Public Health & Mobile Technologies in Madagascar

MAY 13RD 2015

Where are we now…

- E-Reporting (Health centers, Community level)

- Mobile Banking to overcome financial barrier for health services

- 3-2-1 Call-in Service to improve access to FP information & referral

- Demand Generation and e-reference

- SMS frontline for diseases Surveillance System / (MOH & partners).

- Village phone project aims in reach 85% mobile network coverage
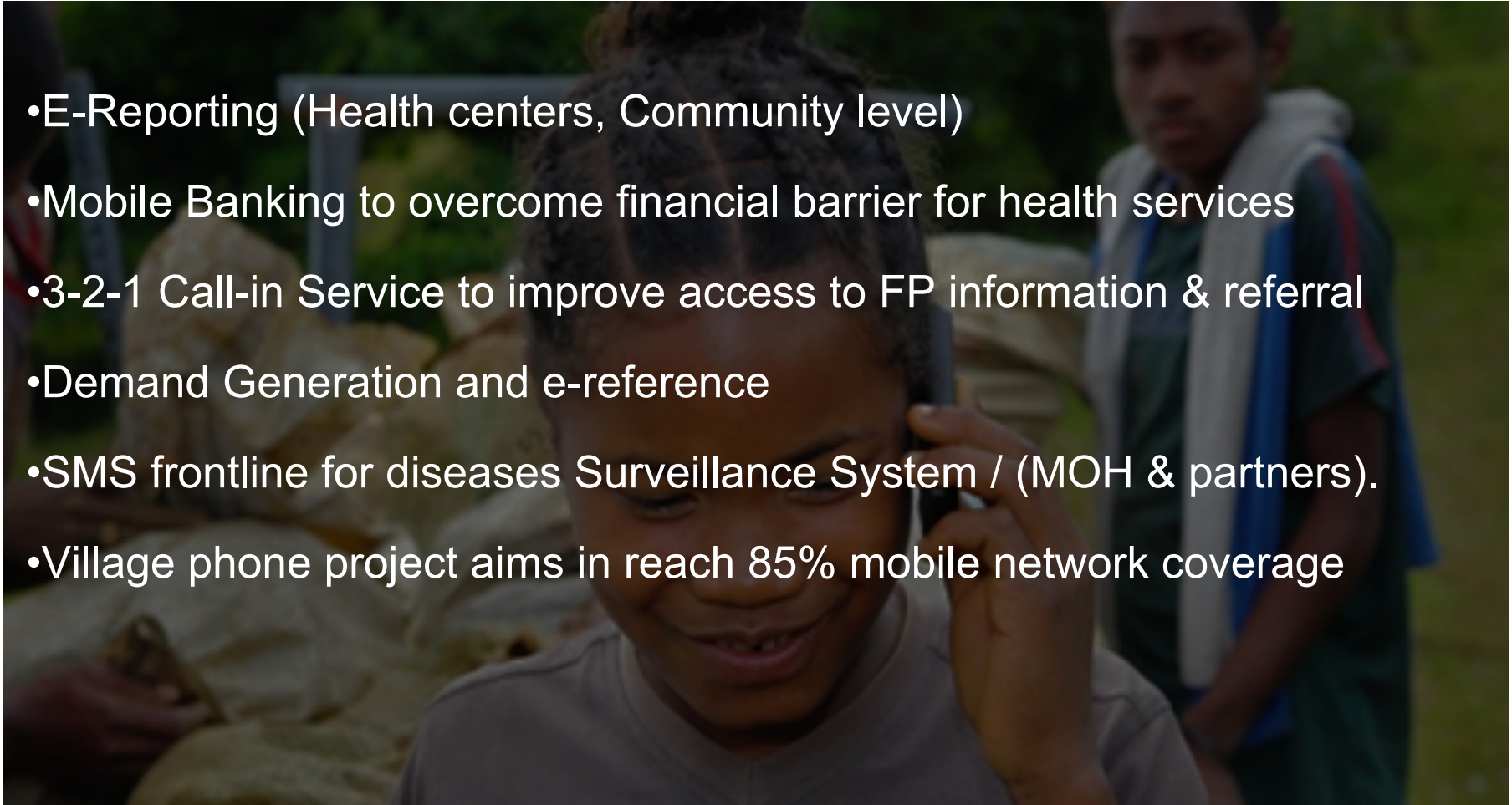
E-Reporting

USAID|MIKOLO
AVY AMIN'NY
VAHOAKA AMERIKANA

MAHEFA
MAlagasy HEniky ny FAhasalamana

Community level activities:

Activities
- Monthly reporting
- Commodities stock level (AMC, min &max stock calculation, alert /sms)
- CHVs performance check, Training report

Main results
Increased reporting rates (from 75% in FY 2014 to 83% Q1FY 15)

Effects / Impacts of the use of technologies
Better health commodities forecasting based on consumption
Key on epidemiological surveillance at a community level

Limits
Lack of energy source (rural remote area), phone network coverage

E-Reporting

Health center level activities:

Activities
- Monthly reporting / sms or smartphone (SF, MS ladies)
- Demand generation /e-reference (voucher for poor/youth, CHE, smartphone)

Main results
- Increased reporting rates (< 50% when paper-based to 90% in FY2014)
- Increased poverty assessment completion rates (- 30% of voucher clients with paper-based to + 70% with smartphone.

Effects / Impacts of the use of technologies
- Increased data quality: timeliness, completeness, integrity

Limits
- Education level of data senders
- Contract with users about provision of smartphone and credit

Mobile Money

- 356 socially franchised FP clinics provide services to urban, peri-urban, and rural areas.

Activities
- Community Health Educators distribute vouchers to key target populations (poor, youth) so that they can have access to free service.
- Private providers submit voucher claims via SMS and are paid using mobile money.

Main Results
- Safe, efficient and quick reimbursement of providers (2-14 days from receipt of sms demand)

Effects / Impacts of the use of technologies
- Increased financial and administrative efficiency of voucher program
- Increased satisfaction of providers as well as target people.

Limits
- Some providers have to move to a certain distance to access mobile network, and to find a mobile operator kiosk to withdraw their money

Information Service "321"

Activities

- A free Voice and SMS search engine for mobile phones to provide simple, actionable info on-demand (FP& Health, gender, micro finance, land tenure, and water/san. available anywhere and at any time on national territory
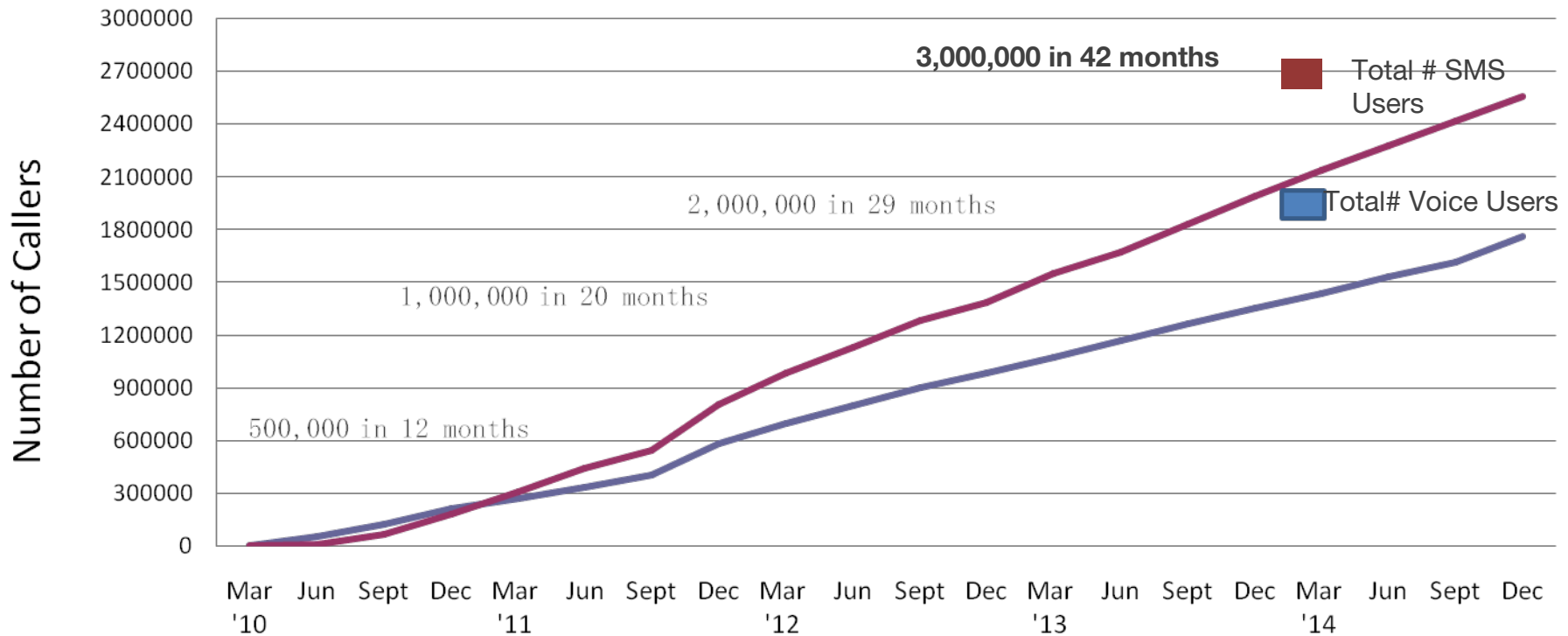- HNI & partners provides content, Airtel donates network

Main results

Includes 8 themes (3 in 2010), 49 sub-themes and about 500 messages

Trends in use of the Service 321 Tolotra Mandroso

Demand generation /sms

656 Youth Peer Educators (YPEs) in 24 counties.

Activities
• Youth (15 to 24) Sensitization on FP/ RH through SMS messages.
• Reference to CHWs and Pubic Health Centers (CSB) for FP / RH services.

Main results
• 291,149 youth touched from Sept 2013 to March 2015.
• 70 970 SMS sent from June 2014 to March 2015 (2/month/Youth). 2,958 references

Effects
• Increase of referral for FP among youth (31% to 50% of New Users, June 2014 to March 2015).
• Number of youth seeking information on FP (47% of voice calls), STI / HIV (20%) through the green line 511

Limits
•   Energy source : absence or poor quality of electrical resources in rural areas(rural remote area) , rapid battery damage
•   Phone network coverage
• Youth access to mobile phone.

Sources: JSI/MAHEFA, rapports d'activités, FY2013, FY2014, FY2015

Village Phone Project (VPP)

✓ Activities
- Project Started in 2008
- Access to Medical and Agricultural Info-Services ("Mandrosoa" IVR services)
- Enabling Internet Access to remote Villages
- Main results
- Coverage: 6600 Villages across Madagascar
- Access to Mobile Banking and e-commerce Services
- Data reporting for commodities supply points

Diseases Surveillance System /SMS Ministry of Public Health

✓ Activities: Using mobile phone technology to continuously monitor:
  - maternal and neonatal deaths (vital functions and EmNOC)
  - health commodities stock level
  - M&E projects activities
  - epidemic risk diseases
  - malaria (fever sentinel surveillance) in Madagascar

✓ Main results
  - obstetric and neonatal complications: Information on causes of death and to facilitate the estimation of input requirements
  - maternal and neonatal deaths Availability of community data
  - EmNOC :Information on the situation for a strategic reorientation
  - Commodities: Information on stock level and to make decisions in time to avoid stock outs
  - Coverage: 30% of basic public health centers

Where to go from here…

Continued support and supervision to improve SMS/SMARTPHONE data transmission, timeliness, reliability and accuracy

Extended coverage for the public sector.

Coordination and standardization of existing projects

Real time supply chain monitoring to prevent commodity stock-outs.

Piloting of Monthly SMS reporting directly by Community Health Volunteers.

Linking CHVs with Village Phone project.

Madagascar

THANK YOU