



# ADAPTIVE MANAGEMENT USING DIGITAL TECHNOLOGIES TO HELP HEALTH PROGRAMS ADAPT

---

# TYPES OF ADAPTATIONS

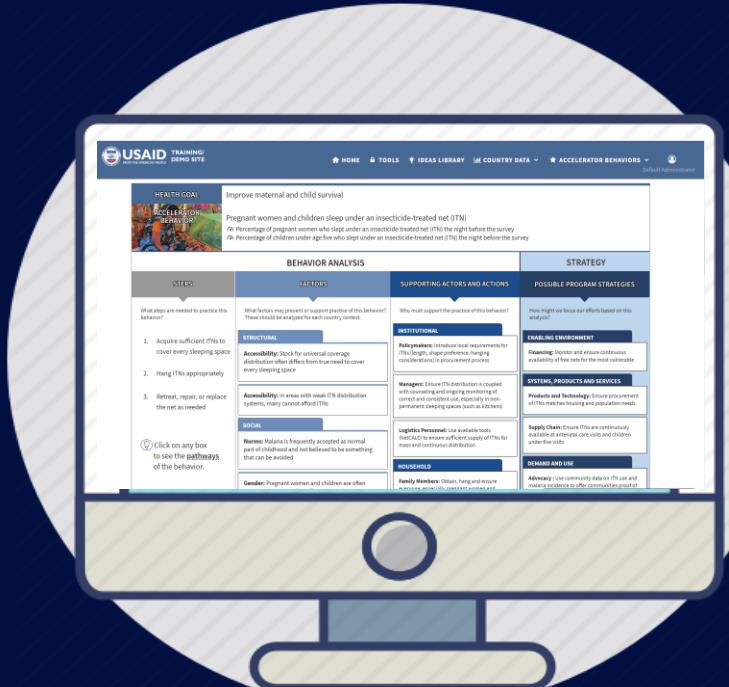
1. **Tactical or single loop adaptation:** Tactical adaptation describes correction of ongoing programs in response to monitoring data. It does not include deeper changes in how the underlying problem that the program aims to target is defined or the program design. Tactical adaptation is often fast and relies on rapid data.
2. **Strategic or double loop adaptation:** Strategic adaptation refers to more in-depth course direction in response to learning from different data sources and feedback. It happens when underlying assumptions about the program and/or its design are changed resulting in fundamental changes in the program. Strategic adaptation often needs time, careful reflection and usually relies on different data sources.
3. **Institutional adaptation:** Institutional adaptation describes when organizations make formal adjustments to protocols to support a program's implementation and/or to improve its overall ability to deliver on its development objective. Adjustments represent a departure from organizational standard practice and/or norms, and are usually aimed at removing institutional barriers to program success.

# Four key factors

1. **Authority:** Is the action within the **role and responsibility** of the stakeholder?
2. **Incentives:** Is the stakeholder **incentivized** to take action?
3. **Capacity:** Does the action require the **skills and knowledge** that the stakeholder has?
4. **Resources:** Does the action need **resources** for the stakeholder to take action?

Each of these factors has to be designed into the activity if the technology or data will lead to adaptive management.

# Adaptive Management Through Digital Tools



2018 Global Digital Health Forum  
December 10, 2018



**USAID**  
FROM THE AMERICAN PEOPLE

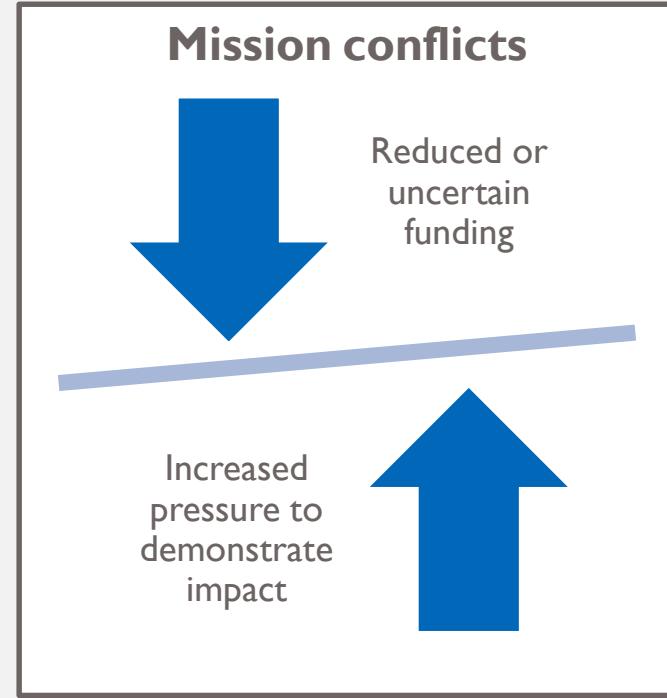
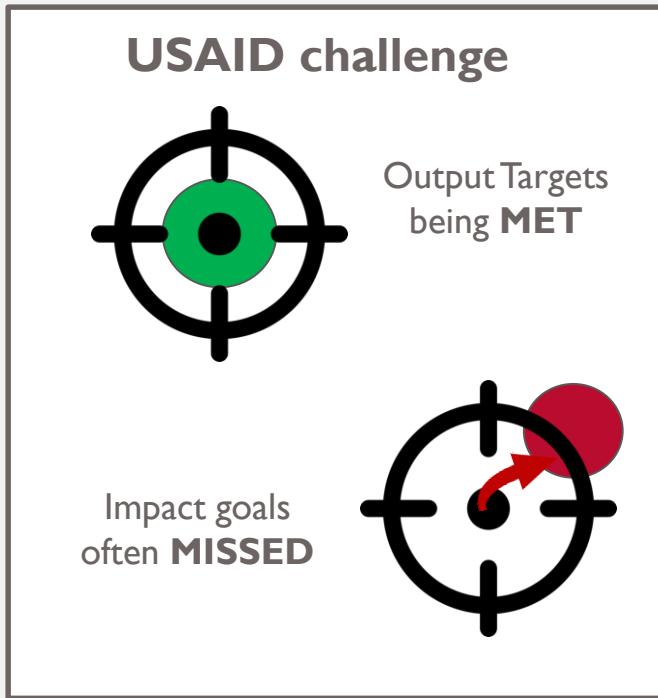


# The ACCELERATE Project

---

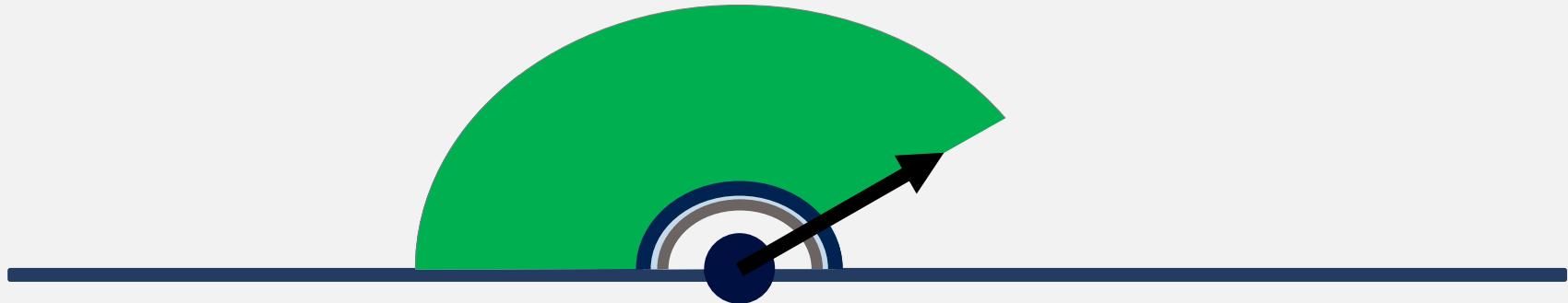
Guidance to help USAID Missions  
maximize investments and achieve  
results in maternal and child survival

# What problem was ACCELERATE created to solve?

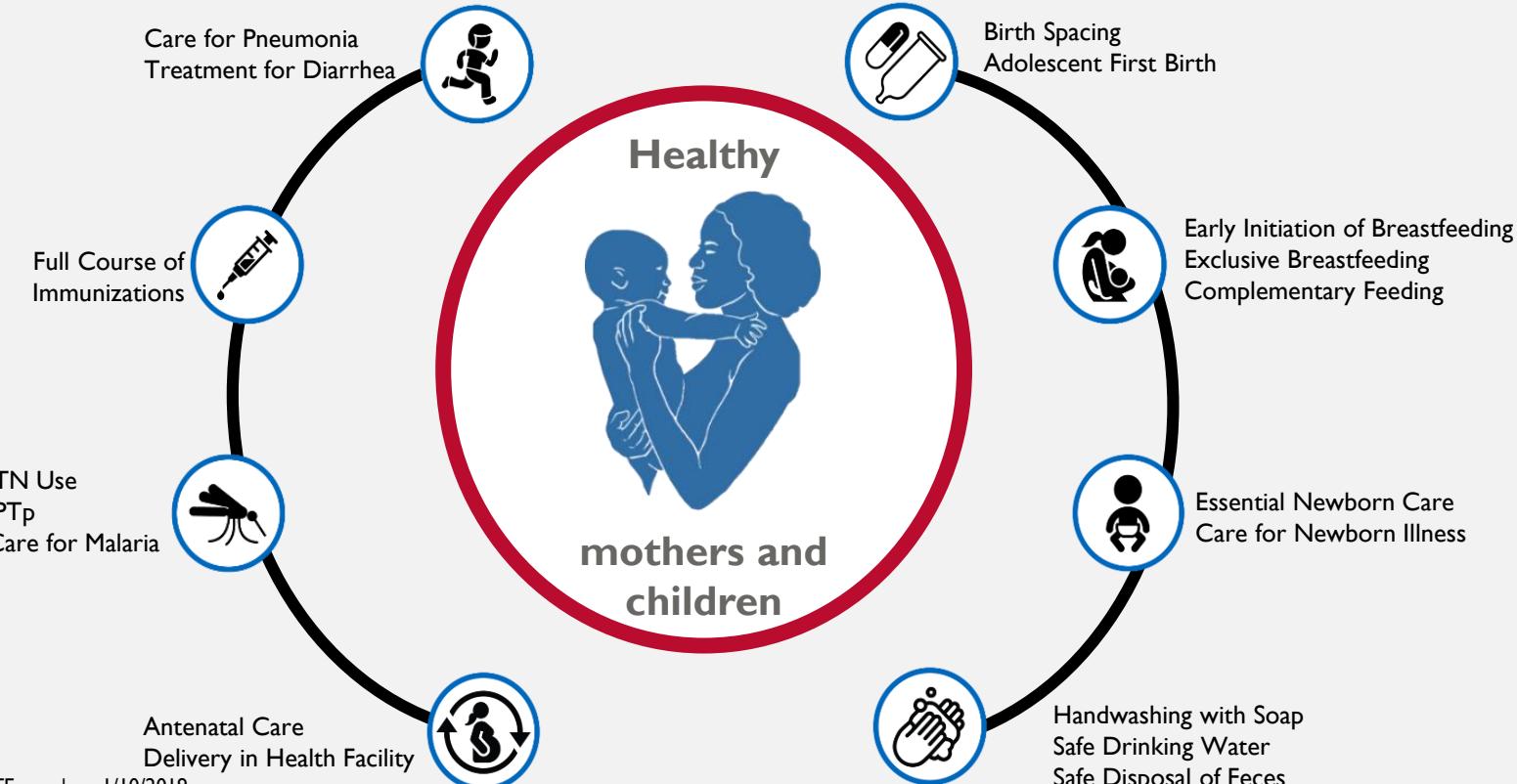


# We can move the needle faster

by providing a **behavioral lens** that focuses program efforts on changing behavioral outcomes to improve health results and save lives



# Targeting behaviors works because they are the element closest to outcomes that we can change



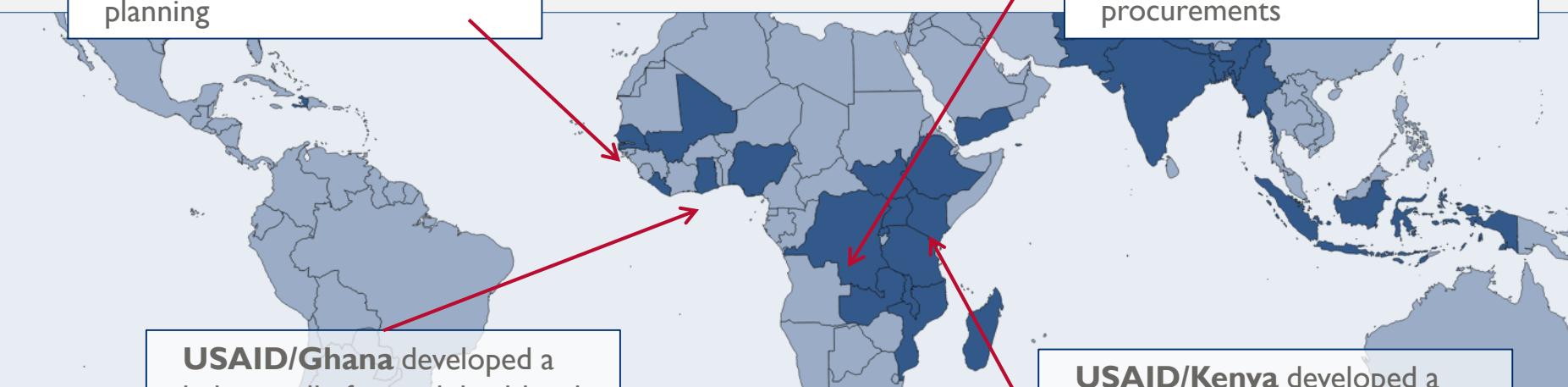
# ACCELERATE works

USAID/Senegal assessed past project outcomes to better **manage** current activities and **guide** future activity work planning

USAID/Democratic Republic of the Congo developed a Behavioral Framework to **identify strategies** for new procurements

USAID/Ghana developed a behaviorally-focused health sub-strategy to **contribute to the CDCS** and guide future programming

USAID/Kenya developed a Behavioral Framework to **manage and coordinate** health activities

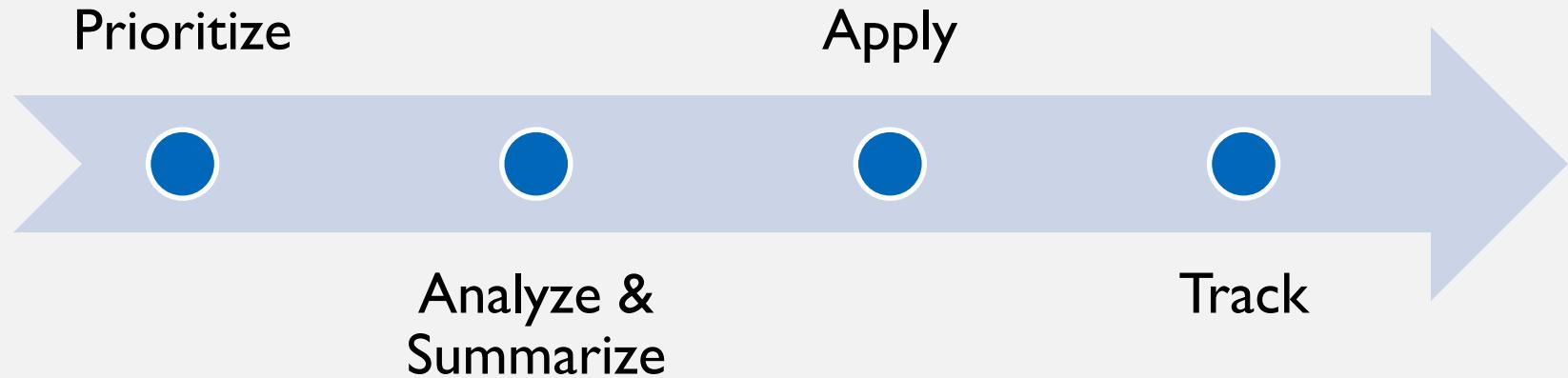


# Think | BIG Website

## Goals

1. Easy to use tools to create behavior change approaches
2. Document and share decisions and outcomes
3. Direct and distance technical assistance

# Think | BIG Approach





# THINK | BIG

## Behavioral Integration Guidance

Align your USAID health programming using behavioral outcomes to maximize investments and accelerate impact on maternal and child survival



LEARN MORE

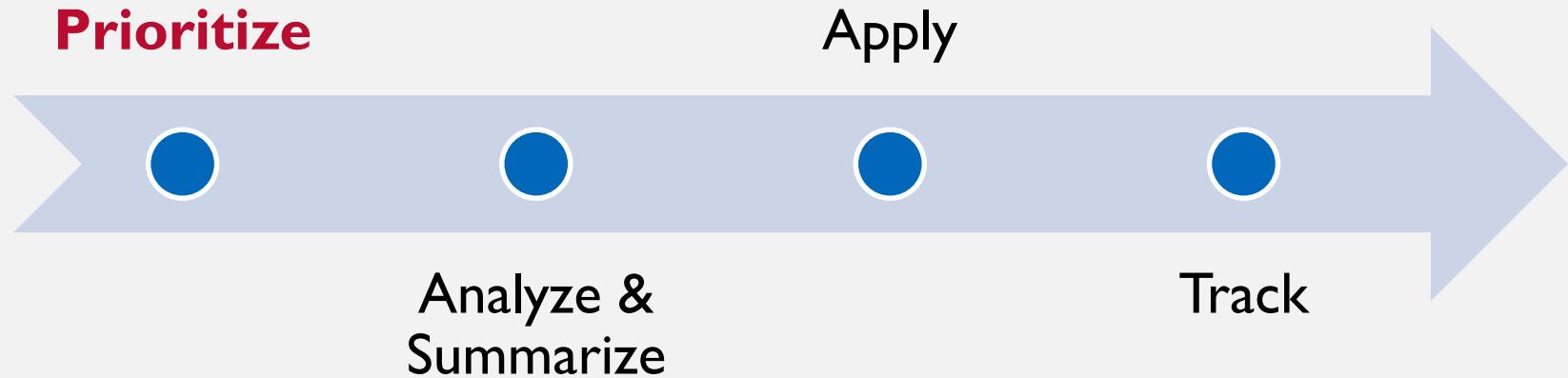


LOG IN



Please provide feedback on this page.

# Think | BIG Approach



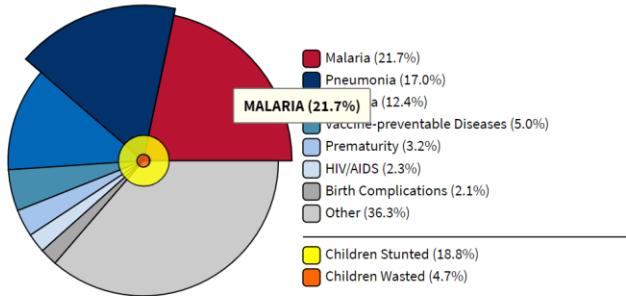
# Prioritize

Major causes  
of mortality  
for target  
populations

## Causes of Mortality

Neonatal    Child    Maternal

Age 1 month to 5 years



Sources: WHO-MCEE Estimates for Child Causes of Death, 2015, Demographic and Health Survey

| Neonatal Causes             | Child Causes      | Maternal Causes                |
|-----------------------------|-------------------|--------------------------------|
| Birth Complications (28.3%) | Pneumonia (17.0%) | Postpartum Hemorrhage (12.5%)  |
| Pneumonia (6.3%)            |                   | Hypertensive Disorders (12.3%) |
| <b>Nutrition</b>            |                   |                                |
| Undernutrition              |                   |                                |

REVIEW ASSOCIATED BEHAVIORS

# Prioritize

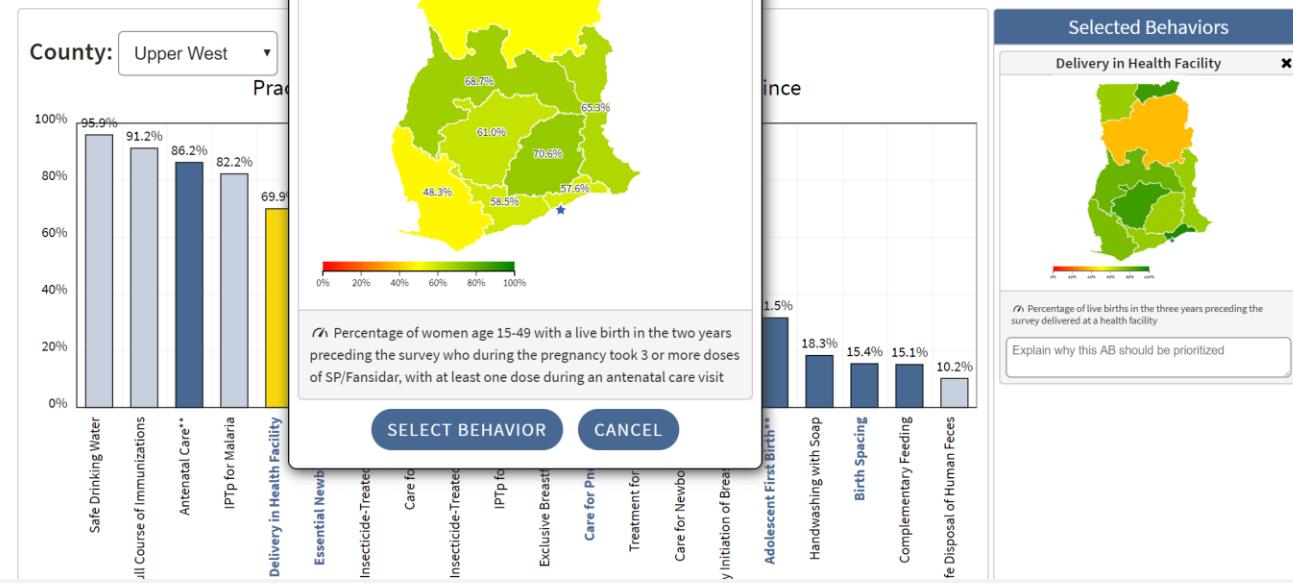
Current status of different behaviors by country or region

Consider the association between the behavior and the causes you have selected and the current uptake of the behavior represented by the bar graph below.

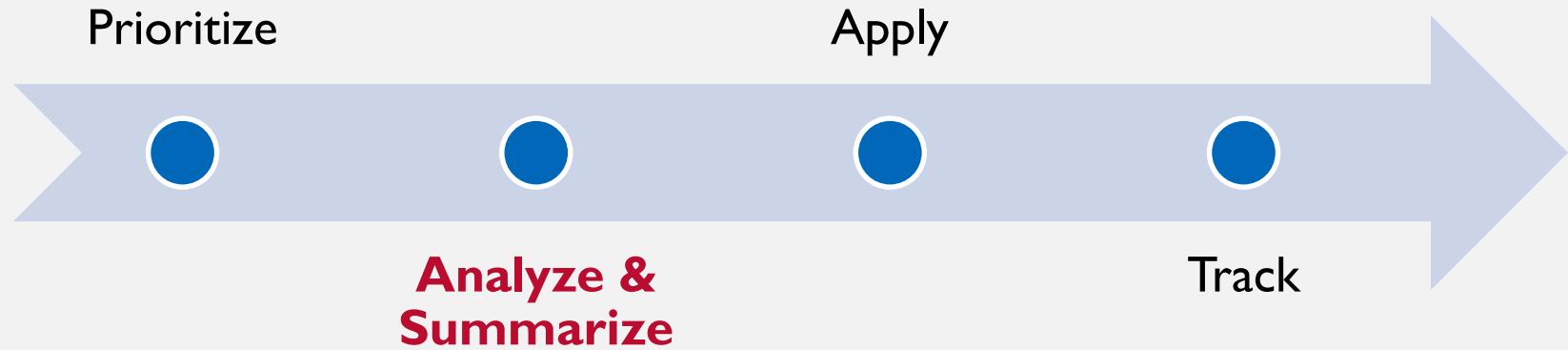
Click on the bar graph for more information on the behavior, including its association with specific causes of death and uptake across regions or the world as geographic disaggregation of uptake data.

✓ **Organization Fit:** Does the organization fit with the behavior? How do these behaviors correspond with its current human assets?

✓ **Stakeholder Fit:** What are other stakeholders contributing?



# Think | BIG Approach



# What's Different about THINK | BIG's Analysis?

Think | BIG's analysis provides a deeper understanding of your priority behaviors so that you can effectively encourage their adoption by primary actors



# What is a Behavior Profile?

Think | **BIG**'s tool to help you systematically analyze a behavior, ensuring all elements have been thought through and pathways to change have been identified



# Analyze

Behavior Profiles analyze required elements for a patient or caregiver to achieve the behavior

| <b>HEALTH GOAL</b><br><br><b>ACCELERATOR BEHAVIOR</b>   | <p>Improve maternal and child survival</p> <p>Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits</p> <ul style="list-style-type: none"> <li>⌚ Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 3 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit</li> <li>⌚ Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 2 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit</li> </ul> |   |  |
|---|---|---|--|
| BEHAVIOR ANALYSIS   |   |   |  |
| STEPS   | FACTORS   | SUPPORTING ACTORS AND ACTIONS   | POSSIBLE PROGRAM STRATEGIES  |
| <p>What steps are needed to practice this behavior?</p> <ol style="list-style-type: none"> <li>1. Decide to seek ANC care early before the end of the first trimester</li> <li>2. Obtain IPTp at each ANC visit, beginning in second trimester</li> <li>3. Adhere to provider instructions on when to return for the next visit</li> </ol> <p> Click on any box to see the pathways of the behavior.</p> | <p>What factors may prevent or support practice of this behavior? These should be analyzed for each country context.</p> <p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Fansidar/SP is often out of stock or rationed</p> <p><b>Service Provider Competencies:</b> Lack of provider knowledge including when to begin IPTp further confuses women and their family</p> <p><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Often family members or partners do not consent to multiple ANC visits</p> <p><b>INTERNAL</b></p> <p><b>Attitudes and Beliefs :</b> Many women fear side effects</p>                                     | <p>Who must support the practice of this behavior?</p> <p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Ensure integration of IPTp with broader reproductive health programs</p> <p><b>Logistics Personnel:</b> Ensure SP or other IPTp commodity supply</p> <p><b>Providers:</b> Provide clear counseling about protective benefits, timing and dosing of IPTp to pregnant women and their partners</p> | <p>How might we focus our efforts based on this analysis?</p> <p><b>ENABLING ENVIRONMENT</b></p> <p><b>Partnerships and Networks:</b> Explore delivery of ANC and IPTp in non-formal settings, such as through NGOs and by community health workers, directly in the community where ANC is inaccessible</p> <p><b>Policies and Governance:</b> Integrate IPTp into reproductive health programs</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Supply Chain:</b> Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to plan for at least 4 doses per expected pregnant woman</p> <p><b>Quality Improvement:</b> Disseminate to providers clear IPTp guidelines and information to use in counseling women on benefits</p> <p><b>Quality Improvement:</b> Expand and promote services offered during ANC to increase perceived value, including treatment for RTIs</p> |

# Analyze

STEPS:  
What steps are  
needed to  
practice this  
behavior?

| BEHAVIOR ANALYSIS   |   |   |  |
|---|---|---|--|
| STEPS   | FACTORS   | SUPPORTING ACTORS AND ACTIONS   | STRATEGY   |
| <p>What steps are needed to practice this behavior?</p> <ol style="list-style-type: none"><li>1. Decide to seek ANC care early before the end of the first trimester</li><li>2. Obtain IPTp at each ANC visit, beginning in second trimester</li><li>3. Adhere to provider instructions on when to return for the next visit</li></ol> <p>Click on any box to see the pathways of the behavior.</p> | <p>What factors may prevent or support practice of this behavior? These should be analyzed for each country context.</p> <p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Fansidar/SP is often out of stock or rationed</p> <p><b>Service Provider Competencies:</b> Lack of provider knowledge including when to begin IPTp further confuses women and their family</p> <p><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Often family members or partners do not consent to multiple ANC visits</p> <p><b>INTERNAL</b></p> <p><b>Attitudes and Beliefs :</b> Many women fear side effects</p> | <p>Who must support the practice of this behavior?</p> <p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Ensure integration of IPTp with broader reproductive health programs</p> <p><b>Logistics Personnel:</b> Ensure SP or other IPTp commodity supply</p> <p><b>Providers:</b> Provide clear counseling about protective benefits, timing and dosing of IPTp to pregnant women and their partners</p> | <p>How might we focus our efforts based on this analysis?</p> <p><b>ENABLING ENVIRONMENT</b></p> <p><b>Partnerships and Networks:</b> Explore delivery of ANC and IPTp in non-formal settings, such as through NGOs and by community health workers, directly in the community where ANC is inaccessible</p> <p><b>Policies and Governance:</b> Integrate IPTp into reproductive health programs</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Supply Chain:</b> Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to plan for at least 4 doses per expected pregnant woman</p> <p><b>Quality Improvement:</b> Disseminate to providers clear IPTp guidelines and information to use in counseling women on benefits</p> <p><b>Quality Improvement:</b> Expand and promote services offered during ANC to increase perceived value, including treatment for RTIs</p> |

# Analyze

**FACTORS:**  
What factors  
may prevent or  
support  
practice of this  
behavior?

Identify factors  
that can prevent  
or support  
desired behavior

| BEHAVIOR ANALYSIS  |   |   |  |
|--|---|---|--|
| STEPS  | FACTORS   | SUPPORTING ACTORS AND ACTIONS   | STRATEGY   |
| <p>What steps are needed to practice this behavior?</p> <ol style="list-style-type: none"><li>1. Decide to seek ANC care early before the end of the first trimester</li><li>2. Obtain IPTp at each ANC visit, beginning in second trimester</li><li>3. Adhere to provider instructions on when to return for the next visit</li></ol> | <p>What factors may prevent or support practice of this behavior? These should be analyzed for each country context.</p> <p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Fansidar/SP is often out of stock or rationed</p> <p><b>Service Provider Competencies:</b> Lack of provider knowledge including when to begin IPTp further confuses women and their family</p> <p><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Often family members or partners do not consent to multiple ANC visits</p> <p><b>INTERNAL</b></p> <p><b>Attitudes and Beliefs :</b> Many women fear side effects</p> | <p>Who must support the practice of this behavior?</p> <p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Ensure integration of IPTp with broader reproductive health programs</p> <p><b>Logistics Personnel:</b> Ensure SP or other IPTp commodity supply</p> <p><b>Providers:</b> Provide clear counseling about protective benefits, timing and dosing of IPTp to pregnant women and their partners</p> | <p>How might we focus our efforts based on this analysis?</p> <p><b>ENABLING ENVIRONMENT</b></p> <p><b>Partnerships and Networks:</b> Explore delivery of ANC and IPTp in non-formal settings, such as through NGOs and by community health workers, directly in the community where ANC is inaccessible</p> <p><b>Policies and Governance:</b> Integrate IPTp into reproductive health programs</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Supply Chain:</b> Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to plan for at least 4 doses per expected pregnant woman</p> <p><b>Quality Improvement:</b> Disseminate to providers clear IPTp guidelines and information to use in counseling women on benefits</p> <p><b>Quality Improvement:</b> Expand and promote services offered during ANC to increase perceived value, including treatment for RTIs</p> |

💡 Click on any box to see the pathways of the behavior.

# Analyze

**FACTORS:**  
What factors  
may prevent or  
support  
practice of this  
behavior?

HEALTH GOAL Improve maternal and child survival

ACCELERATOR Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits

Customizing factors to the specifics of the country or region

What steps are needed to practice this behavior?

1. Decide to seek ANC care early before the end of the first trimester
2. Obtain IPTp at each ANC visit, beginning in second trimester
3. Adhere to provider instructions on when to return for the next visit

STRUCTURAL Accessibility: Factors rationed

Service Providers knowledge includes confuses women

SOCIAL Family and Community members or part of ANC visits

INTERNAL Attitudes and Beliefs

What factors may prevent or support this behavior? These should be a mix of structural, social, and internal factors.

BEHAVIOR ANALYSIS

Analyze Factor: Family and Community Support

Close x

BEHAVIOR Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits

FACTOR Family and Community Support

Definition The active or passive actions or attitudes of the primary actor's family members, peers or community members towards a behavior

Examples

- Funds are not allocated or prioritized by family members for the pregnant woman to seek for early or complete antenatal care (ANC) visits with IPTp
- Approval or encouragement from family members is lacking for pregnant women to seek early ANC and complete at least 4 visits, where the woman would get IPTp
- Lack of task sharing of household duties by family or community members to allow mothers to have time to go for early ANC and complete ANC, where she would get IPTp
- Inadequate collective actions such as community transportation and funds, and home visits by community workers, to help pregnant women go for early ANC and complete ANC, where she would get IPTp

Is family and community support an issue in your context?

Yes No

| Specific Issue   | Not at all | Extremely |     |      |       |
|--|------------|-----------|-----|------|-------|
| Grandmothers didn't endorse or promote providers                   | *          | **        | *** | **** | ***** |
| Men have cash, and are unwilling to give it to their wives for ANC | *          | **        | *** | **** | ***** |
| Many women face long travel and cannot get cash for transport      | *          | **        | *** | **** | ***** |

+ ADD MORE

Please cite sources for your analysis:

STRATEGY PROGRAM STRATEGIES

MENT

networks: Explore delivery of formal settings, such as community health in the community where ANC is

ANCE: Integrate IPTp into programs

TS AND SERVICES

then commodities and fida/SP or IPTp protocol at least 4 doses per expected

nt: Disseminate to providers and information to use in benefits

nt: Expand and promote ANC to increase perceived demand for RTIs

# Analyze

## FACTORS:

What factors may prevent or support practice of this behavior?

USAID TRAINING/ DEMO SITE

BEHAVIOR PROFILE EDITOR Default Administrator

Return to Behavior Profile List

Intermittent Preventive Treatment of Malaria in Pregnancy

Select Factors » 4. Identify Supporting Actors and Strategies » 5. Check Pathways » 6. Select Potential Indicators » 7. Finalize

1.

Identify indicators that may be used to measure factors

POTENTIAL INDICATORS

Below are a list of potential indicators you can use to measure each factor. These are based on Factor Categories.

STRUCTURAL

**Accessibility:** ANC is considered a waste of money

**Accessibility:** Women with multiple children do not have time

**Facility Experience:** ANC is considered a waste of time

SOCIAL

**Family and Community Support:** Men have cash, and are unwilling to give it to their wives for ANC

**Family and Community Support:** Many women face long travel and cannot get cash for transport

STRUCTURAL

**Accessibility ():** % of women who reported they have big problems in getting money for treatment for themselves when they are sick

**Accessibility ():** % of households who reported they have big problems in making time to collect water from improved sources

**Accessibility ():** % of women who reported they have big problems in having to take transport for treatment for themselves when they are sick

**Accessibility ():** % of women who reported they have big problems in the distance to health facility for treatment for themselves when they are sick

[Show all Potential Indicators](#)

SAVE AND CONTINUE None are Appropriate

# Analyze

## SUPPORTING ACTORS AND ACTIONS: Who must support the practice of this behavior?

| HEALTH GOAL<br>   | Improve maternal health<br>Pregnant women<br>• Percentage of women who received at least one dose during pregnancy<br>• Percentage of women who received at least one dose during antenatal care (ANC) visits   | Identify actors and actions that can support desired behavior  |   |
|---|---|--|---|
| BEHAVIOR ANALYSIS   |   |  | STRATEGY  |
| STEPS   | FACTORS   | SUPPORTING ACTORS AND ACTIONS  | POSSIBLE PROGRAM STRATEGIES   |
| What steps are needed to practice this behavior? <ol style="list-style-type: none"><li>1. Decide to seek ANC care early before the end of the first trimester</li><li>2. Obtain IPTp at each ANC visit, beginning in second trimester</li><li>3. Adhere to provider instructions on when to return for the next visit</li></ol> | What factors may prevent or support practice of this behavior? These should be analyzed for each country context.<br><br><b>STRUCTURAL</b><br><b>Accessibility:</b> Fansidar/SP is often out of stock or rationed<br><br><b>Service Provider Competencies:</b> Lack of provider knowledge including when to begin IPTp further confuses women and their family<br><br><b>SOCIAL</b><br><b>Family and Community Support:</b> Often family members or partners do not consent to multiple ANC visits<br><br><b>Family and Community Support:</b> IPTp is seldom endorsed or promoted by community-based service providers<br><br><b>INTERNAL</b><br><b>Attitudes and Beliefs :</b> Many women fear side effects | Who must support the practice of this behavior?<br><br><b>INSTITUTIONAL</b><br><b>Policymakers:</b> Ensure integration of IPTp with broader reproductive health programs<br><br><b>Logistics Personnel:</b> Ensure SP or other IPTp commodity supply<br><br><b>Providers:</b> Provide clear counseling about protective benefits, timing and dosing of IPTp to pregnant women and their partners | How might we focus our efforts based on this analysis?<br><br><b>ENABLING ENVIRONMENT</b><br><b>Partnerships and Networks:</b> Explore delivery of ANC and IPTp in non-formal settings, such as through NGOs and by community health workers, directly in the community where ANC is inaccessible<br><br><b>Policies and Governance:</b> Integrate IPTp into reproductive health programs<br><br><b>SYSTEMS, PRODUCTS AND SERVICES</b><br><b>Supply Chain:</b> Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to plan for at least 4 doses per expected pregnant woman<br><br><b>Quality Improvement:</b> Disseminate to providers clear IPTp guidelines and information to use in counseling women on benefits<br><br><b>Quality Improvement:</b> Expand and promote services offered during ANC to increase perceived value, including treatment for RTIs |

💡 Click on any box to see the pathways of the behavior.

# Analyze

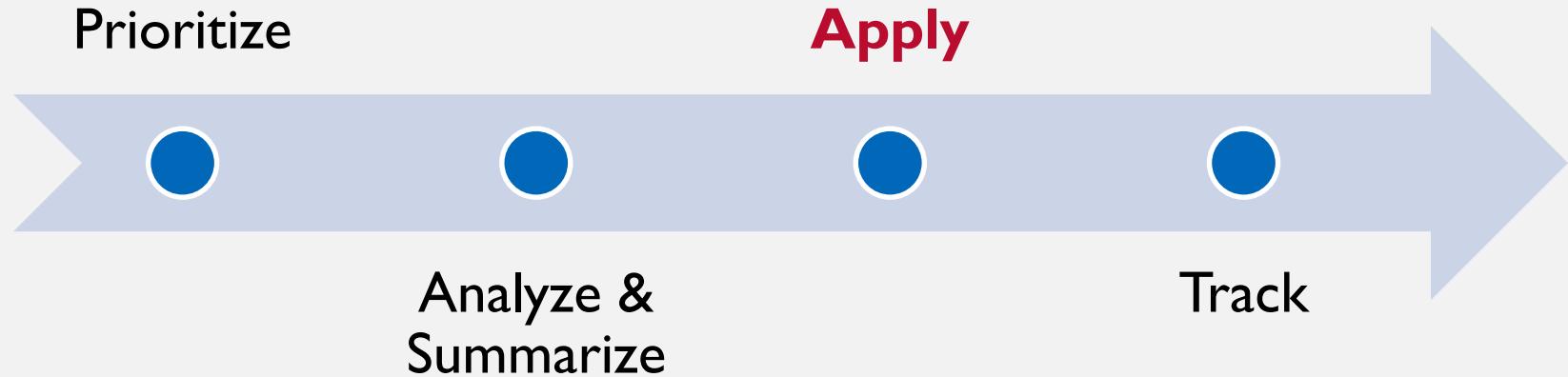
## POSSIBLE PROGRAM STRATEGIES: How might we focus our efforts based on this analysis?

| HEALTH GOAL  | Improve maternal and child survival<br><br>Pregnant women take intermittent preventive treatment<br>↳ Percentage of women age 15-49 with a live birth in the two years prior to survey who took 3 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit<br>↳ Percentage of women age 15-49 with a live birth in the two years prior to survey who took 2 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit  |  |   |
|--|---|--|---|
| BEHAVIOR ANALYSIS  |   |  |   |
| STEPS  | FACTORS   | SUPPORTING ACTORS AND ACTIONS  | STRATEGY  |
| What steps are needed to practice this behavior?<br><br>1. Decide to seek ANC care early before the end of the first trimester<br><br>2. Obtain IPTp at each ANC visit, beginning in second trimester<br><br>3. Adhere to provider instructions on when to return for the next visit | What factors may prevent or support practice of this behavior? These should be analyzed for each country context.<br><br><b>STRUCTURAL</b><br><br><b>Accessibility:</b> Fansidar/SP is often out of stock or rationed<br><br><b>Service Provider Competencies:</b> Lack of provider knowledge including when to begin IPTp further confuses women and their family<br><br><b>SOCIAL</b><br><br><b>Family and Community Support:</b> Often family members or partners do not consent to multiple ANC visits<br><br><b>Family and Community Support:</b> IPTp is seldom endorsed or promoted by community-based service providers<br><br><b>INTERNAL</b><br><br><b>Attitudes and Beliefs :</b> Many women fear side effects | Who must support the practice of this behavior?<br><br><b>INSTITUTIONAL</b><br><br><b>Policymakers:</b> Ensure integration of IPTp with broader reproductive health programs<br><br><b>Logistics Personnel:</b> Ensure SP or other IPTp commodity supply<br><br><b>Providers:</b> Provide clear counseling about protective benefits, timing and dosing of IPTp to pregnant women and their partners | How might we focus our efforts based on this analysis?<br><br><b>ENABLING ENVIRONMENT</b><br><br><b>Partnerships and Networks:</b> Explore delivery of ANC and IPTp in non-formal settings, such as through NGOs and by community health workers, directly in the community where ANC is inaccessible<br><br><b>Policies and Governance:</b> Integrate IPTp into reproductive health programs<br><br><b>SYSTEMS, PRODUCTS AND SERVICES</b><br><br><b>Supply Chain:</b> Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to plan for at least 4 doses per expected pregnant woman<br><br><b>Quality Improvement:</b> Disseminate to providers clear IPTp guidelines and information to use in counseling women on benefits<br><br><b>Quality Improvement:</b> Expand and promote services offered during ANC to increase perceived value, including treatment for RTIs |



Click on any box to see the pathways of the behavior.

# Think | BIG Approach





## IDEAS LIBRARY

Behavior change requires focus on critical factors. It can be changed and can change relatively quickly, if strategies are clearly linked to these critical factors. This Ideas Library is full of examples of work that has successfully changed one or more factors leading to behavior change. Search by factor to explore these pathways and use them as ideas for what can be done to address the same critical factor in your context.

New ideas posted regularly. Check back soon!

You are here: [Home](#) » Ideas Library

## STRUCTURAL



## ACCESSIBILITY

The primary actor's opportunity to obtain needed products and services, including the availability of those products or services where they should be, the means and time and financial resources to get to them where and when they are needed

[View Ideas](#)

## SOCIAL



## FAMILY AND COMMUNITY SUPPORT

The active or passive actions or attitudes of the primary actor's family members, peers or community members towards a behavior

[View Ideas](#)

## INTERNAL



## ATTITUDES AND BELIEFS

The primary actor's judgement, feeling, or emotion towards a behavior, including the perceived benefit or consequence of practicing or not practicing the behavior

[View Ideas](#)

## SERVICE PROVIDER COMPETENCIES

The primary actor's perception of the capabilities of a provider's technical, clinical and interpersonal skills, including respectful care

[View Ideas](#)

## GENDER



The active or passive influence of gender dynamics or relationships (within or outside the home) on the practice of the primary actor's behavior

[View Ideas](#)

## SELF-EFFICACY



The primary actor's sense of confidence in his/her ability to successfully practice a behavior

[View Ideas](#)

## SERVICE EXPERIENCE



A primary actor's impression of his or her experience at a health facility or service post, including waiting times, infrastructure, and cleanliness

[View Ideas](#)

## NORMS



The standards of behavior as established by religious, cultural, or other social groups to which the primary actor belongs

[View Ideas](#)

## KNOWLEDGE



The primary actor's possession and understanding of the information required to practice all steps of a behavior completely and competently

[View Ideas](#)

## Apply

- Sample language for common programs
- Checklists
- Ideas library
- Standard indicators

# Think | BIG Approach



# Track

## Priority Behaviors Dashboard

### Delivery in Health Facility

Pregnant women deliver in a health facility with an equipped, qualified provider

↗ Percentage of live births in the three years preceding the survey delivered at a health facility

☞ *The DHS Program Indicator Data API, The Demographic and Health Surveys (DHS) Program*



Target:

25 %

67% decrease in uptake over 6 years  
Last Update by Designer Account on 11/27/2017

Target Year:

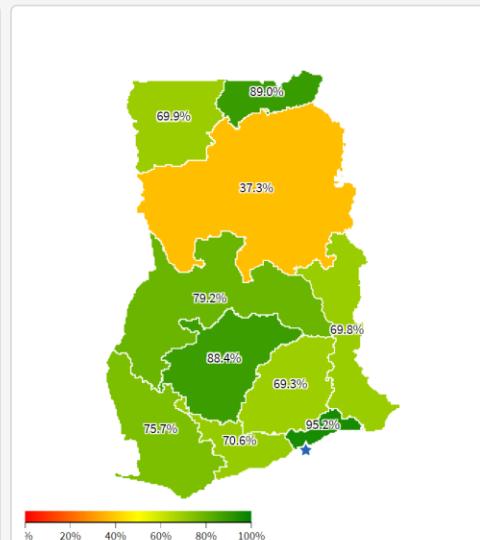
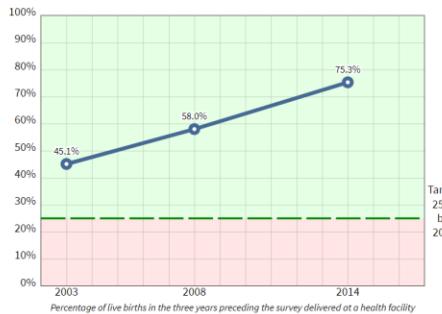
2020 ▾

SAVE TARGET

DOWNLOAD PIRS

▼ Hide Subnational & Trend data

↗ Numerator: Number of live births to women aged 15-49 years in the 3 years prior to the survey attended during delivery by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) Denominator: Total number of live births to women aged 15-49 years occurring in three years prior to the survey.



# Track Behavior Profile Dashboard

## TRACK: Sample Behavior Profiles Dashboard - Safe Drinking Water [Return to Dashboard](#)

| BEHAVIOR: IMPROVE MATERNAL AND CHILD SURVIVAL   |  |   |  |
|---|--|---|--|
| HEALTH GOAL   | Improve maternal and child survival  |   |  |
| ACCELERATOR BEHAVIOR  | Family members drink safe water<br><input type="checkbox"/> Percentage of households whose main source of drinking water is an improved source   |   |  |
| BEHAVIOR AND STEPS  | FACTORS  | SUPPORTING ACTORS AND ACTIONS   | POSSIBLE PROGRAM STRATEGIES  |
| <b>Family members drink safe water</b><br><br>1. Collect water from an improved source in a clean container<br>2. Transport water in a clean, covered container<br>3. When necessary, treat water by boiling, solar water disinfection (SODIS), chlorination or filtration<br>4. Store water in a clean, covered container out of reach of children<br>5. Retrieve water using a clean long-handled implement<br>6. Provide water to children with clean cup<br><br><input type="checkbox"/> Percentage of households whose main source of drinking water is an improved source<br><br><input checked="" type="checkbox"/> The DHS Program Indicator Data API, The Demographic and Health Surveys (DHS) Program 2015 <input type="checkbox"/> View Trend and Subnational Data | <b>STRUCTURAL</b><br><br><b>Accessibility:</b> It can be difficult to find water treatment products in local market or health centers<br><br><input type="checkbox"/> Percentage of households using an appropriate treatment method, including boiling, bleaching, filtering or solar disinfecting.<br><br><input checked="" type="checkbox"/> Demographic and Health Survey 2015<br><input type="checkbox"/> View Trend and Subnational Data<br><br><b>Accessibility:</b> It is usually expensive or time consuming to collect from improved water sources or to treat water<br><br><input type="checkbox"/> Percentage of households whose main source of drinking water is water piped into the dwelling<br><br><input checked="" type="checkbox"/> Demographic and Health Survey 2015<br><input type="checkbox"/> View Trend and Subnational Data | <b>INSTITUTIONAL</b><br><br><b>Policymakers:</b> Prioritize water and sanitation development projects for rural communities<br><br><b>COMMUNITY</b><br><br><b>Community Leaders:</b> Model healthy behaviors by adhering to safe water handling and treatment behaviors | <b>ENABLING ENVIRONMENT</b><br><br><b>Financing:</b> Support market-based approaches including micro-credit and loans<br><br><b>Polices and Governance:</b> Support regulatory reforms that increase and improve the quality of water treatment and storage options available in the market  |
| <b>SOCIAL</b><br><br><b>Norms:</b> Households believe that others in community have adopted safe water behaviors<br><br><input type="checkbox"/> Percentage of households not treating water<br><br><input checked="" type="checkbox"/> Demographic and Health Survey 2015<br><input type="checkbox"/> View Trend and Subnational Data  | <b>INTERNAL</b><br><br><b>Attitudes and Beliefs:</b> Many family members do not like the taste of chemically-treated water   |   | <b>SYSTEMS, PRODUCTS AND SERVICES</b><br><br><b>Infrastructure:</b> Support national planning to improve water systems development<br><br><b>Quality Improvement:</b> Train and equip health care personnel to conduct interpersonal communication with clients on the importance of correct water handling and treatment at all times to prevent disease          |
|   |  |   | <b>Demand and Use</b><br><br><b>Collective Engagement:</b> Train and equip community leaders to promote the benefits of correct water handling and treatment within households<br><br><b>Skills Building:</b> Develop point-of-use and education interventions at the household-level to train families on correct water handling, treatment options and equipment |

# Types of Adaptation

- Reorientation for design and evaluation
  - Behavior/beneficiary focused
  - Cross cutting (break through silos)
- Tools facilitate change in thinking
  - “Codify” new process
  - Output is a plan of action
- Identify indicators when identifying changes needed
  - Operational data to measure impact

A photograph of a woman with dark skin and short brown hair, smiling warmly at the camera. She is wearing a sleeveless top with a black, white, and pink abstract pattern. She is holding a baby wrapped in a colorful, patterned cloth against her chest. In the background, another woman is seated on a bench, looking towards the camera. The setting appears to be outdoors, possibly near a wooden structure or a thatched roof.

# Challenges

- Behavior change factors  
CAN be measured
  - How to collect/access data?
  - Open data is old, &/or not nuanced enough
  - “closed data” (i.e. M&E data) is not available

# Data Needs

- Adaptive management needs granular, timely, **operational data**
- Data exists, but is
  - On paper registers
  - In mHealth apps
  - In EMRs
  - Not easy to access/pull



# For more information

Visit the ACCELERATE website at  
<https://acceleratorbehaviors.usaid.gov>

Contact us at  
<https://acceleratorbehaviors.org/contact>





# Let's Talk About SRHR

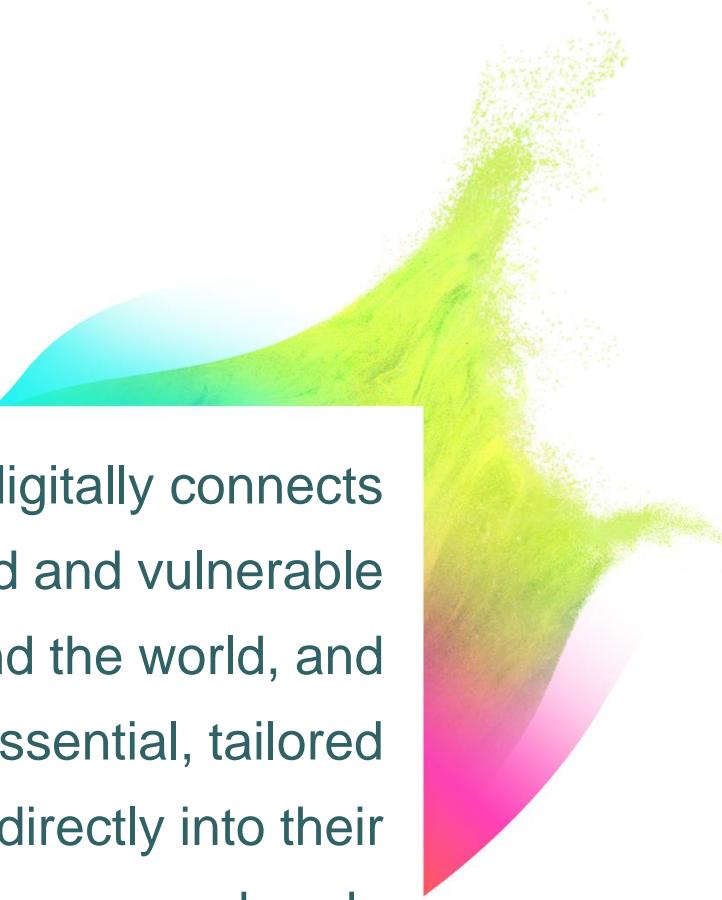
Amy Green  
Digital Monitoring Manager  
Girl Effect



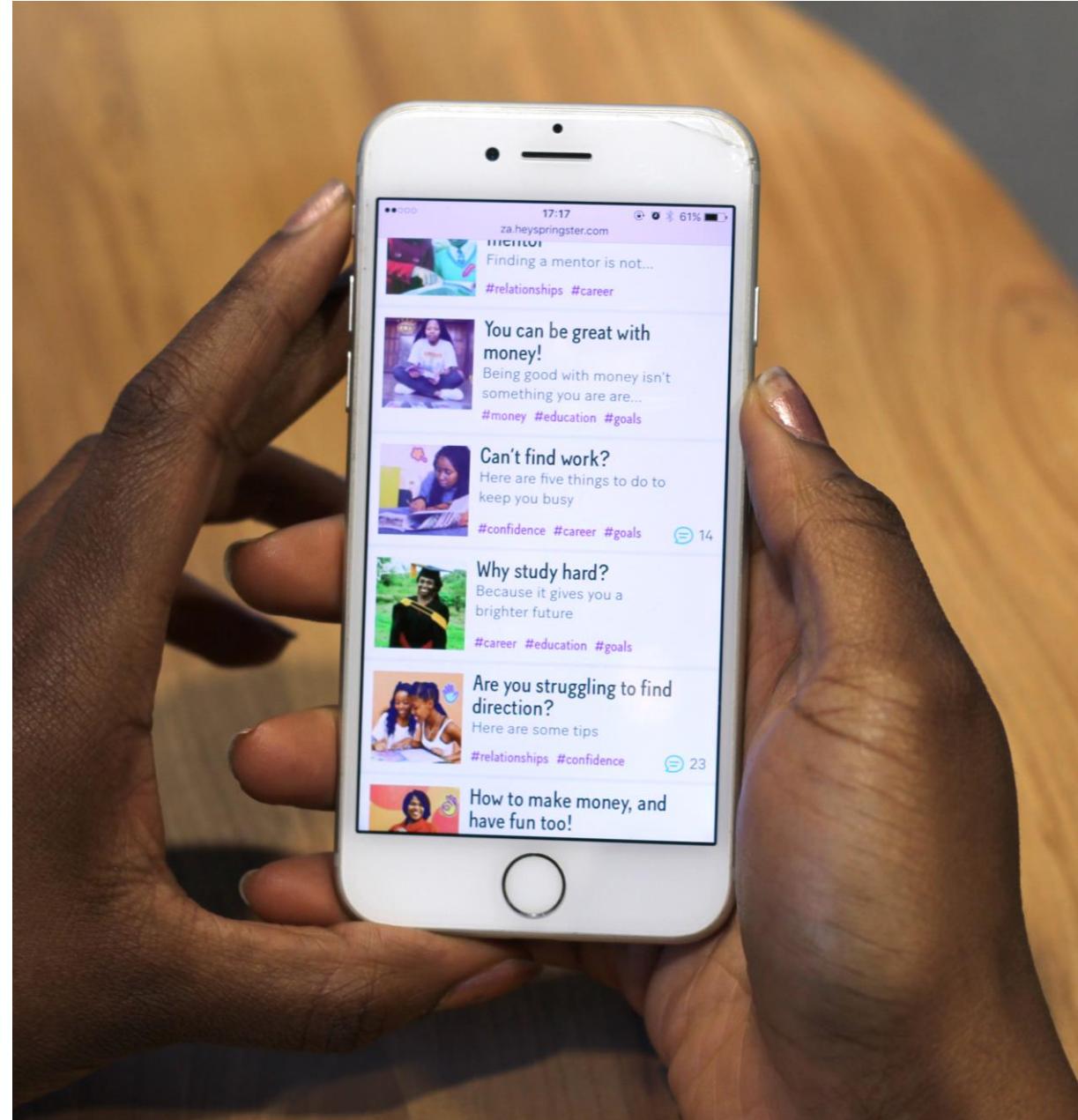


We build youth brands and  
mobile platforms to  
empower girls to change  
their lives





Springster digitally connects  
marginalised and vulnerable  
girls around the world, and  
puts essential, tailored  
information directly into their  
hands



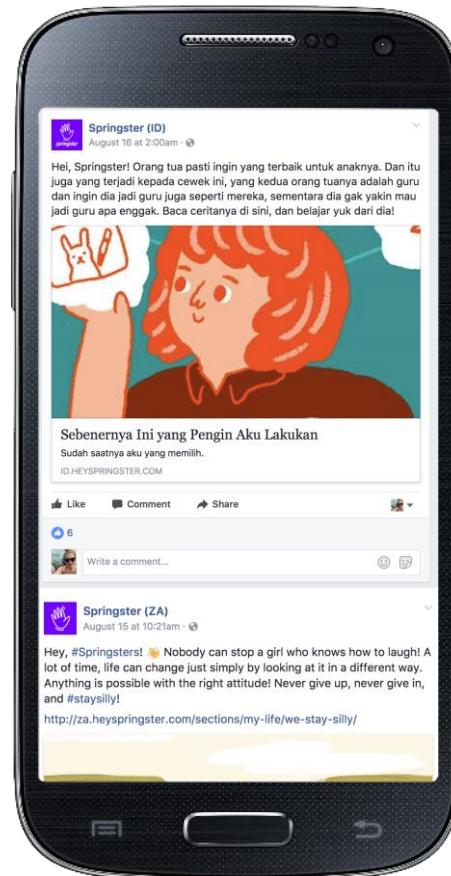
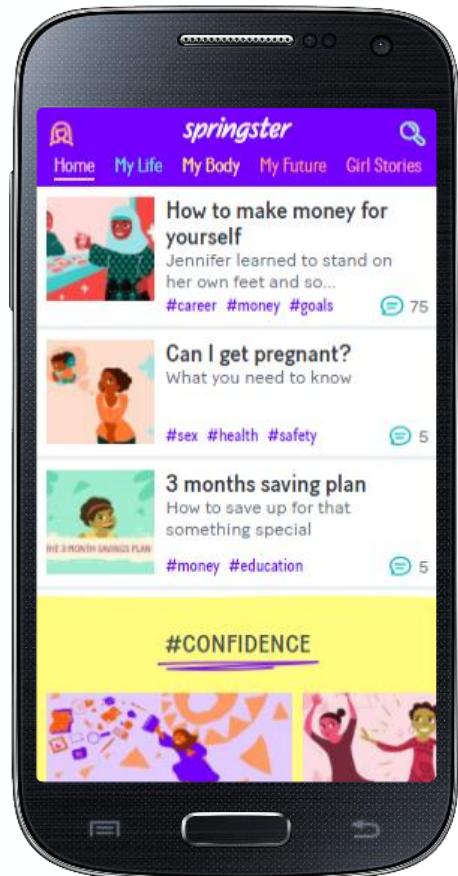
# Springster goes wherever our target girls are online



A community-centric website with comment capabilities

Optimised for low bandwidth environment

Accessible free-of-charge through Free Basics



Global and country-specific Springster Facebook Pages

Reaching and acquiring new Springsters who have some mobile access



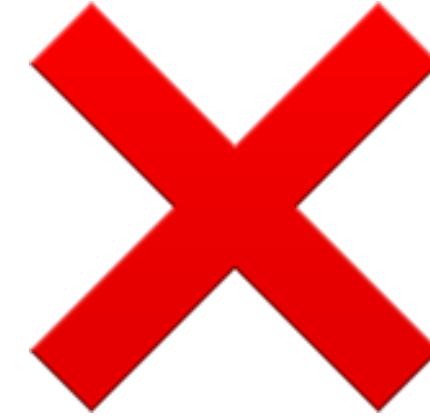
We've increasingly seen that there are some questions that are too private or taboo for girls to discuss openly online, even using a pseudonym



**SOCIAL  
STIGMA**



**COMPLEX PEER  
RELATIONSHIPS**



**INCORRECT  
INFORMATION**



Is a chatbot a channel where girls can get accurate advice on sensitive topics?

Is a chatbot globally relevant to girls we want to reach?



# Big Sis

by

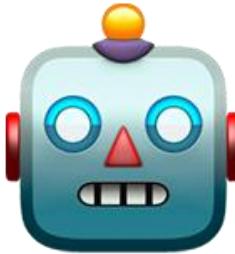


*springster*

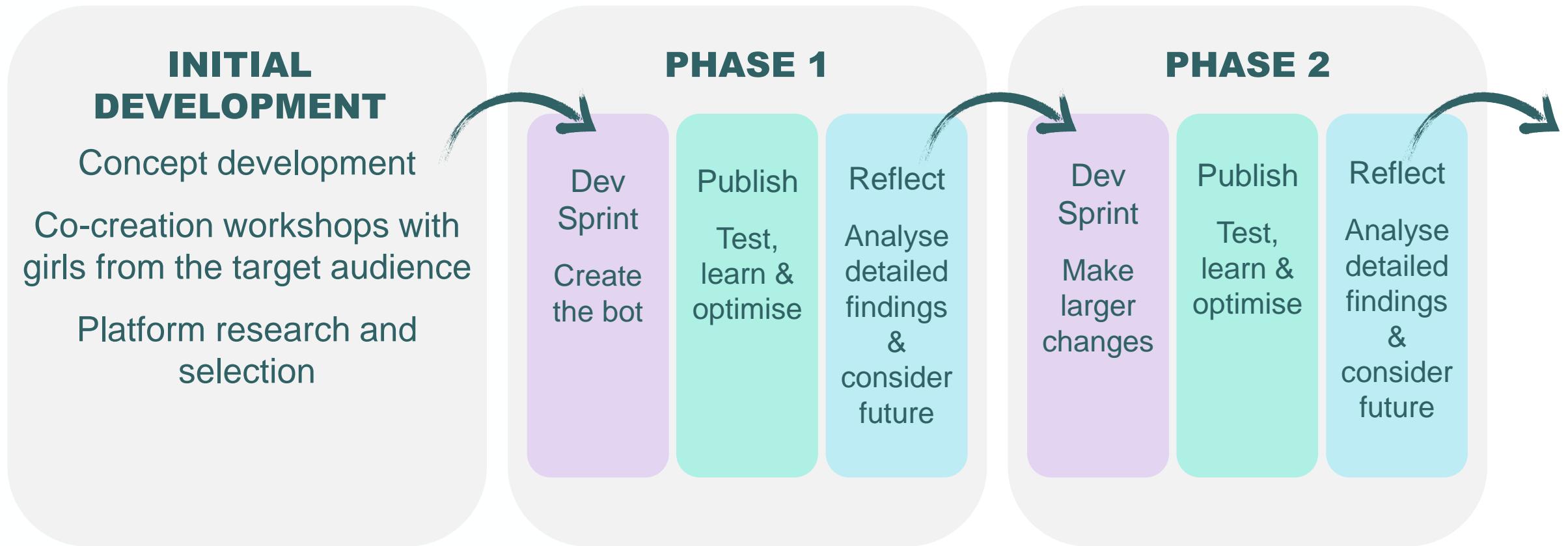


[m.me/bigsisbyspringster](https://m.me/bigsisbyspringster)

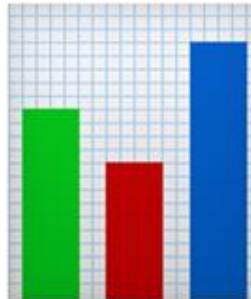
The best way to answer our questions is to just  
create the bot and adapt & optimise it over  
time



# Our process to date



We needed a functional, engaging bot that was a success in its own right, to generate the data to answer our overarching questions



We mapped out a measurement framework for our monitoring, so that we could track priority metrics and quickly respond to trends if necessary

| A  | B  | C   | D   |                |
|----|--|---|---|----------------|
| 1  | Outcome (GE Question Bank/New)                                 | Indicator (new)                                       | Backend metric or measurement question  | Tool           |
| 24 | Priority technical measures (not linked to particular outcome) | Total number of unique users                          | Number of unique users  | Backend metric |
| 25 |  | Total number of sessions with chatbot                 | Number of sessions  | Backend metric |
| 26 |  | Total users in our core demographic                   | Users providing their age, education, and answering other demographic questions                   | Backend metric |
| 27 |  | Conversion rate (also about tracking referral routes) | TBC once analytics platform confirmed.<br>Potentially: #/% of conversions from promotions, #/% of | Backend metric |

But there were also some hugely important emergent findings

## USER CONVERSATIONS WITH THE CHATBOT

“I am typing!! Do you keep writing the same line over again?”

“Please lets talk later”

“Just go”

“I’m gonna sleep”

“Listen to me ☐ am not interested again”

“f\*\*\* off I hate big sis I will banned you  
b\*\*\*\*”



With girls using and engaging with the bot, we can start to answer our bigger questions about the concept itself



# How did we gather this data?

## IN-FLOW QUESTIONS

Isolated questions asked during the flow of the conversation with Big Sis

“Do you have anyone else you can talk to about this?”

## SURVEYS

Return users invited to complete a survey a number of days after their initial interaction with Big Sis

“Did you feel comfortable or uncomfortable sharing with Big Sis?”

## QUIZZES

Users asked if they want to take a quiz before and after hearing Big Sis' advice

“True or False: sex happens \*only\* when a penis enters the vagina”



This was a massive learning area for us!

### IN-FLOW QUESTIONS



### SURVEYS

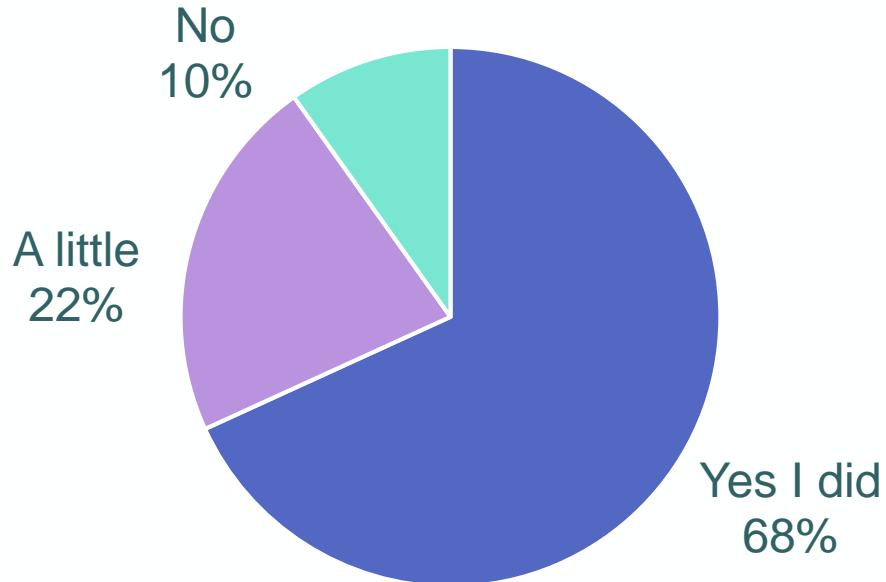


### QUIZZES

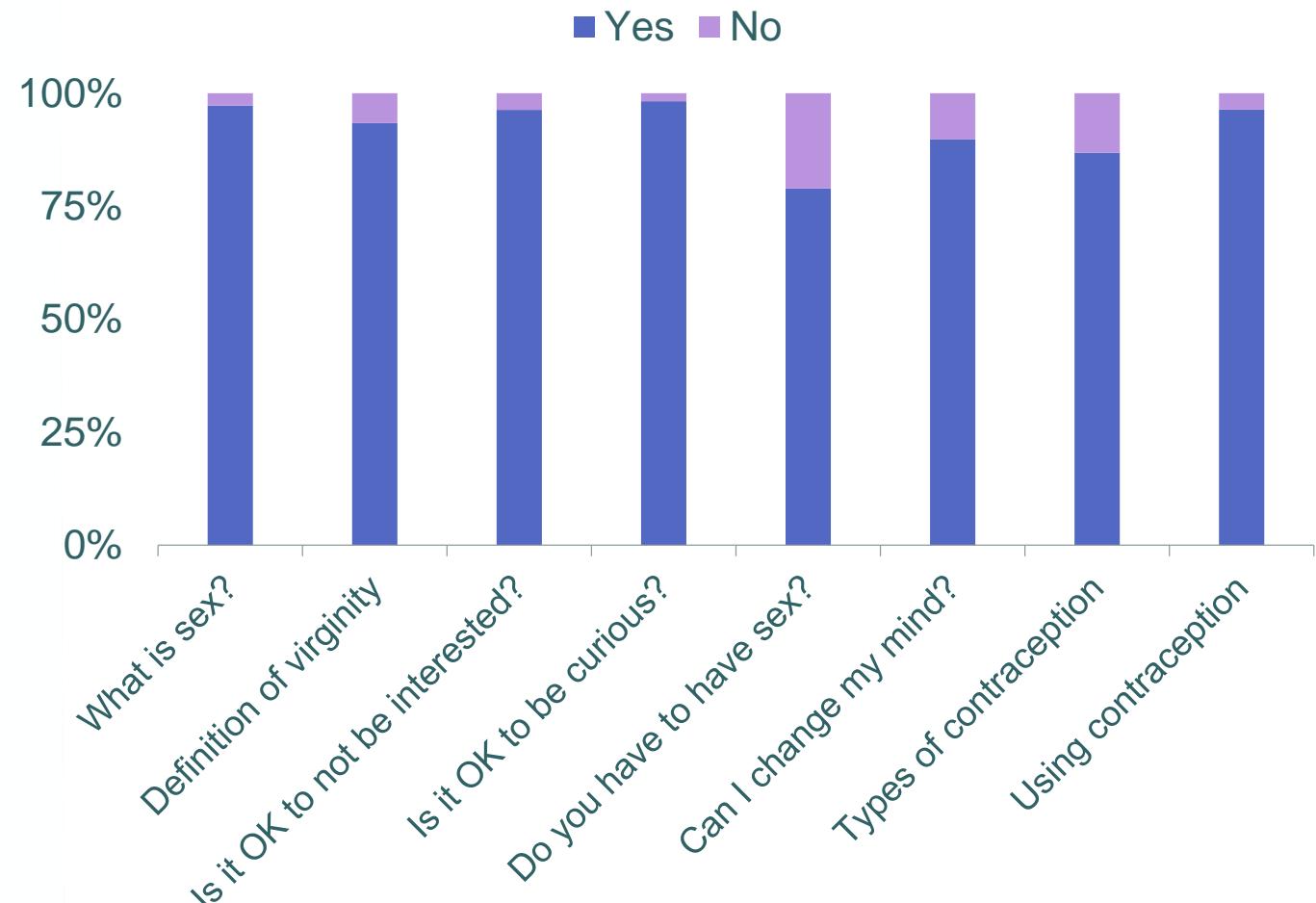


Is a chatbot a channel where girls can get accurate advice on sensitive topics?

### Did you feel comfortable sharing with the bot?

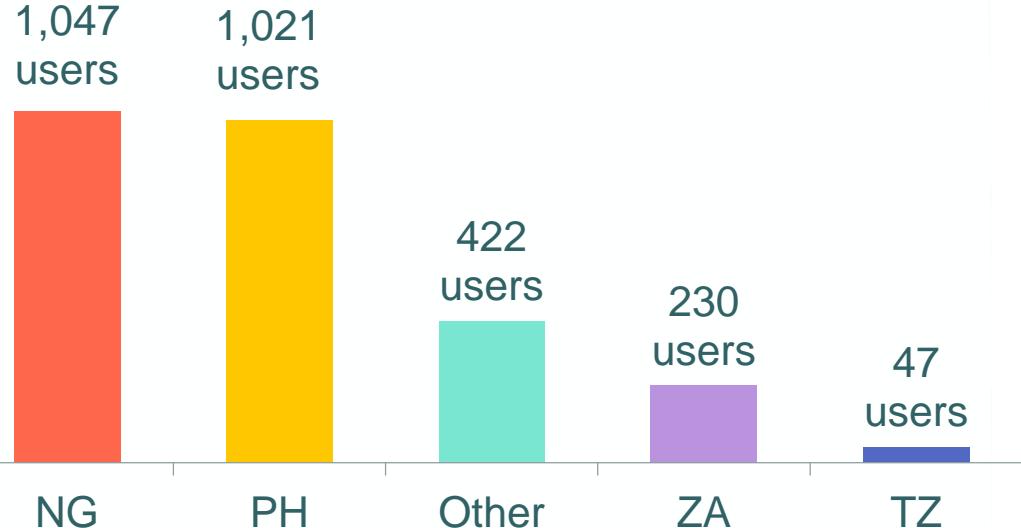


### Did you find this information helpful?



Is a chatbot globally relevant to girls we want to reach?

### Users by country



### Message set completion by country

| Message Set                    | NG  | ZA  | PH  |
|--------------------------------|-----|-----|-----|
| What is sex?                   | 88% | 81% | 77% |
| Definition of virginity        | 84% | 72% | 73% |
| Is it OK to not be interested? | 80% | 77% | 65% |
| Is it OK to be curious?        | 78% | 74% | 74% |
| Do you have to have sex?       | 81% | 78% | 62% |
| Can I change my mind?          | 86% | 89% | 75% |
| Types of contraception         | 90% | 90% | 84% |
| Using contraception            | 85% | 82% | 70% |

# What next for Big Sis?

## CONTINUE

Pursuing the chatbot platform as a means of delivering accurate, sensitive information to girls at scale

Developing the bot using an agile methodology, with ongoing tactical optimisation and periodic broader reflections and updates

## START

Creating a localised, tailored version of the bot for a specific geography, reflecting both tech availability, platform popularity and content relevance in the chosen market

Considering further ways we can gamify the data collection process to be less extractive and more engaging for girls

## STOP

Relying on survey data to inform product development and measure outcomes for digital interventions!





THANK YOU!

Email me:  
[amy.green@girleffect.org](mailto:amy.green@girleffect.org)



# Targeted, Adaptive Monitoring of mCARE-II

A photograph of a rural landscape. In the center, a woman in a white shirt and dark skirt walks across a field of dry, yellowish-green grass. She is carrying a dark bag over her shoulder. Behind her is a dense line of tall, thin trees, likely eucalyptus. Further back, there are more trees and some low buildings under a hazy sky.

Kelsey Alland

11 December 2018

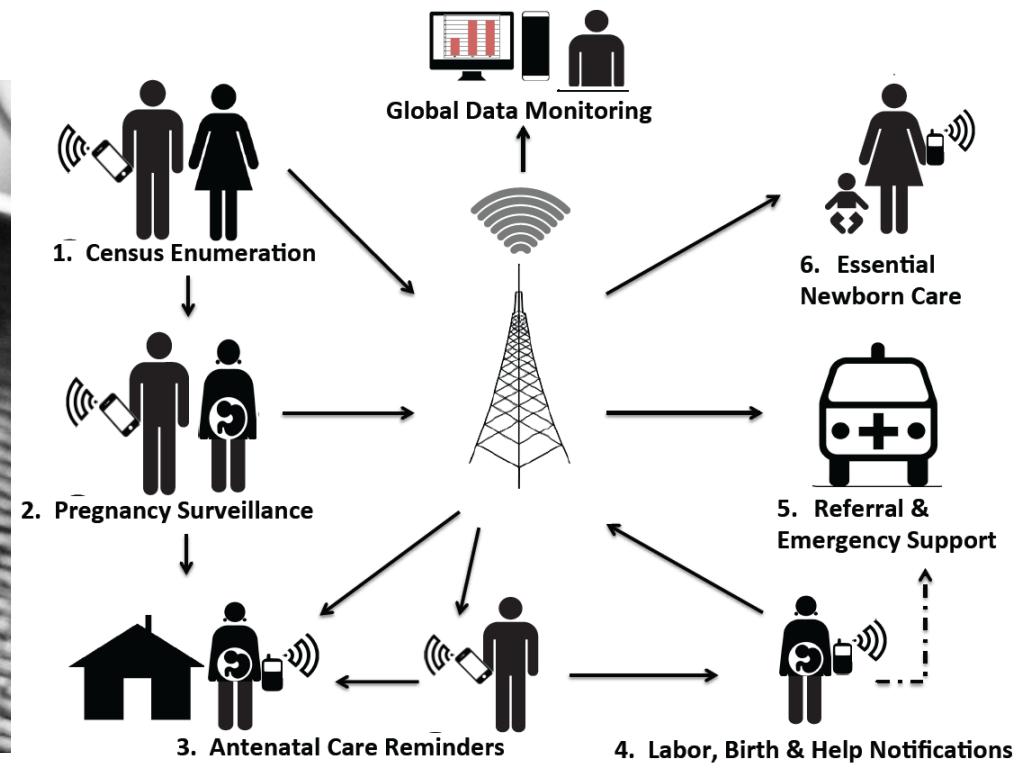
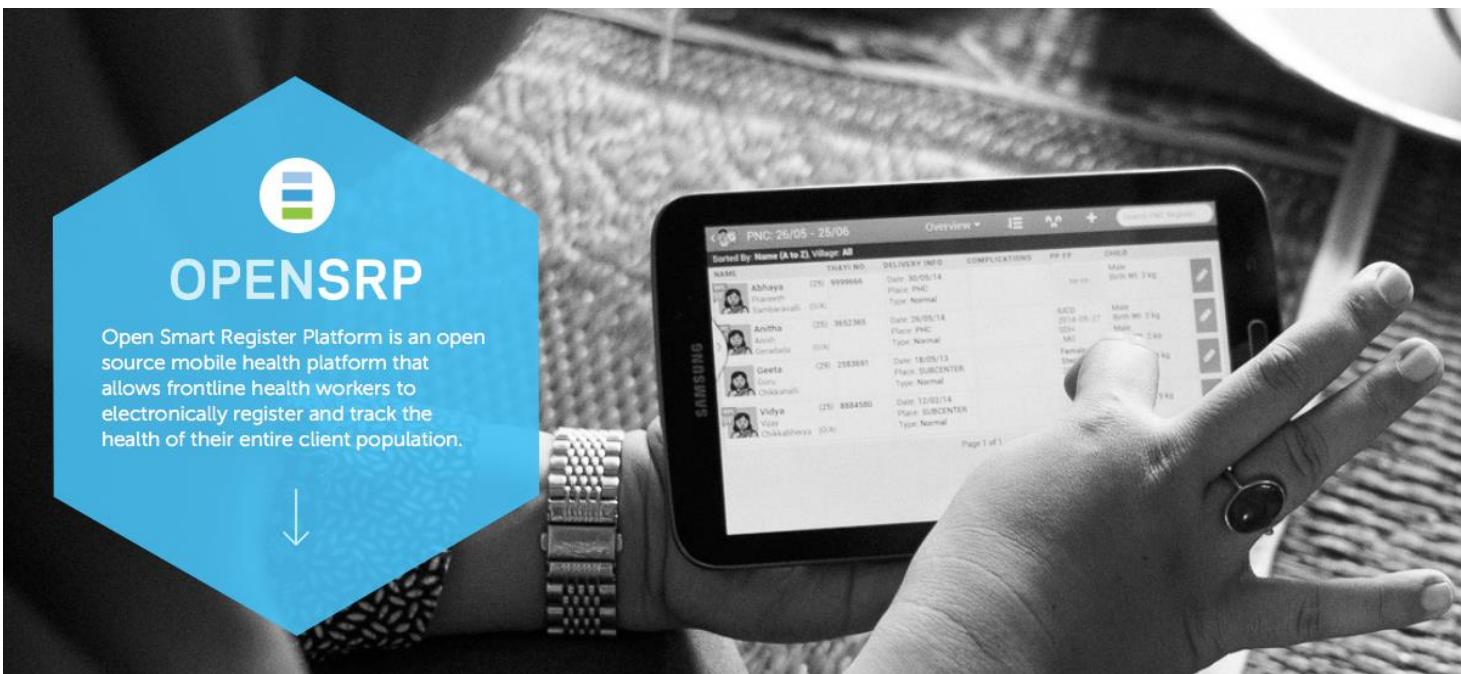
Global Digital Health Forum

**“JiVitA” Maternal and Child Health Research Site**  
**([www.JIVITA.ORG](http://www.JIVITA.ORG))**



# What is mCARE-II?

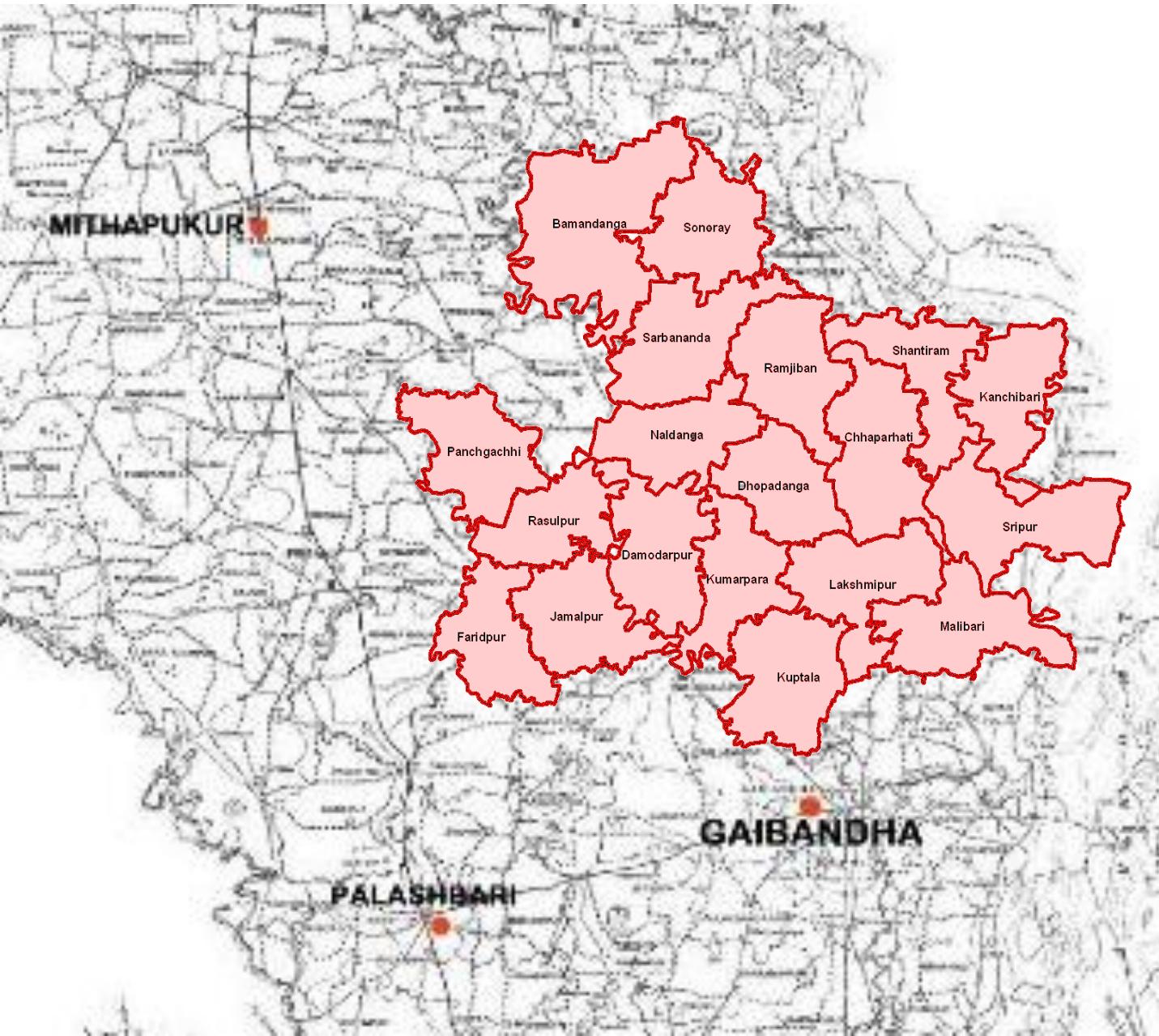
- Set of Digital Health Interventions on the OpenSRP Platform
- RCT evaluating mCARE-II when delivered by the Gov health workforce



# The mCARE-II Randomized Trial using OpenSRP

- Household Surveillance and Enumeration
- Census and Eligible Couple Enumeration
- Pregnancy Surveillance
- Antenatal Care Reminder Visit scheduling for CHWs
- Postnatal Care Reminder Visit scheduling for CHWs
- Essential Newborn Care Reminder
- Risk Factor Assessment
- Prioritization of Clients
- SMS Reminders for care to Clients
- Birth Notification from Clients / Families

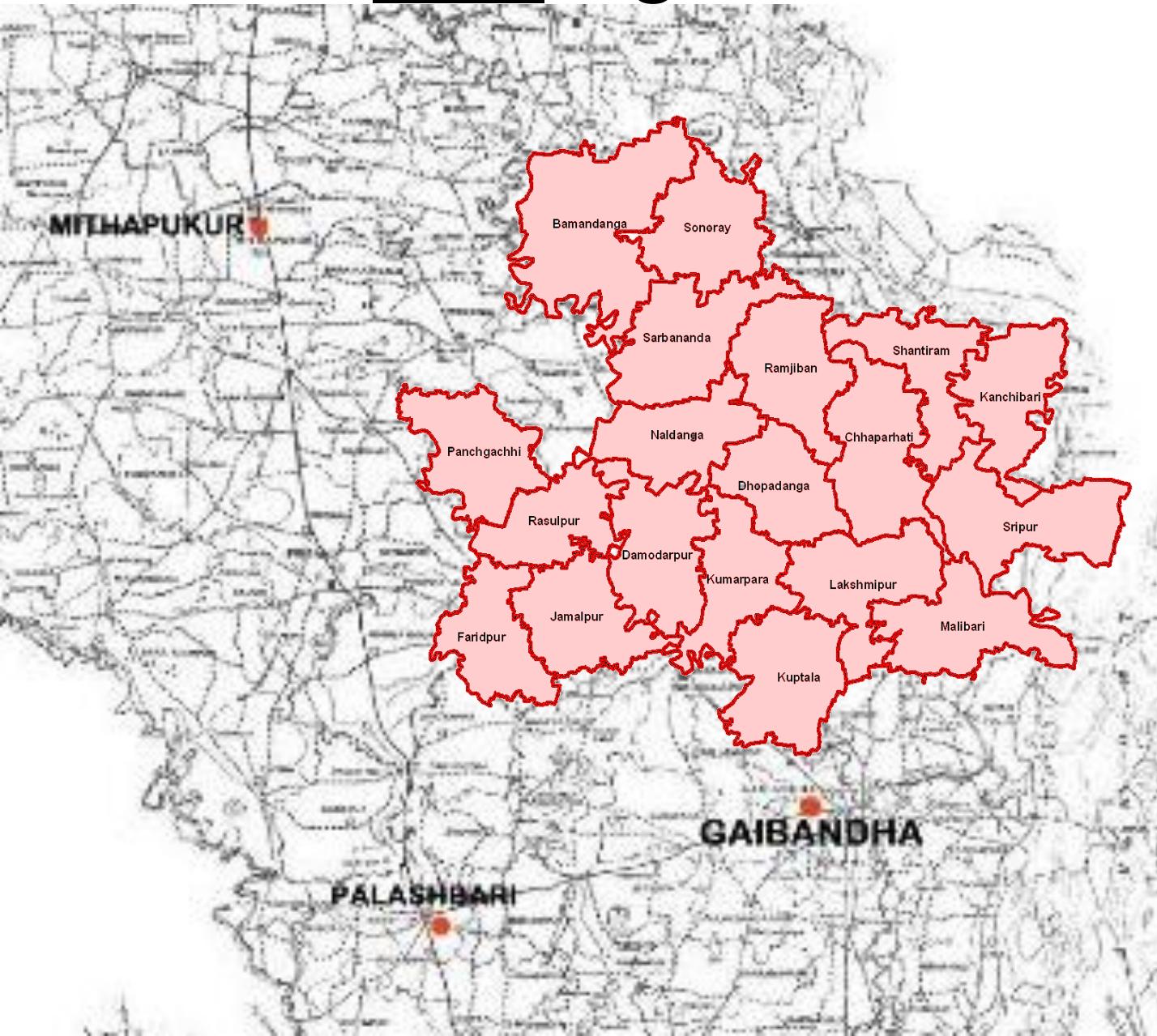
# Large Scale of Field Operations



## Field Work:

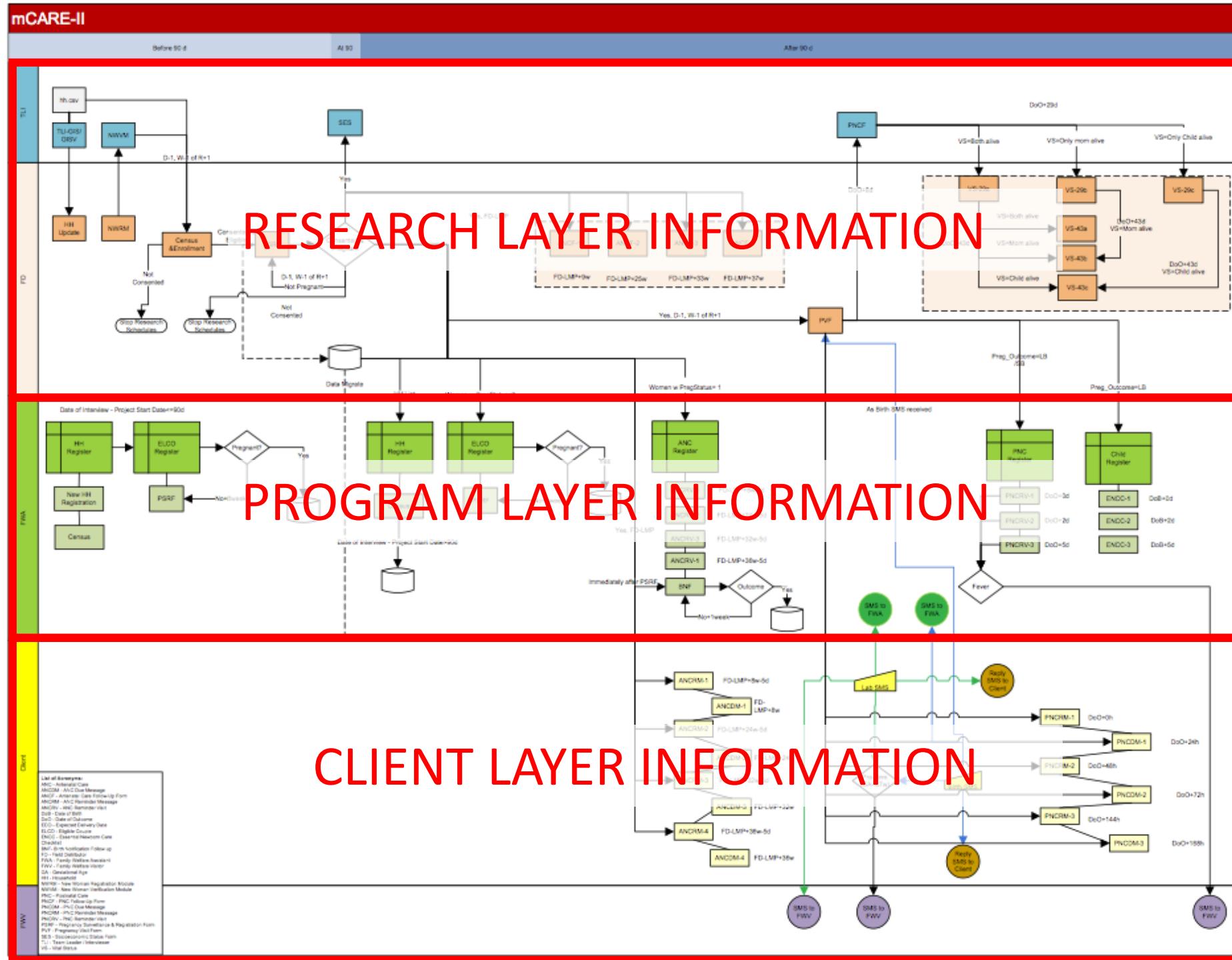
- **Household Surveillance**
  - ~650,000 people
  - ~566 village clusters
- **Census & Pregnancy Surveillance**
  - ~138,000 women of repro. age
- **Enrollment and Follow-Up**
  - 22,300 Pregnancies
  - 18,000 Newborns

# ~700 Digital Health Users in mCARE-II



## Workforce:

- **GoB Community Health Workers**
  - 100 CHWs (FWAs)
  - 50 FWAs Randomized to mCARE-II
  - 18 Frontline Supervisors (FPIs)
- **JiVitA Research Workers**
  - 566 Frontline Research Workers
  - 66 Field Interviewers



# The Research Layer



# Worker Graduation Rounds

FD Graduation Round

Test number: One

Suppose one day you were moving in your sector for mCARE-II interview. You found a household with HH ID 1001. Then you started interview for mCARE-II.

You first started HH Update Form. The household is situated in unit 2, Mauza -Kishamot, Naldanga Union of Sadullahpur sub-district. There is a red mark on the door of this household and JiVitA HH is also written in red colour on the door. The name of the household head is Md. Karim Mia, who lives here with 8 members including him. You saved the information.

You again entered into the schedule folder and found a schedule of a woman from the same HH; the name of her is Shamima with age 24 and her husband is Md. Karim Mia. After greetings with the woman, you read the consent paper to her. After she has consented and you started the interview. The woman has regular menstruation and she didn't adopt any permanent family planning method. Her husband pulls rickshaw in Dhaka but comes home for a week every month. Her husband didn't adopt any permanent family planning method too. When you requested the woman to bring her national ID card and birth registration card, she searched the card for a long time and then she brought a



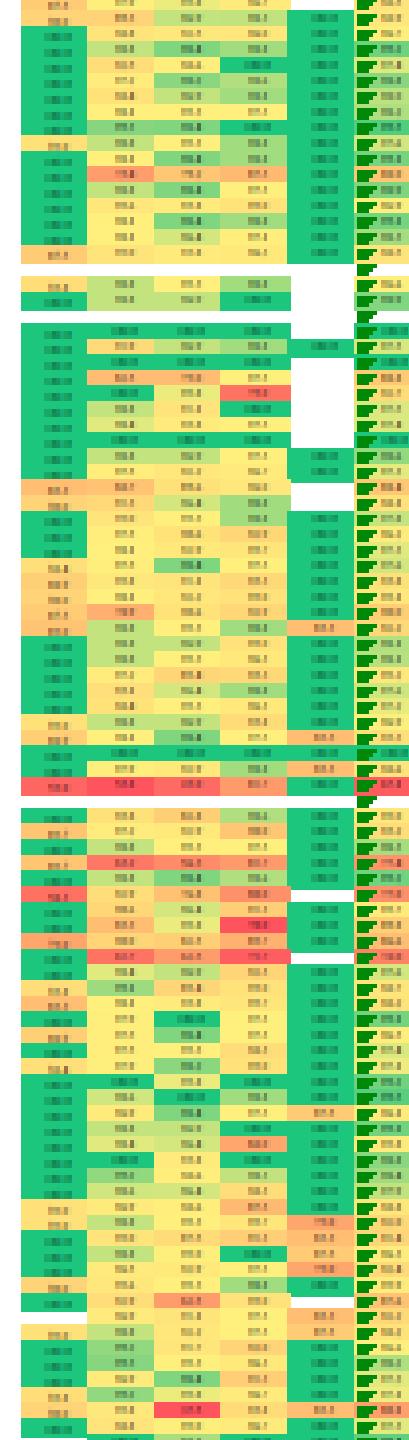
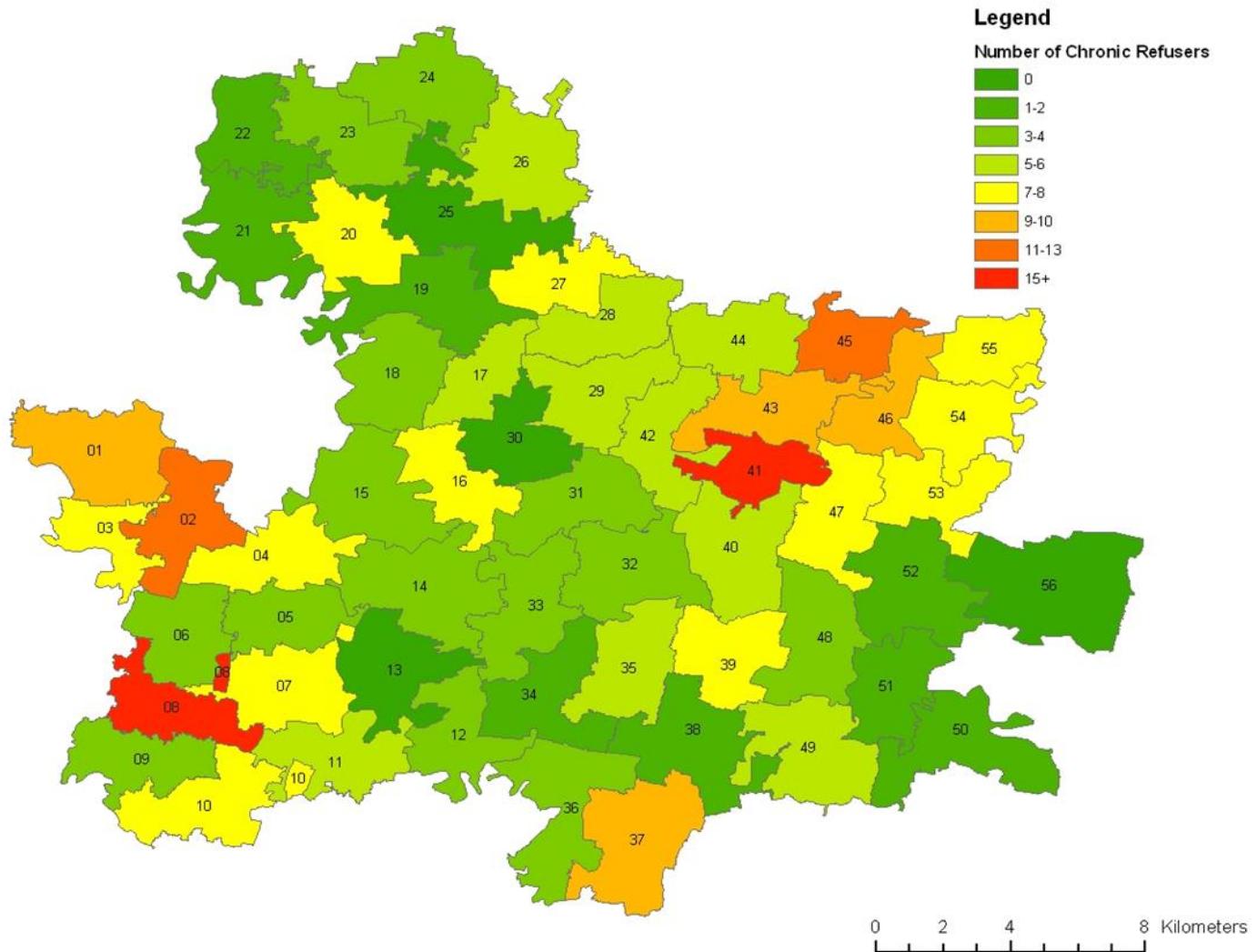
# Training Score 1: % Agreement



| HH Number   | 1001                  | 1002                  | 1003                  | 1004               | 1005               | 1006               | 1007                  | 1008               | 1009                  | 1010               |
|---|-----------------------|-----------------------|-----------------------|--------------------|--------------------|--------------------|-----------------------|--------------------|-----------------------|--------------------|
| Woman's Name  | SHAMIMA               | JOSNA AKTER           | AKLIMA                | ASHRAFUN<br>NESI   | JEBUN NESI         | MARZINA            | JOBAIDA               | HASINA<br>BEGUM    | JARINA                | MORIOM             |
| Husband's Name  | ZIHAD                 | SHAHAB<br>UDDIN       | SHAMSUR RH            | KUTUB UDDIN        | ABUL HASHEM        | NUR HOSSEN         | SHAJAHAN              | LUTFAR<br>RAHMAN   | ABDUR ROUF            | ROUF               |
| Age   | 24                    | 28                    | 18                    | 44                 | 26                 | 30                 | 21                    | 34                 | 16                    | 38                 |
| Date of Interview   | Auto fill             | Auto fill             | Auto fill             | Auto fill          | Auto fill          | Auto fill          | Auto fill             | Auto fill          | Auto fill             | Auto fill          |
| Census Visit Status   | Met                   | Met                   | Met                   | Met                | Met                | Met                | Met                   | Met                | Met                   | Met                |
| mCARE Surveillance Consent Status   | Consented             | Consented             | Consented             | Consented          | Consented          | Consented          | Consented             | Consented          | Consented             | Consented          |
| Take a picture of the woman's signature on the Consent for Surveillance   | Image of signature    | Image of signature    | Image of signature    | Image of signature | Image of signature | Image of signature | Image of signature    | Image of signature | Image of signature    | Image of signature |
| Are you currently menopausal or sterilized?                               | No                    | No                    | No                    | No                 | No                 | No                 | No                    | No                 | No                    | Yes                |
| Are you currently living with your husband?                               | Yes                   | Yes                   | Yes                   | Yes                | Yes                | No                 | Yes                   | Yes                | Yes                   | Yes                |
| Is the husband alive?   | -                     | -                     | -                     | -                  | -                  | Don't Know         | -                     | -                  | -                     | -                  |
| Is the husband sterilized?  | No                    | No                    | No                    | No                 | No                 | Don't Know         | No                    | Don't know         | No                    | No                 |
| Which identification card does the woman have?                            | National ID           | Birth Certificate     | Birth certificate     | National ID        | National ID        | -                  | Birth Certificate     | National ID        | Birth Certificate     | -                  |
| Enter Woman's National ID Number  | 453956085614<br>37251 | -                     | -                     | 852491012435<br>6  | 865465904326<br>7  | -                  | -                     | 3624659430<br>267  | -                     | -                  |
| Enter Woman's Birth Registration ID                                       | -                     | 513489543567<br>89215 | 678014567245<br>61964 | -                  | -                  | -                  | 5341450674<br>5261925 | -                  | 2340451745<br>2319848 | -                  |
| Picture of ID   | Image of ID           | Image of ID           | Image of ID           | Image of ID        | Image of ID        | -                  | Image of ID           | Image of ID        | Image of ID           | -                  |
| Does your household own a mobile phone?                                   | yes                   | Yes                   | Yes                   | Yes                | Yes                | -                  | No                    | Yes                | Yes                   | -                  |
| Who carries the phone for majority part of the day?                       | Woman herself         | Husband               | Woman herself         | Woman herself      | Husband            | -                  | -                     | Children           | Husband               | -                  |
| Is the phone in working condition right now?                              | Working               | Working               | Working               | Working            | Not working        | -                  | -                     | Working            | Working               | -                  |
| What is the available balance on your phone as of today?                  | 51-100 Tk             | Don't Know            | 51-100 Tk             | 101-200 Tk         | Don't Know         | -                  | -                     | Don't know         | 0-50 Tk Tk            | -                  |
| Can you read an SMS?  | Yes                   | No                    | Yes                   | Yes                | No                 | -                  | No                    | Yes                | Yes                   | -                  |
| Can you send an SMS?  | No                    | No                    | No                    | Yes                | No                 | -                  | No                    | No                 | YEs                   | -                  |
| What is your average monthly expense for mobile phone calls and messages? | 51-100 Tk             | 151-200 Tk            | 51-100 Tk             | 151-200 Tk         | 201-300 Tk         | -                  | 0-50 Tk               | 51-100 Tk          | Don't know            | -                  |

# Visualizations

Number of Chronic Refusers By TLPIN



# The Intervention Layer



# Government-Led Accountability

| Upazila<br>(# of<br>FWAs) | Union      | FWA's name            | Supervisor            | Without Target<br>Period                   | With Target<br>Period                         |
|---------------------------|------------|-----------------------|-----------------------|--|---|
|                           |            |                       |                       | # of days<br>practiced - # of<br>data sent | # of days<br>practiced - # of<br>HH data sent |
| Sadar (7)                 | Kuptola    | Shahanaz Parvin       | Md. Kamrul Hasan      | 12 – 40                                    | 6 – 57  |
|                           |            | Ferdousi – 1          |                       | 3 – 35                                     | 4 – 28  |
|                           |            | Shirina Akter         |                       | 6 – 19                                     | 5 – 24  |
|                           | Malibari   | Shahzadi Sultana      | Md. Golam Rahman      | 4 – 11                                     | 4 – 18  |
|                           |            | S M Sudha Rani Mandal |                       | 3 – 8                                      | 4 – 31  |
|                           | Laxmipur   | Nazmunnahar           | Md. Abu Sufian Miah   | 19 – 37                                    | 0 – 0   |
|                           |            | Anju Monoara          |                       | 31 – 77                                    | 8 – 48  |
| Sadullapur<br>(15)        | Naldanga   | Jorina Begum          | Md. Mahmud Sharif     | 12 – 49                                    | 8 – 114                                       |
|                           |            | Nasima Begum          |                       | 12 – 26                                    | 8 – 68  |
|                           |            | Shantona              |                       | 7 – 13                                     | 9 – 100                                       |
|                           | Jamalpur   | Aklima Begum          | Md. Moshiur Rahman    | 6 – 24                                     | 6 – 47  |
|                           |            | Nasrin Akter          |                       | 8 – 14                                     | 3 – 49  |
|                           |            | Rokeya Begum          |                       | 5 – 15                                     | 6 – 52  |
|                           | Kamar Para | Prativa Rani          | Vobesh Chandra Sarker | 17 – 66                                    | 6 – 77  |
|                           |            | Rana Rani Sarker      |                       | 18 – 43                                    | 9 – 93  |
|                           |            | Sumitra Rani          |                       | 26 – 73                                    | 9 – 64  |
|                           | Damodarpur | Jinnatunnahar Khanam  | Anwar Hossain         | 6 – 25                                     | 7 – 74  |
|                           | Faridpur   | Aktara Begum          | Gopal Chandra Sarker  | 13 – 34                                    | 6 – 64  |
|                           |            | Morsheda Begum        |                       | 5 – 14                                     | 9 – 20  |
|                           |            | Ferdousi Begum        |                       | 9 – 19                                     | 9 – 78  |
|                           | Rasulpur   | Khandoker Hosne Ara   | Md. Moshiur Rahman    | 8 – 29                                     | 1 – 2   |
|                           |            | Anjumna Ara Begum     |                       | 9 – 29                                     | 7 – 138                                       |
| Sundarganj<br>(24)        | Kanchibari | Fatema Khatun         | Hedayet Hossain       | 15 – 63                                    | 4 – 46  |
|                           |            | Hasina Akter          |                       | 5 – 11                                     | 6 – 35  |
|                           |            | Rasheda Begum         |                       | 12 – 31                                    | 1 – 3   |
|                           |            | Parvin Begum          |                       | 17 – 40                                    | 6 – 40  |
|                           | Bamandanga | Monoara Begum         | Mozahidul Islam       | 25 – 76                                    | 6 – 82  |



# Government-Led Accountability



## Monitoring Report on Practice with Open-SRP application of FWAs

21<sup>st</sup> January, 2016

mPower Social Enterprise Ltd

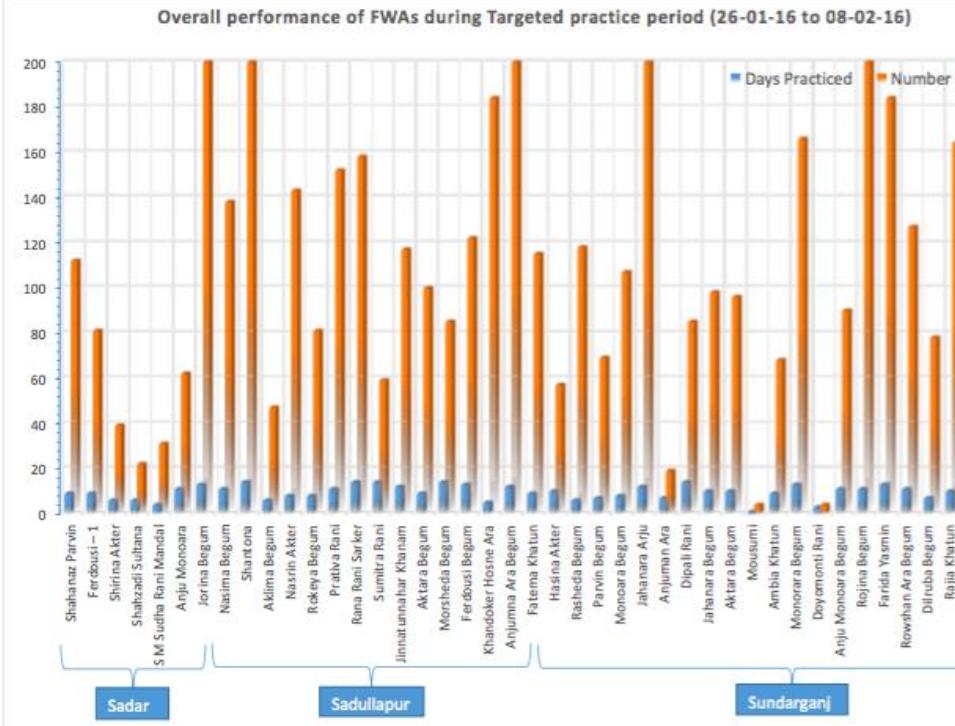
This report focuses on the practice status of FWAs from 8<sup>th</sup> January to 20<sup>th</sup> January, 2016. The total number of FWAs which lies in the 2<sup>nd</sup> and 3<sup>rd</sup> week of the month generated comma-separated values (CSV) file.

### New Activities in the field:

- The Field Coordinator of the project start them with MUAC tape and teach them

### Practice time Analysis:

| Practice Status  |
|------------------|
| No Practice      |
| 1 - 2 days       |
| 3 - 4 days       |
| 5 - 6 days       |
| 7 - 8 days       |
| More than 8 days |



Prepared by:



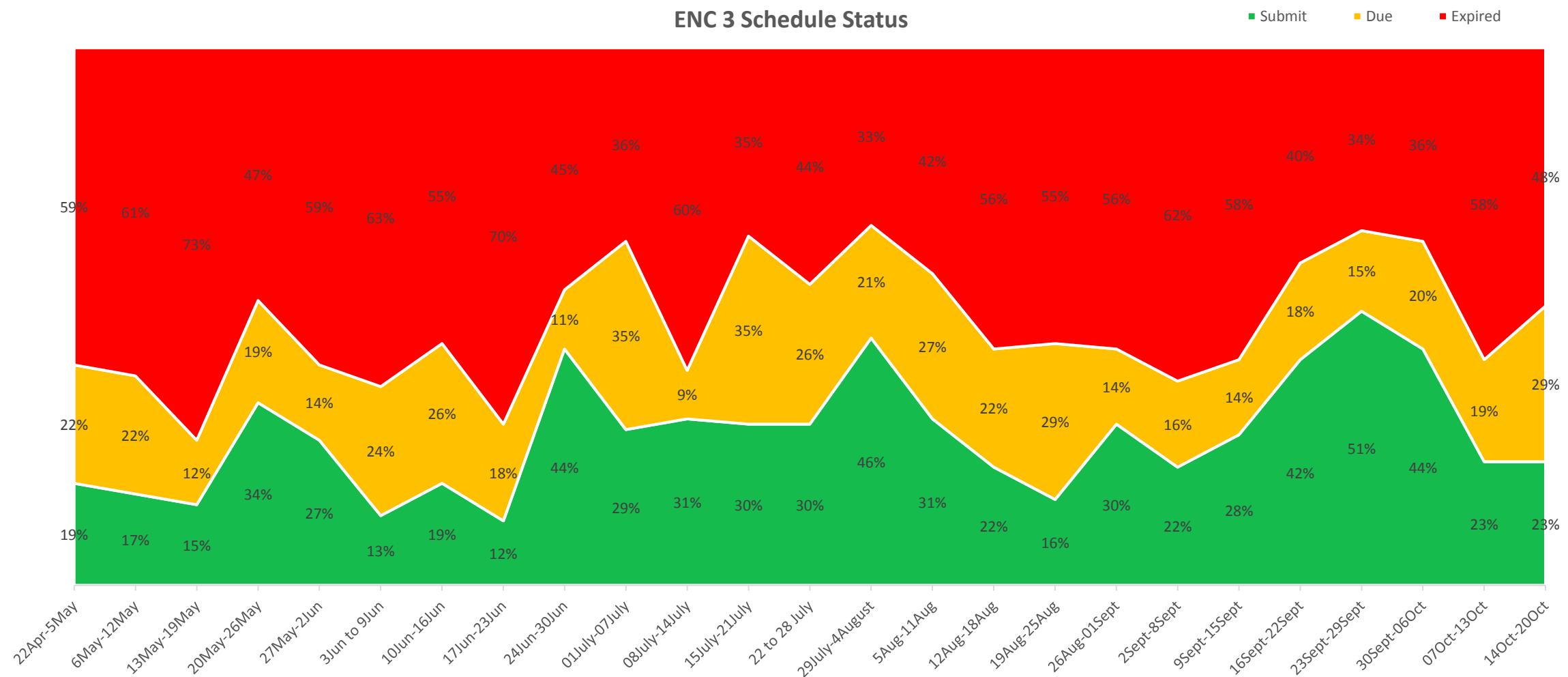
ANNEX: FWAs' total number of sent data from 26<sup>th</sup> January to 08<sup>th</sup> February, 2016 are as follows:

| Upazila<br>(# of FWAs) | Union           | FWA's name            | Supervisor            | 26-01-16                | 04-02-16                | 26-01-16                 |           |           |           |
|------------------------|-----------------|-----------------------|-----------------------|-------------------------|-------------------------|--------------------------|-----------|-----------|-----------|
|                        |                 |                       |                       | to 03-02-16<br>(9 Days) | to 08-02-16<br>(5 Days) | to 08-02-16<br>(14 days) | # of days | # of data | # of days |
| Sadar (6)              | Kuptola         | Shahanaz Parvin       | Md. Kamrul Hasan      | 6                       | 57                      | 3                        | 55        | 9         | 112       |
|                        |                 | Ferdousi - 1          |                       | 4                       | 28                      | 5                        | 53        | 9         | 81        |
|                        |                 | Shirina Akter         |                       | 5                       | 24                      | 1                        | 15        | 6         | 39        |
|                        | Malibari        | Shahzadi Sultana      | Md. Golam Rahman      | 4                       | 18                      | 2                        | 4         | 6         | 22        |
|                        |                 | S M Sudha Rani Mandal |                       | 4                       | 31                      | 0                        | 0         | 4         | 31        |
|                        | Laxmipur        | Anju Monoara          | Md. Abu Sufian Miah   | 8                       | 48                      | 3                        | 14        | 11        | 62        |
|                        | Sadullapur (15) | Jorina Begum          | Md. Mahmud Sharif     | 8                       | 114                     | 5                        | 104       | 13        | 218       |
|                        |                 | Nasima Begum          |                       | 8                       | 68                      | 3                        | 70        | 11        | 138       |
|                        |                 | Shantona              |                       | 9                       | 100                     | 5                        | 108       | 14        | 208       |
|                        |                 | Aklima Begum          | Md. Moshiur Rahman    | 6                       | 47                      | 0                        | 0         | 6         | 47        |
|                        |                 | Nasrin Akter          |                       | 3                       | 49                      | 5                        | 94        | 8         | 143       |
|                        |                 | Rokeya Begum          |                       | 6                       | 52                      | 2                        | 29        | 8         | 81        |
|                        |                 | Kamar Para            | Vobesh Chandra Sarker | 6                       | 77                      | 5                        | 75        | 11        | 152       |
|                        |                 | Prativa Rani          |                       | 9                       | 93                      | 5                        | 65        | 14        | 158       |
|                        |                 | Rana Rani Sarker      |                       | 9                       | 64                      | 5                        | 53        | 14        | 59        |
|                        | Sundarganj (24) | Sumitra Rani          |                       | 9                       | 64                      | 5                        | 53        | 14        | 59        |
|                        |                 | Damodarpur            | Anwar Hossain         | 7                       | 74                      | 5                        | 43        | 12        | 117       |
|                        |                 | Ferdousi Begum        | Gopal Chandra Sarker  | 6                       | 64                      | 3                        | 36        | 9         | 100       |
|                        |                 | Aktara Begum          |                       | 9                       | 20                      | 5                        | 65        | 14        | 85        |
|                        |                 | Morshed Begum         |                       | 9                       | 78                      | 4                        | 44        | 13        | 122       |
|                        |                 | Ferdousi Begum        |                       | 1                       | 2                       | 4                        | 182       | 5         | 184       |
|                        |                 | Khandoker Hosne Ara   | Md. Moshiur Rahman    | 7                       | 138                     | 5                        | 172       | 12        | 310       |
|                        |                 | Anjuman Ara Begum     |                       | 7                       | 184                     | 5                        | 172       | 12        | 310       |
|                        |                 | Mousumi               |                       | 4                       | 46                      | 5                        | 69        | 9         | 115       |
|                        | Kanchibari      | Ambia Khatun          | Hedayet Hossain       | 6                       | 35                      | 4                        | 22        | 10        | 57        |
|                        |                 | Fatema Khatun         |                       | 1                       | 3                       | 5                        | 115       | 6         | 118       |
|                        |                 | Hasina Akter          |                       | 6                       | 40                      | 1                        | 29        | 7         | 69        |
|                        |                 | Rasheda Begum         |                       | 6                       | 82                      | 2                        | 25        | 8         | 107       |
|                        | Bamandanga      | Parvin Begum          |                       | 8                       | 335                     | 4                        | 113       | 12        | 448       |
|                        |                 | Monoara Begum         | Mozahidul Islam       | 7                       | 19                      | 0                        | 0         | 7         | 19        |
|                        |                 | Dipali Rani           | Md. Rajib Chowdhury   | 9                       | 50                      | 5                        | 35        | 14        | 85        |

Prepared by: mPower

# ENC 3 Visit Status

(07<sup>th</sup> October'18-20<sup>th</sup> October'18)



# Strategic Phase-In of Dashboards for Decisions

**OPENSRP**

- Patient Dashboard
- Schedule
- HW Performance**
- Inventory
- Multimedia

Wednesday, 16 September, 2015

**Setting** **Logout**

### MONTHLY AGGREGATE

|                 | TODAY | THIS WEEK | THIS MONTH |
|-----------------|-------|-----------|------------|
| HOUSEHOLD (HH)  | 10    | 25        | 50         |
| ELIGIBLE COUPLE | 02    | 08        | 12         |
| PREGNANT WOMAN  | 00    | 5         | 08         |

### GRANULAR PERFORMANCE

LOCATION: District ▾ Upazila ▾ Union ▾

WORKER NAME: NURUN NAHAR

HOUSEHOLD (HH) | ELIGIBLE COUPLE | PREGNANT WOMAN

| THIS MONTH | THIS WEEK | TODAY |
|------------|-----------|-------|
| 50         | 25        | 10    |

08 20 23 40 29 30 50 37 27 29 49 35 25

