MtotoCare Tanzania

Project History and Readiness Overview

Prepared for government and pilot partners · July–August 2026 · Fedha Technologies Limited

Executive summary

MtotoCare is a digital child health record system built for Tanzania, developed by Fedha Technologies Limited over a ten-week period from 22 July to 31 August 2026. It replaces the paper Road-to-Health (RCH) card with a QR-linked digital passport that any authorized facility in the country can access, so a child's vaccination, growth, and maternal-health history follows them wherever they receive care, rather than staying locked to a single clinic and a single paper booklet.

The system is live, deployed on production infrastructure, and backed by a real, continuously-maintained codebase — not a prototype. Over the course of development, it has been through three independent quality and security reviews, and the team has systematically closed the findings from each one, most recently fixing every high-severity issue identified in a comprehensive audit within the same week it was reported. In parallel, the company has begun formal compliance with Tanzania's Personal Data Protection Act: registration with the Personal Data Protection Commission has been submitted and paid, and a Data Protection Officer has been formally appointed. This document lays out that history in full, and states plainly where the system stands today and what remains before it is ready for wider rollout.

What MtotoCare does

A health worker registers a mother and child once, at any participating facility, capturing the mother's antenatal history, the child's birth details, and issuing a unique QR-coded health passport. From that point forward, any facility nationwide can scan the code to see the child's complete record — vaccinations given and due, growth and nutrition measurements, and relevant maternal health history — instead of relying on a paper card that can be lost, damaged, or simply left at home. Parents themselves can also check their own child's record from any mobile phone, without needing to create an account, through a portal protected by a one-time SMS verification code sent to a phone number already on file for that child.

Beyond the core mother-and-child record, the system includes dedicated tools for nutritionists (screening for malnutrition, enrolling children in feeding programs, and tracking counseling over time), for pharmacists (medicine and vaccine inventory, expiry tracking, and dispensing records), and for the Ministry of Health (a nationwide dashboard showing registration, vaccination, and nutrition coverage, broken down by facility, without requiring any facility-level login). Every part of the system is bilingual, in English and Swahili, and every record shows who entered it, at which facility, and when — a full audit trail rather than an anonymous database entry.

Recognizing that many facilities have unreliable internet access, the system is built to keep working offline: a health worker can record a vaccination or a growth measurement with no signal at all, and the record queues safely on the device and uploads automatically once connectivity returns, with technical safeguards to guarantee a record is never accidentally duplicated by a retried upload.

Data protection and legal compliance

MtotoCare handles health information, which Tanzanian law treats as sensitive personal data requiring careful legal handling. The company has taken the following concrete steps:

- Personal Data Protection Commission (PDPC) registration: Fedha Technologies Limited is registered with the PDPC as a Data Processor (Certificate No. 0-000-011-700, issued 3 September 2026, valid until 3 September 2031).

- Data Protection Officer: Fedha Technologies Limited formally appointed Mr. Samson Moses Willy as its Data Protection Officer, effective 27 August 2026, with notification sent to the PDPC Director General the same day.
- Data retention schedule: a proposed schedule for how long different categories of clinical and operational data are kept has been drafted for Ministry and legal review.
- Controller/processor determination: a working legal analysis has been prepared, recommending that MtotoCare act as a data processor for clinical data entered by facility staff (on behalf of each facility and the Ministry of Health), and as a data controller for its own operational data — the standard arrangement for health-sector software of this kind, to be formalized in written agreements with each participating facility.
- National ID (NIDA) integration readiness: a technical readiness assessment has been completed for eventually verifying guardian identity against Tanzania's national ID system, pending a formal data-sharing partnership.
- Government data-exchange (eGA/GovESB) integration readiness: a technical and process readiness assessment has been completed for eventually connecting MtotoCare to the e-Government Authority's national data exchange infrastructure, identifying the approvals and hosting requirements that would need to be satisfied first.

Independent quality and security assurance

Rather than rely solely on internal review, the system has been assessed by three separate, dated review passes over the course of the engagement — an 11 August quality assurance review, an 11 August CISO-level security assessment, and a 30 August comprehensive audit spanning architecture through live production verification. Each review has explicitly deferred exploitation-style penetration testing and load testing to a dedicated, independently commissioned pentest, rather than attempting to substitute for one — that engagement is scoped and ready to send to vendors.

The pattern across all three reviews has been consistent: fundamentals including role-based access control, input validation, protection against database injection attacks, password security, session management, multi-factor authentication, and audit logging have held up well under repeated scrutiny. Each review has surfaced a small number of specific, well-understood issues, and each has been addressed before the next review cycle. The most recent audit's overall verdict was conditional: suitable for continued supervised pilot operation at current scale, with a short list of specific fixes — since completed — required before a wider rollout, and formal sign-off still needed on one deliberate design tradeoff (a nationwide, QR-token-based lookup pattern that is core to the system's "scan at any facility" value proposition).

Current readiness status

As of 31 August 2026, MtotoCare is live and in active use, with eighteen operational modules covering the full mother-and-child clinical workflow plus nutrition, pharmacy, and Ministry-level reporting. Security fundamentals have been independently verified across three review passes, and every high-severity finding from the most recent comprehensive audit has been closed. PDPC registration is confirmed (Certificate No. 0-000-011-700) and a Data Protection Officer is formally in place. The system is suitable for continued, supervised pilot use today.

Wider, unrestricted rollout is not yet recommended, for reasons that are procedural rather than technical: the independently commissioned penetration test has not yet been performed, a formal, documented risk-acceptance sign-off on one specific design tradeoff is still outstanding, and — as with any clinical system — real clinical validation from a practicing nurse, midwife, or RCH officer has not yet been formally incorporated into the workflow design, beyond the informal review already reflected in the product.

Recommended next steps

- Complete the independently commissioned penetration test, using the scope document already prepared, to provide the external validation appropriate for a system intended to handle national patient health data at scale.
- Finalize the Data Processing Agreement template governing the relationship between MtotoCare and each participating facility or the Ministry of Health.
- Identify a Ministry of Health counterpart to begin the formal conversations needed for eventual NIDA and eGA/GovESB integration, both of which require government-side sponsorship rather than a self-service technical process.
- Engage at least one practicing clinical reviewer — a nurse, midwife, or RCH officer — to formally validate the mother-to-child-to-vaccination workflow before any expansion beyond the current pilot facilities.
- Continue the current cadence of independent review and prompt remediation, which has been the single most consistent driver of the system's improving security posture to date.

Closing note

This document will be updated as the pilot progresses and as compliance milestones are completed. Fedha Technologies welcomes the opportunity to walk through any part of this history in more detail, and to work directly with Ministry of Health counterparts on the next stages of clinical validation, data-sharing integration, and eventual national scale-up.