For more than a decade, health teams in over 40 countries have improved their performance using MSH’s Leadership Development Program (LDP) and the latest version, Leadership Development Program Plus (LDP+), which improves public health impact and scale-up. During the same period, there has been a tremendous expansion of information and communication technologies (ICTs) in health and mHealth interventions, particularly using mobile devices. This past year, two MSH-led projects—the Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) project in Nigeria and The Leadership, Management & Governance (LMG) Project in Nigeria and The Leadership, Management & Governance (LMG) Project.
Medic Mobile customized their SIMApp platform to create a feedback loop between a health worker’s phone and a central hub phone that the Pro-ACT office used to track two components: LDP+ action plan progress and prevention of mother-to-child transmission (PMTCT) indicators. The SIMapp loads data collection forms directly onto a SIM card, enabling health workers to collect structured data using any mobile phone.

The system links health facility performance metrics to LDP+ team goals in a web-based analytics dashboard that allows Pro-ACT staff to monitor and support progress towards achieving LDP+ action plan goals aimed at improving health facility PMTCT and family planning service performance.

In the process of piloting the system, we learned several lessons:

1. **Be clear on what the challenge is:** MSH needed a systematic way to capture LDP+ results that was efficient and innovative; however, introducing a new way of doing things into a decade-long well-established program involved making behavior changes and practical adjustments.

2. **Get the design and feasibility done early in the program and include appropriate participants:** The Medic Mobile East Africa team conducted a mHealth design and feasibility study to see what the right mobile tool would be for the LDP+ results challenge. The evaluation included key users within the LMG data collection process whose buy-in was critical to success: the MSH Nigeria Monitoring and Evaluation team, the LMG trainees who were submitting reports, the MSH ProACT software management team, and LMG’s executive leadership.

3. **Make intuitive interfaces that are easy to use and do not require technology training:** Program and clinic staff have so many competing demands that any additional, or perceived additional, activities can easily get dismissed.

4. **Emphasize the benefits of the app to reduce the need to travel, and lead to an overall improvement in work efficiency for the facility:** Before launching the mHealth application, program practitioners were travelling hours to submit reports to the MSH Pro-ACT leadership team in Abuja. A recent assessment showed that during the implementation period, the program saved about 60,000.00 Naira (roughly US $365) in transportation costs as a result of six facilities submitting monthly data to MSH ProACT and the Kwara State MOH using the SIMapp instead of delivering it in person.

5. **Train facility teams on how to collect and submit data, and ensure an oversight team provides proper support and follow up:** Having a recognized oversight team paying attention to this new system was critical but late in coming. In the design phase, users expressed the need for a confirmation message to trust that their reports had arrived at the central gateway phone. This need for a confirmation message proved to be a key design finding within the preliminary feasibility study. Additionally, the program attempted to use the personal phones of the LDP+ participants. However, these users were not always the individual tasked with submitting the reports, and were unwilling to lend their personal phone to the data clerk for fear of compromising their personal security. Of all findings, this design consideration is most critical. To address these
challenges, the oversight team has now made sure that facilities have dedicated phones and SIM cards for the activity, and a new messaging system is in place to ensure the “received” notification is always sent.

And the last, but not the least, important lesson:

6. **Accentuate the positive by showing facilities that their hard work is recognized:** LMG and Pro-ACT staff have begun to openly recognize health facilities that are submitting their data with the SIMApp regularly, and are encouraging others to do the same. The MSH ProACT team has now purchased airtime for the cell phones as an incentive to encourage continuous submission of data for the next six months. As a strong endorsement of this pilot, the Kwara State oversight team has recommended a state scale-up plan by the government to use the SIMapp and dashboard in an additional 28 facilities.

Powerful platforms like SIMApp can provide data visualizations that governance-level teams can use to track achievements and provide targeted support as needed. But it is essential that the full system for data entry and feedback is reviewed regularly, and that oversight teams demonstrate a commitment to the new mobile-enabled reporting system.
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