



Values of RMNCH Solution to Key Actors

Shifo's RMNCH Solution has been developed to address some of the challenges within the continuum of care in reproductive, maternal, newborn and child healthcare delivery to bring systemic change. The RMNCH Solution supports and brings added value to existing work and caregiving processes for the following key actors: women of reproductive age; families with children; health workers; local and national decision-makers; non-governmental organisations; and the global community.

Women of reproductive age, children & guardians

- 1 Accurate and complete individual medical records facilitate early detection of risk factors and a better continuum of maternal and infant care
- 2 With less time spent on admin, health workers have more time for individual RMNCH counselling, helping women and their families to make better-informed decisions, and enabling better communication between family members and health workers
- 3 Simple referral and follow-up process for women and children who need special care and health services
- 4 Individuals are registered with a unique ID number at first point of contact with a health provider, enabling better maternal and follow-up care
- 5 Families get information about infant and child development and care, and also receive child's medical history and SMS reminders to their mobile phones, leading to increased demand for immunisation and other preventive health services
- 6 SMS reminders facilitate greater use of sexual and reproductive health and pregnancy care services by reducing the likelihood of missed appointments
- 7 Parents/guardians spend less time in queue to receive health services due to decreased admin for frontline health workers
- 8 Elimination of double- or non-vaccination if maternal or child health card is lost

Frontline health workers (nurses, midwives, vaccinators etc.)

- 9 Administration and reporting time reduced by as much as 73% – administrative tasks during and after-care delivery process (searching for patient history, HMIS reporting, follow-up lists, tally sheets, monthly, quarterly and yearly summaries of reports) eliminated
- 10 Easily retrievable medical history of every registered woman and child
- 11 Automatically-generated defaulter list of the women and children who missed their scheduled visit eliminates the manual checking of health registers to look for drop outs, along with automatic HMIS and stock management reports
- 12 Through the sharing and use of data at the horizontal level, health workers become users of data and not data suppliers, creating functional linkages among health workers and leading to improved quality of care, planning and decision-making on a local level
- 13 Improved accountability for frontline health workers across the health sector (progress of every nurse is transparent based on reliable and regular reports)
- 14 Simplified work processes focused on delivery of quality care (eliminating non-value adding steps)
- 15 Gaps (women or children missing preventive health services, lack of outreach sessions, non-functioning fridge to store vaccines, etc.) in health service delivery are easily shared with the right stakeholders
- 16 Better coordination of community health workers (based on the regular defaulter list given to CHWs per catchment area)

Local and national decision-makers (district health teams, Ministry of Health)

17	Stronger health systems that better respond to the needs of care-seekers
18	Patient-level data retrieval in the event of a natural or man-made disaster
19	National maternal and child health registry
20	Comprehensive RMNCH solution can be scaled nationally – no infrastructural limitations
21	National Maternal and Child Health Insurance Programme backbone (proof-of-presence where one knows if woman or child has actually visited health facility and what health services were provided)
22	Better recording and reporting of vital events
23	Reliable, relevant data from health facilities (data is compared to the denominator – which begins to be adjusted to the actual population target and catchment size within the the first year of implementation)
24	Interoperable with HMIS systems such as DHIS2, and Civil Registration and Vital Statistics
25	Improvement of national estimates based on reliable denominator (based on number of people registered, receiving care per catchment population compared to census-based average estimates)
26	Better information on performance of the health facilities (community health workers, vaccinators/nurses, midwives) and performance comparison between health facilities and districts
27	Health facility/worker performance indicators – per geographical location (fixed and outreach care delivery) generated by the system can inform results-based financing in the health sector
28	Reliable and actionable data in the Every Woman Counts and Every Child Counts Reports, strengthens planning and decision-making across levels, enabling better coordination and allocation of resources to close the gaps (targeted interventions based on micro gaps and population health status)
29	Better accountability based on transparent and reliable data across the healthcare and supply chain
30	Evaluation of interventions based on patient-based health outcomes, and on progress made in closing the gaps in health service delivery
31	Strengthened national capacity to implement and maintain solutions based on Smart Paper Technology and eHealth
Country/NGOs/global stakeholders	
32	Facilitation of knowledge and data for informed advocacy to solve the global challenges in RMNCH, and evidence exchange between countries
33	Systematic evaluation of data completeness
34	Informs performance-based investments and assessment of investment results on a monthly, quarterly and annual basis
35	Reliable data to monitor the progress of interventions (SDG indicators, women and children registered, fully immunised, etc.)
36	<p>Accelerate achievement of SDGs:</p> <ul style="list-style-type: none"> • Goal 1 - No poverty: 1.1, 1.2, 1.3, 1a, 1b • Goal 2 - Zero hunger: 2.1, 2.2 • Goal 3 - Good health and well being: 3.1, 3.2, 3.3, 3.7, 3.8, 3b, 3c, 3d • Goal 5 - Gender equality: 5.6, 5b • Goal 8 - Decent work & economic growth: 8.2 • Goal 9 - Industry, Innovation and Infrastructure: 9.1, 9.5, 9a, 9c • Goal 16 - Peace, justice & strong institutions: 16.6, 16.7, 16.9 • Goal 17 - Partnership for the goals: 17.3, 17.6, 17.8, 17.9, 17.16, 17.17, 17.19.