



Summary:

- Midterm LDP Coaching Session conducted September 2nd and 3rd
- Reproductive Health Toolkits marketed extensively
- HIV/AIDS Toolkit structure and taxonomy agreed upon
- Nkhotakota DLC reporting an average of 15 visitors per day and computer training of 4 people this month
- Salima DLC reporting an average of 17 visitors per day and computer training of 53 people this month

Midterm Leadership Development Program

In September K4Health conducted the Midterm workshop of the Leadership Development Program (LDP). The focus of the workshop was to support monitoring of the project and to make appropriate adjustments. The workshop was held at Livingstonia Hotel in Salima with attendance from the National and District task forces which were formulated during the first LDP workshop. National level attendance included the Health Education Unit, National AIDS Commission, BRIDGE Project, and Population Services International.

The main objective of the Midterm LDP was to review the Challenge Model and relate it to the project to date; to review the project progress to date, the new obstacles, what can be changed; and to coach and inspire the taskforces.

Some of the highlights of the workshop included: recognition of significant progress achieved in both Districts regarding utilization of the District Learning Centers, utilization of the mobile phone technology between Community Health Workers and District Hospitals. Recognition was also made of the role that District Health Management Teams are playing in support of the two interventions i.e. paying monthly subscription for Internet connection in both Districts, provision of extra computers in Nkhotakota.

It was acknowledged that there has been positive discussion and recognition at the Ministry of Health (MOH) zonal level of the K4Health SMS intervention as contributing significantly to an increased demand for Maternal and Newborn services in the two Districts.



"There is a lot of change since I got this phone. Messages from the DHO/health facility come easily and timely. I send messages easily as well when I met clients who require further assistance from the Health workers." Mervis Maulana

Midterm Leadership Development Program Continued...

A number of challenges at District level were highlighted. These included:

- Small and inadequate space for the DLCs in relation to demand
- Inability to capture communication between Community Health Workers and their supervisors at Health Center level
- Interruptions of the SMS system, especially in Salima, which has contributed to lack of receiving and sending messages
- Inadequate printed material in the DLCs

A number of solutions and action points were generated during the discussion. Some examples include:

- Encourage individuals sending messages to others through the hub by using keywords
- Provide more IT support for Salima SMS system from MSH
- Explore ways for District Learning Centers to collect materials from National AIDS Commission and Health Education Unit

At the National level the most significant achievement was the launch of the Reproductive Health Toolkit in August. A good number of stakeholders and District Learning Centers have started to access the materials.

Key challenges included the delay by the HIV/AIDS Toolkit Taskforce to finalize the organization and publishing of the HIV/AIDS toolkit; inadequate mobilization at National level; and marketing the Reproductive Health Toolkit for possible feedback and comments.

A number of actions were agreed to continue progress. Some actions included: establishing the end of September as the target for the HIV and AIDS National Taskforce to meet and finalize organizing the HIV and AIDS toolkit material, and using the National AIDS Committee (NAC) list serve to mobilize more partners.

National Level Activities

HIV/AIDS Toolkits

After the Midterm LDP coaching session, the National HIV and AIDS Toolkit Development Taskforce committed to finalize the organization of the first version of the HIV and AIDS Toolkit. During the month, a team comprised of Management Sciences for Health, National AIDS Commission and Health Education Unit (who also chair the Behavioral Change sub-group of the HIV Prevention Technical Working Group) finalized organizing the HIV Toolkit. This involved review of the already uploaded unsorted material and adding and categorizing new material according to the Key National Priority Areas as stipulated in the Extended Malawi National Action Framework.

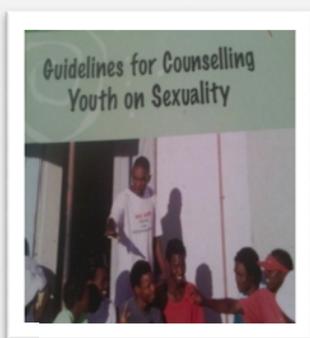
After the process, the group agreed to have the material uploaded and subsequently published into a first version of an HIV/AIDS Toolkit for comments by a larger audience.

"the phone has facilitated that I communicate easily with our clients. They either call or send messages booking or confirming appointments. Even when our DMPA stock levels ran low we send messages to the health facility and we get immediate support from our supervisors."
-Lucy Chirwa

"Not only has my life change but even that of my clients has changed. They now either call or SMS to find out if I am available so they can come and get my services"
- Thomas Chitundu



"Sending and receiving information has been made easier either to MSH/Hospital or to CBDAs. No need to walk long distance to send messages"
-Loveness Chikoya



Printed material in Nkhotakota DLC

Meeting with Partners

Three preliminary meetings with PSI Malawi, University of Malawi Kamuzu College of Nursing and National AIDS Commission were held during the month to start marketing the Reproductive Health (RH) Toolkit. As first step, e-mails have been sent to all staff at National AIDS Commission and PSI sensitizing them on the www.K4Health.org/Malawi page by the various K4Health taskforce members based at those institutions.

During the month there was a meeting by Pakachere Development Institute (a local development communications organization). The meeting was held in Lilongwe as a first pre-test of a community dialogue toolkit for HIV prevention being led by C-CHANGE in three Southern Africa countries, Malawi, Tanzania and Zambia. K4Health provided feedback and advice based on experiences to date.

District Level Activities

RH Toolkit Awareness Building

Salima District held a toolkit orientation meeting with managers from Action Aid, National Association for People Living with HIV and AIDS in Malawi (NAPHAM), Salima AIDS Support Organization (SASO), Banja La Mtsogolo (BLM), Red Cross, COOPI, World Relief Malawi, SAMALA, Family Health International, NICE, ADRA, World Vision, CARE Malawi, SAGNET, and SAWEG. During the meeting the participants were briefed on the progress the K4Health project has made since its inception. They were taken to the District Learning Center and oriented to the Reproductive Health Toolkit. All managers felt the toolkits would provide them with much needed access to scarce literature. The participants look forward to the publication of the HIV/AIDS Toolkit in the coming months.

Both Salima and Nkhotakota have conducted orientation of DLC users and other health workers on the RH Toolkits. Two approaches have been used so far; integration into the morning meetings and targeting DLC users right in the District Learning Center. 84 Health Workers (44 males and 40 females) were present during the three sensitization meetings in Salima on 7th, 15th and 23rd September 2010. In Nkhotakota, 89 Health Workers (52 females and 37 males) were reached on the 3rd, 13th and 17th September 2010. Apart from the morning meetings, Nkhotakota also had a thorough walk through of the toolkits with seven Program Coordinators.

Malawi Reproductive Health Toolkit September Usage			
	Malawi FP	Malawi RH	Malawi Young People
Pageviews	907	734	554
Unique Pageviews	632	564	429
Top Content	Home tab (408)	Home tab (287)	Home tab (242)
	About tab (66)	Tools tab (60)	Policy & Guidelines tab (44)
	Communication tab (60)	Training tab (57)	About tab (42)
	Policies & Guidelines tab (48)	About tab (48)	Best Practices tab (40)
Top Downloaded Resources	Monthly Inject able (brochure graphic) Monthly Injectable (Counseling Card graphic)	Mukuchedweranii (poster)	Reaching Out to Teen Mothers in Malawi

District Level Activities continued....

District Learning Centers

Three main activities were conducted in the two District Learning Centers during the month;

1. Basic computer trainings
2. Basic Internet trainings
3. Implementing the Contingency Plan for any future hub outages

Nkhotakota

Nkhotakota DLC has collected a range of printed materials on a number of subject areas from the Health Education Unit which has been distributed to Community-Based Distribution Agents (CBDAs) and Health Surveillance Assistants (HSAs) for various Health Education initiatives. The materials (pamphlets, booklets and poster) distributed are on HIV/AIDS, HIV/AIDS Testing and Counseling, ART, Measles and Sanitation.

September DLC Summary

District	Basic comp training		No of HSPs searching web based information		No of HSPs responding to and sending messages through the Hub		Accessing printed materials		No of HSPs sending and receiving reports		Email & internets		K4Health Toolkits		Totals	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Nkhotakota	2	2	1	1	3	7	0	1	2	6	115	295	*	*	123	312
Salima	15	38	14	41	*	*	7	4	*	*	29	126	32	62	*	*

*numbers not available due to problem with the hub

FrontlineSMS

District Level SMS

In September, a Frontline SMS Application was put in place that would help track the flow of messages between the CBDAs and HSAs. Guiding SMS users to send messages via the hub will help the project monitor and assess the messages flowing between these two groups. Using the keyword and message forwarding facilities in the Frontline Application CBDAs and HSAs will be sending messages between themselves using the hub in the Learning Centre. In this way, tracking of the flow of messages will be done using the hub. 26 Community Health Workers (CHW)(5 CBDAs and 21 HSAs) were re-oriented to sending messages via the hub and using keywords in Nkhotakota.

However, messages continued flowing between the District Hospital and CHWs in both Districts. In Nkhotakota, a total of 66 messages were received during the month. Most of these messages were on stock-out for RTUF (a therapeutic food for malnourished and immune-compromised individuals) locally known as Chiponde; DMPA (injectable contraceptive), and male and female condoms stock-outs. The messages were acted upon by the various Program Coordinators by either sending stocks or referring cases to the nearest health facilities in cases of complications related to Family Planning methods or Measles outbreaks.

In Salima the Frontline SMS (FLSMS) hub had developed a fault during the month hence messages could not be sent out nor received for more than two weeks. The problem was fixed during the final week of September and 86 messages with technical questions sent from the hub to the CHWs whilst 76 messages were received from the CHWs.



*"Before I got the phone it was a must that I should go to the DHO/Health Centre to report whenever I experienced low stock levels but today I just send a message and I get the support I need. This has made my life easier."
- Alima Twaibu*

Contingency Planning for FLSMS

As a result of the FLSMS consultancy in August, a Hub Manager Toolkit was created by FLSMS for the Hub Managers in Malawi. The document is a detailed guide to the responsibilities of Hub Managers, how to use FLSMS, and how to effectively troubleshoot issues. The DLC Start-Up Coordinators (DLCSC) are in the process of adding their own lessons learned and suggestions to improve the toolkit, so future Hub Managers are able to use the document later. In Nkhotakota, the DLCSC has used the Toolkit in the development of the key-wording process that captures messages sent out of the hub between CBDAs and their immediate supervisors. For Salima, the contingency planning has led to installation of two modems which complement each other in case of failure of one. It has also helped the DLCSCs to check message congestion in the hub.

Meet the new M&E Advisor: Brian Jumbe



Brian Jumbe is the K4Health Monitoring and Evaluation Advisor at Management Sciences for Health (MSH) in Lilongwe, Malawi. He has extensive experience in project design, system start-up and implementation, survey and database design, use of tools, and capacity building in monitoring and evaluation.

Before joining MSH, he was the M&E Specialist for Catholic Relief Services (CRS) Malawi country program for three years and previous to that, he was Program Monitoring and Evaluation Officer at Concern Universal for four years. Current duties for MSH include building capacity of District Learning Center (DLC) coordinators in data collection analysis and use, development of monitoring and evaluation plan and tools with DLC coordinators, development and maintenance of DLC database in HIV/AIDS and Family Planning/Reproductive Health, managing K4H M&E activities, providing monthly updates and writing quarterly and annual reports.

Brian Jumbe has a Bachelor of Science degree in Agriculture with the University of Malawi- Bunda College and is currently pursuing a Master of Business Administration degree.

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Upcoming Activities for October

- Orientation of M&E Advisor
- FLSMS Baseline Survey design and preparation
- Renovation of Salima DLC
- Rollout of key messaging initiative in both districts
- USAID Health Partners Network meeting
- Meeting with Nurses organization on Mobile Library and E-Learning