Lessons learned about mHealth in Cambodia

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Malaria Information System (MIS)
- Designed in Ms Access, it is a Desktop application
- There are four main datasets in MIS is Village Malaria Worker (VMW), Health Facility, Bed net distribution and Private Provider report
- Malaria Information System (HIS)
- Malaria reported via SMS (Day 0 and Day 3 system)
- 45 Operational District (OD) staff are responsible for entering the data and send the data to National Malaria Control (CNM) and 20 Provincial Health Departments (PHD) monthly basis
- It’s used for creating malaria bulletin every quarter

Malaria Information System Installed by OD

Data Flow of MIS

Day 0 Malaria Alert System
- Uses the model piloted by the Day 3 positive system
- Web based system – more robust than FrontlineSMS
- Malaria cases reported using very simple code
- Simple SMS (5 digit) are sent by VMWs and HC staff.
  - VMW
  - HC
- Ex: F23M0
- Implemented in 5 ODs with 298 VMWs and HC staff provided with basic phones
A unique public / private partnership between CNM, InSTEDD and Mobitel

Data Flow of Day 0 Malaria Alert System

Challenges

- Workload of Health Staff
- Language
- Data management and Information Technology knowledge
- Lack of staff to monitor or check the data quality control
- The coverage area network of mobile company
- Broken or lost of HP

Next Steps

- Strengthen the data quality control
- Refresher training every year
- Update Malaria Information System following National Malaria Control and Operational District staff requirement
- Deals with other mobile operators
- National Malaria Control Program will implement this system in other Operational Districts in this year.
- Replace basic phone with smart phone?

Lessons learned

- Introduce the new technology to community level
- Get information from remote area in real time with low cost
- Effective low cost communication system linking all VMWs and health centers with national and district staff
- Use existing sources of data as much as possible, and add only to the data collection work of health workers if absolutely necessary
- Keep it simple

- Smaller system may be better than a single big system
- Decentralize the surveillance system to a level where decisions are made
- Monitoring and evaluation and training
- Try to make the system free for the users by working with telecom companies
- Keep codes simple
- Systems must be compatible with each other
- There must be feedback
www.malariaconsortium.org

Thank you