The blended learning framework for behaviour change

Technology and community supported approaches for improved child health

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13th September 2013
Background

- 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
The inSCALE project

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

- CHW motivation
- Supportive supervision of CHWs
- CHW performance

➢ More appropriate treatment of sick children

• Randomised controlled trial in Uganda (Village Health Teams – VHTs) and in Mozambique (Agentes Polivalentes Elementares - APEs)
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

PROVIDION OF AFFORDABLE MOBILE PHONES AND SOLAR CHARGERS

Standing, status, identity & value

Support & (technical) supervision

Connectedness to the health system
inSCALE APE CommCare – child form

Newborn

Child

Adult

Weekly Report
inSCALE APE CommCare – Danger signs

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

Now we will check for danger signs.

✅ OK. Please continue.
inSCALE APE CommCare – Danger signs

General Danger Signs

Able to wake?

- Yes
- No
inSCALE APE CommCare – Danger signs

Severe Pneumonia

Chest indrawing?

- Yes
- No

And other signs
inSCALE APE CommCare – Non severe symptoms

Non-severe symptoms

Fever?

- Yes
- No
inSCALE APE CommCare – Non severe symptoms

Non-severe symptoms

Diarrhoea?

- Yes
- No
inSCALE APE CommCare – Non severe symptoms

Non-severe symptoms

Cough?

- Yes
- No
You have entered that this child has cough. Please check their respiratory rate.

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

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

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

☐ OK. Please continue.
inSCALE APE CommCare - Malaria

What are the results of the RDT test?

- Positive
- Negative
- Indeterminate
- Didn't perform RDT test
inSCALE APE CommCare - Vaccinations

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

- [ ] Yes
- [ ] No

And other vaccines
inSCALE APE CommCare - Treatment

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

✔ OK. Please continue.
## inSCALE APE CommCare – Health system information

### Relatório Mensal aos Supervisores

**commcarehq-noreply@dimagi.com**  
**Sent:** terça-feira, 12 de setembro de 2013 15:37  
**To:** Karin Kallander

<table>
<thead>
<tr>
<th>Indicator</th>
<th>domingo_palavaia</th>
<th>ana_massinga</th>
<th>cardio_c_magoname</th>
<th>lina_sabao</th>
<th>alberto_uaquico</th>
<th>julia_chivale</th>
<th>hilario_vilanculos</th>
<th>Visitas Domiciliárias</th>
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<tbody>
<tr>
<td>Mulheres Grávidas</td>
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<td>5</td>
<td>1</td>
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<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Mães Pós Parto</td>
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<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>3</td>
</tr>
<tr>
<td>Recém Nascidos (0 - 1 meses)</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Crianças (2 - 59 meses)</td>
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<td>19</td>
<td>59</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>31</td>
<td>95</td>
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<tr>
<td>Outros grupos avós</td>
<td>80</td>
<td>94</td>
<td>97</td>
<td>2</td>
<td>24</td>
<td>-</td>
<td>95</td>
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<tr>
<td>Total Visitas</td>
<td>190</td>
<td>117</td>
<td>166</td>
<td>5</td>
<td>30</td>
<td>7</td>
<td>132</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Total de TDR para Malária Realizados</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDR positivo &lt; 55 meses</td>
</tr>
<tr>
<td>TDR positivo ≥ 5 anos de idade</td>
</tr>
<tr>
<td>Outros (negativos / indeterminados)</td>
</tr>
</tbody>
</table>

| Total Testes Realizados              | 162 | 53 | 125 | 1 | 22 | 5 | 60 |

<table>
<thead>
<tr>
<th>Diagnóstico de Casos</th>
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</thead>
<tbody>
<tr>
<td>Total Malária confirmada &lt; 59</td>
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</tbody>
</table>
What behaviour change do we hope to see?

Behaviour change of CHWs:
• 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:
• Increased motivation of the supervisors to perform their duties
• Better planning and forecasting of health services using data submitted by CHWs
Village Health Clubs – Theoretical framework

Standing, status, identity & value

Support & (community) supervision

Connectedness (to the community)

Village Health Clubs

- Discuss and rank child health challenges
- Discuss solutions to challenges, which include supporting the functioning of CHW services
- Club members take actions to meet these challenges
- Health clubs will monitor, report and communicate on their progress

Open to all

Village owned

CHW focussed

A strength based approach

Fun and purposeful
Village health club – household actions

**Malaria**

**Solution: Malaria/Fever**

What can we do about this problem at home?
Village health club – community actions

**Malaria**

- VHT getting lift to health facility to collect drugs and RDT
- Community mobilisers
- Health club members working together to solve child health problems
- Emergency fund to transport sick children

**What can we do about this problem together?**
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”
- Strengthened linkages between CHWs and community members
www.malariaconsortium.org

Thank you