USAID Mikolo Project – Integration to Ministry of Health DHIS2 System

August 1, 2018
Project Background
Impetus for introducing technology

- Improving quality of community-level primary health care services
- Sustainably developing systems, capacity, and ownership of partners
- Increasing the adoption of healthy behaviors and practices
- Improving Community Health Reporting Quality and Rates
System Workflow

Legend

- Supervision
- Data Flow
- Service Provision / Data Collection

- Regional Offices
- Supervisors
- Support Technician
- Beneficiaries
- Community Health Workers
- MSH Mikolo
- DHIS2
- CommCare HQ
- Madagascar Ministry of Health
- Health Centers
Timeline

- **Design & Build Of Application v1**
  - December 2016

- **Pilot with 50 Users**
  - March 2017

- **Evaluation of Pilot, Refinement of Application v2**
  - September 2017

- **Scale to 550 Users**
  - January 2018

- **Handover to Ministry of Health**
  - April 2018
Linking with Larger Health System

CHWs submit data through their application as they provide Health services

Monthly Data Aggregation for a set of indicators

Integration using systems APIs

Ministry of Health users can exploit the data

Reports, Graphs & Pivot tables
Results

357
Active Community Health Workers on a total of 440

5,215
Beneficiaries covered per month per active CHW

300+
Health Indicators Integrated in DHSI2

50
Nurses/Supervisors

16,000+
Forms submitted monthly

80%
Reporting Rate
Learnings & Takeaways

You need a Project Manager
Organization, coordination, negotiation are key

Data Mapping takes time
Mapping the indicator and other sets of data is time consuming, define and specify it before starting it

Clear Ownership
Roles and responsibilities of the teams working together and ownership needs to be clarified

Mature Systems
Both systems need to be mature and stabilized to allow the integration to work