

## The Suite of mHealth Applications:

- Facility Reporting
- IDSR (Integrated Disease Surveillance & Response)
- Community-based Beneficiary Tracking

## Different solutions based on available infrastructure for low-end phones:

- SMS-based facility reporting
- GPRS-based facility reporting
- Hybrid (GPRS/SMS) community tracking
- GPRS community tracking

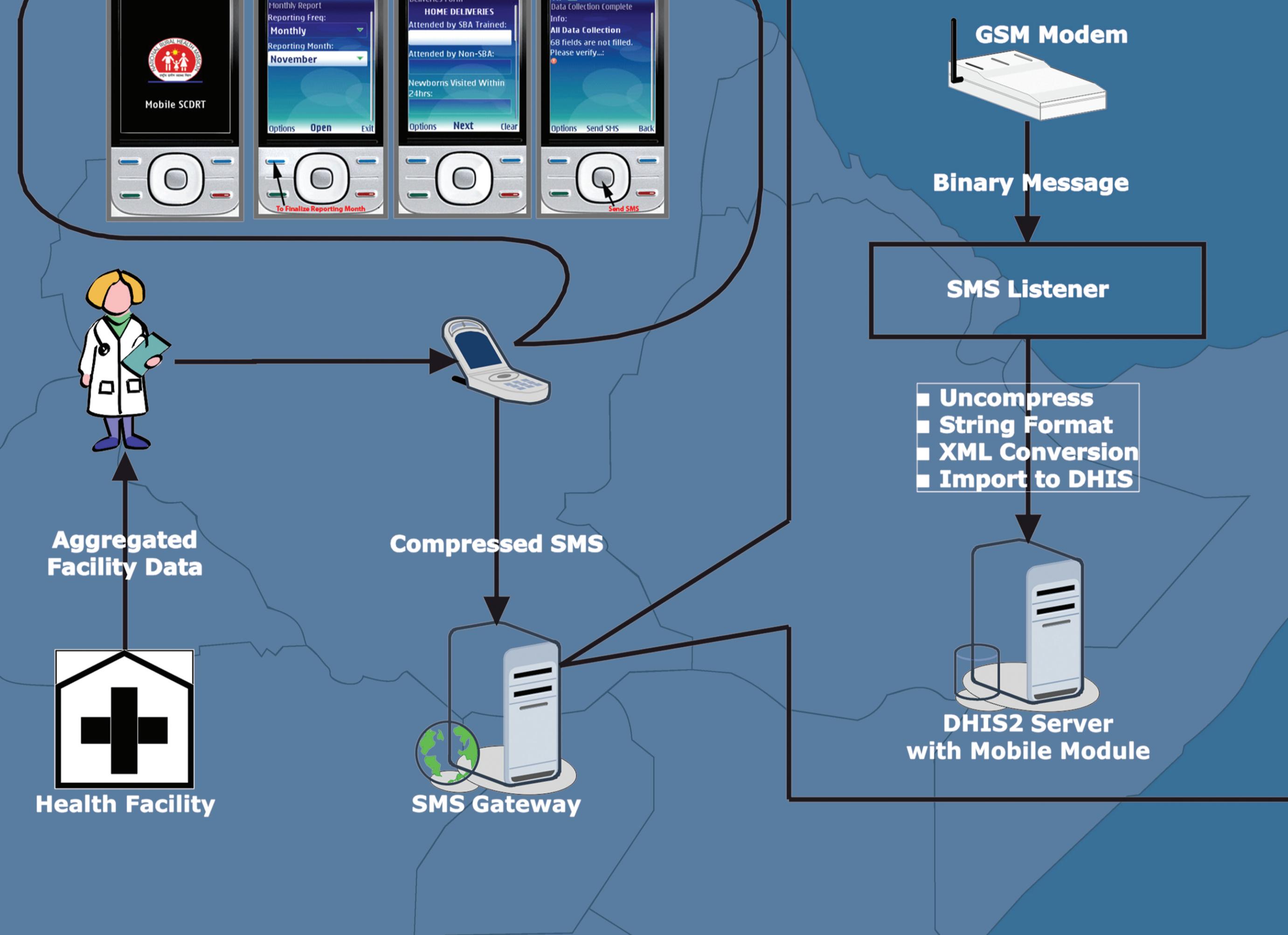
## Facility Reporting

HMIS monthly reports sent from facilities at the lowest level where no computers nor Internet exist

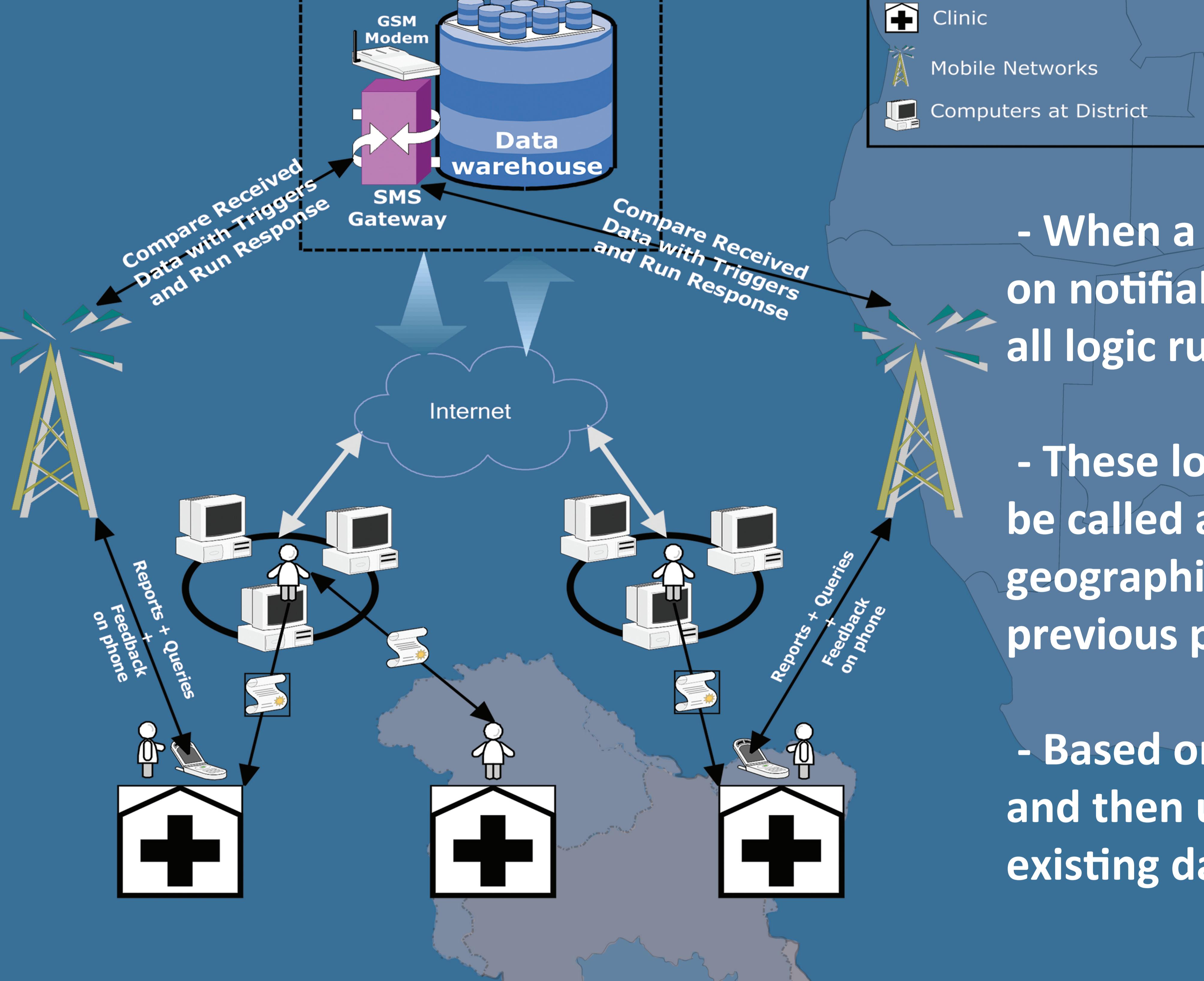
77 data elements sent as a compressed SMS monthly

Pilots in 5 States in India with 1 block selected in each state: Total of 200 sub-centers from May 2009

DHIS 2 is the backbone, adhering to our philosophy that mHealth apps cannot sustain as standalones



## IDSR (Integrated Disease Surveillance & Response)



The IDSR application uses the DHIS 2 as the backbone system and uses logic rules to create triggers for response to incoming data values.

- When a field level health worker reports data on notifiable diseases through the mobile phone, all logic rules in the system are checked
- These logic rules define criteria for what can be called as "disease outbreak" based on geographic proximity and disease trends over previous periods
- Based on triggers, a group of users are notified and then users can make ad hoc queries and view existing data for better responses

## World's largest mHealth implementation in Punjab, India

Punjab scaled facility reporting to whole state.

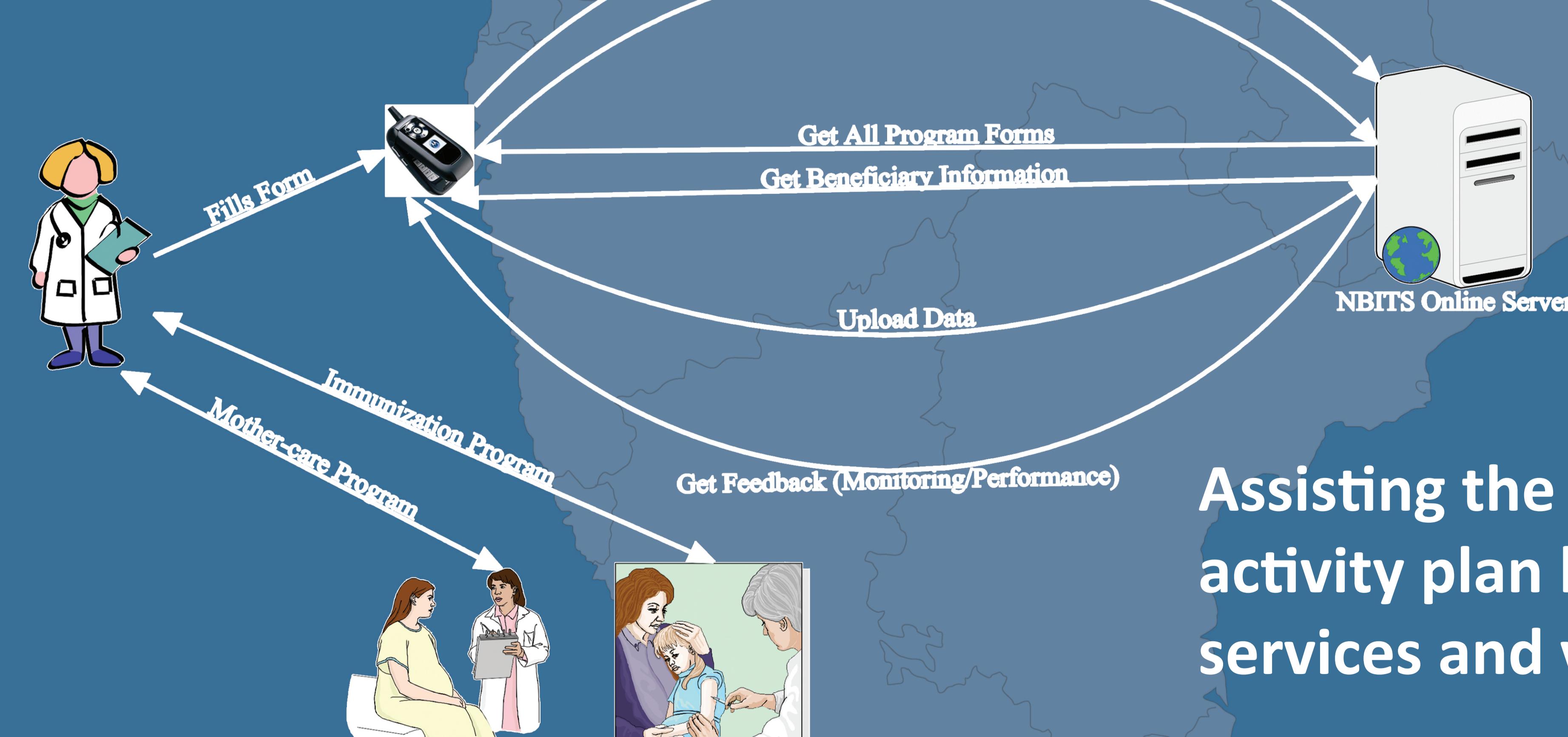
5000 health workers provided phones for

- Daily report (10 data elements)
- Two monthly reports (86 + 53 data elements)

Closed-User Groups (CUG) enhances communication within the health system



## Community-based Beneficiary Tracking



Individuals are registered and tracked throughout the duration of the health program in which they are enrolled. Integration between the Community Health Data and Aggregated Data Management.

Assisting the health workers by providing them with an activity plan based on which they perform their outreach services and visits

Health workers can search for beneficiaries and update their records based on the program forms which are downloaded from the server to the mobile phones

To be piloted in Himachal Pradesh & Nagaland, India and in Tanzania