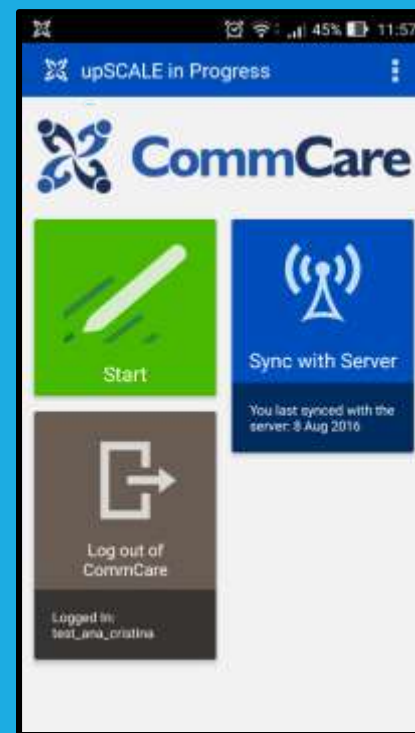


*Integrate community data into the health information system,
including investment in innovative technologies*

A way to institutionalize more CHWs?
upSCALE digital health information system

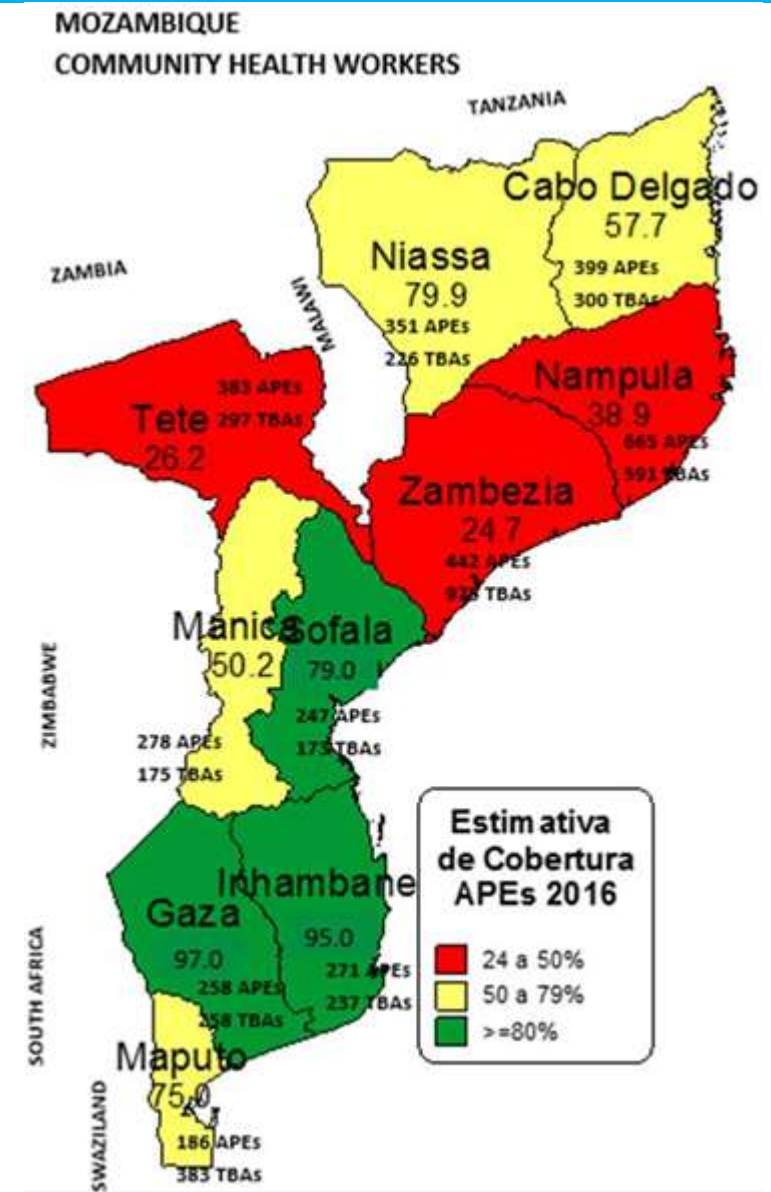
2017, Dec the 15th :
UNICEF Mozambique CO
ICH webinar follow-up



CHW Institutionalizing in Mozambique in a few words and

- 3380 CHW in 10 Provinces – curriculum, official training
- APE structure within MOH @ different levels: management, supervision and salary costs related, medications and commodities assumed by GOM
- Data reporting embedded within MOH-HIS
- **CHWs' contribution recognized throughout;** meeting, WS and politically

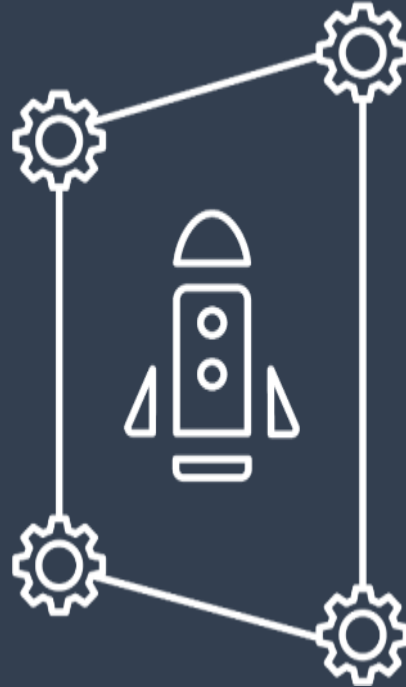
*Donor dependent, many programmatic costs:
Payment of subsidies – working kits – expansion costs:
initial and refresher training - supervision
- Innovation*



What's UNICEF's approach on Innovation?



Ask



Make



Share

“Do Something new or different that adds value”



Design with the User



Build for Sustainability



Reuse and Improve



Understand the Existing Ecosystem



Be Data Driven



Do no harm



Design for Scale



Use Open Standards,
Open Data, Open Source,
and Open Innovation



Be Collaborative

m-Health at UNICEF Mozambique CO

inSCALE to upSCALE:

Inception:

Malaria Consortium's multi-country cluster randomised controlled trials (2009-2016) on the use of scalable innovations for CHWs, focused on mobile technology in Mozambique (Inhambane Province). BMGF funded.

Successes:

Appropriate treatment for DPF from CHWs higher. CHWs appreciated decision support and performance feedback received through their phones and the frequency of supervision interaction increased.

UNICEF CO Rationale for SCALE-UP?

Complementing existing package // CHW curriculum enriched (2014)

Assessing MOH capacity to assume the program from an NGO-research approach

Feasibility and MOH ownership towards progressive sustainability

STANDARD – SCALE – SUSTAIN (as per Innovation approach)

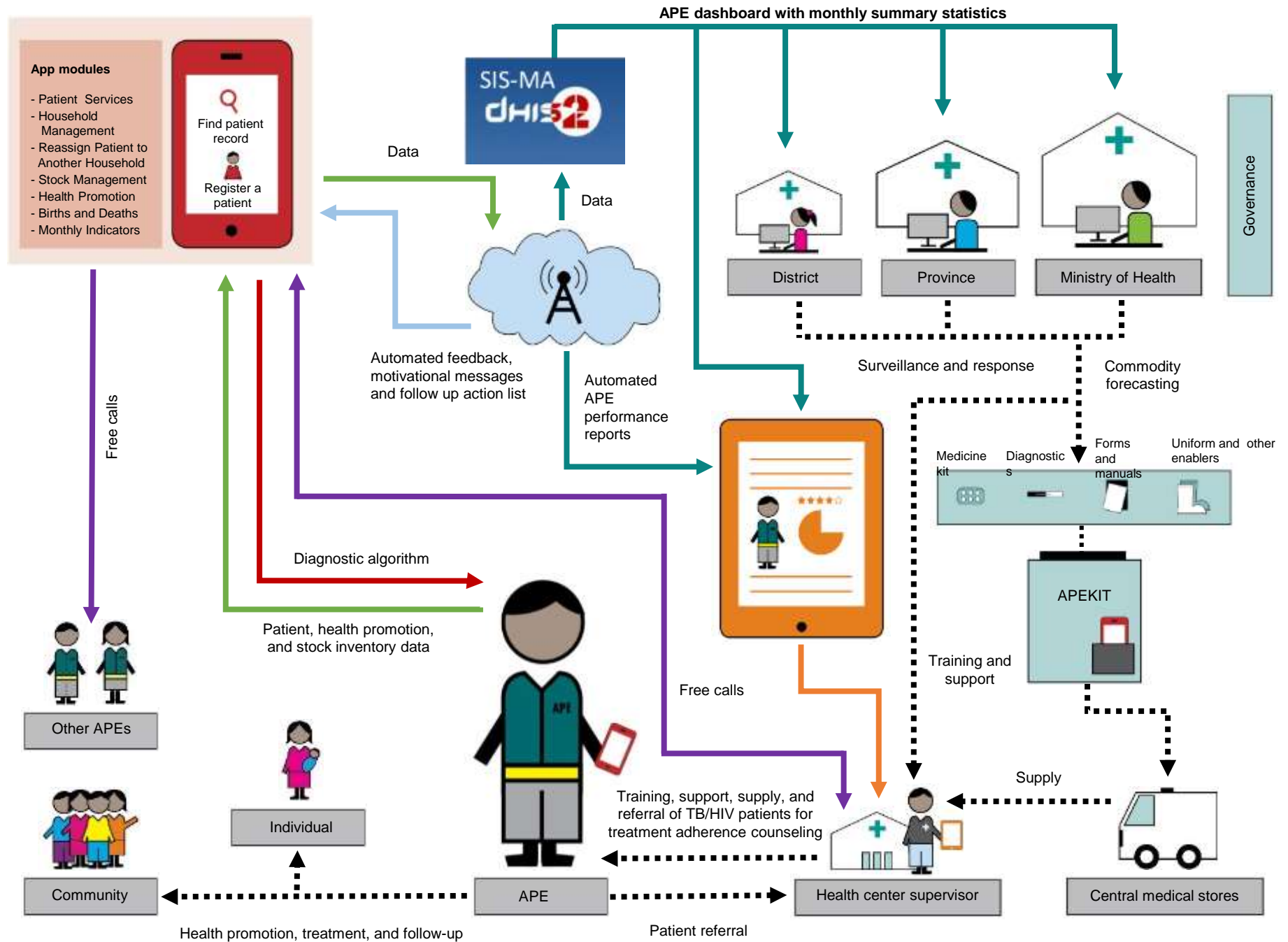


inSCALE to upSCALE:

Situation (Oct 2017): Inhambane and Cabo Delgado Provinces implementing – ~650 APEs and 260 HU (~20% of the country)



upSCALE in Mozambique



upSCALE APE app – Main Functionalities

Using the **APE platform**, improve:

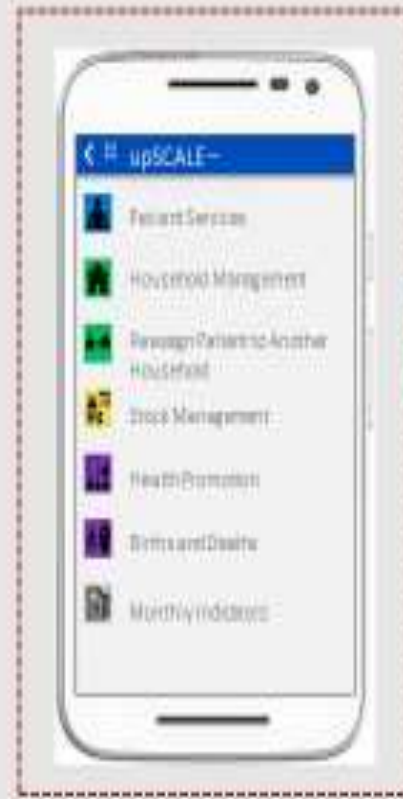
- Service delivery and referral: iCCM/patients management, filing and tracking, community mapping and management, health promotion, work organization.

→ Linkage with DHIS-2

- Supply chain management: PUSH system!!! What about geographic and climatic epidemio trends characteristics

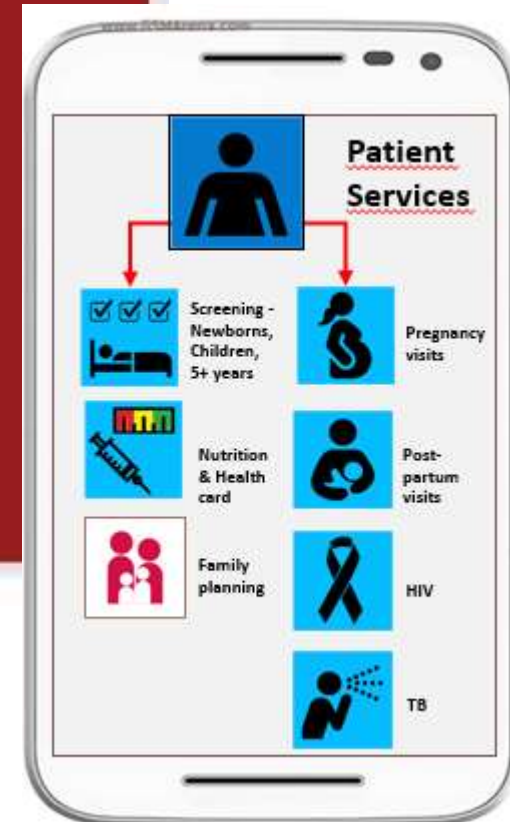
→ Linkage with SIMAM and SIGLUS (LMIS) to inform the supply chain

upSCALE APE application



The upSCALE APE app has seven modules:

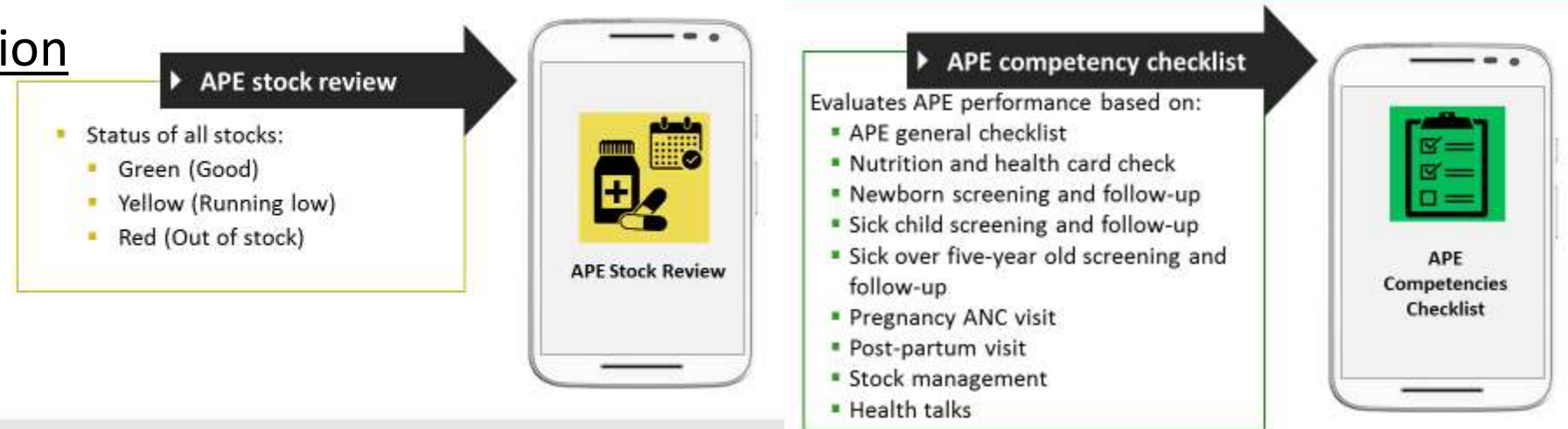
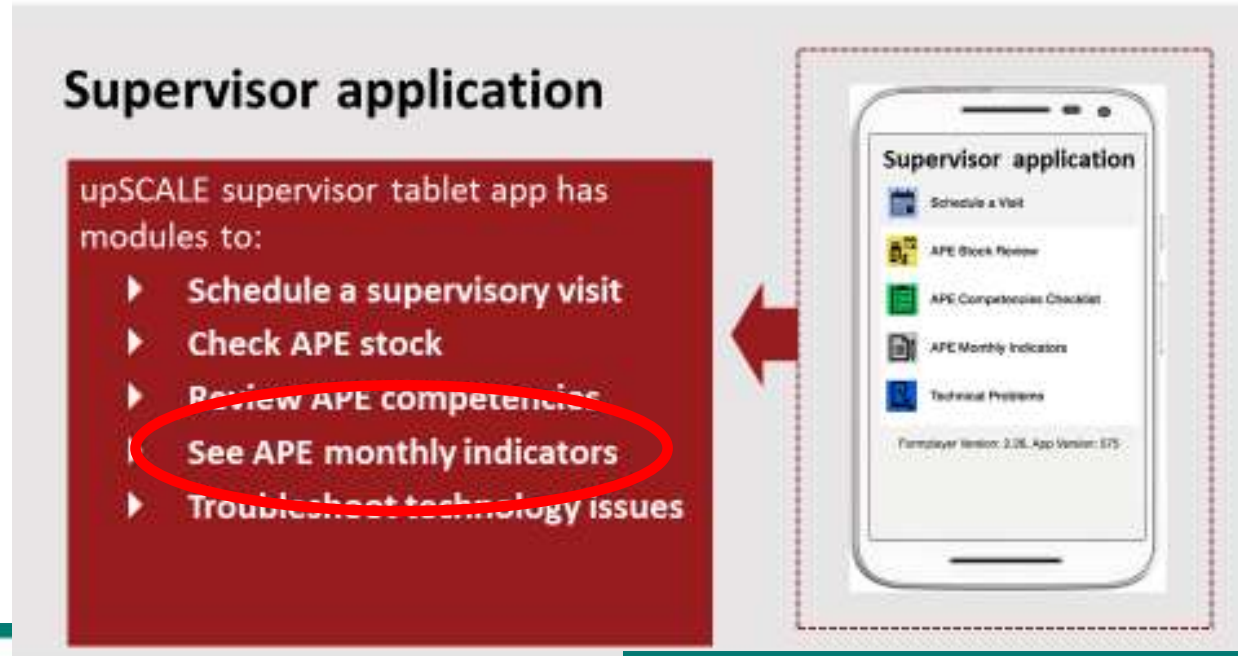
- ▶ Household and patient file
- ▶ Management of household information
- ▶ Moving patient to another household
- ▶ Medicine management
- ▶ Community health talks
- ▶ Birth and death registration
- ▶ Monthly activity report



upSCALE Supervisor app – Main Functionalities

Using the **SUPERVISOR** platform, improve:

- Supervision and performance quality assurance/competency checks
- Monitoring and response to drugs stocks levels
- Monitoring and evaluation and health information systems



upSCALE Perspective (very soon 😊)

upSCALE DHIS2 integration



- Visualise household indicators in real-time
- Visualise APE monthly indicators
- Identify stock-outs
- Review APE performance
- Dashboards tailored to user-level
- Supports disease surveillance and response - including early detection of disease outbreaks

upSCALE – Successes and Challenges

- **Relative easy use though** some present difficulties; reading, keyboard use – hardware adjustment, software update
- **MOH has got the technical capacity** though too few; increase pool of MOH technical specialists, particularly on data access, use and analysis
- **Though MOH staff have access to Data, it sits in the clouds under the management of NGO and private sector**; need for data transitioning to MOH
- Scale up country wide is a BIG adventure!!!
- More ownership by MOH though need to conserve a TA role from MC
- Need for some more evidence: upSCALE evaluation for improvement (economic evaluation) - Unit cost and Cost-effectiveness assessment

upSCALE Perspective

- Data production/availability – **linkages with DHIS-2 & LMIS**
 - Better data visibility and use
 - plead for APE work – Institutionalizing?
- Further expansion with more MOH involvement; trainers, direct implementation.
- UPSCALE evaluation for improvement –
- Unit cost and Cost-efficiency assessment to Inform Policy makers and funders
- Big donor interest: UKAID, USAID, EU, WB

upSCALE DHIS2 integration



- Visualise household indicators in real-time
- Visualise APE monthly indicators
- Identify stock-outs
- Review APE performance
- Dashboards tailored to user-level
- Supports disease surveillance and response - including early detection of disease outbreaks



malaria
consortium
disease control, better health



UKaid
from the British people

unicef 

