



Table : Description of DAK components

COMPONENT	DESCRIPTION	PURPOSE	OUTPUTS	ADAPTATION NEEDED
 1. Health interventions and recommendations	<p>Overview of the health interventions and WHO recommendations included within this digital adaptation kit (DAK).</p> <p>DAKs are meant to be a repackaging and integration of WHO guidelines and guidance documents in a particular health domain.</p> <p>The list of health interventions is drawn from the universal health coverage (UHC) menu of interventions compiled by WHO (14).</p>	<p>Setting the stage – To understand how this DAK would be applied to a digital tracking and decision-support system in the context of specific health programmes and interventions</p>	<p>» List of related health interventions based on WHO's UHC essential interventions</p> <p>» List of related WHO recommendations based on guidelines and guidance documents</p>	<p>» Contextualization to reflect current or planned national policies</p> <p>» Contextualization to emergency settings</p>
 2. Generic personas	<p>Depiction of the end-users, supervisors and related stakeholders who would be interacting with the digital system or involved in the care pathway. A local adaptation of the personas should contain high-level information to describe the provider of the health service (e.g. the general background, roles and responsibilities, motivations, challenges, and environmental factors).</p>	<p>Contextualization – To understand the wants, needs and constraints of the end-users</p>	<p>» Description, competencies and essential interventions performed by targeted personas</p>	<p>» Greater specification and details on the end-users based on real people (i.e. frontline health workers) in an emergency setting</p>



3. User scenarios

Narratives that describe how the different personas may interact with each other. The user scenarios are only illustrative and intended to give an idea of a typical workflow.

Contextualization – To understand how the system would be used, and how it would fit into existing workflows

» Example narrative of how the targeted personas may interact with each other during a workflow

» Greater specification and details on the real needs of end-users in an emergency setting



4. Generic business processes and workflows

A business process is a set of related activities or tasks performed together to achieve the objectives of the health programme area, such as registration, counselling, referrals.

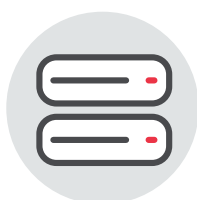
Workflows are a visual representation of the progression of activities (tasks, decision points, interactions) that are performed within the business process.

Contextualization and system design – To understand how the digital system would fit into existing workflows and how best to design the system for that purpose

» Overview matrix presenting the key processes in child health

» Workflows for identified business processes with annotations

» Customization of the workflows that can include additional forks, alternative pathways or entirely new workflows



5. Core data elements

Data elements required throughout the different points of the workflow.

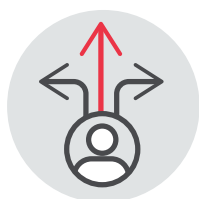
These data elements are mapped to the International Classification of Diseases version 11 (ICD-11) codes and other established concept mapping standards to ensure the data dictionary is compatible with other digital systems.

System design and interoperability – To know which data elements need to be logged and how they map to other standard terminologies (e.g. ICD, Systematized Nomenclature of Medicine [SNOMED]) for interoperability with other standards based systems

» List of data elements

» Link to data dictionary with detailed data specifications in spreadsheet format (see Web Annex A).

» Translation of “data labels” into the local language and additional data elements created depending on the context



6. Decision-support logic

Decision-support logic and algorithms to support appropriate service delivery in accordance with WHO clinical, public health and data use guidelines.

System design and adherence to recommended clinical practice – To know what underlying logic needs to be coded into the system

» List of decisions that need to be made throughout the encounter

» Link to decision support tables in a spreadsheet format with inputs, outputs and triggers for each decision-support logic

» Scheduling logic for services

» Change of specific thresholds or triggers in a logic (IF/THEN) statement, e.g. mid-upper arm circumference (MUAC) cut-off, weight for dosing

» Additional decision-support logic formulas depending on the context



7. Indicators and performance metrics

Core set of indicators that need to be aggregated for decision-making, performance metrics, and subnational and national reporting.

These indicators and metrics are based on data that can feasibly be captured from a routine digital system, rather than survey-based tools

System design and adherence to recommended health monitoring practices – To know what calculations and secondary data use is needed for the system, based on the principle of “collect once, use many” (10)

» Indicators table with numerator and denominator of data elements for calculation, along with appropriate disaggregation

» Changing calculation formulas of indicators

» Adding indicators

» Changing the definition of the primary data elements used to calculate the indicator based on data available



8. Functional and non-functional requirements

List of core functions and capabilities the system must have to meet the end-users' needs and achieve tasks within the business process.

System design – To know what the system should be able to do

» Table of functional and non-functional requirements with the intended end-user of each requirement, as well as why that user needs that functionality in the system

» Adding or reducing functions and system capabilities based on budget and end-user needs and preferences