It Takes a Village: Midwives use WhatsApp for peer support

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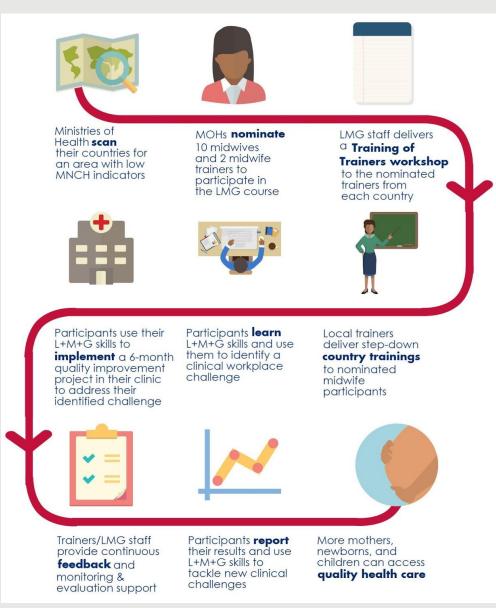# LEADERSHIP, MANAGEMENT, AND GOVERNANCE (LMG) PROJECT

- Six-year, global, USAID-funded project (2011-2017)

- Strengthened health systems to deliver more responsive services to more people by developing inspired leaders, establishing sound management systems, and promoting effective governance practices to unlock the potential of individuals, networks, organizations, and governments.

Project Year 1
September 25, 2011
– June 30, 2012

Project Year 3
July 1, 2013 –
June 30, 2014

Project Year 5
October 1, 2015 –
September 30, 2016

Project Year 2
July 1, 2012 – June
30, 2013

Project Year 4
July 1, 2014 –
September 30, 2015

Project Year 6
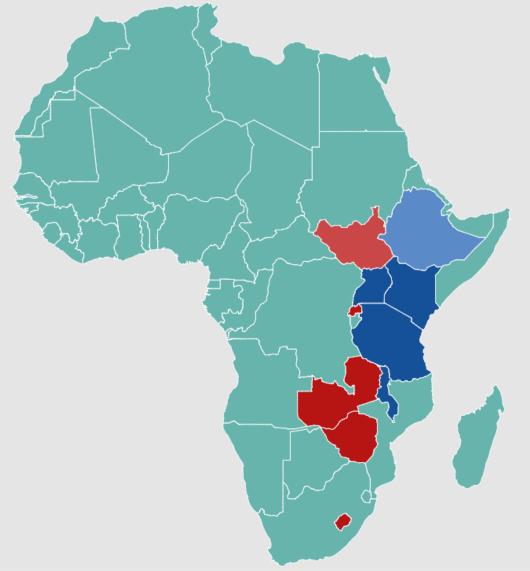October 1, 2016 –
September 24, 2017

LMG for Midwifery Managers Course

Designed by Management Sciences for Health and Amref Health Africa to improve the capacity of midwifery managers by building L+M+G skills, including:

- Teamwork and communication

- Data use for decision-making

- Change Management

- Coaching and mentoring

- Engaging stakeholders

- Advocacy

- Strategic problem-solving

- Conflict resolution

Ministries of Health **scan** their countries for an area with low MNCH indicators

MOHs **nominate** 10 midwives and 2 midwife trainers to participate in the LMG course

LMG staff delivers a **Training of Trainers workshop** to the nominated trainers from each country

Participants use their L+M+G skills to **implement** a 6-month quality improvement project in their clinic to address their identified challenge

Participants **learn** L+M+G skills and use them to identify a clinical workplace challenge

Local trainers deliver step-down **country trainings** to nominated midwife participants

Trainers/LMG staff provide continuous **feedback** and monitoring & evaluation support

Participants **report** their results and use L+M+G skills to tackle new clinical challenges

More mothers, newborns, and children can access **quality health care**

PARTICIPANT COUNTRIES

Cohort One: 48 midwives
- Launched in 2014
- Ethiopia, Kenya, Malawi, Tanzania, and Uganda

Cohort Two: 50 midwives
- Launched in 2015
- Lesotho, Rwanda, South Sudan, Zambia, and Zimbabwe

PEER SUPPORT NETWORKING

- To support the implementation of service delivery improvement projects, the LMG Project integrated a peer support networking component into the LMG for Midwifery Managers course.

- Originally designed and piloted to use LeaderNet.org.

- The LMG Project responded to user needs by adapting the peer support component to use WhatsApp instead of LeaderNet.

METHODOLOGY

- The WhatsApp messages from the first 51 days of conversation for each Cohort were evaluated and categorized into one of seven classifications.

- The quality of exchange was then measured by looking at three factors:

    1. Message Content

    2. Degree of Active Facilitation

    3. Participation Rate

MESSAGE CATEGORIES

1.	**General Pleasantry**	Basic conversations
2.	**Peer Support**	Provide substantial support, encouragement, or appreciation
3.	**Data Exchange/MER Feedback**	Focus on project results or monitoring & evaluation
4.	**Active Facilitation**	Topics guided by facilitators
5.	**General Facility/Program Updates**	Updates on participants' workplaces or updates on the LMG for Midwifery Managers program
6.	**Service Delivery Improvement Strategies/Feedback**	Seek out or provide information on implementation strategies, areas for clinical improvement, or specific service delivery questions
7.	**Other**	Chainmail in nature, often involving religious themes.

RESULTS

Content Area	Cohort One	Cohort Two
General Pleasantry	59%	46%
Peer Support	6%	3%
Data Exchange/ MER Feedback	1%	10%
Active Facilitation	10%	14%
General Facility/Program Updates	11%	11%
Service Delivery Improvement Strategies/ Feedback	11%	14%
Other	2%	1%

RESULTS

Cohort One Participation Rate				
Country	Number of Participants	Messages	Percent of Messages	Percent of Participants
Kenya	4	50	10%	20%
Malawi	5	53	10%	25%
Tanzania	5	197	39%	25%
Uganda	2	60	12%	10%
Facilitator	4	150	29%	20%
Total	**20**	**510**		

Cohort Two Participation Rate				
Country	Participants	Messages	Percent of Messages	Percent of Participants
Lesotho	11	75	22%	37%
Zambia	4	25	7%	13%
Rwanda	5	34	10%	17%
Zimbabwe	7	52	15%	23%
Facilitator	3	153	45%	10%
Total	**30**	**339**		

KEY RECOMMENDATIONS

- Midwives play a key role in health care delivery around the world, but they often have limited access to professional development training or resources. It is essential to create networks where midwives can share experiences and offer solutions.

- WhatsApp is a cost-effective mobile messaging application that can be used to connect professional networks in low-resource settings.

- Both technically relevant and general pleasantry messages help build relationships and support.

- Participation rates vary, but *engaged* facilitation helps generate diverse and meaningful conversations.

- Active facilitation is important, but does not need to be external. This role can be played engaged participants.