

Adapting eLearning content for an interactive voice response course for professional development in Kenya

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K4Health Overview – What we do

We help people around the world learn, share, and act on critical family planning and public health knowledge.



K4Health Overview – How we do it

- Systematic learning
- Meaningful connections
- Digital health strategy
- Health workforce strengthening



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Context

- Growing demand for customized training content for health workers
- Mobile phone ownership is very high
- Although increasing, Internet access remains limited for many in low- and middle-income countries



Interactive Voice Response (IVR)

- Delivers information via audio recordings
- Users can provide feedback by pressing a number key
- Works with any type of mobile phone
- Low cost, easy-to-use
- Can reach large population, including those with limited literacy

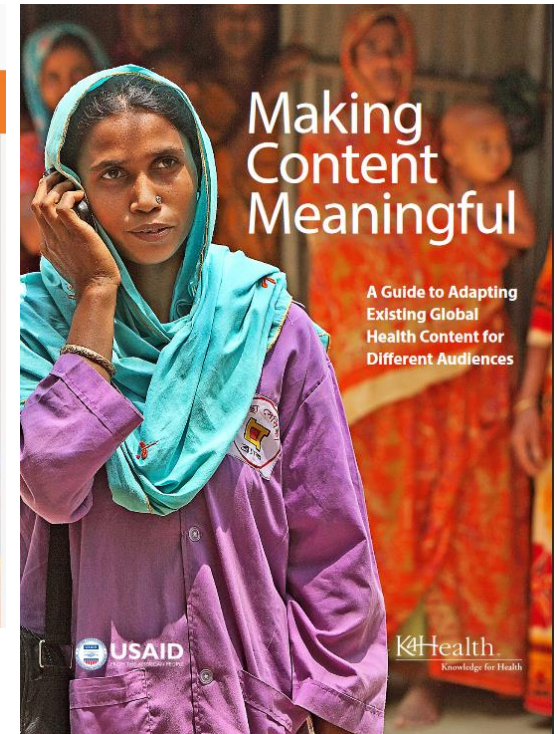
Intervention

- Use IVR platform to develop family planning reinforcement training
- Students and health providers in Kenya
 - Kenya Medical Training College Kitui and Kitui District Hospital
- Completed offline family planning courses
- 20 audio questions and explanation via IVR
 - Participants can answer up to 4 questions each day
 - Participants must answer each question correctly on two separate days

Content Adaptation



The screenshot shows the homepage of the Global Health Learning Center. At the top left is the logo "Global Health Learning Center" with a sun icon. To the right are links for "ABOUT GHLC", "REGISTER", "SIGN IN", and "ENGLISH". Below this is a navigation bar with "Home", "Getting Started", "Services", "Courses", "Certificate Programs", "Mini-Courses", and a search icon. The main content area features a large image of a woman in a purple and red sari holding a young child. Overlaid on this image is the text "Current Technical Information for Global Health Professionals" and two buttons: "Register" and "Sign In".



The image shows the cover of a book titled "Making Content Meaningful". The cover features a photograph of a woman in a purple uniform and a light blue headscarf talking on a mobile phone. The title "Making Content Meaningful" is written in large white letters. Below the title is the subtitle "A Guide to Adapting Existing Global Health Content for Different Audiences". At the bottom left is the USAID logo, and at the bottom right is the K4Health logo with the tagline "Knowledge for Health".

Timeline and participant retention

Participants recruited and complete offline courses and baseline knowledge assessment

- 233 participants

Participate in Family Planning Mobile Training Course via IVR (at least 6 weeks after completion of baseline)

- 185 initiated
- 99 completed

Complete endline knowledge assessment

- 75 participants completed baseline, IVR program, and endline
 - 55 students & 20 health care providers



Methodology

- Knowledge retention evaluation
 - Comparison of baseline and endline scores using t-test of unequal variance
- Usability and platform engagement
 - Usability survey
 - Focus group discussions
 - IVR platform data collection

Findings: Knowledge Retention

Participants (n=75)	Baseline	Endline	P value
Mean score	12.1 (10.9-13.3)	15.9 (15.3-16.5)	<0.05

Findings: Usability

- Most respondents reported that using their mobile phone to complete IVR training was very easy (51%) or easy (41%) (n=73)
- Focus group discussion participants said IVR training was convenient.
- Reported challenges
 - Unable to ask questions
 - No exercises or demonstrations
 - Unable to interact with other participants
- Technical difficulties
 - Sound quality on some mobile phones



Findings: Usability

- Participant suggestions for improvement
 - More interactivity, opportunity to ask questions back
 - Option to receive content via text message

Findings: Engagement

Participants (n=161)	# of Days of Receiving Training Calls			Average call duration
	Average	Minimum	Maximum	
Completed the course (n=75)	22.6 days	12 days	88 days	5.9 minutes
Did not complete the course (n=86)	8 days	1 day	35 days	3.8 minutes

Discussion - Challenges

- Responses to IVR questions lagged over time
- Participants wanted to know how many questions were left to answer → fatigue
- Began offering phone credit incentive for completion of the training
- Incentive of accreditation or continuing professional development credits may be even more effective
- Added participants to the platform manually – automation may be preferable
- Audio clarity
- Lack of interactivity



Recommendations

- Local program manager
 - Ties to local network
 - Experience in online learning
 - Enthusiasm for technology
- Remember that even open-source technology costs money to set up, customize, and maintain
- Develop content in conjunction with technology
 - Audio: 3-5 minutes or maximum of 500 words
- Engage local partners