HOW CAN DIGITAL TECHNOLOGY

connect women to last-mile sexual & reproductive health services in low-resource settings?

## Stories from MSI community mobilisers in the Sahel, Kenya and the DRC

There is growing evidence across the sexual and reproductive health (SRH) sector and beyond that digital technology (or mHealth) can help overcome the challenges faced by field staff in low-resource settings, from providing women with better information about their health to connecting them with last-mile services. Multiple solutions have been developed and tested, showing promising results.

In 2018, MSI embarked on its own mission to create a digital solution to support its community-based mobilisation staff in their work.

Challenges do remain:

- Training on digital tools for field staff often omits general issues of tech-literacy

- Ad-hoc technical support can be unavailable

- These tools' often heavy reliance on internet connectivity pose problems as well

(Feroz et al, 2020).
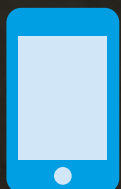
This brief describes the lessons learned so far, including recommendations for sector colleagues, drawing from our experience in the Sahel, Kenya and the DRC.

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MSI's solution for digital mobilisation support: Community.Connect

In 2022, 26% of all clients across the MSI country programmes were referred to our services through a community-based mobiliser (CBMs; source: MSI Client Exit Interviews 2022). These CBMs form the key link between MSI and the communities we work in, reaching even the most marginalised in their mission to leave no-one behind. It is by no means an easy task: besides working to address normative barriers to care, they need encyclopaedic knowledge of the ins and outs of all family planning methods; they often face administrative issues when referral cards are lost or when it takes too much time to fill in paper performance reports ; and they may feel unappreciated if their work stays invisible due to lacking reporting systems.

Supporting and rewarding CBMs in their work is crucial, and to face some of these challenges, **MSI developed the Community.Connect app. Community.Connect is a mobile application designed to help CBMs do their work more effectively, offering easy performance-tracking and visibility as well as a digital library of job aids**. Its initial development and piloting were funded by the Bill & Melinda Gates Foundation, with a 2023 roll-out in the DRC financed by the Foreign, Commonwealth and Development Office (FCDO) Women's Integrated Sexual Health (WISH) programme. Community.Connect works on tablets and smartphones, and was custom-built with Dimagi's CommCare software.

CommCare is an open-source digital platform that allows organisations to build data collection applications. It has been used in 130 countries around the world. More information can be found at www.dimagi.com/commcare/

The Community.Connect app enables mobilisers to:

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Track SRH sensitisation activities, producing data dashboards that allow teams to figure out which activities and mobilisers are most effective.	Access a digital library of Behaviour Change Communication (BCC) resources, helping clients make informed SRH decisions.	Make, follow-up, and confirm digital client referrals, supporting clients to get the SRH service that's right for them. The CBM makes the referral in the app, and it is confirmed by the provider when the client arrives. With no paper referral cards needed, referred clients can be found in the system by just their name or referral code.	Track supervision visits and monitor performance, ensuring CBMs are managed and supported well.
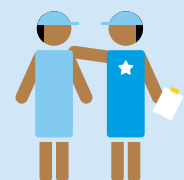
Using a digital mobilisation tool in the Sahel and Kenya

Sahel Pilot: key results 2018 – 2021

756,000 PEOPLE REACHED
26% were adolescents

59,879 REFERRALS MADE
84% confirmed, with a
9% client conversion rate*

MORE THAN 95% OF USERS WOULD RECOMMEND THE DIGITAL TOOL TO SOMEONE ELSE

*client conversion rate = % of total women spoken to during activities, that ended up taking up a service

During a three-year project ending in 2022, **Community.Connect was tested in the Sahel region (Burkina Faso, Mali, Niger and Senegal)**. Over the course of the pilot, nearly 60,000 referrals were made, and 26% of all people reached during mobilisation activities were adolescents. The success was evident, with over 95% of all CBM users across the four countries saying they would recommend Community.Connect to someone else. CBMs reported feeling more motivated and supported, as greater visibility of their performance means positive outliers can be recognised, while those struggling can be assisted.

The application was deliberately tested in the Sahel context, where data connectivity is a key issue. Community.Connect was built to work offline, with little data needed to complete synchronisation. An important learning was that tech-literacy cannot be assumed, even when the application itself is simply designed. Particularly among the older age groups, some CBMs required extra training to learn how to use a touchscreen device, which was achieved through extra sessions. Thorough follow-up assured growing and continued confidence of users.

The CBMs particularly liked the informational videos included in the application. They were found to be an effective way to address rumours and misconceptions about family planning and support social norms change at the individual and community level, as clients trusted the video format more than "word of mouth". Mobilisers did stress the importance of providing the videos in local languages and not only in French, an insight that is being implemented as the usage of Community.Connect continues. In Mali, the videos were translated into local languages already and therefore used much more frequently.

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> **WOMEN ARE OFTEN CONFUSED ABOUT HOW IUDS WORK, AND WHERE EXACTLY THEY ARE INSERTED IN THE BODY. IT CREATES A LOT OF MYTHS. SHOWING THE VIDEO, IT EXPLAINS IT CLEARLY. I'VE NOTICED THAT WHEN I MANAGE TO DO AN INDIVIDUAL INTERVIEW WITH A WOMAN AND I SHOW HER THE VIDEO, SHE IS MORE CONVINCED."**
>
> **Mobiliser, Burkina Faso**

A key selling point of using a digital performance-tracking solution is of course the availability of rich data, of a much higher quality and with a shorter time-lag compared to paper reporting. During the Sahel pilot project, it became clear that it is important to present this data in a format accessible to a wide profile of users. Bespoke dashboards were designed using PowerBI to ensure maximum data visibility, generating reports that are easy to understand and use for decision-making and performance management.

While the pilot showed that running costs were low, any intervention relying on tablets and smartphones can require significant upfront investment.

Since the Sahel pilot, Community.Connect has also been rolled out in MSI clinics in Kenya. A different setting, the teams were able to leverage existing smartphone ownership among many mobilisers and providers to achieve great impact with little funds. By adding data protection software to staff members' work phones, and providing some mobile data allowances, they were able to access the application through their own devices while keeping client data secure. In Kenya as well, the bespoke dashboards are already paying dividends, with confirmed referrals rising steadily (from around 30% in the first months of the roll-out to close to 70%) and teams empowered to follow up with individual mobilisers who seem to struggle.

DRC case study: supporting peer educators through digital technology

The question

Peer educators are a specific kind of community-based mobiliser that face their own particular set of challenges. As young people talking to other young people, they need support to build both their knowledge on SRH and their confidence in talking to their peers about these often-sensitive issues. Digital interventions supporting peer educators often focus on online platforms for training and SRH information (see Kaitano, 2023; Ackah et al, 2021). How could a digital support tool for mobilisation tracking help peer educators do their job more effectively?

The setting

The MS Grandes Soeurs (Big Sisters) are peer educators working in Kinshasa, DRC. Under the slogan "Bosolo Nde" (Straight Talk), 8 Big Sisters provide adolescent girls with honest, direct information and advice about sex, modern contraception, and navigating relationships. The Big Sisters provide referrals to MSI service providers.

The challenges

After their first 6 months of activities, a few challenges emerged:

- Administrative burden: the Big Sisters struggled to find time to fill in their reports after long days in the field;

- Lost referrals: keen to ensure the success of their efforts in referring other young people, the Big Sisters were often discouraged by how many girls lost their paper referral cards by the time they met with a provider. This meant that they could not be sure of their impact;

- Unreliable data: the combination of these challenges meant that both managers and Big Sisters were unsure of the real impact they were having, which was demoralising.

The solution

The Community.Connect digital solution was introduced to streamline the reporting process, improve performance management, and generally reduce the burden on the Big Sisters. We leveraged the lessons learned during previous rollouts, including a focus on training and approachable, easily-available trouble-shooting support. The Big Sisters already used tablets as part of their mobilisation tool package, which meant that introducing a further digital tool made sense and tech-literacy was already assured.

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> **SOMETIMES YOU HAVE A LESS STRONG WEEK – IT MOTIVATES ME TO DO BETTER NEXT WEEK"**
>
> **MS Big Sister, DRC**

The results

A short survey was organised to capture the opinions of all key stakeholders: head office staff, the Big Sisters, and the providers they refer girls to.

The Big Sisters said the tool:

Improved the quality of their performance data;

Helped them do their work more efficiently, by offering real-time, reliable visibility of their performance;

Made referrals easier, for them and for the girls;

Provided a key support when speaking to girls using the videos, allowing them to win some time all while refreshing their own knowledge.

The supporting staff were pleased with the improvements in data quality, in particular emphasising how it makes day-to-day management a lot easier.

Results were a bit more mixed among providers, and this revealed a key lesson. Much less engagement had been done with this crucial stakeholder, and the survey revealed some of the providers were as such less sold on the tool's benefits. Their level of engagement seemed to depend on the Big Sisters they worked with, which leaves opportunities for the support teams to follow up with providers to iron out any issues they face in confirming referrals on the app.

> **"WITH NO MORE LOST REFERRAL CARDS, WE ARE FINALLY SEEING OUR REAL PERFORMANCE, AND WE CAN BE CONFIDENT IN THE DATA... IT'S QUICK AND EASY TO USE THE APP DURING CONVERSATIONS WITH CLIENTS"**
>
> **MS Big Sister, DRC**

> **"DATA AND PERFORMANCE MANAGEMENT HAS BEEN MADE A LOT EASIER, AND WE HAVE BETTER VISIBILITY OF ADOLESCENT REACH. IT MEANS WE NEED TO WORRY LESS ABOUT DATA QUALITY"**
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> **Support Office Staff, DRC**

Insights on benefits

MSI's experience in rolling out a digital tool for mobilisation support in 6 countries has highlighted important benefits. Overall, we have seen solutions to support their community-based staff.

Improved CBM motivation

Through better performance data visibility, CBMs can be recognised for their contribution to service uptake, reducing the administrative burden on both CBMs and support office teams. Strong performers can be recognised and rewarded, offering peer support to others.

Improved referral conversion and "on-the-job" training

CBMs are able to see and follow-up on unsuccessful referrals and access videos to support their messaging, convey detailed info and constantly refresh their own knowledge. The BCC videos were found to be an effective way to address rumours and misconceptions about family planning and support social norms change at the individual and community level, as clients trusted the video format more than "word of mouth".

Improved performance management

The app allows teams to monitor CBM activities and productivity and hold them accountable for their performance, and support or make changes where needed.

Improved continuum of care

Mobilisers have clarity on those who take up services, enabling them to follow up and check on those who have recently accessed services.

> **I'VE HAD ISSUES IN THE PAST WHERE MY PERFORMANCE DROPPED DUE TO DATA ERRORS. NOW THAT I'M USING THIS APP, I FEEL REASSURED THAT MY EFFORTS ARE BEING PROPERLY CAPTURED.**
>
> **MS Big Sister, DRC**

Lessons learned & recommendations

The lessons we have learned echo what is highlighted in some other literature on the topic, and have allowed us to draw some recommendations for sector colleagues looking to implement similar digital solutions to support their community-based staff.

Keeping mobilisers motivated has an undeniable impact! Designing a digital solution for and with mobilisers means keeping some of our hardest-working staff members happier, empowering them to reach women and girls more effectively.

Involve mobilisers themselves when analysing challenges in referring clients for SRH services. This will allow teams to pinpoint exactly where digital tools might be able to relieve some burdens, getting users on board early on.

Leverage the satisfaction that data visibility can offer not only to support teams, but to mobilisers as well, by encouraging them to take a look for themselves and perhaps refining motivation schemes accordingly.

Tech-literacy matters: even the most intuitive applications can be hard to use for those who are not or less familiar with digital/touch-screen devices.

Identify users who may need more support on using a device. Include dedicated training modules on the topic, and assure follow-ups are in place.

Digital solutions have the reputation of being costly due to relatively high upfront investment costs, but this can be avoided by looking for **existing opportunities to leverage**.

Examine if staff members might already own compatible devices for any digital application – do include data privacy management software to ensure client confidentiality.

Beware of heavy reliance on constant internet connectivity. Solutions designed to work offline and needing only a little bit of mobile data for regular synchronisation are preferable in many low-resource settings.

Consider giving users incentives and some mobile data allowance to promote regular synchronisation.

Do not neglect the less visible stakeholders in your digital intervention, such as service providers. For MSI's application, they had a small but important role to play (confirming referrals made through the app), but they still need to be engaged just as much as other users.

Ensure all stakeholders involved in rolling out and using the tools are engaged at the early stages, and that all are clear on the challenges the tools are trying to address and the benefits it will offer them.

In some settings, **informational videos may be more trusted than "word of mouth"**, and they offer constant opportunities for mobilisers to refresh their own knowledge.

Consider offering simple videos to field staff, but ensure they are available in local languages. It may be helpful to produce a version of the video without sound, so local staff can easily (and cheaply) add a voice-over themselves.

Digital solutions can offer unprecedented data visibility, but **data needs to be presented in an easy-to-use, accessible format** to truly make a difference.

Designing simple, bespoke reports in Excel or PowerBI means data is ready to use and can greatly support performance management and decision-making.

Follow-up support allows users to continuously build and maintain their confidence with the digital tools.

During the training, highlight who users can contact for support or troubleshooting, and ask for regular feedback on how this is going in practice.