



COMMONWEALTH  
**BROADBAND**  
FORUM 2014

18 - 20 NOVEMBER 2014, NAIROBI, KENYA



# M-health: Using m-health to enhance learning and practice amongst community health volunteers in Kenya

Caroline Mbindyo, Programme Manager e-Health, Amref Health Africa



COMMONWEALTH  
TELECOMMUNICATIONS  
ORGANISATION



Using mHealth to enhance  
learning and practice  
amongst Community Health  
Workers in Kenya

**CAROLINE MBINDYO**

**Amref Health Africa Headquarters  
November 2014**



# Introduction to Amref Health Africa

- Amref Health Africa is the largest, African health and development non-profit
- Working in Africa since 1957
- Our programmes are driven by the needs of African communities.
- Our vision is lasting health change in Africa from within.



# Lasting Health Change

To achieve lasting health change we need to focus on:

1 Access to Services

2 Commodities and Equipment

3 **Human Resources for Health (HRH)**

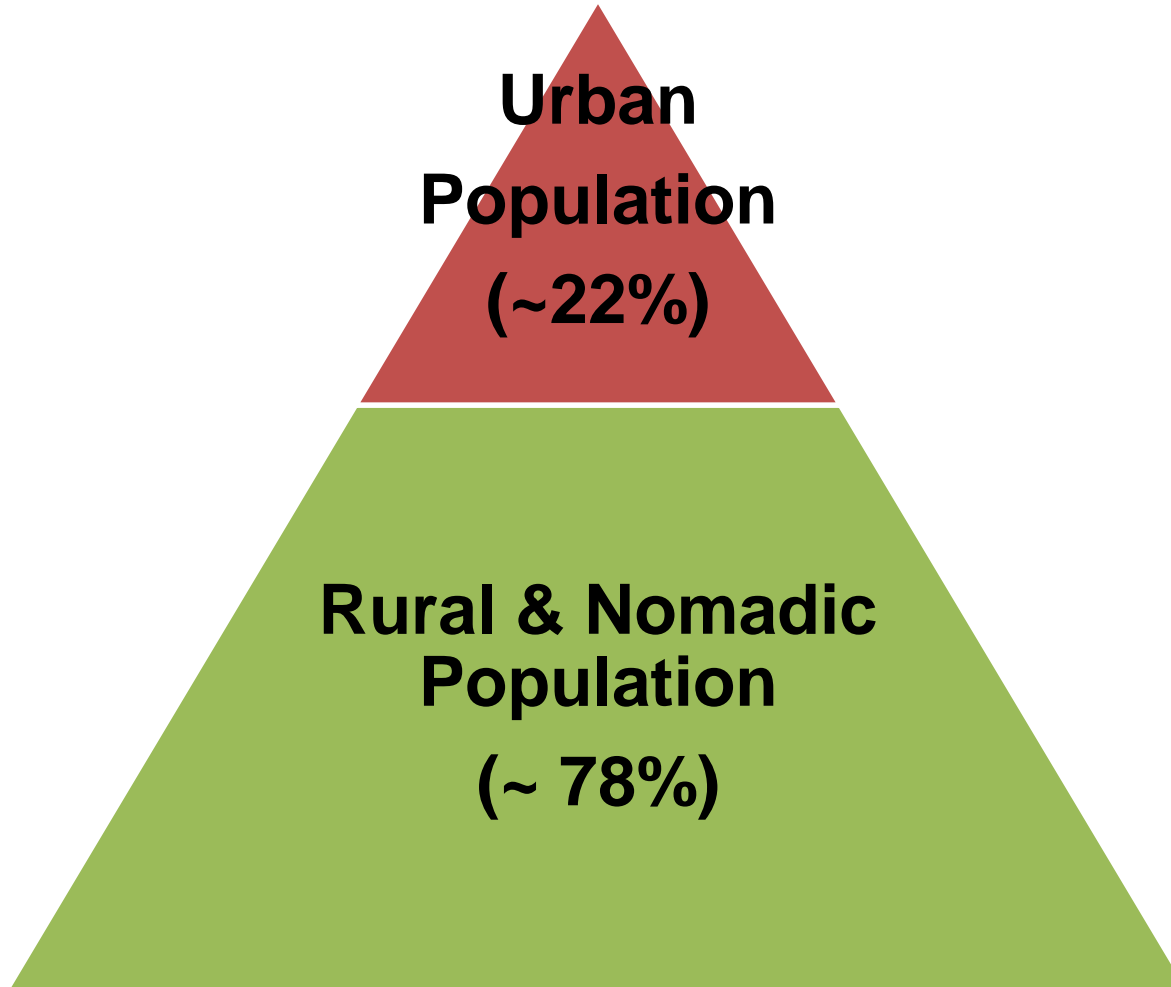
4 Health Financing

5 Health Information Systems

6 Leadership, Management and Governance

7 **Community Systems Strengthening**

# Community Systems



# Human Resources for Health Crisis

**Specialists, Doctors, Nurses**

**{77,000}**

**National**

**County**

**Nurses, Midwives,  
Clinical / Medical Officers**

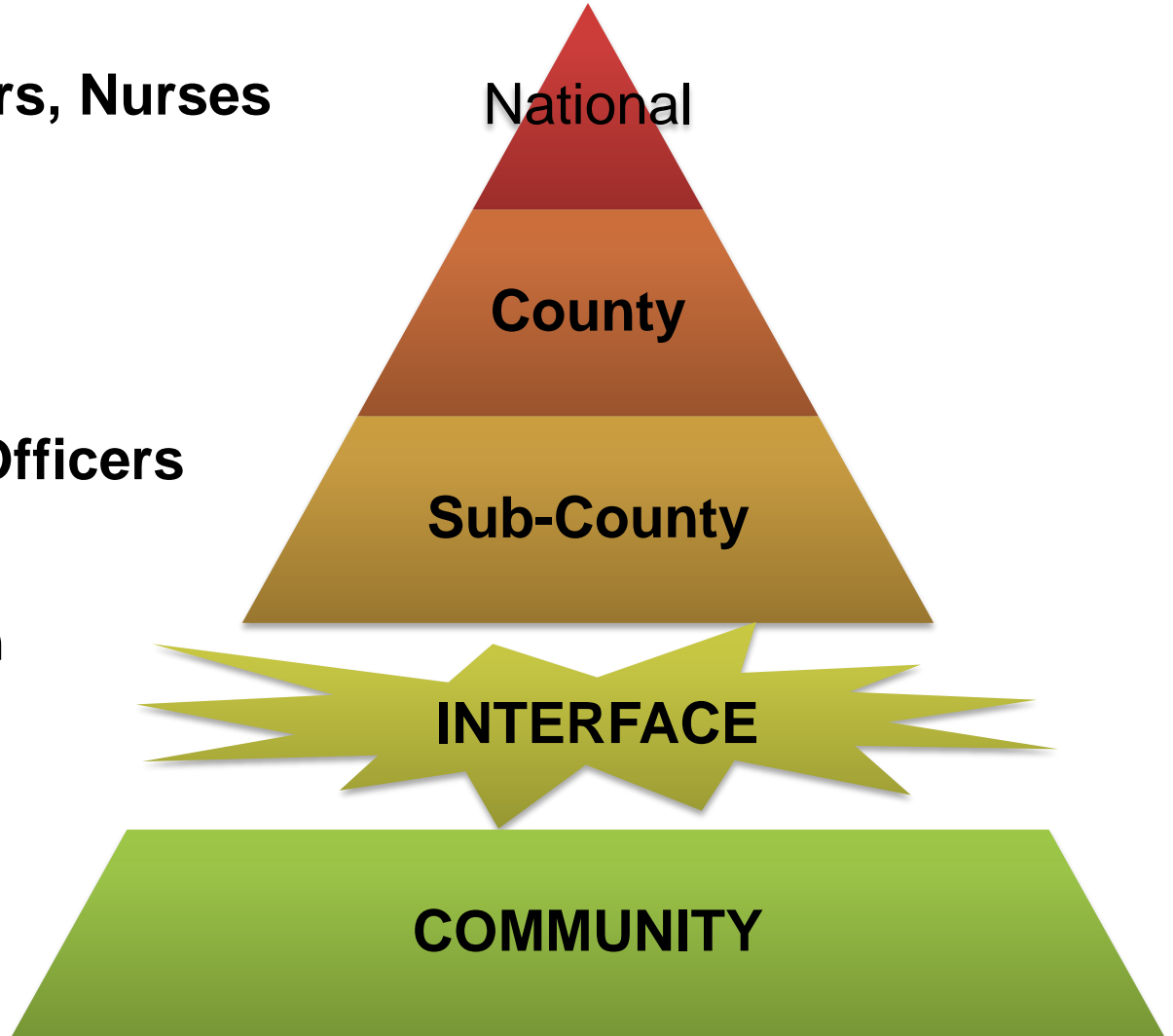
**Sub-County**

**Community Health  
Workers**

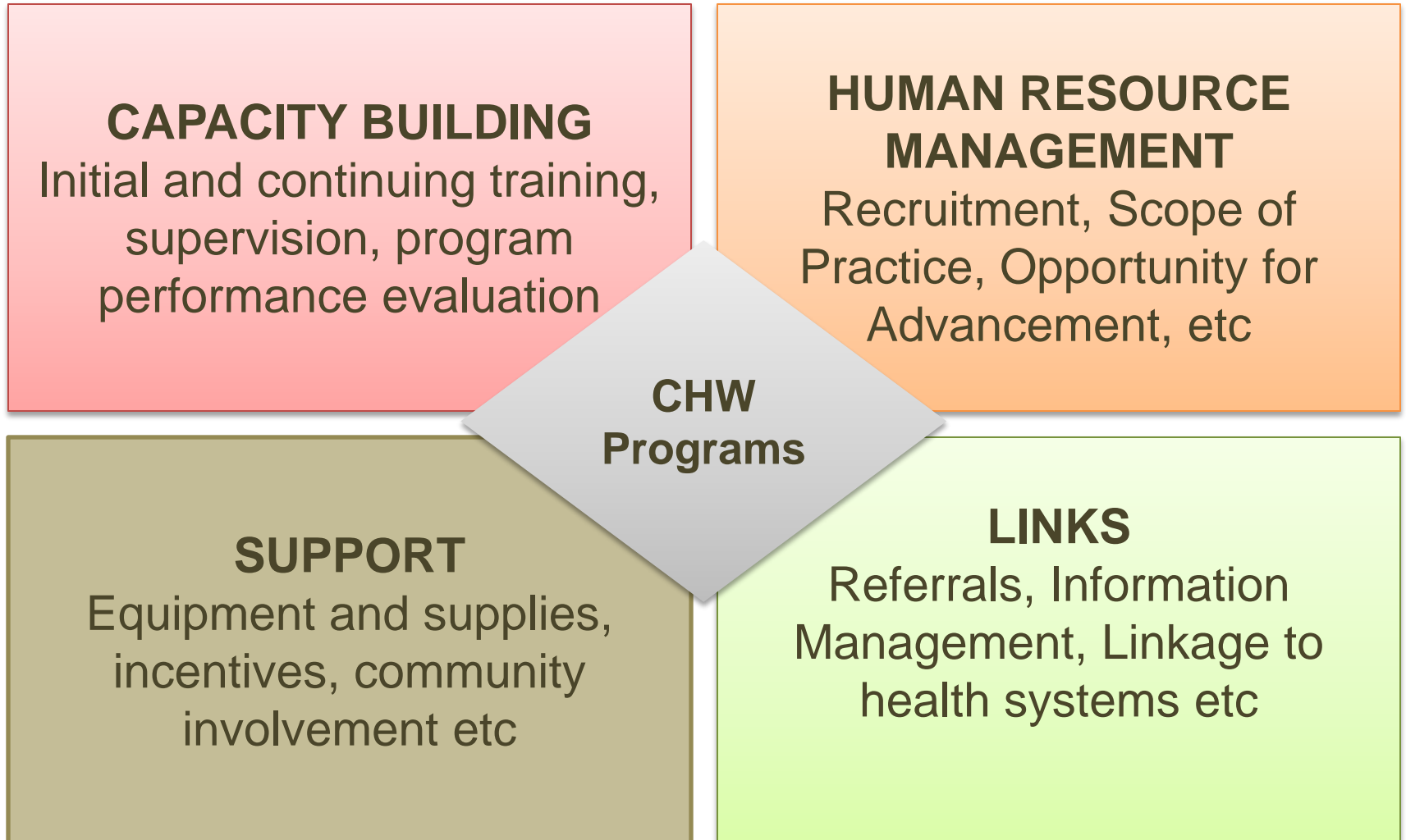
**{300,000}**

**INTERFACE**

**COMMUNITY**

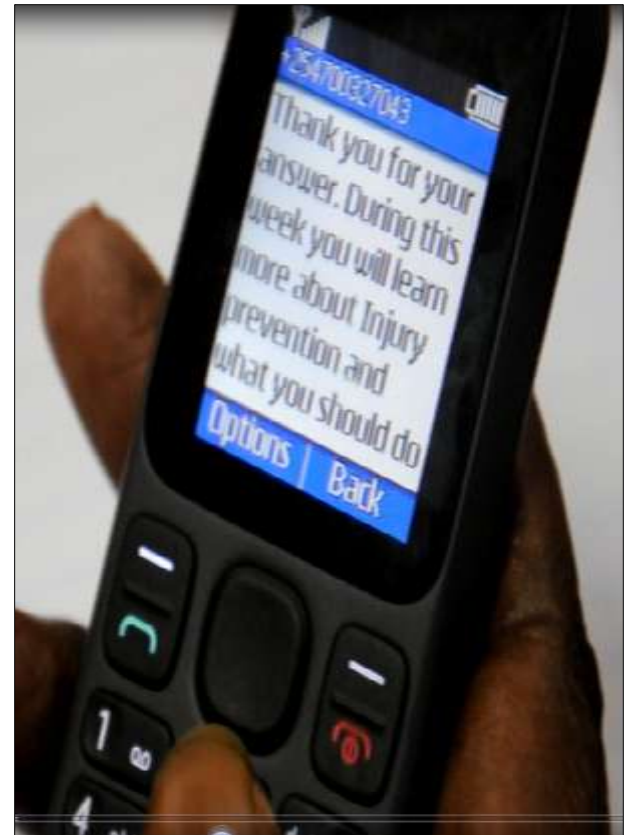


# What do CHWs need?



## How can mobile broadband help?

Can we demonstrate that even the most **basic mobile phones** can be used to: facilitate initial and continuous, reduce training cost; support practice, and enhance supervision?





## Multi-sector Partnership



### HELP

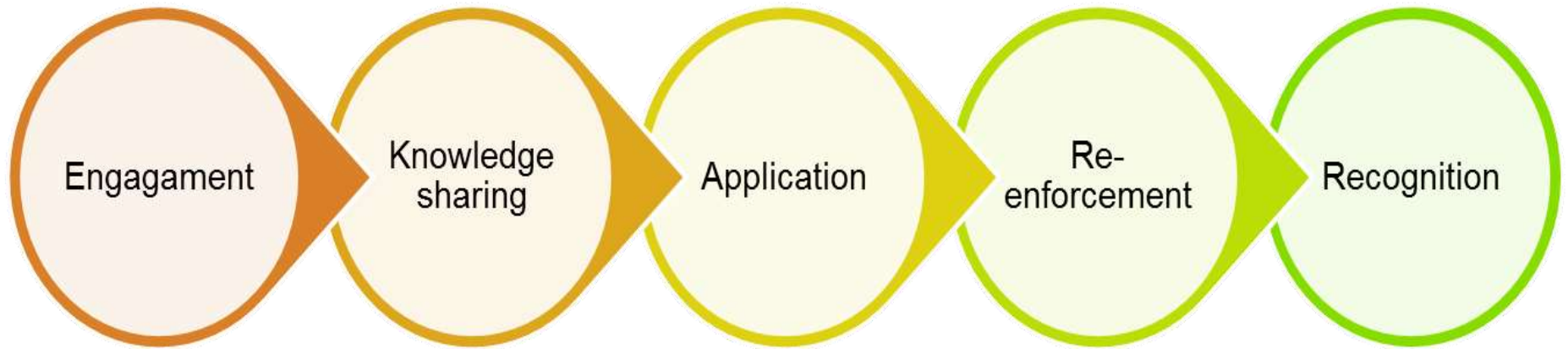
Piloted with  
300 CHVs and  
16 CHEWs  
**(Phase I)**

Now scaling to  
3000 CHVs and  
60 CHEWs  
**(Phase II)**

## The Solution - Phase I (300 / 16)

- A flexible and agile platform that is **basic-phone compatible**
- SMS and audio **content delivery is intelligently controlled** with an advanced scheduling system
- A **tailored mLearning pedagogy** defines multiple interaction and learning approaches
- **Decision trees** can support interactive games and diagnosis algorithms
- Assessments can be done through **randomised quizzes**
- **Group chat** and **virtual town-halls** allows collaboration
- Automated reports keep CHWs and supervisors **informed and on-track**

# mLearning Pedagogy



- Induction
- Peer Experience

- Info sharing
- Best practice

- Call to action

- Summary
- Assessment
- Gamification

- Rewards
- Follow up

## The Solution - Phase II (3000 / 60)

- Integration with **3rd party** platforms, features and content - collaboration
- **Smart phone features** eg. location-based services & rich media
- New forms of interaction and quiz games, including **weighted questions**
- SMS and news **broadcasts**
- **Client-controlled access** to content
- Content **search** capability
- Points and badge **rewards** (incentives & gamification)
- Text and audio polls and surveys

## Some Early Outcomes

mHealth can:

- Enhance learning and result in higher knowledge retention and recall
- Support health worker practice
- Reduce the cost of training
- Increase interaction with supervisors
- Reduce health worker isolation and enhance peer collaboration



For the latest project news and  
additional resources visit  
**<http://ehealth.amref.org>**  
or contact:

**CAROLINE MBINDYO**  
Amref Health Africa  
**[caroline.mbindyo@amref.org](mailto:caroline.mbindyo@amref.org)**  
**@Shakwei**

