Use of Short Message Service (SMS) in Strengthening the Quality of Health Services in Afghanistan

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Afghanistan Health Situation

- Maternal mortality ratio: 1,600/100,000
- Contraceptive prevalence rate (modern methods): 16%
- Skilled birth attendance rate: 19%
- Under five mortality rate: 191/1,000
- Infant mortality rate: 129/1,000
Policy Environment

- Ministry of Public Health (MoPH) developed a standardized service delivery package for primary health care: Basic Package of Health Services
- MoPH contracts with Afghan and international nongovernmental organizations (NGOs) to deliver health services in four-fifths of the country’s 34 provinces
Health Services Support Project (HSSP) Overview

The goal of HSSP is to provide technical assistance and implementation support to NGOs to improve the planning, management, implementation and monitoring of the delivery of quality BPHS in 18 provinces. The project aims to:

- Strengthen and develop systems that support service delivery quality
- Increase number and performance of BPHS service providers, especially women in rural and underserved areas
- Improve capacity and willingness of communities, families, and individuals to make informed decisions about their health and support sustained health seeking-behavior
- Integrate gender awareness and practice into BPHS service delivery
- Achieve quick impact in the south/southeast
HSSP’s Approach to Capacity Building

In an effort to improve the quality of health services provided by NGOs implementing the BPHS, HSSP developed an NGO capacity building approach that includes:

– Development of quality improvement tools/ standards;
– Establishment of model health facilities;
– Development of job aids;
– Sharing of technical information;
– Provision of informal trainings and support; and
– Provision of formal trainings.
Competency-based Trainings

- HSSP’s formal trainings are competency-based and respond to identified needs.
- Training is provided only when there is a lack of knowledge or skills in a particular subject area, or when skills need updating or standardizing.
- At the conclusion of each training, a participant action plan is developed.
- A systematic post training follow up system ensures that action plans are implemented.
Use of SMS in the Context of Capacity Building

Since March 2008, HSSP has systematically sent SMS to training participants to:

- Reinforce lessons learned and best practices from training;
- Remind participants to implement their action plans and practice their newly acquired skills; and
- Provide health tips related to the training attended and call participants to action.
How Does the Process Work?

- Written consent is collected from participants during trainings by HSSP, including personal information which indicates participant’s name, language preference, and mobile number.
- HSSP NGO Capacity Building Unit develops the message that will be sent to participants.
- HSSP provides consent to the funder (Roshan) in English, Dari and Pashto languages.
- Within one to three months following training completion, Roshan sends SMS messages to those participants who provided consent.
- HSSP will follow up a convenience sample of training participants to ensure they received the SMS.
Examples of SMS Used

• “Remember to wash your hands with soap and water for 30 seconds between clients to kill germs and prevent infections” – Sent to Infection Prevention training participants

• “Remember to address your client’s misconceptions about family planning during counseling” – Sent to Family Planning training participants

• “Respect your patient’s rights to privacy and confidentiality” – Sent to Gender Awareness training participants
SMS is Used Across a Wide Array of Training Areas

- Integrated management of childhood illnesses (IMCI)
- Basic Newborn Care (BNC)
- Family Planning (FP)
- Basic Emergency Obstetric Care (BEOC)
- Rational Use of Drugs (RUD)
- Infection Prevention (IP)
- Human Resource Management (HRM)
- General Management
- Effective Teaching Skills (ETS)
- Report Writing
- Gender
- Behavior Change Communication (BCC)
- Interpersonal Communication and Counseling (IPCC)

Training Recipients: NGO managers, supervisors, and health providers implementing the BPHS
Measuring Success

• HSSP uses a post-training follow up system to ensure that training participants are practicing their newly acquired skills

• As a part of this process, information is collected about the effectiveness of the SMS through observation of provider practice and provider interviews
Provider Interview Questions: Effectiveness of SMS

- Does your area have mobile signal coverage?
- Do you own a mobile phone?
- Is your mobile on around the clock?
- How many SMS have you received in total?
- How many SMS have you received in the last month?
Provider Interview Questions: Satisfaction with SMS

- Did you enjoy receiving the SMS?
- Did you mind any of the SMS? (wrong time, too many)
- Did you find the SMS useful?
- Do you recommend continuing the SMS?
- Was the language of the SMS clear for you?
- Did you show the SMS to your colleague/friend?
- Did you forward the SMS to your colleague/friend?
- Did you read the SMS to your colleague/friend?
Indicators

- % of Roshan’s SMS’s students received in last month: 
  (# SMS in last month HW/# SMS last month Roshan)
- % report to have enjoyed receiving the SMS
- % report to have minded any of the SMS
- % report SMS useful
- % recommend continuing the SMS
- % report the language of the SMS as clear
- % report have shown SMS to colleague/friend
- % report have ever forwarded the SMS colleague/friend
- % report have ever read the SMS to colleague/friend
- % report have had shown/forwarded/read SMS to a friend/colleague
  (combine numbers 8,9,10)
Results from 40 training participants (out of 637) who responded to the SMS interviews indicated:

- 80% of the respondents were satisfied and appreciated the initiative. They said that it reminded them to practice their new knowledge and skills.
- 5% of the sample did not answer and 15% either did not read or not received the SMS.
- 50% forwarded to colleagues
- 75% recommended continuing SMS
Lessons Learned

• **SMS is a feasible approach:** While most health care providers in Afghanistan do not have regular internet access, the majority own, or have access to, mobile phones. This presents a unique opportunity to provide direct follow up with training participants through mobile technology.

• **SMS complements other capacity building efforts:** Used in conjunction with other capacity building approaches, this initiative reinforces best practices and training concepts.

• **SMS provides an opportunity for partnerships:** Roshan, a mobile company in Afghanistan, has partnered with HSSP on this initiative.

• **SMS creates motivation among recipients:** Anecdotal evidence suggests that SMS builds motivation for the content area with calls to action.
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<th>Acronym /Abbreviation</th>
<th>Description</th>
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<tr>
<td>SMS</td>
<td>Short Message Service</td>
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<td>BPHS</td>
<td>Basic Package for Health Services</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>HSSP</td>
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<td>ROSHAN</td>
<td>Mobile company in Afghanistan</td>
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