K4Health Malawi

July 2010

Summary:

- *K4Health presents at the Reproductive Health Annual Dissemination Conference on July 7th*
- *World Population Day Event hosted by K4Health on July 15th*
- *Visit from MSH home office, Piers Bocock in Malawi July 19th – 30th*
- *Nkhotakota DLC reporting an average of 3 visitors per day and basic computer training of 7 people*
- *Salima DLC reporting an average of 15 visitors per day and basic computer training of 6 people*

National Level Activities

Presentation at the 2010 RH Annual Dissemination Conference

On July 7th, K4Health presented at the Reproductive Health Annual Dissemination Conference. The event was organized by the Ministry of Health's Reproductive Health Unit. Participants included the Principal Secretary of the Ministry of Health, the directors of the Reproductive Health (Health Education, Sector Wide Approach (SWAP), and HIV/AIDS) Units, bilateral donors from DFID, WHO, and USAID, other international and local NGOs, as well as district health officers.

K4Health's presentation highlighted the background of the project and its progress to date, including the development process of the Family Planning Toolkit, the District Learning Centers, and the FrontlineSMS messaging network. The following are comments that were made by conference attendees at the conclusion of the presentation:

RH Conference Comments	Responses
Supervisor for Nkhotakota and Salima mentioned that the project should not have excluded the Ministry of Health's Zonal offices, (Districts are clustered into Zones).	We agreed that the Zonal offices are a key structure that we need to work closely with throughout the project if we are to achieve ownership and sustainability. We indicated that we would be sure to involve the Zonal office in all relevant upcoming activities. In addition, the Deputy Director for RHU indicated that the Zonal office is ideally part of both the SRH TWG and the FP subgroup. Hence, they should already be well- informed about the K4health project.
Given Nkhotakota still doesn't have internet, the K4Health project should seriously consider helping them obtain the connection.	This has been taken into consideration and we are indeed helping provide this installation.
The project should work with professional bodies like the Nurse and Midwife Council of Malawi to discuss possibilities of utilizing the project for continued education.	We committed to make appointments with the Nurse and Midwife Council of Malawi to discuss possible collaboration. This will be a starting point for the e-learning interventions.

"The project components are very good innovations for Reproductive Health in Malawi and are coming at the right time"

--National Organization of Nurses and Midwives at the RH Annual Dissemination Conference

The seminar which was held at Sunbird Capital Hotel on July 15 2010 had three main objectives:

1) To highlight the links between population growth and family planning.

2) To popularize K4Health interventions such as Reproductive Health toolkits, the use of mobile technology in family planning communication and knowledge exchange.

3) To align the K4Health interventions with other national reproductive health programs for sustainability purposes.

Director of Ministry Of Health – Reproductive Health Unit Dr. Chisale Mhango making an opening speech.
World Population Seminar

World Population Seminar

On July 15th, a World Population Day Seminar was conducted as a pre-event to the National World Population Day commemoration. The day long Family Planning Knowledge Exchange Event was led by K4Health in collaboration with the Ministry of Health's Reproductive Health Unit and the Ministry of Development Planning and Cooperation.

WPD Seminar participants

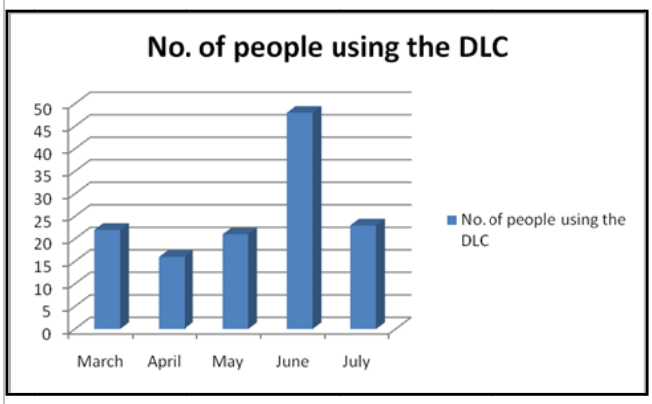
A total of 53 participants comprised of key government ministries, the donor community, international and local NGOs, health training institutions, health service regulatory bodies, and District Health Offices attended the seminar. Four strategies were employed to achieve the seminar objectives. These were media coverage, displays by family planning service providers, speeches by policy makers, and presentations by the Ministry of Health, Ministry of Development Planning and Cooperation, and Knowledge for Health project. The K4Health project gave a presentation that demonstrated the various interventions being implemented, such as the toolkit development, the District Learning Centers, and FrontlineSMS. Some of the questions and comments that arose in response to the presentation were:

WPD Questions/Comments	Responses
In the FrontlineSMS application, how are messages tracked? How would one know whether responses are being provided?	The application allows for the monitoring of all in-coming messages and all out-going messages including the name and location of the sender. It also tracks the type of message sent, i.e. "key information". Apart from the inbuilt applications, the DLCSCs direct the messages to the relevant coordinators for response and action. From now on we will be taking further steps to track the outcomes of the messages.
How does the fact that there is no central location for RH information impact the delivery of family planning services and how does it relate to reducing population growth? (The question was asked by a youth representative.)	With no central location for FP information, health service providers and policy makers spend a lot of time searching for relevant information for FP programming and service delivery and may not even find what they are looking for. This leads to ill-informed decisions that contribute to poor FP programming and poor quality FP service delivery. In turn, poor FP decisions and service delivery lead to poor access and demotivation which subsequently affect uptake of FP. With low uptake, there will be increased population growth.
What is going to happen after the project's conclusion in terms of updating toolkits?	Leadership from RHU in the Toolkit development taskforce will ensure sustainability.
How do you work in geographical locations that do not have mobile reception?	This is a real challenge about which little can be done. However, there is only a small percentage of CHWs that have no coverage and those affected said there are places near their homes where they can find sufficient network coverage to send messages. The bigger challenge is receiving feedback.

District Level Activities

Nkhotakota

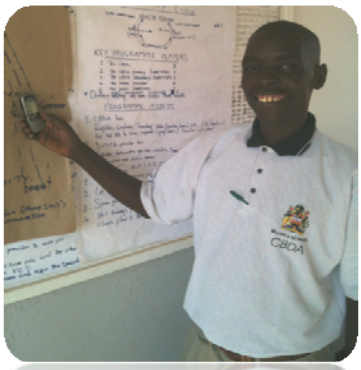
In July, the Nkhotakota DLC Coordinator conducted a survey of all 26 Program Coordinators based at the district hospital to assess the health care providers' knowledge and skills in computer usage for **District Learning Center**. The survey revealed that 15.4% of the coordinators have no basic computer skills, 53.8% do not know how to conduct a search of web based information, and 93% have never used the FrontlineSMS application. As a result of the survey, the learning center provided basic computer and internet research skill training to three HSPs, two CO Interns, and two nurses. Other interventions included sensitizing health workers to the benefits of the DLC during meetings at the District Hospital on July 1st, 12th, and 13th. Nkhotakota DLC Coordinator also posted notices on boards around the hospital. Despite great progress immediately following the launch of the DLC, usage in July dropped back down to previous levels due to the extremely slow internet connection on only one computer.



The **SMS activity** during the month of July was very low in Nkhotakota, largely due to a change in the mobile network of the Frontline SMS hub and delay in top-up of air time for CHWs. Nevertheless, a few messages in the following categories were recorded:

- Five messages regarding Measles outbreaks
- Three reporting on deliveries conducted by Traditional Birth Attendants
- Two reporting condom stock outs

Also, after top-up occurred, the DHO used the SMS system to send messages on Measles which has reached outbreak proportion in a number of communities in the district.



Challenges in Nkhotakota	Solutions
Transfer from using ZAIN to TNM modems resulted in delaying the process of acquiring airtime for the new service provider.	This issue has been resolved and the change has been communicated to all CHWs with mobile phones. The challenge that we are now trying to solve is how to track messages that are sent directly to supervisors outside the hub.
15.4% of the coordinators have no basic computer skills; 53.8% do not know how to conduct a search of web-based information, while 93% have never used the Frontline SMS application.	Further training sessions are scheduled for August.
Delayed government funding for the District Health Office consequently delayed the procurement of airtime for internet.	DHO monthly funding has fluctuation so the gap between payment and dates need to be resolved. We will discuss this variation with service provider to come up with a solution.

Salima

In July, three morning reporting sessions were held during which the DLC Coordinator was given the opportunity to teach health workers about the definition of the **District Learning Center**, as well as its use, benefits, and sustainability strategy. At the Salima Public Health department meeting, the DLCC presented the K4Health project and demonstrated how the hub works and how to access the online toolkits. A total of 57 health workers, 25 males and 32 females, were in attendance during the various reporting sessions where K4Health project was presented.

The presentations intended to raise awareness and resulted in a substantial increase in the use of the DLC in Salima. As recorded by the DLC register, the daily average use of the DLC increased from seven health workers to fifteen. The register indicated that more male health workers (80%) visited the Learning Center than female (20 %). It also showed that more clinical staff (70%) visited the Learning Center than public health staff (30%).

Challenges for Salima	Solutions
Males are able to create space within their daily tight schedule to visit the Learning Center, which is not the case with females who want the DLC to be open for longer hours and on weekends.	Nkhotakota DHO is planning to find the means to open the resource center after 5pm to better accommodate restrictive schedules.
Information on the global toolkits is voluminous; with the exception of the training materials tab, service providers find it difficult to use.	We are in the process of developing and publishing Malawi specific toolkits – which will be easier for service providers to read and use…plus we will start receiving feedback via the monitoring and evaluation questionnaires.
No progress has been made this month at *health centers and lower levels* on the K4Health project sensitization discussions.	Efforts are being made to publicize the toolkits and DLCs throughout the country.
DLC users want to print information downloaded from the K4Health website to have hard copies to refer to whilst working. However, they have been unable to do so as printers are not yet procured and there is no supply of stationary.	Printed materials are being procured for both DLCs from various sources in-country and from JHU.
No available transport for monitoring and mentoring CBDAs on messaging and technical discussions. CBDAs are struggling with basic typing and sending of messages.	We will coordinate with MSH to have a vehicle once a month to follow up with CBDAs, or negotiate with DHO to use their vehicles, if we pay for fuel.

As mentioned before, the **SMS activity** in Salima was low in July due to a number of factors including the delay in topping-up of airtime due to administrative delays. An agreement has been reached with Zain that topping-up should occur on a specific date every month so this does not occur again. Another reason why messages are not at the levels hoped are due to a substantial number of messages exchanged between CBDAs and their immediate supervisors at the health center level, which do not go through the SMS hub. One of the ideas to work around this issue is to create a closed network in which all of the numbers have access to unlimited calls and SMS within the network. The bill would then be sent to MSH. All calls outside the network would require the users to top-up their phones at their own expense. A representative from Zain is currently working on the estimated cost for the project.

Visit from MSH home office

Piers Bocock, Director of Knowledge Exchange at MSH visited the K4Health Malawi project July 19th -30th. The purpose of Piers' visit was to review the progress of the project since its launch in February 2010. In order to monitor the extent to which the project is meeting its three main objectives, Piers assessed the current M&E systems at the national, district, and community levels. He also evaluated the degree to which the SMS network is fully operational and meeting the needs of frontline health workers in Salima and Nkhotakota, in addition to providing recommendations for improvement. He conducted meetings with key stakeholders including USAID, NAC, and C-Change, and provided recommendations for work plan additions and for the next steps the project should take as it considers objectives for December 2010 and an extension through June 2011. Blog posts from his trip can be found at http://www.k4health.org/blog

Upcoming Activities for August

- LDP coaching session
- Internet installation in Nkhotakota
- Publishing of RH Toolkits
- Making toolkits available off line
- Hiring of Malawi based M&E advisor
- Integrating Hospital libraries with District Learning Centers
- Providing printed materials to DLCs
- Painting of Salima DLC
- Computer training sessions in both District Learning Centers

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