



Summary: In May, progress was made at National Level through development of 3 FP Toolkits; at the District Level with the set up of 2 District Learning Centers and the hiring of 2 DLC Start Up Coordinators; and at the Community Level with the training and disbursement of cell phones to 253 Health Surveillance Assistants and Community Distribution Agents in Salmia and Nkhotakota. Additionally, the project was highlighted on the international stage through the mHealth eConference.

National Level

Measurable Result #1: By December 31, 2010, 60% of HIV/AIDS, FP/RH Program Managers at the National level access comprehensive, accurate up to date and monitored HIV/FP/RH information through K4Health tools

At National Level, one of the priority actions is to work with existing HIV/AIDS and FP/RH Program Managers to develop, review, populate and disseminate toolkits. The **Reproductive Health Toolkit Development Task Force** has met three times and achieved the following:

- Defined their Scope of work
- Categorized and subcategorized Key Priority areas for tool kit development
- Sourced and consolidated information resources on Reproductive Health
- Reached consensus on 3 Malawi-specific FP/RH toolkits for production:
 - 1) Family Planning
 - 2) Young People in Reproductive Health
 - 3) Maternal and Neonatal Health



Malawi: Young People in Reproductive Health Toolkit

The content for the toolkits will be posted on the K4Health site over the next few weeks and then a follow up Task Force meeting in June will be conducted to review the first draft of the toolkit structure and content.

The **HIV/AIDS Technical Working Group** has proved to be more challenging to pull together, as they don't meet regularly. As a result, the project has changed the approach for the HIV/AIDS Toolkit process. Instead of starting with a task force, we have started with consolidation of information from the key stakeholders (which is almost complete). MSH is working with National Aids Commission (NAC), Health Education Unit, HIV and AIDS Unit, Bridge project, UNAIDS, and MACRO to form the taskforce that will review the materials and finalize the toolkits. The taskforce coordination meeting will be held in the first week of June and NAC has pledged to host and provide over 70% of the resources for the meeting.



Measurable Result #2: By December 31, 2010, 40% of HIV/AIDS, FP/RH Program Managers at the District level in Salima and Nkhotakota access comprehensive, accurate, up to date and monitored HIV/FP/RH information through K4Health tools.

District Level Activities

District Learning Centers (DLCs) in both Salima and Nkhotakota have been established. Four computers in each DLC have been installed with internet connection and the default home page of K4Health. One of the challenges encountered thus far, is that only 30-40% of community health workers (CHWs) know about the DLCs. The role of the DLC Start Up Coordinators will be critical in promoting the use of the DLCs.

The two DLC Start Up Coordinators began May 1st. They received training in Lilongwe and then went directly to the districts to begin working with the District Health Office (DHO) management team, managing the DLCs, training users on computer skills, monitoring the SMS hub, and strategizing for the activities of promoting DLC use. Response to the DLC Start Up Coordinator arrival was overwhelming. The volume of requests for computer literacy training for information research from nurses was more than expected and we are working on a training schedule to accommodate the volume. DLC Start Up Coordinators will provide detailed monthly activity reports.



Measurable Result #3: By December 31, 2010, there is a 60% increase in the number of health workers at the community level in Salima and Nkhotakota accessing comprehensive, accurate, up to date and monitored HIV/FP/RH information through K4Health tools

SMS

K4H Malawi is collaborating with Frontline SMS Medic to set up mobile phone based communication between the District Hospital staff and Community Based (frontline) health workers. In May, a weeklong training was given in each district on phone usage, and phones were distributed.

In **Nkhotakota**, a community based needs assessment was conducted, but the results were not specific enough to inform the practical ways community health workers will use the phones. During the weeklong SMS orientation, focus group discussions were held to refocus and specify the needs assessment. Ninety-one Health Surveillance Assistants (HSAs) and Community Based Distribution Agents (CBDAs) attended the training and all participants were given phones.

In **Salima**, training was conducted in coordination with CHFPS (Integrated Community Family Planning and HIV and AIDS Project) and BASICS. The phones used for the SMS portion of the project are java enabled as per the requirements of the BASICS project, which we are coordinating with on mHealth in Salima. Given the complexity of the phones and multiple project needs, K4H and the DLC Start Up Coordinator will conduct follow up training to focus more on how they can be used for information sharing. One hundred eleven phones were distributed to CBDAs and 51 HSAs. Reports from the DLC Coordinators indicate a fair amount of activity immediately after phone distribution.

mHealth eConference

On May 5th, Network Coordinator in Malawi, Thokozani Bema, gave a presentation at the international online eConference: "How Can Mobile Phone Technologies Improve Family Planning, Maternal and Newborn Services in the Developing World". The focus of MSH's presentation was on the K4Health Malawi objective of improving the exchange and use of HIV/AIDS and FP/RH knowledge among health workers at the national, district and community levels using mobile phone technology, and the activities and challenges involved. The presentation can still be viewed: www.icohere.com/SHOPS

Project Monitoring and Evaluation

In the coming months, we will be focusing heavily on the monitoring and evaluation of the project and using the findings from the Social Network Analysis to make any necessary project adjustments.

One of our key objectives for the next month is to monitor, evaluate, and readjust the SMS network functions to ensure they respond to the needs of the HSAs and CBDAs.

Given this is a short term demonstration project that thus far is funded only through December, sustainability issues are an important part of our activities. We have been mindful of this in our coordination and collaboration with the national TWGs who take ownership of the toolkits and with the District Health Officers' management teams who will be responsible for absorbing the DLCs and SMS hubs. Even given this transfer of ownership, the project is hopeful that support will be extended in Malawi so that we can measure not only access of information at the 3 different levels, but also the use of that information, and the improved service delivery achieved as a result of the use of that information.

Meet the K4Health Malawi Staff

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systems. Greater health
impact.*



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We're on the Web!

See us at:

www.k4health.org/Malawi
