



Summary:

- All phones redistributed in Salima after software upgrade
- Preparation for Leadership Development Program (LDP) Final Results Presentation Workshop conducted
- Salima DLC reported an increase in average visitors per day to 22, from 17 and computer training of 9 people this month
- Nkhotakota DLC reported a decrease in visitors per day from 24 to 14 and computer training of 1 person this month

National Level Activities

HIV/AIDS Toolkit

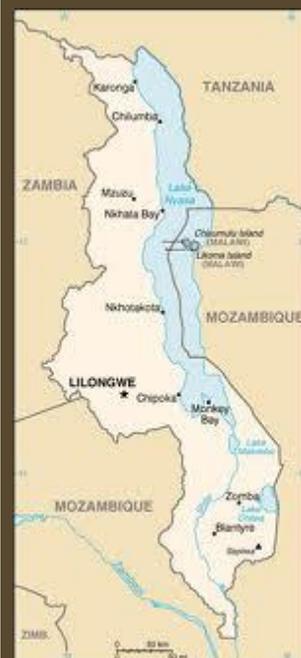
The K4Health Malawi HIV&AIDS Toolkit currently houses 367 documents and awaits formal publishing. A few finishing touches are in the works, including the introduction and page descriptions which will be done by the Malawi team in collaboration with the national HIV and AIDS technical working group in the coming months.

Preparations for final LDP Results Presentation Workshop

In November, two meetings were conducted with National level stakeholders to prepare for the final LDP Workshop. On November 16th, K4Health met with the National FP/RH toolkit technical working group. The following organizations were represented at this meeting: Reproductive Health Unit within the MOH, Intra-health, Futures Group, C-Change, Bridge Project. The K4Health HIV&AIDS taskforce met on November 22nd to review the K4Health LDP action plans and Challenge Model in preparation for the Final LDP session. Representatives included the National AIDS Commission, Health Education Unit, and Malawi Bridge Project.

C-CHANGE meeting to review IEC materials

On November 18th, K4Health participated in a C-Change meeting to review IEC materials on Family Planning. The process involved reviewing the content, presentation and relevance of over 10 different resources. The materials were produced by the Health Education Unit with support from JHPIEGO, PSI, and USAID. Once finalized, materials will be printed and uploaded into the K4Health Family Planning Toolkit.



District Level Activities

Promotion of FP/RH toolkits

Follow up meetings were conducted November 15th through to 18th in Salima with nongovernmental organizations which received the off line FP/RH toolkits from the K4Health project. The feedback shows that organizations are navigating through the toolkits and identified resources in the toolkits that are relevant to their work. The organizations are most interested in training materials, best practices and policy documents. The training materials, best practices and policy documents have been printed in most organizations and are being used. Most organizations report that they are only using specific sections of the toolkit that are relevant to their organization.

In Nkhotakota, a meeting with 16 health service providers who use the FP/RH toolkits was conducted on November 8th. The District Learning Center Coordinator is also soliciting feedback on the relevance of the toolkits to health service providers and will report on the outcome once the process is finalized.

District Learning Center Activities

The two districts (Nkhotakota and Salima) continued to promote and implement district level interventions. The key areas of focus for the district include administering basic computer and internet training, responding to messages from CBDAs and HSAs sent to the SMS hub, accessing DLC printed materials, sending and receiving reports, searching the internet and accessing e-mails. In Salima, the project held a series of meetings with CBDAs and HSAs to redistribute the phones after reloading the software to improve efficiency of the reporting mechanism. Other meetings held in Salima and Nkhotakota were in preparation for the final Leadership Development Workshop and the USAID field visit. Please see the table below for details.

Date	Title	Purpose	Attendees
Nov. 16	Khombedza Health Centre Phone Redistribution	Review meeting with CBDAs and HSAs at Khombedza Health Centre. Redistribution of phones to participants.	32
Nov. 22	Chagunda Health Centre Phone Redistribution	Review meeting with CBDAs and HSAs at Chagunda Health Centre. Redistribution of phones to participants.	24
Nov. 24	Salima Hospital Meeting	General project overview and progress registered PowerPoint presentation during morning report meeting.	29
Nov. 30	LDP Prep Meeting	Discussion of a presentation to be done during USAID visit on 3 rd November 2010 and critical talking points as well as assigning responsibilities.	34



Renovation of Salima District Learning Center

Renovation of the Salima DLC was completed as planned and equipment transferred back from the typing pool where the hub and some computers were housed during construction. The room size has been increased (additional 2m in length and 4m in breadth). The room has been furnished with book shelves and in the view of DHMT shall be used as a resource center for both electronic and printed information.

Below are photos of the DLC under construction and a photo after the renovation.

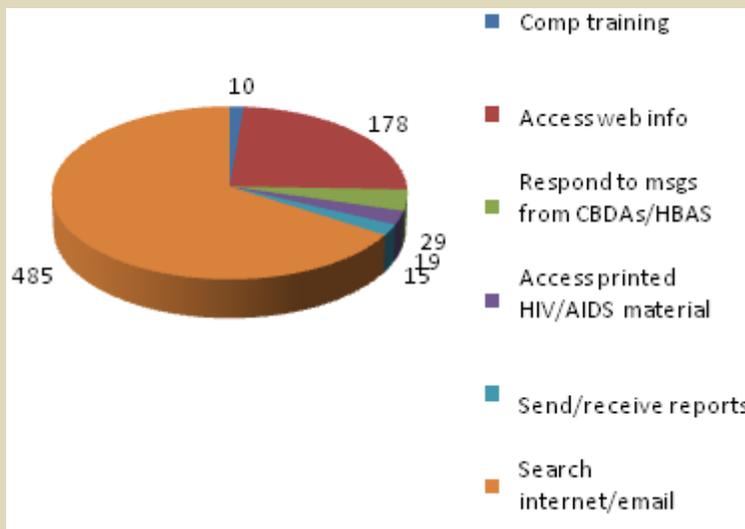


District Learning Center Visits

The average number of people visiting the DLC in Salima has increased from 17 in October to 22 in November. In Nkhotakota, the average number of visits has decreased from 24 in October to 14 in the month of November. This has been attributed to the busy schedules of the HSP at the district in a number of ongoing campaigns like the anti malaria and anti cholera campaigns. Most of the district staff who are regular users of the DLC were involved in the door to door insecticide residual spraying program. The number of visits to the District Learning Center by purpose for Salima and Nkhotakota is illustrated below:

	Comp training		Access web info/ searching internet/ email		Respond to messages from CBDAs/ HSAs		Accessing printed HIV/AIDS materials		Sending and receiving reports		Totals	
	F	M	F	M	F	M	F	M	F	M	F	M
Salima	6	3	235	150	17	10	14	4	7	6	279	173
Nkhotakota	0	1	60	218	1	1	0	1	0	2	61	223
Total	6	4	295	368	18	11	14	5	7	8	340	396

The pie chart shows the main reason why people visited the DLC in the month of November. The figures are taken from the DLC Register which is currently



completed by users upon entering the DLC. We will be moving to asking users to complete the register when exiting so that the purpose of visit truly reflects how the DLC has been used.

Front Line SMS Activities

In Salima, the upgraded FrontLine SMS (FLSMS) was loaded in the hub in HSAs and CBDAs phone. The phones have been redistributed to HSAs and CBDAs and message sending to the hub has resumed. The reloading was done because of the technical challenges faced by CBDAs and HSAs when sending their monthly reports for the BASICS and Family Planning Projects to the hub. The new version of the FLSMS has significantly reduced technical problems.



In Nkhotakota, we have completed installing a key word mechanism that will help to track the flow of messages between CBDAs and HSAs at community, catchment and district level. Using the key word messaging, the hub is able to track SMS communication between HSPs at community and catchment level. This system was recommended because significant communication was happening at community level i.e. CBDA to HSA to supervisor at the health center level which could not be tracked with the hub.

Salima and Nkhotakota have received a total of 40 and 49 messages to the hub respectively in the month of November. The messages were

reporting stock outs in HTC test kits, Depo-Provera and condoms but also asking technical questions in different health areas, particularly HIV/AIDS. For example, there were two cases of clients who adopted Depo-Provera as a family planning contraceptive and were continuously bleeding for more than 24 hours. CBDAs sent message through the hub to the Family Planning Coordinator on how to handle these cases and the response given in both scenarios was to refer the patient to district hospital for examination. The patients were sent to the district hospital through ambulances and received treatment. Several other questions were about myths perceived to be associated with family planning methods.

Dispelling RH Myths: In Salima, HSAs have been using SMS to help clarify reproductive health uncertainties. An example of this was when a SMS message was sent by an HSA to the District Hospital asking how they should respond to clients who believe that implants placed under the upper arm can travel and block the reproductive tract. The family planning coordinator instructed the HSAs to inform the client that implants put under the arm do not move, but rather stay in place to control reproductive hormones. They can be removed from the same position again if the client wants to discontinue this family planning method. Another myth was that the use of pills as a contraceptive method would cause cancer as the pills accumulate in the stomach. Responding to the question, the family planning coordinator advised the HSA to inform the client that the pills dissolve like any other medication one ingests, such as pills for headaches or stomachaches. The only difference is that the pill controls reproductive hormones to prevent a woman from conceiving. Clients have been reassured by the HSAs, knowing that the answers to their questions are coming from authorities at District Hospital via SMS.



Challenges and a Way Forward

- Most CBDAs are still facing difficulties composing messages using the key word system and it has been suggested that further orientation be given in December and January when conducting the scheduled monthly review meeting.
- Intermittent internet connectivity persists in Nkhotakota, especially from 12 to 16hours; this problem has been communicated with the service providers to identify and solve the technical challenges and restore internet connectivity to normal.
- At times there is demand to use the DLCs beyond working hours. The issue was discussed with the District Management Teams and arrangements were made to identify at least one individual residing close to the hospital to be caretakers of the DLC when such situations arise. However arrangements have to be made ahead of time.
- Web statistics of Malawi visits to the K4Health toolkits may be misleading because offline toolkits are used extensively, and it's difficult to track through self-report. Also, since each computer in the DLC has just one IP address, 5 people using the toolkits on a

computer in one day would just register as one instance of use since the computer has just one IP address.

December Plans

- Promoting use of online toolkits to other civil society organization
- Improve the project monitoring system
- Host visitors from USAID Washington and CDC Zambia
- Conduct LDP Results Presentation Workshop



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