

CASE STUDY

Early Warning System

Focus Region Health Project in partnership with JSI Research & Training Institute, Ghana Health Services, and USAID | DELIVER

THE PROJECT

In 2009, the Focus Region Health Project (FRHP), implemented by JSI Research & Training Institute Inc., in collaboration with Ghana Health Services (GHS) and the USAID | DELIVER PROJECT, engaged with Dimagi to design and implement the Early Warning System.

This system was designed to provide real-time stock status information on reproductive health commodities to decision-makers at all levels and to provide early warning of a dip in supplies. Its goal was also to foster effective supervision of ordering

Highlights

In Ghana, the **reporting rates are as high as 95%** in some regions, with an average weekly reporting rate of 84%.

Over **90% of users** in Ghana indicated that the time spent to submit these stock reports, ease of use, and frequency was acceptable.

An evaluation conducted of the EWS in 2012 showed a **25% reduction in stock out rates** among tracer commodities in the pilot districts.

While the percentage of managers who access this information for decision-making was 29%, among those managers who did access the information, **80%** used the information to provide feedback to facilities.



and delivery, reinforce the availability of all essential health commodities by improving the timeliness and accuracy of paper-based ordering and reporting from the SDPs, prevent widespread emergency ordering by aiding districts and facilities in planned ordering through effective, automated data analysis tools.

THE TECHNOLOGY

Service providers use their own mobile phones to report stock levels of tracer commodities via SMS to a dedicated, toll-free short code on a weekly basis.

Commodities were selected from a cross-section of priority programs including family planning, malaria, and HIV/AIDS. All levels of facilities are represented, from rural community outposts to urban teaching hospitals and the regional medical stores (RMS).

Data is then processed and made available to all relevant parties via a website which allows users to view national data as well as drill down to specific regions, districts, or facilities of interest. The EWS will be transitioned to Dimagi's cloud product in 2015.

ACHIEVEMENTS

An initial pilot was completed by FRHP with facilities from six districts between 2009 and 2010, as well as an extension of the pilot that focused entirely on HIV/AIDS commodities in an additional 89 districts elsewhere in the country.

During the pilot study, reporting rates were as high as 95% in some regions, with an average weekly reporting rate of 84%. Over 90% of users indicated that the time spent to submit these stock reports, ease of use, and frequency was acceptable. While the percentage of managers who access this information for decision-making was 29%, among those managers who did access the information, 80% used the information to provide feedback to facilities, indicating that greater integration of the system into the decision making process would be expected to yield higher impact.

Following the success of the pilot, EWS has been deployed to 783 public health facilities and community health compounds across 172 districts in all 10 regions, including all antiretroviral therapy (ART) facilities, teaching hospitals and regional medical stores in the country.

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