# Automating Routine Tasks for Community Health Workers

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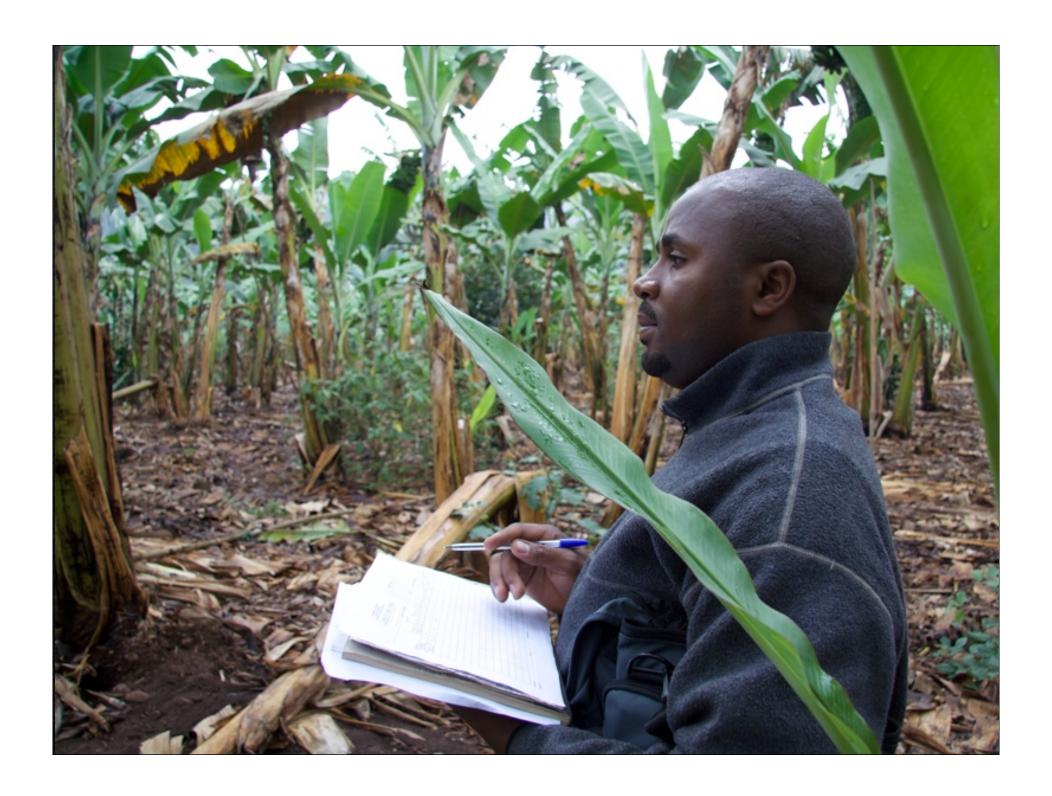


### Outline

- Community Health Workers
- Organizations
- Methodology
- Results
- Discussion







## Organization A

- Multi-country development NGO
- 48 well-paid CHWs
- 200 HH / CHW
- Targeted home visits

### Organization B

- Multi-country NGO
- Scaling to 2,000 volunteer CHWs
- CHWs visit 10 of their 150 HHs / day
- Routine home visits

## Organization C

- Approx. 2,000 volunteer CHWs
- 10-20 clients
- Registration and monthly forms
- Counseling-based home visits













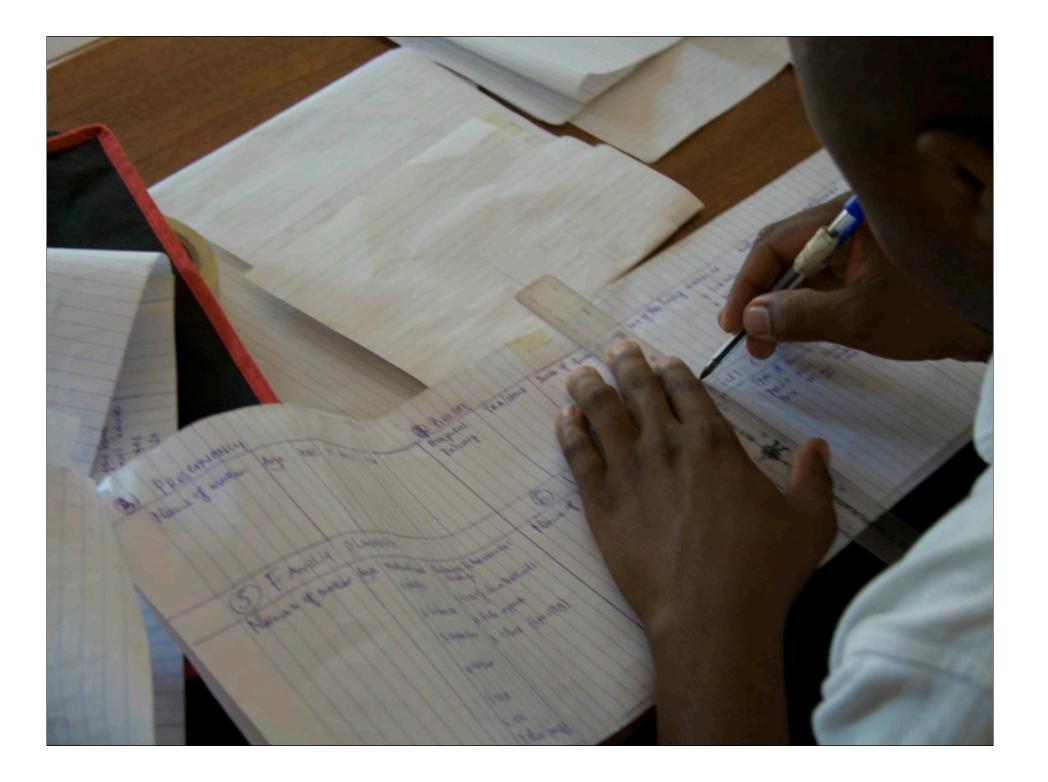
### CHW Data Flow

- All collect data
- Workflow during visit
- Form life cycle
- Monthly meetings
- Historical data



## CHW Data Flow

• Data collection vs service delivery





### Other Observations

• Different Environments





#### Other Observations

- Different Environments
- Training
- Scheduling
  - "can be late if the first visit goes long"
  - "sometimes we forget"

# Pilot investigation

• Order of questions



# Pilot investigation

- Order of questions
- "this phone will make the work very much easier"

# Pilot investigation

- Order of questions
- "this phone will make the work very much easier"
- Asked to see completed data
- Wanted to see statistics

#### Data vs Service

- CHWs and mother perceptions
- Data-based birth registration
  - 24 questions
  - 10 min
- Service-based neonatal screening
  - 7 questions
  - 3 min

## CHW perceptions

- 4 CHWs
  - 1/2 birth registration, 1/2 screening
- "I would be able to collect large amounts of data...since it has very many questions."
- "...because I can be able to help babies in case of any trouble..."

### Mother perceptions

- 1 preferred birth registration
- 1 liked both, 1 confused
- 7 preferred neonatal screening
- "more concerned about the well being of my baby."

# What about impact?



