

Chipatala cha pa Foni, Malawi's "Health Center by Phone," improving information given about pregnancy-related symptoms



KEY FINDINGS

The hotline did not seem to be utilized during postpartum hemorrhage (PPH)—our sampling over the 14-month period did not include any calls from women or family members about PPH.

Chipatala cha pa Foni (CCPF) was called for two primary pregnancy-related reasons: to ask questions about pregnancy-related symptoms and to seek another opinion after facility-based care.

Inconsistent responses were provided in response to callers' danger symptoms: Some hotline workers advised seeking immediate care while others suggested resting to attempt to ease symptoms before seeking care.

Hotline workers routinely provided comprehensive advice including all possible solutions to callers' symptoms.

Hotline workers used simple language, took time to elaborate on issues, and asked callers whether they understood and had questions about any advice given.

The majority of hotline workers effectively established rapport with their callers.

RECOMMENDATIONS

Quality of advice

Ensure hotline workers receive regular updates on maternal danger signs and symptoms to maintain their skills.

Encourage hotline workers to use pregnancy-related calls as opportunities to inform those callers of warning signs of PPH and other pregnancy complications.

Quality of customer service

Provide feedback to reinforce hotline workers' high levels of customer service in general.

Remind hotline workers of the importance of addressing caller requests with a positive attitude, even if a client's confusion or requests may be difficult to manage.

Continue routine quality assurance audits to ensure customer care quality remains high.

Update hotline workers on respectful care principles (e.g., confidentiality, dignity, communication).

Sustainability of CCPF

Continue to promote awareness of CCPF as a resource for information on pregnancy-related issues, including health promotion messages on antenatal care and danger signs.

Continue to collaborate with stakeholders to ensure that CCPF maintains the appropriate resources to have a sustained impact.

The Health Center by Phone, or *Chipatala cha pa Foni* (CCPF), was developed by Malawi’s Ministry of Health and VillageReach as a community-based hotline in the Balaka district of Malawi. The hotline initially focused on maternal and child health needs but has expanded to include all standard health and nutrition topics, including sexual and reproductive health (SRH). CCPF’s overarching goal is to improve health outcomes by increasing access to free, timely, and quality health information—in support of Malawi’s goal of universal health coverage. Because distance often prevents people from accessing health information and quality care they need, CCPF also links patients to health facilities, thus extending the reach of the health system to underserved communities in Malawi.

CCPF is staffed by trained nurses who work full time for the hotline, which is available 24 hours a day, 7 days a week, free to callers on Airtel phones. These hotline workers counsel callers on a range of relevant topics, referring them to a health facility when necessary, and providing relevant health messages per requests.¹ While CCPF is not an emergency line, women experiencing pregnancy complications, including postpartum hemorrhage (PPH), can call the hotline for swift and accurate advice.

This brief describes an activity that is part of a larger portfolio of USAID-funded research led by the Advancing Postpartum Hemorrhage Care (APPHC) Partnership focused on the prevention, detection, and management of PPH, which continues to be the biggest threat to childbearing women in Malawi.^a As part of APPHC scoping activities and stakeholder consultations in April 2019, CCPF was identified as an existing national health strategy with potential for providing Malawi’s women and their families important PPH information. Because CCPF archives de-identified audio recordings of all calls received, APPHC used this opportunity to qualitatively examine 28 telephone transcripts and assess whether women experiencing pregnancy-related complications such as postpartum bleeding call CCPF, and how hotline workers respond to them.

Methods

Calls to CCPF between December 2018 and January 2020 were sorted by “purpose” and “danger signs” to identify calls from women either currently pregnant or postpartum

^aThe Advancing Postpartum Hemorrhage Care (APPHC) Partnership between Breakthrough RESEARCH and USAID’s Health Evaluation and Applied Research Development (HEARD) Project, and the implementing partner VillageReach, conducted formative research to understand key implementation barriers bottlenecks and opportunities for improved post-natal surveillance, prevention and treatment of PPH in Malawi.

that were likely to be about maternal health concerns. We listened to this set of calls and identified maternal health calls about at least one high risk obstetric symptom—fever, headache, vaginal bleeding, or sudden and significant swelling of hands, face, or feet—leading to a final sample of 28 calls for qualitative analysis. These 28 calls were transcribed verbatim, translated to English, and exported to QSR NVivo 12 for analysis.

Iterative analysis identified emerging themes in the transcripts to develop a coding framework. Analysis entailed open coding and progressive categorization of issues based on inductive and deductive approaches. Themes were further modified as more issues were examined from the data. Detailed description of the methodology is provided elsewhere.²

Findings

A major finding of this study is that no one in our sample called CCPF for advice on PPH, and few callers requested information on other obstetric complications. Two women called because they were experiencing bleeding during pregnancy and 10 women were experiencing swelling of hands, face, or feet. Just over one third (n=10) of callers were told by hotline workers to seek immediate medical care.

Six callers indicated it was their initial call to the hotline, and two indicated prior calls; the remaining 20 transcripts provide no indication of previous calls. The 28 CCPF transcripts examined reveal several issues for consideration, including reasons for hotline calls, advice provided to callers, quality of advice and communication, in addition to hotline technical challenges.

Reasons for calling

Pregnant women themselves (n=22) or their partners or friends (n=6) called CCPF for two primary reasons: to ask questions about pregnancy-related symptoms or to seek another opinion after pregnancy-related care from a facility.

Pregnancy-related symptoms

Pregnant women called with a range of symptoms:

“I am pregnant, and my feet are swollen.... So, others say that when you walk, swelling goes but it’s not

happening, sometimes the legs are itching and sometimes hurting.

—Caller 100

“ I am saying that I usually have stomach pains in my lower abdomen. When I am sweeping or even bending, which is when this happens.

—Caller 183

“ No, the only problem I am experiencing is only that, only that when I start feeling that I feel blank in my eyes and I feel dizzy.

—Caller 98

“ I need your help, I am four months pregnant but today I noticed I am bleeding, I am wondering what is happening?

—Caller 198

Calls following pregnancy-related care at a facility

Some women appeared anxious and wanted reassurance, or additional solutions, after their visits to a health facility:

“ Myself, I went to the hospital in April after having my last menstrual period and they told me I am pregnant, I only had my menstrual period once in April and once in May...this is my 10th month. I have not given birth and my legs have started to get swollen. So, I do not know if they told me the truth—if I was pregnant that time or not.

—Caller 89

“ Yeah, I need your help, I am pregnant, and I wanted to know if I can take Quinine tablets?... My legs, hands are swollen, and I have terrible I headache and



when I went to the hospital, they found me with malaria, and they told me I should go and take Quinine.... Since I took Quinine I have not slept well, I have a fast heart rate, abdominal pains, terrible headache.

—Caller 79

Some were frustrated by their treatment at a health facility. One woman was apparently denied services because she had not started attending the antenatal clinic:

“ Yeah, when I started my third month, I had a bleeding for eight hours, then I went to the hospital and they told me if it ever started again, I should go.... But when I went to the hospital I was not helped. But yesterday the flow would start and stop, so they told me if the flow will be heavy that is when they help me. This was because I have not started going for antenatal, they will not help me, and I told them I have not started antenatal due to other reasons, but I told them this month I will start, and they told me if I had started antenatal there were no problem so I am waiting to find money that I can just go to a private clinic so that I may be assisted according with my problem.

—Caller 208

Advice to pregnant women by hotline workers

During phone conversations, hotline workers offered detailed information in response to problems presented, to cover all possible solutions for callers' symptoms. Hotline workers provided a comprehensive range of advice that included self-care as well as referral to facilities. A pregnant caller who described headaches was counseled by the hotline worker:

“Reasons that cause headaches are so many.... But also, your body can suffer from a disease so as a symptom of a disease then a person experiences headache.... So, if you are working too hard, you need to reduce or if you are thinking too much, you need to reduce. If you are sleeping very late then you need to reduce. If it is the sun then you need to reduce and then the body works very well, and the problem ends. But we also encourage you to drink adequate water because sometimes it just happens that our body is dehydrated.

—Hotline worker 25

Hotline workers also recommended general preventative measures, including for malaria, and hygiene practices, that were initiated by the hotline workers. This advice appeared useful, as some callers lacked adequate information.

“It is also important for the woman to practice hygiene because when a woman is pregnant...her immunity is low, and any disease can enter the body easily. So, you need to try your best to be clean. When you are cleaning our foods and covering them so that we should not get sick frequently.

—Hotline worker 198

Hotline workers also asked if pregnant callers had a birth plan. A few callers said they already procured some needed items.

Quality of advice

Hotline workers generally used simple language and took time to elaborate on issues raised by callers, for their full and proper understanding. Hotline workers frequently summarized and repeated women's stories to both ensure they had heard the information correctly and to relate to callers' concerns. To gauge caller comprehension, hotline workers also asked callers whether they understood and had any questions. Those who acknowledged that their advice was clear were asked to give a brief summary of what they learned from the conversation, and those who could not remember received further information.

Hotline worker 208: “In short what have you learnt from our discussion especially on your problem of bleeding when pregnant?”

Caller 208: “I have learnt about the benefits of going to antenatal early and other problems that may be experiencing.... I have also learnt some other things that I did not know... now I know because of this counsel and for those problems if they can happen in future.... I will know that this is what we discussed.”

“Have I answered your questions? Have you understood what I have explained?”

—Hotline worker 16

“Is there any other question apart from that one?... Mmh, so, briefly tell me what we have discussed if you have heard me. ...Indeed, I have explained like that.”

—Hotline worker 79

Advice also depended on the hotline workers' perception of a condition's severity and whether they perceived a woman's circumstance an emergency warranting care at a facility. Caller classification was not always consistent among hotline workers, with different callers with similar symptoms classified differently. Some hotline workers recommended callers try resting to see if their danger symptoms subsided before seeking care:

“ For now, just make sure when you are sitting down put your legs on the stool so that your legs are elevated. But when you notice that this problem is not improving, you should go to the hospital, even if your date has not reached, you need to go to the hospital to explain your problem.

—Hotline worker 211

In many instances, hotline workers correctly recognized when pregnancy-related signs and symptoms such as swollen feet, arms, and face were an emergency, and effectively communicated this to callers:

“ If a pregnant woman is swollen that is a dangerous sign...because the swelling indicates a lot of things that are not going on well in her body. Mostly BP [blood pressure]...we call this disease pre-eclampsia.... The symptoms is high BP and one sign of high BP is swelling of the face..., so a woman who is pregnant, when she notices these, needs to go to the hospital immediately.

—Hotline worker 212

In some instances, the hotline workers simply instructed callers to visit a nearby health facility but did not expound on the referral process or discuss how to verbally convey complications experienced upon arrival at a health facility.

Accessing health care at a nearby facility is not always feasible for callers, however, as some facilities do not operate on weekends and public holidays, or callers had earlier received poor services and did not wish to go back to the same facility. Another limitation of a hotline for medical advice is hotline workers' inability to assess callers in person, and as a result, hotline workers may be incapable of providing more specific recommendations than seeking care at a facility.

“ Ok, just go to the hospital and explain to them what is happening because on the phone I cannot establish what is causing that.

—Hotline worker 100



Quality of customer service

For effective communication, hotline workers first created rapport with their callers. Upon answering calls, most hotline workers stated how the hotline worked, services offered, and introduced themselves. They asked detailed information about their callers: their names, how callers were faring, reasons for calling, place of residence, where they received health services, and whether they had called before:

“ Hello, you are talking to [hotline worker's name], this mobile [phone] clinic, we give advice and counsel about health. Firstly, may we know you?

—Hotline worker 199

Hotline workers encouraged callers to provide feedback on their experiences and mentioned additional services such as free text messaging (i.e. SMS) that could be sent to callers in their preferred language:

“ There are messages that we send to pregnant women that are for free. I do not know if you are willing to be sending you these messages?... So, they are in Chichewa, Yao, and Tumbuka. Which language would you prefer?

—Hotline worker 25

Hotline workers also demonstrated effective listening skills by using a reassuring verbal cue of “mmh” to allow callers time to explicitly express themselves and confidently process their thoughts while seeking help. Hotline workers were then able to recapitulate callers’ stories to confirm that they had understood and could relate to their needs.

For callers reluctant to seek services from a clinic or hospital due to previous poor experiences, some hotline workers allayed clients’ concerns, rather than directly opposing their resistance. Callers were urged to seek care from a facility despite previous challenges and to recognize and negotiate the roles that both clients and providers play while seeking care. Hotline workers reminded clients that they need to trust services and their providers, while firmly insisting that providers offer appropriate treatment. When hotline workers advised women to seek hospital care they offered a follow up call:

“So, if you go to the hospital, would you be happy if you could tell us how you were assisted? We will call each other to know how you have been assisted. Can we call you?”

—Hotline worker 198

Sometimes men or friends called on behalf of women experiencing pregnancy complications. One man found it difficult to explain in detail his wife’s health issue, or to respond to questions asked by the hotline worker. The hotline worker gave him general information and asked to be called back when the pregnant woman was present. The caller appreciated the information.

“You do not know...so, if you want to call, make sure the one who has the problem is nearby.... We want to ask her how she is feeling and how she was assisted at ANC and you as a husband if you were not escorting her, it will be difficult to explain.... So next time when she has a problem, she should be near.”

—Hotline worker 189

“Yes, my sister, you, and me, we are understanding each other. Since you said at 5pm you are knocking off, I will call

tomorrow so that I can understand you properly.... It seems you know a lot about health, I will do what you have said and try my best.

—Caller 189

Some female callers asked hotline workers to repeat the information they had provided to callers’ spouses. One hotline worker was not entirely willing to repeat her advice—although the hotline worker did repeat the information, the degree of customer service could have been improved.

Caller 54: “So you should speak to my husband.... All those things you have talked and about preparedness, you should explain to him.”

Hotline worker 54: “liiih we should explain all that we have discussed about? You should have put it on loudspeaker.”

Caller 54: “Ahhh when we are explaining to our husbands what is needed at the hospital, they do not believe us. When we are telling them, they procrastinate.”

Hotline worker 54: “You can give him but sometimes if you want to listen as a group it is good to put it on loudspeaker.”

Challenges during calls

Several calls were affected by telephone connectivity issues, with both callers and hotline workers having to repeat themselves to be understood. This led to an abrupt end to some calls, making advice offered insufficient or incomplete. Some callers’ phones did not have sufficient power, which interrupted conversations.

“Is the line breaking? You cannot hear me? Can you please shift to another place? Have you shifted? Have you put me on loudspeaker?”

—Hotline worker 196

Discussion

CCPF offers important health promotional information and was implemented to provide callers with information on general health issues including child health, family planning, and SRH.¹ Although there are limitations to health care advice that can be provided over the phone, hotline workers were able to provide pregnancy-related and general health advice to women and their spouses, recognize signs and symptoms of complications, and urge women to seek facility-based care.

No woman or family member in our sample called CCPF about PPH issues during the 14-month period, and only 28 referenced obstetric complications such as pre-eclampsia, fever, or bleeding during pregnancy. For the 28 women and their partners who called CCPF in response to obstetric issues, it appeared to be a valuable source of information. Hotline workers generally provided appropriate advice to callers and communicated this advice effectively. In most cases, hotline workers were able to establish rapport with callers, including information for spouses on how to support their pregnant wives. In addition, some hotline workers indicated they would call the following day to ensure a caller had gone to a facility and verify their health status and treatment.

Several challenges emerged in the transcripts. On occasions hotline workers appeared frustrated when callers did not grasp information or asked them to repeat information. There seemed to be mixed responses to callers' obstetric symptoms, with some hotline workers advising immediately seeking care, while others suggested rest to see if symptoms subside before seeking facility-based care. Cellular connectivity and language issues sometimes made communication between hotline workers and callers difficult.

Overall, pregnant women appear to appreciate the information provided to them through the CCPF hotline. Demand for health information via phone emphasizes the importance of CCPF as a national resource for high quality, accurate health information.

Recommendations

Quality of advice

- Ensure hotline workers receive regular updates on maternal danger signs and symptoms, to maintain their skills.
- Encourage hotline workers to use pregnancy-related calls as opportunities to inform those callers of warning signs of PPH and other pregnancy complications.

Quality of customer service

- Provide feedback to reinforce hotline workers' high levels of customer service in general.
- Remind hotline workers of the importance of addressing caller requests with a positive attitude, even if a client's confusion or requests may be difficult to manage.
- Continue routine quality assurance audits to ensure customer care quality remains high.
- Update hotline workers on respectful care principles (e.g., confidentiality, dignity, communication).

Sustainability of CCPF

- Continue to promote awareness of CCPF as a resource for information on pregnancy-related issues, including health promotion messages on ANC and danger signs.
- Continue to collaborate with stakeholders to ensure that CCPF maintains the appropriate resources to have a sustained impact.

References

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<https://www.respectfulcareresources.com/apphc>

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USAID'S HEALTH EVALUATION AND APPLIED
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