Technology transforms the lives of Frontline Health Workers

Frontline health workers are at the heart of the public health system in India. They shoulder the responsibility of improving the health and nutrition of India and often feel overburdened. CARE India recognized the pivotal role that they play in the health system and created a job aid which is a mobile application that helps them plan, schedule and coordinate their work better. The job aid has an audio-visual element that engages the audience, and enables the health care workers to counsel effectively. This has increased their confidence and credibility in the community.

Given the success of this initiative, the Integrated Child Development Services (ICDS) department, Government of India is likely to disseminate the job aid across one lakh Anganwadi Centres in Andhra Pradesh, Chhattisgarh, Maharashtra, Madhya Pradesh, Rajasthan, Bihar and Uttar Pradesh. This application also won accolades at the Global mHealth Summit at Washington DC, USA. It was also selected by Microsoft as a part of its #Upgradeyourworld initiative for effectively using technology to expand healthcare access, and improve the health of women and children.
Using technology to provide last mile reach for health care in Bihar

The government is focusing on addressing the Maternal and Child Health needs of the country as a part of its commitment towards the Millennium Development Goals which include reducing child mortality and improving maternal health. To meet its goals, the government laid emphasis on improving the health indicators in Bihar.

The government recognized the crucial role of frontline health workers as they provide the last mile access to health care. The Frontline Health Workers (FLWs) team comprises of ASHA, Anganwadi Workers (AWW) and Auxiliary Nurse and Midwife (ANM) share warm relationships with the community, including Dalit and Tribal families. They collect data about health indicators which is shared with the government officials at the district and state level, for policy level decisions. Therefore, collecting data about health indicators is a major part of their work which includes carrying 20-30 registers. However, use of the data is not optimised as it is not digitized, the writings are often not legible, data entry is sometimes inaccurate and manpower at the block level is sometimes not adequate to handle volume of work.

Another challenge is that most of the FLW’s time is consumed in paperwork, leaving her with little time to carry out counselling during home visits. They often find it difficult to keep a track of where to go for home visits and plan their work. Sometimes, they end up going to the same house twice or leave out some other houses. Even after undergoing training, these FLWs often lack the confidence to share pertinent health messages with the families. Also, the FLWs need a lot of conviction and negotiation skills to break the age old myths like not giving colostrum to the baby. All these challenges sometimes demotivate the health workers.

CARE India realized that FLWs are well-versed with mobile phones, and came up with one simple and easy-to-use job aid that helped in easing the burden of FLWs by organizing their work better and digitizing the data which helped in overall efficiencies, accuracies and motivating the FLWs.

The best minds from CARE India’s Integrated Family Health Intervention (IFHI) team which works towards reducing maternal, neonatal, infant mortality, malnutrition and unmet need for family planning in Bihar, engaged with Dimagi and BBC Media Action to build this job aid (Continuum of CARE) and popularise it among the FLWs.

Continuum of CARE mobile application starts tracking the mother from the time of pregnancy till the child attains six years of age. Special emphasis is laid on the first 1000 days which are the most critical for the mother and baby. Each time a frontline worker registers a pregnant woman into the system, it would chart out a detailed plan of visits and schedule her home visit with Ms. Sabnam Kumari (ASHA) from the same block as it is closer to her house. The Home Visit Scheduler gets synced with the partner. According to Ms. Lucy Kumari, Anganwadi Worker, Khojraha, Sonbarsa, Saharsa exchanged a pilot this solution.

FLWs across 35 health sub-centres in four blocks of Saharsa to conduct a Randomized Control Trial (RCT) to see how to use it to their advantage. Mobile phones with pre-programmed applications were handed out to 550 women who come for VHSND is fed in to the app right after delivering the baby. The data of those beneficiaries automatically in the app for mobilizing the beneficiaries from the VHSND site. The data of those beneficiaries who come for VHSND is fed in to the app right after delivering the baby. The data of those beneficiaries is automatically in the app for mobilizing the beneficiaries from the VHSND site. The data of those beneficiaries is automatically in the app for mobilizing the beneficiaries from the VHSND site.

The application was developed by involving FLWs right from the designing stage and trainings were given on how to use it to their advantage. Mobile phones with interesting features of Continuum of CARE hold the attention of the mothers, and, a doctor (who speaks in the local language) motivate the FLWs. It also enabled them to express themselves with confidence and conviction as the audio-visual element in the application enhances the recall value of the health messages. It also enabled them to express themselves with confidence and conviction as the audio-visual element in the application holds the attention of the mothers, and, a doctor (who speaks in the local language) motivate the FLWs. The best minds from CARE India’s Integrated Family Health Intervention (IFHI) team which works towards reducing maternal, neonatal, infant mortality, malnutrition and unmet need for family planning in Bihar, engaged with Dimagi and BBC Media Action to build this job aid (Continuum of CARE) and popularise it among the FLWs.

Positive outcomes of the RCT

- Increased Iron Folic Acid consumption by 6% among pregnant women
- Improved Birth Preparedness: 9% increase in pregnant women who have phone numbers of facility and ASHA/AWW
- Adoption of modern methods of Family Planning
- Complementary Feeding increased by 9% during the post-natal care period
- Special emphasis is laid on the first 1000 days which are the most critical for the mother and baby. Each time a frontline worker registers a pregnant woman into the system, it would chart out a detailed plan of visits and schedule her home visit with Ms. Sabnam Kumari (ASHA) from the same block as it is closer to her house. The Home Visit Scheduler gets synced with the partner. According to Ms. Lucy Kumari, Anganwadi Worker, Khojraha, Sonbarsa, Saharsa exchanged a pilot this solution.

On Village Health Sanitation Nutrition Day (VHSND), FLWs have become brand ambassadors of health care in Bihar. The best minds from CARE India’s Integrated Family Health Intervention (IFHI) team which works towards reducing maternal, neonatal, infant mortality, malnutrition and unmet need for family planning in Bihar, engaged with Dimagi and BBC Media Action to build this job aid (Continuum of CARE) and popularise it among the FLWs.

FLWs built this job aid (Continuum of CARE) and popularise it among the FLWs. The best minds from CARE India’s Integrated Family Health Intervention (IFHI) team which works towards reducing maternal, neonatal, infant mortality, malnutrition and unmet need for family planning in Bihar, engaged with Dimagi and BBC Media Action to build this job aid (Continuum of CARE) and popularise it among the FLWs.
attains six years of age. Special emphasis is laid on the first 1000 days which are the most critical for the mother and baby. Each time a frontline worker registered a pregnant woman into the system, it would chart out a detailed plan of visits and schedule her work with this woman and her child. It would also prioritize, prepare job lists and prompt alerts for her to do her work effectively.

It also enabled them to express themselves with confidence and conviction as the audio-visual element in the application holds the attention of the mothers, and, a doctor (who speaks in the local language) enhances the recall value of the health messages.

The application was developed by involving FLWs right from the designing stage and trainings were given on how to use it to their advantage. Mobile phones with pre-programmed applications were handed out to 550 FLWs across 35 health sub-centres in four blocks of Saharsa to conduct a Randomized Control Trial (RCT) to pilot this solution.

**Positive outcomes of the RCT**

The FLWs have become brand ambassadors of health in their villages. The job aid has enhanced their credibility in the community and enabled them to achieve the following outcomes:

- Increased Iron Folic Acid consumption by 6% among pregnant women
- Improved Birth Preparedness: 9% increase in pregnant women who have phone numbers of local transport provider, ambulance, nearest facility and ASHA/AWW
- Immediate Breastfeeding increased by 14%
- Skin-to-Skin Care by mothers increased by 7% during the post-natal care period
- Complementary Feeding increased by 9% beginning at six months of age
- Adoption of modern methods of Family Planning increased by 10.9% immediately after delivery

**Interesting features of Continuum of CARE**

In rural areas, pregnant women typically go to their maternal home and return after delivery which makes it difficult for an FLW to track the progress of the mother and the child from the beginning till the end. But the Migrate Out feature in this app allows the FLW to disable notifications when the pregnant woman goes out and enable it again using the Migrate In feature once she is back in the FLW’s geography.

Ms. Lucy Kumari, Anganwadi Worker, Khojraha, Sonbarsa, Saharsa exchanged a home visit with Ms. Sabnam Kumari (ASHA) from the same block as it is closer to her house. The Home Visit Scheduler gets synced with the partner. According to Sabnam Kumari, “CCS is helping us work together in the catchment area and bring progress in our community”

On Village Health Sanitation Nutrition Day (VHSND), Ms. Munni Kumari, Anganwadi Worker and Ms. Neetu Devi, ASHA, Baijnathpur, Saharsa use the immunization due list generated automatically in the app for mobilizing the beneficiaries from the catchment area to the VHSND site. The data of those beneficiaries who come for VHSND is fed in to the app right after delivering the service.
Change locations to learn and grow more

Devabalan R., Project Manager (Where the Rain Falls) joined CARE as a Partnership Officer in August 2005 to support Tsunami affected communities and worked with us for over 10 years. In 2014, he was transferred from Tamil Nadu to Gujarat to work on the Kutch Livelihood and Education Advancement Project (KLEAP) focusing on micro finance, dairy and agricultural activities. He didn't know the local language and had to leave his family behind. In spite of his family's apprehensions, he decided to take the plunge. CARE wanted him to move to Gujarat as he had the right skills and expertise to manage the KLEAP project. He felt that relocating was a rewarding experience and mentioned, "My journey was like a roller coaster ride, full of joy and excitement, every day was an opportunity to learn something new, and contribute towards a mission."

Devabalan felt like a child as he learnt new words and sentences every day after moving to Gujarat. He said he was able to manage with his broken Hindi. He expressed, "I never felt like a stranger in the community as the CARE team was always there to help me."

As per Devabalan, language is not a barrier but fear is a greater obstacle that prevents people from moving to new locations. Devabalan opined, "I increasingly recognized that no one is a stranger in their home country. I couldn't stop thinking about CARE International's former employees who came from foreign countries to work for the poor in India (in an unfamiliar culture) and got inspired by them."

Initially, my wife was reluctance and worried about my health condition, as I am a diabetic. She asked me to follow a strict diet and exercise regularly. I made sure that I keep my word. I made regular trips home, and used Skype and phone calls to stay in touch. This helped me balance my personal and professional life.

He summed up his experience saying, "I felt that relocating was a rewarding and enriching experience which helped me evolve into a better professional and an open-minded individual."
Rajan's move into the social sector was quite coincidental but according to him his heart and mind met here. His willingness to get out of his comfort zone and work in different industries helped him draw out the best practices from each field and bring it to CARE India.

Soon after coming on board, Rajan set six priorities for CARE India:

- **Develop a Second Line of Leadership**
- **Revitalize Fund Raising & Marketing Communications**
  A result-oriented sales approach and a self-sustenance model has been conceptualised. The gap between plan and performance is being bridged now with regular monitoring and reviews.

  The Brand Trust Report India 2016 recognized CARE India as the most trusted NGO brand in a study covering 20000 brands across 16 cities.

- **Increase Advocacy and Influence**
  In-roads have been built with Central and State Ministries. This can be viewed by witnessing CARE's presence at various National level forums related to Right to Education, Health & Nutrition, Women's Rights, Disaster Management and Dalit and Tribal issues.

- **Conducive Internal Environment and Culture**
  Initiatives have being taken towards restoring work-life balance in the organization. Greater role clarity is being ensured and work is being redistributed within teams to avoid duplication and enhance productivity. A policy for Sexual Harassment of Women at workplace has been put in place which is receiving a lot of attention from CARE International and appreciation from staff.

- **Partnership Strategy and Implementation**
  CARE India is building a network of local implementing NGOs by building the capacities of these partner NGOs, who will execute projects, mobilize communities and foster social entrepreneurs.
Volunteers for impact

Over the last year, 25 volunteers who formed a core group, have associated with CARE India for various awareness initiatives and have also participated in several CARE events. His message to youth is ‘There are no shortcuts to growth but one needs to learn how to enjoy life as well’.

Besides these six priorities, Rajan is striving towards making CARE India an ‘Employer of Choice’ and a brand to reckon with.

Rajan has an innate ability to work with people from diverse backgrounds, whether it is his peers in the CARE world or project participants at the grassroots level. Rajan exemplifies the popular management concept that a ‘Good Leader is a Good Manager’. His firm, confident, assertive, situation based formal and informal styles of communication has helped in paving the way with donors, corporate partners and government officials.

He travels extensively to see the impact of CARE’s work and interact with beneficiaries and staff at the grassroots level. He has started appreciating life all over again after travelling to the rural heartlands of India. He feels that rural women are extremely hard working, exude confidence and possess a ‘go-getter’ attitude.

Rajan believes in taking calculated risk in people and feels that people are the biggest asset at CARE. He empowers the staff to take tough calls and decisions. A culture of resolving issues, providing solutions and ensuring closure has been inculcated. His agility, eagerness to see quick and tangible results has created greater accountability in the organization.

Before joining CARE, his illustrious career spanned over three decades and included successful stints at WIMCO where he cut his teeth in consumer sales, ITC where he set up marketing & distribution networks and American Express where he spent more than 11 years. He has spent a considerable amount of time in the hospitality industry with global brands like Oberoi Hotels, Starwood Hotel & Resorts and Lebua Hotels where he was involved in Sales, Marketing, Public Relations, Communication and General Management roles across South Asia. He has had many firsts, and created various out of the box strategies, in competitive and challenging environments, which have stood the test of time and have been replicated by others.
Executive by day and author by night

After spending 21 years in journalism, Gautam Chikermane is now an executive by day and an author by night. A writer and columnist, he tracks the worlds of mythology, power, money and faith for First Post and Swarajya Magazine. As a journalist, he has tracked the world of Politics, Economics and Finance, and has led some of the top newsrooms of India. He was the Executive Editor (Business) at Hindustan Times, Editor (Special Projects) at The Indian Express, and Executive Editor at The Financial Express and Outlook Money. He has been a consultant with Asian Development Bank and currently works as the New Media Director at Reliance Industries Ltd. On the not-for-profit side, he is a Director on the Board of CARE India and has served three terms as Director and one as Vice-Chairman at Financial Planning Standards Board India. His latest book, Tunnel of Varanavat, a reimagining of the Mahabharat, has just been published. His body lives in Mumbai and Delhi, his soul in Pondicherry.

How did you get associated with CARE India?

I was a bit apprehensive to join the CARE India Board when the then Board Chair Dr. Nachiket Mor invited me. But I also thought of it as an opportunity to understand the issues of marginalized women. The exposure has deepened my view of India. I have been able to see the poverty and the solutions of overcoming it through our interventions. Today, the smile on the face of a poor and marginalized Musahar woman in a small village of Begusarai drives me and pushes me to work harder to deliver solutions.

Is there anything that you would like to convey to the staff of CARE India?

Yes, our work is commendable! I feel privileged to be a part of CARE India. I am proud of each and every one of you, particularly those serving in the field. I think our work is transformative and we are bringing positive change to people’s lives. But we are not recording it as much or as well as we should. We have a treasure trove of data about our work that can serve as a learning for us and other organizations. We need to capture the evidence about our interventions and convert them into policy briefs or academic papers and multiply the impact of our work.

What motivated you to be associated with the development sector?

As a writer, my job is to express ideas yet engaging with individuals forms an equally important part of my job. All through my working life, I have always had one leg in non-profits. Working with non-profits broadens my horizons, teaches me to think in different ways, and opens out new windows to the world. It informs my writings and helps authenticate the characters in my books.
CARE India Head Office shifts to Noida

CARE India Head Office has shifted to new premises in Noida. The new office accommodates teams from both our previous Delhi offices in Okhla and Nehru Place. It has spacious workstations and meeting rooms which receive plenty of natural light and the building is surrounded by well maintained lawns. The new workspace also provides a panoramic view with metro trains crisscrossing each other at a distance.