

Impact Evaluation of Chipatala cha pa Foni (CCPF), Malawi's Health and Nutrition Hotline

Introduction

The Malawi Ministry of Health and Population (MoHP) and VillageReach developed Chipatala cha pa Foni (CCPF) – “Health Center by Phone” – as a community-based hotline in the Balaka district of Malawi. The hotline initially focused on maternal and child health needs and has expanded to include all standard health and nutrition topics, including sexual and reproductive health (SRH). CCPF’s overarching goal is to improve health outcomes by increasing access to free, timely and quality health information. CCPF also links patients to health facility services, thus extending the reach of the health system to under-served communities. CCPF is now available nationwide and operated by the Malawi MoHP.

Since its launch in one district in 2011, the scope and scale of CCPF steadily expanded. By early 2017, CCPF was advertised in nine districts (Balaka, Ntcheu, Mchinji, Nkhhotakota, Mulanje, Machinga, Dedza, Salima, and Zomba) and it had become a general health hotline, answering questions on all health topics, including HIV, Tuberculosis (TB) and everyday concerns such as headaches, fever and asthma. In August 2017, the hotline added a module for adolescents and youth that aimed to answer in-depth questions around SRH, HIV and STI prevention, puberty/menstruation and other confidential topics. By August 2018, when this evaluation was initiated, the hotline was answering around 3,000 calls per month.

This evaluation demonstrates CCPF’s impact on key health indicators in Malawi. It highlights several categories helping stakeholders assess overall program impact to date. The evaluation tested the following indicators:

1. KNOWLEDGE & BEHAVIOR CHANGE

To what extent did the CCPF hotline complement other sources of health information and advice? Is there evidence that the hotline led to more informed health consumers, in terms of their ability to make good decisions for *prevention and/or treatment of disease* through improved *home-based practices and health-seeking behavior*?

2. VALUE ADDED & USER SATISFACTION

Did the hotline meet the needs of CCPF clients?

3. EQUITY & ACCESS

How effective was the hotline in reaching underserved populations?

4. QUALITY OF SERVICE

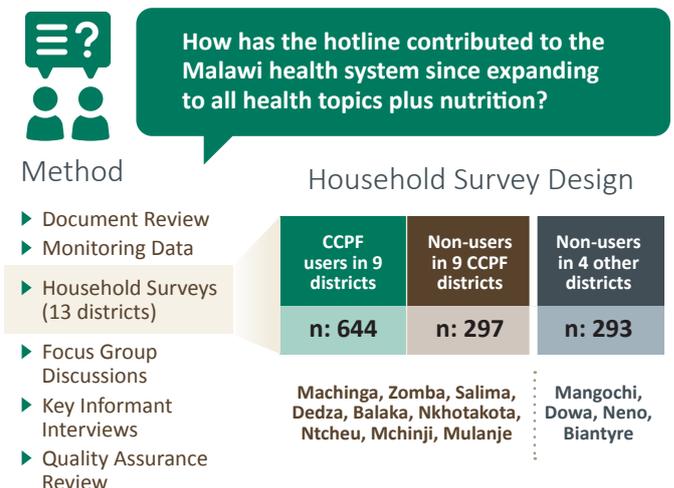
Did the hotline provide *quality* advice on a range of health and nutrition topics, according to Ministry of Health standards?

5. REFERRALS / LINKAGES TO CARE

How effective was the CCPF hotline in connecting the general population to needed health care services? Did the hotline provide *timely and appropriate referrals* to health facilities for clients presenting with specific health symptoms/danger signs or clients requiring certain preventive/family planning services? To what extent did the hotline support or enhance the patients’ ability to seek and receive services from health facilities?

Impact Evaluation Approach

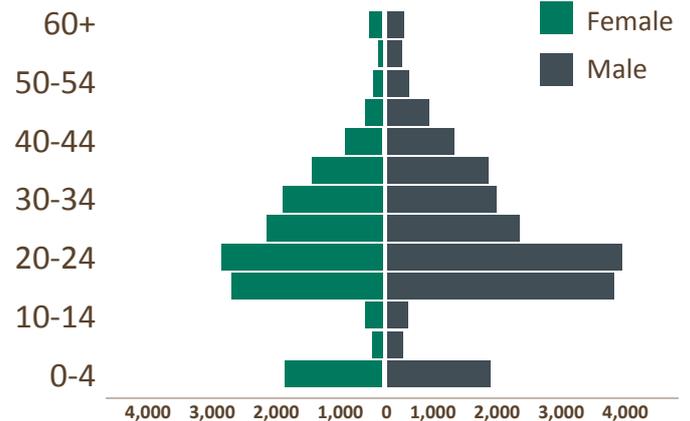
The 2018 CCPF evaluation field work was conducted by Jimat Development Consultants, with design and data analysis support from VillageReach, and input from the MoHP and CCPF stakeholders and partners in Malawi. The consultants used a mix-methods design using: household surveys from 1,234 respondents in 13 districts, focus group discussions (FGDs), key informant interviews (KIIs), and an external quality assurance (QA) review. Household survey respondents had called CCPF in the previous two years, and were located in 9 CCPF intervention districts and four comparison districts where CCPF had not been advertised.



CCPF Caller Demographics

CCPF hotline callers represented a diverse population of men and women between the ages of 25-49, and youth from ages 15-24. The evaluation results demonstrated that people called the hotline regarding a variety of health topics, and that a wide range of people accessed the hotline, such as people living far from health facilities, people with low levels of income and education, as well as people without personal phones.

Monitoring data for all CCPF calls (April—June 2019)



90% of CCPF users live in households with a mobile phone. However, 22% of callers called CCPF from someone else's phone.



77% of CCPF users own an Airtel phone/SIM card and **another 20.5%** say it is 'easy to find someone with an Airtel phone' they can use. Similar access was reported by non-CCPF users living in the same communities.



2% of callers had no formal education, an additional 12% had only completed up to four years of school, **42% had completed up to 8 years of school, and 43% up to 12 years of school.** Another 2% had higher education beyond secondary school.



8% of CCPF users could not read at all (literacy was tested by the data collectors), and another 10% could only read part of a sentence in Chichewa.

Key Results/Impact

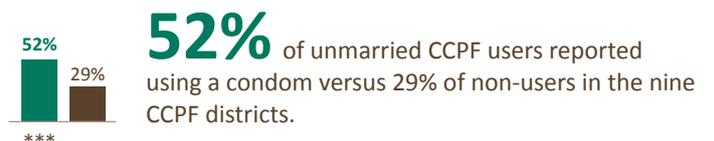


On SRH and HIV issues, the evaluation shows that CCPF use is correlated with increased knowledge and/or healthy behaviors for some key indicators. For instance, CCPF had a statistically significant impact on the following indicators:

TESTED FOR HIV IN THE LAST 2 YEARS



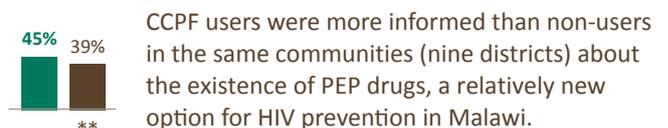
UNMARRIED AND USED CONDOM LAST TIME HAD SEX



USED MODERN CONTRACEPTIVE IN THE LAST 2 YEARS



KNOWLEDGE OF POST-EXPOSURE PROPHYLAXIS (PEP)

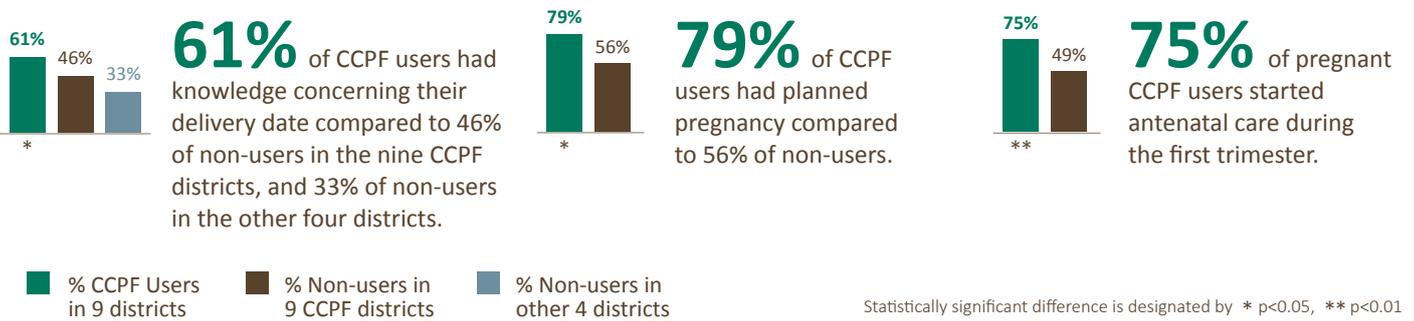


■ % CCPF Users in 9 districts ■ % Non-users in 9 districts

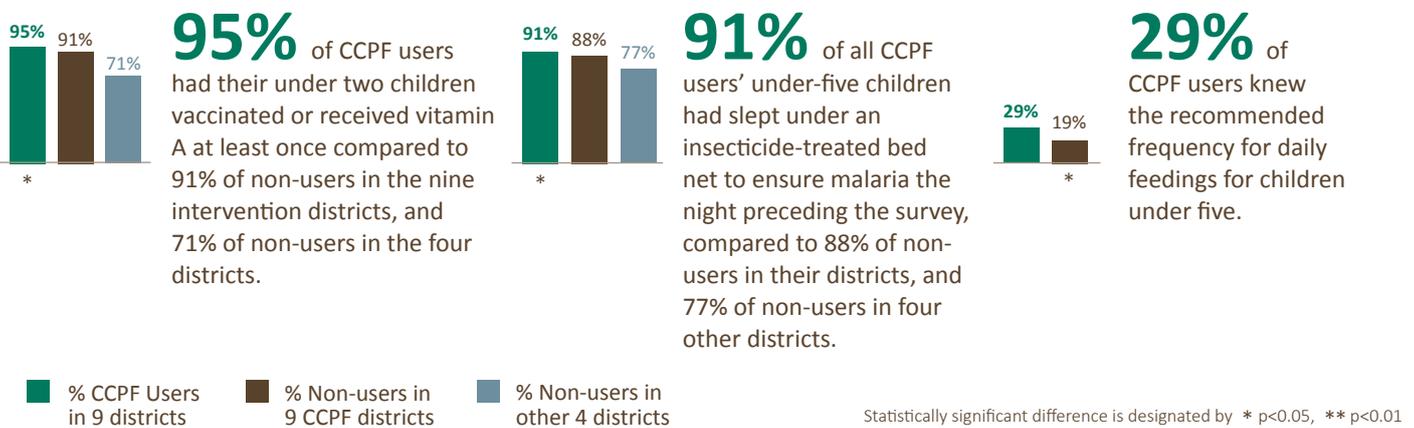
Statistically significant difference is designated by * p<0.05, ** p<0.01, *** p<0.001



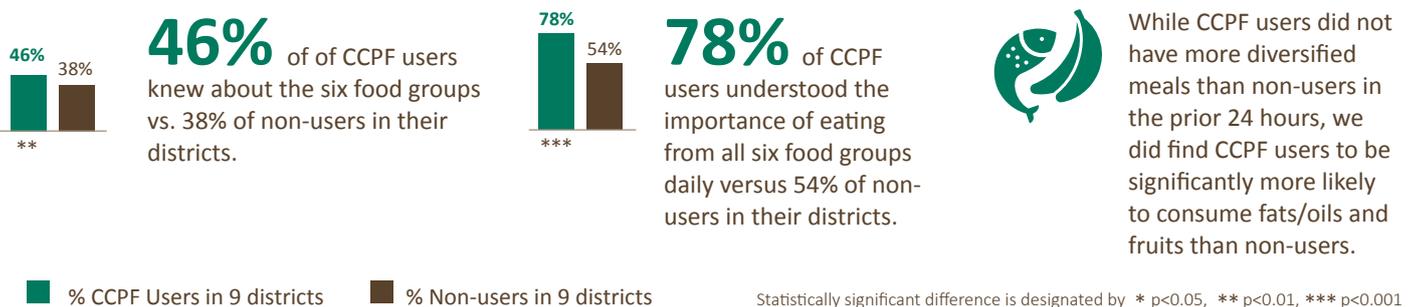
Maternal Health was one of the initial focal areas for CCPF and shows promise in ensuring access to health information at critical points before, during and after pregnancy. For instance, pregnant CCPF callers were more likely to have had a planned pregnancy, had better knowledge of their due date, timing for antenatal care (ANC) visits and were more likely to start antenatal care in the first trimester of pregnancy compared to non-CCPF users. These women also seemed to have better nutrition practices, and sought more care upon danger signs. For instance when compared to non-users in the same districts:



On Child Health, the evaluation shows statistically significant results in the intervention areas of young child immunizations, malaria prevention and nutrition in under-five children amongst CCPF users and non-users. For instance:



On Nutrition, the evaluation showed statistically significant differences between CCPF adult users and non-users regarding improved nutritional knowledge. For instance:



While CCPF users did not have more diversified meals than non-users in the prior 24 hours, we did find CCPF users to be significantly more likely to consume fats/oils and fruits than non-users.



In addition to the four priority health areas presented above, hotline workers answer calls on hundreds of preventive and curative topics.



Of CCPF callers interviewed, 87% reported following the advice given by the CCPF hotline nurses, regardless of the health topic. Another 6% said they followed 'some' of the advice".



CCPF was successful in linking patients to care. 87% of all callers who had been referred by CCPF to a health facility for further tests, care or preventive products reported going. Furthermore 95% were satisfied with the referral and 33% said they probably would not have gone otherwise.



The satisfaction levels among CCPF users were high, confirming prior user satisfaction surveys done over the phone. In this case, the surveys were conducted at the household level, which means that even people without a personal phone could be reached and were able to express their opinion. The vast majority of callers find value in CCPF because of the personalized health advice they got from a live hotline nurse. The study found that:



of CCPF users said customer care was very good or good



of CCPF users who called with a sensitive/intimate question were satisfied with the privacy/confidentiality at the hotline



of CCPF users said they would still call even if they had to pay for the service



of CCPF users are very likely or likely to call again



of CCPF users recommended the hotline to others

An external quality assurance (QA) review of randomly-selected CCPF calls, conducted by a MoHP physician and nurse, validated the internal hotline QA processes. It showed that CCPF hotline workers give good clinical advice to the population in a majority of cases, according to MoHP protocols. This was the case for both clients who were sick (presenting with symptoms) and clients who needed preventive services or products.

The external clinicians commended the hotline nurses for the quality of professional advice given, and made recommendations for how to handle more complex clinical cases that are rising based on caller demand.

Conclusion

The evaluation results show that a diverse group of people are calling the hotline and that it improves a number of important health indicators. CCPF extends the reach of the health care system by providing access to certified health and nutrition information and services. These evaluation results will guide future improvements to the hotline in collaboration with MoHP. The complete evaluation report and data are available upon request.

The 2018 CCPF impact evaluation field work was conducted by **Jimat Development Consultants**, with design and data analysis support from **VillageReach**, and broad input from across various **Ministry of Health and Population (MoHP)** departments and **CCPF partners** in country, including Airtel, ONSE/USAID, GIZ and JSI/DREAMS.

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The evaluation protocol and questionnaires were approved by the **National Health Sciences Research Committee (NHSRC)** of the Malawi MoHP.

Evaluation team:

- **Jimat:** Dr. Gilbert Mawera, Mr. Mwizapanyuma Simkonda, Dr. Godfrey Chagwiza, Mr. Atusaye Mwalwanda, Mr. Shepherd Dzingai, Mr. Gideon Gavera
- **MOH Central Monitoring & Evaluation Division:** Mr. Isaac Dambula
- **VillageReach Malawi:** Ms. Luciana Maxim, Mr. Benson John

