



Chipatala Cha Pa Foni (CCPF)
HEALTH CENTRE BY PHONE

Toolkit







VillageReach, a US-based non-profit and the Government of the Republic of Malawi – acting through the Malawi Ministry of Health and Population (MOHP) – entered into a Memorandum of Understanding in March of 2017 to facilitate the transition of Chipatala Cha Pa Foni (CCPF) from an NGO-managed program to a government funded and managed program. As part of the process, VillageReach developed a CCPF toolkit to act as the main reference material that provides comprehensive guidelines on what it takes to operate the hotline.

VillageReach and the MOHP shall co-own the contents of this toolkit.

Both parties hereby grant to each other a worldwide, non-exclusive license to use the CCPF toolkit, where “use” shall mean the reproduction, publication or dissemination of the CCPF toolkit and all of the materials within it, including the reproduction and sale of the CCPF toolkit and any additional materials created from it.

ACKNOWLEDGMENTS

Since its founding in 2011, Chipatala Cha Pa Foni (CCPF) or Health Centre by Phone has received outstanding support from many organizations and individuals. VillageReach thanks all stakeholders who enabled CCPF to reach its current level of success and impact.

We extend our sincere gratitude to the Ministry of Health and Population (MOHP) for its leadership and technical direction in the implementation of the programme. We are grateful to the MOHP additionally for making CCPF a key priority, for devoting time to institutionalize it in their strategies, and for taking full ownership moving forward. From the start, MOHP's guidance and support has been essential to the development and continuation of CCPF.

VillageReach also thanks the Balaka District Health Office, where CCPF was piloted for its initial support that made the launch of CCPF possible. Today, its continuing support is ensuring the programme's expansion.

CCPF's private sector partnership with Airtel has been instrumental in enabling the programme to be accessible to all Malawians. VillageReach is grateful for Airtel's generosity to zero-rate all calls to the hotline, for supporting the hotline, and information communications technology (ICT) infrastructure, and for being the platform for promotional short message service (SMS) blasts.

Further, we wish to acknowledge all CCPF's financial backers for providing the resources necessary for the initiative. Thank you to the United States Agency for International Development (USAID), President's Emergency Plan for AIDS Relief (PEPFAR), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Johnson & Johnson, Vitol Foundation, Skoll Foundation, Concern Worldwide, and Bill and Melinda Gates Foundation, among other donors, for providing funding for the original concept to develop CCPF. Many of these donors also provided advocacy and in-kind support throughout the duration of the project, making the continued success of the programme and the road to transition possible.

VillageReach also extends its gratitude to the technical partners who have contributed to the design and implementation of the programme, including Baobab, FHI 360, Viamo, Project Concern International (PCI), and Planned Parenthood for the Greater Northwest and Hawaiian Islands.

VillageReach also extends its appreciation to all of its current and former employees whose hard work was instrumental to completing the toolkit and its success.

Finally, thank you to the hundreds of community volunteers, health workers, and hotline users who selflessly continue to promote CCPF for improving access to health care in their communities.

ABBREVIATIONS

3GPP	3 rd Generation Partnership Project
AC	Alternating Current
CCPF	Chipatala Cha Pa Foni
CCTV	Closed Circuit Television
CMED	Central Monitoring and Evaluation Division
CSV	Comma Separated Values
DCS	Department of Clinical Services
DEC	Data Entry Clerk
DHO	District Health Office
ESCOM	Electricity Supply Commission of Malawi
FAQ	Frequently Asked Questions
FGD	Focus Group Discussion
FTE	Full-time Employee
GSM	Global System for Mobile
HES	Health Education Services
HLW	Hotline Worker
HP	Hewlett Packard
HR	Human Resources
HSSP II	Health Sector Strategic Plan II
IMCI	Integrated Management of Childhood Illness
IVR	Interactive Voice Response
ICT	Information Communications Technology
KII	Key Informant Interview
KPI	Key Performance Indicator
LTE	Long-term Evolution
M&E	Monitoring and Evaluation

MNCH	Maternal, Newborn, and Child Health
MNO	Mobile Network Operator
MOF	Minister of Finance
MOHP	Ministry of Health and Population
MOU	Memorandum of Understanding
PBD	Paper-based Data
PEPFAR	United States President's Emergency Plan for AIDS Relief
PIP	Performance Improvement Plan
PIS	Procedure Implementation Steps
QA	Quality Assurance
QMD	Quality Management Department
RACI	Responsibility, Accountability, Consultation, & Information
SBCC	Social and Behavior Change Communication
SH	Secretary for Health
SMART	Simple, Measurable, Achievable, Realistic, Time bound
SMS	Short Message Service
SMT	Senior Management Team
SOP	Standard Operating Procedure
SSDI	Support for Service Delivery Integration
SRS	Software Requirement Specification
TNM	Telecom Networks Malawi
T&R	Tips and Reminders
USAID	United States Agency for International Development
VR	VillageReach
YFHS	Youth Friendly Health Services
WCBA	Women of Child Bearing Age
WI FI	Wireless Fidelity

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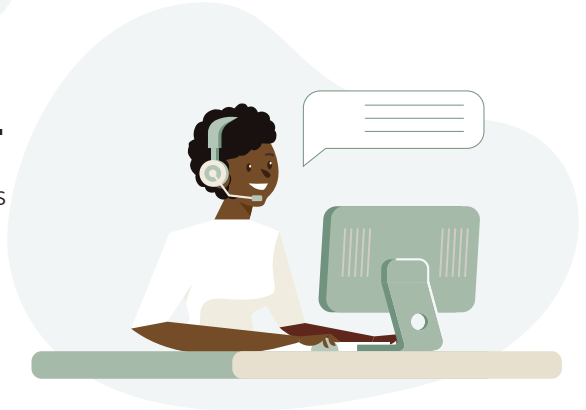


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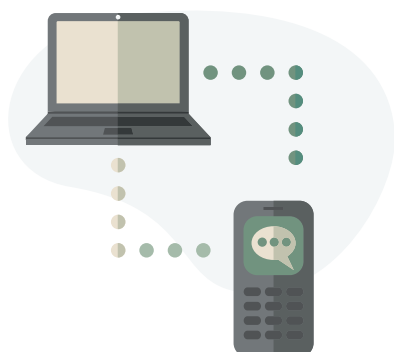
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**Toolkit Introduction and Note to Ministry of Health and
Population**

History of Chipatala Cha Pa Foni

TOOLKIT INTRODUCTION

NOTE TO THE MINISTRY OF HEALTH AND POPULATION

This toolkit provides the Ministry of Health and Population (MOHP) with materials needed to operate and manage the Chipatala Cha Pa Foni (CCPF). As ownership transitions to the government, users may evolve the current version of the CCPF toolkit, which was developed in collaboration with the MOHP, to meet changing needs. Standard operating procedures (SOP) should be reviewed annually. Other documents in the toolkit should be reviewed at least every three years or any time there is a change in government policy.

The toolkit is divided into eight main sections, with two additional sections for appendices and annexes. Each main section has its own corresponding appendices section. The electronic links are provided for both the main and appendices section. As you read and use the toolkit, be sure to regularly check the referenced appendix materials.

Users may have varying purposes for referencing the toolkit. Keep your CCPF roles and responsibilities in mind as you read and use the toolkit, so that you will not overlook any components critical for your work and supervision. The electronic version of the toolkit is set up so that individual SOPs and sections can be accessed and printed by the MOHP as needed.

VillageReach is excited to transition the management and operation of CCPF to the MOHP. We deeply appreciate the respectful partnership and are looking forward to bearing witness to the continued impact that CCPF will have on the health of all Malawians under the MOHP's leadership.

A HISTORY OF CHIPATALA CHA PA FONI HEALTH CENTRE BY PHONE

The Malawi Ministry of Health and Population (MOHP) and VillageReach developed Chipatala Cha Pa Foni (CCPF) — Health Centre by Phone — as a community-based hotline in the Balaka district of Malawi. CCPF was the winning entry submitted to the “Share an Idea, Save a Life” contest, led by the MOHP, with support from Concern Worldwide and the Bill and Melinda Gates Foundation. The concept was informed by additional conversations with community members, including health workers. VillageReach partnered with MOHP to design, build, and roll out CCPF and its services across Malawi.

CCPF’S TIMELINE AND EVOLUTION

In line with the government’s priorities for health sector development — including in the areas of reproductive, maternal, newborn, adolescent, and child health — there is a need to extend health information and services to rural communities. More than 80 percent of the population of Malawi live in rural areas, and there is only one physician for every 55,500 people (UNESCO, 2017). CCPF bridges the gap for healthcare access for many Malawians. The programme transforms the way Malawians access health and nutrition information. CCPF offers a health centre to all Malawians through the use of an Airtel mobile phone. MOHP Deputy Director of Clinical Services, Dr. Nedson Fosiko, says CCPF is a “health centre in every Malawian’s home.”

In the initial years of the service, Malawians in only certain districts could call the hotline for free to receive medical advice on topics relating to maternal, newborn, and child health in local languages (Chichewa and Yao). Users would access general medical advice from trained hotline workers (HLW), including referrals to a health centre. When an HLW could not answer, the system connected the caller to an on-call doctor who would provide further information. The caller

had the option to sign up for text or voice reminders and tips corresponding to the stage of their pregnancy or the age of their child. Women of reproductive age received a standard set of messages.

Since its launch in 2011, CCPF has expanded in a number of ways. The service is now available nationwide and offers all standard health and nutrition topics — water, sanitation, and hygiene; infectious diseases; and nutrition — in accordance with Malawi’s MOHP guidelines. In 2015, CCPF partnered with Airtel, a major African telecommunications network. Airtel provided a short code and zero-rated all calls, making the newly rebranded Airtel CCPF service free for all callers who use an Airtel line. Following the partnership, VillageReach, with support from donors, remained financially responsible for service operations, community outreach, all follow-up call payments, and reminder texts. This partnership was essential to national scaling, as it allowed CCPF to obtain new consumers while reducing costs. Youth services were introduced in 2017, increasing access to sexual and reproductive health information for young people.

A broad range of donors and partners have supported CCPF. For instance, Johnson & Johnson helped CCPF with its branding and organizational identity that positioned MOHP as its core partner. The German government — Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) — supported scaling up the programme and extending it to other districts, the inclusion of a nutrition module, and the HLW training and hiring. The United States President’s Emergency Plan for AIDS Relief (PEPFAR) paid for improved HLW training, additional clinical modules, and community mobilization on adolescent sexual and reproductive health and HIV/AIDS. The United States Agency for International Development (USAID) enabled the programme’s

expansion throughout 16 districts in the country and provided funding for major technological upgrades to the system. This enhanced service for the entire country.

In 2017, CCPF headquarters moved from the Balaka District Hospital to the MOHP Health Education Unit compound in Malawi's capital, Lilongwe. This brought CCPF closer to the medical and technological products and government offices, making it easier to maintain closer relationships that will benefit the transition.

As CCPF transitions to the government, the services offered are likely to grow and to change based on the needs of the population. For example, a rise in calls about skin infections and non-communicable diseases pushed CCPF to develop clinical training modules for HLWs on these subjects. In 2018, the hotline services became available 24/7 to all 28 districts in the country.

In 2019, CCPF replaced the Tips and Reminders (T&R) short message service (SMS) blasts with Interactive Voice Response (IVR) messages. A voice message service allows clients to select and listen to voice recordings to access information relating to services on sexual, reproductive, maternal, and child health topics using an ordinary cell phone. The recordings are tailored to an individual client's week of pregnancy or a child's age.

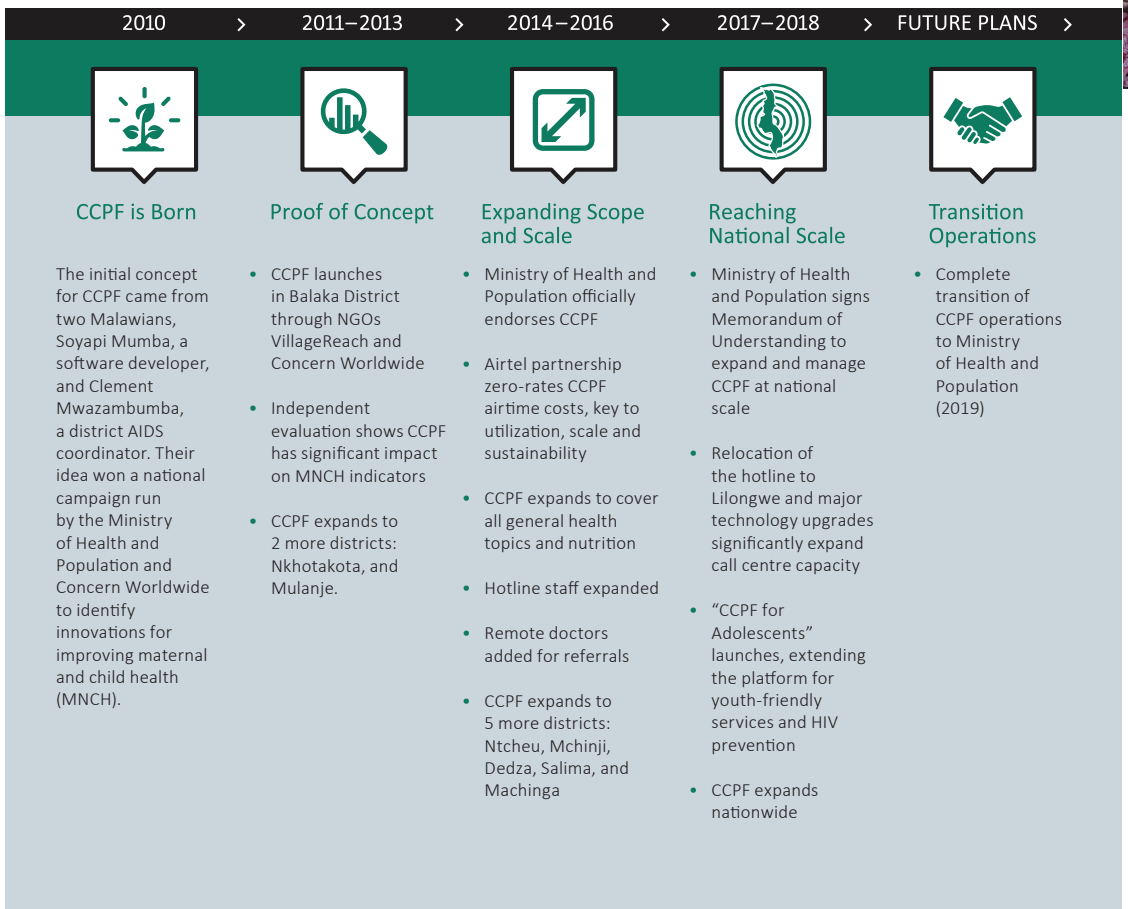
In 2019, Malawi's MOHP is integrating CCPF into its own public health efforts. A new memorandum of understanding (MOU) with Airtel makes government ownership a realistic prospect. Budgetary decisions, tabled at the government-led CCPF Steering Committee meetings, provide for increased commitment, including funding of the current human resources establishment for absorption

into the MOHP payroll. The government also continues to collaborate with other donors like GIZ to support human resources funding gaps.

VillageReach is working with other interested governments and partners to determine how CCPF can help support more underserved communities.

From Idea to Impact

THE CCPF TIMELINE





THE CCPF MODEL

Chipatala Cha Pa Foni Frequently Asked Questions

Chipatala Cha Pa Foni Organizational Chart

Roles and Responsibilities (Responsible, Accountable, Consulted, Informed)

The Chipatala Cha Pa Foni (CCPF) Model section is relevant to all departments: Department of Clinical Services (DCS), Health Education Services (HES), Quality Management Department (QMD), Information Communications Technology (ICT), and Central Monitoring and Evaluation Division (CMED). This section provides a basic introduction to CCPF, as a public health solution, which should help Ministry of Health and Population (MOHP) staff understand CCPF and how it is structured and operates. It includes an explanation of CCPF's main goal of increasing health literacy and its technology-based solutions. The Responsibility, Accountability, Consultation, & Information (RACI) chart and organogram focus on the interactions of personnel for CCPF tasks, as well as the organization of personnel.

FREQUENTLY ASKED QUESTIONS (FAQS)

1. WHAT IS CCPF? HOW DOES IT WORK?

Chipatala Cha Pa Foni (CCPF) is a toll-free health hotline in Malawi with two components:

- i. **Hotline** - Using the free shortcode **54747**, callers speak with trained health workers who provide the Malawi Ministry of Health and Population (MOHP) verified information and referrals on all health topics, including nutrition. Hotline workers (HLW) triage calls to doctors and refer callers for further care to a health centre when needed.
- ii. **Interactive Voice Response (IVR) Messages** - Instead of speaking with an HLW, callers may opt to use the IVR Messages service, which is a call-and-listen-in programme that includes pre-recorded messages on different health topics. This replaced the previous Tips and Reminders (T&R) service, which was abandoned due to network coverage problems that resulted in lower delivery rates. This was further complicated by a low literacy rate among users. Adolescents/youths can listen to IVR Messages (in Chichewa) by calling 54747 and choosing the option to listen to messages. Clients do not need to own a phone to access the voice messages. Adolescent Health, Women of Child Bearing Age (WCBA), Nutrition, and Maternal, Newborn and Child Health (MNCH) messages are currently available in Chichewa, Yao, Tumbuka, and English.

2. HOW AND WHEN CAN I CALL IN? CAN I USE ONLY AIRTEL?

Service is available 24/7, including holidays, except on Christmas and New Year's Day. You must call 54747 from an Airtel line, and the service is free.

3. WHERE IS CCPF ACCESSIBLE?

CCPF is available in all districts in Malawi.

4. HOW MUCH DOES IT COST?

The CCPF hotline and interactive voice response (IVR) message service are free for the user.

5. NOW THAT THE MINISTRY OF HEALTH AND POPULATION HAS TAKEN OWNERSHIP, IS THE SERVICE STILL FREE?

Yes. The MOHP has an agreement with Airtel that allows for free incoming calls. IVR messages are also free to the caller/client.

6. HOW LONG CAN I TALK WHEN I CALL THE HOTLINE?

There is no time limit. Calls usually last 10-15 minutes, which allows more time for questions than is typically feasible at the health centre where the average time spent with patients by trained health care professionals can be as little as 1-2 minutes.

7. WHAT TYPES OF QUESTIONS DOES CCPF ANSWER?

CCPF health workers are specially trained to answer questions on all general health topics, including nutrition, in accordance with MOHP protocols. The most common question category is sexual and reproductive health and HIV. Other common topics are maternal and child health, TB, and nutrition. Questions cover a wide range of areas, such as abdominal issues; headaches; fever; eye, ear, and dental care; general body pains; and medications. Youth-friendly health services and content are also part of CCPF offerings and are designed to increase access to age-appropriate information on sexual and reproductive health information. CCPF is not a diagnosis and treatment hotline. The service provides general health information, including referrals to a health centre.

8. IS MY INFORMATION KEPT PRIVATE?

CCPF is a confidential service. Clients often cite the ability to confidentially ask questions they may be hesitant to ask face-to-face. This is particularly important with the expansion of adolescent callers. Upon being hired, all HLWs are required to sign statements to uphold confidentiality, which they are obligated to renew annually.

9. WHO ARE THE HOTLINE WORKERS? HOW MANY ARE THERE?

HLWs are health care workers trained in a wide range of health topics. They have access to custom touch screen software to guide calls and ensure information provided is in accordance with MOHP protocols. HLWs can transfer a caller to an offsite doctor for further health information. HLWs will remain on the call during the doctor transfer and then wrap up the conversation once the doctor has completed giving health information.

As of August 2019, there are 22 HLWs. The scheduling of HLWs for day and night shifts is adjusted depending on peak hours and scheduled Airtel blasts, which increase call volume significantly. The hotline is operational 24 hours a day.

10. HOW MANY CALLS DOES CCPF ANSWER ON AVERAGE PER MONTH?

In 2018, the hotline received and answered more than 3,000 calls on average per month — a rate that continues to rise as service expands.

11. WHAT IS THE TECHNOLOGY PLATFORM USED FOR THE HOTLINE AND INTERACTIVE VOICE RESPONSE (IVR) MESSAGES? IS IT OPEN SOURCE?

Initially, the hotline included a T&R service for expecting and new mothers that covered prenatal and infancy health topics. However, this system was less successful due to network coverage problems that resulted in lower delivery rates and was further complicated by a low literacy rate among users. As such, T&R service has been replaced by a call-and-listen-in messaging system known as IVR Messages. This is part of the upgraded system (courtesy of Viamo) that enables callers to choose to listen to messages instead of speaking with a hotline worker.

12. WHO OPERATES CCPF?

Since its development in 2011, VillageReach has been managing CCPF in close collaboration with the MOHP. In April 2017, the MOHP signed a Memorandum of Understanding (MOU), stating its commitment to scale up and sustain the service within the ministry, transitioning full ownership and management from VillageReach. The ministry will take over total ownership and management of CCPF by the end of 2019. To ensure service sustainability, the MOHP has put in place measures to guarantee that backing for staff, management, and technical support are included in the Health Sector Strategic Plan II (HSSP II) and budget. Additionally, Airtel has committed to continue to zero-rate the calls.

13. HOW DID CCPF START?

CCPF was developed by Malawians for Malawians! The initial concept for CCPF came from Soyapi Mumba, a software developer, and Clement Mwazambumba, a former district AIDS coordinator. Their idea won a national contest, held by the Ministry of Health and Concern Worldwide, to identify innovations for improving maternal and child health. VillageReach partnered with Soyapi and local Malawi firm, Baobab Health Trust, to develop the technology platform and implement CCPF in Balaka district in 2011. Since then, many more partners have joined to help grow and improve the service, leading up to the planned national expansion in 2018 and full transition in 2019 of CCPF operations to the MOHP.



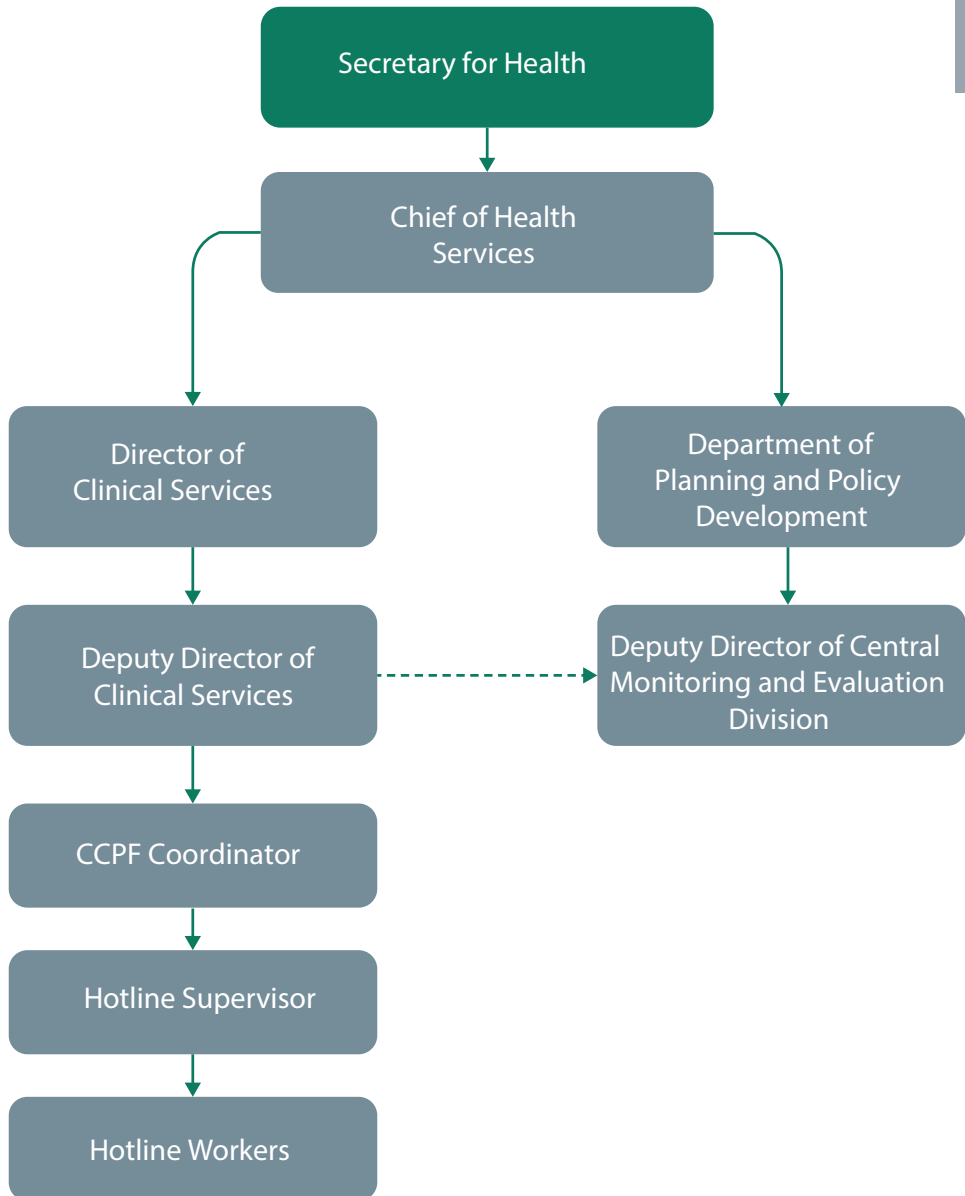
14. WHO ARE THE PARTNERS?

Many partners along with the Malawi MOHP have contributed to the development and scaling up the service since its inception:

- MOHP (2011-present)
- Baobab Health Trust (2011-2018)
- VillageReach (2011-present)
- Vitol Foundation (2014-2018)
- Seattle International Foundation (SIF) (2015)
- Johnson & Johnson (2015-present)
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), through the nutrition component, under the Global Initiative, One World No Hunger (2015-present)
- Airtel (2015-ongoing)
- United States Agency for International Development (USAID) (2016-2019)
- United States President's Emergency Plan for AIDS Relief (PEPFAR), through the DREAMS Innovation Challenge, with the grant managed by JSI Research and Training Institute, Inc. (2016-2018)
- Skoll Foundation (2018-present)
- Viamo (2018-ongoing)

Past partners whose early contributions also helped to develop, scale up, and sustain CCPF include: Concern Worldwide (2013-2016), CHAI (2014), and USAID Support for Service Delivery Integration (SSDI) (2013)

CCPF ORGANIZATIONAL CHART



RACI CHART – RESPONSIBILITY ASSIGNMENT MATRIX

Generally, a Responsibility, Accountability, Consultation, & Information (RACI) Chart is a responsibility assignment matrix that describes how responsibility (R), accountability (A), consultation (C), and information (I) are distributed across an organization for each task or deliverable necessary for the firm's operation.

R Responsible (doer)	A Accountable (owner)
C Consulted	I Informed

w - weekly m - monthly q - quarterly ★ in particular

- All Ministry of Health and Population (MOHP) departments
- Senior Management Team - SMT
- Secretary for Health - SH
- Central Monitoring and Evaluation Division - CMED
- Department of Clinical Services - DCS
- Health Education Services - HES
- Human Resources - HR
- Information Communications Technology Department - ICT
- Quality Management Department - QMD

Workstream	Key Workstream Activities & Deliverables	Departmental Responsibility Matrix								
		All MOH departments	Senior Management Team - SMT	Secretary for Health - SH	Central Monitoring and Evaluation Division - CMED	Department of Clinical Services - DCS	Health Education Services - HES	Human Resources - HR	Information Communications Technology Department - ICT	Quality Management Department - QMD
Quality Assurance Management	Quality assessments (weekly and monthly) Quality assessment report (quarterly)					w/m				q
Monitoring and Evaluation	Staff performance improvement plan Monitoring monthly report									
Human Resources Management	Staff management and retention plan Annual assessment of existing resources and action plan Advocate and apply for new positions as needed									
Training & Skills Development	Assess training needs Develop training schedule based on gaps and new guidelines Training report									
Doctors for Hotline Management	Management and triage plan Scheduling									
Resource, Planning & Scheduling	Weekly, monthly, quarterly and annual staffing projections and calendar Scheduling based on campaigns and mobilization									
Campaign Management	Campaign costing framework Campaign report Produce IEC materials Organize radio information as needed Conduct community events for sensitization									
Tips and Reminders	Produce messages Produce dissemination schedule									
Hotline Calls	Track call flow									



Financial Management and Planning Standard Operating Procedure

Hotline Promotion Standard Operating Procedure

Service Menu Management Standard Operating Procedure

The Administrative Operations section is relevant to the Department of Clinical Services (DCS) and Health Education Services (HES). This section focuses on the financial workings of Chipatala Cha Pa Foni (CCPF) that allow it to become a sustainable and successful programme. This is critical to understand because careful financial practices ensure continued long-term implementation of CCPF. The Financial Management Standard Operating Procedures (SOP) explains the basic model of CCPF, including the creation of a budget and accounting operation costs. The Hotline Sensitization manual explains how to raise awareness of CCPF services, both with potential investors and the general public, allowing expansion of the funding base for CCPF. The Service Menu Management focuses on the long-term growth of CCPF, providing a financially sustainable method for expanding services.

FINANCIAL MANAGEMENT AND BUDGET PLANNING

STANDARD OPERATING PROCEDURES

This standard operating procedure (SOP) reflects the required steps for Chipatala Cha Pa Foni (CCPF) financial planning. It should be adopted by the Ministry of Health and Population (MOHP) and reviewed annually, or as needed.



Purpose

To guide the CCPF budgeting process to ensure:

- All key elements of the budget are planned for and incorporated into the annual and Health Sector Strategic Plan (HSSP) multi-year budgets, when possible.
- Mechanisms for making payments, including for external contracts, are clearly established.



MOHP Policy

MOHP requires that annual budgets be submitted in January-February each year, to plan for the 1 July budget cycle. The budgets must align with the HSSP and departmental implementation plans. Additionally, the MOHP develops five-year budgets in line with HSSP.



Minimum Requirements

The following steps in this Financial Management and Planning SOP MUST be executed:

- Develop annual budget based on previous year's expenditures.
- Collaborate with other departments, including M&E and Quality Assurance.
- Account for costs relating to human resources, technology, telecommunication, supplies, infrastructure, utilities, and security.



Responsible Persons

CCPF Solutions Manager - Ensures line items are included in all necessary budgets and plans and that relevant departments make payments accordingly.

MOHP Chief Health Planning Officer - Reviews draft budgets submitted by the CCPF Solutions Manager and cross-checks with available funding; provides feedback and conducts hearing with the manager to determine final budgets submitted to Treasury in the Ministry of Finance (MOF); and manages external memorandums of understanding (MOU) and external contracts.

MOHP Department of Finance and Administration Representative - Disperses funds received from Treasury and manages external contracts requiring payment.

Ministry of Finance (MOF) - Approves overall budgets and ensures Treasury has funds needed for approved budgets.



Target Audience

All responsible persons indicated above.

MATERIALS

2020-2022 CCPF
Budget



Administrative Operations

MOHP CCPF SOP C.001

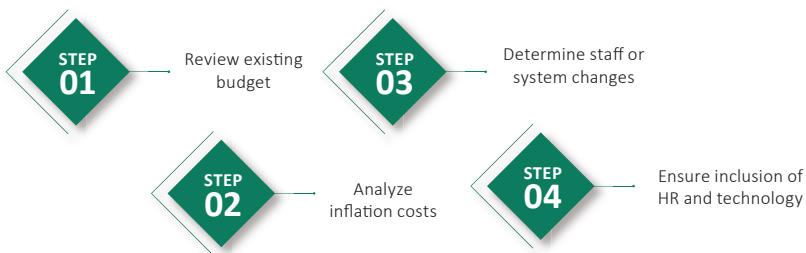
Appendix A. 2020-2022 CCPF Budget

DEFINITIONS

- i. **Hotline Worker (HLW)** - Any health worker who is hired and trained to answer calls at CCPF, regardless of level of formal training, i.e., nurses, medical assistants, clinicians, doctors, etc.
- ii. **Health Sector Strategic Plan** - A five-year plan developed by the MOHP in collaboration with all departments under the ministry, donors, and health development partners that guides the country's policies and goals to meet targeted health indicators.
- iii. **Department Implementation Plan** - An annual plan of activities developed by each department in the MOHP in line with the overall HSSP.

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Required steps for developing an annual budget



- PIS 1.** Look at the existing budget and amount spent on that budget to determine needed reductions or additions and project for the year.

- PIS 2.** Analyze the current and projected inflation costs and build in needed percentage increases.
- PIS 3.** Work with the departments, including monitoring and evaluation (M&E) and quality assurance (QA), to determine any additional staff or system changes needed for the year, including changes to the software, interoperability with new or existing systems, etc.
- PIS 4.** Ensure the overall budget for the MOHP contains the following elements:
- **Human resources** comprises hotline workers, partial support for the M&E officer, Information Communications Technology (ICT) officer, and QA officer, and any support for the CCPF Solutions Manager.
 - **Technology**
 - Any needed new equipment, including hotline worker (HLW) workstation screens, agent desk phones and headsets, power backup system, and server, as needed.
 - Hardware maintenance, including routine cost of repairs or minor replacements.
 - Software maintenance, including annual fees for external contractor for software hosting, ongoing software technical support costs, and Internet connection subscriptions.
 - Any needed additional system upgrades if not covered under donor funding.

- Telecommunication expenses include the cost of referral follow-up calls and internet fees, repairs, and upgrades.
- Supplies include the costs of the printer cartridges, stationary, sanitary products, cleaning supplies, drinking water, and night refreshments.
- Infrastructure includes routine repairs to the hotline, as needed, as well as desks, chairs, etc.
- Utilities include the cost of electricity and water.
- Security should be included in other budgets; if not, there needs to be an amount allocated for security for the Health Education Services (HES) Compound.

REVISION HISTORY

Version	Date	Author/ Approval	Change Reference	Reason for Change
C.001	9 Sept 2019	L. Schooler U. Kachila A. Kasiya C. Blauvelt	Establishment for transition	Establishment for transition

HOTLINE PROMOTION

This standard operating procedure (SOP) reflects the current Chipatala Cha Pa Foni (CCPF) Hotline Promotion. It includes guidelines for various types of hotline promotion in which CCPF engages. It should be adapted by the Ministry of Health and Population (MOHP) and reviewed annually, or as needed.



Purpose

- To guide the development, management, and execution of an effective CCPF Hotline Promotion campaign (including ongoing hotline sensitization and campaign management) for maximum impact.



Responsible Persons

CCPF Solution Manager - Runs periodic CCPF hotline advocacy with institutions and end users to build up buy-in for potential collaboration and increase usability of the CCPF service. Responsible for running one-off community outreach campaigns.

Health Education Services (HES) - Develops and reviews the communications materials and the community sensitization strategy.

Community Health Department - Aligns all developed community sensitization events and campaigns to the overall National Community Health Strategy.

Department of Planning and Policy Development - Provides linkages with development partners' ecosystem and private sector institutions.



Target Audience

Private sector institutions

CCPF end users



Minimum Requirements

The following steps in this hotline promotion SOP MUST be executed:

- Routine promotion of CCPF through mobile network providers.
- CCPF Solution Manager is required to aggressively advocate and lobby for support for CCPF within the government and with private sector actors.
- CCPF Solution Manager must carry out specific community mobilization and sensitization exercises, outlined below.
- Promotion of CCPF at health events, as well as promotion of health events through CCPF.

MATERIALS

CCPF Information, Education, and Communication materials and business development collateral:

Brochure
Chichewa



Administrative Operations

MOHP CCPF SOP C.002

Appendix A_CCPF Brochure, Chichewa

Brochure
English



Administrative Operations

MOHP CCPF SOP C.002

Appendix B_CCPF Brochure English

Overview
Poster



Administrative Operations

MOHP CCPF SOP C.002

Appendix C_CCPF Overview Poster

Example
SMS Blast



Administrative Operations

MOHP CCPF SOP C.002

Appendix D_CCPF Example SMS Blast

DEFINITIONS

- i. **Institutional Advocacy** - Advocacy is a key health promotion activity for overcoming major barriers to public health, such as lack of resources or public awareness. Institutional advocacy refers to advocacy within both public institutions, such as the MOHP and private institutions, i.e., potential partners/advocacy groups targeted in hotline sensitization efforts.
- ii. **Community Sensitization** - This is a large-scale movement to engage people's participation in achieving a specific goal or outcome. In sensitizing communities, trusted authorities and community members should be engaged to disseminate information and counteract myths and misconceptions.
- iii. **Information, Education, and Communication (IEC)** - A public health approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. IEC materials include brochures, flyers, T-shirts, leaflets, posters, etc.
- iv. **Private Sector** - The part of the economy that is run by individuals and companies for profit and non-profit and is not state-controlled.

- v. **Target Audience Segmentation** - The process of breaking the catchment population into segments and then concentrating campaign efforts on one or a few key segments whose needs and desires most closely match your service. **Note** this is one of the most important aspects of campaigns, and it is often one of the most challenging tasks as well. Without the right variables (refer to demographic segmentation), you are bound to target your campaigns to the wrong audience and make your initiative ineffective.
- vi. **Demographic Segmentation** - Demographic segmentation is the process of identifying the target audience, according to: age, race, religion, gender, family size, ethnicity, income, and education to help achieve specific objectives.
- vii. **Content Development** - Content development is the process of researching, writing, gathering, organizing, and editing information for publication and sharing with stakeholders. The content educates your target audience about CCPF and its larger role in the national health agenda for development.
- viii. **CCPF Promotion at Health Events** - This refers to government or government-partner health events that will already be happening and are not specific to CCPF, such as immunization campaigns, World AIDS Day, deworming events, etc.
- ix. **Multi-channel Communication** - Interacting with the audience, using a combination of indirect and direct communication channels, i.e., websites, email, mobile phones, and enabling the

audience to act in response, preferably about the service offered (e.g., CCPF).

ROLES: RESPONSIBLE, ACCOUNTABLE, CONSULTED, AND INFORMED (RACI)

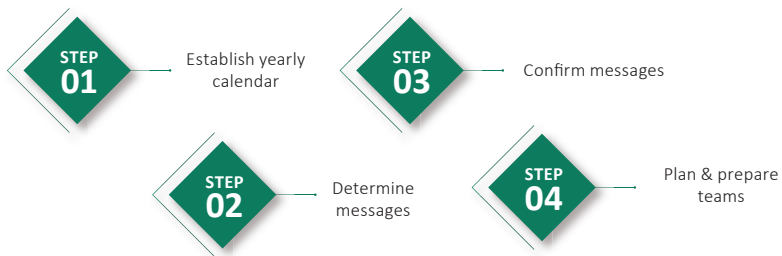
- i. **Public Relations Officer** - Responsible for running periodic CCPF awareness/sensitization campaigns, using various channels — from today's email, social media and print media to tradeshows, conferences, and similar events/forums.
- ii. **Hotline Supervisor** - Responsible for supporting the Public Relations Officer to run the CCPF awareness/sensitization campaigns, using various channels — from email, social media and print media to tradeshows, conferences, and similar events/forums. This also includes monitoring success and impact.
- iii. **Hotline Workers (HLW)** - Responsible for supporting the targeted audience to ensure quality service.

TOOLS NEEDED

- i. Call centre hand sets and computer monitors
- ii. Drafted/cleared emails
- iii. PowerPoint templates
- iv. CCPF IEC materials (posters, brochures, etc.)
- v. CCPF FAQ sheets
- vi. Calendar of campaign events

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Routine promotion for CCPF through Mobile Network Providers (Clinical Services- Required)



As of August 2019, CCPF still has a memorandum of understanding (MOU) with Airtel. Should the service expand to other providers, this SOP will need to be updated to incorporate those changes. The MOU stipulates that Airtel will send out monthly short message service (SMS) blasts to specified Airtel users.

PIS 1. CCPF Solution Manager and Hotline Supervisor need to establish a yearly calendar that determines the districts and percentage of callers that should be contacted monthly. To establish this, they should consider:

- Projected call volume.
- Sufficient staffing for handling call volume in the first two to three days after a blast.

- Access to cellular phone coverage varies among rural and urban populations. Dedza, Mulanje, and Neno, for example, are districts with relatively low access to coverage. You, therefore, might want to send blast messages to the whole district. Meanwhile, because Blantyre has an urban population, you should limit blasts to a percentage of callers to avoid overloading the hotline.

PIS 2. Using the yearly calendar, the CCPF Solution Manager and Hotline Supervisor should determine what messages will be sent each month. The messages must adhere to the following guidelines:

- 160 characters maximum.
- Include “call 54747.”
- Remind the population about talking to a doctor and using interactive voice response (IVR) messages.
- Be translated in the appropriate language, based on location.

PIS 3. Each month, CCPF Solution Manager should confirm messages and locations from the originally planned calendar for the succeeding month. Then, they should contact the Airtel Focal Point with the final message and target audience (district/percentage) by the 15th of the month prior to sending the blasts. Some reasons for changing the location or target percentage may include:

- Wanting to use the blast to bolster CCPF promotion for health events specific to a district, because the monthly blasts are free.
- Changing call volumes in the districts. For example, the team may choose to target those with the lowest call volume based on data.

PIS 4. Once the Airtel Focal Point confirms the date and messages of the blasts, the CCPF Solution Manager should notify the Hotline Supervisor so that she or he can plan and prepare teams accordingly. **Note** we learned that the call volume increases exponentially on the first three days after an SMS blast has gone out.

II. CCPF advocacy in institutions



The MOHP needs continuous support from the private sector to strengthen and sustain CCPF. As such, the CCPF Solution Manager is required to aggressively advocate and lobby for support within the government and with private sector actors.

PIS 1. Objective setting - CCPF Solution Manager will need to set the objective of the advocacy strategy. Possible triggers for an advocacy campaign could be:

- Expanding the CCPF service portfolio (e.g., service menu expansion, integration across different sectors and industries).
 - Improving and increasing CCPF caller demand.
 - Increasing the number of call centre agents to meet rising demand.
 - Influencing policy decisions.

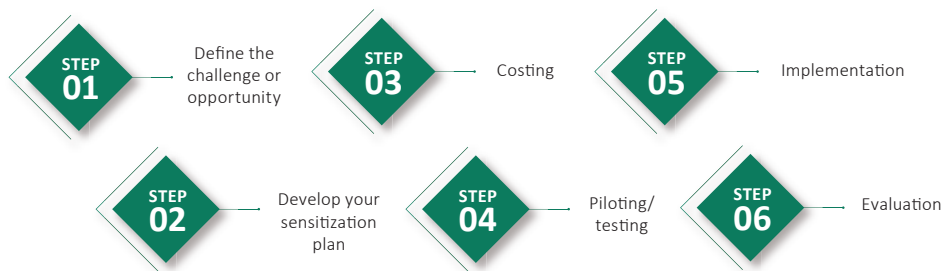
PIS 2. Stakeholder mapping - Periodically, the CCPF Solution Manager will need to keep track of the stakeholder landscape to map out potential partnerships and collaboration opportunities, based on CCPF's strategic direction.

PIS 3. Partner engagement and partnership building - The CCPF Solution Manager will need to develop a partner engagement plan of the potential collaboration. The plan must include the following:

- Approach will be defined by the specific objectives of the partnerships and the activities that will be undertaken in the collaboration. **Note** the approach taken will differ from partner to partner and from objective to objective.
- Advocacy strategy must include well-defined end results or outputs:

- i. **Convene** - High-level or high-impact events can be targeted to leverage the collaboration of partners in order to advocate, learn from each other, and reach out to the other institutions with similar mandates or goals.
 - ii. **Equip** - Engagement of partners must leave them with a rich sense of knowledge and understanding of their particular role in the potential partnership. They must be able to articulate the benefits of collaborating with CCPF and how the collaboration will impact the determined objectives.
 - iii. **Empower** - Partners through the provision of information and communication materials, engagement with CCPF, and equipment of beneficial gains must be able to speak openly to other stakeholders and advocate on your behalf. A provision of CCPF partner collateral will be essential at this point.
- **Priorities** - These can be broken down as follows:
 - o **Short term** - Software upgrades, adding hotline work stations, etc.
 - o **Medium term** - Expanding CCPF service portfolio and partnership to include a robust cross-section of players from different sectors.
 - o **Long term** - E.g., taking CCPF beyond the borders for replication.

III. CCPF community sensitization



Using the data pulled from the system, the CCPF Solution Manager will carry out specific community mobilization and sensitization exercises. This may be to improve service usage of CCPF by increasing call volume or creating awareness on a newly added service.

PIS 1. Define the challenge or opportunity - Data generated from the system might indicate some major challenges being faced, i.e., declining call volumes from one particular region.

- The CCPF Solution Manager might use the data presented to define the major challenge the mobilization exercise wants to address.
- Other times, changes in the medical field might present some opportunities for mobilization efforts to achieve a specific outcome, such as increasing call volume for a specific health topic or area.

- PIS 2. Develop your sensitization plan** - The CCPF Solution Manager will need to draw up a sensitization plan that will guide the implementation of the community outreach activity. The plan will include:
- **Audience segmentation** - Based on the sensitization need and implementation, categorize the target audience to produce maximum impact.
 - **Objective setting** - Once the audience is categorized, set the objective of the sensitization exercise. This includes defining outcomes and outputs of the exercise.
 - **Strategy development** - Involves the development of the implementation strategy. This includes the preferred channel of communication (e.g., open days, road shows, school presentations); communication materials needed; duration of the exercise; media outlets to engage; geographical coverage of the sensitization exercise; and partners at the national, district, and community levels.
- PIS 3. Costing** - The developed strategy will then have to be costed and adjusted accordingly, if the total cost is above the budget allocation.
- PIS 4. Piloting/ Testing** - Depending on the scope of the sensitization exercise, you may need to test the developed communications materials to ascertain if they will be successful: whether or not they effectively communicate the intended message and result in a positive impact on the designated challenge.
- PIS 5. Implementation** - This is a full-scale roll out of the sensitization exercise.

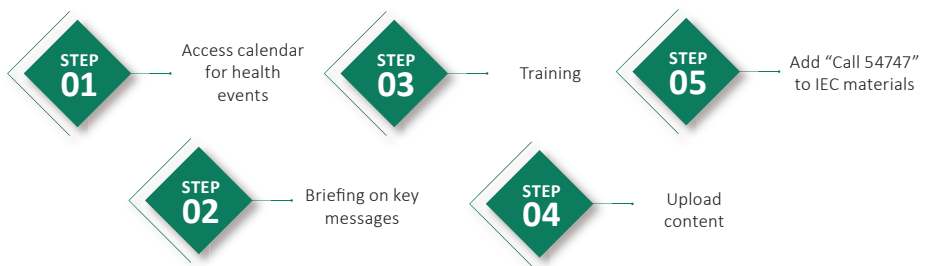
- Break up the plan into smaller tasks and deadlines – in accordance with your timeline — to make the effort manageable for your team.

PIS 6. Evaluation - Evaluating the performance of the sensitization drive during the implementation of the exercise is important to determine whether or not the exercise is on course to achieve the set objectives or if there is a need for improvement.

- Work with the Monitoring and Evaluation (M&E) section to develop a dashboard you can easily update with key metrics that are based on your goals and sensitization strategy. Conduct check-ins of your results (frequency dependent on length of plan) so you can see what is working and what is not.
- It is important to build on the feedback of your target audience; their input will determine whether the sensitization objectives were beneficial or not. Their feedback can further aid in the planning for future sensitization opportunities.
- Apart from getting feedback, the hotline sensitization exercise must track adoption rates, complaints, and reviews. This will provide additional guidance for planning changes and your overall change process.

IV. Using health events for promotion

Promoting CCPF at Health Events



As a MOHP programme, the government may use already-planned or established health events to advertise for CCPF. This would be cost-effective, and there is no additional cost to the government or partner.

- PIS 1.** The CCPF Solution Manager should coordinate with the HES Focal Point to gain access to the yearly and monthly calendars for health events by the ministry and their key partners.
- PIS 2.** Upon determining the events, CCPF Solution Manager should arrange a briefing with the Health Promotion Officers and any event/organizational planners to sensitize them on CCPF and give them key messages to include in the campaign. These key messages can be stated in one to two minutes and should at least include:
- “Call 54747” for any questions to a health professional on any health topic (include the topic most relevant to the event, if it exists).

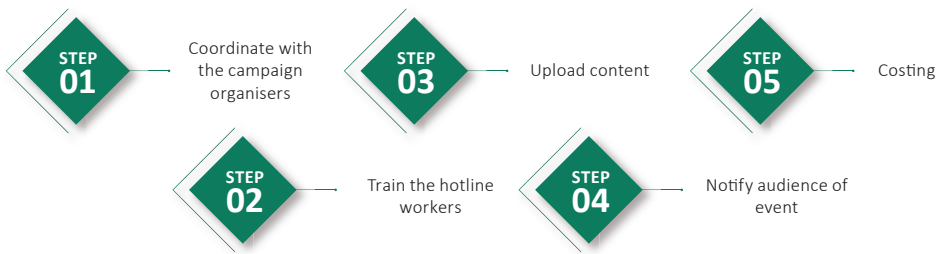
- The CCPF also includes voice messages on specific health topics (include the topic most relevant to the event, if it exists).
- The hotline is open 24 hours, seven days a week, is staffed by nurses, clinical officers, and medical assistants, and can be triaged to a doctor.
- HLWs are trained according to MOHP protocols and have received information on (include the topic most relevant to the event, if it exists).
- It is available in Chichewa, Tumbuka, Yao, and English.

PIS 3. The Health Education Services (HES) and respective partner conducting the event should train HLWs on the specific health topic (including how to respond to any queries that might come through related to the health event) and develop any necessary modules or reference materials for the health event.

PIS 4. Upload relevant information on the hotline software. Before uploading this content, it will have to be cleared by the MOHP to ascertain adherence to national health guidelines.

PIS 5. When possible, the HES and/or partner should add “Call 54747” to IEC materials that may be produced for the event. This should be at no additional expense to the government, as the event would already have had IEC materials.

Promoting Health Events through CCPF



CCPF could also be used as a platform for raising awareness of a particular specialist service or campaign.

PIS 1. The CCPF Solution Manager should coordinate with the campaign organizers, i.e., the department responsible for the campaign in question — be it vaccination, visiting specialist doctors, etc. — to determine:

- Date of the event.
- Key messages.
- Modules or reference materials needed to be developed for the health event.
- Personnel can train the HLWs on the relevant information.
- Content needed to be uploaded on the system.

- PIS 2.** The CCPF Solution Manager and Event Focal Points should train HLWs on the specific topic and on how to respond to any queries that might come through in relation to the campaign.
- PIS 3.** The CCPF Solution Manager should coordinate with the Hotline Supervisor to ensure the content is uploaded on the software prior to the event. Before uploading this content, it will have to be cleared by the MOHP to ascertain adherence to the national health guidelines.
- PIS 4.** Once trained, if the caller is the appropriate audience (e.g., age, gender, district, etc.), HLWs should also notify them about the event as it applies to their call. For instance, if a new mother calls at a time when an immunization campaign is rolling out in her area, the HLW could include information about the campaign when giving health advice.
- PIS 5.** The CCPF Solution Manager and Event Focal Points should determine if there is money to send out SMS blasts about the event via the CCPF platform:
- If not, the CCPF Solution Manager could choose to change the monthly message to be tailored to that particular topic and geographic area; they should then alert the mobile network operator (MNO) as per the requirements above.
 - If so:
 - Event Focal Points should determine the 160 character message that they want sent out and must have “Call 54747” listed.

- o The CCPF Solution Manager and Event Focal Points should determine the payment mechanism for the Mobile Network Provider.
- o The CCPF Solution Manager should reach out to the MNO Focal Point with the message, dates needed, target location, and percentage of mobile network users.
- o Upon completion, the CCPF Solution Manager should notify the Hotline Supervisor.

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.002V1	5 May 2019	O. Sambo H. Ngwira U. Kachila A. Kasiya C. Blauvelt	Establishment	Establishment
C.002V2	12 Sept 2019	R. Mehrotra Y. El-Khatib U. Kachila C. Blauvelt	Finalization for transition	Transition

SERVICE MENU MANAGEMENT SOP

This SOP reflects the suggested process for managing what components/types of health topics or services are included in the overall CCPF solution. It should be adapted by the Ministry of Health and Population (MOHP) and will be reviewed annually, or as needed.



Purpose

- To guide the decision making process to evaluate a go/no go decision to add in-scope health modules or other health services.



Responsible Persons

MOHP, CCPF Solutions Manager - The overall solutions manager is also responsible for working with the appropriate directorates/ departments/ units to make a final decision on whether CCPF should add to the existing modules, capabilities, or messages.



Target Audience

MOHP- CCPF Solution Manager - Deputy Director - Directorate of Clinical Services, CCPF Steering Committee, Senior Management Team



Minimum Requirements

The following steps in this service menu management SOP MUST be executed:

- CCPF Solutions Manager should review CCPF services at a minimum during the following times: the end of the fiscal year, 6 months before planning for the renewal of Health Sector Strategic Plan begins, and times when public health concerns arise.
- All ideas for expansion and removal must be discussed with the Hotline Supervisor and then reviewed through the Go/ No Go Decision Checklist and the 11 questions outlined in this document.
- Once any changes has been decided, the Solutions Manager must work with the Senior Management Team at MoH to create a plan of execution.

MATERIALS

Go/No Go Decision
Checklist



Hotline Centre Operations
MOHP CCPF SOP C.003

Go/No Go Decision Checklist (MOHP SOP
C.003 Appendix A)

DEFINITIONS

- i. **Service Menu** - The selection of modules, topics, and services that CCPF offers.
- ii. **CCPF Solutions Manager** - The MOHP focal point in charge of the overall management of all aspects of CCPF. This person may change depending on the MOHP assigned roles. This person replaces the VillageReach CCPF Programme Lead at the time of transition.
- iii. **Go/No Go Decision** - This is the point at which a decision is made on whether or not to include a new health topic, module, messaging service, or capability (for example, CCPF for Health Surveillance Assistants or CCPF Emergency services line).

PROCEDURE IMPLEMENTATION STEPS (PIS)

- I. **Review of existing service menu**



PIS 1. Yearly process - The end of the fiscal year should be a time for the CCPF Solutions Manager to reflect on what services CCPF offers, should offer, and could offer. At the January to March quarterly Steering Committee Meeting, the CCPF Solutions Manager should present on all the services that CCPF offers at that time.

- Decide on whether the existing services offered at that time are all needed.
- Brainstorm on whether there are critical components that should be added to CCPF.
- The CCPF Solutions manager should check with the hotline supervisor to discuss the pros and cons of the suggestions (whether or not the hotline supervisor is present at the Steering Committee Meeting).
- Review the go/no-go checklist (*Appendix A*):
 - If there are some components that should be removed, present the recommendation to the Senior Management Team at the MOHP.
 - i. If the Senior Management Team at the MOHP decides that an item should be removed, the CCPF Solutions Manager should work with the hotline supervisor and the technical support to develop a plan for removal.
 - ii. The plan for removal should then be done and the SOPs for hotline implementation adjusted.

- o If there are suggestions for additions to the CCPF during the Steering Committee Meeting, the solutions manager should again review the go/no go checklist and work with the respective departments for which the addition is relevant to answer the following questions:
 - i. Is the suggestion in scope with the objectives of CCPF?
 - ii. Is the suggested addition in line with the Health Sector Strategic Plan (HSSP) and other relevant policies/ strategies of the MOHP?
 - iii. Would the addition negatively affect other elements of the CCPF solution?
 - iv. What is the feasibility of the suggested addition?
 - v. What steps would need to be taken in order to implement the suggested addition?
 - vi. Will additional human resources be needed?
 - vii. What additional training is needed?
 - viii. What would be the immediate cost for adding the module, messages, or other service to CCPF?
 - ix. What would be the ongoing cost to add CCPF?
 - x. Where would funding for the addition come from?
 - xi. What is the timeline for which this could be completed?

- o After determining the answers and filing out the go/no go checklist, if the decision by the Steering Committee and CCPF Solutions Manager is to move forward, they should confirm with the Senior Management Team and work with the technology lead, finance lead, and respective department leads to develop an implementation plan, including a plan for official validation of any new content.
- o All department and focal points, including Monitoring and Evaluation and Quality Assurance, should be informed of the proposed change and should be involved in the changes from the beginning.
- o The CCPF Solutions Manager should be sure any changes are documented and updated in any SOPs.

PIS 2. Health sector strategic plan renewal process - With the renewal of each Health Sector Strategic Plan (HSSP), the MOHP has the opportunity to review what services they offer in the overall health system. As CCPF is a part of the overall health system, it should also be reviewed and evaluated. At the Steering Committee at least 6 months in advance of the planning sessions for the Strategic Plan, the CCPF Solutions Manager should present on all the services that CCPF offers at that time. (Steps i-iii are the same as above).

- Vote on whether the existing services offered at that time are all needed.
- Brainstorm on whether there are critical components that should be added to CCPF.

- Whether or not the hotline supervisor is present at the Steering Committee Meeting, the CCPF Solutions manager should check with the hotline supervisor to discuss the pros and cons of the suggestions.
- Review the go/no go checklist (*Appendix A*):
 - o If there are some items that should be removed, present the recommendation to the Senior Management Team at the Ministry of Health and Population.
 - i. If the Senior Management Team at the MOHP decides that an item should be removed, the CCPF Solutions Manager should work with the hotline supervisor and the technical support to develop a plan for removal.
 - ii. The plan for removal should then be done and the SOPs for hotline implementation adjusted.
 - o If there are suggestions for additions to the CCPF during the Steering Committee Meeting, the solutions manager should again review the go/no go checklist and work with the respective departments for which the addition is relevant to answer the following questions:
 - i. Is the suggestion in scope with the objectives of CCPF?
 - ii. Is the suggested addition in line with the HSSP and other relevant national health policy/ strategy documents?

- iii. Would the addition negatively affect other elements of the CCPF solution?
- iv. What is the feasibility of the suggested addition?
- v. What steps would need to be taken in order to implement the suggested addition?
- vi. Will additional human resources be needed?
- vii. What additional training is needed?
- viii. What would be the immediate cost for adding the module, messages, or other service to CCPF?
- ix. What would be the ongoing cost to add CCPF?
- x. Where would funding for the addition come from?
- xi. What is the timeline for which this could be completed?
 - o After determining the answers and filing out the go/no go checklist, if the decision by the Steering Committee and CCPF Solutions Manager is to move forward, they should confirm with the Senior Management Team and work with the technology lead, finance lead, respective department leads, the Planning Department, and HSSP costing consultants to ensure the additions are included in the final plan and are costed for the budget. The respective leads should then develop an implementation plan, including a plan for official validation of any new content.

- o The CCPF Solutions Manager should be sure any changes are documented and updated in any SOPs.

II. Making a decision on whether to add a module, messaging category, or other service



PIS 1. The health system is a fluid system that is and should be changing to meet the needs of the community members it serves. There will be times when different people offer new suggestions for adding capabilities to the hotline that do not fit in the fiscal year review or the HSSP. It is important that the steps listed above are again reviewed. Whether or not the hotline supervisor is present at the Steering Committee Meeting, the CCPF Solutions manager should check with the hotline supervisor to discuss the pros and cons of the suggestions. At the Steering Committee closest to the time of the proposed addition, the CCPF Solutions Manager should present the suggestion(s) that has/have been made to the Committee members.

- The Steering Committee Meeting should review the go/no go checklist (*Appendix A*) to answer the following questions:
 - o Is the suggestion in scope with the objectives of CCPF?
 - o Is the suggested addition in line with the HSSP?

- o Would the addition negatively affect other elements of the CCPF solution?
 - o What is the feasibility of the suggested addition?
 - o What steps would need to be taken in order to implement the suggested addition?
 - o Will additional human resources be needed?
 - o What additional training is needed?
 - o What would be the immediate cost for adding the module, messages, or other service to CCPF?
 - o What would be the ongoing cost to add CCPF?
 - o Where would funding for the addition come from?
 - o What is the timeline for which this could be completed?
- After determining the answers and filing out the go/no go checklist, if the decision by the Steering Committee and CCPF Solutions Manager is to move forward, they should confirm with the Senior Management Team and work with the technology lead, finance lead, and respective department leads to develop an implementation plan, including a plan for official validation of any new content.
 - All department and focal points, including Monitoring and Evaluation and Quality Assurance, should be informed of the proposed change and should be involved in the changes from the beginning.

- The CCPF Solutions Manager should be sure any changes are documented and updated in any SOPs.

PIS 2. Once a new module is added, the CCPF Solutions Manager should ensure the monitoring and evaluation focal point and quality assurance team carefully monitor the information coming out of the new module, as well as monitoring the existing programme to ensure the quality of the overall programme does not go down. This monitoring should be ongoing but should be closely monitored in the first six months of implementing a new addition to the CCPF services.

III. REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.003	2 September 2019	C. Blauvelt U. Kachila A. Kasiya Dr. Foskio R. Mehrotra	Finalization for transition	Transition



Hotline Worker Manual Summary with links to Manual and Appendices

Client Privacy and Confidentiality Standard Operating Procedure

Hotline Worker Planning and Scheduling

Hotline doctors

The Hotline Centre Operation section is relevant to the Department of Clinical Services (DCS). This section details the logistics of the hotline service. The Onboarding of Hotline Staff manual explains how to recruit and retain qualified hotline staffers. The Client Privacy manual and training materials provide guidance on training staffers to ensure consistent service, maintain privacy, and effectively record data for analyzing Chipatala Cha Pa Foni (CCPF) calls. Once these hotline workers are hired, the Hotline Scheduling manual explains how to predict monthly caller demand and organize work shifts accordingly. In addition, the manual explains the role of on-call doctors who serve as secondary consultants, including expectations of their work and availability.

HOTLINE WORKER MANUAL SUMMARY

The *Hotline Worker Manual* is a tool that helps Chipatala Cha Pa Foni (CCPF) new hires to settle in and effectively adapt to the hotline work environment and confidently discharge their duties.

The CCPF Hotline/Call Centre is an environment that accommodates diversity and inclusion in terms of workers' demographics, protocols, and procedures. The team members are friendly to each other, and to the clients and visitors with whom they engage on a daily basis.

Hotline workers (HLW) undergo orientation to get equipped with information on CCPF background, vision, and objectives, as well as about roles and responsibilities. This manual covers daily routine activities for HLWs, including answering calls, documentation of clients' demographics, and making follow-up calls to clients who were previously referred to a health facility for further assistance. HLWs are also expected to document success stories for possible publication and guide callers on how to access interactive voice response (IVR) messages. The manual also lists the different tools and equipment for use by HLWs and how they should document and track the equipment, such as computers, desk phones, phone chargers, chairs, work stations, water dispenser, fridge, and more.

Hotline supervisors prioritize call etiquette and customer care training to emphasize the need for effective and mutually-beneficial interactions between HLWs and clients. Additionally, hotline supervisors train new HLWs on different

health topics, including, Integrated Management of Childhood Illness (IMCI); youth friendly health-services; sexual and reproductive health, i.e., STIs, family planning, infertility, reproductive cancers; non-communicable diseases; water; sanitation; and hygiene, among others. In the spirit of high-quality customer service, HLWs are required to be professional and maintain high-level privacy and confidentiality.

The *Hotline Worker Manual* provides provides a step-by-step approach on how to talk to callers while using the software. It provides screenshots and details of how to register callers, obtain reference materials, start and end calls, and other key actions needed for a successful interaction.

This tool is made to help optimize skills and talents of HLWs and make sure clients receive high-quality service from CCPF at all times. The hotline manual has exercises for new HLWs, but can be referenced at any point. A manual should always be on hand when working the hotline.

Please access the full *Hotline Worker Manual* for further information.



CLIENT PRIVACY AND CONFIDENTIALITY

This standard operating procedure (SOP) reflects the current hotline process for ensuring client privacy and confidentiality Chipatala Cha Pa Foni (CCPF). It should be adapted by the Ministry of Health and Population (MOHP) and will be reviewed annually, or as needed.



Purpose

- To guide and maintain integrity and confidentiality among hotline workers (HLW).



Responsible Persons

CCPF Hotline Supervisor - Responsible for HLWs not to disclose any client information outside the hotline.

CCPF Human Resources Manager - Responsible for disciplinary action for HLWs who do not abide by the confidentiality agreement.



Target Audience

HLWs (required).

CCPF monitoring and evaluation (M&E) and Quality Assurance (QA) Officers/ Specialists (required).

Any personnel who listen to calls or review data at the hotline(required).

Any supervisory staff responsible for CCPF (required).



Minimum Requirements

The following steps in this Client Privacy and Confidentiality SOP must be executed:

- Hotline Supervisor must develop a confidentiality agreement, mandating that HLWs do not breach a client's confidentiality.
- All HLWs must be briefed on the agreement and sign it upon being hired, annually, and when changes are made to the agreement.

MATERIALS

Hotline worker confidentiality agreement



Hotline Centre Operations
MOHP CCPF SOP C.004

Appendix A. Hotline worker confidentiality agreement

DEFINITIONS

- i. **Hotline Worker (HLW)** - Anyone hired and trained to answer calls at CCPF, regardless of level of formal training, i.e., CCPF nurses, medical assistants, etc.
- ii. **Confidentiality Agreement** - A resource, which depicts a legal contract between at least two parties that outlines confidential material, knowledge, or information the parties wish to share with one another, and purposes, but wish to restrict access to or by a third party.
- iii. **Privacy Policy** - A statement or legal document that describes some or all the ways a party gathers, uses, discloses, and manages a client's data.

PROCEDURE IMPLEMENTATION STEPS (PIS)

Develop an Agreement - It is essential that new hires at CCPF start with an onboarding privacy and confidentiality training prior to answering client calls. The training will guarantee that new hires understand that any breach of client confidentiality is a violation of universal human rights and organizational/governmental policies, and that any violation shall result in disciplinary action. It ensures that the HLW, M&E Officer/Specialist, and all other staff overseeing the hotline feel prepared to do their job and that caller's privacy is not breached.

I. Conduct a briefing to review agreement with HLWs



- PIS 1.** Where possible, briefing should be interactive and conducted in a group setup. Exceptions are allowed when there is only one hotline worker or M&E Officer who joins, in which case she or he still needs to undergo this briefing.
- PIS 2.** Give the HLW the confidentiality form and go through it together, ensuring that the person fully understands the importance of confidentiality.
- PIS 3.** Ask all HLWs if they need any clarification.

II. Sign the agreement



- PIS 1.** The HLW, M&E Officer/Specialist, and all CCPF programme-related staff must sign the confidentiality form upon being hired, yearly, and whenever changes are made.
- PIS 2.** As a sign of understanding the agreement, the HLW appends his/her signature to the hardcopy agreement form in duplicate and the supervisor countersigns.
- PIS 3.** The HLW and other personnel keep a copy of the agreement; the other copy is filed in the respective personnel file.

III. Ongoing reminders



- PIS 1.** The supervisor takes advantage of group or one-on-one discussions with HLWs to remind them about maintaining client confidentiality.
- PIS 2.** The CCPF Focal Point ensures that all staff related to CCPF have a signed confidentiality agreement on file.

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.009 (old numbering)	6 May 2019	P. Tchongwe U. Kachila A. Kasiya C. Blauvelt	Establishment	Establishment
C.004 (new numbering for Transition Toolkit)	13 September 2019	Y. El-Khatib P. Tchongwe U. Kachila A. Kasiya C. Blauvelt	Finalization for transition	Transition

HOTLINE WORKER PLANNING AND SCHEDULING

This standard operating procedure (SOP) reflects the process to determine the number of (HLW) hotline workers and scheduling process for Chipatala Cha Pa Foni (CCPF). It should be adapted by the Ministry of Health and Population (MOHP) and will be reviewed quarterly-annually, or as needed.



Purpose

- To guide the development and management of resource plans and schedules for HLWs.



Responsible Persons

CCPF Hotline Supervisors - Responsible for developing a schedule that ensures there are enough HLWs answering calls at any given time to meet demand as best possible.

CCPF Solution Manager - Responsible for supervising the Hotline Supervisor and the HLW planning and scheduling process.



Target Audience

Hotline Supervisor



Minimum Requirements

The following steps in this Procedure for Hotline Worker Planning and Scheduling SOP MUST be executed:

- Hotline Supervisor should produce a worker resource plan every fiscal year by calculating the expected number of HLWs needed. The supervisor should review this plan on a quarterly basis and adjust if necessary.
- Hotline Supervisor should produce the coming month's worker schedule on the last week of each previous month, accounting for vacation days and employee regulations, and ensuring there are an equal number of women and men, and languages spoken.
- This schedule should be posted two days before the beginning of each month in the call centre and in the HLWs' WhatsApp group, so that HLWs can give feedback.

MATERIALS

Ongoing Skills Development Monthly Plan



Hotline Centre Operations

MOHP CCPF SOP C.005

Appendix A_Ongoing Skills Development Monthly Plan

Hotline Worker Schedule Example



Hotline Centre Operations

MOHP CCPF SOP C.005

Appendix B_Hotline Worker Schedule Example

Hotline Worker Scheduling Rules



Hotline Centre Operations

MOHP CCPF SOP C.005

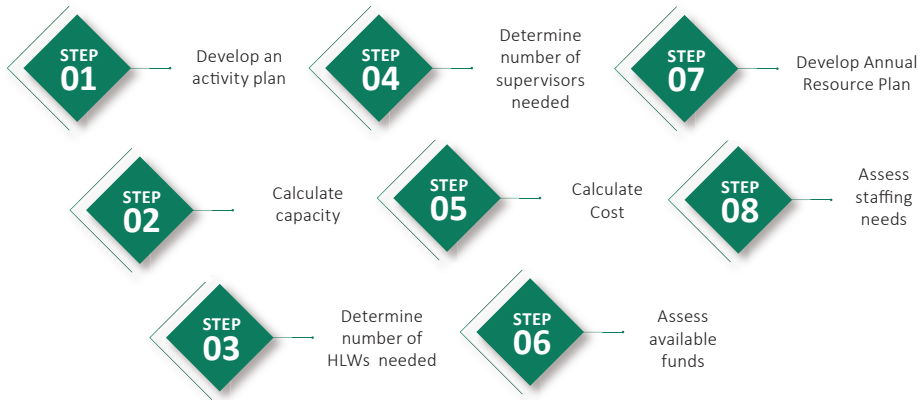
Appendix C_Hotline Worker Scheduling Rules

DEFINITIONS

- i. **Hotline Worker (HLW)** - Anyone hired and trained to answer calls at CCPF, regardless of level of formal training, i.e. CCPF nurses, medical assistants, etc.
- ii. **Plan** - A resource plan depicts the aggregate number of resources needed for a given time period, typically one year.
- iii. **Schedule** - A schedule depicts the assignment of individuals to specific shifts, times, and dates on duty over the course of a month. Supervisors typically prepare schedules monthly and schedules are updated each week.
- iv. **Sizing Methodology** - The process used to determine the needed number of HLWs and supervisors, based on expected call volumes and call duration.
- v. **Scheduling Rules** - The policies needed to assign an HLW to a specific shift.

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Developing an HLW resource plan



Yearly process - the yearly process provides key inputs into the overall budget for the call centre for HR costs, both for HLWs and supervisors. It is a key input for developing a hiring plan and developing the budget needed to accommodate human resources.

PIS 1. Develop an activity plan, showing the expected number of calls that will be generated during the planned period, including average number of calls at different times of day and their average length. This projection should be based on “full time employee” (FTE) per month.

PIS 2. Calculate the expected capacity of a given HLW (in number of calls per day).

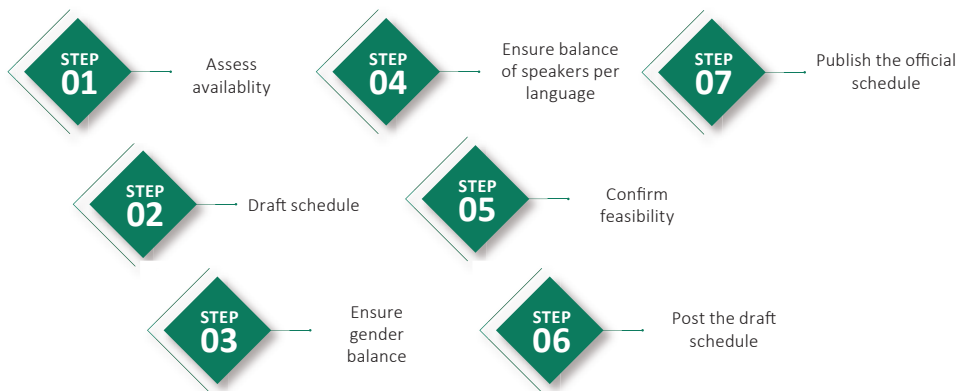
- PIS 3.** Generate the total number of HLWs needed to manage the calls at any given time of day. **Note** the numbers will probably demonstrate that peak hours require more staff.
- PIS 4.** Check the number of supervisors needed to manage the expected amount of HLWs. Assume 20 is the maximum at any given time, until the government has the resources to add HLW cubicles and computers.
- PIS 5.** Calculate the cost based on agreed salary and benefits schedule.
- PIS 6.** Based on budget information, adjust the plan to reflect available funds.
- PIS 7.** Develop the final annual Resource Plan in Excel (see *Appendix A*), showing number of workers and supervisors needed by month. Compare required headcount vs. available headcount. Show existing hires in black and needed hires in red. Publish hiring plan.
- PIS 8.** Identify if existing HLWs cannot meet demand. If so, consider hiring additional staff or explore adding automated services that can help reach a general population. **Note** additional messaging or automated response services should augment, not replace, the hotline.

Quarterly process - the quarterly process looks at the past quarter and future quarters to determine whether any adjustments are needed, based on the expected level of activity at the call centre.

- PIS 1. Hiring plan adjustments** - Based on the actual level of activity for the previous quarter, consider advancing hiring (earlier than planned) or pushing out hiring (later than planned).

PIS 2. Resource plan adjustments - Calculate needed full-time employees (FTE) vs. planned FTEs, and determine whether the planned workforce (from the yearly cycle) will be able to manage the call load. If not, develop an additional budget request beyond what was already validated in the yearly process.

II. Developing an HLW schedule



PIS 1. During the last week of each month, assess who will be available for work the upcoming month, based on planned time off.

PIS 2. Develop a draft schedule for both the day shift and the night shift, respecting scheduling rules, i.e., maximum working time, number of night shifts, working during holiday periods, etc., and based on the previous month's schedule by worker. Provide a maximum of 40 working hours per week and any extra hours to HLWs on arrangements.

- PIS 3.** Ensure there is a mix of genders when scheduling, as some clients would prefer to talk to HLWs of a specific gender. A mix of cadres is also useful for easy consultations among HLWs.
- PIS 4.** Ensure there is always an adequate number of HLWs who speak Chichewa and Tumbuka. Keep in mind any training that will take place over the course of the month and any meetings that involve all or part of the staff.
- PIS 5.** Consult HLWs to confirm feasibility of the schedule. As a rule, vacations should be booked a month in advance so they can be factored into schedule development. This consultation is important because other conflicts can occur.
- PIS 6.** Post the draft schedule for two days prior to the month in the call centre so it is visible to all HLWs and they can plan accordingly. Gather any final feedback.
- PIS 7.** Publish the official schedule by posting it in the designated area of the call centre, as well as in the HLWs' WhatsApp group.

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.007 (old numbering)	6 May 2019	P. Tchongwe A. Kasiya U. Kachila C. Blauvelt	Establishment	Establishment
C.005 (new numbering for toolkit)	5 September 2019	R.Mehrotra P. Tchongwe A. Kasiya U. Kachila C. Blauvelt	Finalization for transition	Transition

HOTLINE DOCTORS

This standard operating procedure (SOP) reflects the current hotline doctors' referral process for Chipatala Cha Pa Foni (CCPF). It should be adapted by the Ministry of Health and Population (MOHP) and will be reviewed annually, or as needed.



Purpose

- To guide the doctors to provide medical consultation and advice via mobile phone for callers or staff of CCPF.



Responsible Persons

CCPF Hotline Workers (HLW)

CCPF Solution Manager - (Deputy Director - Directorate of Clinical Services)



Target Audience

Triaged Hotline doctors



Minimum Requirements

The following steps in this Hotline Doctors SOP MUST be executed:

- Doctors must be fully qualified and registered with Malawi regulatory bodies.
- Doctors must give advice consistent with all Malawi protocols and laws; an HLW will stay on the call and provide a summary to the caller at the end.
- When they are "on call," doctors must be available 24 hours a day, keeping their phones with them at all times.

MATERIALS

Doctors duties and responsibilities



Hotline Centre Operations
MOHP CCPF SOP C.006

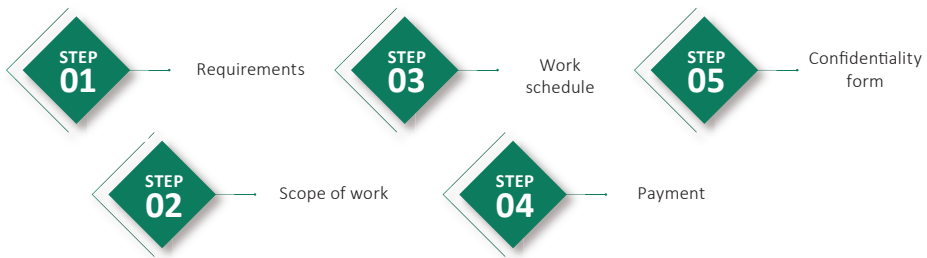
Appendix A_Doctors duties and responsibilities

DEFINITIONS

- i. **Doctor** - A physician, medical practitioner, medical doctor, or a professional who practices medicine, which is concerned with promoting, maintaining, or restoring health through the study, diagnosis, prognosis, and treatment of disease, injury, and other physical and mental impairments. In the case of CCPF, the doctor does not diagnose or treat but provides health education information that the existing permanent hotline staff does not know.
- ii. **Patient Referral** - Medical definition of referral is the process of directing or redirecting, a medical case or a patient to an appropriate specialist or agency for definitive treatment. In the case of CCPF, patient referral is when an HLW triages a call to a doctor or tells the callers to visit their nearest health facility.

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Developing an agreement/contract for doctors



Background - CCPF HLWs should not dispense health information on topics that are not familiar to them. When the provided reference materials do not address specific queries from clients, HLWs are expected to connect the caller a consultant doctor. The referral aims to maintain or improve health outcomes for all callers who need extra health information and services. These guidelines are meant to help doctors make accurate and timely referrals to appropriate referral centres.

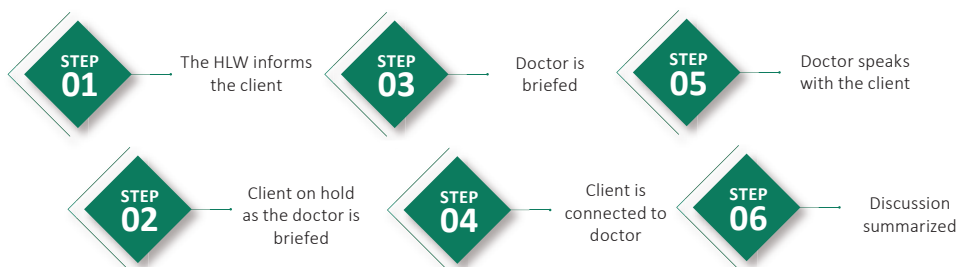
PIS 1. Requirements - They must be fully qualified medical or surgical doctors, currently practicing in the public or private sector. Doctors must be registered with regulatory bodies in Malawi, and their registrations must be on file.

PIS 2. Scope of work - Medical consultation and advice shall be at the discretion of the consulting doctor but driven by current Malawi health protocols, medical best practices, and Malawi law. The medical doctor

cannot provide diagnosis or treatment over the phone, as it violates Medical Council guidelines. The HLW calls the doctor and stays on the call as the doctor engages with the client. The HLW then provides a summary of the call outcome at the end of the call.

- PIS 3. Work schedule** - Medical doctors must be available for calls, as necessary, on a 24/7 basis. They will keep their mobile phones with them at all times and answer all calls from the CCPF programme. Repeated failure to answer calls will result in disciplinary action and may lead to termination of the contract with the hotline.
- PIS 4. Payment** - Ideally, consultant doctors will be taken from a pool of medical practitioners in the public service. Their remuneration requirements will be covered under the terms of services as determined and provided by the health services commission. If private medical doctors are contracted, the Directorate of Clinical Services defines the remuneration and payment processes in the terms of reference.
- PIS 5. Confidentiality form** - As a sign of understanding the agreement, doctors sign a hardcopy agreement form in duplicate and the CCPF Solution Manager countersigns. Doctors keep a copy of the agreement, and the other copy is filed in the CCPF personnel file.

II. Handling CCPF referral



Referral to CCPF doctor is done when the HLWs are unable to handle a question from the client and when the client's case requires specialized knowledge. In the event of any of these situations, the following steps are followed in managing the referral to the CCPF doctor:

- PIS 1.** HLW informs the client that the doctor will be engaged and the client provides verbal consent.
- PIS 2.** Client is informed that she or he will be on hold as the doctor is briefed about the case.
- PIS 3.** Doctor is briefed about the case and asked to speak with the client.
- PIS 4.** Client is informed that the doctor is ready to listen to the client and to discuss her or his medical condition.
- PIS 5.** Doctor talks to the client as the HLW listens in and takes notes (conference call).
- PIS 6.** HLW summarizes the discussion with the client.

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.006	15 April 2019	P. Tchongwe O. Sambo A. Savidi A. Kasiva U. Kachila C. Blauvelt	Establishment	Establishment
C.006	13 September 2019	P. Tchongwe O. Sambo A. Savidi A. Kasiva U. Kachila C. Blauvelt	Finalization for transition	Transition



Onboarding Training and Ongoing Skills Development Standard Operating Procedure

Youth Friendly Health Services Onboarding Training Facilitator's Guide Summary

The Capacity Building section is relevant to the Department of Clinical Services (DCS). This section provides guidelines on how to conduct capacity strengthening exercises — from onboarding new hires for the hotline to transferring skills and competencies to potential organizations for transitioning purposes. This section contains training materials and readiness assessment questions that describe training strategies, timelines, and knowledge transfer approaches to use.

ONBOARDING TRAINING AND ONGOING SKILLS DEVELOPMENT

This standard operating procedure (SOP) reflects the current strategy for hotline worker (HLW) onboarding and continued skills development. It should be adapted by the Ministry of Health and Population (MOHP) and will be reviewed annually, or as needed.



Purpose

- To outline the training approach for onboarding new HLWs.
- To outline ongoing skills development for existing HLWs.



Responsible Persons

CCPF Hotline Supervisor - Responsible for executing a training plan for new hires and for ensuring that the team continues to have opportunities for skills building.

CCPF Solutions Manager - Deputy Director - Directorate of Clinical Services - Responsible for managing the Hotline Supervisor and providing guidance for the onboarding training and ongoing skills development for the hotline.



Target Audience

Hotline Supervisor, Deputy Director-Clinical Services, Human Resources Directorate, and all relevant programmes/directorates in the Ministry that organize training of health workers.



Minimum Requirements

The following steps in this Onboarding Training and Ongoing Skills Development SOP must be met:

- All new HLWs must undergo adequate onboarding training.
- All existing and new HLWs must undergo regular ongoing skills development training.
- Hotline Supervisor and Solutions Manager should update training content and materials as needed to reflect HLW needs and changes in the hotline.

MATERIAL

Onboarding training
facilitator's guide



Capacity Building
MOHP CCPF SOP C.007

Appendix A_Onboarding training
facilitator's guide

Onboarding training
PowerPoint template



Capacity Building
MOHP CCPF SOP C.007

Appendix B_Onboarding training
PowerPoint template

Ongoing skills devel-
opment monthly plan
from Hotline Worker
section



Capacity Building
MOHP CCPF SOP C.005_A

Appendix C_Ongoing skills development
monthly plan from Hotline Worker section

DEFINITIONS

- i. **Hotline Worker (HLW)** - Anyone hired and trained to answer calls at CCPF, regardless of level of formal training, i.e., CCPF nurses, medical assistants, etc.
- ii. **Skills Development Plan** - A monthly calendar that denotes the topic of the skills development training offered each month.

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Onboarding new staff



It is essential that new hires start with an onboarding training prior to answering calls. The training will guarantee that new hires understand the vision of CCPF, the approach to customer care, how to navigate the software, etc. Onboarding fosters confidence in HLWs that they are prepared to do their job and will give callers a positive call experience.

PIS 1. Coordinate start dates of new hires to the extent possible, so that a group of HLWs start the same day. This will allow you to have a group for training, which increases dialogue among HLWs and their engagement with the training materials. It also reduces the amount of time the supervisors spend onboarding staff, so that they can focus on supervision.

PIS 2. Schedule and prepare for the 3-5 days of new hire onboarding training:

- Inform existing staff about the new hires and the training week.
- Communicate to any co-facilitators or external facilitators the dates of the training.

- Co-ordinate training plan and materials with co-facilitators, as needed.
- Refresh any training materials, i.e., PowerPoint deck of, facilitator's guide, etc., as needed.
- Procure any necessary materials (e.g., flip charts, markers).
- Ensure that there is sufficient staffing at the hotline during training week. For example, if a senior HLW is supporting the training, the productivity of the existing HLWs may slow down as they walk trainees through mock calls. More staff is needed during the training times to ensure callers do not experience delays or reduced quality of services. Designated staff should still be focused solely on answering calls.

PIS 3. Conduct the training (*Appendix C.007_Appendix A_Onboarding training facilitator's guide*):

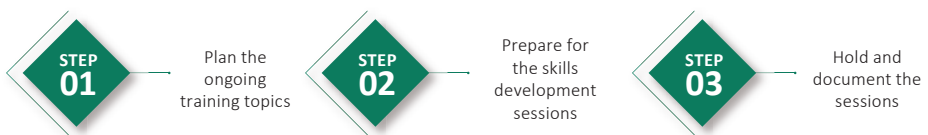
- Training should be conducted in a group and should be interactive. If you have a small group or only one new hire, the training format will have to be adjusted to suit the situation.
- Training should include background and instruction from the training team, discussion as a training group, and hands-on observation and practice (answering and navigating calls).
- Given the current scope of onboarding materials, the training is anticipated to last about five days.

- Training should include pre- and post-tests to track and measure the extent to which learning has occurred.

PIS 4. Update the onboarding process and materials:

- As you conduct each wave of new-hire training, take note of any changes that should be made to either the training approach or the materials. This could include adding training on a new module to the materials, shortening the instruction training, lengthening the amount of observation and practice, etc.
- Update the programme in ways that could potentially save you time when readying materials for the next training.

II. Ongoing skills development training



In addition to the critical onboarding training, it is also essential that HLWs are given the opportunity for ongoing skills development. Holding trainings on a given subject once a month serves two key functions:

- HLWs keep their skills and knowledge up to date and relevant, allowing them to better support callers.
- HLWs feel that they can progress and develop new skills while working at the hotline. Ongoing skills development will help retain skilled and motivated staff.

PIS 1. Plan the ongoing training topics for the year:

- Sessions are typically held once a month, but you may choose to hold these trainings more or less frequently, based on recognized need.
- Look at the previous year's plan to see what trainings were recently offered.
- Talk with HLWs to see where they think their knowledge gaps are.
- Be in communication with MOHP staff to identify key priorities or changes in MOHP policies or guidelines on specific health topics. For example, people might call to ask about the new rollout of the HPV vaccine or the malaria vaccine trial, people might call so the HLWs should be prepared to answer questions.
- To the extent possible, fill in the topic for each month in the calendar in advance, so that you can be prepared and ready for each skills development session (*Appendix C.005_A*).
- Recognize that the plan may need to change if there is an emergent topic that warrants quick discussion (e.g., a refresher on cholera during a cholera outbreak, possible Ebola outbreaks).

- Not all trainings need to be held specifically for the HLWs. HLWs can also be sent to trainings organized by other departments/directorates/programmes. The CCPF Solutions Manager should coordinate with other departments/directorates/programmes/District Health Offices (DHOs) to get information on upcoming trainings for the year and, if possible, secure slots for some HLWs to attend those trainings. HLWs sent to these trainings are expected to hold sessions at the hotline to brief the rest of the team; all materials should be kept in the hotline library for reference.

PIS 2. Prepare for the skills development sessions:

- Give the team ample notice about when and where the session will be held.
- Staff the hotline accordingly during skills development sessions. It is important to note that the hotline is available to callers 24 hours a day, and there should not be a gap in services. While some staff are being trained, other staff should work in the hotline to ensure the callers do not suffer while the training is ongoing.
- Plan the format of the session. This might include presentation from an outside presenter, reading an article and then group discussion, etc. Consider what the best format will be for the chosen topic.
- Determine in advance how much time will be allotted for the session (e.g., Will it be two hours or four hours?).

PIS 3. Hold and document the sessions:

- Give a pre-test on the subject.
- Conduct the session and document the outcome (e.g., What was discussed? What are the key takeaways?).
- Give a post-test to ensure HLWs learned what was expected of them to learn.
- Establish if any reference materials or flows to the software need to be revised. If they do, follow up accordingly.
- Save the notes and presentation materials in the CCPF library, so that HLWs who might have missed the session can review them and keep a record of what was discussed.
- Keep records of who attended which sessions to track trainings received by each HLW.
- Supervisors should ensure HLWs who did not attend the training receive the training materials necessary for bridging any gaps in their knowledge so they have the ability to give callers the most relevant information.
- Update the monthly plan tracker, confirming that the session was conducted.

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.005 (old numbering)	5 May 2019	K. Reynolds P. Tchongwe U. Kachila A .Kasiya C. Blauvelt	Establishment	Establishment
C.007 (new numbering for toolkit)	3 September 2019	Y. El-Khatib K. Reynolds P. Tchongwe U. Kachila A .Kasiya C. Blauvelt	Finalization for transition	Transition

ONBOARDING - CCPF YOUTH FRIENDLY HEALTH SERVICES TRAINING MANUAL SUMMARY

The 2018 Malawi Population and Housing Census report indicates that Malawi is still a youthful population with a median age of 17 years. The youth in Malawi continue to face challenges in accessing health services, including health information. One of the critical interventions that the Malawi Ministry of Health and Population advocates for is youth-friendly health services (YFHS). CCPF is a youth-friendly service point for health promotion that can lead to improved health indicators for the country. To achieve this goal, workers at CCPF need a better understanding of health issues affecting the youth and how to handle young callers. Training in YFHS, therefore, is critical to standardize the information shared with this group of clients.

The CCPF Youth Friendly Health Services Training Manual was developed by Planned Parenthood and VillageReach, with funding from PEPFAR through the DREAMS Innovation Challenge. It is aimed at supporting the training of CCPF HLWs in Malawi, so that they are able to successfully use the “adolescent module” for the hotline. This module is designed to meet the needs of adolescent and youth callers.

The manual offers guidance and tips for facilitators on how to manage the training process from preparation, training initiation, and how to conclude the training. The preparation covers allocation of topics among facilitators, as well as planning the teaching/learning styles to be used. Once the training has started, the manual can be applied to teach how facilitators can transition between topics, techniques for engaging participants, time management, and handling group questions.

The training content covers sexual and reproductive health and rights, adolescent development, (adolescent brain development, reproductive anatomy and physiology review, puberty), reproduction capabilities, sexuality education, contraception effectiveness, sexually transmitted infections, menstruation management, unsafe abortion, and discerning facts and values. The content is delivered through PowerPoint presentations, group work, and individual activities. Practical call simulation exercises for different scenarios will be included in the training to help determine competency levels for the participants.

The CCPF Youth Friendly Health Services Training Manual will enable facilitators to effectively transfer knowledge to HLWs. By the end of the training, HLWs will have developed key knowledge and communication skills needed to handle calls on the hotline. The manual can and should be adapted when the Ministry of Health and Population (MOHP) makes changes to its YFHS policies.



Information Communications Technology Support Management Standard Operating Procedure

The Technology section is relevant to the Information Communications Technology (ICT) Department. This section focuses on the technology used by Chipatala Cha Pa Foni (CCPF) hotline workers (HLW), which is critical for maintaining contact with callers who need follow-up calls, planning hotline staffer scheduling, and in the long term, analyzing the success of CCPF.

INFORMATION COMMUNICATIONS TECHNOLOGY SUPPORT MANAGEMENT

This standard operating procedure reflects the suggested process for managing the technological components of CCPF. It should be adapted as needed by the Ministry of Health and Population (MOHP) once the Chipatala Cha Pa Foni (CCPF) transition is complete and will be reviewed annually, or as needed.



Purpose

- To guide MOHP Information Communications Technology (ICT) Department on CCPF technology implementation, maintenance, and support of all technology infrastructure.



Responsible Persons

MOHP ICT Department is responsible for working with the appropriate vendors and partners, i.e., VIAMO, Airtel, Tech-services, Secum, M1Electronics.



Target Audience

MOHP ICT Department



Minimum Requirements

The following steps in this Technology SOP **MUST** be executed:

- Check that all the workstations are operational on daily basis
 - Check that internet connection is available on all workstations daily
 - Check that all components of power backup system are functioning properly weekly
 - Check that solar panels are cleaned monthly
 - Check that agents and other users are able to log into the system and are able to use the system daily.
-

MATERIALS

CCPF Hotline System
Viamo User Manual



Technology
MOHP CCPF SOP C.008

Appendix A_CCPF Hotline System Viamo
User Manual

Inbound Call Centre
Operator's Manual



Technology
MOHP CCPF SOP C.008

Appendix B_Inbound Call Centre Operator's
Manual

Inbound Call Centre
Supervisor's Manual



Technology
MOHP CCPF SOP C.008

Appendix C_Inbound Call Centre
Supervisor's Manual

IVR Voice Messages



Technology
MOHP CCPF SOP C.008

Appendix D IVR Voice Messages

Reference Module
Document



Technology
MOHP CCPF SOP C.008

Appendix E_Reference Module Document

Reference App user
Manual



Technology
Reference App user Manual
<http://www.wikidot.com/doc:start>

DEFINITIONS

- i. **Interactive Voice Response (IVR)** - Pre-recorded voice messages, which are part of an automated telephone system that interacts with callers, gathers information, and routes calls to the appropriate recipients.
- ii. **Long Term Evolution** - LTE is a 4G wireless communications standard developed by the 3rd Generation Partnership Project (3GPP). It is designed to provide up to 10x the speed of 3G networks for mobile devices, such as smartphones, tablets, netbooks, notebooks, and wireless hotspots.
- iii. **Telecom Networks Malawi** - One of Malawi's largest mobile network providers.
- iv. **Airtel** - One of Malawi's largest mobile network providers on which CCPF runs.
- v. **Global System for Mobile** - A digital mobile telephone system used in Malawi, across Europe, and in other parts of the world.
- vi. **WI-FI: Wireless Fidelity** - Wireless fidelity is a facility allowing computers, smartphones, or other devices to connect to the Internet or communicate with one another wirelessly, within a particular area.
- vii. **Closed-Circuit Television** - A television system in which signals are not publicly distributed but are monitored, primarily for surveillance and security purposes.

- viii. **Alternating Current** - An electrical current that reverses or alternates its direction of flow.

SOLUTION OVERVIEW

The CCPF technology solution is primarily a multipurpose application provided by Viamo. The Viamo system has three major components:

- IVR handling for answering calls and providing recorded health information.
- A Call Centre App for on-screen guiding and tracking of calls.
- Short message service (SMS) campaigns, which handle the outgoing health-information SMSes that CCPF labels tips and reminders (T&R).

Although SMS T&Rs are no longer a part of the CCPF system, the component can be reactivated. The application runs primarily in the cloud, although IVR handling is performed on a server directly connected to Airtel on their premises. The CCPF agents access the application through a browser, over a Telecom Networks Malawi (TNM) long-term evolution (LTE) internet connection, using HP all-in-one touch screens. The IVR handler connects calls, via Airtel, to their global system for mobile (GSM)-enabled desktop phones.

Viamo does not have a software for reference materials. This is handled by Wikidot, a low-cost commercial wiki. Wikidot provides substantial editing and organizing tools for private pages and is accessible only to CCPF logins. The agents access the pages through a browser.

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Touch-screen terminals and GSM phones



The hotline uses 23" HP all-in-one touch-screen desktop terminals assigned to each agent terminal. Twenty-two of these screens were procured for the 24 workstations already established. These touch screens are powered by 56-watt power adapters and connected to the network through either WI-FI or ethernet cable.

All-in-one Touch Screen Maintenance - All workstations should be powered by the provided 56-watt power adaptors:

- PIS 1.** The power adapter should only be connected to flow-mounted trunk power sockets, with a power backup system and adequate surge protection.
- PIS 2.** If the computer does not turn on after the bottom computer switch is pressed, make sure the power adapter is well connected to the sockets, the socket switch is on, and the small power indicator at the back shows white light. Also, make sure the power switch is sufficiently pressed. The front power light should be able to light up, then the screen will power up.

PIS 3. If the screen still does not power up after following these steps and the product has exceeded the warranty period of October 2019, consult a certified technician. If the product is still under warranty, i.e., within the warranty period, consult the supplying vendor M1 Electronics for repairs or replacement.

Workstations Software Maintenance - The workstations run on Windows 10 operating system and are not supposed to be installed with other applications, such as Office, since they are not required for running the hotline software:

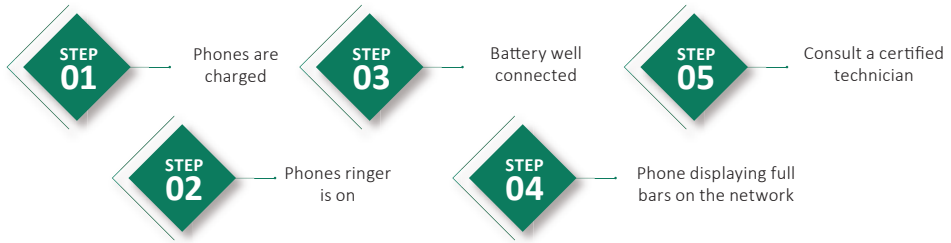


PIS 1. Make sure the workstations receive Windows security updates at least every two weeks.

PIS 2. The workstations should be installed with either Firefox (recommended) or Google Chrome web browsers for system access. Make sure these browsers are updated at all times.

PIS 3. The workstations should also be installed with antivirus. Ensure it is updated at all times. Currently, the workstations are protected by Norton Symantec Antivirus.

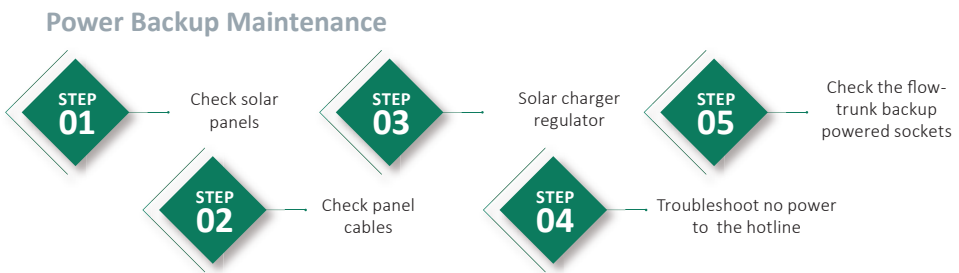
GSM Desktop Phones Maintenance - Each workstation has a desktop GSM phone (with an Airtel postpaid sim card). The phones have a 5v charging adapter (that can also be connected to the backup flow trunk sockets) and RJ11-based specialized operator headsets with noise filters:



- PIS 1.** Be sure the phones are adequately charged at all times. If the phones cannot charge, check to see if the adapter is well connected to the sockets, the socket switch is turned on, and the power adapter is properly connected to the phones.
- PIS 2.** Always set the phones on ringing and at good audible volume level.
- PIS 3.** Make sure the battery at the back is securely connected to the phone.
- PIS 4.** Check if the phone is displaying full bars on the network indicator on the screen. If there is no network, check the availability of the SIM card at the back and make sure that the SIM card is properly inserted and fully activated with Airtel.
- PIS 5.** If there is still a problem after following these steps, and the product has passed its warranty date of October 2019, please consult a certified technician. If it is within the warranty period, consult the supplying vendor tech-service for repairs or replacement.

II. Power backup and network

The hotline is connected to a hybrid power backup that switches automatically between the Electricity Supply Commission of Malawi (Escom) main grid and battery bank. The powerful and robust solar enabled battery power backup can keep all workstations going even without Escom power (if there is reasonable sunlight). The 8x200-AH battery bank is charged by solar panels connected to a solar charge regulator and hybrid inverter that charges and manages power from eight big 200-AH batteries. The backup powers all flow trunk sockets, one socket at the supervisor's workstation, one right-hand front corner wall socket in the conference room for projector, one wall trunk socket in small hotline room for network equipment, and five energy saver backup bulbs in the conference room, corridor, and two hotline rooms.

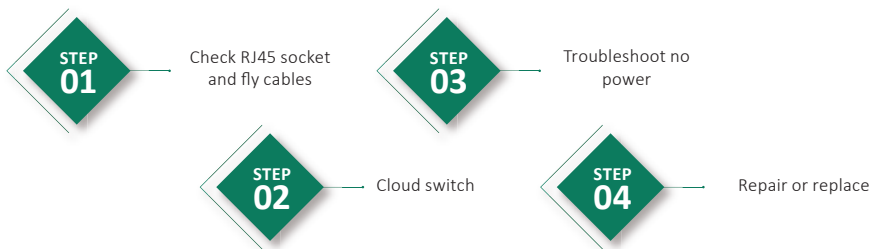


- PIS 1.** The eight solar panels on the roof should be checked every two months and cleaned if they are dusty to optimize sunlight exposure.
- PIS 2.** Make sure all the cables running from the panels to the charge controller in the battery room are intact and undamaged. Replace damaged cables immediately, as failure to do so can result in an accident.

- PIS 3.** The solar charger regulator will only charge and be on during the day when there is light hitting the solar panels. The charger will beep and automatically turn off when there is no light.
- PIS 4.** If there is not power in the hotline for both backup and main grid, follow the following steps:
- Check if all circuit breakers on the main switch box are raised. If they are raised and there is still no power, trip all switches and start raising them one by one, starting with the main switch until all are raised.
 - Check the surge protector behind the inverter to ensure that it is working properly, i.e., on and showing green lights. If not, it means the inverter is not receiving Escom power and needs attention (either repair or replace). Consult electrician for repairs or replacement.
 - If there is still no power, check the power inverter in the power backup room if it is on and displaying readings. If not, contact the providing vendor Secum Limited.
- PIS 5.** Regularly check the flow-trunk backup powered sockets for breakage and proper functionality. Please implement repairs or replacements, based on severity.

Network Setup and Maintenance

Wired Network - The workstations are connected to the internet through a wired network using a 24-cloud switch/router. The switch is powered by a wall-mounted backup socket. There are 24 sockets on both rooms that can be used at any given time:



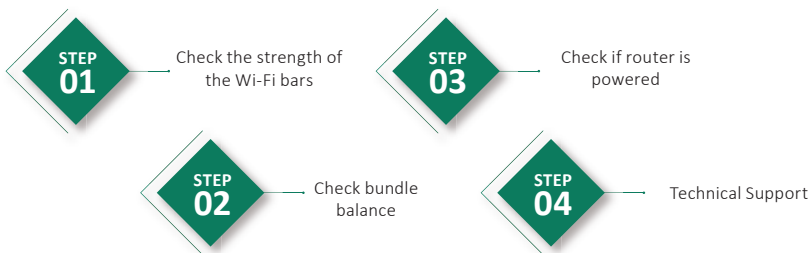
- PIS 1.** Using network cable tester, check often to determine if all RJ45 socket and fly cables are working. Replace all failing cables and sockets immediately. Keep all sockets well labeled for easy identification and troubleshooting.
- PIS 2.** The cloud switch turns on automatically once the adapter is connected to the sockets and powered.
- PIS 3.** If the switch does not power up after properly connecting it to power source, try connecting it to a similar power adapter to confirm that the adapter is working. If not, replace the adapter.
- PIS 4.** If the adapter is working after checking the previous step but the switch is still not powering up, refer to a certified electrician for repairs, or replace if it is not repairable. It is recommended to have a backup switch always for business continuity.

Wireless/Internet Network - The Internet is supplied by TNM Malawi through a bundle basis subscription. The Internet is connected through a Huawei router connected to a radio on the roof. The router is powered by an adapter, which is also connected to the power backup. The radio is powered by a network cable that connects it to the router. The radio consists of a SIM card, which receives the Internet, and that is where the bundle balance and bundle top-up is done through a TNM web top up portal (<https://topup.tnm.co.mw/prepaid>).

The same router acts as a wireless connection backup to the wired network. The workstations and supervisor's computers can be alternatively connected to this network.

To suppress excessive bundle consumption, the router URL filter was activated to allow only hotline software and reference application-related webpages and disallow all other sites. Disabling the filter will cause workstation Windows 10 updates to exhaust the bundle within a short period.

If the Internet is slow or not working for the allowed sites, check the router by either using the router web portal or switching the router adapter on and off.



- PIS 1.** Check the strength of the Wi-Fi bars, and if they are weak, refresh or restart the router.
- PIS 2.** Check the bundle balance and recharge, if necessary.
- PIS 3.** Check if the router is powered. If not, check to see if the adapter is well powered and connected to the router.
- PIS 4.** If all these steps are unable to resolve the problem, contact TNM enterprise by dialing 802 toll free, or writing to TNM Support at Support@tnm.co.mw.

III. Hotline software (IVR and Protocol Clipboard)

The CCPF technology solution is primarily a multipurpose application provided by Viamo. The Viamo system has three major components:

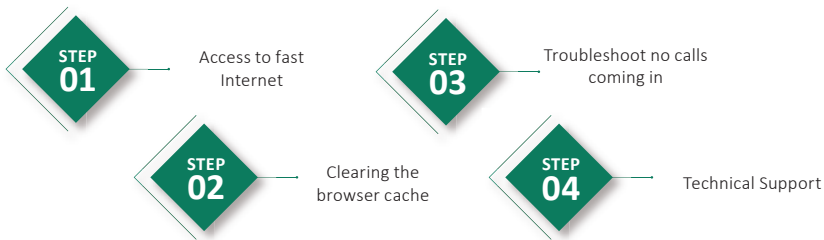
- IVR handling for answering calls and providing recorded health information.
- A call centre application for on-screen guiding and tracking of calls.
- SMS campaigns that handle outgoing IVR messages reminders.

The application runs primarily in the cloud, although the IVR handling is performed on a server directly connected to Airtel on their premises. The CCPF agents access the application through a web browser, over a TNM LTE Internet connection, using HP all-in-one touch screens. The IVR handler connects calls, via Airtel, to their GSM-enabled desktop phones.

The only software not provided by Viamo is the reference material that is handled by Wikidot, which is a low-cost commercial wiki. Wikidot provides

substantial editing and organizing tools, for private pages accessible only to CCPF logins. The agents access the pages through a browser.

System Maintenance - If the hotline system cannot be accessed through the web browser, please check the following:



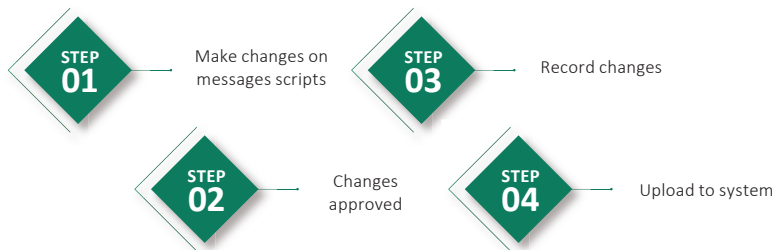
- PIS 1.** Make sure that there is access to fast Internet on the workstations. If not, please follow the Internet support procedure outlined in the network section.
- PIS 2.** If adequate Internet is available but you cannot access the system on the web browser, clear the browser cache. In fact, this should be a routine activity to avoid browser fill-up and diminishing system performance.
- PIS 3.** If the agent is able to log into the system but calls are not coming, make sure the agent is in the right organization, the agent account has the correct phone number allocated and the phone is on and functional, and the agent has joined at least one language queue.
- PIS 4.** If all these steps still do not resolve the problem, contact the Viamo support team through the information provided in the vendor and partner table.

For a detailed user manual, please refer to CCPF *Viamo Hotline System User Manual (Appendix A)*.

IV. IVR messages

IVR messages are listen-in recorded voice health messages taking the place of former text and reminders. The advantage of IVR messages is that they can be accessed even by illiterate people or those with visual impairment. They are less costly because they are zero-rated. Clients can listen in as many times as they like because they can be repeated. Users can choose which messages they want to listen to using a press-button prompt. These messages come in three languages: Chichewa, Tumbuka, and Yao. Appendix D IVR Voice Messages consists of these messages transcripts in four languages, including English, as well as recorded audio messages currently in the system.

To make changes to the messages, please follow these steps:



PIS 1. Changes must be made on messages scripts.

PIS 2. Changes must be approved by the MOHP content team.

PIS 3. Changes may then be recorded and approved again to reflect the revised scripts.

PIS 4. Once the audio messages are ready, they can be uploaded into appropriate tree blocks in the system.

Note Please refer to content section on how to upload and author system content.

V. Content management

The CCPF ICT Officer will be responsible for implementing changes to the content, as requested by clinical or operational staff. This includes changes to IVR menus and changes to the on-screen call flow used by HLWs. The ICT Officer must become proficient in the use of the Viamo flow configuration called “tree building.” Viamo will supply manuals on the basics of tree building software. This section outlines CCPF’s configuration and how to become familiar with tree building.

The Viamo call-flow editor allows a very customizable progression of questions — not unlike an advanced form of Survey Monkey or a similar customized-survey application. Viamo engineers have never programmed the specific CCPF sequence of questions and messages. The creation and maintenance of the entire call flow is the responsibility of CCPF and is an important part of the ICT Officer work.

Trees and Sub-trees - In Viamo, a set of questions with branching is called a tree. (Branching example: if the answer to question A is “female,” go to question B, otherwise go to question C).

Every part of the call flow, whether IVR or on-screen, begins with a main tree but can divert into “subtrees.” These “subtrees” are no different from main trees and are just sub-sections of a more complex flow. Using multiple subtrees has two purposes:

- Large sections that might repeat can be shown clearly in the flow. For example, the tree that records client demographics will need to be run a second time, when a mother talks about her child first, but then changes topics and discusses her own symptoms.
- Complexity of the main tree is greatly reduced. The Viamo editing system is only practical up to a certain number of questions and branches. At some point, it becomes difficult to manage all parts of a complex flow simultaneously. Subtrees isolate logical repeatable parts of the flow into manageable sizes, much like subroutines in any programming language.

CCPF Tree and Subtree structure - The ICT Officer should learn all the functionality of these trees, so that she or he can implement any changes requested.

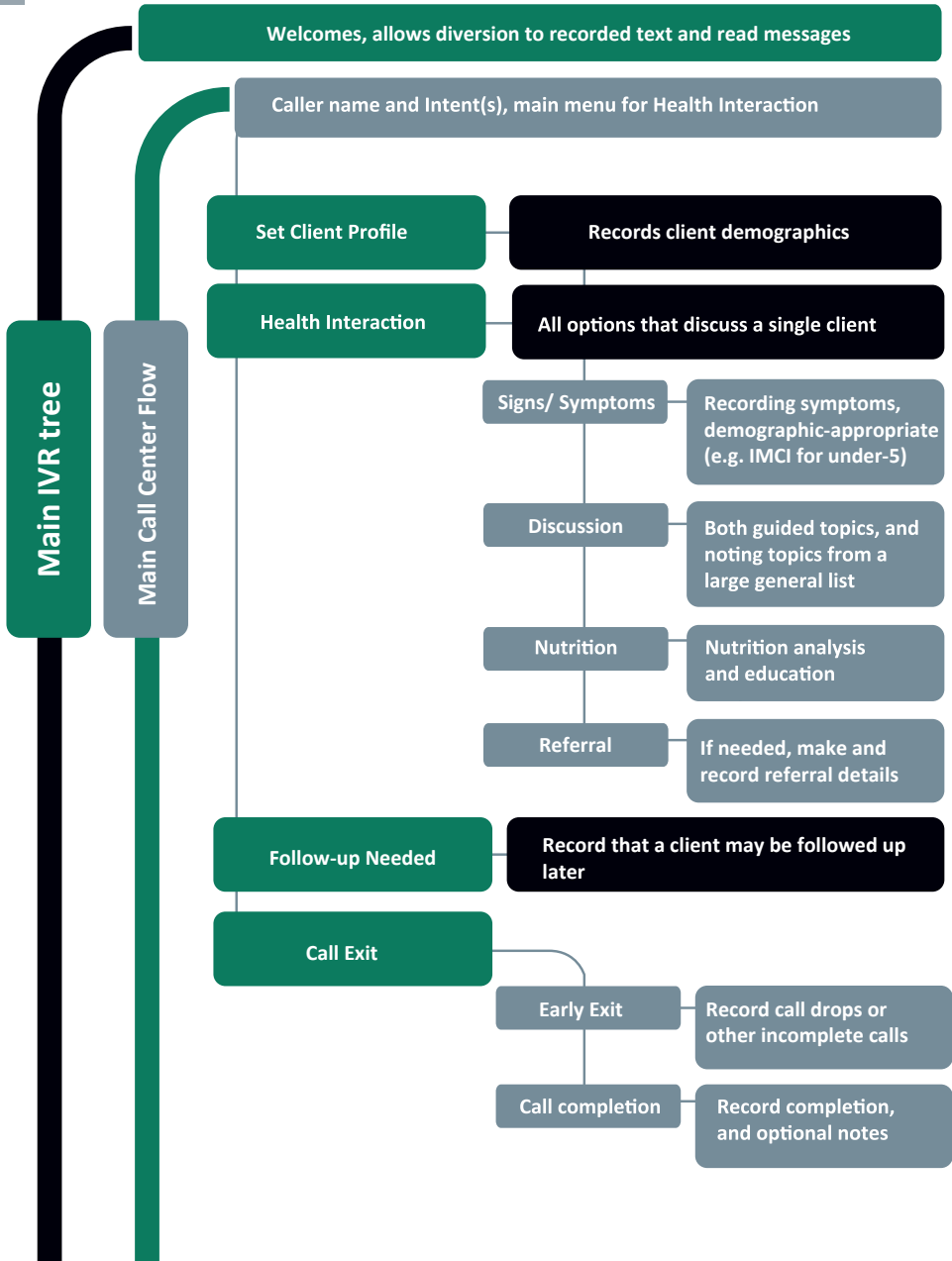
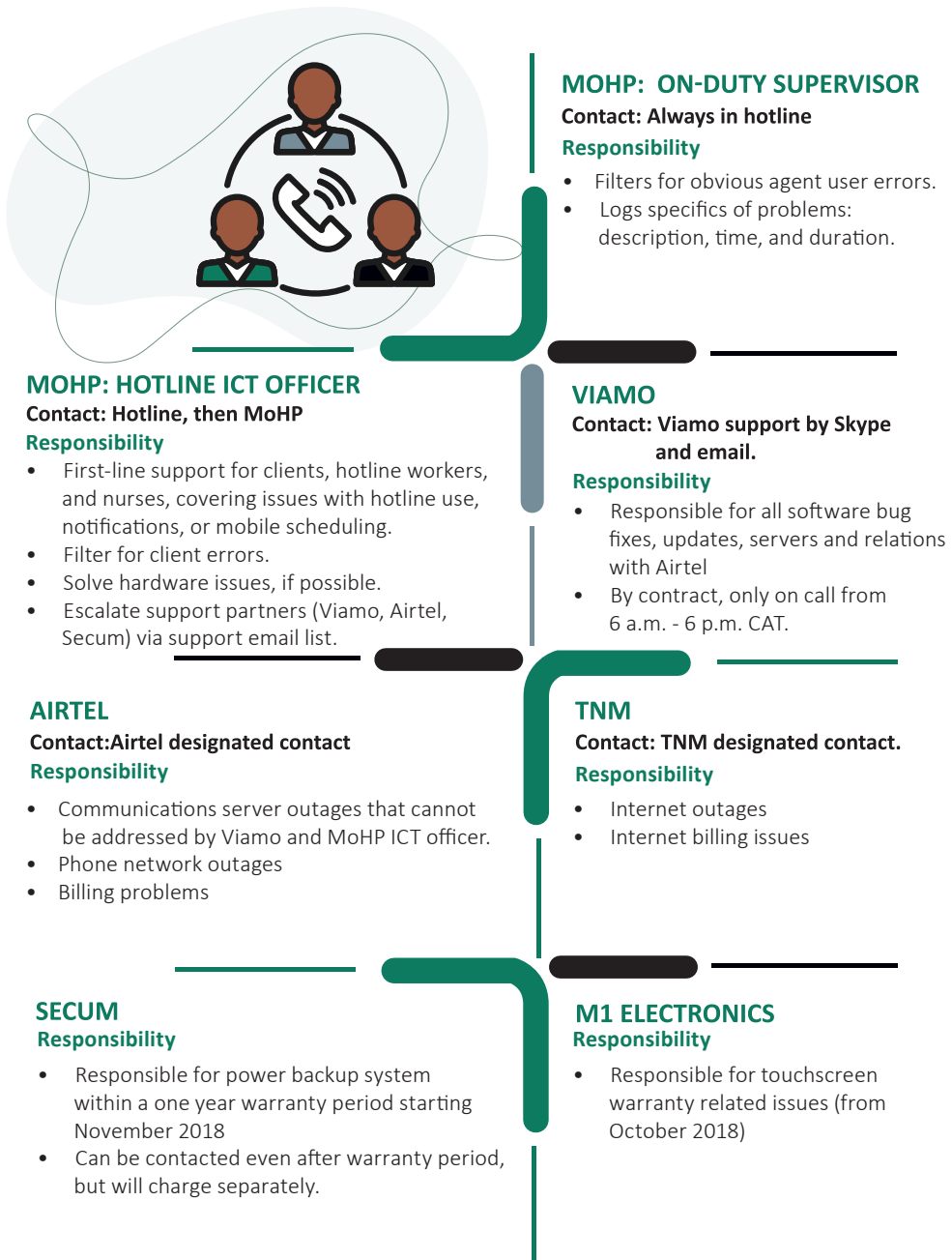
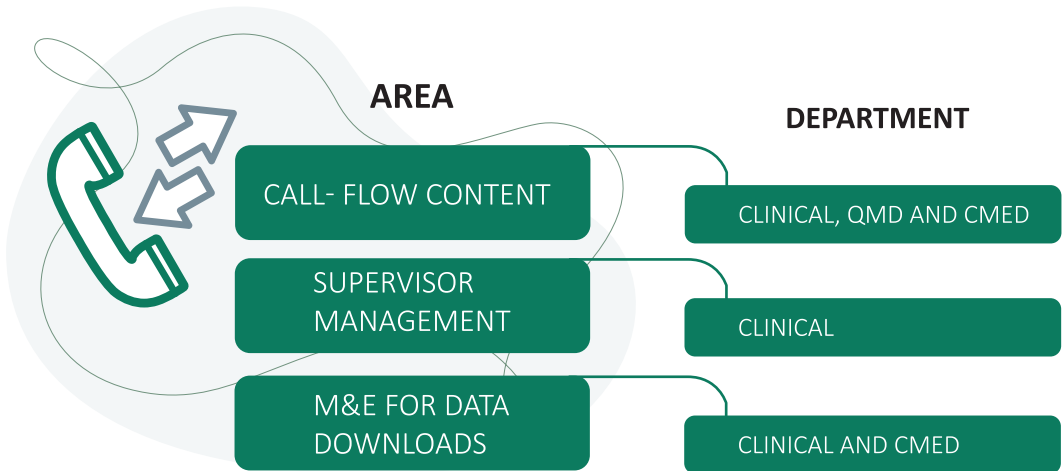


Figure 12. Example Technical Support Plan



OTHER ICT DUTIES

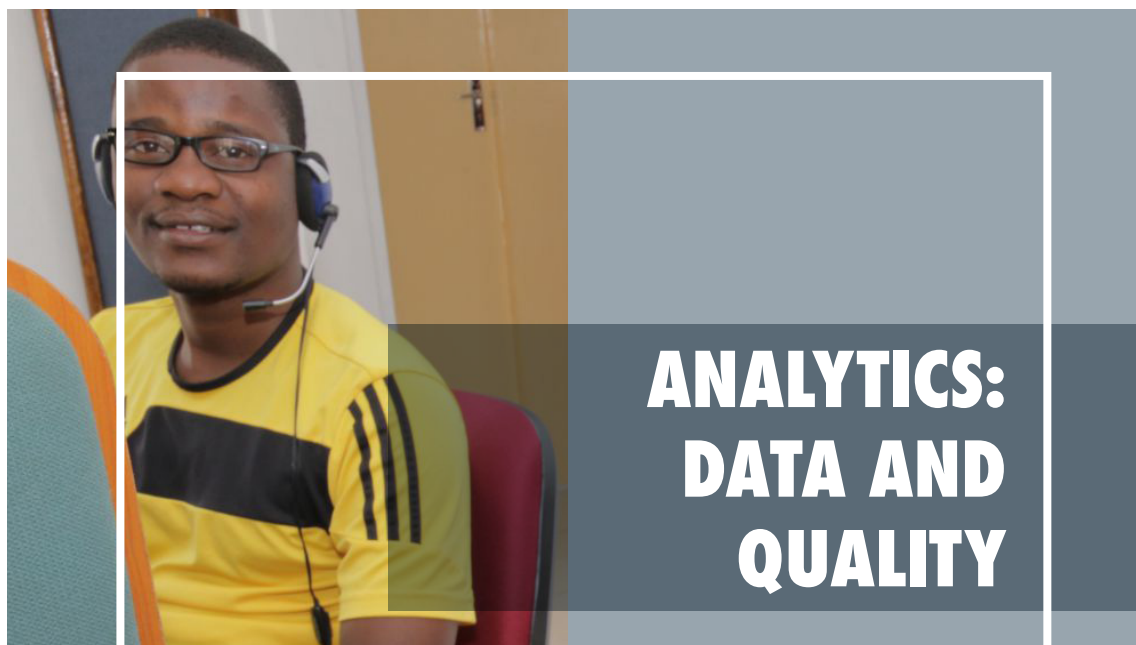
In addition to support and problem-solving, the CCPF ICT Officer will need to assist other ministry departments that interact with the Viamo system as follows:



Familiarity with these Viamo admin-level software operations will also be important for problem diagnosis and support.

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.008	9 September 2019	S. Simkonda D. Hill U. Kachila C. Blauvelt	Finalization for transition	Transition



ANALYTICS: DATA AND QUALITY

Monitoring and Evaluation Standard Operating Procedure

Quality Assurance Standard Operating Procedure

Guidelines for Hotline Worker Quarterly Performance Incentives Standard Operating Procedure

Hotline Caller Satisfaction Standard Operating Procedure

The Analytics: Data and Quality section is relevant to the Central Monitoring and Evaluation Division (CMED), Information Communications Technology (ICT) Department, and Quality Management Department (QMD). This section explains the quality-assurance process. This is especially critical for the MOHP to implement, because it is CCPF's high-quality service that is fostering its widespread use by Malawian citizens and its expansion. The Quality Assurance Manual allows weekly and quarterly reviews of hotline workers (HLW), using randomly selected calls, as well as performance improvement plans (PIP) based on feedback. The Caller Satisfaction manual describes the process of sampling citizen opinion and analyzing trends from this data to improve services.

MONITORING & EVALUATION

- STANDARD OPERATING PROCEDURES

This standard operating procedure (SOP) reflects the current monitoring and evaluation (M&E) process for Chipatala Cha Pa Foni (CCPF) at VillageReach (VR). It should be adapted by the Ministry of Health and Population (MOHP) and will be reviewed annually, or as needed.



Purpose

- To ensure standardized approach to data cleaning and analysis, based on lessons learned during collecting and analyzing CCPF data.
- Provide guidance on specific roles and responsibilities for the CCPF M&E focal point person.
- Provide guidance on monthly and quarterly data reporting



MOHP Policy

Data quality standards of validity, reliability, timeliness, precision and integrity.



Responsible Persons

CMED Deputy Director - Responsible for managing the CCPF/MOH M&E focal point person, under the leadership of CMED Director.

CCPF/MOHP M&E Focal Point Person - Responsible for all CCPF M&E functions; will be assisted by other members of the Central Monitoring and Evaluation Division (CMED).



Target Audience

CCPF M&E team



Minimum Requirements

The following steps in this M&E SOP MUST be executed:

- M&E Officer must collect and clean CCPF data and add it to the master database monthly.
- M&E Officer must create reports of results that can be shared with external audiences — including donors and MOHP — sharing lessons learned and supporting advocacy efforts on a monthly, quarterly, and annual basis.
- M&E Officer must assist the programme teams to understand M&E results and use data to inform continuous programme improvement.

MATERIALS

Paper Based Data
Cleaning Rules



Analytics: Data and Quality
MOHP CCPF SOP C.009

Appendix A_Paper Based Data Cleaning
Rules

Step by Step Guide for
Viamo Data Extraction
and Cleaning



Analytics: Data and Quality
MOHP CCPF SOP C.009

Appendix B_Step by Step Guide for Viamo
Data Extraction and Cleaning

CCPF Monthly
Standards Data Tables
(General)



Analytics: Data and Quality
MOHP CCPF SOP C.009

Appendix C_CCPF Monthly Standards Data
Tables (General)

CCPF Monthly
Standards Data Tables
(ONSE)



Analytics: Data and Quality
MOHP CCPF SOP C.009

Appendix D_CCPF Monthly Standards Data
Tables (ONSE)

CCPF Monthly
Standards Report
(General)



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix E_CCPF Monthly Standards
Report (General)

Appendix F_CCPF
Monthly Standards
Report (ONSE)



Analytics: Data and Quality

MOHP CCPF SOP C.008

Appendix F_CCPF Monthly Standards
Report (ONSE)

CCPF M&E Updates for
Steering Committee
Presentation Example



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix G_CCPF M&E Updates for
Steering Committee Presentation Example

CCPF Impact Evaluation
Sample Protocol



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix H_CCPF Impact Evaluation
Sample Protocol

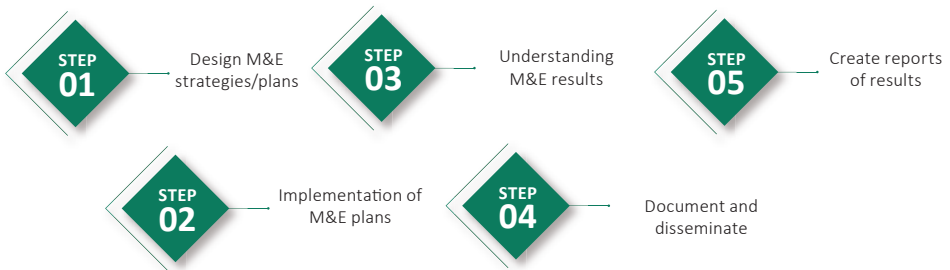
DEFINITIONS

- i. **Data Cleaning** - This is the process of detecting, correcting, or removing corrupt or inaccurate records from a record set, table, or database. Data cleaning also refers to identifying incomplete, incorrect, inaccurate, or irrelevant parts of the data and replacing, modifying, or deleting the coarse data.
- ii. **Hotline Worker (HLW)** - Anyone hired and trained to answer calls at CCPF, regardless of level of formal training, i.e., CCPF nurses, medical assistants, etc.
- iii. **Paper-based Data (PBD)** - Data captured, using paper forms and entered in an Excel spreadsheet.
- iv. **Automated Data** - Data recorded by HLWs on the hotline computers and automatically synchronized in the hotline database. Data can be extracted in comma-separated values (CSV) file formats.
- v. **Database** - An electronic system that allows data to be easily accessed, manipulated, and updated.
- vi. **Data Analysis** - The process of evaluating data, using analytical and statistical tools to discover useful information.
- vii. **Call Volume** - Count of calls.
- viii. **Relevant Calls** - These exclude follow-up calls from clients who had been referred to a health facility, short dropped calls, and irrelevant calls that are not about health or nutrition.

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. CCPF monitoring responsibilities

General M&E Responsibilities:

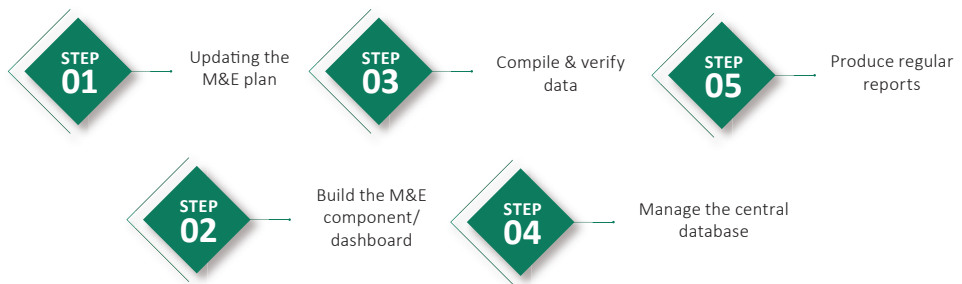


- PIS 1.** Design robust M&E strategies/plans, including development of indicators for projects, in collaboration with project partners and CCPF Programme Manager and Programme Lead.
- PIS 2.** Assist in the implementation of M&E plans, including regular monitoring of indicators.
- PIS 3.** Assist programme teams in understanding M&E results and using data to inform continuous programme improvement.
- PIS 4.** Document and disseminate best practices and lessons learned on a quarterly basis.

Communication, Public Relations, and Programme Development

- PIS 5.** Create reports of results that can be shared with external audiences — including donors and the MOHP — share lessons learned, and support advocacy efforts with the global health community.

Routine Monitoring & Data Management

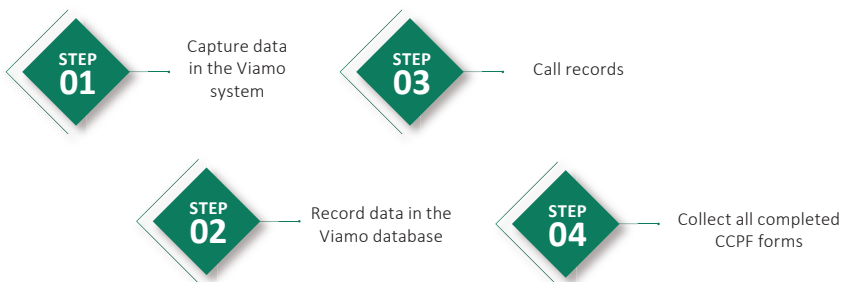


- PIS 1.** Lead in updating the M&E plan and selecting key indicators for the new hotline system.
- PIS 2.** Work with Viamo IT consultants and VR ICT Officer to build the M&E component/dashboard of the new software and to refine how the system captures data.
- PIS 3.** Compile data from the Viamo software, verify data quality through spot checks, and communicate with CCPF Coordinator and the Hotline Supervisor to ensure monthly training of HLWs and ensure ongoing continuous improvement.
- PIS 4.** Manage the central database for CCPF (Viamo software) and clean data for reports, as needed.
- PIS 5.** Analyze data, and produce regular reports and presentations, as required by donors and the MOHP, on a quarterly, semi-annual, annual, or ad-hoc basis.

II. CCPF data capturing and reporting systems

Currently, CCPF uses two primary data-capturing and reporting procedures: (1) HLWs record data about the calls in their computers, which is collected in automated database (formally by Baobab Health Trust and currently by Viamo); and (2) HLWs record a smaller number of data points on paper forms. The paper-based data capturing system was initialized in early 2017, following a significant reporting challenge on the Baobab automated system. This system has evolved over time to capture more detailed data.

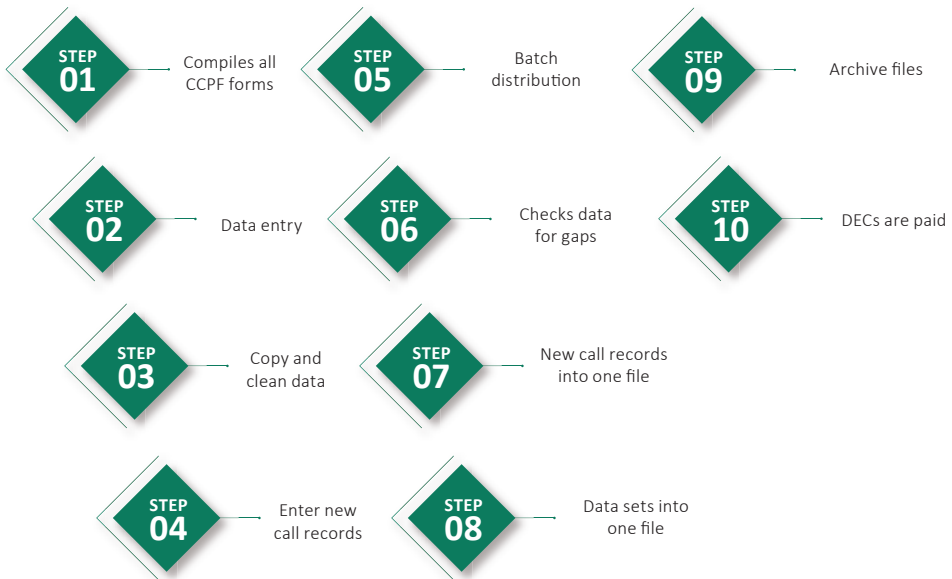
While the hotline completely migrated from the old Baobab system to the new Viamo software in early December 2018, double reporting (on paper and in the automated system) remains essential for routine CCPF monitoring. The data-capture and reporting component of the new Viamo system is still under development. Once the new system is fully configured, all the CCPF indicators will be tracked in the new hotline computers only.



- PIS 1.** The capturing of data in the Viamo system is completed as soon as the call flow is completed on-screen. On the other hand, data on paper is recorded soon after the call has been completed. Currently, any call flows that are not fully completed on screen are not saved permanently in the Viamo system. This can account for paper records being more numerous than the Viamo records. This software behavior may be changed in future versions of the Viamo software.
- PIS2.** HLWs sit in front of a computer configured with new Viamo system software. HLWs have copies of blank CCPF reporting forms on their desks. When a client calls the hotline, HLWs record data about the calls on their computers, which are automatically synchronized in the Viamo database (For details on how to use the Viamo system, please see *Viamo User Guide*).
- PIS 3.** HLWs record selected number of data points about the calls on CCPF data collection forms, as soon as the call is completed. HLWs are responsible for the following:
- Starting a new call record for newly incoming call.
 - Updating a call record for clients who were referred to a health facility.
- PIS 4.** At the end of each day, the Hotline Supervisor schedules a time to collect all completed CCPF forms from the HLWs (if needed). She or he selects the forms that need follow-up and returns them to the responsible HLWs to complete them and close the call record.

III. Data entry (only for paper-based data)

Enter the data after it has been collected by the Hotline Supervisor. Paper-based data is entered on an Excel database, with columns defining variables/ fields and rows defining call records. **Note** this is only needed if the government continues to collect paper-based data, which is not necessary when the online system is working well. If there is any question, the MOHP should resume paper-based entry to cross check the system.

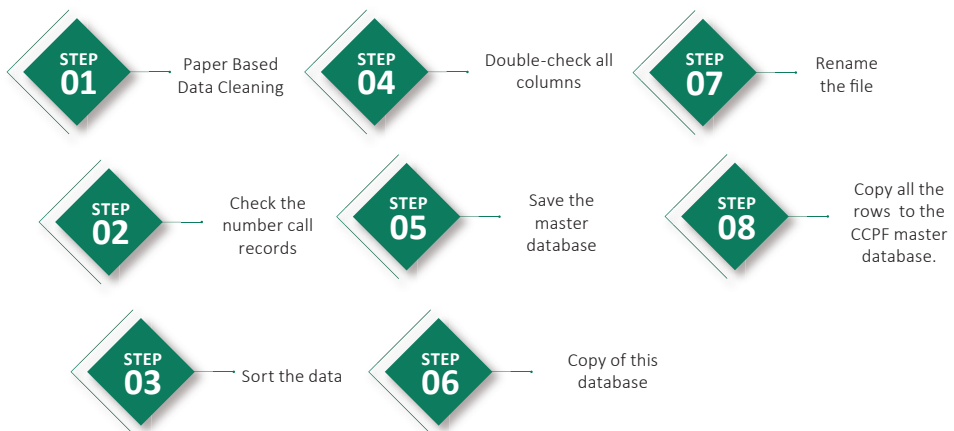


- PIS 1.** The Hotline Supervisor compiles all CCPF forms completed during the month in question and coordinates with data entry clerks (DEC) to come in (usually three clerks who each works for 3-4 days) at the beginning of the subsequent month (usually between the 1st and 5th day of the month).
- PIS 2.** DECs use their own computers, but if her or his computer is not working, it is possible they might need to start a day or two later.
- PIS 3.** DECs make a copy of the existing Excel database and cleans it so there is no data in the database, i.e., selects all the records and deletes them; the clerks use this blank copy of the database.
- PIS 4.** DECs enter the new call records into the database as recorded in the CCPF forms compiled by the Hotline Supervisor.
- PIS 5.** DECs equally split the batch of completed CCPF forms and assign batches for each of them to handle, so that the three of them do not overlap in the data they are entering.
- PIS 6.** After they finish entering the call records for every CCPF paper form from that month, and all the data has been entered, the M&E Officer checks the data for any gaps and addresses the issues with DECs (e.g. if there are supposed to be 1,000 call records for DEC A, but only 800 are in the database, etc.).
- PIS 7.** The M&E Officer gets the Excel files from all of the DECs. Each DEC enters new call records into one file
- PIS 8.** The M&E Officer merges the data sets into one file, capturing all call records for the given month.

PIS 9. DECs return all CCPF forms for archiving. The M&E Officer archives the forms in the cupboard and labeled by the year and month data were collected.

PIS 10. DECs are paid per day, for three days, and receive payment at the end (payment amount is not affected if it takes 2.5 - 3.25 days).

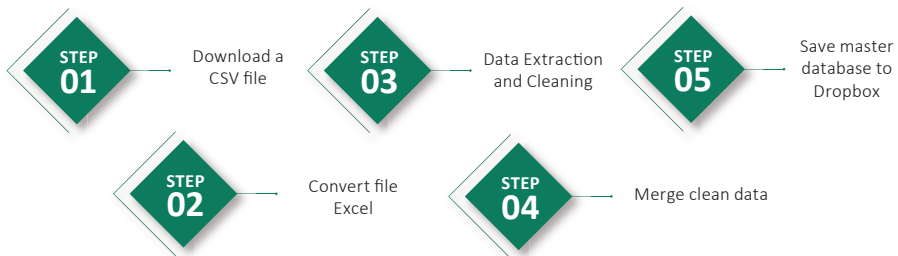
IV. Data cleaning and management



PIS 1. After the new data have been successfully entered and a new file with call records for the given month is available, the M&E Officer cleans the data column by column, using the guidelines listed in *Appendix A CCPF Paper Based Data Cleaning Rules*.

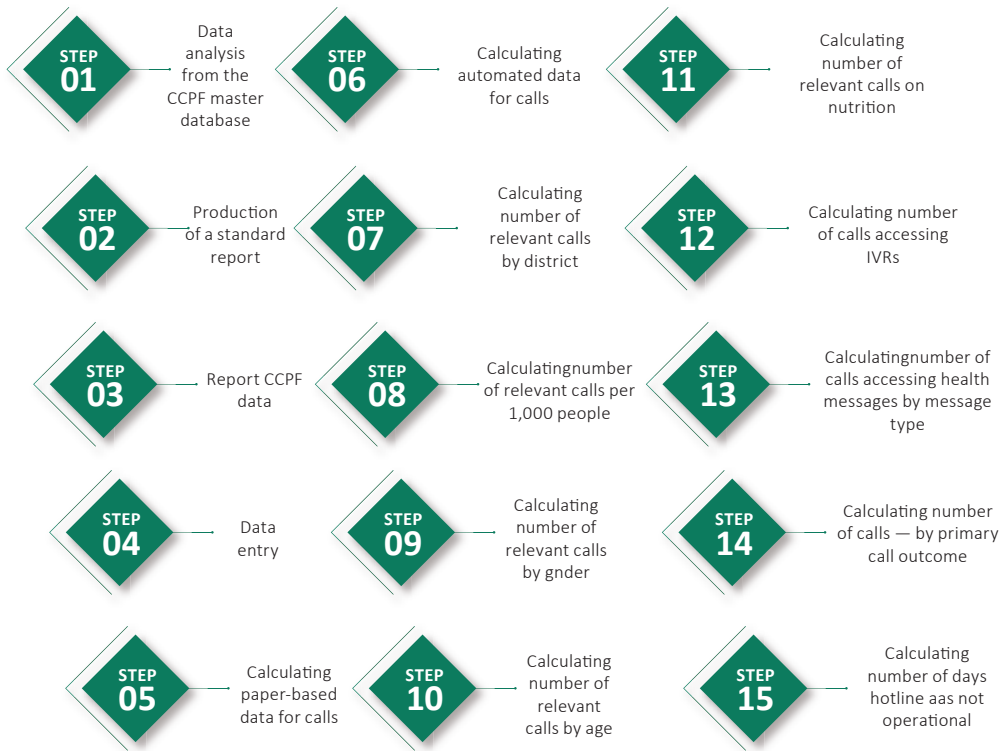
- PIS 2.** After cleaning the monthly data file, check the total number of rows (call records) to make sure none are hidden or filtered out.
- PIS 3.** Sort the data as follows: Data > Sort > by Call Date.
- PIS 4.** Double-check that all the columns in the monthly file go to AS, otherwise your monthly file may not match the CCPF master database.
- PIS 5.** The master database is saved in Dropbox under CCPF > M&E > Data for Reports, and in the title look for the words “VIAMO ERA Paper-based CCPF DATA” and from “Jan 2019”.
- PIS 6.** Make a copy of this database and place it in the subfolder called “Back-ups.”
- PIS 7.** Rename the file in the main Data for Reports folder: “Jun 2016 to... Current month,” and update it with the day’s date and the new total number of calls.
- PIS 8.** Copy all the rows in the monthly database and paste them at the bottom of the rows in the CCPF master database.
 - **Note** in the CCPF master database, click anywhere in the table. Go to Table Tools > Resize Table and resize it to include all the new rows, before you attempt to do any pivot tables or sorting or filtering.

V. Extraction and management of monthly data from Viamo system



- PIS 1.** The M&E Officer downloads a CSV file containing the data for the month in question from the Viamo system by following step-by-step procedures outlined in section of *Appendix B_ Step by Step Guide for Viamo Data Extraction and Cleaning*.
- PIS 2.** Data is converted to an Excel workbook and named, using the standard naming convention.
- PIS 3.** Apply standard data cleaning rules to the data, which are outlined in section B of *Appendix B_ Step by Step Guide for Viamo Data Extraction and Cleaning*.
- PIS 4.** Merge the cleaned monthly data to the master database following PSI2 to PSI8 outlined in Data Cleaning and Management section above, ensuring that columns in the monthly file go to AH to match the CCPF automated master database.
- PIS 5.** The master database is saved in Dropbox under CCPF > M&E > Data for Reports, and in the title look for the words “VIAMO ERA AUTOMATED CCPF DATA” and from “Jan 2019”.

VI. Data analysis and reporting



PIS 1. CCPF data analysis is usually done in Excel by running pivot tables. All indicators are pulled out from the CCPF master database.

PIS 2. The production of a CCPF standard report or presentation is generally a two-way process:

- The M&E Officer runs pivot tables from the master database. Data from these pivot tables is extracted and used as inputs for standard monthly data tables (*Appendix C and D*).
 - The M&E Officer extracts figures, graphs, charts, and tables and uses them in the monthly reports or presentation.
- PIS 3.** The M&E Officer reports CCPF data in various formats on a monthly, quarterly, semi-annual, and annual basis. These include standard CCPF reports and presentations. *Appendix E, F, and G* present samples of CCPF monthly reports and a general CCPF presentation.
- PIS 4.** Calculating **total number of calls** - M&E Officer goes into CCPF master database and runs a pivot table with “Call Month” as a column field and Call ID as values. Check that fields are summarized by counts. The M&E Officer then filters the calls for that month
- PIS 5.** Calculating **number of calls by purpose of call** (paper-based data) - The M&E Officer goes into the CCPF master database and runs a pivot table with “Call Month” as a column field, “Purpose of Call” as raw fields, and Call ID as values. Ensure that fields are summarized by counts. The M&E then filters the calls for that month.
- PIS 6.** Calculating **number of calls by purpose of call** (automated data) - The automated data allow multiple call intents, thus the calculation of purpose of calls based on automated data is slightly different from paper. The M&E Officer goes into the CCPF automated master database and runs a pivot table with “First Purpose of Call” as raw fields, “Sec-

Third Purpose of Call” as columns field, and Call ID as values. Check that fields are summarized by counts. The M&E Officer then filters the calls for that month:

- How to count example - HIV Calls: calls for SRH will be a combination of calls that are coded as HIV under “First Purpose of Call”; and those that are not coded as HIV under “First Purpose of Call” but fall under the categories containing “HIV” text under “Sec-Third Purpose of Call”.

PIS 7. Calculating **number of relevant calls by district** - The M&E Officer goes into CCPF Master Database and runs a pivot table with “Call Month” as a column field, “District of Residence,” as row fields and Call ID as values. Ensure that fields are summarized by “Counts.” The M&E Officer then drags the “Purpose of Call” variable into the filter panel and filters calls for that month; and then filters follow-up calls, short dropped calls, and irrelevant calls:

- When running the indicator using the automated database, drag the “First, Second and Third Purpose of Call” variables into the filter panel and proceed as with paper-based data.

PIS 8. Calculating **number of relevant calls per 1,000 people** - The M&E Officer divides the number of relevant calls for each district by its total population size. Total population size for each district is obtained from national statistics reports (e.g., census reports or population projections reports).

PIS 9. Calculating **number of relevant calls by gender** - The M&E Officer goes into the CCPF Master Database and runs a pivot table with “Call Month” as a column field, “Gender” as row fields and “Call ID” as values. Ensure that fields are summarized by “Counts.” The M&E officer then drags the “Purpose of Call” variable into the filter panel and filters calls for that month; and then filters follow-up calls, short dropped calls, and irrelevant calls:

- When running the indicator using the automated database, drag the “First, Second and Third Purpose of Call” variables into filter panel and proceed as with paper-based data.

PIS 10. Calculating **number of relevant calls by age** - The M&E Officer goes into the CCPF Master Database and runs a pivot table with “Call Month” as a column field, “Age” as row fields, and “Call ID” as values. Ensure that fields are summarized by “Counts.” The M&E officer then drags the “Purpose of Call” variable into the filter panel and filters calls for that month; and then filters follow-up calls, short dropped calls, and irrelevant calls:

- When running “Number of Relevant Calls by Age” according to “Gender,” add the “Gender” variable under the “Call Month” in the column field.
- When running the indicator using the automated database, drag “First, Second and Third Purpose of Call” variables into filter panel and proceed as with paper-based data.

PIS 11. Calculating **number of relevant calls on nutrition** - The M&E Officer goes into the CCPF Master Database and runs a pivot table with “Call Month” as a column field, “Nutrition Topic Discussed” as row fields, and “Call ID” as values. Ensure that fields are summarized by “Counts.” The M&E officer then drags the “Purpose of Call” variable into the filter panel and filters calls for that month; and then filters follow-up calls, short dropped calls, and irrelevant calls.

When dealing with automated database:

- Detailed Nutrition data can be tracked by extracting nutrition tree data in the Viamo system. Check the *Viamo User Guide*.
- High level indicator (number of relevant call interactions that involved a nutrition discussion) - M&E Officer goes into the CCPF Master database and runs a pivot table with “Call Month” as a column field, “Did Run Nutrition,” as row fields, and “Call ID” as values. Ensure that fields are summarized by “Counts” - count those with “Yes” for row label.

PIS 12. Calculating **number of calls accessing** (not captured on paper) - The M&E Officer extracts this indicator from “Primary IVR Report,” following the Viamo Platform User Guide. This report is not part of the CCPF monthly data extract from Viamo.

PIS 13. Calculating **number of calls accessing health messages by message type** (not captured on paper) - The M&E Officer extracts this indicator from the “IVR Main Menu” column containing the main health message type, following the Viamo User Guide. This could also be analyzed by the language column.

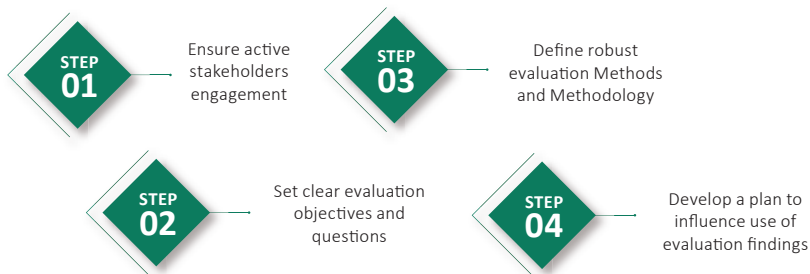
PIS 14. Calculating **number of calls by primary call outcome** (not available in automated database) - The M&E Officer goes into the CCPF Master Database and runs a pivot table with “Call Month” as a column field, “Primary Call Outcome” as row fields and “Call ID” as values. Ensure that fields are summarized by “Counts.” The M&E then filters the calls for that month:

- Selected outcomes can be calculated from the current automated database. Runs pivot table of referral made to count call interactions that ended up with a referral to health facility.

PIS 15. Calculating **number of days hotline was not operational** (not captured on paper or in the automated database) - The M&E Officer requests this data from the Hotline Supervisor.

VII. CCPF evaluation

An evaluation of the CCPF hotline provides an opportunity to systematically generate evidence useful to inform improvements to CCPF. It effectively enhances the quality of this service nationwide and gives decision-makers evidence to guide the design, targeting, and prioritization of disease prevention and treatment interventions. The process, therefore, must be carefully undertaken and using scientific methods. The following highlights four critical aspects to consider when designing an evaluation of CCPF hotline:



PIS 1. Ensure active stakeholder engagement - To increase the usefulness and acceptability of the evaluation findings, consultations with all CCPF stakeholders, such as the MOHP, partners, and donors should be initiated from the start of the evaluation process. Given the diversity of health topics handled at the hotlines, one should engage all relevant MOHP departments (e.g., CMED, Clinical Services, Nursing, Preventive Health/Community Health, Health Education Services (HES), Quality Management (QA), Information Communications Technology (ICT), Human Resources (HR)) and programmes (e.g., Reproductive Health, HIV/AIDS, Nutrition, Malaria, TB). These consultations can take the form of: (1) inception stakeholders' consultation meetings where the proposed evaluation design and data collection tools can be presented and discussed. These meetings should enable all stakeholders to reach a common understanding about the scope of the evaluation and what they can expect from the exercise; and (2) post-data analysis meetings where preliminary evaluation findings should be presented and discussed. Stakeholders should help to provide explanations to the observed patterns and draw recommendations for policy and programme improvements.

PIS 2. Set clear evaluation objectives and questions - Defining clear evaluation objectives and questions is critical to ensure that the evaluation achieves its intended outcome. Broadly or specifically, the evaluation objectives and questions should seek to generate data useful to assess whether CCPF has achieved its expected results, bearing in mind that the goals and outcomes of CCPF may change from time to time. The evaluation should consider exploring the potential impact of CCPF on individual health consumers and its overall contribution to the health system in Malawi. The long-term overarching goal of CCPF is to improve health outcomes by increasing access to free, timely, personalized, quality health information, and linkages to health facility services, thus extending the reach of the health system to underserved communities. The intermediate outcomes of the project are: (1) recurrent healthy and preventive behaviors in the long-term — including home-based practices and health-seeking decision making — among the population at the last mile; and (2) individual health consumers who are empowered to demand better care and services from health facilities.

Short-term outcomes include: (1) improving knowledge for immediate action by increasing access to quality health information. i.e., well-informed CCPF clients make better decisions about their own or their family's health on personally relevant, preventive, and curative health topics; and (2) improving linkages and strengthening the continuum of care between households and health facilities to accommodate CCPF clients' demands for timely and appropriate health care from health

facilities.

PIS 3. Define robust evaluation methods and methodology - The evaluation design largely depends on evaluation objectives and questions. Past CCPF evaluations have taken the form of both process and impact evaluation, hence mixed methods (qualitative and quantitative) have been rigorously used. Some methods to consider include:

- **Focus group discussions (FGDs)** - FGDs can be held with project beneficiaries (CCPF users) and non-beneficiaries.
- **Key informant interviews (KIIs)** - KIIs can be conducted with some members of the MOHP and other stakeholders at the national, district, and health-facility level.
- **Household interviews** - Trained enumerators can conduct specialized household surveys using a quantitative household, survey data collection tool.
- **Desk research** - Literature review of CCPF project documents, including past evaluation documents and evaluations of other hotlines around the world and in Africa.
- **Phone surveys of recent hotline users** - These can be done if the household survey sample is not diverse enough, and there is a need to boost that sample.

- **Quality assurance review** - This involves additional data collection at the hotline itself for determining whether health advice and referrals provided to the clients are correct and appropriate. Ideally, this should be conducted by clinical experts because they are more experienced to make judgements about quality of service provided through the hotline.

PIS 4. Develop a plan to influence use of evaluation findings - The primary aim of the CCPF evaluation is to improve CCPF's ability to respond to CCPF clients, while maintaining high quality service. The evaluation findings can also be beneficial nationwide in Malawi, and globally. As such, wide dissemination methods and audiences should be considered. These include:

- **CCPF decision-makers** - Results and recommendations should be shared with the Malawi MOHP, which includes all relevant MOHP and programmes. This sharing can be done through an in-person meeting and by providing results and recommendations in writing. The results can be used to improve CCPF service delivery, including changes, such as: improved or increased training for operators, and changes to service offerings to create better linkages of care or to provide preventative services to at-risk populations.
- **CCPF hotline supervisors and operators** - Results and recommendations should be shared with CCPF Hotline Supervisors and hotline operators. Sharing can be accomplished through in-person meetings and presentations. CCPF supervisors and operators can use the evaluation findings to improve their understanding of callers.

- **Malawi MOHP and other maternal health stakeholders in Malawi** - Results and lessons learned can be shared through written reports and in-person meetings with maternal health stakeholders, such as the Reproductive Health Unit of the MOHP, Kamuzu College of Nursing, and implementing partners.
- **Global maternal health stakeholders** - The evaluation results can be disseminated broadly to other stakeholders, including in other countries where this general health and nutrition hotline can be replicated. Sharing can be achieved through a variety of means, including articles, reports, presentations, conferences, and website content.

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.009	5 May 2019	B. John	Establishment	Establishment
C.009	9 September 2019	M. Simkonda Y. El-Khatib B. John U. Kachila C. Blauvelt	Finalization for transition	Transition

QUALITY ASSURANCE

- STANDARD OPERATING PROCEDURES

This standard operating procedure (SOP) reflects the current Quality Assurance (QA) process for Chipatala Cha Pa Foni (CCPF) at VillageReach (VR). It should be adapted by the Ministry of Health and Population (MOHP) and will be reviewed annually, or as needed.



Purpose

- To ensure that each person calling the CCPF hotline receives quality advice in accordance to MOHP protocols, is properly registered, and is treated with respect and dignity.
- To track progress of hotline workers' (HLW) ability to appropriately answer calls by identifying their knowledge gaps and areas where they need improvement.



MOHP Policy

HLWs must maintain high standards in customer service and health advice given, and they must always convey MOHP-approved information.



Responsible Persons

CCPF Solutions Manager - Ensures internal quality assurance (QA) processes are in place and being applied.

Quality Management Department in MOHP - Reviews and approves tools and oversees QA process.

Central Monitoring and Evaluation Division (CMED) - Maintains the QA database.

Hotline Supervisor(s) - Randomly samples calls on a weekly and quarterly basis for review.

External Assessor - MOHP might decide to make use of staff from other departments or from the QMD.



Target Audience

CCPF HLWs and all responsible persons indicated above.



Minimum Requirements

The following steps in this quality assurance SOP MUST be executed:

- Hotline Supervisor(s) must properly conduct weekly reviews.
- Hotline Supervisor(s) must properly conduct quarterly reviews.
- All HLWs performing at an “inadequate” level must develop a performance improvement plan (PIP) and work with their supervisors to improve.
- Reviewers taking calls must also be assessed for quality weekly and quarterly.

MATERIALS

QA Call Scorecard



Analytics: Data and Quality

MOHP CCPF SOP C.010

Appendix A_ QA Call Scorecard

Quarterly Individual
Performance Review
Form



Analytics: Data and Quality

MOHP CCPF SOP C.010

Appendix B_ Quarterly Individual
Performance Review Form

Quarterly Group
Performance Summary



Analytics: Data and Quality

MOHP CCPF SOP C.010

Appendix C_ Quarterly Group Performance
Summary

CCPF QA Data Template
Hypothetical Example



Analytics: Data and Quality

MOHP CCPF SOP C.010

Appendix D_ CCPF QA Data Template
Hypothetical Example

DEFINITIONS

- i. **Hotline Worker (HLW)** - Any health worker hired and trained to answer calls at CCPF, regardless of level of formal training, i.e., CCPF nurses, medical assistants, clinicians, doctors, etc.
- ii. **Weekly Review** - Call recordings assessment done every week.
- iii. **Quarterly Review** - Call recordings assessment done every three months of the year.
- iv. **Performance Improvement Plan (PIP)** - A strategy to support HLWs to ensure their job performance meets specified standards. It documents past performance problems i.e., scores on quality assurance reviews, as well as steps for improvement, and target dates for reaching those improvements.

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Downloading calls



PIS 1. Weekly review process - Hotline Supervisors download approximately two calls per HLW per week. This represents a sample of all calls conducted by HLWs throughout the previous week (currently only calls that are five minutes or longer in duration are selected, as shorter calls are usually incomplete):

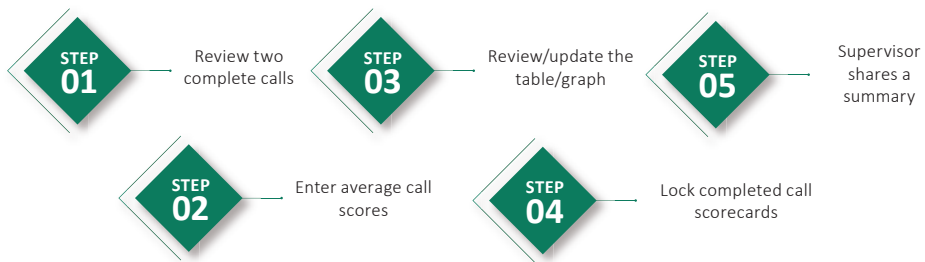
- Calls are selected at random, as the main goal of the weekly review process is to get a quick overall assessment of the performance of the HLWs as a whole and to make timely changes or corrections in case general problems are observed. If, for example, a Hotline Supervisor observes that HLWs are not answering a specific question properly, training will be required immediately of all HLWs in that particular area.
- Also note that the two-call standard for the weekly review is an arbitrary principle based on current HLW staff levels. It is subject to change to ensure that an adequate sample of calls is selected for review, particularly if more HLWs are hired.

- Workload - Given the current average duration of CCPF calls (approximately 15 minutes per call), it is estimated that Hotline Supervisors need to set aside at least eight hours every week for the weekly review. This task can be partially delegated to other senior nurses as needed.

PIS 2. Quarterly review process - The CCPF QA team downloads approximately 10 calls per individual per quarter. Currently only calls that are five minutes or longer are selected, with a mix of short and long calls:

- The quarterly review process is completely separate from the weekly review process. This represents two different QA approaches for increased accountability. While the weekly review process focuses on the performance of the HLW group as a whole, **the goal of the quarterly review process is to assess each individual HLW's performance.**
- Having 10 calls for the quarterly review is arbitrary, based on the current HLW staff levels; this number is subject to change if more HLWs are hired.
- Workload - Given the current average duration of CCPF calls (approximately 15 minutes per call), it is estimated that the programme officer and Hotline Supervisors need to set aside 10-15 days every quarter for the quarterly review.

II. Weekly review



PIS 1. The Hotline Supervisor (or delegate) reviews approximately two complete calls, selected randomly, out of the total number of individual calls for the previous week. The Hotline Supervisor fills out a CCPF QA Call Scorecard while listening to each of the calls:

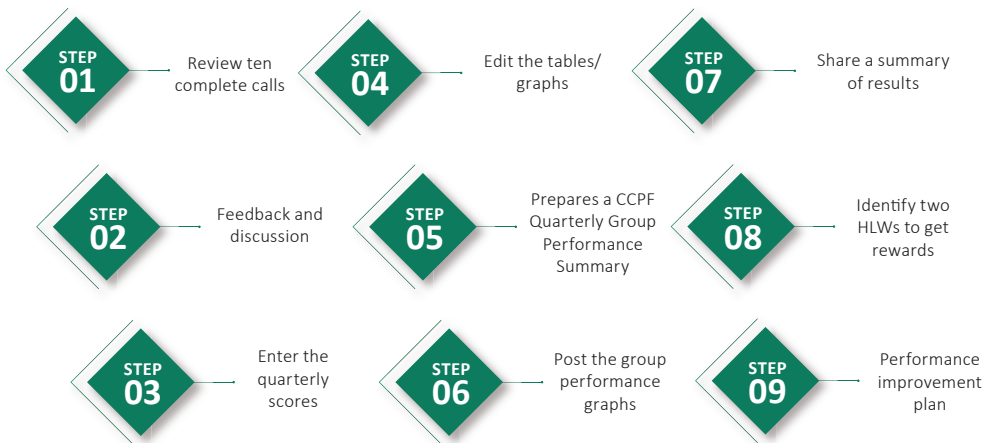
- Each call will be assigned a score (0 to 100%), based on the Call Scorecard, and a rating as follows: Excellent (call score = 90% to 100%), Good (call score = 80% to < 90%), Satisfactory (call score = 70% to < 80%), or Inadequate (call score < 70%).

PIS 2. The M&E Officer enters the average call scores into the CCPF QA Data Template. The QA data template can be found in the CMED database for quality management.

PIS 3. The M&E Officer reviews/updates the tables/graphs in the QA Data Template and ensures that an overall group score is produced, i.e., the average of calls reviewed for the week.

- PIS 4.** The Hotline Supervisor places all the completed call scorecards in a lockable filing cabinet organized by HLW (if the scorecards were completed on paper) or in the Weekly QA Review Dropbox folder, which has restricted access (if the scorecards were completed electronically).
- PIS 5.** The Hotline Supervisor shares a summary of the group's performance with all HLWs every two weeks (at the joint Friday HLW team meetings) and with each HLWs (immediately after review):
- The Hotline Supervisor will address any issues observed during the weekly review in a timely manner, both with the group and with each individual.
 - The current target is for the group's performance to be **70% or above** every week and to continuously improve over time. This target may be revised annually, based on the QA data collected over time.

III. Quarterly review



- PIS 1.** CCPF QA team reviews 10 complete calls for each HLW for each quarter and fills out a CCPF QA Call Scorecard, while listening to each call:
- Similar to the weekly review, each call will be assigned a score (0 to 100%), based on the Call Scorecard, and a rating as follows: Excellent (call score = 90% to 100%), Good (call score = 80% to < 90%), Satisfactory (call score = 70% to < 80%), or Inadequate (call score < 70%).
 - For each HLW, the overall individual score is calculated (as the average of the 10 calls reviewed per person for the quarter). The current target is for each HLW to average **80% or above** each quarter.
- PIS 2.** CCPF QA team meets with HLWs individually to give feedback and discuss their performance for the quarter, including their overall score. HLWs may explain any performance issues and/or disagree with their score, in which case the CCPF QA team and HLW may go back to call recordings and listen to them together. At the end of the discussion, the HLW and CCPF QA team reach an agreement on the final score and comments, and both sign the CCPF Quarterly Individual Performance Review Form. HLWs who fail to comply will face disciplinary action.
- PIS 3.** CCPF QA team enters the quarterly scores into the QA Data Template for each HLW, by the 30th day of the month, following the quarter under review. All completed call scorecards are then placed in a lockable filing cabinet organized by HLW (if the scorecards were completed on paper) or in the Quarterly QA Review Dropbox folder that has restricted access (if the scorecards were completed electronically).

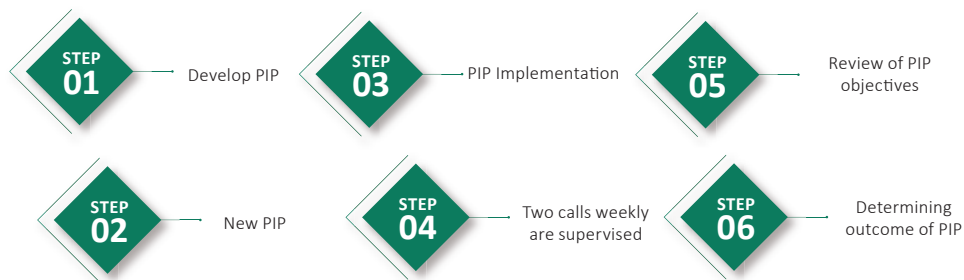
- PIS 4.** M&E Officer reviews the data in the QA Data Template and edits the tables/graphs as needed by the 10th day of the month, following the quarter under review. The M&E Officer also ensures that an **overall group score** is produced for all HLWs (this is calculated as the average of the final individual scores for each HLW).
- PIS 5.** CCPF QA team prepares a CCPF Quarterly Group Performance Summary, to include general comments about the group's performance and the overall group score for the quarter:
- The current target is for the group's performance to be **80% and above** every quarter, and to continuously improve over time (this target may be revised annually based on the QA data collected over time).
- PIS 6.** The Hotline Supervisor posts the group performance graphs (showing progress quarter after quarter) on the hotline notice board, based on the QA data template.
- PIS 7.** The Hotline Supervisor shares, with all the HLWs, a summary of results from the quarterly review process at joint team meetings as soon as possible, but no later than the last day of the month in which the quarterly review takes place:
- The Hotline Supervisor highlights areas where HLWs are doing well and areas that need improvement, gives examples of "hard questions" the HLWs received, and provides additional information HLWs might need for continuous performance improvement.
 - Together, HLWs brainstorm answers to "hard questions" and

exchange advice on how to handle specific situations. When the team agrees on a good answer, it is written down for future learning and to supplement the standard training materials.

PIS 8. The Hotline Supervisor identifies two HLWs to receive rewards based on the quarterly scores: (1) an HLW who is an outstanding and “most improved” performer and has consistently maintained high performance scores; and (2) an HLW who has demonstrated the largest percentage improvement since the previous quality assurance review. Details of the quarterly performance incentives are outlined in the SOP: *Guidelines for CCPF HLW Quarterly Performance Incentives*.

PIS 9. HLWs who score less than **70% on average** for the quarter are given a verbal warning and will work with their Hotline Supervisor to develop a PIP; those who continue to perform poorly at the next quarterly review (with an average score of less than 70%) will receive a formal written warning and be required to develop a more rigorous PIP. Along with weekly reviews, already built into the current PIP process, the Hotline Supervisor will have to conduct monthly reviews to ensure that the HLW is making progress throughout the quarter.

IV. Performance improvement plans (PIPs)



- PIS 1.** For every HLW who needs to develop a PIP or has one already, the Hotline Supervisor will set up an individual meeting no later than the last day of the month in which the quarterly review takes place.
- PIS 2.** New PIP - The supervisor will help the HLW develop a PIP with key performance indicators (KPI) and a timeline for achieving the target of 70% or more. As part of the PIP:
- **Document performance issues** - Scores on weekly and quarterly reviews, clear description of expected performance, clear description of actual performance gaps, and relevant dates.
 - **Develop an action plan** - The HLW should come up with SMART (simple, measurable, achievable, realistic, time bound) objectives for how to improve. The hotline supervisor will help the HLW in the development of these objectives. The main goal will be for the HLW to reach or exceed 70% on all quarterly call scorecard reviews.
 - **Existing PIP** - The supervisor will check on progress, according to the previously developed PIP. This will provide an opportunity for the HLW to provide feedback to the supervisor, express concerns, or ask questions about topic areas with which he or she is not conversant.
- PIS 3.** PIP Implementation:
- The HLW will receive weekly one-on-one sessions with a Hotline Supervisor or senior nurse on topics where the HLW has a knowledge deficit.

- The HLW will listen to some of the best calls conducted by peers in her or his specific areas of need, as directed by the Hotline Supervisor. **Note** as a best practice, the Hotline Supervisor and CCPF project assistant will build a library of the best call recordings, while they are doing their weekly or quarterly reviews. The library of recordings will be categorized by health topic and assessment area.
 - The HLW will also receive materials for study to enhance knowledge.
 - Other possible approaches (to be determined by supervisor) – The HLW may be sent for a refresher course or training (e.g., HLW may be paired up with a colleague to take turns at answering calls as a team, giving each other feedback, etc.).
- PIS 4.** The Hotline Supervisor listens to at least two calls weekly for each HLW under PIP (these may be in addition to the usual three calls sampled per week, if needed).
- PIS 5.** The Hotline Supervisor will set a timeframe for the PIP (60-90 days, until the next quarterly review meeting) and in the meantime will review the progress of PIP objectives every two weeks at individual meetings. The supervisor can modify the PIP as needed (e.g., if plan is not realistic, new ideas can be added, etc.).
- PIS 6.** The Hotline Supervisor will wait until the results of the next quarterly review to determine whether all the PIP objectives were met by the HLW. At the next quarterly review meeting, the supervisor can extend

the PIP, if the HLW is making progress but still needs more time, or terminate the HLW, if she or he cannot meet the standards of the job. **Note** any decisions regarding termination will be made by the supervisor together with the HR/Administration Office.

V. Quality assurance assessment procedure for reviewers

- PIS 1.** Anyone who regularly answers calls, such as the Hotline Supervisor, CCPF project officer, or part-time nurses, must be assessed in the weekly and quarterly review by someone other than themselves (e.g., a qualified senior nurse or a programme officer will review Hotline Supervisors).

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.003 (old numbering)	5 May 2019	O.Sambo A. Sayidi P. Tchongwe U. Kachila A. Kasiya C. Blauvelt	Establishment	Establishment
C.010 (new numbering for Transition Toolkit)	2 September 2019	Y. El-Khatib O. Sambo A. Say-Idi P. Tchongwe U. Kachila A. Kasiya C. Blauvelt	Finalization for transition	Transition

GUIDELINES FOR HLW QUARTERLY PERFORMANCE INCENTIVES

This standard operating procedure (SOP) reflects the guidelines for quarterly performance incentives. It can be adapted by the Ministry of Health and Population (MOHP) and reviewed annually, or as needed.



Purpose

- The purpose of the CCPF hotline is to give advice and information on all health and nutrition-related issues to the general population. This advice and information are approved by the MOHP, and updated according to protocols. The CCPF team has agreed to implement a quarterly review process with an accompanying scorecard, which will assist in quality assurance and management (*MOHP SOP C.009 Quality Assurance - Standard Operating Procedures*).
- The purpose of this SOP is to describe the incentives that will be provided to select Hotline Workers (HLW) based on their quarterly performance, following the quality assurance (QA) review process.



MOHP Policy

HLWs must maintain high standards in customer service and health advice given and must always give MOHP approved information.



Responsible Persons

CCPF Hotline Supervisor - Responsible for quarterly review of HLWs and selection of HLWs who will receive the quarterly performance incentive.

CCPF Programme Manager - Responsible for ensuring the QA process and issuance of performance incentives happen as outlined.

MOHP Department of Quality Management - Responsible for reviewing CCPF protocols/SOPs and related tools.



Target Audience

CCPF HLWs and all responsible persons indicated above.

MATERIALS:

Quality Assurance -
Standard Operating
Procedures + Appen-
dices



Analytics: Data and Quality
MOHP CCPF SOP C.010

MOHP SOP C.010 Quality Assurance
- Standard Operating Procedures +
Appendices

DEFINITIONS:

- i. **Hotline Worker (HLW)** - Any health worker hired and trained to answer calls at CCPF, i.e., CCPF clinicians, nurses, medical assistants, and doctors.
- ii. **Quarterly Review** - Call recordings assessment done every three months of the year.
- iii. **Quarterly Performance Incentive** - A reward for select HLWs based on their quarterly performance. The incentives agreed upon are:
 - A CCPF golf shirt, picture, and certificate to be given to an “outstanding performer” (with an extra picture and certificate framed and posted at the hotline).
 - A CCPF t-shirt and certificate to be given to the “most improved” HLW.
 - A group lunch, if none of the HLWs scored below the threshold of 70%.

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Eligibility for the quarterly performance incentive



PIS 1. An incentive (in the form of a CCPF golf shirt, picture, and certificate) will be awarded to an “outstanding performer” — HLW with the highest overall score for the quarter — based on the quarterly individual performance review forms (for ease of reference, the overall scores for each HLW are calculated automatically in the CCPF QA Data Template). This HLW will receive the incentive only if she or he has:

- Received an “excellent” individual rating for the quarter (90%-100% average score).
- Scored 4 points and above (out of 6) on “health advice and information” for each call evaluated, as part of the quarterly review process.
- Not scored zero (0) points on any section of any call evaluated for the quarter.
- Not received the “outstanding performer” incentive recently (in the past three quarters).

If any of the above criteria is missing, the HLW will not be eligible for the incentive. The incentive will instead be offered to the HLW with the next best quarterly score who meets the above criteria. These criteria will be updated as needed in the future.

Note the Hotline Supervisor and CCPF Project Assistant, along with any other reviewers, will not be eligible for the quarterly incentive to avoid any conflict of interest.

PIS 2. A second incentive (in the form of a regular CCPF t-shirt and certificate) will be awarded to the “most improved” HLW, i.e., the HLW with the largest positive difference in her or his “average overall score” between this quarter and last quarter (e.g., average score this quarter minus average score last quarter, expressed in percentage). These differences are also based on the quarterly individual performance review forms, and are automatically calculated in the CCPF QA Data Template.

- If two HLWs show the same level of improvement (difference between this quarter’s score and last quarter’s score), the one with the highest score this quarter will be selected for the incentive.

Additional criteria can be used to further identify the “most improved” HLW, if necessary

- HLW has scored 4 points and above (out of 6) on “health advice and information” in each call evaluated as part of this quarter’s review process.
- HLW has not scored zero (0) points on any section of any call evaluated this quarter.

- HLW has not received the “most improved” incentive recently (in the past three quarters).

II. Expected standards under each section to qualify for eligibility

The standards described below match the CCPF QA Call Scorecard that is used by the Hotline Supervisor and the CCPF Project Assistant to review calls:



PIS 1. Greeting of the caller and determination of call purpose. HLW must:

- Greet the caller and introduce himself or herself. It can be either the HLW who greets the caller or vice versa, but at minimum the HLW must greet the caller. The HLW must introduce herself or himself, before proceeding with the call; in case the call started with the purpose of the call, the HLW must create an opportunity to introduce herself or himself.
- Describe purpose of the service, which is to give health information and advice. This should not be missed on the call.
- Ask the caller how she or he would like to be assisted.

- Provide an opportunity to allow the caller to describe the reason for the call, without interrupting, while the caller is describing her or his concerns.

PIS 2. CCPF registration. For new callers the HLW must:

- Inform the caller about CCPF registration and get consent.
- Describe the purpose of CCPF registration, which is for record keeping and tracking the caller. Additionally, inform the caller that all her or his personal information will be kept confidential.
- Inform the caller about interactive voice response (IVR) messaging.
- Describe what voice messaging is in terms of what languages are available so the caller can make an informed choice; inform the caller of the type of voice messaging that is available and give the caller a chance to understand and ask questions. Explain how to access the voice messaging service.
- Explain what to do if the caller has any problems (call CCPF for help).

For repeat callers, HLW must:

- Inform the caller about CCPF registration.
- Confirm in the computer if the caller is registered (Treat a caller not found in the computer, as a “new” caller).
- Assess if the caller is using the voice messaging service.

PIS 3. Health advice and information. HLW must always give correct advice to the question raised:

- For callers with health concerns (symptoms):
 - Give advice according to the MOHP protocol, as outlined in the CCPF reference materials.
 - Inform the caller of possible causes, based on the symptoms described, but refrain from diagnosing over the phone (a diagnosis should only be made in person by a medical professional at a health facility). Similarly, refrain from prescribing any medicines over the phone.
 - Inform the caller of what to expect when they go to the health facility (tests, procedures, etc. that might be required).
 - Inform the caller of possible complications if the advice is not followed.
 - Refer caller to a nearby health facility or to the CCPF nurse/doctor.
- For callers with general questions about health and nutrition (most prevention calls will fall under this category):
 - Give advice according to the MOHP protocol, as outlined in the CCPF reference materials.
 - Inform caller of ways to address the issue raised.
 - Inform about possible complications if advice is not followed.

- If HLW has no knowledge of the topic raised, she or he must inform the caller that she or he will be referred to the next level for assistance. If the caller is connected to the CCPF nurse/doctor, the HLW must inform the caller accordingly. **HLW must refrain from attempting to tackle a question she or he is not familiar with at all costs, so as not to cause harm.**
- Give **additional but relevant advice** apart from what the client called for. For all callers, HLW must remember to give advice on **danger signs** that need prompt medical attention (even if this was not part of the purpose of the call). Similarly, as a best practice, HLW should provide general **nutrition** information to all callers.
- Assess **caller's understanding of the advice** given; this should be done either by asking the caller to repeat briefly what has been discussed or by asking the caller what has been recommended on the topic about which she or he called.

PIS 4. Conclusion of the call - The HLW must:

- Give a **brief summary** of what has been discussed and emphasize only what the caller asked for.
- Ask caller if she or he has **any other questions** before ending the call. This will provide an opportunity for the caller to seek clarification where needed and to ask any questions that were not mentioned at the start of the call.

PIS 5. Customer care - The HLW must:

- Ensure **call is audible** and make certain there is no background noise. If the noise is on the caller's side, the HLW must explain the importance of being in a conducive environment with no or minimal noise in the background. The call should be reasonably loud and there should be no unnecessary delays in between the question and answer. If there are any delays during the call, the HLW should explain them to the caller.
- Concentrate on what is being described by the caller at all times, and avoid forgetting what the caller already stated, as this may demonstrate a lack of interest and seriousness.
- Act professionally. Keep your personal convictions out of the discussion (e.g., religious, political, etc.). Provide all information the caller needs for making an informed choice. Be patient, remain positive, and do not lose your temper, even when dealing with difficult clients, i.e., callers who might behave childishly or disrespectfully.
- Always demonstrate a positive attitude, and avoid being judgmental. Work together with the caller to address the issue or issues raised.

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.011	June 2019	P. Tchongwe O. Sambo A. Sayidi Cmed Quality Management Team (Moh)	Establishment	Establishment
C.011	13 September 2019	Y. el-Khatib O. Sambo C. Blauvelt	Professionalization for transition	Transition

HOTLINE CALLER SATISFACTION

This standard operating procedure (SOP) reflects the current process around assessing hotline caller satisfaction. It should be adapted by the Ministry of Health and Population (MOHP) and will be reviewed annually, or as needed.



Purpose

- To outline the philosophy and approach to monitoring hotline caller satisfaction.



CCPF Solutions Manager - Deputy Director - Directorate of Clinical Services and **Quality Management Department** - Responsible for coordinating caller satisfaction surveys to track hotline quality and performance.



Target Audience

Central Monitoring and Evaluation Division (CMED) (CMED staff assigned to CCPF), Hotline Supervisors, CCPF Steering Committee, and Senior Management Team.



Minimum Requirements

The following steps in this Hotline Caller Satisfaction SOP MUST be executed:

- Develop an impact evaluation for caller satisfaction (e.g., how will information be collected, who will collect information, perform a pilot test of programme).
- Analyze collected data and develop a set of recommendations based on lessons learned.

MATERIALS

Caller satisfaction tool used in 2017 survey, in Chichewa



Analytics: Data and Quality

MOHP CCPF SOP C.012

Caller satisfaction tool used in 2017 survey, in Chichewa (Appendix C.012_A)

Caller satisfaction tool used in 2017 survey, in English



Analytics: Data and Quality

MOHP CCPF SOP C.004

Caller satisfaction tool used in 2017 survey, in English (Appendix C.012_B)

2017 User Satisfaction Survey Executive Summary



Analytics: Data and Quality

MOHP CCPF SOP C.004

2017 User Satisfaction Survey Executive Summary (Appendix C.012_C)

2018 Impact Evaluation Survey Key Findings



Analytics: Data and Quality

MOHP CCPF SOP C.012

2018 Impact Evaluation Survey Key Findings (Appendix C.012_D)

2018 Impact Evaluation
Survey Executive
Summary



Analytics: Data and Quality

MOHP CCPF SOP C.004

2018 Impact Evaluation Survey Executive
Summary (Appendix C.004_E)

DEFINITIONS

- i. **Hotline Worker (HLW)** - Anyone hired and trained to answer calls at CCPF, regardless of level of formal training, i.e., CCPF nurses, medical assistants, etc.
- ii. **Caller** - A person who calls the hotline, seeking health information and advice either for themselves or on behalf of another.

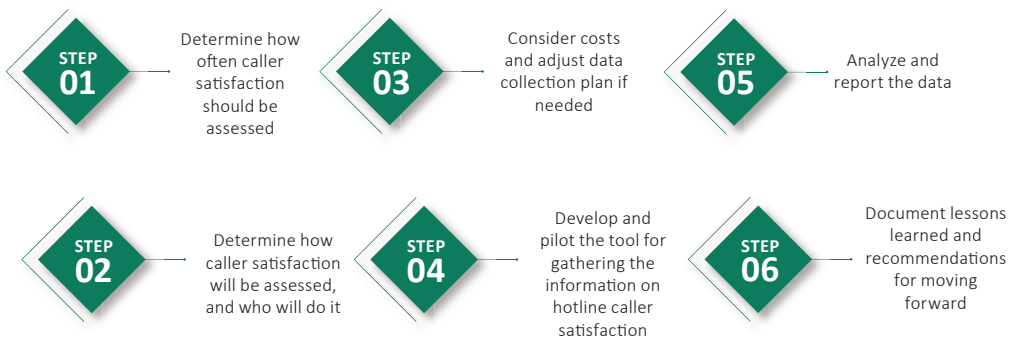
PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Assessing hotline caller satisfaction

It is important to assess hotline caller satisfaction in order to: (1) identify any potential issues that callers are experiencing, whether they are related to customer care, technology, or both; and (2) illuminate the positive experiences of callers, allowing the CCPF staff to celebrate their success and to understand the key components of their service that callers appreciate.

The MOHP sees CCPF as a way to extend health services to every home. Ensuring that callers are getting the services they need in a respectful manner is critical to build demand for and trust in the service. If a caller encounters a rude or unknowledgeable HLW or cannot get through to a HLW in a reasonable amount of time, they are less likely to use the service in the future or to recommend it to others. It is crucial that satisfaction is maintained, not only for creating a positive

experience for the caller, but also for ensuring that the service continues to be widely used and accessed by Malawians.



PIS 1. Determine how often caller satisfaction should be assessed.

- It is very important to understand what kind of experiences callers have when they use the hotline. Yet, thoroughly assessing caller satisfaction can be a large undertaking that requires time and resources. You should be mindful, therefore, of balancing time and cost with understanding caller satisfaction in determining how often and when to evaluate caller experience.
- Additionally, there are ways of incorporating automated, user satisfaction surveys into the system that might be more cost effective over time. This could be a consideration for the future.

- Some factors to consider to help you decide whether, how often, and when to evaluate caller satisfaction are:
 - Did the hotline recently undergo a major change (e.g., software, personnel, procedure, ownership, management, etc.)? It might be helpful to see if/how the change is being experienced by callers. If not, you may not need to assess caller satisfaction often.
 - Has there been talk of dissatisfied hotline callers?
 - Are the quality audit reviews revealing systematic issues in call performance that should be investigated more widely and thoroughly? Alternatively, do audits reveal a high level of customer service and professed satisfaction?

PIS 2. Determine how caller satisfaction will be assessed and who will do it.

- **How** it should be assessed - You will want to consider how much information you need to gather, how nuanced the information needs to be, and what resources you have available for collecting the data. You should also think about whether you are interested in a particular subset of calls (e.g. calls lasting less than 2 minutes, calls about children under 5, etc.) or if you do not have any sampling constraints. Options for assessing satisfaction could include:
 - Phone survey in which previous callers are called back some time after their call to the hotline.
 - Phone survey in which callers are asked satisfaction questions immediately after the conclusion of their call with the HLW (could

be transferred to another line or an automated survey option could be built into the existing system).

- o In-person interviews with hotline callers.
- o Focus group discussions with hotline callers.
- **Who** should collect the data on HLW satisfaction? You should consider that:
 - o HLWs themselves should **not** be the ones asking callers about their satisfaction.
- 1. Callers will likely be less comfortable being honest about their experience with the hotline, perhaps telling the HLW what they think the HLW wants to hear.
- 2. It is not a great use of the HLW's time to be conducting follow-up surveys with callers when they could be fielding incoming calls.
 - o Ideally, the Quality Management Team would conduct the calls. Alternatively, the Monitoring and Evaluation (M&E) staff could be an option. It is vital to make this responsibility verbally explicit to any individuals assigned with this task and to document it in her or his job description.
 - o Using external temporary hires may be an effective and efficient option. Temporary staff, focusing on the task full time, can collect data quickly. M&E staff will not be pulled away from their regular work.

PIS 3. Consider costs and adjust data collection plan if needed:

- Be sure to budget for items, such as airtime to conduct phone surveys (outgoing calls are not covered under the MOU with Airtel), hiring external contractors to collect the data, travel reimbursement/venue, and rental/snacks for in-person interviews or focus group discussions.
- Sample size will impact your costs so think about how many callers you want to survey to balance quantity of information with resource considerations, and what is needed to understand caller satisfaction.

PIS 4. Develop and pilot the tool for gathering the information on hotline caller satisfaction:

- Look to past formats, and consider your present need for information to determine the final tool to be used for data collection. Consider whether you would like open-ended, closed multiple choice, or a mixed question format. Make sure that each piece of data you gather is something that will be useful to you in the end — if it is not helpful, do not include it.
- Translate the tool into English, Chichewa, and Tumbuka, making all versions available to data collectors, as needed.
- It is vitally important that you pilot the draft version of the tool with a small group of hotline callers. Before you spend lots of time and resources collecting data from many callers, make sure your draft of the tool is clear and comprehensive but does not take too long.

PIS 5. Analyze and report the data:

- Analyze the results. Extract the key findings, highlighting particularly favorable and problematic findings:
 - Consider analyzing level of satisfaction based on who the HLW was (if possible), so that you can isolate any specific performance issues, if applicable.
- Compare how current levels of satisfaction compare to past levels. Are there reasons why satisfaction has increased or decreased? **Note** do not make direct comparisons across points in time if the data collection method and the caller questions changed, as results will not be comparable.
- Prepare a report with key findings and disseminate the feedback to the HLWs and key stakeholders. Be sure to highlight the positive feedback in addition to any areas for improvement.

PIS 6. Document lessons learned and recommendations for moving forward:

- Document actions and lessons learned, encompassing how to tweak operations or customer care at the hotline, and how to conduct caller satisfaction assessments in the future.

II. History of assessing caller satisfaction

- 2011: impact evaluation, using household surveys.
- 2017: caller satisfaction survey by callbacks to previous callers (external temporary hires collected the data).
- 2018: impact evaluation through household surveys, focus group discussions, key informant interviews, and quality assurance review.
- **Note** results of the surveys can be accessed on request from VillageReach.

REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.004 (old numbering)	5 May 2019	K. Reynolds P. Tchongwe U. Kachila A. Kasiya C. Blauvelt	Establishment	Establishment
C.012 (new numbering for toolkit)	7 June 2017	Y.elkhatib K Reynolds P. Tchongwe U. Kachila A. Kasiya C. Blauvelt	Finalization for transition	Transition



STAKEHOLDER MANAGEMENT

The Stakeholder Engagement section is relevant to the DCS and is a crucial component of the CCPF management. It guides the MOHP in identifying strategies and actions required to promote productive involvement of internal and external stakeholders in decision-making and execution based on CCPF's needs and the expectations of stakeholders.

STAKEHOLDER ENGAGEMENT

This SOP reflects the steps and processes required to ensure the efficient management of Chipatala Cha Pa Foni partnerships.



Purpose

- To guide the MOHP in the process of collaborating, involving and working with other departments, organisations and institutions who may be directly or indirectly affected by Chipatala Cha Pa Foni's implementation or who can influence its implementation process.



Responsible Persons

MOHP Office: CCPF Solutions Manager - Deputy Director - Directorate of Clinical Services



Target Audience

MOHP Senior Management Team, CCPF Steering Committee



Minimum Requirements

The following steps in this Stakeholder Engagement SOP MUST be executed:

- Appoint an MOH focal person for all stakeholder engagement and relationship management.
- Nurture and maintain active contact with the key stakeholders.
- Develop a stakeholder communication plan which should include channel and frequency.
- Where necessary, develop a memorandum of understanding with stakeholders based on their involvement in CCPF.

MATERIALS

CCPF Internal and External Stakeholder lists



Stakeholder engagement
MOHP CCPF SOP C.013

CCPF Internal and External Stakeholder lists (Appendix A)

CCPF Steering Committee Meeting Program Update



Stakeholder engagement
MOHP CCPF SOP C.013

CCPF Steering Committee Meeting Program Update (Appendix B)

CCPF Steering Committee Meeting Agenda



Stakeholder engagement
MOHP CCPF SOP C.013

CCPF Steering Committee Meeting Agenda (Appendix C)

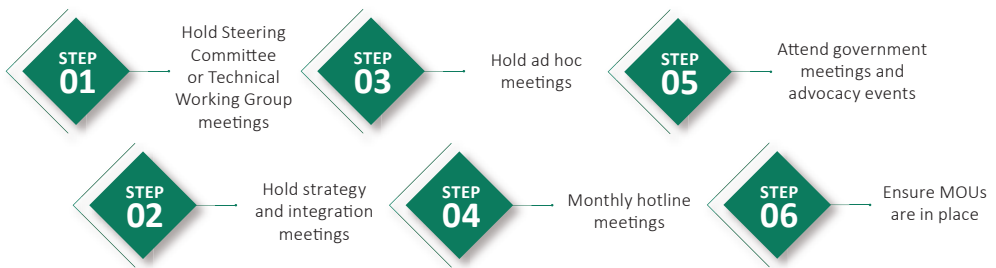
DEFINITIONS

- i. **Technical Working Group** - A multidisciplinary group of content area experts who are working together to achieve a specific goal. This is an established entity under the MOHP.
- ii. **Steering Committee** - Group of stakeholders brought together for a finite period of time to ensure a specific objective is met.

PROCEDURE IMPLEMENTATION STEPS (PIS)

I. Stakeholder engagement

Ongoing process - It very important to ensure that all key decision makers and stakeholders are engaged at each step. A CCPF list of key decision makers/ stakeholders must be developed and updated regularly. See Appendix A. Some key engagement activities include:



- PIS 1.** Appoint an MOHP focal person to act as a liaison between MOHP and all internal and external stakeholders and to build, manage and nurture relationships with all stakeholders involved.
- PIS 2.** Hold the CCPF Steering Committee or Technical Working Group meetings once every quarter (or as determined by the MOHP) to share progress and address challenges with implementing CCPF with all key stakeholders, including different departments in the MOH, Ministry of Finance, donors, and any critical partners.

- PIS 3.** Hold MOHP internal departmental meetings on CCPF strategy and integration. These meetings, ideally to be convened monthly (or as decided by MOHP); should include the different MOHP Departments supporting the work of CCPF in their different capacities.
- PIS 4.** Hold ad hoc meetings between the Deputy Director- Clinical Services, the CCPF Coordinator and other directorates/ departments/ programs as seen fit.
- PIS 5.** Conduct monthly hotline meetings to provide updates on CCPF performance, new developments and devise strategies for process and service improvement.
- PIS 6.** Attend and participate in necessary government meetings and advocacy events relevant to the CCPF (i.e. Technical Working Groups, departmental meetings for relevant directorates, and others).
- PIS 7.** For all partners that have a particular stake in the service menu of CCPF, ensure an MOU is in place to ensure the roles and responsibilities of the partner and the receiving MOHP team is clearly denoted and dates are in place.

II. Documentation

Ongoing process - The process of documenting solution successes and processes for internal use and external communication



- PIS 1.** Develop a DropBox or an online repository, specifically related to all CCPF related materials. Ensure both relevant MOHP and program staff have access to the repository and know where everything is located.
- PIS 2.** Draft a monthly CCPF report to input into the overall program monthly reports, primarily including updates on activities in the specified month and share with district offices, partners, donors and the MOHP management team.

III. REVISION HISTORY

Version	Date	Author/Approval	Change Reference	Reason for Change
C.013	6 May 2019	L. Gondwe U. Kachila A. Kasiya C. Blauvelt	Establishment	Establishment
C.013	5 December 2019	R. Mehrotra L. Gondwe U. Kachila A. Kasiya C. Blauvelt	Finalization for transition	Transition



CONCLUSION

VillageReach acknowledges the commitment, involvement, dedication, and passion of the **Ministry of Health and Population (MOHP)** to own and operate **Chipatala Cha Pa Foni (CCPF)**. We hope that this toolkit will be used as a key resource for both the technical knowledge and institutional memory needed to fully operationalize CCPF.

It is worth noting that the processes defined in this toolkit reflect the internal processes and approaches of VillageReach. The MOHP will adjust, where appropriate, some processes to suit its internal work environment. Due to the technical detail and process requirements for specific tasks and workflow, some areas in the toolkit will be referenced more than others. An electronic version of the toolkit, with links to detailed appendices, will be made available to the MOHP. This will enable the government to make changes to CCPF easily as it evolves.

The standard operating procedures (SOP) referenced in this toolkit give the minimum requirement for operationalizing CCPF. The MOHP should continue to review SOPs annually. Other sections of the toolkit can be reviewed every three years or when there is a change in policy, regulations, or guidelines.

VillageReach hopes that the MOHP will find this toolkit useful and apply this comprehensive resource to its fullest potential.

We wish the MOHP every success in advancing this unique CCPF innovation and embedding it within the health system to improve health outcomes for all Malawians.



ELECTRONIC APPENDICES & ANNEXES

2020-2022 CCPP
Budget



Administrative Operations
MOHP CCPP SOP C.001

Appendix A_2020-2022 CCPP Budget

Brochure
Chichewa



Administrative Operations
MOHP CCPP SOP C.002

Appendix A_CCPP Brochure, Chichewa

Brochure
Chichewa



Administrative Operations
MOHP CCPP SOP C.002

Appendix B_CCPP Brochure English

Overview
Poster



Administrative Operations
MOHP CCPP SOP C.002

Appendix C_CCPP Overview Poster

Example
SMS Blast



Administrative Operations
MOHP CCPP SOP C.002

Appendix D_CCPP Example SMS Blast

Go/No Go Decision
Checklist



Administrative Operations
MOHP CCPP SOP C.003

Appendix A_Go_No Go Decision Checklist

Hotline worker confidentiality agreement



Hotline Centre Operations
MOHP CCPF SOP C.004

Appendix A_Hotline worker confidentiality agreement

Ongoing Skills Development Monthly Plan



Hotline Centre Operations
MOHP CCPF SOP C.007

Appendix A_Ongoing Skills Development Monthly Plan

Hotline Worker Schedule Example



Hotline Centre Operations
MOHP CCPF SOP C.005

Appendix B_Hotline Worker Schedule Example

Hotline Worker Scheduling Rules



Hotline Centre Operations
MOHP CCPF SOP C.005

Appendix C_Hotline Worker Scheduling Rules

Doctors duties and responsibilities



Hotline Centre Operations
MOHP CCPF SOP C.006

Appendix A_Doctors duties and responsibilities

Youth Friendly Health
Services Onboarding
Training Facilitator's
Guide



Capacity Building

MOHP CCPF SOP C.007

Appendix A_Onboarding training
facilitator's guide

Onboarding training
PowerPoint template



Capacity Building

MOHP CCPF SOP C.007

Appendix B_Onboarding training
PowerPoint template

Ongoing skills devel-
opment monthly plan
from Hotline Worker
section



Capacity Building

MOHP CCPF SOP C.005_A

Appendix C_Ongoing skills development
monthly plan from Hotline Worker section

Training Materials CCPF
Pre- and Post-Test
Questions



Capacity Building

Training Materials CCPF Pre- and Post-Test
Questions

Training Materials
CCPF Community
Sensitization



Capacity Building

Training Materials CCPF Community
Sensitization

Training Materials CCPF
Quality Assurance
Presentation



Capacity Building

Training Materials CCPF Quality Assurance
Presentation

Training Materials
CCPF Monitoring and
Evaluation Indicators



Capacity Building

Training Materials CCPF Monitoring and
Evaluation Indicators

Training Materials
CCPF Monitoring and
Evaluation Components
and Management



Capacity Building

Training Materials CCPF Monitoring and
Evaluation Components and Management

Training Materials
CCPF_M&E Roles &
Responsibilities



Capacity Building

Training Materials CCPF_M&E Roles &
Responsibilities

CCPF Hotline System
Viamo User Manual



Technology

MOHP CCPF SOP C.008

Appendix A_OCCPF Hotline System Viamo
User Manual

Inbound Call Centre
Operator's Manual



Technology

MOHP CCPF SOP C.008

Appendix B_Inbound Call Centre Operator's
Manual

Inbound Call Centre
Supervisor's Manual



Technology

MOHP CCPF SOP C.008

Appendix C_Inbound Call Centre Supervisor's
Manual

IVR Messages Scripts
(Audio Available)



Technology

MOHP CCPF SOP C.008

Appendix D_IVR Messages Scripts (Audio Available)

Reference Module
Document



Technology

MOHP CCPF SOP C.008

Appendix E_Reference Module Document

Reference App user
Manual



Technology

Reference App user Manual

<http://www.wikidot.com/doc:start>

Paper Based Data
Cleaning Rules



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix A_Paper Based Data Cleaning Rules

Step by Step Guide for
Viamo Data Extraction
and Cleaning



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix B_ Step by Step Guide for Viamo Data Extraction and Cleaning

CCPF Monthly
Standards Data Tables
(General)



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix C_ CCPF Monthly Standards Data Tables (General)

CCPF Monthly
Standards Data Tables
(ONSE)



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix D_CCPF Monthly Standards Data
Tables (ONSE)

CCPF Monthly
Standards Report
(General)



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix E_CCPF Monthly Standards Report
(General)

CCPF Monthly
Standards Report
(ONSE)



Analytics: Data and Quality

MOHP CCPF SOP C.008

Appendix F_CCPF Monthly Standards Report
(ONSE)

CCPF M&E Updates for
Steering Committee
Presentation Example



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix G_CCPF M&E Updates for Steering
Committee Presentation Example

CCPF Impact Evaluation
Sample Protocol



Analytics: Data and Quality

MOHP CCPF SOP C.009

Appendix H_CCPF Impact Evaluation Sample
Protocol

QA Call Scorecard



Analytics: Data and Quality
MOHP CCPF SOP C.010

Appendix A_QA Call Scorecard

Quarterly Individual
Performance Review
Form



Analytics: Data and Quality
MOHP CCPF SOP C.010

Appendix B_Quarterly Individual
Performance Review Form

Quarterly Group
Performance Summary



Analytics: Data and Quality
MOHP CCPF SOP C.010

Appendix C_Quarterly Group Performance
Summary

CCPF QA Data Template
Hypothetical Example



Analytics: Data and Quality
MOHP CCPF SOP C.010

Appendix D_CCPF QA Data Template
Hypothetical Example

Quality Assurance -
Standard Operating
Procedures + Appen-
dices



Analytics: Data and Quality
MOHP CCPF SOP C.010

MOHP SOP C.010 Quality Assurance -
Standard Operating Procedures + Appendices

Caller satisfaction tool used in 2017 survey, in Chichewa



Analytics: Data and Quality

MOHP CCPF SOP C.012

Caller satisfaction tool used in 2017 survey, in Chichewa (Appendix C.012_A)

Caller satisfaction tool used in 2017 survey, in English



Analytics: Data and Quality

MOHP CCPF SOP C.004

Caller satisfaction tool used in 2017 survey, in English (Appendix C.012_B)

2017 User Satisfaction Survey Executive Summary



Analytics: Data and Quality

MOHP CCPF SOP C.004

2017 User Satisfaction Survey Executive Summary (Appendix C.012_C)

2018 Impact Evaluation Survey Key Findings



Analytics: Data and Quality

MOHP CCPF SOP C.012

2018 Impact Evaluation Survey Key Findings (Appendix C.012_D)

2018 Impact Evaluation Survey Executive Summary



Analytics: Data and Quality

MOHP CCPF SOP C.004

2018 Impact Evaluation Survey Executive Summary (Appendix C.004_E)

ANNEXES

Hotline Worker Manual & Appendices



Electronic Annexes

Hotline Worker Manual & Appendices

External and Internal Stakeholders



Stakeholder engagement

MOHP CCPF SOP C.013

Appendix A_External and Internal Stakeholders

CCPF Steering Committee Meeting Program Update



Stakeholder engagement

MOHP CCPF SOP C.013

CCPF Steering Committee Meeting Program Update (Appendix B)

CCPF Steering Committee Meeting Agenda



Stakeholder engagement

MOHP CCPF SOP C.013

CCPF Steering Committee Meeting Agenda (Appendix C)



