

# Using technology to help save mothers and babies

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**A new initiative called 'Mama: Together for Safe Births in Crises' uses social networking to connect frontline maternal health workers in crisis-affected areas to build a professional community of practice.**

In 2010, the Women's Refugee Commission (WRC) undertook research to learn why implementation of maternal health interventions in humanitarian settings remained below standard; to map the personalities, values and attitudes of maternal health workers and the specific challenges they face in providing maternal services in crises; and to develop strategies to facilitate behavioural change among practitioners in order to better provide high-quality maternal health services.

Key findings from the research show that although global policy and guidance for maternal health in crisis-affected settings are robust and even plentiful, the actual failure occurs in implementing the policies and guidance. The research also revealed a general consensus that maternal health campaigns were not reaching the field level sufficiently and that the farther into the field one got, the less likely a practitioner would be to come across the maternal health campaigns and products.

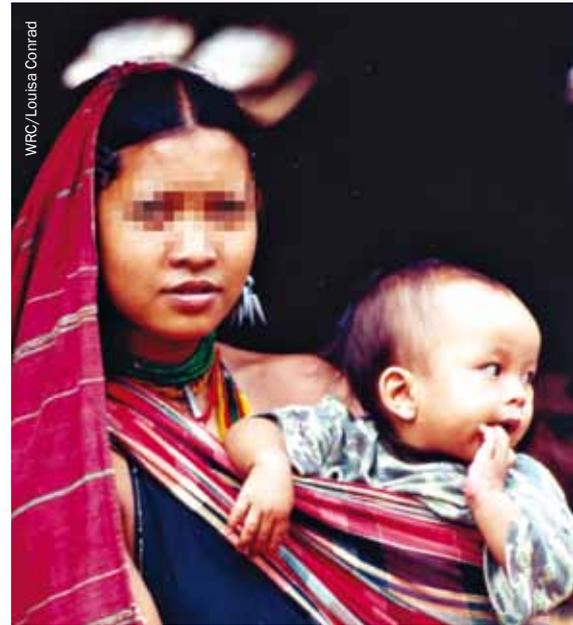
A common theme to emerge was the need for 'maternal health champions' in humanitarian organisations, particularly at the level where services are implemented, in order to continue to sensitise and empower providers about the life-saving care they can and should deliver. The research also revealed that practitioners often work in a relative vacuum, with little peer interaction, support or recognition. However, it was significant that respondents reported using the internet and mobile phones at least once a day, and using Facebook and SMS texting regularly, the last especially when in the field.

## A Facebook platform

In response to the research findings, WRC and its partner M4ID (Marketing for International Development, a Finnish communications firm) developed 'Mama' employing Facebook as a platform since it was the most widely used social networking platform among interviewees. The Mama initiative has pioneered a linkage between Facebook and SMS texting, which is critical for practitioners based in the deep field who do not have regular internet access. Using Facebook's new capacity to gather quantitative and qualitative metrics, Mama also integrates applications to measure changes among members in reported clinical practice over time. This is particularly important so that WRC can monitor the effectiveness of the approach in reaching practitioners and facilitating behavioural change.

The overall goal of Mama is to help clinical practitioners form a community of mutual support and give one another information about and encouragement to use proven standards, tools, and existing and new technologies.

Mama does this by asking maternal health field practitioners to identify themselves, and for humanitarian organisations to identify certain maternal health practitioners, as 'Maternal Health Champions in crisis-affected settings'. These 'champions' should then feel part of a broader community of peers working together to achieve solutions. The Mama community provides opportunities for its members to provide peer support to one another, and also provides practitioners with the latest and most specific tools, information and guidance related



Karenni refugees in Thailand.

to their field in a convenient form. The threshold for participation is kept low by using only basic terminology and technology to encourage members to join in. The overall aim is to build a long-term communications platform where practitioners can learn and improve their skills from a network of support and information for years to come.

The Mama applications are:

- **The Pre-MISP Quiz**

When new members of the Mama community first log on to the Facebook page ([www.facebook.com/mama.wrc](http://www.facebook.com/mama.wrc)), they are offered a quiz designed to educate and reinforce the proven importance in crisis-affected settings of the Minimum Initial Services Package (MISP).<sup>1</sup> After completing the quiz, members are referred to the MISP online distance-learning module where they can gain certification in the module.

- **Self-assessment Survey**

Members are asked to complete a Self-assessment Survey upon joining. Through it each practitioner has a chance to examine his or her strengths and familiarity with the MISP and existing new technologies, and to learn what skills he or she needs to work on. The information gathered is displayed in an easy-to-read visual 'skills profile' that highlights a practitioner's areas of need and tailors a member's further use of what the Mama community has to offer.

- **Field Experiences**

Through a Field Experiences and Lessons Learned application, members are encouraged to share what has and has not worked in their field of practice. Members are encouraged to post videos and photos in addition to their short practice stories. Contributors to this application are acknowledged on the public 'wall' and further discussion about shared examples is encouraged. Participants are given direction on ethical guidelines for such cases, in order to protect confidentiality.

- **Digital 'badges'**

Mama allows practitioners to earn digital 'badges' as marks of achievement in recognition for doing things such as interacting, sharing best practices and taking the pre-MISP quiz.

- **SMS texting**

Practitioners in remote field settings can submit questions or comments via 'Mama SMS' – that is, by text. Texts are posted automatically to the Facebook page, where other members can post proposed responses to the message. The community then votes on the best response. Once a minimum of three members have selected a particular response as the best, a message with the response will be sent to the original practitioner. (It should be noted, however, that Mama SMS is not a rapid response system, and should not be used during a health emergency.)

SMS texting helps to ensure that even members in remote locations can participate. All of the questions and comments sent are stored on the Mama Facebook 'wall'. This is the first time that Facebook and SMS texting have been linked.

- **Lives Saved Counter**

Through the Lives Saved Counter application, Mama members can record when they have assisted in saving a woman's, girl's or newborn's life as a result of their evidence-based interventions and the activities they employed to save a life during a pregnancy or childbirth. This serves as a way to recognise and celebrate proven methods instead of the usual practice of only recording maternal deaths. In this way, the application also helps to capture data on methods used as well as overall community

trends – information that will be relayed back to the Mama community.

- **Mentors**

Field experts and maternal health champions are invited on a monthly basis to share their knowledge and expertise on specific topics as 'Mama Mentors' providing technical information, professional development advice and words of recognition and encouragement to the community. Mama Mentors host specific topical discussions while highlighting their own work and unique and valuable experiences.

- **The moderator**

A site moderator ensures ethical standards are respected in postings, notifies members of forthcoming Mama Mentors and themes (which the moderator decides), announces trainings, conferences and updates relevant to the field, highlights case-study contributions and encourages discussion. The moderator also highlights and encourages field-level contributions that enhance the developing knowledge base on Mama.

'Mama: Together for Safe Births in Crisis' was launched on 21 April 2011. At the date of this publication the concept has started to take hold among head offices, international NGOs and various local maternal health organisations. Remarkably, in the first four weeks after the launch, Mama surpassed its first-year target of 500 users with 641 members and more than 14,000 post views. It now has almost 750 members and more than 83,000 post views. However, the second and most critical phase of roll-out is to reach field-level practitioners. Various networks, conferences and field trainings will be used over the coming year towards this end.

- **Social media challenges and risks**

By their very nature, social media rely heavily on participants to develop content and to engage in discussions and sharing. These technologies offer new possibilities to put discussion in the hands of participants and ensure that they are empowered and even leading conversations in their areas of expertise.

Although this is an exciting development, posting material to Facebook raises concerns with regard to privacy and ownership.

As Mama can be viewed like a webpage, without restrictions placed on viewers, it is important to exercise caution and maintain ethical standards when posting to the site. Stories shared should maintain confidentiality, and pictures posted must be obtained with appropriate consent. WRC calls upon all users to abide by accountability principles and ethical guidelines; guidance and suggestions for this are provided and continue to be developed. Mama reserves the right to remove any posts deemed inappropriate.

There are also questions of ownership of data and information. The general 'wall' for Mama is owned and hosted by Facebook. The Mama applications (listed on the left of the Mama Facebook wall), on the other hand, are owned by WRC and are hosted on servers outside Facebook. Users are encouraged to share stories, photos and experiences on these applications, which were designed with this specific intent in mind, rather than on the wall. None of the information uploaded to Field Experiences or the Mama Mentor page – whether in text, photo or video format – could be used by Facebook in any way. WRC is developing a help guide for privacy settings to ensure that users understand the strengths as well as risks of using these new technologies.

Throughout the development of Mama, the data from Facebook will be utilised to monitor how effectively the target audience has been reached and to refine the project. We expect some applications on Mama to be more successful than others and look forward to sharing the results and refining the initiative.

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1. The MISP details the priority actions needed to prevent excess maternal and newborn death and disability, reduce HIV transmission, and prevent and manage the consequences of sexual violence, as well as plan for comprehensive reproductive health services.