

Swiss TPH Spring Symposium 2018

**Decision Support and Health Information Systems: Potential and Pitfalls**

# **Brining Digital Solutions to Scale: There Is No Such Thing as a Quick Fix**

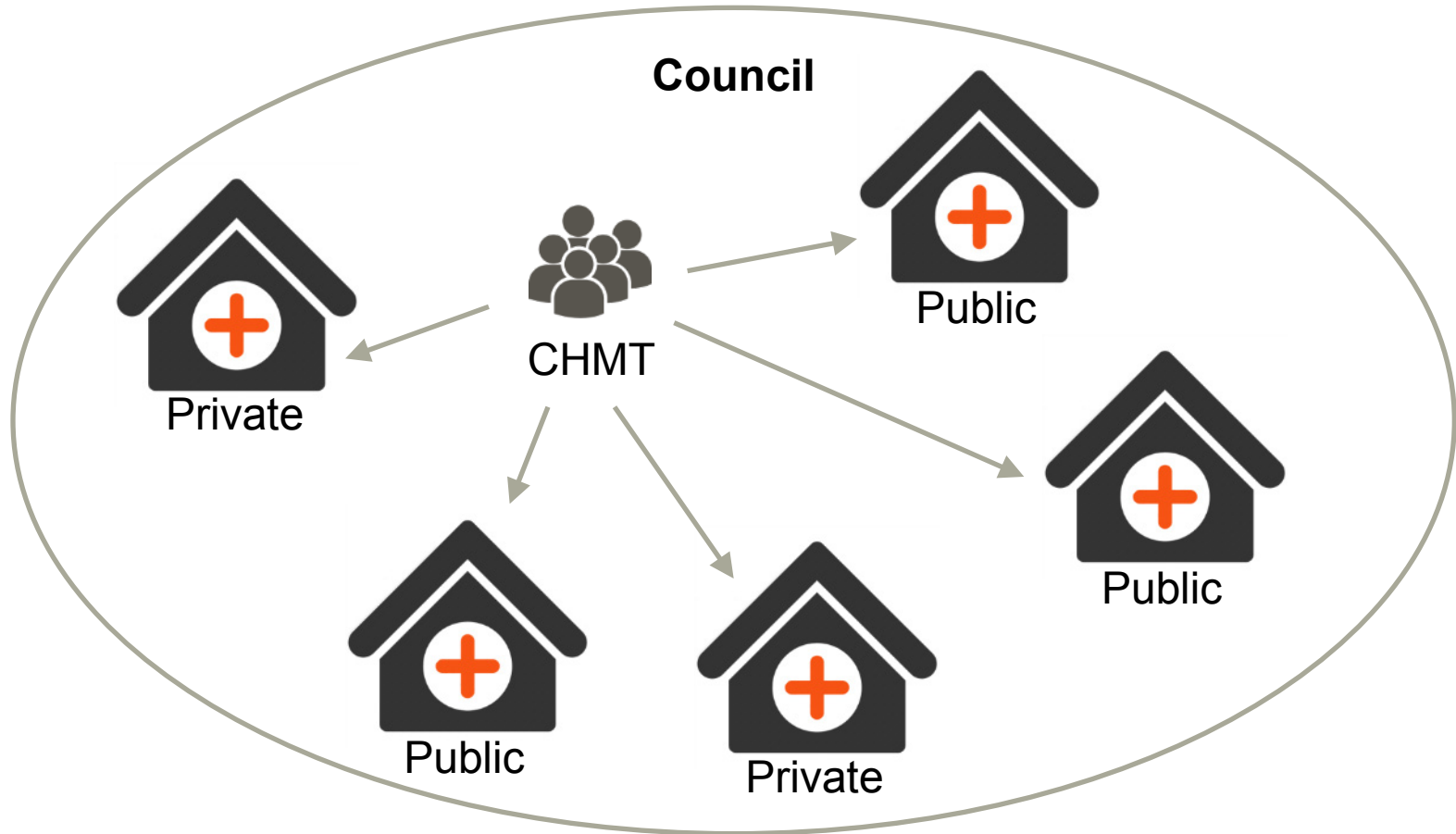
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# The electronic Tool to Improve Quality of Healthcare (e-TIQH)



**Tanzania**

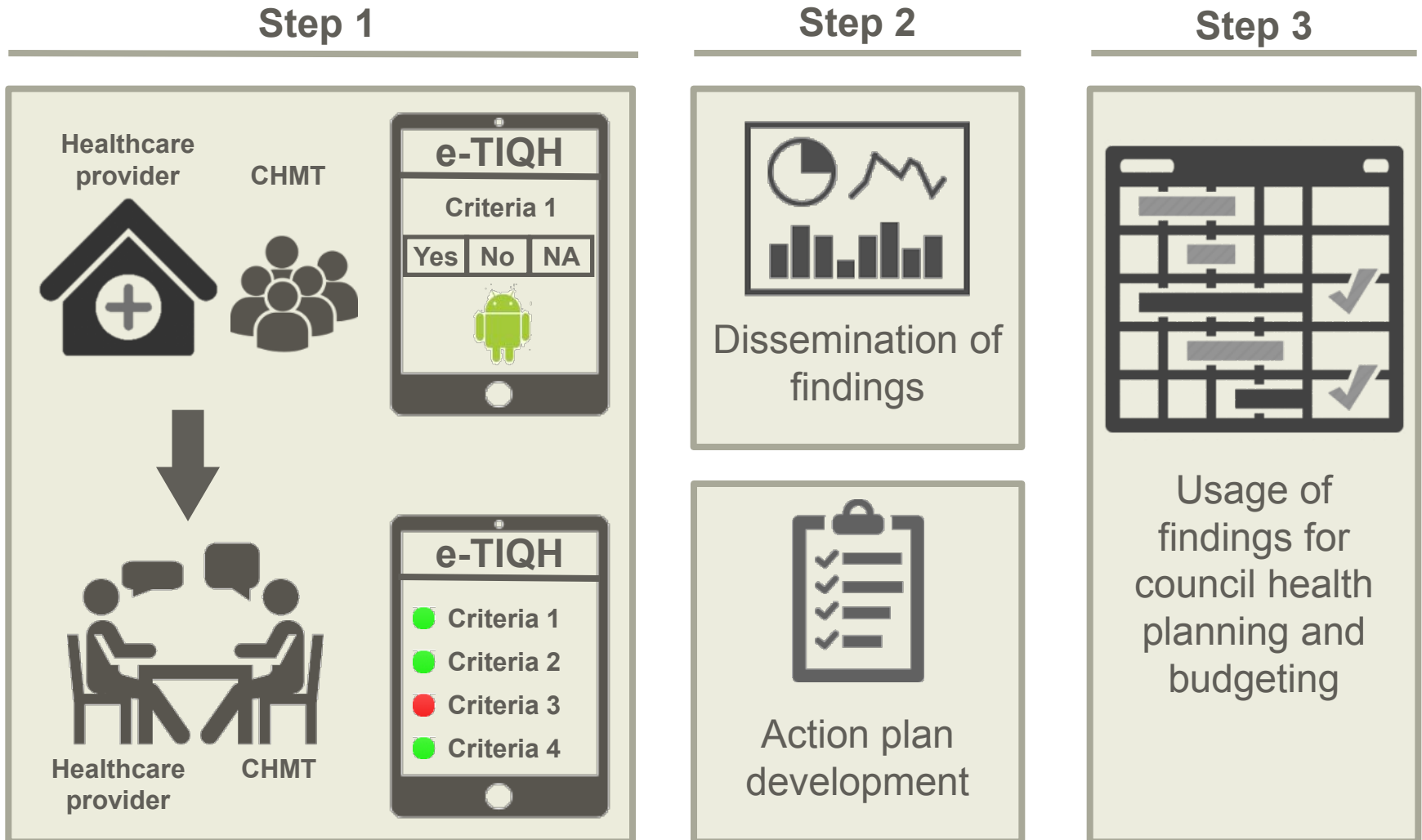
## Supportive supervision



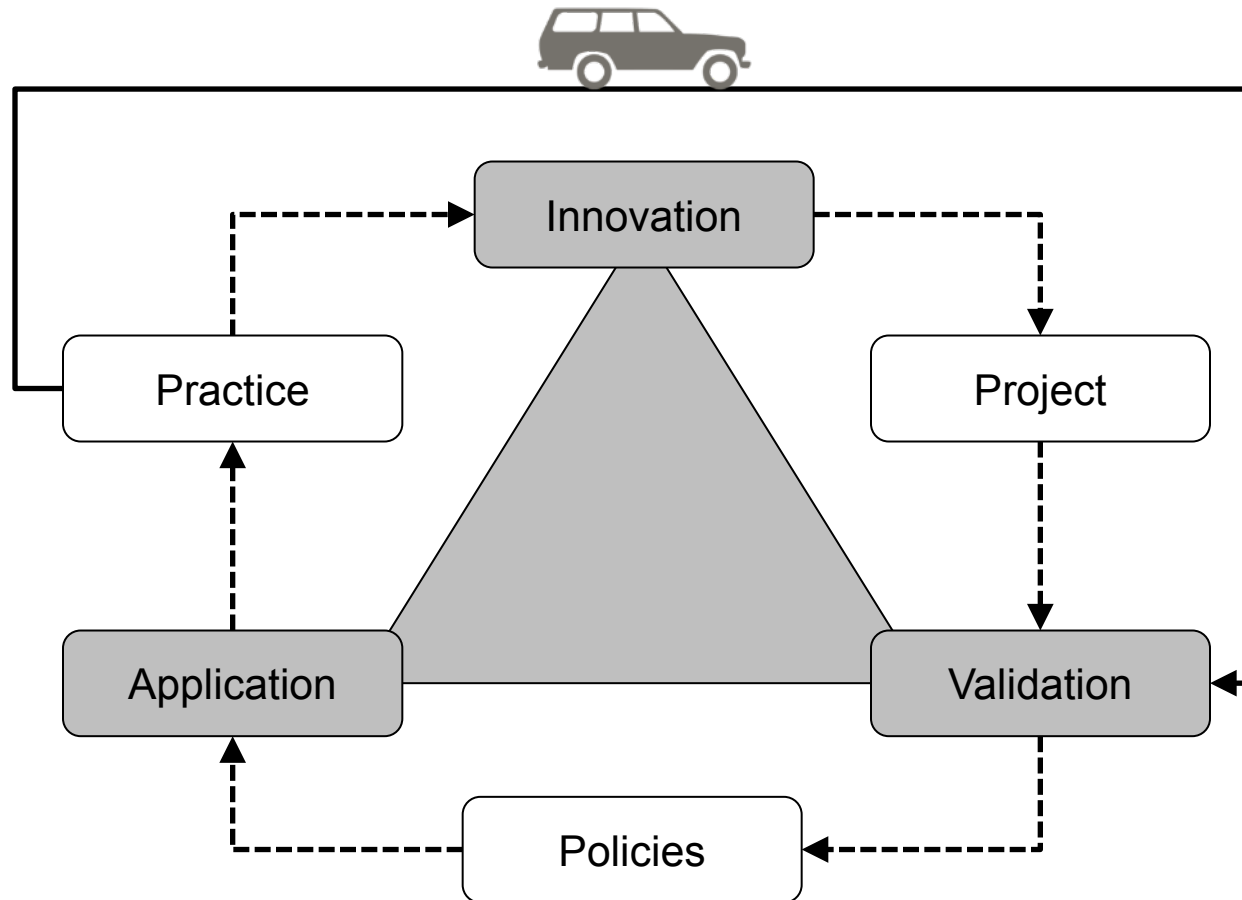
CHMT = Council Health Management Team

Supportive supervision →

## The e-TIQH supportive supervision approach



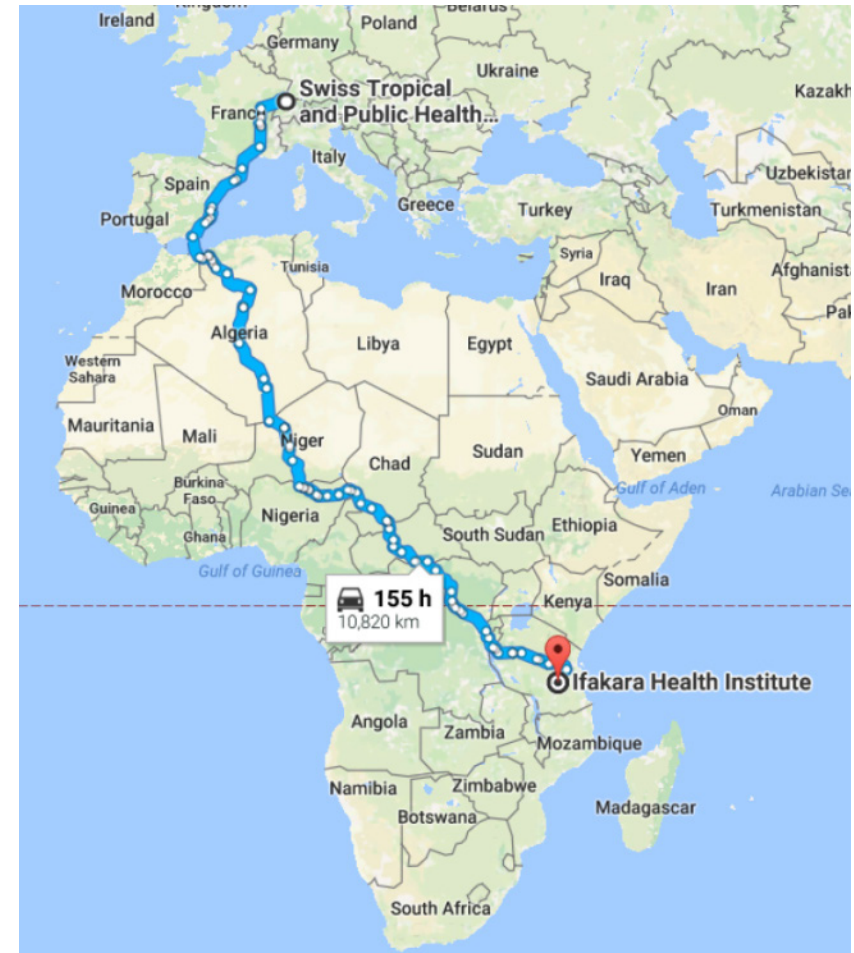
## Research conducted on the e-TIQH approach





## The work behind all this

A journey of 1'300 days across  
10'843 km of roads worth 4  
publications and 1 PhD





## Key results

1. Description of methodology

2. Appropriateness of the e-TIQH tool

☒ **Assesses and monitors** quality of primary healthcare for the intended purpose

3. Contribution of the e-TIQH approach

☒ **Improves and maintains** crucial quality standards of primary healthcare

4. e-TIQH vs. routine CHMT supportive supervision

☒ Increased **effectiveness** and **efficiency** of supportive supervision

## 5. Proof of concept

- ✓ Great acceptance amongst healthcare providers

“They [the assessors] can have a certain point of view... thus during [CHMT] supportive supervision, the results or the feedback could easily be influenced by the person’s [the assessor’s] own ideas. But with e-TIQH this is not so easy, because there is something which guides you. ... e-TIQH is more fair. [...] it gives you the real pictures.”

*(Facility in-charge, Mvomero DC)*

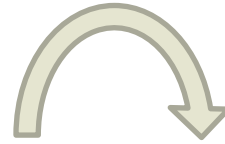


- ✓ Strong support from council level

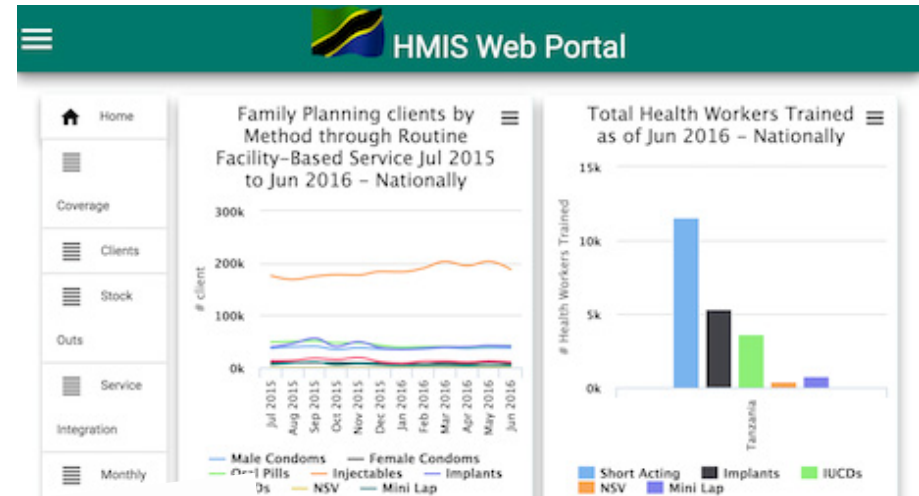
“When going back [to the facility] for another supervision you may or may not find the [previous supportive supervision] report. Thus, you might not know anymore where the problem was. This is different from now... once uploaded, even at the office you have the file... Thus, it’s easy, even when going back another time you exactly know ‘There I left with this particular problem at that time. Now let me follow up and see how far they’ve come.”

*(CHMT member, Mvomero DC)*

## 1. Only partial system integration



e-TIQH platform



## 2. Could not overcome broader system failures



Delayed or inadequate disbursement of money



Availability of vehicles



Competing tasks and ad-hoc assignments of CHMT



“Doing it [supportive supervision] has its challenges. We have... competing tasks. You do a schedule [which shows] that the whole week we dedicate to go to the health facilities for supportive supervision but in between some CHMT members are called for a certain seminar... Or we get visitors from the ministry, different organisations, NGOs that we work with. Thus, some of us need to go there, join them to do some work. Hence, you come to realize this week is lost and... maybe you managed to just visit one facility... these have been our big challenges...”

*(CHMT member, Iringa MC)*



AID WORKS WHEN  
WE WORK TOGETHER

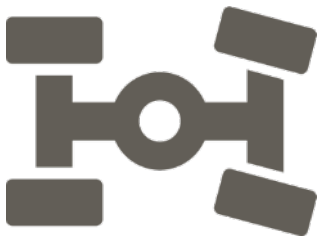
## 3. No institutionalization or policy integration



Lack of country ownership



Lack of donor harmonization



Lack of alignment with local system





## 1. Align, integrate, harmonize...



Front-end



Back-end

## 1. Align, integrate, harmonize...



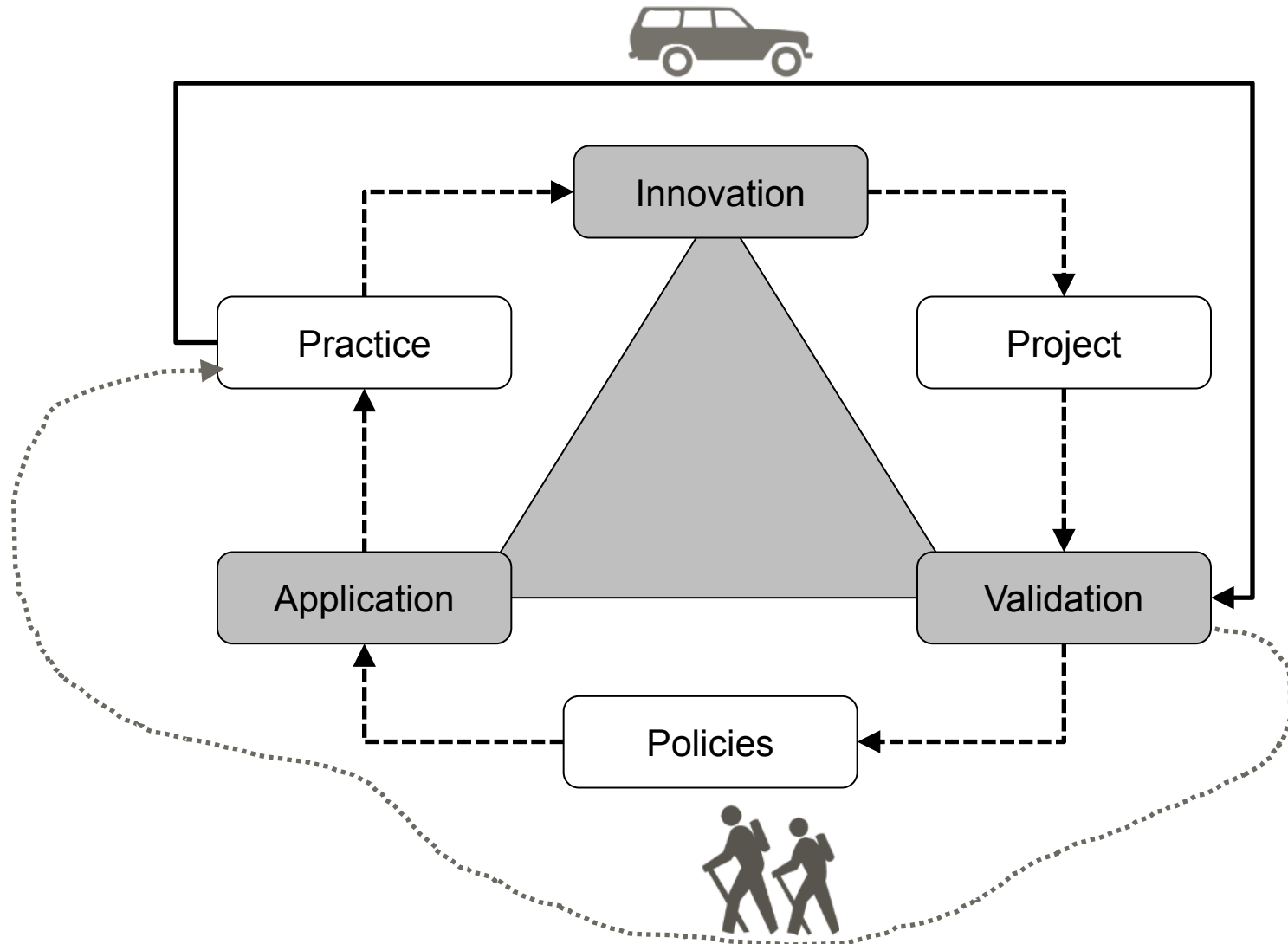
3D Modell of drone depot in Rwanda, GEO, 2018

*“In the future, drone airports could be as frequent in Africa as petrol stations in Europe”*

## 2. Take a systems approach



## 3. Walk the “last” mile...







**THERE ARE NO  
SHORTCUTS TO ANY  
PLACE WORTH GOING**

**-BEVERLY SILLS**

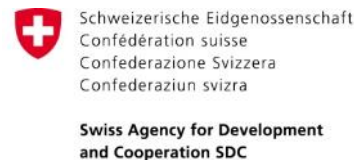
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Justin Maeda





**Thank you!**



**Ahsanteni sana!**

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