Digital Tools to Strengthen Community Health Work: India Deep Dive

Post-ICHC Webinar Series

Presenters:

- Ujjwal Maitra, Project Director, BBC Media Action

- Ritika Pandey, Project Director, Project Samvad, Digital Green

- Dr Leila Caleb Varkey, Senior Adviser Reproductive Maternal Child and Newborn Health, Centre for Catalyzing Change (C3); and Mohammad Ahsan, Program Manager, Reproductive health and Rights and HIV/AIDS programs

THE WEBINAR WILL BEGIN AT 9:00am EDT

BBC Media Action

Ujjwal Maitra

Digital Tools to Strengthen Community Health Work

mHealth services :
Kilkari and Mobile Academy

Overview of Kilkari and Mobile Academy

Kilkari is a mobile health education service that provides pregnant women, new mothers, and their families with timely, accessible, accurate and relevant information about Reproductive, Maternal, Neonatal and Child health. It aims to improve families' knowledge and uptake of life-saving preventative health practices.

Mobile Academy is an IVR-based Reproductive Maternal Neonatal and Child health training course designed to refresh frontline health workers' knowledge of life-saving preventative health behaviors, and improve the quality of their engagement with new and expecting mothers and their families.

- Uses IVR technology to deliver time-sensitive audio information directly to families' mobile phones

- Uses IVR technology that is handset independent, audio based and accessed via a simple voice call

- Covers the critical time period – where the most deaths occur from the 2nd trimester of pregnancy until the child is one year old (72 weeks)

- Covers 33 months; from pregnancy until the child is 2 years of age

- Subscribers receive one pre-recorded call per week, linked to the woman's stage of pregnancy or the child's age

- Divided into chapters, lessons and quizzes, and CHWs' receive an accumulative pass/fail score at the end of the course

Note: All those who pass receive a printed certificate from the government

Scale up beyond pilot !

- **Piloted** in the Indian state of Bihar
- Government of India (GOI) decided to **scale up nationally** in 2014
- GOI agreed to
  - cover the cost of a **data-centre** to host the services,
  - providing **telecommunications connectivity** to the national platform and
  - **Toll-Free calls pan-India**.
- **The services are now live in 13 of the 29 Indian states**
- **Available for FREE**

Kilkari: uptake as on 31st May 2018

Live in 13 states in 5 languages

More than 900 state officials trained

8.76 million subscribers reached

2.2 million subscribers called weekly

Since Kilkari went live

130 million calls have been answered

129 million minutes of content has been played

★ One of Ministry of Health and Family Welfare's top 3 initiatives in 2017

Mobile Academy: uptake as on 31st May 2018

Live in 13 states

More than 900 state officials trained

137,449 ASHAs have started the course*

107,539 ASHAs have graduated**

4 languages

*241,190 ASHAs have started Mobile Academy
** 155,796 ASHAs have graduated on the national and state-based platforms in total

Key Challenges

Poor data quality
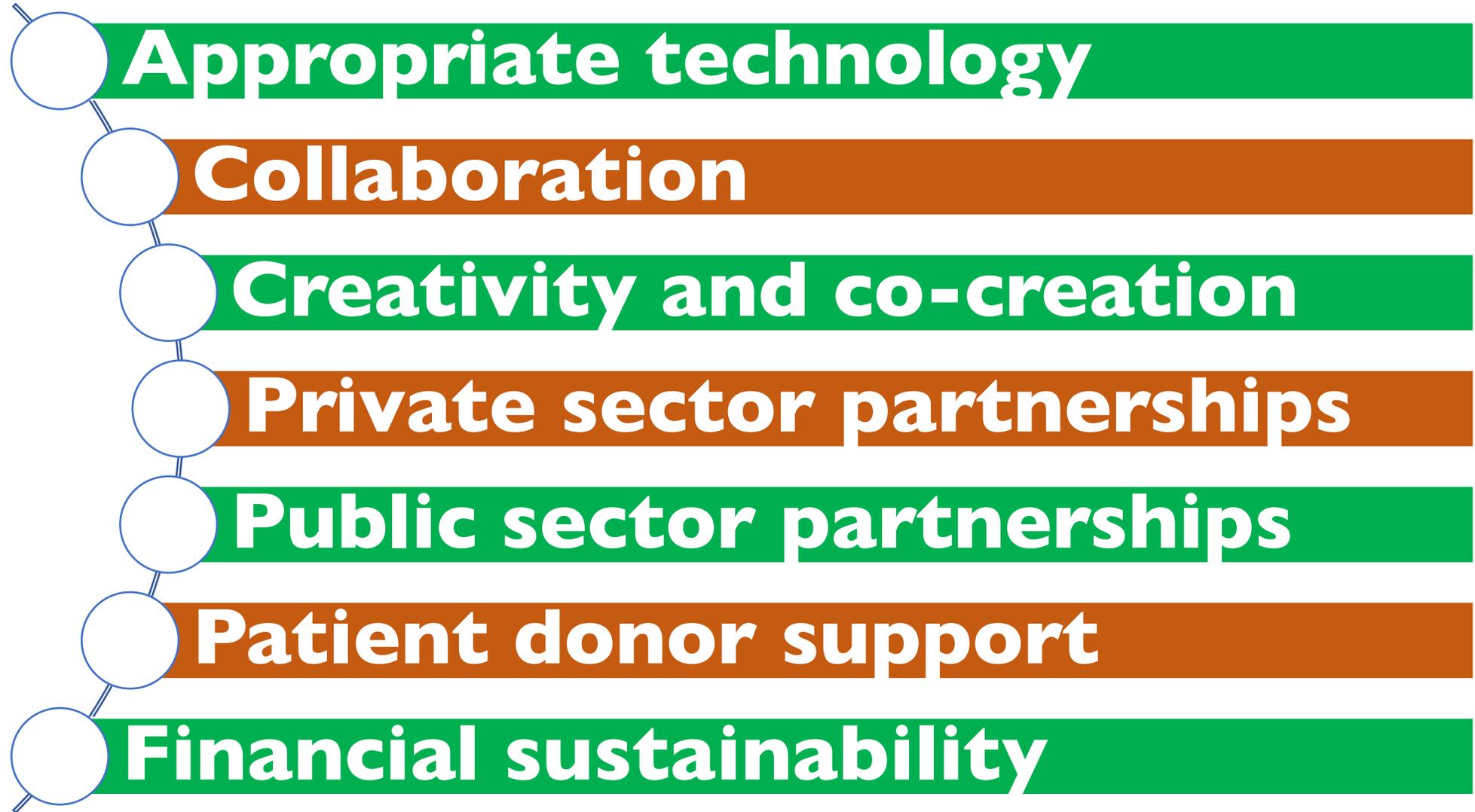- limits the reach and targeting of the services.

Inaccurate data
- challenging to validate, reject and track

Maximization of infrastructure
- requires calls to be made to Kilkari subscribers throughout social hours (8AM to 8PM)

Reasons for achieving sustainable scale

- **Appropriate technology**
- **Collaboration**
- **Creativity and co-creation**
- **Private sector partnerships**
- **Public sector partnerships**
- **Patient donor support**
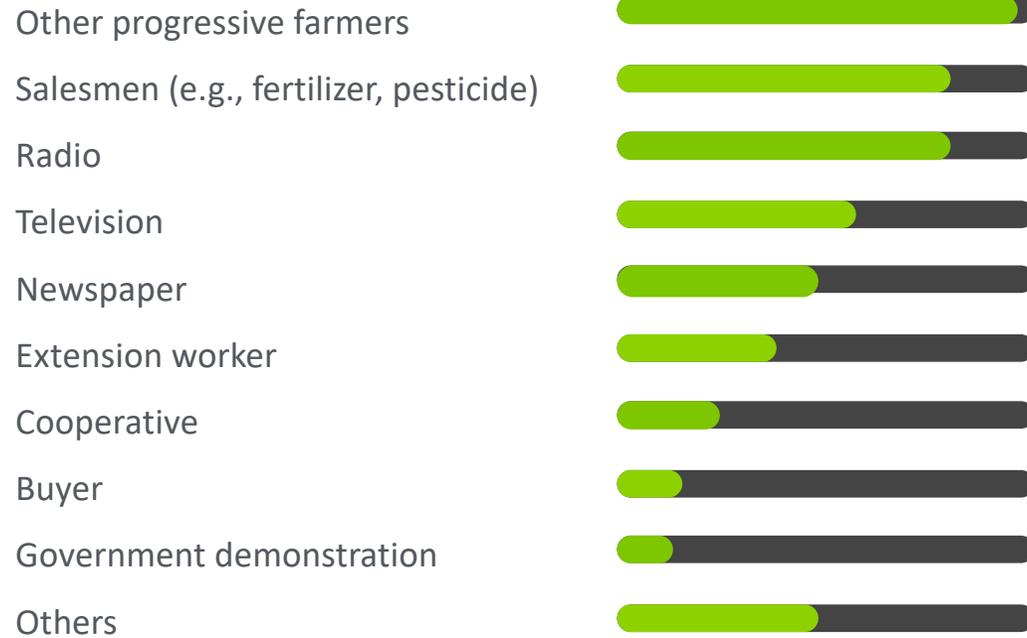- **Financial sustainability**

Digital Green

Ritika Pandey

Digital Green

Empower the rural community to lift themselves out of poverty by harnessing the power of technology and grass-roots partnerships

Agricultural Social Networks in India

Essentially, the farmer / peer next door

DigitalGreen

% farm households (n = 51,770)

| Source	
Other progressive farmers	
Salesmen (e.g., fertilizer, pesticide)	
Radio	
Television	
Newspaper	
Extension worker	
Cooperative	
Buyer	
Government demonstration	
Others	

Main source of information about new technology and farm practices over the past 365 days (India: NSSO 2005)
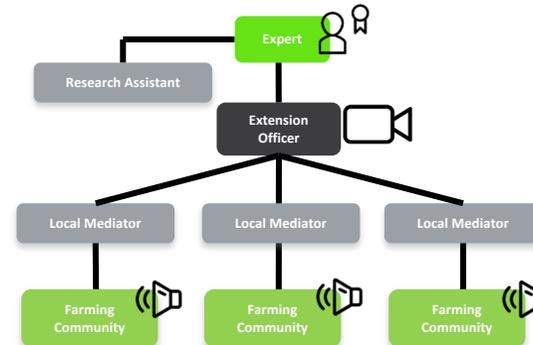
EARLY EXPERIMENTATION
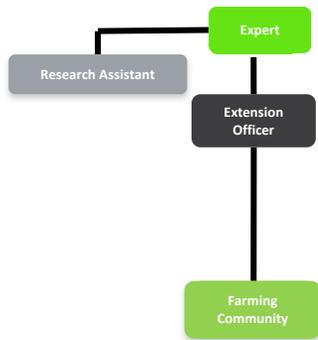
Classic Green

Classical extension agent approach – training & visit approach
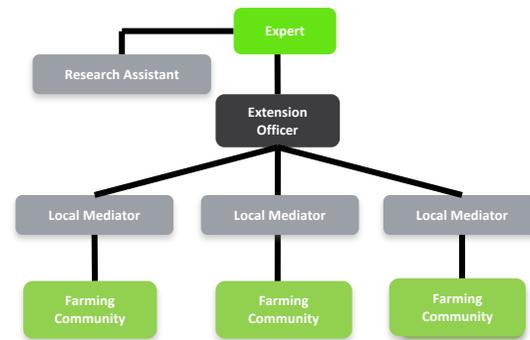
Poster Green

Extension agents sharing information with farming community through posters

Audio Green
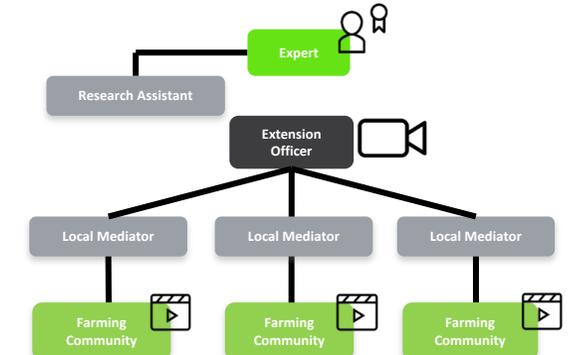
Extension agents sharing information with farming community through audio messages

Digital Green

Extension agents sharing information with farming community through videos

Study revealed Digital Green's adoptions were 7 times higher than Classical extension approach
Also, Digital Green approach was 10 times more cost effective per dollar spent than Classical extension approach

Early Results
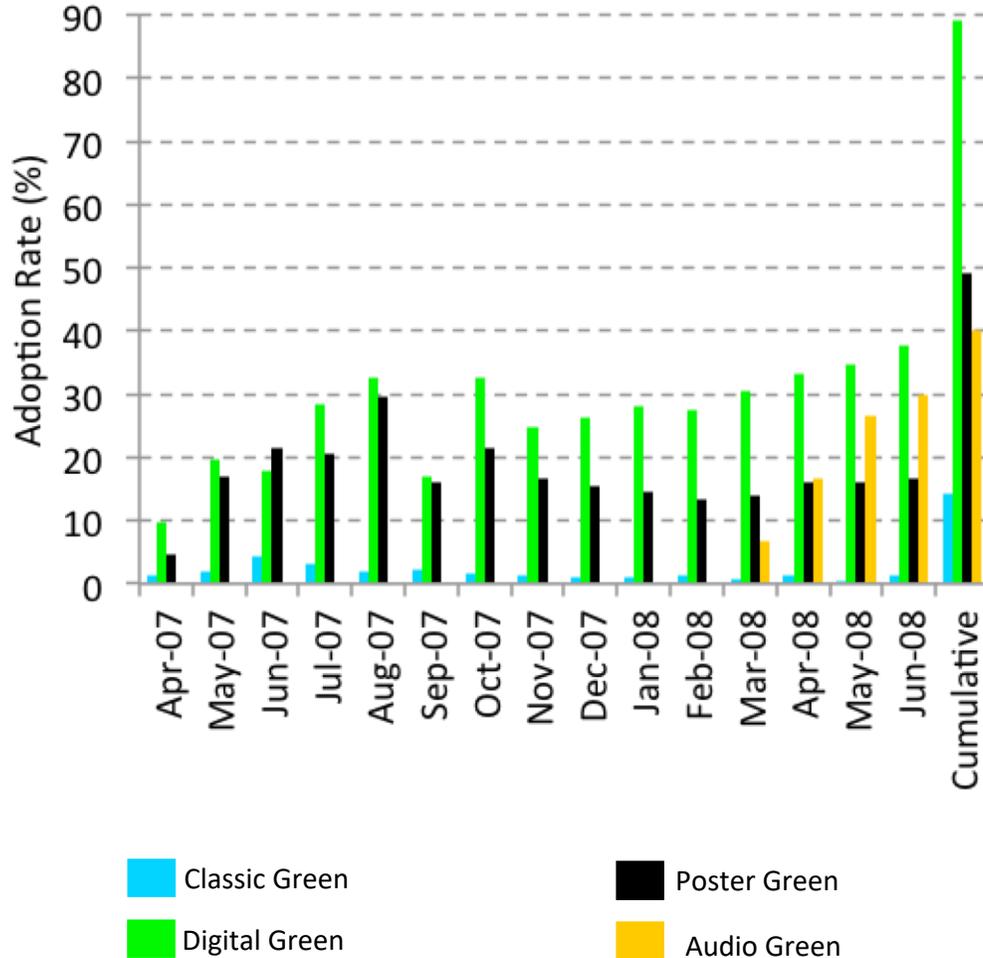
7 times more adoptions over classical extension

10 times more cost effective per dollar over classical extension

	Cost (USD)*	Adoption (%)*	Cost/Adoption (USD)
Classic Green	$ 840	11%	$38.18
Digital Green	**$ 630**	**85%**	**$3.70**
Poster Green	$ 490	59%	$4.1

*per village/year

Digital Green

coco Monitoring Dashboard

Adoption rate	Average adoption per active viewer	Average adoption per screening
43.03 %	1.50	4.58
Total number of adoptions	**Average adoption per video**	**Probability of adoption by a viewer**
676201 Adoptions	519.75 adoptions/video	22.84 %
Total unique viewers adopting a practice	**Total Videos Adopted**	**Ratio of viewers with repeat adoption**
276055 Farmers	1007 Videos	12.20 %

Graphs

Reset **Go**

Calendar

date: 'yyyy-mm-dd' format

from: 2015-06-23
to: 2016-06-21

Search by

Select Country
Select State
Select District
Select Block
Select Village

Partners

Select All ☑
ACCESS ☑
Africa Rice ☑
AGRA ☑
ASA ☑
BAIF ☑
Bhoochetana ☑
Bihan ☑
BRLPS ☑
CHAMP ☑
CIMMYT ☑
DoAG ☑
DPIP ☑
FML ☑
GREEN Foundation ☑
HFFG ☑
ICRISAT ☑
IDE ☑
IDF ☑
IFC ☑
IFDC ☑
JSLPS ☑
MAIL ☑
MKSP-SODI ☑
MoA-DG Ethiopia ☑
MPRAF ☑
MSSRF ☑
MYRADA ☑

Geographic distribution of adoptions [+]

- India
- Ethiopia
- Niger
- Tanzania
- Afghanistan

15%
83.5%

Number of adoptions per month [+]

2015   2016

Number of adoptions over time [+]

— Total videos produced — Total disseminations — Total adoptions — Total practices   1/2 ▶

2015-06-23 2015-08-21 2015-10-19 2015-12-17 2016-02-14 2016-04-13 2016-06-11

Adoptions per practice [+]

○ Sector ○ Subsector ○ Topic ○ Subtopic ● Subject

Any Any Any Any Any Reset

Number of adoptions per practice

Pilots in Health and nutrition

Overview of DG's pilots in health and nutrition and associated outcomes.

40 villages
15 videos produced
2000+ Individuals
WB and JEEVIKA

1769 viewers
24 Villages
12497 Adoptions

2397 viewers
137 Villages
246 Adoptions

30 villages
10 videos produced
40+ SHGs

84 villages
38 videos produced
4500+ disseminations

VARRAT and USAID
SPRING

Gram Vikas Sangsthan,
Nehru Yuva Sangathan
Tisi, PATH, Univ. of
Washington (USA)

100 villages

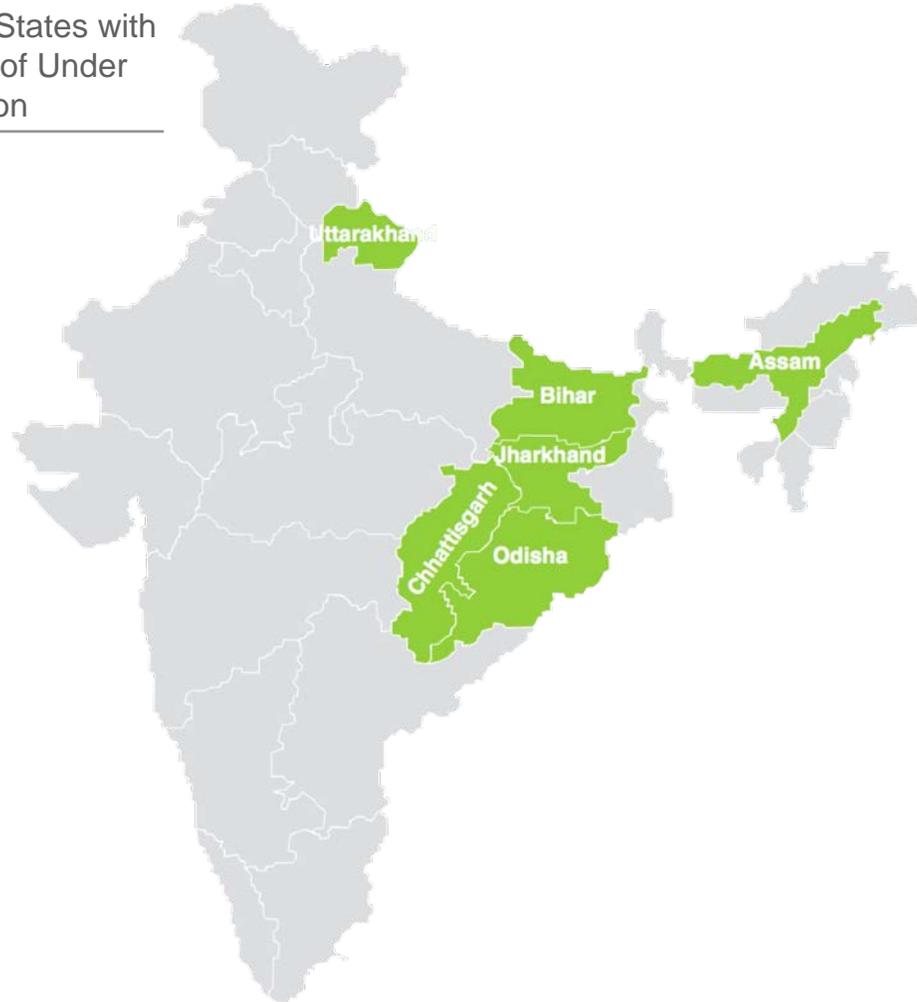Real Medicine
Foundation

Digital Green

Project *Samvad*:
Community based digital platforms for Maternal, Child Health and Family Planning

Digital Green

Project *Samvad*
(2015-2020)

6 High Priority States with High Burden of Under Nutrition

Uttarakhand
Bihar
Jharkhand
Assam
Chhattisgarh
Odisha

Goal:
Improved maternal and child health through promotion of appropriate family planning methods and nutrition messages using Digital Green's approach.
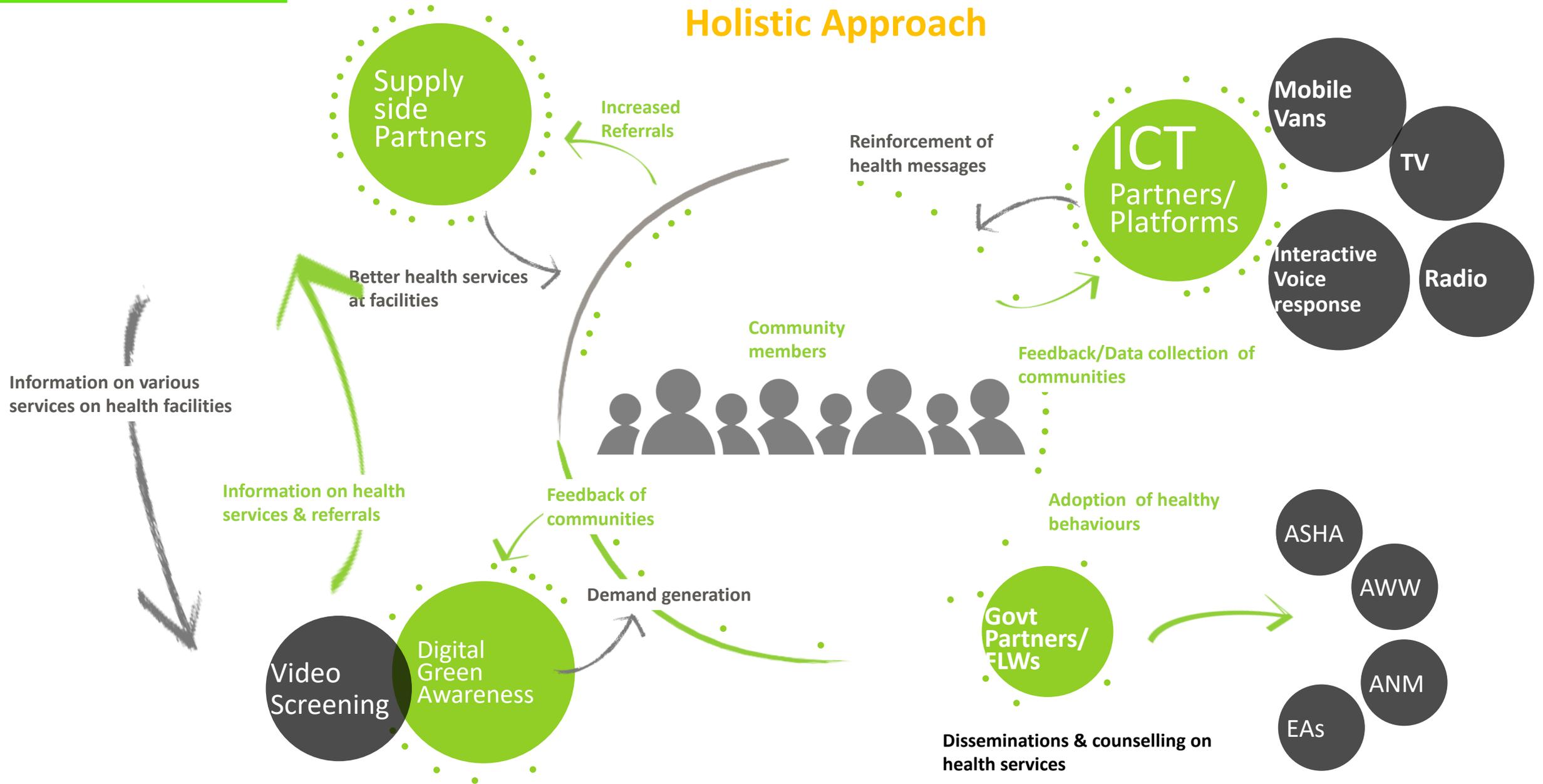
Reach:
1 million women with messages on family planning and nutrition and interface directly with at least 300K women in 1000 day period

Objectives:
Improve nutritional behaviours of women in the 1000 days, for themselves and their children
Improve knowledge and increase use of modern contraceptive methods

Holistic Approach

Supply side Partners

Increased Referrals

Reinforcement of health messages

ICT Partners/ Platforms

Mobile Vans

TV

Interactive Voice response

Radio

Better health services at facilities

Information on various services on health facilities

Community members

Feedback/Data collection of communities

Information on health services & referrals

Feedback of communities

Adoption of healthy behaviours

Digital Green Awareness

Video Screening

Demand generation

Govt Partners/ FLWs

ASHA

AWW

ANM

EAs

Disseminations & counselling on health services

USAID | INDIA
FROM THE AMERICAN PEOPLE

Digital Green

OUR APPROACH
4 Cs

Community Engagement

- Mobilize community
- Identify problems / needs
- Identify local change agents

Contextualization

- Conduct Formative Research
- Identify relevant topics
- Determine local groups

Capacity Building

- Prepare story boards
- Shoot videos and Screen them
- Data management

Continuity

- Partnerships
- Best practices
- Institutionalization

THANK YOU

@digitalgreenorg

Centre for Catalyzing Change

Dr Leila Caleb Varkey and Mohammad Ahsan

Centre for Catalyzing Changes (formerly CEDPA India)

Mobile Monitor for Quality of Maternal Care (MOM-)

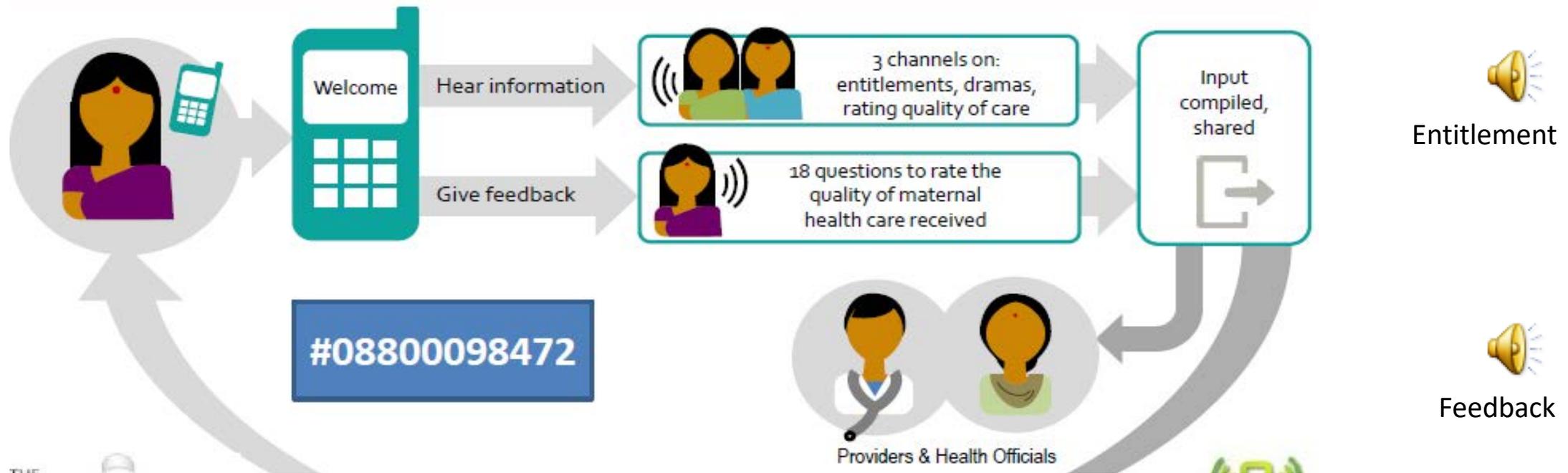# Generating data from Women to Impact Quality of Health Services-MoM-QC

Piloted in Jharkhand-
a state with a high
maternal mortality
ratio of 212 deaths

- A service like Trip Advisor or Yelp, but for life-saving health care- enabling women to provide feedback on the quality of services

- A two-way push-pull communication mechanism using basic mobile phones, using an interactive voice based platform via basic mobile phones

- Citizen-generated data produced directly by people to monitor, demand and drive change for improvement of quality of services

How did the service work?

1 Maya calls *Swasthya Vaani* to register a missed call, and the program immediately calls her back.

2 Maya can choose to hear information about quality of care and government programs she's entitled to participate in. And she can rate the quality of her latest maternal health care experience.

3 Maya's feedback is published on the phone system for others to access and shared with decision-makers to improve care.

Welcome

Hear information — 3 channels on: entitlements, dramas, rating quality of care

Give feedback — 18 questions to rate the quality of maternal health care received

Input compiled, shared

#08800098472

Providers & Health Officials

Entitlement

Feedback

Feasibility Test: Data Generated on 4 QoC Indicators

Timeliness- Waiting time before receiving services

Service Guarantee- Provider, service and supplies

Respectful care (maintaining comfort, privacy and confidentiality) and absence of abuse

Cleanliness of facility including toilets, hygiene & housekeeping services, sanitation

What did we do with the data generated?

Feedback converted into a ratings system to help facilities improve care, and households decide where to seek care

Scaling up-

- Linking clients to FP information, obtain feedback from clients' perspectives on Elements of Respectful Care in FP services received and appointments for sterilization operation at facilities through IVRS based platform-Parivar Swasthya Vaani (PSV)

Parivar Swasthya Vaani- An interactive voice response-based system

Providing Information on Quality of Care in Family Planning Services to Clients

Missed Call-Based Two-Way Push-Pull Communication System

Gaining Feedback on Quality of Care in Family Planning Services from Clients

Parivar Swasthya Vaani- Key Features

1. Providing information on Quality of Care in FP Services to Clients

2. Feedback on Quality of Care in FP Services from Clients

3. Districts covered: 6 each in Odisha and Chattisgarh

   Facilities covered: 51

4. Data intended for use by state, district and block health officials and community representatives like NGO and PRI representatives in RKS

5. Story content focused on gender, social inclusion & respectful care in FP services, information on methods, benefits, side effects & where to obtain/access

6. Analysis of data received through the feedback surveys and Real-Time Data Sharing to Improve Quality of Care in FP Services
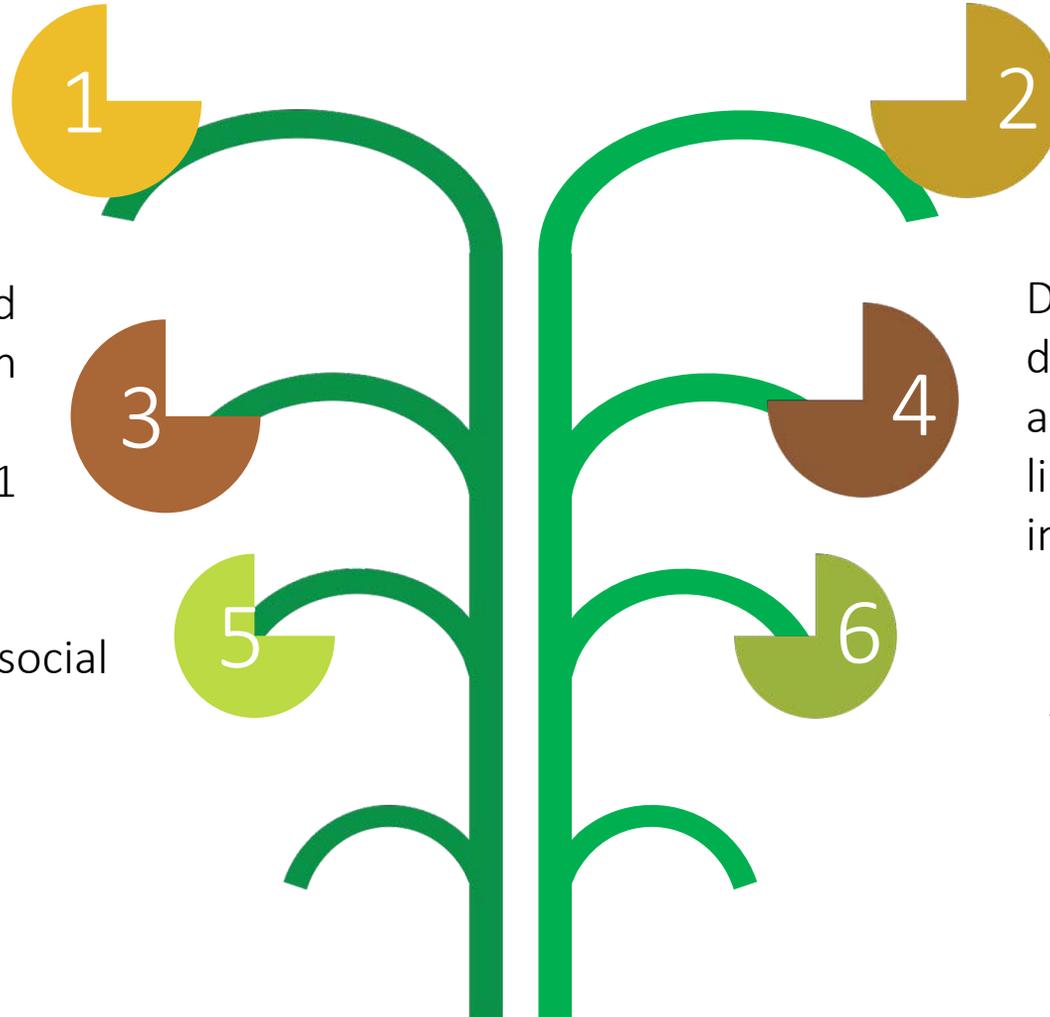
Parivar Swasthya Vaani- Dashboard Views

User types
http://parivarswasthyavaani.com/login
on computer web browser

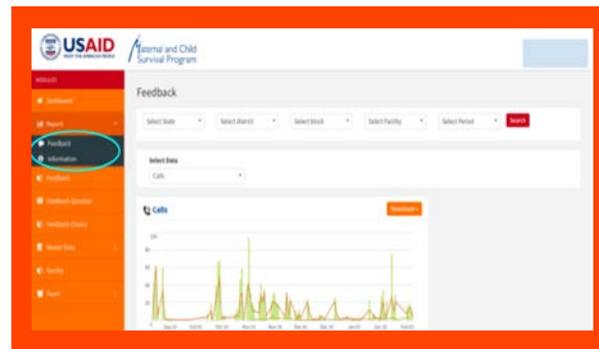User enters Email ID & Password- issued by MCSP and click on "Sign in"

User views real-time data on uptake of information by clients and feedback given by clients. All data is download-friendly.
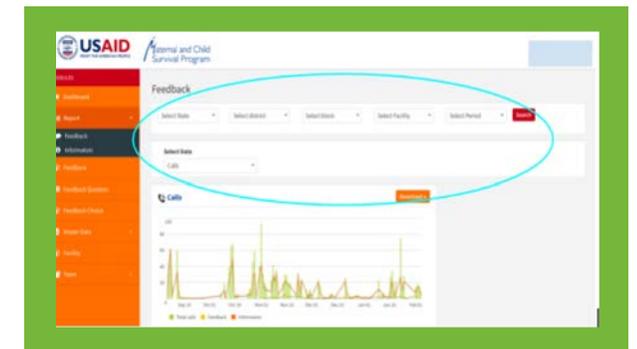
How to access reports and use filters

User types
http://parivarswasthyavaani.com/login
on computer web browser and logs in using email ID & password issued by MCSP

User goes to Reports Section on the left side of the Dashboard and choses either of the options available

User chooses from available filters to generate report of choice!

Early Feedback

902 calls made since launch on April 30, 2018
114 calls made to give feedback
785 calls made to gain information

Informed Choice and Consent
- 25% Did Not feel comfortable while asking Questions to service provider
- 50% reported that the service provider Did not Explain about Benefits and Minor problems
- 50% were Not Satisfied with the response of the Service provider
- 43% reported that their spouse was not counselled on family planning methods

Dignity, Respect, Privacy and Out-of-Pocket Expenditure
- 75% reported that they had to Spend money from their own pocket.
- 25% reported that they did not experience Privacy during counselling

Cleanliness and Waiting Time
- 25% reported that water was not available in facility toilets
- 50% reported that the facility toilets were dirty/smelly/broken
- 100% reported that they had to wait less than 1 hour at the facility for services