

How am I supposed to pay my regular insulin if I can't even pay for my diagnosis.



If one Community
Health Center
can't help me
for free, I register
at another one.



#### Sometimes I get a waiver.





I'm on the edge:
I need my time
to make money
– I don't have time
to take care
of my health.



If I go to my community health center, they don't have the skills, equipment or medicine that I need.



My community health worker told me to visit my community health center.
When I got there it was closed – I don't have time for this!



When worst comes to worst, I'll have to sell my land.



As long as I can walk, I am not really sick.



I rely on Harambee
– my community
will raise money
for me.



Health is the absence of sickness – so why care when I am healthy?



Why would I cover for other people's health insurance?



There are not enough skilled doctors close to my location.



I go get my medication for the next 3 months – they are out of stock.



I can't get to the hospital – I am too sick.



I have to get injections at the hospital – can't I give myself injections?



Some nurses know about NCDs – others have never heard about it.



I have cancer

– the only place
I can get some
sort of treatment
is Nairobi.



I have insurance, but when I went to the hospital I had to pay for my X-Ray.



My fee used to be much lower – now I have to pay more, that sucks.



I don't mind paying as long as I am covered when I need it.



When I have cancer and need a treatment I go to India or the States.



I have insurance, but certain areas are not covered (e.g. NCDs).



Being fat shows off my status.



# A meal without ugali is not a meal.



# People who are not so bright do sport.



Why do I have to take care of my health even though I am not sick?



How is my health related to my nutrition and physical activity?



#### I don't need to walk – I have a car!



If someone walks he/she is either poor or has a problem.



I enjoy western food like pizza and burgers.



Back in the days
I had to walk
a lot – the new
lifestyle has made
me lazy.



Why should I find out that I am dying?



NCDs? What's that? Why should I be at risk?



How can I be at risk of something I don't understand?



My blood pressure is high, but it's because I had a stressful day at work / at home.











As long as
I can still
make it to work,
I am not sick.



I am not sick

– I haven't
broken my leg.





Getting a medical check-up takes too much time – they always tell me to come back tomorrow.



I can get my blood pressure measured on my way to work – what do I do then?



I am unsure if my diagnosis is correct.



I am diagnosed with X – what does that mean?



I am diagnosed with X – where do I get treatment?



### Our leaders go abroad for cancer treatment.



I'm pregnant on top of an NCD – no I am at great risk.



I have X –
I am afraid to
tell my family /
community.



I can't afford my treatment, I will have to sell my land.



I walked all the way to buy my medication – now they are out of stock (again).



NCDs are like an unwanted baby – you don't expect it but then it wants all the attention.



After taking my medication I'm feeling much better – why continue taking them? I'll take them again when it comes back!



I keep forgetting to take my medication.



I wasn't able to buy more medication – now I ran out of pills.



I have to get to work – keeping my job is more important for my family than getting medications.





I can't afford my medication – we had to pay another bill.



I have to sell my land to afford my medication / operation.



I feel better – why do I have to continue my medication?



I love my ugali and my chicken – I don't want to switch to more vegetables.



It's really hard work to change my behaviors and habits.



Data is the baseline for decision making (policy, allocation of resources, recommendation etc.).



Use latest technology such as IoT and algorithms.



Personalization is key in customer care information and experience.



Mobile solutions overcome geographic limitations.



Remote diagnosis is currently piloted in Mombasa with Huawei and Philips.



Who is in charge of overall coordination of data?



Community health workers are already at max capacity.



Each household has access to a smartphone.



The entrance point to each community is the community health worker (and churches).





We need different end user tools for different customers.



I speak Swahili – English apps don't help me.



I need a safe space

– I want my data
to be treated
confidentially.



How reliable is the existing data?



Gamification is very popular.



We need to define what data we need.



We are unclear what prevention of NCDs requires.





KenyaEMR, IQCare and OpenMRS collect data at a community level.



DHIS2 is were clinical data is aggregated.