**Interim report:**

# Using WhatsApp Groups to support Community Health Workers

## Preliminary Insights from a Pilot Study in rural Malawi

The study was conducted in cooperation with the Millennium Villages Project and was supported by the Swiss National Science Foundation SNF

Published: 20. 12. 2015

Please cite as: Pimmer, C. (2015). Using WhatsApp Groups to support Community Health Workers. Preliminary Insights from a Pilot Study in rural Malawi (Interim Report). Retrieved from www.christoph.pimmer.info/ DOI: 10.13140/RG.2.1.1450.5048

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# Summary


### Setting and evaluation

The following report summarizes preliminary findings from the use of WhatsApp groups to support CHWS from the Mwandama cluster of the Millennium Villages Project in rural Malawi. The analysis is based on the cursory evaluation of the written conversations and on impressions from the focus groups and interviews conducted after the three month pilots.

### Preliminary findings

- Using groups on WhatsApp was well received and frequently used by many CHWs and facilitators.
- The purposes of usage included (1) **managerial tasks** such as performance reporting and coordination of work activities; (2) exchange of **health and technical knowledge**; (3) **professional participation** by providing emotional support and displaying professional identities; (4) **personal and humorous exchanges**; and **(5) broader cultural and political debates.**
- Initial **challenges** were seen in balancing and sequencing work-related and other forms of communication and in stimulating CHWs responses to managerial queries.
- Perceived **benefits** include increased speed and quality of group communication as well as enhanced professional connectedness.

### Discussion and conclusion

The preliminary findings indicate that the creation of group spaces on mobile instant messaging tools such as WhatsApp can facilitate supervision and peer support of groups of rural CHWs. Complementary to existing mobile job aids, the qualities of these tools lie in their social functions that can strengthen communication and professional connectedness of geographically dispersed groups.

In view of decreasing costs for smartphones and increasing network coverage these qualities may be even more relevant for the vast majority of Sub-Saharan CHWs who work in professional isolation and who does not benefit from the close supervision and facilitation and the toll-free communication as already provided in the MVP project.

## Setting and background

- CHWs at the MVP site in Mwandama are organized according to three clinics in Thondwe, Mwandama and Maera.
- For each clinic there is one senior CHW in place.
- The CHW manager of the MVP team oversees all the CHWS in the three clinics. The facilitators of the MVP health team are supporting the CHWs according to their specialty (e.g. nutrition, HIV) but they also manage specific sub-groups of the CHWs.
- All of the CHWs have a smartphone with the software CommCare (a job aid) and a toll free line they can use to talk with colleagues, supervisors, facilitators, staff in the clinic and ambulance drivers at no cost.

## Intervention

- The application "WhatsApp" was installed or activated on the smartphones of the CHWS. The senior CHW of the clinic created the WhatsApp group and invited the other CHWs.
- Participation was completely voluntary.
- A short training of approx. 30 minutes was conducted. This included instructions how to use WhatsApp as well as do's and don'ts. It was especially emphasized not to include patient identifiers in the conversations, not to use offensive language and not to share inappropriate materials. CHWs were also advised not to share videos.
- Decision on the purposes of usage was widely left to the group and the facilitators. Socializing was allowed but CHWs were encouraged to use the group preliminary for work-related communication.
- In addition, one facilitator circulated key health messages related to a past training to help CHWs memorize those messages. This was done in a playful way. The facilitator first asked the question and encouraged CHWs to think of the possible answer. Approx. one day later the facilitator posted the correct solution and additional questions were answered by the health team, especially the CHW manager.

## Evaluation approach

The evaluation period included a time span of approx. 3 months and involved the following methods:

- **Discourse analysis** to understand forms, patterns and quality of information exchange
- **Focus groups** and interviews to illicit underlying conceptualisations, perceptions and motivations of usage from CHWs, supervisors and facilitators
- **Pre-post surveys** with closed questions/scales to measure differences in the CHWs' feelings of professional connectedness and the perceived quality of information exchange; and open questions about aspects the participants valued and disliked.
- **Pre-post knowledge tests** to understand if the circulation and discussion of the key health knowledge messages resulted in higher knowledge compared to a control group that received the same messages on paper.

## Preliminary findings/impressions

The primarily findings reported here are based on a cursory analysis of the written conversations in the WhatsApp groups, on the evaluation of the open survey questions and on personal experiences gained from the implementation of the project. Importantly, they do not include any quantitative evaluation or the rigorous analysis of the transcribed conversations of the focus group.

### Patterns and purposes of usage

The WhatsApp groups were well received and frequently used by CHWs and facilitators. For example, in May 2015 nearly 500 contributions were shared in the Mwandama group (with approx. 20 participants). In addition, the ongoing use of the WhatsApp groups after the pilot test underpins the value that the facilitators and CHWs attach to this platform.

The communication purposes were highly diverse including the following topics:

- **Performance reporting:** For example, facilitators disseminated monthly performance statistics; or the senior CHW asked CHWs to report individually monthly death and birth data in the WhatsApp group.
- **Coordination of work activities**: For example, it was discussed how to distribute new drugs in the area.
- **Knowledge questions**: In addition to knowledge questions that were systematically circulated by the facilitator, also CHWs asked health related-questions to the group; for example the reasons for hiccups in babies were discussed.
- **Technical questions:** Challenges with the smartphones were reported in the group and in one case technical advice was given that solved the problem.
- **Empathy and motivational support** was expressed in the group, for examples in cases in which CHWs were reported to be injured or sick.
- **Display of professional identity**: For example photographs were shared showing CHWs carrying out their work; or group identity was negotiated by discussing and changing the group icon that represented the photograph of the whole group.
- **Discussions of remuneration and incentives:** Several communication sequences involved aspects of payments and incentives especially because they were delayed at the time of the study.
- **Personal and humorous discussions:** Sharing experiences and photographs from work-related and private events that concerned the professional community in a wider sense (e.g. birthday parties were also CHW colleagues were invited). Large parts of the discussions were social and humorous in nature, based on the sharing of jokes and stories or of funny images.
- **Broader debates**: In addition to personal or work-related themes, a great deal of communication concerned aspects such as religion (e.g. prayers), leisure time activities (e.g. football), cultural and political themes (e.g. the xenophobic incidents in South Africa).

### Perceived challenges

- **Inappropriate communication:** Only very few improper comments were made by CHWs. These involved superstitious beliefs or direct criticism of other CHWs. CHWs also critiqued socializing and gossiping from some colleagues that were not relevant for the whole group.

- In some of the Monday morning meetings the CHW manager addressed those aspects to further sensitize CHWs.
- **Responsiveness to managerial queries:** In particular at the beginning CHWs were reluctant to respond to queries of managers and needed to be especially encouraged to do so.
- **Technical challenges** (e.g. problems with installing WhatsApp) occurred but could be resolved.

## Perceived benefits

- **Ease of communication:** in many comments made in the surveys the ease of use of this communicative tool was emphasized.
- **Speed of communication**: While previous communication chains required all participants to be reached individually by phone or SMS, facilitators and supervisors reported that the WhatsApp group helped them spread information more quickly: "*it goes to everyone at the same time*".
- **Quality:** Facilitators also deemed the WhatsApp communication to be less error prone because the CHWs received the original information. Previous communication involved information that was forwarded from one CHW to another via calls or SMS and was found to involve more bias.
- **Connectedness**: The qualitative evidence suggests that WhatsApp has enhanced the connectedness of the CHW groups. While most of the CHWs meet face-to-face only on a weekly basis, the day-by-day conversations brought them together more closely: "*since we hsas stay in different areas, maybe it takes a week to meet each other. .. when you see your friend posting on whatsapp, ooh, its like getting us together*"

## Other observations

- **Critical mass:** It appears as the functioning of the group communication required a critical mass of participants. While in the WhatsApp groups of Thondwe and Mwandama extensive conversations were in evidence, the CHWs of the Maera clinic (n=8) used their group to a much lesser extent. Another explanation could be potentially lower levels of media literacy in this group, but this needs to be confirmed in the final analysis.