Poster Session confirmation

Poster Stand #	Name	Company/Job Title	Poster Title	Registered
1	Ms. Caroline Blair	IRH consultant, Georgetown University	**CycleTel^{TM}: mHealth Lessons Learned from Developing and Deploying a SMS-based Family Planning Service**	**Y**
2	Ms. Yasmin Chandani	Project Director of the SC4CCM Project,	**Using cStock as a tool to improve HSA logistics reporting and reinforce key practices to enhance data quality in Malawi**	**Y**
3	Ms. Alice Olawo	Research Associate, FHI360	**Mobile Technology: Text Messages for Better Reproductive Health**	**Y**
4	Mr. Scott Dalessandro (on behalf of Liz McLean)	Communications Associate, K4Health , MSH	**mHealth to Address the Family Planning, Reproductive Health and HIV/AIDS needs in rural Malawi"**	**Y**
5	Ms. Philomena Waruhari	*University of Nairobi Institute of Tropical and Infectious Diseases (UNITID), Nairobi, Kenya*	**A web based Laboratory Information System to improve quality of care: A case of Kenyatta National Hospital Comprehensive Care Centre**	**Y**
6	Ms. Wilfrida Moraa	*University of Nairobi Institute of Tropical and Infectious Diseases*	**Integrating Disparate Health Information Systems at Thika**	**N**

		(UNITID), Nairobi, Kenya	**District Hospital Comprehensive Care Clinic (CCC)**	
7	Dr. Godson Eze	University of Benin, Benin Nigeria	**Validation of Reminder-Recall System in an Urban Area in Edo-State, Nigeria**	**Y**
8	Mr. Abdul Muqeet	Aga Khan University	**Achieving behaviour change among pregnant mothers using mobile phones**	**Y**
9	Dr. Kenneth Nwosu	Associate Specialist in Paediatrics (Community), Department of Community Paediatrics University Hospital Lewisham London United Kingdom	**Mind the gap: how can e-Health help close the disability gap in African national health policies?**	**Y**
10	Mr. Steven Wanyee Macharia	*Kenya Health Informatics Association (KeHIA), Nairobi, Kenya*	**Telemedicine: Opportunities and Challenges**	**Y**

CycleTel^TM: mHealth Lessons Learned from Developing and Deploying a SMS-based Family Planning Service, Ms. Caroline Blair, IRH consultant, Georgetown University

With CycleTel™ available in India, family planning is a SMS away. CycleTel, a mHealth application developed by Georgetown University's Institute for Reproductive Health (IRH), supports use of the Standard Days Method® (SDM) of family planning by alerting a woman of her fertile days via SMS. IRH will share key lessons learned from the development and deployment process, including: 1) the value of and required steps for formative research when developing user-directed mHealth interventions; 2) the need for iterative technology

development to incorporate user feedback into product development; and 3) the vetting process utilized to identify strategic partnerships for product launch.

SUBMITTED BY:

Georgetown University's Institute for Reproductive Health , Washington DC, USA

Using cStock as a tool to improve HSA logistics reporting and reinforce key practices to enhance data quality in Malawi, Ms. Yasmin Chandani, Project Director, SC4CCM Project

Background: The 2010 SC4CCM Project baseline study showed poor logistics data visibility amongst health surveillance assistants (HSAs), undermining decision making for the entire Community Case Management Supply Chain.

Methods: To provide managers with real-time access to essential HSA logistics data, a SMS, web-based reporting system, cStock, was deployed. Addressing system and user errors, a group messaging feature was built to send users immediate feedback to improve data quality.

Results: Q1 monitoring results show significant adoption of cStock with a 97% reporting rate. Group messaging trained users on data entry and helped increase reporting completeness from <50% at implementation to 80% within 5 months.

JSI Research & Training Institute, Inc.

Supply Chains for Community Case Management (SC4CCM)

Mobile Technology: Text Messages for Better Reproductive Health, Ms. Alice Olawo, Research Associate, FHI360

The growing use of mobile phones and text messaging prompted FHI360, an international non-governmental organization specializing in global health and development to develop innovative ways to use this technology to improve family planning services. Text messaging (SMS) is ideal because of availability to all mobile users, affordability and efficient delivery.

Through the USAID-funded PROGRESS project, FHI360 is evaluating Mobile for Reproductive Health, a new family planning information service delivered via text message free of charge to any of the mobile subscribers in Kenya.

Partners include Text to Change, Division of Reproductive Health, Marie Stopes Kenya, Family Health Options Kenya and Population Services International.

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mHealth to Address the Family Planning, Reproductive Health and HIV/AIDS needs in rural Malawi, Mr. Scott Dalessandro (on behalf of Liz McLean), Communications Associate, K4Health , MSH

The K4Health program provides access to and promotes the use of FP/RH and HIV/AIDS information to improve service delivery. A needs assessment in Malawi revealed a lack of access among community health workers (CHW) to current health information and channels for reporting community needs.

One component of the K4Health intervention was to establish a mobile phone network to link district supervisors and advisors with CHWs through SMS. Results include:

·   Decreased stock-outs

·   Widened service coverage

·   Time savings to gather information or get feedback from supervisor reduced from 1.2 days to 9 minutes

·   Decreased reporting costs

·   Prompt responses to emergencies and outbreaks

Elizabeth Duncan McLean, MBA, MSH

Knowledge for Health (K4Health) Project

A web based Laboratory Information System to improve quality of health care: A case of Kenyatta National Hospital Comprehensive Care Center

Philomena N. Waruhari and Wilfrida M. Momanyi

University of Nairobi Institute of Infectious and Tropical Diseases, Kenya

Laboratory results are paramount in ensuring quality of care to patients as they form the basis for disease diagnosis and timely treatment leading to better health outcomes. Kenyatta National Hospital Comprehensive Care Centre (KNH CCC) like other facilities for public health in Kenya provides in house laboratory services that have had challenges of loss and misplacement of patients' laboratory results leading to delays in diagnosis and treatment. Using needs assessment and workflow analysis tools, a web-based laboratory information system with analyzers interface and bar code sample labeling feature has been designed and implemented in KNH CCC to improve timeliness and quality of laboratory results. Key lessons learned for new system acceptability is iterative discussions with all stakeholders followed by training sessions to all laboratory personnel.

Validation of Reminder-Recall System in an Urban Area in Edo-State, Nigeria, Dr. Godson Eze, University of Benin, Benin Nigeria

Routine Immunization is considered the single most effective disease control intervention and among the most cost-effective public health strategies ever. Caregivers (905) recruited from 8 health facilities, randomized into Experimental and Control groups in a multi-centre, parallel-group, Field-Trial to validate a Reminder-Recall system. SMS reminders were sent to the experimental group for 18weeks resulting in a 1.5 times timelier receipt of DPT3; 8.7% better coverage and 7.8% lesser dropout in their wards compared with the Controls. This system was 1.7 times cheaper than setting up a home visit system.

Achieving behaviour change among pregnant mothers using mobile phones, Mr. Abdul Muqeet, Aga Khan University

AKDN eHealth Resource Centre (eHRC) supports the use of mobile technologies for behaviour change communication among expectant mothers to enhance the use of health facilities for antenatal care and deliveries. .

Lady Health Workers (LHWs) in a Pakistani province were provided   JAVA-enabled Cell phones, and trained in using cell-phones for data entry using a simple template in the local languages. LHWs registered all pregnant mothers in the intervention area. Data was transferred to the server using 'FrontlineSMS' software. The same software was used to generate health promotion and personalized health messages to the mothers. The data was integrated with an Electronic Medical Record solution, 'OpenMRS' to create a medical record for each registered mother.

The study showed moderate increase in contact between the pregnant mothers and the LHWs, but the contact between the pregnant women and health centre-based doctors increased significantly. The intervention also significantly increased the number of mothers having four or more antenatal visits at the health facility during pregnancy from 43% to 65%.

SUBMITTED: AGA KHAN E HEALTH RESOURCE CENTER

Mind the gap: how can e-Health help close the disability gap in African national health policies?, Dr. Kenneth Nwosu, Associate Specialist in Paediatrics (Community), Department of Community Paediatrics, University Hospital Lewisham, London, United Kingdom

Disability in adults and children has now clearly been recognised as a major global health and social problems(The Word Disability Report, 2011: WHO/World Bank).

It is estimated that about 20% of the world population live with one form or the other of significant disabling condition. Africa is particularly in dire straits in matters of disability awareness, action and prevention. The high prevalence of infectious diseases including HIV and non-communicable diseases e.g. accidents and injuries, food insecurity, civil strife, poor societal infrastructure, negligible political will to invest substantially in health, education and social safety net programmes all make the lives of people living with disability an abject misery.

I believe E-Health as a nascent technology has the potential to overcome the myriad of problems highlighted above. It will require health (as well as educational and social) policies that support good investments in E-Health and Telemedicine/Telehealth infrastructure to help with research(real time data collection, analysis and interpretation), care provision(linking practitioners in rural areas with specialist centres both within and outside Africa and create collaborative networks across the continent.

Telemedicine: Opportunities and Challenges, Mr. Steven Wanyee Macharia, *Kenya Health Informatics Association (KeHIA), Nairobi, Kenya*

Steven Wanyee[1], Christopher Olola[1], Beatrice Muraguri[1]

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Health Information Technology is the transformative catalyst through eHealth/mHealth technologies. Health and biomedical informatics expertise abounds in private and public sectors across healthcare programs. A need exists for professionals to meaningfully enhance expertise through regular interactions and influence formulating strategic application of informatics for quality healthcare services. To foster effective informatics implementation locally, the Kenya Health Informatics Association (KeHIA) was formed in 2010. This poster will share lessons learned in establishing KeHIA, highlight its roles in advancement, adoption and application of telemedicine in Kenya. We highlight KeHIA's membership composition, collaborative partnership opportunities with other institutions, KeHIA's policies and strategic plans.