K4Health Malawi

March 2011

Summary:

- *USAID Mission visits K4Health field activities*
- *Training begins for Ministry of Health (MOH) managers of District Learning Centers*
- *Salima reports on average 7 visitors to the District Learning Center per day and 1760 SMS messages exchanged through the hub*
- *Nkhotakota reports on average 4 visitors to the District Learning Center per day and 1777 SMS messages exchanged through the hub*

National Level Activities

Toolkit Promotion

In March, the project team intensively engaged the Health Education Unit within the Ministry of Health (MOH) regarding the project transition processes from MSH to Health Education Unit (HEU). A series of meetings were conducted to:

- Agree on the roadmap for handing over K4Health project management
- Identify MOH Officer to be trained in the overall K4Health interventions
- Design a training curriculum and timeline for the Officer

In coordination with HEU, K4Health plans to make a formal presentation to the top most structures of the Ministry of Health i.e., the Principal Secretary and the MOH Senior Management Team. The presentation will include an overview of the project from inception, progress to date and the critical sustainability activities.

The HEU assigned Mr. Harold Mtambo as the Officer responsible for K4Health project oversight. Mr. Mtambo's training has commenced and covers all project components, i.e. FLSMS, DLC and Toolkit management.

USAID Visit to Nkhotakota District

On March 22, K4Health hosted Beth Deutsch of USAID Malawi Mission and Shawn Wesner of PEPFAR for a field visit to see firsthand the K4Health activities at district level. During the visit Ms. Deutsch and Ms. Wesner met with members of the District Health Management Team and the KM task force in the district of Salima. The visitors were given a general overview of the project and briefed on the sustainability activities under way. They visited the DLC to observe daily activities in the center, in particular the Frontline SMS application. Later, they visited the Ngala Health center to talk with Community Health Workers, who explained how the SMS component has enabled them to improve the delivery of health services.

Some recommendations and questions from USAID Mission included:

- How can the present structures and system (District Learning Center, m-health) be used to achieve even more results? For example, exploring possibilities of having Toolkits/information resources beyond RH/HIV and enhancing the e-learning initiative.

Project Documentation

With the hand over process with the HEU under way and the goal of MOH leading the project as of July 1st, 2011, the K4Health team has outlined a detailed project implementation guide. The guide will include the following components:

1. KM Needs Assessment
2. Getting started with a KM project
3. Rolling out and managing
4. Front line short message service (FLSMS)
5. District Learning Center management
6. Development and use of toolkits
7. Best practices in project monitoring and evaluation
8. Sustainability mechanisms for each intervention

The first draft of the document will be ready by end of April.

District Level Activities

Data Entry Clerk Training

In the month of February we reported the development of the orientation guide for Data Entry Clerks in the District Learning Centers as a sustainability mechanism to ensure continuity of project interventions. The training began during the last week of March in Nkhotakota and the areas of focus so far have been: introduction to FLSMS, computer training, and DLC management. On DLC Management, the Clerk has been oriented on the DLC register and transfer of the register into the electronic database of the District Learning Center. In Salima, The Data Entry Clerk has been introduced to the basic functions of the DLC including FLSMS, Electronic resource library management and administering and updating of the DLC database. The Clerk is now able to carry out the basic functions of the DLC with minimum supervision. The next steps include introduction to the K4Health toolkits, data analysis and monitoring cell phone use in the field. The next few months will focus on assisting the Clerks to become fully comfortable in their new role.

Print Materials

In Nkhotakota, posters and pamphlets from the DLC were distributed to 40 Health Surveillance Assistants during DMPA refresher training and 128 CBDA during the monthly review meeting. The materials covered issues on HIV/AIDS, Water and Sanitation, Malaria, and ART. Also in Nkhotakota, 340 pamphlets from the DLC were distribution on HIV/AIDS during health education at Out Patient, Under-five and Antenatal clinics at the District Hospital.

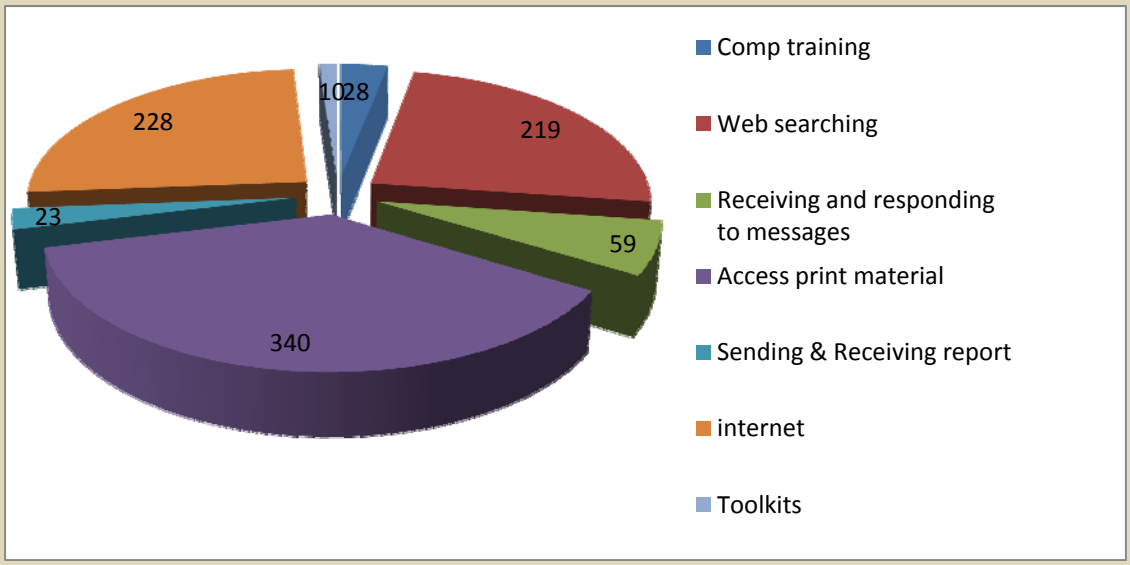
DLC Visitors

The districts registered a total of 344 visits to the DLC with 216 visits registered at Salima and 128 visits at Nkhotakota. Out of the total visits registered, 98 were made by female while 243 were made by males. We have noticed a trend in a higher number of male users of the DLCs. After conducting a few interviews, we can attribute one of the reasons for the higher number of male versus female visitors as being due to the demands made on women and mothers to return home during lunch hours and immediately following the work day in order to prepare meals and care for children. The table below shows the detailed breakdown of activities conducted in the DLC.

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		Toolkits	
	F	M	F	M	F	M	F	M	F	M	F	M
Salima	9	19	110	241	20	33	0	0	7	12	2	8
Nkhotakota	0	0	46	110	2	4	120	220	0	4	0	0
Total Activities*	9	19	156	351	22	37	120	220	7	16	2	8

Note: Due to the more detailed visitor register we are now using, users are reporting multiple activities while visiting DLC, thus the total for activities is higher than the visitor count.

The pie chart below illustrates the purpose and extent to which people visit the DLC

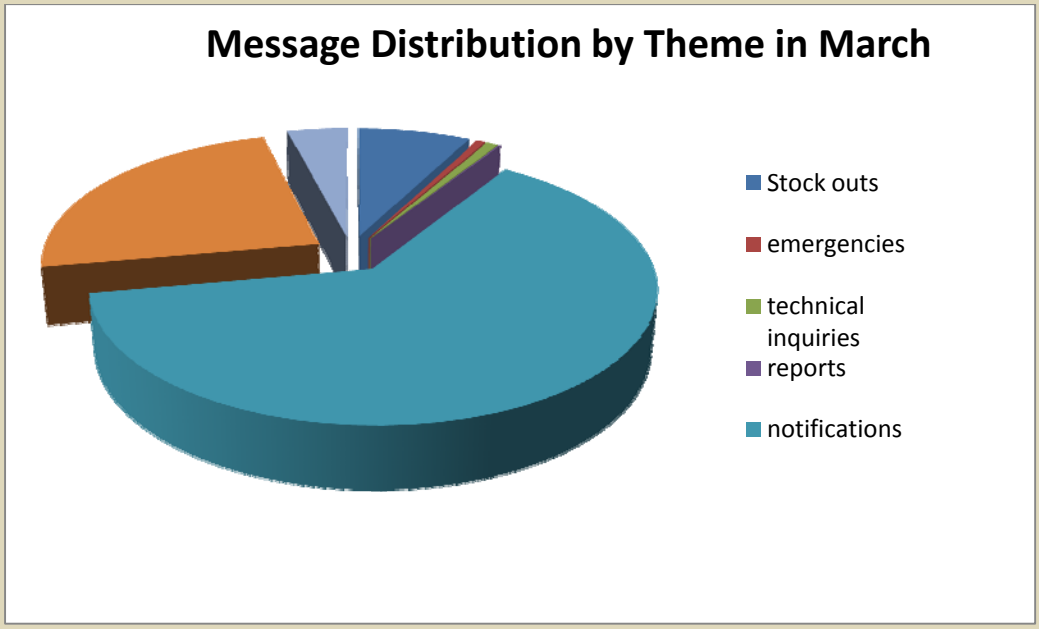


Frontline SMS

The volume of messages sent and received by SMS continues to grow each month. In March, a total of 3901 messages have been sent and received at the hub and the breakdown is; 995 messages were received at the hub and 2906 messages sent. Further analysis show that 2231 (57%) of the messages were notifications, 268 (7%) were on stock outs while 28 (1%) were on technical issues and 843 (21%) and 142 (4%) were on e- learning questions and answers respectively. The hub received 6 emergency messages in Nkhotakota and 16 emergency messages in Salima. The table below show detail of messages sent and received at the hub from the two districts

	category of message						
	Stock outs	emergencies	technical inquiries	reports	notifications	e-learning questions	e-learning answers
Salima	94	16	14	2	737	770	127
Nkhotakota	174	6	14	2	1493	73	15
Total	268	22	28	4	2230	843	142

The table above is graphically presented in the pie chart below:



Some of the examples of messages sent to the hub in Salima and Nkhotakota are as below:-

- "Please supply the following: IEC materials and registers"- Response after 6 hours: "there will be a CBDAs and Supervisors meeting next week and the materials will be supplied." (Nkhotakota)
- "We have run out of eye ointment drug at our village clinic" Response after 2 hours "Eye ointment will be delivered in the district by Save the Children next week and we will deliver to you immediately." (Nkhotakota)
- "Stock out for FP pills at Mpamantha Health Center" Response after 30min: "Any vehicle coming there will bring the pills today or tomorrow."(Nkhotakota)
- "FP- My client is experiencing severe bleeding" Response from the Family planning Coordinator was "refer the client to the hospital immediately" (Salima)
- "FP- My client wants to adopt the norplant method, is it in stock and when can she come?" Response was: "The client can come any time and will be assisted" (Salima)

A Community Health Worker uses her cell phone

Success Stories

1. Isaac Haroon is a Health Surveillance Assistant (HSA) based at Benga Health Facility about 40 Kilometres from the district of Nkhotakota. Like many other HSAs, Isaac is implementing several projects activities in his catchment area. This demands that he constantly get in touch with the various coordinators based at the DHO on various issues that demands immediate feedback. That's when his mobile phone and FLSMS have been handy. During the past three months, Isaac has sent 23 messages to the hub, an average of 8 messages per month and has received feedback and support on 19. Asked to comment on the FLSMS project Isaac said, "I work for Community Case Management (CCM), Integrated Disease Surveillance and Response (IDSR) and Malaria Project. The thing that has made my job very easy is the coming in of FLSMS which facilitates communication. Before the coming in of this project we used to communicate with the DHO through letters sent by ambulances that were coming to pick patients to the district hospital when we had some." As you can imagine, this caused severe communication delays and was dependant on the chance arrival of an ambulance in the area. (Nkhotakota)

2. On 7/03/2011 Mr. A. Chimphepo sent a message to the hub inviting the Family Planning Coordinator to preside over a meeting at Mndola village where the topic of discussion was family planning myths. On 13/3/2011, men and women gathered at the chief's place to listen to facts surrounding common myths of family planning in their community.

   Mrs. Chalera, the family Planning Coordinator, was the main speaker during the meeting and the following facts responded to emerging myths:

   a. Women who are taking pills do not have accumulation of pills in their womb. When the pills are swallowed, they are dissolved and absorbed like any other pill (e.g., paracetamol). The body absorbs the pills and works to reduce production of some female reproductive hormones. The effects last for only the period of time that the woman is taking the pill.
   b. Norplant is a set of drugs inserted on the lower upper arm and gets used slowly by the body to control the hormonal circulation which in turn regulates fertilization. It does not drop into the blood stream to the heart and kill the mother. (Salima)

3. Mr. Gibbison Makono manages a village clinic 18kms away from the nearest health facility. One day he was attending to a child who had fever, swollen cheek and cough. Knowing that he was not allowed to treat other conditions apart from fever, he sent a message to the hub with a key word which was auto forwarded to the person in charge of Khombedza health center. The in-charge sent a car to pick the child immediately. The child was treated and is well. This example illustrates how the use of key words has improved promptness of response and exchange of information among health workers at health center level.(Salima)

Challenges and a Way Forward

Delayed funding by government of the district health office resulted in late payment of internet subscription fees. As such, internet was disconnected for three days. (Salima)

Some coordinators are not responding in time to questions raised by CBDAs and HSAs. The KM task force intends to organize a meeting with coordinators to discuss this challenge and find a way of resolving it in April.

Upcoming Activities for April

- Promoting use of on line toolkits to civil society organizations.
- Coaching and mentoring of community health workers on key word and e-learning.
- Frontline SMS end line survey in June.
- Hosting MSH Vice President for Communications and Knowledge Exchange for field visit.

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

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