K4Health Malawi

July 2011

Summary:

The K4Health Malawi project scaled back its full presence in the field on June 30th. The activities are now focused on evaluating project interventions and providing sustainability support to KM Taskforces through December 2011. This month's report highlights some of the findings of the Social Network Mapping conducted in June and begins a discussion on sustainability of the project interventions.

Social Network Analysis

Net-Mapping was first carried out in May 2010 to determine the formal and informal interactions among key actors that supported or detracted from information exchange, their degree of influence, and the patterns of communication and information exchange. K4Health conducted a follow on Net-Mapping sessions in June/July 2011 to get a 'snapshot' of the information network within Malawi that would show changes in the network over the life of the intervention. Following are some of the highlights from the Net-Mapping sessions.

On June 29th, the National level taskforce members came to the MSH office to conduct the Net-Mapping session. The format for the discussion followed the same format conducted in May 2010. Seven national stakeholders participated in the workshop, from USAID, Ministry of Health (MOH) departments, international nongovernmental organizations and the National Organization of Nurses and Midwives of Malawi. The same organizations from the previous mapping session were invited to participate. At least half of the participants had participated in the original Net-Map. The

purpose of the group interview, as explained to participants, was to understand if there had been any changes with key actors and challenge points in the network of information flow to health workers at the national, district, and community levels since May 2010. Specifically, the emphasis (as determined in the May 2010 mapping) was on the flow of HIV Testing and Counseling (HTC) information and Family Planning (FP) information.

The national level mapping was participatory and engaging. Overall, the outcome of the map was similar to the original map in 2010. The flow of HTC and FP information at national level is still very active, while the link to the district is not as strong. When analyzing the maps, one of the new questions added at the very end, was regarding K4Health interventions. The participants were asked to what extent the introduction of the Toolkits may have strengthened any of the network links. The response from participants was that it is too soon to tell. It was recommended that the best way to make the toolkits serve as an information connector at the national level is to drive traffic to the K4Health web site. They suggested the MOH could require the use of the website for posting meeting dates and minutes.

On June 30th and July 1st, Net-Mapping sessions were conducted in Salima and Nkhotakota. In Salima there were 15 participants and in Nkhotakota there were 8. Again, the format was the same as what was conducted in May 2010.

However, at district level, the outcome of the maps was significantly different. Not only were there several new actors identified, but levels of influences had changed. For example, previously community based distribution agents, health surveillance assistants, and clients were not mentioned on the map.

Today, they are not only mentioned, but have a prominent role in the flow of information back and forth with each other, as well as other institutions. When asked which links may have been strengthened due to mobile phones or District Learning Centers, the participants were quick to point out several new links that exist due to these interventions, and previously existing links that have been strengthened. The mapping session provided an opportunity to discuss the K4Health project benefits as well as ideas to help guide sustainability of these interventions in the districts.

Challenge Model for Early Sustainability Measures

In December 2011, the K4Health team will be engaging an outside consultant to evaluate early measures of sustainability of the K4Health interventions within the MOH. The purpose of this evaluation is to provide early measures of the capacity of the Malawi MOH to sustain gains made during the 18 months of the Malawi K4Health Project in strengthening access to and use of FP/RH and HIV/AIDS information in Salima and Nkotakota districts in order to improve the delivery of services.

To help in the transfer of the project to the MOH, the K4Health team used the challenge model process in July with national and district champions. The challenge model, developed by Management Sciences for Health, offers a mechanism to develop action plans for sustaining desired interventions the task forces feel are necessary.

Through the challenge model process, the teams developed measurable results to be achieved by December and analyzed the current situation and obstacles in order to develop priority actions to reach those results. They also developed monitoring and evaluation plans with indicators that will serve to hold themselves accountable.

The evaluation in December will focus on the process by which the districts and national champions have been able (or not) to achieve the measurable results set out in their challenge models and will analyze success factors and obstacles in order to provide recommendations that can be used to improve similar knowledge management projects in the future.

Following the findings of the July Net-Mapping, the K4Health team worked with the national and district taskforce to develop action plans for the next 5 months. The process of coming up with action plans for three task forces involved the following steps:

Discussing the current situation

Thoko Bema presented the current situation to the task forces regarding the K4Health interventions and solicited feedback on any other issues that contribute to the current situation with regard to HIV/AIDS and FP/RH information exchange.

Creating a shared vision

The teams envisioned what they would like to see come December 2011.

"We see a happier, healthier and more productive individuals, families and communities as a result of better access to and use of FP/RH and HIV&AIDS information and services"

Setting a measurable result

The National Taskforce and the District taskforces of Salima and Nkhotakota each developed a measurable result that would support them in achieving their vision. The measurable results for the three teams were crafted in a manner that is feasible using their available resources by December 2011.

National Level: By December 2011, the Ministry of Health has the capacity to manage and sustain web-based electronic health information resources

Nkhotakota: By December 2011, Nkhotakota District Health Office will have well trained personnel to man the District Learning Center (DLC) and m-health system and a functional DLC and m-health system.

Salima: By December 2011, Salima District Health Office provides Internet and basic computer training to health workers and continues to maintain communication between the District Health facility and frontline health workers through FLSMS.

Revising the current situation and identifying obstacles

With their measurable results developed, each task force reviewed and revised their current situation to understand what might support or stand in the way of achieving their measurable results. They then worked to identify the root causes of the obstacles so that their action plans could be created to address the underlying root causes of the obstacles. Each of the teams identified limited resources as one of the root causes to their obstacles.

Developing the action plan

The obstacles and root causes identified were prioritized and action plans were put in place to overcome the obstacles and achieve the measurable result by each of the task forces.

Monitoring Plan

The teams also developed indicators to monitor their action plans. These indicators will serve as a mechanism to hold the national and district level stakeholders accountable and will be reviewed in December as part of the sustainability evaluation.

Sample indicators include:

National Level

- Availability of trained personnel to manage web-based information resources
- TORs for the KM Committee established
- KM committee meeting minutes

District Level

- % of time with internet connection - 60% of the time
- No of days of functionality per computer per month
- No of people attending basic computer training

Meeting with German Funding Agency: GIZ

During July, the K4Health team met with GIZ (previously GTZ) who have expressed interest in supporting the Ministry of Health to continue developing and promoting the HIV and FP/RH information toolkits. The GIZ team indicated that they are supporting the Ministry of Health with various interventions in systems strengthening at the National, Zonal, and District levels. In their implementation, GIZ has identified Knowledge Management as a key gap that they would like to address as a systems issue. When they learned of the work of K4Health Malawi and the toolkits, they considered it an opportunity worth pursuing.

The K4Health team then shared their experiences with the GIZ team and invited them to a KM taskforce meeting the following day where they pledged support to the Ministry in terms of equipment and participation in coordination meetings. As a follow-up, the K4Health Malawi team plans to make a formal appointment with GIZ to further discuss possible modalities for technical support to the initiative.

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