



The Maternal and Child Survival Program

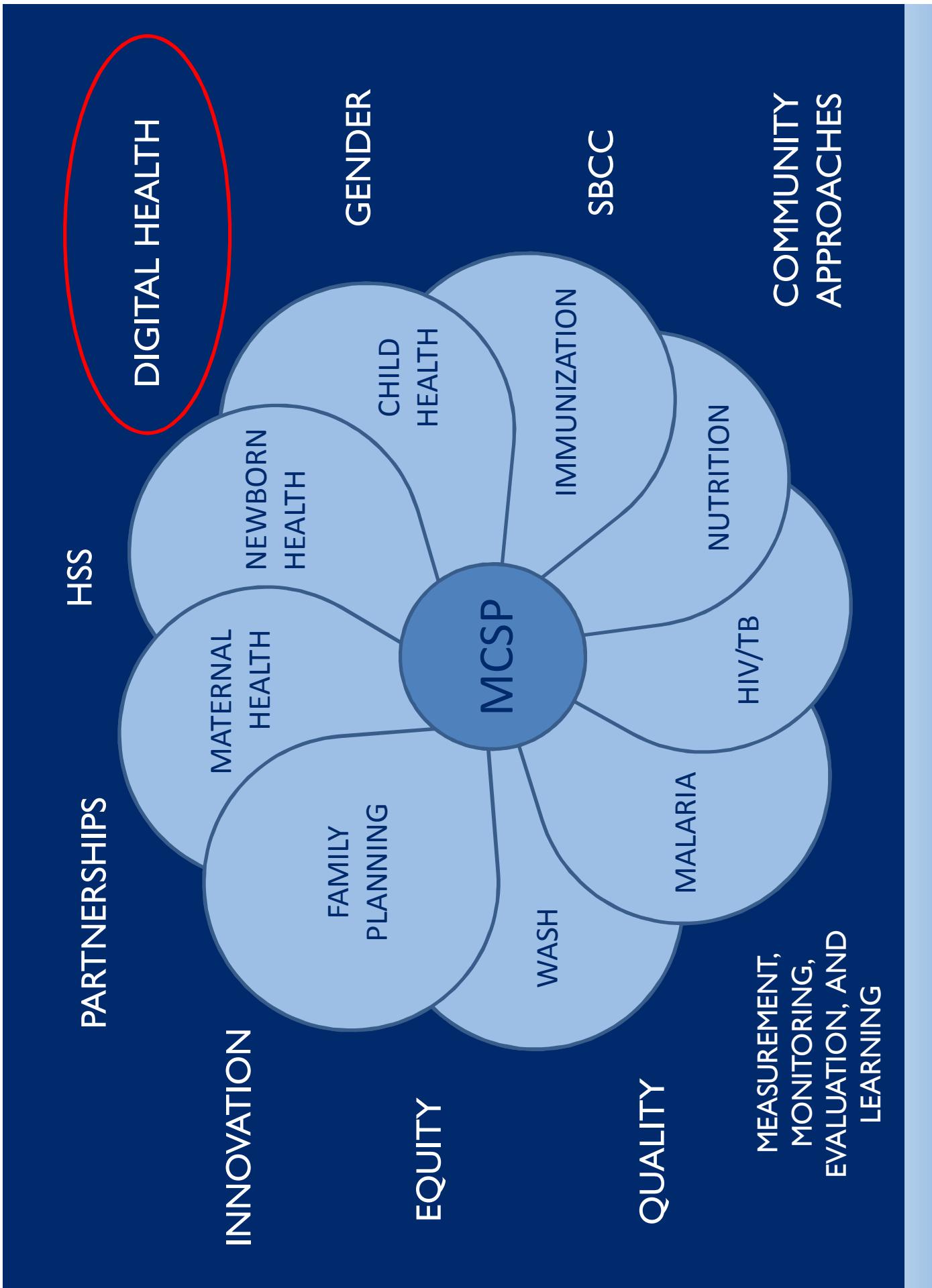
www.mcsprogram.org



USAID's flagship Maternal and Child Survival Program

Vision Statement

Self-reliant countries equipped with the analytical tools and effective systems enabling them to be on track to prevent child and maternal deaths



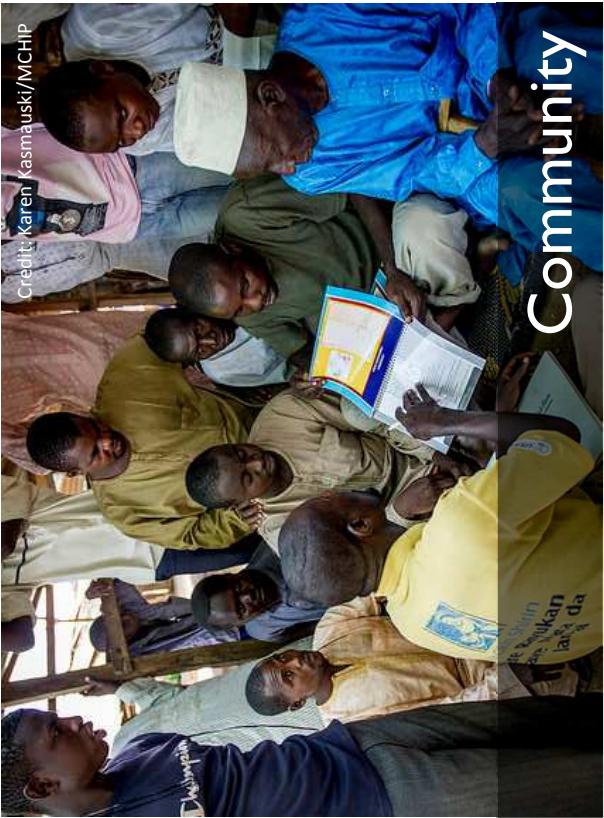
Household to Hospital Continuum of Care



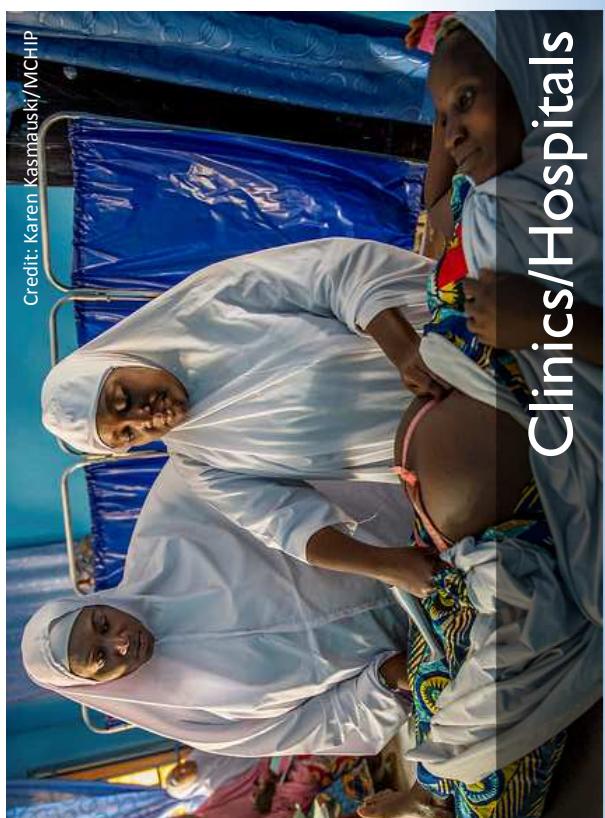
Household



Referral



Community



Clinics/Hospitals

Credit: Karen Kasmauski/MCHIP

Credit: Karen Kasmauski/MCHIP

Credit: Ali Khurshid/MCHIP



Pre-Pregnancy to Under 5

Credit: Allan Gichigi/MCSP

CLASSIFICATION OF
DIGITAL HEALTH IN

A shared language to describe the uses of digital technology for health



CLIENTS

30 HEALTH SYSTEM MANAGERS

3-1. INTEGRATION MANAGEMENT		3-2. FINANCIAL RISK MANAGEMENT		3-3. RISK MANAGEMENT SYSTEMS		3-4. CIVIL, STRUCTURAL, AND MECHANICAL ENGINEERING		3-5. ENERGY MANAGEMENT		3-6. ENVIRONMENTAL MANAGEMENT		3-7. QUALITY MANAGEMENT	
3-1.1	Integrate engineering, construction, procurement, and delivery processes to ensure timely achievement of project objectives.	3-2.1	Identify financial risks and opportunities, and develop strategies to mitigate them.	3-3.1	Establish a risk management system that identifies, assesses, and monitors risks throughout the project lifecycle.	3-4.1	Design and construct structures, mechanical systems, and other components of buildings and infrastructure.	3-5.1	Optimize energy use and reduce waste across the organization.	3-6.1	Manage environmental impacts of projects and operations.	3-7.1	Implement quality management systems to ensure products and services meet customer requirements.
3-1.2	Develop integrated plans and timelines for the entire project cycle, from initial conception to completion.	3-2.2	Assess financial performance against budget and forecast future trends.	3-3.2	Integrate risk management into project planning and execution.	3-4.2	Apply structural engineering principles to ensure safety and durability.	3-5.2	Monitor energy consumption and implement efficiency measures.	3-6.2	Minimize environmental footprint through sustainable practices.	3-7.2	Monitor quality performance and make improvements as needed.
3-1.3	Communicate effectively with all stakeholders to ensure alignment and support for the project's goals.	3-2.3	Use financial modeling to predict outcomes and inform decision-making.	3-3.3	Develop a risk register and regularly review it for updates.	3-4.3	Design structures to withstand natural disasters like earthquakes and floods.	3-5.3	Identify opportunities for cost reduction and efficiency gains.	3-6.3	Comply with environmental regulations and standards.	3-7.3	Train employees on quality management processes.
3-1.4	Establish clear roles and responsibilities for all team members involved in the project.	3-2.4	Develop contingency plans for potential financial crises or market fluctuations.	3-3.4	Perform regular risk assessments and update the risk register.	3-4.4	Use advanced materials and technologies for structural integrity.	3-5.4	Monitor energy usage and identify areas for improvement.	3-6.4	Monitor environmental impact and take corrective actions if necessary.	3-7.4	Implement continuous improvement cycles.
3-1.5	Monitor progress and performance against key performance indicators (KPIs) to ensure the project stays on track.	3-2.5	Optimize financial resources to maximize value creation.	3-3.5	Integrate risk management into the overall project strategy.	3-4.5	Design structures to be safe and comfortable for occupants.	3-5.5	Develop energy storage solutions for renewable energy systems.	3-6.5	Minimize waste generation and promote recycling.	3-7.5	Develop and maintain quality management systems.
3-1.6	Address any issues or challenges that arise during the project to maintain its success.	3-2.6	Use financial analysis to support strategic decisions.	3-3.6	Develop a risk response plan to address identified risks.	3-4.6	Use innovative design techniques to reduce material costs.	3-5.6	Implement energy efficiency measures in new builds.	3-6.6	Monitor environmental impact and take corrective actions if necessary.	3-7.6	Train employees on quality management processes.

2.0
HEALTHCARE PROVIDERS

HEALTHCARE PROVIDERS

4.0
DATA SERVICES

DISPOSAL ACTIONS AND USE	4-1 4-2 Data code no.	4-3 Location Map Ref. S.	4-4 Character of waste
4-1-1 Incineration or combustion	4-1-1 4-1-2 4-1-3 4-1-4 4-1-5 4-1-6 4-1-7 4-1-8 4-1-9 4-1-10	4-3-1 4-3-2 4-3-3 4-3-4 4-3-5 4-3-6 4-3-7 4-3-8 4-3-9 4-3-10	4-4-1 Hazardous wastes 4-4-2 Inert wastes 4-4-3 Non-hazardous wastes 4-4-4 Household wastes 4-4-5 Industrial wastes 4-4-6 Household wastes 4-4-7 Household wastes 4-4-8 Household wastes 4-4-9 Household wastes 4-4-10 Household wastes
4-1-10	4-1-10	4-3-10	4-4-10
			4-4-11 Household wastes



1.0

CLIENTS

1.1 TARGETED CLIENT COMMUNICATION		1.3 CLIENT TO CLIENT COMMUNICATION		1.6 ON-DEMAND INFORMATION SERVICES TO CLIENTS	
1.1.1 Transmit health event alerts to specific population group(s)		1.3.1 Peer group for clients		1.6.1 Client look-up of health information	
1.1.2 Transmit targeted health information to client based on health status or demographics		1.4 PERSONAL HEALTH TRACKING		1.7 CLIENT FINANCIAL TRANSACTIONS	
1.1.1	Transmit health event alerts to specific population group(s)	1.3.1	Peer group for clients	1.6.1	Client look-up of health information
1.1.2	Transmit targeted health information to client based on health status or demographics	1.4.1	Access by client to own medical records	1.7.1	Transmit or manage out-of-pocket payments by client
1.1.3	Transmit targeted alerts and reminders to client(s)	1.4.2	Self monitoring of health or diagnostic data by client	1.7.2	Transmit or manage vouchers to client for health services
1.1.4	Transmit diagnostics result, or availability of result, to clients	1.4.3	Active data capture/ documentation by client	1.7.3	Incentives to clients for health services
1.2 UNTARGETED CLIENT COMMUNICATION		1.5 CITIZEN BASED REPORTING			
1.2.1	Transmit untargeted health information to an undefined population	1.5.1	Reporting of health system feedback by clients		
1.2.2	Transmit untargeted health event alerts to undefined group	1.5.2	Reporting of public health events by client		



2.0

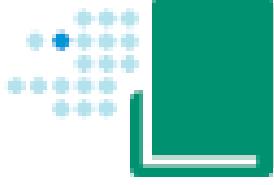
HEALTHCARE PROVIDERS

2.1 CLIENT IDENTIFICATION AND REGISTRATION	2.5 HEALTHCARE PROVIDER COMMUNICATION	2.8 HEALTHCARE PROVIDER TRAINING
2.1.1 Verify client unique identity	Communication from healthcare provider to supervisor	Provide training content to healthcare providers
2.1.2 Enrol client for health services/clinical care plan	Communication and performance feedback to healthcare provider	Assess capacity of healthcare provider
2.2 CLIENT HEALTH RECORDS	2.6 REFERRAL COORDINATION	2.9 PRESCRIPTION AND MEDICATION MANAGEMENT
2.2.1 Longitudinal tracking of clients health status and services received	Transmit routine news and workflow notifications to healthcare providers	Transmit or track prescription orders
2.2.2 Manage client's structured clinical records	Transmit non-routine health event alerts to healthcare providers	Track client's medication consumption
2.2.3 Manage client's unstructured clinical records	Peer group for healthcare providers	Report adverse drug effects
2.2.4 Routine health indicator data collection and management		
2.3 HEALTHCARE PROVIDER DECISION SUPPORT	2.7 HEALTH WORKER ACTIVITY PLANNING AND SCHEDULING	2.10 LABORATORY AND DIAGNOSTICS IMAGING MANAGEMENT
2.3.1 Provide prompts and alerts based according to protocol	Manage referrals between points of service within health sector	Transmit diagnostic result to healthcare provider
2.3.2 Provide checklist according to protocol	2.6.1 Coordinate emergency response and transport	Transmit and track diagnostic orders
2.3.3 Screen clients by risk or other health status	2.6.2 Manage referrals between health and other sectors	Capture diagnostic results from digital devices
	2.6.3 Manage referrals between health and other sectors	2.10.4 Track biological specimens
2.4 TELEMEDICINE	2.7.1 Identify clients in need of services	2.7.2 Schedule healthcare providers' activities
2.4.1 Consultations between remote client and healthcare provider		
2.4.2 Remote monitoring of client health or diagnostic data by provider		
2.4.3 Transmission of medical data to healthcare provider		
2.4.4 Consultations for case management between healthcare providers		



3.0 HEALTH SYSTEM MANAGERS

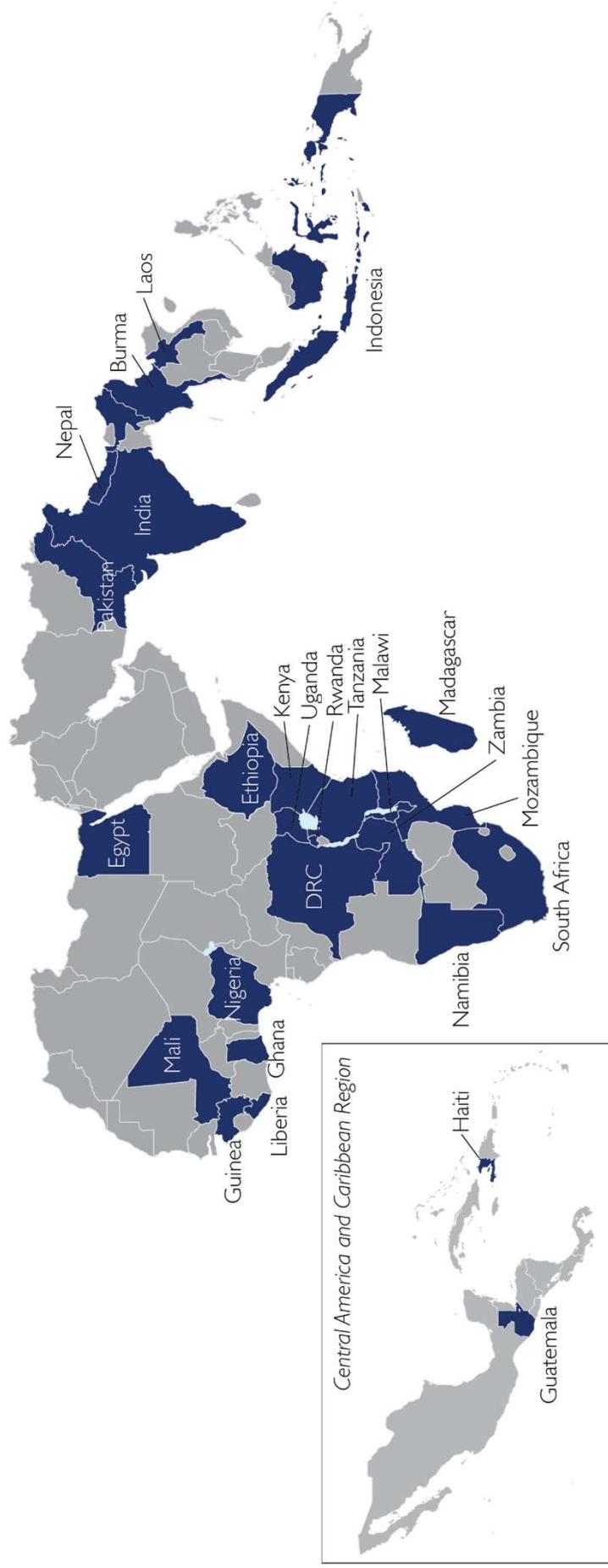
3.1	HUMAN RESOURCE MANAGEMENT	3.3	PUBLIC HEALTH EVENT NOTIFICATION	3.6	EQUIPMENT AND ASSET MANAGEMENT
3.1.1	Use health workforce cadres and related identification information	3.3.1	Notification of public health events from point of diagnosis	3.6.1	Monitor status of health equipment
3.1.2	Monitor performance of healthcare provider(s)			3.6.2	Track regulation and licensing of medical equipment
3.1.3	Manage certification/registration of healthcare provider(s)				
3.1.4	Record training credentials of healthcare provider(s)	3.4.1	Notify birth event	3.7	FACILITY MANAGEMENT
		3.4.2	Register birth event	3.7.1	List health facilities and related information
		3.4.3	Certify birth event	3.7.2	Assess health facilities
3.2	SUPPLY CHAIN MANAGEMENT				
		3.2.1	Manage inventory and distribution of health commodities	3.4.4	Notify death event
		3.2.2	Notify stock levels of health commodities	3.4.5	Register death event
		3.2.3	Monitor cold-chain sensitive commodities	3.4.6	Certify death event
		3.2.4	Register licensed drugs and health commodities		
		3.2.5	Manage procurement of commodities	3.5.1	Register and verify client insurance membership
		3.2.6	Report counterfeit or substandard drugs by clients	3.5.2	Track insurance billing and claims submission
				3.5.3	Track and manage insurance reimbursement
				3.5.4	Transmit routine payroll payment to healthcare provider(s)
				3.5.5	Transmit or manage incentives to healthcare provider(s)
				3.5.6	Manage budget and expenditures



4.0 DATA SERVICES

4.1	DATA COLLECTION, MANAGEMENT, AND USE	4.2	DATA CODING	4.3	LOCATION MAPPING	4.4	DATA EXCHANGE AND INTEROPERABILITY
4.1.1	Non routine data collection and management	4.2.1	Parse unstructured data into structured data	4.3.1	Map location of health facility/worksites/structures	4.4.1	Data exchange across systems
4.1.2	Data storage and aggregation	4.2.2	Merge, de-duplicate, and curate coded datasets or terminologies	4.3.2	Map location of health events		
4.1.3	Data synthesis and visualisation	4.2.3	Classify disease codes	4.3.3	Map location of clients and households		
4.1.4	Automated analysis of data to generate new information or predictions on future events	4.2.4		4.3.4	Map location of healthcare provider(s)		

Where MCSP Has Worked



Updated PY3, Q2

Partners



John Snow, Inc.



Formerly Futures Institute

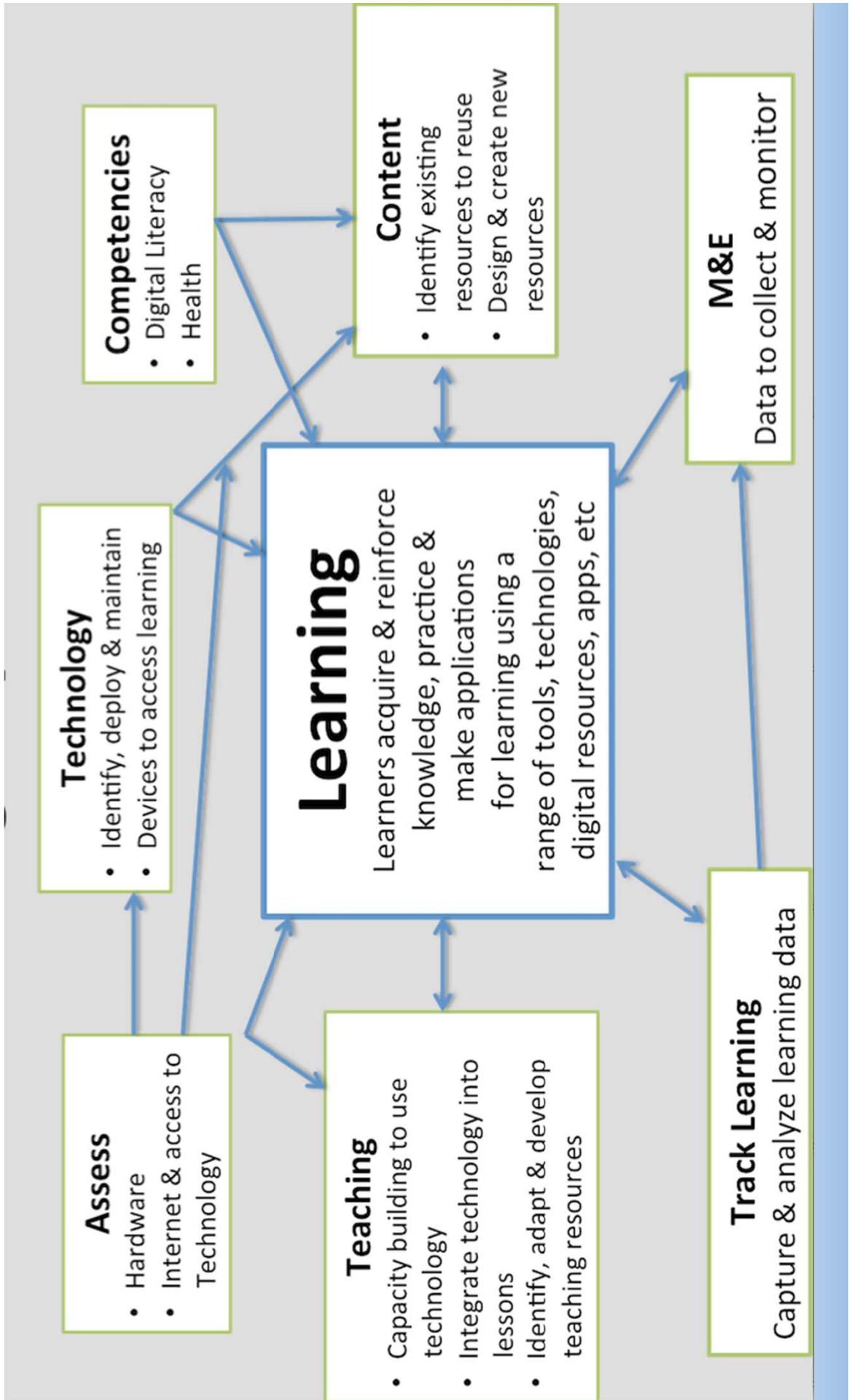


Digital Learning in MCSP Ghana

Jodi Lis

December 4, 2017

Digital Learning



Ghana Pre-Service Education

**On/offline Solution
National & Schools**

**Content Development
National & Schools**



eLearning Modules

Click on any of the project to view

PMTCT
Preventing Mother to Child Transmission of HIV
[Download](#) [View Project](#)

Cord Care
Cord Care
[Download](#) [View Project](#)

GBV
Gender Based Violence
[Download](#) [View Project](#)

EBF
Exclusive Breast Feeding
[Download](#) [View Project](#)

Technology Integration in Schools



MoH eLearning Secretariat

Health | 25 May 2016 17:00 CET

MoH moves to promote nursing training through
e-learning

By GNA

• Previous | Next •



By Lydia Asamoah, GNA
Accra, May 25, GNA - The Ministry of Health (MoH) with the support of its development partners, are exploring innovations that are technologically friendly to aid teaching and learning in health training institutions in the country.
The Ministry has subsequently introduced e-learning programmes that are considered as important component of the sector's agenda in providing strategic direction in human resource development.

Content

Content: eLearning Modules

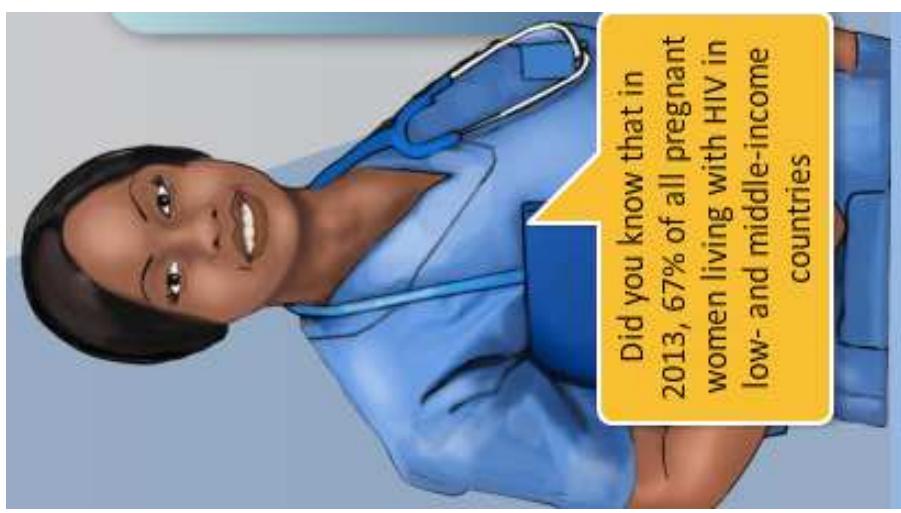
Topics include:

HIV: PMTCT & GBV

MNC: Cord Care & Kangaroo Mother Care

Nutrition: Exclusive Breast Feeding

Preventing Mother to Child Transmission



eLearning Content Development

MCSP Ghana

1 Analysis and Plan

Audience, topic, scope of module, delivery platform, roles

2 Design I: Instructional Design Worksheet

- Identify subject matter experts (SME)
- Workshop with SMEs to develop Instructional Design Worksheet:
 - > Objectives
 - > Activities
 - > Assessments
 - > Identify resources, such as videos, job aids, guidelines, etc.
 - > Draft, revise and finalize

3 Design II: Storyboard

- Using outline and resources, develop storyboard for each slide of module:
 - > Text
 - > Graphics/Illustrations/Multimedia
 - > Narration
 - > Draft storyboard
 - > Several iterations
 - > MOH, MCSP & SMEs review & provide feedback
 - > Revise and finalize

4 Develop

- Identify vendor to produce and package module

4a. Template

- Develop template and layout for look and feel of module

4c. Beta-Version 2

- Develop beta version based on feedback from alpha
 - > Insert audio recorded into module
 - > Develop beta version
 - > Several iterations:
 - > MOH, MCSP & SMEs review & provide feedback
 - > Revise
 - > Accept and finalize

Multimedia Production:

- Create graphics, illustrations and/or videos
- Insert text and multimedia produced into module template
- Develop alpha version
- Several iterations:
 - > MOH, MCSP & SMEs review & provide feedback
 - > Revise
 - > Accept and finalize

4d. Package for Distribution

- Finalize production of module
- Test on platform for distribution
- Package for distribution

	Learning Objectives	Learning Activities	Resources	Assessment	Test
					
Master Expert	X	X			
Institutional Designer					
Multimedia Developer					
eLearning Module Developer					
Tutor/Educators					
NNL					
Principal					
Student					
Civil Society/NGO					
Government					

<http://clipartix.com/stick-figure-clip-art/>
http://www.flaticon.com/free-icon/teacher-pointing-a-board-with-a-stick_46139#

LESSON | Exclusive Breastfeeding

MENU

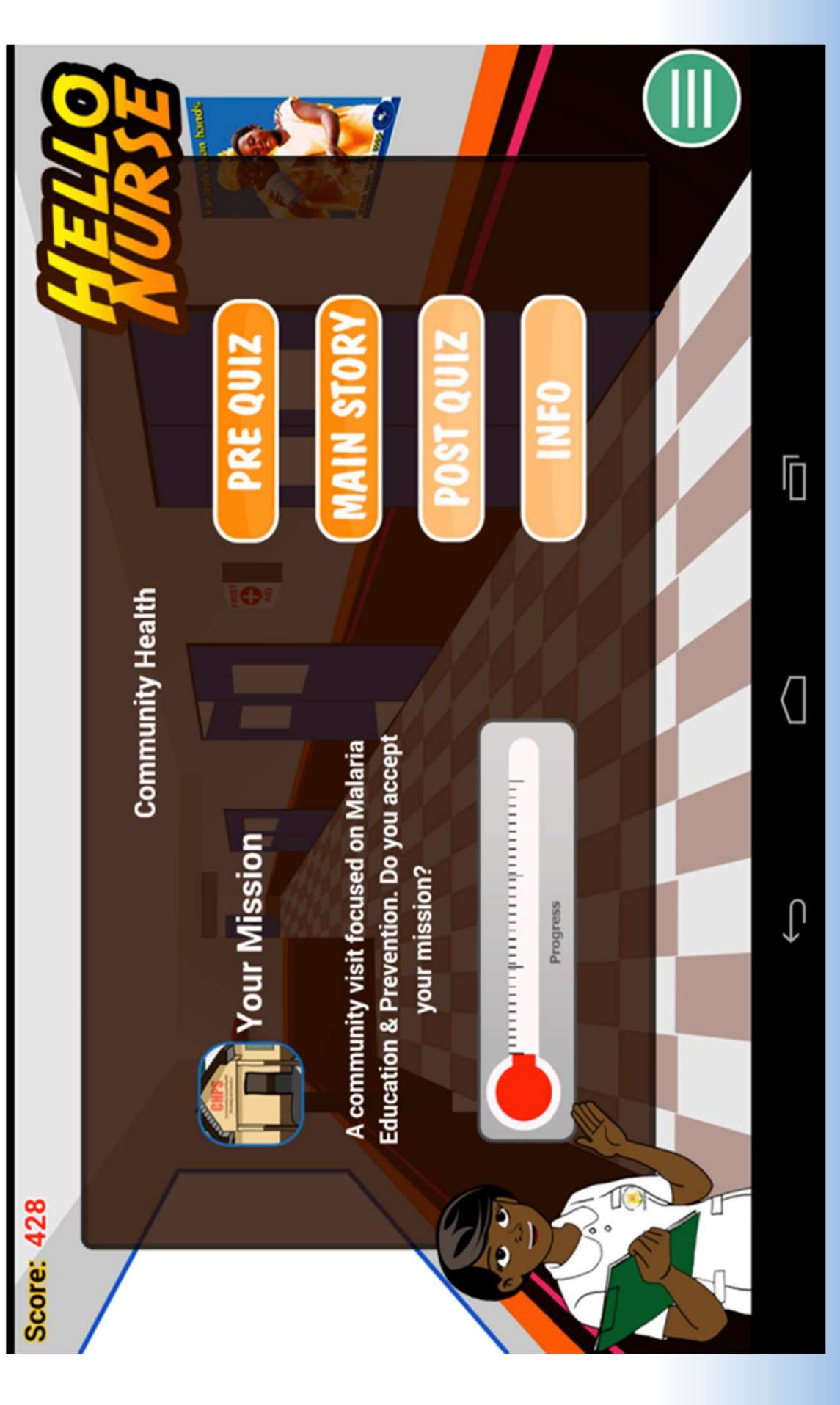


< PREV

NEXT >

Content: Storybook App

Hello Nurse



Choose how to fix the net

Score: 99

**HELLO
NURSE**

What will you do with the torn net?

1. Sew the net

2. Tie the net

3. Hang the net



Correct: Sew the Net



90-90-90

By 2020, 90% of all people living with HIV will know their HIV status.

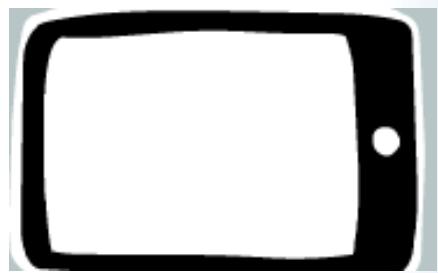
By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.

By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

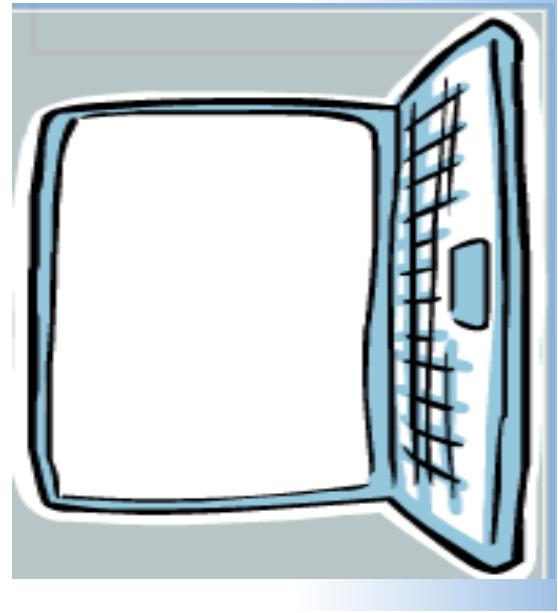
Technology

Technology

Learning in a multi-device, connected world, on/offline



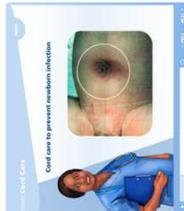
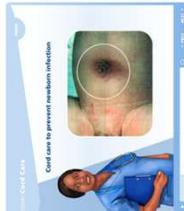
Moodle Mobile





eLearning doesn't just "happen"! It requires careful planning and implementation.

MODULES LEARNING OBJECTS INTERACTIVE APP

 Exclusive Breastfeeding	 Preventing Mother To Child Transmission
 Cord Care	 Gender-based Violence
 Exclusive Breastfeeding	 Preventing Mother To Child Transmission

 Cord Care	 Gender-based Violence
 Exclusive Breastfeeding	 Preventing Mother To Child Transmission
 Preventing Mother To Child Transmission	 Cord Care
 Gender-based Violence	 Exclusive Breastfeeding

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Government

MoH moves to promote nursing training through e-learning

By GNA

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Capacity Building

Capacity Building



MOH eLearning Secretariat

Identify and build capacity for

- Content development
- IT support
- Digital learning integration

IT Tutors

• Install and maintain LMS

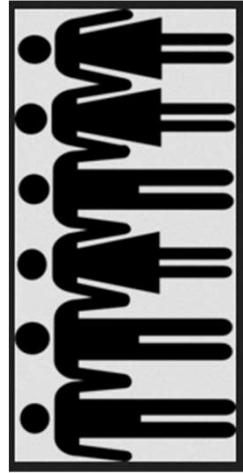
• Support students and tutors

Subject Tutors

- Identify and develop materials
- Integrate digital learning resources in teaching and learning

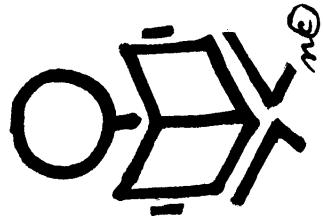
Principals

- Build capacity to support technology in schools



Students

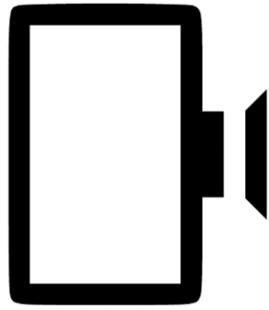
- Digital Literacy
- Using digital learning tools



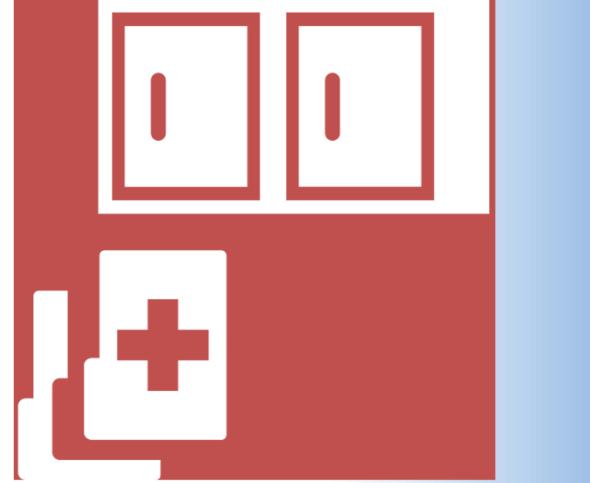
M&E

M&E

- Content
- Technology
- Pedagogy
- Integration

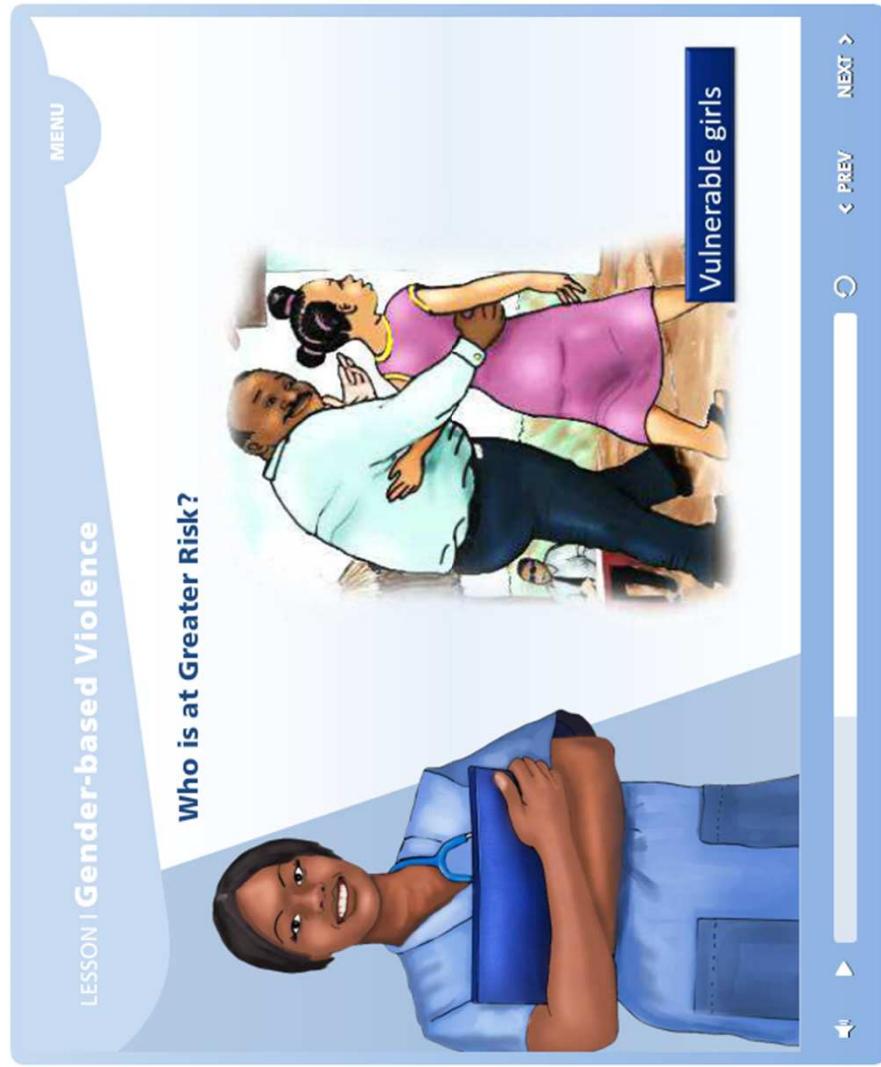


- Individual learner progress
- Aggregated learning
- “Impact”



Within and Beyond MCSP

eLearning Across Borders



A screenshot of an eLearning slide titled "LESSON | Gender-based Violence". The slide features a blue header with a "MENU" button. The main content area shows a woman in a pink top and purple skirt being physically restrained by a man in a white shirt. A blue box on the right contains the text "Vulnerable girls". At the bottom, a woman in a blue uniform holds a blue folder. Navigation icons for "PREV" and "NEXT" are visible on the right.

Who is at Greater Risk?

Vulnerable girls

Adapting Ghana GBV module in Madagascar

To prevent providers from doing harm

Narration 2 for Confidentiality

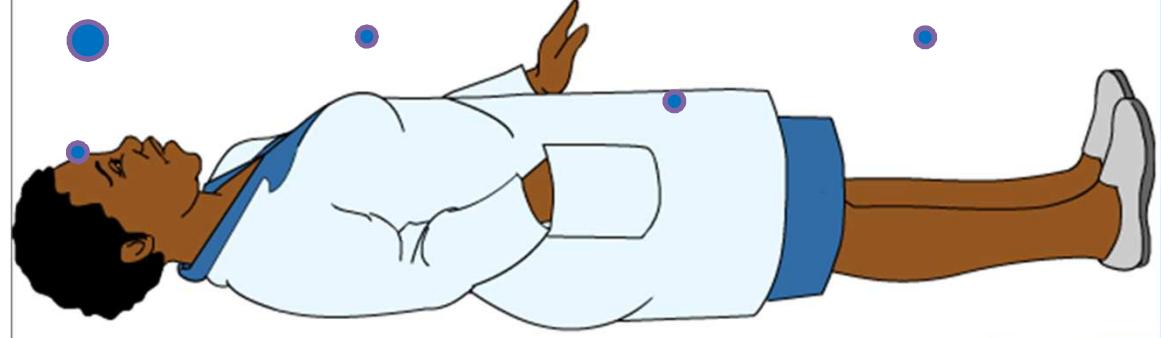
Bubble: Consider confidentiality. A breach of confidentiality can put a survivor of GBV at risk of more violence. In sharing his or her story, the survivor entrusts you with their safety. As a provider you are there to listen and support, and provide services, so remember that all the information shared should be kept confidential.

Do I assess for GBV?

Have I maintained confidentiality?

Have I shown respect and empathy?

Have I provided reproductive health care and FP?



Pour aider les Prestataires à bien faire

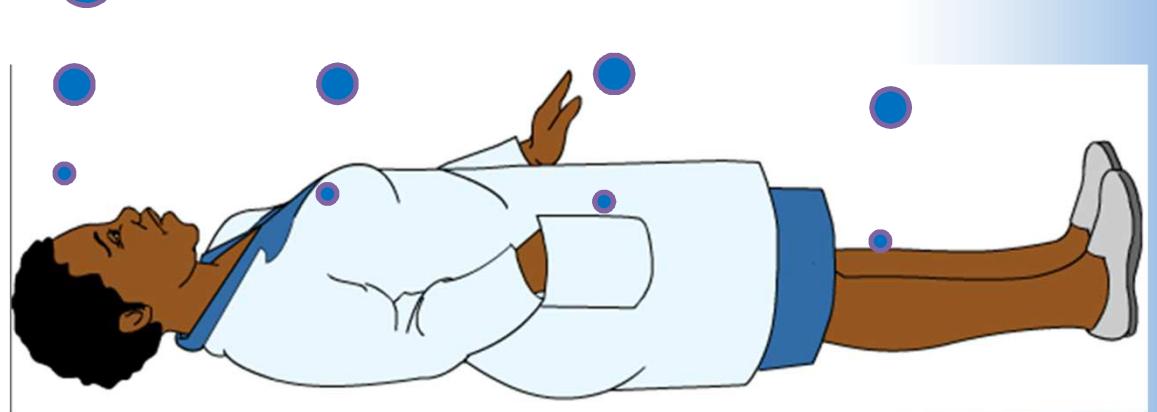
RÉCIT 2: Pensez à la confidentialité.
Dévoiler le secret peut mettre à risque de plus de violence le survivant de VBG. En partageant, leur histoire, les survivants ont confiance en vous pour assurer leur sécurité. En étant un prestataire, vous êtes là pour écouter et aider, aussi pour donner de service, donc il faut se souvenir que toutes les informations partagées doivent rester confidentielles.

Est-ce que j'ai compris ses risques?

Est-ce que j'ai gardé le secret?

Est-ce que j'avais montré de respect et d'empathie?

Est-ce que j'avais offert de soins reproductifs et de PF?



Narration

Narration 1: There are certain populations at great risk of GBV due to their status. For instance, **female sex workers** often resort to their profession to financially support themselves and/or their children. Given the stigma associated with sex work, these women are often subject to abuse, violence and exploitation from clients, intimate partners and even police. In all these situations, female sex workers have difficulty in negotiating condom use and therefore, protecting themselves from sexually transmitted infections, including HIV.

Narration 2: Vulnerable adolescent girls and young women are also at greater risk, especially if they are trading sex for affection, goods or money.

Narration 3: Men who have sex with men, including those who identify as being gay, are also at risk of violence due to stigma and discrimination towards same sex relationships and gender norms on what it means to be a 'man'. As a result, these men often face abuse and violence but avoid accessing health services for fear of disclosure and ill treatment by providers.

Narration 4: Think about what you will do when you work with any of these clients - how will you respond as a professional with the ethical mandate to help? (***do not read: slight pause here***) You may not always agree with the choices and actions of clients but as a healthcare provider, how can you demonstrate professional and supportive behavior to address their needs? As a provider, you represent your profession in supporting others in need. Every client deserves respectful, compassionate care, irrespective of your own personal views on their life circumstances.

Narration 5: If you haven't reviewed the Ghana Health Services patient charter, please do so now. It outlines patient rights and every working professional has the opportunity to honor the charter. This is also in the resources section.

RÉCIT

- **RÉCIT 1:** Il y a certaines populations à risque accru de VBG en raison de leur statut. Par exemple, les **travailleurs du sexe**. Compte tenu de la stigmatisation associée au travail du sexe, ces femmes font souvent l'objet d'abus, de violence et d'exploitation des clients, des partenaires intimes et même de la police. Dans toutes ces situations, les travailleurs du sexe ont de la difficulté à négocier l'utilisation du préservatif et, par conséquent, de se protéger contre les infections sexuellement transmissibles, y compris le VIH.
- **RÉCIT 2: les adolescentes et les jeunes femmes** sont vulnérables et sont également plus à risque, surtout si elles échangent le sexe pour des biens ou de l'argent.
- **RÉCIT 3: Les hommes qui ont des rapports sexuels avec des hommes**, y compris ceux qui identifient comme étant gay, sont également à risque de violence en raison de la stigmatisation et de la discrimination envers les couples de même sexe et les normes de genre sur ce que signifie être un «homme». En conséquence, ces hommes sont souvent confrontés à la maltraitance et la violence, mais ne peuvent pas accéder à des services de santé par crainte de la divulgation et de mauvais traitements par les prestataires.
- **RÉCIT 4:** Pensez à ce que vous ferez lorsque vous travaillez avec l'un de ces clients - comment allez-vous répondre en tant que professionnel avec le mandat éthique pour aider? En tant que prestataire de soins, comment pouvez-vous démontrer un comportement professionnel et de soutien pour répondre aux besoins des clients? En tant que prestataire, vous représentez votre profession à aider les autres dans le besoin. Chaque client mérite respect et compassion.
- **RÉCIT 5:** Si vous ne l'avez pas revu la charte des droits des patients, s'il vous plaît, il faut le faire maintenant. Il décrit les droits des patients et tous les professionnels de santé se doivent d'honorer la charte.



Connecting Frontline Health Workers to resources and each other to expand their knowledge, organize content into courses, and share their learning with the community.

Category	Resources	Thumbnail
Labor & Delivery	36 resources	
Antenatal Care	26 resources	
Nutrition	50 resources	
Family Planning	62 resources	
Child Health	66 resources	
Newborn Care	87 resources	

www.health-orb.org/tao/view/labor-delivery/

Google Play Search

Categories ▾ Home Top Charts New Releases

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https://play.google.com/store/devices

Hello Nurse! MOH Ghana Educational Everyone

Add to Wishlist Install

14+ 15

Hello Nurse!

Log In Register

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jhpiego Saving lives. Improving health. Transforming futures.

Technical & Program Resources Trainer & Educator Resources Learning Opportunities

UNAIDS Global AIDS Update 2016 report released UNAIDS issued an Epidemic Update (Global AIDS Report) in advance of the UN High Level Meeting on [Read more](#)

WHO miprotole quality survey results A 2015 WHO Quality of Medicines article presents results of a multi-country survey of miprotole [Read more](#)

Two large studies of vaginal ring show reduction in HIV acquisition The International Partnership for Microbicides [Read more](#)

Trainee nurses attend a training session in the maternity of Dixie Hospital, Discove Takradi, Ghana. Photo by Katie Holt.

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CARD sub Kenya Clinical Guidelines III

HTC National Guidelines for HIV Testing and Counseling

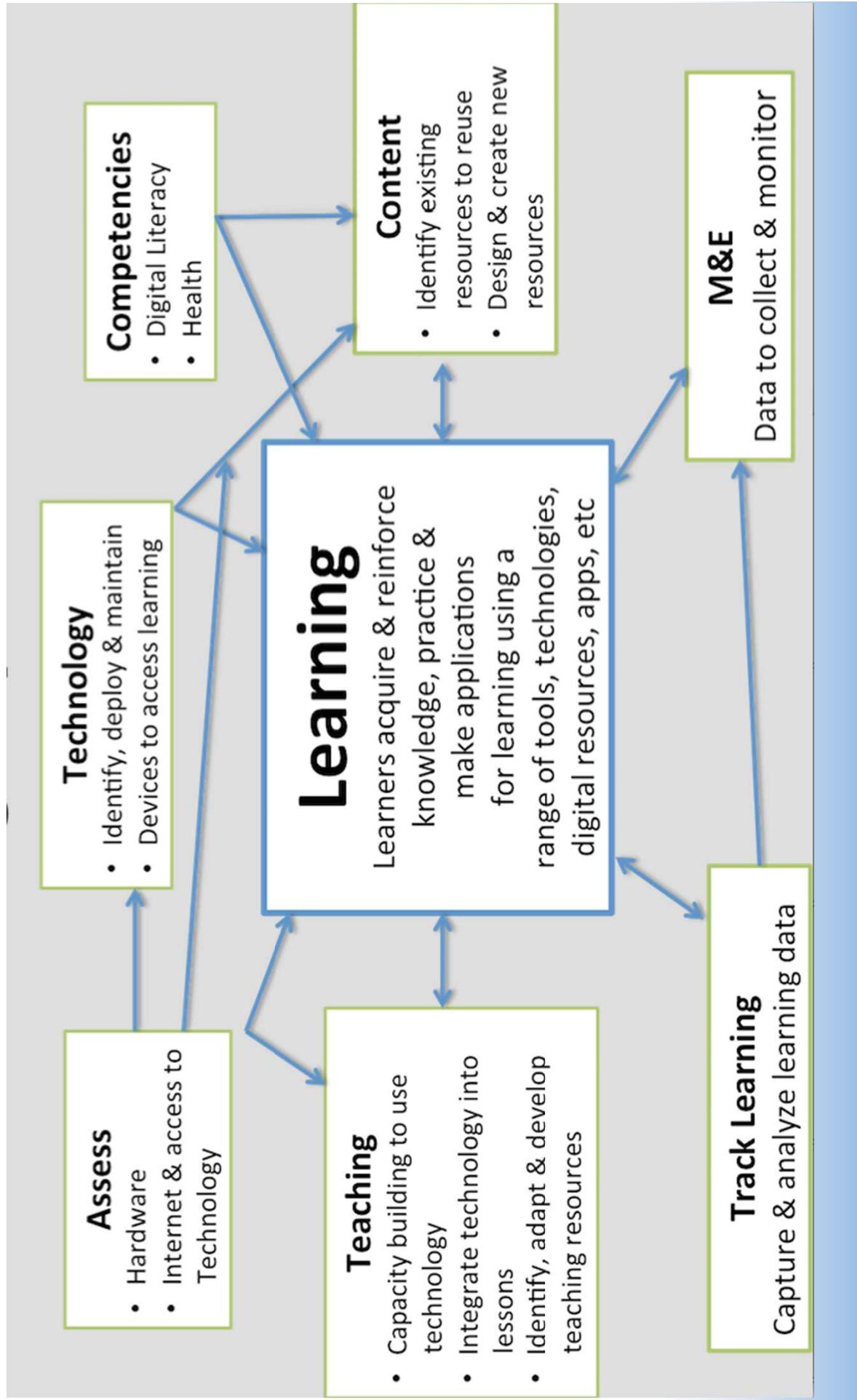
CHOM sub Clinical Guidelines for the Treatment of Common Diseases in Africa

CALS Case Management Manual

BNF British National Formulary

Dyna

Digital Learning



Innovating across the Continuum of Care: Digital Health in Malawi



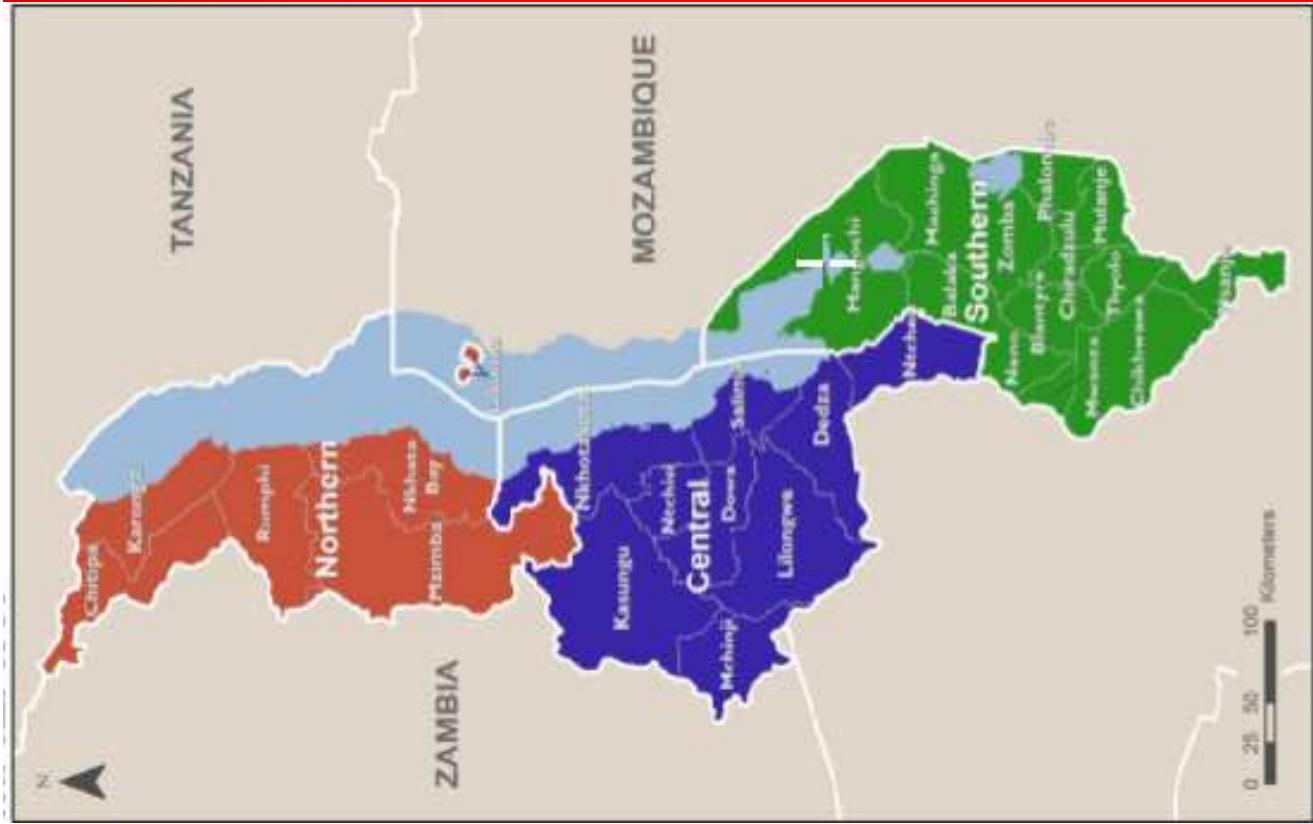
Erick Mwale, Steve Macheso, Steve Ollis, Jeanne Koepsell

AGENDA

- Context
- cStock in Malawi
- EPI-cStock in Malawi
- Results, Challenges and lesson learnt

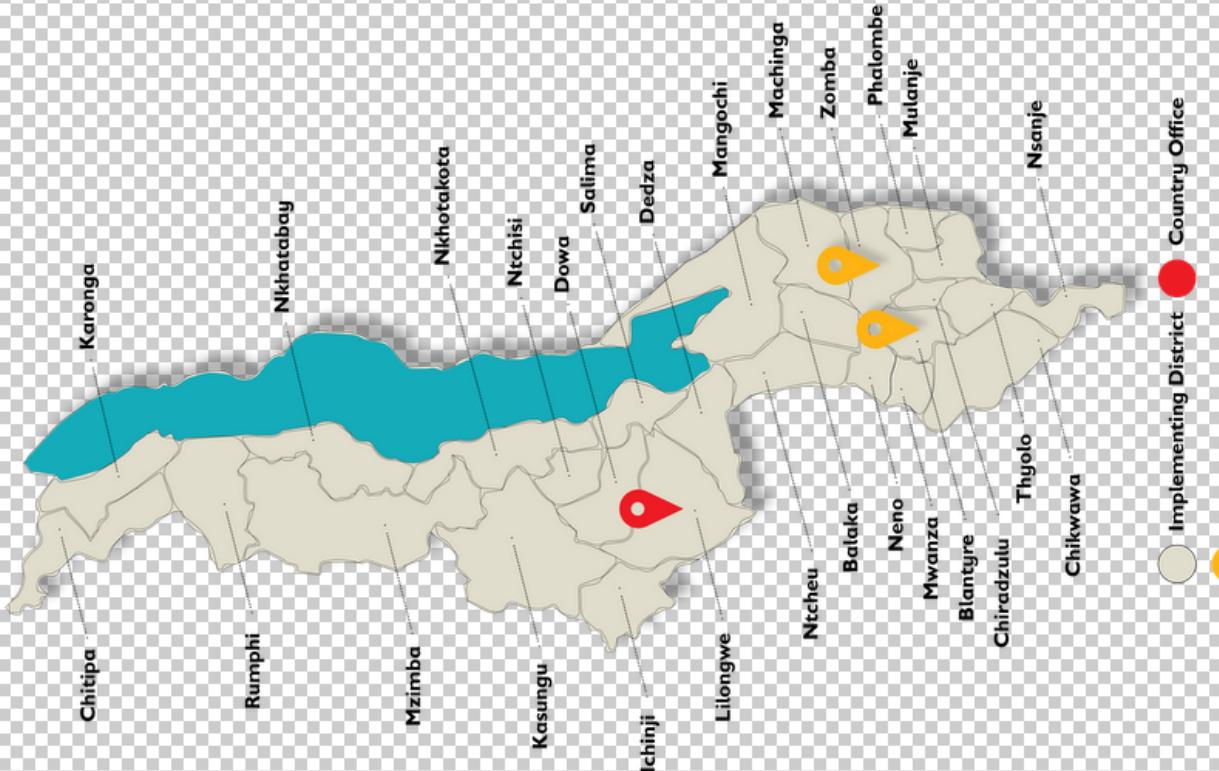
Context: Malawi

- Population
- Child mortality rate
- MoH Interventions



SCI in Malawi

- Where we work
- Focus areas
- Collaborations



Context: Problems with supply chain

National • Lack visible data

District • Rate reporting

HF • Stock outs

Community

What is cStock

- Automated information system
- Transmit logistic information via phone sms to a computer.
- Computer responses for product resupply



EPI-cStock in Malawi

Viewing EPI Data | Switch to HSA View

Log out EnrichM

  Save the Children

Reporting Rate Stock Status Consumption Profiles Re-supply Qts Required

Site: Select a site Go!

Current National Picture

Number Registered		
Districts	H facilities	
4	74	

Reporting Rate		
Product	Facilities	% SO
bc	74	6.8%
ip	74	31.1%
me	74	1.4%
op	74	4.1%
pe	74	0%
pn	74	0%
ro	74	0%
sa	74	1.4%

Current stock status by product

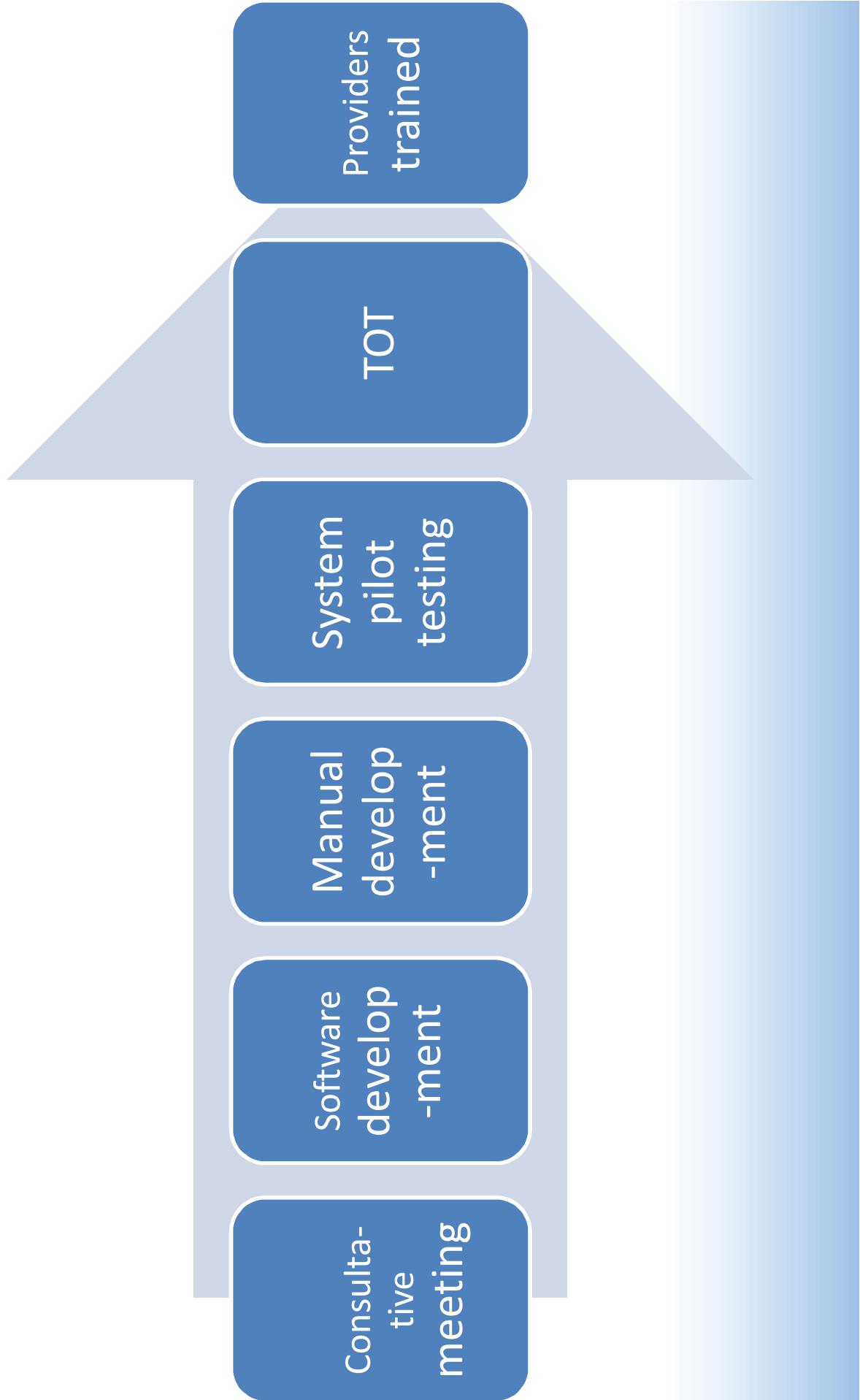


Stocked out Under stock Adequate stock Overstocked No Data

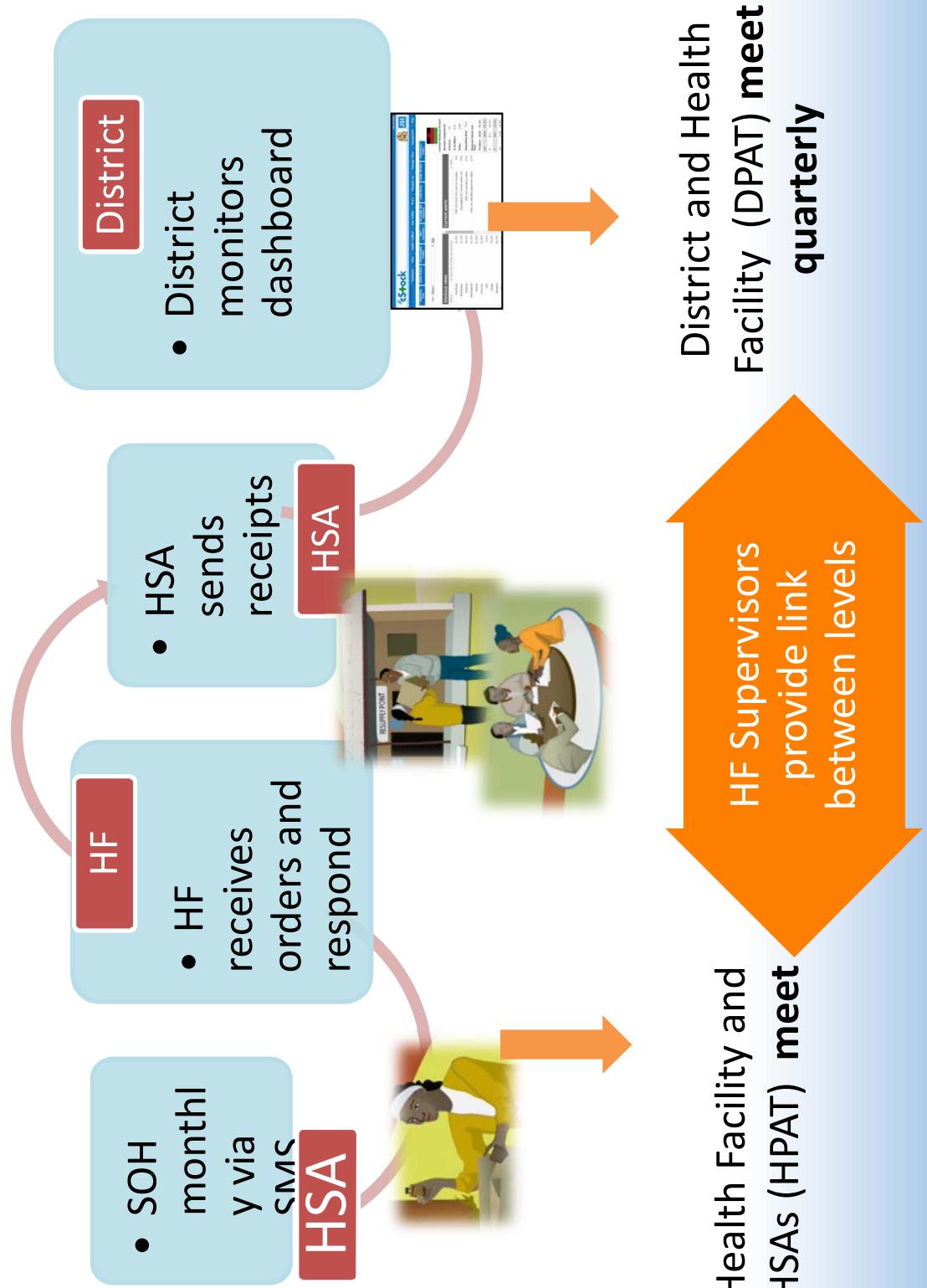
% of Facilities

Product	Stocked out	Under stock	Adequate stock	Overstocked	No Data
bc	0	0	0	0	100
ip	0	0	0	0	100
me	0	0	0	0	100
op	0	0	0	0	100
pe	0	0	0	0	100
pn	0	0	0	0	100
ro	0	0	0	0	100
sa	0	0	0	0	100

The steps taken



EPI-cStock process

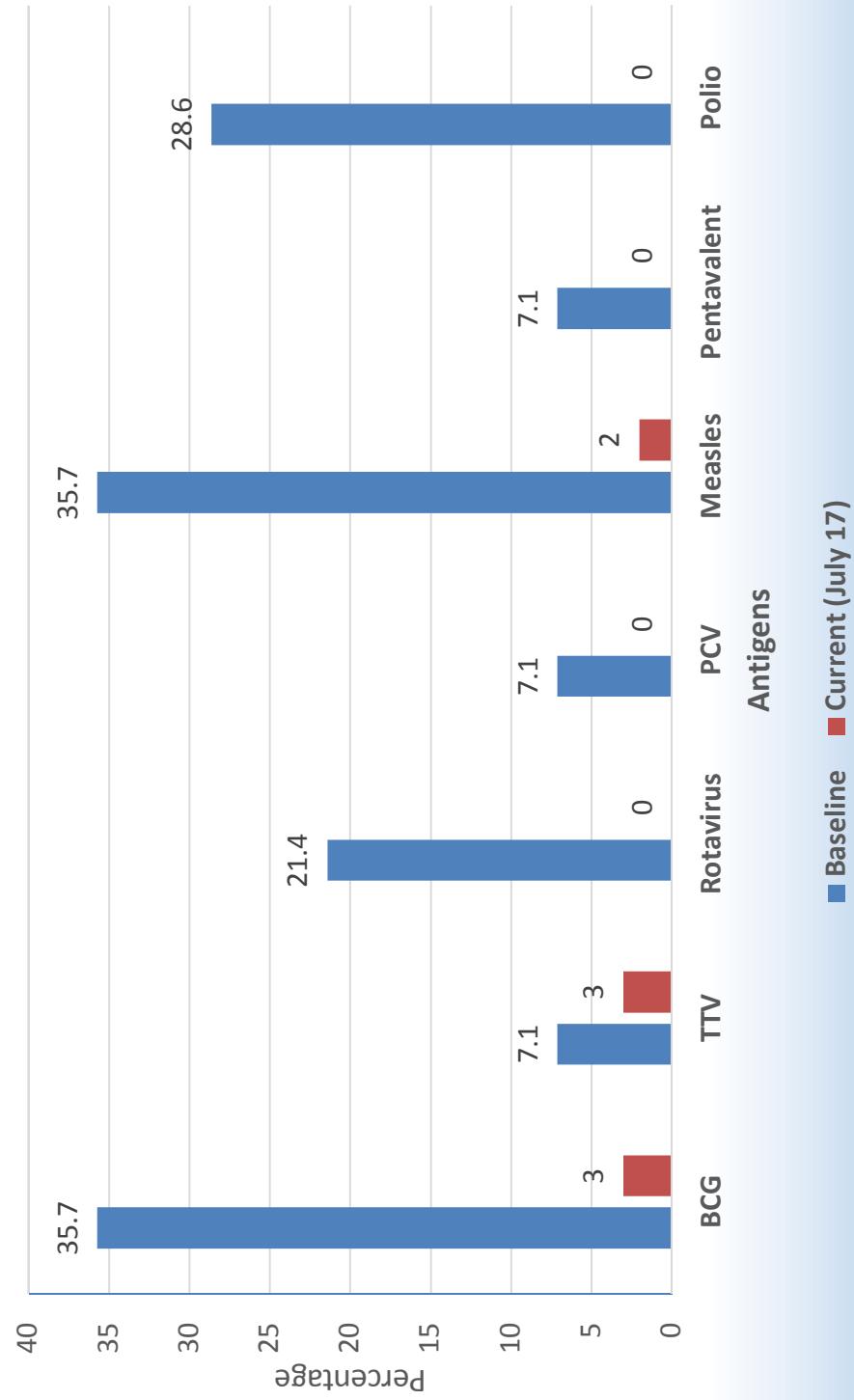


RESULTS



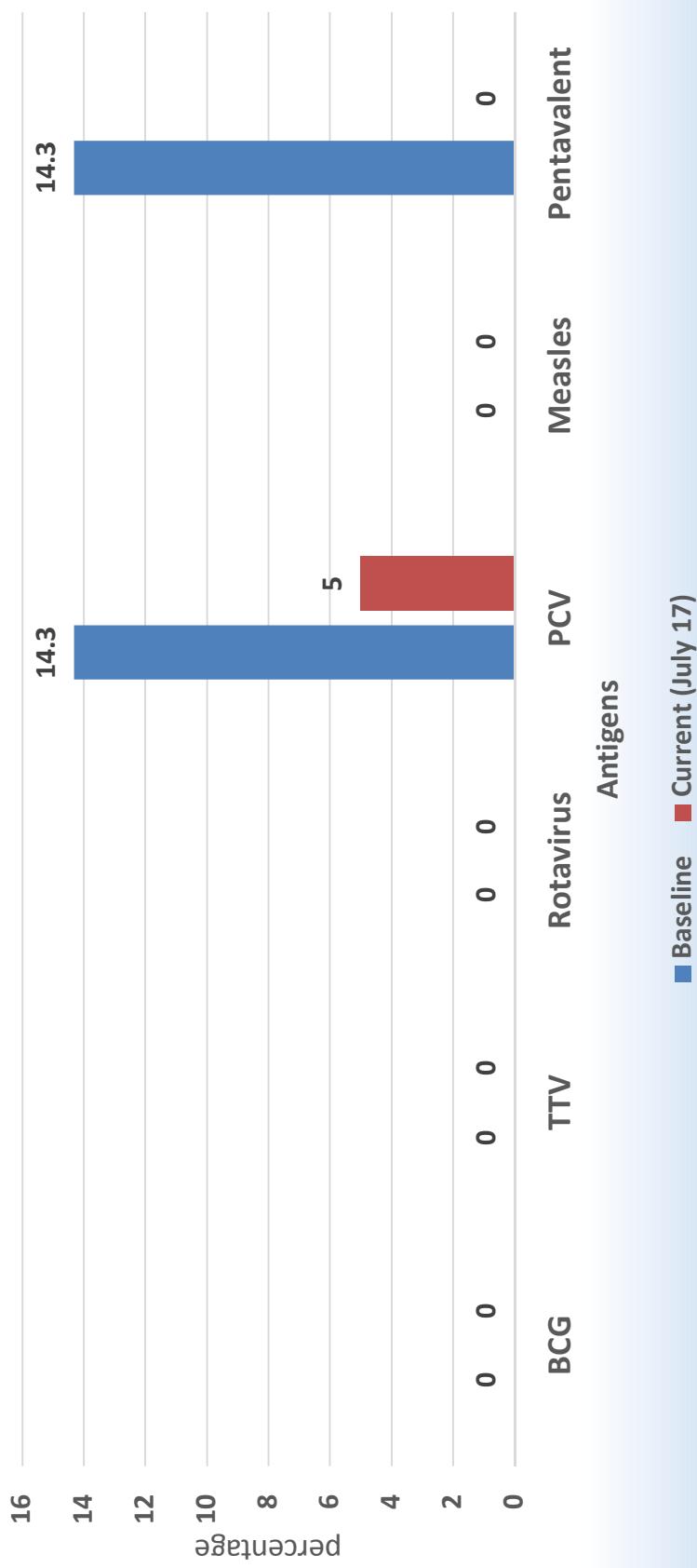
Outcome Indicators before and after EPI cStock intervention

Proportion of Health Facilities with stock outs of vaccines
in Thyolo district



Outcome Indicators before and after EPI cStock intervention

Proportion of Health Facilities with stock outs of vaccines in Neno district

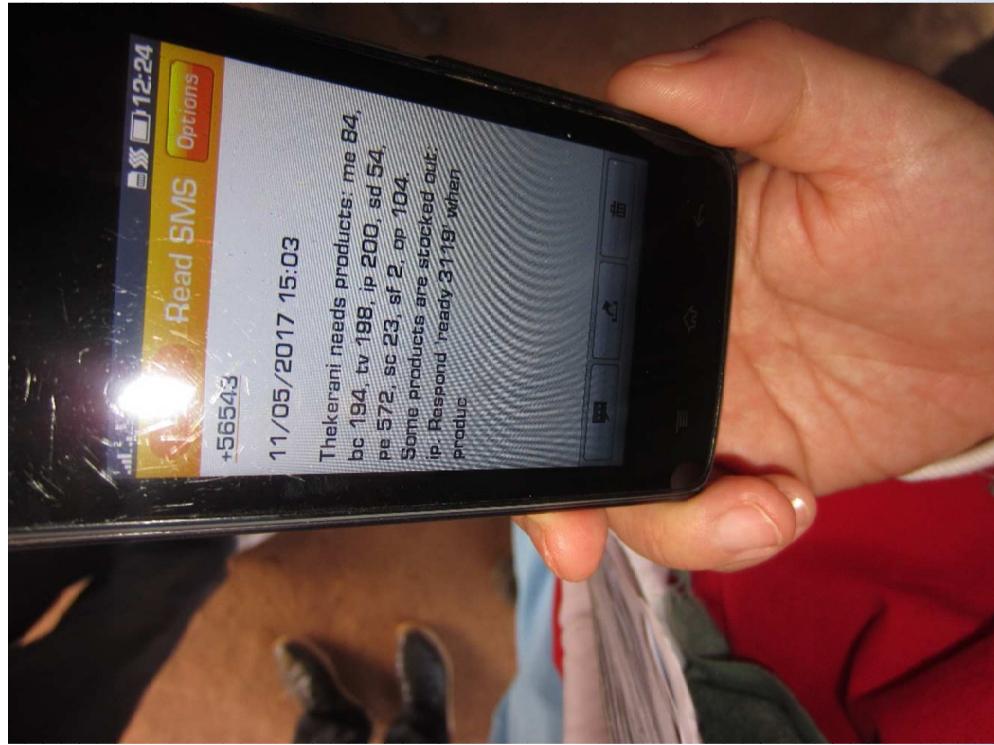


Challenges

- Network availability
- Registering as Emergency order
- Underutilization of MoH on Dashboard

Lessons learnt

- cStock provides as an effective tool for EPI monitoring and managing
- Improves communications



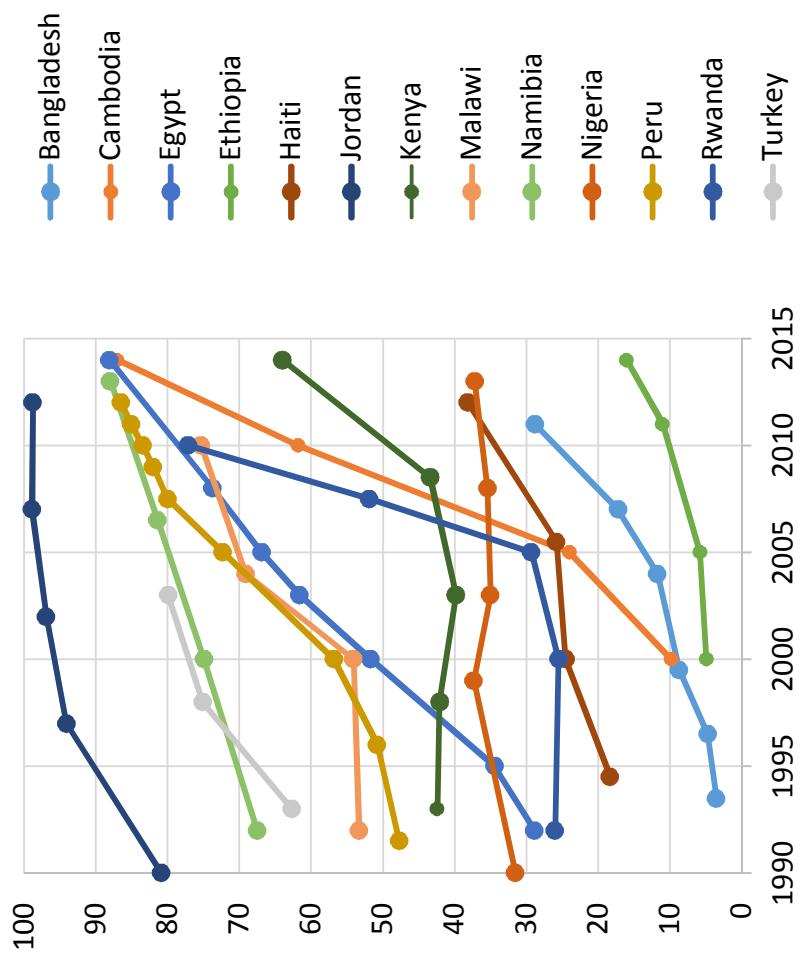
Possible future considerations

- More data could be reported
 - Temperature monitoring
 - Refrigerator breakdown notification
 - Wastage factor
 - Doses discarded unopened
 - VVM status of vaccines



Interoperability for integration and improving quality and continuity of RMNCH services

Global Digital Health Forum, 2017
Vikas Dwivedi (vdwivedi@jsi.com)



- Three-quarters of women globally now deliver with a skilled birth attendant
- This dramatic increase occurred mostly via facility deliveries

Facility deliveries by country (1990-2014)

Campbell OMR, Calvert C, Testa A, Strehlow M, Benova L, Keyes E, Donnay F, Macleod D, Gabrysch S, Rong L, Ronsmans C, Sadruddin S, Koblinsky M & Bailey P.
The scale, scope, coverage & capability of childbirth care. Lancet 2016

THE LANCET



Maternal Health Series

Women often left out of good quality care

53 million women
not receiving
childbirth care at all



THE LANCET



Maternal Health Series

THE QUESTION?



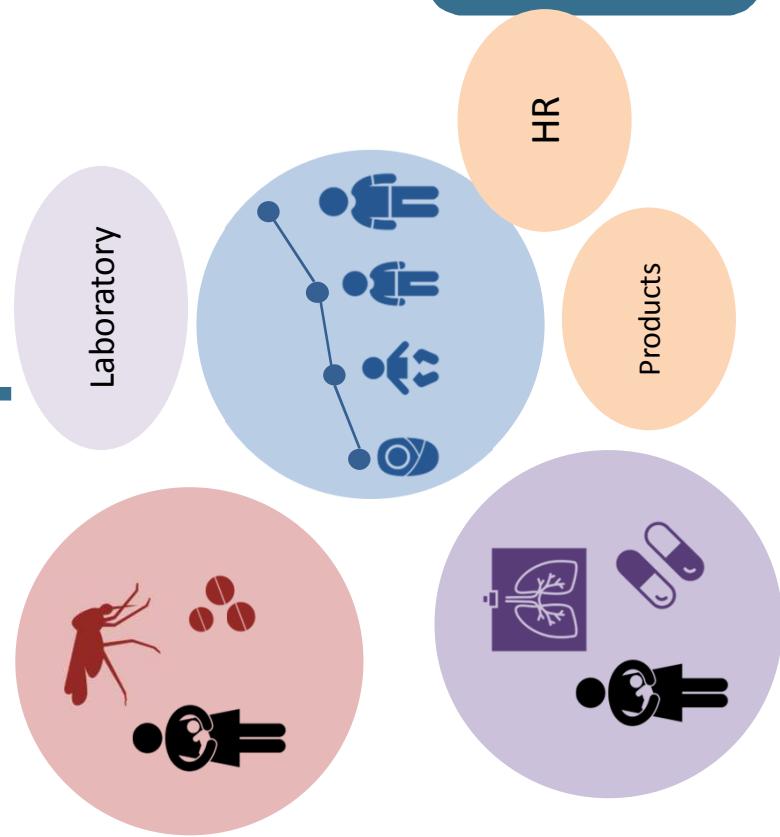
How an harmonized HIS support decision-making?

Service provision vs. continuity of care?

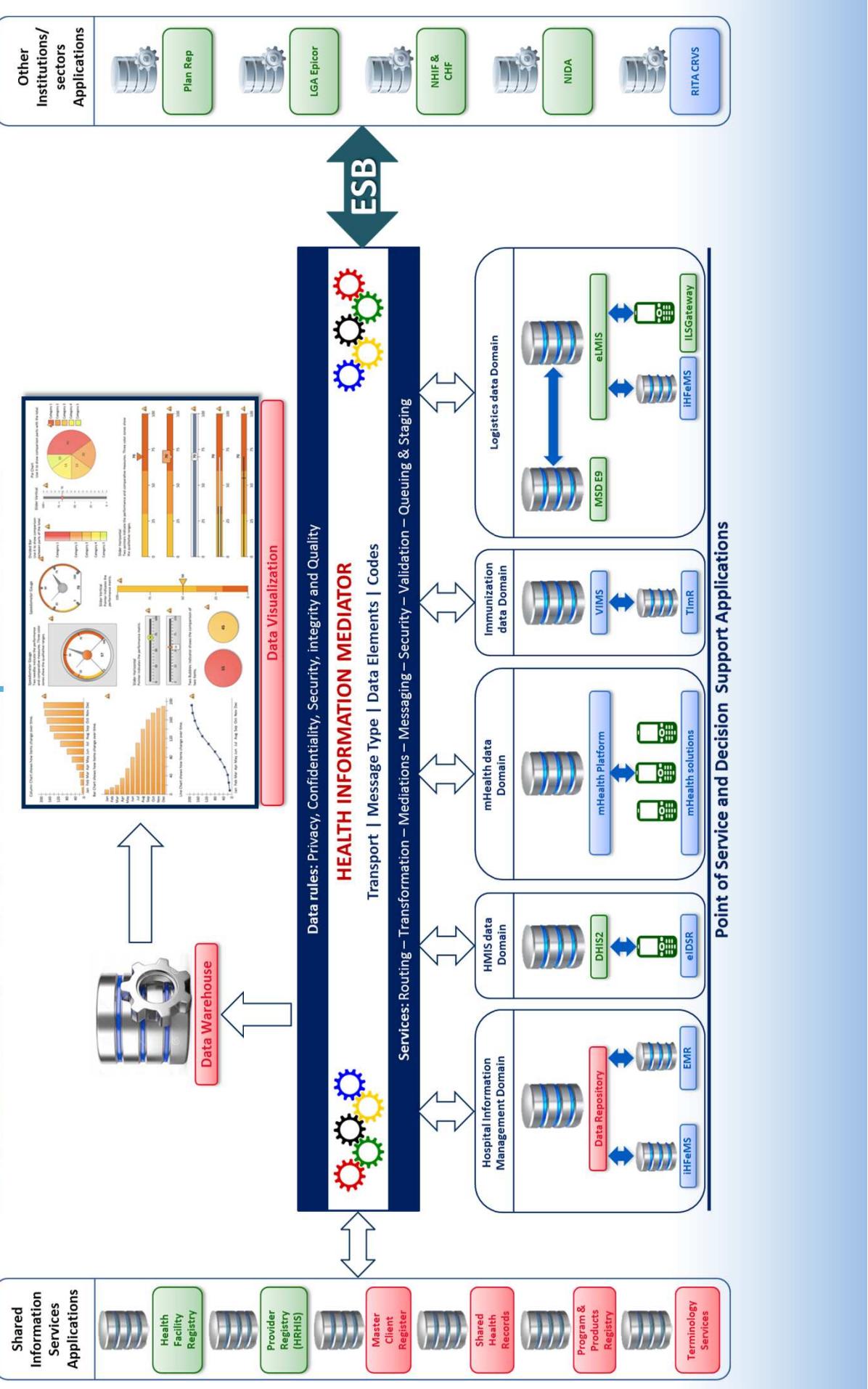
Multiple points of contact for different services

...and data about the same woman may be saved in multiple systems...

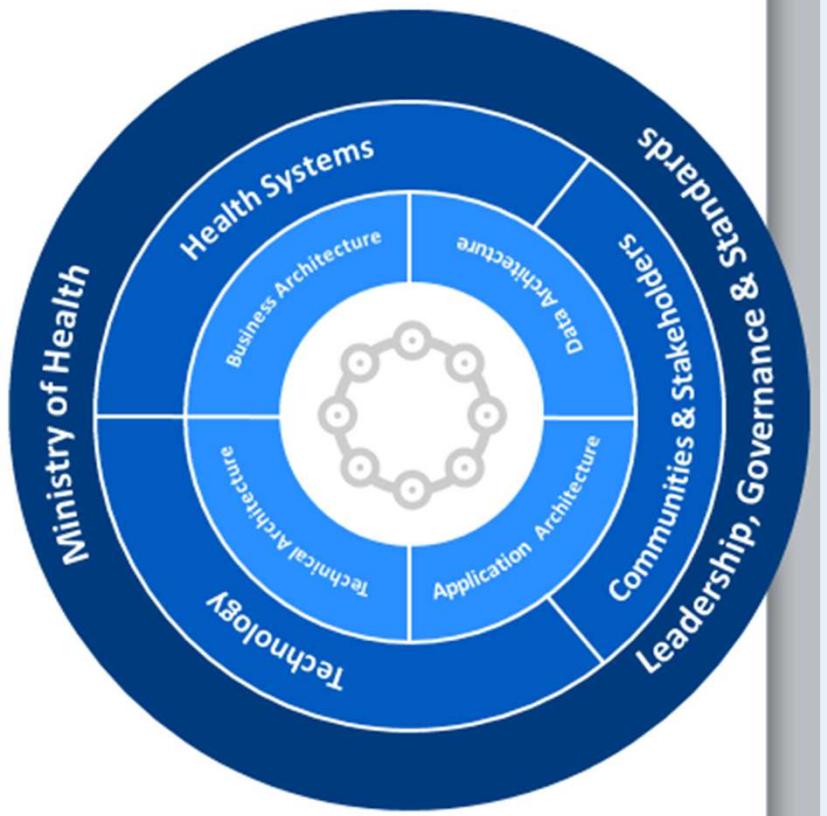
A Maternal registry can be
**SHARED ACROSS MULTIPLE
SYSTEMS and REDUCE
DUPLICATE RECORDS**

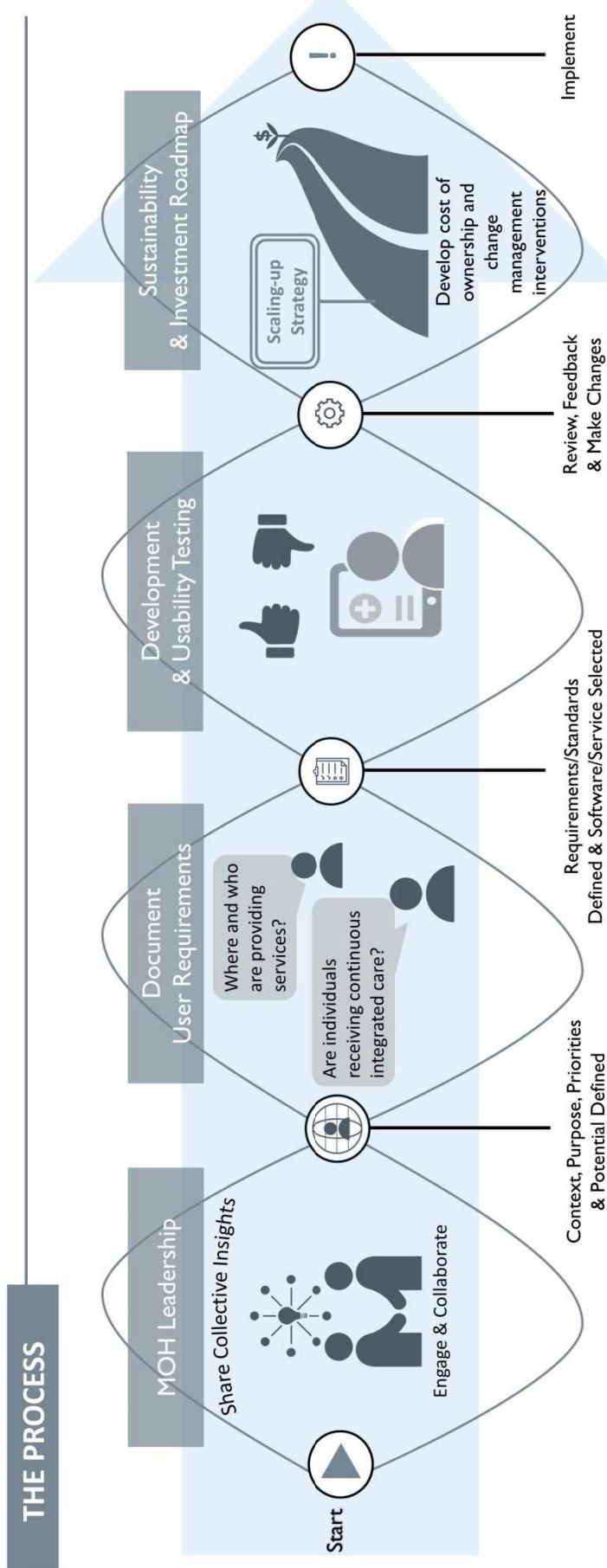


Tanzania HIE 'To Be' Conceptual Model



An Enterprise Architecture Approach





Thank You



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