Mobile Technology: Keeping Up With Catapulting Change

Case Examples from Africa

L. Nneka Mobisson-Etuk MD MPH MBA
The mobile health opportunity

The Global Market

Unique subscribers

2014
3.6bn

2020
4.6bn

2014 - 2020
4% CAGR

2014
50%

2020
59%

PENETRATION RATE

Source: GSMA Intelligence
Regional mobile phone penetration

Unique subscribers by region, millions

Unique subscriber penetration by region, millions

Source: GSMA Intelligence
Mobile-enabled services – developing world

Source: GSMA Intelligence
The opportunity to integrate mobile health with quality improvement

- More mhealth projects in sub-Saharan Africa than any other region
- Majority are still in pilot phase
- Few if any have integrated QI methodologies
## Three Case Examples

<table>
<thead>
<tr>
<th></th>
<th>Case Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A Billion Minds and Lives PDSA App – Ghana, Ethiopia, Kenya, Nigeria, Rwanda</td>
</tr>
<tr>
<td>2</td>
<td>Community Follow up of newborns - Malawi</td>
</tr>
<tr>
<td>3</td>
<td>Maternal Depression WhatsApp - Ghana</td>
</tr>
</tbody>
</table>
The one billion people who need treatment for mental illnesses in LMICs receive treatment by 2020
ABML Early Adapter Network

- 20-month collaborative
- Funded by Sanofi-Aventis Groupe and New York University
- Five countries in Sub-Saharan Africa represented: Nigeria, Ghana, Kenya, Rwanda, Zambia
- The ABML Early Adopter Network serves as the expert group looking to improve processes in mental health care in Africa while building QI capacity and testing IT solutions
# Early Adopter Network: Project Aims

<table>
<thead>
<tr>
<th>Country</th>
<th>Project Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Kenya</td>
<td>To achieve 30% screening for substance use disorders in patients receiving care in 5 PHC in Makueni County by October 2015. To increase the % patients treated for depression at the PHCs from 8.2 to 15% of total monthly new cases by Oct, 2015. To increase the % patients correctly diagnosed and prescribed the correct drugs by nurses to 99% at two health centers by November 2015.</td>
</tr>
<tr>
<td>2 Nigeria</td>
<td>To increase the number of referrals to the Department of Psychiatry of children with mental health problems who present at the paediatrics clinic by 50% from current levels by 30th June 2015.</td>
</tr>
<tr>
<td>3 Rwanda</td>
<td>To identify 100 women with maternal depression between July 2014 and June 2015, and to achieve clinical response within 12 weeks from beginning of treatment for at least 50% of identified women with maternal depression.</td>
</tr>
<tr>
<td>4 Zambia</td>
<td>To identify 100 persons with epilepsy between July 2014 and April 2015. To get 150 Epileptics registered for NHIS in the Talensi District, UER, Ghana by July 31, 2015.</td>
</tr>
</tbody>
</table>
AIM: The one billion people who need care management for mental illnesses in LMICs receive that care by 2020.

**ABML: Driver Diagram**

- **Family / Community Awareness**
- **Integration / Collaboration within Healthcare System**
- **Mental Health Service Delivery**
- **Will & Governance**

- **Awareness creation (of MH services, reducing stigma, etc)**
- **Connecting with other patients/families**
- **Service delivery at primary care level**
- **Appropriate referral from entry points in system**
- **Capacity building**
- **Protocols / mh-GAP**
- **QI approach to mental health**
- **Building will**
- **Policy changes (rights, charter, etc)**
- **Accountability**
Health Professionals Trained (Mental Health and QI)

- All levels of care providers are being trained (community health workers up to specialists)
- Those already trained in mental health are learning about QI
- General providers are being trained in mental health in order to provide care at lower levels as a means of integrating into primary health care
Patients Screened

- Screening across multiple conditions
- Screening tools being tested
  - Maternal Depression
  - Depression
- Next step: to ensure that all those screened and identified can get the treatment they need
Patients Managed (Drugs + Therapy)

Number of Patients Managed

ABML Early Adopter Network: Cumulative Number of New Patients Managed

9,535 Patients Managed

2,193 New Patients Managed

a. Reconciling data for July, August, & September
b. Christian shifted his project and didn't report from May-Aug, but started managing many patients in October forward.
Patients Dropping Out of Care

Still lots of work to be done in terms of:
- Keeping patients on treatment
- Adhering to referrals
- Continuity of care

Cumulative Number of Patients Dropping Out of Care

No. of Patients Dropping Out of Care

Month

Cumulative Number of Patients Dropping Out of Care

No. of Patients Dropping Out of Care

Month

1,477 Patients Dropping out of Care
Mobile App Development: Purpose

- **Purpose:** To support those using quality improvement in mental health in low and middle income countries

- **Functionality:**
  - On and offline functionality
  - Android devices
  - Can host multiple QI Projects; multiple PDSAs within each
  - Ability to capture data and display visually in a line graph
  - Admin page where you can log in and print or download graphs/data for sharing

- **Link to mental health resources available on** [www.abillionminds.org](http://www.abillionminds.org)
Mobile App Development: QI Project Level

- High Level QI project(s) Information:
- **Project Name**: for reference when you have multiple projects
- **Problem being addressed**: what needs to be improved?
- **Aim**: “How much? By when?”

![Image of a mobile app with project details]

- **Project Name**: PowerTech Single Phase Unit
- **Problem being Addressed**: Single phase failures
- **Aim**: To ascertain the effect of the single phase failures on the economy of Kenya.
Diving into the PDSA Plan:

- **Change Idea**: Brief description of the change idea that this PDSA sits within

- **Describe your test of change**: what are you specifically testing? Who/what/where?

- **What’s your prediction?**: In testing this, what do you think will happen?

- **Length of Test**: Start/end date of the test
Mobile App Development: PDSA Plan

- Defining your Measures:
  - Name of Measure
  - Unit (number, percent, rate)
  - Frequency of Data Collection
Mobile App Development: PDSA - Do

- Enter your data!
- Select the specific measure
- Frequency pre-populates from the date range entered
- Enter the value
Mobile App Development: PDSA- Study

- Create your graph!
- X-axis defaults to the frequency of data collection (time)
- Y-axis defaults to your measure
- Can graph percent or raw figures
- Customize as needed
Mobile App Development: PDSA- Act

Based on the data collected and studying the results in the graph, will you…

- Adapt?
- Adopt?
- Abandon?

- … the change

Are we ready to make a change?
Please select one of the options below

- Adapt: Modify your PSDA and test
- Adopt: Ready to implement!
- Abandon: Forget it!
ABML PDSA App: Next Steps

- **Testing:**
  - Tested by the Early Adopter Network members and some IHI staff
  - Testing will continue until launch

- **Launch:**
  - Planned for May
  - Will be available in Google Play Store
  - Open Access

- Feedback encouraged!
Vision of the ABML PDSA App

- Enable people working in QI in remote settings to fully complete PDSA cycles by having prompts for each stage
- Improve documentation and record keeping of all PDSAs run and data collected
- Real time “studying” of the data, so that the user can act quickly based on their learning
- Enhance the sharing of PDSAs across users and electronically with colleagues
- Connect those working in the same topic areas
- More easily share successes and failures
Community Follow-up of Newborns using m-health in Malawi

Kendra Njoku  MBBS, MSc PH, FISQua
Improvement Advisor/Faculty, IHI

Jime Tambala  BCompSc
Data Manager

21st IHI/BMJ International Forum,
Gothenburg, Sweden
13th April, 2016
Background: Prematurity in Malawi & QI Approach

**Burden of Prematurity**

- Newborn mortality in Malawi accounts for about one third of all childhood deaths\(^1\), giving rise to 31/1000 (5210) NNDs in the last one year.
- Prematurity accounts for 40% of all newborn mortality (highest rate of prematurity world-wide), resulting in app 2084 preterm deaths in the last year.

**BTS Collaborative**

- 13 District and CHAM hospitals in 8 districts were selected by relevant government authorities to be part of a Learning Collaborative.
- Due to the difficulty in accurately identifying preterms at delivery, the focus of the collaborative was changed to 30% reduction of neonatal mortality by March 2017.

---

\(^1\) Building a Future for Women and Children  *The 2012 Countdown Report*
Phases of Care

Prevention and Management of Preterm Delivery

Management of labor and Delivery

Postnatal Management of the newborn and mother

a) Accurate Diagnosis of Gestation
b) Accurate Diagnosis of labor
c) Diagnosis and Management of at-risk conditions
# Phases of Care

<table>
<thead>
<tr>
<th>Prevention and Management of Preterm Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of labor and Delivery</td>
</tr>
<tr>
<td>Postnatal Management of the newborn and mother</td>
</tr>
</tbody>
</table>

| a) Partograph use |
| b) AMSTL |
| c) HBB |
| d) Birth Package (Cord Care, thermal regulation, Breastfeeding) |
Phases of Care

Prevention and Management of Preterm Delivery

Management of labor and Delivery

Early Postnatal Management of the newborn and mother

Late Postnatal Management of the newborn and mother

a) Diagnosis of prematurity of newborn infant
b) KMC (thermal control, feeding, infection prevention)
c) Prevention and treatment of infection of the mother
Phases of Care

- Prevention and Management of Preterm Delivery
- Management of labor and Delivery
- Early Postnatal Management of the newborn and mother
- Late Postnatal Management of the newborn and mother

a) Registration on discharge
b) Follow-up in the community at 3, 8, and 28 days
c) Referral to facility in case of complications
Background: Community follow-up of newborns

Role of community Follow-up in saving lives

- Due to space constraints in the health facilities, preterms/LBWs are discharged to continue KMC in the community at 1800g, sometimes as low as 1500g
- Health Surveillance Assistants (HSAs) are to monitor these babies during home visits
- HSAs are to use paper registers to document findings at home visits, and these registers collated and analyzed monthly with supervisors

Reality on ground

- >70% of HSAs are not trained in community health
- Of the few HSAs trained, not all conduct and/or report on home visits
- Key reasons for non-visits were lack of the CBMNH training and site visit tools.

<table>
<thead>
<tr>
<th>District</th>
<th>Total HSAs</th>
<th>Trained (%)</th>
<th>Visiting (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ntchisi</td>
<td>189</td>
<td>59 (112)</td>
<td>19 (37)</td>
</tr>
<tr>
<td>Kasungu</td>
<td>453</td>
<td>19 (88)</td>
<td>0</td>
</tr>
</tbody>
</table>

1 Building a Future for Women and Children  The 2012 Countdown Report
Driver Diagram for Community Follow-up of Newborns by Health Surveillance Assistants (HSAs)

**Aim**

Increasing accurate and appropriate HSA community follow-up of newborns from 5% to 70% in pilot areas from March 2015 to March 2017

**Primary Drivers**

- Appropriate knowledge and skills set for HSAs
- Continuous availability of materials for effective home visits by HSAs (e.g. registers, thermometers, weighing scales)
- Geographical and logistic barriers to home visits
- Provision of adequate and timely supervision of HSAs

**Secondary Drivers**

- Provision of CBMNH training to conduct home visits
- Availability of government resources to host trainings for all HSAs in all districts
- Availability of resources for these materials at the Ministry of Health
- Large coverage areas for individual HSAs leading to very long distances to cover for home visits
- Availability of good public transportation networks to some areas in the district
- Provision of transportation allowance for HSAs
- Availability of efficient and effective systems of supervision

**Specific Changes**

- Partners-funded CBMNH training for untrained HSAs
- Partners-funded provision of weighing scale and thermometers
- Partners-funded home-visit mobile app tool to serve as a job aid, data collection tool, and to enable real-time decision-making by the HSA and by the health facility
- Provision of bicycles to the trained HSAs
- Use of Mobile app database to monitor the real-time performance of HSAs
- Training supervisors on use of database and efficient supervision
Process Map for Follow-up of Newborns in the Community

1. **Community Word of Mouth:** HSA find out about a woman who has given birth

2. **Senior HSA and HSA Plan:** The HSA make a plan to visit the new mother and baby

3. **Travel to mother:** The HSA visit the mother 3 times in her home using bicycle and smart phone provided.

4. **Home Visits for Mother and Newborn**
   - **Visit 1:** Registration – Day 3 of life
   - **Visit 2:** Check-in – Day 8 of life
   - **Visit 3:** Outcome visit – Day 28 of life
     *Upload the data from visit by clicking 'Submit’*

5. **Monitoring of Workers**
   Home visit activities are monitored remotely on the app database

6. **Feedback to HSAs and Facility Staff**
   Monthly meetings with HSAs, Supervisors & MK to identify gaps and generate change ideas
Contents of the Mobile App

The app collects data on:
1. Bio-data on baby
2. Birth history
3. Current condition of baby
4. Physical examination of baby
5. Next appointment

The app also has tools (e.g. videos, audios, referral prompts) to support the HSA in providing guidance to the mother.
**Bio-data on Baby**

**What gender is the baby?**

- Girl
- Boy

**What is the baby's surname?**

Ghhhh

**Ask: On what date did the mother give birth?**

- 25 Aug 2014
- 26 Sep 2015
- 27 Oct 2016

This baby is 3 days old.
Birth History

Ask: Where was the baby born?
- District Hospital
- Health Center
- On the way to the hospital or health center
- At a TBA’s home

Ask the mother: Have you been experiencing any complications since you gave birth?
- Yes
- No

Please enter the baby’s birth weight in grams.

1850

Ask: Did the baby have any illnesses or issues before being discharged from the facility?
- Yes
- No
Current Condition of Baby

Does the baby have yellowish skin or eye color?
- Yes
- No

Has the baby been refusing to breastfeed?
- Yes
- No

Does the baby's cord have a bad smell or is there any pus?
- Yes
- No

Has the baby been vomiting?
- Yes
- No
As this baby's weight is low, please watch this message about Kangaroo Mother Care with the caregiver.

Together with the caregiver, listen to the following information about the importance of exclusive breastfeeding.

Together with the caregiver, listen to the following information about the correct position for breastfeeding.

Together with the caregiver, listen to this message on preventing malaria.
Using your scale, weigh the baby. Record the weight in grams.

This baby is not gaining weight fast enough. Advise the caregiver to take the baby to the District Hospital and counsel the mother to place the baby in the KMC position and to breastfeed.

 Did you bring your thermometer with you today?

- Yes
- No

Submit Results

Start Over
Next Appointment & Follow-up

Congratulate the caregiver on the new baby and tell her you will be back to visit again on: **6 Oct**

You are at the end of "1st Visit".

- This Form is Completed
- Save Form and Exit
CommCare HQ (Database)
PDSA Cycle Strategy

- Completed PDSAs
- PDSAs in Progress
- Future PDSAs

Full pilot mobile app launch
- Scale up phase 1 (96 HSAs)
- Scale up phase 2 (120 HSAs)

Mobile app and CBMNH Trainings

- Test mobile app content among IHI/MK QI team members
- Test Mobile app content with RHD
- Test mobile app content with 2-3 HSAs
- Test Mobile app content with RHD
- Test % follow-up home visits by pilot HSA following provision of thermometers, scales, and mobile app

Provision of resources

- Test appropriateness of HSA supervisors as trainers and training materials during the ToT trainings
- Test understanding of app use for 24 pilot HSAs at training
- Test understanding of app use by remaining HSAs at training
- Test % follow-up home visits by all HSA following provision of thermometers, scales, and mobile app

Scale up phases to other districts

- Test use of mobile app in a pilot with 24 HSAs
- Field visit test mobile app with 2-3 HSAs
- HSAs and supervisors focus groups to get group feedback on app

Test suitability of data bundle and network
## Mobile App Measures

<table>
<thead>
<tr>
<th>Type of Measure</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Measure</strong></td>
<td>% neonatal mortality at 28 days of life</td>
</tr>
<tr>
<td><strong>Process Measure</strong></td>
<td>% of babies followed up by HSAs in the community</td>
</tr>
<tr>
<td></td>
<td>% of babies receiving all 3 home visits</td>
</tr>
<tr>
<td></td>
<td>% of HSAs conducting home visits</td>
</tr>
<tr>
<td></td>
<td>% of babies reported to receive medical care at health facility following HSA referral</td>
</tr>
<tr>
<td></td>
<td>% of LBW/Preterms reported to receive medical care at health facility following HSA referral</td>
</tr>
<tr>
<td></td>
<td>% of LBW/Preterms on community KMC</td>
</tr>
<tr>
<td><strong>Balance Measure</strong></td>
<td>HSA satisfaction with mobile app</td>
</tr>
<tr>
<td></td>
<td>Patient satisfaction with mobile app use</td>
</tr>
</tbody>
</table>
Percentage of HSAs conducting home visits in Ntchisi

HSAs conducting home visits/Total No of HSAs

Data from paperwork

Pilot phase 24 phones at Malomo H/C

Commcare App scale up 96 phones

Final scale up 69 phones (total 189 phones)

Data from Commcare App
Percentage of Babies followed up by HSAs in the Community-Ntchisi

Data collected from registers (paperwork)

Data collected from Commcare App

Commcare App training & phone deployment at Malomo H/C as pilot (24HSAs)

First scale up of Commcare App in Ntchisi district (96HSAs)

2nd scale up of Commcare App in Ntchisi district (69HSAs)

TOT Training

Babies followed-up/Total No of deliveries
### Case Summary

<table>
<thead>
<tr>
<th>Total No of Babies Visited</th>
<th>Active cases</th>
<th>Closed cases</th>
<th>Babies visited only once</th>
<th>Babies visited twice</th>
<th>Babies visited 3 times</th>
<th>LBW babies</th>
<th>Babies On KMC</th>
<th>Babies who died</th>
</tr>
</thead>
<tbody>
<tr>
<td>1690</td>
<td>625</td>
<td>1065</td>
<td>490</td>
<td>204</td>
<td>371</td>
<td>99</td>
<td>67</td>
<td>18</td>
</tr>
</tbody>
</table>
Low birth weight babies followed-up in the community

LBW babies followed-up/LBW delivered

Before introduction of Commcare App

Commcare launched

After introducing Commcare App

ITN community outreach
Low birth weight babies on community KMC

Very little or no information was recorded

Commcare launched

Rainy season

Babies on community KMC/Total LBW
Action taken for babies who were sick during 1st visit

Complications at 1st visit

- Refusing breastfeeding: 23%
- Skin rash: 18%
- Fever: 16%
- Irritable crying: 13%
- Eye discharge: 12%
- Eye discharge: 13%
- Vomiting: 13%
- Cord complications: 12%
- Convulsion: 7%
- Yellow skin eyes: 6%
- Skin rash: 4%
- Fever: 1%
- Refusing breastfeeding: 1%

- Treated at Health Center: 140
- Treated at District Hospital: 57
- Nothing: 24
- Treated at Home: 12
Action taken to babies who were sick during 2nd visit

- **Treated at Health Center**: 69
- **Treated at District Hospital**: 32
- **Nothing**: 16
- **Treated at Home**: 10

**Complications at 2nd visit**
- Fever: 32%
- Skin rash: 18%
- Yellow skin eyes: 15%
- Refusing breastfeeding: 14%
- Irritable crying: 10%
- Vomiting: 5%
- Convulsion: 3%
- Cord complications: 3%
NNDs at 28 days of life from babies who were registered by HSAs

<table>
<thead>
<tr>
<th>Date</th>
<th>NNDs</th>
<th>Babies registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-15</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>May-15</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Jun-15</td>
<td>4</td>
<td>38</td>
</tr>
<tr>
<td>Jul-15</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>Aug-15</td>
<td>4</td>
<td>46</td>
</tr>
<tr>
<td>Sep-15</td>
<td>4</td>
<td>103</td>
</tr>
<tr>
<td>Oct-15</td>
<td>2</td>
<td>93</td>
</tr>
<tr>
<td>Nov-15</td>
<td>2</td>
<td>129</td>
</tr>
<tr>
<td>Dec-15</td>
<td>3</td>
<td>191</td>
</tr>
<tr>
<td>Jan-16</td>
<td>1</td>
<td>174</td>
</tr>
<tr>
<td>Feb-16</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Very little or no information was recorded

Information gathered through Commcare App

No of NNDs/Total No of babies registered
Challenges

- Lack of paper data collection on baseline for selected measures
- Initially 240 HSAs were supposed to be trained, some HSAs left the district leaving 5 catchment areas empty.
- Difficulty charging phones – _90% of the HSAs are living in houses without electricity_
- Lack of access to CommCareHQ for the supervisors (AEHOs & SHSAs). _Almost all the supervisors do not have access to a computer, except very few who have personal computers and they demand an allocation of internet bundle which the project does not provide._
- So far three HSAs lost their phones, and two have been recovered – pending stolen phone reported to the police who are investigating.
- HSAs not updating latest version of app hence some lost data – optimal use of the whatsapp group may mitigate this.
Lessons Learnt & Next Steps

Lessons Learnt:
- HSAs enthusiastic about mobile app!
- Easy grasp of its use, even for first time smart phone users.
- Ironing out presentation and coding of measures/data during design phase.
- Loss/Theft of phones was not high risk as postulated
- M-health is a great tool for accurate, timely data collection that can influence real time decision-making.

Next steps:
- Provision of tablets & data training for HSA supervisors.
- Maximum utilization of the community data for decision-making in the community and health facilities.
- Linkage of community workers to health facilities using m-health
- Scale-up to other districts
Using What’s App for Collaboratives to Accelerate Change

Philomina Amofah, Ubora Institute
April 13, 2016
Mental Health Project - National Catholic Health Service, Ghana

- Epilepsy Aim: To identify 100 persons living with epilepsy, & achieve 10% increase in seizure free days for 50 people

- Results: 661 were identified & 73 experienced a 10% increase or more in seizure free days
Project Aim #2: To Identify 100 women suffering maternal depression, and to achieve clinical response within 12 weeks from beginning of treatment for 50% of women identified.

Results: 249 Mothers Identified & 150 responded to treatment within 12 weeks (58%)
Breakthrough Series Collaborative Model

- 15 month period
- 7 hospitals in southern Ghana
- 3 face to face Learning Sessions led by NCHS team and attended by QI teams from the 7 hosp.
- Monthly site visits in each “Action Period”
What’s App Group: Background

- What’s “What’s App?”
- Formed a group at Learning Session 1
- “Opt In”
- Original purpose: To supplement email communication from the NCHS project staff
#1 Lesson Learned: Communication in Both Directions

- The Collaborative members almost always sent more messages than the project team
- Push/Pull
#2 Lesson Learned: Types of Messages Sent

- 69% were related to mental health & the project content directly
- 16% were “junk,” (ie. forwarded messages about other topics, videos, etc.). The “junk” still managed to keep up momentum and an open environment for sharing.
#3 Lessons Learned: Building Community

- Transparency and accountability in communications/asks
- Encouragement between facility teams
- Celebration of successes, holidays, etc.
- Humor
Good morning good people, it's been too quiet on this platform.
As at last night, only Maamobi had sent their agenda for their meeting this week. Apam and Agormanya we are waiting. Can all teams also forward their data for April and May 2015 to us?

Rosina, hope you are doing well and supporting the mothers at Achimota hospital even though it's 'boring'.

Hahaha yeah Fiifi...am doing my best by grace.

1. To assess the impact of training organized for midwives  
2. How to improve on data collection and documentation.  
3. Way forward with the merger of the two teams.  
4. Preparing presentations for project 5 alive project  
5. AOB
Agenda for Maamobi General Hospital
+233 24 594 7969 ~nuchionich...
Epilepsy
April
Screened:196
cases:4

May
Screened:210
Cases:18

+233 20 833 6411 ~Fiifi Ayetey
Kudos guys. Keep up the good work.

+233 24 594 7969 ~nuchionich...

Nicholas, can we have the agenda for the meeting on Friday?

+233 20 833 6411 ~Fiifi Ayetey
There must definitely be something.
Ok. So put it down and let us know.
The specific things
You have done a lot, so what specifically do you want to look at?

+233 20 833 6411 ~Fiifi Ayetey
Nicholas, that is not possible.
So what will you be discussing at your meeting on Friday

+233 24 594 7969 ~nuchionich...
abt what we hv done so far

You have done a lot, so what specifically do you want to look at?

+233 27 769 5443 ~Nana Kissi...
Great job Agomanya.

+233 26 811 7652 ~Keen Kofi
Agomanya great job done. Keep it up

+233 24 622 0167 ~felicia atuoh...
Discussion on feedback proposal sent to mgt, AOB.

+233 24 030 5481 changed to +233 24 538 9126
Happy Father's Day

It's easy for a father to have a child than a child to have a real father.
What’s App Group: Outcome

- Increasing communication
  - (1) across the hospitals in the Collaborative
  - (2) between the NCHS team and the Collaborative members

- Sense of community built by encouraging informal sharing more frequently between the face to face Learning Sessions and site visits, including:
  - Asking questions
  - Motivating to others
  - Sharing information
How did the What’s App group impact the improved outcomes?

- Change ideas shared quickly (real time) across the group of ~60 people working on the same topics
- Data was shared (and therefore analyzed) more rapidly
- Questions could be answered by anyone anytime
Suggestions for Future What’s App Groups

- Set ground rules
- Include patients
- Develop a plan for post-project for how the group will be run/managed