

Strengthening CHW capacity using mHealth tools for supervision and support



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iCCM 2014

**Integrated Community Case Management (iCCM):
Evidence Review Symposium
3-5 March 2014, Accra, Ghana**

Content of the presentation

- What are some of the challenges the community health workers face in providing high quality services
- inSCALE project in Uganda and Mozambique
 - Intervention design using a holistic approach
 - Preliminary results
 - Lessons learned
- The future – health system strengthening and possible expansion

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Challenges to appropriate treatment of sick children

Community based health programmes are being scaled up, but for sustained impact there is need to address:

- Motivation among CHWs
- Performance of CHWs
- Availability of data showing the effect of the programme to all policy makers in the health system
- Availability of data to monitor case load and enable commodity availability

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Addressing the challenges

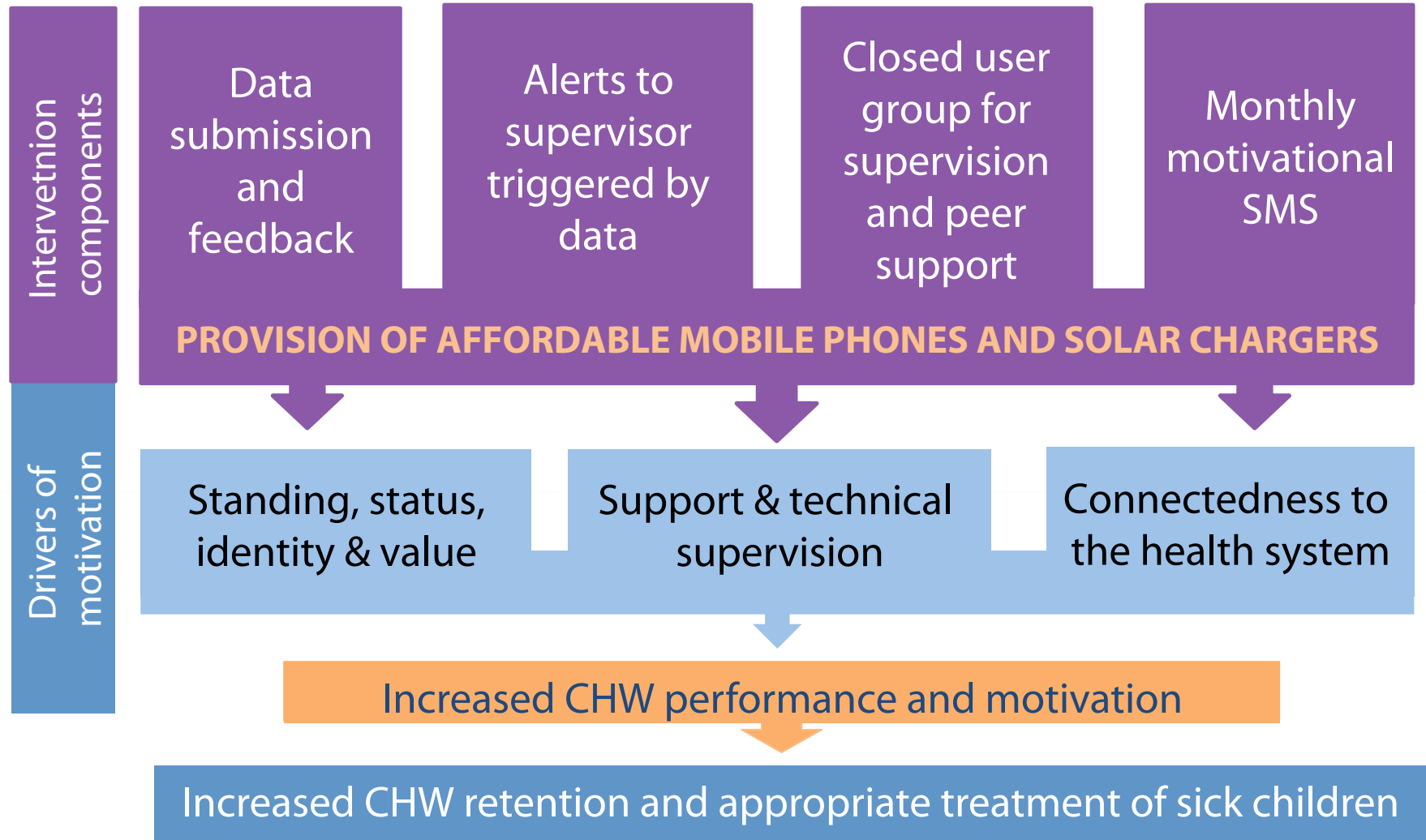


- inSCALE aims to identify best practices and innovative solutions to main CHW programme barriers:
 - CHW motivation
 - Supportive supervision of CHWs
 - CHW performance
- **More appropriate treatment of sick children**
- Randomised controlled trial with CHWs in Uganda (VHTs) and Mozambique (APEs)

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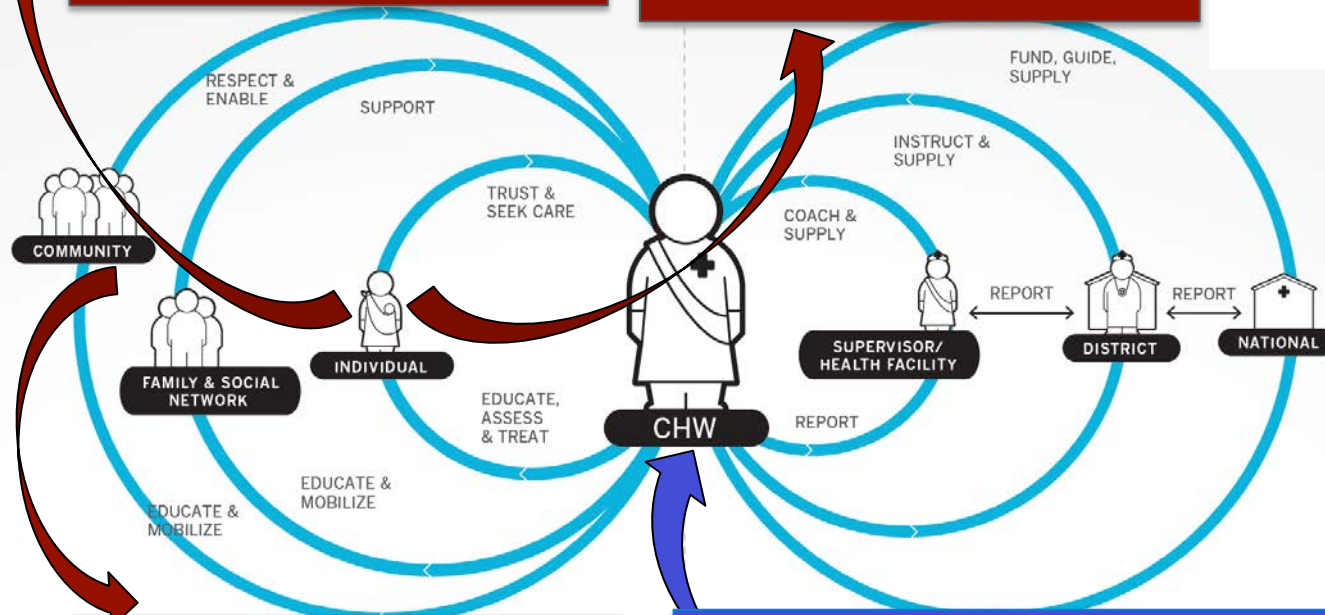
inSCALE mHealth innovation – Theoretical framework



Increased recognition of symptoms, improved care seeking

Ability to establish better provider-patient relationships = more effective counselling

Strengthening the CHW services –
inputs and
outputs



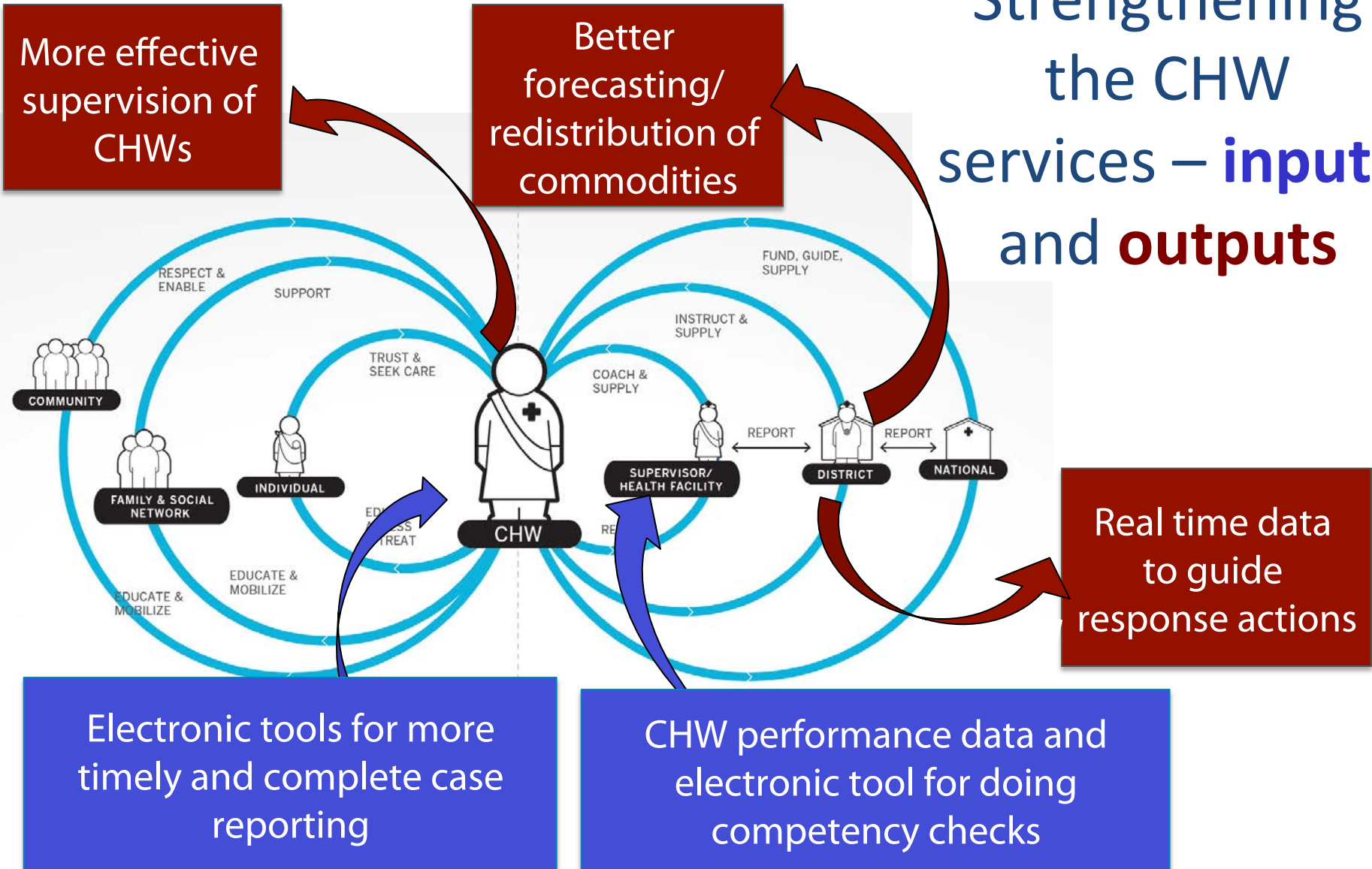
Improved health prevention behaviour

Providing CHWs with electronic tools to counsel patients and educate community members

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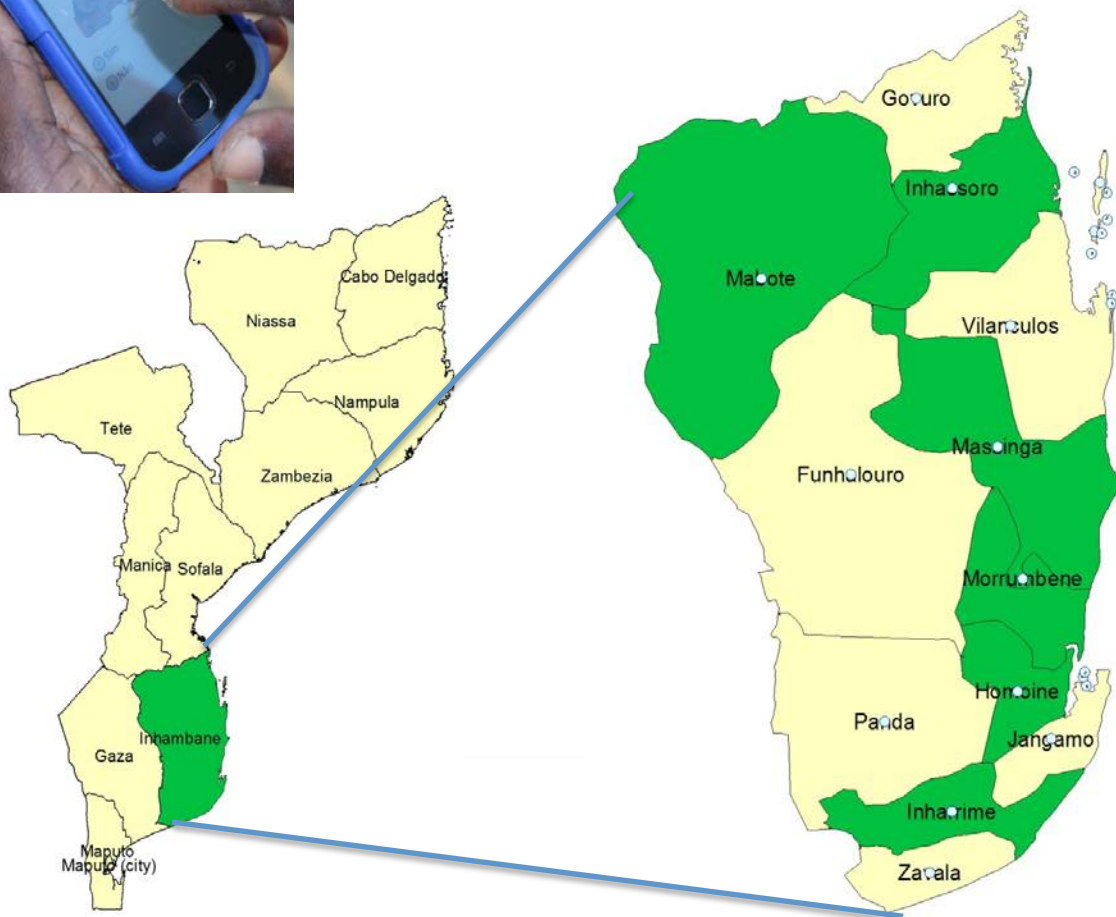
Strengthening the CHW services – **inputs** and **outputs**



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inSCALE implementation area Mozambique

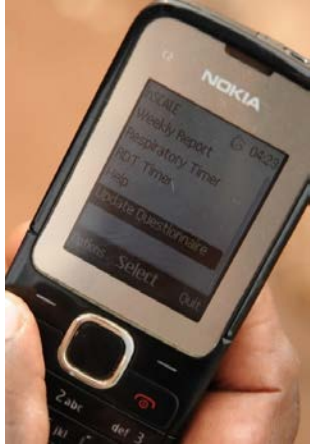


Control arm –
6 districts

Intervention arm –
6 districts

- 132 CHWs and 47 supervisors trained and provided with phones
- To be evaluated after 12 months implementation

inSCALE implementation area Uganda



880 CHWs in 13 sub-counties in control arm

1,277 CHWs in 13 sub-counties in mHealth arm

1,011 CHWs in 13 sub-counties in community arm

Cross-cutting lessons learned

- Data submission and feedback was highly motivating
- Communication with peers and supervisors increased:
 - Referral (to peers and HFs)
 - Medicine supply
 - Peer support
- Solar chargers helpful in treating at night/facilitating home work for school children



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“For me the respiratory timer is the most important because the caregiver can see [the result] for themselves and it is easy to be interpreted by the caregivers....You see for these patients who come with cough and for you to convince that person that he or she does not have fast breathing is not easy and many times they go back when they are annoyed“

(VHT Uganda)



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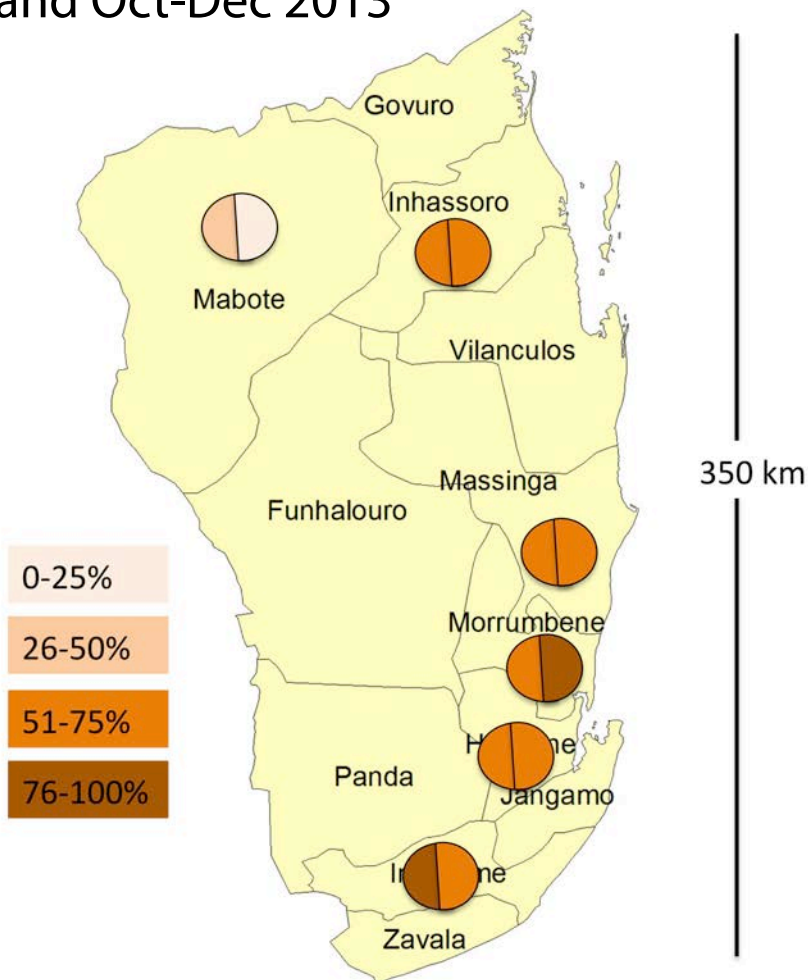
Cross-cutting lessons learned

- Barriers
 - System functionality
 - Timely/automated data bundle activation
 - Patchy network coverage
 - Fragile equipment
 - Visual impairment



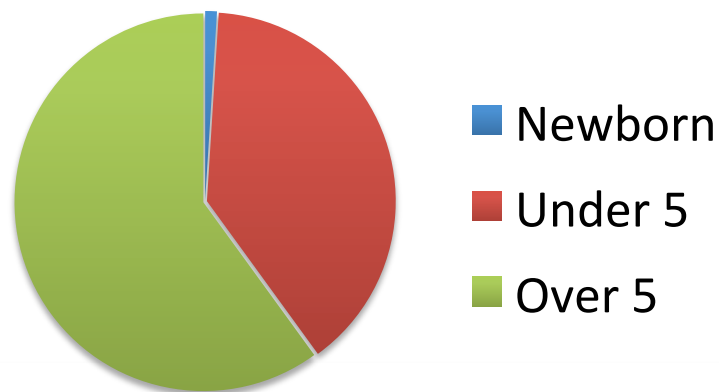
Early inSCALE results - Mozambique

Malaria positivity rate Jun-Sept and Oct-Dec 2013



Between August 13-February 2014:

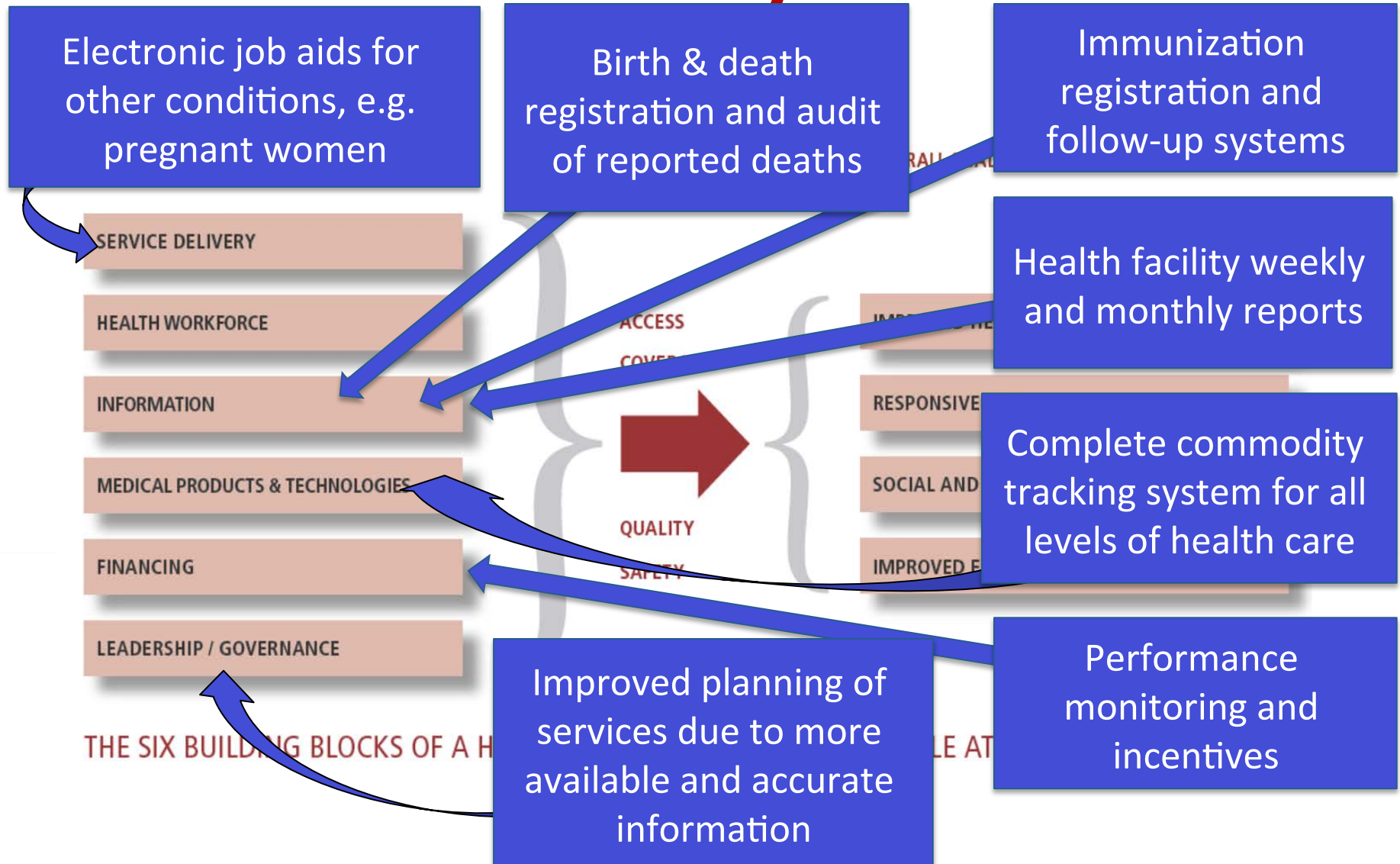
- 132 APEs sent 36,107 patient forms
- Median 34 patients per month (range 0-188)



Diagnosis for 13,922 under 5 yrs:

- 9% pneumonia
- 16% diarrhoea
- 61% confirmed malaria

mHealth expansion to strengthen health system



Conclusions

- Though the mHealth field is still in its early stages, it has already begun to transform health delivery and demonstrated concrete benefits
- For maximum impact, mHealth solutions should be holistic; integrating multiple health system functions
- Success depends on a harmonised mHealth agenda and close partnerships between multiple national stakeholders
- mHealth approaches that provide solutions to key CHW challenges, such as supervision and motivation, can potentially play an important role in effective iCCM implementation at scale

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Thank you!!



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