Digital Tools for Improving Quality of Care for Children

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
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

Health System Preparedness

Improving quality of care

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

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

Community Health

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.
Assessing Readiness

- Global Digital Health Index
- Early-Stage Digital Health Investment Toolkit
- Digital Pandemic Preparedness Assessment
- Navigator Capabilities Model
• Identifying Platforms for Re-use and Expansion, while reducing duplication
• Aligning Partners around a shared Government Vision
THANKS

Please use the QR Code for more information

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
What is Mama na Mwana?

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

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

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.

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 and outcomes of care → Mothers’ feedback → Mama Na Mwana

Community perceptions and behaviors → Dialogue

Utilization of care → Health facility

Quality of care (Respectful, safe, effective) → score cards

National, Regional & Council Health Plans

Health Facility Governing Committee
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

Increased knowledge of danger signs

Increase in early ANC attendance

Increased syphilis testing

Positive impact on resource allocation

DESIGN FOR NATIONAL SCALE

RESULTS
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.
• 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

Integration service

web hooks

Rapid Pro

Technology

Use

Service Improvement Planning
Social dialogues
Accountability

Within routine programme platforms
Monitoring & Evaluation

Qualitative data
- Client understanding of Mama na Mwana platform
- Stakeholder engagement in social dialogues
- Usefulness of data for planning, quality improvement & supervision

Quantitative data
- Client registration and survey completion
- Data use in communities and health facilities
- Service coverage
Mama na Mwana governance structure

**Steering Committee**
- Chair – Ministry of Health
- Co-chair – President’s Office for Regional and Local Government
- Secretariat – UNICEF

**Mama na Mwana sub-committee groups**
- Content
- Technology
- Use
- M&E and Research

**Mama na Mwana Implementing partners**
- National, Regional and Local Government Authorities and Communities
  - BMF Mbeya, DSM
  - CRS Kigoma
  - Afya Pamoja DSM, M&E
- Others

**Coordination, oversight, guidance, strategic decision making**

**Programme development, review and improvement**

**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

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

• 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

• 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 App Menu Structure - Facility

**MAIN MENU**
- Select Current Facility
- Facilities
- Providers
- Add a Provider to Current Facility
- Manage Facilities (Admin Only)

**Facility Menu**
- Fill Out Facility Checklist
- View/Edit Facility Checklists
- Create Facility Visit Summary
- View/Edit Facility Visit Summary

**Facility Checklists**
- Services and Supervision
- Commodities, Supplies, and Equipment
- FP Data Review

**Register Facility**

**Edit Facility**
Mentorship App Menu Structure - Provider

**MAIN MENU**
- Select Current Facility
- Facilities
- Providers
- Add a Provider to Current Facility

**PROVIDER MENU**
- View Provider Status
- Edit Provider Info
- Fill Out Provider Checklist
- View/Edit Provider Checklists
- Remove Provider

**PROVIDER CHECKLISTS**
- Contraceptive / Family Planning Counseling
- Progestin-Only Injectables
- Implanted Contraception
- IUD
- PPIUD
- Minilaparotomy

**Register Provider**

**Transfer to Current Facility**
App Screenshots

- Mentorship Application
  - Select Current Facility
  - Facilities
  - Providers
  - Add a Provider to Current Facility

- Contraceptive / Family Planning Counseling
  - Checklist
    - Provides adequate and accurate family planning counseling
      - Yes
      - No
    - Demonstrates methods available (using job aids)
      - Yes
      - No
    - Emphasizes dual protection and offers condoms to accompany any method offered
      - Yes
      - No
  - Offers full range of methods available at the facility to the client, regardless of age, marital status, or parity

- ILED
  - Total Score: 15/19 = 78%
  - Key Steps Score: 3/4 = 75%
  - Competency Rating: Reprovado
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;
Connect with the us

Engage with the QoC subgroup co-chairs:
- Anne: adetjen@unicef.org
- Patty: pjodrey@usaid.gov
- Peter: pwaiswa@musph.ac.ug

Engage with the Digital Health & Innovations subgroup co-chairs:
- Darlene: darlene.irby@pathfinder.org
- Jeanne: 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 and www.childhealthtaskforce.org/subgroups/digital-health

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

The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID Advancing Nutrition project and funded by USAID and the Bill & Melinda Gates Foundation.

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.