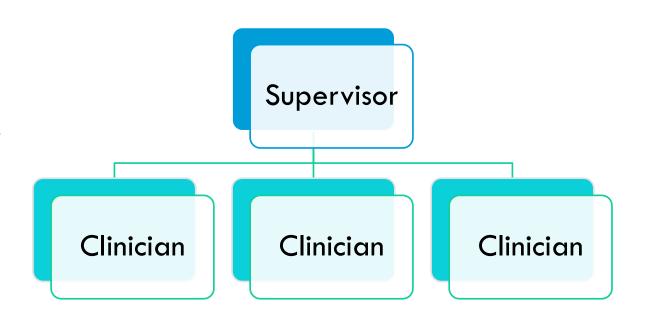
CO-DESIGNING IMPLEMENTATION GUIDELINES TO MAXIMIZE ACCEPTABILITY, FEASIBILITY, AND USABILITY OF MOBILE PHONE SUPERVISION IN KENYA

Noah S. Triplett, Bernard Nabalia, Daisy Okoth, Omariba Nyaboke, Lucy Liu, Jacinto Silva-Alvarez, Sharon Kiche, Anne Mbwayo, Cyrilla Amanya, Shannon Dorsey



TASK SHIFTING MAY ADDRESS HUMAN RESOURCE SHORTAGES

- Lay providers are trained to implement psychological interventions under supervision.
 - Effective
- Acceptable
- Sustainable.



TASK SHIFTING IS LIMITED BY AVAILABLE RESOURCES

- Post-training supervision is important for fidelity
- Prevent fatigue and burnout.

- Limitations of in-person supervision:
 - Costly
 - Supervisors are limited in number
 - Transportation



OPPORTUNITIES FOR MOBILE PHONES & TASK-SHIFTING

- Support providers from afar?
- Reduce costs and travel time?
- Augment task-shifting and improve access to care?



CAN MOBILE PHONES REPLACE OR SUPPLEMENT IN-PERSON SUPERVISION?

Network Connectivity?

Availability of Phones?

Supervisor and Lay Counselor Preferences?



DESIGN OVERVIEW & FRAMEWORK

- Iterative and mixed methods approach
- Human-Centered Design (HCD)
 - "accessible and effective by grounding their development in the needs and preferences of those who will ultimately use them."

Qualitative Interviews to Understand Context

Develop Tailored Implementation Support

> Pilot Trial to Evaluate

Parent Trial:

Building and Sustaining Interventions for Children (BASIC)

Dorsey & Whetten, MPIs; Wasonga, Kenya PI; NIMH R01 MH112633

Education Sector/Schools:

Teachers



Health Sector/Communities:

Community Health Volunteers



Intervention: Trauma-focused Cognitive Behavioral Therapy (TF-CBT)



"Pamoja Tunaweza" Together We Can

Group-based TF-CBT

- Posttraumatic stress and grief among children ages 11-14
- Parental death
- 8 concurrent group sessions, 2-3 individual sessions



Building capacity using task-shifting

- Lay counselors lead treatment groups (N=240)
- Kenyan trainers and supervisors (N=5)
- Supervision includes face-to-face meetings with lay counselor groups and ad hoc mobile phone communications.

BASIC (PARENT TRIAL) DESIGN



0 = Control Condition

1 = Intervention Condition

T# = Time Period

= Control Condition
= Transition Period
= Intervention Condition

= Control Condition Measurement

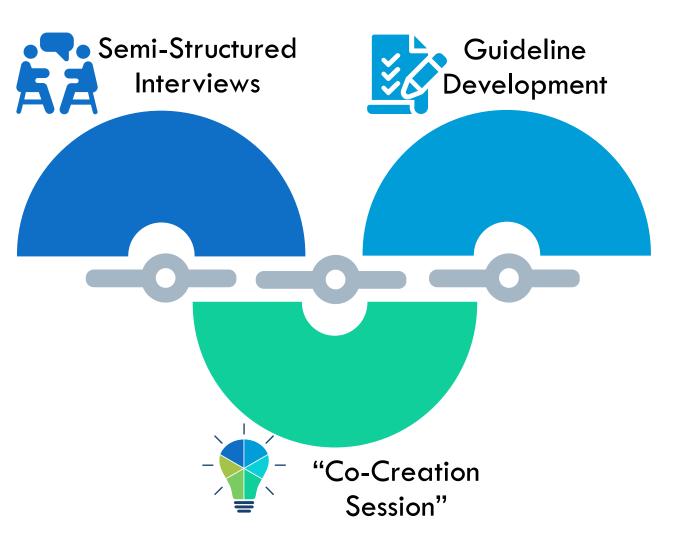
 Intervention Condition Measurement (Included in power calculation) Intervention Condition
 Measurement (Not included in power calculation)

#) = Step Number

IMPLEMENTATION SUPPORT DEVELOPMENT

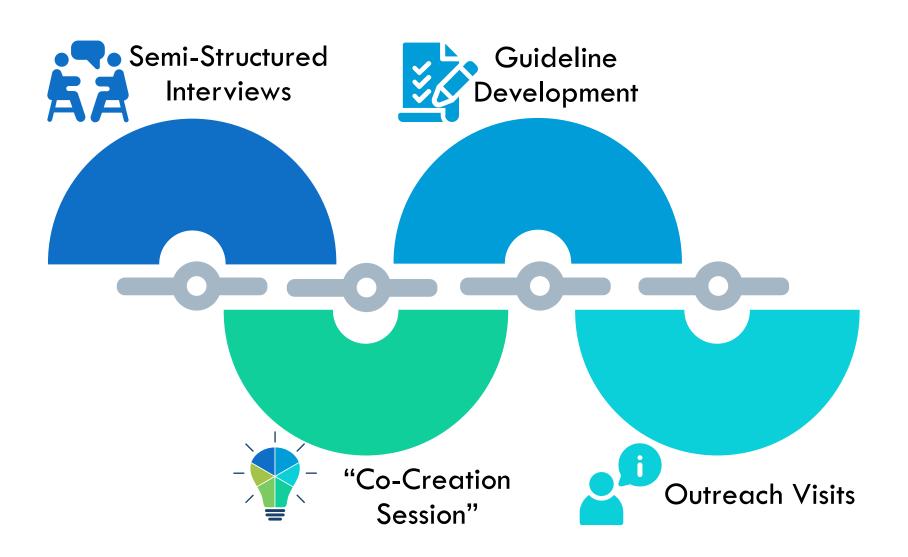


IMPLEMENTATION SUPPORT DEVELOPMENT

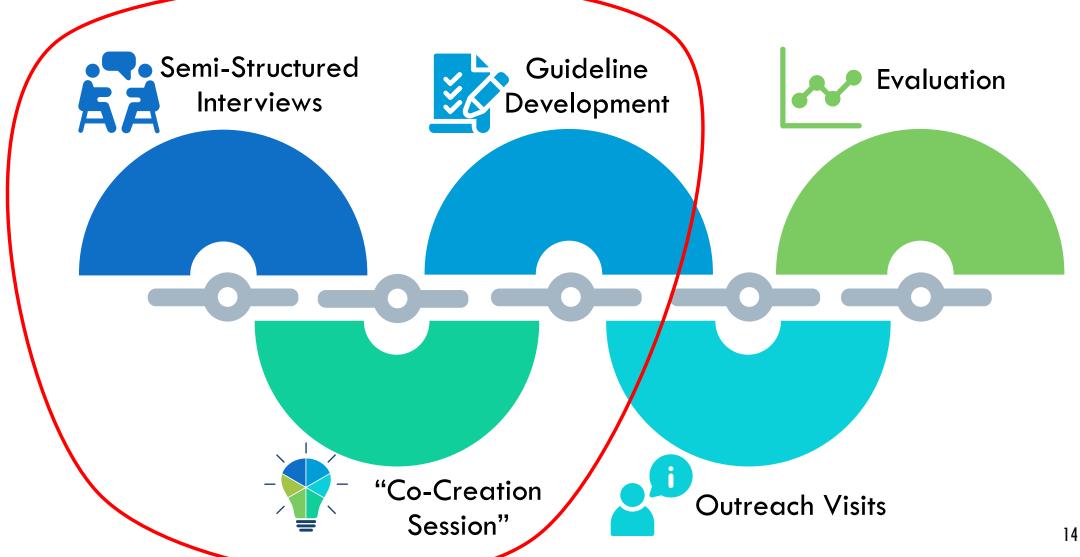




IMPLEMENTATION SUPPORT DEVELOPMENT



IMPLEMENTATION SUPPORT EVALUATION



STEPPED WEDGE CLUSTER RANDOMIZED DESIGN



METHODS

Approach

 QUAN → qual mixed-methods data explanation

QUAN (N=59):

 Measures of Acceptability, Feasibility, and Usability

qual (n=15):

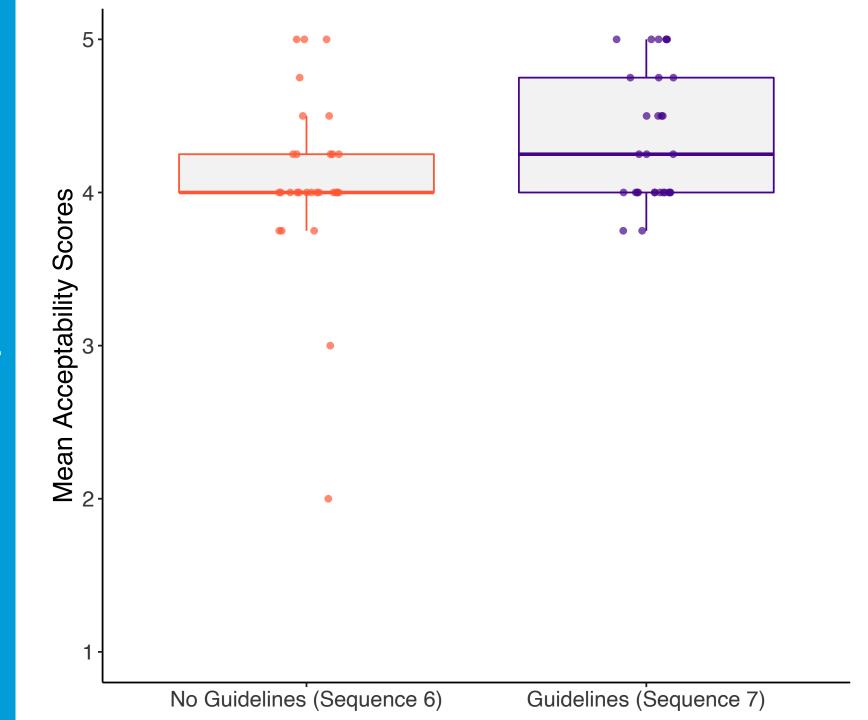
 Perceptions of educational outreach visit and guidelines

Measure	Example Item
Acceptability of Intervention Measure	"I like mobile phone supervision."
Feasibility of Intervention Measure	"Mobile phone supervision seems possible in this school."
Intervention Usability Scale	"I found mobile phone supervision too challenging."

GUIDELINES & OUTREACH IMPROVED ACCEPTABILITY

t(57) = -2.05, p = .04

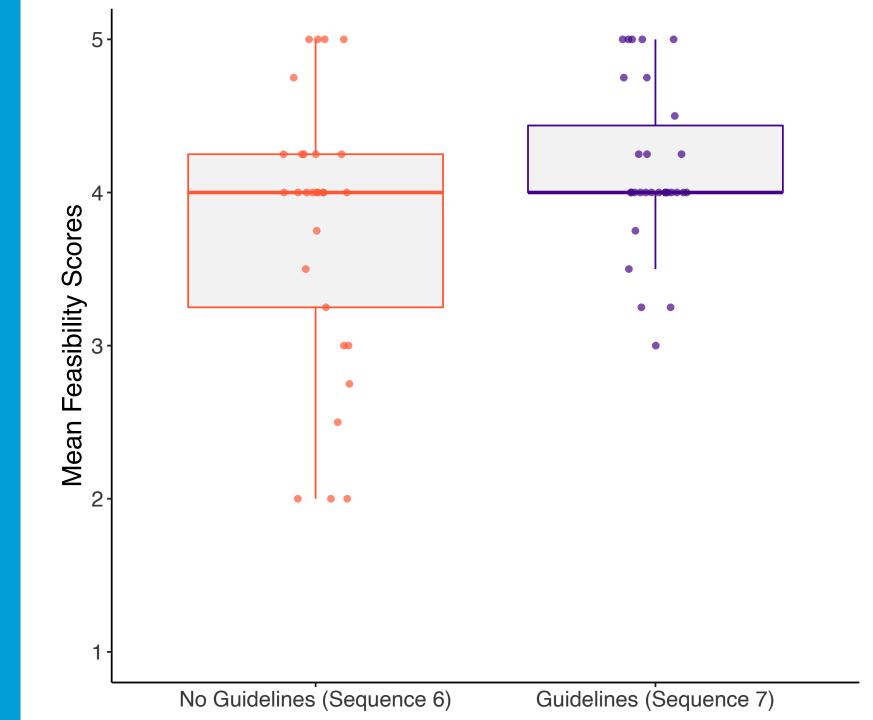
Hedges g = 0.53, 95% CI: 0.01 - 1.05



THERE WAS NO EVIDENCE OF DIFFERENCE IN FEASIBILITY

t(57) = -1.92, p = .06

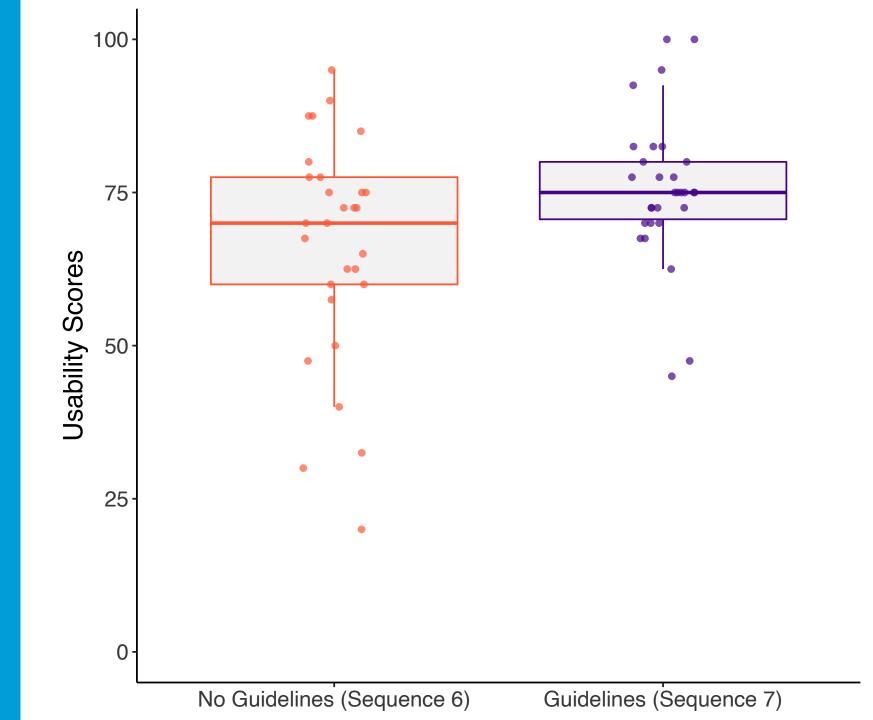
Hedges g = 0.49, 95% Cl: -0.03 - 1.02



GUIDELINES & OUTREACH IMPROVED USABILITY

t(57) = -2.34, p = .02

Hedges g = 0.60, 95% CI: 0.08 - 1.13





The meeting "let the counselors know that it's not all about inperson [supervision]. Because initially, [counselors] were thinking that supervision is mainly important if it's in person, but then they took the phone supervision more seriously." - Supervisor



Interviews suggested that strategies from each goal were used.

DISCUSSION & CONCLUSION

Co-developed implementation guidelines and educational outreach visits were associated with improved acceptability and usability of mobile phone supervision.

- Pragmatic and flexible implementation supports are needed.
- •Models that empower partners to co-create, lead, and adapt strategies are important for health and research equity.

Limitations

Use of HCD in a culturally distinct setting with no in-country experts

- Shannon Dorsey, PhD
- Pamela Collins, MD MPH;
 Sean Munson, PhD;
 Bryan Weiner, PhD;
- RISE-MH Lab
- BASIC Study Team
- NIMH Pre-Doctoral Fellowship (NIMH F31 MH124328; Triplett, PI)
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