## DIGITAL HEALTH QUICK FACTS

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Access to Infant and Maternal Health Plus Project (AIM Health Plus)</th>
<th>Buikwe Maternal Newborn and Child Health Project (B-MNCH)</th>
<th>Pfizer Project Bugiri</th>
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<tbody>
<tr>
<td>Phase</td>
<td>Scaling up</td>
<td>Scaling up</td>
<td>Scaling up</td>
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<tr>
<td>Programmatic approaches</td>
<td>Timed and Targeted Counselling</td>
<td>Timed and Targeted Counselling; Community Health Committees; Citizen Voice and Action; Baby-friendly Hospital Initiative; Water, Sanitation and Hygiene in Health Facilities; Emergency Newborn and Obstetric Care</td>
<td>Channels of Hope, Timed and Targeted Counselling, Citizen Voice and Action, Integrated Community Case Management, Growth Monitoring and Promotion, Health Unit Management Committees</td>
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<tr>
<td>COVID-19 response</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Software</td>
<td>CommCare, DHIS2</td>
<td>CommCare, DHIS2</td>
<td>CommCare, DHIS2, ORB</td>
</tr>
<tr>
<td>User Profile</td>
<td>Extension workers (CHW, volunteer or home visitor)</td>
<td>Extension workers (CHW, volunteer or home visitor) and facility-based workers</td>
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<tr>
<td>Number of users</td>
<td>480</td>
<td>228</td>
<td>654</td>
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<tr>
<td>Number of collaborating health facilities:</td>
<td>33</td>
<td>3</td>
<td>52</td>
</tr>
<tr>
<td>Number of beneficiaries reached</td>
<td>22,633 children aged 0–18, 1,418 pregnant/lactating mothers, 546 adult males</td>
<td>3,467 children aged 0–5, 6,514 children aged 6–11, 54,675 children aged 12–18, 11,250 adult females</td>
<td>5,213 children aged 0–18, 4,000 pregnant/lactating mothers</td>
</tr>
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Overview

World Vision Uganda has accumulated significant experience in digital health programming with each successive project building on the experience of earlier ones.

Supported by 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 with an emphasis on promoting behaviour change at the household level. The Ugandan deployment of the AIM Health Plus project, centred in Busia district, has included a digital health component since its inception in 2017.

The AIM Health Plus project provides village health teams (VHTs) with smartphones equipped with Dimagi’s CommCare application to use during their home visits. The application supports VHTs who use the Timed and Targeted Counselling (ttC) approach to promote health and nutrition behaviour change among pregnant women and among mothers or caregivers of children under 2 years of age. The application reminds VHTs to visit homes during the pregnancy, infancy and childhood stages and also supports VHTs as they conduct counselling sessions, enabling them to submit community health data in near real time. This digital health intervention is expected to improve the effectiveness of the communication delivered to women and caregivers as well as strengthen the health system through better use of community-level data.

There were significant achievements for the AIM Health Plus project this year with 480 VHTs using CommCare to deliver ttC messages; the VHTs have received effective support and mentorship to ensure continued use of the application. Provision of solar phone charging kits has helped to accelerate the data collection process and improve user satisfaction. Integration and harmonisation of data with DHIS2 (the platform that serves as the Ugandan health management information system) is allowing near real-time access to valuable community health data.

The Buikwe Maternal Newborn and Child Health Project (B-MNCH) works to improve maternal, newborn and child health (MNCH) in Uganda’s Buikwe district by 2021. To achieve this, it is improving and integrating household access and utilisation of MNCH services at both the community and facility levels. B-MNCH uses behaviour change communication, capacity building, empowerment of local health committees and social accountability to encourage and facilitate change among boys and girls ages 0–5 and men and women ages 15–49.

District-wide CHW use of CommCare helps them to effectively follow up and deliver counselling messages to households with pregnant and lactating mothers. Data utilisation is increased even further by health facilities using both CommCare and DHIS2.

Supported by World Vision Hong Kong and collaborating with multiple stakeholders at the local and national levels, B-MNCH is in the process of scaling up so that it can help influence other communities to enact these same improvements.

By increasing uptake of curative and preventive interventions, Pfizer Project Bugiri’s goal is to reduce mortality among children under 5 from common childhood illnesses in Uganda’s Bugiri district.

To accomplish this, the project is focused on achieving three outcomes:
• improved demand for and uptake of community-based child health services
• strengthened systems and structures that support child health interventions, including the supply chain
• strengthened child health information.

Trained VHTs address care-seeking behaviours of local child caretakers to increase demand for community health services. VHTs also influence social norms through faith and community leaders and by employing a socially accountable community engagement strategy.

The project focuses on supportive supervision and on-site video distance learning using open source content furnished by ORB. VHTs and health workers gain skills that they need to successfully implement and support Integrated Community Case Management, including at level II health facilities where Integrated Management of Newborn and Childhood Illness is provided. These service-quality enhancements reinforce child healthcare systems.

Additionally, the project focuses on improved use of health information and supply chain management systems by enabling the tracking of medications and materials/equipment used. VHTs use CommCare to implement, track and store information about treatment outreach and supplies. The data supports and informs healthcare decision-making at all levels by also integrating with the government’s existing District Health Information System (DHIS2).

February 2021
WHO Health Focus Areas* Supported

- Adolescent and youth health
- Civil registration and vital statistics
- Cross cutting
- Infectious diseases (non-vector borne)
- Maternal health
- Newborn and child health
- Nutrition and metabolic disorders
- Sexual and reproductive health
- Water, sanitation and hygiene (WASH)

Technology Partners

- **Technology**: Dimagi, ORB
- **Mobile Network Operators**: Africel, Airtel, MTN

Stakeholders

- Ministry of Health
- Buikwe District Local Government
- Busia District Local Government
- Alliance for Sustainable Health and Wealth in Africa (ASHWA)

Funding

- Pfizer Foundation
- Irish Aid (Government of Ireland)
- World Vision Hong Kong

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