

Research Briefing N° 71

Mobile phones support Community Health Workers in Africa

This project, carried out collaboratively by the **Institute of Education's London Knowledge Lab** (www.lkl.ac.uk) and AMREF (African Medical and Research Foundation) International (www.amref.org), and funded by the Department for International Development (DfID)/Economic and Social Research Council (ESRC), started in November 2012 and will run for two years.



Key words: mobile technologies; Community Health Workers; preventative care; Kenya; poverty alleviation

Project aims

mCHW aims to support the daily practice of Community Health Workers (CHWs) in Kenya, by enhancing training and supervision through mobile technologies. CHWs are members of local communities who provide preventive care to households and families on a voluntary basis. This type of health worker is the link between the community and the nearest health facility in many developing countries. The improved mobile-based supervision and training will link CHWs more closely to the local primary healthcare system so as they can be more effective in reducing poverty through improving the access of local communities to health care.

The research involves two marginalised communities in Kenya: Kibera, which is the largest informal settlement in Eastern Africa, and the village of Kasikeu, in Makueni County. Overall, the project will involve around 100 Community Health Workers.

What we are doing

The project's main research question is: 'How can the access of poor communities to health care in Kenya be improved by the participatory development (allowing all stakeholders to contribute and have a voice) of a practice-based mobile learning intervention for CHWs and their supervisors?'

This will be answered by addressing the following six objectives:

1. Identify CHWs' learning needs and their level of access to existing supervisory provision.
2. Determine CHWs' views on how effective existing supervisory structures are for supporting them to set and pursue their own goals.
3. Develop processes and mechanisms for CHWs and their supervisors to engage in the participatory design and implementation of a mobile learning intervention to enable CHWs to deliver health services effectively.
4. Detail how mobile-based supervision and training can be embedded within the existing structures of the local primary healthcare system so as they can be most effective in supporting the poverty-relevant practices of CHWs in a sustainable and equitable way.
5. Determine how the Capability Approach (a focus on individuals achieving the kind of lives they want to value) developed by the economist Amartya Sen, can be effectively applied to study the use of a mobile learning intervention aimed at addressing two dimensions of poverty alleviation:

Further information

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helping poor people to access health information and health services.

6. Detail the main implications and lessons learnt for health policy development on the use of mobile interventions for the supervision and training of CHWs in Kenya.



How we are doing it

To address the six objectives above, the research team has mapped practices and learning needs of CHWs and their supervisors in the two communities. Secondly, the project team run participatory workshops (where people come together to share knowledge and solve problems collaboratively) with Community Health Workers, Community Health Committee Members, and supervisors to decide the focus of the intervention and to co-design the mobile applications.

Community Health Workers chose two topics: Maternal, Newborn, and Child Care and HIV Counselling. The rest of the project will be devoted to the development of two mobile applications addressing the above-mentioned topics, to their refinement and testing, and to their scale-up.

Contact

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