World Vision
HEALTH AND NUTRITION

Global Digital Health Summary

PORTFOLIO AT-A-GLANCE

- **14** PROJECTS ACROSS **11** COUNTRIES
- **3,174** ACTIVE CHW USERS
- **778** NON-CHW USERS
- **549** PARTICIPATING HEALTH FACILITIES
- **866,369** BENEFICIARY COMMUNITY MEMBERS REACHED
- **11** PROJECTS DESIGNED FOR SCALE UP
- **37** PROJECTS IN **20** COUNTRIES RESPONDING TO COVID-19

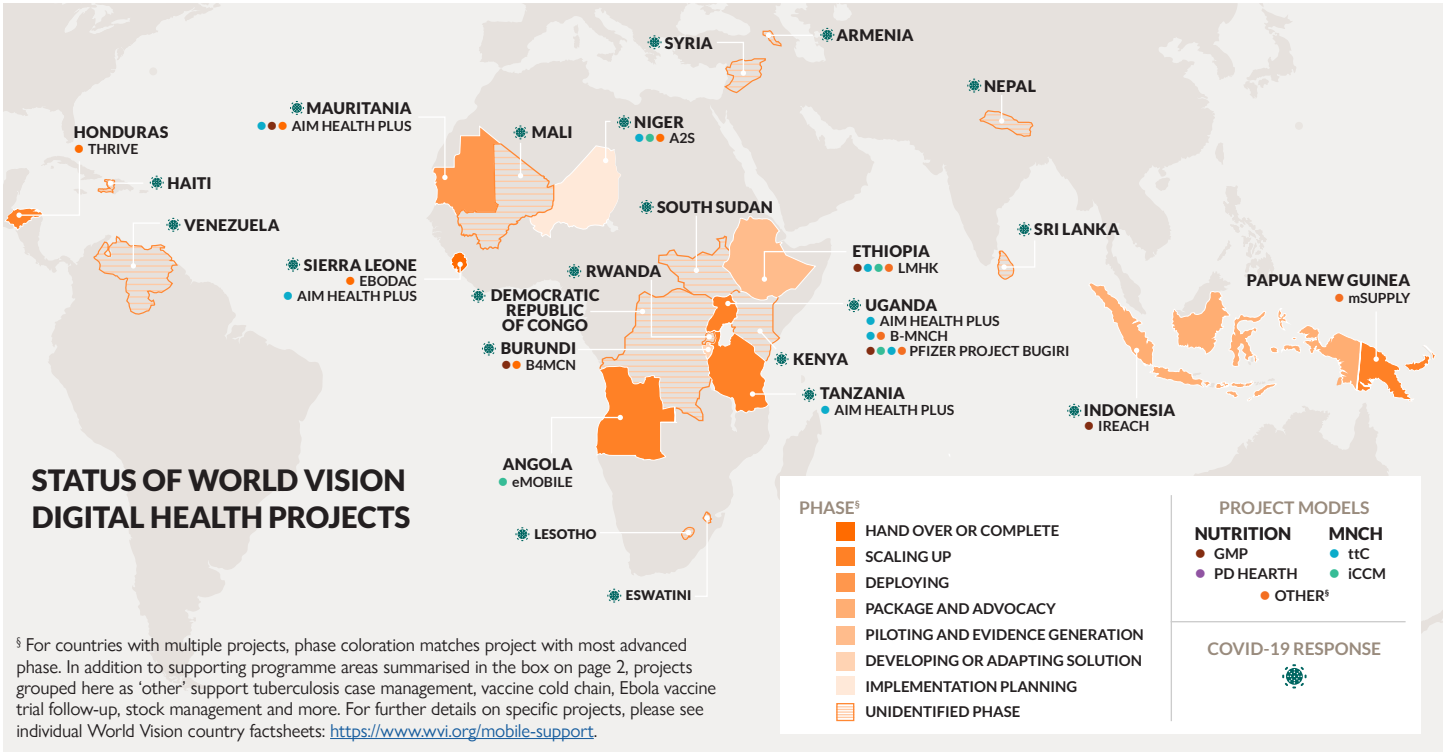
Overview

At a time when children and their families around the world are grappling with the global COVID-19 pandemic, World Vision has pivoted to support health and nutrition programmes that prevent transmission, care for those affected by the novel coronavirus and support health systems under strain. The drive to innovate has continued, with tools supporting multi-sectoral programmes focused on mitigating the effects of the pandemic. To help fast-track technology deployment, World Vision vetted six applications and identified three as preferred for the organisation's global COVID-19 response: Viamo, Last Mile Mobile Solution (LMMS), and CommCare.

In addition, longer-standing projects continue to make solid advances towards scaled deployment in strong partnership with governments and other partners. For the period October 2019 through September 2020, a total of 11 country offices led 14 digital health projects focused on a range of maternal, newborn, and child health and nutrition programming, some of which are part of World Vision's global COVID-19 response (see map).

For the year ending in September 2020, World Vision gave access to digital health tools to more than 3,000 community health workers (CHWs) and 549 health facilities. Through their work, World Vision's digital health portfolio reached more than 850,000 beneficiaries – 554,409 of whom were children under age 5 and 15,482 of whom were pregnant or lactating women. In addition, World Vision's reach includes 37 recent deployments using its preferred tools across 20 countries (see map) as part of its COVID-19 response.

World Vision's community-focused programming tends to concentrate on preventive and promotive interventions. Figure 1 reflects this by showing a broad scope of health focus areas served by technology for several current health projects. To serve these varied needs, a diverse set of technology requirements emerged. These requirements are reflected in Table 1, which maps the functionalities* addressed by World Vision digital health projects for the year ending September 2020.



§ For countries with multiple projects, phase coloration matches project with most advanced phase. In addition to supporting programme areas summarised in the box on page 2, projects grouped here as 'other' support tuberculosis case management, vaccine cold chain, Ebola vaccine trial follow-up, stock management and more. For further details on specific projects, please see individual World Vision country factsheets: https://www.wvi.org/mobile-support.

* Categories used in Figures 1 and 2 and Table 1 are all taken from the World Health Organization Classification of Digital Health Interventions or from the Digital Health Atlas.

Similarly, this portfolio of technology projects collectively is designed to meet a wide range of health systems challenges*. Table 2 on page 4 summarises the most common types of challenges.

World Vision's portfolio of digital health programming continues to reflect the organisation's maturity around what it takes to bring a project to scale. In 2020, eleven digital health projects were designed for scale and are either in the scale-up process already, are preparing to enter that process, or are being prepared for handover to government partners.

Partnering is a key element of scale up, and World Vision's digital health work continues to reflect a commitment to collaboration with key partners across the digital health ecosystem (see partners listed on back page).

Figure 1: Alignment of World Vision Digital Health Projects with Health Focus Areas*

LMHK
Ethiopia

AIM HEALTH PLUS
Sierra Leone

THRIVE
Honduras

EBODAC
Sierra Leone

AIM HEALTH PLUS
Mauritania

AIM HEALTH PLUS
Tanzania

A2S
Niger

AIM HEALTH PLUS
Uganda

MSUPPLY
Papua New Guinea

NOTE: Information on the health focus areas was not received in time from the following projects: eMobile in Angola, B4MCN in Burundi, B-MNCH in Uganda, Pfizer Project Bugiri in Uganda and IREACH in Indonesia. LMHK in Ethiopia reported relevance to the following additional health focus areas: Non-communicable diseases, Other chronic conditions & disabilities, and Violence.

KEY:

ADOLESCENT & YOUTH HEALTH
CIVIL REGISTRATION & VITAL STATISTICS
CROSS CUTTING
ENVIRONMENTAL HEALTH
HUMANITARIAN HEALTH
INFECTIOUS DISEASES (non-vector borne)
MATERNAL HEALTH
NEWBORN & CHILD HEALTH
NON-COMMUNICABLE DISEASES
NUTRITION & METABOLIC DISORDERS
SEXUAL & REPRODUCTIVE HEALTH
VECTOR-BORNE DISEASES
WATER SANITATION & HYGIENE (WASH)
WELLNESS & MENTAL HEALTH

Table 1: Digital Health Interventions* Implemented by World Vision Projects

INTERVENTION FOR:	CLIENTS Members of the public who are potential/current users of health services and caretakers	HEALTH CARE PROVIDERS Members of the health workforce who deliver health services	HEALTH SYSTEM MANAGERS Those involved in administration and oversight of public health systems	DATA SERVICES Consists of crosscutting functionality to support data collection, management, use, and exchange
LMHK Ethiopia	1.1 Targeted client communication 1.3 Client-to-client communication 1.4 Personal health tracking	2.1 Client identification & registration 2.2 Client health records 2.3 Health-care provider decision support 2.4 Telemedicine 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.1 Human resource management 3.3 Public health event notification	4.1 Data collection, management, & use 4.2 Data coding 4.4 Data exchange & interoperability
THRIVE Honduras	1.7 Client financial transactions	2.1 Client identification & registration		4.1 Data collection, management, & use
AIM Health Plus Mauritania	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients	2.1 Client identification & registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.2 Supply chain management 3.4 Civil registration & vital statistics 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability
A2S Niger	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients 1.7 Client financial transactions	2.1 Client identification & registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training 2.9 Prescription & medication management 2.10 Laboratory & diagnostics imaging management	3.2 Supply chain management 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability
AIM Health Plus Sierra Leone	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients	2.1 Client identification & registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.2 Supply chain management 3.4 Civil registration & vital statistics 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability
EBODAC Sierra Leone	1.1 Targeted client communication		3.1 Human resource management	4.1 Data collection, management, & use
AIM Health Plus Tanzania	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients	2.1 Client identification & registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.2 Supply chain management 3.4 Civil registration & vital statistics 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability
AIM Health Plus Uganda	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients	2.1 Client identification & registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.2 Supply chain management 3.4 Civil registration & vital statistics 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability

NOTE: Numbering of interventions corresponds to the classification system for digital health interventions published by the World Health Organization. Empty cells indicate project does not address this intervention grouping. Information on the digital health interventions was not received in time from the following projects: mSupply in Papua New Guinea, eMobile in Angola, B4MCN in Burundi, B-MNCH in Uganda, Pfizer Project Bugiri in Uganda and IREACH in Indonesia.

Table 2. Most Common Health System Challenges* Addressed by World Vision's Digital Health Portfolio

DOMAIN	HEALTH SYSTEM CHALLENGE
Information	• Delayed reporting of events • Lack of quality/reliable data • Lack of access to information or data • Insufficient utilisation of data
Availability	• Insufficient supply of health services • Insufficient supply of medical equipment
Quality	• Low quality of health commodities • Inadequate supportive supervision • Poor adherence to guidelines
Utilisation	• Geographic inaccessibility • Low adherence to treatments • Loss to follow-up (patient not following up medical care)
Efficiency	• Inadequate workflow management • Lack of/inappropriate referrals • Delayed provision of care
Cost	• High cost of manual processes • Lack of effective resource allocation
Accountability	• Insufficient patient engagement • Absence of community feedback mechanisms • Poor accountability between levels of the health sector • Inadequate understanding of beneficiary population

Key Health and Nutrition Models† Supported

- Growth Monitoring & Promotion (GMP)
- Positive Deviance Hearth (PD Hearth)
- Timed & Targeted Counselling (ttC)
- Integrated Community Case Management (iCCM)
- **Other health and nutrition models or approaches:** Baby-friendly Hospital Initiative; Citizen Voice and Action, Community Health Committees; CHW Training; Community-Based Disaster Risk Management; Community-based Management of Acute Malnutrition; Community-based TB Prevention; Emergency Newborn and Obstetric Care; Grandmother Approach; Supply Chain Support
- **Other supporting models or approaches:** Building Secure Livelihoods; Channels of Hope; Farmer-Managed Natural Regeneration; Local Value Chain Development; Water, Sanitation and Hygiene (WASH)

Technology Applications and Partners

- ***Software:*** CommCare, DHIS2, eClinic, mSupply, MOTECH, Open Data Kit (ODK), Salesforce, ODK XForms, DHIS2, KoBoToolbox, Power BI, HOPS (Health Care Solutions Provider, Operations and Service), ORB
- ***Applications vetted for COVID-19 response:*** LMMS, CommCare, Viamo
- ***Mobile Network Operators:*** Africel, Airtel, Chinguitel, Claro, Digicel PNG, Econet Leo, Ethio telecom, Halotel, Indosat, Lumitel, Mattel, Mauritel, MTN, Orange, Telkomsel, Tigo, UNITEL

Key Stakeholders

- Ministries of Health, including targeted programmes (e.g. malaria control), several countries‡
- Ministry of Agriculture & Livelihood, Burundi
- Ministry of Agriculture and Livestock, Honduras
- Ministry of Home Affairs, Burundi
- Ministry of Environment, Agriculture and Livestock, Burundi
- Ministry of Finance, Tanzania
- Ministry of Information & Communications Technology, Tanzania
- Ministry of Public Sanitation, Niger
- Ministry of Territory, Angola
- District/provincial and local governments and health centres
- District/provincial and local community leaders and groups
- Sierra Leone National Telecommunication Commission
- Sierra Leone eHealth Hub
- Sierra Leone CHW National Coordination Hub
- Alliance for Sustainable Health and Wealth in Africa
- Social Support Fund, Angola
- UNICEF
- United States Agency for International Development
- World Health Organization (WHO)
- Dimagi
- SLK TECHLABS
- Sustainable Solutions
- Grameen Foundation
- VisionFund
- Salesforce
- Alliance for Sustainable Health and Wealth in Africa, Uganda
- Community Advocacy Development Agency, Sierra Leone
- Save the Children, Indonesia
- Salvation Army, Indonesia
- Faith leaders
- Tadulako University, Indonesia
- Janssen Pharmaceutical of Johnson & Johnson

Key Funding Partners

- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Australian Government
- Irish Aid
- EBODAC – EU Innovation Medicine Initiative
- Janssen Pharmaceutical of Johnson & Johnson
- Pfizer Foundation
- World Vision United States including its Major Donors Program
- World Vision Australia
- World Vision Hong Kong
- World Vision Ireland
- World Vision Canada

† For more information on these approaches, including technical briefs, and to appreciate the overall World Vision Health and Nutrition strategy, please visit https://www.wvi.org/health.
‡ Ministry of Health entity reported for 9 countries as follows: Angola, Burundi, Ethiopia, Mauritania, Niger, Papua New Guinea (Department of Health), Sierra Leone (Ministry of Health and Sanitation), Tanzania, Uganda.

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