

Mobile-izing Health Workers in Rural India

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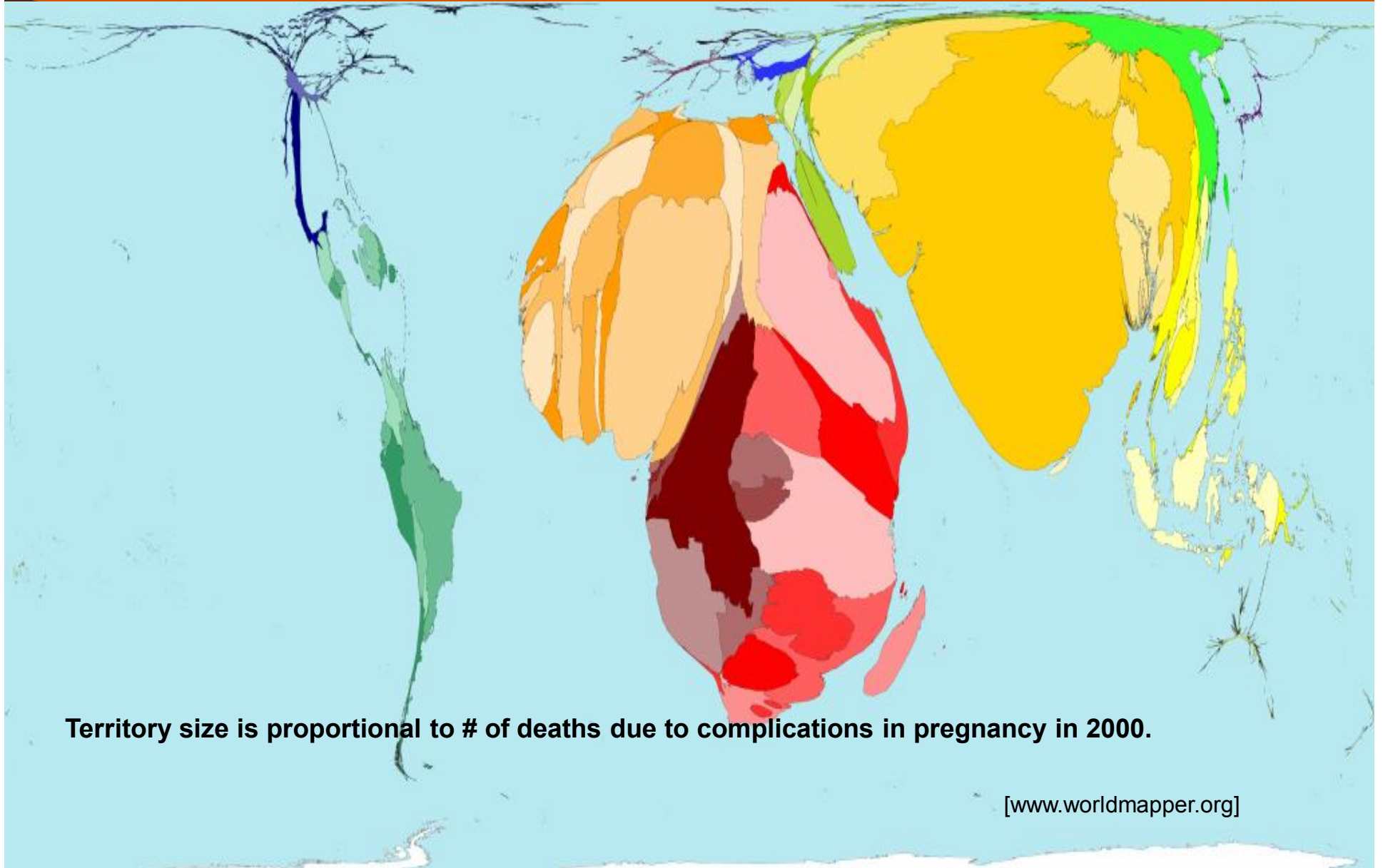
December 13, 2009

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Global Maternal Mortality

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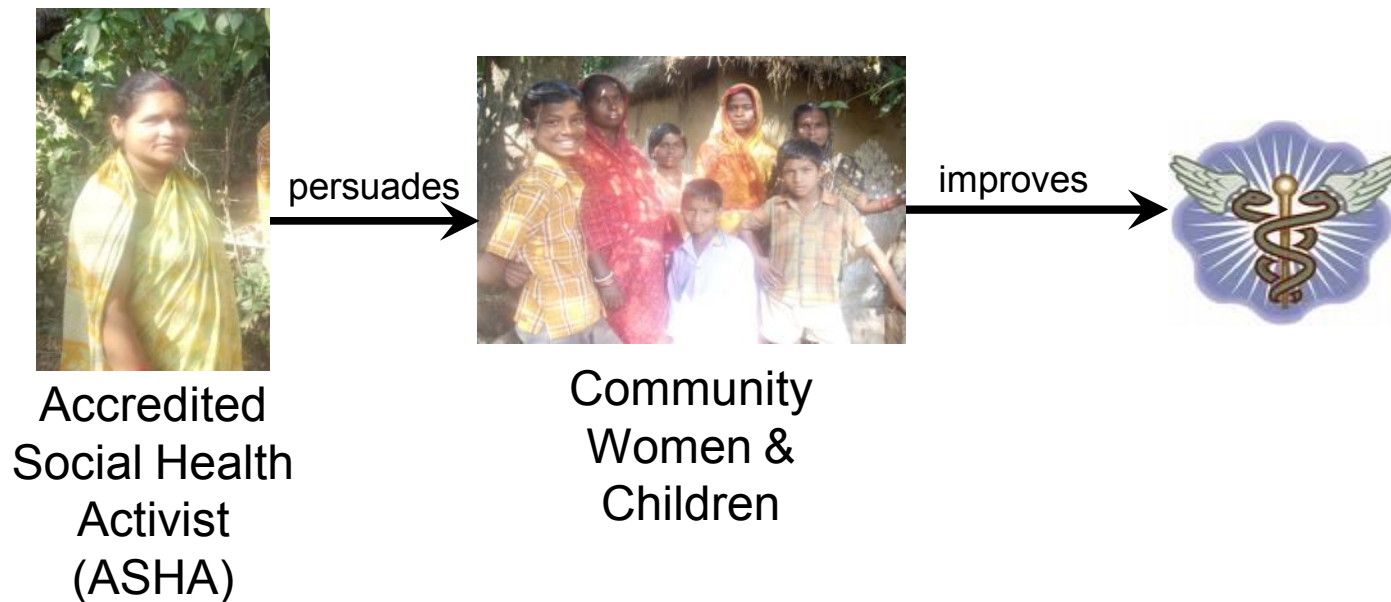




- India claims 20% of global maternal deaths
- More than 60% of deliveries still occur at home
- Less than 20% are attended by skilled personnel
- Moving births to hospitals can halve the number of maternal deaths

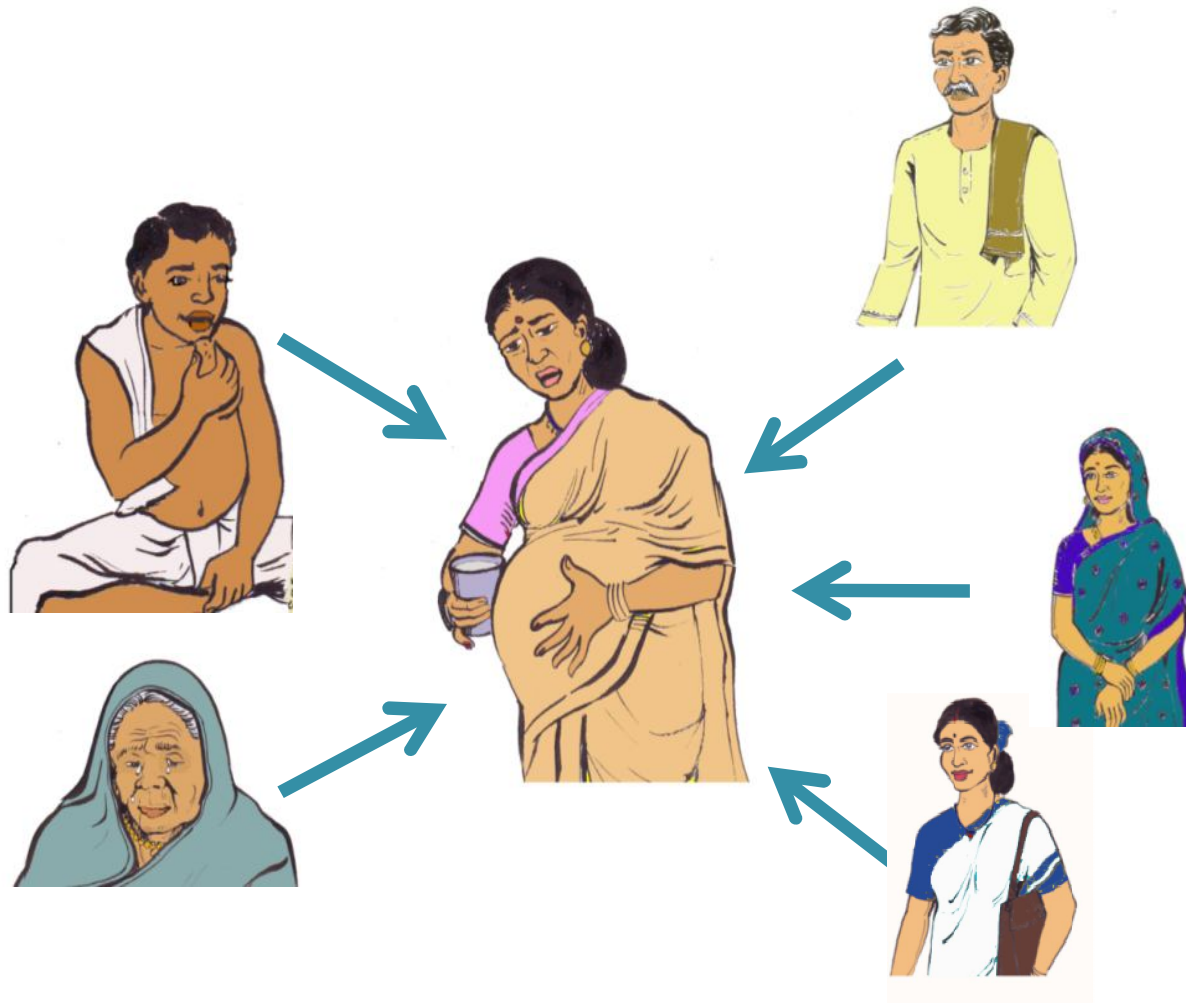
Government's View on Maternal Health

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Complex Social Structures

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Work with ASHAs

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- Conducted ~50 interviews with key community players, health workers, pregnant women and their families
- Discovered barriers to effective ASHA performance
 - Insufficient training
 - Limited education
 - Little credibility in community
- Spent three months doing iterative design with seven ASHAs in rural Orissa, India

“If a hospital jeep comes by and advertises [a pulse polio drive] then more people are aware of the issue. If we say the same thing, few people turn up. . . If I send notice by word of mouth, their reaction is- the jeep hasn't come yet.”

~ Village health worker



(How) can technology help?

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- Self-efficacy
- Community of practice

- Social Influence
- Authorities
- Commitment and Consistency





- ASHAs made videos of people in their village discussing health issues

Approached influential characters in the village, like council members, prominent women, nurses, etc.

ASHAs also collected testimonials from past clients about their experiences with ASHAs

- Videos enabled them to cross rigid boundaries and obtain support from higher-ups

Influential people were interested in expressing support for ASHAs

Categorization of Testimonials

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Count	Influencer	Count	Content
3	Pregnant Client	6	Roles of ASHA
4	Street play	6	Importance of ASHAs
1	TB Patient	2	Threats to health
3	Village Leader	3	Personal request to comply
2	Youth Leader	4	Personal experience
1	Nurse Midwife	1	Instructional
2	Women's Group Leader	1	Reasons for non-compliance

Quotes from Testimonials

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“I was pregnant for the first time two years ago. Because they did not check me properly at the hospital, I had some complications . . . Now there are ASHAs and we get all kinds of help. Now there are no difficulties.”

~ Pregnant Client

“Anemia has a bad effect on women and also on their babies during delivery. Some of them die . . . Because of this, throughout Orissa, ASHAs are doing great work in every village and their role is very important . . . If women don't eat iron tablets, they can get anemia . . . That's why I implore every pregnant woman in our village to take iron tablets . . . Our ASHAs are always there to help.”

~Village Leader

- Study comparing different styles of information presentation through mobile phone
- Will measure behavioral changes on two topics: anemia and birth preparedness
 - Keep track of iron pill intake by drawing parts of a baby's face on poster
 - Start saving at least 1 rupee per day in case of delivery-time emergency

Next Steps: March-December '10 BiD

- Three-arm randomized control pilot, with 75 ASHAs and ~375 pregnant women
- Comparison of flip chart, mobile video and control groups
- Health outcomes measured regarding anemia, birth weight, knowledge of danger signs and birth preparedness
baseline, midline and endline data collection