SUMMER TRAINING REPORT

Analysis of the record of proceedings(RoPs) from 2017-2020 for comprehensive abortion care and family planning programs for the 11 Ipas Development Foundation intervention states

SUBMITTED BY

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ACKNOWLEDGEMENT

Most learning happens outside of the premise of classrooms and I wish to express my deepest gratitude to my mentors for giving me the opportunity to experience and gain new knowledge.
I would like to extend my heartfelt thanks to Ms. Garima Mathias, Senior Manager Program, Ipas Development Foundation for supporting me throughout the journey and helping me learn and develop professionally by sharing for rich knowledge and expertise.
I would also like to extend my regards to my mentor, Dr.P.R. Sodani for his guidance throughout my training period and encouraging me to do better.
I would also like to express my gratitude towards all who have supported and helped me in completing my report.

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Part 2- online course

ABBREVIATIONS

- CAC- COMPREHENSIVE ABORTION CARE
- IUCD- INTRAUTERINE CONTRACEPTIVE DEVICE
- FP- FAMILY PLANNING
- MOHFW- MINISTRY OF HEALTH AND FAMILY WELFARE
- MTP- MEDICAL TERMINATION OF PREGNANCY
- NHM- NATIONAL HEALTH MISSION
- PIP- PROGRAMME IMPLEMENTATION PLAN
- RMNCHA+- REPRODUCTIVE MATERNAL NEONATAL CHILD AND ADOLESCENT HEALTH
- ROP- RECORD OF PROCEEDINGS

Ipas DEVELOPMENT FOUNDATION

IDF's Mission and Vision

IDF is committed to preventing and handling unwanted pregnancies. IDF believes that no woman should have to risk her life or her health because she doesn't have access reproductive health services, and every woman must have the right to make decisions about her reproductive health.

Ipas vision is to make available to every woman and girl, the right over her sexual and reproductive health and choices. It is of prime importance that women's health are included in national health as they centre for communities and families and hence are important for its stability.

ABOUT IPAS DEVELOPMENT FOUNDATION

Reducing maternal mortality, Ipas development Foundation (IDF) works on making abortion safer by collaborating with various state governments and the central government. IDF has partnered with 12 Indian states to help increase access to safe, quality abortion practices and improve access to contraception options

Founded in 1973, Ipas helps many countries across the world to provide safe abortion options by improving the reproductive health services and means by making available lifesaving technology for women seeking abortion. The comprehensive abortion care (CAC) program was included in the National health mission by the efforts put in by Ipas in 2009.

Ipas in collaboration with Guttmacher Institute hosted a convention in 2016 on abortion research. The convention focused on reasons and results of unsafe abortion practices with special attention in the sub Saharan Africa region. Post that, Ipas sponsored and donated $10 million annually since 2017 to strengthen local family planning services providing abortion.

While our initial focus was on ensuring women's access to safe abortion, we have since then started work on expanding contraceptive choices. We do this through this Comprehensive Contraceptive Care (CCC) program that we initiated in collaboration with the Government of India and the Governments of Assam, Jharkhand,Madhya Pradesh and Westbengal .

Since 2008 IDF has been established as a not-for-profit company registered under section 25 of The Companies Act 1956 ; we are the local partner organization in India for Ipas.

Please login to www.ipasdevelopmentfoundation.org for more information.

SCOPE OF WORK GIVEN BY THE ORGANISATION

1. ROP analysis for comprehensive abortion care, family planning programs for 2017 -2020 for Ipas development foundation intervention states (covered in this report)
2. To study and document the financial allocation for comprehensive abortion care, family planning and Rastriya Kishor Swasthya Karyakram from 2017-2020 for Ipas development foundation intervention states
3. Documentation of office orders for family planning and comprehensive abortion care programs
4. Social media content analysis (NOT INCLUDED IN THE REPORT BUT AS THE ORGANISATION DID NOT WANT THE DETAILS PUBLISHED)

Analysis of the record of proceedings(RoPs) from 2017-2020 for comprehensive abortion care and family planning programs for the 11 Ipas Development Foundation intervention states

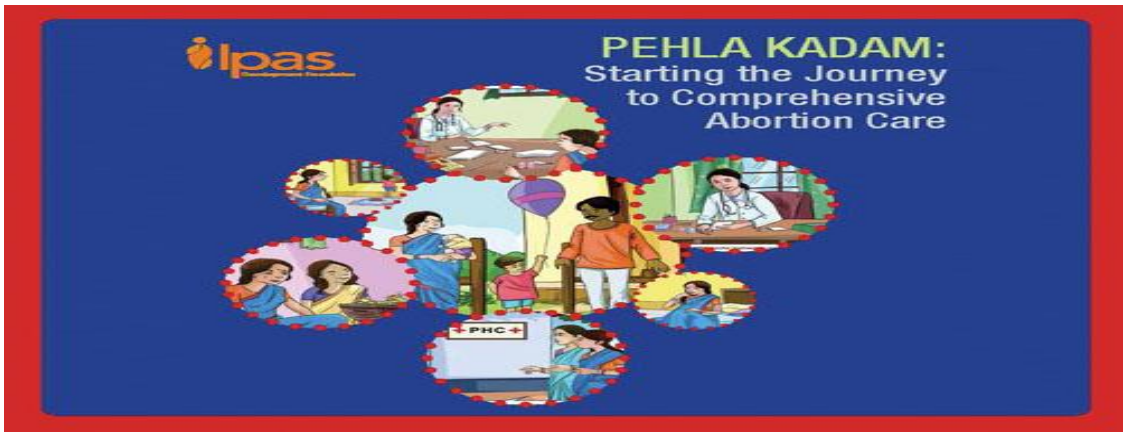
INTRODUCTION

A woman has a right to decide for herself when or whether she wants to conceive and also if she wishes to continue the pregnancy. It is her basic right as a human being to choose what happens with her body. Although a huge discrepancy exists between this ideal case and reality, the government takes up various initiatives and programs like the comprehensive abortion care program, the family planning program and the Rashtriya Kishor Swasthya Karyakram to promote safe abortion practices, family planning and better sexual and reproductive health of women respectively. Such programs implemented at state level are achieved by careful strategic planning and implementation at various levels in the healthcare system to achieve certain set targets and objectives. These targets and objectives can be achieved with proper resource allocation documented in the state annual plans which are then approved by the centre. The scope of this study is to analyse the state wise records of proceedings(ROP) approved for the Ipas development foundation (IDF) intervention states from 2017 to 2020.

ABOUT THE PROGRAMS INCLUDED IN THE STUDY

COMPREHENSIVE ABORTION CARE PROGRAM

Access to safe abortion is one of the key aspects of the a women's right to reproductive health. The Medical termination of pregnancy (MTP) act 1971 was brought into picture to regulate and formalise the process of abortion in India. Unsafe abortion according to WHO is defined as "a procedure for termination of a pregnancy done by an individual who does not have the necessary training or in an environment not conforming to minimal medical standards."
According to a study in lancet It is estimated one third of all pregnancies resulted in abortion and a large proportion of them were unsafe contributing significantly to the maternal mortality. Ipas was the first to bring CAC to India in 2000. Ipas pioneered in bringing about comprehensive abortion care taken up as a part of the maternal health activities under the umbrella of the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA+) in the National health mission(NHM). The activities are under this program and resource allocations for each activity is carefully thought of and suggested in the Program Implementation Plan (PIP), reviewed by the Ministry of health and family welfare (MoHFW) for allocation. The states submit their budgets for fund allocations in the implementation plan for training, service delivery, procurement, orientation.



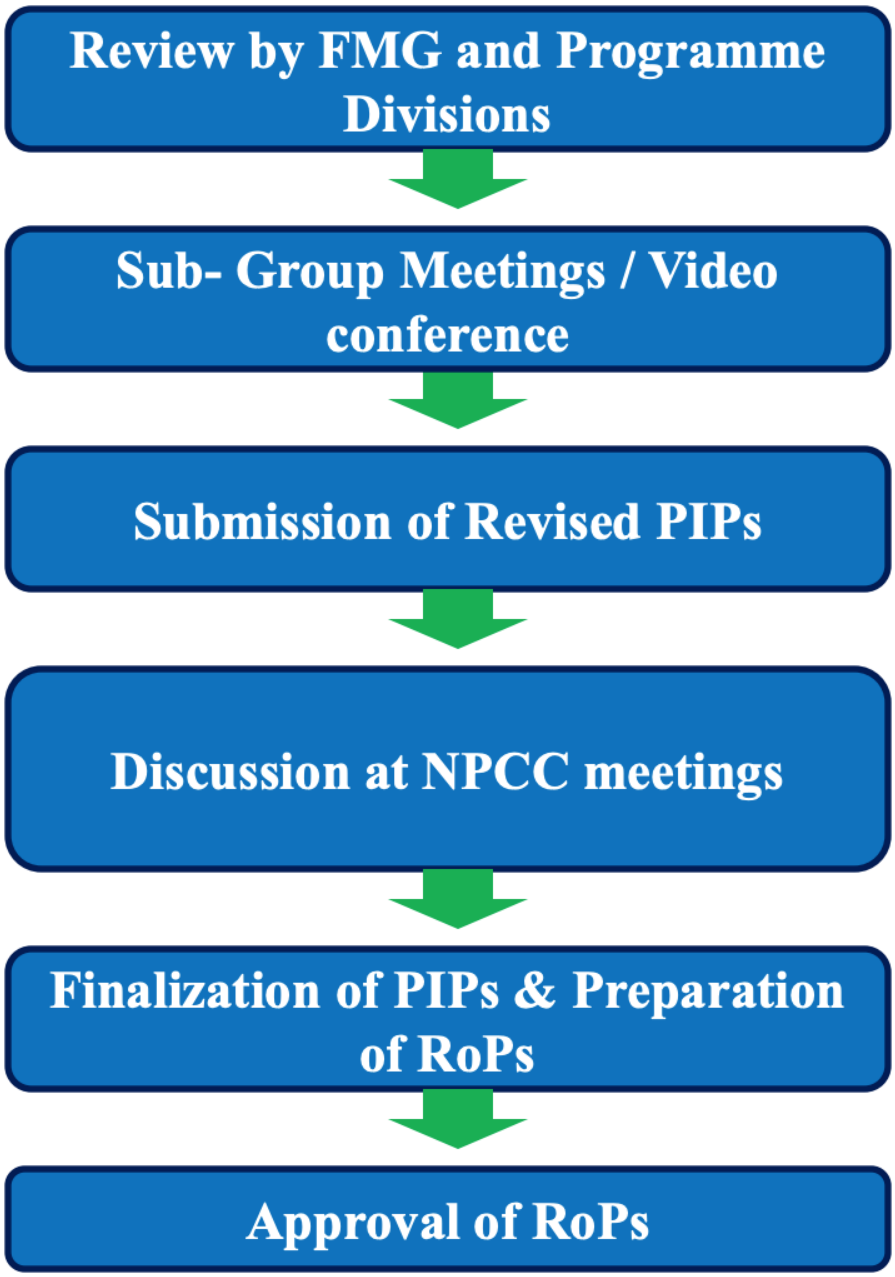
FAMILY PLANNING PROGRAM

It is predicted that India may soon take over China as the most populous country of the world. India, a 1st amongst developing nations, developed its first family planning program run by the state governments. Since then, the fertility rates have been brought down largely by the efforts of the government to 2.2 in 2017 (according to National Family Health Survey 4 survey). MoHFW is the nodal body for the planning and execution of the family planning(FP) program in India. In 2017, the government launched a central family planning initiative; mission pariwar vikas (MPV). The agenda of the program is to make contraception accessible and delivering quality FP services. Despite all these efforts, India still struggles to

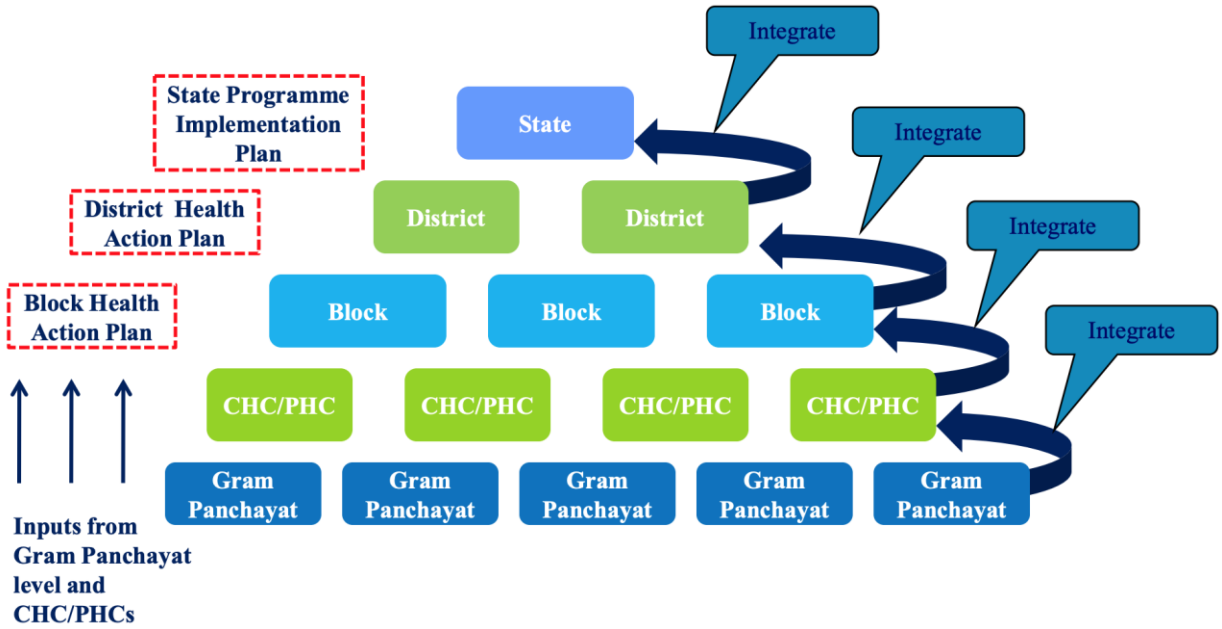
maintain its targeted family planning goals and therefore a comprehensive strategy is implemented at state level with cognizant resource distribution depending on the state's statistics and requirement.

FUND ALLOCATION

The programs are in order to be implemented, have each aspect and activity carefully planned and thought of. Budgets for each activity and program is calculated following which each state submit their budgets for fund allocations in the implementation plan for training, service delivery, procurement, orientation etc. this document is called the Program implementation Plan(PIP). This document is then sent to the NPCC (National Programme Coordination Committee) which reviews and studies it after calling administrative meetings and releases an official document with the details of resource allocation known as RoP (record of proceedings).



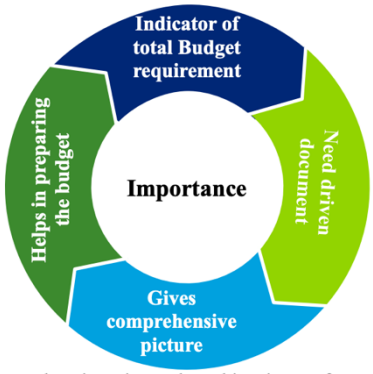
PROCESS OF FORMULATING A PIP FOR THE PROGRAMS



IMPORTANCE OF ROPs AND PIPs

For each programme component, the unit cost is fixed which helps in budgeting for the programme division and consolidation of the programme budget for the State.

- Indicator of the total budget requirement of the state for carrying out the programme activities and helps in planning before commencement of the year



- Need driven document prepared by consolidating information from various District Health Action Plans (DHAPs) submitted by districts under the State.
- DHAPs contain inputs on the needs of the districts in terms of programme implementation and hence the funds required for the same.

- Gives comprehensive picture by taking inputs from various programme divisions (like Maternal Health, Child Health, Family Planning Services, Immunization etc.) who prepare their achievable physical targets for the year on the basis of annual population or other determining factors

OBJECTIVE

Analysis of the record of proceedings(RoPs)for three financial years 2017-2018; 2018-2019 and 2019-2020 2017-2020 for comprehensive abortion care and family planning programs for the 11 Ipas Development Foundation states

METHODOLOGY

Collection of data

The data was collected from publicly available sources for the following states: Assam, Bihar, Chhattisgarh, Rajasthan, Karnataka, Maharashtra, Madhya Pradesh, Uttar Pradesh, Odisha, Jharkhand and West Bengal. The RoPs and PIPs were downloaded from the NHM website available under the state annual plan from 2017 to 2020. Key indicators for CAC and FP in terms of number of beneficiaries were taken into account corresponding to their respective years were taken from the standard reports available at the health management information system portal.
For CAC- ASHA incentives, service delivery, procurement, training and printing costs were included.
For FP program, training, incentives, service delivery, procurement, workshops, printing and public private partnerships were included

Analysis

In depth analysis was done to understand the fund allocation under CAC and FP program. Various components like training, incentives, procurement, workshops etc were reviewed. To analyse the cost per beneficiary, service delivery data and over all amount allocation was considered. For family planning spacing method and limiting methods cost per beneficiary was reviewed separately. To understand the allocation pattern, percentage change in allocation was also calculated. Though analysis was limited to three financial years between 2017 to 2020, to understand change in allocation in the 2017-2018 RoP, broad allocation of 2016-2017 RoP was taken.

MS excel was used for data compilation and analysis and for all the eleven states.

Purpose of the analysis was to gain understanding of national programs funding mechanism.

Limitations

While all components that are available under RoP were reviewed and considered, it may be possible that certain fund allocations which were done in combination with another program or component may not have been included. Also, Human

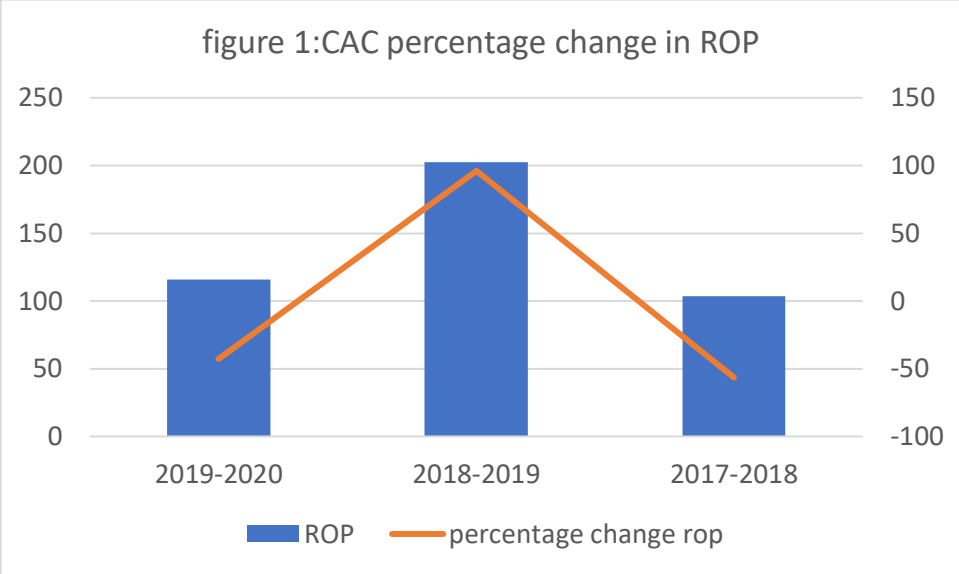
resource cost like salary/ consultancy or allowances were not considered in the analysis.

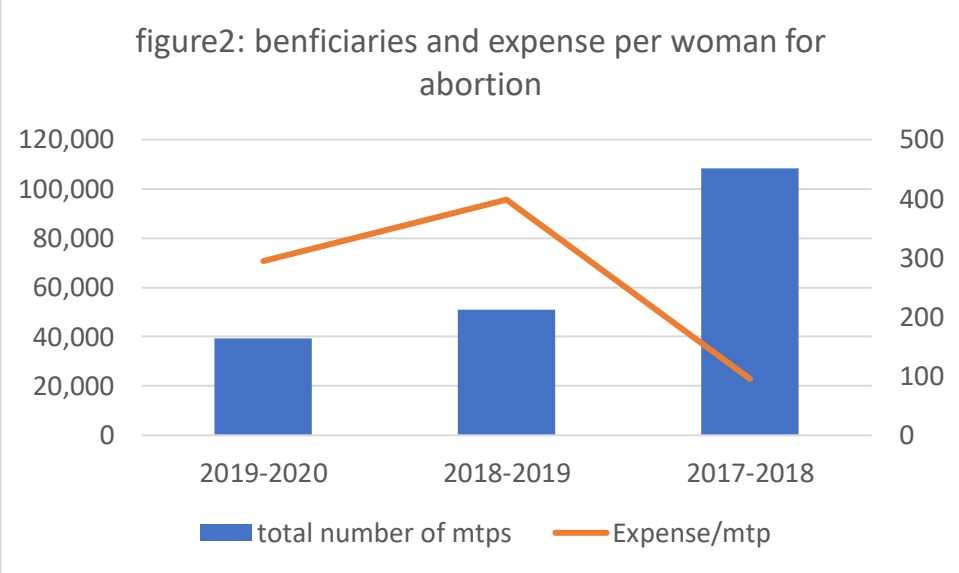
Any information which is not available in the public domain was not considered for analysis.

Due to pandemic IDF office was closed, followed by limited access to its employees. Hence during internship period, the office experience could not be gained and also certain tasks which required review of documents in office could not be done.

STATE WISE STATISTICS

ASSAM





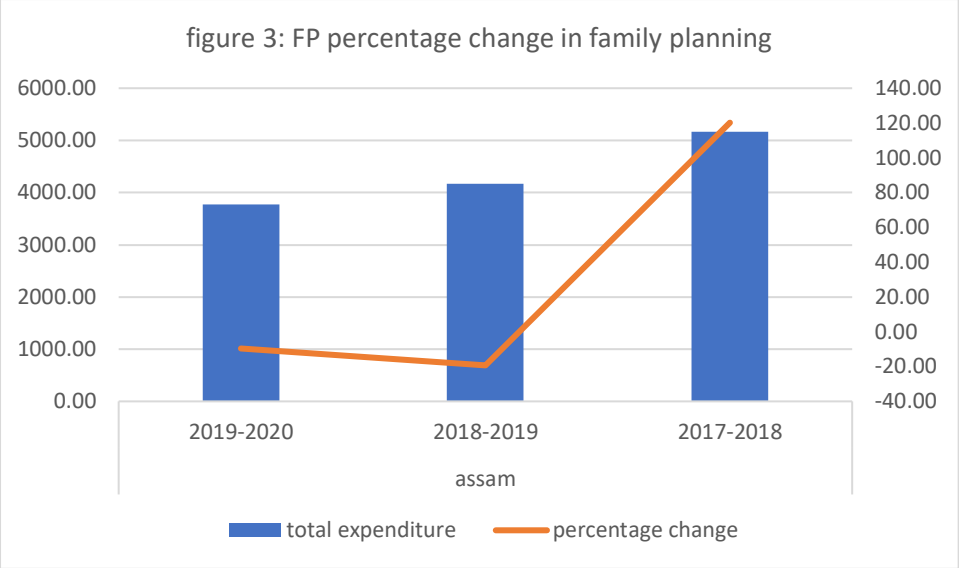


figure 3: FP percentage change in family planning
6000.00
5000.00
4000.00
3000.00
2000.00
1000.00
0.00
140.00
120.00
100.00
80.00
60.00
40.00
20.00
0.00
-20.00
-40.00
2019-2020
2018-2019
2017-2018
assam
total expenditure
percentage change

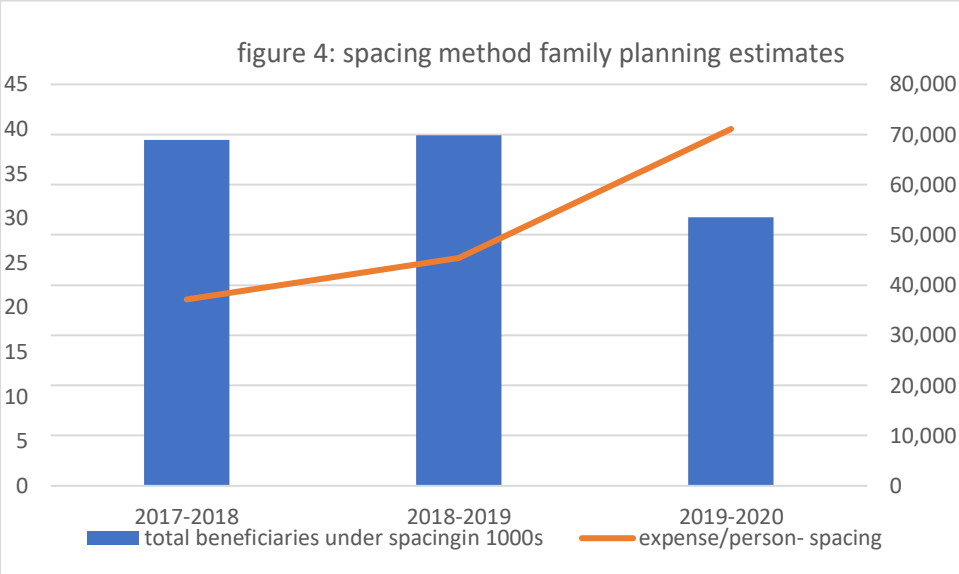


figure 4: spacing method family planning estimates
45
40
35
30
25
20
15
10
5
0
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
2017-2018
2018-2019
2019-2020
total beneficiaries under spacingin 1000s
expense/person- spacing

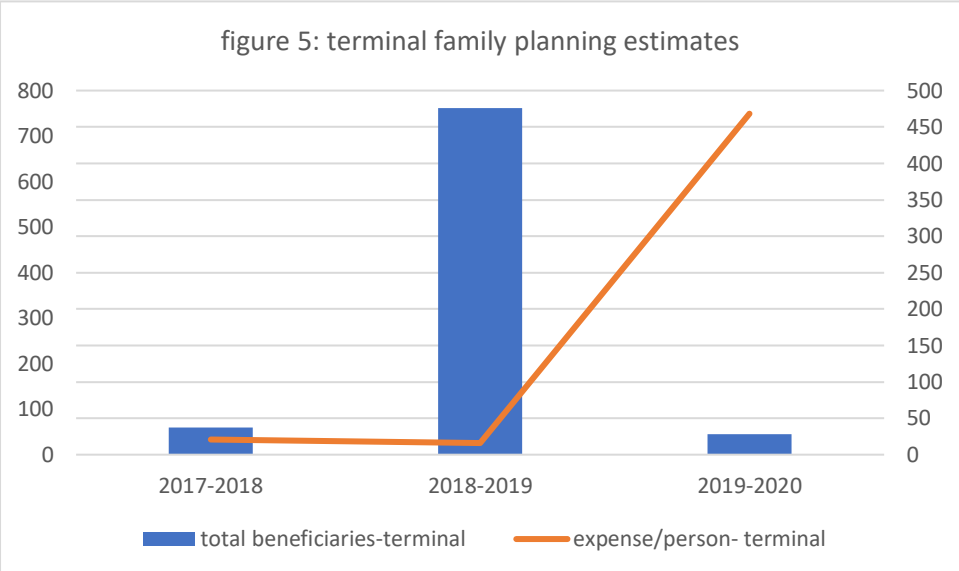


figure 5: terminal family planning estimates
800
700
600
500
400
300
200
100
0
500
450
400
350
300
250
200
150
100
50
0
2017-2018
2018-2019
2019-2020
total beneficiaries-terminal
expense/person- terminal

BIHAR

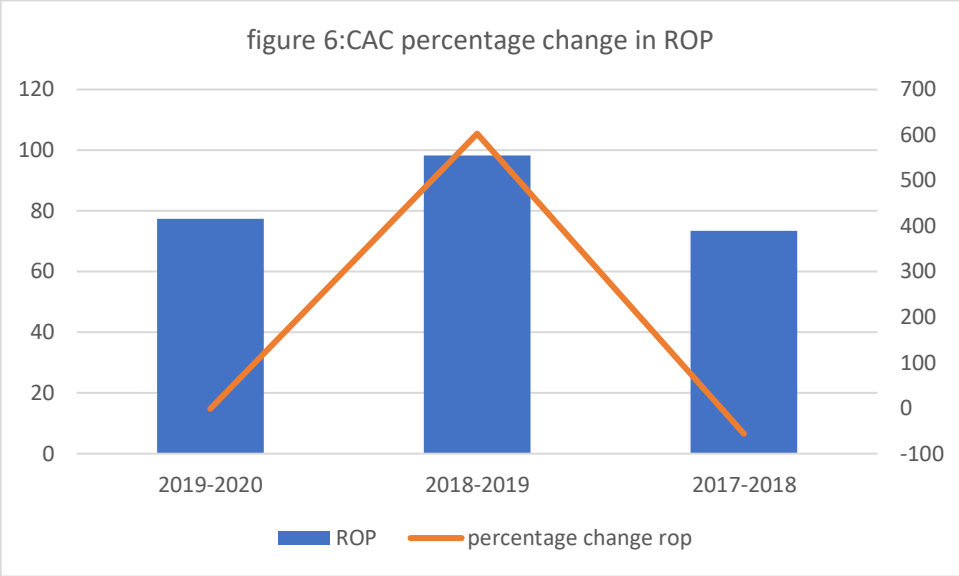


figure 6:CAC percentage change in ROP
120
100
80
60
40
20
0
700
600
500
400
300
200
100
0
-100
2019-2020
2018-2019
2017-2018
ROP
percentage change rop

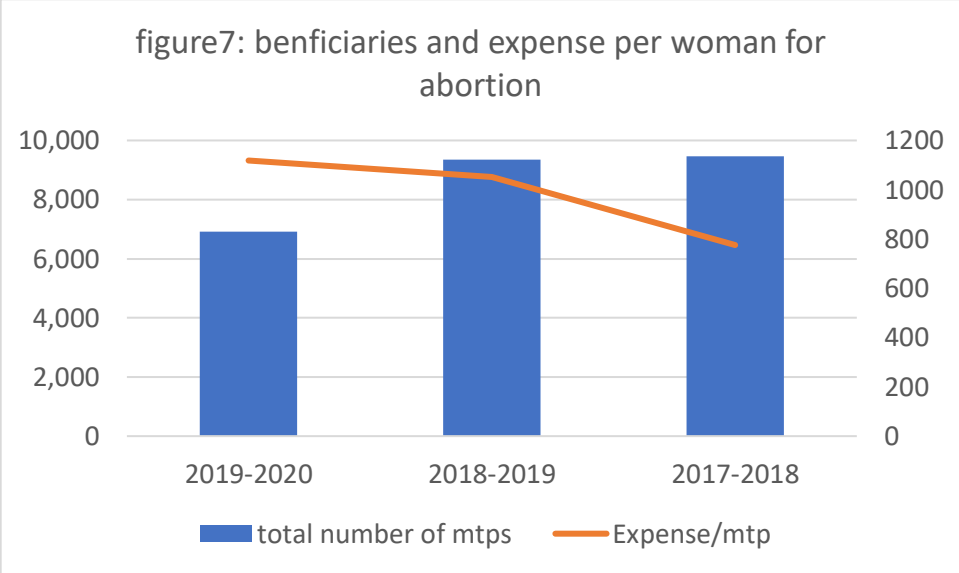


figure7: benficiaries and expense per woman for abortion
10,000
8,000
6,000
4,000
2,000
0
1200
1000
800
600
400
200
0
2019-2020
2018-2019
2017-2018
total number of mtps
Expense/mtp

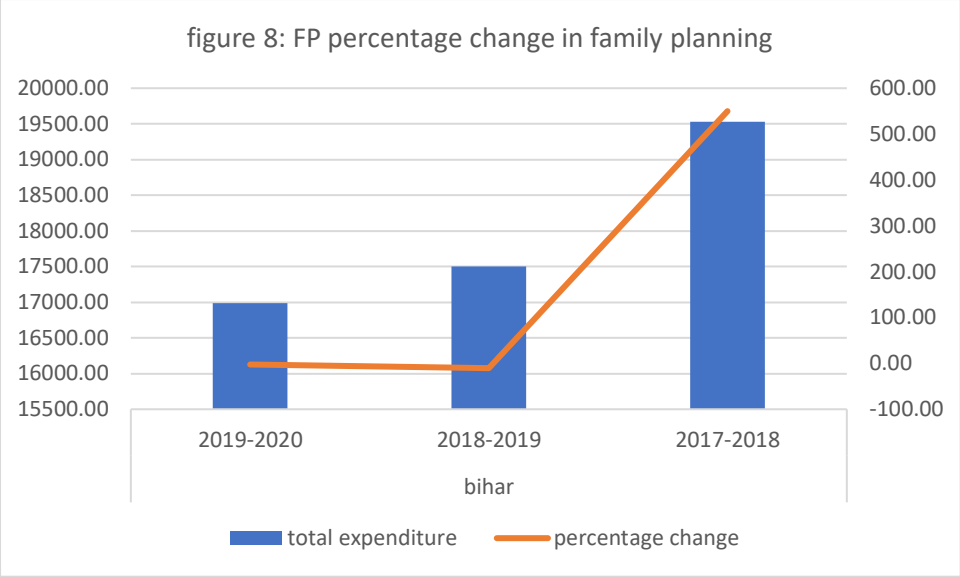


figure 8: FP percentage change in family planning
20000.00
19500.00
19000.00
18500.00
18000.00
17500.00
17000.00
16500.00
16000.00
15500.00
600.00
500.00
400.00
300.00
200.00
100.00
0.00
-100.00
2019-2020
2018-2019
2017-2018
bihar
total expenditure
percentage change

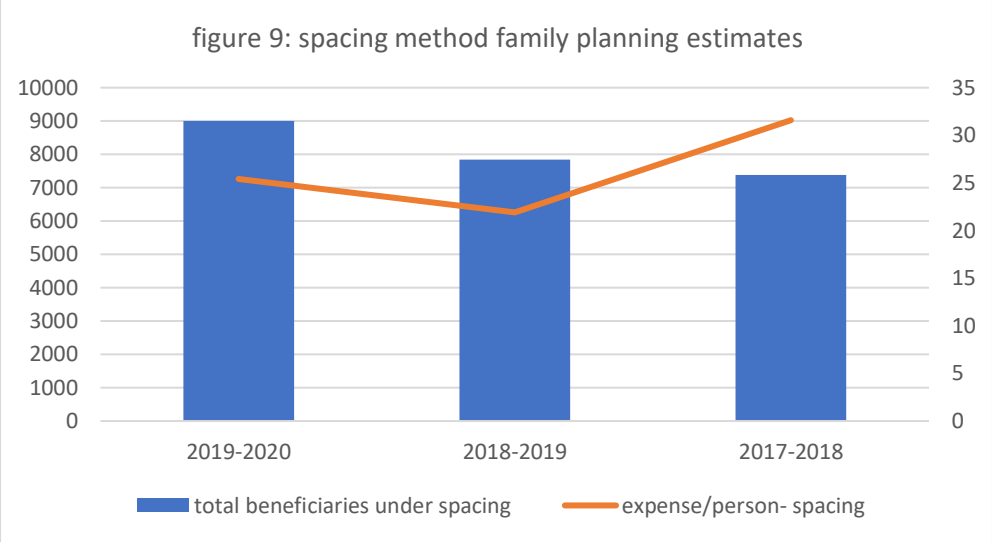


figure 9: spacing method family planning estimates
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
35
30
25
20
15
10
5
0
2019-2020
2018-2019
2017-2018
total beneficiaries under spacing
expense/person- spacing

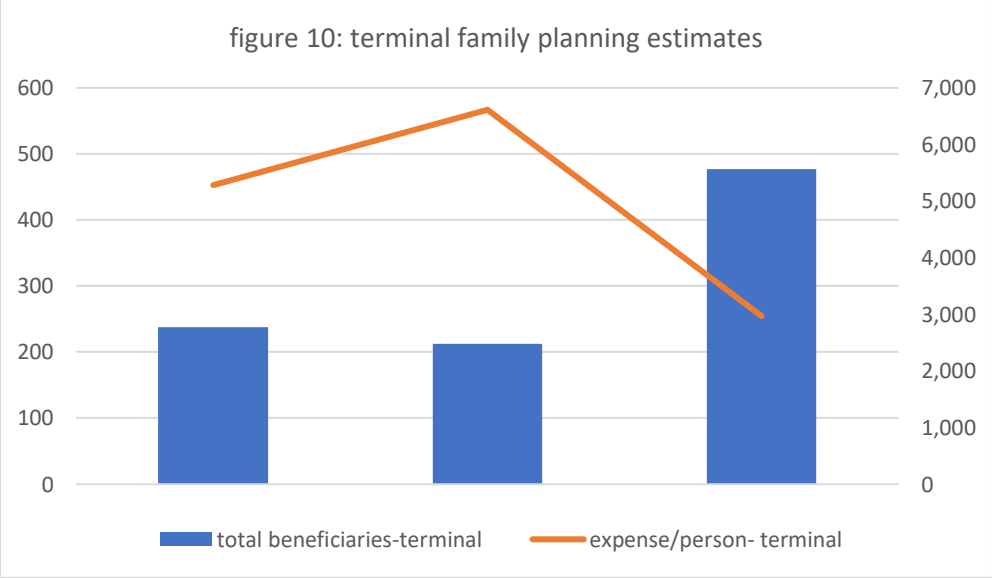
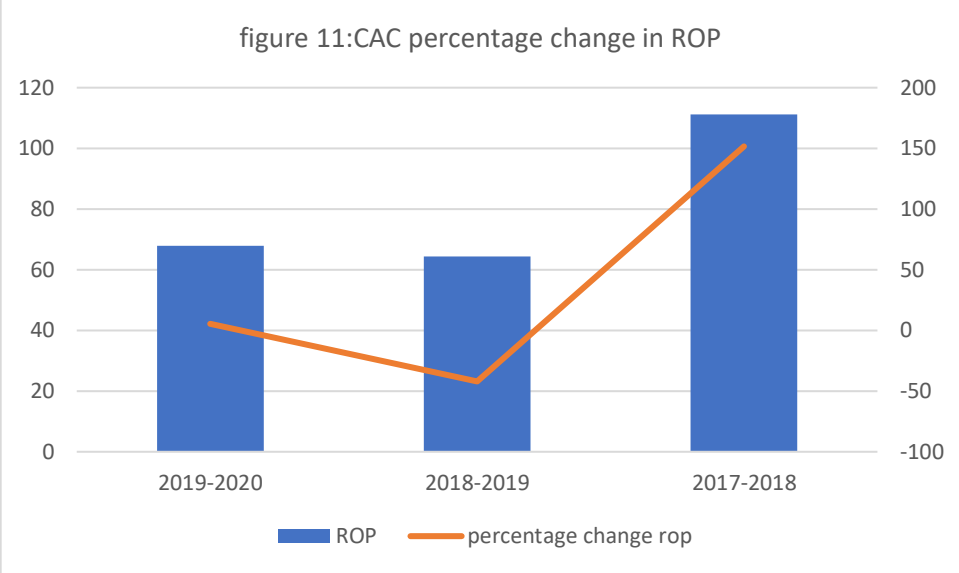


figure 10: terminal family planning estimates
600
500
400
300
200
100
0
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
total beneficiaries-terminal
expense/person- terminal

CHATTISSGARH



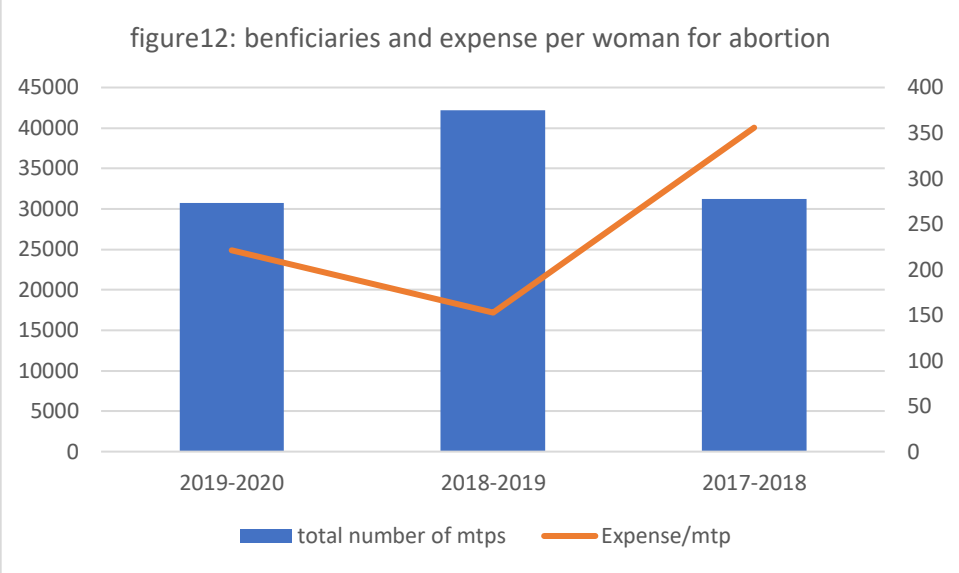


figure 13: FP percentage change in family planning

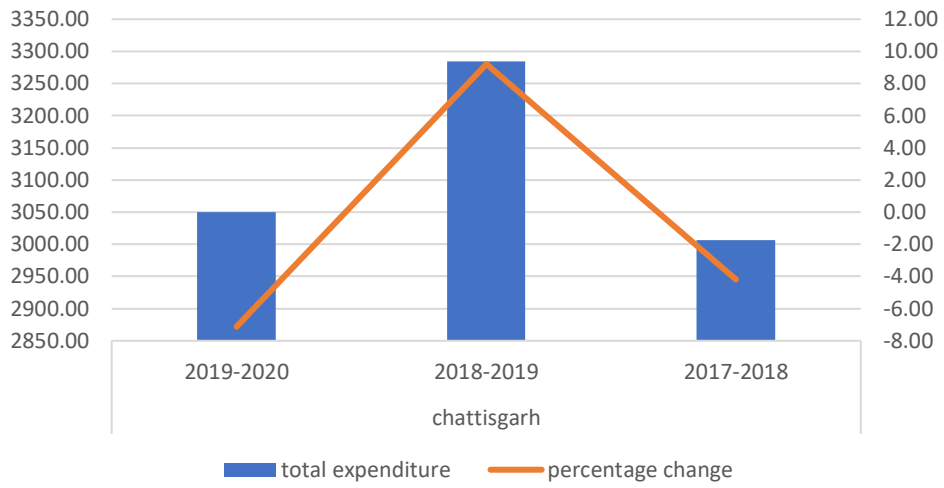


figure 14: spacing method family planning estimates

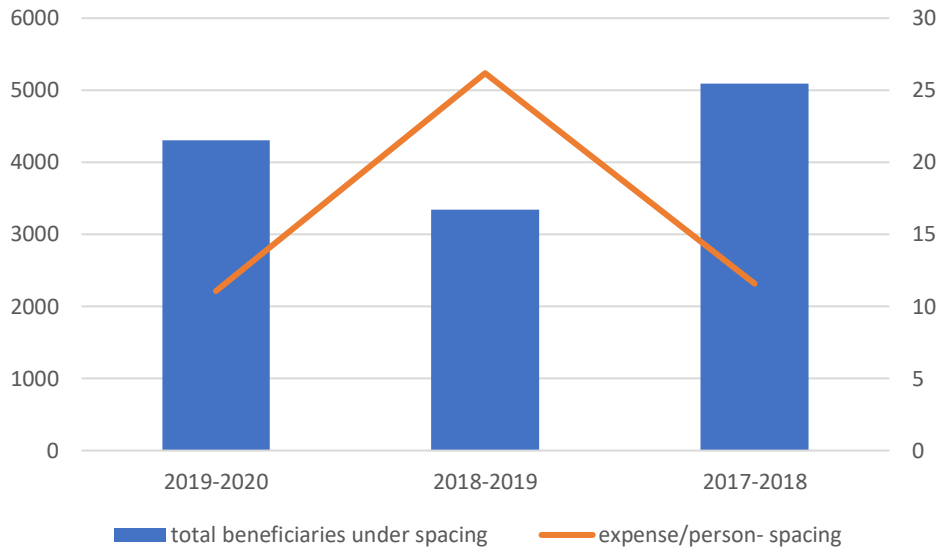
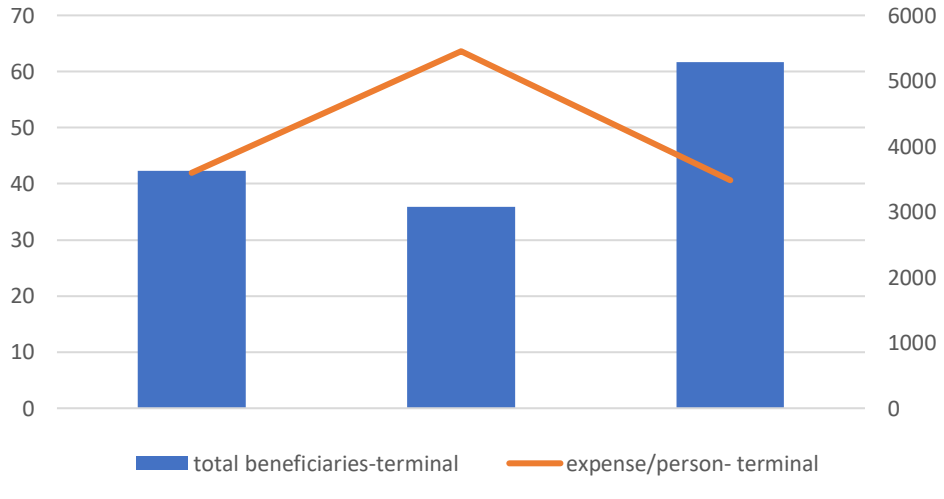


figure 15: terminal family planning estimates



JHARKHAND

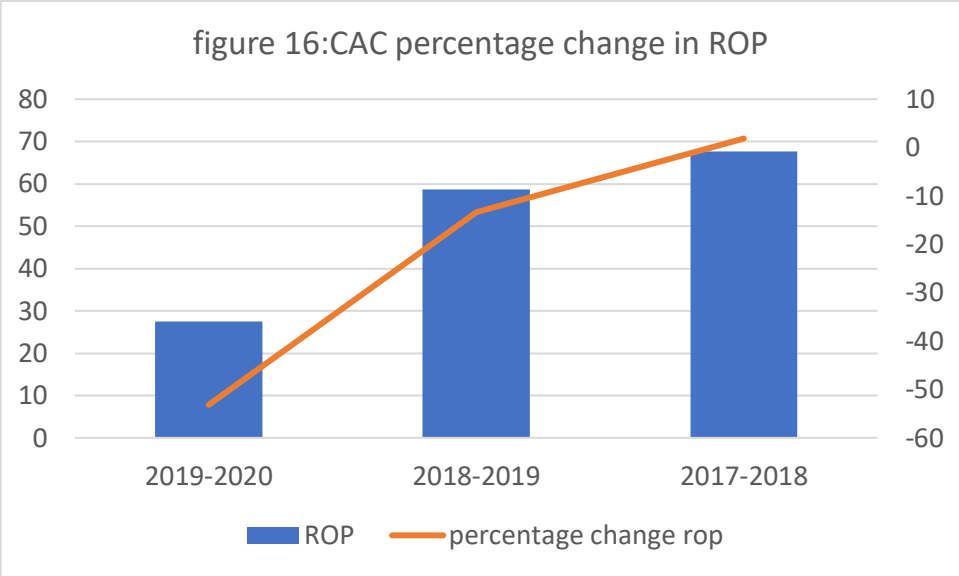


figure 16:CAC percentage change in ROP
80
70
60
50
40
30
20
10
0
10
0
-10
-20
-30
-40
-50
-60
2019-2020
2018-2019
2017-2018
ROP
percentage change rop

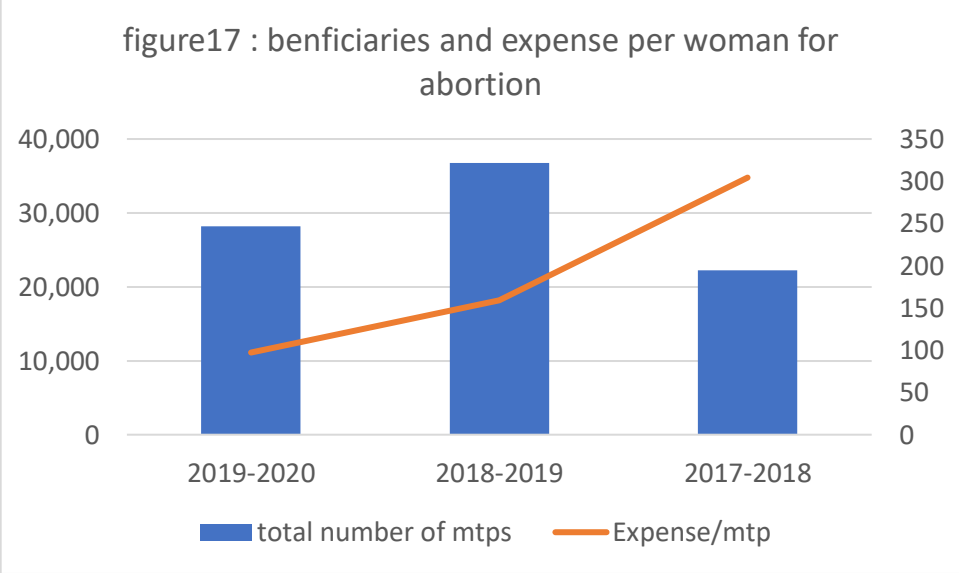


figure17 : benficiaries and expense per woman for abortion
40,000
30,000
20,000
10,000
0
350
300
250
200
150
100
50
0
2019-2020
2018-2019
2017-2018
total number of mtps
Expense/mtp

figure 18: FP percentage change in family planning

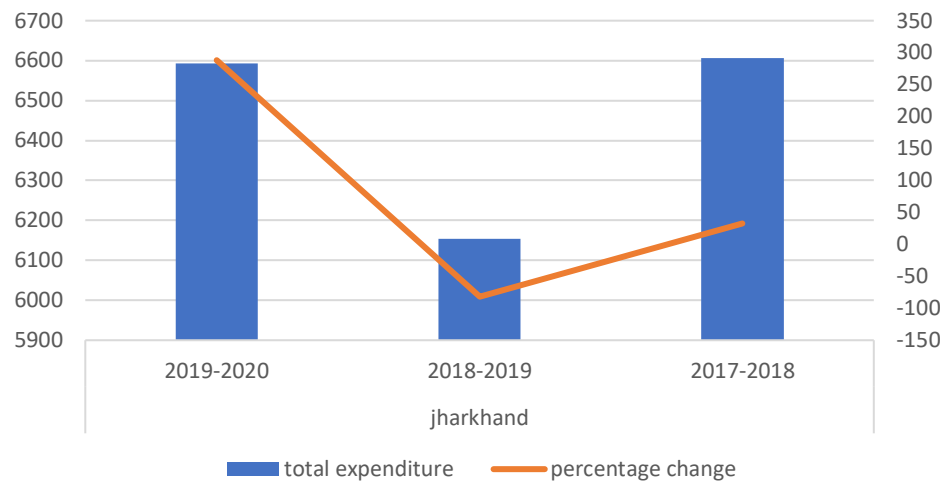


figure 19: spacing method family planning estimates

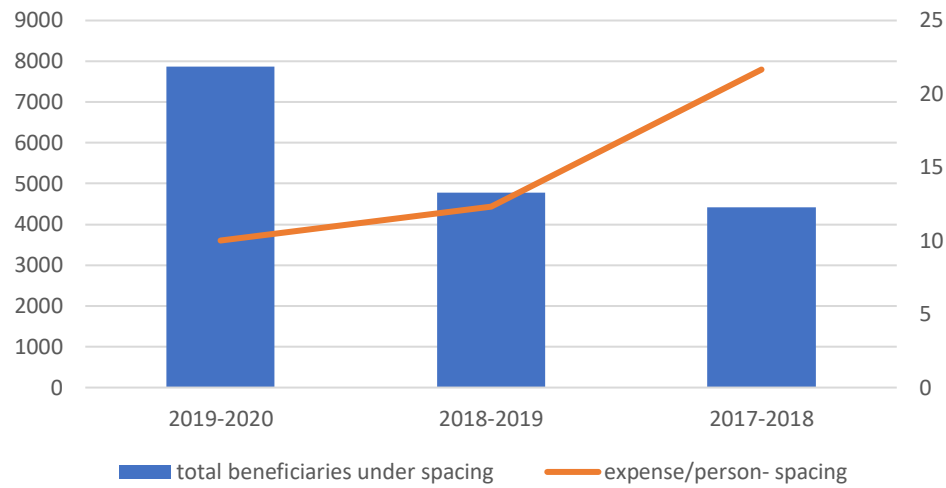
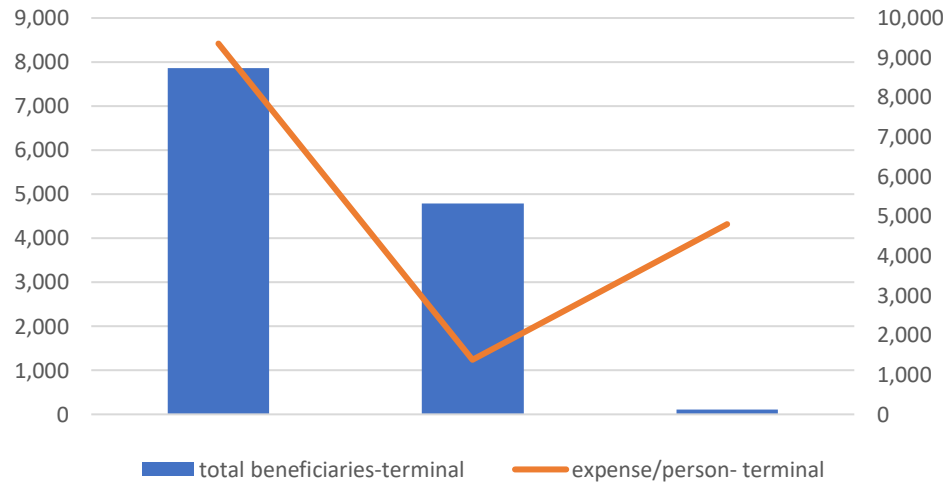


figure 20: terminal family planning estimates



KARNATAKA

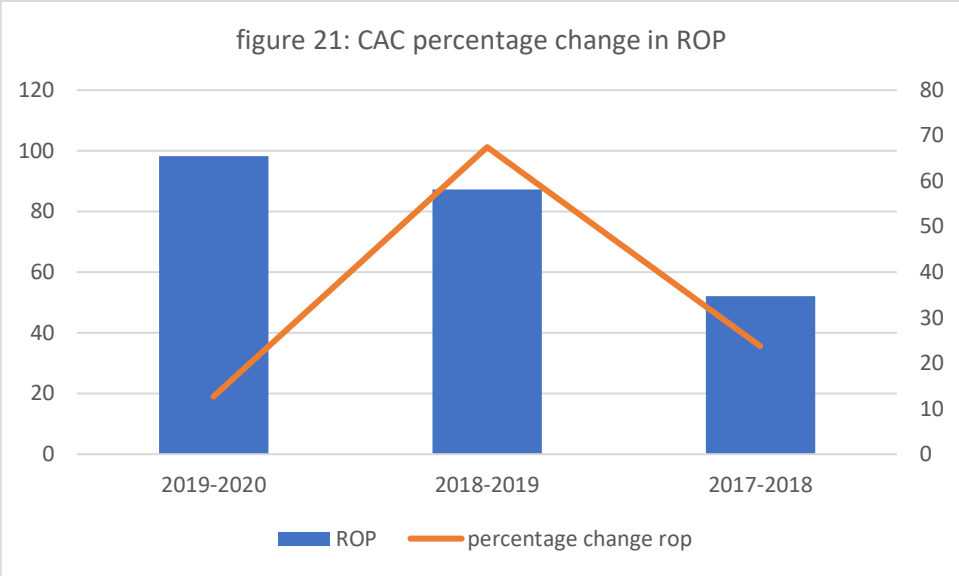


figure 21: CAC percentage change in ROP
120
100
80
60
40
20
0
80
70
60
50
40
30
20
10
0
2019-2020
2018-2019
2017-2018
ROP
percentage change rop

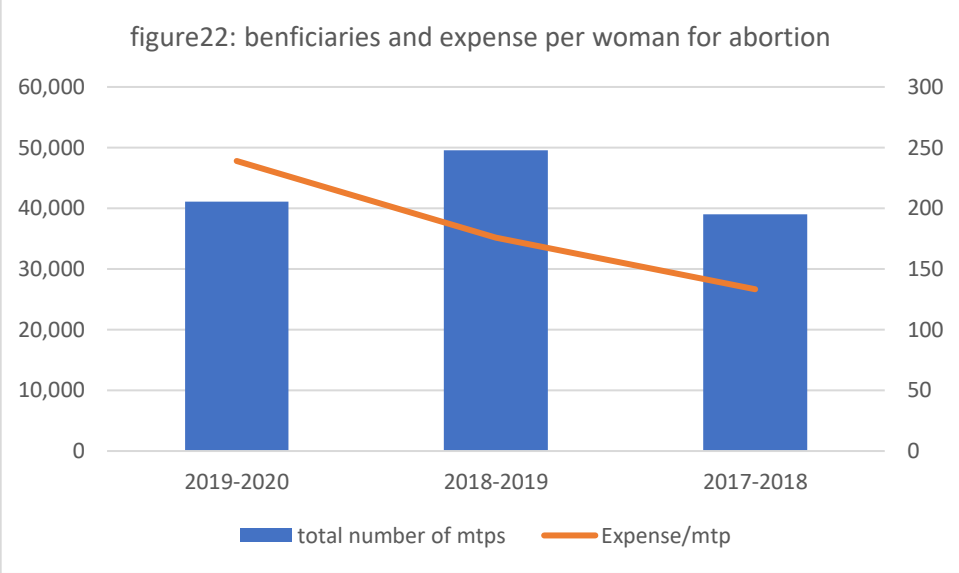


figure22: benficiaries and expense per woman for abortion
60,000
50,000
40,000
30,000
20,000
10,000
0
300
250
200
150
100
50
0
2019-2020
2018-2019
2017-2018
total number of mtps
Expense/mtp

figure 23: FP percentage change in family planning

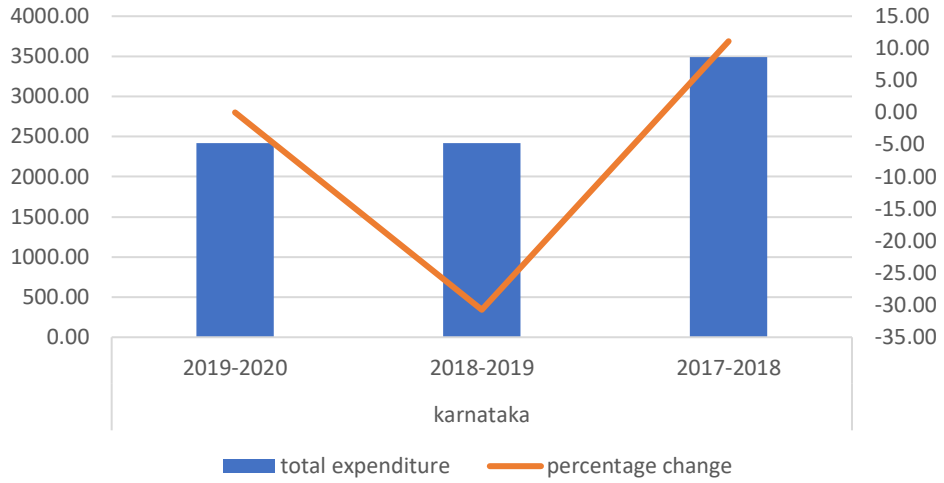


figure 24: spacing method family planning estimates

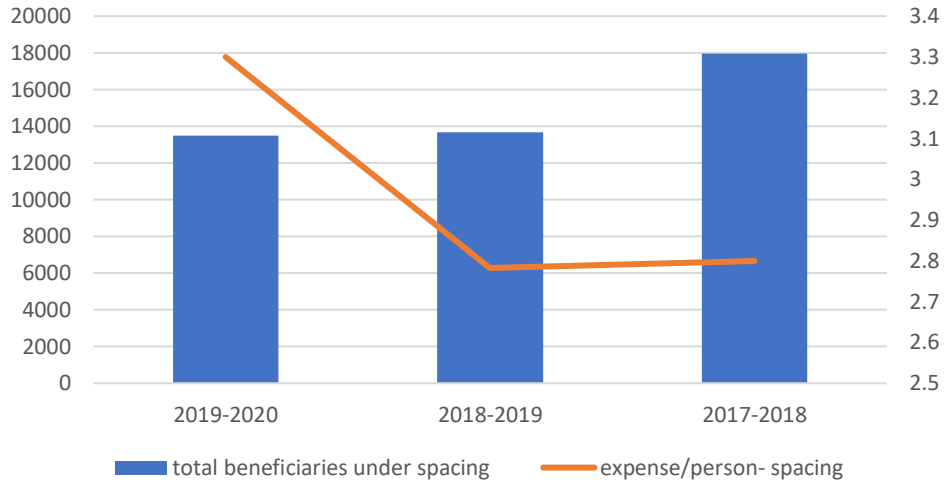
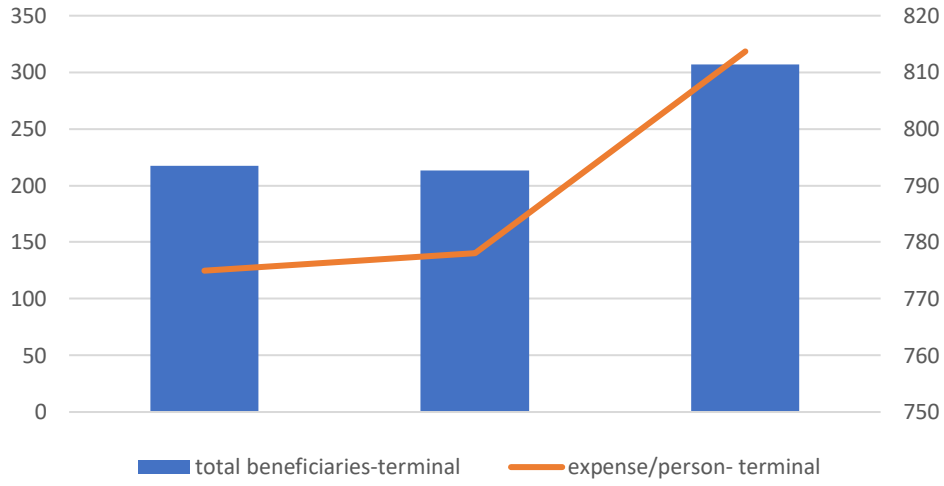
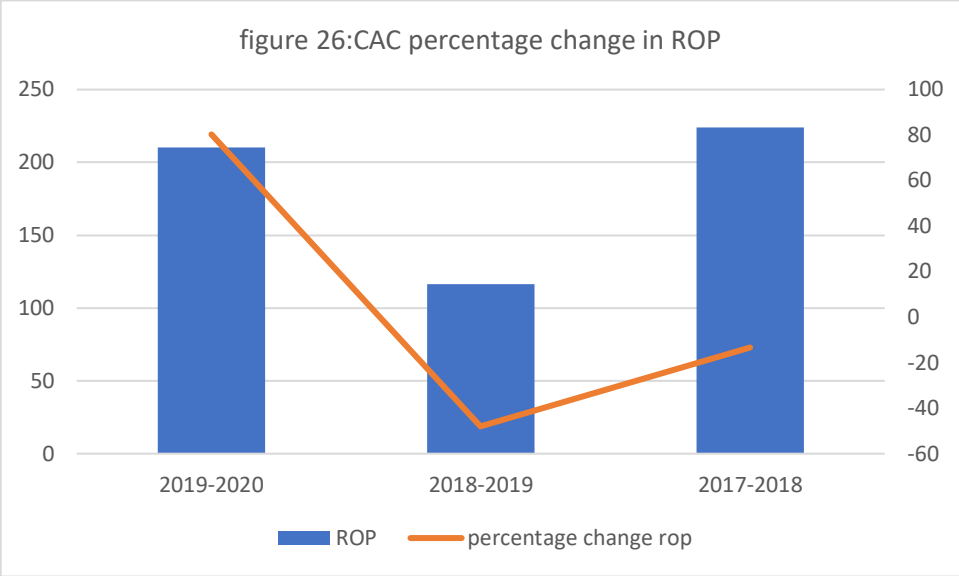


figure 25: terminal family planning estimates



MAHARASHTRA



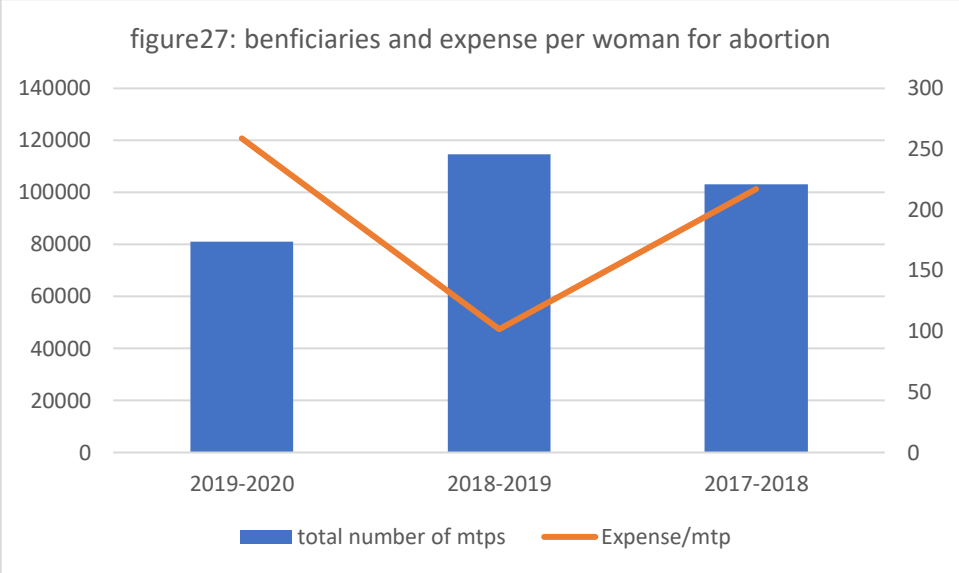


figure 28: FP percentage change in family planning

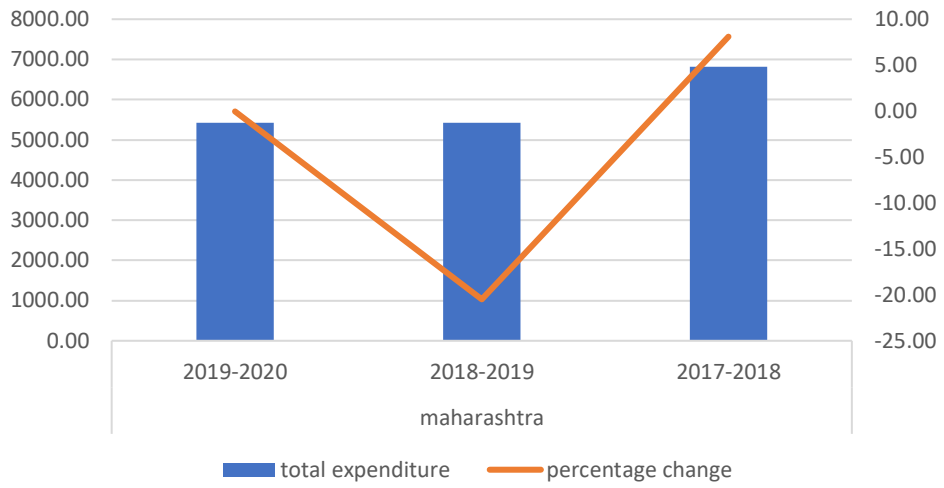


figure 29: spacing method family planning estimates

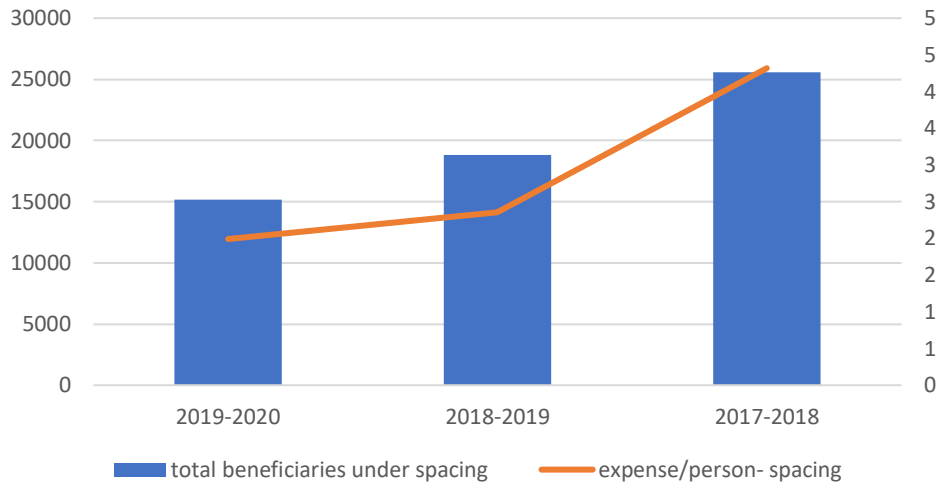
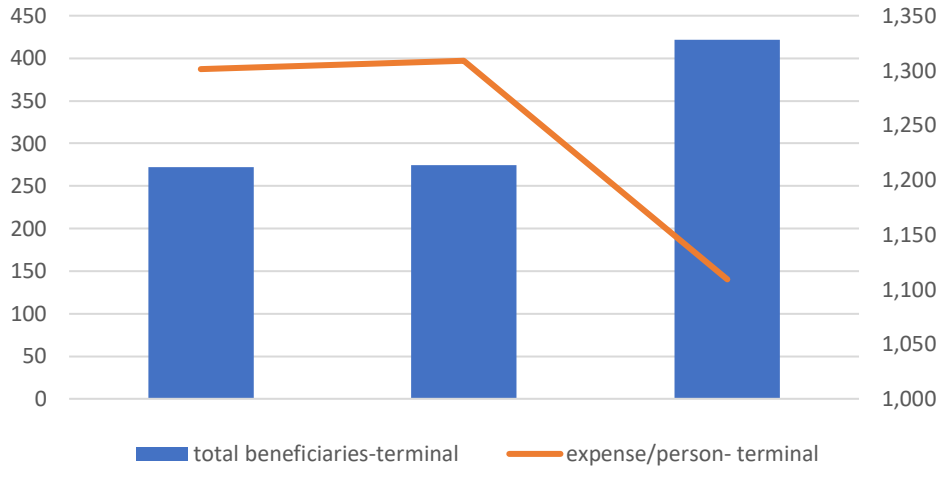


figure 30: terminal family planning estimates



MADHYA PRADESH

figure 31:CAC percentage change in ROP

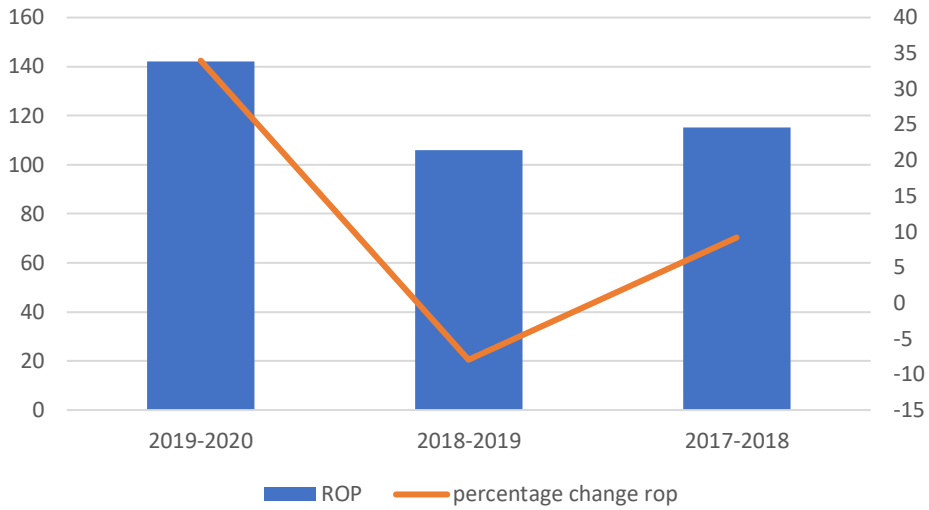


figure 32: benficiaries and expense per woman for abortion

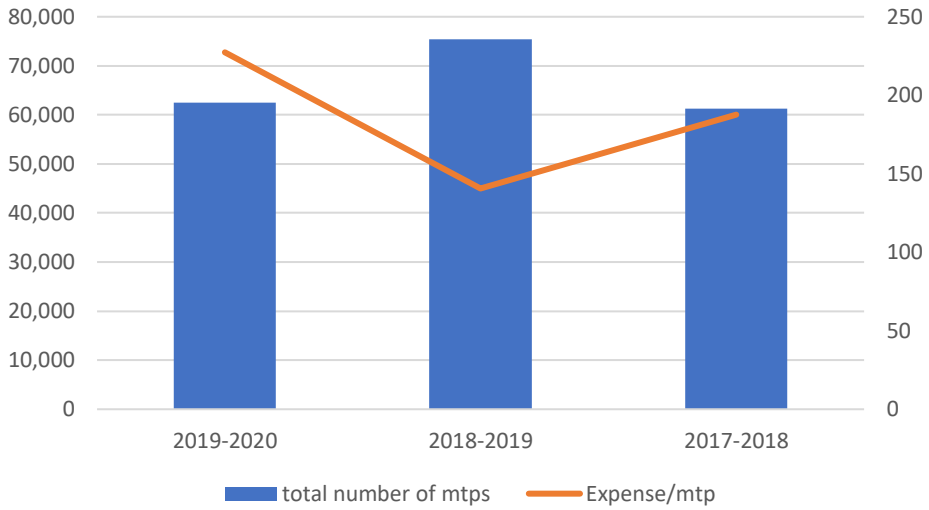


figure 33: FP percentage change in family planning

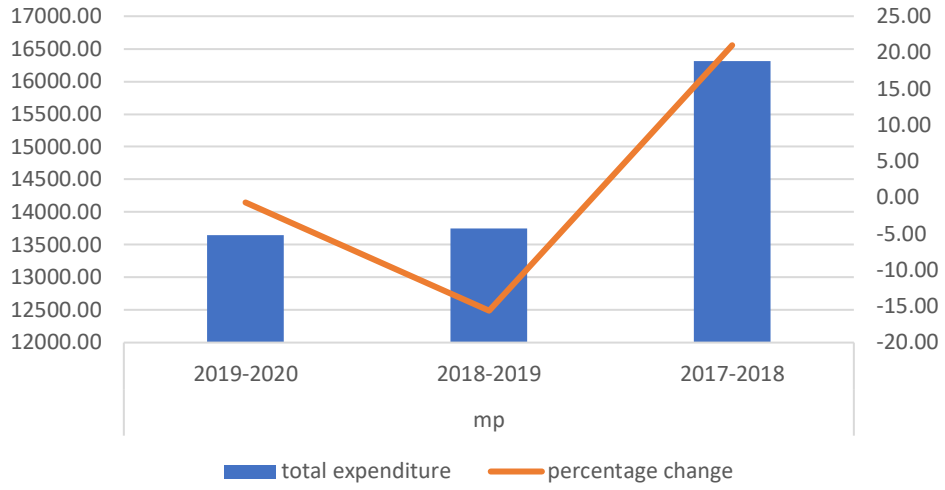


figure 34: spacing method family planning estimates

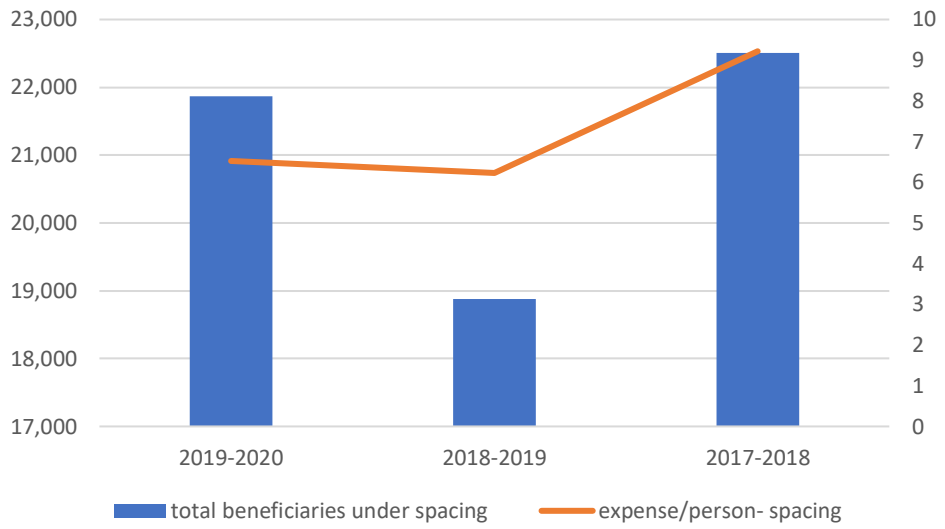
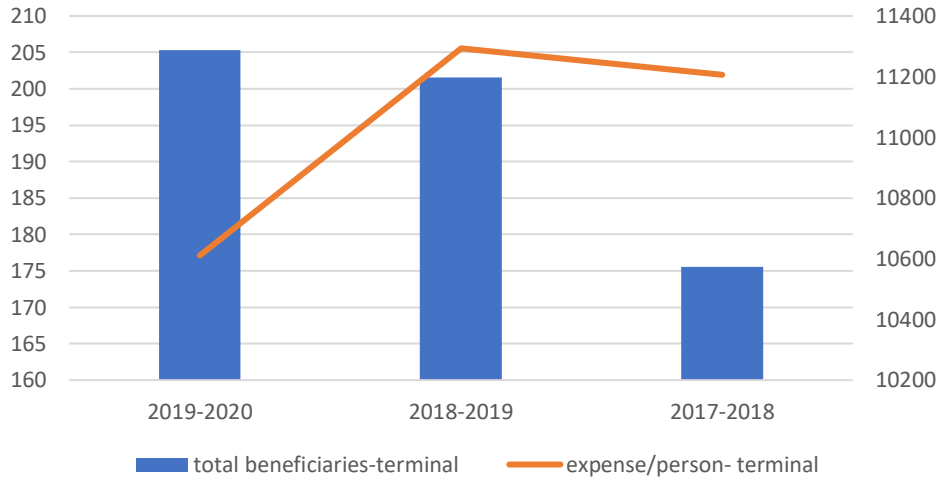


figure 35: terminal family planning estimates



ODISHA

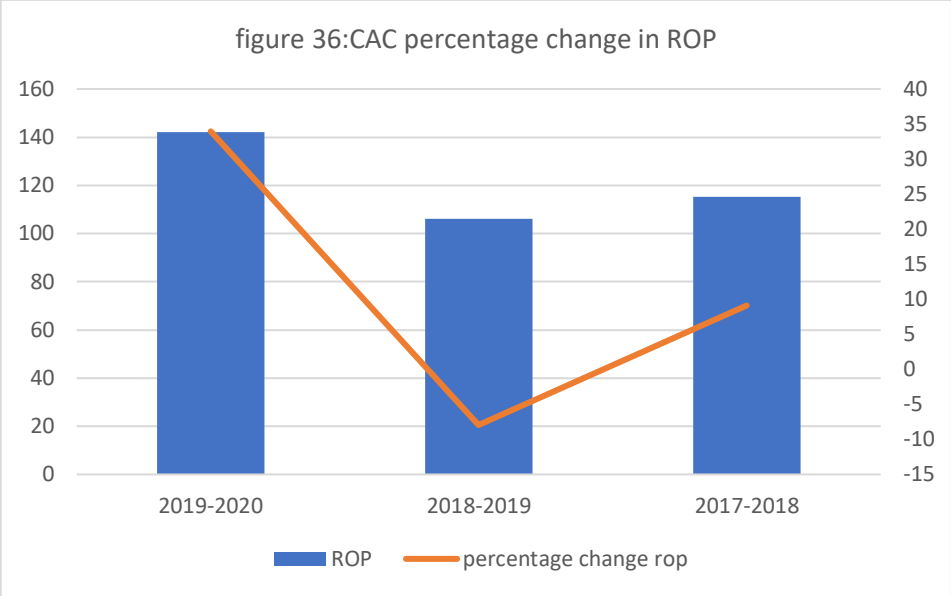


figure 36:CAC percentage change in ROP
160
140
120
100
80
60
40
20
0
40
35
30
25
20
15
10
5
0
-5
-10
-15
2019-2020
2018-2019
2017-2018
ROP
percentage change rop

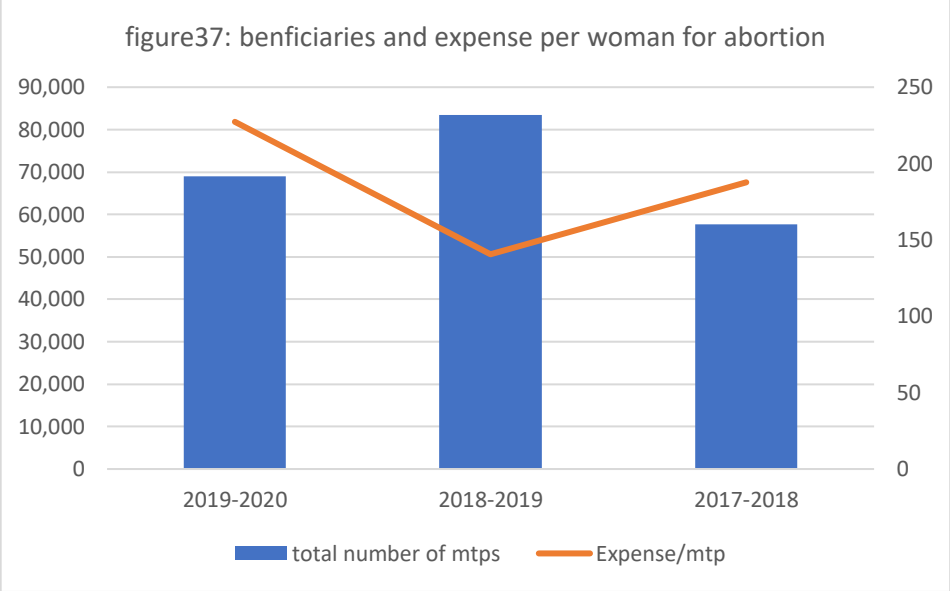


figure37: benficiaries and expense per woman for abortion
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
250
200
150
100
50
0
2019-2020
2018-2019
2017-2018
total number of mtps
Expense/mtp

figure 38: FP percentage change in family planning

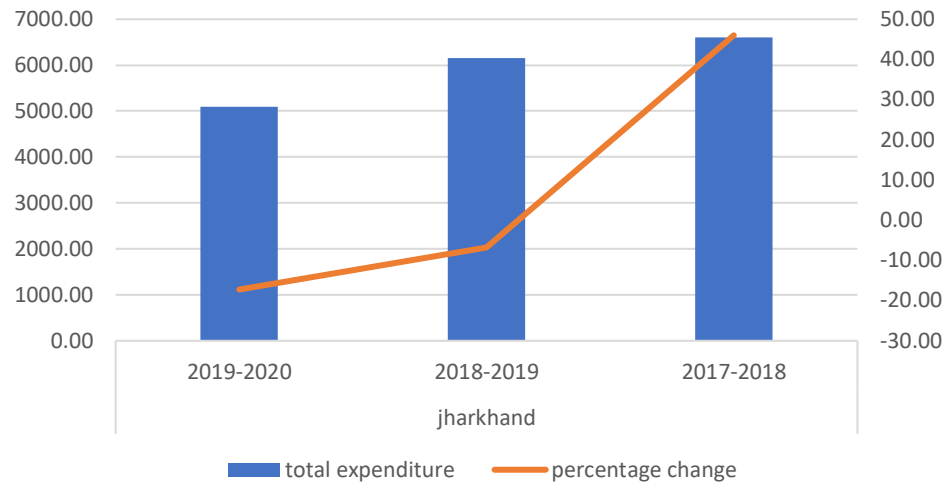


figure 39: spacing method family planning estimates

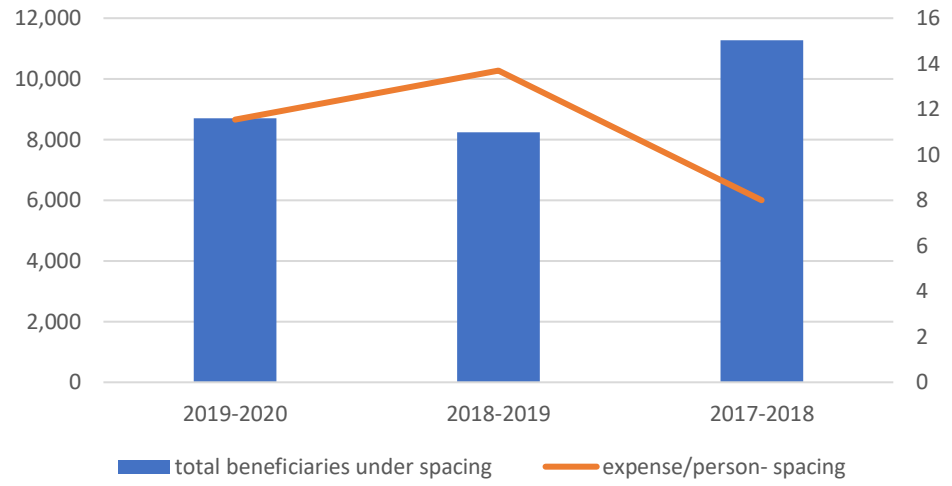
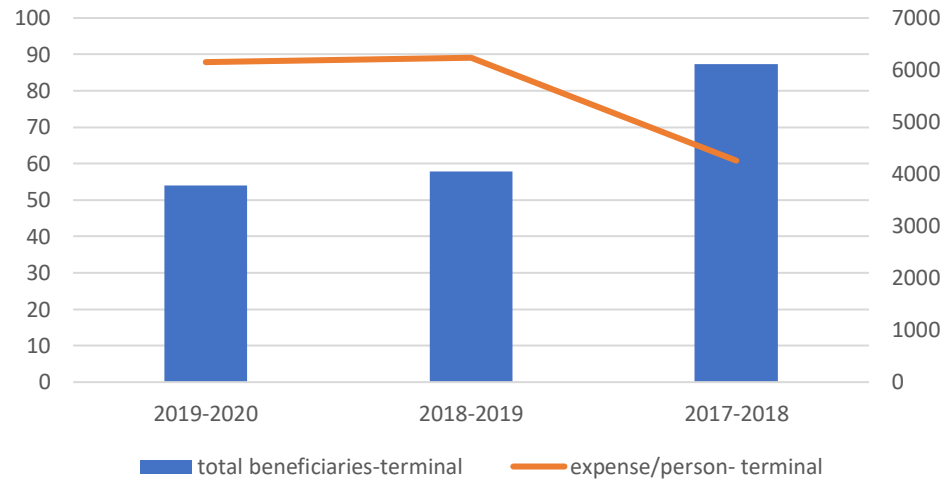


figure 40: terminal family planning estimates



RAJASTHAN

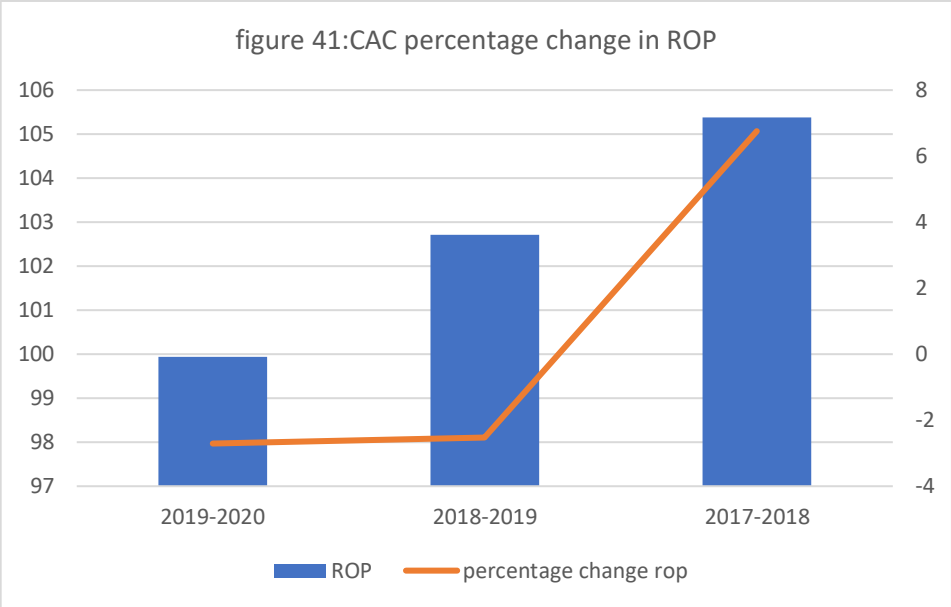


figure 41:CAC percentage change in ROP
106
105
104
103
102
101
100
99
98
97
8
6
4
2
0
-2
-4
2019-2020
2018-2019
2017-2018
ROP
percentage change rop

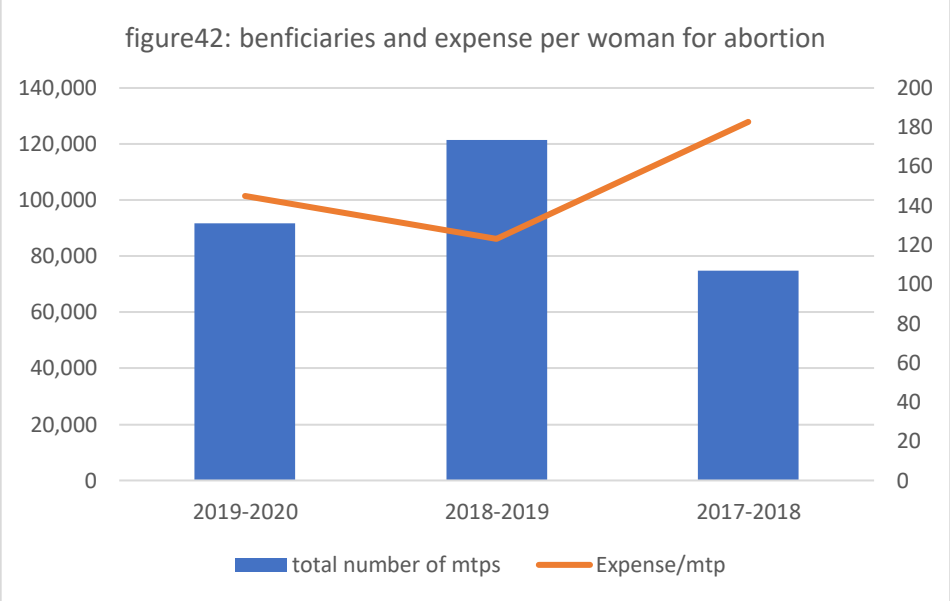


figure42: benficiaries and expense per woman for abortion
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
200
180
160
140
120
100
80
60
40
20
0
2019-2020
2018-2019
2017-2018
total number of mtps
Expense/mtp

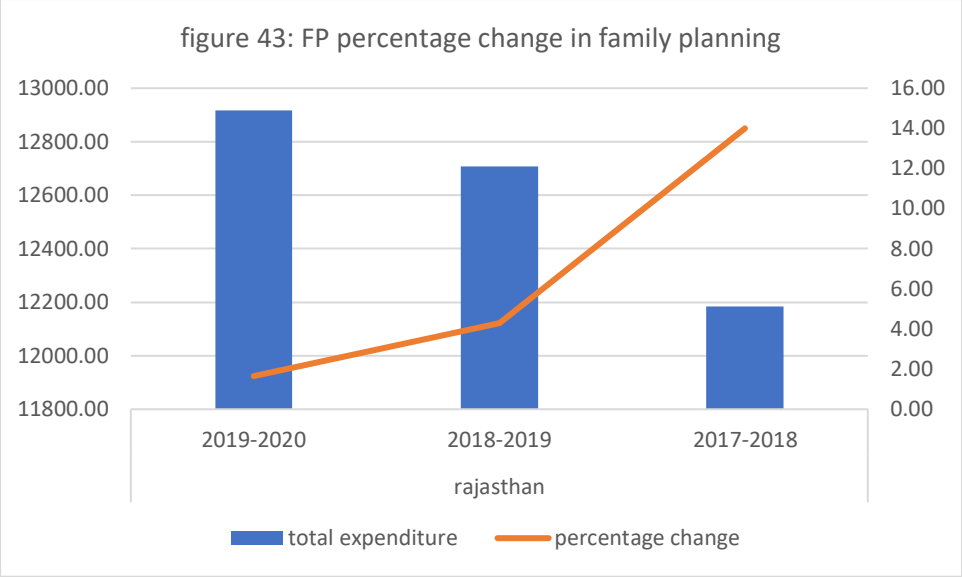


figure 43: FP percentage change in family planning
13000.00
12800.00
12600.00
12400.00
12200.00
12000.00
11800.00
16.00
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
2019-2020
2018-2019
2017-2018
rajasthan
total expenditure
percentage change

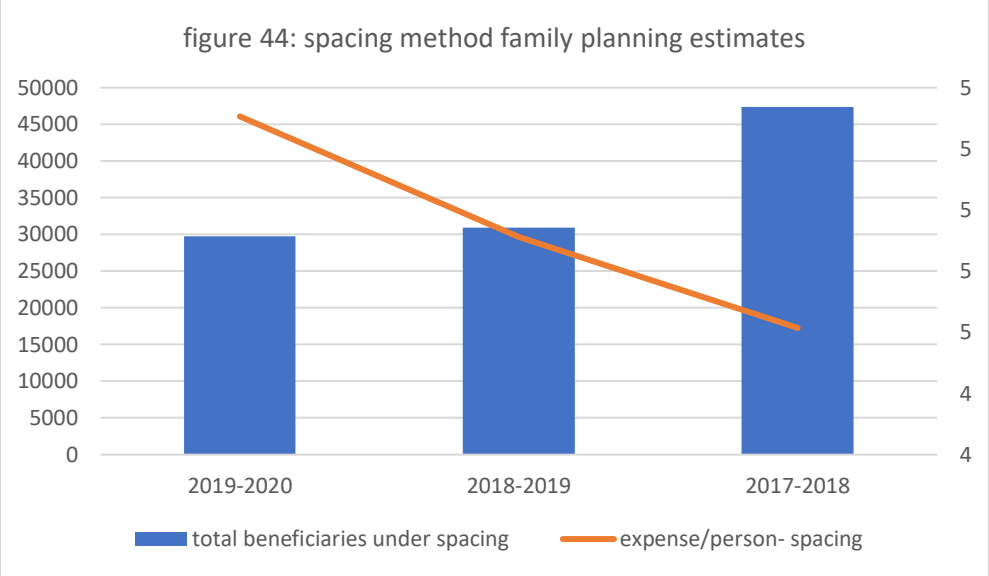


figure 44: spacing method family planning estimates
50000
45000
40000
35000
30000
25000
20000
15000
10000
5000
0
5
5
5
5
5
4
4
2019-2020
2018-2019
2017-2018
total beneficiaries under spacing
expense/person- spacing

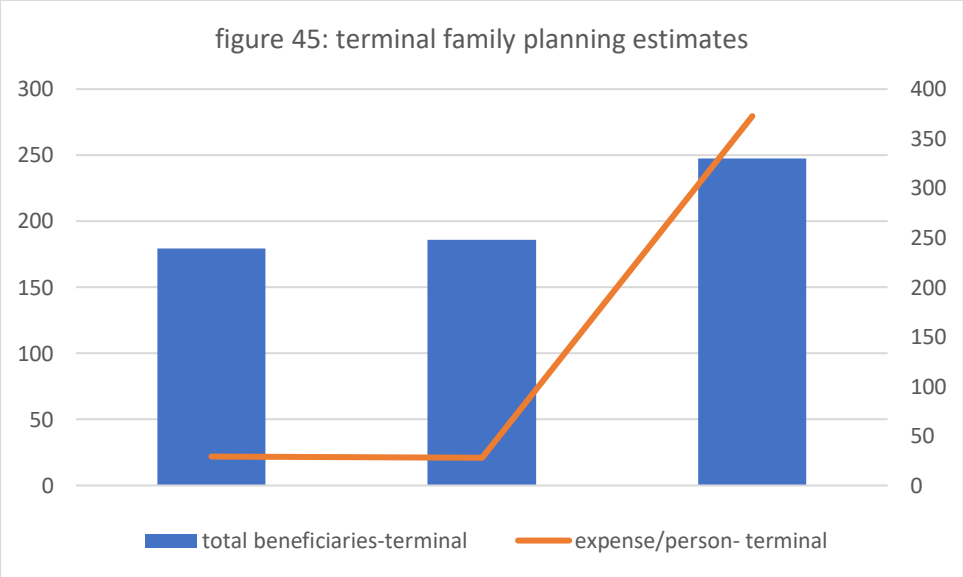


figure 45: terminal family planning estimates
300
250
200
150
100
50
0
400
350
300
250
200
150
100
50
0
total beneficiaries-terminal
expense/person- terminal

WEST BENGAL

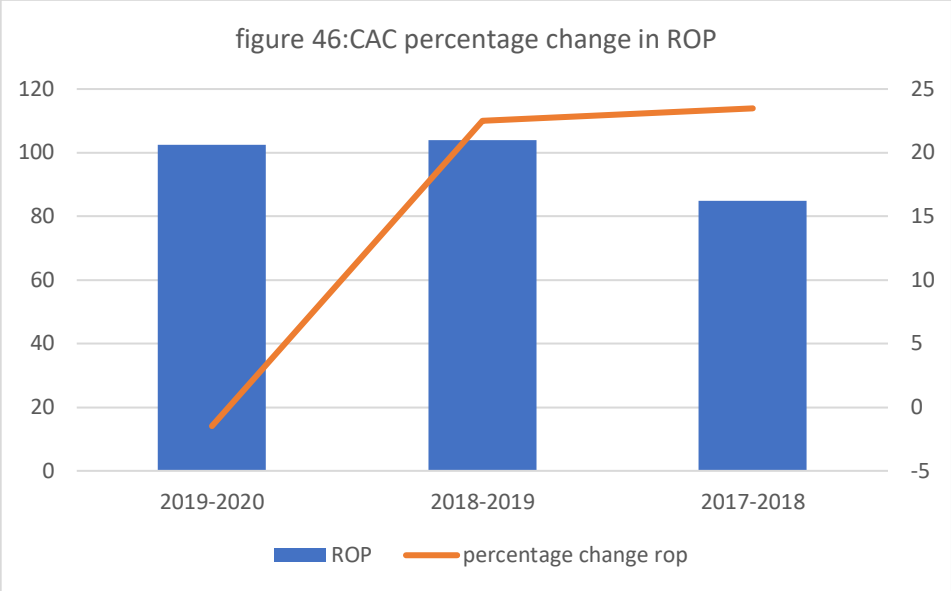


figure 46:CAC percentage change in ROP
120
100
80
60
40
20
0
25
20
15
10
5
0
-5
2019-2020
2018-2019
2017-2018
ROP
percentage change rop

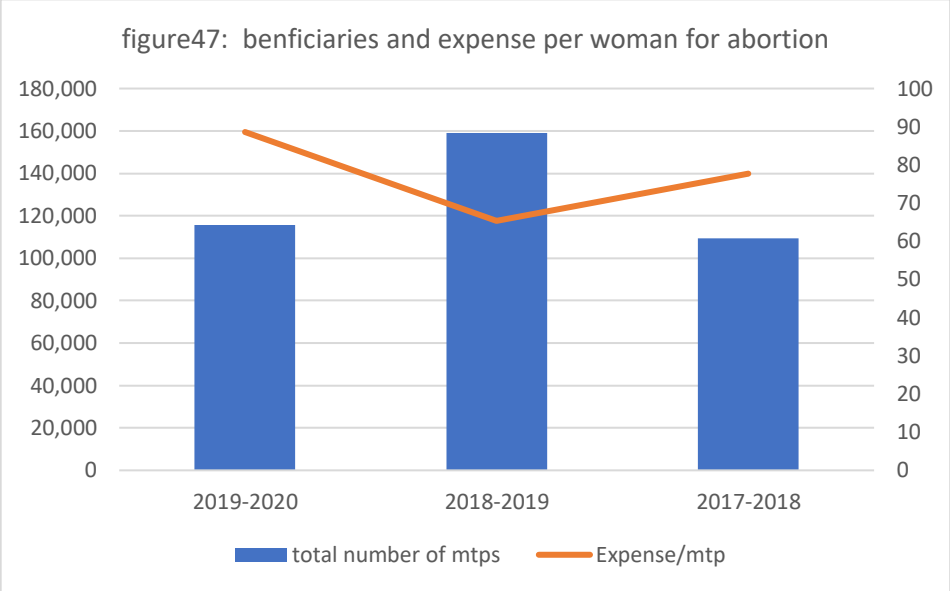


figure47: benficiaries and expense per woman for abortion
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
100
90
80
70
60
50
40
30
20
10
0
2019-2020
2018-2019
2017-2018
total number of mtps
Expense/mtp

figure 48 : FP percentage change in family planning

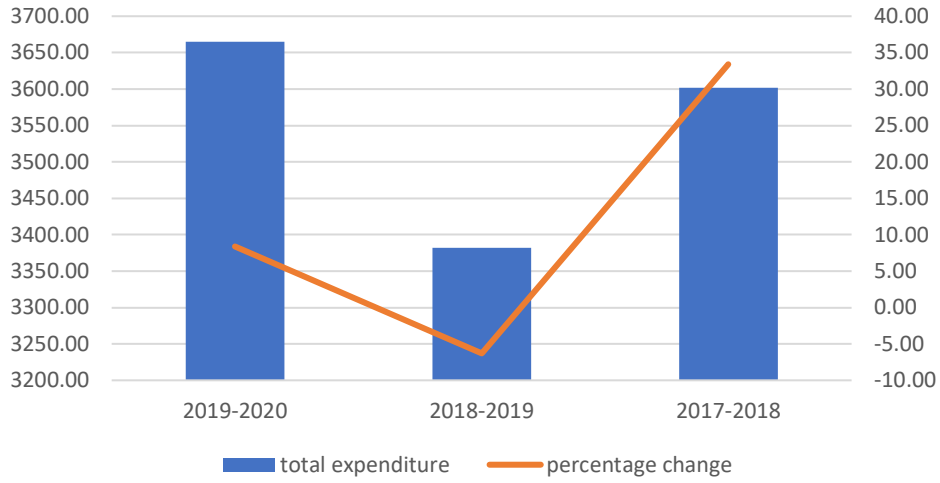


figure 49: spacing method family planning estimates

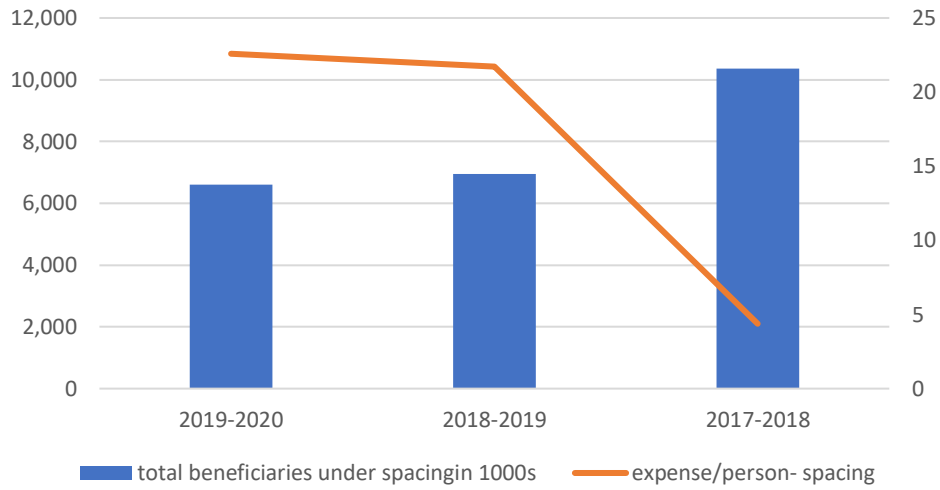
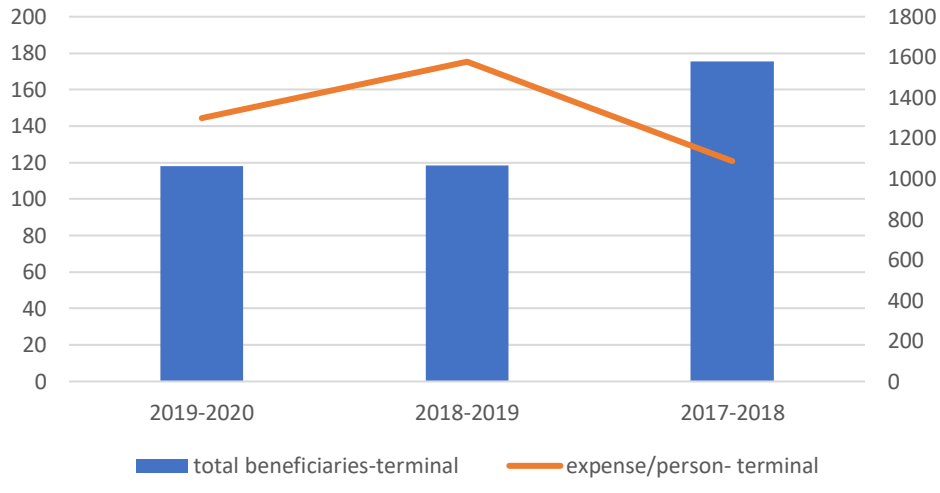
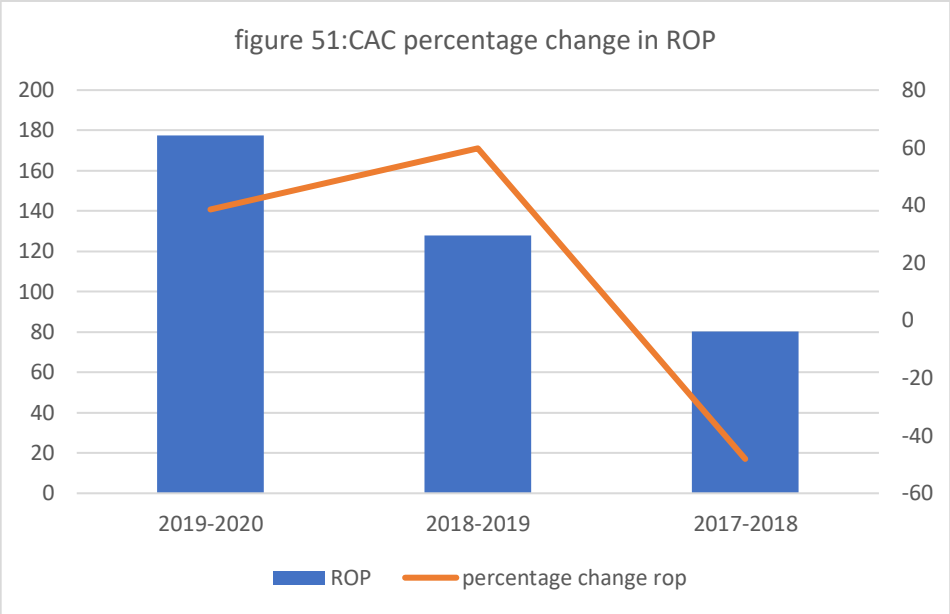


figure 50: terminal family planning estimates



UTTAR PRADESH



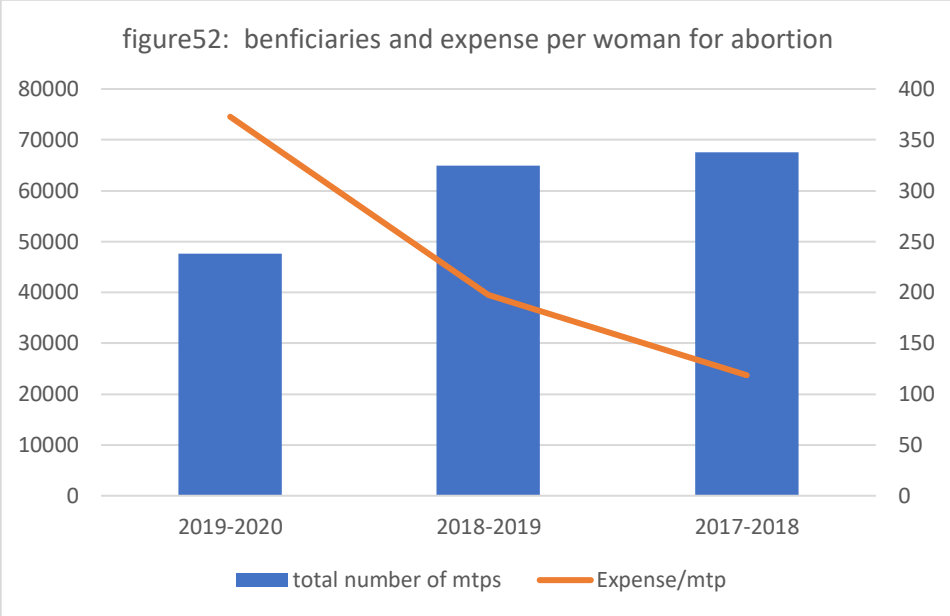


figure 53 : FP percentage change in family planning

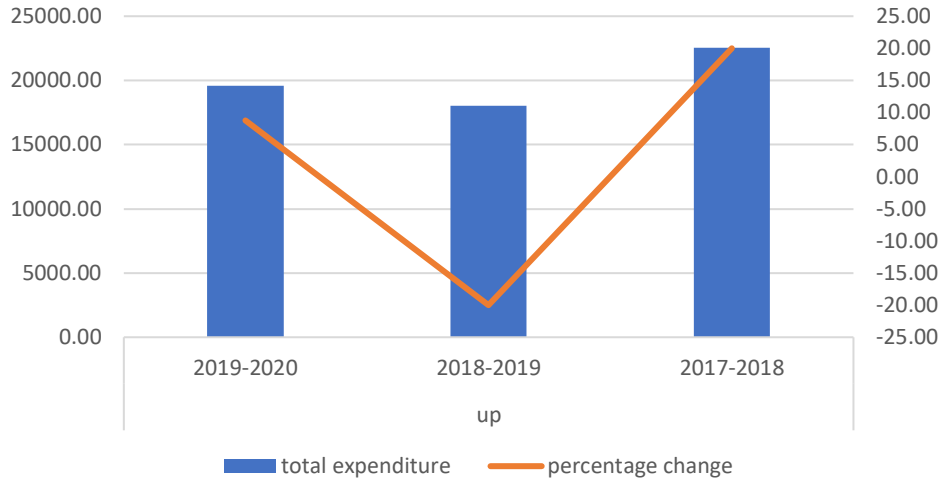


figure 54: spacing method family planning estimates

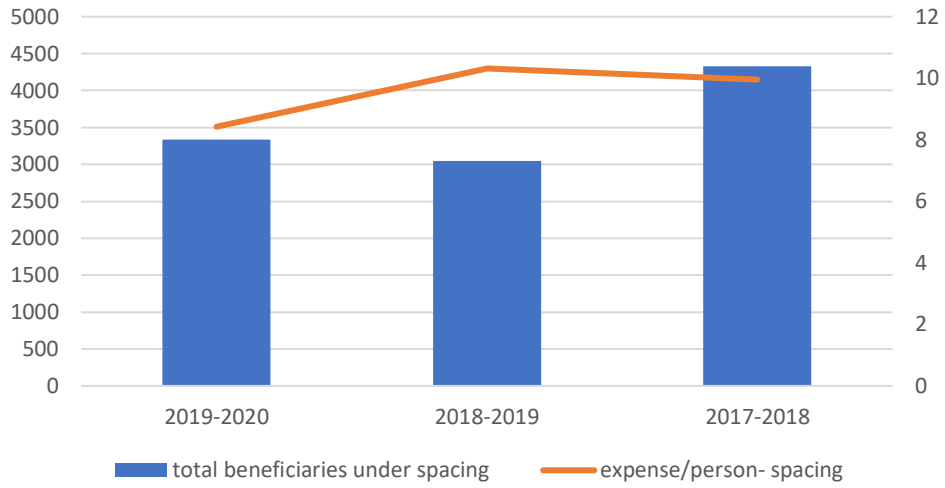
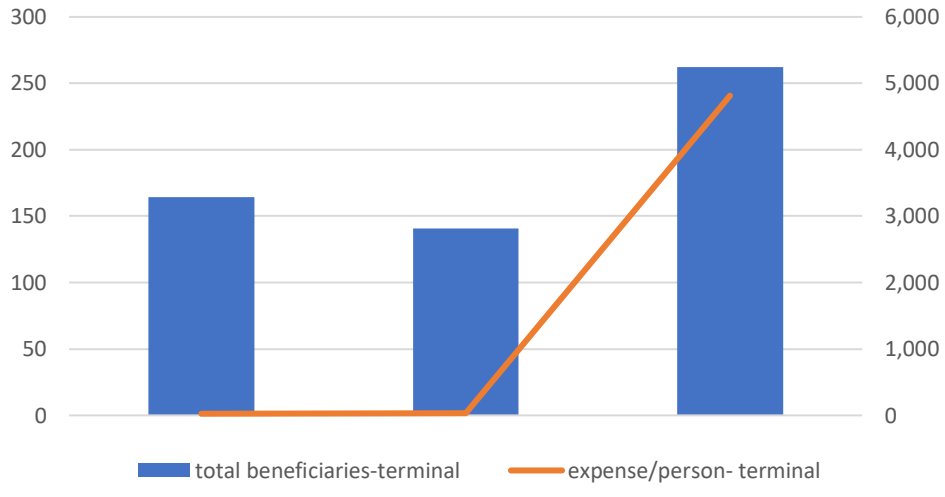


figure 55: terminal family planning estimates



CONCLUSION AND INSIGHTS

- This analysis gives a peak into state budgetary requirements and utilisation of funds for the same.
- It also throws light strategies used to attain the desired health targets for that state.
- It may reflect how the expense per person goes up as the RoP spending is decreased
- An overall decrease in RoP with an Increase in PIP for that year, or a decline in both with or without increase in expense may reflect on problem areas which can be explored like underutilization of funds, corruption, inefficient resource allocation, lack of human resource, poor service delivery, lack of acceptance of the program etc example in the case of Assam for CAC services.
- It also reflects on policy changes through the years, for example how there was a shift from promotion of terminal methods of family planning to spacing methods, which can be observed with the increasing number of beneficiaries and expenditure for the latter and a declining trend in the former.
- It also reflects on the strategies the government is trying to push under various schemes, for instance, in 2017 condoms and combined contraceptive pills were most prevalent methods of contraception and injectables the least popular, however as time progressed and with the launch of pariwar vikas Yojna IUCDs gained some popularity in 2018 and injectables became popular towards 2020, leaving permanent methods of family planning in the lagging.
- It also reflects which states still struggle in keeping up with the newer schemes like injectables in spacing methods, and still have permanent methods of FP more prevalent, example, Rajasthan.
- This evaluation also gives an insight into better performing states, with high number of beneficiaries and low over all cost due to efficient use of resources, like West Bengal

REFERENCES

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- https://nhm.gov.in/images/pdf/programmes/family-planing/guidelines/Post_Abortion_Family_Planning.pdf
- https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/MH/Guidelines/CAC_Training_and_Service_Delivery_Guideline.pdf
- https://www.nhm.gov.in/index4.php?lang=1&level=0&linkid=36&lid=40
- https://www.ipas.org/our-work
- https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception
- https://www.mhtf.org/topics/family-planning-maternal-health/#:~:text=Family%20planning%20refers%20to%20a,continues%20that%20pregnancy%20to%20term.&text=One%20proposed%20mechanism%20for%20this,births%2C%20thereby%20reducing%20maternal%20mortality.
- http://www.nrhmorissa.gov.in/writereaddata/Upload/Documents/2-PIP%20-%20Budget%20Module.pdf
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6469373/

PART 2

ONLINE COURSE

eHealth: More than just an electronic record

by The University of Sydney

COURSE DISCRIPTION

This ehealth enables all healthcare providers including students, practioners, managers and administrators, as well as researchers to understand the value that ehealth in today's day and age brings to our life. it ranges over the use of technology, prevalent trends and incorporates a global perspective.
The course spans over 5 weeks covering 5 modules taught by the Faculty of Health Sciences, University of Sydney.

COURSE OBJECTIVES

- What is ehealth and the direction in which it is steering into
- The type of data we collect in terms of health and how it can be used to alter the future
- How consumers can now participate with use of new technology in their healthcare decisions
- Use of ehealth in bettering coordination and efficient delivery and the hurdles in doing so

COURSE CONTENTS

MODULE 1

WHAT IS EHEALTH?

Lesson 1 -INTRODUCTION
- What is ehealth?
- Meaning of ehealth to different people and you
- Example of an ehealth model
- 2 practice quizzes about ehealth models and the prevalent technology

Lesson 2- EXPERTS OPINION
- Obstacles in ehealth
- What lies ahead
- Discussion on personal ehealth experience

Lesson 3- LEARNING
- Ehealth application
- Further references and future reading

MODULE 2

HEALTH IN OUR HANDS

Lesson 1- HEALTH IN YOUR HANDS
- Instructions
- Introduction
- Not healthcare but it is health
- Practice quiz about what is trending online and with technology

Lesson 2- PERSONAL DATA COLLECTION
- use of Smart devices
- practical use of your health data in a clinical setting

Lesson 3- APPLICATIONS, DIGITAL MEDIA AND INFORMATION ABOUT HEALTH ON LINE
- phone applications in healthcare
- digital platforms in health
- online accessible health information
- discussion on use of phone technology for ehealth

Lesson 4- how to design and assess ehealth services
- co-designing services

- evaluate ehealth mobile application
- discussion of use of a health app
- peer graded assignment and review of an ehealth application
- Further references and future reading

MODULE 3

DATA AND THE "QUANTIFIED SELF"

Lesson 1- INTRODUCTION
- Data and quantified self
- Quiz on trends in electronic data

Lesson 2- EHEALTH RECORDS
- Digital records and the collection of data
- Structure of ehealth records
- Case study

Lesson- 3 PREDICTIVE AND PRECISION MEDICINE
- Predictive and precision healthcare
- Use of bigdata
- Right over your health information

Lesson 4 – PATIENT INFORMATION
- Information from the patients in clinical practice

Lesson 5- DATA PRIVACY
- Data protection
- A cause of concern

Lesson 6- USING DATA TO IMPROVE OUTCOMES
- Efficient healthcare delivery with use of data
- Data to increase efficiency
- Discussion on data privacy
- Further references and future reading

MODULE 4

COMMUNICATING WITH HEALTHCARE PROFFESIONALS THROUGH TECHNOLOGY

Lesson 1- MAKING HEALTHCARE ACCESSABLE
- Emerging methods to communicate
- Benefits of ehealth
- Ehealth comparison to physical care

Lesson 2- NEW DEVELOPMENTS IN HEALTHCARE
- Telehealth
- Convergence of digital media and health
- Applications on mobiles to customise healthcare

Lesson 3- AUGMENTING HEALTHCARE PROVIDERS

- Benefits of ehealth to professionals
- Multidepartment approach to ehealth
- 2 practice quizzes on healthcare providers using ehealth
- Further references and future reading

MODULE 5

EHEALTH FOR PROFESSIONALS

Lesson 1- COURSE REVIEW

- Overview

Lesson 2- CASE STUDIES

- 5 real life case studies

Lesson 3- ASSIGNMENTS

- Peer graded and reviewed assignment on ehealth in clinics

LEARNING METHODS

The course used video lectures, cases, assignments, practice quizzes and also provided for reading material and references. The course also encouraged discussions and peer reviews.

KEY LEARNINGS

MODULE 1

- Compare definitions of eHealth from both health consumers and professionals
- Visualise an eHealth model which illustrates how key eHealth domains intersect to impact on health care
- Gain an insight into the fundamental principles of eHealth
- Rate your own awareness of eHealth in current practice
- Appreciate the current and future challenges of eHealth for both health consumers and health practitioners

MODULE 2

- Understand the potential of mobile technology to support the shift from "healthcare" to "health"
- Describe examples of "wellness" and "healthcare" mobile apps currently in use
- Consider strategies for including mobile health apps in your professional practice
- Be aware of issues around the design and evidence for effective health apps

MODULE 3

- Understand the potential of mobile technology to support the shift from "healthcare" to "health"
- Describe examples of "wellness" and "healthcare" mobile apps currently in use
- Consider strategies for including mobile health apps in your professional practice
- Be aware of issues around the design and evidence for effective health apps

MODULE 4

- Describe a range of innovative eHealth interactions between consumers and healthcare professional
- Evaluate the advantages of technology based eHealth services in improving access and communication in healthcare

- Appreciate the differences between online and face to face health service interactions
- Consider new models of healthcare supported by telehealth, social media and personalized apps
- Appreciate how eHealth can be used to support professional development

MODULE 5

- Reviewed a variety of case based examples of eHealth in professional practice
- Provided an evidenced based rationale for adopting an eHealth strategy suitable for your own professional practice
- Described how you would anticipate this strategy improving healthcare services for both yourself and healthcare consumers
- Used eHealth principles from previous modules to review and comment constructively on those eHealth strategies suggested by other course participants