



Summary:

- *FLSMS gives Community Health Workers a voice at monthly district meetings*
- *Capacity building continues for Ministry of Health Managers of District Learning Centers*
- *End line survey gets under way*

National Level Activities

Participation in National events

In May, the project coordinator participated in two national workshops organized by the Ministry of Health's Health Education Unit. The meetings were designed to finalize the national guidelines for family planning communication, review family planning communication materials, and job aids for community health workers (some of these are under print and some are in a pre-test stage). These communication material help HSAs and other community health workers provide family planning counseling. K4Health contributed the knowledge and experience from our interventions with CHWs, which helped determine relevance, clarity, and identify gaps.

Monitoring and Evaluation

Final preparations and start up of end line survey commenced in May. This included finalization of the study design, development of data collection tools for qualitative and quantitative surveys, sampling of potential interviews, recruitment and training of enumerators for data collection, and commencement of the qualitative data collection on the use of District Learning Centers in both districts.

A total of four focus group discussions (two per district) were conducted before starting the quantitative aspect of the survey. In both districts the focus group discussions targeted users of the District Learning Centers, Taskforce, and Management team members.



District Level Activities

Closeout activities

For a smooth scale down of activities at the district level, the two District Learning Center coordinators engaged in a number of activities. The first was continuation of training for district staff to manage the DLCs. Nkhotakota District continued with this training to consolidate the knowledge and skills of Mr. Davie Kanyangala who has been assigned to manage the District Learning Center from July 2011. Areas of focus in his training included:

- a. Exporting messages and contacts for back up
- b. FLSMS application trouble shooting
- c. Introduction to K4Health website

The Salima District Health Management Team added a second person to manage the DLC, Ms. Gomezgani Chisinga (who has IT experience) to manage their District Learning Center considering that Mr. Ofter Phiri who the District identified earlier, may at times be expected to conduct activities outside the District Hospital.

In addition to the trainings conducted by the DLC Coordinators, they also held a series of meetings with District Taskforce members and other users on the scale down of MSH support in the management of the District Learning Centers. Salima District also conducted formal meetings, as listed in the table below. The new DLC Coordinators plan to have a series of meetings with FLSMS users during the month of June to discuss the modalities of managing text messaging after MSH coordinators depart.

Day/Month/Year	Male	Female	Total	Remarks
11/05/2011	20	16	36	CHW meetings discussing exit strategy
13/05/2011	20	17	37	CHW meetings discussing exit strategy
18/05/2011	17	16	33	CHW meetings discussing exit strategy
TOTALS	57	49	106	

District Learning Centers

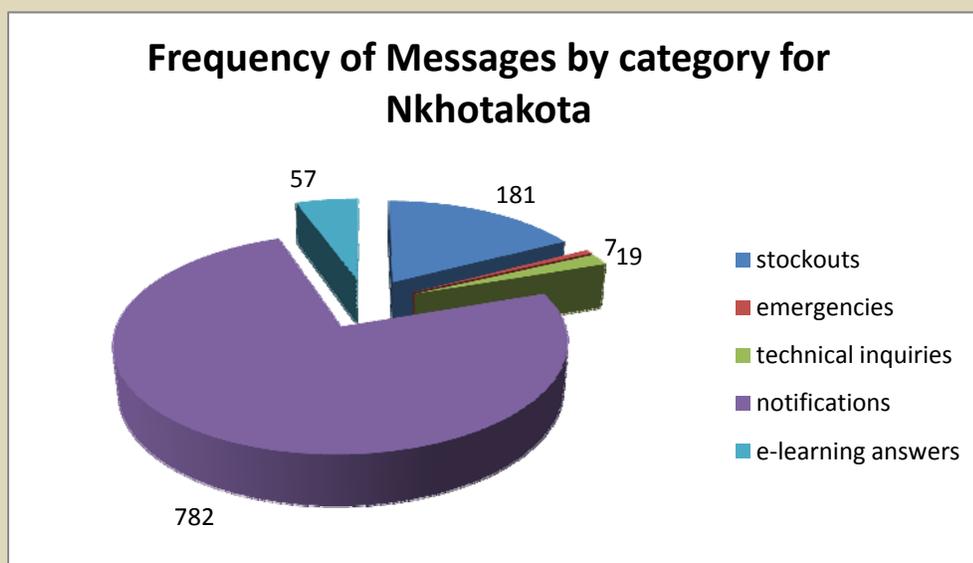
District Learning Center routine activities continued during the month in both Districts with an average of 9.5 visitors per day per DLC (9 for Nkhotakota and 10 for Salima). Activities included basic computer trainings, and more advanced training on Excel for data presentations. Web based information searches, sending, and receiving e-mails were the most common uses of the DLCs.

As has been the case in the previous months, male health workers continue to

represent a bigger proportion of DLC users than their female counterparts. Investigations through focus group discussions which are underway indicate that most female health workers are nurses and that the nature of their work requires staying with patients in the wards for the majority of working hours. Other feedback received includes statements by female health workers, they usually have to go home immediately at the end of their shift to take care of house chores, while their male counterparts have spare time to stay at the hospital and visit the DLC.

Front line SMS

SMS usage levels in Salima faced a setback this month due to the initiative to change the system into a closed user group and reverse billing system. The idea which was aimed at promotion of social networking among CHWs, cost effectiveness, and minimal interruptions due to lack of airtime required signing of a contract with the mobile service provider to finalize the transition. K4Health was not in a position to sign the contract, given the scale down of support and departure planned for June 30th. Negotiations have begun to have the MOH sign the contract. However, this created a delay and CHWs in Salima did not get a monthly top up of airtime for sending messages. To deal with the situation, in June, users will receive airtime for sending messages while discussions with District Health Offices continue. Nkhotakota District was not affected by the problem as it uses a different service provider who does not currently offer reverse billing.



Analysis of FLSMS data through SPSS in Nkhotakota show that a total of 1122 messages have been sent and received at the hub this month and the breakdown is; 660 messages were received at the hub and 462 messages sent from the hub. Further analysis show that 782 (74%) of the messages were notifications, 181 (17%) were on stock outs while 19 (2%) were on technical issues, 57 (6%) were on answers and 10 (1%) were on emergencies. Most of the notification messages which were received and sent from the hub were on various meetings which took place in the district during the month.

Stories of Interest

“We now take part in drawing the monthly review Agenda” – Nkhotakota CHW

At the end of each month CBDAs and HSAs meet to review progress of community Family Planning activities in the District. The reviews which also act as forums for refreshing CHW knowledge require identification of topics for discussion. Over the years they have used a top-down approach, for example people from the District Hospital selected topics for discussion.

“Since the introduction of the FLSMS, things have turned the other way round – the effective way,” said Dorisa Msiska, District Family Planning Coordinator. Now, the agenda is developed based on the needs of the CHW as messages from the community are scrutinized first to identify gaps and needs.

In April, SMS messages were sent to CBDAs to ask what technical issue they commonly encounter in the course of their work. The specific message was: “Can you mention the key steps followed in counseling a Family Planning client?” Based on the responses, the agenda for the monthly review meetings was set.

The May meeting concentrated on developing skills of participants in giving family planning motivation talks and counseling skills. Davie Kapanga and McLonely Nazombe both of Chididi commented on this new process, “The idea of asking CBDAs to contribute to the agenda has ensured that real issues that we face be tackled. With the phone it shouldn’t be difficult to consult us.”

“Now we can breathe” – Nkhotakota DLC is now Air conditioned

The Leadership Development Program which K4Health project used to roll out the knowledge management project in Salima and Nkhotakota did not just end in having the centers and setting up of the FLSMS system at the Districts. Largely it has contributed to team work in terms of identifying challenges, identifying solutions and acting on them.

One outstanding issue identified during the past LDP coaching sessions for Nkhotakota was the excess heat in the lakeshore District. During the meeting, taskforce members set themselves a challenge to convince Hospital management to install air conditioning in the DLC. After months of negotiations, the District health Management team has responded favorably and duly installed Air conditioning in the DLC. This has become one of the success stories by the Taskforce in addressing their obstacles towards achieving their vision.



Upcoming Activities for June

- End line survey continues
- Social Network Mapping
- Official hand over to the Malawi Ministry of Health
- Project Operational Guidelines developed

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

