



Collecting patient level dHTS data in intermittent power and internet environment

ScanForm Technology



CQUIN dHTS Meeting | July 9 - 12, 2024 – Durban, South Africa

Where from

- 1. Malaria surveillance Project-Kenya
- 2. Piloted in Malawi -2021
- 3. First deployment-2022
- 4. Phased approach now in 692/800 sites



Ministry of Health, Government of the Republic of Malawi

Report and Recommendations from Field Evaluation and Pilot

3-Test Rapid Diagnostic Algorithm for HIV

ScanForm Technology for Digitizing Client-Level Records from HIV Testing and Self-Test Distribution Registers



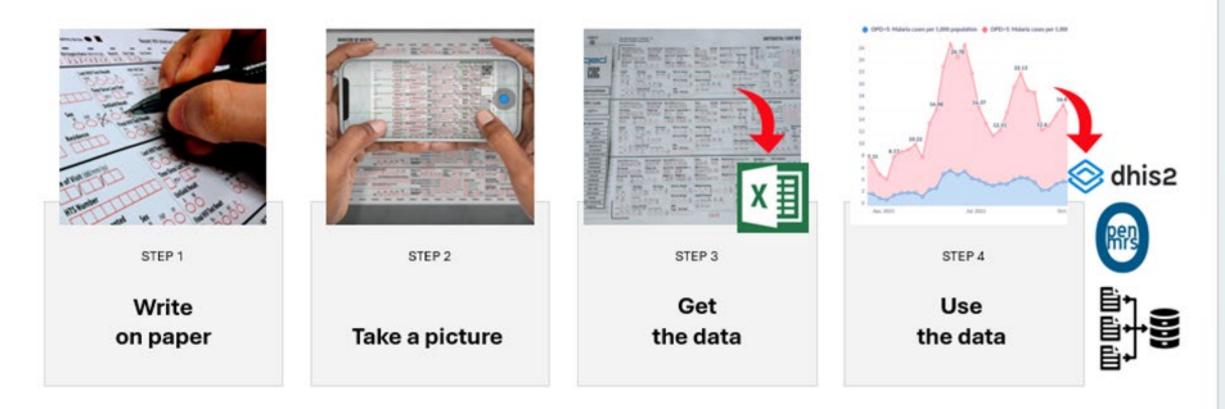
Why ScanForm

- 1. Basic smartphone, simple user training
- 2. Phones can be charged anywhere and last for days, no need for stable connectivity
- 3. Cheap/easy national scale up (already in 692/800+ testing sites)!
- 4. Convenient data access and use via ScanForm phone, data portal, DHIS2, DHA-MIS



How ScanForm works

Rapid and Accurate Data Collection at National Scale

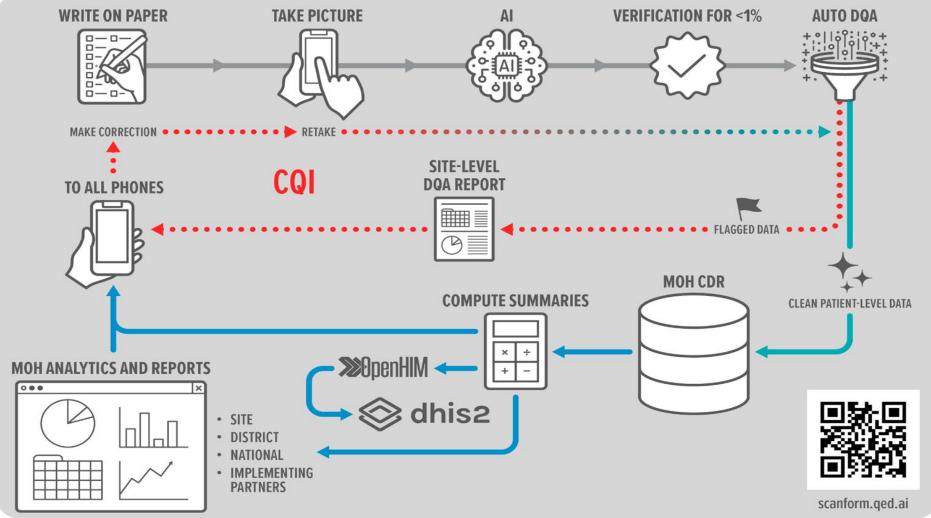


(not required: computers or scanners)

(intermittently needed: electricity for phone charging and network for auto-upload of pictures)



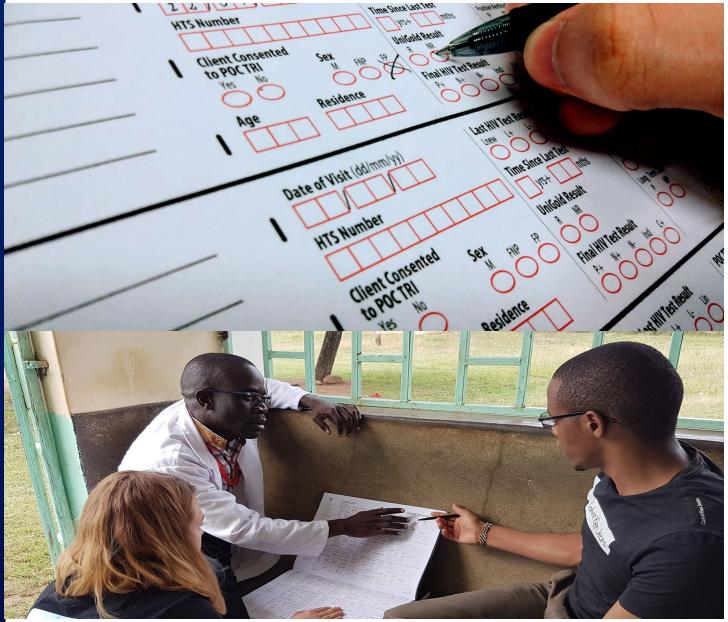
ScanForm data flow





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Write on paper

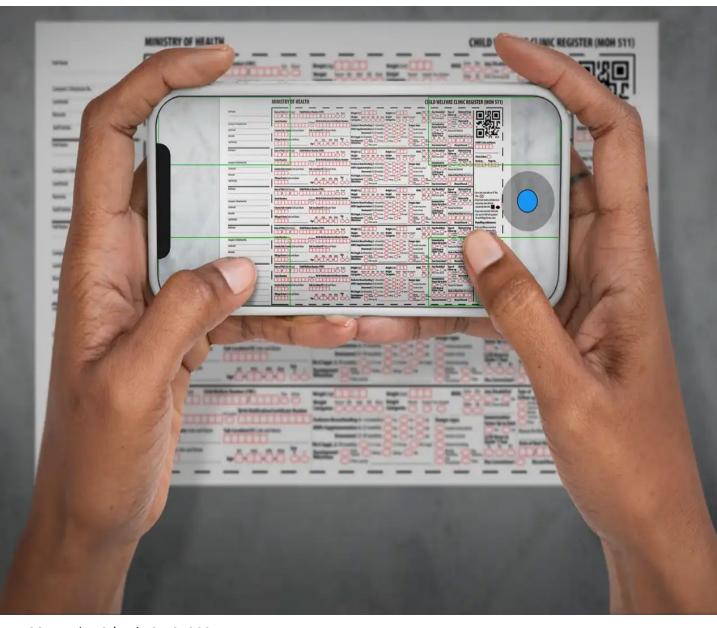


Currently :

- 1. Initial register (HIV,Syphilis,HBV)
- 2. Confirmatory register (When T1 is reactive)
- *3. HIVST distribution register*



Take a picture

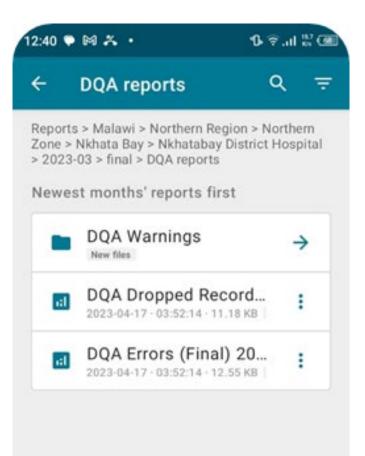


Using basic Android smartphone:

- 1. When page is full
- 2. At end of month (For monthly report)
- 3. After making correction (data for this page is updated)



Continuous data quality improvement

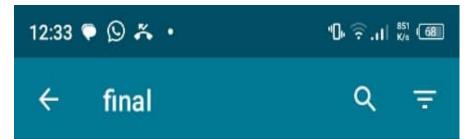


Data Quality Assurance reports:

- 1. Warnings
- 2. Errors
- 3. Dropped records

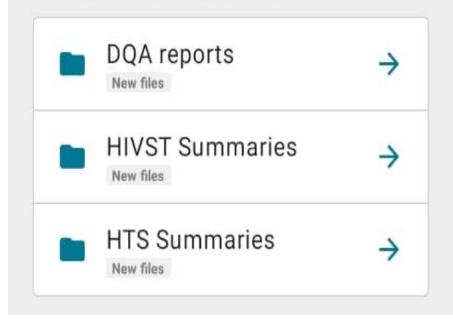


Added value to providers



Reports > Malawi > Northern Region > Northern Zone > Nkhata Bay > Nkhatabay District Hospital > 2023-03 > final

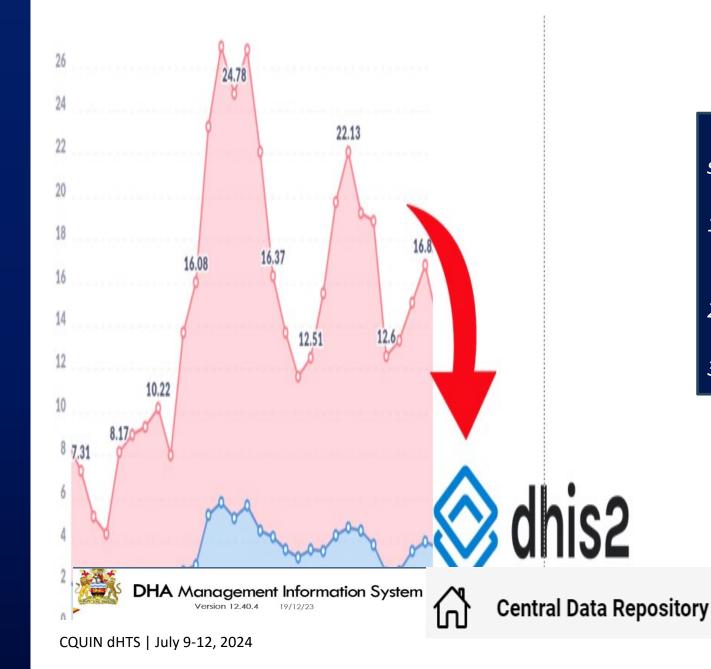
Newest months' reports first



- 1. No page and monthly summaries
- 2. No report writing hassles (auto generated reports)
- 3. Report easily accessible (Through ScanForm phones)
- 4. Errors in register easily identified
- 5. Readily available technical support (Videos, pdf via phone)



Added value to national HMIS

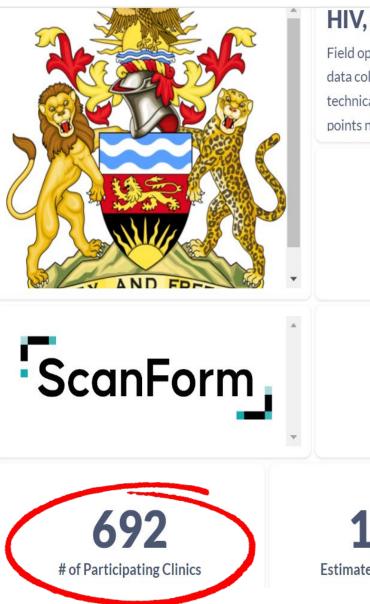


ScanForm interoperability with other systems

- 1. No mannual data entry on DHIS2 and DHAMIS
- 2. Improved timeliness
- 3. Improved data quality



Where we are



HIV, Syphilis, and Hep B Testing and Counseling in Malawi

Field operations for epidemiological surveillance for HIV Testing Services (HTS), Syphilis Testing, and Hep B Testing, in Malawi. All data collected from phone-scannable integrated HTS registers, implemented using **ScanForm** technology from **QED.ai** and the technical and programmatic support of the **Department of HIV and AIDS**. These programs are being deployed to all HIV testing points nationwide.

4,256,148

Total Clients Tested for HIV

1,651,395 Total Self-Test Kits Distributed

834,245

Total Clients Tested for Hepatitis B

912,329 Total Clients Tested for Syphilis

1,903 Estimated # of Access Points

593 Number of Clients Saved from HIV Misdiagnosis

Number of Negative Clients Prevented from an Inconclusive Result

660



Where we want to be





Dashboard for CAB-LA dispensations in

Boo	Book O Page O			Malawi MOH Molecular-Lab Requisition Form					
	QR code here	ScanFo MW-Molect		Section 1: Health Faci District: 🗠 Facility Name: 🗠 Facility HMIS Code	lity Information	Photo Taken			

- 1. All 800 + sites providing testing services by August,2024 (Global Fund)
- 2. ScanForm used for PrEP services (Already used in CAB-LA study sites)
- 3. ScanForm used for molecular lab Form (Scannable Form already designed)
- 4. ScanForm used for STI services (In discussion with MBF for support)







Thank You!

