Summary of Discussion Forum for Module 3 of mHealth4SRH training course

Three questions were posted to the discussion Forum on Tuesday 19th March 2013 at 12.00 noon. The session was scheduled to last for 72 hours, and it was closed on Friday. Participants answered the three questions and several interacted with one another. Several answers came after the Forum was closed. In total, 27 participants took part in the discussion.

In the first question, participants were asked, *"Are you planning to use Magpi (see Joel Selanikio's introductory videos at* www.datadyne.org*) or CommCare (see presentation of Mohini Bhavsar) in your future work?"*

Participants responded positively to Magpi and CommCare. In response to this question, of the participants who do not yet have experience with either one, at least 11 participants said they would use both; and 4 are likely to use Magpi, 2 CommCare.
- o One participant would like to use both for an automated tracking system for antenatal care (ANC) and postnatal care (PNC), as well as family planning (FP) and child care
- o Four participants would use Magpi for data collection, e.g. surveys.
- o Two participants said they would like to approach their country's government (e.g. Ministry of Health) to encourage them to digitise the means by which they collect health information. It was noted that paper forms are cumbersome, at times illegible, and often take long to be digitised.
- o After learning about Magpi during this week's module, 1 participant has now created a Magpi account and is finding it useful.
- o One participant had wanted to use EpiSurveyor (a former version of Magpi) in the past, but was unable to because at the time it was not compatible with the most common smart phone in the participant's country (BlackBerry)
- o One participant noted that each of the applications/examples discussed in Module 3 can serve specific roles in SRH and can be used in conjunction, completing one another

Four participants said that depending upon their given project's needs in the future, they would choose one of the two applications.

One participant is already using Magpi in a number of projects, such as creating questionnaires for patients.

In the second question, participants were asked, *"What challenges would you have in using the app for Safe Pregnancy and Birth (see presentation of Zena Herman) or using SMS campaign (see presentation of Arjen Swank)?"*

In response to this question, a number of potential challenges were cited, some of which could apply to mHealth initiatives in general:

- Language (12 participants)
  - Most referred to language barriers, particularly in countries where many languages are spoken (up to 80, in one participant's case)
  - One participant referred to language in the sense of using it/vocabulary in a way that captures the attention of the target group, e.g. adolescents
- (Il)literacy (7 participants). One example cited was the need for a certain level of literacy in order to be able to both use and interpret abbreviations and symbols.
- Limited and/or unreliable network coverage (10 participants)
- Funding/costs (11 participants) of implementation in general; and more specifically, the costs:
  - Of phones (7 participants), particularly smart phones, which tend to be prohibitively expensive
  - Of training health workers (2 participants)
- How to charge phones, for instance where electricity supply is limited or inconsistent (3 participants)
- Sustainability (3 participants)

Other possible challenges were mentioned, including:
- Ensuring interoperability
- Technical challenges
- Finding ways to receive feedback on the project
- If other similar programmes exist, there may be competition, as well as a risk of confusing clients, which could lead to a loss of their trust
- The slowness of programme implementation in the public sector, due to the numerous prerequisites to gain approval

In addition to the above, participants also mentioned a number of challenges specific to the Safe Pregnancy and Birth app and to SMS campaign.
- The creation and management of a database
- One participant noted that because both the Safe Pregnancy and Birth app and SMS campaign (seem to) need new(er) generation/smart phones, their use would necessitate more skill than is needed to operate a basic mobile phone
- For the app for Safe Pregnancy and Birth, specifically:
  - Again, the need to train health care workers - who likely have little if any experience in using comprehensive apps on smart phones – so that they can use the tools with ease was mentioned by another participant
- For SMS campaign, specifically:
  - Ensuring that the campaign is being monitored and evaluated in a way that includes assessment of longer-term impact (e.g. behaviour change)
  - Getting full involvement from the various stakeholders within the public and private sector
  - Ensuring SMS receivers understand the message one is attemting to convey
  - Frequent phone number changes amongst SMS receivers

In the third question, participants were asked, *"What kind of mHealth for SRH project would you start if anything was possible?"*

The participants shared a number of creative ideas, which are summarized below:
- Five participants mentioned using SMS to educate youth on SRH, in order to empower them to make well-informed decisions.
  - One participant's aim would be to reduce the frequency of abortions and school dropouts due to unplanned pregnancies.
  - Another participant mentioned educating on the dangers of early marriage, pregnancy and related issues, and involving community health workers in the project
  - One participant included the possibility of scaling up the project, expanding it for use in other areas such as counselling
  - It was noted that such a project would ideally include options for monitoring and assessing impact, and the implications for policy development
- A project aimed at disseminating information on SRH in a closed culture, where such information is not easily accessed
- Integrating an initiative into an existing RH programme. E.g., a Text To Change-like campaign aimed at changing behaviour through informative text and voice messages on family planning (FP). The campaign would target women of childbearing age, as well as related parties (e.g. in-laws) in specific ways. As an incentive for participation, phone credit or FP services vouchers could be offered
- A project to support both service users and providers, with an emphasis on helping women understand their SRH rights, and on the prevention of transmission of HIV from mother to child.
- A counselling-based mHealth intervention in order to change behaviour, and automation of data collection
- A tool for maternal and child health care, similar to the one in Zena Herman's presentation, but tailored to the participant's local context
- Encouraging/increasing testing and treatment of contacts of patients with STIs through the use of SMS
- Using Magpi and CommCare for automated tracking of ANC and PNC clients, with appointment (and other) reminders, and informative SMS
- mHealth interventions for youth - though not necessarily strictly through SMS - taking into consideration issues such as cultural, traditional and legal barriers to access to SRH information, and ensuring total anonymity
- Project(s) aimed at improving maternal and neonatal health
- A project targeting pregnant women, aiming at improving goal-oriented ANC attendance
- A cohort study on maternal and child health
- A project on maternal and child health and survival practices, in urban and rural areas
- A programme aimed at changing the health-seeking behaviours of the general population, with an emphasis on encouraging pregnant women to attend ANC and PNC

- A project for Sexual Health Education via SMS, as part of the country's existing cohort health study
- An SMS project on sex education, with a focus on cervical cancer awareness and screening
- A project for youth, where they could use their phones to ask and receive answers to SRH questions

While most participants gave ideas on what issues they would like to address in potential future projects, one participant gave an in depth description of the kind of mHealth initiative he would like to see implemented in his country. A number of participants responded positively to this idea (including 2 who would like to do something similar in their own countries), which is quoted below:

> "I would do an automated tracking system (client follow-up, reminder-recall) and health education system for a combination of SRH programs. For example: mothers can be tracked starting from their ANC visits with automated appointment reminders and occasional health education for danger signs. And also special pre-programmed messages for days when they should get TT vaccination. After delivery her routine follow-up appointments can also be programmed with special appointments like FP clinics also factored in. At delivery her child is also registered into the system and linked to his mother on the database. EPI appointment reminders also begin and any other pre-scheduled visits.
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> Other programs that can be worked into this same system are: PMTCT ARV adherence, provision of breast milk substitutes to child and even screening for cancers of reproductive system.
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> All this should be on a cloud-based database running on a well coordinated robust intuitive software application with essential security features and various levels of user privileges.
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> I would be looking for ways to introduce a mobile money code/account into the whole system. The mobile money market in Nigeria is currently emerging so this move can be bought into. Whatever accounts/codes are created can then be funded by the client, or another person/group. This would likely be a solution to the long standing problem of starting community health insurance schemes."

Conclusion:

This week, there was an increase in interaction between participants, compared with previous weeks.

Through this week's discussion forum, it has become obvious that there are already a group of participants who have a vision of what they aim to do, and we hope that the remaining modules will give them more tools for planning their future work.