

# COMMUNITY ENGAGEMENT INITIATIVE REPORT (CEI)



## M-Health's Impact on Social Connectedness Between Community Health Workers and Pregnant Women Attending ANC in Neno

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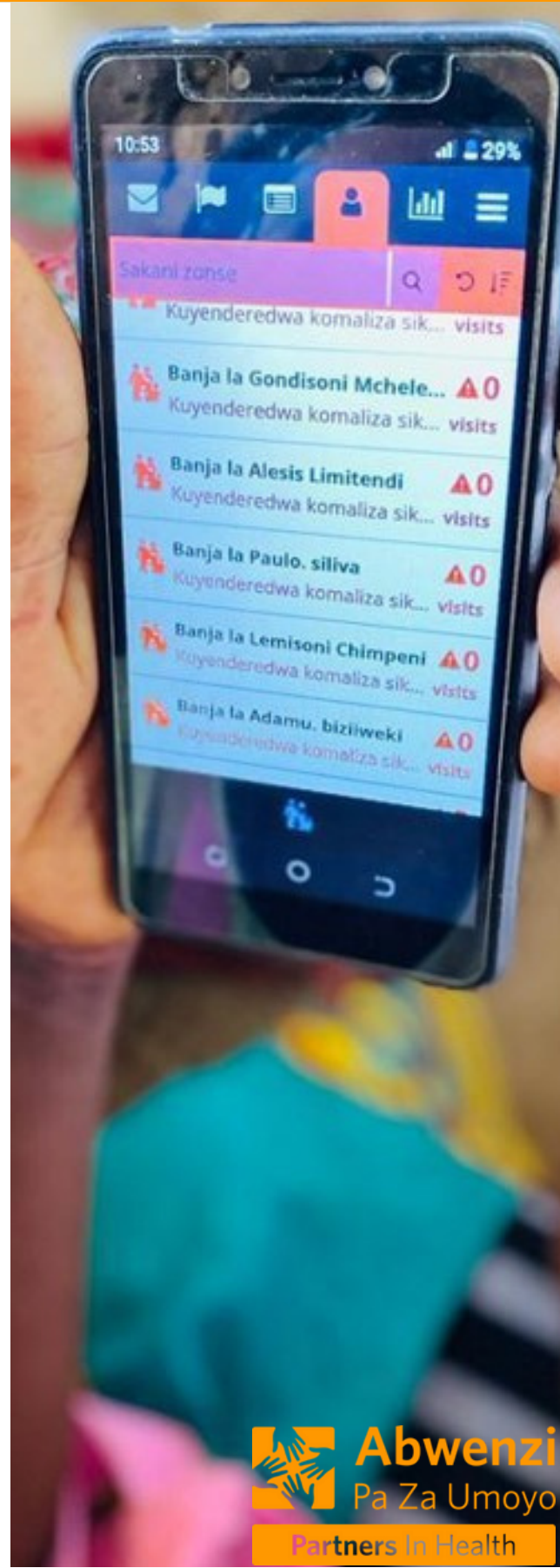
SAMUEL CENTRE  
FOR SOCIAL  
CONNECTEDNESS



Partners In Health

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# Background

## M-Health

- Mobile Health(m-Health) is defined as the use of mobile phones and other wireless technology in medical care. For nearly two decades, mobile health has been hailed as the most innovative and enabling area for the digital transformation of healthcare globally.



## Social Connectedness

- Social connectedness means working towards a society where everyone is valued, seen, and heard.
- Social connectedness in health is important because it has been shown to be linked to longer life, enhanced health, and improved overall well-being and also plays a crucial role in preventing serious illnesses and outcomes, such as heart disease, stroke, and depression.

## M-Health in Malawi (PIH -Malawi)

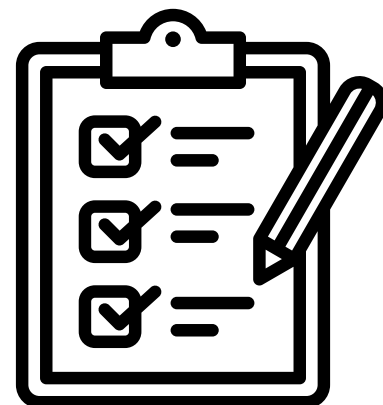
- In 2018, PIH developed and introduced a mobile health technology called **"Yendanafe"** which launched in July 2019 to provide community-based health services and coordination. Yendanafe enables Community Health Workers (CHWs) and the program team to collect, and evaluate data electronically and track ongoing care to patients, via smartphones.



# Purpose

## PURPOSE

- Studies like **Ndambo (2022)** did research on the role of Community Health Workers (CHWs) in influencing social connectedness with patients. However, it did not primarily focus the on perspective of CHWs and not the primary users of healthcare services, which were the patients.
- Ndambo(2022) also did not focus on how the m-health tool (Yendanafe) could influence social connectedness between the patients and the community health workers.
- This CEI aims to address this research gap and gain **insights into the perceptions and opinions of the beneficiaries**, specifically pregnant women, regarding perceptions of the mobile health tool and how it impacts the social connectedness with their community health workers.



## FINALLY

Since the introduction of YendaNafe, no **evaluation has been conducted of YendaNafe from the perspectives of beneficiaries** hence the reason for **implementing the CEI.**



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# Outreach

## DATA COLLECTION

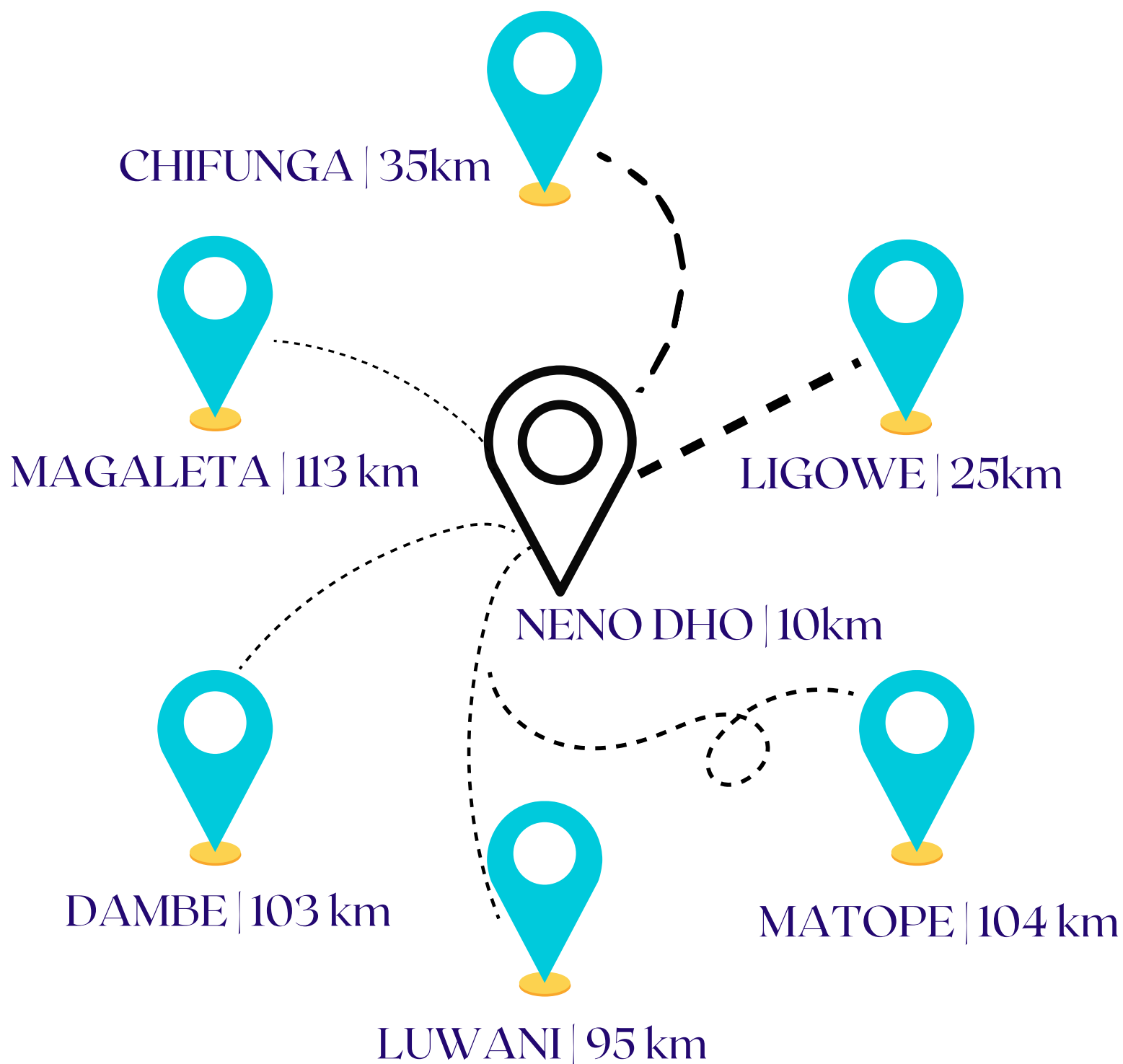
- The YendaNafe initiative is operational across seven sites at the Partners In Health Offices in Neno, Malawi: **Dambe, Neno DHO, Magaleta, Ligowe, Chifunga, Matope, and Luwani.**
- Inclusion criteria used for the CEI was; Pregnant women living in YendaNafe catchment for 3+ years, pregnancies of 3+ months, and interaction with Yendanafe m-Health system.
- **Site supervisors** along with CHWs convened with **Research Fellow -Kisha** to discuss logistics and Outreach.
- **The M&E informatics team** facilitated a list extracted from the database of the m-Health tool using the criteria.
- **CHWs** received a list of selected women purposively sampled and were responsible for locating the women on the list and informing them about upcoming interviews.
- **Twelve women** attending maternal care and in-depth interviewed to collect the desired data



## DATA ANALYSIS

- Data was **recorded, transcribed and translated** from the local language of Chichewa to English verbatim.
- The methodology used was thematic analysis.
- Study approved by Malawi **National Health Sciences Research Committee (NHSRC)**

# Outreach - Visited PIH Malawi Catchment Areas

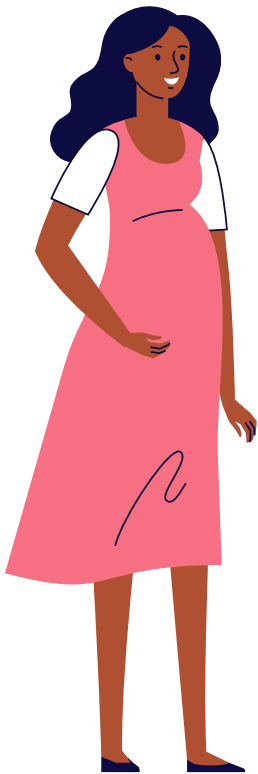


# Outreach

Extracted data from the database  
of the YendaNafe (m-health) tool  
to get women sampled



CHW's to physically inform  
women about interviews



12 pregnant women  
attending ANC and  
using the m-health tool  
interviewed in thier  
homes



# Results

THEMES	SUB-THEMES	DESCRIPTIONS
<b>Women's Opinions/Knowledge on YendaNafe</b>		<ul style="list-style-type: none"><li>• Women's opinions on the perceptions regarding the use of the YendaNafe</li></ul>
<b>Social Connectedness and Support</b>	<ul style="list-style-type: none"><li>• Enhanced health and well-being.</li><li>• Social Connection between Women and CHWs</li><li>• Social Connection between Women and CHWs</li></ul>	<ul style="list-style-type: none"><li>• Participants discuss the role of YendaNafe in facilitating social connectedness, through interaction, social support and gratitude. The participants also explain the health education, nutrition and sex education support they receive through the CHW program.</li></ul>
<b>Trust and Confidentiality</b>		<ul style="list-style-type: none"><li>• Participants explained their views and opinions regarding the issues of trust and confidentiality of the use of the YendaNafe(m-Health tool) between them and the CHW.</li></ul>





# Their Voices



## **THEME 1: WOMEN'S OPINIONS/KNOWLEDGE ON YENDANAFE (M-HEALTH YENDANAFE(M-HEALTH TOOL)**

"Right now I believe using the phone is far better because the Community Health Worker (CHW) is not struggling as well as I am not struggling. When we find that we have made a mistake with something the phone will correct us immediately. With the books, we will just continue whether we have made a mistake or not. The lessons delivered through the phone are specifically tailored to my stage of pregnancy, which makes them more relevant and helpful. Previously, the CHW might have taught lessons that were easier for them to deliver, but now with the phone, the information is better suited to my individual needs."

**-Pregnant Woman from Matope.**

## **THEME 2: SOCIAL CONNECTEDNESS AND SUPPORT**

"This time around with my second pregnancy, having a CHW has made me feel more supported and valued compared to my first pregnancy when I didn't have a CHW"

**-Pregnant Woman from Dambe**

"Many of us in the village tend to neglect our health, but Community Health Workers (CHWs) ensure that we don't fall behind and actively help us maintain our well-being. Their presence and dedication help us overcome these challenges and prioritize our health."

**- Pregnant Woman from Chifunga**

## **THEME 3: TRUST AND CONFIDENTIALITY**

"Considering that they have approached me at my home, I trust them to keep my privacy. I would also get healthcare quickly.

For instance, if I was to be found with HIV or high blood pressure, I would be comfortable telling the CHW compared to someone random or a friend "-

**Pregnant Woman from Matope**



# Impact /Insights

- The m-Health YendaNafe tool serves as an intermediary, enabling private conversations between pregnant women and their assigned health workers. Rather than the tool itself initiating conversations, it records interactions, forwarding reports to relevant authorities.
- Additionally, some women highlighted that the knowledge acquired from the lessons extended beyond their personal well-being to encompass the well-being of their families.

“My health worker helps me even with my kids, for instance, in how I can take care of my children. Even when they are sick, my CHW encourages me to take them to the hospital and lessons on how to best take care of my children.”

**-Pregnant Woman from Neno DHO**

- The **“Trust and Confidentiality”** theme emerged when looking at the **barriers to social connectedness** that may be posed by the m-health tool
- **Privacy** may be a barrier to social connectedness in healthcare, because if one does not feel confident or trust the other person it affects the connection and interaction in an interpersonal relationship.
- Most women had **confidence in the m-Health tool because they had trust in the CHW**, hence the women expressed the m-Health tool was not a barrier to social connectedness

# 89%

Participants report feeling strongly supported throughout their pregnancy journey using the m-health tool

# 10/12

Participants understood the use of the tool and its importance in their ANC journey

# 98%

Participants expressed trust and confidence in their CHW with the phone to keep their health information

# Recommendations

## 1. Additional Program Desires

- This recommendation is directly tied to the community health program and its recipients. It suggests providing additional training to Community Health Workers (CHWs) in other relevant fields. During interviews, when women were asked about their preferences, many suggested that CHWs should be knowledgeable in subject matter like marriage counseling and mental health, as these are challenges frequently faced within the community.

## 2. Building Social Connectedness with the m-Health tool

### Tailored content delivery

- Maintain mobile health to ensure that the information delivered to the patients remains relevant and helpful to each woman's unique situation. They should maintain tailored content delivery because the women feel valued when the content addresses their direct needs.



### RESEARCHERS NOTE:

#### Breaking Down Barriers

- Before the research, there was a prevalent assumption that the outcomes would lack significance due to the belief that the women would be unfamiliar with the m-Health tool. Some even held the notion that the women might not possess the necessary understanding or insight to comprehend the tool's functioning, given their limited usage. Nevertheless, the study unveiled a contrasting reality : the women demonstrated a working knowledge of the app's operations.
- This study strongly advocates for the **demystification of knowledge** towards vulnerable groups in rural settings. As health researchers, we should focus on rectifying perceptions and attitudes towards vulnerable groups situated in remote and low-resource regions. It is important not to make assumptions about their perceived literacy levels and language barriers before research.
- This may enable PIH, Ministry of Health, and Health Researchers to conduct studies that were previously considered infeasible due to challenges posed by the literacy levels and language barriers among the research subjects.





# THANK YOU!



## Acknowledgements

My sincerest gratitude to all the women who participated in interviews, to Dr Chiyembekezo Kachimanga (PIH Malawi) for his ongoing support, to the PIH team (M&E Informatics and Research Team (PIH Malawi) & Community Health Department), for all their time and insight, to Olivia Smith Rodrigues at SCSC, and to the whole SCSC team. A special shout out to the other 2023 Fellows!