH Settings.**
- 2. Develop and conduct appropriate health education sessions in HIV/AIDS, PMTCT and Infant Feeding.**
- 3. Initiate and manage integrated HIV/AIDS, PMTCT and Infant Feeding Programmes**
- 4. Keep correct records and registers for Infant Feeding, HIV/AIDS and PMTCT.**
- 5. Comply with the code of ethics of Malawi National AIDS Commission (NAC).**

2.0 TRAINING COURSE CONTENTS

- **Group dynamics, participant's expectation and course objectives.**
- **Institutional reports on counseling activities**
- **Review of counseling for Maternal Nutrition**
- **Monitoring and evaluation. Indicators for counseling on PMTCT and Infant Feeding.**
- **Review of PMTCT**
- **Integrated Case Studies on counseling**
- **Verbatim review**
- **Legal ethical issues and PMTCT policy guidelines**
- **Developing health education (HE) sessions and presentation of HE in HIV/AIDS, PMTCT and Infant Feeding**
- **Review of Breastfeeding, Child Survival and Safe Motherhood.**
- **Review of Infant Feeding options and Basic Skill in counseling for Infant Feeding.**
- **Breast Conditions, Maternal Illness and counseling for PMTCT**
- **Record Keeping and Standardizing of registers**
- **Therapeutic impact enhancement in counseling**
- **Facilitation Skills for workshops and HE**
- **Course evaluation and recommendations**
- **Way forward**
- **Presentation of certificates**

3.0 COURSE PROGRESSION

The consolidation week reviewed critical gaps identified by both the participants and the facilitators in integrated, Psychosocial Counselling and other relevant issues seen as important in implementing the integrated approach.

3.1 Participants Course Expectations

At the end of the course participants wanted to:

- Consolidate their theory and practical experience
- Have addition knowledge in counseling, PMTCT and Infant Feeding.
- Share experiences of 6 weeks practicum with fellow participants and facilitators
- Have assignments marked and corrected
- Critically discuss the way forward in integrated psychosocial counseling
- Discuss their weakness and strengths in integrated counseling approach with their facilitators.
- Complete the integrated psychosocial counseling course
- Be certified as qualified counselors by the National AIDS Commission of Malawi

Topics covered were as follows:

3.2 Institutional Reports

The participants presented reports based on 6 weeks practical experience from November 19th – December 30th 2001. The reports covered issues such as how to initiate integrated counseling services and how to strengthen integration in the existing counseling services. Achievement made and constraints faced during the practice were highlighted.

Most reports reviewed showed that participants had initiated counseling activities in their areas of operations and that they were getting support from their local administrators. Activities initiated among many others includes Health Education on PMTCT, Integrated VCT in MCH and other health services, using existing VCT services.

Common constraints faced included lack of adequate space for counseling rooms, lack of testing kits in some health centers, shortage of staff that made counselors not to devote most of the time not only to counseling but to other duties as well, lack of IEC material.

However the reports indicated that despite the problems, all trainee counselors were kept busy and counseled on average of five clients per day each.

3.3 Basic facts of HIV/AIDS

The topic was a recap of what was previously presented in Phase One and Three. It aimed at reviewing participant's knowledge on HIV/AIDS and AIDS related illness, the nature and natural history of the virus (HIV) clinical aspects of disease (AIDS) with regards to modes of transmission testing for HIV and evolution of HIV infection and management of HIV/AIDS and prevention.

The review helped the participants to relate the theory in classroom situation and their experience in the field as they interacted with their clients.

3.4 Maternal Nutrition and HIV/AIDS

The presentation reviewed Maternal Nutrition in the context of HIV/AIDS, discussed conditions which affected the Maternal Nutrition status and its association with HIV/AIDS. Counselling on nutrition for women especially during critical reproductive cycles and in HIV positive status was emphasized.

3.5 Monitoring and Evaluation in PMTCT

Monitoring and evaluation (M&E) in PMTCT was extensively covered. The topic looked at the purpose of monitoring and evaluation which included allocation of resources appropriately according to programme objectives and measurable outcomes. Components of monitoring and evaluation plan which comprise of frame works and indicators were highlighted. Key indicators for PMTCT & Infant Feeding were stressed.

The presentation helped the participants gain knowledge which they could use to monitor and evaluate integrated in PMTCT and Psychosocial Counselling in their local setting. However, it was stressed that M&E activities should be in the context of the existing health management information system (HIMS).

3.6 Prevention of Mother To Child Transmission

This was widely discussed in form of presentation and group discussions. Participants were given tasks in group to identify the risk factors that increases HIV transmission for mother and the baby.

They were also given task to explain how each risk factor increases the HIV transmission and also identify the key issues to be covered in counselling in relation to pregnancy, labour and delivery and postnatally and lactational period.

3.7 Integrated Case Studies

The approach used in tackling this topic was reflective learning. Participants were assigned to reflect on their practical experience and identify one of their most challenging situation in counseling on which they wrote a scenario. The scenario was later discussed with other colleagues in group of three. Participants then chose one most challenging occasion identified what helped or hindered the counseling process. The real situations developed by the participants were role played in crucible to allow the other participants to make contributions on how best the client could have been handled or identify the strengths of a counseling that helped counselor handle client effectively. Participants exchange experiences and learned from the mistakes.

3.8 Verbatim Review

Assignments given to participants during 6 weeks practicles were marked and discussed. There was tremendous improvement on Verbatim Writing. Participants were urged to continue verbatim writing for outstanding incidents for future learning situations and references

3.9 Breastfeeding Child Survival and Safe Mothers

Benefit of breastfeeding for infants and young children were reviewed. Optimal infant feeding practices which include early initiation for breastfeeding, exclusive breastfeeding and timely, adequate and appropriate complementary feeding were revisited. This is an important component in counseling for infant feeding.

Breastfeeding as an important component of safe motherhood in the context of HIV/AIDS were discussed. Participants were given tasks in groups to identify risk factors for breastfeeding and for not breastfeeding for both mother and child. The exercise helped participants reflect on their practical experience on counseling for infant feeding.

3.10 Infant Feeding Options for HIV Positive Mothers

A review on Infant Feeding guidelines based on UNAIDS and LINKAGES Fact Sheets were covered. Counselling on informed choice based on known HIV status and supporting the method of choice was emphasized.

Breastfeeding and replacement feeding options were extensively reviewed with demonstrations and case studies. Proper management of breastfeeding to reduce the risk of MTCT and proper management or replacement feeding to minimize risks of infections and malnutrition were reviewed. Participants shared their experiences on problems faced with counseling on breastfeeding or replacement feeding.

3.11 Developing Standardized Contents For Sessions Health Education Sessions.

One of the biggest challenges the participants identified during their practical experience was on what content should be included in health talks given in HIV/AIDS, PMTCT and Infant Feeding in MCH Services. Most participants reported that the health talks were not standardized. It was reported that participants had no direction on standard and format to follow in conducting health education sessions.

The participants were therefore given task to identify topics in PMTCT and develop contents of a health talk that would be a standard in delivering health education. Group discussions encouraged participants to choose topic and develop key issues to be covered during the health talk. The presentations drew a lot of discussions which helped participants learn what key issues need to be covered during H.E.

3.12 Record Keeping and Standardizing Registers

Record keeping was discussed in the context of existing Malawi HIMS. One of the problems identified by the counselors during practicals, was that they all had different ways of recording vital information in their registers. The request was made to standardize the way information could be kept in the registers.

Participants were given an opportunity to present their various ways of reporting out of which a common approach of maintain a register was adopted. Emphasis to have records as per HIMS was made.

3.13 Therapeutic Impact enhancement (interventions)

This topic reviewed extensively. It focused on counseling techniques used to help a counselor effectively pass information to the client. The topic detailed positive regard and negative regard which a counselor need to use in dealing with clients especially those who are difficult.

Those techniques involved under positive regard include promotion of expectancy focusing attention, joining at the level of the clients experience (empathy) and building urgency. The second part of the topic covered negative regard which comprised of effective use of paradox, reframing and non complimentary statements.

3.14 Facilitation Skills

Some of the participants though were still undergoing training have already been used either to give in house training to fellow staff on PMTCT, provide or initiated integrated activities in their work setting or have been requested to facilitate at workshops in PMTCT. As an immediate response to the demand it was felt that while waiting for the training of trainers course, it was important that participants were exposed to facilitation skills and techniques as they would be used in facilitation for replication of 12 day integrated programmes in their various Districts.

The facilitation presentation covered issues related to facilitators and the audience. Techniques under task functions were adequately and widely covered. These included, getting the group started, seeking information, getting opinion, explanations, clarifying, summarizing, checking consensus in groups, recording, harmonizing, relieving tension, evaluation and time keeping. Maintenance functions included, encouraging participating in discussion, giving quiet people an opportunity to contribute, setting standards diagnosing difficulties, expressions personal and group feelings, starting on time and ending on time.

This topic enlightened the participants on what they should consider each time they gave health talk or facilitated during the training while awaiting for a full trainers course.

4.0 COURSE EVALUATION AND RECOMMENDATIONS

4.1 Course Evaluation

The course was evaluated using evaluation form which the participants responded to independently. The evaluation reviewed the following:

- Participants expressed that they had been prepared adequately to conduct counseling in both stand alone VCT centers and in MCH services.
- All the participants appreciated the training they had undergone which was very relevant to the service they needed to provide to their clients.
- They expressed satisfaction with the effectiveness of the facilitators who conducted the training.
- All the participants were happy with relevance of topics in the programme to the nature of job they are doing at the movement.

4.2 Recommendations

- It was strongly recommended that future training programme of this nature should have all the participants in residence due to the nature of assignments and teaching methodologies used.
- Practical sites should involve those areas practicing promotion of PMTCT and especially areas that trainee counselors are selected from.
- Maintain current facilitators until local ones are identified and oriented to current practices in PMTCT and psychosocial training.
- Conduct a Training of Trainers Course as a matter of urgency in order to replicate the integrated and psychosocial counseling in Malawi

4.3 Presentation of Certificate

The Course was officially closed by the District Commission for Mulanje District who was given mandate to certify the participants.

5.0 APPENDIX

- 5.1 Training Programme
- 5.2 Institutions Reports
- 5.3 List of Participants
- 5.4 Closing and Certification Speech

Appendix 5.1

INTERGRATED INFANT HIV/ AIDS AND PMTCT PSYCHOSOCIAL COUNSELLING COURSE FINAL PHASE JANUARY 13TH - 19TH January, 2002

TIME	13/01/002	14/01/002	15/01/002	16/01/002	17/01/002	18/01/002
8:00-8:15am	A R	RECAP	RECAP	RECAP	RECAP	RECAP
8:15-10:15am	R I	- Group dynamics - Expectations - Objectives	- M&E Indicators for PMTCT and Infant Feeding	- NAC and MAC - Legal ethical issues - Policy Guidelines	- B/F child Survival and safe motherhood. - Review of infant feeding options	- Facilitation Skills for training in PMTCT
10:15-10:30am	V A	TEA	TEA	TEA	TEA	TEA
10:30-13:00pm	L	- Institutional reports on Counseling Activities	- Review of PMTCT	- Presentation of certificates	- Breast conditions maternal illness and HIV/AIDS and Infant feeding	- Course evaluation and recommendations
13:00-14:00pm	O F	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
14:00-16:15pm	P A R T I C	- Review of Basic facts about HIV/AIDS in relation to counseling	- Integrated case studies on counseling	- Developing Health Education sessions. - Presentation of H.E material	- Record keeping and standardising registers for VCT	- Presentation of certificates
16:15-16:30pm	I P	TEA	TEA	TEA	TEA	TEA
16:30-17:30pm	A N T S	- Review of Maternal nutrition and HIV/AIDS in relation to counselling	- Verbatim Review	- H.E. presentations	- Therapeutic impact enhancement in counseling	- Close

Appendix 5.2

INSTITUTIONAL REPORT

MANGOCHI

1. BRIEF INTRODUCTION

Mangochi is located in the southern region of Malawi. A lakeshore district with a population of approximately 600,000 people. It is bordered by Ntcheu and Salima district to the north, Mozambique to the east, Balaka district to the west and Machinga to the south.

2. PMTCT PROGRAMME

PMTCT was started in October 2001 following the Integrated BFHI and HIV/AIDS. It is being run by 24 trained staff in PMTCT in the following health facilities:-

Mangochi	Monkeybay
Phirilongwe	St. Martins
Chilipa	Nankhwali
Lungwena	Jalasi
Chimwala	Ngapani
Nankumba	

These facilities represent 33% meaning that we still have 67% to be covered (oriented)

The programmes which are being implemented are:-

- Health education in all the above mentioned facilities
- Promotion of exclusive breastfeeding in all the facilities
- VCT at Mangochi Hospital, St. Martins and Monkeybay health centers

The programmes are being done as follows:-

- Health education daily basis with PMTCT /HIV/AIDS Infant feeding topics fitted in and were given in the following departments OPD, Integration, Maternity, female and paediatric wards.
- VCT: This is being offered daily using existing facilities (rooms) i.e OPD, Integration, X-ray and TB ward rooms.

ACHIVEMENTS

Since the end of the second phase in integrated Psychosocial Counseling Training, counseling and health education has taken place as follows:

Counseling	- 148 counseled	54 Females
	105 Tested	62 Male
	60 negative	
	45 Positive	15 couples

Health education 66 Health education session conducted.
3 - for Youths
52 - women only
11 - mixed group

Main topics covered are: PMTCT, HIV/AIDS, Infant feeding and information on VCT services.

3. CONSTRAINTS

- Workload - Counsellors were busy with other activities
- Clients chasing for counselors
- HIV testing kits not enough
- Clients not provided with results the same day due to laboratory work load, hence other clients couldn't come for post test.
- Missed opportunities - clients to find own transport to Mangochi for a test.
- Not well established system
 - requirements in rooms
 - flow of clients
 - No rosters
- Culturally wet nursing still going on despite information on PMTCT

4. RECOMMENDATIONS

- Need to set up a laboratory at Monkeybay
- Need for enough test kits
- Have a well established working system i.e. furnished rooms and have rosters (this won't apply to Monkeybay and Martins because there is one counselor in each)
- Need to liaise with lab staff the need for results to be out the same day to facilitate for a post test counselor.
- Need to train the remaining facility staff in PMTCT
- Need to develop monitoring tools

EKWENDENI MISSION HOSPITAL

INTRODUCTION

Ekwendeni Mission Hospital is in the northern region of Malawi in Mzimba district, 20 km north of Mzuzu city along the M1 road. The hospital serves a population of about 40,000 people in the catchment area.

PROGRAM ON PMTCT

The PMTCT program has not been implemented. Only one nurse was trained in the year 2000 due to shortage of staff in the department she is working.

The institution is eager to start the program when it gets more staff trained on the program mainly those working in MCH and myself. The program will be under AIDS program.

ACHIEVEMENTS

After the 2001 Integrated Psychosocial Counselling training course, the following have been done:-

- 10 mothers counseled on PMTCT, one tested and was positive.
- 7 health education sessions conducted with ANC mothers
- 5 families have been counseled
- 5 pre and post test counseling done at VCCT center.
- 1 home visit done HIV, PMTCT
- Academic counseling done
- 2 health education sessions conducted to CBDAs.

CONSTRAINTS

- There is a great demand for a female counselor in the hospital so the fact that I am also teaching, there is not enough time dedicated to counseling.
- Shortage of both clinical and laboratory staff which makes it difficult to counsel and again for testing to be done
- Lack of staff trained in PMTCT and infant feeding of which most clients are missed without being told the basic facts on these.
- Too small rooms for counseling do not provide conducive environment for counseling.

- Limited knowledge of the counselor (I) in PMTCT and infant feeding therefore I can not provide adequate knowledge to the community.

RECOMMENDATIONS

- Training of the counselor (1) in PMTCT and infant feeding for adequate knowledge (Need for the 12 days training on PMTCT and Infant Feeding).
- Need for more clinical and laboratory staff for counseling and testing respectively.

WAY FORWARD

- Work with AIDS program to build capacity and community sensitization on PMTCT, infant feeding and VCCT
- Conduct trainings on PMTCT, infant feeding and VCCT after being fully trained
- Intensify academic counseling at the nursing school.
- Write a proposal to Umoyo Networks to fund the program to conduct trainings for staff for capacity building and community sensitization on PMTCT, infant feeding and VCCT.

INSTITUTIONAL REPORT

MALAMULO HOSPITAL

INTRODUCTION

Malamulo Hospital is in the southern region of Malawi. It is in Thyolo district 20 km from Thyolo. It is an SDA institution and is under Christian Association of Malawi but works hand in hand with the government. It serves a population of about 65,000 people in its catchment area. It has 3 training schools, school of Clinical Medicine, school of nursing and school of laboratory technology. It has 14 mobile sites for F.P and underfive.

PROGRAMME ON PMTCT

Programme on PMTCT is new and was introduced last year after I was trained for 12 days. 2 people were trained for 12 days in November 2000 but for this session I am alone. Since then a VCT center was opened at the hospital. An integrated F.P, underfive and Antenatal clinic is run on daily basis under MCH and has 14 mobile sites for underfive and family planning.

ACHIEVEMENTS

- Over 35 clients were counseled at the antenatal clinic, 4 were tested for HIV, 3 were negative and 1 positive. 6 blood donors were counseled for HIV 3 were positive for HIV and 3 were negative.
- 11 were counseled for VCT, 9 were negative, 2 were positive.
- 6 couples were counseled on STI, 1 couple tested for HIV.
- 4 mothers were counseled on infant feeding as their kids were malnourished
- Over 10 health education talks were held for underfive mothers, antenatal and family planning mothers.
- 6 drama sessions were held both at Malamulo and mobile sites main topics covered were on HIV/AIDS, PMTCT, F.P, STI, introduction of new vaccine and HMIS.

RECOMMENDATIONS

- My fellow workmates (counselor) were training through MSF with support from Umoyo on HIV/AIDS so need refresher course on integrated counseling.
- More counselors need to be trained on PMTCT and infant feeding as am by myself trained on this.
- Infant feeding is a problem according to the mothers I've met, and feeding options for HIV positive mothers need more support.
- Need to have a center where mothers have to talk on infant feeding like e.g. Chiradzulu
- Youth friendly services need to be re-inforced e.g. counseling on HIV/AIDS
- Awareness campaigns on PMTCT & VCT need to be re-inforced through health education services.

PROBLEMS

- Shortage of trained staff on PMTCT HIV/AIDS counselor
- No center for teaching mothers on infant feeding
- IEC & BCI running short
- No youth friendly activities
- Lack of counseling rooms mainly at antenatal clinic
- Long waiting time for HIV results.

MULANJE DISTRICT

INTRODUCTION

It is situated in the southern region of Malawi about 80km from Blantyre. It borders with Mozambique, Chiradzulu, Phalombe and Thyolo. It has 496 villages an estimated population of 430653. It covers an area of about 2056 sq. km.

INTRODUCTION OF PMTCT

PMTCT was introduced in November 2000 when 2 representatives from the district were trained. Two Project HOPE staff member were sent to Zambia Ndola for Integrated VCT training in January 2001. 3 representatives from the district participated in the National drafting of PMTCT indicators.

The First PMTCT training in Mulanje took place in September 2001 where 25 officers were trained from the district. 3 from Holy Family and 22 from Mulanje district. Briefing of the DHMT took place in October 2001. 18 People from Mulanje District Hospital, 3 from Holy Family and 4 midwives from 4 health centers initiated to PMTCT run the program.

The program is run in 3 facilities, Mulanje District Hospital (MDH), Holy Family & Mulanje Mission. Since Project HOPE staff runs in partnership with the 3 centres, the trained Project HOPE staff were divided in the 3 centres, 2 Holy Family, 2 Mulanje Mission, 1 MDH.

PROGRAM IMPLEMENTATION

- Health education on PMTCT and Infant Feeding
- VCCT
- Identification, construction and establishment of counseling centers
- Essential package of antenatal care
- Strengthening already existing activities in post natal care

This programme runs on a daily basis and is integrated

ACHIEVEMENTS

72 people were counseled

40 females – 35 negative, 5 positive
2 PMTCT counseled
3 couples counseled
1 couple opted for a test
22 counseled on VCT
44 health education sessions

Topic covered

-PMTCT - STI
-HIV/AIDS - Family Planning
-Infant feeding
(EBF)

CONSTRAINTS

1. Some believe in their own counselors hence few were counseled
Recom. To work hand in hand as a team
2. No condom use in the institution
Recom. Send to other institution for condoms
3. Not enough space/had to wait for one counseling room
Recom. Establish other rooms
4. Delay in getting the results lack of staff in the lab.
5. Collision of activities
6. resistance from the community, community not yet sensitized.

WAY FORWARD

- Community sensitization
- Establishment of more counseling rooms
- Work plan and duty roster for counselors to be put in all departments
- Follow up & supervision of clients in village and HBC centers
- Revive all HBC committees.

INSTITUTIONAL REPORT

PHALOMBE MISSION HOSPITAL

INTRODUCTION

Phalombe Mission Hospital is found in Phalombe district to the west of Mulanje district. It is found in the southern region of Malawi. It is bordered by Phalombe river to the east and Likulezi river to the west, Mtengo village to the north and Phalombe Primary School to the west.

The hospital is the only referral hospital for the district. It serves a population of about 89,000. Phalombe District health management works hand in hand with Mulanje District health management. Therefore the programme on PMTCT was introduced in September 2001 when 3 people from the hospital were trained in Mulanje District on PMTCT programmes being implemented. Under PMTCT include Health Education, VCT. VCT and health education are done on a daily basis.

ACHIEVEMENTS

25 mothers were counseled, 15 were tested, 8 came out positive, 7 came out negative, 2 couples were tested, 24 men counseled 14 tested and 10 came out positive.

PROBLEMS FACES

A lot of work was left undone because of the following reasons:-

1. Collision of programs e.g. HMIS, Infection prevention workshop
2. Role conflict of trainee counselor i.e. to work in the ward and to do counseling at the same time.
3. There was scramble for clients i.e. a group of trainee counselors from Phalombe district health centers were doing their practicals at Phalombe Mission Hospital
4. No provision of condoms as the hospitals policy does not allow it, clients were referred to Phalombe Health center.

HEALTH EDUCATION

10 Health education sessions were conducted and main topics covered included:-

- PMTCT
- Infant feeding options
- HIV/AIDS
- Exclusive breastfeeding

6 Health education sessions were done at antenatal clinic, 2 sessions at underfive clinic and 2 sessions were done in paediatric ward.

RECOMMENDATIONS

There is need to train more staff on PMTCT counseling so that counseling work at the hospital is made a bit easy.

INSTITUTIONAL REPORT

M.S.F

INTRODUCTION

Medicens Sans Frontiers is a non governmental organization working hand in hand with the Chiradzulu district hospital which is situated in the southern region of Malawi. Chiradzulu hospital is serving almost 98,000 people all from Chiradzulu district. This hospital also deals with surrounding health centers that MSF also helping them but this is not only what MSF is doing. It is also helping other districts which are in problem of cholera and others.

PROGRAMME ON PMTCT

The programme of PMTCT was introduced between August and September 2000 and started working in November, 2000. On PMTCT there is only 2 trained staffs. This programme runs on daily basis i.e. Monday to Saturday.

ACHIEVEMENTS

From November 19th – December 31st, 2001 I've counseled 102 antenatal mothers, 2 refused to be tested, 22 were positive, 78 negative only 56 had come for post test counseling. 4 couples tested 1 couple positive.

5 patients from OPD tested, 3 positive and one referred to clinic. 17 patient from female and male ward counseled 9 out of them are positive, one died last week.

Health education sessions conducted almost daily in integrations and OPD departments. More women and youth are coming for counseling and testing. Health education sessions conducted almost daily in antenatal and OPD. More mothers are requesting for counseling and testing.

CONSTRAINTS

- Clients from wards come in large numbers
- Few women do turn up for post natal clinic after delivery
- Shortage of counselors to provide adequate time for counseling to lots of clients who are demanding for services
- Lack of confidentiality due to lack of counseling rules.

RECOMMENDATION

- Need to train more counselors in integrated approach to provide adequate information to clients from the wards and to attend to other clients
- Follow up system on women who have been counseled on PMTCT should be created so that further counseling on Infant Feeding options is provided to women with HIV/AIDS known status.
- Need to train staff in the 12 day integrated infant feeding.

Appendix 5.3

LIST OF PARTICIPANTS

FULL NAMES	DESIGNATION	TEL/FAX	ADDRESS
Ethel Zigona	Chief Enrolled N/M	594594	St. Martins Hospital, Box 50, Malindi
Delia Chikuse	Community Health Educator	465376	Project HOPE CHAPS, Box 378, Mulanje
Hilda Lisa Matope	CHAPS Trainer	594589/332 Fax 594624	Save the Children CHAPS, BOX 609, Mangochi
Modesta Kautuka	Nursing Sister (SRN/M)	426 202	Ngabu Rural Hospital, Box 15, Ngabu
Osborn Msumba	Chief Radiographer (CTO)	594285/896378	Mangochi District Hosp., Box 42, Mangochi
Joyce Nanenso Chausa	Enrolled Community Health Nurse	594344/860176	Mangochi District Hospital, Box 42, Mangochi
Thokozani Nancy Nkhalamba	Community Health Educator	465 376	Project HOPE CHAPS, Box 378, Mulanje
Ruth Pauline Nkana	Chief Enrolled Psychiatric Nurse/Midwife	587 620	Monkey Bay H/C, Box 33, Monkey Bay
Yotam Kruz Kasakula	Nurse/Midwife Technician	468244/235	Box 244, Phalombe
Christina Nancy Chiwalo	Community Health Educator	465376	Project HOPE (CHAPS) Box 378, Mulanje
Jessie Ntonya	Counsellor	693295/636074	MSF, Box 2736, BT
Cornelia Kachale	District Nursing Officer	465211/236	Box 227, Mulanje

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Jane Fulirwa	Enrolled Nurse	423266	Box 609, Mangochi
Malocho Tchuwa	Community Health Educator	465376/879315	Project HOPE, Box 378, Mulanje
Rose Chonde	Enrolled Nurse/Midwife	423266	Box 32, Chikwawa
Georgina Katundu	SEN/M Psy	474305	Malamulo Hospital, P/bag 2, Makwasa
Gertrude Kachitsa	PMTCT Trainer	465376/247	Project HOPE, Box 378, Mulanje
Elizabeth Pulaizi	SECHN	423266/264	Box 32, Chikwawa
Christopher K. Finye	Clinician	594344	Mangochi District Hospital, Box 42, Mangochi
Flora Namphande	SRN	465211	Mulanje District Hospital, Box 227, Mulanje
Leah Msowoya	Enrolled Community Health Nurse	465211	Mulanje District Hospital, Box 227, Mulanje
Rose Susan Chavula	Registered Nurse/Midwife	621688/931646	Adventist Health Services, Box 951, BT
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Joseph Nyirenda	Consultant	620606/097797203/97858161	Ndola Central Hospital, P/A Ndola, ZAMBIA.
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Appendix 5.4

REMARKS ON THE PRESENTATION OF CERTIFICATES ON INTEGRATED PSYCHOSOCIAL COUNSELLING FOR HIV/AIDS, PMTCT AND INFANT FEEDING, MULANJE DISTRICT JANUARY 16TH, 2002.

- The DHO – Mulanje District
- The Consultant Joseph Nyirenda – Zambia Counseling Council
- The Representative MOHP
- The Programme Manager Project HOPE – Mulanje District
- The Resident Advisor LINKAGES Project.

On behalf of MOHP, NAC and on my behalf I am very pleased to come and present certificates on Integrated Psychosocial Counseling for HIV/AIDS, PMTCT and Infant Feeding.

Ladies and gentlemen, I must say the Integrated Psychosocial Counseling for HIV/AIDS, PMTCT and Infant Feeding is the first Counselling training of this kind which has addressed issues of HIV/AIDS comprehensively to address both HIV in general as well as prevention of Mother to Child transmission and Infant Feeding. As you all know, existing counseling services do not address HIV counseling comprehensively.

I am informed that your training which was in various phases covered a period of intensive theory, one to one mentorship, 6 weeks of practical experience for self development and self confidence building. Finally you are here for consolidation and certification by NAC.

The training has prepared you to function both in stand alone VCT Centres and in MCH Services where VCT will be integrated. Presently there is no capacity to address counseling on PMTCT and Infant Feeding. Therefore trained participants from this group, stand as a model to learn from the integrated Psychosocial Counselling approach in the HIV/AIDS, PMTCT and Infant Feeding.

As you are aware PMTCT has become a priority area in the MCH Services. VCT is one of the major strategies that will contribute to the reduction MTCT. Shortage of personnel to provide quality counseling services is a major problem in developing countries. I am proud to say that in Malawi we are starting on a good note with the building of capacity using the integrated approach.

VCT will be introduced in various MCH settings where there will be need to have competent counselors for both HIV/AIDS, PMTCT and Infant Feeding counseling.

NAC expects performance within legal, ethical and professional boundaries.

I congratulate you all for a job well done.

My deep appreciation go to the consultants Mr. Joseph Nyirenda and Mr. Peter Bwalya for their tireless job well done.

To Project HOPE for all the conviction to have an integrated Psychosocial Counseling training course take place.

To LINKAGES Office for Funding of Consultants and technical support.

To all Institutions that funded participants and made the training to be a success.

Thank you and safe trip back home.