NetHope 2017 Device Challenge

PROGRAM DESCRIPTION
Please provide a 2-4 page Program Description including the following information:

| ORGANIZATION NAME: | Jhpiego Corporation |

i. Problem Statement
The Ebola Virus Disease epidemic in 2014 and 2015 highlighted the importance of Infection Prevention and Control (IPC) as a foundational element in health services to protect healthcare workers and their patients and support quality care. During the epidemic, Jhpiego received funding to train more than 5000 healthcare workers across Guinea on IPC and provide intensive coaching and supervision to help sustain correct and consistent IPC practices. To continue this support for health services recovery and ongoing attention to IPC after the epidemic, Jhpiego is supporting a range of interventions to build and sustain quality of care.

This includes skills-based clinical training, implementing the nationally adopted quality improvement methodology Standards-based Management and Recognition (SBM-R®), supporting Hygiene and Safety Committees to monitor IPC, and reinforcing the national health management information system through regular data quality assessments. To date, these interventions rely on paper-based checklists and reports, which are cumbersome to transmit, analyze, and synthesize at a specific facility or across multiple facilities at various levels of the health system. By moving these quality of care tools to a digital platform, Jhpiego expects to create efficiencies in the use of limited supervision resources to better support healthcare workers and improve quality of care. Jhpiego was fortunate to receive support for the integration of IPC supervision checklists into the CommCare electronic software platform; however, hardware and communication costs are the key limitation to large-scale implementation. The proposed program with NetHope can specifically address this challenge.

ii. Proposed Program
Jhpiego is leading the five-year USAID-funded Health Service Delivery (HSD) project, which is designed to continue support for health services recovery post-Ebola and health system strengthening broadly as a means to improve access to and utilization of quality healthcare services, with a particular focus on the health of women and children in Guinea. Assistance from the NetHope Device Challenge will catalyze this support by helping the HSD project to introduce a digital platform for supervision and monitoring of healthcare providers and services. The project will deploy tablets for different user in order to replace paper checklists and reports with a mobile application that can work offline and shared through a mobile phone connection for summarization, analysis and storage. Users include:

- Providers and supervisors using the quality improvement methodology (SBM-R) for both internal peer assessment and external supervision of facilities by district and regional managers;
- Jhpiego-trained Clinical Trainers conducting post-training follow-up on the range of clinical services needed to provide the complete package of services for women and children access to care across the healthcare continuum;
- Hygiene and Safety Committees (HSC) supporting and monitoring infection prevention and control at high-volume facilities;
- District and regional supervisors conducting external supervision and assessment of IPC performance;
- Data supervisors at district, regional and national level for monitoring data quality; and
- Implementing client exit interviews to gather user-satisfaction information as part of SBM-R.

Nationally validated checklists of clinical performance standards are part of the nationally adopted SBM-R process, IPC monitoring standards (which originated from SBM-R), and training curricula of providers. Specific clinical domains supported by the project include: IPC, maternity care including emergency obstetric and newborn care, family planning services, integrated management of childhood illness, and malaria prevention and treatment. Integration of IPC performance standards and specific clinical domains
onto tablets will allow health managers and the project team to: ensure skills training is put into practice; share information across internal and external performance reviews; compile data from IPC assessments across hundreds of hospitals and health centers; and monitor and support the functioning of HSCs.

With SBM-R, external supervision of performance is conducted by a team of supervisors from the district and regional health offices, while internal self-assessments are conducted by teams of providers and facility managers. When a facility team meets the established performance standards, a national SBM-R team validates their performance in order to achieve national recognition as a well-performing facility.

As part of Jhpiego’s training model to ensure clinical skills acquisition and application, healthcare providers receive a post-training site visit to assist trainees to implement new skills at their own worksites, where resources and opportunities to use new skills may be limited. Provider performance is reviewed using the same skills checklist used during their training and feedback is provided to the trainee and facility manager to advocate for changes in clinical practice introduced by the training, such as integration of family planning counseling into antenatal and immediate postpartum care for new mothers to ensure healthy timing and spacing of pregnancies, introducing evidence-based best practices in management of diarrheal disease in children, or management of obstetric and newborn complications.

Specific to IPC, HSCs are a group of healthcare providers and facility managers along with community representatives charged with internal supervision and coaching on IPC to help maintain correct and consistent practice of IPC measures. These committees were developed in direct response to the Ebola epidemic and the poor IPC that put healthcare workers and clients at risk of exposure to Ebola and other communicable diseases including HIV and Hepatitis. Jhpiego is supporting the formation and orientation of HSCs. By introducing the use of tablets by the HSCs, the Committees will be better able to communicate progress to district and regional health managers who can assist with the resolution of challenges as they arise. Since district and regional health managers are also responsible for conducting periodic external assessments and supervision, information received from HSC’s can help to direct the planning of supervision visits to facilities where performance is lagging. Further, the digitization of IPC assessment data will help the project to process a large volume of data more efficiently and rapidly be able to share results with MOH and partners.

Finally, Jhpiego is supporting improvements to the national health management information system through the introduction of Data Quality Assessments (DQA) to review the completeness, timeliness and validity of health service data to inform analysis and decision making by health managers. The digitization of the DQA findings will align well with current efforts to introduce a DHIS2-based electronic database for health service information.

iii. Desired Impact

The introduction of digital tablets will impact at least 3,000 healthcare workers and health managers to improve quality of care and engender efficiencies in the use of supervision and monitoring resources to inform evidence-based decision making across the healthcare system. These healthcare providers and the health services they offer cover a population of 10.8 million across seven regions supported by the HSD project, more specifically an expected 375,000 (20%) consultations annually for children under age 5, and more than 170,000 women giving birth with the support of a skilled provider (40%). As consistent availability of quality care improves, along with HSD’s work to inform communities about improved services and the importance of healthcare seeking, the use of healthcare services is expected to increase from these current estimates.

iv. NGO Capabilities

Jhpiego began working in Guinea in 1993, originally with funding from the U.S. Agency for International Development (USAID), to integrate reproductive health in the curriculum of the medical school in Conakry. Since then, Jhpiego has collaborated with USAID, the United Nations Population Fund and the World Health Organization to save the lives of women and children by strengthening and supporting programs in maternal and newborn health and family planning. Currently, under the USAID-funded HSD Project, Jhpiego is working in close collaboration with the Government of Guinea to ensure the goal of consistent, high-quality provision of an essential, integrated package of family planning and maternal and child health care at health facilities and in surrounding communities in seven target regions. With funding from USAID under the Maternal and Child Survival Program, Jhpiego is also working with the country’s Ministry of Public Health and Hygiene to support the country’s recovery following the Ebola epidemic, and implementing an initiative to provide integrated health and legal services for victims of gender-based violence in Conakry. In addition, Jhpiego provides technical support in malaria prevention and treatment as a subcontractor to RTI International under the StopPalu Project, funded by the U.S. President’s Malaria Initiative.
v. Ability and willingness to share work with broader sector for even greater impact

Jhpiego is open to all opportunities to share its work with the health sector within Guinea as well as regionally, particularly among other francophone countries that could directly adapt and build on the project experience. As the lead implementer for one of the largest health programs supporting the Ministry of Health in the country, Jhpiego is an active member of coordinating mechanisms in the health sector, including the Technical and Financial Partners working group and specific technical working groups for reproductive, maternal, newborn and child health, health information systems and human resources management. Jhpiego will also pursue opportunities to present the experience from this project at international health and digital technology for development forums. Our communications department and online platforms, participation on various technical working groups worldwide and multiple international forums present many opportunities to disseminate outcomes of this work across sectors.