

A photograph of three Black women wearing green short-sleeved uniforms with white Peter Pan collars and white stripes on the sleeves. They are gathered around a smartphone held by the woman in the center. The woman on the left is looking down at the phone, the woman in the center is looking towards the woman on the right, and the woman on the right is pointing at the screen. The background is slightly blurred, showing some papers on a wall and a yellow curtain.

## Digital Tools for Improving Quality of Care for Children

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4 October, 2022

*Co-hosted by the Quality of Care and Digital Health & Innovations subgroups*

# Speakers



**Sean Blaschke**  
Senior Health Specialist  
Global Coordinator  
Digital Health Centre of Excellence  
(DICE)



**Ulrika Baker**  
Health Manager  
Primary Health Care  
UNICEF Tanzania



**Norberto Banze**  
Senior MEL Manager  
Pathfinder Mozambique



# Digital Health, Data & Information Systems Overview

Strengthening Quality of Care  
October 2022



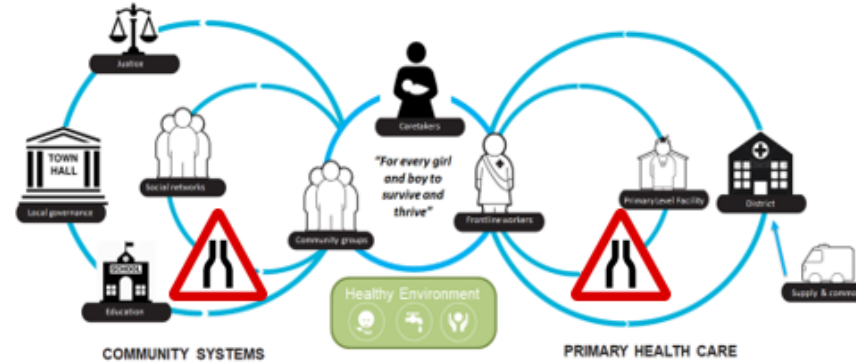
## UNICEF's Approach to Digital Health

What health system challenges are we addressing, and how?

Shift from **Digital Health Projects** to Digitally Enabled **Health Programmes**,  
... **not a piecemeal approach**

# Digital Health for PHC (DH4PHC) at UNICEF

DH4PHC is a concept developed in UNICEF to try to mainstream digital health as a routine aspect of health programming and partnerships to increase access to quality services during the life course, in particular, for the most **disadvantaged** children, adolescents and their families.



## Health System Preparedness

### Opportunities

- Resilient information systems
- IDSR and VPD surveillance
- Public Health emergencies

### Digital Interventions

- Maturity modeling, mapping of existing tools, and enterprise planning
- Digital Health Public Goods for PHE response
- Rapid Response and real-time monitoring
- Geospatial risk assessments
- Financial payment mechanisms

## Improving quality of care

### Opportunities

- Health worker capacity building
- Health seeking behavior change
- Service Access and Delivery

### Digital Interventions

- Clinical protocols, checklists and content
- Telehealth and virtual care
- Remote health worker training
- Client based health messaging / SBC initiatives
- Client satisfaction / Accountability to Affected People (AAP) platforms

## Community Health

### Opportunities

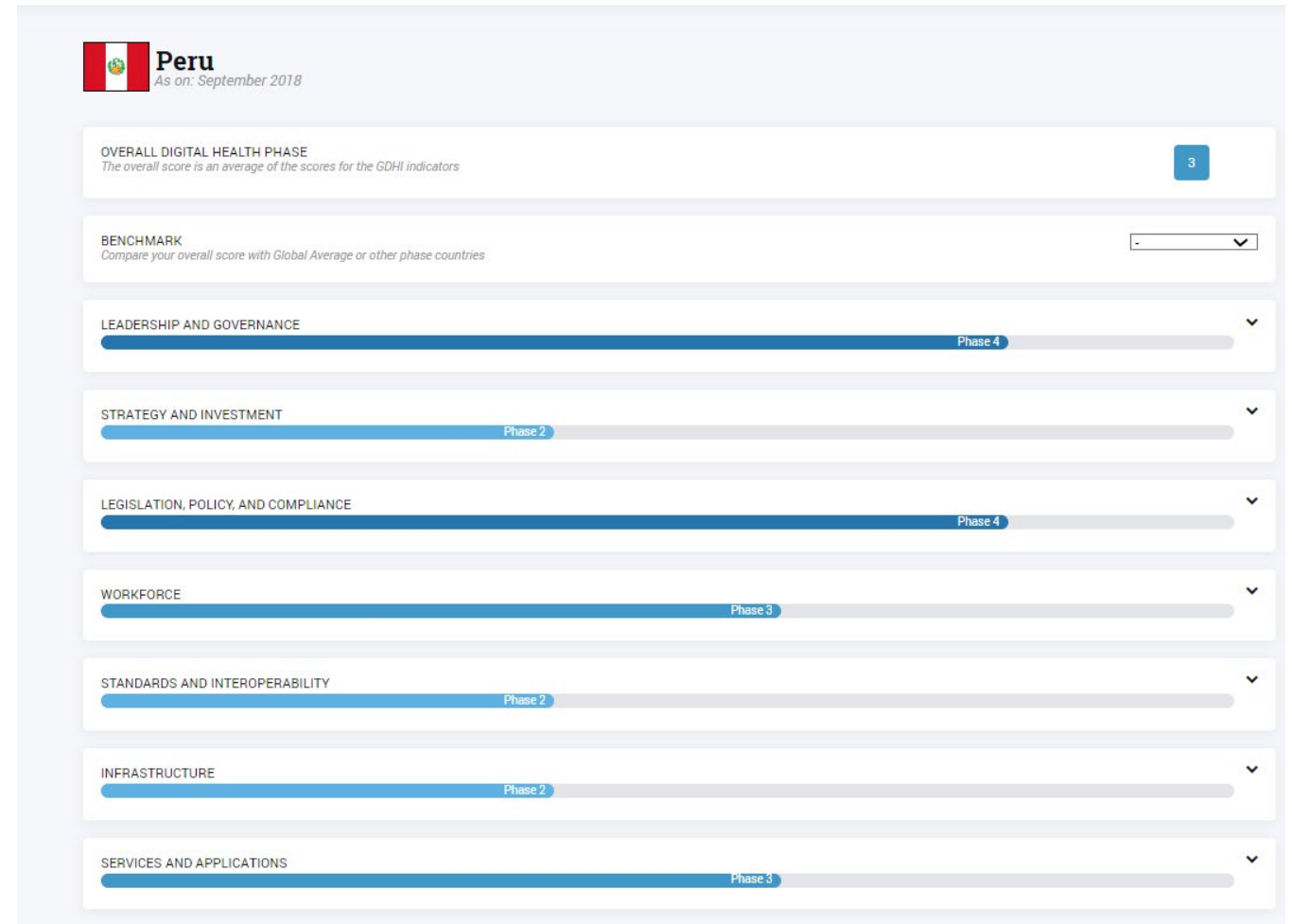
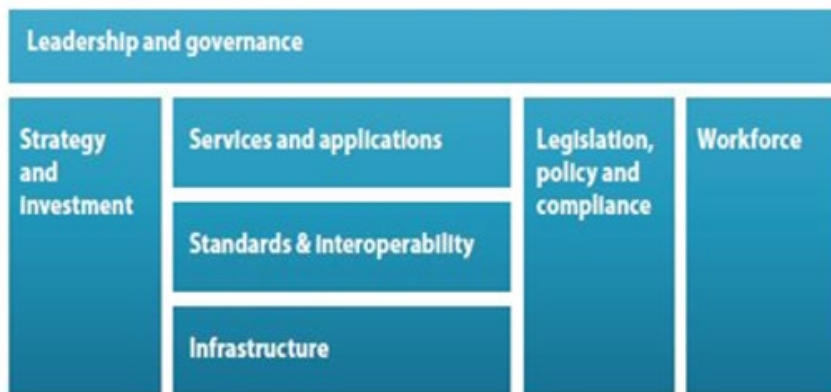
- National Community health strategies.
- Community health worker profiles
- ICCM, IMNCI

### Digital Interventions

- Measurement and Accountability
- Community Health Worker Registries
- Decision Support, Planning and Case Management
- Community Health Information Systems & HMIS revision

# Assessing Readiness

- Global Digital Health Index
- Early-Stage Digital Health Investment Toolkit
- Digital Pandemic Preparedness Assessment
- Navigator Capabilities Model





# Mapping

- Identifying Platforms for Re-use and Expansion, while reducing duplication
- Aligning Partners around a shared Government Vision

PARENT EDITABLE Mapping of Digital Health Tools and Technologies in Countries

File Edit View Insert Format Data Tools Add-ons Help Last edit was seconds ago

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D:G fx DHIS 2

	A	B	C	D	E	F	G	H	R	X	AD	AH	AO	AT	AW	BA	BD
2	Region	UNICEF Office	Health management information system (HMIS) (General)	DHIS 2	SanteSuite	Oracle Health Management System	HMIS (Other)	Electronic Medical Record (General)	Community based information system (General)	Laboratory and diagnostics information system (General)	Pharmacy Information System (General)	Logistics Management Information System (General)	Track and Trace System (General)	Immunization Stock Forecasting (General)	Cold Chain Monitoring (General)	Cold Chain Equipment Inventory (General)	Telemedicine (General)
54	EAPR	Fiji	2	0			2	2		2	0	1	0	1	0	1	1
				1				1	0	0	1	1	0	0	0	0	0
			2					0	2	1	0	2	0	1	1	2	0
			2					0		2	0	2	0	0	0	0	0
			0				1	2		0	1	2	0	2	0	0	2
			2					1	1	2	0	1	0	1	1	0	2
							1	1	1	1	2	1	0	0	1	0	1
			1					1	1	0	1	1	0	0	1	2	1

Country Overview COVID Funding LMIS Community Mobilization Vaccine Delivery Planning Sum: 16 Explore

## Introduction

Indonesia's Ministry of Health (MOH) is implementing digital health strategies centered around the digitization, integration, and ecosystem strengthening of health information systems. The COVID-19 pandemic has put additional strain on the health system, bringing a new level of urgency to the implementation of the government's strategies. Leveraging digital health tools is a rapid, cost-effective strategy to accelerate Indonesia's COVID-19 response while at the same time bolstering its health system at large.

## Background

Digital Square conducted a landscape analysis of Indonesia's digital systems in the ten-year period from 2010–2020 with information validated by tool implementers and designers and digital health experts, as part of the US Agency for International Development (USAID)-funded Map and Match project. The purpose was to identify the existing digital tools used in Indonesia, map the tools already deployed for COVID-19 response to relevant use cases, and highlight opportunities where existing tools can quickly be adapted and deployed to support COVID-19 response.



## Analysis overview

Map and Match's analysis found that Indonesia's health system uses 57 digital health tools, with at least 30 already deployed for COVID-19 response. This brief identifies opportunities for existing digital tools to be adapted to pandemic use cases to respond to needs for the COVID-19 response and potential future epidemics. Mapping of the existing tools to the use cases revealed where there are strengths and opportunities in Indonesia's digital health system's response to COVID-19. The analysis identified three use case gaps, namely One Health, points of entry, and supply chain, with additional tools ready for adaptation to further address them. Strategic adaptation of existing digital health tools will accelerate the COVID-19 response, offering greater efficiency and more robust support to the government, health workers, clients, and other stakeholders.

## Key definitions

**Pandemic use case** refers to the specific type of information collected, stored, tracked, analyzed, or visualized as it relates to the functional response to an epidemiological event, specifically COVID-19.

**Digital health tool** refers to a website, application, or other computer or mobile technology that supports data collection, storage, tracking, analysis, or visualization. The tool must have an electronic interface. One digital tool can address multiple use cases.

**Application** refers to components of digital tools that are primarily designed for use by clients of the health system or by health workers. Applications can be reused to address more than one use case, or applications can be uniquely used for only one use case.

**Adaptation** refers to making improvements to existing digital tools to improve their applicability and impact in the context of COVID-19.

Figure 1. Current number of digital health tool deployments mapped to pandemic use cases in Indonesia.



Figure 1 illustrates that many use cases are addressed using several tools in Indonesia's COVID-19 response while other use cases are filled by a sole tool.

## Digital health systems to support pandemic response in Indonesia

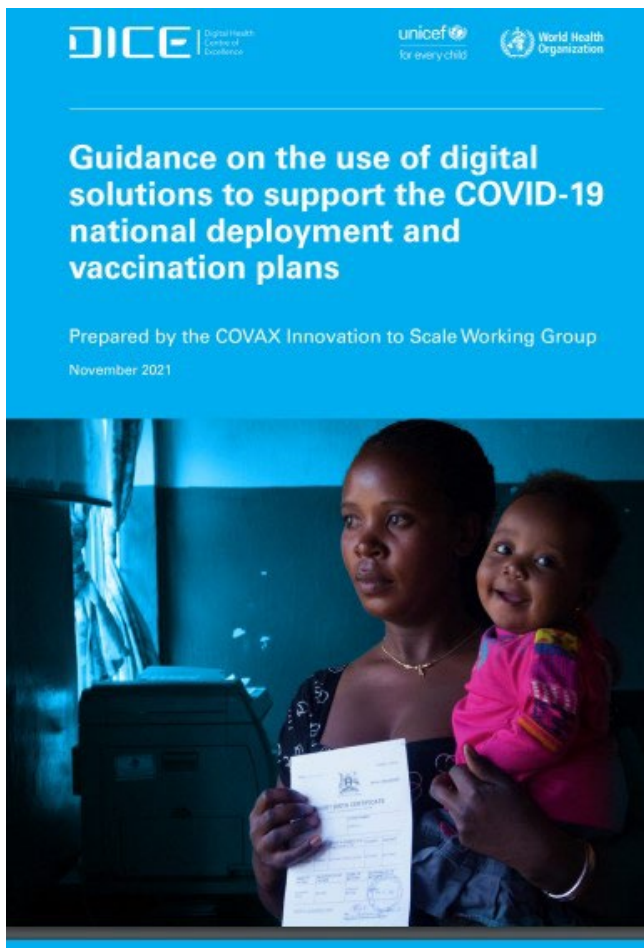
Mapping digital health tools and matching deployment opportunities in response to COVID-19

June 2021

### IN THIS TECHNICAL BRIEF

- 2 View a snapshot of the digital health tools mapped and matched to support Indonesia's COVID-19 response
- 4 Discover the digital health tools ready for adaptation to rapidly strengthen the COVID-19 response
- 4 Explore examples of global goods ready for adaptation and deployment for COVID-19 response
- 5 Delve into an in-depth look at digital health tools to support the COVID-19 response
- 10 Glimpse a high-level analysis of key elements to Indonesia's digital health systems
- 10 Take action using the Map and Match data and resources
- 11 Review annexes defining abbreviations and pandemic use cases, and describing how digital health tools can support vaccine deployment

# Donor Coordination





# THANKS

Please use the QR Code for more information

[www.digitalhealthcoe.org/](http://www.digitalhealthcoe.org/)



# Mama na Mwana

Institutionalizing client feedback to increase social accountability and improve the quality of health services in Tanzania

Ulrika Baker, Health manager, UNICEF Tanzania  
[ubaker@unicef.org](mailto:ubaker@unicef.org)





1

A digital **client feedback mechanism** that captures mothers' experiences of care during pregnancy and after childbirth

2

Mothers register on any mobile phone, and **answer questions while at home**, reducing the bias seen in traditional "exit interviews"

3

Responses are **linked to the government Health Management Information System (HMIS)** and visualized in **score cards for use at all levels** of the health system

4

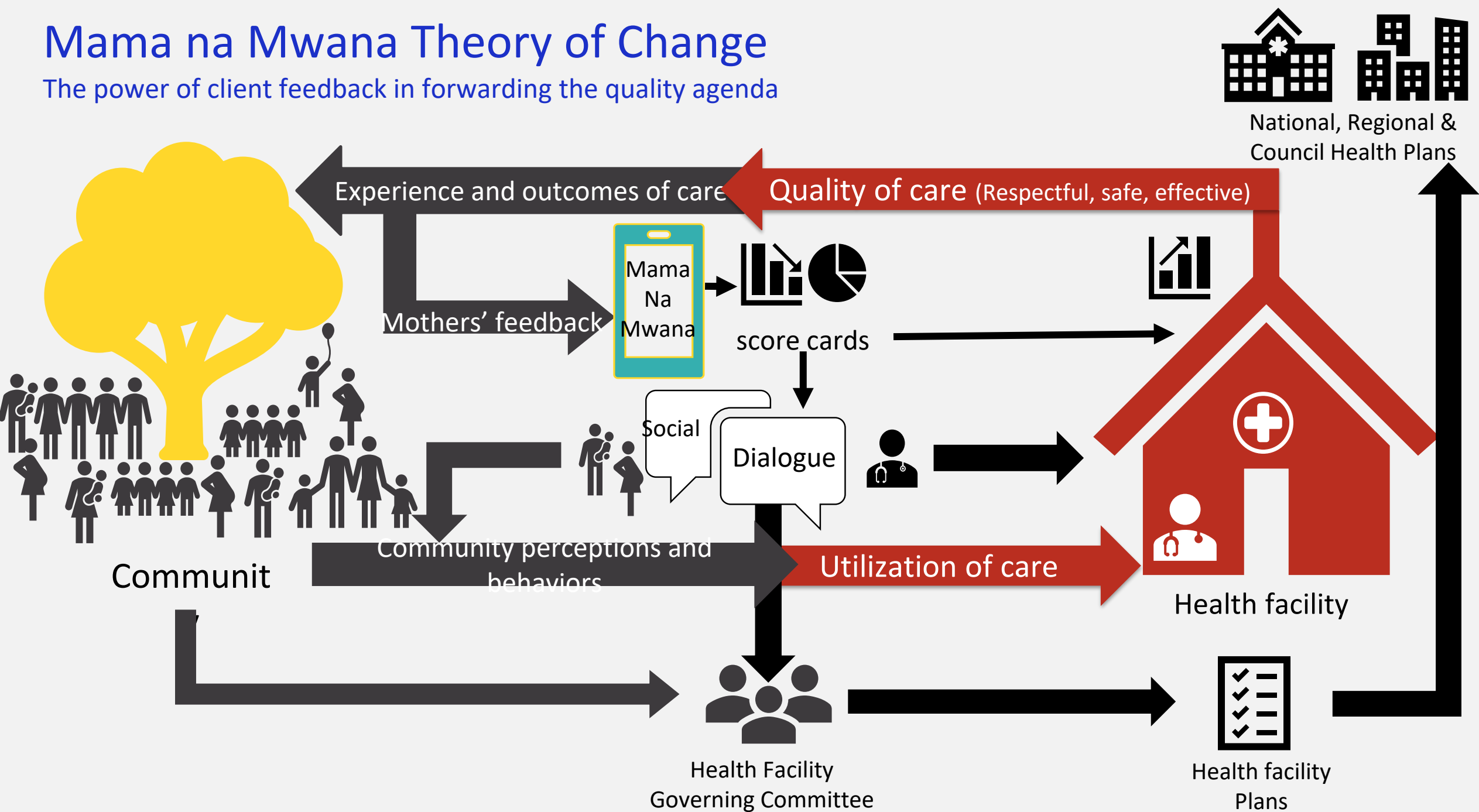
Mama na Mwana **fills an important gap in availability of indicators to reflect quality of care** and complements routine HMIS





# Mama na Mwana Theory of Change

The power of client feedback in forwarding the quality agenda





## Experience from Mama na Mwana 2017-2020

implemented in two regions as part of complex intervention to improve access, utilization and quality of care

**85,000 mothers registered**

providing feedback on the performance of 40% of all public health facilities

**Over 400 social dialogues conducted**

between communities and health facilities

## RESULTS

Increased knowledge of danger signs

Increase in early ANC attendance

Increased syphilis testing

Positive impact on resource allocation

**DESIGN FOR NATIONAL SCALE**



PHC client  
feedback

# The vision...

1. To capture **high quality cross-sectoral indicators on maternal, newborn and child health, nutrition, ECD and social welfare**, *complementing* data from HMIS and other information systems
2. To enable **routinised inclusion of client feedback** at multiple layers of the health system for quality improvement, planning and decision-making, evaluation of service performance, satisfaction and increased social accountability
3. To use **technology that is sustainable and integrated with government systems** where dashboards and other tools for various users are made available through DHIS-2 or other suitable platform
4. To **scale this service nationally** over a multi-year period and implement a long-term sustainable funding strategy for the program





# Content



# Technology

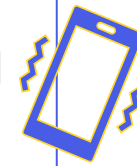


# Use



- 32 *approved* questions
- *aligned* with WHO QoC framework
- *complement* to HMIS
- questions cover waiting time, consent, wash, male involvement, birth companionship, respectful care, out of pocket expenditure

A mother registers through sending a sms with the keyword “mama” to **15077**



Surveys triggered based on stage of pregnancy



received via web API & stored in data base



formatted data

Integration service

web hooks

	MnMRT1 - Uwiano wa mwanawake waliopokea furaha ya kujadili waziwazi kuhusu wao	MnMRT1 - Uwiano wa wanaawake waliokuwa wanaifahamu uwezo wa eneo la sanduku la malalamiko.	MnMRT1 - Uwiano wa wanaawake waliokirenda na wengi wao wakati wa huduma za afya ya mama na mtoto	MnMRT1 - Uwiano wa wanaawake waliotumia wakati wa kukosa uwezo wa kujipa huduma hiyo.	MnMRT1 - Uwiano wa wanaawake waliotombwa kutoka ndaba kabla ya uchunguzi au huduma yoyote kufanywa katika kuo cha kutolea huduma	MnMRT1 - Uwiano wa wanaawake waliopokea furaha ya kujadili mapendekezo yao	MnMRT1 - Uwiano wa wanaawake waliopokea furaha ya kujadili mapendekezo yao	MnMRT1 - Uwiano wa wanaawake waliopokea furaha ya kujadili mapendekezo yao	MnMRT1 - Uwiano wa wanaawake waliopokea furaha ya kujadili mapendekezo yao	MnMRT1 - Uwiano wa wanaawake waliopokea furaha ya kujadili mapendekezo yao	MnMRT1 - Uwiano wa wanaawake waliopokea furaha ya kujadili mapendekezo yao	MnMRT1 - Uwiano wa wanaawake waliopokea furaha ya kujadili mapendekezo yao
Dar es Salaam Region	90	72.9	81.4	81.4	66.7	82.9	85.7	85.7	86.6	87.1	82.9	97.1
Dodoma Region	94.6	90	94.1	94.6	83.7	94.1	93.7	96.7	97.6	96.2	80.3	97.9
Kigoma Region	93.2	88	89.7	96.6	80.3	91.6	94	96.6	98.3	92.3	74.4	92.3
Mbeya Region	93.8	84.4	89.1	93.8	82.6	89.1	87.6	93.8	96.4	90.6	71.9	92.2

Service Improvement  
Planning  
Social dialogues  
Accountability

Within routine programme  
platforms

# Monitoring & Evaluation



## Quantitative data

client registration and survey completion

data use in communities and health facilities

service coverage

## Qualitative data

client understanding of Mama na Mwana platform

stakeholder engagement in social dialogues

Usefulness of data for planning, quality improvement & supervision

# Mama na Mwana governance structure

## Steering Committee

Chair – Ministry of Health

Co-chair - President's Office for Regional and Local Government

Secretariat –UNICEF

Coordination, oversight,  
guidance, strategic decision  
making

## Mama na Mwana sub-committee groups

Content

Technology

Use

M&E and  
Research

Programme development,  
review and improvement

## Mama na Mwana Implementing partners

National, Regional and Local Government Authorities and Communities

**BMF**  
Mbeya, DSM

**CRS**  
Kigoma

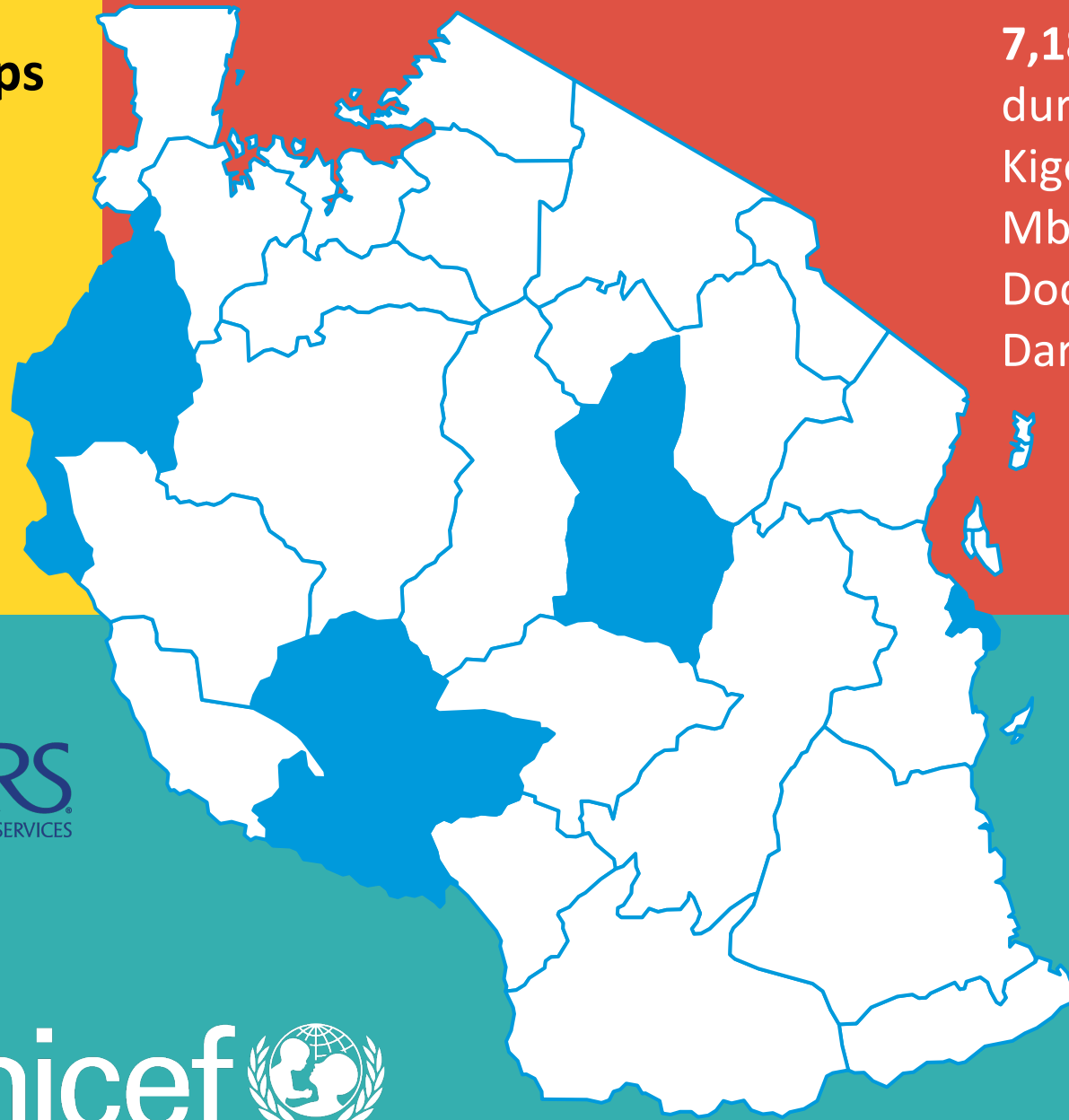
**Afya Pamoja**  
DSM, M&E

**Others**

Implementation within  
government and partner  
supported programmes



## Current geographical scope and partnerships



**7,189 mothers registered**  
during July-Sep 2022 in  
Kigoma  
Mbeya  
Dodoma  
Dar es Salaam regions

Afya Pamoja



**26 national trainers**  
have trained  
**3,015 health workers**  
in communities and health  
facilities to promote and  
facilitate mothers'  
registration and to use the  
Mama na Mwana data



# Next steps...

- Continued strong government coordination and leadership
- Integrate with community health information systems
- Engage more partners interested in supporting client feedback
- Expand scope to include other areas of care (Child Health including immunization, HIV, Family Planning, Child Health including immunization etc.)
- Nation-wide launch

# ASANTE SANA!

## *Credits*

Colleagues from Ministry of Health, President's Office for Regional and Local Government – Department of Health , UNICEF Tanzania, Afya Pamoja, Catholic Relief Services and Benjamin Mkapa Foundation





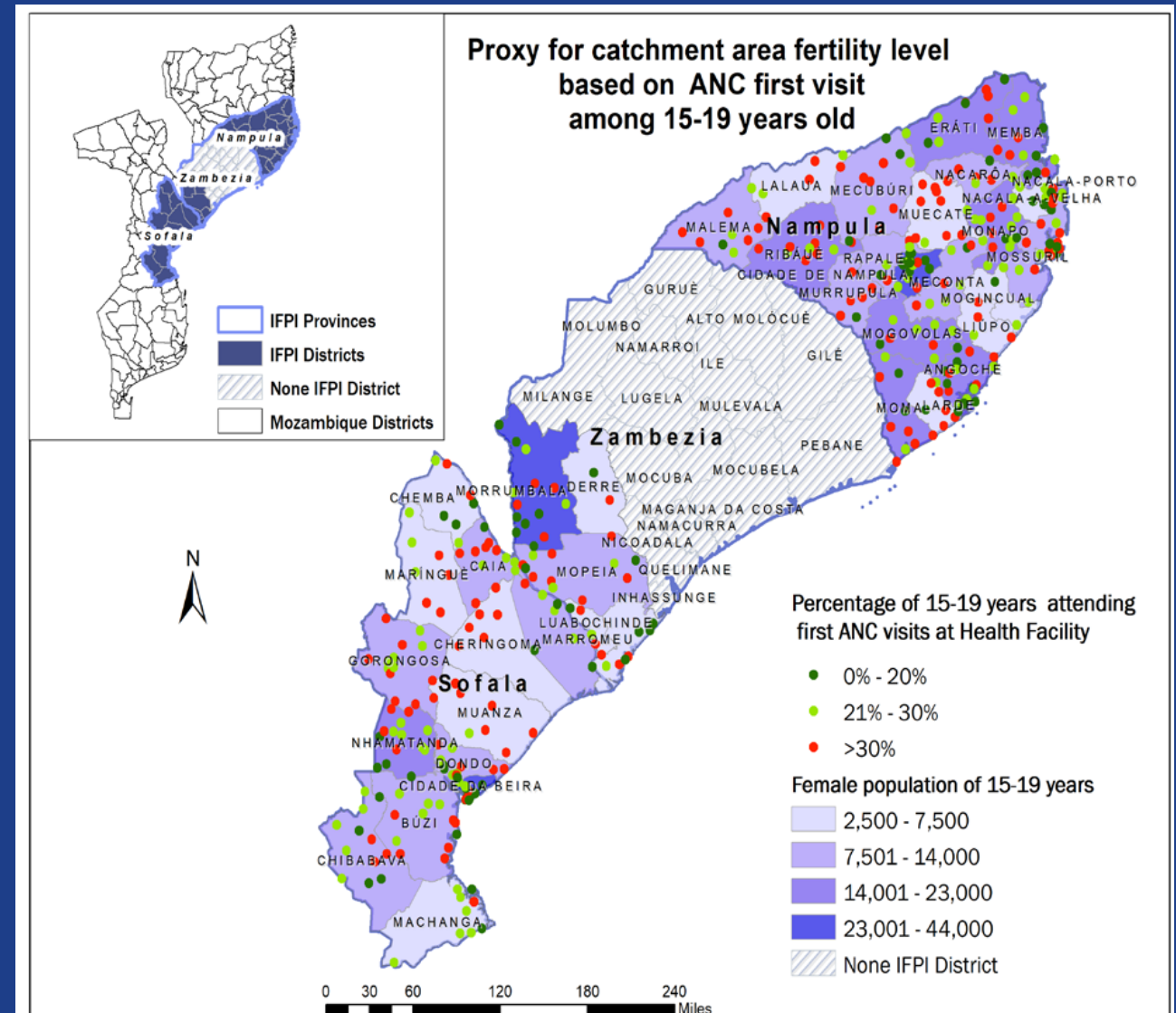


# Improving the Quality of Family Planning Services Through a Mentorship App for Health Providers in Mozambique.

# Improved Family Planning Initiative (IFPI) – General Overview

PATHFINDER

- Five-year program, \$42.5m (\$40.5m **USAID**; \$2.0M cost share)
- **Location: Nampula, Zambézia e Sofala**
  - 41 districts (Sofala-13, Nampula-23 and Zambézia-5)
  - 467 Health Facilities (Sofala-170; Nampula-246; and Zambézia-51)



# Mentorship App

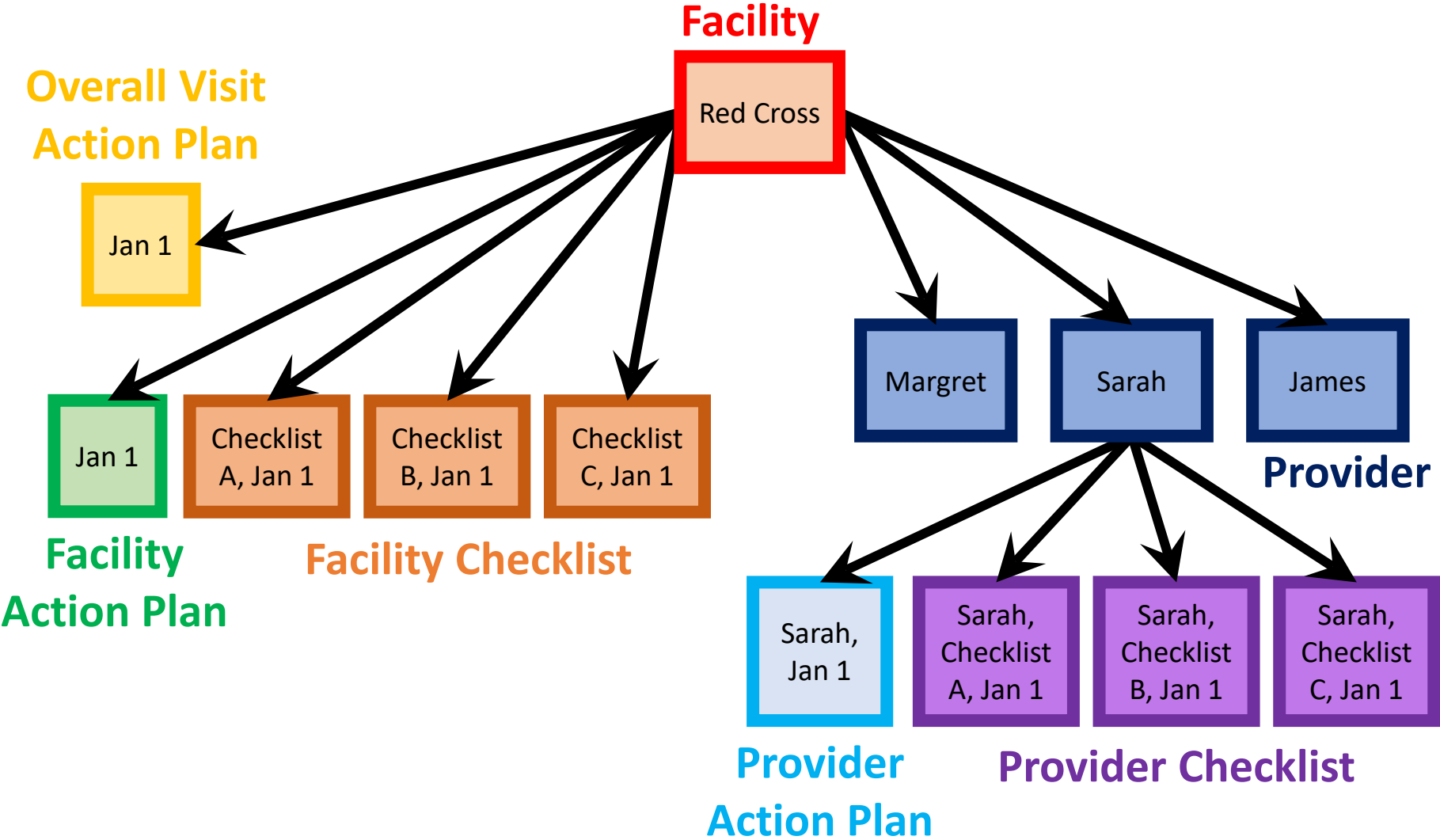
PATHFINDER

- Allows mentors to supervise facilities and their providers to verify and improve the quality of services provided.
- Scores providers on procedures performed and aggregates scores to determine key areas for improvement.
- Encourages making and following up on action plans for both providers and facilities.



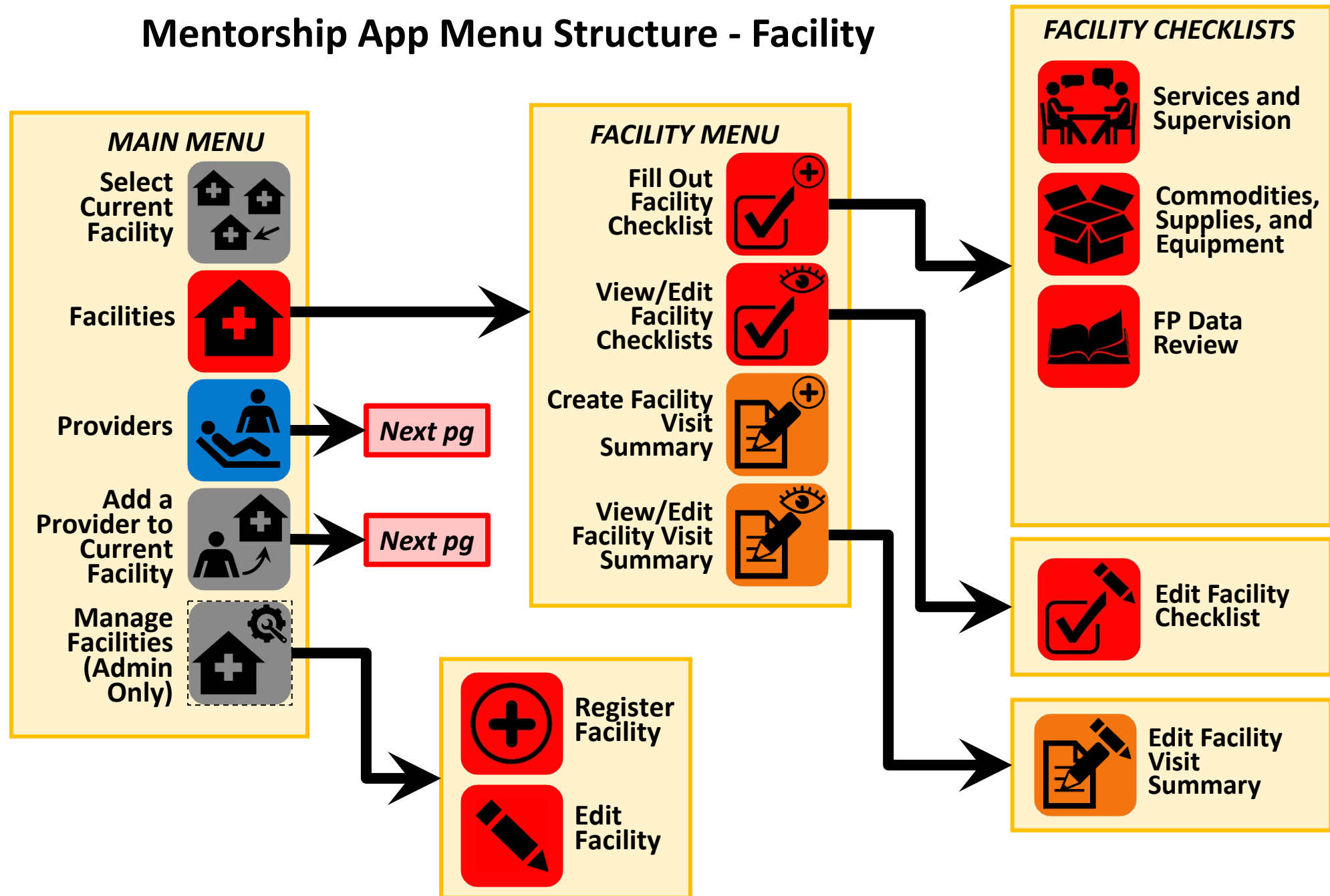


# Mentorship Workflow

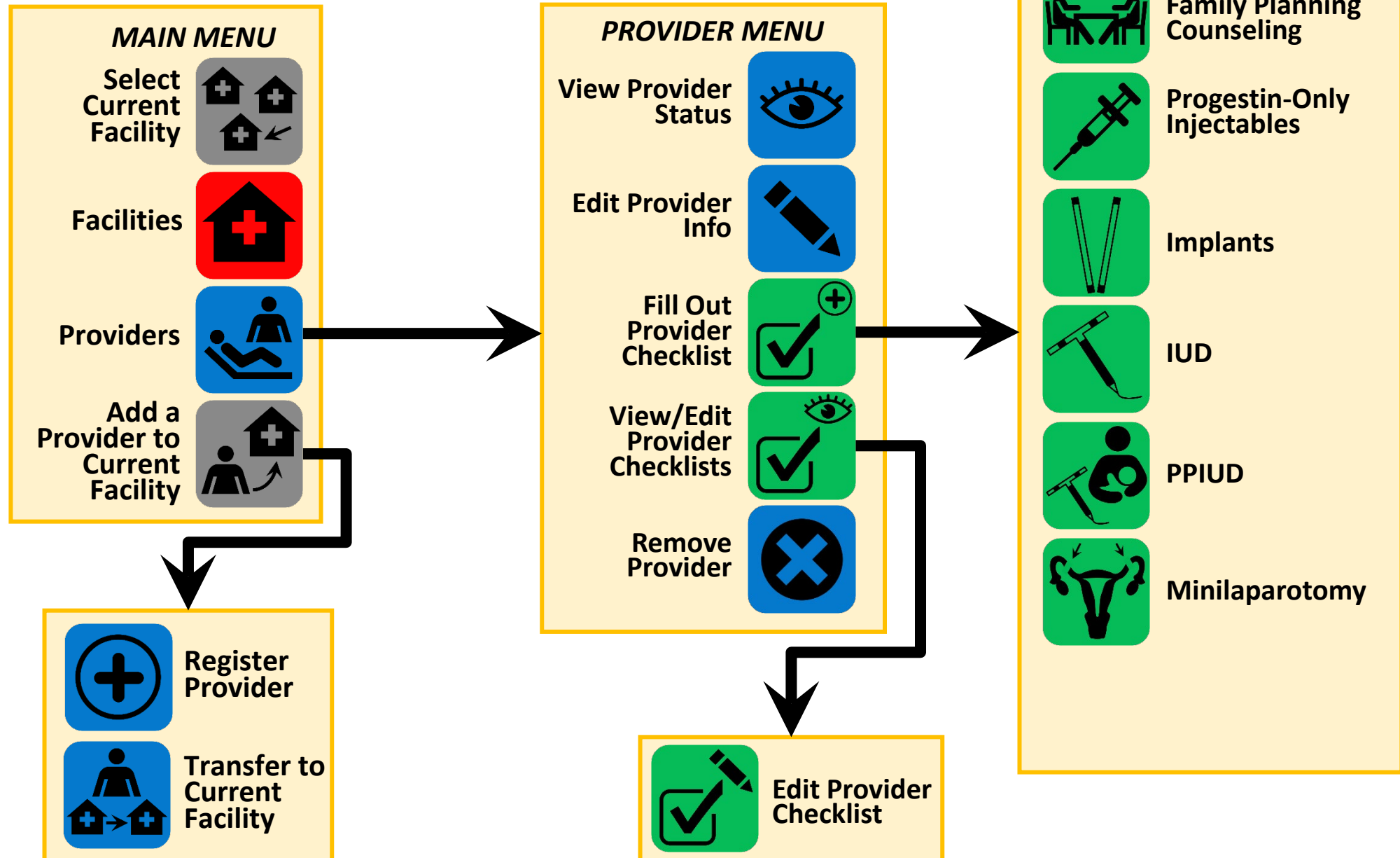




# Mentorship App Menu Structure - Facility



# Mentorship App Menu Structure - Provider



# App Screenshots



Mentorship Application

Select Current Facility

Facilities

Providers

Add a Provider to Current Facility

NAME	FACILITY	Nº DO BI	STAFF CADRE
	CS Lupi		Enfermeira Geral
	CS Lupi		Agente/Técnico de Medicina Geral
	CS Lupi		Agente/Técnico de Medicina Preventiva
	CS Lupi		Enfermeira SMI

Contraceptive / Family Planning Counseling

Checklist

☐ No

Provides adequate and accurate family planning counseling

☐ Yes

☐ No

☐ Yes

Demonstrates methods available (using job aids)

☐ No

☐ Yes

Emphasizes dual protection and offers condoms to accompany any method offered

☐ No

☐ Yes

Offers full range of methods available at the facility to the client, regardless of age, marital status, or parity

IUD

Total Score: 15/19 = 78%

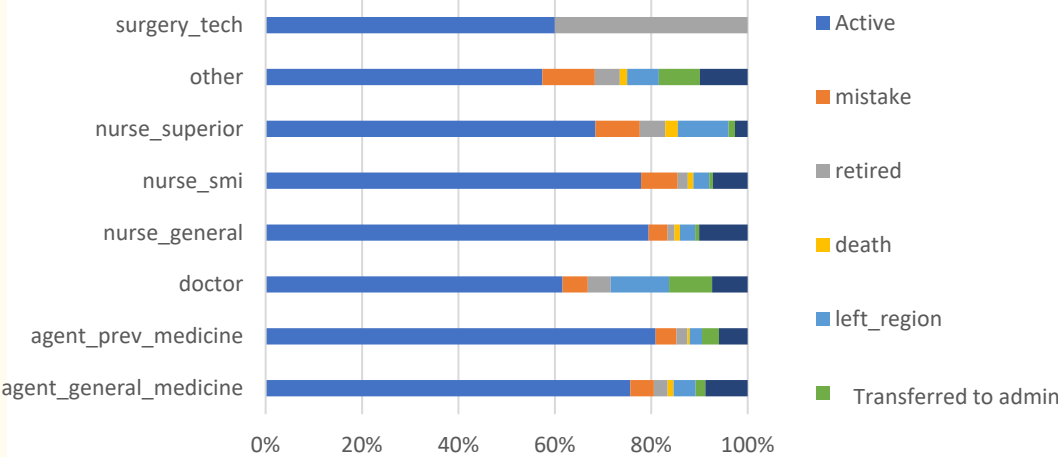
Key Steps Score: 3/4 = 75%

Competency Rating: **Reprovado**

# Dashboard

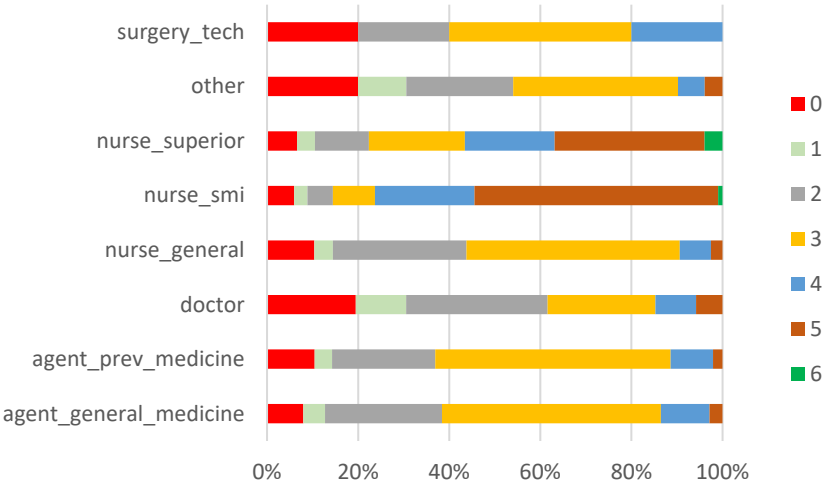
Providers status

N = 5547

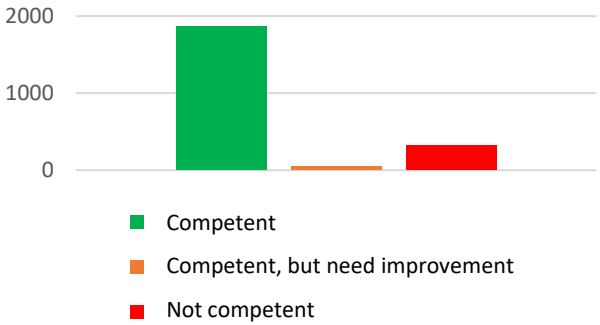


Mentored in different checklists

N = 5547

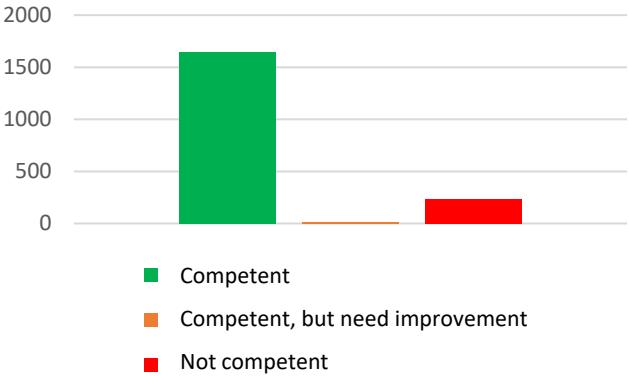


IUD

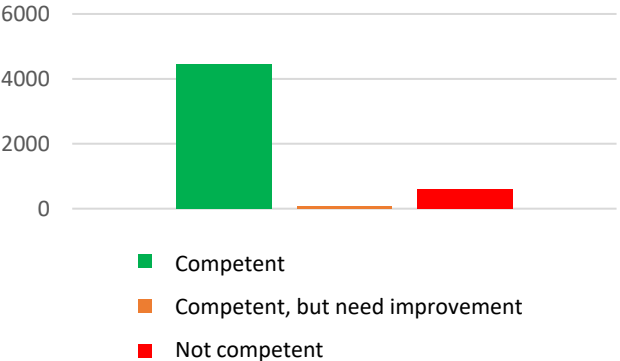


PATHFINDER

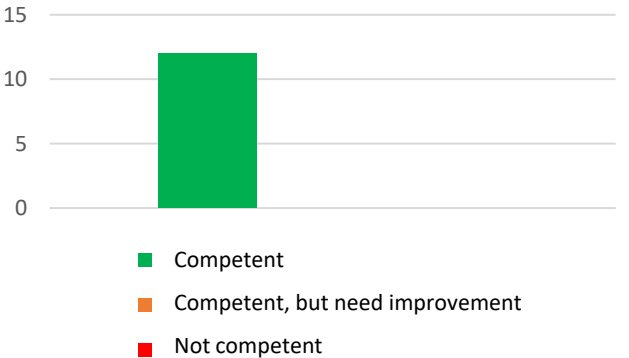
PPIUD



Implant



Mini-Lap





# Achieved Improvements

- More confidence of health providers on different procedures, increasing their ability to offer LARC to the clients;
- Track provider performance and trainings over time;
- Improved coordination with district and Health Facility managers;
- MOH mentors more involved and adopting strategies to eternalize mentorship;
- Logbooks filled correctly, thus improved data quality;

# PATHFINDER



## THANK YOU



@PATHFINDERINT



@PATHFINDERINTERNATIONAL



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PATHFINDER.ORG

Mentorship - Namitatar Hospital. Island of Mozambique, 2017

# Connect with the us

Engage with the **QoC subgroup co-chairs:**

- Anne: [adetjen@unicef.org](mailto:adetjen@unicef.org)
- Patty: [pjodrey@usaid.gov](mailto:pjodrey@usaid.gov)
- Peter: [pwaiswa@musph.ac.ug](mailto:pwaiswa@musph.ac.ug)

Engage with the **Digital Health & Innovations subgroup co-chairs:**

- Darlene: [darlene.irby@pathfinder.org](mailto:darlene.irby@pathfinder.org)
- Jeanne: [jkoepsell@savechildren.org](mailto:jkoepsell@savechildren.org)

Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website:

[www.childhealthtaskforce.org/subgroups/qoc](http://www.childhealthtaskforce.org/subgroups/qoc) and [www.childhealthtaskforce.org/subgroups/digital-health](http://www.childhealthtaskforce.org/subgroups/digital-health)

*\*The recording and presentations from this webinar will be available on this page in a couple days*

**Join the Child Health Task Force here:** <https://bit.ly/joinchtf> & follow us on LinkedIn:

[www.linkedin.com/company/child-health-task-force](http://www.linkedin.com/company/child-health-task-force)



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