GDHN March 2023 Webinar
AIM Health Plus: A digital journey towards strengthening CHW programming

Irish Aid
An Roinn Gnóthaí Eachtracha
Department of Foreign Affairs

World Vision

Access to Infant and Maternal (AIM) Health Plus

A Digital Journey Towards Strengthening Community Health Worker Programming

Today's Agenda

Part 1: AIM Health Plus

- Introducing the programme
- Digital health key findings

Part 2: Q&A Panel

featuring
World Vision and government representatives
from Sierra Leone and Uganda

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Our hosts and presenters

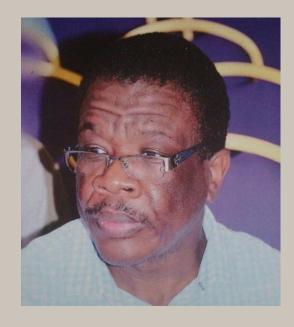## Loria Kulathungam

Knowledge Management and Capability Advisor

Health and Nutrition, World Vision International

Dr. Annette Ghee, MPH, PhD

Evidence Building Contractor

Digital for Development and Innovation, World Vision International

Andrew Ogongo, MSc

Senior Programme Manager

Digital for Development and Innovation, World Vision International

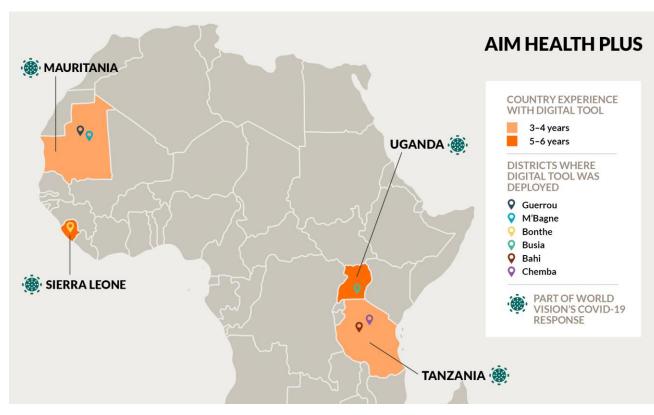# Access to Infant and Maternal (AIM) Health Plus

GOAL: Reduce **neonatal** and **under-5 child mortality by 20%** and **maternal mortality by 15%** in each programme site from 2017 to end of 2022

OBJECTIVES:

1. Children and their mothers are **well nourished**

2. Children are **protected from illness** and managed appropriately when ill

3. Children and their caregivers access and utilise **essential MNCH* services**

4. Health **governance and partnerships** strengthened at micro, meso and macro levels

5. MNCH* outcomes accelerated and amplified through **digital technology**

AIM HEALTH PLUS

COUNTRY EXPERIENCE WITH DIGITAL TOOL

- 3–4 years
- 5–6 years

DISTRICTS WHERE DIGITAL TOOL WAS DEPLOYED

- Guerrou
- M'Bagne
- Bonthe
- Busia
- Bahi
- Chemba

PART OF WORLD VISION'S COVID-19 RESPONSE

MAURITANIA

UGANDA

SIERRA LEONE

TANZANIA

*Maternal, Newborn and Child Health
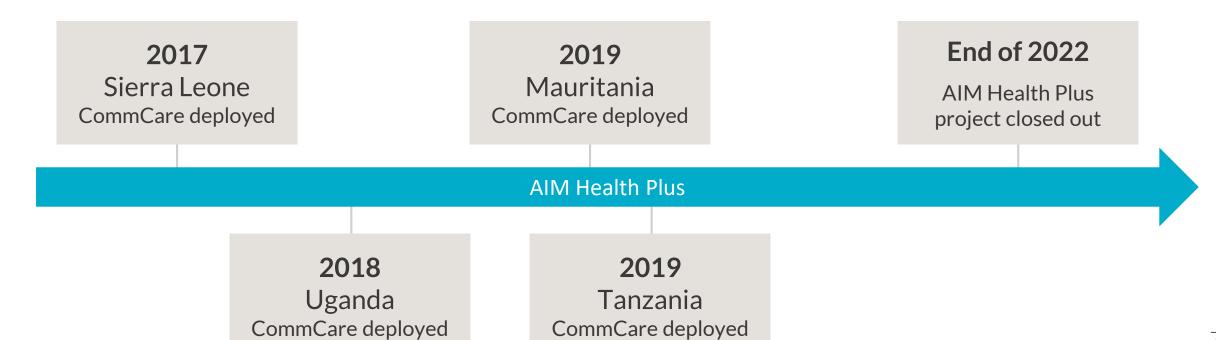
FROM THE FIELD

📍 Aly Baydi village, M'Bagne District, Mauritania

"We thank God since the arrival of these phones. It is better than papers, which are destroyed by children, goats or water."

The digital health tool
CommCare

Community Health Workers using a smartphone equipped with Dimagi's CommCare app

🧠 **Reminds CHWs** to visit homes at the ideal time during the "first 1,000 days"

💬 **Local language and contextualization** for fields, images and audio clips

🤚 **Supports CHWs** as they conduct counselling sessions and submit community health data

⏱️ **Near real-time reporting** shared with the Ministry of Health to manage CHW efforts and enable programme and making longer-term strategic decisions

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Evidence review — Methods
We relied on pre-existing information
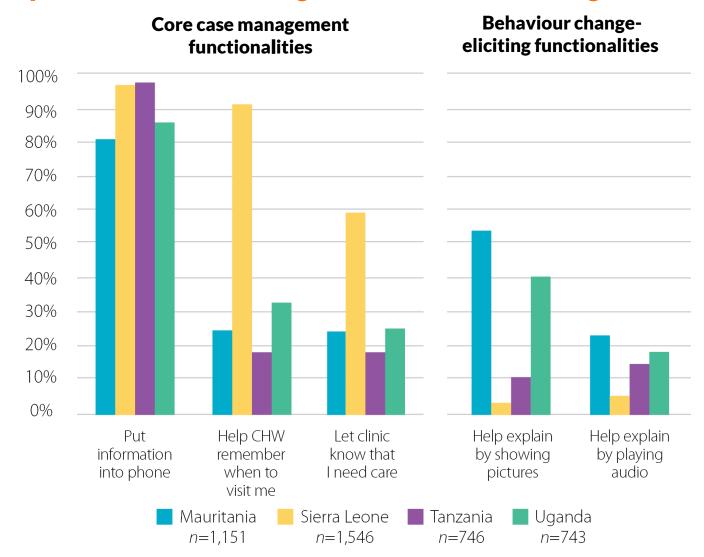
- Document review

- Group interviews

- Consolidated results from formal evaluation exercises

2017
Sierra Leone
CommCare deployed

2019
Mauritania
CommCare deployed

End of 2022
AIM Health Plus
project closed out

AIM Health Plus

2018
Uganda
CommCare deployed

2019
Tanzania
CommCare deployed

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How did CHW clients view tool functionality?
Perceptions of core case management vs. behaviour change communication

Core case management functionalities

Behaviour change-eliciting functionalities

- In all countries, clients appreciated the **data entry** function

- In Sierra Leone, clients appreciated the **reminder system** and **communication with clinics** to a greater degree than in other countries

- The **behaviour change communication** functionalities were considerably more appreciated in Mauritania and Uganda

NOTE: All data is from the endline evaluation in 2022. Differences of ±5 percentage points between countries for each functionality are assumed to be statistically significant given the sample size.

■ Mauritania
  n=1,151
■ Sierra Leone
  n=1,546
■ Tanzania
  n=746
■ Uganda
  n=743

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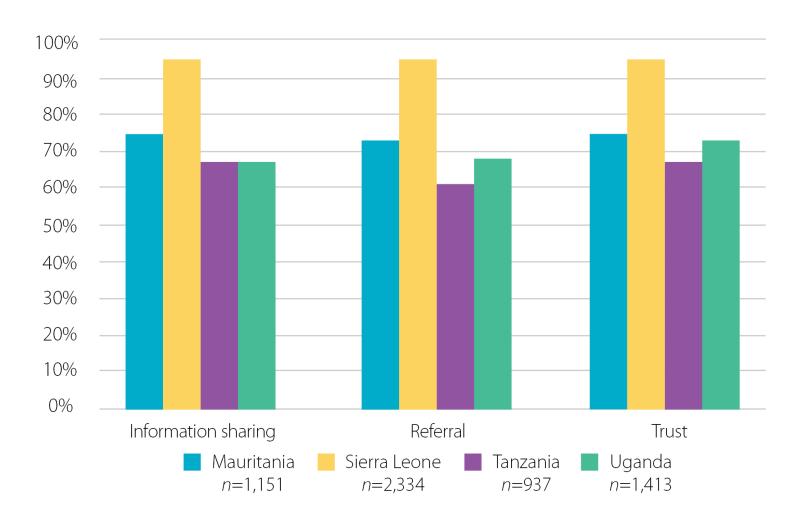
What did CHW clients think about the merits of the digital tool?

Important country differences

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- **Mauritania**: CHW clients gave generally positive ratings (>65%) and most strongly rated the value the tool had to help CHWs do their job

- **Sierra Leone**: CHW clients gave consistently very high (>90%) positive ratings

- **Tanzania** and **Uganda**: client ratings were generally positive (>60%) with little variation across the different merits

NOTE: All data is from the endline evaluation in 2022

Legend:
- Mauritania *n*=1,151
- Sierra Leone *n*=2,334
- Tanzania *n*=937
- Uganda *n*=1,413

Categories: Information sharing, Referral, Trust
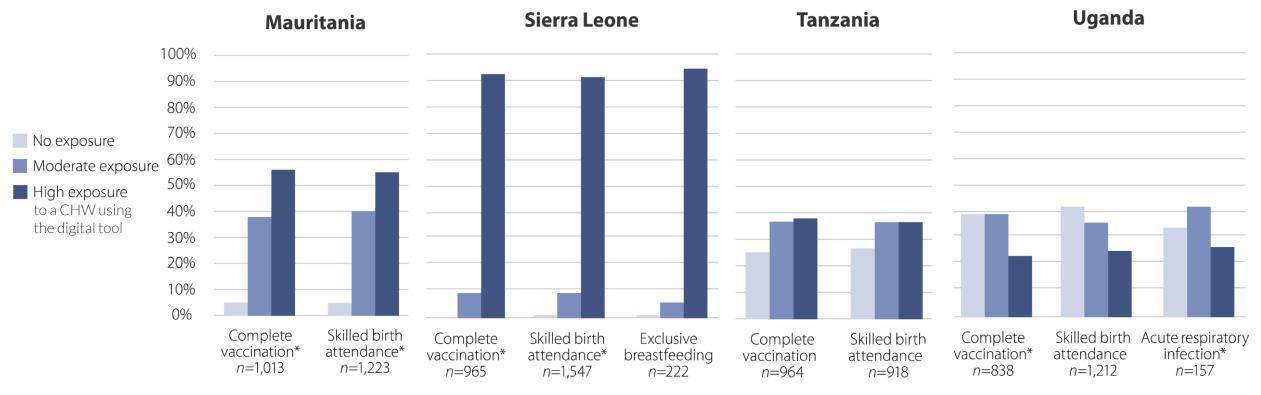
Was there a link with health outcomes?
Strong positive association in Mauritania and Sierra Leone

- Findings cannot be interpreted as causal in nature.
- More consistent evidence for link with improvements in **complete childhood vaccination and skilled birth attendance**.

- Sample size limited ability to see relationships for **exclusive breastfeeding** and **acute respiratory infection**.
- Negative associations in Uganda. Speculated due to limitations in replacing devices and possible suspicion of technology.

Legend:
- No exposure
- Moderate exposure
- High exposure to a CHW using the digital tool

Mauritania
- Complete vaccination* n=1,013
- Skilled birth attendance* n=1,223

Sierra Leone
- Complete vaccination* n=965
- Skilled birth attendance* n=1,547
- Exclusive breastfeeding n=222

Tanzania
- Complete vaccination n=964
- Skilled birth attendance n=918

Uganda
- Complete vaccination* n=838
- Skilled birth attendance n=1,212
- Acute respiratory infection* n=157

NOTE: The asterisk denotes a statistically significant difference (p<0.05) in the percentage of positive outcomes experienced by clients across the three levels of digital tool exposure. Data is not reported for cases where a country had fewer than 100 respondents providing information on both digital health exposure and health outcomes.

Lessons learned and recommendations

The AIM Health Plus teams shared lessons learned across a wide range of topics.

These learnings were used to develop recommendations for similar projects in the future.

- **Train and support digital tool users**

- **Take a gender-sensitive approach to digital projects**

- **Choose and design supporting technology carefully**

- **Nurture partnerships**

- **Build towards interoperability**

See the full set of recommendations in the AIM Health Plus Digital Health Brief

Key concepts tied to the panel discussion

LESSONS LEARNED	RECOMMENDATIONS
VALUE OF DIGITAL HEALTH PROGRAMMING	
• Most visible evidence is data quality improvement • Challenging to demonstrate contribution to health or nutrition outcomes	• Partnering to create a shared vision for digital return on investment (ROI) and for sustainability • Consolidate & share robust M&E insights
INTEROPERABILITY STUMBLING BLOCKS	
• Unclear commitment to community health data streams • Aligning data collection to country & local needs	• Focused advocacy → merit of community health data streams • Assess indicator and data alignment early on • Address data security

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AIM Health Plus Digital Health Brief

For more information about World Vision's digital health portfolio, visit our **Digital Health in Action** page

Any questions?

Ask in the chat!

Our panelists

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District Medical Officer Bo District, Sierra Leone

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Assistant District Health Officer - Maternal, Newborn, Child and Adolescent Health and Nursing Busia District, Uganda

Panel questions

- Over the course of the AIM Health Plus project, what were the key actions or events that helped to build the partnership between World Vision and the Ministry of Health?

- How did your learnings related to the interoperability between CommCare and the existing government Health Management Information System relate to the question of sustainability of digital health efforts?

- Reflecting on the AIM Health Plus experience, when you think about strengthening community health systems and the role of CHWs, how do you see investments in digital health fitting into this picture?

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THANK YOU!

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