

Community dialogues and mobile health: Insights from Mozambique

The project

Between 2017 and 2018, Malaria Consortium, in collaboration with the Ministry of Health and UNICEF, developed and rolled out a mobile health (mHealth) platform – known as [upSCALE](#) – that aims to improve the quality, coverage, and management of government community-based health services. The platform consists of a smartphone application for community health workers (CHWs) and a tablet-based app for supervisors. The former walks CHWs through patient registration, assists with diagnosis and advises on treatment and referrals. The latter allows supervisors to monitor CHW performance and stock levels, and to offer tailored technical support to CHWs.

Background

Ownership of mobile devices in Mozambique is growing. In 2007, it was estimated that only eight percent of Mozambique's population owned a mobile phone and were competent in voice and SMS.^[1] By 2016, approximately 66 percent of the population had a mobile-cellular subscription.^[2] However discrepancies based on gender and location remain. Women are 22 percent less likely than men to use a mobile phone and around a third of all female users are illiterate.^[3] Much of Mozambique's rural population lacks access to mobile phones and internet services. Consequently, understanding of digital devices remains low.

Such inequalities can create socio-cultural barriers that limit the community's acceptance of CHWs using mHealth devices during consultations. These include a lack of community understanding of the value of mHealth tools, which may increase the risk of theft and misconceptions around how upSCALE is used by CHWs – including concerns around privacy and use of data.

Community dialogues

Community dialogues are volunteer-led community meetings where local concerns are discussed and culturally relevant collective solutions drawn up. In 2017, Malaria Consortium trialled a [Community Dialogue Approach](#) in Cabo Delgado province, where upSCALE is being rolled out, to improve acceptance of mHealth tools. Volunteers were selected from across 257 community health committees (CHCs) (government recognised bodies that consist of indigenous political leaders, healers and other respected and influential community figures). Volunteers were trained in the participatory communication methodology, facilitating discussions on mHealth tool features, providing demonstrations on the use of smartphones by CHWs during house-to-house visits, including how they can be traced when stolen, and taught to promote the concept of community ownership of mHealth devices. They were then tasked with organising community dialogues in their own villages and submitting activity reports to the District Health Service.



Lessons learnt

- Qualitative interviews with CHC members suggest that community dialogues can help to address socio-cultural barriers, which may otherwise limit acceptance of mHealth devices.
- The use of mobile phones by CHWs during patient consultations led to some concern around the disclosure of personal data. Community dialogues offered an opportunity to clarify misconceptions around the purpose of data entry and explain how data is used and protected.
- The participation of influential community members helped to validate collective decisions and action plans (such as CHWs pledging to protect patient data and community members pledging to protect devices from theft) and establish social norms that built support for the upSCALE platform.
- By demonstrating that stolen phones can be traced and that those who damage devices are liable, community dialogues can reduce theft and damage and strengthen the community's resolve to protect equipment. In Cabo Delgado province, following the introduction of community dialogues, the number of mobile phones that were damaged decreased by over half, from 189 between January and September 2017, to 77 between October 2017 and August 2018.
- Using community dialogues to demonstrate the benefits of the mHealth tool and framing devices as communal property can promote community ownership and encourage acts of local support. For instance, village shop keepers in Cabo Delgado were reported to have offered CHWs access to charging points after attending community dialogues.

Recommendations

- Effective community engagement, through the Community Dialogue approach for instance, should be implemented prior to introducing mHealth solutions in low-literacy and underserved communities.
- Adequate monitoring and reporting tools should be put in place to measure the impact of community engagement activities.
- Community dialogue facilitators should be identified and chosen from within their respective communities and should be well-respected and influential leaders.
- During community dialogues, mHealth should be discussed as part of a broader conversation on community health services. Focusing solely on mHealth can damage trust in non-mobile supported services.

“In the district, there is a lot of misinformation circulating... so, it was very important to introduce the community dialogues to talk about the smartphones – our instruments of work and discuss concerns, because the community might think that we are collecting personal information to share with other people.”

CHW Buana of Quissanga District, Cabo Delgado Province

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References

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