



Summary:

- *Malawi Reproductive Health Toolkits published August 24th*
- *K4Health installs first internet connection in Nkhosato District Hospital*
- *District Learning Center (DLC) Coordinators receive further Frontline SMS (FLSMS) training and develop contingency plans August 30-31*
- *Submission of Project Proposal to ZAIN on establishment of a closed user group for FLSMS users*
- *Nkhosato District Health Office (DHO) provides two extra computers and a printer to the learning center*
- *Printed materials now available at both DLCs*
- *Nkhosato DLC reporting an average of 15 visitors per day and computer training of 6 people*
- *Salima DLC reporting an average of 17 visitors per day and computer training of 5 people*
- *K4Health presents at USAID Health Partners Network (HPN) meeting August 6th*

National Level Activities

Presentation at the USAID Health Partners Network Meeting

On August 6th, 2010, MSH attended the USAID Health Partners Network meeting at Lilongwe Medical Relief Fund on behalf of K4Health and the Community Based Family Planning and HIV and AIDS Services project(CFPHS). Thokozani Bema gave a presentation on the “Use of Mobile Technology to Improve Family Planning/ Reproductive Health and Child Health Service Delivery”. Partners present included: USAID, Partners in Health, Population Services International, JSI Deliver, PACT Malawi, Save the Children US, BRIDGE Project, Lilongwe Medical Relief Trust, Elizabeth Glazer Foundation, and Baylor College of Medicine. The K4Health presentation focused on: the goals and objectives of the SMS project, how the SMS system works, what the system is able to achieve, and our work with partners.

The presentation attracted a lot of comments and questions by the participants some of which included:

- Concern Worldwide is planning an intervention on mobile technology and might be a possible collaborator in Frontline SMS. They are exploring an approach whereby a fulltime nurse would be assigned to man an SMS hub and give immediate response
- Improve the way feedback is given to Community Health Workers (CHWs), for example, explore a possibility of CHWs communicating directly to Program Coordinators, and not only through the hub, to expedite some processes that require urgent attention like health emergencies
- What happens in areas with poor mobile phone network connectivity?
- Explore utilization of the system beyond the current FP/RH and child health
- What mechanisms are in place for topping up airtime and to ensure constant availability of airtime by Community Health Workers?

"This is excellent work!
Regards"

--Henry Chimbali, Health
Promotion and
Communications Officer
- HIV Prevention and
Behavior Change –
MOH, on the publication
of the Toolkits

Reproductive Health Toolkits

In August, MSH held a meeting with the Family Planning, Maternal and Neonatal health subgroups of the Sexual and Reproductive Health (SRH) Technical Working Group to review the uploaded material for the three RH tool kits; Family Planning, Maternal and Neonatal Health and Young People in Reproductive Health. The meeting which included UNFPA, RHU, PSI, Intra- Health, C-Change, Futures Group, Ministry of Health Research Unit, among others, reviewed the uploaded material on the portal and approved publishing of the first version of the toolkits on behalf of the SRH TWG. The toolkits were formally published on the K4Health website August 24th. The group also recommended that various stakeholders access the toolkits and make comments to the toolkit taskforce which should be forwarded to the K4Health project for further improvements.

The publication of the toolkits has been publicized through e-mails to all SRH TWG membership, all MSH offices in the Districts and notification in the Salima and Nkhosakota District Learning Centers. Information about the www.K4Health.org/Malawi website is now included in all communications from the MSH K4Health team. Nkhosakota DLC Start-Up Coordinator (DLCSC) also conducted an awareness session with Community Health Workers on the toolkits at the daily morning reports where 37 Health workers (22 female and 15 male) were present. Salima plans to conduct awareness sessions in September.

A number of comments have been received as a result of this publicity, including:

- Need to include more information from other partners apart from the Government institutions
- UNFPA and PSI have expressed that they still have lots of Malawi specific material that could be added on to the toolkits
- Districts (where we have Learning Centers) have asked to have many pictures and stories of the various interventions from their health programs
- Five organizations (Intra-Health, C-Change, PSI, Health Education Unit, and MSH) have written e-mails indicating that this is a wonderful work

September and October will focus on more marketing and publicity of the toolkits to a larger audience.

" *This is great work.
When will the next
uploading be done?*"

(PSI)

HIV and AIDS Toolkits

MSH held a meeting with National Aids Commission (NAC) on Aug 13th on the HIV and AIDS toolkit. It was agreed that NAC, in consultation with BCC subgroup members, will rearrange the HIV and AIDS categories for the toolkits and will provide additional resources. Once this is complete, a core group will review and approve the toolkit to be ready for publication.

Meeting with Partners

MSH met with UNICEF on August 11th regarding m-health projects including Frontline SMS. The main purpose of the meeting was to establish ways of collaborating between UNICEF and MSH in areas of overlapping geographical coverage, software platform and communication with Ministry of Health who could start to take a coordinating role for these interventions.

District Level Activities

District Learning Centers

In August, due to increased mobilization by the DLCSC and the installation of Internet in the **Nkhotakota District Learning Center**, we have seen a sharp increase in DLC patronage and usage of various materials. Nkhotakota DLC experienced a 400% increase in patronage from three to 15 health workers per day.



Miss Enifa Chilumpha, a second year student at Kamuzu College of Nursing using Salima DLC for research.

Salima District Learning Center experienced an increase of 30% daily patronage i.e. 13 to 17 Health workers per day. Overall, Nkhotakota DLC had 205 total visits during the month (52 females and 153 males) and Salima had a total of 358 total visits (182 males and 176 females). Other activities included basic computer trainings for nurses, clinical officers and Health Surveillance Assistants. Nkhotakota trained three nurses and three Health Surveillance Assistants in basic computer skills. Five nurses were trained in basic computer skills in Salima.

Salima DLC Success Story

K4Health toolkits have now started being accessed by users in the learning center following the announcement of the launch circulated on August 24th that the Reproductive Health Toolkit uploading is finished and ready for comments. The information in the toolkits is playing a crucial role for students like Alliet Kupatsa Botha, who is studying for a Masters Degree in Reproductive Health/Midwifery with concentration in Maternal and Neonatal Health at Kamuzu College of Nursing. Here is how she felt the center impacts her studies slowly but permanently:

“I find the learning centre very supportive and beneficial in my research, before the K4Health project, information on reproductive health in Malawi was scattered and difficult to access, but today it’s just clicking a button on the computer and all literature is found instantly”. -Alliet Kupatsa Botha



The DLCs are used in a number of ways by Health Service Providers (HSPs). Following is a table that includes data on activities in the District Learning Center for August. The data is collected by several methods. The number of people trained is gathered by sign in sheets at trainings administered by DLCSC, the number of HSPs searching for web based information, email and accessing information, is gathered through a register book, signed as HSPs enter the DLCs.

District Level Activities continued....

DLC activities for August

District	Basic comp training		No of HSPs searching web based information		No of HSPs responding to and sending messages through the Hub		Accessing printed materials		No of HSPs sending and receiving reports		Email & internets		Totals	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Nkhotakota	4	2	20	64	2	3	0	1	0	7	26	76	52	153
Salima	3	2	32	44	83	10	5	2	6	10	53	116	176	182

Sourcing Printed materials

Throughout August, meetings were held with a number of partners to request a regular supply of printed material to the DLCs. The contacted organizations included: Southern Africa AIDS Trust (SAT), BRIDGE Project, Pact Malawi, Malawi Interfaith AIDS Association, National AIDS commission, Banja la Mtsogolo and the Ministry Health - Health Education Unit. So far BRIDGE Project has provided over 500 IEC materials on HIV and AIDS Behavioral Change and SAT has provided over 60 books and booklets which have been distributed to the DLCs. Materials from JHU were delivered to the respective DLCs on August 17th and they are available for users of the DLCs.

FLSMS activities

There has been a notable increase in SMS messages in August between Health Facilities (District Hospital) and Community Health Workers. A new approach was tested in Salima where, Family Planning technical tips and questions were sent from the District Hospital to 83 Community Based Distribution Agents and HSAs. Messages coming in from the CBDAs and HSAs focused on stock outs, technical questions on complications/adverse effects of drugs and measles outbreak. There were also multiple communications sent from the district level to the Community Health Workers on various district based trainings and notifications on availability of stocks and protocols, i.e. Trainings on provision of injectable contraceptives, HIV testing and counseling.

- In Nkhotakota two group distribution messages were sent from DHO during the month: The first one was sent to 79 CBDAs and HSAs announcing the availability of both male and female condom while the other was sent to HTC counselors announcing the conducting of proficiency test for the second quarter of the year.
- In Salima, one message on family planning technical information was sent to 83 CBDAs

FLSMS summary

FP/RH Messages	Nkhotakota		Salima		HIV/AIDS Messages		Others Messages	
	Nkhotakota	Salima	Nkhotakota	Salima	Nkhotakota	Salima	Nkhotakota	Salima
Stock outs DEPO, forms	8	70	17		Measles related		7	
Technical Info	3	88	2					
Report	1			14				
Total FP/RH	170		33					
Messages sent out by group distribution from Hub to field	80+		83					

FLSMS Activities continued....

Contingency Planning for FLSMS

This is the third month of operating the FLSMS system and there have been a number of successes recorded in usage. However some challenges have also occurred that affected the usage of the SMS system. Earlier in the month, there was a technical problem with the Salima hub and it needed to be replaced. When it was replaced, it was done incorrectly. The MSH Information Technology (IT) person in Malawi was out of the office due to an emergency and could not provide support. For a couple of weeks, individual users sending text messages to the hub were unable to get a response. The hub has now been properly replaced and all of the users were notified through text message that the system was back up and running.

To address and prepare for future problems, a consultant from FLSMS was hired to assist with development of a contingency plan and guide for troubleshooting tips for the commonly experienced problems. The process involved discussions with the Network Coordinator and more advanced training for DLCSCs in SMS hub operations. Several solutions were discussed:

- Capture messages not going through the hub by creating and using key words in all SMS messages to be able to track and route them appropriately
- Forwarding messages from CBDAs and HSAs through the Hub to a coordinator/supervisor
- Set up automated responses
- Building in alert messages for various purposes and appointments
- Management of Airtime Top-ups: currently we are using the accounts staff who send a list of numbers to ZAIN for automatic top up

A full report and manual will be produced by the consultant by mid September.

Submission of a Proposal to ZAIN Malawi to improve SMS

In August, MSH submitted a proposal to ZAIN Malawi. The proposal is a joint application by the three projects in MSH Malawi that are implementing FLSMS projects (BASICS, K4Health and CFPHS). Two major propositions in the proposals include:

1. Establishment of closed user groups especially for Salima and Nkhotakota for a social network for information sharing and knowledge exchange
2. Making the hub numbers toll free so that users can send messages for free anytime

Post submission of the proposal we are working to secure an appointment for further face to face discussions with ZAIN Malawi on SMS improvements.

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Success Story

Salima: Frontline SMS has Shortened the Distance which Community-Based Health Providers Travelled in Salima.

Mr. Almon Chimphepo, a family planning and HTC provider based at Ndola Village, works 16 km away from his supervisor Mr. Kennedy Moyo, a health surveillance assistance based at Chagunda Health Center. To check if suppliers were in stock and sometimes to get technical information about medical allergic reaction or any physiological side effect among his clients, Mr. Chimphepo use to cycle a push bike for about 32 km. Similarly, Mr. Moyo had to ride a motorcycle for 92 km to the district hospital to check if suppliers were in stock when they ran out at the health facilities.

Very often, the technocrats at the health facility could not be found because they were not notified in advance about this important visit, resulting in a waste of energy and time.

In Malawi, a simple technology such as SMS communications resolved this issue. Mr. Chimphepo reported, "Front line SMS initiative has completely added value to my job and has simplified my work greatly, implying that today one SMS to my supervisor Mr. Moyo is equal to either 92km to the district hospital by my supervisor or 32km of push bike riding to the health centre to check suppliers or get technical information from my supervisor. The K4Health project has bridged the gap of no technical information to be given to a client in times of need which has existed for many years in my catchment area. It is good news that today whenever I need technical information from either a health centre or district hospital I simply send an SMS and the answer is instant, a sense of urgency is attached all the time."

Upcoming Activities for September

- Continue discussions with ZAIN for network enhancements
- Finalize HIV Toolkits
- Market RH Toolkits
- Renovate Salima DLC
- Conduct LDP Workshop
- Discuss with Concern Worldwide on collaboration

