Gyan Jyoti: Empowering Community Health Workers with 'The Light Of Knowledge'

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Objective

- Introduction to Gyan Jyoti application
- Findings from proof of concept study
- Discuss challenges experienced
- Future opportunities for mHealth initiatives

Project Ujjwal
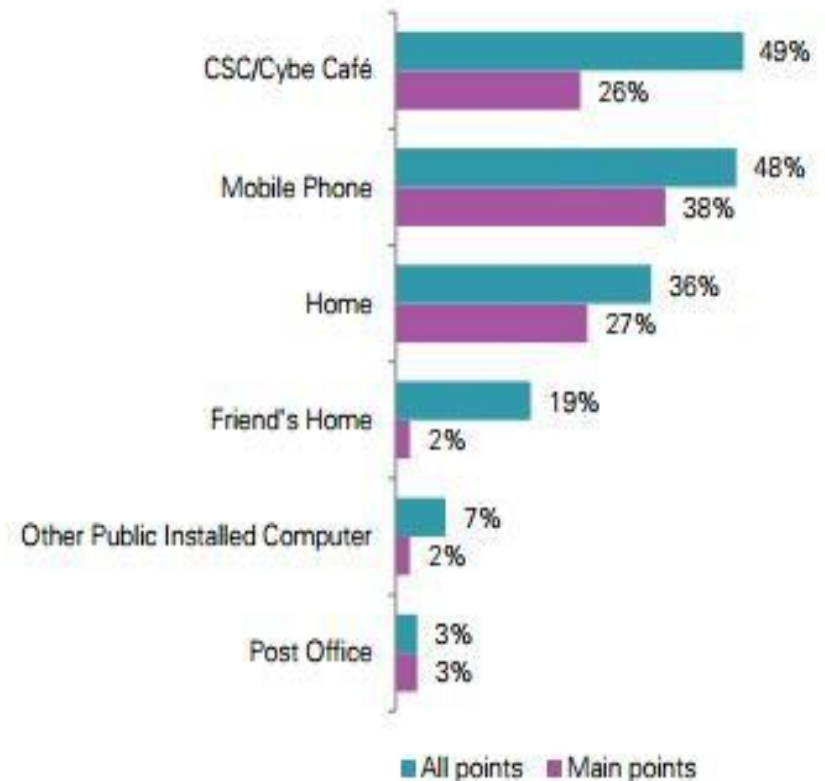## Reproductive Health Project (2013-2015)

Reaching Bihar

- Despite India's TFR at 2.7, Bihar is still struggling with 3.4 TFR *(source: NFHS-3 / NFHS-4)*

- Skew towards female sterilisation (20.7%)puts the burden of FP on woman *(source: NFHS-4)*

- Social taboos, incorrect information coupled with myths, fears and concerns regarding side effects, negative word of mouth adversely affect acceptance

- Frontline Health Workers or ASHAs in India need adequate support in order to motivate young and low parity couples to adopt modern contraceptives

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mHealth Game Changer: $ 40 Smartphones

- In the next 2 years, whether subsidized or not, most health workers will own smart phones

- Even disconnected from the Internet these phones are basically small computers with entertainment systems

- Need to plan and design mHealth solutions around this trend

- Exploit growing community networks based on smart phone digital transfers

Rural India-Internet access points

Access Point	All points	Main points
CSC/Cybe Café	49%	26%
Mobile Phone	48%	38%
Home	36%	27%
Friend's Home	19%	2%
Other Public Installed Computer	7%	2%
Post Office	3%	3%

■ All points ■ Main points

Source: IAMAI-IMRB Mobile Internet in India Report 2014

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Gyan Jyoti: A Powerful SBCC Tool

Self-Learning Tool:
Easy access to technical content

Counselling Tool:
Decision support tool, offering need specific counseling using AV content that is standardized, motivational and persuasive
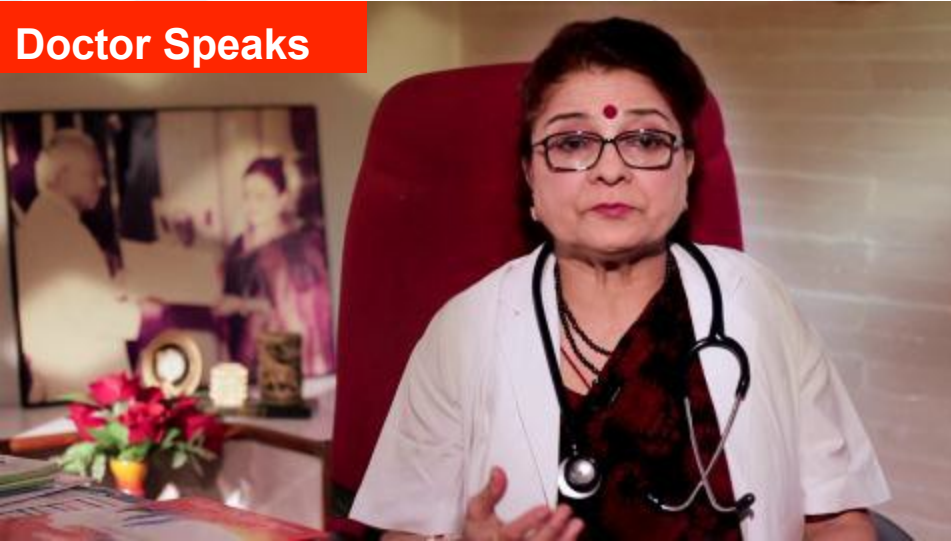
Monitoring Tool:
Provides usage statistics; client-specific counselling sessions tracked

360˚ communication materials for family planning
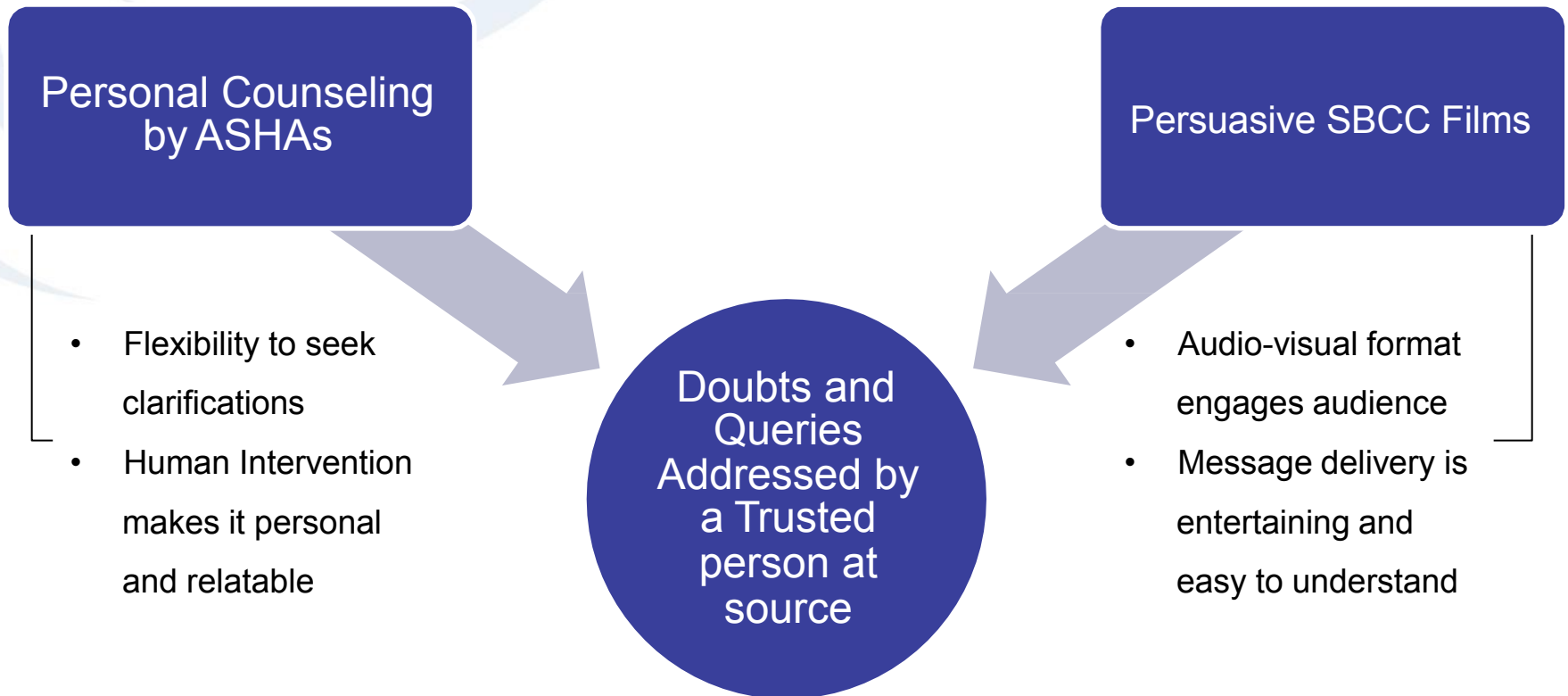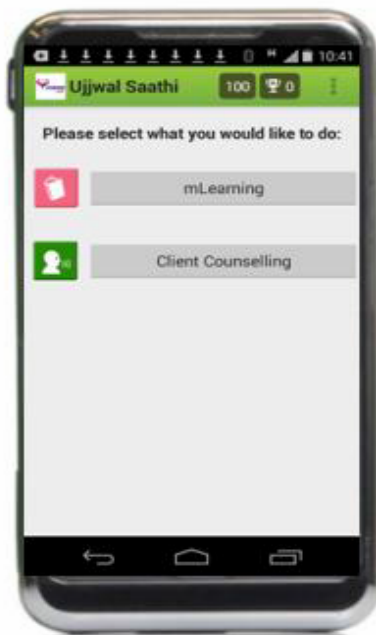

Doctor Speaks

Role Model Film

My name is Nishu and he's my husband, Jitendra Kumar.

TV Spot

कॉल करें उज्ज्वल हेल्पलाइन 1800 11 2121

Soap Opera based Film

Mother-father! With your blessings, I am now handing over the

कॉल करें उज्ज्वल हेल्प 1800 11 2121

Pairing Individual Counselling and Persuasive Audio-Visual Communication

Personal Counseling by ASHAs

- Flexibility to seek clarifications
- Human Intervention makes it personal and relatable

Doubts and Queries Addressed by a Trusted person at source

Persuasive SBCC Films

- Audio-visual format engages audience
- Message delivery is entertaining and easy to understand

Virtual Tour

mlearning and client counselling interfaces

ASHA selects the client to be counseled which opens the case profile

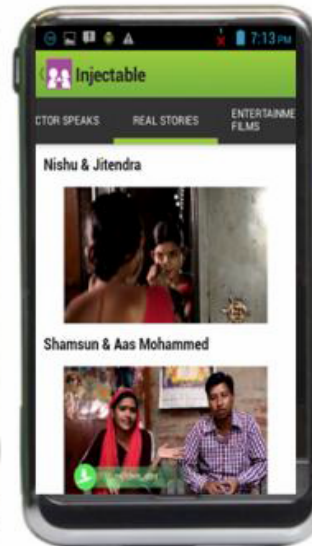**Counselling materials accessible by contraceptive method**
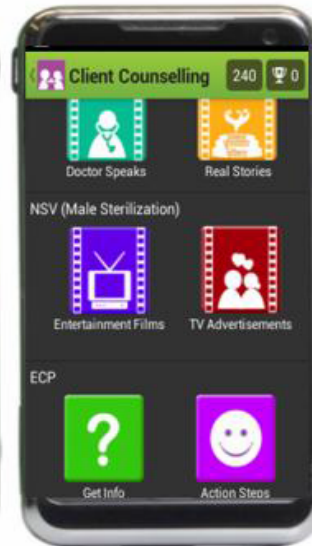
4 kinds of films available by method by information need – Doctors films, Role Model films, Entertaining films and TV PSAs

Watching persuasive films

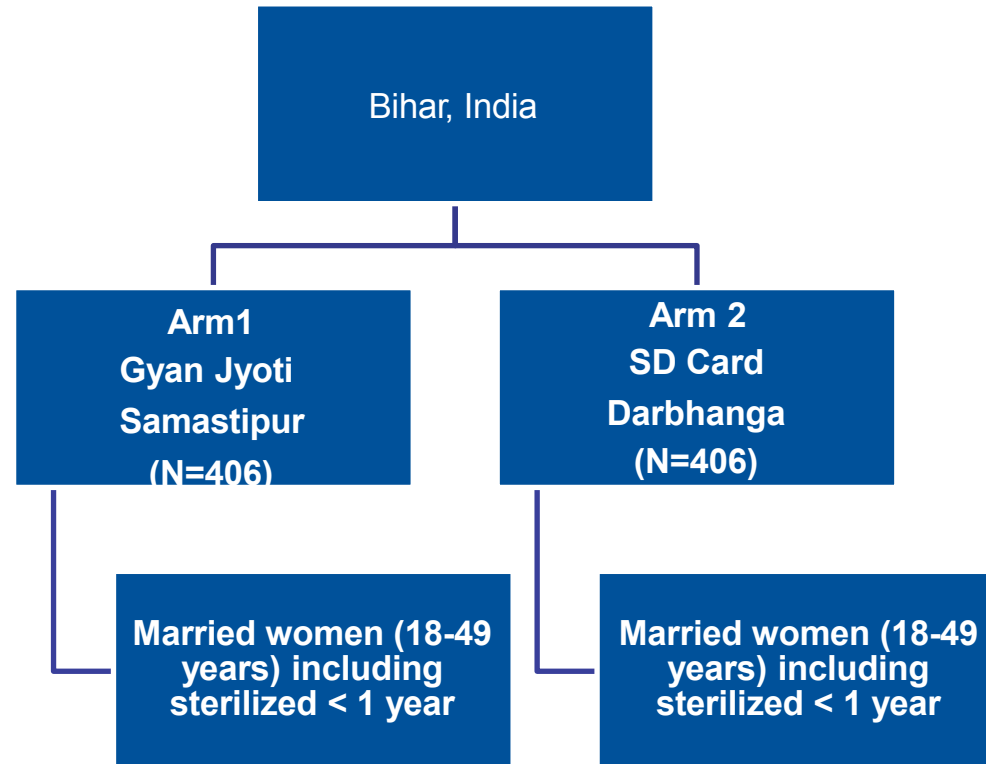**Frequently asked questions by contraceptive method**

Key Features

- **Built for Sustainability:**
  - Developed as part of an evolving global Digital Content Delivery System that supports creation, curation, localization, packaging and distribution of health content (India, Ethiopia, Nigeria and Pakistan)

- **Ease of Content Management:**
  - Integrated with Moodle most common open source Learning Management System allowing for low cost development and deployment of content

- **Analytics:**
  - Usage statistics collected by the app and uploaded to the admin server whenever there is a connection. Statistics reflect what resource was used and when and for how long.

- **Works Offline:**
  - No internet connection necessary to run the app once it is fully registered and media loaded

- **Open Source:**
  - No licensing requirements
  - Code and functionality can be freely shared

- **Easy Access:**
  - Available for download from Google Play

- **Adaptable To Many Languages:**
  - Gyan Jyoti available in Hindi and English
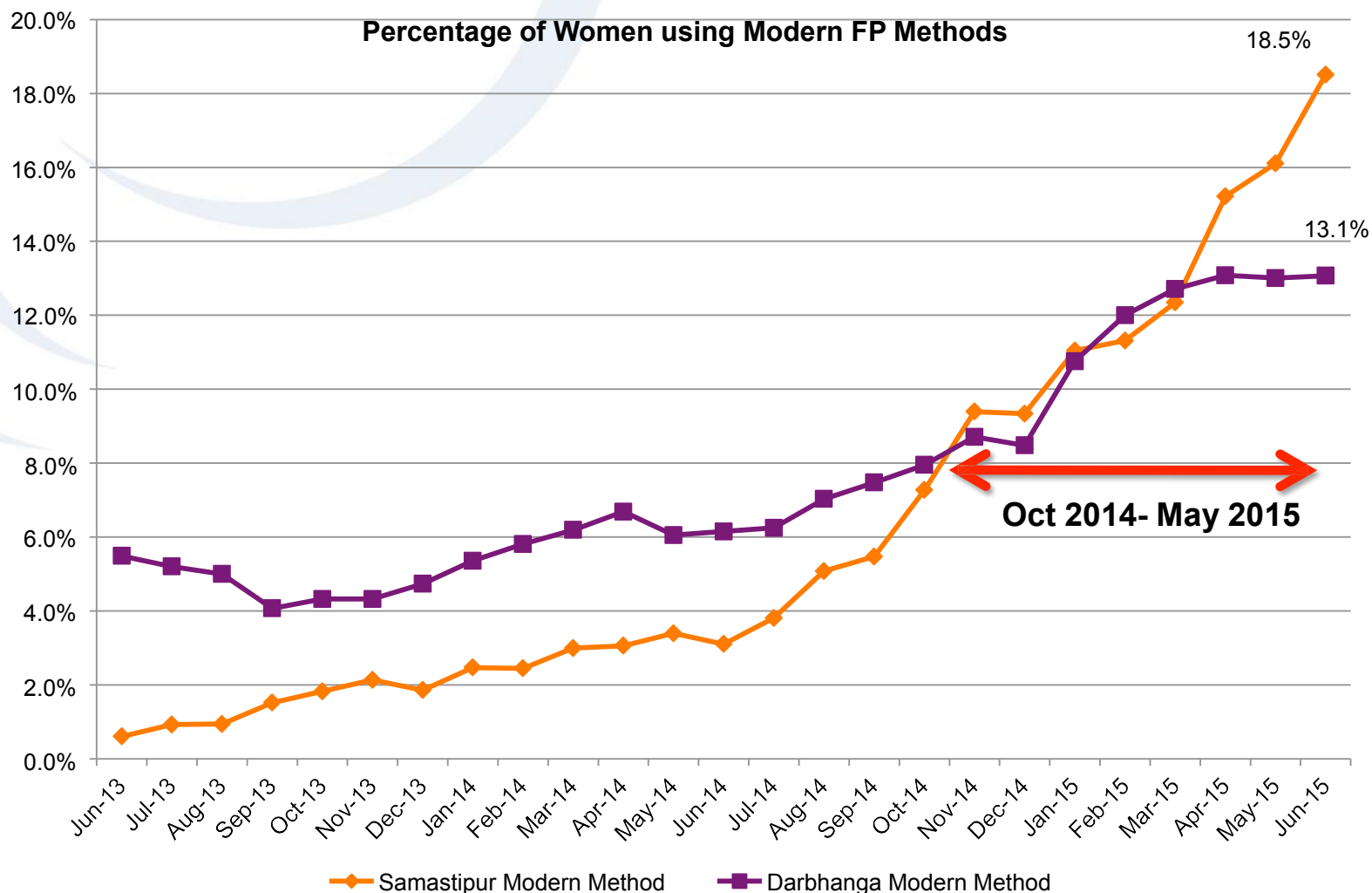 - Adaptable to any language for an Android based d
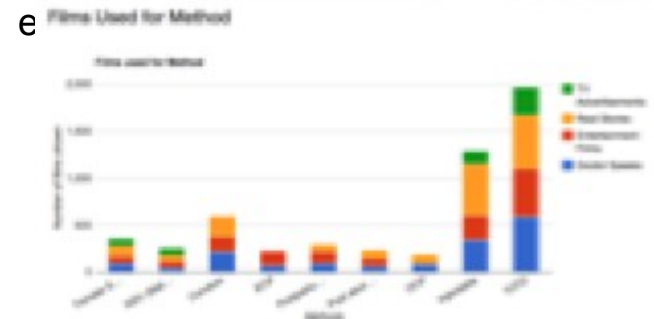
Proof of Concept Study

Objective: To provide proof of concept for Gyan Jyoti App

- Post Only: 2 arms; Gyan Jyoti & SD Cards

- Focused on FP acceptors and current users in the past one year

- Sample drawn from married women (18-49 years) including those sterilized in the past year
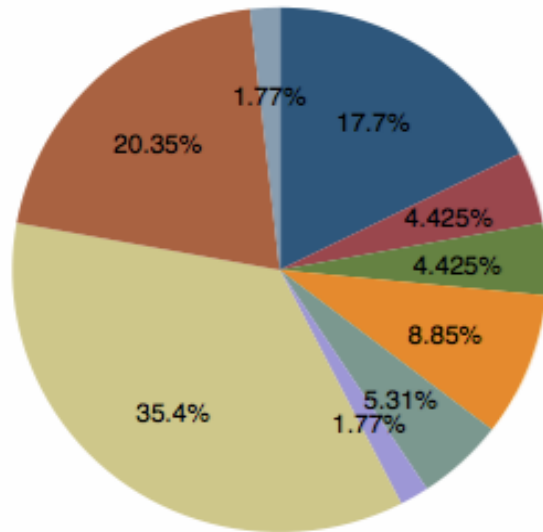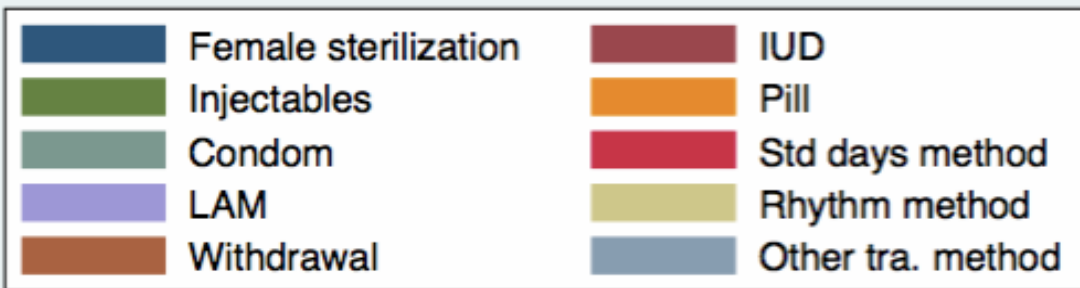
- Study conducted during May-June 2015

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                    ┌─────────────────┐
                    │   Bihar, India   │
                    └────────┬────────┘
              ┌──────────────┴──────────────┐
    ┌─────────────────┐           ┌─────────────────┐
    │      Arm1       │           │      Arm 2       │
    │   Gyan Jyoti    │           │     SD Card      │
    │   Samastipur    │           │    Darbhanga     │
    │    (N=406)      │           │     (N=406)      │
    └────────┬────────┘           └────────┬────────┘
    ┌─────────────────┐           ┌─────────────────┐
    │ Married women   │           │ Married women   │
    │ (18-49 years)   │           │ (18-49 years)   │
    │ including       │           │ including       │
    │ sterilized      │           │ sterilized      │
    │ < 1 year        │           │ < 1 year        │
    └─────────────────┘           └─────────────────┘
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Current Use of Modern FP Methods

Percentage of Women using Modern FP Methods

18.5%

13.1%

Oct 2014- May 2015

◆ Samastipur Modern Method   ■ Darbhanga Modern Method

Family Planning Method Mix
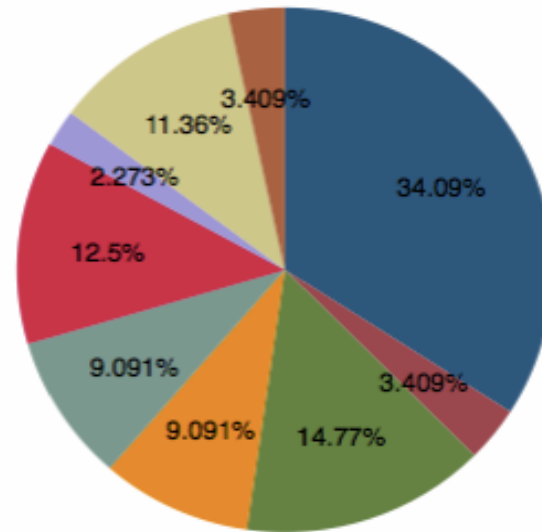
Darbhanga N = 357   Samistipur N = 339

Current Modern Contraceptive Use by District

P < .01
Darbhanga N = 357

Samistipur N = 339
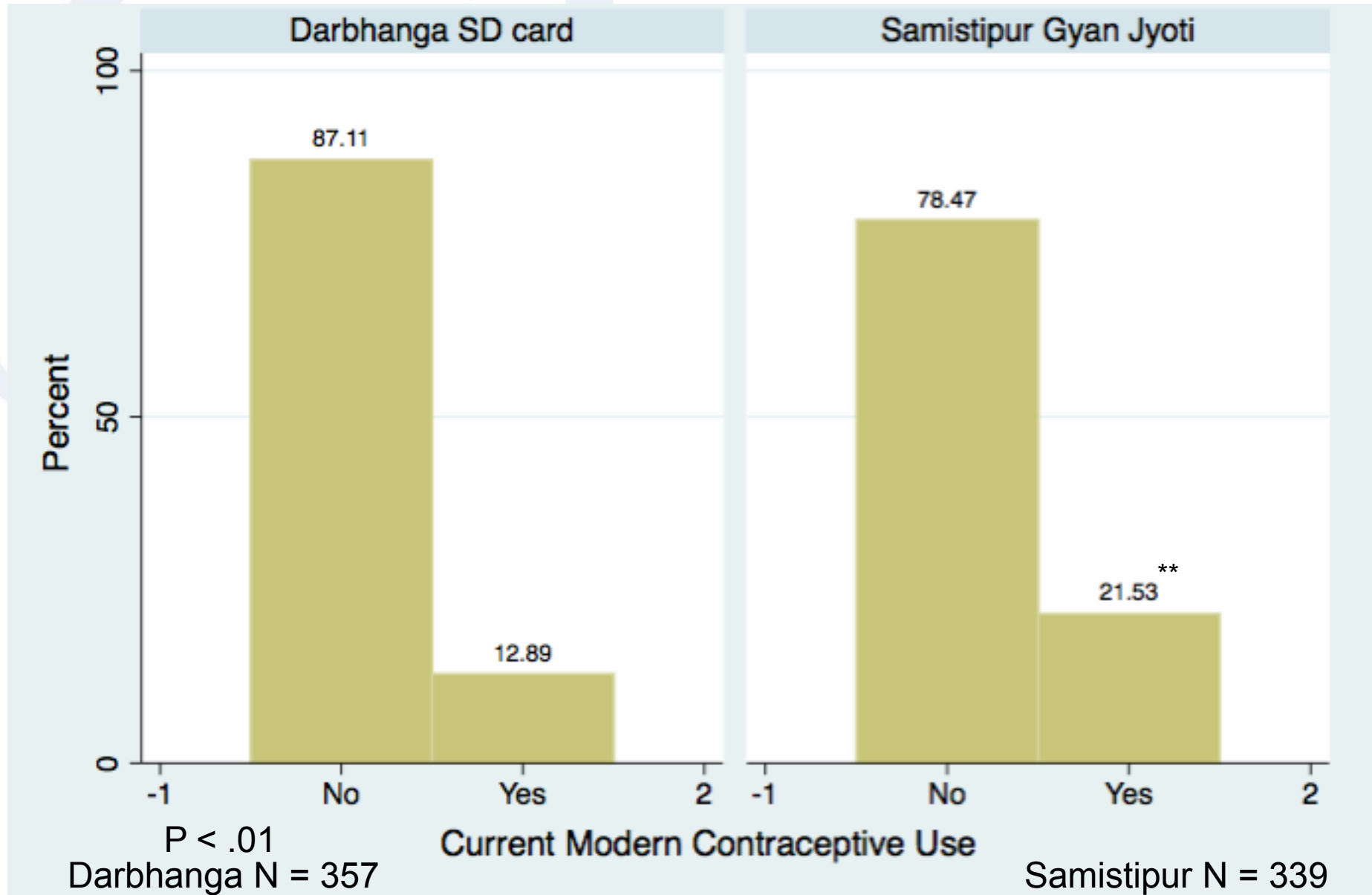
Exposure to ASHA Home Visit & Gyan Jyoti Films

Darbhanga SD Card

- No exposure: 52.96
- Home visit: 44.58
- Home visit + film: 2.463

Samistipur Gyan Jyoti

- No exposure: 44.33
- Home visit: 38.18
- Home visit + film: 17.49 ***

Percent

Exposure to Gyan Jyoti Intervention

N= 406

N= 406

*** P < 0.0001
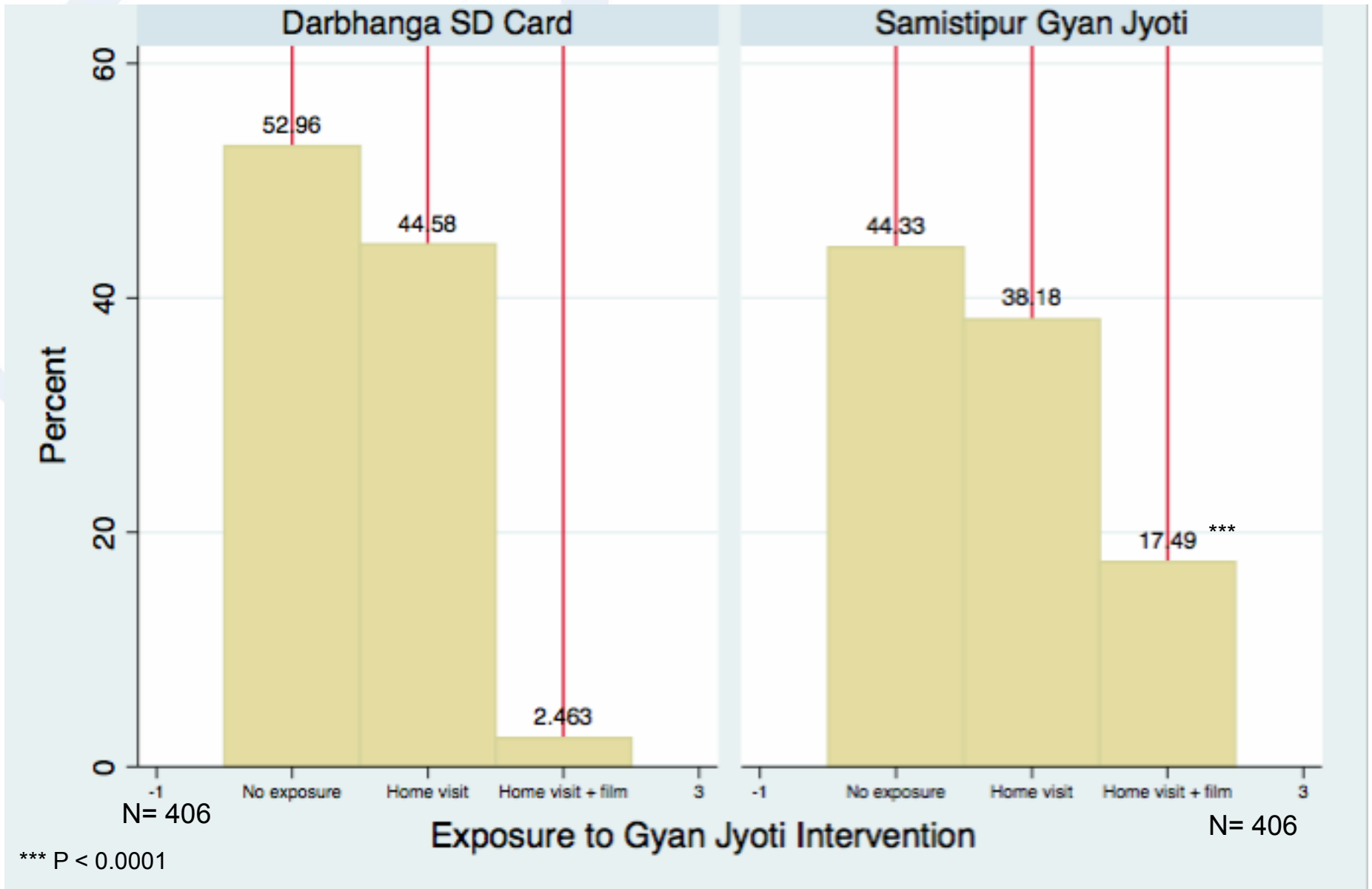
Logistic Regression:
Current Use of Modern FP in 2 districts in Bihar

Gyan Jyoti District, (N= 339)[+] SD Card District (N = 357) [+] Independent Variables	Odds Ratios (95% CI)
Exposure to Gyan Jyoti Intervention No exposure ASHA home visit ASHA home visit + films on mobile phone	1 1.9** (1.2 -3.2) 4.5*** (2.4-8.5)
District SD Card District Gyan Jyoti District	1 1.5* (0.98-2.4)
Media Exposure :TV, radio, magazine or newspaper No Exposure (0 Media) Low Exposure (1 Media) High Exposure (2+ Media)	1 .80 (.39-1.6) 2.5*(.80-8.1)
Has trust in family planning Low High	1 1.7* (1.0-2.7)

Adjusted for age, education & SES   + Excludes currently pregnant women
* P <.05   **P < 01   *** P < .001   Pseudo R^2 0.082

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Implementation Challenges

- Implementation period was shorter than anticipated

- Gyan Jyoti deleted from the phones by family and ASHAs

- Low mobile literacy of a few ASHAs

- Routine technical support to ASHAs for troubleshooting for phone and app related problems

Conclusion

- Gyan Jyoti helped bridge the knowledge gap by providing ready access to correct and credible information

- Increased ASHAs credibility in her community, empowered her to confidently promote modern contraceptives

- Enabled informed decision making by the clients

Way Forward

- Convergence with other health behaviors across the RMNCH+A spectrum

- Integration with service delivery platforms to develop an integrated client tracking, counseling and follow-up mechanism