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FROM THE AMERICAN PEOPLE

# ADAPTIVE MANAGEMENT USING DIGITAL TECHNOLOGIES TO HELP HEALTH PROGRAMS ADAPT

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# TYPES OF ADAPTATIONS

1. **Tactical or single loop adaptation:** Tactical adaptation describes correction of ongoing programs in response to monitoring data. It does not include deeper changes in how the underlying problem that the program aims to target is defined or the program design. Tactical adaptation is often fast and relies on rapid data.
2. **Strategic or double loop adaptation:** Strategic adaptation refers to more in-depth course direction in response to learning from different data sources and feedback. It happens when underlying assumptions about the program and/or its design are changed resulting in fundamental changes in the program. Strategic adaptation often needs time, careful reflection and usually relies on different data sources.
3. **Institutional adaptation:** Institutional adaptation describes when organizations make formal adjustments to protocols to support a program's implementation and/or to improve its overall ability to deliver on its development objective. Adjustments represent a departure from organizational standard practice and/or norms, and are usually aimed at removing institutional barriers to program success.

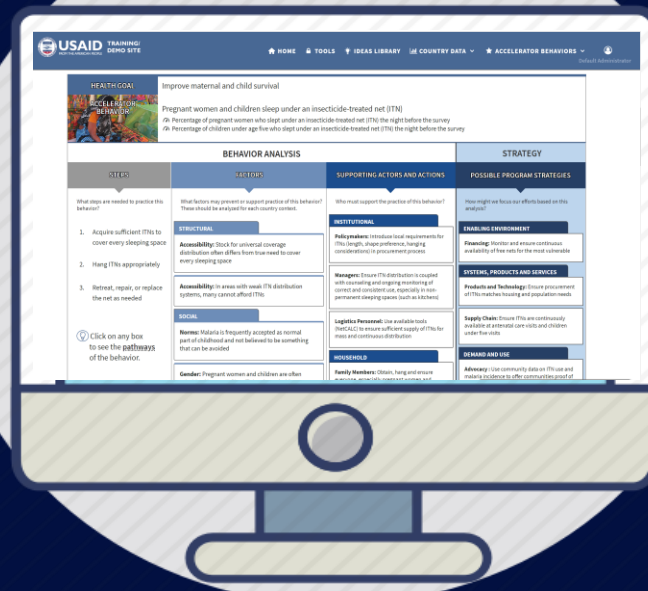
# Four key factors

1. **Authority:** Is the action within the **role and responsibility** of the stakeholder?
2. **Incentives:** Is the stakeholder **incentivized** to take action?
3. **Capacity:** Does the action require the **skills and knowledge** that the stakeholder has?
4. **Resources:** Does the action need **resources** for the stakeholder to take action?

Each of these factors has to be designed into the activity if the technology or data will lead to adaptive management.

# Adaptive Management Through Digital Tools

2018 Global Digital Health Forum  
December 10, 2018





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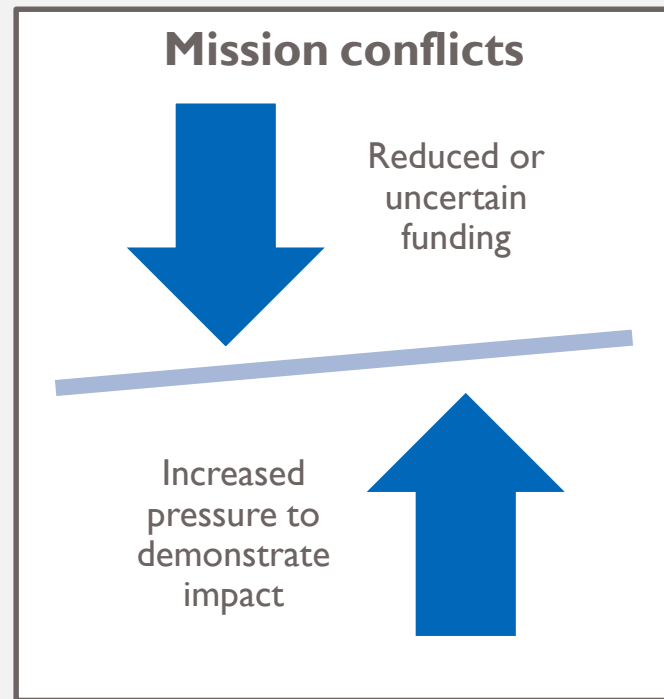
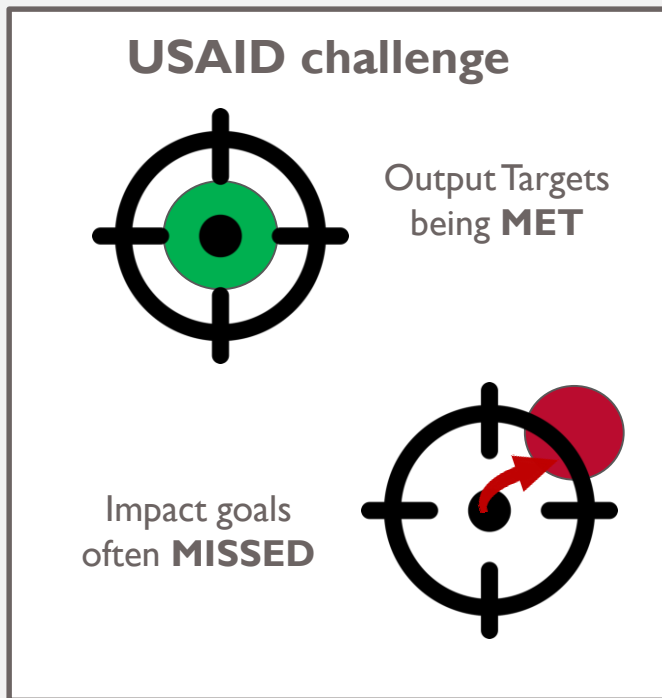
# The ACCELERATE Project

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Guidance to help USAID Missions  
maximize investments and achieve  
results in maternal and child survival

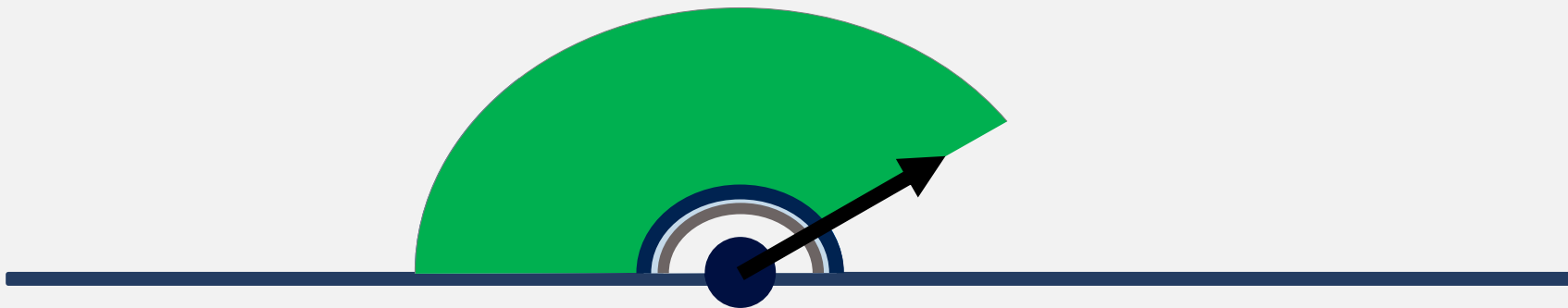


# What problem was ACCELERATE created to solve?

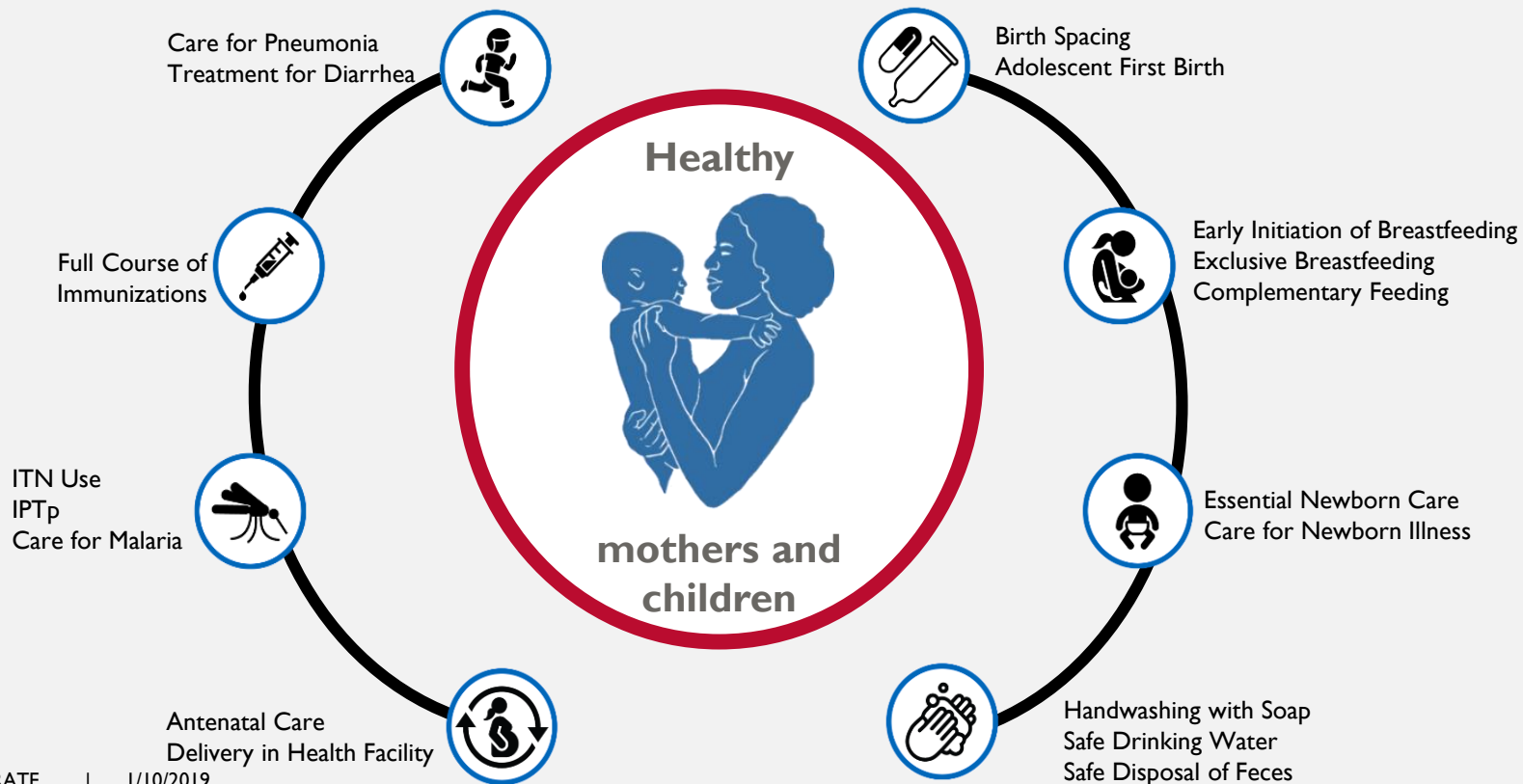


# We can move the needle faster

by providing a **behavioral lens** that focuses program efforts on changing behavioral outcomes to improve health results and save lives



# Targeting behaviors works because they are the element closest to outcomes that we can change





# ACCELERATE works

**USAID/Senegal** assessed past project outcomes to better **manage** current activities and **guide** future activity work planning

**USAID/Democratic Republic of the Congo** developed a Behavioral Framework to **identify strategies** for new procurements

**USAID/Ghana** developed a behaviorally-focused health sub-strategy to **contribute to the CDCS** and **guide future programming**

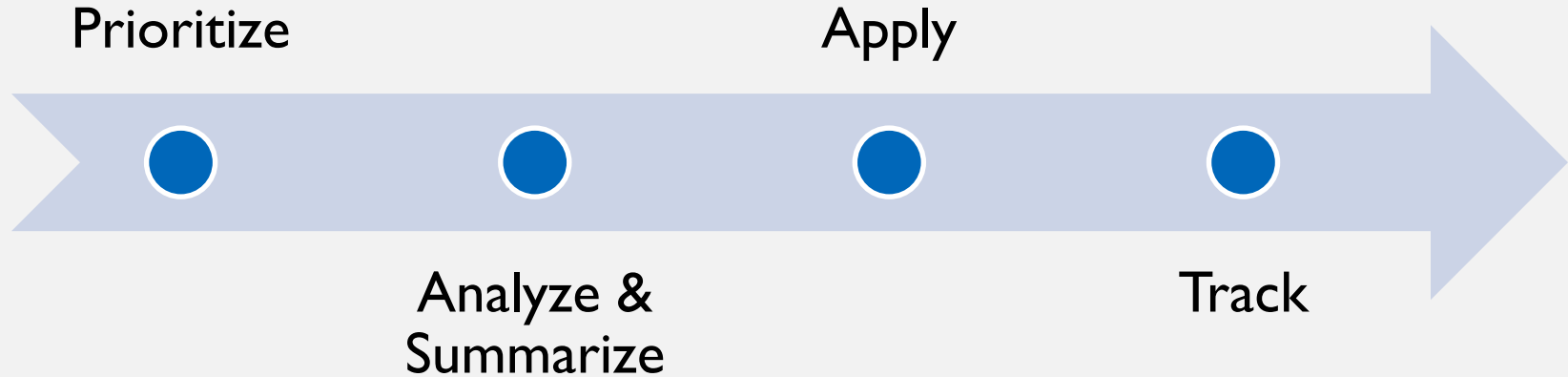
**USAID/Kenya** developed a Behavioral Framework to **manage and coordinate** health activities

# Think | BIG Website

## Goals

1. Easy to use tools to create behavior change approaches
2. Document and share decisions and outcomes
3. Direct and distance technical assistance

# Think | **BIG** Approach





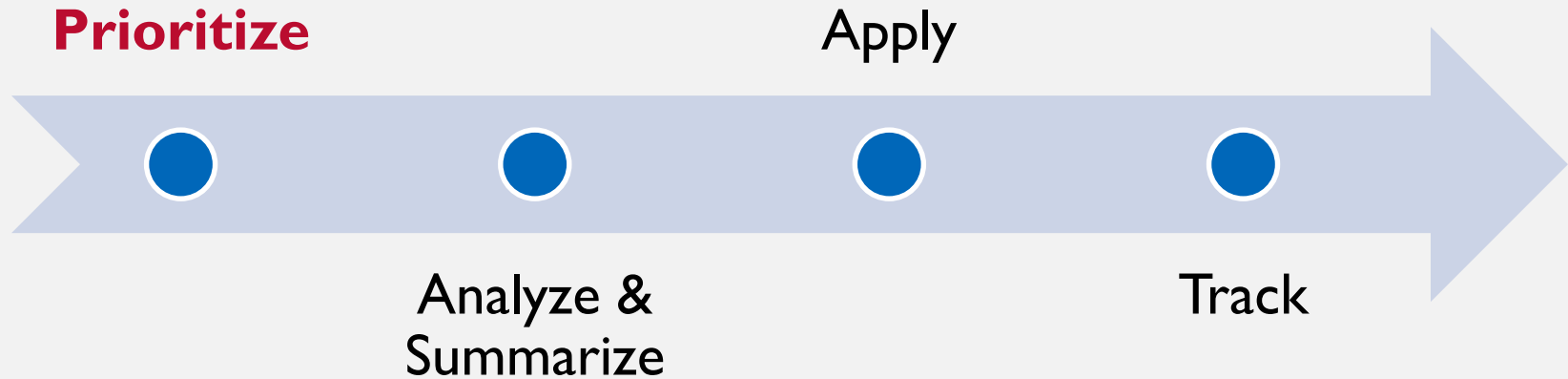
# THINK | BIG

## Behavioral Integration Guidance

Align your USAID health programming using behavioral outcomes to maximize investments and accelerate impact on maternal and child survival

[▶ LEARN MORE](#)[LOG IN](#)

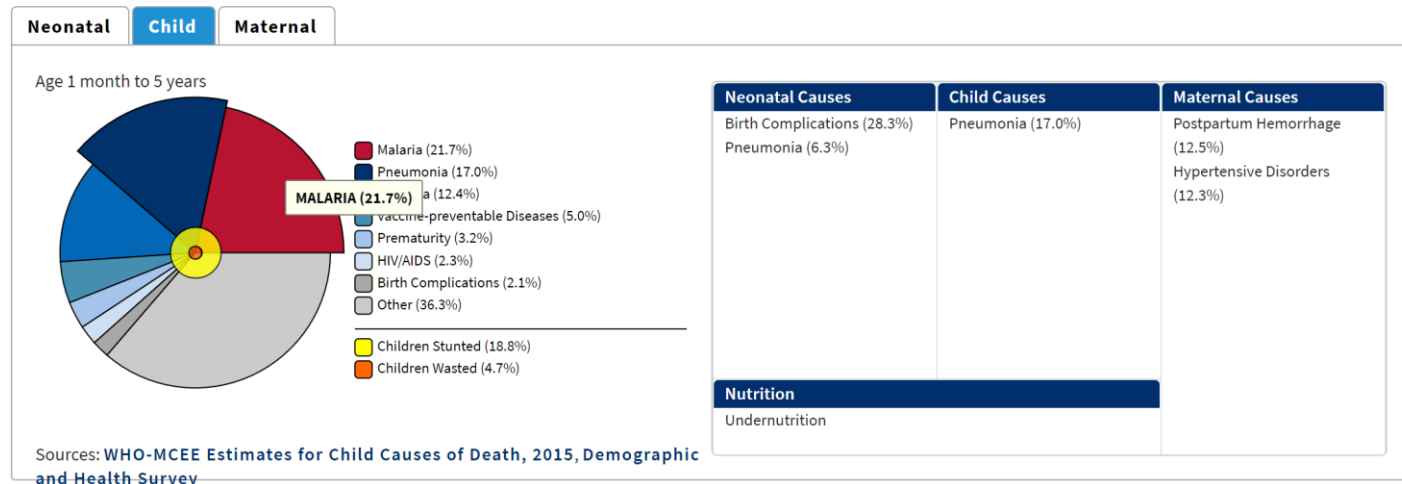
# Think | **BIG** Approach



# Prioritize

Major causes  
of mortality  
for target  
populations

## Causes of Mortality

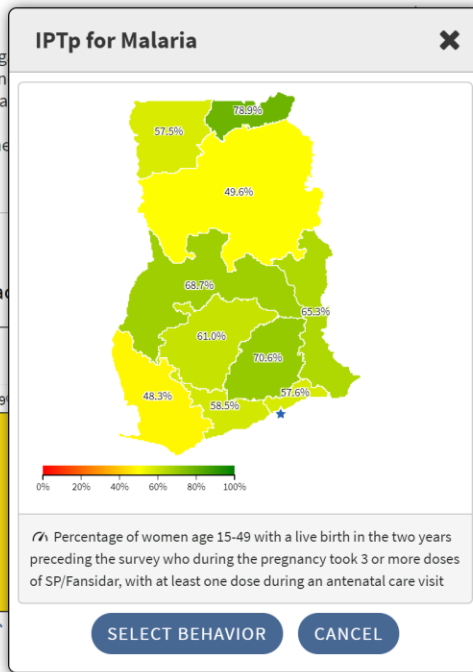
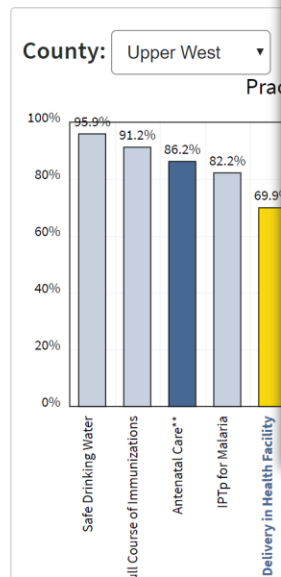


REVIEW ASSOCIATED BEHAVIORS

Consider the association between the behavior and the causes you have selected and the current uptake of the behavior represented by the bar graph below.

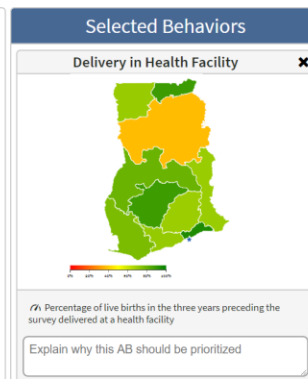
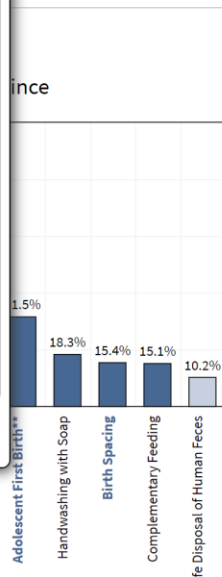
✓ **Organization Fit:** Does the organization have the resources to implement these behaviors? How do these behaviors correspond to the organization's current human and financial resources?

✓ **Stakeholder Fit:** What are other stakeholders' views on these behaviors? How do they contribute?



Click on the bar graph for more information on the behavior, including its association with specific causes of death and uptake across regions or the behavior as geographic disaggregation of uptake data.

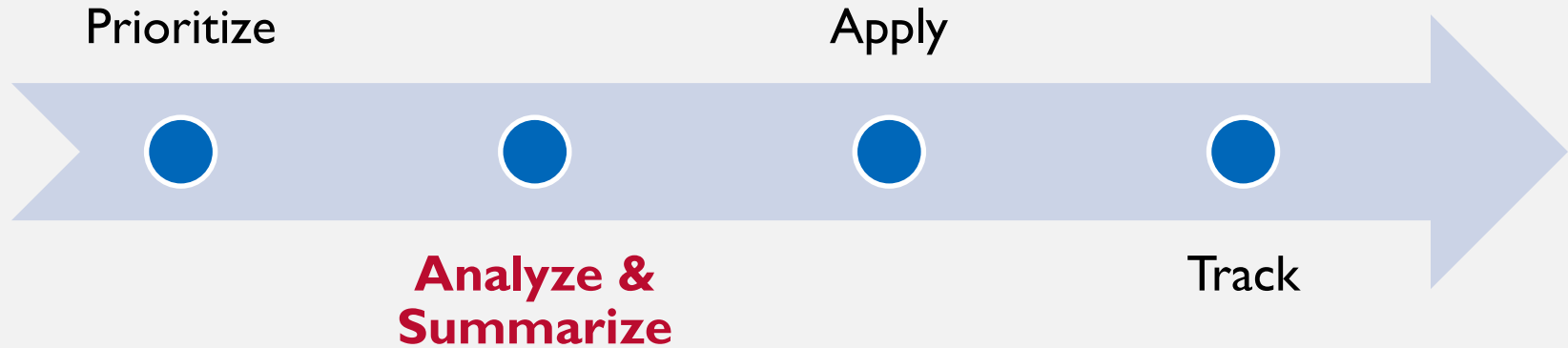
To select the behavior, simply click on a bar from the graph and then "select behavior" from the map window. That behavior then appears in the right of the graph, along with a text box to enter your rationale for prioritizing the behavior.



# Prioritize

Current status of different behaviors by country or region

# Think | **BIG** Approach





# What's Different about THINK | BIG's Analysis?

Think | BIG's analysis provides a deeper understanding of your priority behaviors so that you can effectively encourage their adoption by primary actors



# What is a Behavior Profile?

Think | **BIG**'s tool to help you systematically analyze a behavior, ensuring all elements have been thought through and pathways to change have been identified




# Analyze

Behavior Profiles analyze required elements for a patient or caregiver to achieve the behavior

💡 Click on any box to see the pathways of the behavior.

HEALTH GOAL		Improve maternal and child survival	
ACCELERATOR BEHAVIOR		Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits	
		✔️ Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 3 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit	
		✔️ Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 2 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit	
BEHAVIOR ANALYSIS			
STRATEGY			
STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
What steps are needed to practice this behavior?	What factors may prevent or support practice of this behavior? These should be analyzed for each country context.	Who must support the practice of this behavior?	How might we focus our efforts based on this analysis?
1. Decide to seek ANC care early before the end of the first trimester  2. Obtain IPTp at each ANC visit, beginning in second trimester  3. Adhere to provider instructions on when to return for the next visit	<b>STRUCTURAL</b>  <b>Accessibility:</b> Fansidar/SP is often out of stock or rationed	<b>INSTITUTIONAL</b>  <b>Policymakers:</b> Ensure integration of IPTp with broader reproductive health programs	<b>ENABLING ENVIRONMENT</b>  <b>Partnerships and Networks:</b> Explore delivery of ANC and IPTp in non-formal settings, such as through NGOs and by community health workers, directly in the community where ANC is inaccessible
	<b>Service Provider Competencies:</b> Lack of provider knowledge including when to begin IPTp further confuses women and their family	<b>Logistics Personnel:</b> Ensure SP or other IPTp commodity supply	<b>Policies and Governance:</b> Integrate IPTp into reproductive health programs
	<b>SOCIAL</b>  <b>Family and Community Support:</b> Often family members or partners do not consent to multiple ANC visits	<b>Providers:</b> Provide clear counseling about protective benefits, timing and dosing of IPTp to pregnant women and their partners	<b>SYSTEMS, PRODUCTS AND SERVICES</b>  <b>Supply Chain:</b> Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to plan for at least 4 doses per expected pregnant woman
	<b>Family and Community Support:</b> IPTp is seldom endorsed or promoted by community-based service providers		<b>Quality Improvement:</b> Disseminate to providers clear IPTp guidelines and information to use in counseling women on benefits
	<b>INTERNAL</b>  <b>Attitudes and Beliefs :</b> Many women fear side effects		<b>Quality Improvement:</b> Expand and promote services offered during ANC to increase perceived value, including treatment for RTIs

 Click on any box to see the pathways of the behavior.



# Analyze

## STEPS:

What steps are needed to practice this behavior?

HEALTH GOAL			
ACCELERATOR BEHAVIOR			
Identify specific steps required to achieve behavior			
BEHAVIOR ANALYSIS			
STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	STRATEGY
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2. Obtain IPTp at each ANC visit, beginning in second trimester	<b>SERVICE PROVIDER COMPETENCIES:</b> Lack of provider knowledge including when to begin IPTp further confuses women and their family		
3. Adhere to provider instructions on when to return for the next visit	<b>SOCIAL</b>  <b>Family and Community Support:</b> Often family members or partners do not consent to multiple ANC visits  <b>Family and Community Support:</b> IPTp is seldom endorsed or promoted by community-based service providers  <b>INTERNAL</b>  <b>Attitudes and Beliefs:</b> Many women fear side effects		<b>SYSTEMS, PRODUCTS AND SERVICES</b>  <b>Supply Chain:</b> Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to plan for at least 4 doses per expected pregnant woman  <b>Quality Improvement:</b> Disseminate to providers clear IPTp guidelines and information to use in counseling women on benefits  <b>Quality Improvement:</b> Expand and promote services offered during ANC to increase perceived value, including treatment for RTIs

Click on any box to see the pathways of the behavior.

# Analyze

## FACTORS:

What factors may prevent or support practice of this behavior?

BEHAVIOR ANALYSIS				STRATEGY
STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES	
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# Analyze

## FACTORS:

What factors may prevent or support practice of this behavior?

Customizing factors to the specifics of the country or region

What steps are needed to practice this behavior?

1. Decide to seek ANC care early before the end of the first trimester
2. Obtain IPTp at each ANC visit, beginning in second trimester
3. Adhere to provider instructions on when to return for the next visit

Click on any box to see the pathways of the behavior.

HEALTH GOAL

Improve maternal and child survival

ACCELERATOR

Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits

Women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 3 or more doses of SP/Fansidar, with at least one antenatal care visit

Women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 2 or more doses of SP/Fansidar, with at least one antenatal care visit

BEHAVIOR ANALYSIS

### Analyze Factor: Family and Community Support

Close x

BEHAVIOR

Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits

FACTOR

Family and Community Support

**Definition** The active or passive actions or attitudes of the primary actor's family members, peers or community members towards a behavior

#### Examples

- Funds are not allocated or prioritized by family members for the pregnant woman to seek for early or complete antenatal care (ANC) visits with IPTp
- Approval or encouragement from family members is lacking for pregnant women to seek early ANC and complete at least 4 visits, where the woman would get IPTp
- Lack of task sharing of household duties by family or community members to allow mothers to have time to go for early ANC and complete ANC, where she would get IPTp
- Inadequate collective actions such as community transportation and funds, and home visits by community workers, to help pregnant women go for early ANC and complete ANC, where she would get IPTp

Is family and community support an issue in your context?

Yes

No

Specific Issue

Not at all

Extremely

Grandmothers didn't

\*

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Men have cash, and are unwilling to give it to their wives for ANC

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\*\*\*\*

\*\*\*\*\*

Many women face long travel and cannot get cash for transport

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+ ADD MORE

Please cite sources for your analysis:

STRATEGY

PROGRAM STRATEGIES

Our efforts based on this

IMPLEMENT

Networks: Explore delivery of formal settings, such as community health workers in the community where ANC is practiced

Integrate IPTp into existing programs

TOOLS AND SERVICES

Then commodities and SP/Fansidar/IPTp protocol at least 4 doses per expected pregnancy

Disseminate to providers and information to use in the community

Expand and promote ANC to increase perceived benefit for RTIs

# Analyze

## FACTORS:

What factors  
may prevent or  
support  
practice of this  
behavior?

Identify indicators  
that may be used  
to measure factors

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BEHAVIOR PROFILE EDITOR  
Default Administrator

[Return to Behavior Profile List](#) [Intermittent Preventive Treatment of Malaria in Pregnancy](#)

[1. Select Factors](#) » [4. Identify Supporting Actors and Strategies](#) » [5. Check Pathways](#) » **[6. Select Potential Indicators](#)** » [7. Finalize](#)

**POTENTIAL INDICATORS**

Below are a list of potential indicators you can use to measure each factor. These are based on Factor Categories.

**STRUCTURAL**

**Accessibility:** ANC is considered a waste of money

**Accessibility:** Women with multiple children do not have time

**Facility Experience:** ANC is considered a waste of time

**SOCIAL**

**Family and Community Support:** Men have cash, and are unwilling to give it to their wives for ANC

**Family and Community Support:** Many women face long travel and cannot get cash for transport

**STRUCTURAL**

☐ **Accessibility (I):** % of women who reported they have big problems in getting money for treatment for themselves when they are sick

☐ **Accessibility (I):** % of households who reported they have big problems in making time to collect water from improved sources

☐ **Accessibility (I):** % of women who reported they have big problems in having to take transport for treatment for themselves when they are sick

☐ **Accessibility (I):** % of women who reported they have big problems in the distance to health facility for treatment for themselves when they are sick

[Show all Potential Indicators](#)

[SAVE AND CONTINUE](#) [None are Appropriate](#)





# Analyze

## POSSIBLE PROGRAM STRATEGIES:

How might we focus our efforts based on this analysis?



Click on any box to see the pathways of the behavior.

HEALTH GOAL

ACCELERATOR BEHAVIOR

Improve maternal and child survival

Pregnant women take intermittent preventive treatment (IPTp) during antenatal care visits (ANC) visits

70% Percentage of women age 15-49 with a live birth in the two years preceding the survey took 3 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit

70% Percentage of women age 15-49 with a live birth in the two years preceding the survey took 2 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit

Identify potential program strategies that can influence factors and steps

BEHAVIOR ANALYSIS

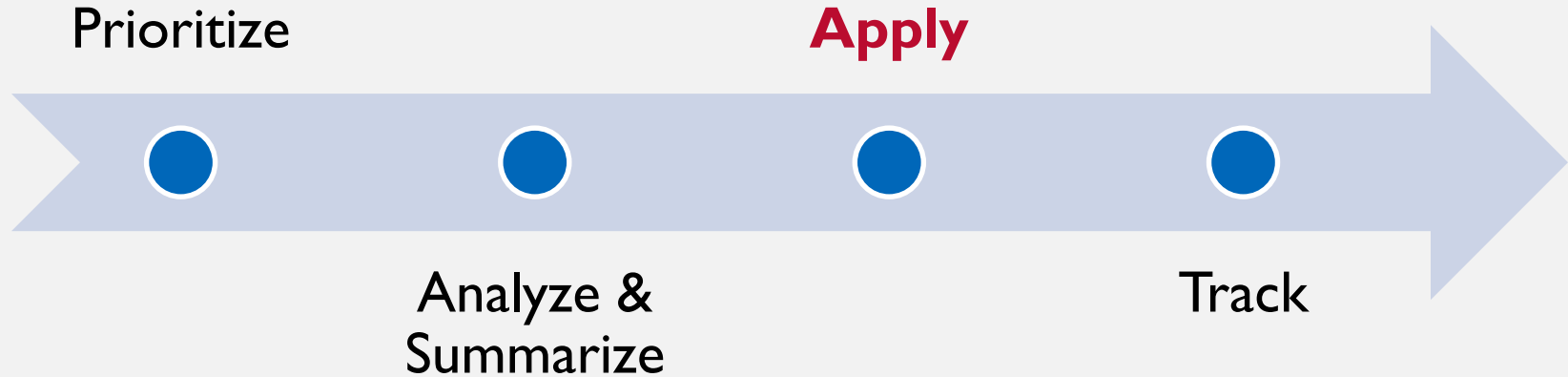
STRATEGY

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Click on any box to see the pathways of the behavior.

Identify potential program strategies that can influence factors and steps

# Think | **BIG** Approach



## IDEAS LIBRARY

Behavior change requires focus on critical factors. It can be changed and can change relatively quickly, if strategies are clearly linked to these critical factors. This Ideas Library is full of examples of work that has successfully changed one or more factors leading to behavior change. Search by factor to explore these pathways and use them as ideas for what can be done to address the same critical factor in your context.

*New ideas posted regularly. Check back soon!*

You are here: [Home](#) » [Ideas Library](#)

### STRUCTURAL



#### ACCESSIBILITY

The primary actor's opportunity to obtain needed products and services, including the availability of those products or services where they should be, and the means and time and financial resources to get to them where and when they are needed

[View Ideas](#)

### SOCIAL



#### FAMILY AND COMMUNITY SUPPORT

The active or passive actions or attitudes of the primary actor's family members, peers or community members towards a behavior

[View Ideas](#)

### INTERNAL



#### ATTITUDES AND BELIEFS

The primary actor's judgement, feeling, or emotion towards a behavior, including the perceived benefit or consequence of practicing or not practicing the behavior

[View Ideas](#)



#### SERVICE PROVIDER COMPETENCIES

The primary actor's perception of the capabilities of a provider's technical, clinical and interpersonal skills, including respectful care

[View Ideas](#)



#### GENDER

The active or passive influence of gender dynamics or relationships (within or outside the home) on the practice of the primary actor's behavior

[View Ideas](#)



#### SELF-EFFICACY

The primary actor's sense of confidence in his/her ability to successfully practice a behavior

[View Ideas](#)



#### SERVICE EXPERIENCE

A primary actor's impression of his or her experience at a health facility or service post, including waiting times, infrastructure, and cleanliness

[View Ideas](#)



#### NORMS

The standards of behavior as established by religious, cultural, or other social groups to which the primary actor belongs

[View Ideas](#)



#### KNOWLEDGE

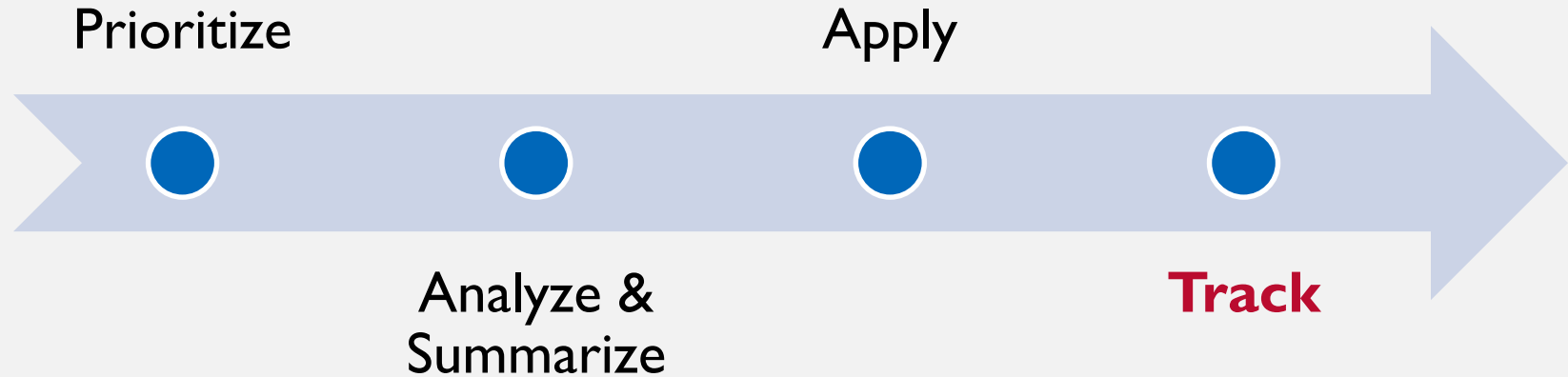
The primary actor's possession and understanding of the information required to practice all steps of a behavior completely and competently

[View Ideas](#)

# Apply

- Sample language for common programs
- Checklists
- Ideas library
- Standard indicators

# Think | **BIG** Approach



# Track

## Priority Behaviors Dashboard

### Delivery in Health Facility

Pregnant women deliver in a health facility with an equipped, qualified provider

📊 Percentage of live births in the three years preceding the survey delivered at a health facility

📖 *The DHS Program Indicator Data API, The Demographic and Health Surveys (DHS) Program*



75%

Target:

25 %

Target Year:

2020 ▼

67% decrease in uptake over 6 years

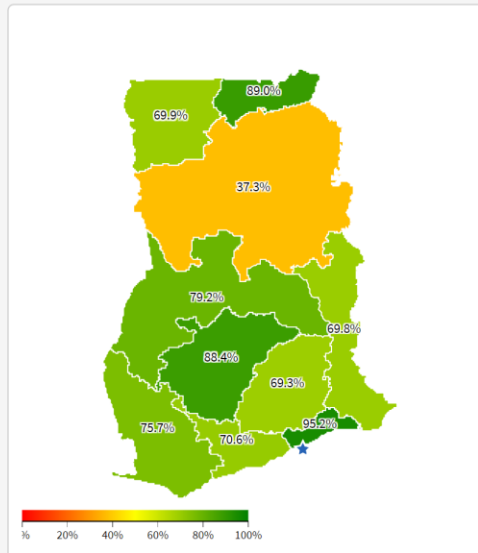
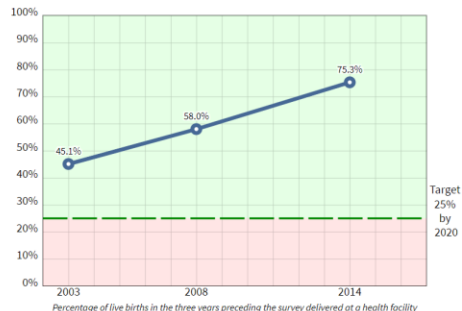
Last Update by Designer Account on 11/27/2017

SAVE TARGET

📄 DOWNLOAD PIRS

▼ Hide Subnational & Trend data

📊 Numerator: Number of live births to women aged 15-49 years in the 3 years prior to the survey attended during delivery by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) Denominator: Total number of live births to women aged 15-49 years occurring in three years prior to the survey.





### BEHAVIOR: IMPROVE MATERNAL AND CHILD SURVIVAL

#### HEALTH GOAL

Improve maternal and child survival



#### ACCELERATOR BEHAVIOR

Family members drink safe water

[View Trend and Subnational Data](#) Percentage of households whose main source of drinking water is an improved source

#### BEHAVIOR AND STEPS

##### Family members drink safe water

1. Collect water from an improved source in a clean container
2. Transport water in a clean, covered container
3. When necessary, treat water by boiling, solar water disinfection (SODIS), chlorination or filtration
4. Store water in a clean, covered container out of reach of children
5. Retrieve water using a clean long-handled implement
6. Provide water to children with clean cup

[View Trend and Subnational Data](#) Percentage of households whose main source of drinking water is an improved source

[View Trend and Subnational Data](#) The DHS Program Indicator Data API, The Demographic and Health Surveys (DHS) Program 2015



Subnational Data

#### FACTORS

##### STRUCTURAL

**Accessibility:** It can be difficult to find water treatment products in local market or health centers

[View Trend and Subnational Data](#) Percentage of households using an appropriate treatment method, including boiling, bleaching, filtering or solar disinfecting.

[View Trend and Subnational Data](#) Demographic and Health Survey 2015

**Accessibility:** It is usually expensive or time consuming to collect from improved water sources or to treat water

[View Trend and Subnational Data](#) Percentage of households whose main source of drinking water is water piped into the dwelling

[View Trend and Subnational Data](#) Demographic and Health Survey 2015

##### SOCIAL

**Norms:** Households believe that others in community have adopted safe water behaviors

[View Trend and Subnational Data](#) Percentage of households not treating water

[View Trend and Subnational Data](#) Demographic and Health Survey 2015

##### INTERNAL

**Attitudes and Beliefs:** Many family members do not like the taste of chemically-treated water

#### SUPPORTING ACTORS AND ACTIONS

##### INSTITUTIONAL

**Policymakers:** Prioritize water and sanitation development projects for rural communities

##### COMMUNITY

**Community Leaders:** Model healthy behaviors by adhering to safe water handling and treatment behaviors

#### POSSIBLE PROGRAM STRATEGIES

##### ENABLING ENVIRONMENT

**Financing:** Support market-based approaches including micro-credit and loans

**Policies and Governance:** Support regulatory reforms that increase and improve the quality of water treatment and storage options available in the market

##### SYSTEMS, PRODUCTS AND SERVICES

**Infrastructure:** Support national planning to improve water systems development

**Quality Improvement:** Train and equip health care personnel to conduct interpersonal communication with clients on the importance of correct water handling and treatment at all times to prevent disease

##### DEMAND AND USE

**Collective Engagement:** Train and equip community leaders to promote the benefits of correct water handling and treatment within households

**Skills Building:** Develop point-of-use and education interventions at the household-level to train families on correct water handling, treatment options and equipment

# Types of Adaptation

- Reorientation for design and evaluation
  - Behavior/beneficiary focused
  - Cross cutting (break through silos)
- Tools facilitate change in thinking
  - “Codify” new process
  - Output is a plan of action
- Identify indicators when identifying changes needed
  - Operational data to measure impact

# Challenges

- Behavior change factors CAN be measured
  - How to collect/access data?
  - Open data is old, &/or not nuanced enough
  - “closed data” (i.e. M&E data) is not available





# Data Needs

- Adaptive management needs granular, timely, **operational data**
- Data exists, but is
  - On paper registers
  - In mHealth apps
  - In EMRs
  - Not easy to access/pull



# For more information

Visit the **ACCELERATE** website at  
<https://acceleratorbehaviors.usaid.gov>

Contact us at  
<https://acceleratorbehaviors.org/contact>






# Let's Talk About SRHR

Amy Green  
Digital Monitoring Manager  
Girl Effect





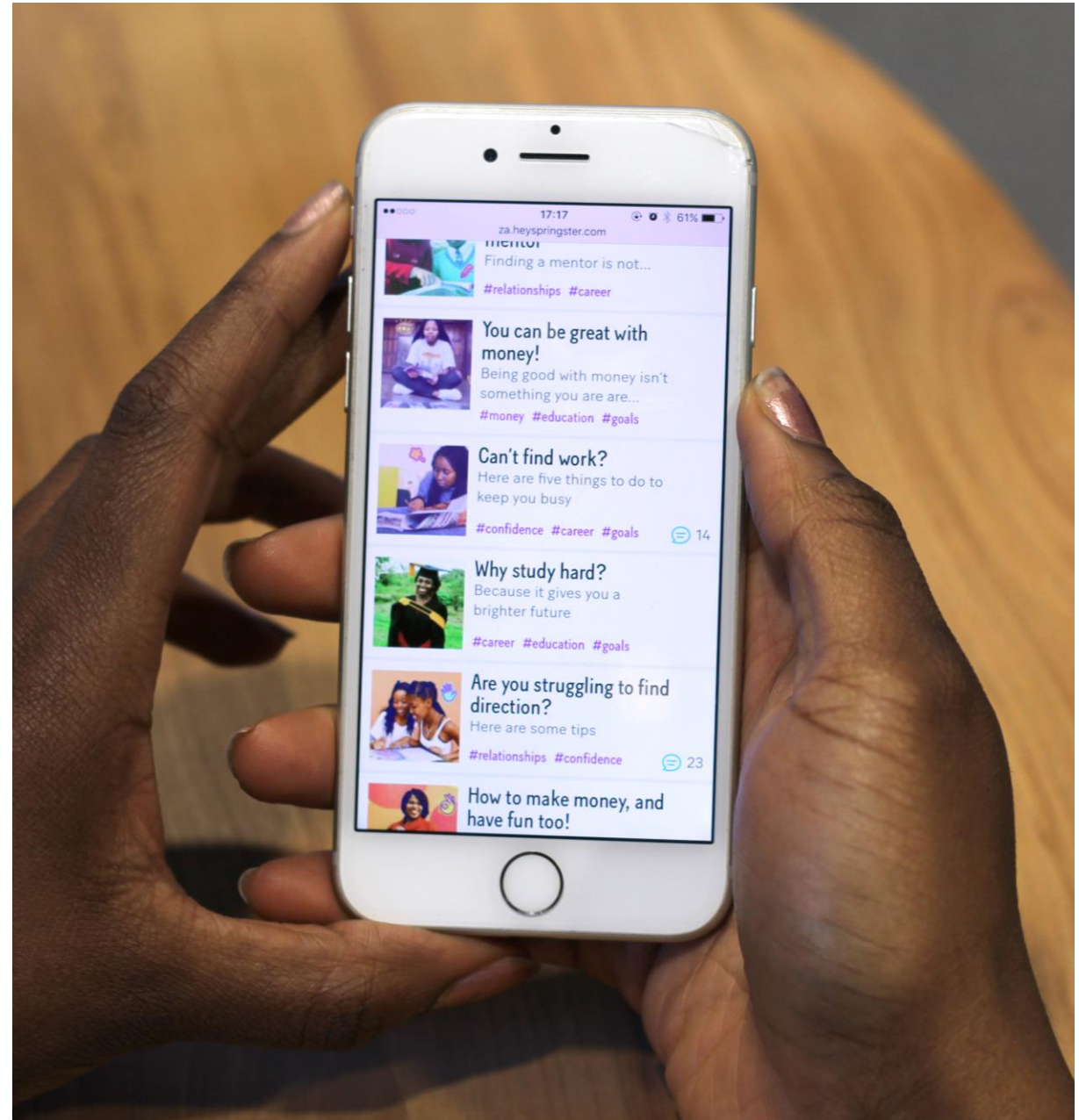
We build youth brands and  
mobile platforms to  
empower girls to change  
their lives







Springster digitally connects  
marginalised and vulnerable  
girls around the world, and  
puts essential, tailored  
information directly into their  
hands

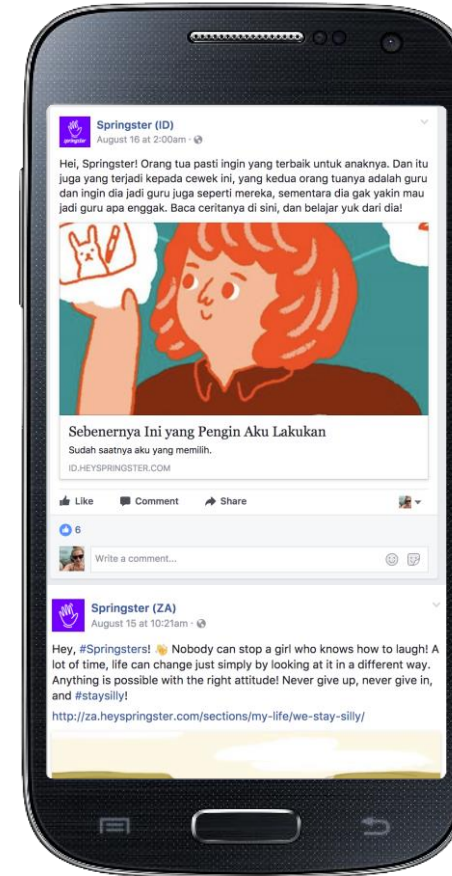
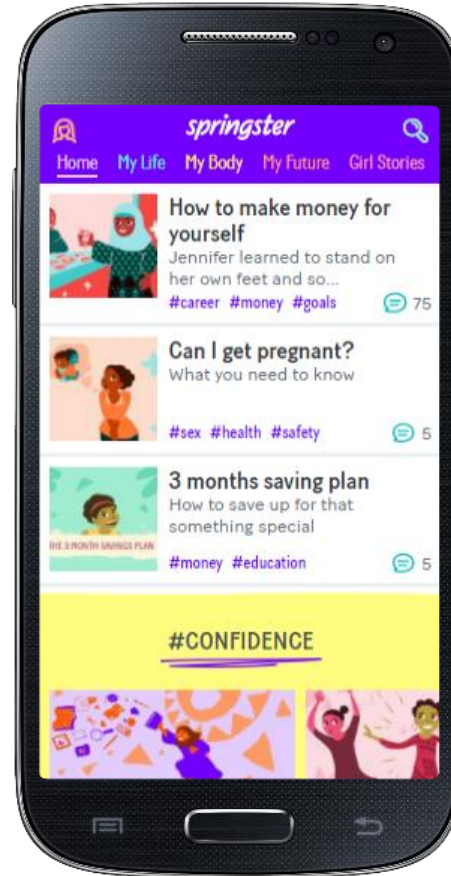


# Springster goes wherever our target girls are online

A community-centric website with comment capabilities

Optimised for low bandwidth environment

Accessible free-of-charge through Free Basics



Global and country-specific Springster Facebook Pages

Reaching and acquiring new Springsters who have some mobile access



We've increasingly seen that there are some questions that are too private or taboo for girls to discuss openly online, even using a pseudonym



**SOCIAL  
STIGMA**



**COMPLEX PEER  
RELATIONSHIPS**



**INCORRECT  
INFORMATION**



Is a chatbot a channel where girls can get accurate advice on sensitive topics?

Is a chatbot globally relevant to girls we want to reach?





# Big Sis

by

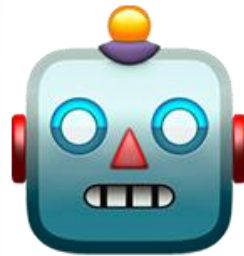


*springster*

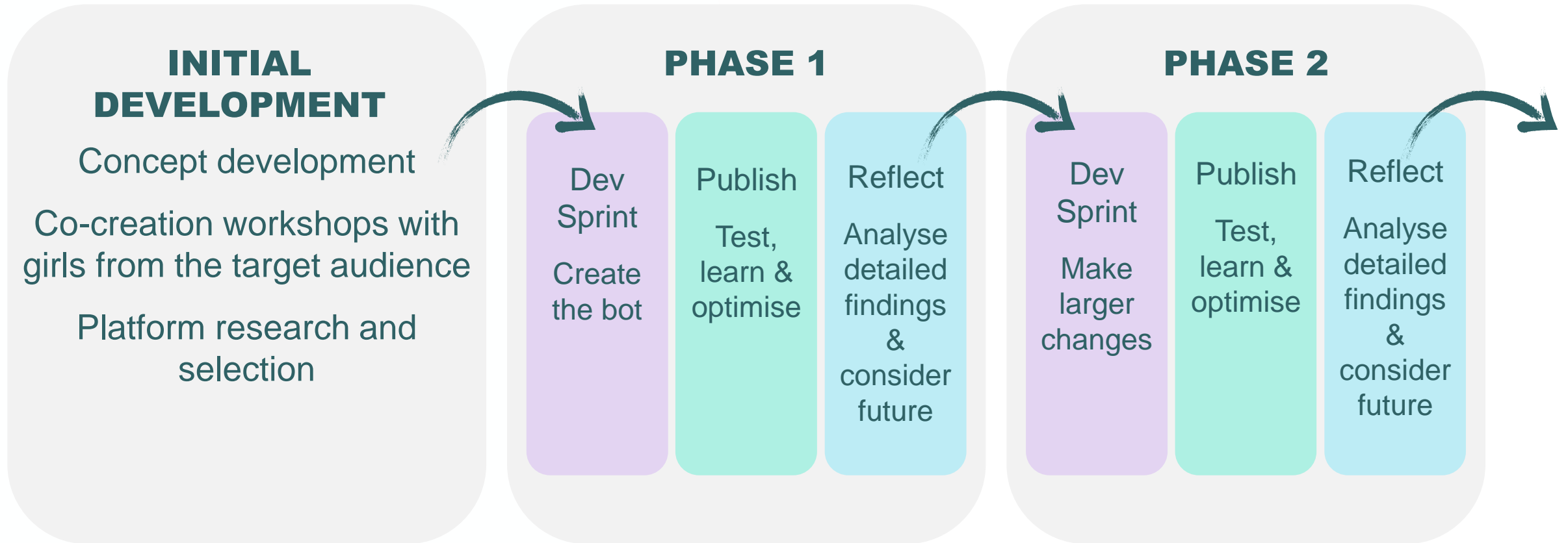


[m.me/bigsisbyspringster](https://m.me/bigsisbyspringster)

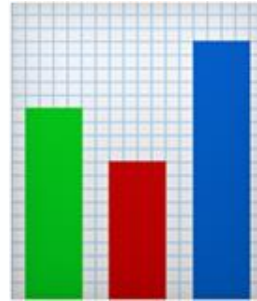
The best way to answer our questions is to just  
create the bot and adapt & optimise it over  
time



# Our process to date



We needed a functional, engaging bot that was a success in its own right, to generate the data to answer our overarching questions



We mapped out a measurement framework for our monitoring, so that we could track priority metrics and quickly respond to trends if necessary

	A	B	C	D
1	Outcome (GE Question Bank/New)	Indicator (new)	Backend metric or measurement question	Tool
24	Priority technical measures (not linked to particular outcome)	Total number of unique users	Number of unique users	Backend metric
25		Total number of sessions with chatbot	Number of sessions	Backend metric
26		Total users in our core demographic	Users providing their age, education, and answering other demographic questions	Backend metric
27		Conversion rate (also about tracking referral routes)	TBC once analytics platform confirmed. Potentially: #/% of conversions from promotions, #/% of	Backend metric

But there were also some hugely important emergent findings

## USER CONVERSATIONS WITH THE CHATBOT

“I am typing!! Do you keep writing the same line over again?”

“Just go”

“Listen to me ☐ am not interested again”

“Please lets talk later”

“I’m gonna sleep”

“f\*\*\* off I hate big sis I will banned you  
b\*\*\*\*\*”



With girls using and engaging with the bot, we can start to answer our bigger questions about the concept itself



## How did we gather this data?

### IN-FLOW QUESTIONS

Isolated questions asked during the flow of the conversation with Big Sis

“Do you have anyone else you can talk to about this?”

### SURVEYS

Return users invited to complete a survey a number of days after their initial interaction with Big Sis

“Did you feel comfortable or uncomfortable sharing with Big Sis?”

### QUIZZES

Users asked if they want to take a quiz before and after hearing Big Sis' advice

“True or False: sex happens \*only\* when a penis enters the vagina”





This was a massive learning area for us!

### IN-FLOW QUESTIONS



### SURVEYS

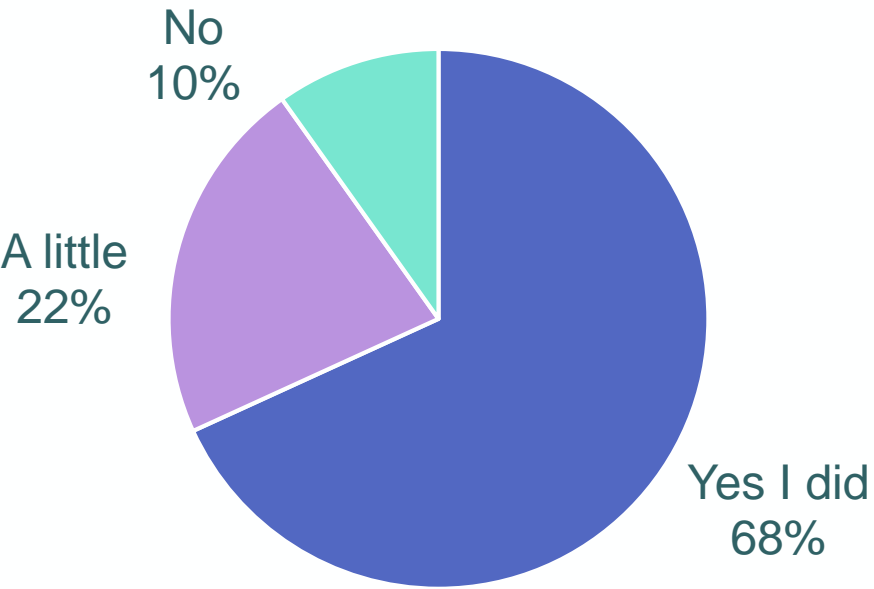


### QUIZZES

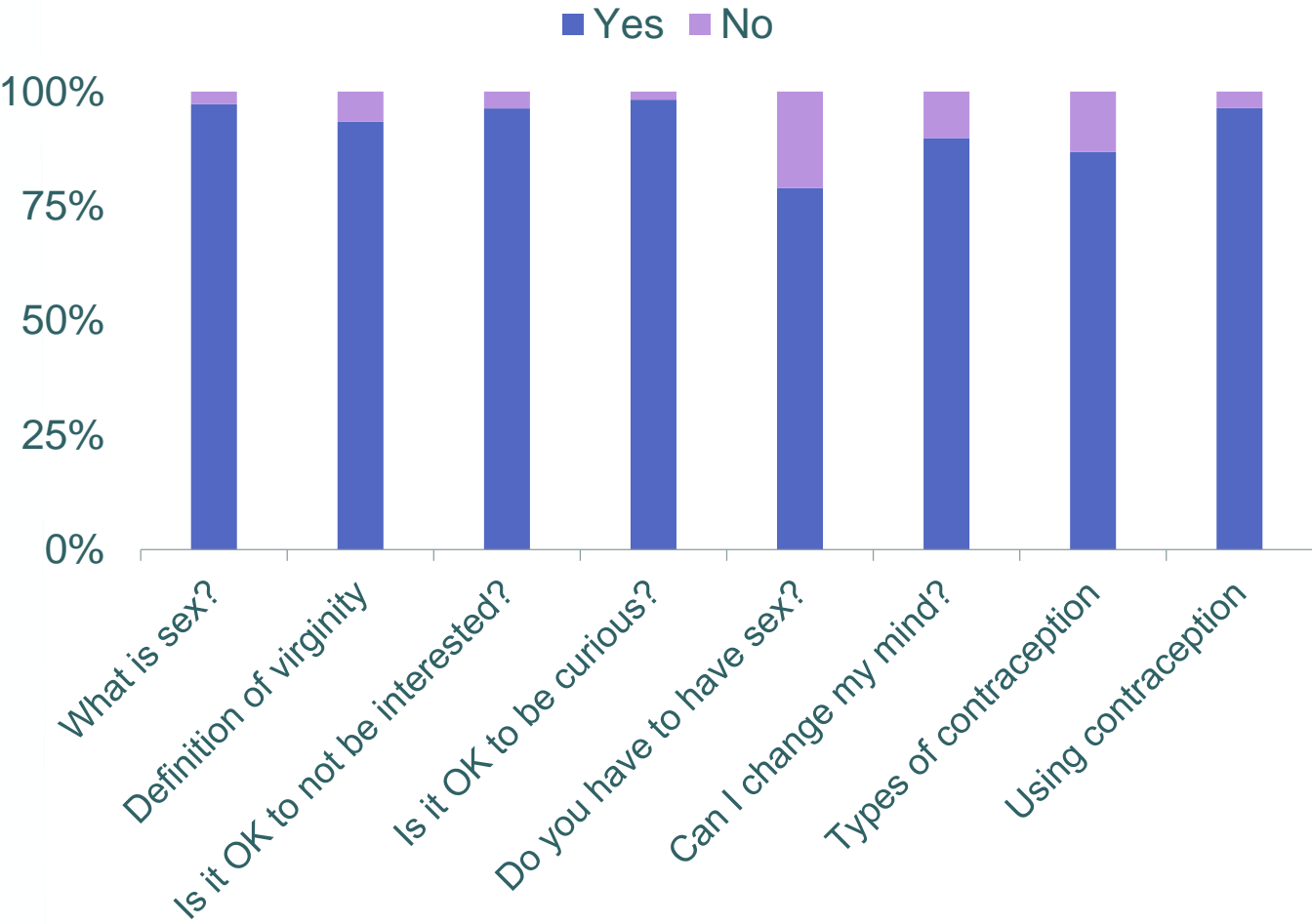


# Is a chatbot a channel where girls can get accurate advice on sensitive topics?

## Did you feel comfortable sharing with the bot?

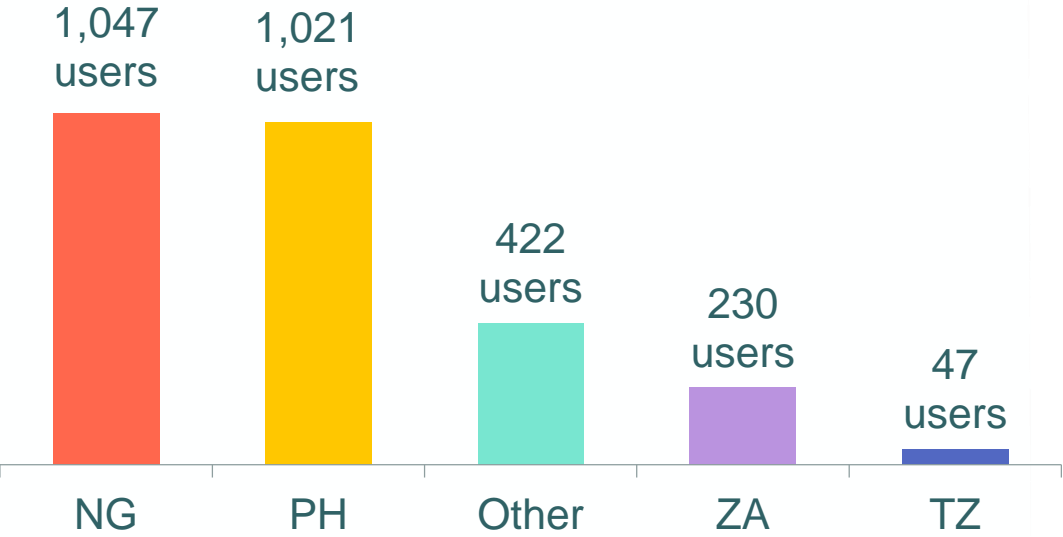


## Did you find this information helpful?



# Is a chatbot globally relevant to girls we want to reach?

Users by country



Message set completion by country

Message Set	NG	ZA	PH
What is sex?	88%	81%	77%
Definition of virginity	84%	72%	73%
Is it OK to not be interested?	80%	77%	65%
Is it OK to be curious?	78%	74%	74%
Do you have to have sex?	81%	78%	62%
Can I change my mind?	86%	89%	75%
Types of contraception	90%	90%	84%
Using contraception	85%	82%	70%

## What next for Big Sis?

### CONTINUE

Pursuing the chatbot platform as a means of delivering accurate, sensitive information to girls at scale

Developing the bot using an agile methodology, with ongoing tactical optimisation and periodic broader reflections and updates

### START

Creating a localised, tailored version of the bot for a specific geography, reflecting both tech availability, platform popularity and content relevance in the chosen market

Considering further ways we can gamify the data collection process to be less extractive and more engaging for girls

### STOP

Relying on survey data to inform product development and measure outcomes for digital interventions!



A large, expressive brushstroke in shades of blue, purple, red, orange, and yellow, sweeping across the upper right portion of the slide.

THANK YOU!

Email me:  
[amy.green@girleffect.org](mailto:amy.green@girleffect.org)





# Targeted, Adaptive Monitoring of mCARE-II

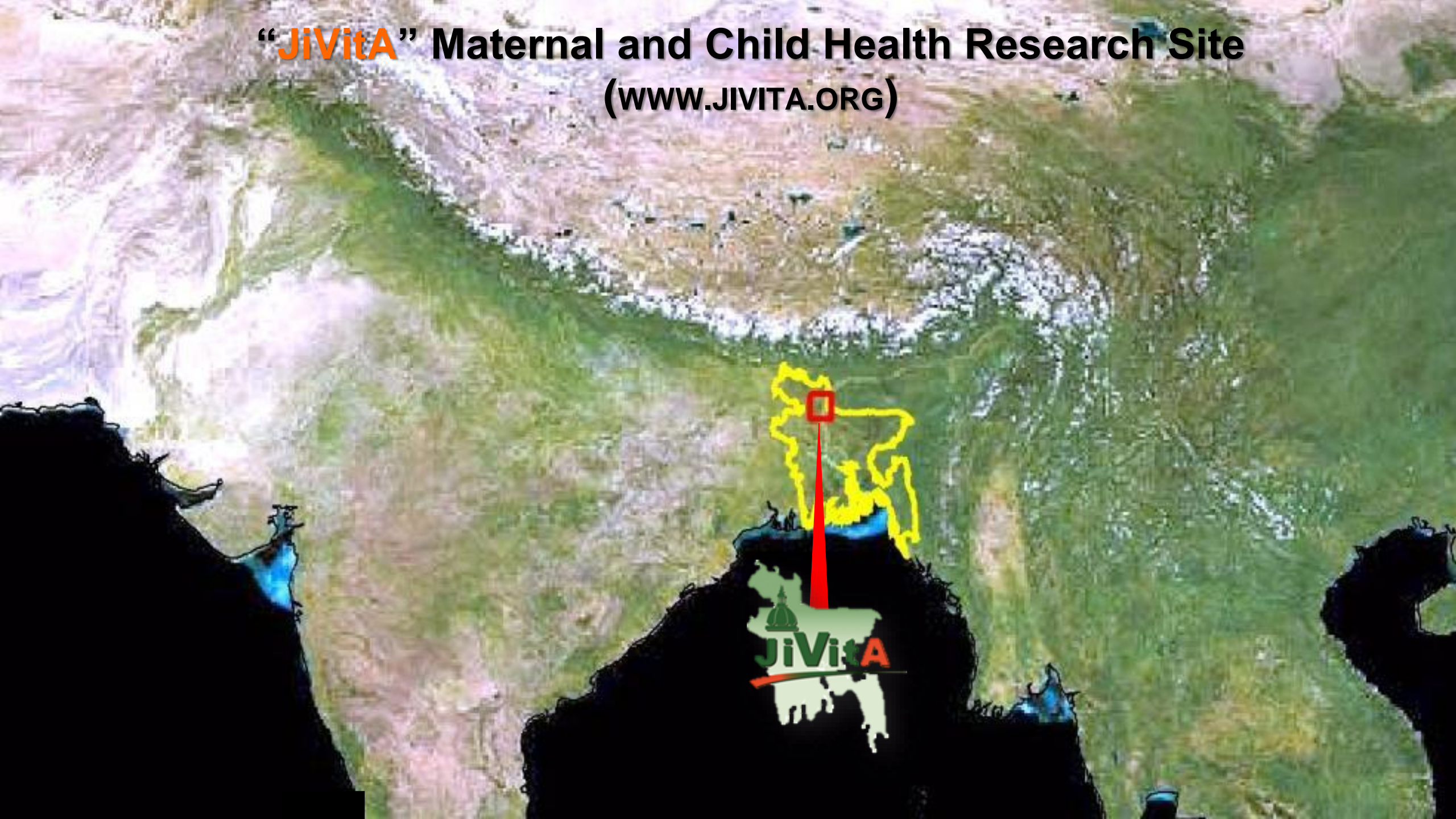
Kelsey Alland

11 December 2018

Global Digital Health Forum



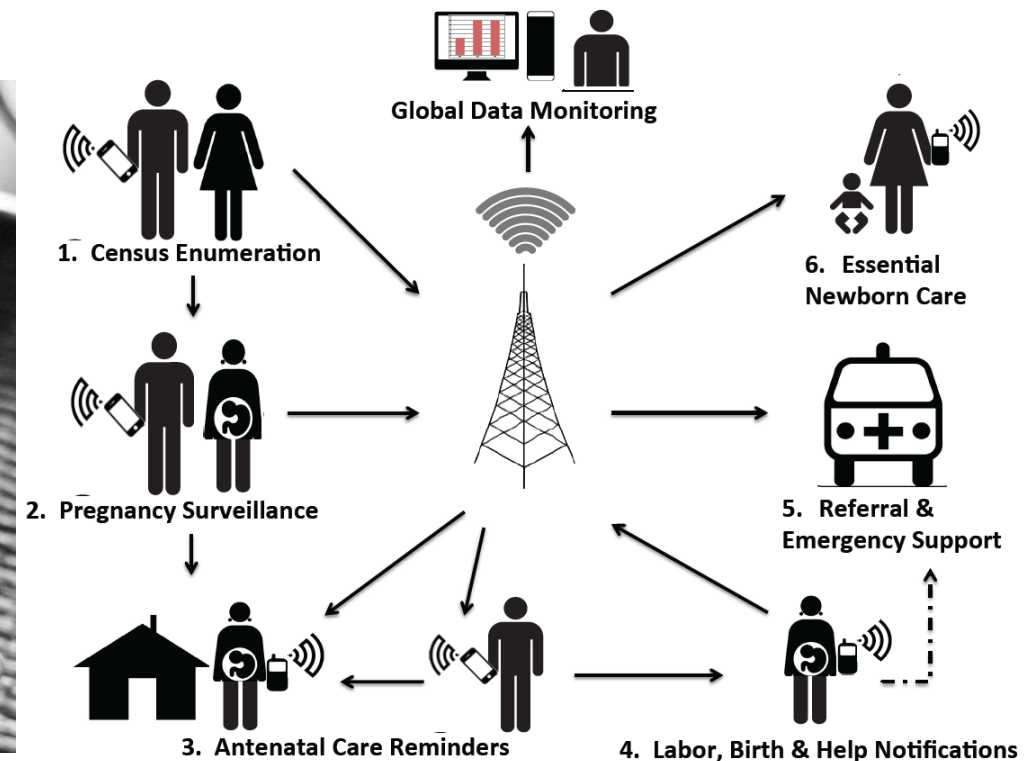
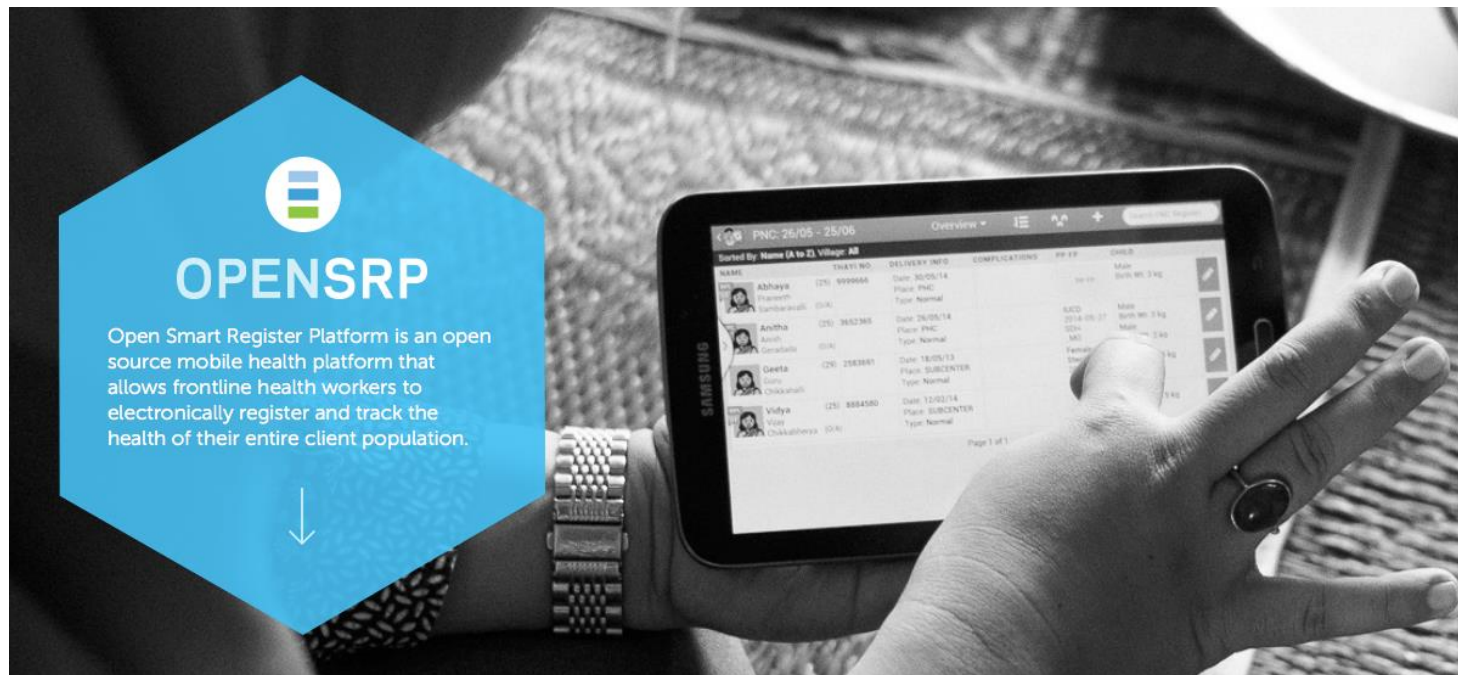
**“JiVitA” Maternal and Child Health Research Site**  
**([WWW.JIVITA.ORG](http://WWW.JIVITA.ORG))**





# What is mCARE-II?

- Set of Digital Health Interventions on the OpenSRP Platform
- RCT evaluating mCARE-II when delivered by the Gov health workforce

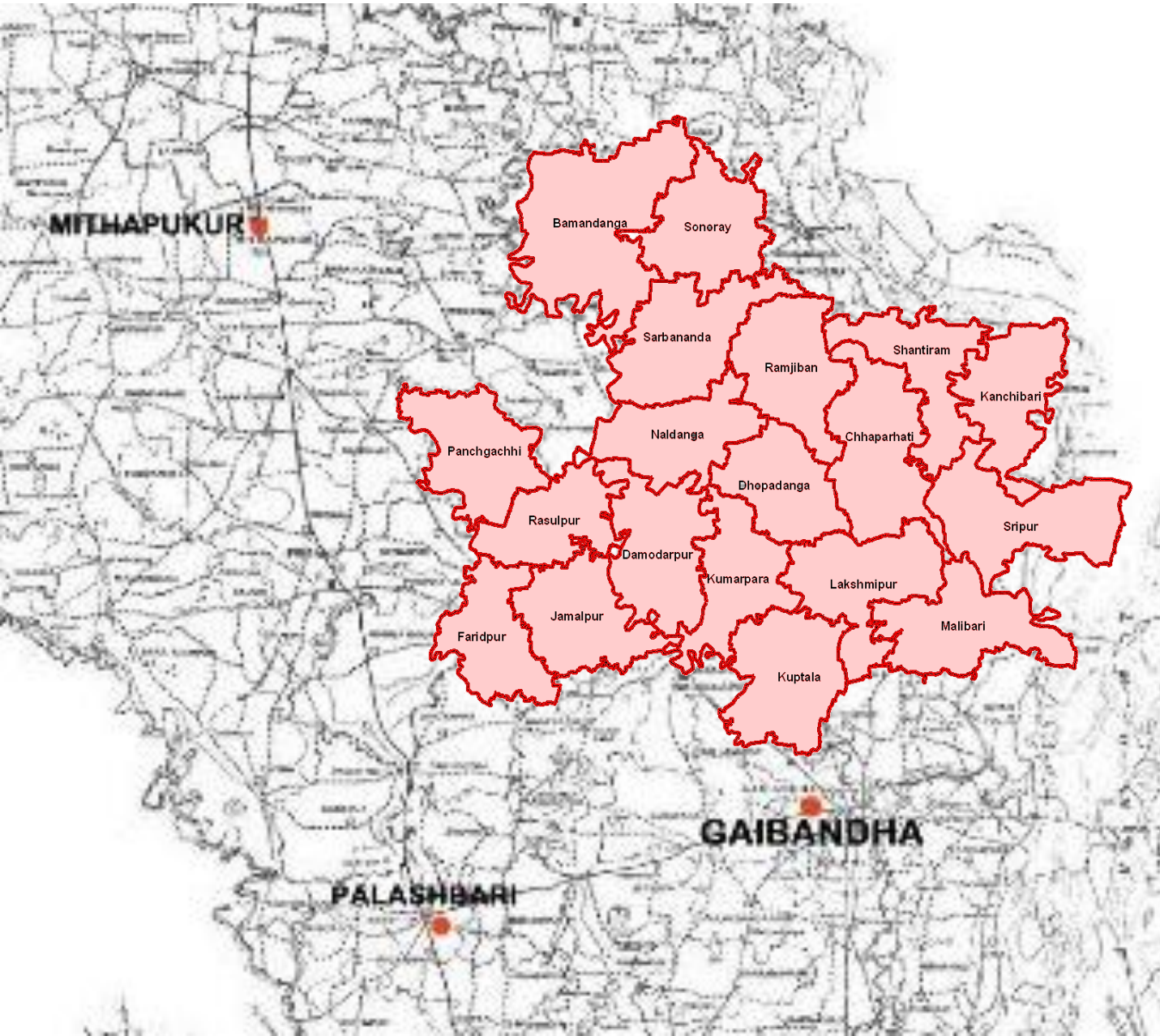




# The mCARE-II Randomized Trial using OpenSRP

- Household Surveillance and Enumeration
- Census and Eligible Couple Enumeration
- Pregnancy Surveillance
- Antenatal Care Reminder Visit scheduling for CHWs
- Postnatal Care Reminder Visit scheduling for CHWs
- Essential Newborn Care Reminder
- Risk Factor Assessment
- Prioritization of Clients
- SMS Reminders for care to Clients
- Birth Notification from Clients / Families

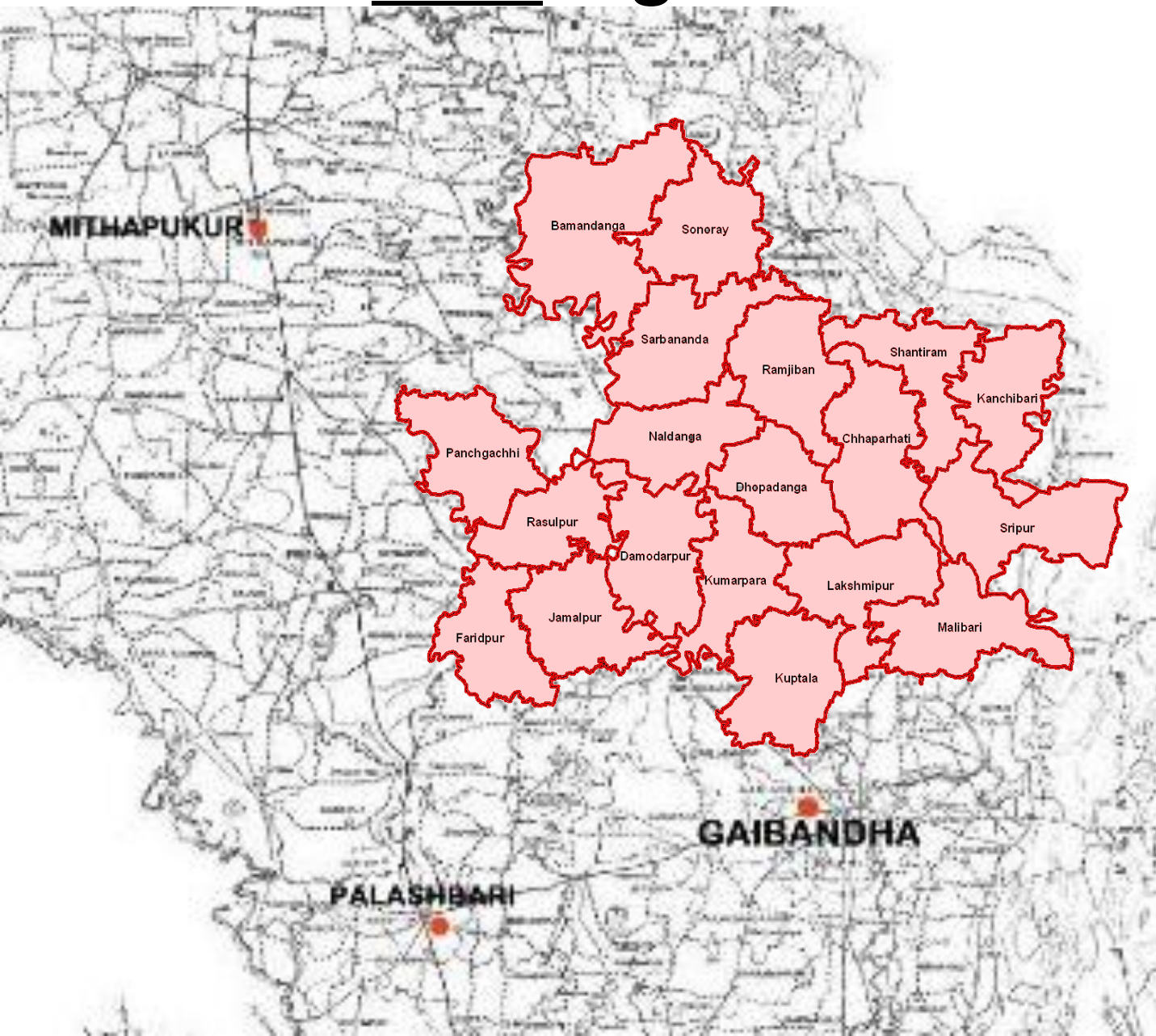
# Large Scale of Field Operations



## Field Work:

- **Household Surveillance**
  - ~650,000 people
  - ~566 village clusters
- **Census & Pregnancy Surveillance**
  - ~138,000 women of reproto. age
- **Enrollment and Follow-Up**
  - 22,300 Pregnancies
  - 18,000 Newborns

# ~700 Digital Health Users in mCARE-II



## Workforce:

- **GoB Community Health Workers**
  - 100 CHWs (FWAs)
  - 50 FWAs Randomized to mCARE-II
  - 18 Frontline Supervisors (FPIs)
- **JiVitA Research Workers**
  - 566 Frontline Research Workers
  - 66 Field Interviewers



- [illegible]



# The Research Layer



# Worker Graduation Rounds

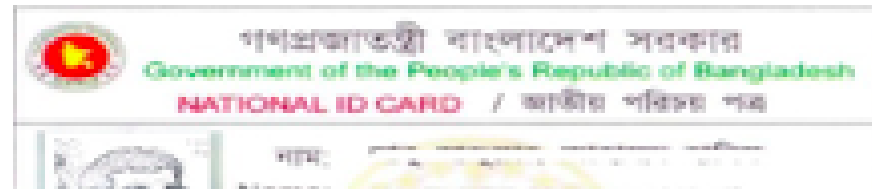
FD Graduation Round

Test number: One

Suppose one day you were moving in your sector for mCARE-II interview HH ID 1001. Then you started interview for mCARE-II.

You first started HH Update Form. The household is situated in unit 2 Mauza -Kishamot, Naldanga Union of Sadullahpur sub-district. There is a door of this household and JiViTA HH is also written in red colour on the Karim Mia, who lives here with 8 members including him. You saved the

You again entered into the schedule folder and found a schedule of a same HH; the name of her is Shamima with age 24 and her husband greetings with the woman, you read the consent paper to her. After consented and you started the interview. The woman has regular menstruation and she didn't adopt any permanent family planning method. Her husband pulls rickshaw in Dhaka but comes home for a week every month. Her husband didn't adopt any permanent family planning method too. When you requested the woman to bring her national ID card and birth registration card, she searched the card for a long time and then she brought a





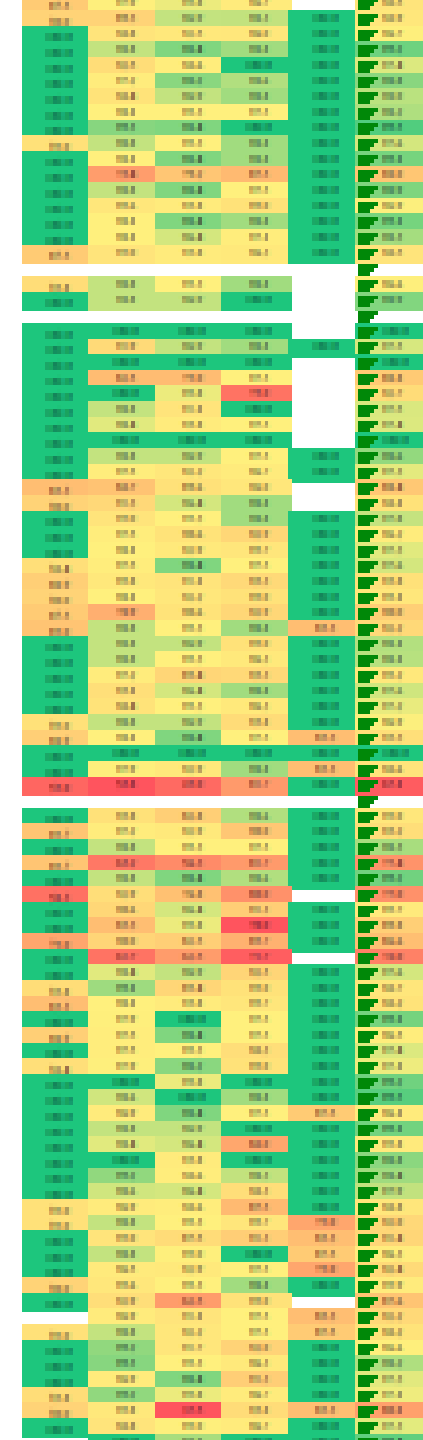
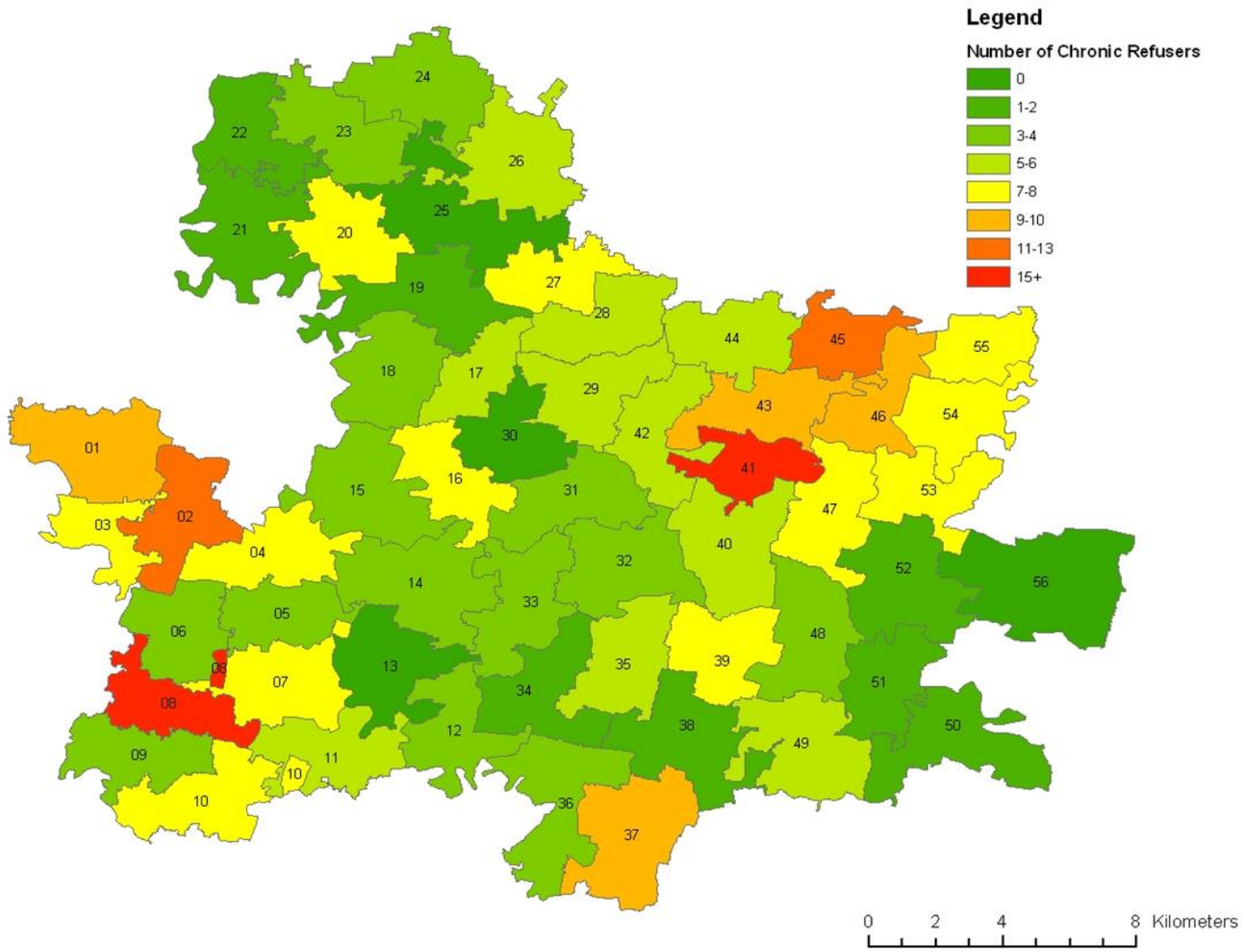
# Training Score 1: % Agreement



HH Number	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010
Woman's Name	SHAMIIMA	JOSNA AKTER	AKLIMA	ASHRAFUN NESA	JEBUN NESA	MARZINA	JOBAIDA	HASINA BEGUM	JARINA	MORIOM
Husband's Name	ZIHAD	SHAHAB UDDIN	SHAMSUR RH	KUTUB UDDIN	ABUL HASHEM	NUR HOSEN	SHAJAHAN	LUTFAR RAHMAN	ABDUR ROUF	ROUF
Age	24	28	18	44	26	30	21	34	16	38
Date of Interview	Auto fill	Auto fill	Auto fill	Auto fill	Auto fill	Auto fill	Auto fill	Auto fill	Auto fill	Auto fill
Census Visit Status	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
mCARE Surveillance Consent Status	Consented	Consented	Consented	Consented	Consented	Consented	Consented	Consented	Consented	Consented
Take a picture of the woman's signature on the Consent for Surveillance	Image of signature	Image of signature	Image of signature	Image of signature	Image of signature	Image of signature	Image of signature	Image of signature	Image of signature	Image of signature
Are you currently menopausal or sterilized?	No	No	No	No	No	No	No	No	No	Yes
Are you currently living with your husband?	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Is the husband alive?	-	-	-	-	-	Don't Know	-	-	-	-
Is the husband sterilized?	No	No	No	No	No	Don't Know	No	Don't know	No	No
Which identification card does the woman have?	National ID	Birth Certificate	Birth certificate	National ID	National ID	-	Birth Certificate	National ID	Birth Certificate	-
Enter Woman's National ID Number	45395608561437251	-	-	8524910124356	8654659043267	-	-	3624659430267	-	-
Enter Woman's Birth Registration ID	-	51348954356789215	67801456724561964	-	-	-	53414506745261925	-	23404517452319848	-
Picture of ID	Image of ID	Image of ID	Image of ID	Image of ID	Image of ID	-	Image of ID	Image of ID	Image of ID	-
Does your household own a mobile phone?	yes	Yes	Yes	Yes	Yes	-	No	Yes	Yes	-
Who carries the phone for majority part of the day?	Woman herself	Husband	Woman herself	Woman herself	Husband	-	-	Children	Husband	-
Is the phone in working condition right now?	Working	Working	Working	Working	Not working	-	-	Working	Working	-
What is the available balance on your phone as of today?	51-100 Tk	Don't Know	51-100 Tk	101-200 Tk	Don't Know	-	-	Don't know	0-50 Tk Tk	-
Can you read an SMS?	Yes	No	Yes	Yes	No	-	No	Yes	Yes	-
Can you send an SMS?	No	No	No	Yes	No	-	No	No	YES	-
What is your average monthly expense for mobile phone calls and messages?	51-100 Tk	151-200 Tk	51-100 Tk	151-200 Tk	201-300 Tk	-	0-50 Tk	51-100 Tk	Don't know	-

# Visualizations

Number of Chronic Refusers By TLPIN





# The Intervention Layer



# Government-Led Accountability



Upazila (# of FWAs)	Union	FWA's name	Supervisor	Without Target Period	With Target Period
				# of days practiced - # of data sent	# of days practiced - # of HH data sent
Sadar (7)	Kuptola	Shahanaz Parvin	Md. Kamrul Hasan	12 – 40	6 – 57
		Ferdousi – 1		3 – 35	4 – 28
		Shirina Akter		6 – 19	5 – 24
	Malibari	Shahzadi Sultana	Md. Golam Rahman	4 – 11	4 – 18
		S M Sudha Rani Mandal		3 – 8	4 – 31
	Laxmipur	Nazmunnahar	Md. Abu Sufian Miah	19 – 37	0 – 0
		Anju Monoara		31 – 77	8 – 48
Sadullapur (15)	Naldanga	Jorina Begum	Md. Mahmud Sharif	12 – 49	8 – 114
		Nasima Begum		12 – 26	8 – 68
		Shantona		7 – 13	9 – 100
	Jamalpur	Aklima Begum	Md. Moshir Rahman	6 – 24	6 – 47
		Nasrin Akter		8 – 14	3 – 49
		Rokeya Begum		5 – 15	6 – 52
	Kamar Para	Pratiba Rani	Vobesh Chandra Sarker	17 – 66	6 – 77
		Rana Rani Sarker		18 – 43	9 – 93
		Sumitra Rani		26 – 73	9 – 64
	Damodarpur	Jinnatunnahar Khanam	Anwar Hossain	6 – 25	7 – 74
	Faridpur	Aktara Begum	Gopal Chandra Sarker	13 – 34	6 – 64
		Morsheda Begum		5 – 14	9 – 20
		Ferdousi Begum		9 – 19	9 – 78
	Rasulpur	Khandoker Hosne Ara	Md. Moshir Rahman	8 – 29	1 – 2
		Anjumna Ara Begum		9 – 29	7 – 138
Sundarganj (24)	Kanchibari	Fatema Khatun	Hedayet Hossain	15 – 63	4 – 46
		Hasina Akter		5 – 11	6 – 35
		Rasheda Begum		12 – 31	1 – 3
		Parvin Begum		17 – 40	6 – 40
	Bamandanga	Monoara Begum	Mozahidul Islam	25 – 76	6 – 82



# Government-Led Accountability



## Monitoring Report on Practice with Open-SRP application of FWAs

21<sup>st</sup> January, 2016

mPower Social Enterprises Ltd.

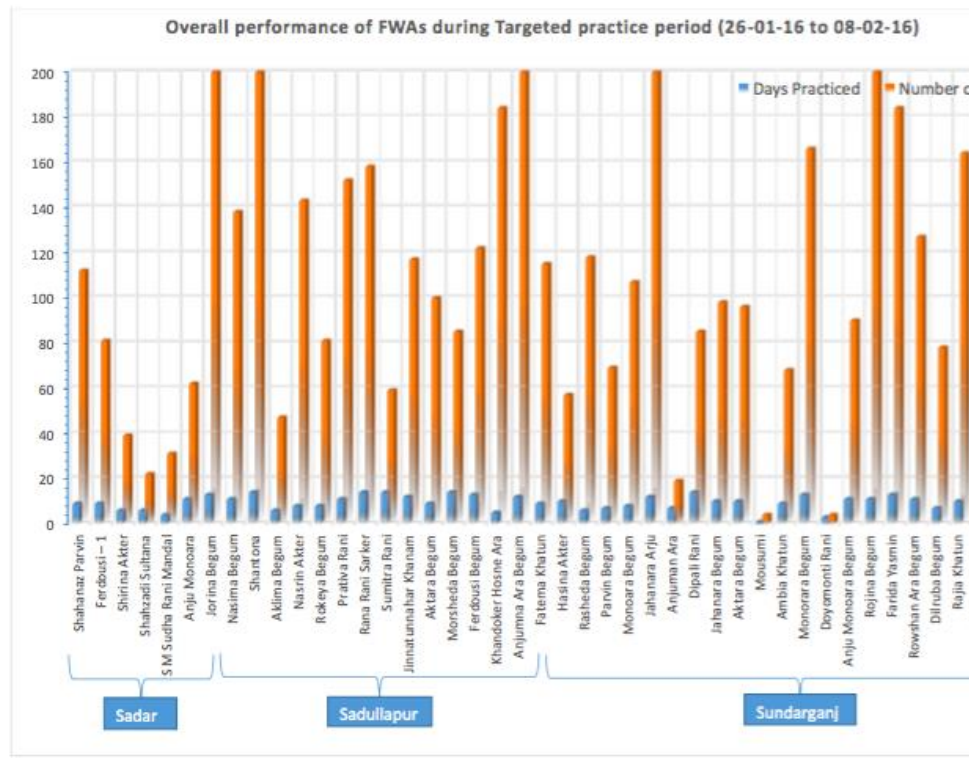
This report focuses on the practice status of FWAs from 8<sup>th</sup> January to 20<sup>th</sup> January, 2016. The data which lies in the 2<sup>nd</sup> and 3<sup>rd</sup> week of the month is generated comma-separated values (CSV) file.

### New Activities in the field:

- The Field Coordinator of the project started teaching them with MUAC tape and teach them

### Practice time Analysis:

Practice Status
No Practice
1 - 2 days
3 - 4 days
5 - 6 days
7 - 8 days
More than 8 days



Prepared by:



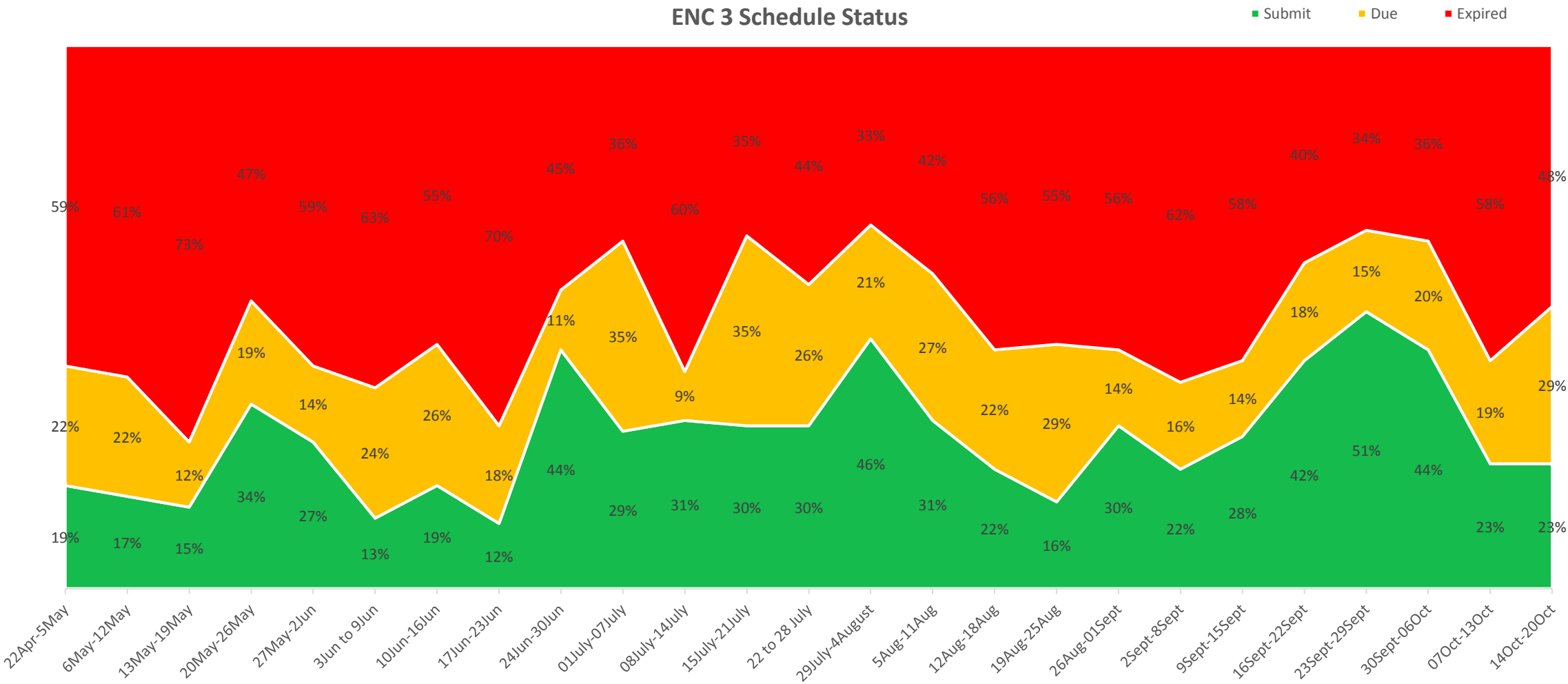
ANNEX: FWAs' total number of sent data from 26<sup>th</sup> January to 08<sup>th</sup> February, 2016 are as follows:

Upazila (# of FWAs)	Union	FWA's name	Supervisor	26-01-16 to 03-02-16 (9 Days)		04-02-16 to 08-02-16 (5 Days)		26-01-16 to 08-02-16 (14 days)	
				# of days	# of data	# of days	# of data	# of days	# of data
Sadar (6)	Kuptola	Shahanaz Parvin	Md. Kamrul Hasan	6	57	3	55	9	112
		Ferdousi - 1		4	28	5	53	9	81
		Shirina Akter		5	24	1	15	6	39
	Malibari	Shahzadi Sultana	Md. Golam Rahman	4	18	2	4	6	22
		S M Sudha Rani Mandal		4	31	0	0	4	31
	Laxmipur	Anju Monoara	Md. Abu Sufian Miah	8	48	3	14	11	62
Sadullapur (15)	Naldanga	Jorina Begum	Md. Mahmud Sharif	8	114	5	104	13	218
		Nasima Begum		8	68	3	70	11	138
		Shantona		9	100	5	108	14	208
	Jamalpur	Aklima Begum	Md. Moshir Rahman	6	47	0	0	6	47
		Nasrin Akter		3	49	5	94	8	143
		Rokeya Begum		6	52	2	29	8	81
	Kamar Para	Prativa Rani	Vobesh Chandra Sarker	6	77	5	75	11	152
		Rana Rani Sarker		9	93	5	65	14	158
		Sumitra Rani		9	64	5	53	14	59
	Damodarpur	Jinnatunnahar Khanam	Anwar Hossain	7	74	5	43	12	117
	Faridpur	Aktara Begum	Gopal Chandra Sarker	6	64	3	36	9	100
		Morsheda Begum		9	20	5	65	14	85
		Ferdousi Begum		9	78	4	44	13	122
	Rasulpur	Khandoker Hosne Ara	Md. Moshir Rahman	1	2	4	182	5	184
		Anjumna Ara Begum		7	138	5	172	12	310
Sundarganj (24)	Kanchibari	Fatema Khatun	Hedayet Hossain	4	46	5	69	9	115
		Hasina Akter		6	35	4	22	10	57
		Rasheda Begum		1	3	5	115	6	118
		Parvin Begum		6	40	1	29	7	69
	Bamandanga	Monoara Begum	Mozahidul Islam	6	82	2	25	8	107
		Jahanara Arju		8	335	4	113	12	448
		Anjuman Ara		7	19	0	0	7	19
	Sarbonanda	Dipali Rani	Md. Rajib Chowdhury	9	50	5	35	14	85

Prepared by: mPower

# ENC 3 Visit Status

(07<sup>th</sup> October'18-20<sup>th</sup> October'18)



# Strategic Phase-In of Dashboards for Decisions

