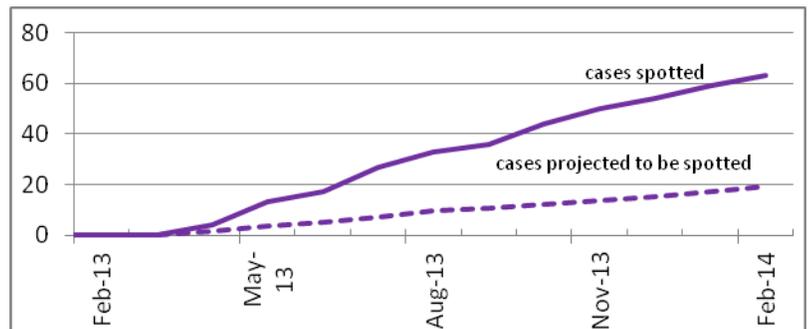


Harnessing Mobile Phone Text Messaging to Spot BL Cases



“Have you seen a child below 16 years with jaw swelling, falling teeth, swollen abdomen duration of 1 month? He or she may have BL, why take a chance. Call or send text for advice to **0722836869**, **0722686634** and **0721407710**. Thank you for your support to improve the lives of our children.”

This is one of the thousands of text messages sent out by EMBLEM teams in Kenya and Uganda to increase awareness about BL, case spotting and to encourage early referral, diagnosis and treatment of BL. In Kenya, an average of 700 mobile phone text messages has been sent out each week since June 2013. Partly because of these messages, case spotting in Kenya, particularly in Western Province, has exceeded the numbers projected based on the historical average. The feasibility of using this technology in rural northern Uganda was tested by sending about 8000 mobile phone text messages over a period of 4 months starting in January 2014. Local staff reported enthusiastic response from local health center staff, who were the first to spot many cases, thereby showing that local health center staff could play a critical role in case spotting, early referral and down-staging of BL.



Recent advancements in mobile technology, including the rapid and deep penetration of telephone networks in Africa as well as the ease and flexibility of use, have created new opportunities to reduce mortality from various health conditions including BL. Our early experience suggests that mobile phones have an untapped potential to increase the spotting of cases, linking them to consultation, early referral, diagnosis, treatment and follow-up. Text messaging is inexpensive, immediately available, and accessible even in the poorest regions covered by EMBLEM.

In April 2011, [The EMBLEM Newsletter](#) noted the critical role played by “lines” (or waves) of communication to make EMBLEM feasible. In this month’s newsletter, we highlight the power of the lines (or waves) of communication to fundamentally improve BL health by linking remote communities where cases occur with centers where the capacity to diagnose, treat and conduct high-quality research on BL has been strengthened by EMBLEM. Currently, mobile phones may serve as the least expensive way to save the lives of children with BL.

Pamela Were, EMBLEM Kenya, Guest Editor

EMBLEM UGANDA

A total of 538 (340 males, 198 females) potential cases have been spotted. Of these, 311 were eligible and 280 (176 males, 104 females) were enrolled.

EMBLEM Uganda expanded the list of districts where cases are eligible for the study. These include Kiryandongo and Masindi districts. This expansion



Dr. Tobias giving an EMBLEM talk to those in charge in Masindi District

will increase the number cases enrolled into the study. Thus, the EMBLEM team, led by Dr Tobias Kinyera EMBLEM study coordinator, visited health offices and district hospitals of the two districts on the 12th and 13th of June, 2014 and conducted a community awareness and mobilization training for health workers. EMBLEM educational posters and T-shirts with positive messages (pictured at right) about BL were distributed.



Matched control enrollment is underway in the West Nile region where households in 39 dry and wet villages will be approached for permission to enroll children.

EMBLEM KENYA

A total of 430 (283 males, 147 females) potential cases have been spotted. Of these, 197 were eligible and 161 (115 males, 46 females) were enrolled.

Plans to pilot control enrollment activities in Kadipo village in Nyanza Province and Mayai village in Western Province were completed. This will include visiting the two villages, conducting training of Community Research Assistants, conducting a household census, and then reviewing the lessons learned. The Senior Technical Supervisor and Study Coordinator assisted by a visit from the EMBLEM Uganda team will lead this work.

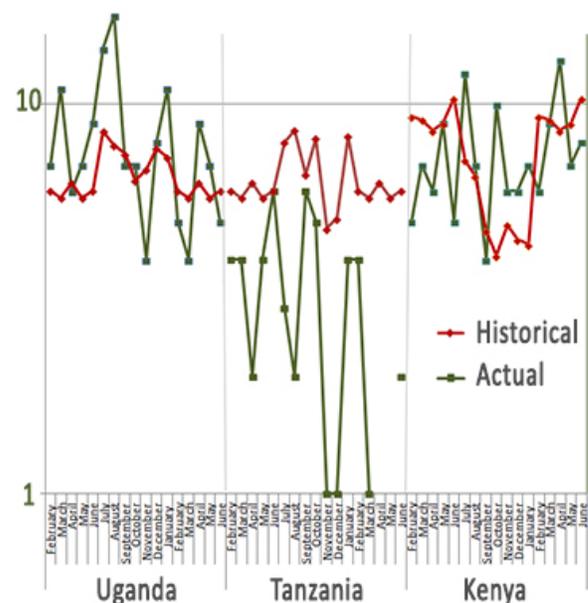
EMBLEM TANZANIA

A total of 391 (214 males, 177 females) potential cases have been spotted. Of these, 86 were eligible and 80 (46 males, 34 females) were enrolled.

The team continues to conduct in-house training to improve protocol compliance and conduct outreach to both outpatient departments and referring hospitals where BL cases are first seen. Improvement in case spotting and facilitating BL diagnosis remains the top priority of the EMBLEM Tanzania team.

EMBLEM GOALS

The graph at right shows actual (green line) and historical (red line) trends per month from February 2013 through July 2014. Uganda generally accrued cases above historical rates; Tanzania accrued cases below historical rates, while Kenya accrual is rising above historical rates. Monitoring actual versus historical accrual rates helps EMBLEM teams to review and adjust their fieldwork strategies.



EMBLEM Newsletter is a monthly on-line publication based on contributions of the EMBLEM Study staff.

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