World Vision Sierra Leone has accumulated significant experience with digital health programming. Two projects have been active since 2015 in collaboration with national and local government through a multi-stakeholder approach.

With the support of Irish Aid, the AIM Health Plus project addresses the leading causes of maternal and neonatal mortality and improves young child survival and nutritional status across four countries in Africa. Promoting behaviour change at the household level has been the emphasis. In Sierra Leone, the AIM Health Plus project has included a digital health component since its inception in 2017. The geographic focus is Imperi district and Sherbro Island.
The AIM Health Plus project provides community health workers (CHWs) with smartphones equipped with a tailored version of Dimagi’s CommCare software to use during their home visits. The application supports CHWs who are using the Timed and Targeted Counselling (ttC) approach to promote positive health and nutrition behaviour change among pregnant women and mothers or caregivers of children under 2. The application provides reminders to help CHWs to visit homes at the ideal time during pregnancy, infancy and childhood. It also supports CHWs as they conduct counselling sessions, including enabling them to submit community health data in near real time. This data is then used for planning and decision-making. To boost acceptability of this digital health tool, local language audio clips are incorporated into the application. This digital health intervention is expected to improve the effectiveness of behaviour change communication delivered to women and caregivers of children under 2 as well as strengthen the health system though better use of community-level data.

The Ebola Vaccine Deployment Acceptance and Compliance (EBODAC) project was established in 2015 to support the acceptance and uptake of new Ebola vaccines. The project’s communication and community engagement strategy includes using appropriate technology to maximise acceptance and therefore impact of an Ebola vaccination programme.

EBODAC is currently supporting the Ebola vaccine trial (EBOVAC-Salone) in Kambia district of Sierra Leone; Mbarara, Uganda; Goma, Democratic Republic of Congo; and Gishenyi, Rwanda, to ensure that the novel prime-boost vaccine regimen is well accepted and successfully deployed. The approach considers CHWs to be the backbone of a community health system.

The digital health innovation, called Mobile Training and Support Service (MOTS) and built on the Grameen Foundation’s MOTECH platform, aims to strengthen networks of front-line health workers and ensure epidemic preparedness, including support for Ebola vaccine campaigns. The technology delivers training modules, including quizzes, to CHWs’ mobile phones using Interactive Voice Response (IVR) in their preferred language. The software also enables online and office monitoring of CHWs by management. MOTS is demonstrating its utility to efficiently deliver training for this critical cadre of health workers and overcome well-known barriers to supportive CHW supervision.

While initially designed to train CHWs to support vaccine-related programmes, the MOTS system was readily repurposed as part of the COVID-19 response. Interactive (IVR) training modules in alignment with national curricula were deployed to prepare thousands of CHWs to follow COVID-19 prevention and practice guidelines and reinforce their understanding of integrated community case management to address leading causes of death in children under 5. This has alleviated the re-training challenge that the health system faced in responding to the COVID-19 pandemic.


†Categories used to describe health focus areas are established within the structure of the World Health Organization’s Digital Health Atlas.