K4Health Malawi

December 2010

Summary:

- *Leadership Development Program (LDP) Final Results Presentation Workshop conducted*
- *Nkhotakota and Salima Districts hosted visitors from MSH, USAID Washington, local Mission, and CDC-Zambia*
- *Salima DLC reporting computer training of 16 people this month*
- *Nkhotakota DLC reporting computer training of 2 people this month*

National Level Activities

Final LDP Results Presentation Workshop

The Knowledge for Health project in Malawi offered an adapted Leadership Development Program (LDP) in February 2010 to bring together and mobilize critical stakeholders around a common vision. The common vision is to see

"happier, healthier, and more productive individuals, families, and communities as a result of better access to and use of FP/RH and HIV/AIDS information."

This vision was identified by critical stakeholders from the national and district levels who came together to learn the results of a knowledge management assessment in December 2009. This vision now serves as the core of the K4Health project and as the core to the prioritized activities carried out through the LDP action plans.

The final LDP Workshop was held on December 6th and 7th and focused on preparing and presenting the results and achievements of the taskforces over the past six months. Preparations for the Final Results workshop provided participants transferable skills such as using charts and graphs effectively, public speaking techniques and knowledge of how to use reporting statistics. The Final Results workshop allowed the national and district taskforces to share their accomplishments with key stakeholders and to discuss ways of taking the project forward. During this workshop, the national and the two district task

LDP Workshop Participants

force teams presented their challenge models and the progress made to-date.

District Level key achievements reported through LDP:

- Installation of the first internet connection at Nkhotakota District Hospital
- Establishment of District Learning Centers with 11 computers and 1 printer
- Improved communication between Health Service Providers and District Hospital staff through 200 cell phones given to HSAs and CBDAs
- Increased access to web based information for District Hospital staff
- Basic computer skills training for 91 people
- DHO ownership of project - commitment to pay internet fees and to manage the DLCs and FLSMS after K4Health leaves.
- Renovation and expansion of Salima DLC to include library for printed materials

National level key achievements reported through LDP:

- Three Family Planning Toolkits created, populated and published on K4Health for Malawi website
- One HIV/AIDS toolkit created and populated with HIV materials

A recommendation to replicate the project in other districts was among the key messages of the day. Special guests and stakeholders included representatives of USAID-Malawi, USAID – Washington, MSH – Washington, and the Ministry of Health - Reproductive Health Unit.

Behavior Change Communications

On December 31st, key representatives of several organizations (i.e. C-Change, Health Education Unit, Intra health, PSI, JHPIEGO, Banja La Mtsogolo, Reproductive Health Unit, and USAID) met to finalize Behavioral Change Communication materials for dissemination to a few key districts. Feedback from a multi-district pre-test, and materials from the K4Health FP toolkit, were incorporated into the modified BCC materials. The K4Health electronic toolkit was instrumental in providing hard to find electronic versions of Malawi specific communications materials. The revised and republished BCC materials will be housed on the Malawi specific K4Health toolkits and available in print in the DLCs as appropriate; making BCC best practice information accessible.

Stakeholders in attendance at the Final Results Presentation of the LDP:

Nsanje DHO
Mangochi DHO
CHAI
BRIDGE Project
C-CHANGE
National Aids Commission
PACT Malawi
USAID/Malawi
USAID/DC
Balaka DHO
Malawi MOH
MSH

District Level Activities

USAID Washington and CDC Zambia Visit District Project Sites

Madeleine Short from USAID Washington and Elizabeth Marum from CDC Zambia visited Nkhotakota District and Salima District, on December 2nd and 3rd respectively. The visits consisted of three parts: District Health Management Team Overview, DLC visit, and Health Center interviews. The purpose of the site visits was to allow representatives of USAID and the CDC to see, firsthand, the achievements of the project to date. The trip was very positive and provided an opportunity for project stakeholders at every level to share and interact.

In Nkhotakota District the visitors were shown the new advances made at the Learning Center and through the SMS program. Recently, the team at the District Hospital had successfully used SMS to respond to a suspected meningitis outbreak, while the team at Mwansambo Health Center has begun using SMS to track cases of measles.

In Salima District, the management team was happy to share that since the beginning of the project, contraceptive prevalence rate in the district has risen from 28% to 34% which they thought was partially due to the K4Health intervention. She attributed this to the fact that reports and requests for contraceptive stocks have been submitted on time via SMS which results in the ability to replenish stocks in a timely fashion.

At the Salima Chagunda Health Center, visitors met with a large group of CBDAs and medical officers. The senior HSA, provided an overview of the project and showed a map of the entire district which pinpointed every cell phone in that catchment area, and described how the project SMS was also used for advocacy in Chagunda. Previously, HSAs would have to travel monthly to the District Hospital to pick up ARVs. However, the surge of SMSs sent to district hospitals requesting that the mobile ARV unit come to Chagunda Health center as an ARV distribution site, assisted them in receiving supplies directly. Likewise, CBDAs are now using SMS to communicate between each other and reach all clients to notify them to come to the health center to collect ARVs. This has increased patient visits to this Health center for ARVs.

Mr. Moyo, Senior HSA, Salima

District Learning Center Activities

During the month of December, the two districts (Nkhotakota and Salima) continued to promote and implement district level interventions. A Basic Computer Training Manual is under development to ensure the same training is given at both districts. The DLCs experienced a drop in the number of users due to the Christmas break. Salima DLC did host a three day training for FP and HIV Counseling and testing (HCT) Coordinators on basic computer skills. Please see the table below for details.

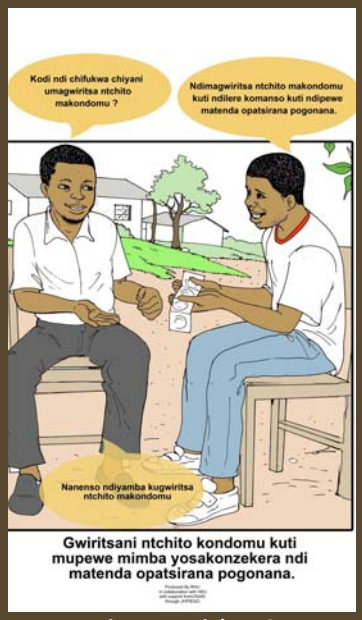
Date	Title	Purpose	Attendees
Dec 13-15	Salima DLC Coordinator Computer Training Course	Increase FP/HCT Coordinator skills for using internet, email, and Microsoft Office.	16

District Learning Center Visits

Despite the drop in activity due to holidays, the DLCs still saw 188 users during the month of December. The number of visits to the District Learning Center by purpose for Salima and Nkhotakota is illustrated below:

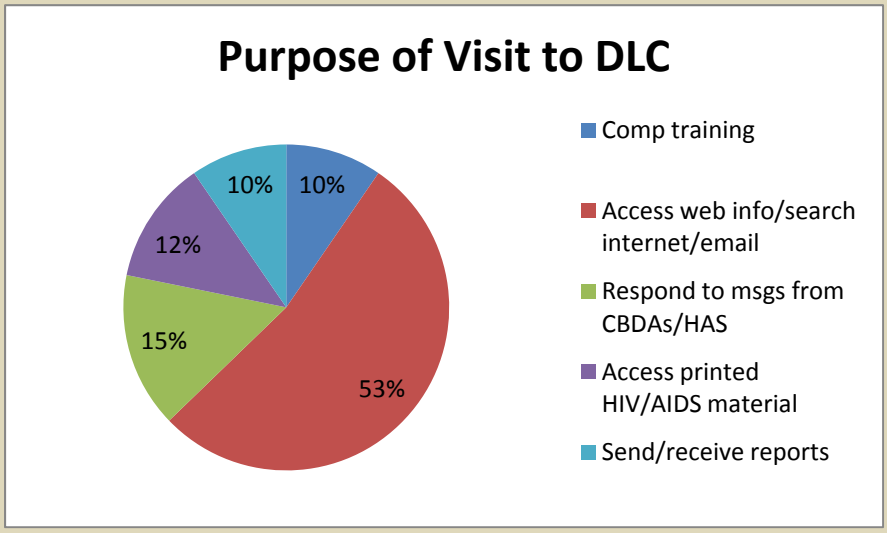
District	Attending Basic Comp Training		Accessing web based info/email		Responding to messages from CBDAs and HSAs		Accessing printed materials on HIV/AIDS		Sending and receiving reports	
	F	M	F	M	F	M	F	M	F	M
Salima	10	6	76	23	14	9	15	6	10	6
Nkhotakota*	2	0	0	1	2	4	1	1	2	0
Total	12	6	76	24	16	13	16	7	12	6

*NB: Temporary suspension of internet resulted in abnormally low traffic.



Print Material, DLC

The following chart indicates the number of visitors to the DLC by typical usage during December.



Front Line SMS Activities

Nkhotakota DLC has completed their electronic tracking system to monitor the flow of messages between the Hub and CBDAs and HSAs. The system now allows CBDAs and HSAs to use their cell phones to send group messages to each other. Now, they can type a simple keyword such as "MO" (Code for Mwansambo), within the text, and the message is delivered to all HSAs with cell phones in the Mwansambo Catchment Area. Examples of other keywords currently in use:

HBC – Issues on Home Based care (To be directed to the Home Based care Coordinator)

EPI – All issues to do with Expanded program on Immunization to be directed to the maternal and Child Health Coordinator

HIV – All issues to do with HIV to be directed to the HIV and AIDS coordinator

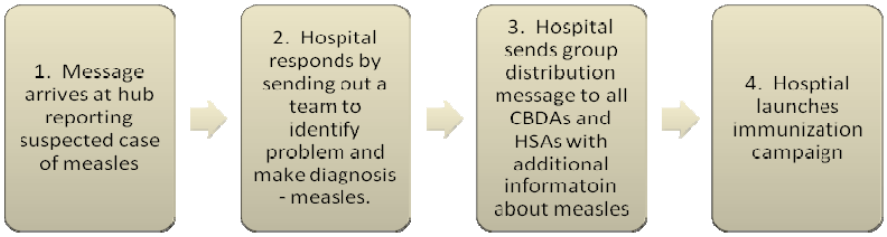
CBDAs and HSAs in Nkhotakota

In Nkhotakota the majority of the 31 messages received were regarding resupply needs for both RH/FP and HIV/AIDS supplies especially Depo-Provera and condoms. With the beginning of the rainy season (and an increased risk of cholera outbreaks) 7 messages were requests for preparedness supplies.

In Salima, 32 messages were received at the hub, 27 of the messages were technical questions, many of which were concerned with the safety of sprayed insecticides used in homes for malaria prevention programs. 5 messages reported stock out of family planning methods (Depo-Provera and condoms).

Tracking Disease Outbreaks: As the rainy season approaches and communities begin to worry about the possibility of cholera outbreaks, SMS technology is allowing immediate, district level tracking of suspicious cases. In mid-December, one CBDA was able to message the Salima district hospital with concern about a potential cholera case. The HSA for that catchment area was sent to diagnose the patient that same day; and was able to reassure the community that it was **not** cholera.

SMS also facilitated the early identification and response to a measles outbreak in Salima District. A message was received at the Hub reporting questionable symptoms, and almost immediately a team from the district hospital was in the field. They were able to diagnose the case, and utilize group messaging to provide all health workers with additional information on the disease as well as promote an immunization campaign in that area. Following is a specific example of a typical process, along with actions taken, with SMS to and from the District Hospital.



Special Congratulations!
Veronica Chisemphere, District Matron, Nkhotakota

As a very outspoken leader in the K4H Nkhotakota LDP Taskforce, Ms. Chisemphere has been instrumental in achievements in Nkhotakota to date. She is in every meeting, advocating on every level. However, as of early December she had still not touched a computer! While visiting Malawi, USAID and MSH encouraged her strongly to take that step to get computer training and start accessing the DLC. On December 13th, Ms. Chisemphere joined a DLC training and learned how to use a computer. K4Health applauds her and looks forward to her continued active engagement with the taskforce!

Ms. Veronica Chisemphere

Upcoming Activities for January

- Training of additional CBDAs and HSAs in Frontline SMS
- Distribution of 435 additional phones; completely meeting need by HSAs in Salima and bringing coverage by CBDAs in Nhkotakota up to 84%.
- Continuation and scale up of e-learning process through mobile phones
- Development of the monitoring and evaluation manual/guide for the project.
- Discussing the reporting format and timelines with DLC coordinators
- Setting up electronic database and data management system for DLC visitors and FLSMS data
- Finalizing and launching of the HIV/AIDS toolkit

See the K4Health Malawi Toolkits at
http://www.k4health.org/malawi#toolkits

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