

The Leap Experience

Many developing countries are facing a severe shortage, and significant skills gap, of frontline health workers; Community Health Workers (CHWs) are therefore essential to fill the gap as major players in the implementation of primary healthcare. CHWs play a critical role in mobilising communities in taking care of their health and providing basic healthcare at community level. Today, CHWs traditionally undergo 10-days face to face classroom training. This method of training has its challenges; Poor knowledge retention after CHWs have been trained with no easy way to revisit training modules, Lack of knowledge sharing or collaboration capability and Limited linkage between CHEWs and CHWs: In emergencies there is no easy way to contact all CHWs thus creating a dire need to increase demand for CHWs and offer ongoing training and support.

It is on this premise that a cross-sectoral partnership comprising of Amref Health Africa, Mezzanine, Accenture, M-PESA Foundation, Safaricom and the Kenya Ministry of Health (MOH) built a responsive mobile phone-based tool , Leap. Leap is a Scalable, Integrated Mobile Learning Solution that drives lasting health change for all communities by increasing access to quality, timely and appropriate healthcare, Leap employs an appropriate mobile learning pedagogy to train and empower CHWs using their mobile device operating from any phone, Basic or Smart. It provides the Ministry of Health-approved training content to CHWs. Leaps blended training method complements initial face-to-face training, enabling CHWs to learn at their own pace and with their own mobile devices while in the community, providing for both the interpersonal and community aspects of learning. Leap offers a combined set of tools which can be used alone, or in combination to deliver a full training and support programme. These tools include:

- 1) Structured Learning tools- the “mPedagogy” applies advanced learning principles and approaches to basic mobile channels in a combination of “patterns” that aim to simulate the learning experience and outcomes from traditional in-person training methods, through role plays, job aids, quizzes and games.
- 2) Enablement tools – such as group chat and decision trees allowing community units to share knowledge, provide one another with support and communicate directly with supervisors as well as make appropriate decisions during health service delivery at the community level.
- 3) Supervision and reporting tool - weekly reports on CHW performance sent directly to CHWs and their supervisors, and progress statistics are available to the LEAP team. CHWs who are struggling can be contacted by the LEAP team to provide encouragement and support.
- 4) Support - CHWs also have access to a dedicated, toll free help desk that can help them with any challenges.

LEAP enables the MOH and its implementing partners to: Communicate directly with health workers individually or within the Community Unit structure, for educational and health messaging, as well as conduct simple surveys to collect key information and insights; Support community units & supervisors in Health promotion, community mobilisation, drug safety & disease surveillance, peer & supervisor support and referrals; Develop a digital community of health workers and registry of their training and performance through a Community Health Extension Workers (CHEWs) smart application which assist CHEW’s in monitoring learning performance for the CHW’s that they currently support and communicate with them using an inbuilt messaging facility; Helpdesk support to learners through a toll free helpdesk line. Further, there's ongoing testing of cloud based systems that use a desktop PC/ laptop as a soft phone to log calls automatically and integrate cloud based system. This will provide toll free Helpdesk numbers with no dependency on telecommunication companies. This will greatly assist with multi country scalability for the project when setting up Helpdesk operations

Following the leap blended training, the over 3000 CHWs currently enrolled on the Leap mLearning program are able to reach over 300,000 household members with critical information on; signs and symptoms of common diseases in the community, prevention of diseases, healthy eating, exercising and not smoking as a way of lowering the risk of NCDs, referral, follow-up, treatment adherence , psycho-

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social support to community members. Currently the programme has realised a Completion rate up to 90% ,Reduction in attrition up to 85% Improvement in quiz score results up to 15% ,Increase in ANC visits of 28% ,Increase in the number of infants less than 1 year age fully immunised of 28% and an increase in maternal skilled delivery of 24%.

Lessons learnt in the course of implementation;

- 1) A good understanding of the end user, technology and infrastructure where the solution is being implemented and the general mHealth environment is crucial in ensuring that the developers are responding to the local need. The technology should respond to the immediate need of training the lowest cadre of health workers who use basic technology but with the flexibility to upgrade to support smart technology as technology advances.
- 2) A well thought-out partnership is essential in ensuring a continued commitment to see the initiative grow from the start, succeed and scale. Ensure that the different partners have clear cut roles and avenues for crisis resolution whenever issues occur.
- 3) Ownership of the solution is crucial by the end users and other stakeholders involved in training health workers; Mobile learning and eLearning in general requires a lot of effort on the part of the facilitator to ensure that there is minimal loss of learners and to keep the learners motivated in learning and application of skills gained.
- 4) We have also learnt that the success of the mobile learning program relies heavily on the motivation and commitment of the end user to use the product. The product must have uses that blend with both the learning and social needs of the learner to motivate the learner to keep using the product.
- 5) Adaptability is important during implementation of a technology solution; Leap was designed to deliver content through SMS, USSD and audio IVR files. However, the end users preferred the SMS and IVR and found very little use for the USSD. For this reason, the developers were able to quickly shift the information being available on the USSD to the other two channels to ensure that the learners can still access the information and reduce the cost on the channel that is not being used.
- 6) Frustrations such as technology failure during learning can dampen the morale of the learner to continue with the training. It is therefore very important to minimise the occurrence of these issues or avail support through the helpdesk where the learners can get assistance whenever they need it.
- 7) Network and power challenges are some of the challenges faced in implementation; there is limited power and network connectivity in the rural and especially nomadic sites. Unfortunately these are the regions that require innovations most as they are almost always hardship areas that less preferred by development partners.
- 8) Resistance to change – some people are still afraid of technology and require a lot more convincing to try out new things. We have adopted a buddy system where fast learners are coupled with the older learners to mentor them during the training and bring them up to speed on the use of technology.

While we have shown that Leap delivers impact for CHWs and supervisors directly, Our ambition is to enrol every CHW and other cadres of the health workforce in Africa onto Leap. We recognise the importance partnering with other like minded stakeholders to be able to reach this level of scale. Currently, there is no solution in Kenya that has the power or potential of Leap to support health workers at scale. We believe this presents an exciting opportunity to build a digital community for this critical health workforce and a platform through which we can channel critical information and services.