



## mHealth Education for Families and Health Workers

A Promise Renewed in the Americas

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- Introduction
- Why mhealth
- Current mhealth evidence
- Mobile inequities
- Way forward

### Introduction SHOPS Project

#### Global USAID project

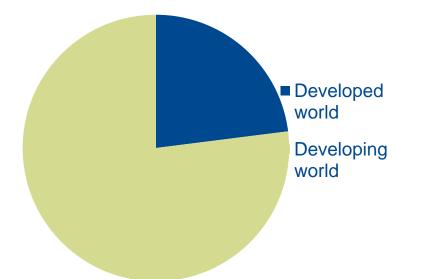
- Increase access to, use of quality health services through the private sector
- mHealth = opportunity to engage private sector
- Sample SHOPS mhealth experience
  - Data collection PPP in Caribbean
  - RCT to evaluate impact of FP messages in Kenya
  - SMS reinforcement for providers in Ghana, Uganda
  - Advisor to Bangladesh national mobile health service

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## Why mhealth?

#### Explosive growth

#### > 6 billion subscribers, most in developing countries

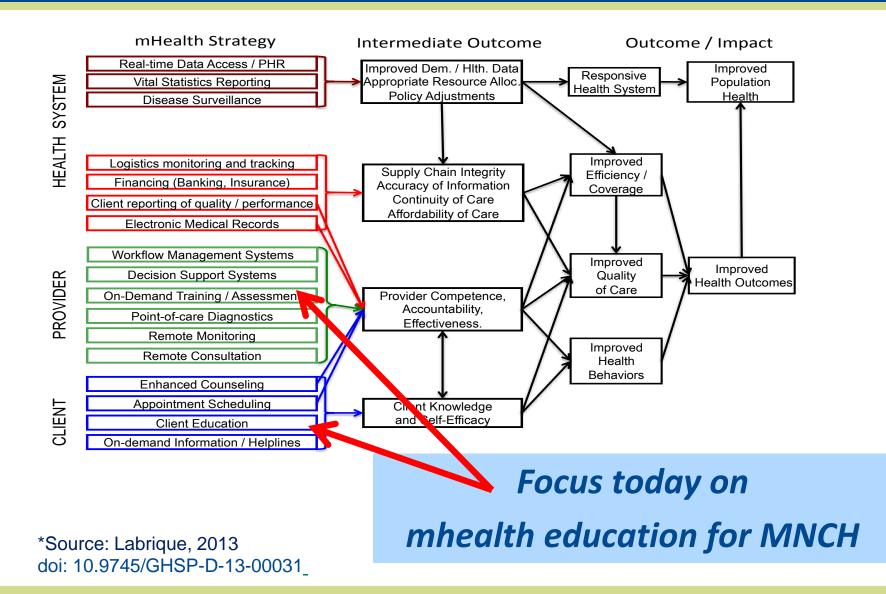


### Hundreds of mhealth pilots

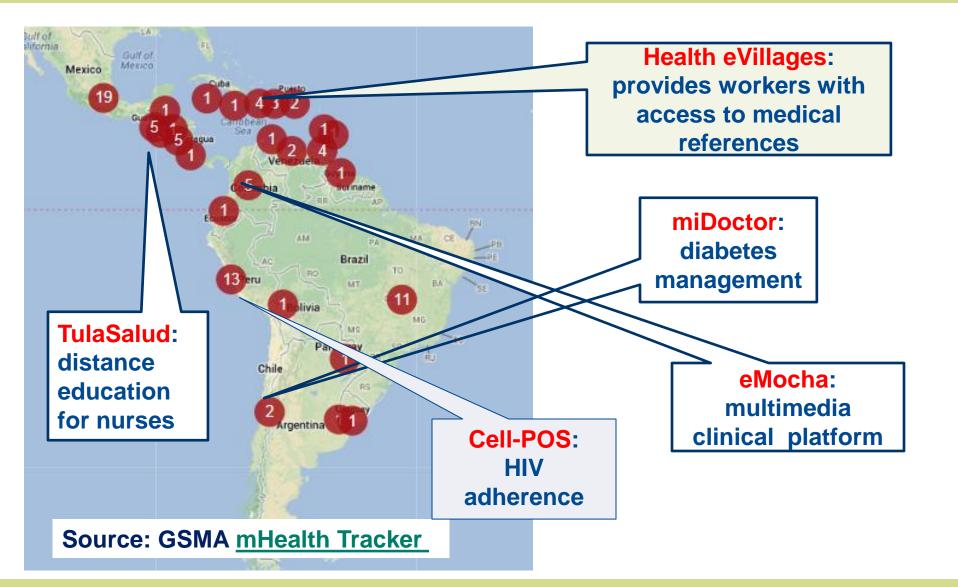
- Client benefits
  - Private, personalized information
  - Provides knowledge, selfefficacy
- CHW benefits
  - Decision support
  - Case management
  - Reduce isolation, empower

Mobile applications allow families and health workers to be more integral to health services and systems

## mHealth logic framework\* portrays breadth and depth of mhealth applications



## LAC mHealth deployments to advance health knowledge are proliferating



# Example mhealth education to improve beneficiary knowledge and behaviors

#### WaWaRed\* Peru

- Stage-based SMS & voice messages
- Linked to electronic medical records
- Appointment reminders



#### Motivational and informational content across the continuum of care



#### Pregnancy

- Family planning
- Nutrition
- ANC and birth plan



#### Birth and newborn care

- Danger signs
- Exclusive breastfeeding
- Immunization

#### Early childhood

- Complementary feeding
- Diarrhea management
- Hygiene

\*Partners Cayetano Heredia University, IDB, Telefonica

## Example mhealth education for health workers

#### Child Survival Project\*, Nicaragua

- Phone-based counseling support for male health promoters
- Objective to engage with fathers to support wives' care-seeking



## Adapted CommCare decision-support tool



- Client registration
- Data collection
- Reporting



#### Behavior change guidance

- Identify appropriate target behaviors to decrease prenatal and neonatal risks
- Provide negotiation tips

\*Partners: CRS, SSI, MINSA, Caritas

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# Recent Evidence Summit results for mhealth (preliminary)

Few studies met inclusion criteria: LMIC, outcome data, comparison group

#### INTERVENTIONS FOR HEALTH WORKERS

SMS to improve treatment adherence **mixed results** on health outcomes (HIV, malaria)

#### INTERVENTIONS FOR BENEFICIARIES

SMS **mixed results** on adherence to medication SMS (one study) **increased** skilled delivery attendance

 Significant impact for urban, no impact for rural women

SMS appointment reminders **strongest evidence**: shown to increase clinic attendance

## Implications of current mhealth evidence to enhance key child survival interventions

#### No mhealth impact evidence currently exists for

- Healthy timing and spacing of births
- Neonatal care
- Nutrition, breastfeeding
- Hand-washing
- Diarrhea & pneumonia prevention
- Malaria prevention
- PTMTC

But evidence on efficacy of SMS appointment reminders, treatment protocols, and service uptake suggest promising outcomes

## More evidence needed on the mechanism of change

### **HEALTH WORKERS**

Results SHOPS/Ghana RCT\* to increase prescription of zinc/ORS:



"SMS increased desired reported behavior but not actual behavior"

\*Study in pre-publication

#### BENEFICIARIES

S Africa study\* found motivational SMS increased service uptake

but not informational SMS

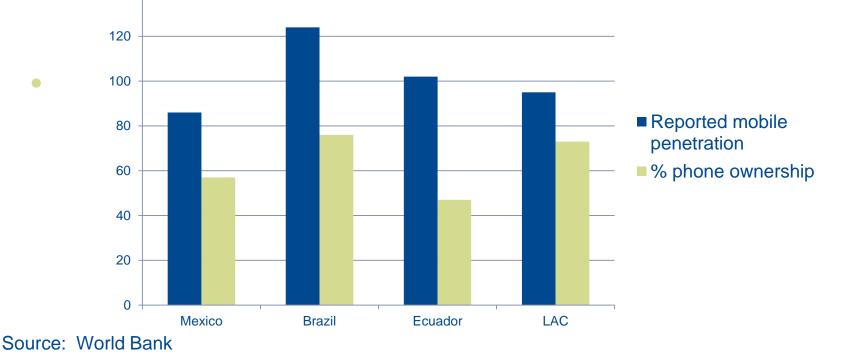
"Results demonstrate need to determine appropriate content threshold"



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## Access to phones is still a challenge for the most marginalized

- LAC mobile penetration (population divided by subscriptions) is 95%
- But phone ownership is much lower (disproportionately affecting the poor)



### Additional equity challenges

#### PHONE LITERACY

- Globally, only 37% women at BOP have ever sent a text, regardless of literacy
- In one study, 22% of women who did not own a phone said "I would not know how to use it"

#### OTHER

Signal coverage



- Power sources
- Basic literacy
- Local languages

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## Conclusion: achieving the promise of mhealth education in child survival

#### WHAT WILL IT TAKE TO OPERATIONALIZE?

- **Time**: new area, long-term impact evidence will take years
- Patience: to innovate, collaborate, fail, improve
- Champions: long-term commitment, vision
- Care: to ensure the poorest, most isolated benefit
- **Coordination**: to build partnerships for sustainable scale

## Thank you contact: pamela\_riley@abtassoc.com