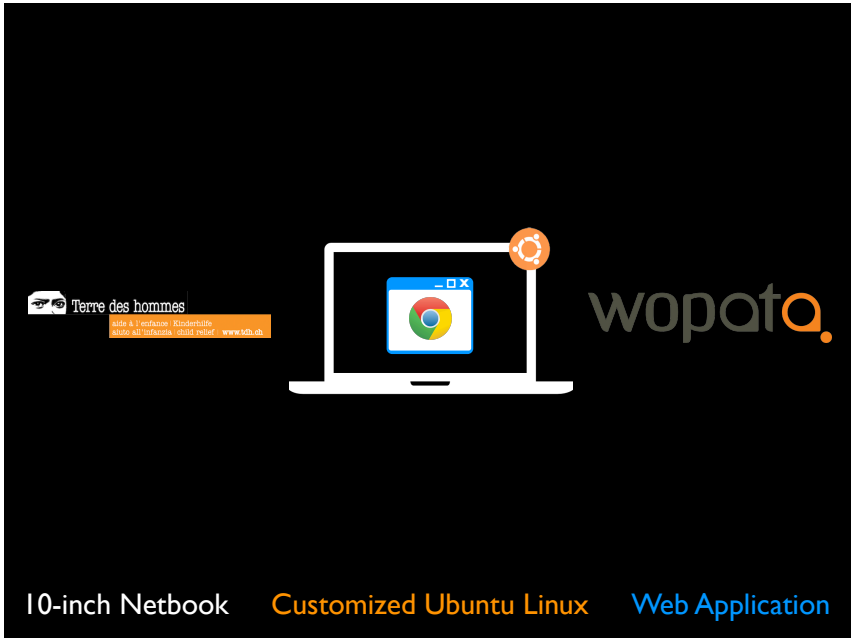
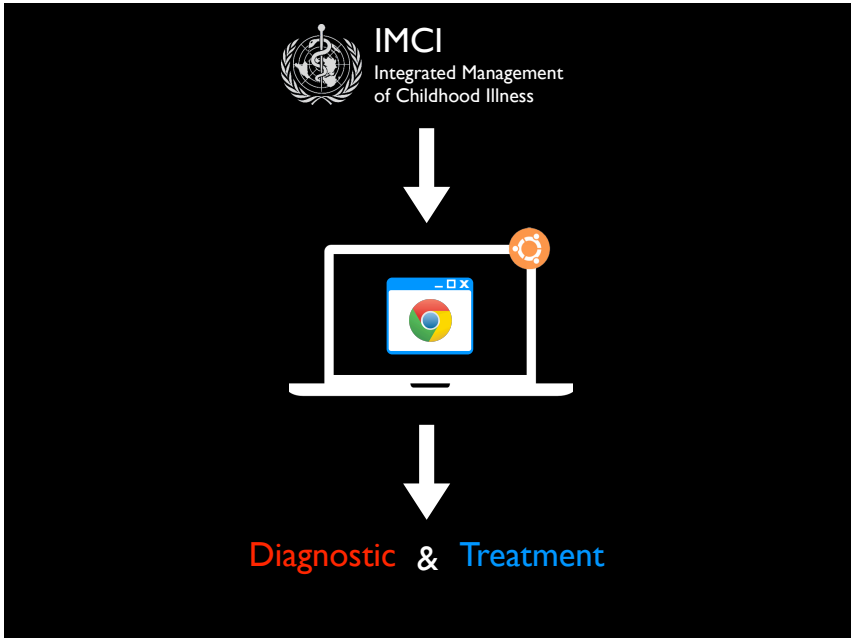
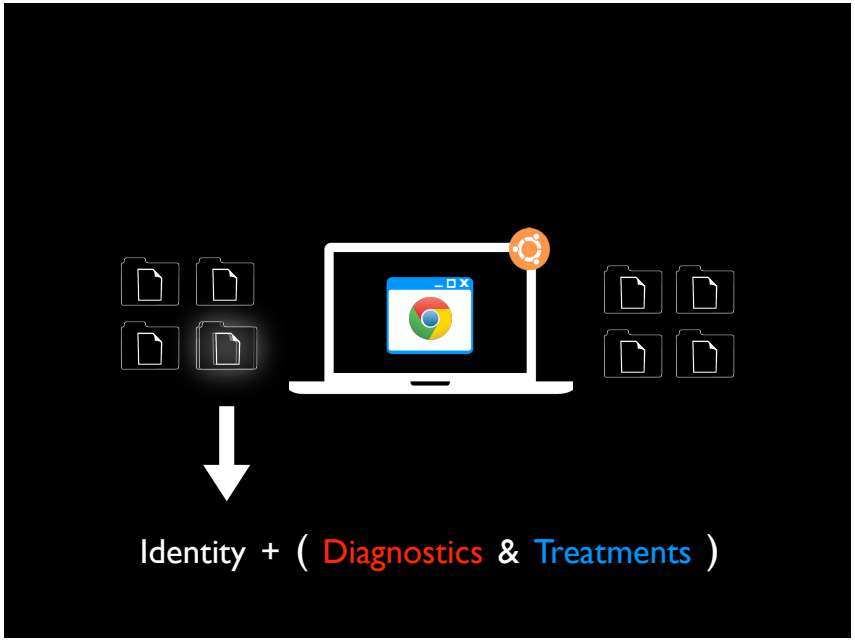
What is it?
How does it work?



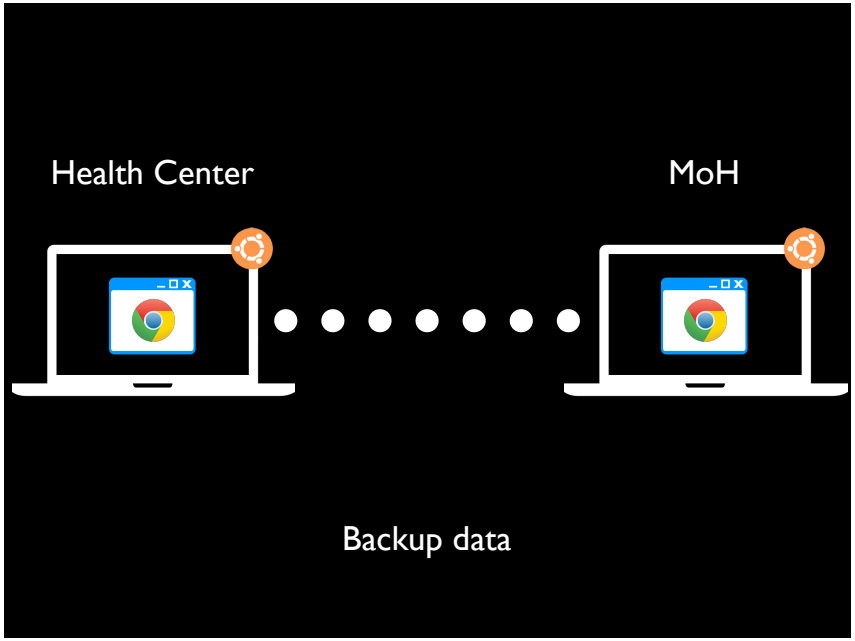
The REC is package:
- Hardware: netbook
- Software: operating system + web application
- The REC only one runs a single application => simpler maintenance
- Combined expertise:
    - Tdh: humanitarian contexts
    - Wopata: software development



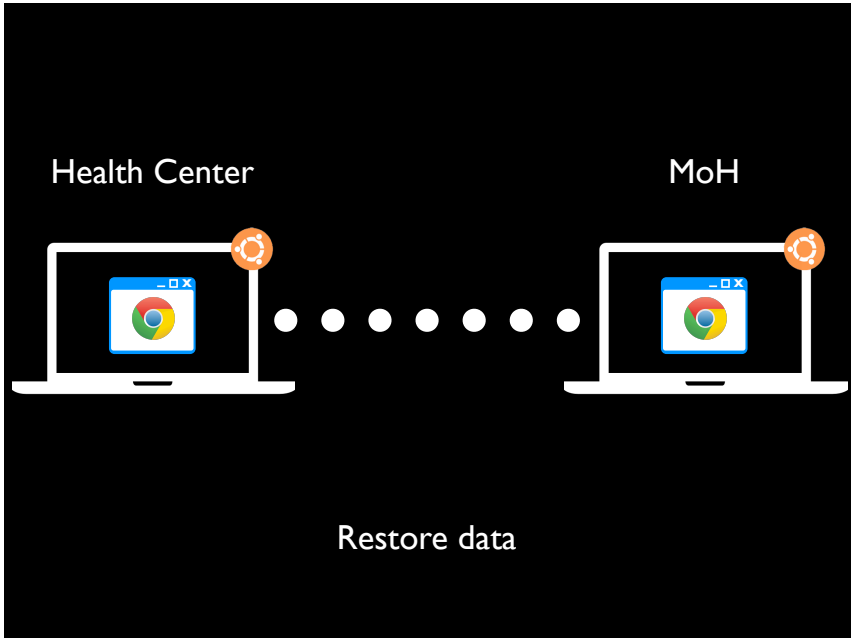
- The REC helps health personnel in rural Burkina Faso to diagnose illnesses of children under 5 years of age.
- It is based on a WHO diagnostic method
- User inputs symptoms and gets diagnostic + treatment



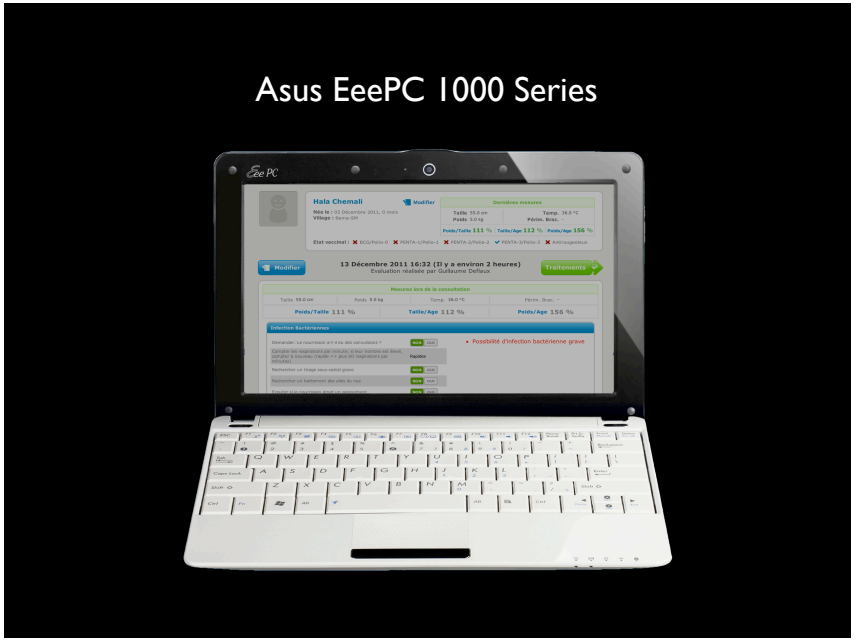
The REC contains:
- A medical file for each patient
- Each file contains all the diagnostics + treatments of the patient



- Data can be exported on a USB stick
- Data is centralized at the level the MoH
- Backups are done monthly and brought by motorbike



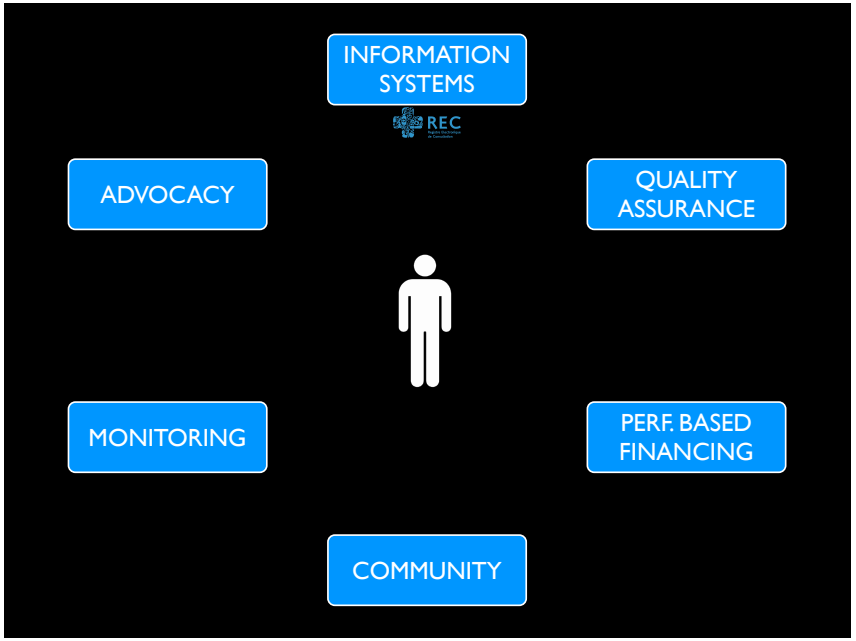
- Data can be restored via the same mecanism



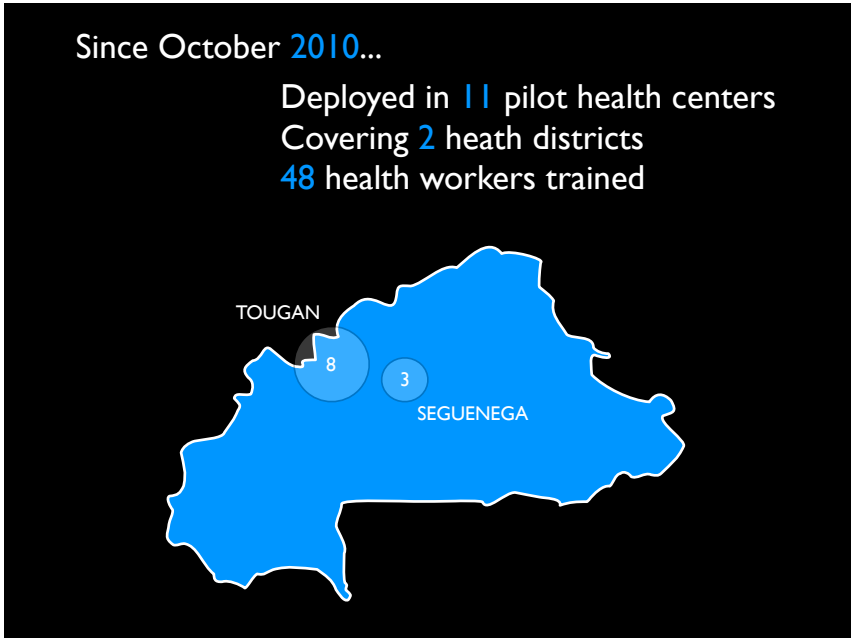
- The hardware

Quick demo

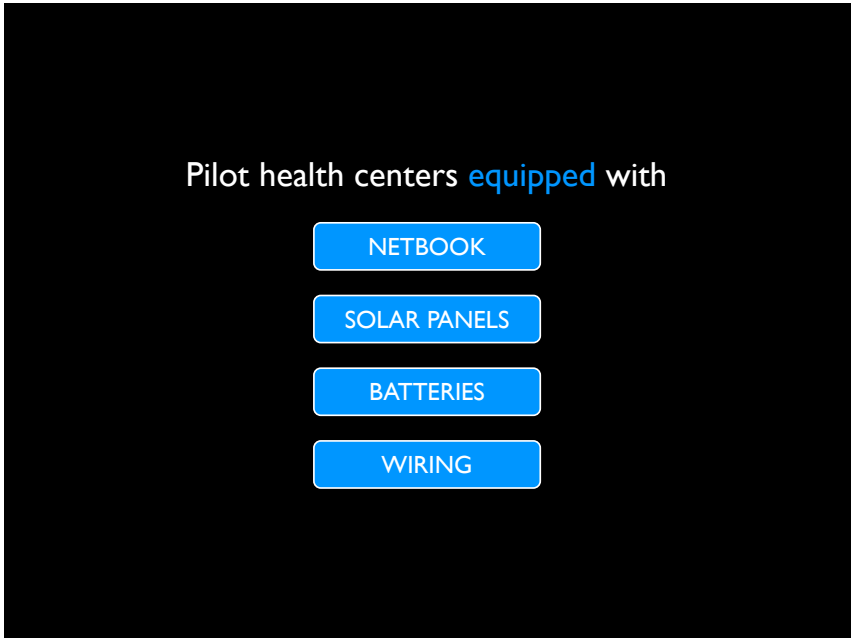
Project setup



- Tdh project implements 6 axis of intervention
- Information Systems is only one of them
- The REC by itself wouldn't be sustainable



- Scale of the projet



- Preparing the centers

- From the perspective of the usage of the REC

Easy learning curve

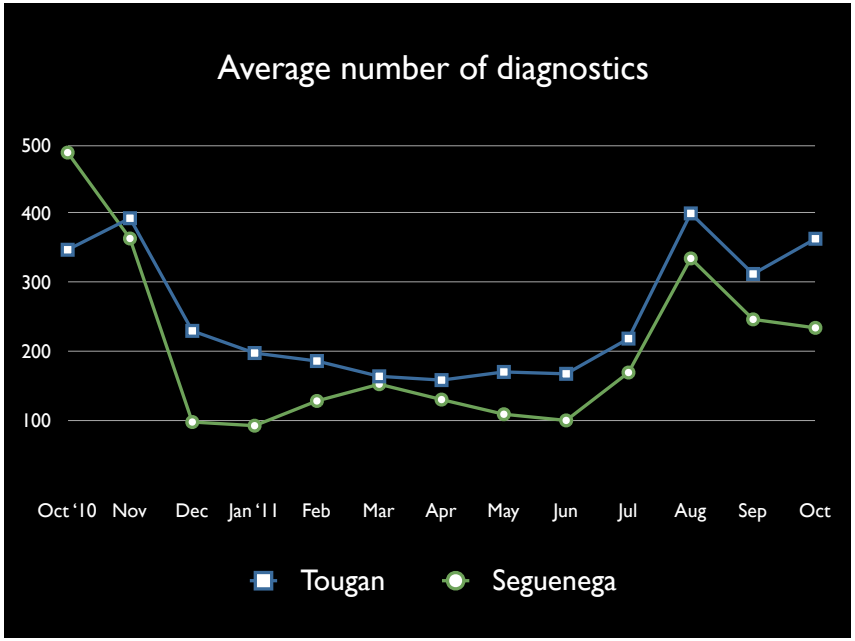
Self-trained social workers

Over 26.000 recorded diagnostics in 12 months

Reduced IMCI diagnostic time

Only 1 hardware malfunction

- Learning curve: hardware is not a usage issue
- Self-trained: software is easy adapted to user skills
- # diags:
    - 26.000 coherent IMCI diagnostics
    - comprehensive data on diagnostics => identify problem and focus trainings
    - absolute number => see limiting factors
- Time: faster than with paper forms
- Malfunction: keyboard issue. No misuse



- Example of monitoring data
- We are able to follow up on the usage of the REC
- If used daily, it should reflect the attendance of the centers

Limiting factors

- From the perspective of the usage of the REC
- From the feedback of users

Heath worker motivation

Reluctance to change

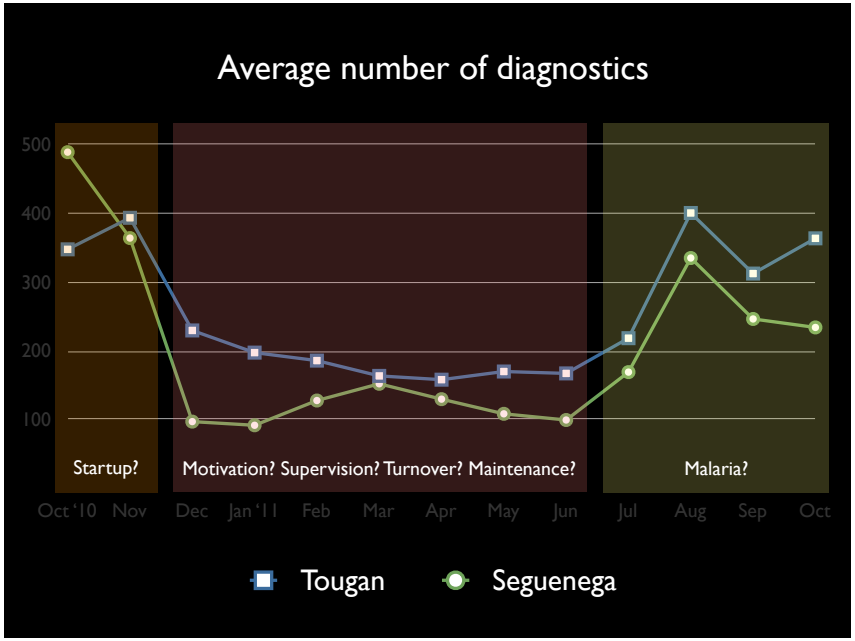
Understaffing of health centers

Staff turnover

Lack of supervision from MoH

Maintenance procedures

- Motivation: the use of the REC relies completely on them
- Change: some workers will accept more naturally than others
- Understaffing: hard to cope when high attendance
- Turnover: Approx. 15% of trained workers changed center in the last 12 months
- Supervision: no pressure nor incentives from hierarchy
- Maintenance: it can take weeks to provide maintenance a center. No immediate report



- We can look at the graph in a different way: How to explain the evolution?
    - Some factors are linked to the REC
    - Some factors are external to the REC

How to address limitations?

Heath worker motivation

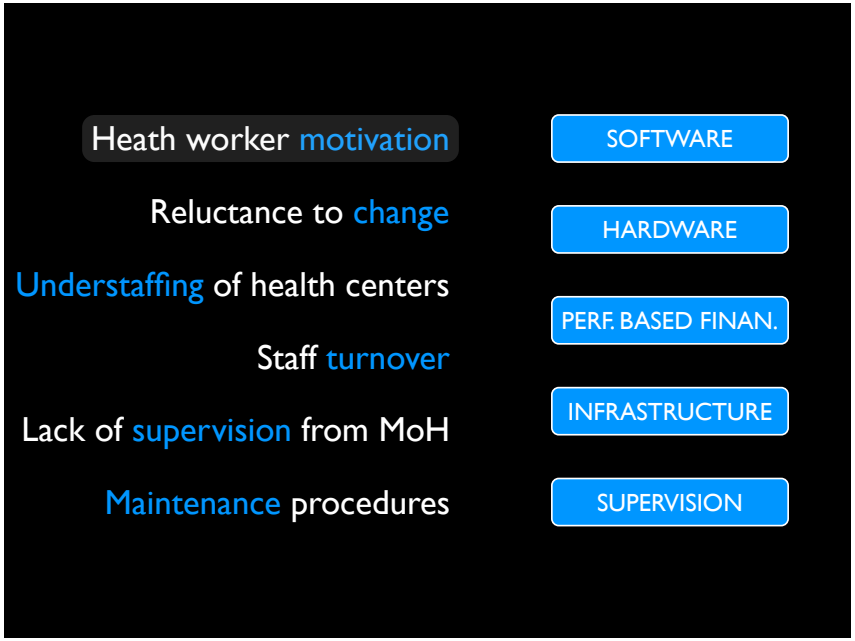
Reluctance to change

Understaffing of health centers

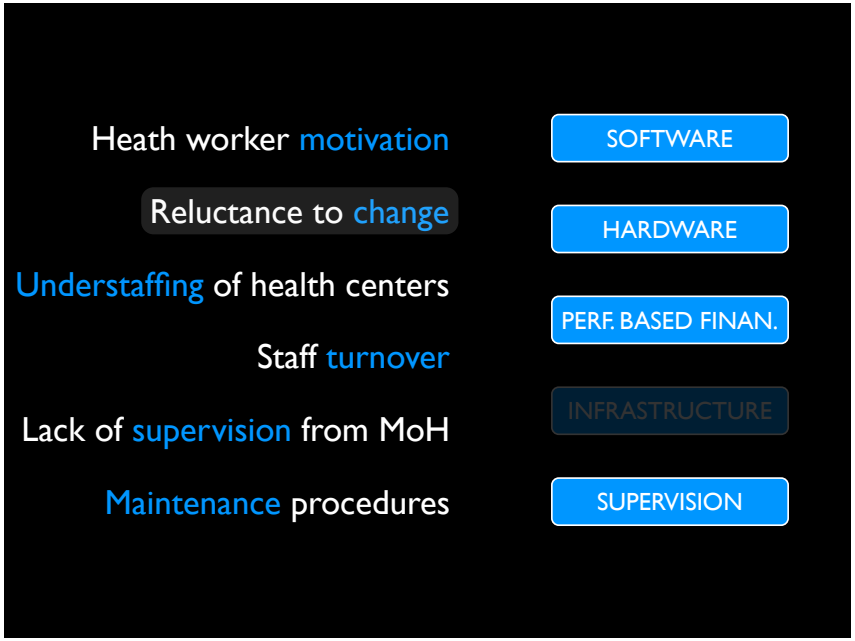
Staff turnover

Lack of supervision from MoH

Maintenance procedures



- Better user experience
- Incentives



- Better user experience
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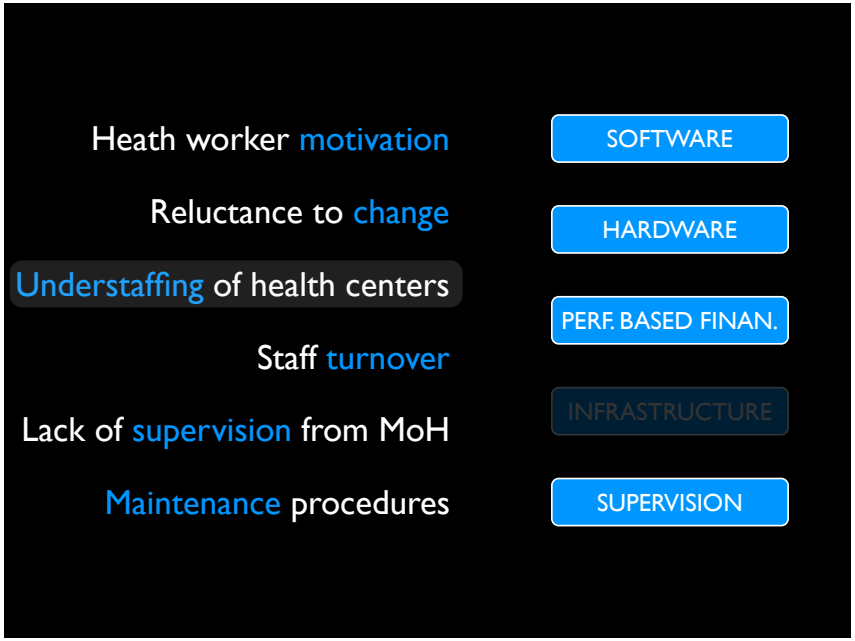
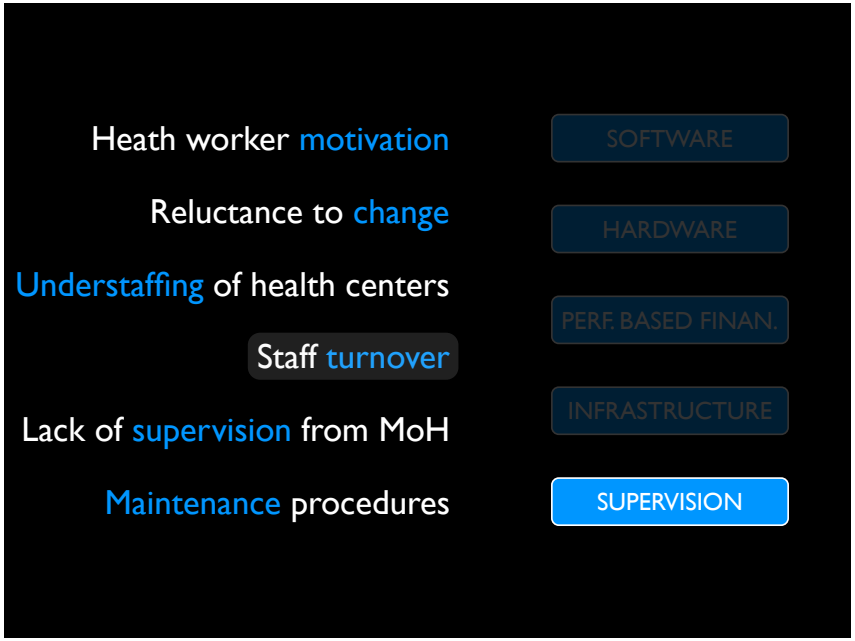
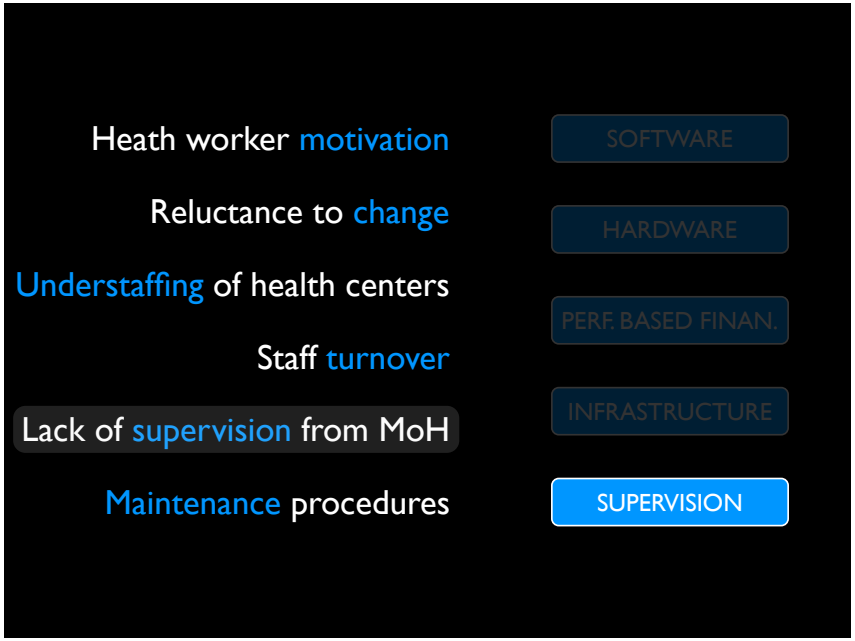


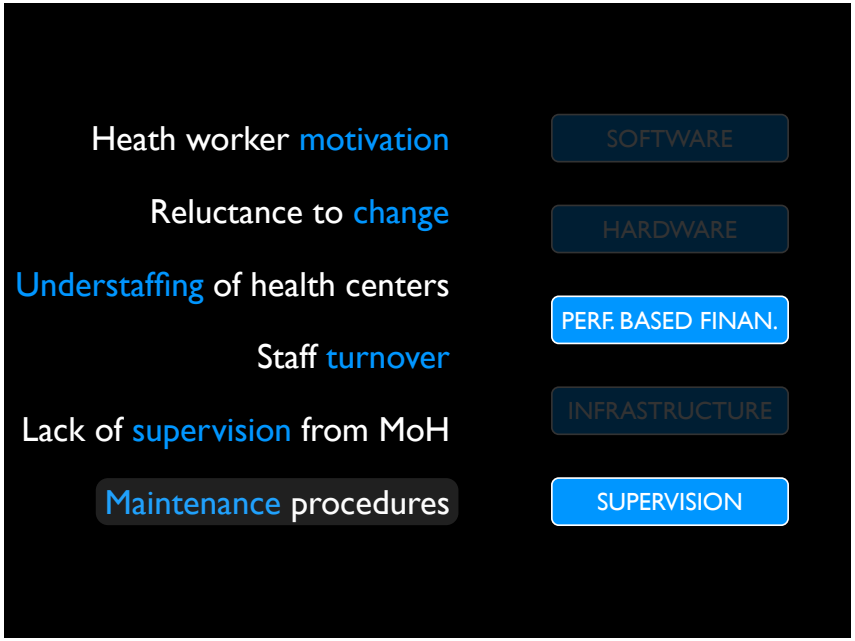
- How organize the consult with less staff



- Make sure all new staff is trained



- Work closer with MoH
- Follow up on the integration of the REC into the health system



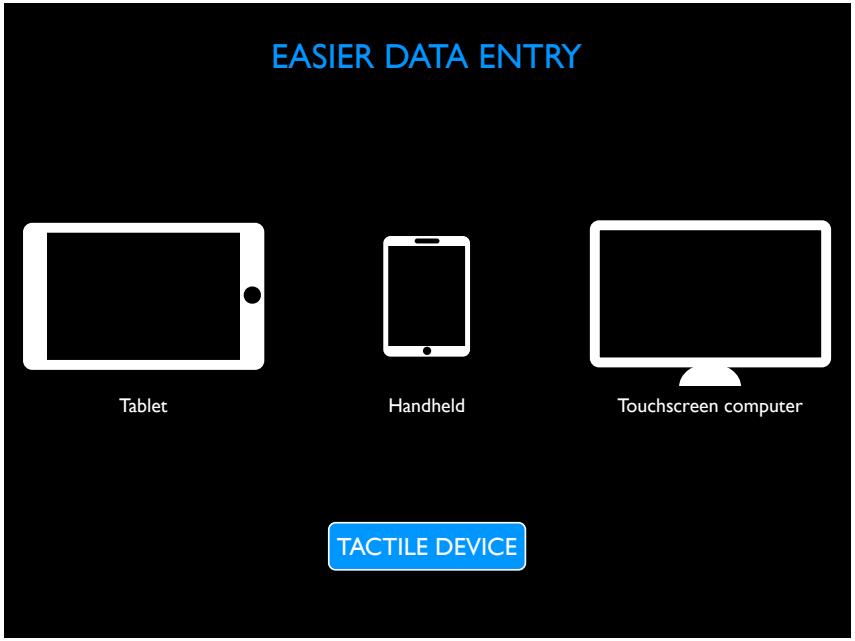
- Telecommunications

- 2 districts of Tdh
- 0.5 district of Save (Kaya)

What's next?

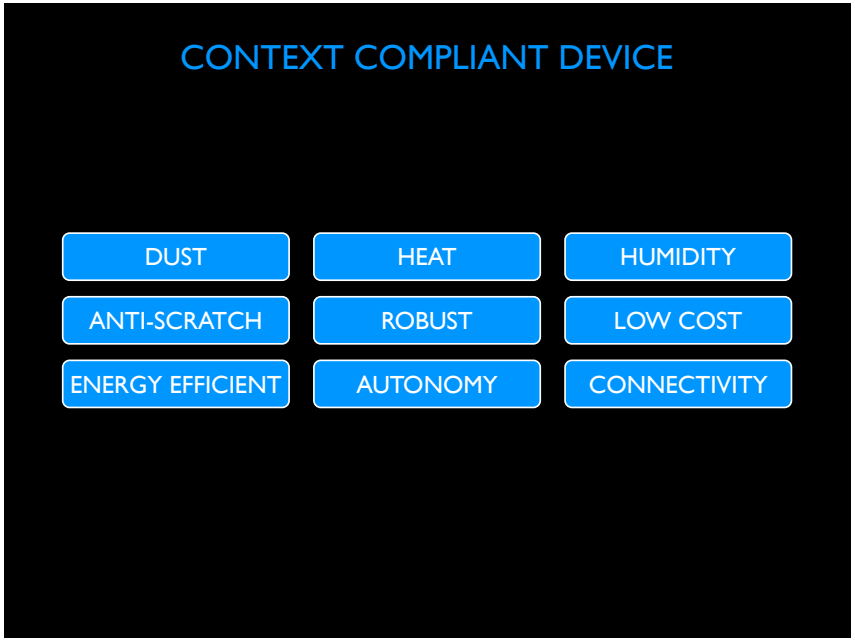
Improve
global user experience

Our vision for the project



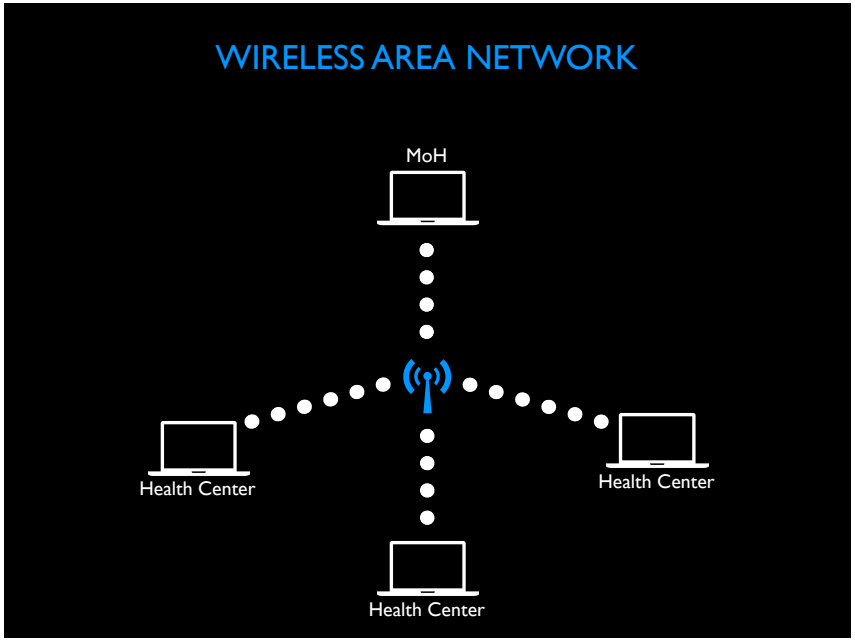
- Tactile devices are more fun => more incentive to use
- No mouse
    - no need to learn how to use it

=> faster learning
    - reduces the number of devices to maintain

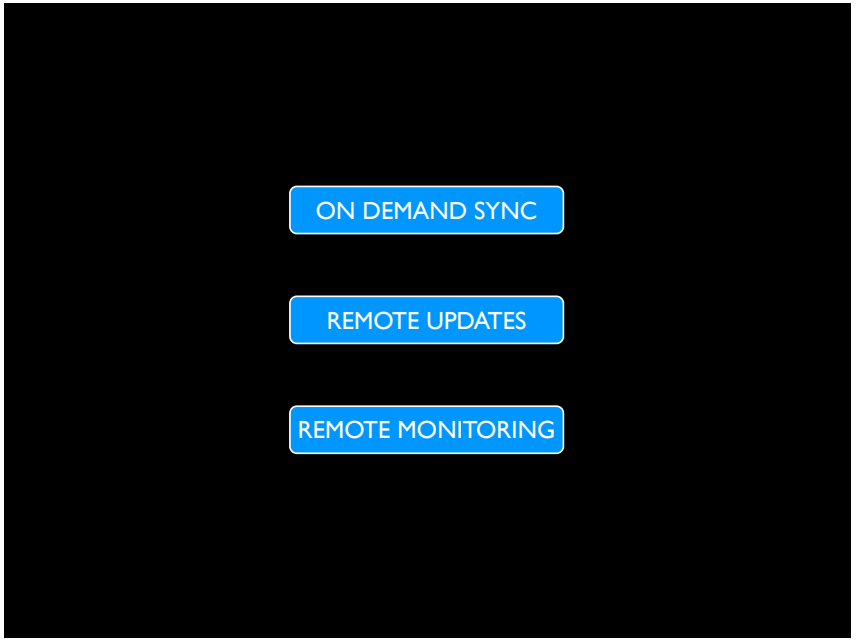


- Normal devices have a shorter life-time

Improve
data centralization method



Wireless data connexion between health centers and MoH



- No more USB sticks => one device less to maintain
- Safer data management
- Easier application maintenance