K4Health Malawi

January 2011

Summary:

- *300 additional cell phones and solar chargers distributed to CHWs in Salima and Nkhotakota*
- *Salima reports on average 10 visitors to the District Learning Center per day and 248 SMS messages sent and received at the hub*
- *Nkhotakota reports an average 6 visitors to the District Learning Center per day and 599 SMS messages sent and received at the hub*

National Level Activities

Meeting Malawi Mission

On January 27th the K4Health Team Leader and Monitoring and Evaluation Advisor met with Beth Deutsch, the project focal person at the USAID local mission, to review progress to date and discuss the activities planned for the final 5 months of the project. Ms. Deutsch was very supportive and invited K4Health to give a presentation on the project at the USAID Malawi office to staff, PEPFAR and CDC. Ms. Deutsch has since recommended including Knowledge Management in the National Programme of Work (Malawi Ministry of Health Overall Strategy) and shared project results with PEPFAR staff.

C-Change Meeting on FP Communication Guidelines

C-Change conducted a meeting on January 26 aimed at finalizing the National Family Planning Communication Guidelines. During the meeting, the K4health project was given an opportunity to present on the Toolkits (www.K4health.org/Malawi).

HIV Prevention Technical Working Group meeting

On January 28, the HIV Prevention TWG met at the National AIDS Commission. Over 22 organizations, including USAID, attended the meeting which is chaired by the Department of Nutrition and HIV/AIDS in the Office of the President and Cabinet. A presentation given by the Behavioral Change and Communication subgroup

included a progress report on the K4Health Project, with much focus on the Toolkits.

Meeting with National Stakeholders on Sustaining the K4Health Interventions

A meeting was called by the Health Education Unit on January 28th (Chair for the BCC subgroup) for a few members (NAC, HIV and AIDS Unit, HEU, K4Health) to discuss the sustainability plan for the K4Health project. After presenting the project interventions, achievements to date, challenges, and activities for the next six months, participants brainstormed on a number of issues that should be considered if the interventions were to be sustained.

- Toolkit maintenance and updating will require dedicated participation
- All issues on FLSMS, (i.e. setting up, trainings, and operation) require more effort and time to learn
- DLCs are easier to manage and support once they are established

Based on the three issues above the following points were suggested:

- If MOH were to take over leadership and implementation of the project, it would want to scale up to all districts
- Health Education Unit needs to transform its resource center into more of a learning center to achieve the benefits of the DLCs
- An officer needs to be identified within HEU whose capacity should be built to manage all components of the K4Health Project
- Need to explore linking district hubs to a hub at the national level which can be used to monitor issues and keep the national level structures up to date (common messages, stock levels, outbreaks)
- There is need to add computers to the DLCs

To continue promoting the successes of the project to date, the group suggested printing more project update documents to share in other forums and to be visible at relevant meetings..

It was requested by HEU that K4Health do something to extend the project life so as to adequately build capacity of the Health Education Unit and TWGs in taking over the interventions.

The above points were agreed to be discussed further at a more senior management meeting of the MOH, who will give further guidance and approach K4Health with suggestions at a later date.

Stakeholders in attendance at the meeting on Sustainting K4Health Interventions:

National AIDS Coalition
HIV/AIDS Unit
Health Education Unit
K4Health

Monitoring and Evaluation

The M&E Advisor has implemented a number of tracking systems to improve monitoring and evaluation of programs in the districts:

- Revision of the District Learning Centre register. The register will now be completed when the visitor leaves in addition to arriving at the DLC so that it reflects more accurately what the visitor did while in the DLC.

- Development and orientation of an electronic DLC database to collect information on how visitors are spending their time at the DLC. The database is in Microsoft Excel with set validation rules to control errors in data entry. It is being piloted in Nkhotakota and will be rolled out in Salima the second week of February.

- Development of a master database for Frontline SMS data in SPSS. So far a master database has been developed and rolled out in Nkhotakota that allow FLSMS data to be exported and analyzed electronically using SPSS to minimize error in manual analysis of data. With this system in place, we will be able to sort and analyze the FLSMS messages by category, such as stock outs, emergencies and the proportions of messages sent and received. The same exercise will be rolled out in Salima the second week of February.

- Development of a database for print resources in the Nkhotakota DLC to monitor the print resources in that DLC plans to keep. The database has been developed in CDS ISIS for Windows which is specifically a library resource management software developed by UNESCO. The DLC coordinator for Nkhotakota has been oriented on how to populate, search and manage the database. This exercise will also be carried out in Salima second week of February.

District Level Activities

District Learning Center Operations

The district learning center provides a number of interventions. The table below shows the number of visits to the district learning center by purpose for the month of January.

District	Attending Basic Comp Training		Accessing web based info/email		Responding to messages from CBDAs and HSAs		Accessing printed materials on RH/FP and HIV/AIDS		Sending and receiving reports		Total	
	F	M	F	M	F	M	F	M	F	M	F	M
Salima	3	7	46	88	78	35	0	3	2	35	129	168
Nkhotakota	0	0	24	85	6	1	2	1	16	37	48	124
Total	3	7	70	173	84	36	2	4	18	72	177	292

Additional Cell Phones Distributed/Frontline SMS

One of the key activities in January was preparation and training of HSAs and CBDAs to further roll out the SMS program in Nkhotakota and Salima. Activities included: entering phone numbers for new phones distributed, setting the hub for auto-response/forwarding to enable beneficiaries to send and receive group messages, and expanding the closed user groups for the phones distributed through use of keywords. In Nkhotakota, 109 CBDAs and 52 HSAs attended while 80 HSAs in Salima were trained in the use of FLSMS. After the training, phones were distributed to all the trained HSAs and CBDAs in both Salima and Nkhotakota districts. Analysis of FLSMS data through SPSS in Nkhotakota show that 330 messages were received at the hub and 269 messages sent from the hub. Further analysis show that 51% of the messages were general notification/communication messages, 25% stock outs and 15% technical messages.

For Salima, a total of 248 messages have been sent and received from the hub:200 were on stock outs and the remaining 48 messages were technical.

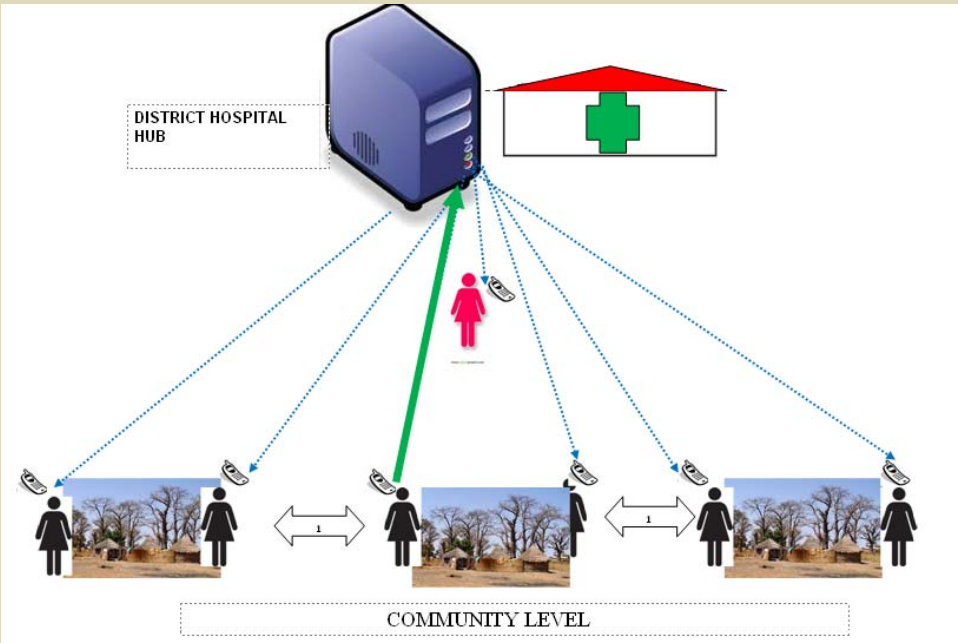
Examples of some of the messages received in the month of January are as follows:

1. "Amai ambiri akudandaula kuti akasiya depo akutenga nthawi yayitali asanatenge mimba." (Many mothers are complaining that when they stop using DEPO is taking very long before conceiving). This is the exact quote of

the message from Mr. Andrew Chikadula, a DMPA provider from Khombedza health centre on 13/01/2011. On the same day family planning coordinator, Mrs. E. Chalera responded with this answer: 'mukonze tsiku muitane adzimayi onse omwe ali ndi vutoli tidzakumane nawo pa health centre kuti tidzawapatse uphungu'. (Organize a meeting with all clients who have experienced the problem of delayed fertility and summon FP coordinator to meet with them for counseling). The meeting has been scheduled to take place on Thursday, 3RD February 2011.

2. On 13TH January 2011 a message was sent to the hub from Richard Hoja, DMPA provider "DEPO akusowa konse kuno kwa Khombedza" (There is no DEPO at Khombedza catchment area). On 13/1/11 a task force member answered the issue: "DEPO ku Salima District Hospital ndi wambiri tikutumidzilani m'mawa" (There is plenty of DEPO in stock will supply Khombedza tomorrow). On 14th January 2011 Khombedza was supplied with DEPO enough for all providers (25V vials per provider).

3. Mr. Kadongola, a DMPA provider HSA from Mchoka health centre is also implementing tuberculosis activities in his catchment area. On 25/1/11 he sent this message to TB coordinator: "We need two sputum boxes and TB drugs, remember to send specimen results". The TB Coordinator, Mr. W. Kaunda sent this SMS: "Point taken and will take appropriate action tomorrow". On 26th two sputum boxes, drugs and specimen results were sent to Mchoka health centre.



Promoting Social Networks using SMS in Nkhotakota

This is a story of Wilmont Chibwaila who has witnessed remarkable success though social networking made possible through SMS. Wilmont Chibwaila is the Senior EHSA Supervisor based at Nkhunga.

Nkhunga Health Center is located 70 km north of Nkhotakota Boma. The health facility serves 105 villages with a population of 29,519. 6,789 of the villagers are women of child bearing age, most of whom live in areas where accessing family planning and HIV testing and counseling services at the health facility is very difficult due to the long distance. In order to overcome the barrier to access of the services due to distances, 8 CBDAs and 7 HSAs were identified and given training to provide the services at community level. With this arrangement women of child bearing age access family planning services within their community. HTC services are also available to all community members within reach and within their community. However, for the service provider, the challenge came when he or she wants to report strange conditions and side effects, low stock levels or complete stock outs. The only option available was going to the health facility which might be experiencing stocks outs as well; thereby spending his/her own personal money to serve their community without being able to receive the goods needed.

One highlight of the SMS application is its ability to promote social networks among community-based health workers on issues affecting service delivery. The FLSMS has been set in such a way that by sending one message with a keyword, representing a particular catchment area, to the computer hub situated at the District Health Office, that message is auto forwarded to the whole group enrolled in the system from that catchment area. This is proving helpful, for example, "Sometimes the health facility runs out of stocks of a particular contraceptive, while a provider within Nkhunga might have enough stock. By sending a group message to all providers around the Nkhunga facility, we have been able to get stock from other providers who may have enough to bridge the gap while waiting for supplies from the DHO," says Wilmont Chibwayira, Senior EHSA Supervisor based at Nkhunga. "There are two main benefits realized from this group message arrangement. Continuity in provision of services and making life easier for providers as they can easily source supplies in times of stock out," he adds.

Challenges and a Way Forward

While FLSMS is proving to ease communication between providers at community district levels, some CBDAS who are using cell phones for the first time are struggling to master the skill of keyword messaging that is required when sending group messages. Intensive supervision is planned in February for those identified as having this challenge.

Salima has been experiencing poor internet connectivity for the past two weeks

and the DHO has decided to obtain the service from another supplier called Malawi Telecommunications Limited which is believed to be reliable.

Upcoming Activities for February

- Develop approach for e-learning through SMS to targeted community health workers
- Install databases, orient and roll out data management practices in Salima
- Develop and roll out Monitoring and Evaluation Manual for the project
- Document success stories on FLSMS
- Continue trainings and distribution of phone to HSAs and CBDAs
- Promotion of tool kit usage
- Draft sustainability plans for K4Health interventions

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

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