

The blended learning framework for behaviour change

Technology and community supported approaches for improved child health

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Background

TRFATMFNT

- Community health workers (CHWs) fill an important human resource gap
- CHWs operate at scale to provide health education/promotion and deliver integrated community case management (ICCM).
- Training and deployment follow MOH guidelines and policies
- Barriers to sustained implementation at scale include high attrition rates, low motivation and infrequent supervision

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Aims to identify and seek innovative solutions to the main barriers to ICCM implementation at scale:

- CHW motivation
- Supportive supervision of CHWs

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- CHW performance

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- > More appropriate treatment of sick children
- Randomised controlled trial in Uganda (Village Health Teams VHTs) and in Mozambique (Agentes Polivalentes Elementares – APEs)

TRFATMENT



mHealth intervention - Theoretical framework

CHWs and supervisors receiving monthly motivational SMS CHW submitting data using phones and receiving personal performance related feedback CHW and supervisor using closed user groups for remote support, planning supervision visits, problem discussion & solving CHW data on server triggering alerts on good and poor performance to supervisor with hints on which action to take

PROVISION OF AFFORDABLE MOBILE PHONES AND SOLAR CHARGERS

Standing, status, identity & value

Support & (technical) supervision

Connectedness to the health system



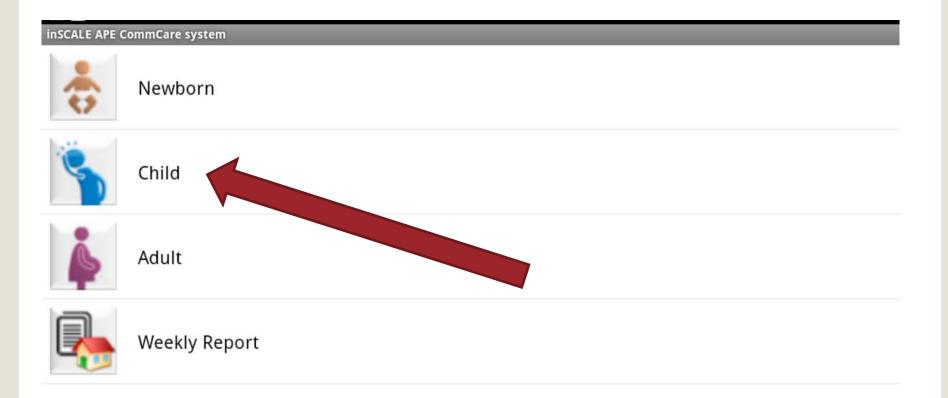
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inSCALE APE CommCare – child form





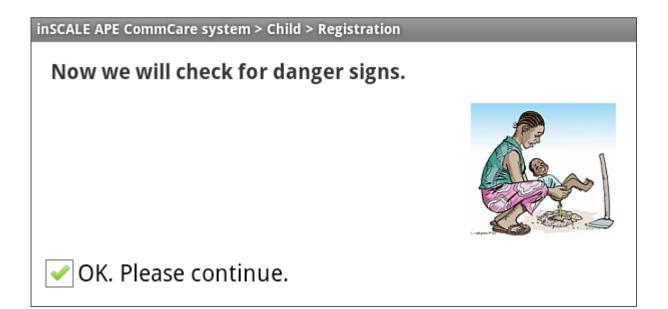
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inSCALE APE CommCare – Danger signs

Name, age, district, village...then:



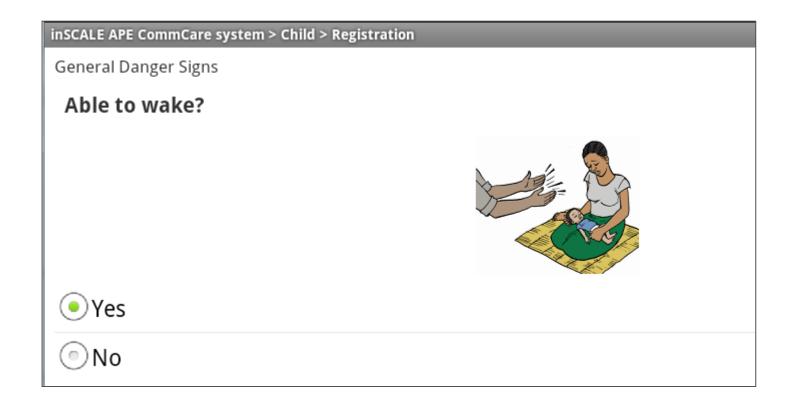
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inSCALE APE CommCare – Danger signs





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inSCALE APE CommCare – Danger signs



TREATMENT

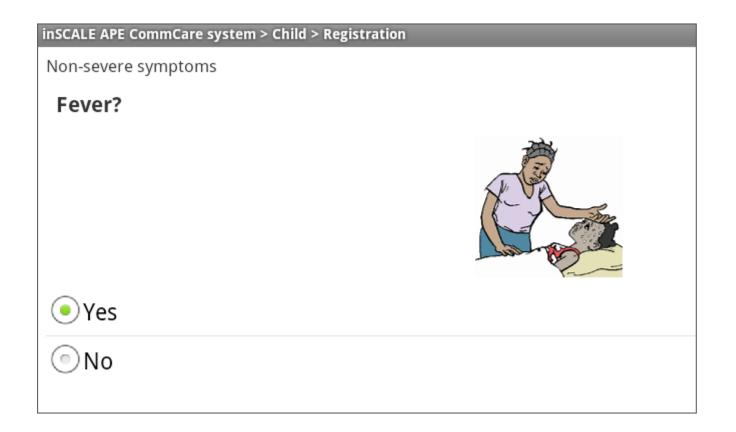
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And other signs



inSCALE APE CommCare – Non severe symptoms





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inSCALE APE CommCare – Non severe symptoms



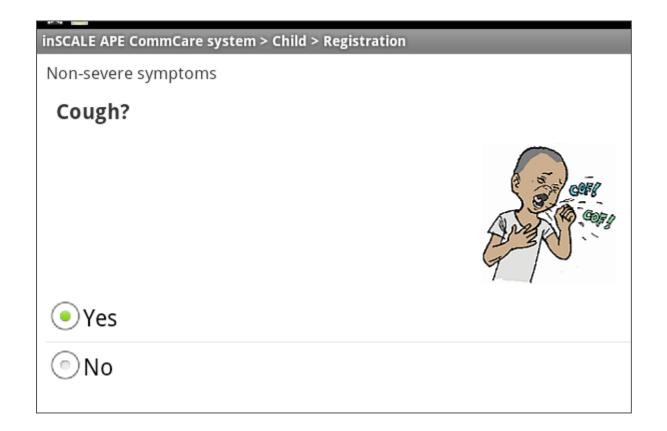
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inSCALE APE CommCare – Non severe symptoms



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inSCALE APE CommCare - Pneumonia

inSCALE APE CommCare system > Child > Registration

You have entered that this child has cough. Please check their respiratory rate.



OK. Please continue.

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inSCALE APE CommCare – health education

inSCALE APE CommCare system > Child > Registration

Pnuemonia is a serious illness. It is good to take the child immediately to the APE for treatment.





OK. Please continue.



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inSCALE APE CommCare – health education

inSCALE APE CommCare system > Child > Registration

The entire family should sleep under a mosquito net every night to avoid getting bitten by the mosquito that causes malaria.





OK. Please continue.



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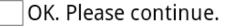
inSCALE APE CommCare - Malaria

inSCALE APE CommCare system > Child > Registration

You have entered that this child has fever. Please perform an RDT test.

(1)







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inSCALE APE CommCare - Malaria

inSCALE APE CommCare system > Child > Registration

What are the results of the RDT test?



🖲 Positive

Negative

Indeterminate

Didn't perform RDT test

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inSCALE APE CommCare - Vaccinations

inSCALE APE CommCare system > Child > Registration

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Age: 50 months. Received: BCG and Polio Is this correct?



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No

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And other vaccines



inSCALE APE CommCare - Treatment

inSCALE APE CommCare system > Child > Registration

Symptoms: respiratory rate of 60 Age: 50 months Diagnosis: Pnuemonia Treatment: 2 tabs green amoxicillin 3 times a day 5 days

AMOXICILLIN TABLETS FOR ORAL SUSPENSION USP 125 mg

Kee Pharma Ltd. A-1, Community Centre Naraina Indi. Area, Phase II New Delhi - 110 028 INDIA.

Composition : Each dispensible tablet contains : Amoxicillin Trihydrate USP eq. to Amoxicillin 125 mg

Manufactured by : ZANEKA Healthcare Pvt. Ltd. BHEL Anciliary Estate. Ranipur Handwar - 249 403 INDIA

< OK. Please continue.

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Im SCALE

inSCALE APE CommCare – Health system information

Relatorio Mensal aos Supervisores

commcarehq-noreply@dimagi.com

Sent: torsdag 12 september 2013 15:37

To: Karin Kallander

Indicator	domingos.palavaia	ana.massinga	cardocia.magomane	lina.sabao	alberto.uaquico	julia.chivale	hilario.vilanculos		
						Visitas Domiciliáres			
Mulheres Grávidas	4	-	5	1	1	-	2		
Mães Pós Parto	3	3	-	-	_	_	3		
Recém Nacidos (0 - 1 mes)	5	1	1	1	-	_	_		
Crianças (2 - 59 meses)	97	19	59	1	4	7	31		
Outros grupos alvos	80	94	97	2	24	_	95		
Total Visitas	190	117	166	5	30	7	132		
	Total de TDR para Malária Realizados								
TDR positivo < 59 meses	69	2	45	-	-	-	18		
TDR positivo≥5 anos de idade	70	42	74	1	20	_	36		
Outros (negativos / indeterminados)	18	9	4	-	2	5	3		
Total Testes Realizados	162	53	125	1	22	5	60		
					1	Diagnóstico de Casos			
Total Malária confimada < 59	68	6	46	_	_	_	18		

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What behaviour change do we hope to see?

Behaviour change of CHWs:

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- Motivation and capacity to better manage sick children
- More systematic counselling on key family practices relevant to the child's condition

Behaviour change of community members:

- Increased recognition of symptoms, improved care seeking
- Improved health prevention behaviour

Behaviour change of health facility staff:

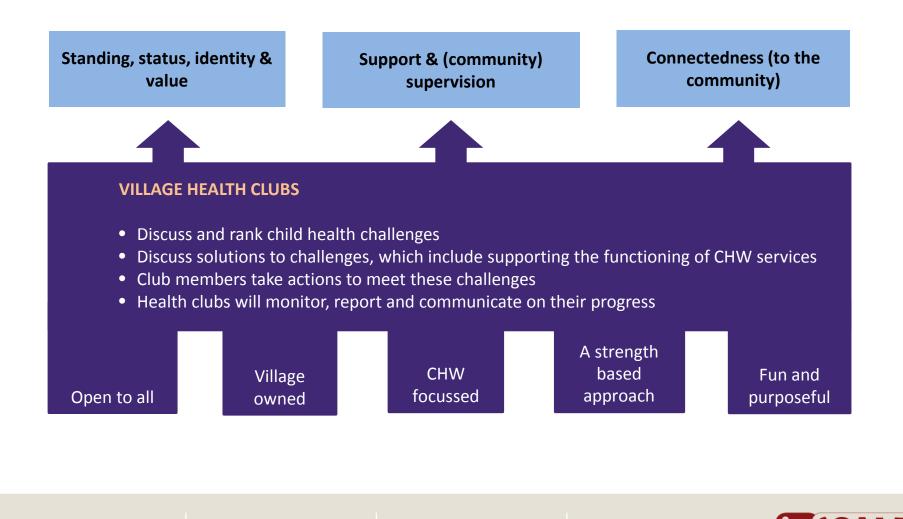
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- Increased motivation of the supervisors to perform their duties
- Better planning and forecasting of health services using data submitted by CHWs

TREATMENT



Village Health Clubs – Theoretical framework



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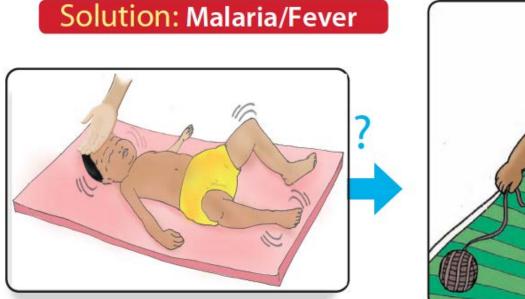
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Village health club – household actions

Malaria

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Happy and healthy child

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What can we do about this problem at home?

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Village health club – community actions

Malaria



VHT getting lift to health facility to collect drugs and RDT





Community mobilisers



Emergency fund to transport sick children

What can we do about this problem together?

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Health club members working together to solve child health problems





What behaviour change do we hope to see?

- Villages empowered by the "owning" of their health problems, solutions to these and the successes observed
- Healthier behaviours through new "social norms"
- Strenghtened linkages between CHWs and community members



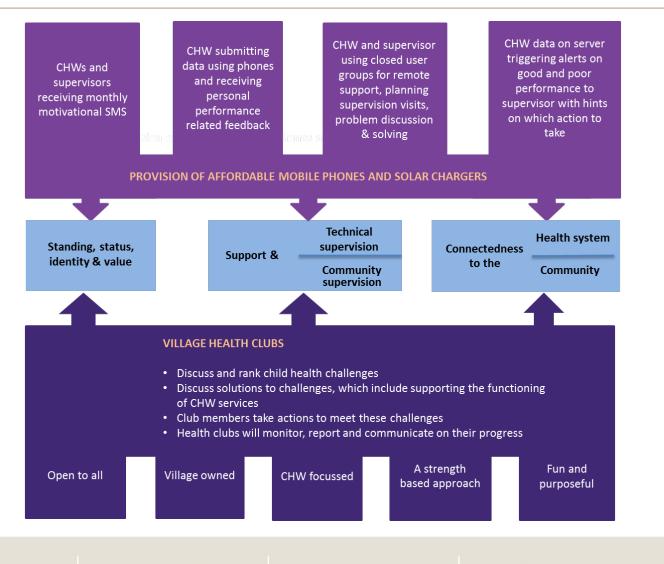


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Next step – A blended approach?



in SCALE

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a decade in communicable disease control and child health

www.malariaconsortium.org

Thank you



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