Mauritania

AIM Health Plus

Aligning digital tools to national guidelines

In operation and supported by Irish Aid since 2017, the Access to Infant and Maternal Health Plus Project (AIM Health Plus) addresses the leading causes of maternal and neonatal mortality and improves young child survival and nutritional status across four countries in Africa. In the Guerrou and M’Bagne districts of Mauritania, the AIM Health Plus team has worked with nine health facilities to include a digital health component to support community health worker (CHW) programming for the past several years.

This digital health project provides CHWs with smartphones equipped with a tailored CommCare app to use during their home visits. These digital tools support 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 app reminds 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 to the project’s secure cloud-based repository. This data that CHWs gather is then shared with the Ministry of Health and the government’s Community Health Committee and is used for managing CHW efforts, planning how to improve the programme and making longer-term strategic decisions.

The CommCare app aims to help improve the efficiency of CHW work by helping them to reach more clients in a timely manner. It also helps improve the effectiveness of behaviour change counselling that CHWs offer the families they serve by guiding them on how to structure their visits and offer relevant audio clips to reinforce key messages. Finally, the app helps strengthen the health system by improving utilisation of community-level data.

From October 2020 through September 2021, the AIM Health Plus project team in Mauritania made technical updates to the CommCare app, including aligning and validating its content in consultation with Ministry of Health experts. They also added two collaborating health facilities to the programme, bringing the total to nine, and trained the new facilities’ staff and CHWs. The project team estimates that 75% of CHWs working in the project areas are using the app.

As the AIM Health Plus project completes its final year, the project team in Mauritania is preparing for a high-level consultation with the Ministry of Health to share recent project refinements that better align with the Mauritanian health system and to discuss how to improve connectivity provided by mobile network operators.
WHO HEALTH SYSTEM CHALLENGES†† Addressed

<table>
<thead>
<tr>
<th>Information</th>
<th>Availability</th>
<th>Quality</th>
<th>Acceptability</th>
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<tbody>
<tr>
<td>• Insufficient utilisation of data and information</td>
<td>• Insufficient supply of services</td>
<td>• Inadequate supportive supervision</td>
<td>• Lack of alignment with local norms</td>
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<tr>
<td>• Lack of quality/reliable data</td>
<td></td>
<td>• Insufficient health worker competence</td>
<td>• Not addressing individual beliefs and practices</td>
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<table>
<thead>
<tr>
<th>Utilisation</th>
<th>Efficiency</th>
<th>Cost</th>
<th>Accountability</th>
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<tbody>
<tr>
<td>• Geographic inaccessibility</td>
<td>• Delayed provision of care</td>
<td>• High cost of manual processes</td>
<td>• Absence of community feedback mechanism</td>
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<tr>
<td>• Loss to follow-up</td>
<td>• Inadequate access to transportation</td>
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<td>• Inadequate understanding of beneficiary populations</td>
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<td>• Low adherence to treatments</td>
<td>• Inadequate workflow management</td>
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<td>• Insufficient patient engagement</td>
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<tr>
<td>• Low demand for services</td>
<td>• Lack of or inappropriate referrals</td>
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<td>• Poor accountability</td>
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<td></td>
<td>• Poor planning and coordination</td>
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<td>between the levels of the health sector</td>
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<tr>
<th>WHO DIGITAL HEALTH INTERVENTIONS†† Used</th>
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<tbody>
<tr>
<td><strong>Clients</strong></td>
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<tr>
<td>• 1.1 Targeted client communication</td>
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WHO HEALTH FOCUS AREAS†

- Adolescent and youth health
- Civil registration and vital statistics
- Cross cutting
- Environmental health
- Infectious diseases (non-vector borne)
- Injury prevention and management
- Maternal health
- Newborn and child health
- Nutrition and metabolic disorders
- Sexual and reproductive health
- Vector-borne diseases (not listed under neglected tropical diseases)
- Water, sanitation and hygiene (WASH)

**STAKEHOLDERS**

**DOMESTIC GOVERNMENT PARTNERS**
- Ministry of Health (Ministère de la Santé)
- Community Health Committee (Comité communautaire de la santé)

**NON-PROFIT AND NON-GOVERNMENTAL ORGANISATION PARTNER**
- Association Terre Espoir pour le Développement (ATED)

**WORLD VISION PARTNER**
- World Vision Ireland
- World Vision Mauritania

**FUNDING PARTNER**
- Irish Aid (Government of Ireland)

**PROJECT CONTACTS**

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**DIGITAL TOOLS AND TECHNOLOGY PARTNERS**

**DIGITAL TOOLS**
- CommiCare
- Power BI

**MOBILE NETWORK OPERATORS**
- Chirampel
- Mattel
- Moov Mauritel

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† All information refers to the period October 2020–September 2021.

†† The integration/interoperability categories are taken from the Health Information Systems Interoperability Maturity Toolkit (Revision Model).

§ Star ratings range from 1 to 5: 1 = Not yet considered, 2 = Not intended for scale-up, 3 = Intended and designed for scale-up, 4 = Intended and designed for scale-up, 5 = Intended and designed for scale-up. These classifications have been defined organisation-wide by World Vision.

‡‡ These classifications have been defined organisation-wide by World Vision.