



midwives.mobile.phone.project

aceh besar, indonesia
longitudinal findings

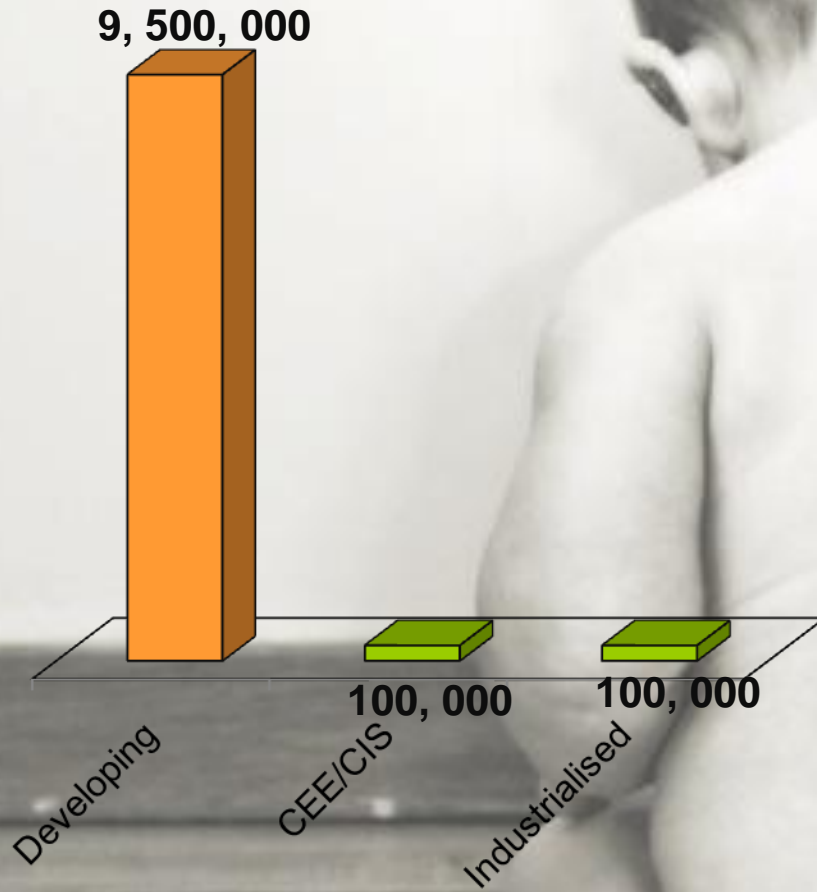
arul

nanyang.tech.univ

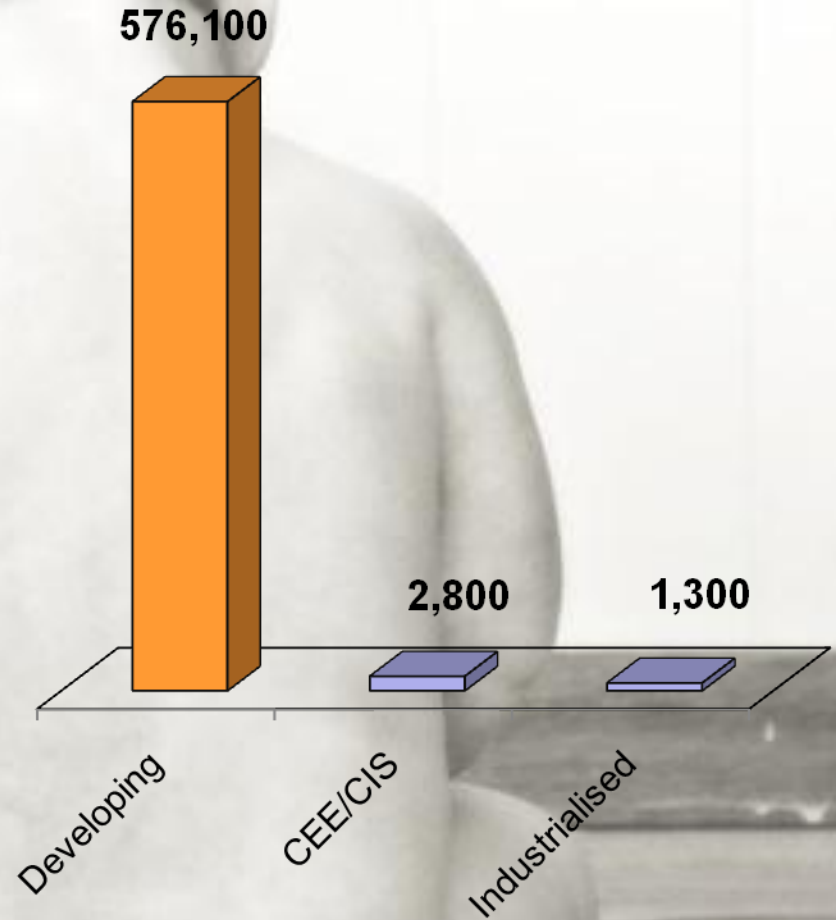
- Project Scope
- Theoretical model (ICT4HC)
- Research Methodology
- Findings
- Discussion



Under-5 Mortality



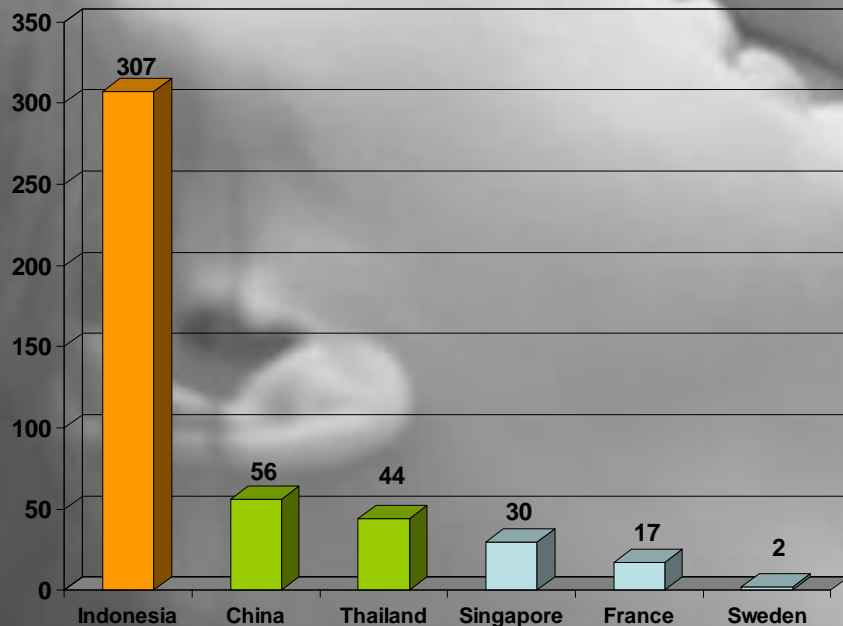
Maternal Mortality



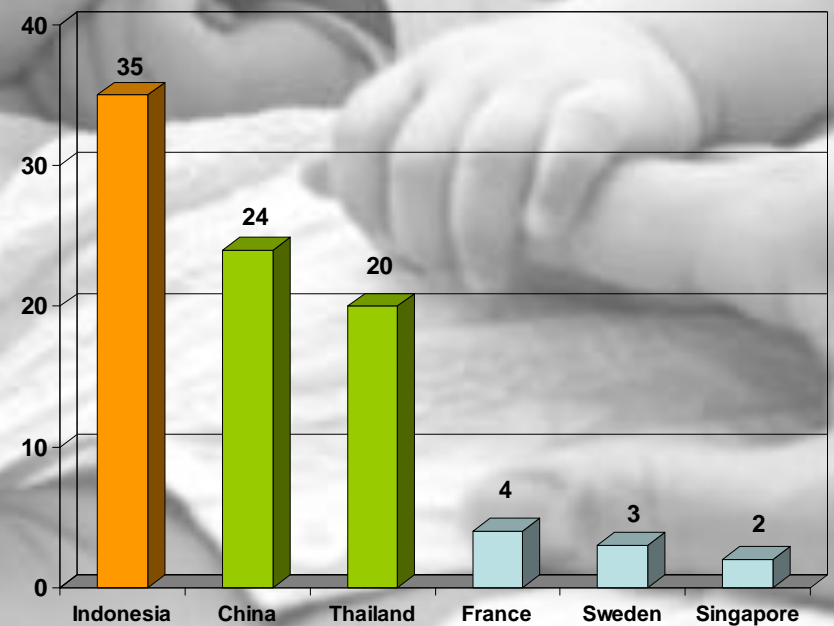
significance.

indonesia.

Under-5 Mortality



Maternal Mortality





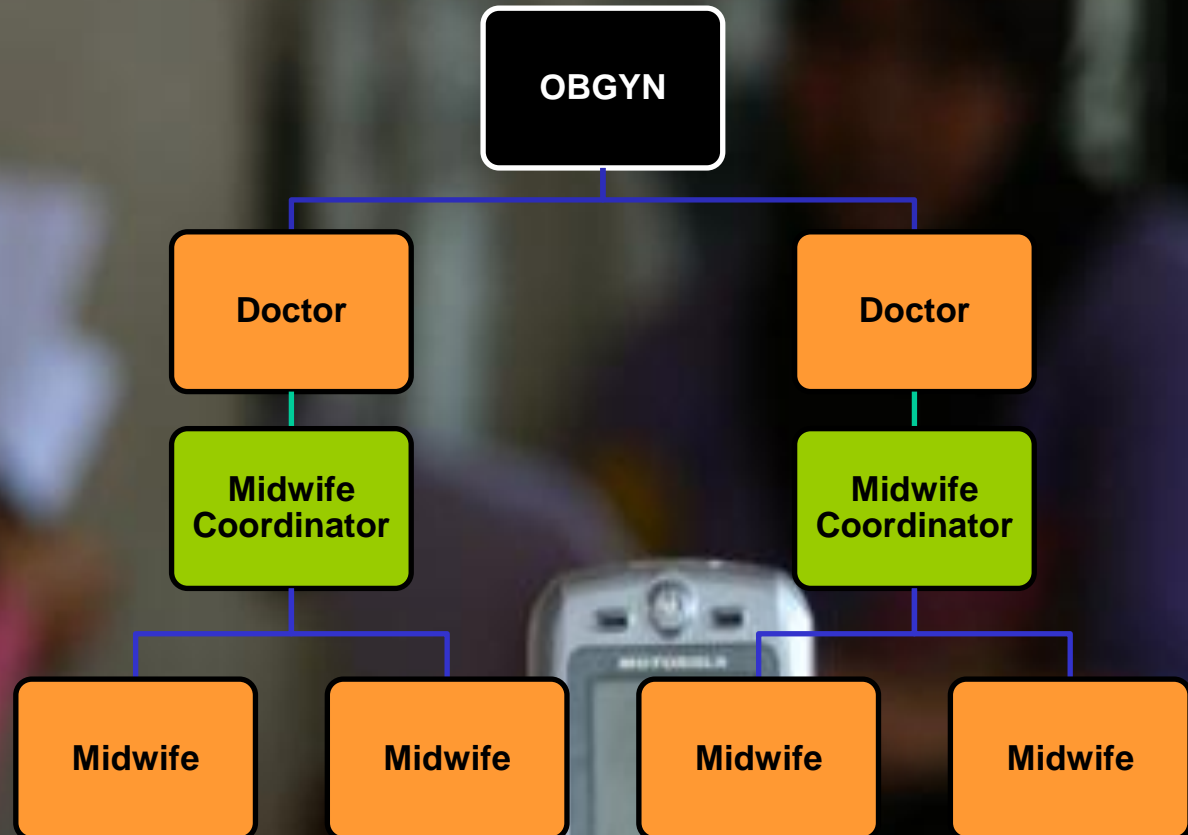
context.

structure.

Province

District

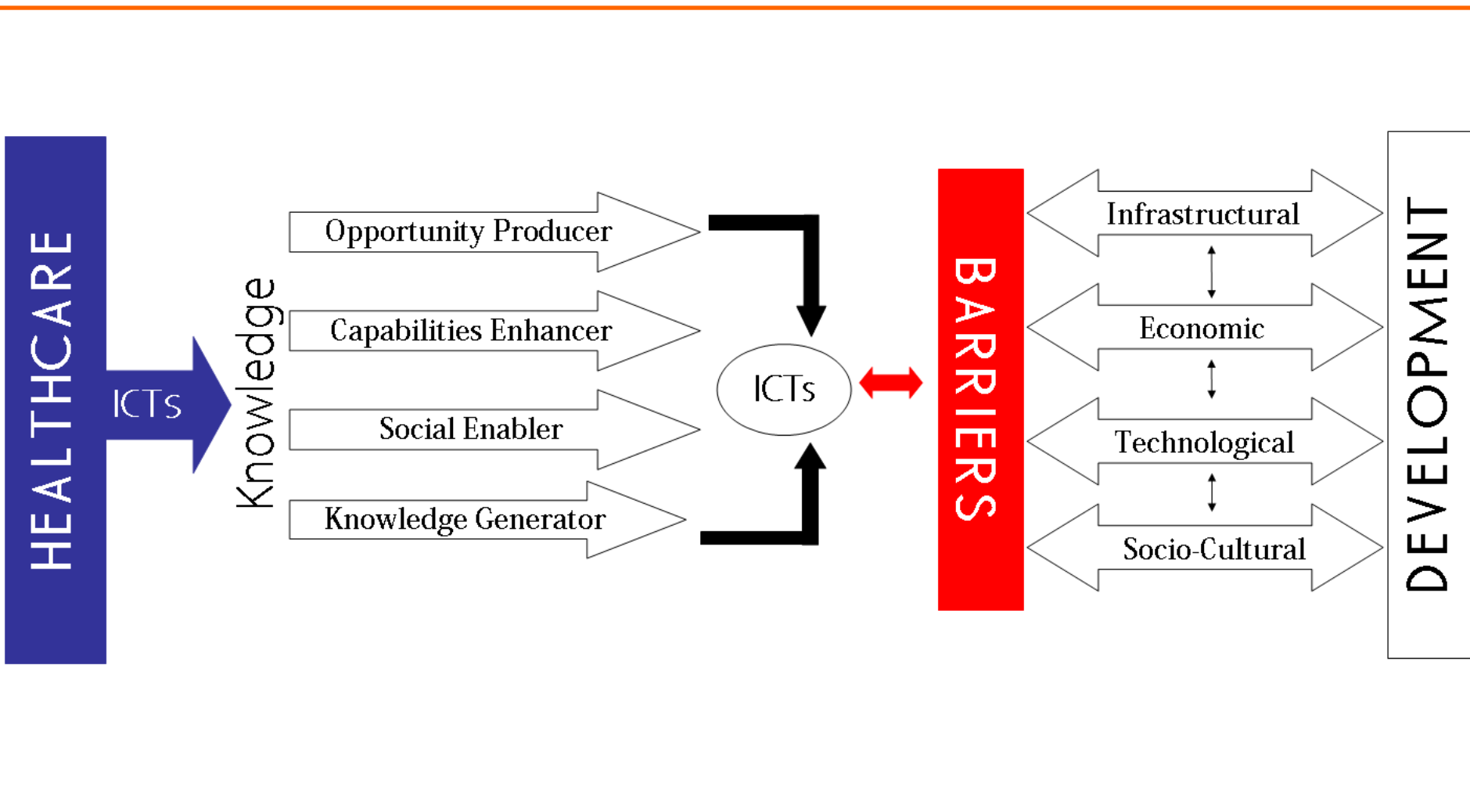
Village





midwives.mobile.phone.project

Model: ICT for Healthcare Development



Adapted from Banuri et al (2003), UNDP (2005)

Research Objectives

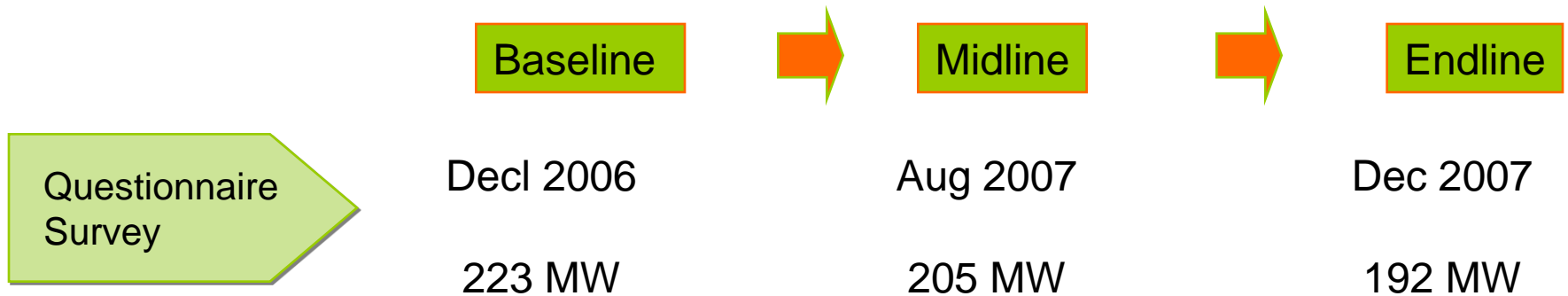
Evaluation of program effectiveness



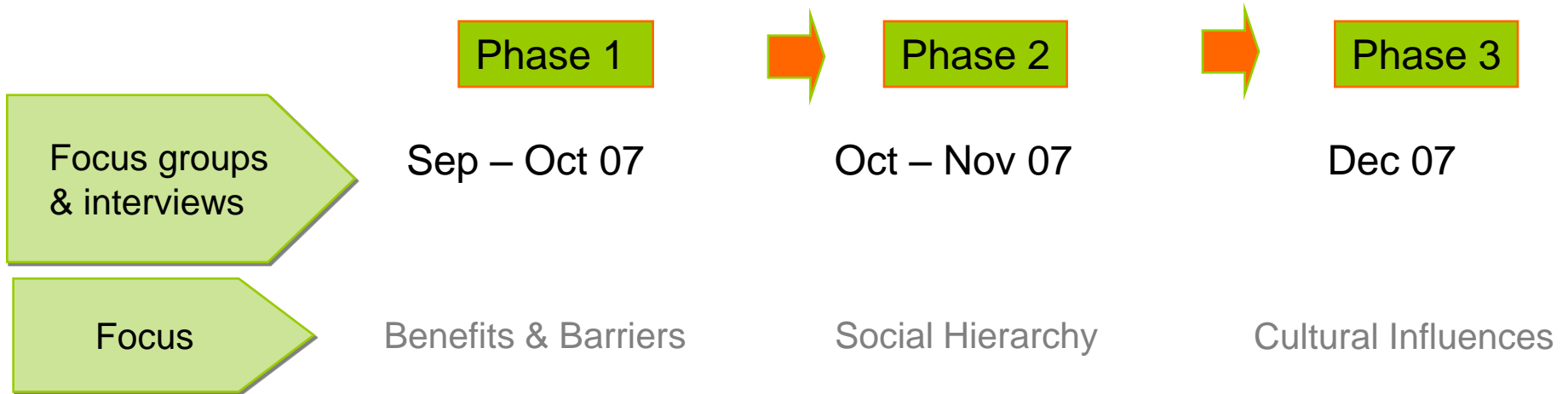


methodology

Research Plan: Quantitative



Methodology: Qualitative





findings.



Save time for work (92.4%)

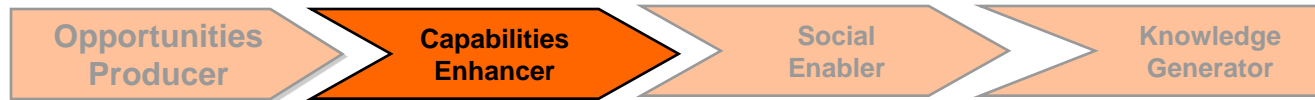
Provide up-to-date information related to work (91.4%)

Increase productivity (93.2%)

Improve the quality of work (95%)



*“Mobile phone **helps midwife to speak directly** about the patient case to the coordinator if she cannot handle it in emergency situation and also midwives are able to call doctors directly to get a reference.”*



Increased in their confidence to solve difficult problems

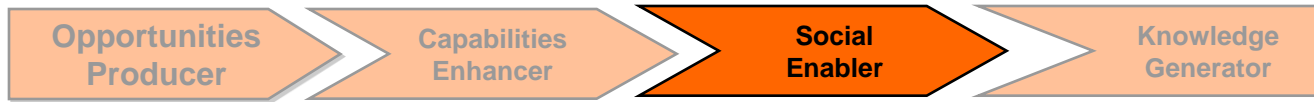
Increased in their confidence that the facilities and equipment provided to them were adequate

Increasingly easy to use the mobile phone in general



*“(MW) **has a lot of confidence now** when dealing with delivery complications, she is able to call the doctor immediately.”*

*“**With data we can observe better**...1 column, 2 columns. We cannot add numbers while talking on the telephone...we can immediately see the significant indicators.”*



More likely to turn to health center personnel for medical information
Get access to health information from the health center using their mobile phones



*“Relationship between doctors and midwives today are wonderful, **we are meant to be partners**”*

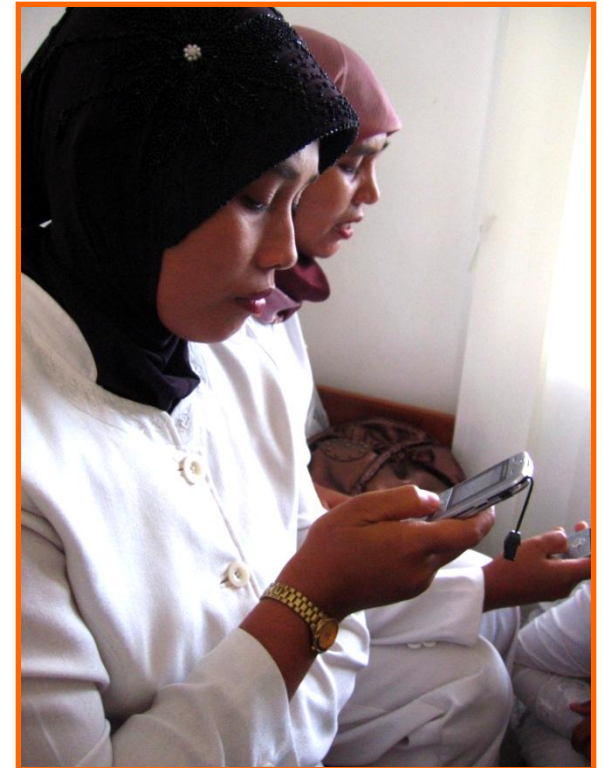
*“**use mobile for important networking** besides the project, such as the district head, official persons...”*



Improved medical scores, however limited.

Found it easier to:

- Search for phone numbers in mobile lists
- Get mobile to do what they wanted it to do
- Increased trust of obtaining health information from cinema and brochures



*“use these to update and **inform themselves with health information** relevant for use with their patients.”*

Limitations

- ICT4HC model proved effective as an analytical tool. However, less practical for project design. Should examine management and community issues.
- Beyond notions of financial sustainability, the social benefit should be incorporated, particularly a gender analysis.



A photograph of three women wearing hijabs sitting at a table in a meeting room. The woman on the left is wearing a white hijab and a white top. The woman in the middle is wearing a pink patterned hijab and a light-colored top. The woman on the right is wearing a red hijab and a red top. They are all looking towards the right side of the frame. The background features a window with colorful floral decorations and a wooden cabinet with papers.

conclusion.

Intervention was appropriate, given the nature of MW peer networks, place of work, time-sensitivity of their medical service, knowledge insufficiency and lack of training.

Bottom-up approach of participatory design, in conjunction with feedback loop of needs.

Alternatives to inadequate training made available regularly; newer technologies bolstered with directed training.



MOTOROLA



20-11-06_1045

Besar: 37.2Kb

Kembali



Detil