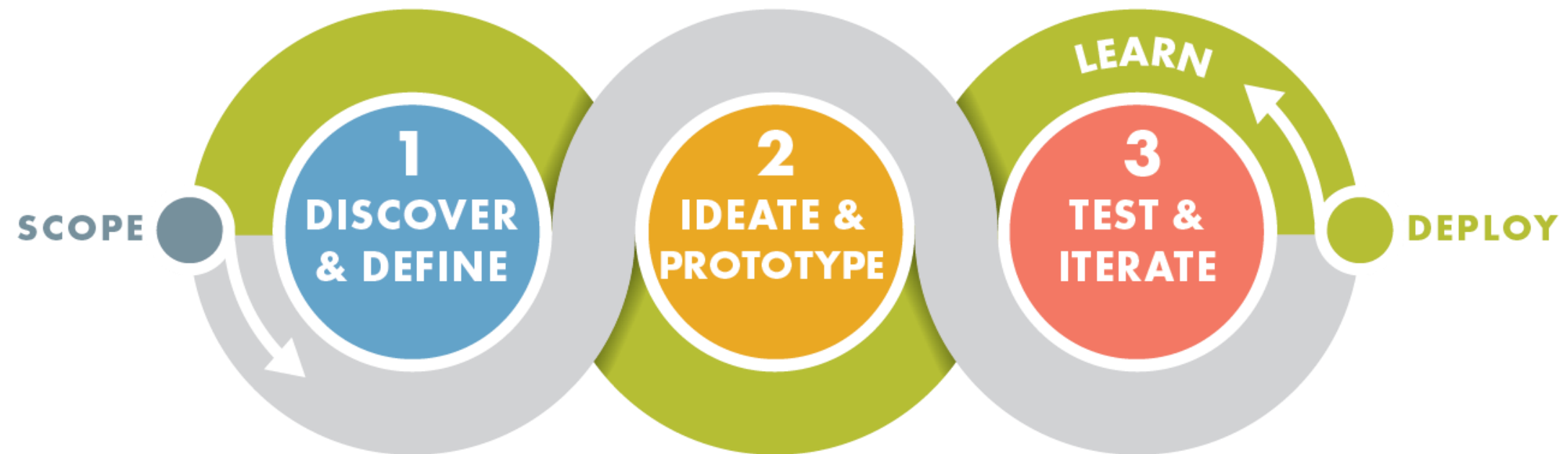


Human-Centered Design Process





MEDIC
MOBILE™

We shadowed a
few CHVs to
experience and
map their journey





MEDIC
MOBILE™



Community Health Volunteers have integrated nurturing care interventions within their routine home visits.

NC Interventions

Are many and tailored to the CHV skill level:

- a. Observe the child-caregiver relationship and provide targeted support to empower the caregivers with appropriate knowledge and skills to engage with the children
- b. Appropriate mental health care support for the caregivers
- c. Support age-targeted monitoring of milestones:-guided by the ones in the MNCH clinic booklet
- d. Refer children with suspected delayed milestones, caregivers with caregiver-child interaction challenges, mental health



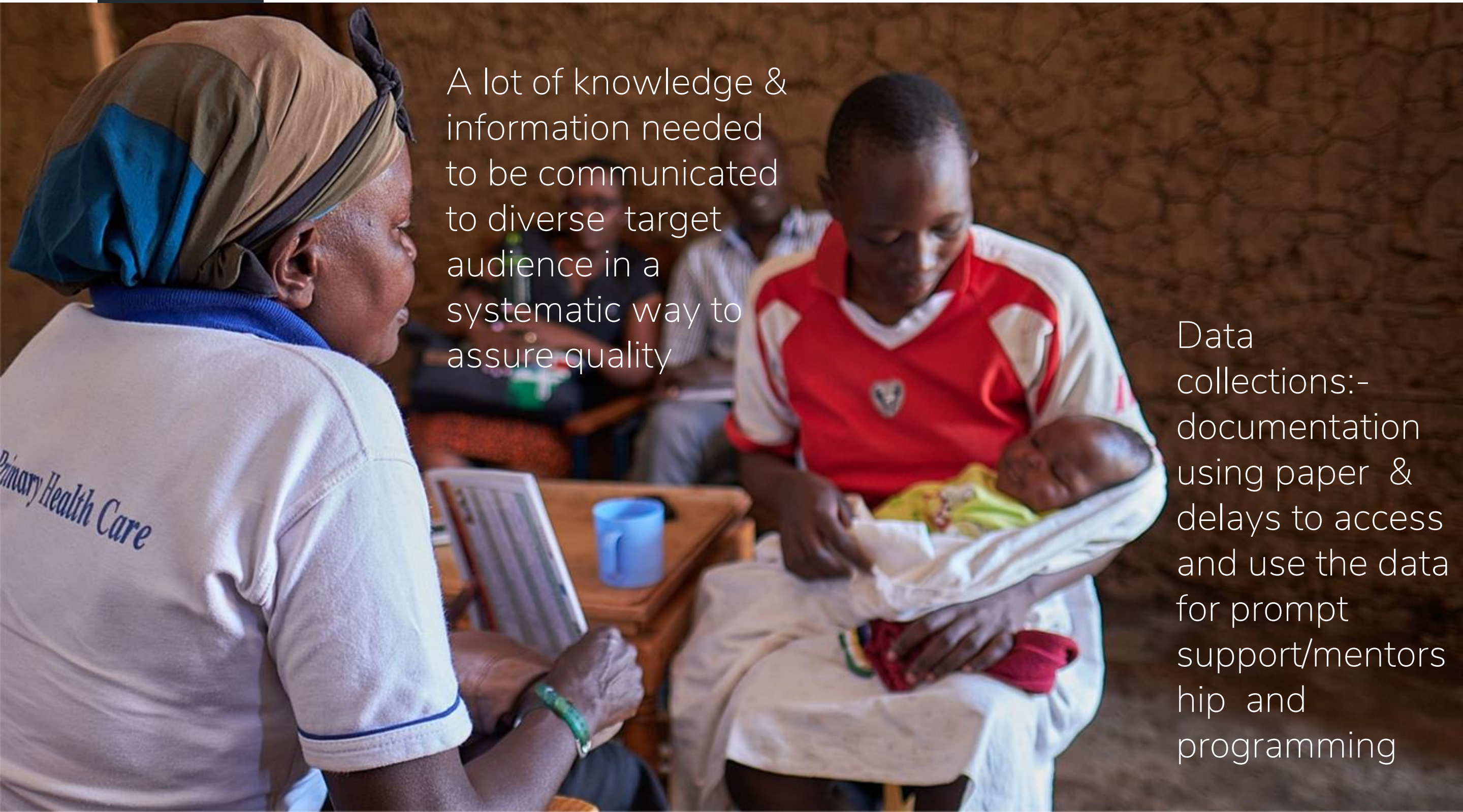


MEDIC
MOBILE™

Pain Points

A lot of knowledge & information needed to be communicated to diverse target audience in a systematic way to assure quality

Data collections:-
documentation using paper & delays to access and use the data for prompt support/mentorship and programming



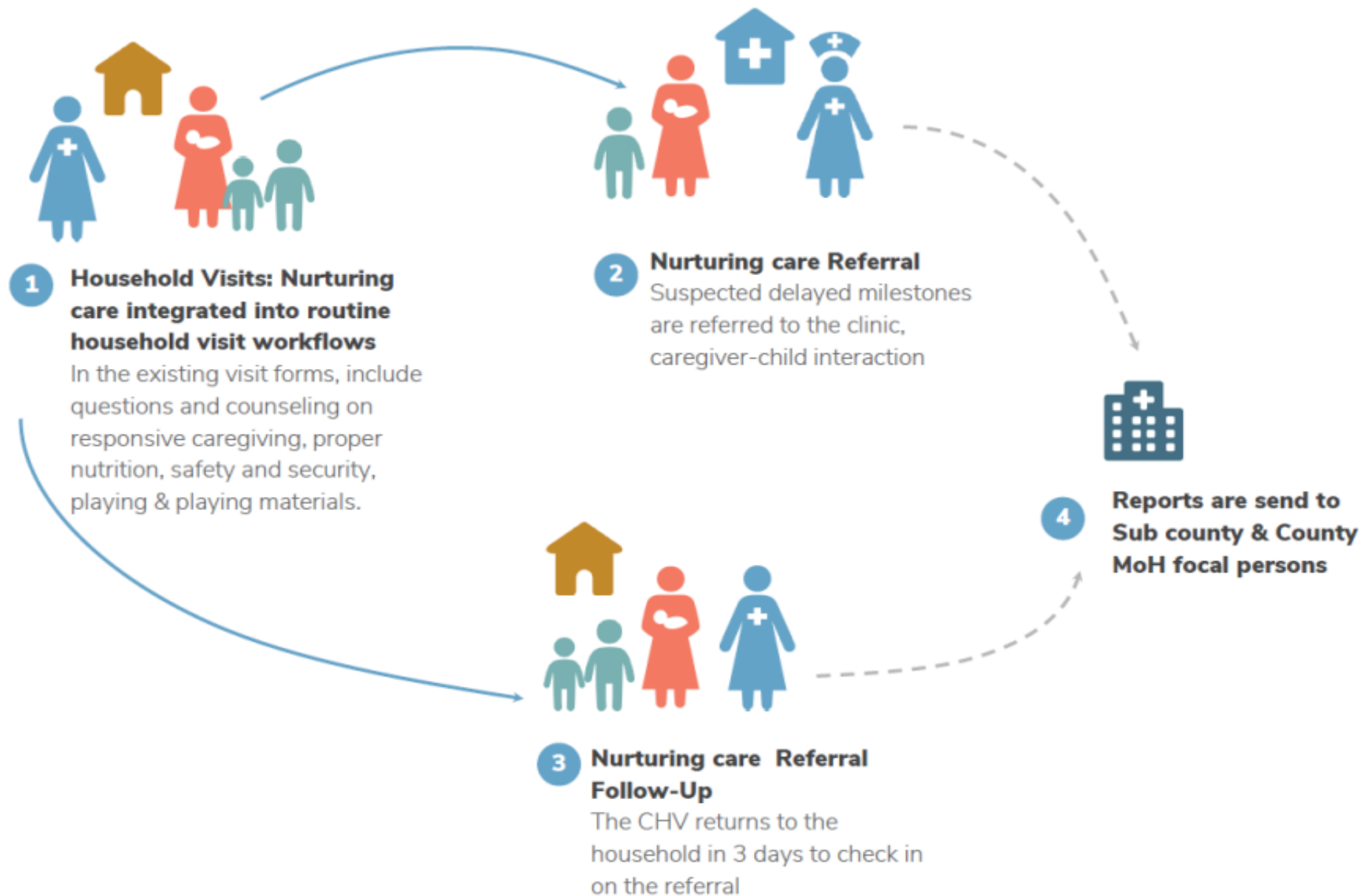
Opportunities

Well-defined intervention:-
Programmed and fitted within the
MoH system

The CHVs and Managers have
smartphones and Tablets and
tech savviness



Nurturing care workflow





MEDIC
MOBILE™

Prototype

Paper Mockups:- Lo-fi

Quality of Content & Flow of
Information Interpretation
Understanding, Language

Usability during home visits:-
Shadowed the CHVs as they
used the mock-ups to deliver
the NC intervention





NC messaging are offered during an immunization follow up visit

✕ Immunization

The Responsive Caregiving

Observe how the caregivers are interacting with the child

How does the caregiver show she/he is aware of the child's movements?

- ☐ Moves towards/with the child and talks to/makes sounds with the child
- ☐ Does not move towards and with the child and does not talk to/make sounds with the child

How does the caregiver comfort the child and show love?

- ☐ Looks into the child's eyes and talks softly to the child, gently touches child or holds child closely
- ☐ Is not able to comfort the child and the child does not look to the caregiver for comfort

✕ Immunization

Developmental milestones

Select the developmental milestones that Merilyne has attained

- ☐ Sitting
- ☐ Standing
- ☐ Talking

Refer Merilyne for further assessment of suspected delayed milestone at the health facility?

- ☐ Yes
- ☐ No

< Prev

Next >

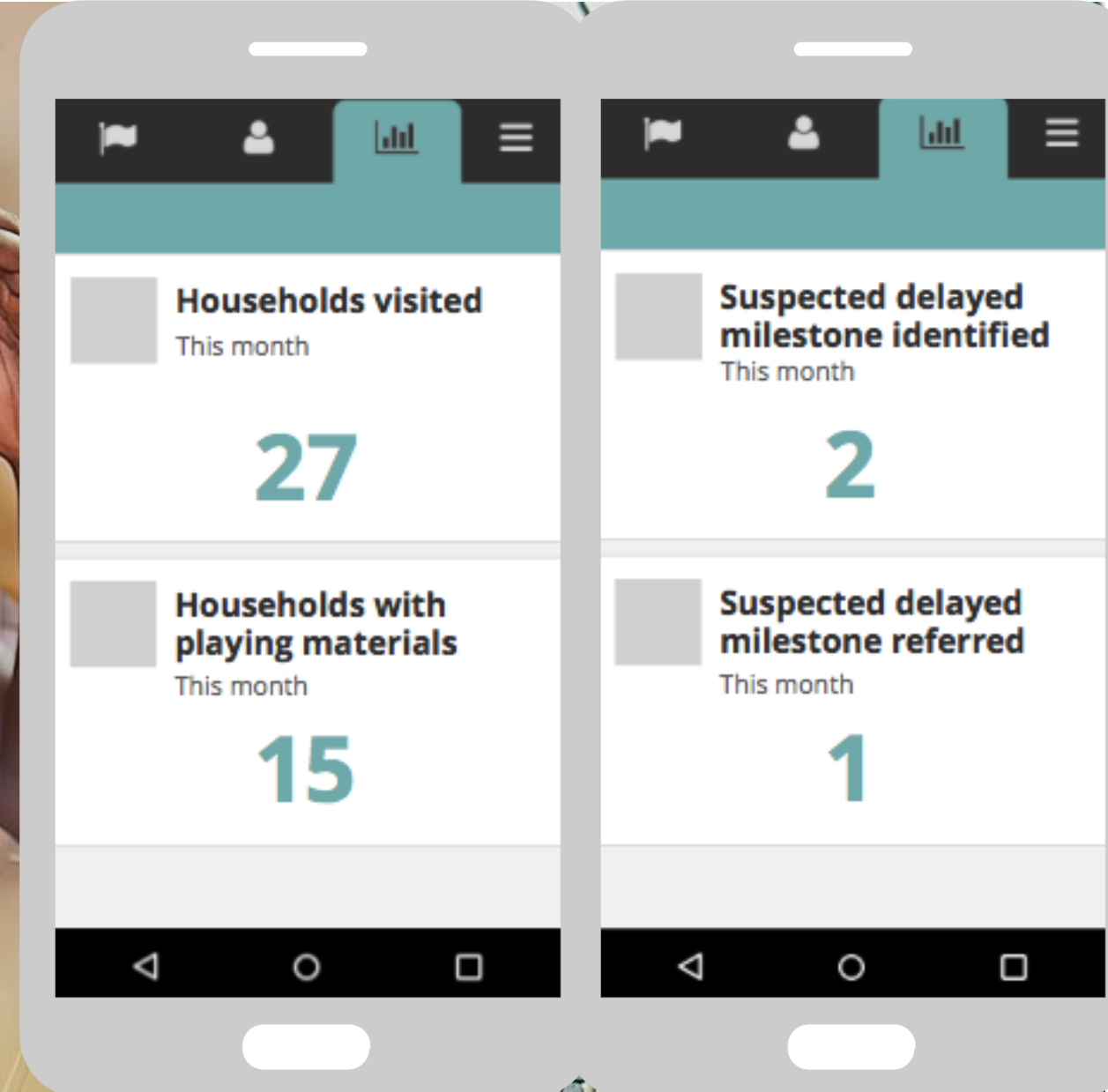




MEDIC
MOBILE™

Health Workers
track their own
progress

Managers provide targeted
support health workers and
patients who need it most




Perceptions of the mNurturing Care application

CHVs perceived that the application empowered them with the information they need, is easy to use and navigate and the tasks created remind them to follow up on their client,

“I learnt so much about pregnancy and infant care. Mothers should avoid stress as that can have effects on their unborn babies.” (CHV, FGD, Mukuru)

“For me, this phone eases the part of nutrition, where we use cards and pictures so if you show these to the caregiver or household head, they see it as real and normal and find it easy to follow.” (CHV, FGD, Gem)

“Mine was a baby girl, so I went checking on the child who was just seated while her junior was already walking and could also not see well. So I advised her on how to handle the baby and take her through exercises, also referred her to the hospital and she calls me often to say the baby is beginning to walk so I still follow up and the baby is improving.” (CHV, FGD, Gem)



New pregnancy

In the last 24 hours, how many times has Jane Ouma eaten any food? *

0

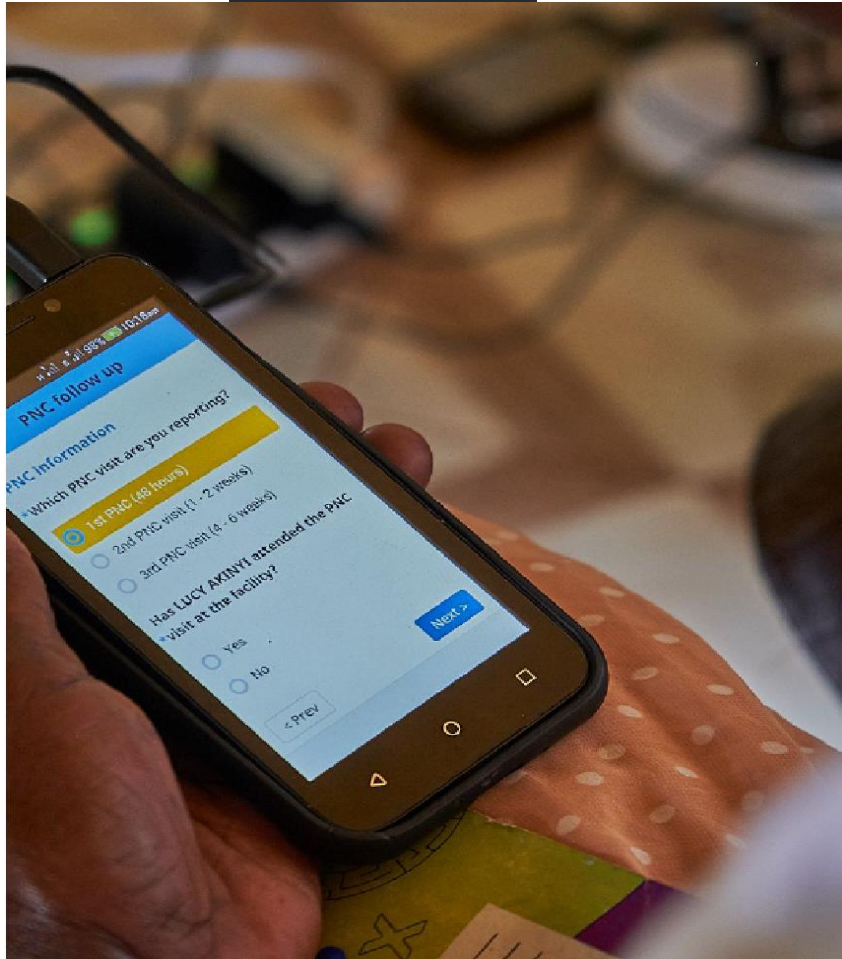
Pregnant women need to eat more food than usual to have a healthy baby. Be sure to eat many variety of foods for a healthy baby.

Food pyramid



Refer to the counselling card for a detailed food pyramid

Perceptions of the mNurturing Care application



The application provided information on WASH, immunization, nutrition, and antenatal care in a systematic manner, which has helped CHVs counsel caregivers

“It reminds us all that I am to do and tells me to appreciate the client. The app also has a very good flow and is easy to understand.” (CHV, FGD Mukuru)

“The app has been amazing for CHVs because of the well flow of the questions.....they are now able to do all their tasks under one application. It has saved on time.” (CHA, KII Alego-Usonga)

The application reduces the need to carry multiple registers and tools, since so much information is contained in it

“The work has been made easier as the many books that exhausted our minds are now replaced.” (CHV, FGD, Rarieda)

“...The mNurturingCare App... reduced the time spent and the back and forth that was previously experienced when CHVs were using books.” (CHA, KII, Alego-Usonga)



Perceptions of the mNurturing Care application

Caregivers seem to be more likely to take CHVs seriously when CHVs use the application

“Previously, we have hard copies, the books, so when you visit, some could be resistant questioning what we write on every visit and where we take them but these days with the phones, when we counsel, and show them the cards, they feel confident and appreciate the act.” (CHV, FGD, Alego-Usonga)

CHVs felt that migrating service delivery and reporting workflows to a phone-based platform allowed them to be more discreet during home visits—as opposed to carrying bulky books and registers

“The application ensures security of client details as you cannot lose them when stored in the phone.” (CHV, FGD, Mathare)

“... it is not the first time the CHVs have to use phones and an application to conduct their work. For the few who had challenges, we had to take time and explain to them and they got well conversant with it.” (CHA, KII, Nairobi)



Perception on the quality of service delivery

The application requires CHVs to collect “real data,” as opposed to the possibility of “faking” data with paper-based tools in the past

“But with the phone, the questions do flow, so that you cannot leave the household without asking some very important questions, like on nutrition.” (CHV, FGD, Alego-Usonga)

CHVs were observed to take 12–24 minutes to complete an mNurturingCare workflow, which is considerably longer than the typical duration of home visits using paper-based tools—thereby suggesting that the application facilitates a conversation with the client

- Observed CHVs used effective interpersonal skills such as praising caregivers and making eye contact with them
- CHVs asked questions to caregivers and paused to receive responses

CHVs suggested the incorporation of audio content to provide guidance on areas of emphasis

“I wish audio version was incorporated, so that when demonstrating responsive or child stimulation, you only click and the audio plays.” (CHA, FGD, Gem)



Take Home

There was general consensus that the mNurturing Care application was well integrated into routine community-based service delivery and its associated structures

“The app has helped a lot, the flow and content has helped CHVs a lot and I feel it should be rolled out in other CUs, other counties or even the whole of Africa.” (CHA, KII, Rarieda)

A community-based mobile application for nurturing care is most likely to be successful when government and donors simultaneously support existing CHV networks, and supportive structures through which continuous management and technical support is provided. Provision of stipends or support for income-generating activities is important.

Data on responsive caregiving and developmental delays needs to feed into national and subnational databases and inform decision-making