











GDHN March 2023 Webinar

AIM Health Plus: A digital journey towards strengthening CHW 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



Our hosts and presenters



Loria Kulathungam

Knowledge Management and Capability Advisor

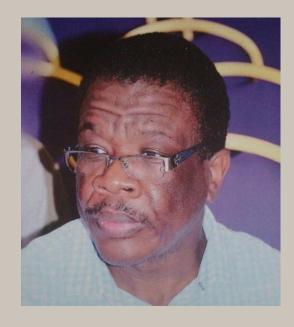
Health and Nutrition, World Vision International



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

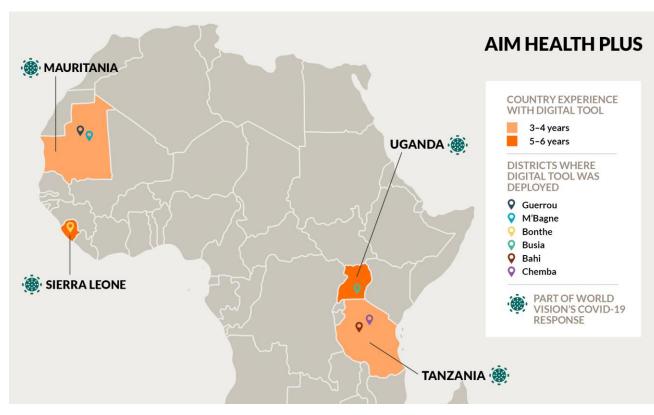




GOAL: Reduce neonatal and under-5 child mortality by 20% and maternal mortality by 15% in each programme site from 2017 to end of 2022

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



*Maternal. Newborn and Child Health



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



FROM THE FIELD

Aly Baydi village, M'Bagne District, Mauritania

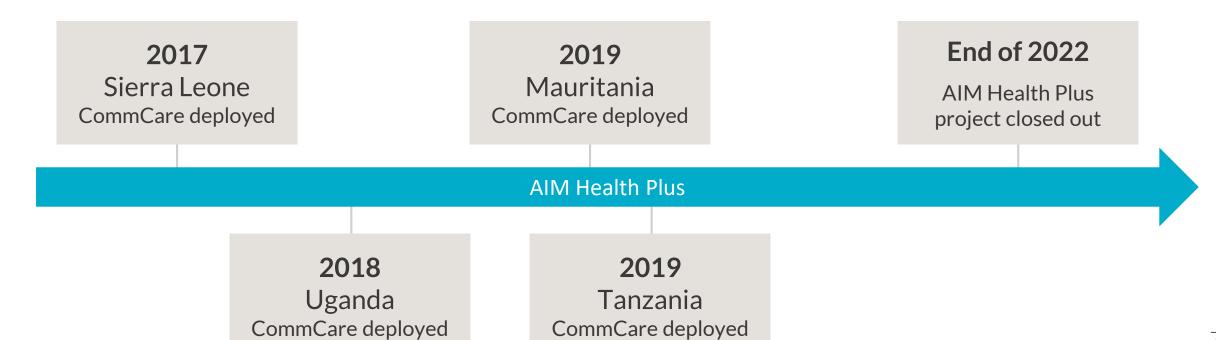
"We thank God since the arrival of these phones. It is better than papers, which are destroyed by children, goats or water."



Evidence review — Methods

We relied on pre-existing information

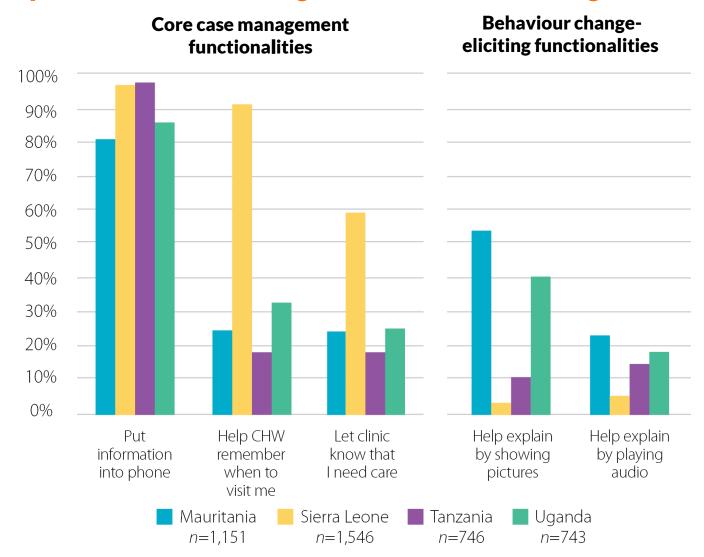
- Document review
- Group interviews
- Consolidated results from formal evaluation exercises





How did CHW clients view tool functionality?

Perceptions of core case management vs. behaviour change communication



- 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.

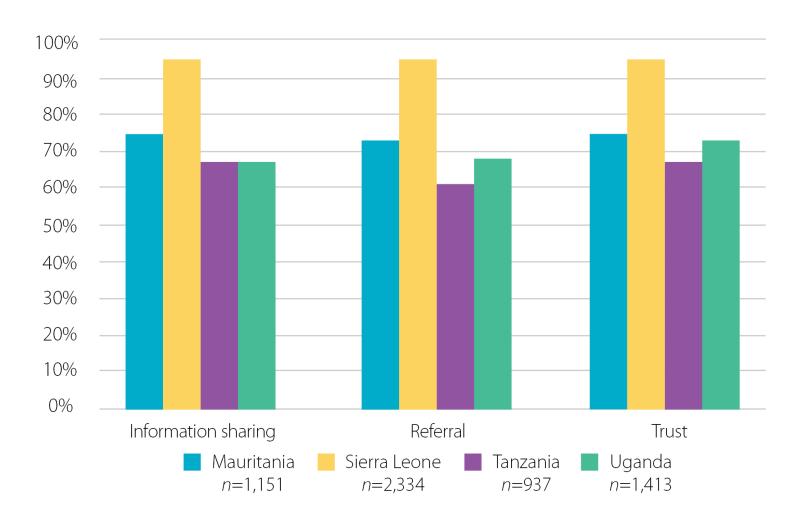
What did CHW clients think about the merits of the digital tool?



Important country differences

- 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

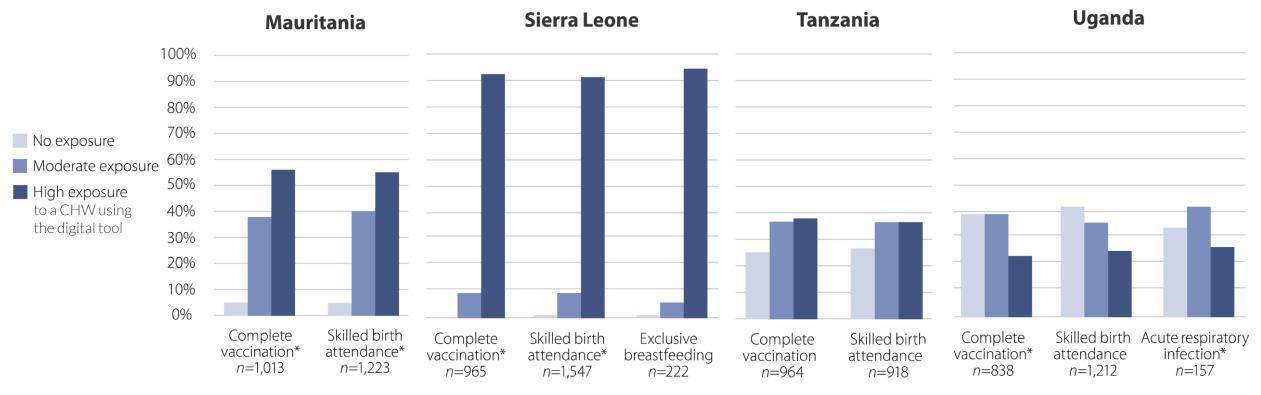


Was there a link with health outcomes?



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.



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.



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







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





A multi-year digital health experience in four African countries

The Access to Infant and Maternal Health Plus Project (AIM Health Plus) was a health programme operating within the confines of one of the most sensitive and fundamental human experiencesthose of pregnancy, childbirth, motherhood and the well-being of mothers and their children during the first 1,000 days of life. Supported by Irish Ald. the programme was launched in 2017, with a mandate to serve this vulnerable population in two communities in each of these four sub-Saharan countries-Mauritania, Sierra Leone, Tanzania and Uganda (see map on page 2). The ultimate goal of the programme was to decrease the number of maternal and child deaths from preventable causes. The set of approaches used by the programme. to address this are listed on the back page under Project Models and Approaches.

The term digital health describes a broad range of information technology, wearable technology or artificial intelligence that work to improve health outcomes. There is growing global evidence that digital health approaches contribute to a range of maternal, newborn and child health (MNCH) outcomes. Potential pathways towards achieving this include improved service utilisation and compliance with follow-up appointments, higher levels of trust and satisfaction with services among clients and efficiency gains in the collection, reporting and timely use of data for decision making. The potential value of these pathways was informally tracked in Sierra Leone and Uganda during a pilot phase prior to 2017.

For AIM Health Plus' digital health component. community health workers (CHWs) were equipped with mobile phones and trained to use a custom application designed with Dimag's CommCare

software to help them as they counselled women and other family members during home visits. The app served as a job aid and tool to help improve the efficiency and quality of CHWs' work. Throughout this report, the mobile phone and app together are referred to as the digital tool. The home visits were structured following World Intervention. This approach trains CHWs to use evidence-based techniques to coach clients. encourage home-based preventive behaviour and prompt use of the health system when indicated.

CommCare is an open-source digital platform that One management and decision support it has been 130 countries around the clobe.

The digital health approach used by AIM Health Plus also can potentially transform health information systems. Improved access to near real-time data at local, district, regional and potentially national levels enables health system leaders to adjust more quickly to changing realities. This emphasis on community health data streams is of increasing importance as health systems work to achieve the United Nations Sustainable Goals (SDGs) and universal

This report presents an accounting of the digital health achievements and learnings under AIM Health Plus through the programme's closure in December 2022. Leveraging the longer-standing. experience in Sierra Leone and Uganda, both Mauritania and Tanzania launched their digital health component later in the programme period.

HOT OFF THE PRESS! Download the full

AIM Health Plus Digital Health Brief

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



149,438

444 55%



Any questions?

Ask in the chat!



Our panelists



Saffa Andrew Koroma, MPH, MBA, BSc

Technical Health and Nutrition
Program Manager
World Vision Sierra Leone



Benon Musasizi, BSc HND, MPH

Technical Program Manager

Health and Nutrition

World Vision Uganda



Dr. Prince Elogima Kpundeh Masuba, MBChB, MIPH

District Medical Officer
Bo District, Sierra Leone



Sr. Benah Nanyama, BSc, MPH

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?







A multi-year digital health experience in four African countries

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