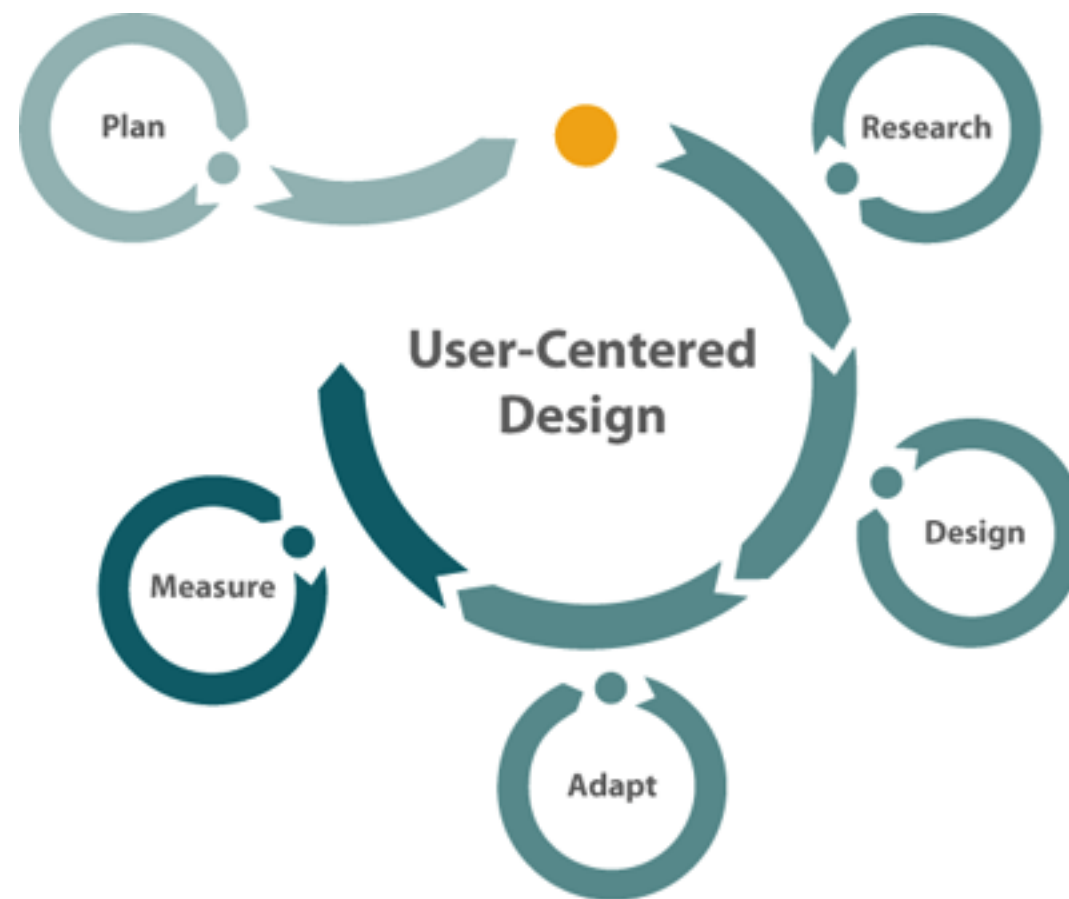


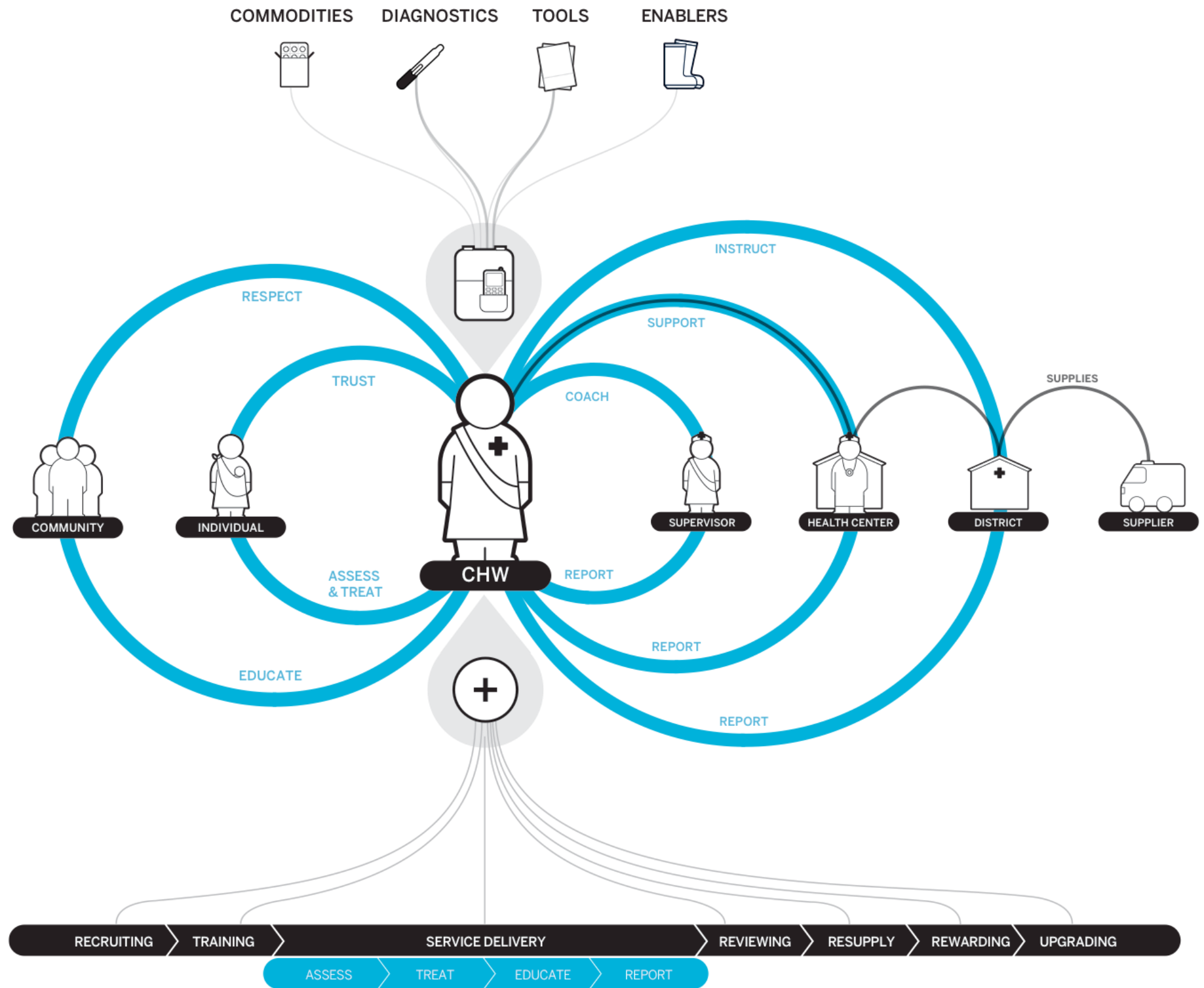


CHWs at the center of iCCM: User Centered Design

user centered design

process in which the **needs, wants, and limitations** of end users of a product, service or process are given extensive attention at each stage of the design process.

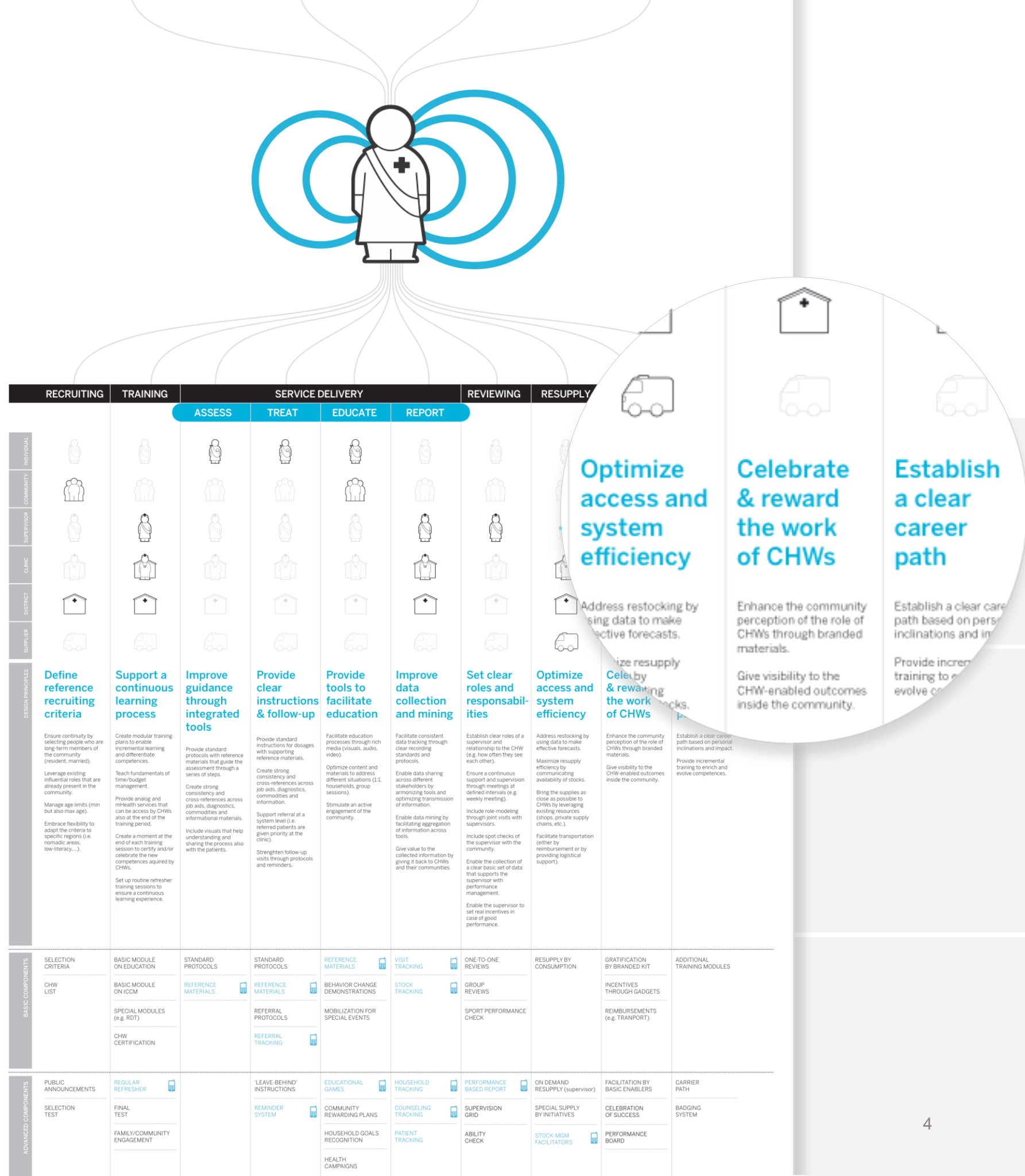




ACTORS INVOLVED

DESIGN PRINCIPLES

SERVICE ELEMENTS



01

“The job aid is our Bible”


CHW (UGANDA)

Current tools and process meant to support CHWs are fragmented, often affecting effectiveness and undermining motivation.

Checklists and visual aids are important tools to remind CHWs of the key steps needed to conduct a visit, as well as to facilitate explanations, raising trust by providing objective evidence for any decisions made.

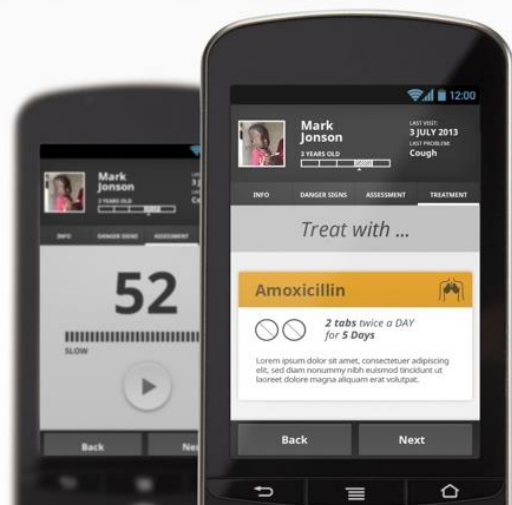
Existing informative materials such as Job aids are not connected to other tools and commodities used during a visit (diagnostics and medicines), thus failing to support a cohesive workflow.

A deeper level of information cannot be easily accessed during a visit: information is available only on paper-based tools, and real-time assistance or support is not available.

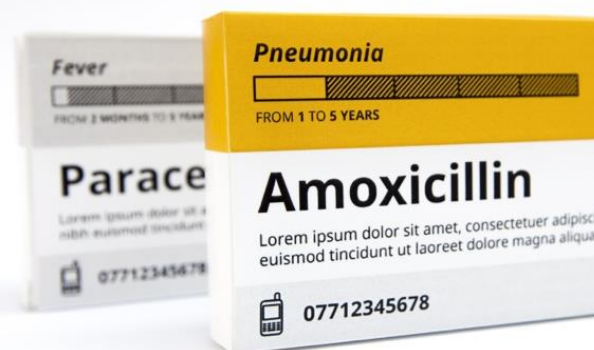


From a disconnected set of diagnostic tools and medical commodities to a well-orchestrated experience that improves CHW effectiveness.

An integrated approach to information-gathering tools, diagnostic devices, mobile-enabled services and medical commodities will guide service delivery during a visit, streamlining workflows and increasing patient and community trust in the indications provided by CHWs.



Mobile-enabled assessment tools



Consistent packaging design

PLEASE ATTEND TO THE ABOVE PERSON WHO WE ARE REFERRING TO

Note: ☐ COUGH ☐ DIARRHEA

Pre-referral treatment given:

Referral tools are also integrated

02

“The bag I was given is big and bulky, I never need to carry that much.”

CHW (UGANDA)

Storage and carrying solutions for tools and commodities aren't flexible enough and do not support CHW workflows

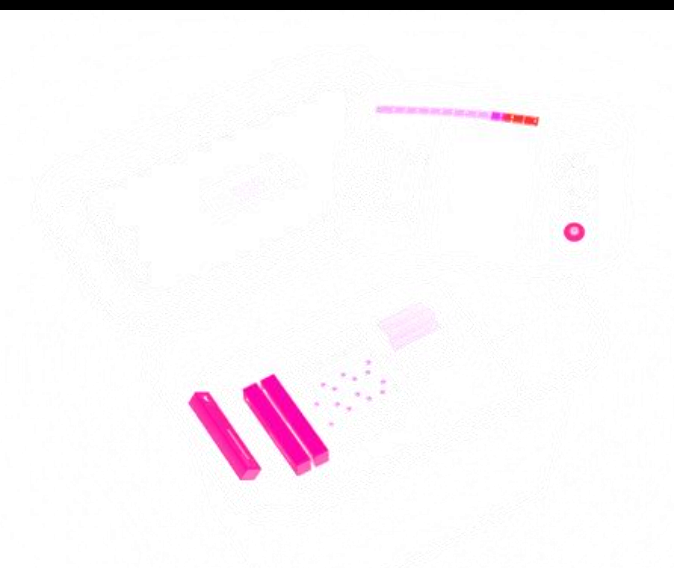
Transportation needs can vary a lot between different types of CHWs (education, treatment,..) and different phases of their journey (first visit, follow-up, resupply,..)

The existing tools are not designed to support the process of care delivery: e.g. the box is just a place for storage without following the flow of the visit in its different moments (assessment and treatment)

Quickly conducting a follow-up visit, visiting a newborn or restocking on large quantities of supplies require storage and carrying solutions to be flexible in accommodating different volumes and loads.



From generic storage and carrying solutions to a system designed to easily adapt to evolving CHW needs.



A long-term storage solution for supplies and commodities at home that's fully integrated with a carrying solution for visits on the go will improve CHW efficiency. Flexible compartments will support varying loads, while dedicated areas for "assessment" and "treatment" will better support CHW workflows.

A modular home storage system



Integrated home and on the go solutions



Flexible loading capacity

03

“The data collected here is always incomplete.”

DISTRICT MANAGER (SENEGAL)

Data that is currently generated by CHWs and other actors in the system is not consistent and seldom turned into useful information.

Current information-gathering tools are mostly paper-based, heavy, cumbersome and intended to last for more than 5 years. Digital data gathering services -where available- are often complex to use.

The data generated by CHWs is usually gathered by Supervisors, and passed on to the districts: all these hand-offs can generate transcription errors, and stretch the collection process to long timeframes.

Hardly any information is provided back to CHWs: it would be extremely valuable to help them assess their own performance, but also to enable them to show the community the impact they are having,

From one-way data flows to closed and effective feedback loops that provide real-time access to essential information.



An integrated information management approach that flexibly accounts for analog and mobile-enabled workflows will provide timely feedback loops to all relevant actors in the system. Real-time stock tracking and access to patient information will improve CHW effectiveness while addressing current stock management issues.

A patient record form with handwritten entries. The patient's name is 'John Mark' and the date of arrival is '7/23/2013'. The form includes a feedback code section with instructions: 'Please send an sms to the CHW, following the instructions below'. The feedback code is '#1 + Patient name' and '#2 + Date/arrival'. The form also has a section for 'Date of discharge' and 'Treatment given'.

Feedback Code	Instructions
#1	Recovered
#2	H.C. treating
#3	Home treating
#4	Dead

A mobile app interface showing drug availability and follow-up information. The 'DRUGS AVAILABLE' section lists 'ACT (Health center, Lorem Ipsum)' with a status of '09:21 AM | 10/07/2013'. The 'FOLLOW-UP' section lists 'Newborn (John Mark)' with a status of '10:23 AM | 10/07/2013'. The 'QUARTERLY MEETING' section lists '(Health center, Lorem Ipsum)' with a status of '10:23 AM | 10/07/2013'.

Section	Item	Status
DRUGS AVAILABLE	ACT (Health center, Lorem Ipsum)	09:21 AM 10/07/2013
FOLLOW-UP	Newborn (John Mark)	10:23 AM 10/07/2013
QUARTERLY MEETING	(Health center, Lorem Ipsum)	10:23 AM 10/07/2013

04

“New training means that they are investing in us!”


CHW (SENEGAL)

CHWs are asked to cover an ever-increasing variety of health domains, from iCCM to family planning and HIV prevention, not always properly supported by training and adequate tools.

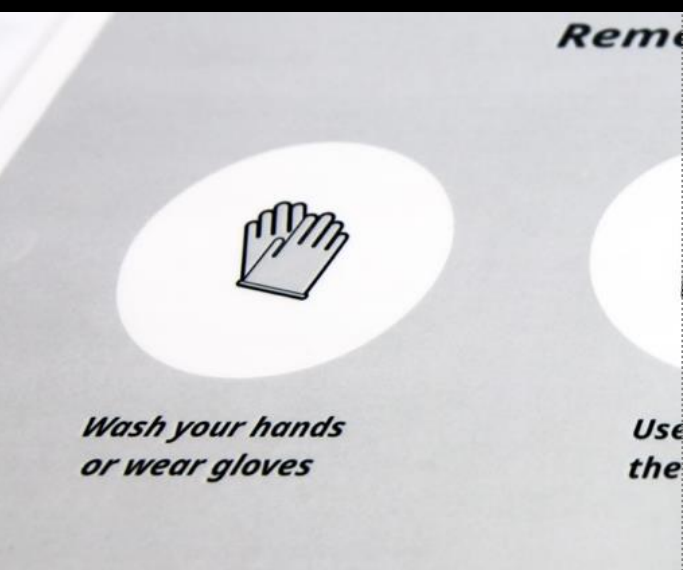
There are limited opportunities for CHWs to feel that they are part of a broader health system, and once they’ve undergone initial training they often feel that they are not properly supported.

Coaching sessions with the Supervisor, meetings with other CHWs and “refresher” training sessions tend to be sparse and irregular.

Health education is one of the most critical tasks carried out by CHWs, and needs to be better support thinking of different scenarios (1:1 counseling, households visits, group sessions).



From irregular training sessions to a continuous learning model that targets CHWs but also accounts for the need to educate their communities.

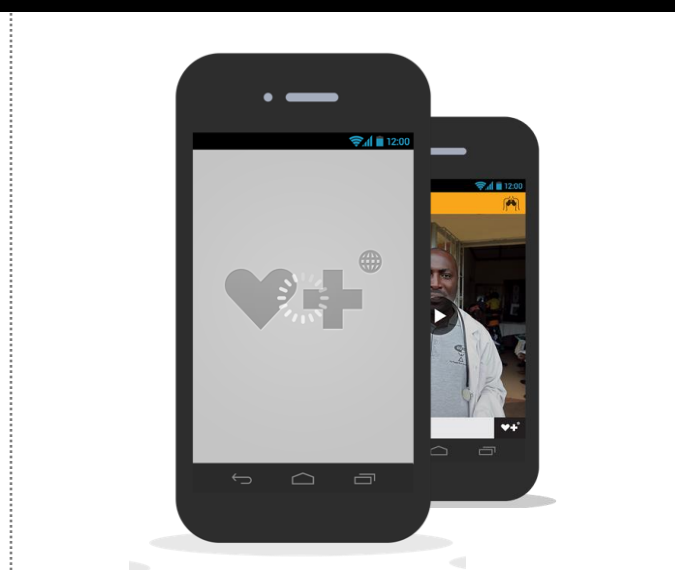


Checklists and reminders



Real-time support services

A flexible and scalable training curriculum that combines longer immersions with ad-hoc modules will create opportunities for CHWs to “learn on the go” and constantly improve their skills over time. Mobile-enabled media will allow CHWs to repurpose their training materials to educate their communities in return.



Mobile learning services

05

***“These people
put in their own
money to do
their job!”***

CLINICAL OFFICER (UGANDA)

Current incentive programs
- monetary or otherwise - often fall
short of being perceived as making the
difference in the lives of CHWs.

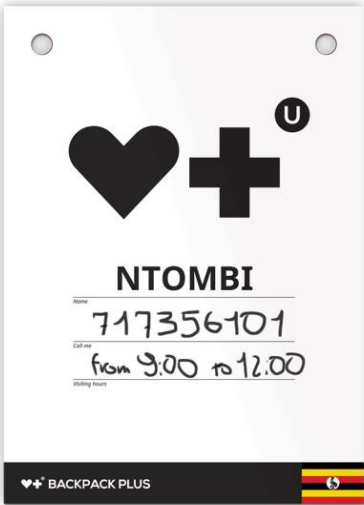
It can be hard for both new and established CHWs to be fully trusted by their communities as medically competent: signs of external empowerment such as badges or uniforms are thus very valuable.

CHWs often lack a sense of structured progression or growth in their journey: whether they are paid or unpaid being a CHW does not feel like “career path”, reducing motivation in the long term,

Existing incentives - monetary or otherwise - are often unable to counterbalance the time dedicated by CHWs to their tasks, and CHWs often put in their own money to pay for transport or phone services,



From fragmented incentive programs to a clear hierarchy of roles, responsibilities, benefits and opportunities for growth over time.



Custom home signage

A reward and incentives architecture that feels like a career path will help in retaining CHWs, while motivating them to improve their performance. Clearly defined CHW “maturity models” can help mitigate differences across programs and geographies, provide clear expectations for CHW growth and improve Supervisor effectiveness.



Transportation aids



Supervisor pin

06

“Why should I walk to the clinic if then they don’t have medicines?”

CHW (SENEGAL)

Fragmented or inefficient supply chains can result in perceived lack of CHW support, and undermine the level of trust they need to be effective.

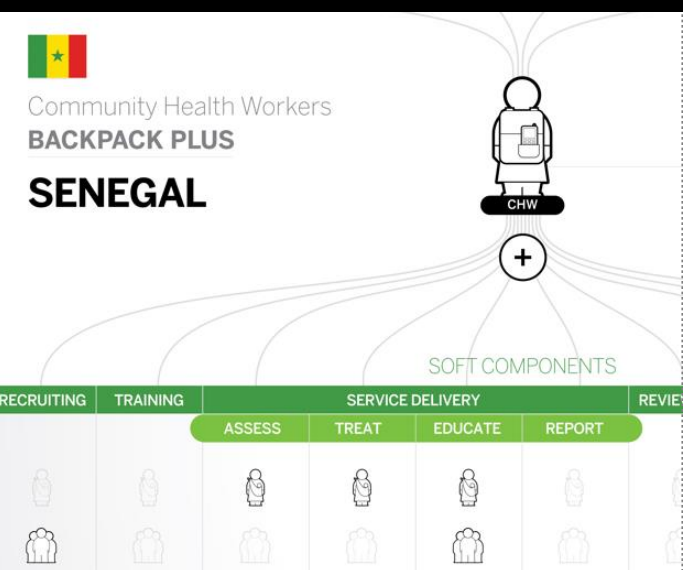
One of the biggest issues for CHWs and community members alike is moving over long distances to get medical supplies at a clinic only to find out they are out of stock.

CHWs often rely on each other or Supervisors to address stock-out issues, but the process is time consuming and inefficient, and lack of supplies ultimately decreases community trust.

Time and physical distance also often prevent effective supervision: while CHWs would appreciate continuous support Supervisors struggle to be effective managers because of their many tasks.



From closed ecosystems to integrated public and private sector initiatives aimed at better supporting CHWs and Supervisors.



A system where public sector programs work in synergy with private sector initiatives will - amongst others - contribute to reduce the risk of stock-outs, create opportunities to offer new incentives to CHWs and offer private Supervisor programs for improved management of CHWs.



Nike backpack production



DHL network distributing commodities