

Best Practices - Implementation

This page will describe the best practices for implementation learned during previous projects.

- Scoping, scoping, scoping.
- Gather community support for the application.
 - Gaining support from elderly women in the village, who are often the decision makers for antenatal practices adopted by their daughters or daughter-in-laws, can be strategic for behavior change and adoption of better antenatal care practices. Demonstrating the app to other members of the community can help create demand for the mobile application and push the ASHA to show the antenatal checklist to all the pregnant women in her village more frequently.
 - Recognizing the health workers using the application at the village council level also has positive returns. This can enlighten community leaders and community members about the new technology and special training the health worker has received that is meant to benefit them. This can encourage demand from the community to access information that is a part of the application.
- Be clear about the SIM recharge method.
 - Implementers and practitioners should be clear and upfront about recharge schemes associated with new SIMs that are procured, recharge commitments, data submission charges and balance recharge schedules. If something is unclear, they should be proactive about clarifying right away. Confusion in this area can be frustrating for ASHAs, especially if commitments are not withheld.
- Keep a record of the following information in an Excel file: Name of CommCare User, CommCare username, IMEI number, mobile phone number, and catchment area (i.e. village name, district name etc.). This is important information for the project manager to have on-hand for contacting the CHW, GPRS troubleshooting, monitoring performance, and field follow-up.
- Immediately start monitoring after training.
 - After initial training, it is important for Project Coordinators to begin using CommCareHQ to monitor CHW performance. Only with use and practice will they be able to derive information from the available reporting features and use them to support their field-based decision-making. There is a learning curve involved, which can be strengthened in pilot phase to prepare for scale-up.
- Track all technical and performance issues that arise after deployment so you can prioritize follow-up with CHWs and resolve issues promptly. [Example](#)
- Export and clean data from CommCareHQ.
 - The data will need to be cleaned slightly after it is exported from CommCareHQ (i.e. remove admin, demo case data, check for duplicate submissions). It is recommended to keep track of this data on a consistent basis to reduce the amount of time it may take to clean-up and organize data in bulk.
- Learn/teach how to troubleshoot, fix broken phones and broken applications. Many problems can be resolved in the field. Have a plan for troubleshooting and technical backstop to support your deployment long term.
- Beta testing the application - test test and test before implementing. A good way to do this is by learning the workflow of the application and making a decision tree of a bunch of different possibilities helped to detect bugs in the application and/or incorrect skip logic. It is impossible to test every possible permutation, but testing different pathways associated with the logic is a good start.
- Make sure you have the media files for the deployment on your computer so that you can quickly update the media on phones that have deleted the audio files. You cannot rely on the multimedia manager on CommCareHQ, especially if you're in poorly connected areas.
- Confirm with the partner organization of all/any holidays or programming that could conflict with any field visits, implementation work or trainings. It could be national, regional holidays or health campaigns (such as polio rounds) that could interrupt your implementation schedule. Good to know about these things before going to the field visit so you can plan your time.
- Try putting passwords on users SD cards to prevent them from deleting the multimedia.
- If paper forms are *still* going to be used in addition to CommCare, you may be seen as creating duplicative work, and will need to set expectations appropriately ("we are checking data accuracy until we can stop the paper, etc.").
 - CommCare doesn't do a good job of completely eliminating all paper forms since its not a great fit for collecting qualitative data, or text heavy data.