

# PSI MALAWI EMPOWER COP 21PEPFAR SEMIANNUAL REPORT



EXPANDING MALAWI HIV/AIDS PREVENTION WITH LOCAL ORGANIZATION WORKING FOR AN EFFECTIVE EPIDEMIC RESPONSE (EMPOWER)

## PSI MALAWI COP21 PEPFAR SEMIANNUAL REPORT

OCTOBER 2021 – MARCH 2022

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## Activity Description

In April 2020, Population Services International (PSI) started implementing the Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER) program. U.S. Agency for International Development (USAID) awarded Population Services International (PSI), the sum of \$41,749,994.00 under EMPOWER to provide support to Voluntary Medical Male Circumcision (VMMC); Comprehensive Condom Programming (CCP) and Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe (DREAMS) activities for the period of 5 years. EMPOWER's overall strategy requires PSI as the prime implementing partner to develop the capacity of local sub-recipients such that the local partners become eligible to receive a direct award from USAID or other agencies in the future. To deliver this, PSI is working with two local implementing partners (LIPs), Right to Care Malawi (RTC/M) under Voluntary Medical Male Circumcision (VMMC) component and Towwirane under Comprehensive Condom Programming (CCP) component.

In FY22, USAID obligated the sum of \$1,419,033.33 under EMPOWER mechanism to support PSI and its two sub-recipients in furtherance of COP21 program objectives under VMMC CCP and DREAMS during the

period beginning October 1, 2021 and ending September 30, 2022. With these resources, PSI Malawi aims to strengthen access to HIV prevention services through various evidence informed approaches to achieve the following result;

### Component A: VMMC

- IR A.1: Increased availability of and access to VMMC services
- IR A.2: Increased demand for VMMC among targeted age-groups
- IR A.3: Improved quality of VMMC services
- IR A.4: Strengthened Linkages Between VMMC and Other Services

### Component B: CCP

- IR B.1: Improved National Condom Policies and Programming
- IR B.2: Increased Availability of and Access to Social Marketed Male and Female Condoms
- IR B.3: Increased Availability of and Access to Public Sector Condoms & Lubricants in Priority Districts
- IR B.4: Increased Demand for Condoms Among Persons Engaging in Risky Sexual Behaviors.

### Component C: DREAMS Database

- Improved DREAMS Layered Service Tracking & Reporting Across DREAMS IPs

This report provides a detailed performance analysis of key program components focusing on implemented activities and outcomes for the period October 1, 2021 to March 31, 2022.

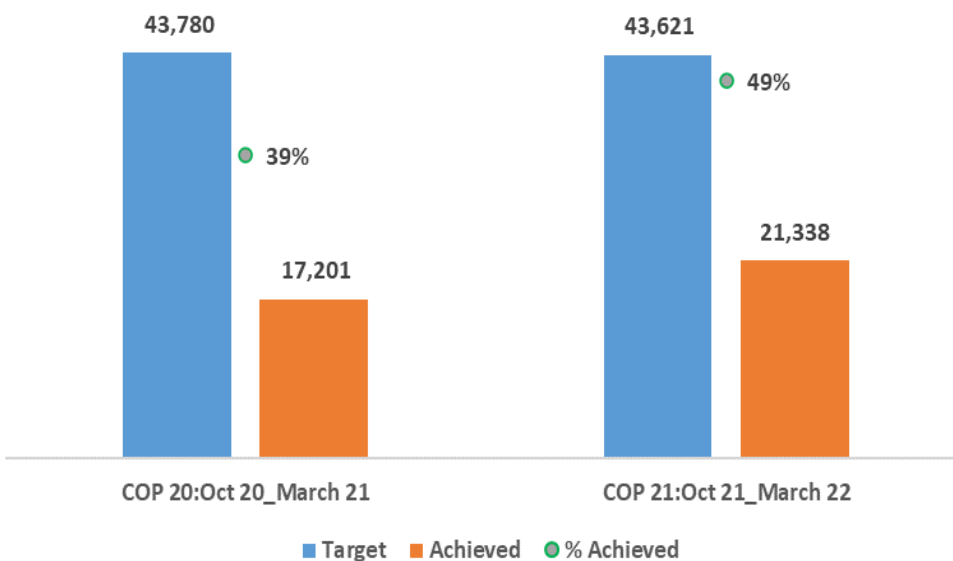
## COMPONENT A: Voluntary Medical Male Circumcision (VMMC)

### IR A.1: Increased availability of and access to VMMC services

Strategic Objective 1: Scale-up access to and uptake of high quality VMMC service targeting a >80% coverage of the priority age group of HIV-negative males (15-29 years old)

Provision of quality VMMC services.

Figure 1: FY22 Progress to Annual VMMC Target



In COP21(FY22), PSI Malawi continued implementing EMPOWER project with an annual target of 43,261 male circumcisions (MCs). By the end of the first 6 months of current COP (October 2021 – March 2022), the project had achieved 49% (21,338) of the annual target. The FY22 semiannual achievement represents a 25% improvement compared to the same period in FY21. This is despite the fact that in the second quarter of FY22 the project met unpredictable and disruptive weather conditions.

Among all clients circumcised in the first 6 months of COP21, 65% (13,865) were circumcised using conventional surgical method. In terms of review visits, 98% (13,551) and 76% (10,538) came back to the clinic for 48 hours and 7 days post-operative reviews

respectively. Clients who missed 7-day post-operative review visit were actively followed by phone or physically. 35% (7,473) of the semi-annual MCs were done using ShangRing (SR) device and all came back to the clinic for day 7 postoperative reviews.

The program registered an increase in the demand of ShangRings in the first 6 months of the year, rising from 3,193 MCs in quarter one to 4,280 in quarter two of FY22, the demand for ShangRings was high amongst the 15 – 29 years (79%) age band compared to the 30+ years (21%). The increased demand for device method could be attributed to its short procedure time, good cosmetic outcome, and single follow up visit.

The transition process from disposable MC kits to reusable MC kits is progressing well. In the first six months of COP21, the program registered an increase in the number of MCs performed using reusable MC kits from 666 (6% of total MCs performed in quarter one) to 3,978 (36% of total MCs performed in quarter two). Despite this significant improvement from Q1 to Q2 the use of reusable kits was slowed down due to (i) the mopping exercise of disposable MC kits expiring in August and October 2022 currently underway in the country. (ii) the project faced challenges with sterilization, the autoclave procured for sterilization of reusable MC kits was malfunctioning in the reporting period, this was due to a factory fault. For instance, the machine can exhaust steam automatically after sterilization and is able to activate drying which runs for the pre-set time, however the machine then fails to dry the packs. Lastly, the continuous electricity outages posed another challenge for sterilization of reusable MC kits.

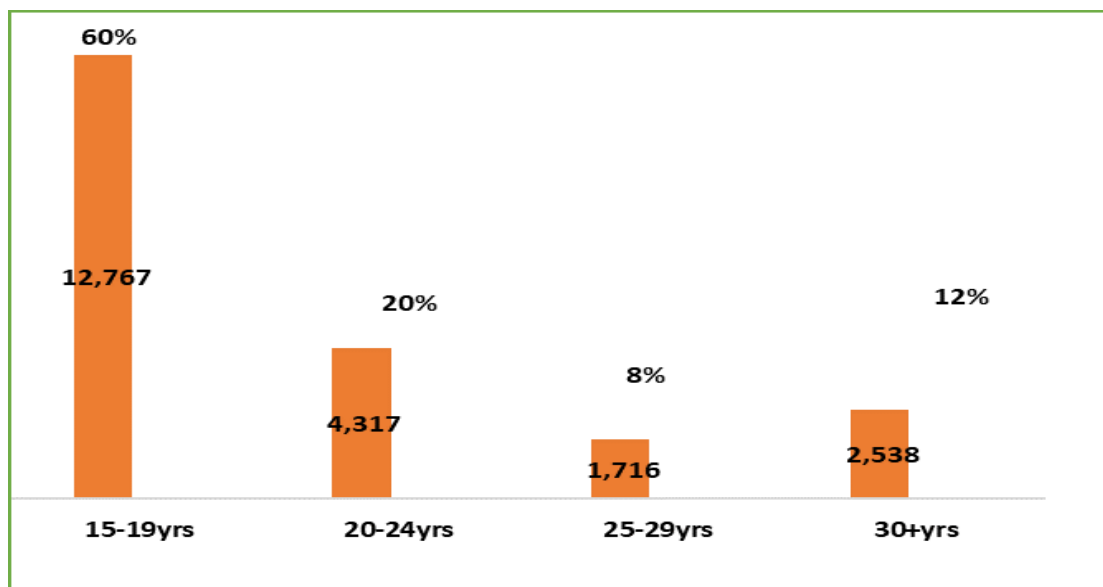
Because of this, during the reporting period, the program has cumulatively performed 4,644 MCs using reusable MC kits representing 22%.

In terms of the age distribution of 21,338 males circumcised during the semiannual period, 88 % (18,800) and 12% (2,538) were aged 15-29, and  $\geq 30$  years, respectively, figure 2.

In this semiannual period, the program has observed an increase in males aged 15 – 19 years (60%) accepting VMMC services as compared to the same period in FY21 (31%) (see

demand creation section). Males aged 14 years and below seeking VMMC services are given age-appropriate HIV prevention messages and told to return for VMMC at 15 years.

**Figure 2: Overall FY22 Semiannual Age Pivot Analysis**



### VMMC Service provision in the context of COVID-19

Implementation of VMMC activities in the first half of COP21 continued steadily in the background of unpredictable but relatively low COVID-19 infections. So far, from the start of COP 21 to the end of the reporting period, one VMMC staff tested positive for COVID-19 and recovered within the 10-day period of isolation. PSI Malawi COVID-19 working group (WG) continues to coordinate prevention activities and formulate internal policies to facilitate staff compliance to COVID-19 mitigation measures and to match the changing patterns of COVID-19 situation in Malawi. As an effort to safeguard healthy workplace for office-based staff, the WG has strengthened compliance to PSI Malawi offices and vehicles disinfection procedure.

To sustain gains made in containing COVID-19 spread in the office and service delivery outlets, the program continued to enforce standard prevention measures such as washing of hands, mask wearing, keeping 1.5 meters social distance, temperature checks at the entrance using infra-red thermometers, conducting meetings using online platforms and flexibility for office staff to work from home.

During reporting period, the program conducted two (one in each quarter) site level assessment of providers' compliance to standard procedures for clients screening, flow and actual service delivery in the context of COVID-19 using the PSI COVID-19 QA assessment checklist. The findings were satisfactory and were shared with the teams to address highlighted gaps. The project is working to address these gaps.

**Figure 3: FY22 Q1 COVID-19 Prevention Compliance**

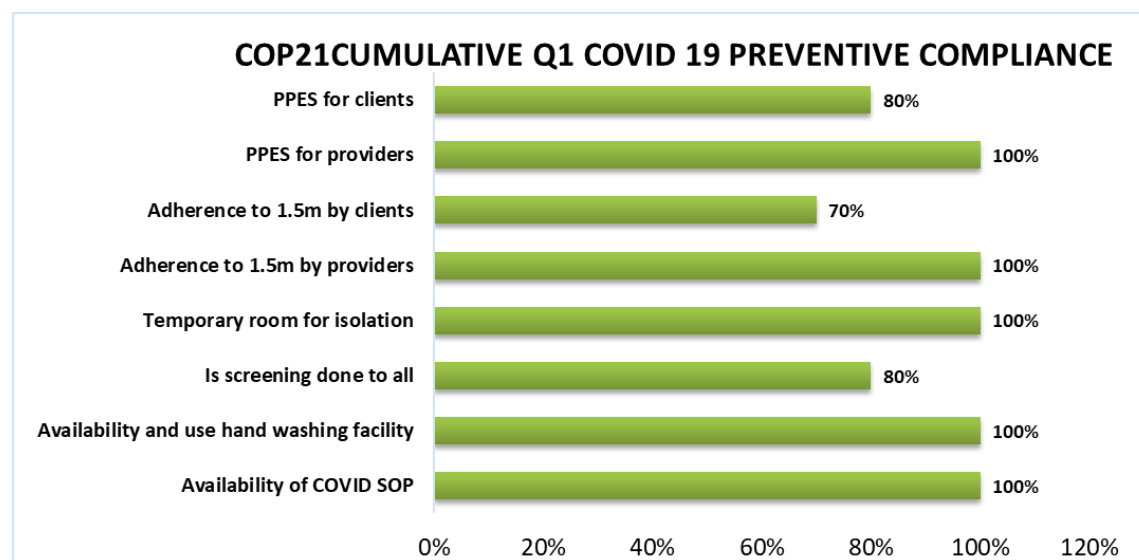
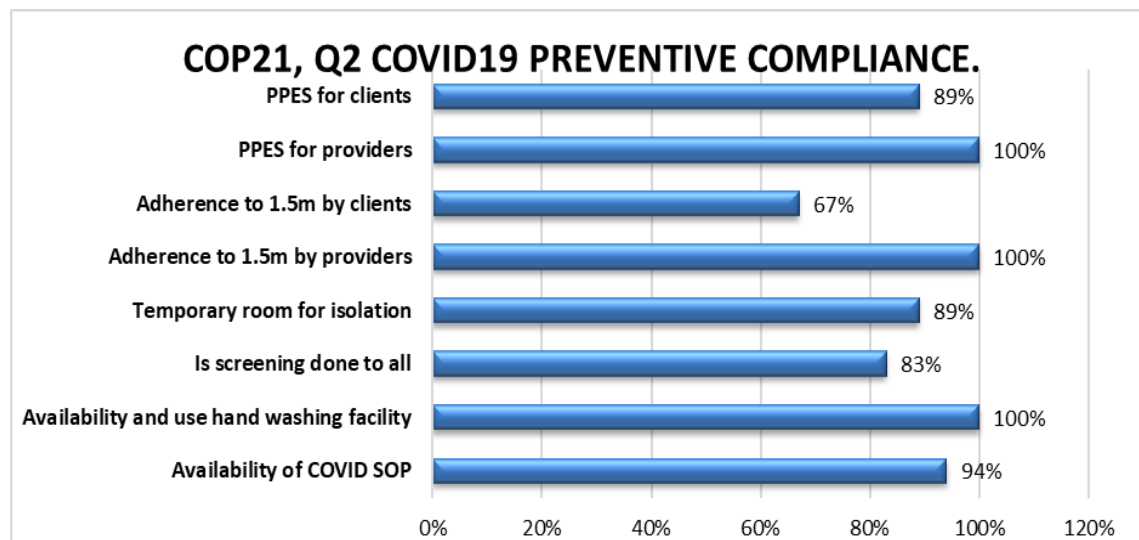


Figure 4: FY22 Q2 COVID-19 Prevention Compliance



The challenge faced with covid 19 compliance was client’s failure to adhere to social distancing and proper masking. Clients kept changing the seating arrangement in order to stay close with their friends. In addition to that, clients were putting on masks partially. To address the challenges, PSI deployed guards including guardians to help with reinforcement.

### Adverse events (AEs)

During COP 21 semiannual period, PSI Malawi reported 4 moderate AEs (see table 1 below). Two post MC wound infection and two Bleeding/Haetoma.

Table 1: FY22 Semiannual Adverse Events (AEs)

AE TYPE	SEVERITY	NUMBER OF CASES	STATUS OF THE AEs
Bleeding	Moderate	2	All closed
Infection	Moderate	2	All closed

At the beginning of COP21, the program conducted a refresher training in Dorsal Slit and Shang Ring methods followed by online monthly continuous medical education platform on AE prevention, preparedness, control, and management. These trainings helped to sharpen providers skills in MC procedure. The service delivery teams also reviewed the AEs at their monthly site-based QA review meetings to promote learning and improve quality of service.

### **IR A.2: Increased demand for VMMC among targeted age-groups**

From October 2021 the EMPOWER VMMC project expanded its geographical focus from implementing only in Blantyre to including Mulanje district, a primarily rural district in the southern region of Malawi. In response to the differences between the two areas, tailored structures and strategies were deployed for each district. In this reporting period, a wide range of demand creation activities were employed and these varied from advocacy and engagement of a cross section of project stakeholders to optimizing outputs from prison services, mid media activities and school campaigns. Despite challenges brought on by service disruptions due to the Christmas break in Q1 and tropical storms and incessant rains in Q2 the project remained resilience in demand creation and recorded an achievement of 21,338 (49%) of the annual target.

#### **High Output School Holiday Campaigns**

The Covid\_19 pandemic caused shifts in the normal school calendar and once opened, access to schools was limited as authorities battled to protect learners and school staff from Covid\_19. School holidays became shorter, and the unpredictable calendars made it difficult to plan for effective mop up of school going clients. As the country resumed normal schooling schedules, PSI/Malawi capitalized on this normalcy to increase outputs amongst school goers. In quarter one, the EMPOWER VMMC project conducted a six-week school holiday campaign and a four-week campaign in quarter two. The prolonged holiday in Q1 meant additional interface with school going young men for the demand creation



team. School holiday campaigns were major output contributors in the period of reporting, these were driven mostly by:

Supportive supervision efforts were scaled up and strongly focused on outputs during the campaign. With support from the Blantyre Health Directorate and Education, PSI/Malawi conducted engagement meetings with school authorities and school health talks prior to school closure to sensitize students of the campaign. Demand creation interns facilitated the school letter delivery process and parents were notified through letters. Client tracing and referrals were facilitated by focal teachers. The campaign contributed a total of 11,298 MCs with 7,275 MCs for 15-19 age cohort and 4,023 MCs for  $\geq 20$  age cohort.

### Community Mobiliser Training and Retention

Interpersonal communication remains a key driver for client referral in the period under review. Being a program that heavily relies on voluntary interpersonal communication agents, IPC management has been key in achieving consistent outputs for VMMC. Continuous efforts are made to recruit, train and retain IPC agents to ensure the availability of enough mobilizer footprint supporting service delivery clinics



Picture: VMMC Mobilisers Pose for a picture after a training session

The mobilisers are community-based IPC agents and sometimes they are recruited as satisfied clients or through 'bring a buddy' initiative. In the period under review, these mobilisers were strategically deployed within clinic catchment areas. PSI/Malawi continued to monitor the number of active mobilizers and their performance and replenish each time the number fell below the threshold of 15 mobilizers at a site. Monitoring and mentorship of mobilisers proved critical to ensuring robust performance. Demand creation officers conducted periodic supervision and provided constructive feedback to mobilisers for improvement. Mobilisers were also equipped with branded t-shirts and caps to give them credibility within the community as trusted sources of VMMC information. PSI worked with a total of 189 mobilisers in the period under review out of which 89 were for Blantyre and 100 for Mulanje. The proper management of IPC agents resulted in the delivery of 18,726 successful referrals representing 87.7% of the total MCs performed in the period under review.

### Outreach sites

As a way of scaling up VMMC service provision and uptake especially in the outskirts of Blantyre and Mulanje district, PSI introduced outreach sites in the first half of the year which provided VMMC services for a temporary period in the following "hard to reach" rural areas; Namulenga, Namalanda, Mdeka, Chikowa, Jubeki and Dziwe are In Blantyre, VMMC services were provided in permanent structures such as schools, or community centers modified for VMMC purposes, whilst in Mulanje services were provided using the mobile truck which is built as a fully equipped VMMC clinic. These sites were more flexible in nature, as they could be placed in an area until saturation was reached, and then services were moved to another location. The outreach sites were more useful during the school holiday campaigns as there was high demand for VMMC services. They also helped in extending service delivery options by bringing the VMMC service closer to prospective clients located in hard-to-reach areas. With support from the local area mobilisers, the outreach sites contributed a total of 3,460 (16%) towards the semiannual achievement

## Engagement of non-formal mobilisers

Mobilizing adult men in urban areas is proving difficult over time. One critical barrier identified in the period under review is that the caliber of clients found in urban areas require a matching higher-level caliber of messengers to convince them and well-tailored messaging that resonates with them. In response to the dip and inconsistency of outputs for clinics located within the catchment areas of Blantyre Central Business Area/District (CBD), PSI engaged brand ambassadors<sup>1</sup> during the period under review. These brand ambassadors provided new networks of their peers that the VMMC program could establish itself contributing to higher uptake of services in urban areas.

## Edutainment

To increase audience's exposure to VMMC messages, PSI employed a blend of multiple media channels in the period under review. These include road shows, bonanzas, dramas, talent shows and traditional dances. These were aimed at giving basic information about VMMC, the where and when to get circumcised



Picture: Edutainment Activities Conducted at Facility Level

<sup>1</sup> A brand ambassador is a more aspirational community mobiliser. Normally a graduate or diploma holder who is recruited through social media.

They also created excitement and conversations about VMMC to energize and motivate community members to participate in VMMC, which drew people to one central location. IPC agents were deployed to ensure that there were channels that foster dialogue and allow for follow-up with potential clients. Vehicles were on standby to ferry instant clients to the VMMC clinics. An average of 10 clients were successfully referred for circumcision on each day of implementing these activities. When these activities were conducted, demand in supported clinics increased sustaining outputs throughout the week of the activity.

### **Extending services during the holiday break**

The VMMC project has previously depended on high yield school holidays to maximize outputs. This is because most school going clients would be on holiday and open to accessing services. However, due to COVID-19, school calendars were shifted, and holidays shortened, leaving the November-December 2021 6-week long holiday as the only one long enough in the period under review to implement a campaign. It was therefore imperative for the project to take full advantage of this break. As a way of maximizing outputs, the project continued to offer services even during the Christmas holiday, taking advantage of the break to offer services to clients who were challenged to find time to access services. This strategy contributed an additional 622 circumcisions between 23<sup>rd</sup> - 31<sup>st</sup> December 2021

### **Extensive Stakeholder Engagement**

Ongoing engagement with stakeholders and community leaders has been important for PSI in mobilizing support for the VMMC program and in encouraging men to undergo circumcision. PSI engaged community gate keepers to help facilitate VMMC dialogue in their own communities as these are powerful agents of social change and can shift their communities' opinions in support of VMMC. They were also engaged to help to dispel fears and myths that may be posing barriers to VMMC for men in their communities. Blantyre, these community meetings were conducted in Ndirande, Chilomoni, Chileka, Mbayani,

Dziwe, Chikowa, Malabada, Chadzunda and Mpemba . In Mulanje the following communities were engaged; Chonde, Namulenga, Namphungo, Mpala, Mulanje, mission, Namasalima, Muloza, Thuchira, Mlomba, Chisitu,, Dzenje, Thembe,Lujeri, and Chambe.

### Media briefing and tour

Strengthening the capacity of media to report effectively on VMMC is one component of the broader communication strategy needed to support VMMC scale-up. As part of stakeholder engagement, PSI conducted a media tour and briefing as a way of strengthening the capacity of the media to communicate correct and objective VMMC information to the public. 10 media houses were engaged and educated about the VMMC program and its expected benefits to the community after which a tour was conducted to one of the PSI VMMC clinics, Limbe.



**Picture: PSI VMMC Service Delivery Manager Interviewing with the Media at Limbe Clinic**

The gathering also provided a good platform to close the information gap that was there which led to inaccurate or negative coverage and hence fueling fear and misconceptions, inhibiting the adoption of male circumcision



## Mobile Van; Bringing VMMC Services to Clients' Door Steps

In Q1 of COP 21, PSI Malawi launched the use of a mobile van for the EMPOWER VMMC project in Blantyre and Mulanje districts. This van is built as a fully equipped VMMC clinic with two operating beds. It is normally driven to a specific area and parked, attracting walk in clients and those pre-mobilized by the demand creation team. The mobile van has been attractive to adult men as it extends service delivery options and shortens the time between a client being convinced to undergo a procedure and actually taking up the procedure. Immediate service provision helps to nudge VMMC clients based on service availability.



**Picture: Mobile Van Bringing VMMC To The Community**

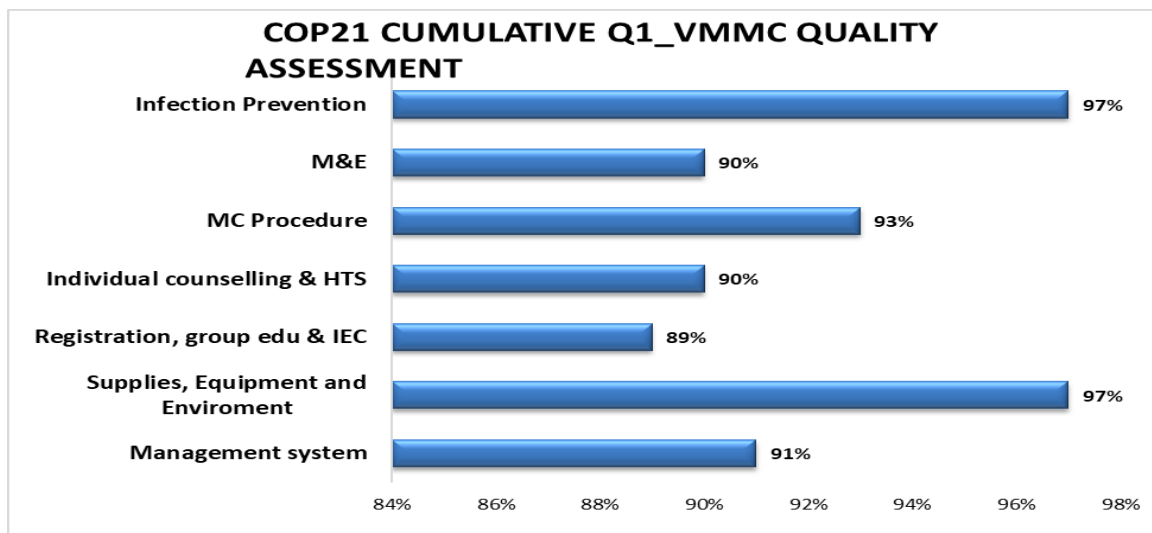
For some youths, the mobile van represents 'style' and 'swagger.' The branding is captivating and attracts them to the service. The power of the mobile van to attract clients on its own prompted the program to deploy it to Mulanje where its impact is significant. So far, the van has been a great initiative in reaching out to older men who want immediate access to service and do not want to travel too far from their areas of operation. A total of 1,280. clients were circumcised through the mobile clinic.

### IR A.3: Improved quality of VMMC services

#### Quality assurance activities

During the first half of COP21, the QA team of the program conducted two internal quarterly service quality assessment (SQA) exercise using Health Network Quality Improvement System (HQNIS) platform tools with MOH standards adapted from WHO QA tools. The assessment was done in 7 and 9 VMMC sites in Q1 and Q2 respectively. Results of Q1 site service quality assessment showed that sites performed well (90% and above) in all but one category – registration, group education & IEC. Sites performed best in Infection prevention and supplies & equipment both scoring 97% (see figure 5 and 6 below).

Figure 5: FY22 Q1 VMMC Quality Assessment Performance

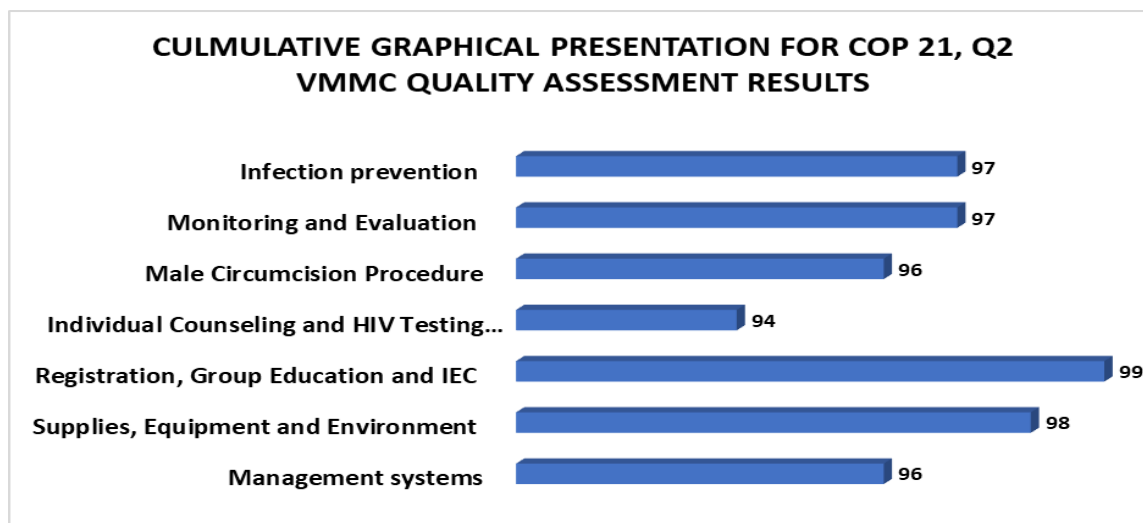


Sites performed below expectation (89%) under the registration, group education standard & IEC category due to issues of noncompliance with service delivery guidelines. These were addressed via on-site mentorship. Feedback reports were shared with individual teams and remedial plans jointly drawn to address other highlighted gaps.

Performance for Q2 improved greatly. Results of Q2 sites service quality assessment exercise showed that sites performed excellently (> 90%) in all key standards with one standard (registration and group education) performing best (99%) (see figure 8). The

improvement was the result of follow up and mentorship of providers on gaps identified in Q1. In addition to that, ongoing orientation of MOH staff on QA standards contributed to the change.

**Figure 6: FY22 Q2 VMMC Quality Assessment Performance**



In an attempt to establish VMMC services using reusable kits, nurse counsellors were trained/mentored in sterilization processes and techniques and were supporting sterilization activities in 5 sites by the end of the reporting period.

In the period under review, the VMMC QA team ensured providers' compliance with service delivery guidelines by conducting biweekly, team level documented supervision activities

### Capacity Building of VMMC Sub Award Partner, Right To Care Malawi

In the period October 2021 to March 2022, PSI/M continued to provide technical support and capacity building for Right to Care (RTC/M). In this period RTC/M scope of work was extended to include service provision for Lunzu and South Lunzu clinics. PSI supported this transition and in the reporting period RTCM provided VMMC to 3 342 males against 6 000 targets representing 56%. A total of 3 134 males aged 15 – 29 years received VMMC, represents 94% of all men circumcised during the quarter. Despite registering 56% against the annual target, the catchment areas of the



two clinics were affected by Tropical Cyclone Ana that was in most parts of Southern Region in the month of January 2022.

### RTC/M Demand Creation

RTCM continued implementing demand creation in Lunzu and South Lunzu. By the end of March 2022, RTCM achieved 111% (3 342MCs) against a semiannual target of (3000MCs). The accomplishment is greatly associated with recruitment of two Village Headmen as mobilisers, replacement of inactive mobilisers, continued supportive supervision, intensified IPC sessions in hard-to-reach areas, tracking/following up of VMMC contraindication clients and campaign activities such as football bonanza.

In the month of March 2022, a total of 863 MCs (26%) were conducted, this is the highest monthly performance in the FY2022. This was due to a mini campaign targeting males between 15 – 24 years who were on a school holiday.

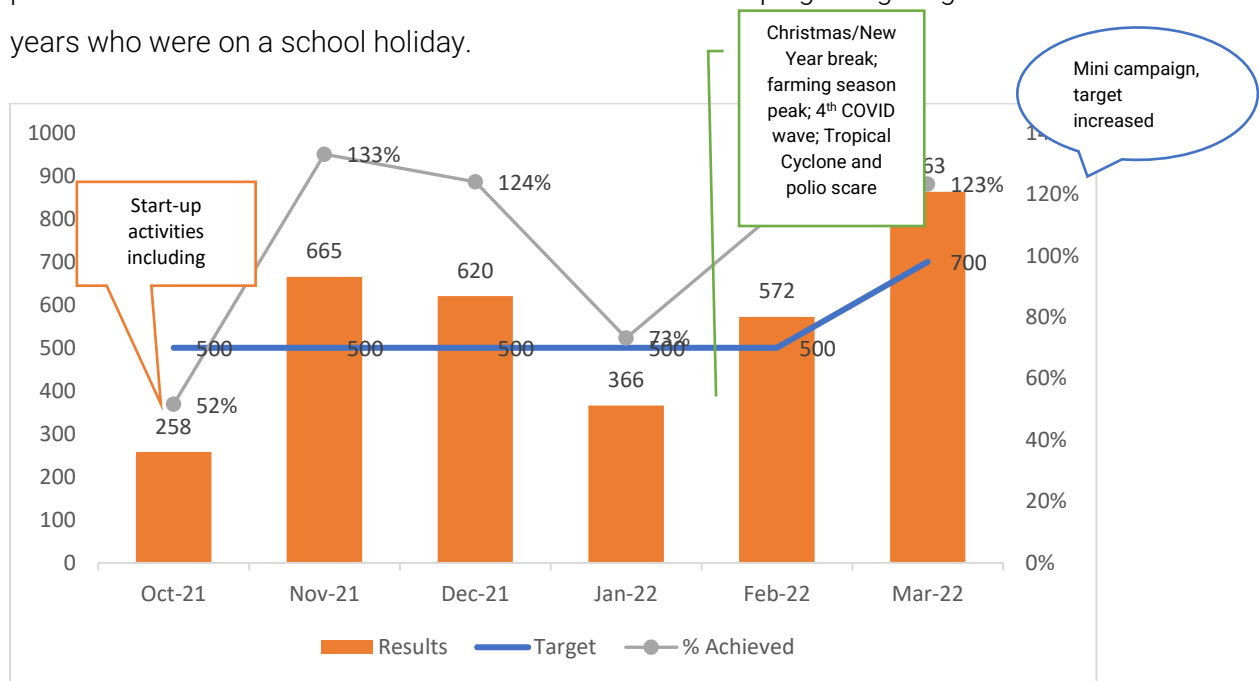


Figure 7: RTC/M VMMC Services Overall Performance, FY2022 Semiannual Monthly Performance

During the period RTCM recorded a total of 2 340 (70%) and 3 001 (90%) clients returned to the clinic for 48 hours and 7 days post-operative reviews respectively. The Mobilizers followed all clients who missed post-operative review visits

All male circumcisions (MCs) performed during the period were performed using conventional surgical method (dorsal slit) representing 100%. Of the 3 342 MCs performed, 252 (92%) were circumcised using reusable MC kits. The rest (3 090MCs) used nonreusable MC kits. Lunzu clinic started using the autoclave later than planned and experienced challenges with their autoclave machine which developed a technical fault.

Table 2: RTC VMMC By Method, Quarter 2, 2022

Method	Number	Proportion
<b>Non-reusable kit</b>	3 090	92%
<b>Reusable kit</b>	252	8%
<b>Total MCs</b>	3 342	100%

Note that this is the total number of MCs registered at Lunzu clinic where an autoclave was installed. During the reporting period RTCM observed that the sterilized MC kits/packs were always wet. This is because the autoclave was having no drying method making it hard to reserve for next day. RTCM has since started autoclaving only reusable kits that will be used for a single day as one way of maintaining infection prevention measures.

#### IR A.4: Strengthened Linkages between VMMC and Other Services

##### HIV testing and Linkage to care

As part of the minimum package for VMMC, clients are offered voluntary HIV testing services (HTS) on site. In Q1, out of 72 new positives, 51 were successfully linked to care representing 71%, while in Q2, out 57 new positives, 44 were successfully linked to care and treatment representing 77%. The improved linkage is due to good collaboration between the VMMC team leads and in charges in the linked public facilities. This

collaboration brought knowledge and understanding of VMMC service delivery, linkage and Test and Treat strategy. Cumulatively, during the reporting period, 11,123 (52%) of clients circumcised were tested for HIV and 129 (1%) were identified as new HIV positive cases while one client had inconclusive result. Out of the new HIV positive cases identified, 95 (74%) were successfully linked to HIV comprehensive care clinics. A total of 23 HIV positive clients (not linked yet) are still on active follow-up within the next 90 days. A summary of testing details is the table below:

FY22 Q1+Q2 TOTAL TESTED VS OVERALL LINKAGE (HTS_TST)	
Total tested	11,164
Known HTS_POS Tested Elsewhere	0
<i>Already On Art</i>	3
HTS_POS Tested on Site	132
<i>Already On Art</i>	3
<i>Not on ART but known HIV+ case</i>	0
<i>New HIV Pos</i>	129
Successful Referral	95
<b>Refused Treatment</b>	<b>11</b>
To be followed up	23
<b>Linkage Rate</b>	<b>74%</b>

**Table 3: FY21 Semiannual Overall Linkage (HTS\_TST)**

### VMMC Project Successes

#### Kambenje Clinic: resilience and recovery from tropical Ana storm

Kambenje Clinic is one of the static sites offering VMMC services in Mulanje district. The clinic was opened in October 2021 and is located in the low lands off Mulanje Mountain in Southern Malawi. Serving a good population from Chambe and Kambenje health facilities, the clinic is a convenient location for community members around these two catchment areas to access VMMC services. With the help of a group of community mobilizers who

conduct multiple community engagement activities including door to door interpersonal communication sessions, the clinic had established itself as a high performing site, averaging more than 25 clients a day and contributing 2913 clients between October 2021-March 2022 which represents 14% of total PSI Malawi VMMC project outputs.

The beginning of the new year introduced a challenge to both community and clinic.

Tropical storm Ana hit Southern Malawi from around the 24<sup>th</sup> of January, it influenced torrential rains over most areas of the country with highest rainfall amounts recorded in Southern Region Districts. For Kambenje clinic in Mulanje, the storm was a nightmare.

Surrounding communities were shattered and roads were impassable. A lot of households were destroyed,



rendering people homeless. Community mobilisers who are the backbone of the project could not be reached. For the small number of available cadres, the situation narrowed the catchment area where they could reach community members with VMMC messages as the roads were impassable. The challenge was compounded by a nationwide black out that made it impossible for teams to communicate and affected sterilisation of reusable equipment in the facilities. A temporary halt in services was put in place as these multiple challenges troubled the district.

It took collective effort from the Kambenje clinic team and members of the surrounding community to push the clinic back on track and to absorb the shocks brought on by the tropical storm. The clinic relied on nearby farmers who owned tractors to rescue project vehicles stuck in muddy roads, disposable kits were sourced from neighboring facilities

while clinic staff took shifts to man the clinics at night, watching out for the short period electricity would return to sterilize kits for services the following day.

As the rains settled and grounds began to dry, the clinic organized football tournaments to bring the community together and lift the gloom while aggressively creating demand for VMMC service. With the help of community gatekeepers like Chiefs and Health Surveillance Assistants for the area, Kambenje clinic demand for VMMC services was able to bounce back and recover from the effects of the cyclone.

### Making the most of school holidays

“I was the only one amongst my peers that was not yet circumcised, I have been wanting to access VMMC services but feared walking long distances to school while healing.” Said 19 year old secondary student Thokozani Lubrino from Zingwangwa, a township near Blantyre city center in Malawi.

For students like Thokozani, the Covid\_19 pandemic caused shifts in the normal school calendar which resulted in shorter holidays. This shift made it difficult for clients to access services and for the VMMC project to plan for effective mop up of school going clients. As the country moved towards normal schooling schedules, PSI/Malawi capitalized to increase outputs amongst school goers.

With support from the Blantyre Health Directorate, PSI engaged the District Education Manager to strategise how to increase access for services for learners who would receive the VMMC services



**Figure 1: Thokozani, a student who accessed services during school holiday campaign**

during their holidays. Engagement with the education division were positive and successful as she emphasized; “be assured of our support to you in giving out these messages to learners but remember to come back to us and share the progress once you have completed your work”.

A team of PSI officers were deployed into schools prior to the holidays. The team delivered group and individual education sessions with VMMC messages and learners were given letters to share with their parents informing them of the campaign. In quarter one, the EMPOWER VMMC project conducted a six-week school holiday campaign and a four-week campaign in quarter two. The two campaigns managed to contribute a total of 11,298 MCs with 7,275 MCs for 15-19 age cohort and 4,023 MCs for  $\geq 20$  age cohort. In this semiannual period, the program has observed an increase in males aged 15 – 19 years (60%) accepting VMMC services as compared to the same period in FY21 (31%).

For Thokozani Lubrino from Zingwangwa, after a session with PSI demand creation officer, he managed to visit Gateway clinic during the holiday. “ I have been wanting to access VMMC services but opted for the holiday period because I go to a far school and was fearing to cover long distance while am healing so holiday time was better option for me”



## COMPONENT B: Comprehensive Condom Programming (CCP)

### IR B.1: Supporting the TMA in Malawi's condom market by capacitating the Ministry of Health to play a "market facilitator" role

In the first six-months of FY22, EMPOWER CCP project focused on providing technical support in comprehensive condom programming stewardship to Ministry of Health (MoH). Key areas of focus included capacity building of MoH key condom programming personnel in condom supply chain management, condom program analytics and finalizing the Condom to the Last Mile distribution plan. Again, it is worth highlighting that the project actively participated in the development of the Malawi HIV Prevention Strategy and led the identification of the strategic priorities for the condom pillar.

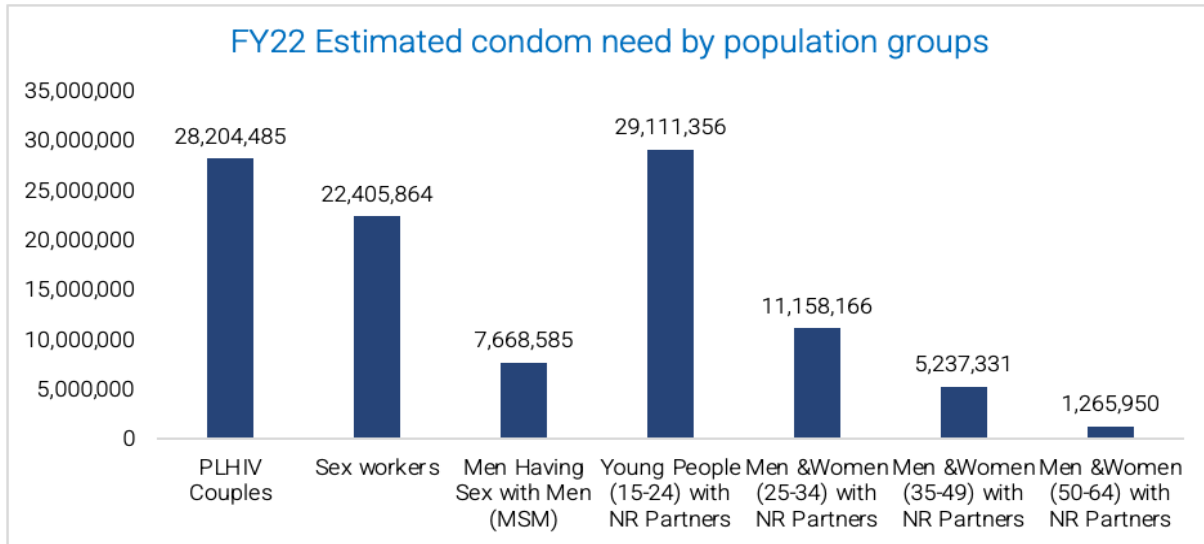
#### Condom Stewardship role.

The EMPOWER CCP project appreciates the improvements observed so far regarding coordination and collaboration of the different condom market actors in the Malawi condom ecosystem. The quarterly Technical Working Group (TWGs) organized by NAC and DHA whereby EMPOWER CCP project is highly featured presents a platform of identifying best practices and resolving challenges affecting condom distribution at different levels in the country.

#### Condom Program Analytics.

During the report period the project analyzed the 2022 condom need for different population groups in the country using the UNAIDS Fast Track tool. The analysis estimates the condom need for 2022 at 105, 051,737 an increase from 94,615,275 in 2021. The need for condoms in 2022 is high among young people followed by PLHIVs and Sex Workers.

**Figure 8: FY22 Estimated condom need by population groups**



Despite high condom need, data from Ministry of Health show that condom distribution numbers fall short of the yearly set 2020-2025 National Strategic Plan (NSP) targets. The NSP estimates that if 80% of all high-risk sex acts are to be protected in a year, the country needs to distribute 155 million male condoms and 675,000 female condoms each year. To address the gap in condom distribution, there is need to prioritize the roll out of the Last Mile Condom distribution initiative. This initiative will help push condoms beyond the traditional distribution points hence increase uptake.

**Figure 9: Male condoms distributed per year in line with NSP set target**

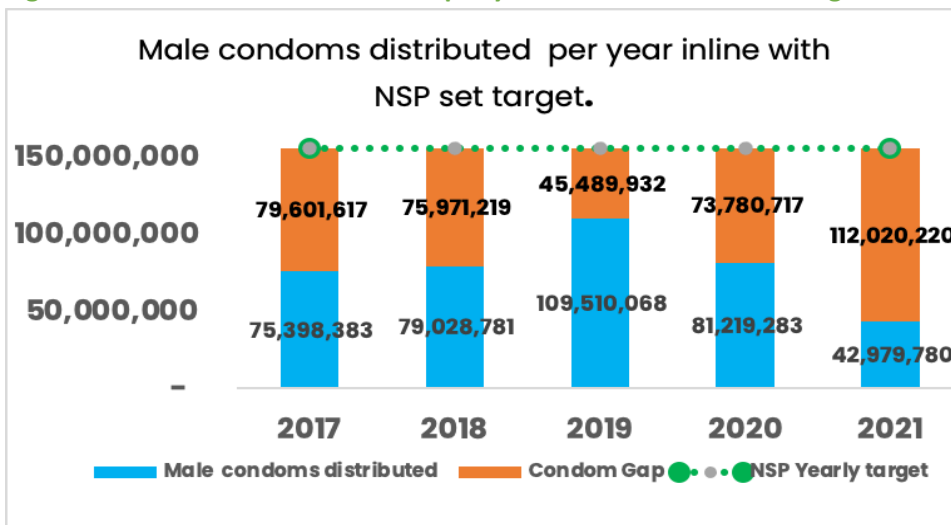
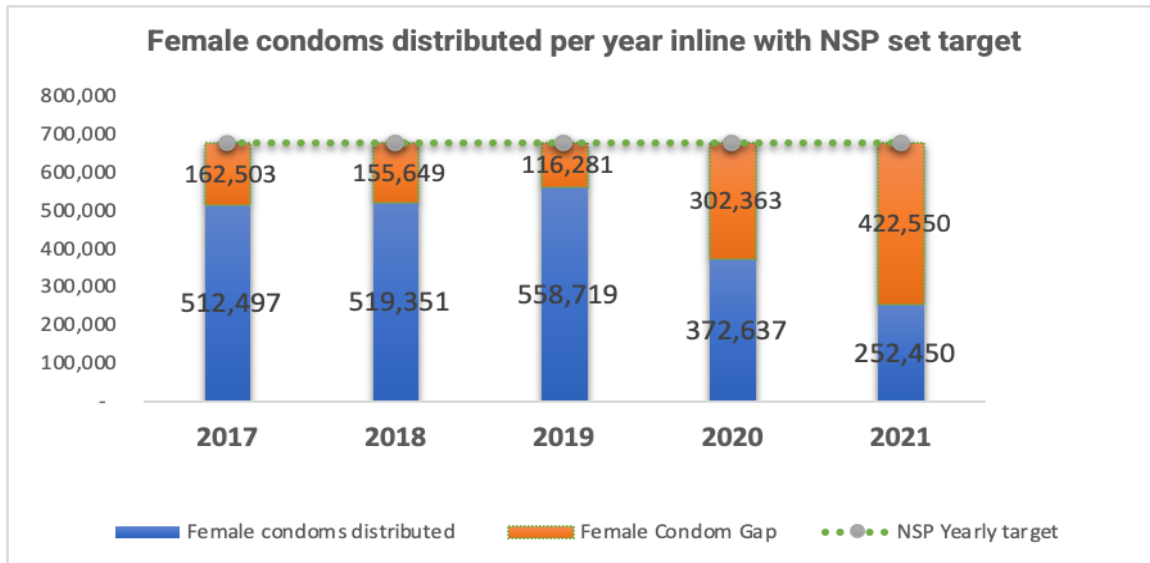




Figure 10: Female condoms distributed per year in line with NSP set target.



**Condom Market Structure.**

In line with better use of condom analytics to inform decision making, the project also reviewed the Malawi FY22 condom market structure. The FY22 condom market structure analysis based on the UNAIDS Fast Track condom tool shows that 68% of the estimated condom need for FY22 will be distributed in public sector facilities. Out of this, 46% will be through facility-based outlets and 19.3% will be distributed through targeted community outlets. Social Marketing efforts will cover 31 % of the total condom need with 18.7% of the condoms to be sold through established sales points and 12.5% through proximity and community outlets. The commercial market will cover 2.8% of the need. There is need for deliberate efforts to help the growth of the social marketing and commercial sectors to help relieve the pressure on public sector condom distribution.

Table 4: Condom Market Structure

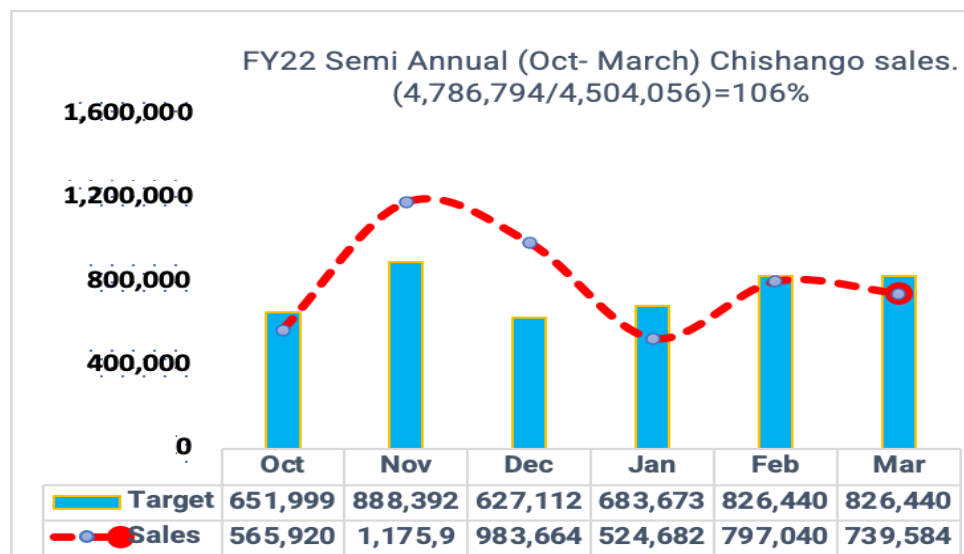
Sector	Distribution channel	Share (%)
Free distribution	1) Facility based /integrated free distribution	46.7%
	2) Community based / targeted free distribution	19.3%
Social	3) Sales points	18.7%

marketing	4) Proximity & community outlets	12.5%
Private sector	5) All private sector brands and outlets	2.8%

### IR B.2: Increased Availability of and Access to Social Marketed Male and Female Condoms (Chishango)

EMPOWER CCP project continued its effort of ensuring the availability and accessibility of condoms in both urban and rural areas through social marketing activities. In the first six months of FY22, Chishango surpassed its semi-annual target achieving 106% (4,786,794 condoms sold against a target of 4,504,056). Overall, the project has achieved 48 % of the annual set target for Chishango. The semi-annual monthly sales performance shows good sales performance in November 2021 with a total of 1,175,90 Chishango condoms sold against a set target of 888,392. This is followed up by December 2021.

Figure 11: FY22 Semi Annual (Oct- March) Chishango sales.



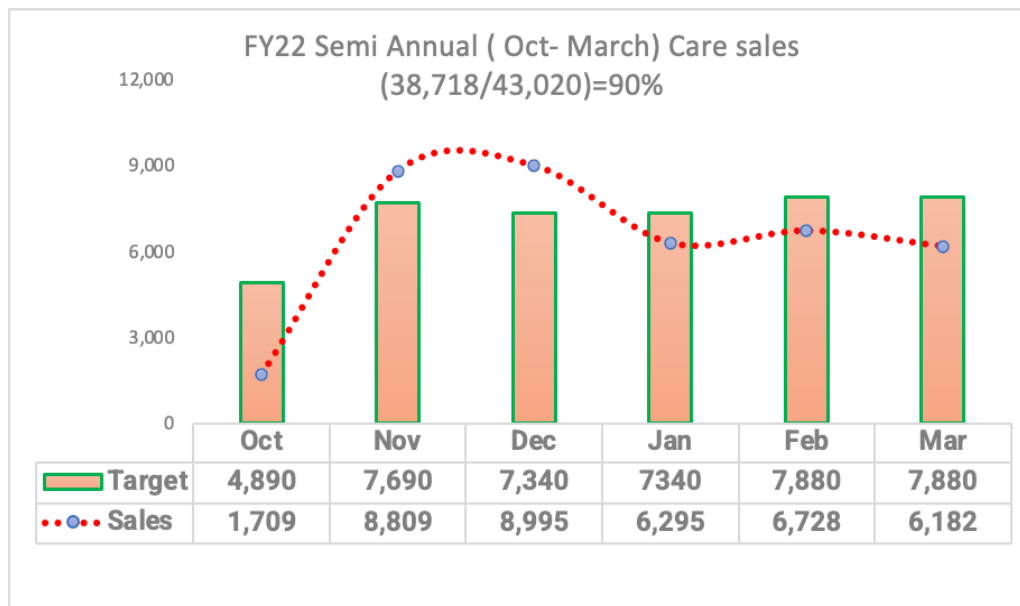
Targeted sales and distribution approaches focusing on both traditional and untraditional outlets by both Sales Representatives and Condom Promoters are proving to be effective strategies to help increase Chishango market penetration. The EMPOWER CCP project will continue focusing on increasing Chishango market penetration, driving market share gains,

capturing new marketing opportunities, and ensuring the product has strong footprints in line with the sustainability plans.

### Care Female Condoms

In the first six months of FY22, EMPOWER CCP continued to register good Care female condom sales. A total of 38,718 Care female condoms were sold against the semi-annual target of 43,020. This represents 90% achievement. Overall, the project has achieved 43% of the set annual target for Care female condoms. Use of Condom Promoters who are branded as foot soldiers complimented by targeted distribution modalities of Care female condoms through selling of condoms in non-traditional and discrete points is proving to be effective in improving uptake of female condoms on the market.

**Figure 12: FY22 Semi Annual (Oct- March) Care Female condoms sales.**



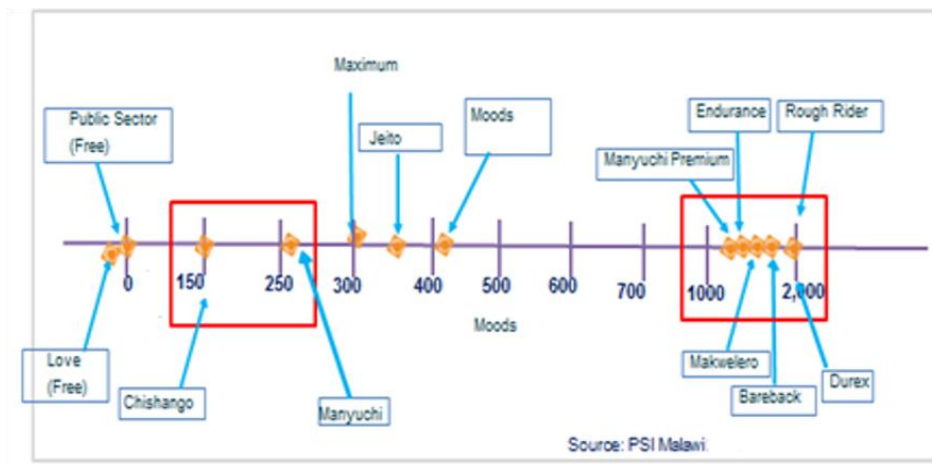
### Drive Financial Sustainability of Socially Marketed Products.

EMPOWER CCP is striving to achieve financial sustainability for Chishango and Care through better application of subsidy to improve equity within the market. In the last six months of FY22, the project continued with the review of the developed business plan

assessing the key success factors, most notably price adjustments and the sales and distribution model.

The analysis show that Chishango is the **base** socially marketed brand on the Malawi market with an average price of Mk150,00 per pack of 3 condoms. It's a branded condom that has good coverage and brand equity. It is a brand that is helping relieve the pressure from the public sector with most of the people who use it clearly indicating that if it's not Chishango then more likely they will use the public sector condom because they cannot afford the other available socially marketed condoms. The market breadth analysis presents good insights to help with the strategic decisions on the sustainability plans for Chishango and Care female condoms.

**Figure 13: Malawi condom market price points**



### Brand Promoters Strategy

Brand promoters have been instrumental in increasing EMPOWER's footprints especially in the promotion and selling of Care female condoms. These foot soldiers have been taking female condoms beyond the traditional markets into hot spot areas, bars, saloons and even to individuals in the communities. In the last six months, the EMPOWER CCP supported Brand Promoters continued the Hot spots interpersonal communication

activities across the country targeting female sex workers and their clients with condom use information.

The initiative aimed at:

- i. Reaching people with condom use message in the comfort of their places/homes.
- ii. Promoting female condom use
- iii. Encourage female sex workers to consider condoms as a tool for their sex business.
- iv. Bring both male and female condoms close to the consumers

### Chishango and Care Program Income

EMPOWER CCP continues to align operational and strategic progress to key performance indicators. Key to the 5-year condom sustainability plan is ensuring continuous and upward improvements of sales. In the last six months of FY22, EMPOWER CCP realized a total of Mk88,644,333.33 from sales of Chishango and Mk3,871,800 from Care female condom sales.

**Table 5: FY22 Semi Annual Chishango and Care program Income**

	Chishango Program Income		Care Program Income	
	Projected	Realized	Projected	Realized
<i>Oct.</i>	12,074,056.00	10,480,000.00	366,750.00	489,000.00
<i>Nov.</i>	16,451,704.00	21,776,000.00	576,750.00	769,000.00
<i>Dec.</i>	11,613,185.00	18,216,000.00	550,500.00	734,000.00
<i>Jan</i>	12,660,611.11	9,716,333.33	629,500.00	734,000.00
<i>Feb</i>	15,304,444.44	14,760,000.00	672,800.00	788,000.00
<i>March</i>	15,304,444.44	13,696,000.00	618,200.00	788,000.00
<i>Total</i>	Mk 83,408,444.44	Mk88,644,333.33	Mk3,871,800	Mk4,302,000.

## IR B.3: Key Population Implementing Partners- Condoms and Lubricants Supply Chain Management

### A. Supporting supply chain logistics for male condoms and lubricant:

The Malawi National Condom Strategy acknowledges the importance of coordination amongst condoms players at the district level. Good coordination helps to ensure that availability and access to condoms and lubricants are not hampered by logistical or human failures. To ensure that this is achieved, EMPOWER CCP has focused on building the capacity of District Condom focal personnel and health facility pharmacist in condom supply chain management. It is pleasing to note that this investment is bearing fruits. There are significant improvements in condom supply chain management in all the 11 EMPOWER CCP supported districts.

In the first six months of FY22, EMPOWER CCP facilitated a refresher training targeting both the District Condoms focal persons and District Pharmacists in the 11 Empower implementing districts of Mangochi, Zomba, Machinga, Thyolo, Chiradzulu, Phalombe, Mulanje, Blantyre, Chikwawa, Mzimba and Lilongwe. A total of 12 Condoms focal persons and 12 District Pharmacists attended the training.

The key objectives of the training were:

- Providing refresher mentorship to the District Condom Programming focal persons on how to use the available reporting tools (including Early Warning Sign tools) for programming and data management
- To assess condom programming needs at district level
- Document challenges and success in condom programming at the district and health facility levels (focusing on availability, accessibility, and data management)
- Strengthening coordination between the District Condoms Focal persons and the District Pharmacists who are the custodians of the commodities.

## Key action points from the refresher training on condom supply chain management.

### a. Integrate condom supervision in other planned district activities

For a sustainable condom supervision at the district and facility levels, the participants agreed that there is a need to adopt a supervision model that capitalizes on the locally available resources rather than relying on donor support. In this regard, the team agreed to incorporating and integrating condoms supervision with other service supervisions like RH, HIV, ART and DHMT routine visits. Doing so would improve the supervision of condoms at the district level without incurring more costs. It was clear that condoms supervision sustainability is dependent on how the focal persons would capitalize on the district's available resources. This would also include identifying and working with other partners working in the implementing districts to incorporate condom coordinator in their supervision activities.

### b. Identifying facility-based condom champions to facilitate last mile condom distribution

Need to identify health facility-based condom champions who can help facilitate the last mile condom distribution initiative within the health facility catchment areas.

### c. Improved pro-activeness of District Condoms Focal Persons as regards sourcing condoms visibility materials.

Through the discussions, the unavailability of condom visibility materials was highlighted by the participants. There are very few promotion materials at most of the health centers. To address the challenge, the team agreed that the District Condom Focal Point (DCFP) personnel need to be more proactive by, among other things, reaching out to other implementing partners at the district level for the readily available promotion materials.

**d. Strengthening coordination between the District Condoms Focal persons and the District Pharmacists who are the custodians of the commodities.**

It was agreed that since most routine health centers supervisions are done by Pharmacists at the district hospital, increased collaboration between the Pharmacists and the DCFP will make it easier for the Pharmacist at the district hospital to include the DCFP as they conduct their routine supervisions. Not only will this make the exercise less costly, but it will also assist the Pharmacists at the district hospital understand facility condoms' needs beyond the routine reports.

**B. Supporting supply chain logistics for male condoms and lubricant:**

In the first six months of FY22, EMPOWER CCP continued accelerating the development of sustainable public sector condom supervision approaches. The use of District Condom Focal Persons (DCFP) to lead the process of conducting health centers' supervisions is proving to be a sustainable approach. DCFP integrate condom supervision activities in the routine supervision of public facilities.

During the report period, a total of 122 health facilities in Q1 and 68 health facilities in Q2 were sampled across all the 11 EMPOWER supported districts for supervision. The supervision assessed the following 3 key thematic areas namely, Stock Card Management, Condom Storage and Condom Stock Status.

**(a) Stock card management**

Overall, there is improved stock card management in all the health facilities in the 11 EMPOWER CCP supported districts. Most of the Health Facility Personnel responsible for updating stock cards appreciate the need to have the stock cards updated. It is also worth pointing out that stock card management issues were identified at Namandanji in Machinga Mzalongawe and Kabwafu health facilities in Mzimba and at Thumbwe, Namitambo, Milepa, Mbulumbuzi and Nundwe health centers in Thyolo. DCFP's for



Mzimba, Thyolo and Machinga have put in measures to support the health facilities with stock card challenges.

### (b) Storage system

To maintain and preserve the quality and safety of condoms, adherence to storage best practices is paramount. In the last six months of FY22, with support from EMPOWER CCP, health centers' focal person worked together with the DCFP ensuring that condoms storage systems are not compromised. While facilities with prefabricated Pharmacy Storage continue doing well, those without continue to improvise storage rooms to accommodate condoms and these require constant monitoring to ensure that storage standards are not compromised. While most of the Pharmacies' storage continue to improve, the rainy season comes with its own challenges as it is seen in the below picture for Luzi Health Center in Mzuzu where signs of a leaking roof were visible. The focal person immediately engaged the DHO maintenance team that immediately rectified the problem.



The rest of the facilities are keeping condoms in a safe environment with no signs of pests and all condoms well stacked on pallets. In Q3, EMPOWER in collaboration with the District Condoms Focal Persons will continue working with those health centers that are high risk especially those without prefabricated pharmacy storage systems and those with new health facilities' condoms focal persons.

**(c) Stock Status and Condoms Ordering**

**Health Centers' Stock Status summary**

The introduction and use of the Early Warning Systems has strengthened the condoms monitoring systems at the district level. Through this tool, DCFPs together with the District Health Office Pharmacy personnel can flag stock out issues in good time and make timely decisions to mitigate any possible stock challenges. In Q2, out of the 68 health centers supervised, 64 Health Centers representing 94% had enough stock to take them beyond 2 months. 1 facility, Mpala in Mangochi had a stock out, 3 facilities of Chitera in Chiradzulu, Nyanja and Biwi in Lilongwe reported low stock levels. As Regarding overstocking, 3 facilities of Kaweche and Mkwepa in Mzimba and Ngabu in Chikwawa had more stock than they needed and were advised to redistribute. The DCFPs in the two districts will facilitate the condoms redistribution processes in these health centers.

**Table 6: Health Facility Assessment results**

Enough Stock		Over Stock		Low stock		Stock out	
Districts	Action	Districts	Action	Districts	Action	Districts	Action
61 Health Centers	Continue monitoring monthly consumption trends	Kaweche-Mzimba	Redistribute	Chitera-Chiradzulu	Immediate restock	Mpala	to get the commodities from
		Mkwepa -Mzimba	Redistribute	Nyanja-Lilongwe	Immediate restock		
		Ngabu- Chikwawa	Redistribute	Biwi-Lilongwe	to get the commodities from Bwaila	Machinga DHO	

## B) Strengthening the Key Population Supply Chain (KPSC)

### Condoms and Lubricants Distribution

EMPOWER continues to support 8 Key Population Implementing Partners (CEDEP Pakachere, FPAM, LICO, Yoneco, Towwirane, Theater for Change and Jhpiego. These KPIPs cover 22 districts across the country.

Table 6 highlight number of condoms and lubricants distributed to organizations implementing key population interventions in quarter 1 and quarter 2.

**Table 7: Condoms and Lubricants Quarterly Distribution to KP Organizations**

	Male Condoms	Female Condoms	Lubricants
<i>Quarter 1</i>	4,015,962	29,776	374,749
<i>Quarter 2</i>	3,123,838	39,402	336,944

In the first six months of FY22, the EMPOWER CCP project had several engagement meetings with Key Population groups led by the Diversity Forum. The objectives of the engagements were to improve condoms and lubricant access amongst Key Populations groups by among other things identifying and assessing alternative distribution points. Of interest was assessing their capacity for condom storage and documentation. EMPOWER CCP project will continue engaging the Diversity Forum to identify Last Mile condom distribution channels that are friendly to Key Population groups.

### Key Partners Implementing Partners (KPIPs) Condoms Stock Status Overview

KPIPs supply chain management continued to improve across all the KPIPs with most of them having enough stock levels to meet the expected demand. Table 7 highlight the stock status among KPIP's. To manage the stock issues, DHA is planning for routine distribution in April, partners like CEDEP and Pakachere will access the commodities direct

from DHA as an emergency supply. EMPOWER CCP will continue monitoring these districts and ensure that they are adequately supplied.

**Table 8: KPIP Condom Stock Status**

Name of organisation	District	Remarks		
CEDEP	Blantyre	Okay		
	Mangochi	Okay		
	Lilongwe	Stock out		
	Mzuzu	Okay		
	Mulanje	Okay		
	Chikwawa	Okay		
	Nkhatabay	Okay		
	Dedza	Okay		
	Salima	Okay		
	Karonga	Okay		
	Kasungu	Okay		
	YONECO	Zomba	Okay	
		Machinga	Okay	
Balaka		Okay		
Ntcheu		Okay		
Nkhatabay		Okay		
Tovwirane	Mzimba	Okay		
JHPIEGO	Blantyre	Okay		
	Chiradzulu	Okay		
	Mzimba South	Okay		
	Mwanza	Okay		
	Chikwawa	Okay		
Life Concern (LICO)	Rumphi	Low Stock		
	Pakachere	Thyolo	Okay	
		Mulanje	Okay	
		Nkhatabay	Okay	
		Nkhotakota	Stock out	
		Blantyre	Okay	
		Mangochi	Stock out	
		Mzuzu	Okay	
		Lilongwe	Low Stock	
		FPAM	Lilongwe	Okay
			Mzuzu	Okay
	Ntcheu		Okay	
	Dowa		Okay	
Dedza	Okay			
Kasungu	Okay			
Theatre for Change	Mchinji	Okay		
	Karonga	Okay		
	Salima	Okay		
	Lilongwe City	Neg. adj		

### Lubricants Stock status Overview

The table 8 show great improvement in the supply chain of lubricants amongst KPIPs. The table shows FPAM, Theater for a Change, Jhpiego, Yoneco CEDEP and Life Concern did not experience any stock outs while Pakachere reported to have had lubricant stock outs in Thyolo, Nkhotakota and Nkhata-Bay while Tovwirane had lubricant stock out in Mzimba. In Q3, EMPOWER CCP and DHA will further engage the KPIPs to address lubricants supply chain challenges to ensure that there is a consistent supply of lubricants.

**Table 9: Lubricants Stock Status.**

Name of organisation	District	Remarks
CEDEP	Blantyre	Pos. adj
	Mangochi	Okay
	Lilongwe	Okay
	Mzuzu	Okay
	Mulanje	Okay
	Kasungu	Okay
	Thyolo	Okay
	Mwanza	Okay
YONECO	Zomba	Okay
	Machinga	Okay
	Balaka	Okay
	Ntcheu	Okay
	Nkhatabay	Okay
Tovwirane	Mzimba	Stock out
JHPIEGO	Blantyre	Okay
	Chiradzulu	Okay
	Mzimba South	Okay
	Mwanza	Okay
	Chikwawa	Okay

organisation	District	Remarks	
Life Concern (LICO)	Rumphi	Okay	
Pakachere	Thyolo	Stock out	
	Mulanje	Neg. adj	
	Nkhatabay	stock out	
	Nkhotakota	stock out	
	Blantyre	Okay	
	Mangochi	Okay	
	Mzuzu	Okay	
	Lilongwe	Okay	
	FPAM	Lilongwe	Okay
		Mzuzu	Okay
Ntcheu		Okay	
Dowa		Okay	
Dedza		Okay	
Kasungu		Okay	
Mchinji		Okay	
Theatre for Change	Karonga	Okay	
	Salima	Okay	
	City	Okay	

Name of organisation	District	Remarks
CEDEP	Blantyre	Okay
	Mangochi	Okay
	Lilongwe	Stock out
	Mzuzu	Okay
	Mulanje	Okay
	Chikwawa	Okay
	Nkhatabay	Okay
	Dedza	Okay
	Salima	Okay
	Karonga	Okay
	Kasungu	Okay
YONECO	Zomba	Okay
	Machinga	Okay
	Balaka	Okay
	Ntcheu	Okay
	Nkhatabay	Okay
Tovwirane	Mzimba	Okay
JHPIEGO	Blantyre	Okay
	Chiradzulu	Okay
	Mzimba South	Okay
	Mwanza	Okay
	Chikwawa	Okay

Name of organisation	District	Remarks	
Life Concern (LICO)	Rumphi	Low Stock	
Pakachere	Thyolo	Okay	
	Mulanje	Okay	
	Nkhatabay	Okay	
	Nkhotakota	Stock out	
	Blantyre	Okay	
	Mangochi	Stock out	
	Mzuzu	Okay	
	Lilongwe	Low Stock	
	FPAM	Lilongwe	Okay
		Mzuzu	Okay
Ntcheu		Okay	
Dowa		Okay	
Dedza		Okay	
Kasungu		Okay	
Mchinji		Okay	
Theatre for Change	Karonga	Okay	
	Salima	Okay	
	Lilongwe City	Neg. adj	

## IR B.4: SBCC activities to promote condom use in EMPOWER CCP districts \_ TOVWIRANE

In the first six months of FY22, PSI/Malawi continued building the capacity of Towwirane in condom social behavior change communication. During this period, the focus was on the following activities.

1. To conduct condomize monthly activation sessions through IPC.
2. To conduct mass media campaigns using social media platforms (SMS, WhatsApp, FB, Twitter, Instagram)
3. To conduct progress monitoring focusing on interviews with key population groups (KPGs), condom mobilizers as well as key district stakeholders to document case studies, success stories, insights, and challenges in targeted districts.

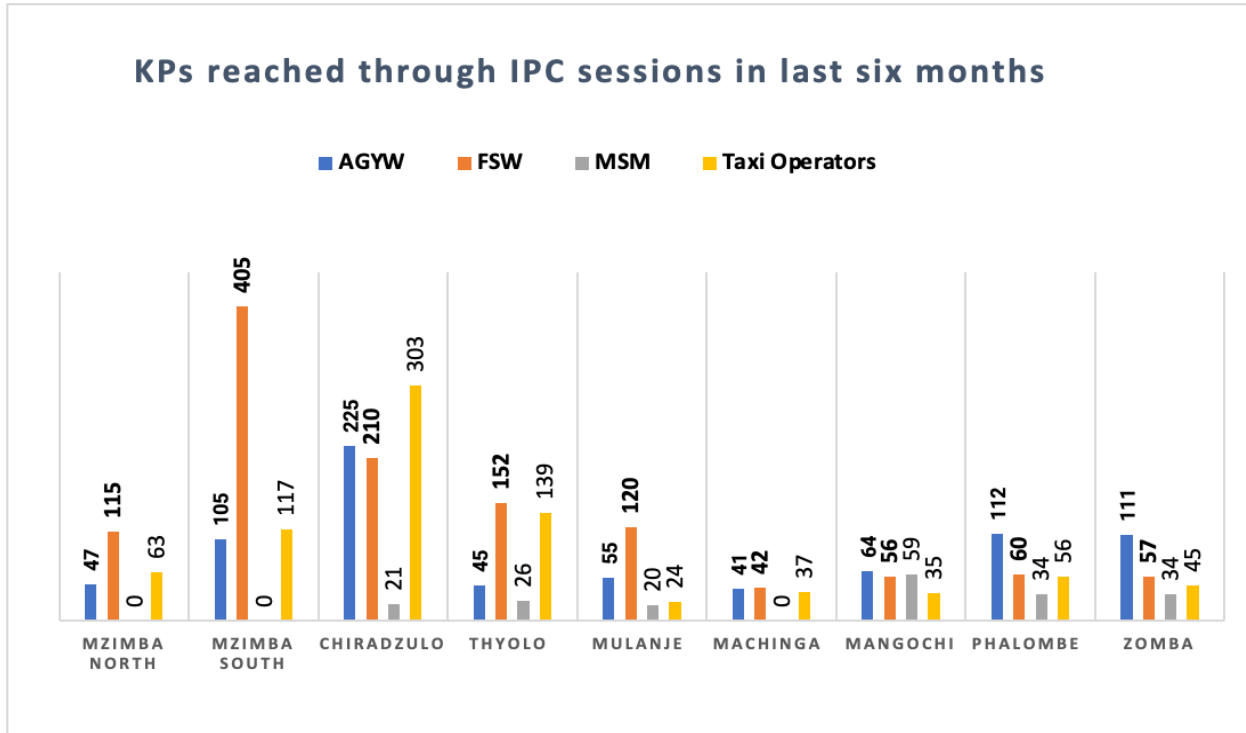
The following is the details of the activities that were conducted and achievements during the reporting period.

### Conducted Monthly Activation Sessions.

#### Conduct Monthly Activation Session in hotspots

In the six months of CCP implementation, Towwirane conducted monthly activation sessions in hotspots four districts of, Mangochi, Zomba, Phalombe and Mulanje districts. Through the activation session a total of 2285 against the target of 2200, which represented 103% coverage. Graph 13 highlights the population group reached by condom and lubricant messages in the last six months.

Figure 14: KPs reached through IPC sessions in six months of implementation



The key messages during the IPC sessions were about correct and consistent use of condoms as well as motivation to consistently use condoms by the members of the general population. Examples of the messages include the following below.

- HIV, STI and unintended pregnancy are not part of the business deal. Always use a condom.
- Blessers have a pool of blesses including like you. Always use a condom!
- Don't go to work without tools; always have condoms!

Table 10: Number of IPC Sessions and Condom demonstration sessions conducted.

District	Condom Demonstration Sessions Conducted	IPC sessions conducted
Mzimba South	10	10
Mzimba North	7	8

Machinga	22	28
Chiradzulu	18	18
Thyolo	13	12
Mangochi	7	5
Zomba	6	5
Phalombe	6	5
Mulanje	18	10
Totals	107	101

Conducted training for Condom Mobilisers for Phalombe, Mulanje, Zomba and Mangochi.

In this reporting period, Tovwirane, in collaboration with key district stakeholders (PNHAO, Nutrition Officer, Condom Coordinator and HPO) trained a combined total of 44 condom mobilizers from 9<sup>th</sup> to 12<sup>th</sup> of February 2022 in Mangochi, Zomba, Phalombe and Mulanje. The following table shows the numbers of Condom Mobilizers trained in the above districts by gender. The mobilizers were drawn from representation of different key population groups. The identification of trainee condom mobilisers was also facilitated by the district stakeholders.

**Table 11: Number of Condom Mobilisers**

District	Males Trained	Females Trained	Total Trained
Mangochi	5	6	11
Zomba	6	6	12
Phalombe	4	7	11
Mulanje	4	6	10



**Conduct mass media campaigns using social media platforms (SMS, WhatsApp, FB, Twitter, Instagram)**

The use of social media platforms through Facebook, Instagram and WhatsApp for condom promotion has been ongoing. In the reporting period, a total of nine condomize campaign posts (five posters and four posts in word) have been published on Facebook and shared on Instagram. The images used in the posts have been sourced from previous condomize interventions such as the CONDOMIZE Campaign by UNFPA. The messages centered on four major themes which are.

- General knowledge on condom use
- HIV/AIDs, STIs and unintended pregnancies
- Access to condoms
- Lubricant use

The following table summarizes total reach through social media platforms during the reporting period.

**Table 12: Summary of Reach through Social Media Platforms**

Bi-annual combined social media target	97,000		
Reach through Facebook	Organic	Paid	Total
	7,519	101,213	108,732
Instagram			187
WhatsApp			18
Total			108,937

## Sub-award Management, Capacity Building and Monitoring.

From the start of COP20, local partners, RTC/M and Towwirane, have been working alongside PSI/M, while receiving the necessary programmatic and organizational capacity building and TA to graduate to a USAID prime recipient delivering quality services.

PSI/M technical staff and operational support teams supported by an experienced sub-award department worked closely to ensure a seamless network of support so that all aspects of development were being advanced to RTC/M and Towwirane in a mutually reinforcing manner.

In the semiannual period RTC/M and Towwirane were visited monthly for direct monitoring. During these visits and through monthly and quarterly review meetings, a team comprised of representatives of the LIP's management, administrative, and technical staff received close technical guidance and support from the PSI technical and sub award management teams.

In the semiannual period under review PSI Malawi capacity building activities particularly focusing on the following key areas,

- Technical and management experience in VMMC and CCP pertaining to EMPOWER's objectives respectively.
- Building working relations and active engagements with MOH, communities and other IPs to build collaborative working relationships.
- Building well-defined indicators of success and description of how it intends to monitor its own activity performance in a cost-effective and efficient manner.
- Building staff capacity with an appropriate balance of skills and a staffing management plan which optimizes efficiency, and demonstrates how the proposed staffing configuration enables the local partner to accomplish desired award results; and the extent to which the overall staffing plan fosters local ownership and utilizes local capacity.

- Building ability to manage funding responsibly and efficiently including proficient fiscal management and internal control systems
- Building capacity to meet activity and financial reporting requirements including PEPFAR specific requirements.

### VMMC

To date the EMPOWER team has created a strong VMMC and management structure at the district level overseeing service delivery, manage HR, plan supply logistics and vehicle use, and coordinate demand creation and VMMC mobilization activities through traditional community leaders, school principals, and workplaces.

Beginning with COP20, PSI/M has been working in close collaboration with RTC/M to prepare for the full transfer of implementation leadership in all aspects of the project in year four. For the semiannual period under review, local ownership included RTC/M leading service delivery under Lunzu cluster in Blantyre, managing all activities from demand creation to service delivery, with TA from PSI/M.

Overall, there is satisfactory progress on most of the indicators used to assess RTC and Towwirane’s readiness to become a prime organization in similar activity awards. Table 10 highlights the progress to date on all the indicators used.

**Table 13: Progress on graduation readiness indicators**

RTC Graduation Readiness Indicators		
Indicator	Status	Comment
DUNs obtained; SAM registration completed	Done	Completed
Comprehensive financial management compliance materials developed	On track	Good progress
Proven ability to establish and maintain M&E systems	On track	Good progress
Annual audits completed	On track	Good progress
100% of reports submitted to PSI on time	80%	Feedback given to RTC through management letters and program review meetings
At least 90% of all staff positions filled	Done	Completed
At least 80% of project targets met	Achieved 100% of FY22semiannual target of MCss.	Good progress

At least 85% internal quality audit (IQA) threshold (green traffic light)		Good progress
At least 90% data completeness from data quality audits	On track	Feedback given on areas they need to improve on
100% attendance at quarterly review district meetings	On track	Good progress
<b>RTC Specific Indicators</b>		
100% of MC clients verified (referrals)	On track	Good progress
At least 70% of site utilization, measured by the SC/SU tool demonstrating efficient use of data	Off track	Feedback given to RTC. Expected to develop and implement a turnaround plan to improve site utilization in the final six months of COP20/FY21
100% of staff on site trained/certified appropriately for role	On track	Good progress

Tovwirane Graduation Readiness Indicators		
Indicator	Status	Comment
DUNs obtained; SAM registration completed	Done	Completed
Comprehensive financial management compliance materials developed	On track	Good progress
Proven ability to establish and maintain M&E systems	On track	Good progress
Annual audits completed	On track	Good progress
100% of reports submitted to PSI on time	On track	Good progress
At least 90% of all staff positions filled	Done	Completed
At least 80% of project targets met	On track	Good progress
At least 85% internal quality audit (IQA) threshold (green traffic light)		Good progress
At least 90% data completeness from data quality audits	On track	Feedback given on areas they need to improve on
Data shared each month with district MoH for Health Management Information System (HMIS)	On track	Feedback given to Tovwirane on areas to improve
100% attendance at quarterly review district meetings	On track	Good progress
<b>Comprehensive Condom Programming Indicators</b>		
12 demand generation campaigns led by Tovwirane with 90% reach	On track	Good progress
12 capacity-building activities led by Tovwirane with HEU	On Track	Good Progress

## COMPONENT C: DREAMS Database

### Improved DREAMS Layered Service Tracking & Reporting Across DREAMS IPs

#### *DREAMS database:*

In the period under review PSI Malawi supported IPs with APR reporting to ensure their data sets were complete, comprehensive, correct and in line with the SOPs and guidance provided. The team supported PEPFAR and partners on APR reporting of AGYW PREV and the cascade of DREAMS indicators through EMPOWER. In addition, PSI also developed a PowerBI analytics workbook to allow for review of AGYW PREV results as well as service-level cascades.

The past 6 months saw the addition of EGPAF (Zomba and Blantyre) APA and Lighthouse projects to the DREAMS database. APA inherited the cohort from the One C project and additional configurations were done to suite APAs needs. To support this transition, PSI supported One C on an extensive data validation project to ensure the data set was as complete as possible for the APA project. There were indeed still gaps in the paper registers so PSI continued to support with guidance on best practices to validate the remaining records, construct missing UIC per the SOP, and ensure data is completely entered to the database. Lighthouse was also added to the database to capture their GBV services to DREAMS AGYW as well as to be able to receive, close, and issue referrals. Throughout these assistance PSI supported all the aforementioned IPs through continuous HelpDesk support, virtual & in person trainings, and through direct communication.

For monitoring of data, in the period under review, in addition to the weekly tracker from Q1 (figure 14), PSI developed an extensive PowerBI workbook for partners to see progress in cascades by age bands and districts, as well as track progress towards AGYW\_PREV.

Figure 15: An extract of a DREAMs IPs weekly data entry tracker

DREAMS PARTNER DATA ENTRY			WEEKLY FOLLOW UP TEMPLATE													
WEEK	Partner	Total Differences <small>Source-DHIS2 (Neg = over reported Pos = underreported in DHIS2)</small>	GG Initial Characteristics		ANC		CC Screening		Condom Distribution or Information		GGC Condom Sessions		GGC Preventing Pregnancy towards FP Sessions		GGC Financial Literacy Training	
			Source	DHIS2	Source	DHIS2	Source	DHIS2	Source	DHIS2	Source	DHIS2	Source	DHIS2	Source	DHIS2
28 Dec - 3 Jan	WEI/APA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Jhpiego	(239)	-	-	-	-	-	-	-	19	-	-	-	-	-	-
	FHI360 EMPOWER	(16)	-	-	-	-	-	-	-	4	-	-	-	-	-	-
	FHI360 EPIC	(259)	5	4	-	-	-	-	-	4	-	3	-	5	-	-
	EGPAF	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4 - 10 Jan	WEI/APA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Jhpiego	283	-	-	-	-	-	-	46	21	-	-	-	-	-	-
	FHI360 EMPOWER	(78)	-	-	-	-	-	-	-	20	-	-	-	-	-	-
	FHI360 EPIC	(32)	7	8	-	-	-	-	-	10	-	5	-	5	-	-
	EGPAF	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11 - 17 Jan	WEI/APA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Jhpiego	852	-	-	-	-	-	-	84	-	-	-	-	-	-	-
	FHI360 EMPOWER	2,366	-	-	-	-	-	-	597	-	-	-	-	-	-	-
	FHI360 EPIC	52	10	-	-	-	-	-	14	-	-	-	-	-	-	-
	EGPAF	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Figure 15 and 16 below shows progress to date on AGYW enrollments into DREAMS. Partners can also use the round icon on the right to toggle between district view, partner views, age band views, and lastly link to the source tables in DHIS2 to allow IPs to enter their source data as compared to what PSI are able to extract from the database in order to 1) monitor real time data entry progress and 2) allow for a first line of warning for data cleaning needs. This monitoring necessitated the development of a monthly data cleaning SOP that was published to the HelpDesk in the period under review.

At the end of the first half of COP 21 PSI Malawi supported IPs with Semi Annual Program Reporting (SAPR) to ensure their data sets were complete, comprehensive, correct and in line with the SOPs and guidance provided. The team supported PEPFAR and partners on SAPR reporting of AGYW PREV and the cascade of DREAMS indicators through EMPOWER. In addition, PSI also trained and expanded the use of the PowerBI workbook.

In keeping up with COP20 layering requirements. PSI Malawi also continued to ensure that partners were able to capture the data needed for donor and programming requirements. PSI Malawi continued one on one support meetings with each partner to ensure the

configuration was meeting their needs. Where services needed to be added, PSI worked with partners to collect the data points needed and configured and released additional data forms. This included: a comprehensive DREAMS Toolkit program; Alfatoun/Alfateen, and an update to how condom education & distribution were being captured. This allows partners to capture the work they are doing and feed into the AGYW PREV analysis as well as service cascades.

**Figure 16: Screenshot of a tab in the PowerBI workbook showing progress to date on AGYW enrollments into DREAMS.**

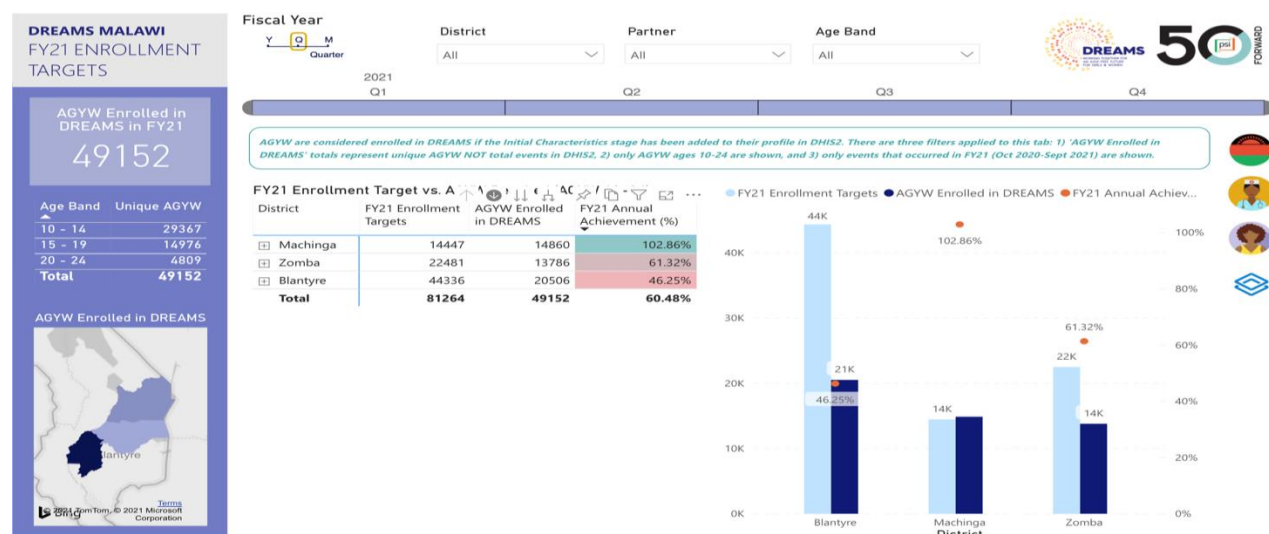
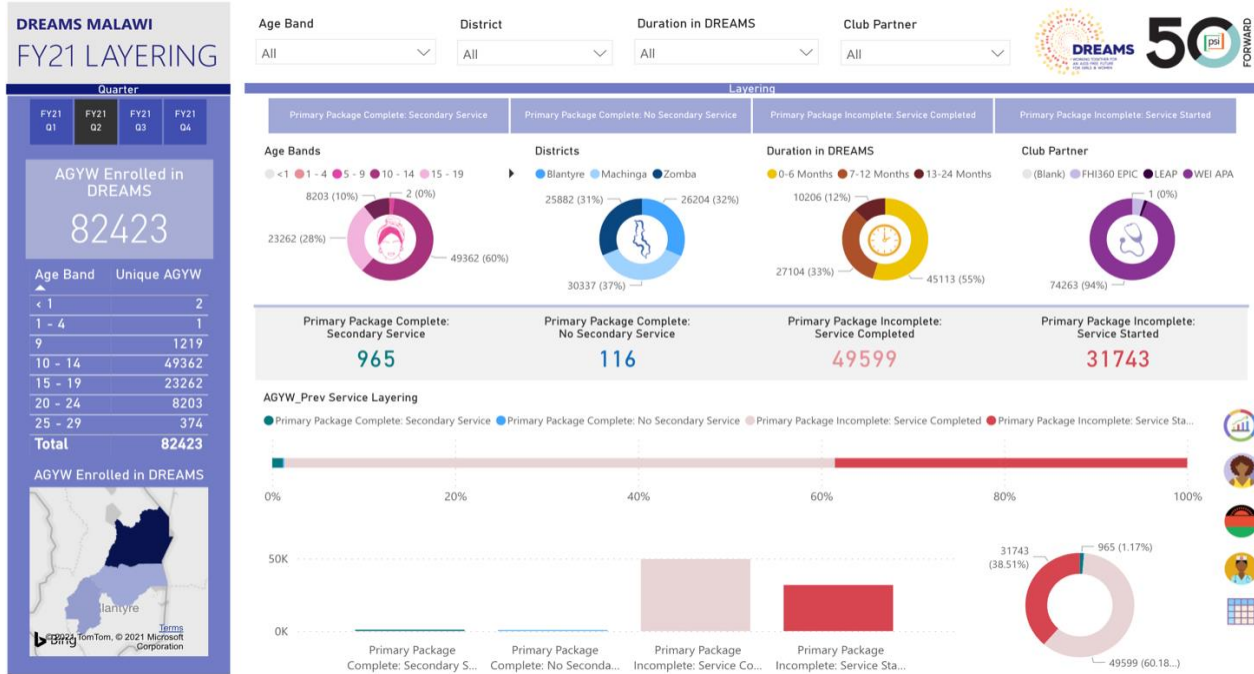


Figure 17: Screenshot showing an interactive tab in the PowerBI workbook that shows progress through the AGYW PREV indicator.



This interactive tab in the PowerBI allows partners and the donor to see where there is need for improvement or troubleshooting. Like the previous visual, this also allows toggling by district view, partner views, age band views, and lastly link to the source data tables in the workbook.



## Planned activities for next quarter

In the final six months of COP 21 PSI will focus on the following activities

### VMMC

- Enhancing service delivery strategies that have continued to be game changers in Q2
- Adapting and implementing tailored demand creation strategies per catchment area to respond to unique needs and ever-changing COVID environment

### CCP

- Intensify sales of both Chishango and Care female condoms.
- Conduct a willingness to pay study for Chishango and Care condoms.
- Monitoring the implementation of the Early Warning Tools at the district levels.
- Coordinating and consolidating monthly reports from implementing partners
- Allocating condom and lubricant orders based on consumption and available stock.
- Continue coordinating district condoms coordination quarterly meetings to discuss emerging issues and ensure that condoms are easily accessible in each of the EMPOWER districts.
- Continue with supervision of condom distribution at both health facility and district level in the all the EMPOWER districts.
- In line with the capacity building initiative for Tovwirane, the EMPOWER CCP project plans to continue the virtual Condomize campaign targeting different target audiences on social media with the aim of educating them on the proper use of male and female condoms. The EMPOWER CCP project acknowledges that most people spend considerable time on social media, and the Virtual Condomize Campaign will present a platform for entertainment and education on the where to access condoms but also the correct and consistent use of male and female condoms.

### DREAMS Database

- Deep dive analytics training with partners and interagency teams.
- Acceleration of national SI support with NAC and work planning.