Why?

Values/Story: Fahmid: Mother-Job-Health visited- data entry er kaj–Resource-Utilize-why no motivation-not aware-how to solve? NCTF –medicalvisit- community clinic visit- how things happen- how much dependant they are on this- HA onek ager- CHCP govt job na- employed by government laptop- sim card- HA er responsibility, data entry maternal and child data- data dekhay fund ney- further use kore na- HA door to door-they are struggling- output ashtese na – efficient outcome of their effort—need a sustainable solution – training – provide books- time koi?

They don’t know what to do?

They are doing for lack of consciousness- blood grp- rbc- equity

HA kom- load pore gele properly korte parena- chaileo possible na

CHCP – Union er community clinic – relative- medicine provide kore government thke - pre

Issue create- emergency issue- vaccine dile jor ashe blame ha er upor jay- report doc banaite hoy- evaluation hoyna- pregnant women der prblm hoile blame ha der upore

Data entry rat 1 ta – 5 ta r majhe kora jay na- server e traffic beshi- overloaded- management backend

Anika: Generation- Curse-Superstition-disability-ignorance- not aware- continuous-15 years before-now-will continue-technological revolution- so we have decided to use technology- automation – received medicine – delivered, medicine- autism – taboo- ashamed of- awareness- playlist awareness videos

Saaj-

Mission: 1. Lack of resource

2. lack of awareness

3. existing manual solution feasible na

4. strongly dependent – need to make efficient

5. wastage of data

6. HA door to door-they are struggling- output ashtese na – efficient outcome of their effort—

7. need a sustainable solution –

8. training – provide books- time koi?

9. They don’t know what to do?

10. They are doing for lack of consciousness of people- blood grp- rbc- equity

11, HA kom- load pore gele properly korte parena- chaileo possible na

12. Generation- Curse-Superstition-disability-ignorance- not aware- continuous-15 years before-now-will continue-technological revolution- so we have decided to use technology

13. lack of motivation

14. transparency nai

15. reliability nai collected datar

Stakeholder- mother, child, HA and outcome – system automation

Vision- 1. Data analyze

2. transparency

3. Digitalize/ Automate

4. Efficient

Short term – app bananor output: data handling efficiently, ensuring vaccine, statistics, superstition- 14,000 baccha physically disabled hoy for a little mistake- resource ache- tool nai use korar –

Long Term-

1. Automation
2. Human resource asset

And the impacts will be :

1. Children and mother will receive proper health care before and after birth.
2. Health assistants’ accountability will be ensured as the whole system is automated. The app will keep track of their activities.
3. No problem will occur due to lack of knowledge, as learning module and guidelines will be available. The app will also keep track whether the health assistants are using the learning module or not.

Thus children right to get health facilities will be ensured and the whole process will speed up.

Objectives:

1. 3 objectives :
2. Ensure child and maternal health during pregnancy and till 5 years after child-birth through automating the whole process in community clinics
3. Keep track and ensure whether the community clinic is providing proper care to the children and use the data for further statistical use
4. Raise awareness among the parents and health workers through learning modules and tutorials.

Sustainable:

 Central monitoring unit: A central monitoring unit comprising of IT experts need to be established at head office for continual vigilance on online reports, analysis, feedback, follow up etc keeping close contact with MIS,DGHS.

 Technical supervision: For improvement of the service quality Technical supervision along with mentoring is very important. It has been piloted in a small scale with the support of one of our partners following a specific checklist developed earlier. This will be scaled up all over the country in phases. In this regard WHO has extended their support. Technical supervision checklist has been finalized with the participation of GO-NGO experts and academicians.

 Union Medical officers: Union MOs will be assigned as the overall in charge for all the CCs of the respective Union for supervision & monitoring.

 Mobile tracking: Service providers are to be monitored through mobile tracking from different levels-head office, division, district and Upazila

 Monitoring through Skype: It has already been started in small scale-e.g. Moulavibazar. It is very effective and will be scaled up all over the country. For this, technical support will be sought from MIS, DGHS.

 Tracking of the beneficiaries: CHCPs can track the pregnant mothers for ANC, Delivery Plan, PNC and children for growth monitoring- particularly the drop outs through mobile phones & can ensure services. CHCPs may be supported with mobile bill or this can be met up from local fund through CG’s decision

 Divisional Review workshop: Divisional workshop will be arranged to review the progress, share the experiences, identify the strengths & loop holes, the way forward etc. with the participation of all the stakeholders. It will be organized 6 monthly/yearly.

<http://www.communityclinic.gov.bd/infra-structure.php>

**E-health and MIS**

**Strong MIS:** Online report (DHIS-2) is going on from all the CCs & other relevant facilities. It is to be further strengthened with the support of MIS, DGHS.

* Establishment of E-health: E-health services are to be introduced & continued from CC to UHC to provide more quality and specialist services. This is to be organized as a routine program with prior intimation to all concerned to make it more effective. It is to be done with support of MIS, DGHS.
* Local Monitoring: Monitoring will be done locally by the Community Clinic management committee, Union & Upazila parishads. The local health authority will be intimated with the observation/findings.
* Monitoring of higher authority: Monitoring will be done on regular basis with the help of checklist showing information on performance, supply of logistic and other relevant issues.
* Functional linkage: Functional linkage of domicile and static Health, Family Planning and Nutritional Services in the Health system needs to be established along with harmonization of report to avoid any duplicity or under reporting.
* Research/ Study/Survey: Document needs to be prepared keeping in mind the pledge to achieve SDGs like MDGs.