

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



③ Condom distribution
④ Support health services
education, capacity building,
monitoring, reporting, grant
monitoring
⑤ Monthly reports
⑥ Participating in surveys

CATEGORIES of Responsibility
① Community Mobilization
- PM also informs about
- PM agents the place
of work
② Conducting health education
③ Public Health Surveillance
- health data, monitoring, reporting,
education, capacity building, PM agents
- PM agents

AGENDA
Introduction
Local Job Challenge
BREM
Solutions to Go
Any other business

CHALLENGES
1. No time for PM agents
2. Lack of information
3. Lack of support
4. Lack of motivation
5. Lack of resources
6. Lack of capacity
7. Lack of information
8. Lack of resources
9. Lack of motivation
10. Lack of support

SOLUTIONS
1. PM agents should be
2. PM agents should be
3. PM agents should be
4. PM agents should be
5. PM agents should be
6. PM agents should be
7. PM agents should be
8. PM agents should be
9. PM agents should be
10. PM agents should be

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CHALLENGES

- ~~At~~ Some Mothers still deliver from TBAs
- Transportation difficult due to 3 homes.
- lack of ideas
- Materials.
- lack of ^{Guid} ~~sub~~ umbrellas
- Sunny S

SOLUTIONS

1. Sensitization of T

female Condoms

of recording
& Standard

Utendaji

Utendaji
Changamoto
Ufumbuzi
H.t.m.sho

1. Kutembelea kaya lo kwa siku Kila mmoja
2. Kwa kawaida, Kutembelea kaya mara moja
3. Kama kuna kuna mgonjwa kwenye kaya basi
kaya hingo inatembelwa zaidi ya mara moja kulingana
na matibaliano.
4. Kuwaziadawa kwa bei nafuu na pengine kuwakopesha.
5. Wakati mwingine kama watu hawana uwezo kabisa
wanamasishaji wanawalipa na kuwapa bure.
6. Kutoa elimu kwenye vikundi juu ya chakulana
lisheria wati wa majira na utumiaji wa vyandagan
7. Kuweka kumbukumbu ya wanaozakwa na wanaokufa
na kuhimiza juu ya chango







Application

Application
NEW
75

Games
Collection

Common
Golf Tour
Highroll

BRAL
Bonyeza alama
Kubadirisha

Amza
Wali

Kufanya Mareketebisho

Kufanya
Mareketebisho



Back

Bonyeza alama
Kubadirisha

Idadi ya
watu
Uzazi wa
mpango
Kuna mtu
01/11/2017
Hapan

3
1



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?



