# IMPLEMENTATION OF OPEN IMIS IN ZANZIBAR PROGRAM TO SUPPORT UHC

## Presentation outline:

1. Introduction and objective of the project

2. Customization of the Open IMIS system

3. Result

4. Challenges and Solutions

5. Recommendations

Zanzibar, a semi-autonomous region of the United Republic of Tanzania, refers to a collection of small and large islands (Unguja and Pemba) which together form the Zanzibar archipelago with a population of 1.6M people.

Health services in Zanzibar are 100% tax / donor financed meaning services are provided 'free' to everyone at the point of care.

**General objectives;**

To support the Zanzibar Government in developing a Health Financing strategy to support better quality care and achieve UHC by 2025

**Specific Objectives**

- To provide technical assistance for the Zanzibar Government's in development of health financing strategy based on demand side financing mode.

- Provide support in establishing health insurance scheme

- Provide support in designing and implement quality improvement system

Different from other program where IMIS is used after establishment of insurance scheme, in Zanzibar program IMIS were deployed and start to be used even before insurance scheme has been set up

- The system is used in collection of registration and utilization data aiming at tracking health spending and provide data to be used for actuarial working for (to be established) health insurance scheme. **All Zanzibar residents will be registered.**

- It is used to provide **unique identification number (medical ID)** as initial step in development of health client's registry. The number will be used in all health-related contacts / transactions including to be used as health insurance scheme ID number

**Implementation to-date**

**Registration / enrolment data**

- Open IMIS has been reconfigured and customized to collect enrolment and utilization data, poverty mapping and taking photo.
- Customization and modify family module

**Utilization data**

- Policy automation and claim code automation
- Medicine out of stock indication field in claim entry module
- Customization of reports
- Configuration of compatible android version and communication with main server (Sending and receiving data)
- Insurance status check

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IMIS system

- Currently system is hosted at MoHZ
- >100,000 residents from about 27,000 households are enrolled in the Open IMIS system
- > 27,000 poverty mapping questionnaires administered
- >4500 utilization data set have been captured
- >180 users for registration and >60 users for utilization, plan is to reach 1000 users by the end of 2021

| Challenges | Progress/Solution |
|---|---|
| Documentation for deployment of Rest API | We have contacted help desk and they gave us instruction to install rest API |
| Duplication of families and members in the enrolment app. | Solved by the help of help desk |
| Claim app crashing when many claims are entered | Solved by the help of our consultant |
| Frequent crashing of the claim app due to network error | Solved by the help of consultant |
| Rejected claim due to system not recorgnizing some of characters and numbers | Solved by internal IT |
| Rest API low performance and taking up space after receiving certain amount of data | Not solved yet, we just restart rest API manually |
| View and edit claims on mobile app | Not solved |
| Searching members by names | Not solved |
| Auto update of controls, services and items | Not solved |
| Android 9 and above compatibility | We have changed permissions on the both app but some codes are depreciated |

❖ Allow system to edit claims.

❖ Rest API as service; Currently we start the app manually after server restart. Allow it to start automatically.

❖ Increase Rest API size-This forces us to restart the Rest API frequently.

❖ Auto update database in claim App when Services, items, claim administrators and disease codes changed or updated.

❖ Add a Dash board for summary report at Claim App

❖ Auto upload of data when system is online.

❖ Utilization SMS send to patient.

❖ Integrate Open IMIS and DSHI 2 and interoperability with other health systems

Thank you for listening