



Designing sustainable and scalable mHealth interventions to improve community health worker motivation and retention in Uganda and Mozambique: the use of formative research

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Developing and implementing interventions to improve community health worker motivation and performance



Formative research (FR) aims: Uganda and Mozambique

To gauge the views of the MoH, district / province personnel, CHWs, their supervisors, community members and key program implementers in order to:

- ➔ Reduce the possible interventions based on feasibility and acceptability
- ➔ Understand the current context of CHW work to identify opportunities for the proposed interventions to meet existing needs
- ➔ Explore the form the proposed interventions would need to adopt to be feasible and acceptable
- ➔ Identify key areas of the innovations flagged as important for the design
- ➔ Engage with government officials and key stakeholders regarding the inSCALE project's aims and activities

FR approach

Two main methods

1. Pile sorting activity:

- ➔ Uganda - MoH personnel national and district level and MoF personnel national level
- ➔ Mozambique - MoH personnel - national, province and district level
- ➔ Brief description of each proposed activity
- ➔ Assigned to a pile relating to perceived level of acceptability and feasibility
- ➔ Rationale probed and recorded

FR approach

Two main methods

2. Interviews and group discussions

- ➔ Uganda – interviews (31) and group discussions (12) with CHWs, supervisors, community leaders, district officials, mothers of children below five and NGO implementers
- ➔ Mozambique –interviews (26) and group discussions (4) conducted with CHWs, supervisors, community leaders, district and province officials and mothers of children below five

FR results: key concerns, comments and suggestions from national stakeholders

Concerns	Ug	Moz
Interventions must comply with MoH guidelines	X	
Is network coverage sufficient for proposed mHealth interventions	X	X
Can the cost of interventions at scale be met– including support and maintenance?	X	X
Potential resistance to new technology by key users – i.e. CHWs and supervisors	X	X

Comments and suggestions	Ug	Moz
Cause for optimism given enthusiastic uptake of new technology – e.g. CHWs already using phones in their work	X	X
Emphasised need for sensitisation, training and ongoing support	X	X

Intervention



*mHealth / technology based
intervention*

inSCALE: mHealth intervention

Four key activities (after providing CHWs and supervisors with mobile phones, solar chargers and lights and training in their use):

- ➔ CHW and supervisor using closed user groups for remote supervision, planning supervision visits, problem discussion & solving
- ➔ CHWs submit data using phones and receive performance related feedback
- ➔ CHW data on server triggering SMS alerts on good and poor performance to supervisor with hints on appropriate action to take
- ➔ CHWs receiving monthly motivational SMS

CHW motivation, challenges and phone use: Uganda

Key motivational themes were altruism, community standing, knowledge gain and validation and feedback from supervisors

Key challenges:

- ➡ Community – respect, adherence
- ➡ Resources – drugs, means of transport
- ➡ Workload – juggling roles and ensuring income
- ➡ Responsiveness – frustration at response to reported challenges. Desire for greater connection with health system and feedback.

Phone use:

CHWs and supervisors are familiar with mobile phones and their basic functions and use their personal phones for CHW activities

CHW motivation, challenges and phone use: Mozambique

Key motivational themes were commitment to their community as their representative, to make use of their training and community standing and respect

Key challenges:

- ➔ Geographic isolation, distance need to travel for patients and to submit data manually and collect drugs
- ➔ Lack of finances for travel
- ➔ Community – respect, adherence
- ➔ Resources – drugs, means of transport

Phone use:

CHWs and supervisors are familiar with mobile phones and their basic functions and currently use their personal phones for CHW activities

Support from FR: closed user groups

Uganda	Mozambique
Considered feasible and acceptable in pile sorting exercise	
Phone as signifier of role – may increase status and standing in the community	
Increase ease of communication with supervisor and promote sense of connectedness to health system	
Aid prompt reporting of stock outs and other challenges	
No need to use own phone – cost saving plus potential to earn from solar charger	
CHWs already meet informally so formalises an existing structure that is valued	Supervisors wanted more calls than sms to avoid risk of communication confusion
Need for guidance on who initiates calls as CHWs can find unscheduled calls stressful	Concerns around supervisor workload led to recommendation that supervisors be available for contact at certain times only

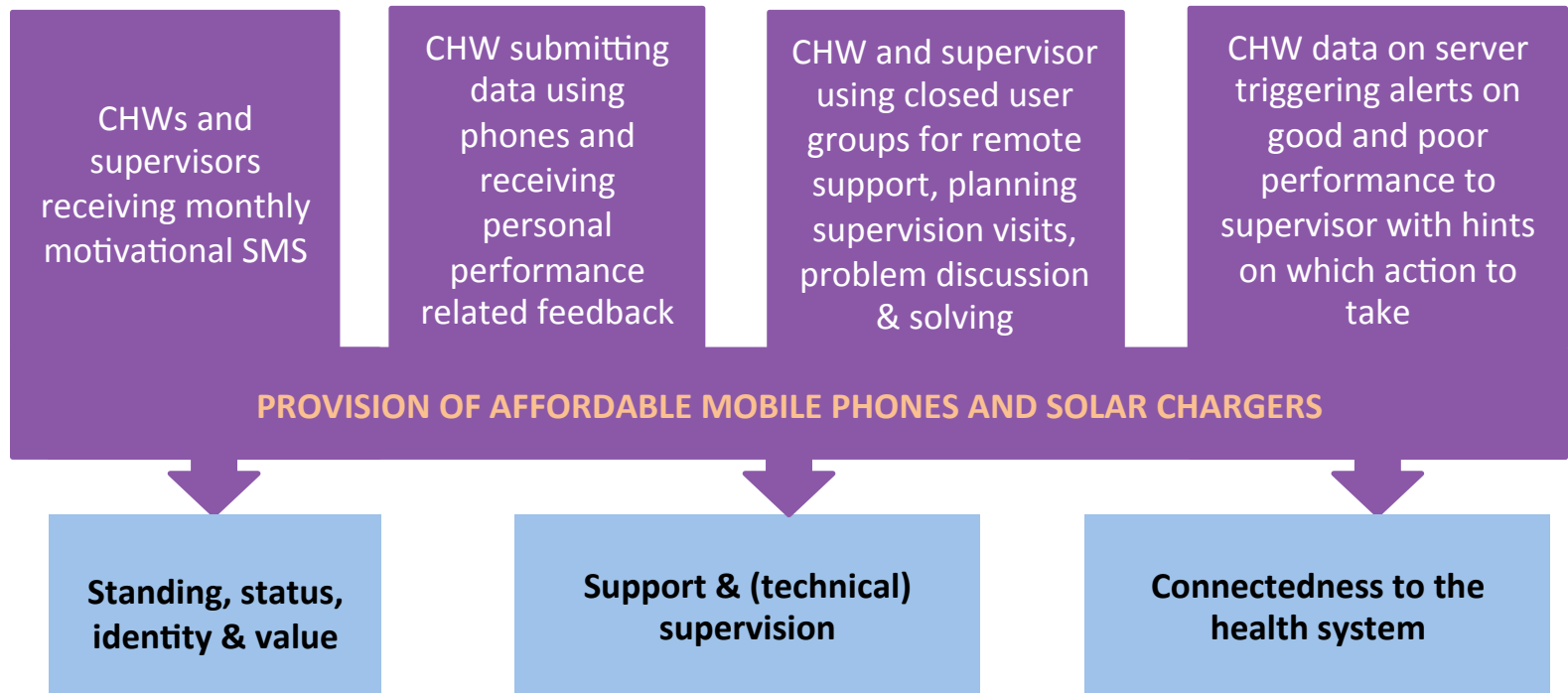
Support from FR: CHW electronic data submission and feedback & targeted supervision

Uganda	Mozambique
Considered feasible and acceptable in pile sorting exercise	
Feeling valued and linked to the health system	
Feeling encouraged by positive local gains / improved community health and their role	
Strong desire among CHWs for feedback and more supervision – targeted supervision welcome	
Concerns about quality control regarding data submission	
Concerns about supervisor speed of responsiveness – needs to be sufficiently prompt to avoid CHW discouragement	Tone of messages key with need for polite and respectful language emphasised and no admonishments for poor performance.

Support from FR: monthly motivational sms

Uganda	Mozambique
Considered feasible and acceptable in pile sorting exercise	
Feeling valued, supported and linked to the health system	
Receiving messages that are locally relevant and address key challenges	
Need to have a positive and encouraging tone	Positive, encouraging, polite and respectful tone with emphasis on the value CHWs bring to their community
If message resonates with data submitted then will be perceived as performance related feedback which was considered motivating by CHWs	

mHealth intervention – Uganda and Mozambique





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Thank you

