

Strengthening Reporting for Malawi's National Condom Program

HP+ POLICY *Brief*

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Introduction

The Malawi National Condom Strategy 2015-2020 establishes the importance of leadership and coordination at national and district levels and evidence generation to inform evidence-based policy, implementation, and monitoring for comprehensive condom programming. While several information systems and reporting tools already existed for condom reporting, condom program stakeholders recognized that gaps in information inhibited the program's efforts to boost efficiency and effectiveness and, as a result, hindered efforts to improve availability of and access to condoms.

In 2017, Malawi's National Condom Coordination Committee (NCCC) requested that the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project assess Malawi's public sector condom distribution and reporting. HP+'s *Condom Distribution and Reporting Assessment* identified inconsistencies and gaps in condom reporting at facility and community levels for integration into the District Health Information Software 2 (DHIS2).¹ For example, some departments at the facility level did not capture condom distribution in their consolidated monthly reports, even though many were dispensing condoms. In addition, the process by which community-based organizations and implementing

partners received reports on condom consumption varied widely across districts. Based on findings and recommendations from the HP+ assessment, the NCCC recommended the development of condom-specific reporting tools to ensure that public sector condom distribution data were adequately captured in the DHIS2 system.

Multi-Partner, Multi-Sector Engagement to Advocate for Strengthened Condom Reporting

The development of the new condom reporting tools involved multi-partner, multi-sector participation and engagement from the Ministry of Health and Population (MOHP)'s Department of HIV/AIDS (DHA), USAID, the U.S. President's Emergency Plan for AIDS Relief, the United Nations Population Fund, implementing partners, and regional and district-level stakeholders. The timeline for development of the condom reporting tools covered a period of more than two and a half years with various iterations of testing and refinement and development of new condom indicators with the ultimate goal of institutionalizing the reporting tools and integrating these new condom indicators into the DHIS2 (see Figure 1). The participatory process involved national, regional, and district-level buy-in from MOHP stakeholders, input

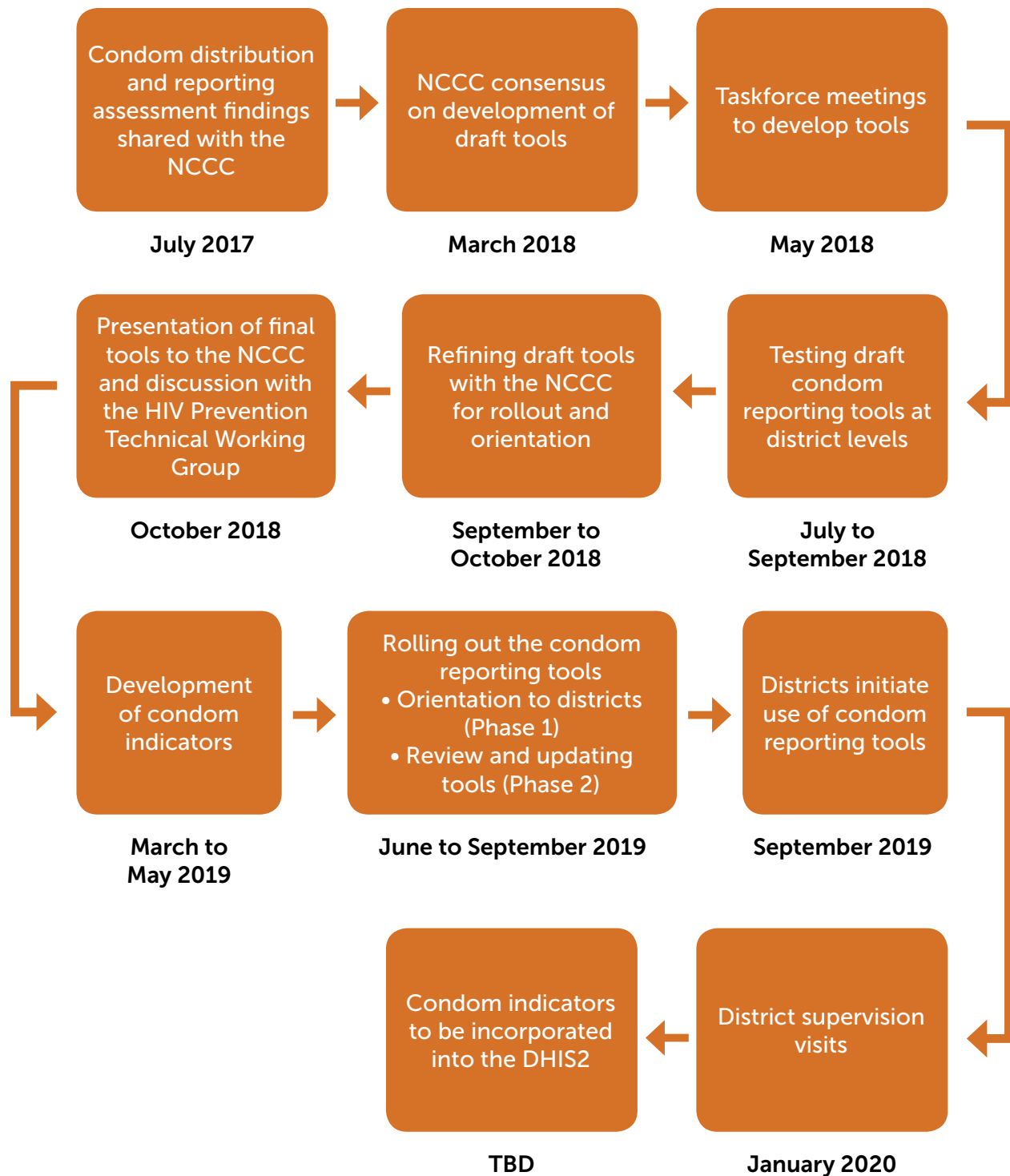
¹ Cisek, C. and F. Khomani. 2018. *Condom Distribution and Reporting Assessment: Strengthening Linkages at National, District, Facility, and Community Levels in Malawi*. Washington, DC: Palladium, Health Policy Plus.



from USAID and other donors and their implementing partners, and engagement of community-level partners involved in day-to-day distribution of condoms and HIV prevention programs, as well as testing of the tools in 38 facilities across four different

regions. This multi-partner, multi-sector engagement was critical to developing consensus and buy-in to ensure acceptance and continued use of the reporting tools, which were required to systemize condom reporting and allow the MOHP to better

Figure 1. Timeline for the Development of Condom Reporting Tools



track where and how male and female condoms are being distributed. By March 2018, there was NCCC consensus about the need for the development of additional condom tools.

Design of the New Condom Reporting Tools

With HP+ support, the NCCC conducted meetings at the national and district levels to take up the modification and development of two additional condom reporting tools. In May 2018, the NCCC proposed a specialized task force to enhance condom reporting at two levels: 1) departments and programs at the health facility level, and 2) implementing partners at the community level. The task force comprised a select team from the NCCC, zonal representatives, pharmacy technicians, and health management information systems officers from the districts of Blantyre, Machinga, Mangochi, and Zomba. This task force agreed on what type of condom data should be captured at the facility and community level and recommended the development of two tools: 1) a facility reporting tool to capture condom distribution across departments, and 2) a partner condom reporting form to be completed by all nongovernmental organizations, civil society organizations, etc., that receive free condoms from the facility.

HP+ and the DHA created a draft based on guidance from the taskforce. In addition, HP+ developed a Quarterly Monitoring and Supervision Tool for Comprehensive Condom Programming to be used at the district level to assess condom programming activities at health facilities, clinics, and community-based organizations. The newly designed condom reporting forms capture a facility's standard in- and out-stock, closing balance for male and female

condoms, and condom distribution by program or department. In addition, data are disaggregated by sex as they appear in the health management information system/DHIS2. The draft facility reporting tool also summarizes the number of male and female condoms distributed through each program or department, including family planning, HIV testing, youth-friendly health services, antiretroviral therapy, voluntary medical male circumcision, and sexually transmitted infection. The tool distinguishes between clinic-based and outreach services.

Testing Draft Condom Reporting Tools at the District Level

HP+ supported the DHA's testing of the condom reporting tools in 12 health facilities—three facilities each in the districts of Blantyre, Machinga, Mangochi, and Zomba. In addition, several community partners participated in testing the community reporting form (see Table 1). The test was conducted in two phases from July to September 2018. In the first phase, in July 2018, HP+ and the DHA used the District Condom Coordination Committee quarterly meetings supported by PSI/Malawi to educate district stakeholders on the draft condom reporting tools. The orientation was conducted at the district level, targeting the participants listed in Table 1. As a result, districts provided initial feedback on the tools, such as the need to include reporting categories for walk-ins and other distribution models, e.g., condom dispensers. These observations were incorporated into the second test phase in which districts used the forms for collecting condom data from July to September 2018. HP+ facilitated review of the reporting tools, per the district's and community partner's experiences, refined the tools, and then presented them to the NCCC for final approval in October 2018.

Table 1. Facilities and Implementing Partners Participating in Indicator Testing

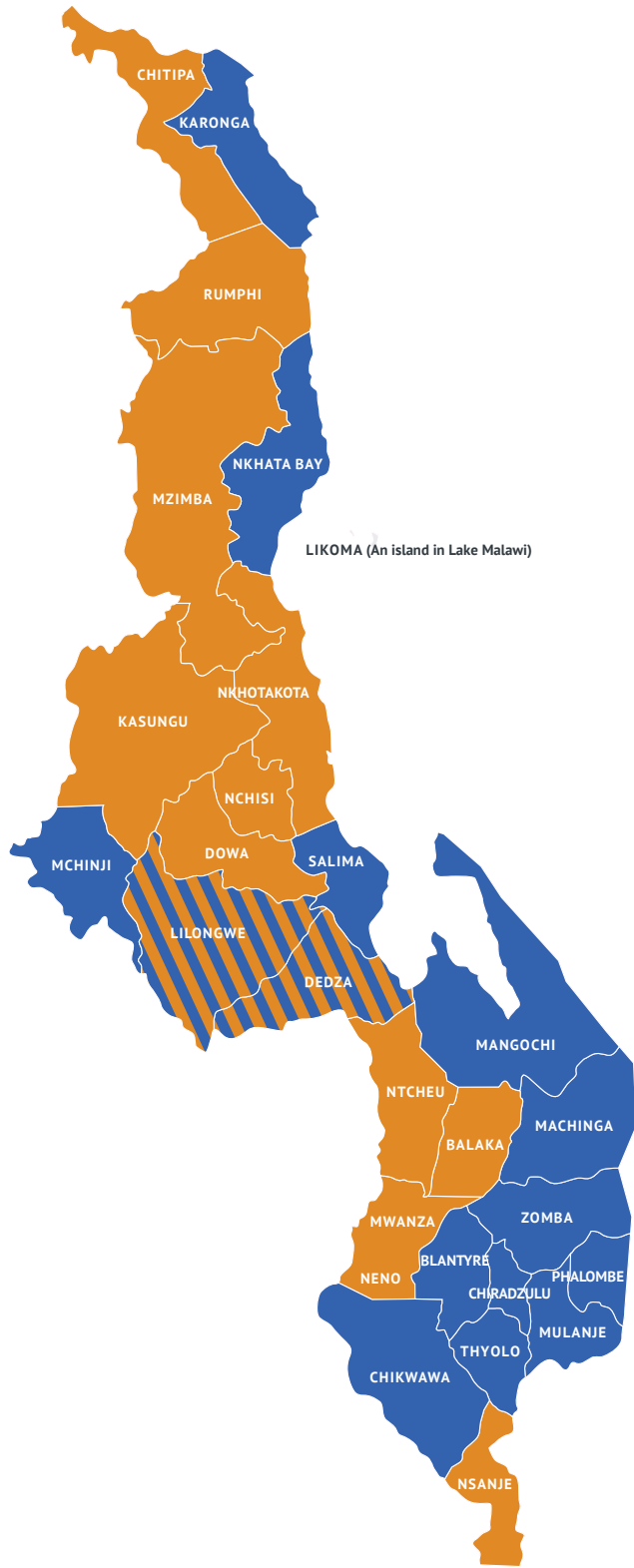
District	Health Facilities	Community Implementing Partners
Blantyre	Chileka Health Centre, Lirangwe Health Centre, and Mpemba Health Centre	Umunthu Foundation, Blantyre City Assembly, Centre for the Development of People, Pakachere Institute of Health and Development Communication, JHPIEGO, Malawi AIDS Counselling and Resource Center, One Community
Machinga	Machinga District Hospital, Mlomba Health Centre, and Ntaja Health Centre	One Community, Youth Net and Counselling, Family Planning Association of Malawi
Mangochi	Mangochi District Hospital, Monkey Bay Community Hospital, and Koche Health Centre	One Community, Pakachere Institute of Health and Development Communication, Centre for the Development of People, Family Planning Association of Malawi, Baylor University, Centre for Youth Empowerment and Civic Education, Mangochi Town Council
Zomba	Matawale Health Centre, Domasi Health Centre, and St. Luke's Hospital	Youth Net and Counselling, Action Hope Malawi, Banja La Mtsogolo, Bwalo Initiative, Project HOPE, Future Vision Ministries, Youth for Development and Productivity, Zomba Action Project

Rolling Out the Condom Reporting Tools

HP+ then supported an initial rollout of the tools across various districts in Malawi, while the United Nations Population Fund (UNFPA), through the Family Planning Association of Malawi, funded rollout in the remaining 14 districts from June to September 2019 (see Figure 2). At the same time, the DHA and HP+ continued to sensitize districts on the following: the National Condom Strategy (districts often expressed either little or no knowledge of the strategy), guidelines for identifying district condom focal persons and establishing District Condom Coordination Committees,

and support for district action plans on condom programming (see HP+'s brief on *Setting Up District-Focused Comprehensive Condom Programming*). Orientation sessions were attended by DHA staff, district health management information systems officers, facility focal persons, pharmacy technicians, and relevant coordinators (working in the areas of antiretroviral therapy, HIV testing and screening, family planning, sexually transmitted infections, and voluntary medical male circumcision). These sessions were designed to ensure there was technical guidance and support in planning, implementation, scale-up, and monitoring and evaluation of comprehensive condom programming activities at community and district levels.

Figure 2. Rollout of Condom Reporting Tools



- Phase 1: June–July 2019 (supported by HP+)
- Phase 2: September 2019 (supported by UNFPA)
- Phase 1 and Phase 2: June–September 2019 (supported by HP+ and UNFPA, respectively)

Incorporating Condom Indicators into the DHIS2

The final step in the institutionalization process was to develop proposed condom indicators that would aggregate the condom distribution data captured at the facility and community levels for submission to the DHIS2. HP+ supported the DHA in developing proposed condom reporting indicators as outlined in Table 2; these indicators were also vetted and approved by the HIV Prevention Technical Working Group and shared with the MOHP's Central Monitoring and Evaluation Division.

Following the districts' orientation and the rollout of the condom reporting tools from June to September 2019, HP+ facilitated supervision visits in four districts (Blantyre, Mangochi, Phalombe, and Zomba) in January 2020. These visits were carried out

in collaboration with the DHA's monitoring and evaluation officer, two officers from the Central Monitoring and Evaluation Division, district health management information systems officers, and condom focal persons. The supervision visits were designed to check the accuracy of data (using comparisons to facility-level registers), to review the source documents (ensuring that data are disaggregated by condom type, i.e., male or female) and distribution model (static or outreach), and to confirm data timeliness and completeness. Most of the challenges identified during the supervision visits were not related to the condom reporting tools or difficulty in collecting, entering, and cleaning the data. Instead, the challenges stemmed from resource constraints and lack of district-level buy-in. For example, some districts did not have an adequate number of condom reporting forms or registers (e.g., for documenting walk-ins). As a last step,

Table 2. Proposed Indicators for Incorporation into the DHIS2

Indicator Name	Definition
Facility condom distribution by distribution channel and condom type	Number of male and female condoms distributed by the facility at static and outreach clinics.
Facility condom distribution by program and condom type	Number of male and female condoms distributed by the facility through different programs or service delivery points for family planning, HIV testing and screening, voluntary medical male circumcision, sexually transmitted infection treatment, and antiretroviral therapy.
Facility condom consumption by program	Number of people who received condoms at the facility disaggregated by service and program.
Community condom distribution by program and condom type	Number of male and female condoms distributed by implementing partners in different programs such as family planning, HIV testing and screening, voluntary medical male circumcision, sexually transmitted infection treatment, and antiretroviral therapy.
Community condom consumption by program	Number of people who received condoms from implementing partners disaggregated by service and program.

the DHA will submit the supervision report to the Central Monitoring and Evaluation Division with the recommendation to incorporate the indicators into the DHIS2.

Lessons Learned

Based on HP+’s support of the NCCC in strengthening overall condom reporting, the project identified the following lessons learned regarding multi-sector engagement and coordination related to condom reporting.

Lack of standardization of condom reporting in national and district monitoring and evaluation systems led to government and implementing partners collecting different sets of data at all levels.

This activity demonstrated the complexity of collecting condom data across many different programs and sectors. Lack of standardization of national and district reporting requirements creates additional challenges, causing a major gap in the information required to support efficient and effective condom programming. As a result, the National Condom Program had little information on where or how condoms were being distributed through public sector channels. The new condom reporting tools and integration into the DHIS2 will make it easier for health management information systems officers and condom focal persons to determine which facilities are not adequately reporting condom distribution.

Multi-sectoral, multi-partner collaboration was key to achieving national-level orientation and planning sessions for all districts.

Throughout this process, there was important collaboration and multi-sector

engagement by various donor agencies, national and district MOHP representatives, implementing partners, and local organizations. The MOHP’s stewardship was instrumental in organizing this engagement. Although development and rollout of the condom reporting tools and DHIS2 indicators took more than two years, the buy-in achieved at the various levels will help strengthen Malawi’s condom program in the long term as well as ensure that the tools continue to be well utilized.

Having an identified district condom focal person improves the overall quality of condom reporting.

While each district has its own unique challenges and opportunities to address in improving condom programming—as do lower-level facilities in more difficult to reach areas—districts with a condom focal person produced more accurate and timely reporting. The condom focal person is also critical in ensuring that condom reporting tools are being used correctly.

District-level engagement during testing and orientation increased the perceived value and importance of collecting accurate condom data.

The testing and orientation activities were conducted with the participation of facility-level health workers, community-based organizations, and implementing partners. Local stakeholders demonstrated an increased appreciation during this process for the importance of condom data and for the need for timely, accurate data. The perceived benefits were improvement of district planning and implementation efforts—without significant resource demands—and a strengthened national program.

Conclusion

The efforts to standardize condom reporting across districts, facilities, and partners represent an important milestone for Malawi's National Condom Program. These new reporting tools are being integrated into the DHA's existing departments so that resource requirements are minimal for sustained use. These tools will help the DHA better understand trends in

facility- and community-based distribution of public sector condoms where data were previously incomplete or non-existent. In the future, it will be important to regularly analyze historical and geographic trends across districts, facilities, and distribution points. The DHA's continued oversight and leadership in helping districts address the ongoing challenges related to condom reporting will be critical to the condom program's long-term success.

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