

# CCPF Transition to Government

## Evaluation Report

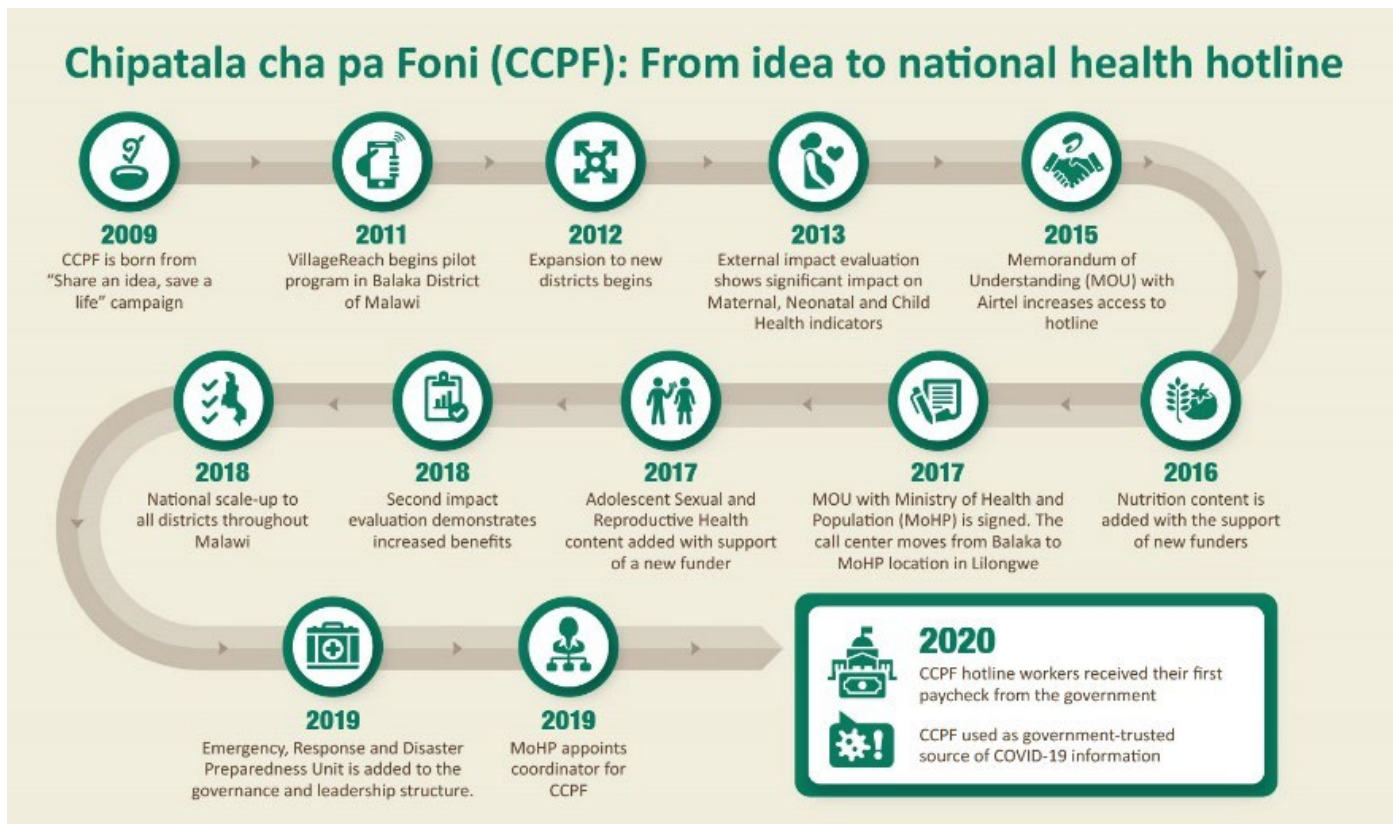


Chipatala cha pa Foni (CCPF) was an implementation of VillageReach’s Health Center by Phone (HCBP) solution piloted in Malawi in 2011 in a partnership between VillageReach and the Ministry of Health (MoH). It now provides free information on health and nutrition and is available across Malawi 24 hours a day, seven days a week.

VillageReach officially transitioned technical, managerial and financial ownership of CCPF to the MoH in March 2021, making CCPF one of Africa's first government-run and financed nationwide health hotlines. This experience with CCPF informed our [Transitioning Well initiative](#), launched in 2019.

Transitioning VillageReach solutions to governments and other partners required a process, which we developed through the creation of [eight guidelines](#) covering critical areas such as: developing a solution description, developing a solution toolkit, developing a transition strategy, developing transitioning plans, solution costing, skills development planning, conducting a transition readiness assessment and conducting a post-transition evaluation.

CCPF was the first program to apply the VillageReach Transitioning Well Evaluation and Adaption Plan guidelines developed to monitor solution key performance indicators throughout the transition and evaluate solution fidelity and impact post-transition. This document summarizes the CCPF post-transition evaluation findings conducted between October and December 2021 by an external consultant.



# Assessment Methods

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The independent evaluation involved literature and record reviews; key informant interviews with directors and program managers of relevant departments within the MoH, district coordinators from three randomly selected districts, partners, hotline workers, hotline supervisors (MoH and VillageReach) and hotline users; and observations of the hotline center.

## Key Findings

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### STAKEHOLDER INVOLVEMENT AND BUY-IN

**Finding:** Throughout the design, scale and transition of CCPF, multi-stakeholder involvement between the government, NGO and the private sector was key to the program's success. One-year post-transition, buy-in from the government remained strong - it continued to fund hotline operations and hotline worker salaries. It took over the Memorandum of Understanding with Airtel to provide mobile network coverage for the hotline. However, in other instances, stakeholder involvement declined within MoH departments and with external partners, particularly since the CCPF Technical Working Group (TWG) and Steering Committee no longer met regularly.

**Recommendation:** There is an urgent need for the MoH to revive relationships and communication with previous partners and potential new partners to keep all key stakeholders committed to CCPF and mobilize continued financial support to bridge MoH funding gaps. This could be achieved by using existing structures or working groups to maintain visibility and accountability.

### HOTLINE USE

**Finding:** Community demands for CCPF remained high post-transition. CCPF transitioned during the COVID-19 pandemic, which led to increased demand as the hotline became a national source of information on COVID-19 and later, COVID-19 vaccine information. Data for January-October 2020 (before transition) and January –October 2021 (post-transition) showed an overall 24% demand increase of CCPF in 2021.

**Finding:** The availability and quality of hotline content on various health topics remains superior post-transition. Hotline workers can take calls in four languages - Tumbuka, Yao, Chichewa and English - and interactive voice messages (IVRs) are available in Tumbuka, Yao and Chichewa.

**Finding:** Twenty-two hotline users were interviewed about their experiences with CCPF. Of these, 20 users noted they were satisfied with the service that they received. Only two users reported dissatisfaction, one who had been disconnected before reaching a hotline worker and the other was not satisfied with the health information they received.

**Recommendation:** ,, For wider coverage, hotline users recommended more community sensitization using various channels, including radio and HSAs. Extended promotion may be especially useful in semi-urban settlements with a great need for this health information service platform.

## DATA USE

**Finding:** VillageReach created a data dashboard with VIAMO to track calls, caller information and health topics addressed. One-year post-transition, utilization of this data by MoH departments remained low. The dashboard remained under the management of VillageReach, as the MoH identified no focal point to transition the skills needed to continue to operate and analyze the dashboard.

**Recommendation:** The MoH's Central Monitoring and Evaluation Division and the Digital Health Department should consider the interoperability of the CCPF dashboard and DHIS2, as this would facilitate the utilization of the dashboard by MoH staff; as a parallel system, it may not be sustained by MoH following its handover to MoH.

## HOTLINE OPERATIONS

**Finding:** Permanent hotline workers noted they received initial training and rehabilitation orientation when they began their positions but have not received any additional refresher training since then. Additionally, temporary hotline workers hired to deal with increased call volumes from COVID did not receive initial training and orientation.

**Recommendation:** There is an urgent need for Human Resource, Clinical and Nursing Directorates<sup>1</sup> to be jointly involved in managing HLW, the majority of whom are nurses; this includes deployment, capacity building, appraisal and motivation.

**Recommendation:** MoH Directorate of Clinical Services should devise a capacity-building strategy for onboarding new hires and temporary hotline workers in order to maintain the level of competency of all hotline workers; this could be an online course in modular format linked to CPD of the hotline workers.

**Recommendation:** The MoH Directorate of Human Resources should expedite the placement of hotline doctors to improve the efficiency of providing additional advice to hotline users when it is beyond the scope of the hotline workers.

**Finding:** Internet connectivity has been an issue since the transition of CCPF, but hotline workers noted that it is generally improving. Initially, as the agreement between Airtel and VillageReach ended after the transition, there were connectivity issues until the MoH finalized an agreement with Airtel directly. Additionally, the call volume increase throughout the pandemic has affected connectivity.

**Recommendation:** There is a need for MoH and mobile operators and private sector service providers to discuss increasing the bandwidth to match the increased load of calls to the hotline center.

**Finding:** The MOH did not fully allocate some of the costs for quarterly servicing equipment, including solar back-up systems, security and cleaning services, which affected the longevity of the equipment and the working environment.

## SUSTAINABILITY

**Finding:** One-year post-transition, the MoH managed CCPF and maintained the service with constraints. At the time of the evaluation, MoH was providing financial support for CCPF, including 25 staff salaries and operations of the hotline center. However, the increased call volume continued to strain the system due to the pandemic, requiring funding from the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) to hire 16 additional hotline workers. Funding constraints have made it difficult for the MoH to manage the technology components of the hotline that go beyond the basic ongoing software and technical support in the contract with VIAMO and to maintain equipment.

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<sup>1</sup> In MoH nomenclature: Curative and Medical Rehabilitation Services Directorate Nursing, and Midwifery Directorate.

**Recommendation:** The MoH should be more strategic in its coordination of resources. For example, the MoH put money into a parallel COVID-19 hotline (929) that did not have enough lines to be effective instead of injecting these resources to improve the existing CCPF/EMS hotline and center capacity.

## Response: Malawi MoH and VillageReach

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Now, two years on from the transition of the CCPF solution from VillageReach to the MoH, the solution remains strong. A number of challenges remain, and the MoH is committed to meeting these head on.

### STAKEHOLDER INVOLVEMENT AND BUY-IN

Throughout the design, scale and transition of CCPF, excellent multi-sectoral collaboration built on mutual trust and a shared commitment to improving health care has been vital to the ongoing strength of CCPF. This success is aptly demonstrated by the response of CCPF to the COVID-19 pandemic. COVID-19 messages have been listened to nearly 1.8 million times since the start of the pandemic, and over half of all calls answered by hotline operators have also been on this topic.

While there is no longer a CCPF working group following a successful transition to government, CCPF remains under the umbrella of the Health Service Delivery Transition Working Group, allowing for ongoing partnership discussion and collaboration as required.

The effectiveness of CCPF has led to increasing regional recognition.

### HOTLINE USE

MoH recognizes that significant promotion of the hotline must be matched by increased staff capacity to handle increased hotline activity. The resources mobilized must also account for the need for frequent hotline worker training so operators can provide the most up-to-date information to callers.

To address previous increases in call volumes, the MoH worked with VillageReach and other stakeholders to hire additional hotline workers and to address demand for COVID-19 information; Wellcome Trust, in collaboration with Blantyre DHO, MoH and VillageReach opened a temporary satellite call center in Blantyre.

Quality is measured against MoH QA protocols based on the accuracy of advice, customer care and referral/follow-up criteria. The recommended score for 2022 was 80% and results averaged 85%. For 2023, the score was increased to 90% and the hotline averaged 91 – 96%.

### DATA USE

VillageReach has commenced the transition of data and dashboard ownership to the MoH Digital Health Division (within the MoH's Administration Directorate), supported by private sector partners.

### HOTLINE OPERATIONS

Throughout the transition, VillageReach and MoH enhanced available bandwidth by connecting CCPF to the government-wide network internet. This additional arrangement provided adequate bandwidth since the transition of services two years ago and continues to do so. This system allows for the simultaneous connection of up to 100 calls, while the peak number of call-handlers is 30, thus providing adequate bandwidth to handle all incoming calls and significant additional bandwidth for surges in activity.

A post-evaluation review of MoH operational budgets has revealed that office maintenance, technological support and utilities - including network and battery – were adequately budgeted for, though procurement and disbursement issues persist. Only support for the solar power backup system was not explicitly accounted for (VillageReach continues to support this technology).

Human resourcing remains a challenge with several mitigating strategies in place: The expansion of CCPF access channels, including IVR messages and self-assessment/reporting via the COVID-19 Symptoms Checker has eased demand and access challenges; Integrating Artificial Intelligence (AI) will further aid this; Establishing a satellite call center for the hotline has been effective in routing demand. However, this required significant investment and donor support; VillageReach has advised the deployment of locum agents and final-year medical students and nursing students at the hotline as part of their practicals (as the hotline moves into telemedicine delivery).

That said, the broader promotion of CCPF must be accompanied by increased capacity to handle the call volumes.

## **SUSTAINABILITY**

In addition to already owning and operating the service, the government is deepening its investment in CCPF. The National Planning Commission visited the hotline in 2023 and plans to incorporate CCPF budget requirements into forthcoming budget allocations to the MoH.

## **OTHER CONSIDERATIONS**

929 was an Emergency Operation Center Hotline activated in response to the COVID-19 pandemic. Now, the government considers this a national health hotline (CCPF) number. An emergency hotline, accessed by calling 118, is now maintained within CCPF.

## **Conclusion**

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Two years after transition, CCPF remains strong and well-placed to provide essential health services to Malawians. The MoH and key partners are committed to the solution's success, and have several strategies in place to meet all challenges to its long-term sustainability.