

# K4Health Malawi

February 2011



## Summary:

- *Toolkits promoted extensively across Malawi*
- *MOH seconds two Data Clerks to manage the DLCs*
- *eLearning through SMS launched in both districts with a focus on family planning*
- *Salima reports on average 7 visitors to the District Learning Center per day and 831 SMS messages sent and received at the hub*
- *Nkhotakota reports an average 8 visitors to the District Learning Center per day and 1771 SMS messages sent and received at the hub*

## National Level Activities

### Toolkit Promotion

Toolkit promotion activities in February focused on a cross section of stakeholders: Health Training Institutions and National stakeholders implementing Family Planning and HIV/AIDS interventions. The promotion activities included PowerPoint presentations, oral presentations, fact sheet distribution, and K4Health web site demonstrations.

Specific target audiences for toolkit promotion included

- Over 500 Undergraduate Nursing and Medicine students studying Nursing and Clinical Medicine
- 24 graduate students studying for a Masters Degree in Reproductive Health and their Lecturers at the University of Malawi – Kamuzu College of Nursing
- College Librarian who trains students to conduct electronic information research
- 30 National Stakeholder organizations involved in HIV Prevention activities at a National Condom rebranding conference in Blantyre
- Malawi BRIDGE project and their 22 sub grantee organizations.

The Master of Science in Reproductive Health students were particularly



Students listen to the K4Health Toolkit presentation

excited with the website and what it contains, and had the following to say:

*“We are very grateful to this wonderful work which comes at the right time when all of us were struggling to find Malawi specific documents on RH. This will go a long way in easing our work as we do our final dissertations. We are eager to work with the project for more interaction so as to make sure the site contain relevant material for our information needs.”*

### **Team leader for the Master in Reproductive Health group**

In the continual efforts towards sustainability, some of the promotion activities were conducted by National Taskforce Members i.e. Health Education Unit, Malawi BRIDGE Project.

### **Monitoring and Evaluation**

The report last month highlighted data management systems (establishment of electronic databases) for both FLSMS and DLC data. The focus this month was to continue support of the two DLC coordinators in data management and running of simple analyses for reporting. The Monitoring and Evaluation Advisor also developed simple guidelines. The system has ensured consistency in uniformity and reliability of information generated from the data.

### **District Level Activities**

#### **District Learning Center Operations**

For some time there has been a challenge to secure fulltime staff to understudy and take on full operations of the DLCs especially in Nkhotakota. During the past month, both Hospitals recruited a cadre of Data Clerks to support the HMIS officers. **One Data Clerk per hospital was allocated as full time DLC managers effective immediately.** The DLCSCs developed an Orientation guide and began training of Data Clerks.

In addition, basic computer training was delivered to 1 staff member in Nkhotakota and 15 in Salima. Print material was requested during health education at Out Patient, Under-five and Antenatal clinics at the District Hospital. During training for Community Health Workers on HIV/AIDs, the Health Education Officer distributed 275 relevant information pamphlets procured from the DLC at Nkhotakota District Hospital.

The DLC s have registered a total of 437 visits with 207 visits registered at Salima and 230 visits at Nkhotakota. Out of the total visits registered, 112 were

*“We usually have problems with students looking for this type of information which we normally do not have. This will help a great deal”*

-Librarian at Malawi College of Health Sciences



K4Health presents on the Toolkits

made by female while 325 were made by males. The table below shows the detailed breakdown of DLC visits this month by purpose.

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		Total	
	F	M	F	M	F	M	F	M	F	M	F	M
Salima	5	11	48	126	3	0	0	0	1	4	57	150
Nkhotakota	1	0	52	164	1	0	0	1	1	10	55	175
Total	6	11	100	290	9	0	0	1	2	14	112	325



HSAs and CBDAs using cell phones

### Frontline SMS

In the month of February, DLC coordinators completed the orientation of CBDAs and HSAs on frontline SMS Application and distribution of phones to 22 CBDAs and 65 HSAs in Salima and 90 CBDAs in Nkhotakota.

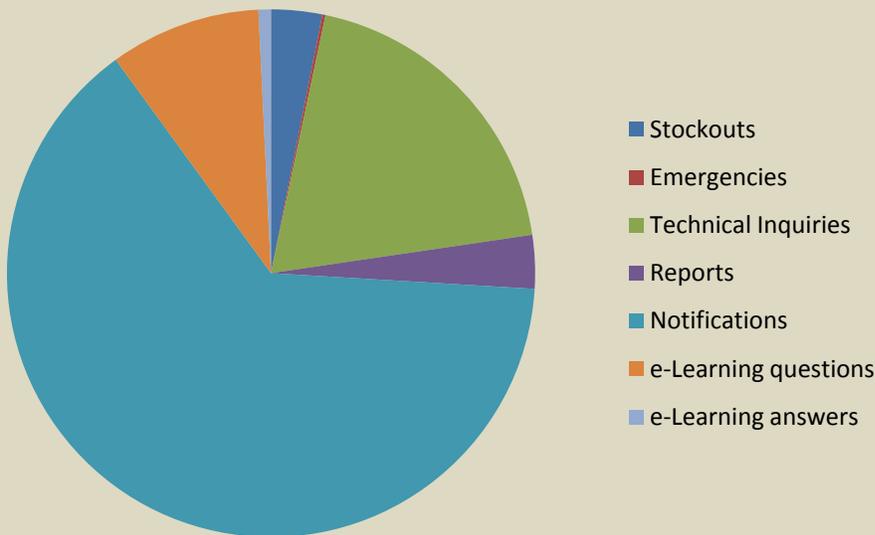
The **eLearning through mobile phone** initiative began in February. During the month, K4Health developed a set of family planning questions for piloting eLearning exercises in both Nkhotakota and Salima with CBDAs and HSAs. Questions focusing on facts about Family Planning were sent to 62 HSAs and CBDAs in Nkhotakota and 181 HSAs and CBDAs in Salima. 20 CHWs responded to the questions administered through e-learning by the end of February.

Analysis of FLSMS data through SPSS in **Nkhotakota** show that a total of 1,771 messages have been sent and received at the hub this month and the breakdown is: 226 messages were received at the hub and 1,546 messages sent from the hub. Further analysis show that 1,320 of the messages were notifications, 38 were on stock outs while 341 were on technical issues and 62 and 8 were on e-learning questions and answers respectively. The hub in Nkhotakota also received one emergency and one technical report. Most of the notification messages which were received and sent from the hub were notifications of various meetings which took place in the district during the month.

**Salima** has registered a total of 831 messages sent and received from the hub. The breakdown of the messages for Salima is: 364 were on notifications, 20

messages on stock outs, 181 were on e- learning questions and 12 on eLearning answers and 168 of the messages were on technical inquiries. The pie chart below show detail of FLSMS messages sent and received to the hub for both districts.

### SMS Messages by Category



A Community-based Distribution Agent uses his cell phone

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

- “ Fp wolera wadepo akumva chizungulire ndaunze chiyani” meaning “one of my family planning clients is experiencing regular dizziness.” The family planning Coordinator responded “Mutumizeni client kuchipala chpafupi kapena kwa DHO” or “Refer the client to the health center or District Health Office-Salima.”
- One of the CBDAs met a client who wanted to know the interval for a client on DMPA to get another shot and the family planning coordinator and fellow CHWs responded “Fp kugonana osapatsana mimba kuthamiyezi itatu usanabayenso wina” which means “the client is safe from getting pregnant until 3 months from the previous shot.”-Salima
- “abambo ambili akufusa kuti kodi njira zolera za abambo zamapilisi sizingapezeke.Brave Kasawala CBDA” A CBDA named Brave Kasawala sent a message to the hub asking if there are family planning methods for men in the form of pills because men in his catchment are interested in having the pills. The family planning Coordinator responded “padali pano palibe njira zolelera a bambo za ma pilitsi” meaning that “at the moment there are no pills for men as a family planning method.”-Nkhotakota
- “HBC/HIV/AIDS.St Cipriano FBO is lacking short of medicine, please help

them.” And the response from the HIV/AIDS Coordinator was “Medicine will be sent to the FBO through the HSA on Monday”-Nkhotakota.

## Challenges and a Way Forward

During the past month Salima DHO has experienced problems with Internet connectivity problems due to unreliability of the service provider. This led later in the month to the District Health Management Team engaging another service Provider - Malawi Telecommunications Limited. However despite the service provider having brought the service to the District, local networking has not yet been finalized and the DLC is one of the places yet to be connected. As a result, at the time of reporting, the DLC was still facing internet connectivity challenges. There is hope that the problem will be rectified within the month of March.

There is need to follow up with a number of HSAs who are sending mass messages to the hub even when not necessary. Some CHWs are sending multiple messages carrying the same message to the hub and there is need to identify the CHWs facing these challenges and provide technical backstopping.

## Upcoming Activities for February

- Continue eLearning to targeted community health workers
- Documentation of best practices for the project
- Host team from USAID Mission to the field
- Planning for end line study

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

For more information about this project, please contact:

Natalie Campbell  
K4Health Malawi Advisor  
4301 N. Fairfax Drive  
Arlington, VA 22203  
[ncampbell@msh.org](mailto:ncampbell@msh.org)  
+1-703-310-3585 (direct)  
+n.campbell3 (skype)

