

# Job Aid Smart App

for Community  
Health Workers

- Beth Balderston
- Siwei Kang
- Praveen Shekhar



# Problem space

## Importance of problem space

- Paper-based job aids have limitations.
- Community health worker (CHW) training is expensive.

## How it addresses the problem

- Helps walk through decision trees and calculations.
- Animated images and videos can better explain procedures.
- Could help reduce training costs.

## Who will care about the solution

- CHWs, trainers, ministries of health, NGOs.

## Who the solution will affect

- Patients!

## Human centered design challenges

- Will trainers and CHWs be comfortable using the application?
- Will non-programmers be able to easily use the job aid app builder?
- When is it really an improvement on paper-based job aids?
  - Focus on rare and/or complicated procedures
- Will it be affordable and feasible to integrate into current health systems?



# Related work

## What projects relate to this one

- Human resource management is a major challenge in global public health.
- Many NGOs are evaluating training costs and alternatives to existing systems.
- Few smart phone projects have been scaled up beyond the pilot stage—challenging in demonstrating the value of this intervention.

## What makes this project novel/interesting

- Relatively easy to scale up... with funding.
- Smart phones are “mini computers”—could be used for other important things like disease surveillance and immunization registries.



# Fieldwork so far

## Interviewed 3 PATH staff about community health worker training

- Training is expensive.
- Average amount of CHW training is 3 months.
- CHWs have 8th grade reading level or lower.

## How job aids are typically used in training and work settings

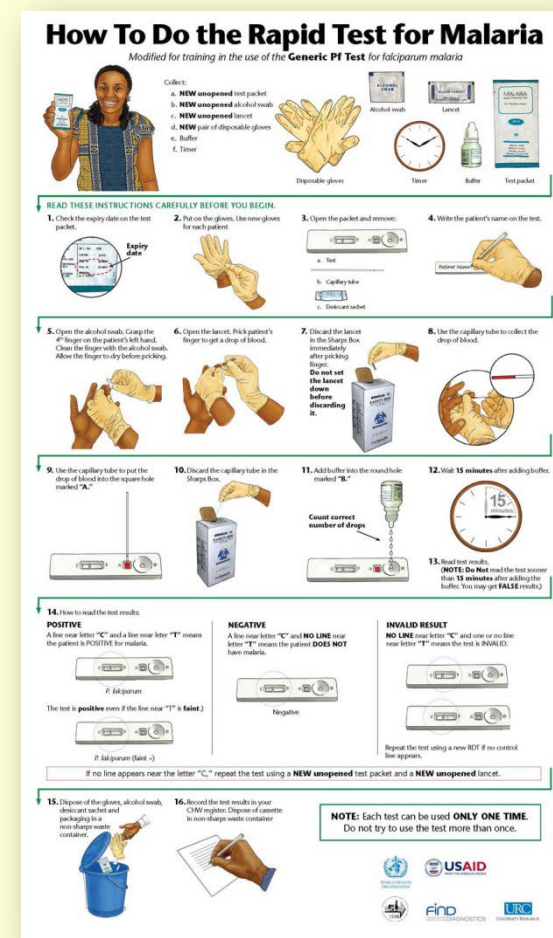
- Job aids can be symbols of status and specialized knowledge.

## Pros/cons of paper vs. smart app job aids

- Charging smart phone batteries may be an issue.
- Image zooming and animation has benefits.
- Users will need to have the full outline of all the steps.
- Some simple scenarios don't warrant a smart phone job aid.

## Biggest takeaway—best use case may be for *training*

- Likely more cost-effective to provide smart phones for trainers vs. for all CHWs.
- Trainers could use smart phone + projector and travel to communities.





# Upcoming fieldwork and basic scenario

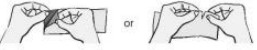

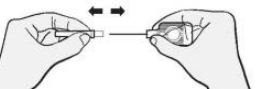
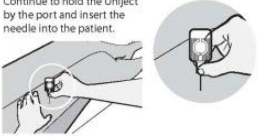



## Simple job aid app prototype testing

- Test with everyday users and CHWs.
- Compare it to paper-based job aids.
- Get user input on general concept: pro's, con's, and content.



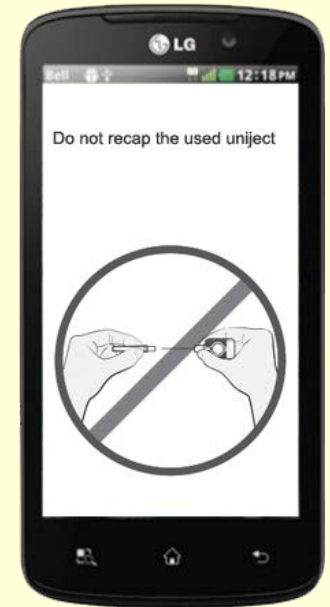
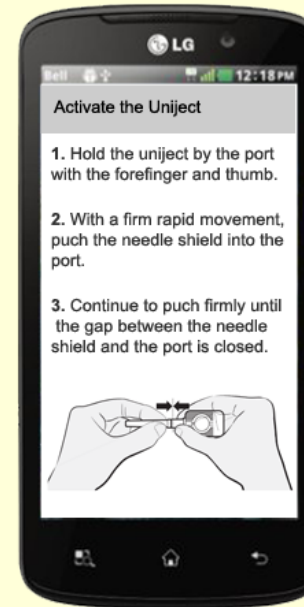
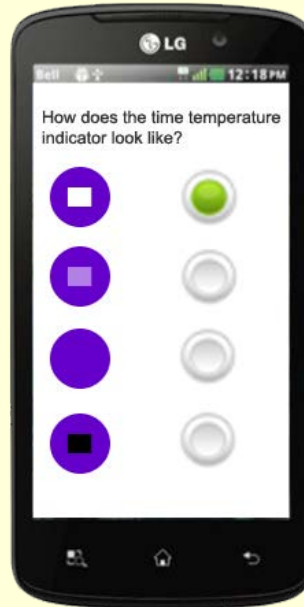
# Upcoming fieldwork and basic scenario

## Using Oxytocin in the Uniject™ Injection System (10 IU in 1 ml)

- 1 Check the time-temperature indicator and confirm the oxytocin is ok to use. If not, discard and get a new Uniject containing oxytocin.
  - Use
  - Use first
  - Do not use (beyond point)
  - Do not use (beyond discard point)
- 2 Open the foil pouch and remove the Uniject.
- 3 Activate the Uniject.
  - Hold the Uniject by the port with the forefinger and thumb.
  - With a firm, rapid movement push the needle shield into the port.
  - Continue to push firmly until the gap between the needle shield and port is closed.
- 4 Remove the needle cap.
- 5 Continue to hold the Uniject by the port and insert the needle into the patient.
- 6 Squeeze the reservoir firmly to inject the oxytocin. After the reservoir completely collapses, remove the Uniject.
- 7 Do **not** re-cap the used Uniject.
- 8 Discard the used Uniject according to established medical waste disposal procedures.

\* Uniject is a trademark of BD.

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# Job aid app builder



# Next steps

## **What medium we'll use for the prototype**

- Paper job aids
- Simple job aid app prototype on Android—built with ODK
- App Builder: paper prototype or html web prototype

## **How we'll iterate on the prototype and UI**

- Paper prototype → Interview → Wireframe in digital format → User test → Revise wireframe → Updates in ODK

## **Who we'll ask to provide feedback on the prototype and UI**

- General users who are unfamiliar with the job aid.
- Seattle-based community health workers, ideally from non-US countries (through Global to Local).
- Global to Local project director (interview and possible prototype testing).



**Thanks!**

**Questions?**

