18 Countries
Afghanistan, Burundi, Cambodia, Chad, Ghana, India, Indonesia, Kenya, Mali, Mauritania, Mozambique, Niger, Rwanda, Sierra Leone, Sri Lanka, Tanzania, Uganda, Zambia

Five Health & Nutrition Programming Models:

- **MATERNAL, NEWBORN and CHILD HEALTH:**
  - Timed & Targeted Counseling - Behavior change program
  - Community Case Management – Treatment of acute illnesses

- **NUTRITION:**
  - Positive Deviance (PD) Hearth
  - Growth Monitoring & Promotion
  - Community Management of Acute Malnutrition

<table>
<thead>
<tr>
<th>Current Scope</th>
<th>2016 Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,958 FLHW using mHealth solution</td>
<td>8,000 FLHW using mHealth solution</td>
</tr>
<tr>
<td>176,739 community members reached</td>
<td>700,000 community members reached</td>
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</tbody>
</table>

World Vision’s global mHealth portfolio currently supports frontline health workers (FLHWs) in projects across 18 countries in Africa, South Asia, and Southeast Asia. In 11 of these countries, a common mHealth solution called MoTECH Suite is being rolled out in WV area development programs (ADPs), with four more country projects scheduled to start in early

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1 “Frontline Health Worker” (FLHW) refers broadly to cadres of health workers and includes community-based health extension workers, who may or may not be formally part of the public health system. In some contexts, the term CHW or CHV, referring to “community health workers” or “volunteers” is more commonly used. World Vision collaborates with a wide range of FLHWs depending on the context and the programming approach.

2 The MoTECH Suite incorporates CommCare as the software most visible on handsets used by CHWs. For more information, see [http://www.motechsuite.org/](http://www.motechsuite.org/)

3 WV’s development approach is implemented through long-term (10-15 years) area development programs covering a defined geographic area and a population of 50,000-200,000. This integrated community-driven development programming platform is
2015. This shared solution now includes functionality to support five project models in maternal, newborn, and child health (MNCH) and nutrition with funding support from a broad range of public and private donors.

**Figure 1: Overview of functionality for each of five project models**

Adoption of the solution by FLHW has progressed well, and World Vision has deepened its relationships with Ministries of Health, mobile operators, regulatory agencies, and academic/research institutions in various contexts. Preferential rates for data, voice, text and devices have been negotiated in Uganda, Zambia, India, and Sri Lanka, with other country projects initiating similar negotiations also. Discussions with telecommunication regulators in Sierra Leone, Uganda, Zambia, and elsewhere have helped ensure all key stakeholders are working together toward a sustainable business model that will contribute to improved health outcomes.

The pilot mHealth projects World Vision has successfully deployed can now transition into a scale-up phase once sufficient consensus and shared commitment to a solution or a package of solutions is reached among key stakeholders, Ministries of Health chiefs among them. World Vision is well positioned to partner with governments to build this consensus and policy alignment to create an “enabling environment” at the national level. This important work provides the foundation for scalable programs that feature engaged, motivated, and effective FLHWs in the field as well as harmonized M&E systems where data is shared appropriately and used quickly by the partners who need it.

focused on improving child well-being through health care, HIV and AIDS prevention, education and vocational training, food security, agricultural production, and economic and micro-enterprise development interventions.
Globally, there is an emerging body of evidence that points to the benefits of mobile phones as one of various tools to leverage health impact. In one comprehensive report, the mHealth Alliance and Public Health Institute offered a preliminary assessment of the value of mHealth to maternal and newborn health outcomes, summarized below.\[^{4}\]

### mHealth Evidence

*Highlights from the 2013 mHealth Alliance report*

#### Why do we think mHealth can have an impact?
- mHealth tools help minimize time barriers and facilitate urgent care during obstetric referrals
- Health systems use mHealth to ameliorate human capacity issues and especially to improve remote linkages with higher level technical support and in facilitating urgent care response
- mHealth supports information for health promotion, primarily through SMS, to expectant mothers
- mHealth improves data collection as well as its analysis and use

#### What evidence exists to support this assumption?
- Improved compliance with scheduled follow-up appointments
- Improved service utilization
- Higher levels of trust
- Greater user satisfaction with services
- Improved rates of delivery in the presence of skilled birth attendants

### mHealth Technology Solutions and Partners

- **Applications**: MoTECH Suite (Dimagi/Grameen/DTREE), CommCare (Dimagi), Mezzanineware (Mezzanine), RapidSMS (UNICEF), Verboice (InSTEDD), SMAP (World Vision)

- **Mobile Phones**: Nokia [X2-02, RM-694, C2-01], Samsung [GT-S7582, Galaxy Discover SGH-S730M, A-7392, Galaxy pocket GT-S5300, Galaxy Duos S7562i, Duos GT-I8262], Lenovo [A390], Micromax [mad A-94], Alcatel

- **Mobile Network Operators**: Airtel, MTN, Safaricom, Etisalat, Vodafone, Expresso, TiGO, Leo, Movitel, Roshan, IDEA, Dialoge, Telkomsel, Ezecom, Orange

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\[^{4}\] Philbrick, B. *mHealth and mNCH: State of the Evidence, Trends, Gaps, Stakeholder Needs, and Opportunities For Future Research on the Use of Mobile Technology to Improve Maternal, Newborn, and Child Health.* mHealth Alliance, January 2013.
**Key Stakeholders**

- Ministries of Health
- Frontline Health Workers / Community Health Workers
- National Telcom Regulators
- District & Local Government
- District and Community Leaders & Groups
- District & Community Health Centers
- BDN – Bakhtar Development Network
- ACTD – Afghanistan Center for Training and Development
- MOVE – MOVE Welfare Organization
- STEPS OVC Consortium
- NetHope
- Amref
- CARE
- Aga Khan University
- University of Toronto
- Trinity College of Dublin, Center for Global Health
- Institute of Development Studies UK

**Key Funding Partners**

- USAID (including OFDA)
- DFATD
- Irish Aid
- AusAid
- UK Aid
- DFID/IDS
- UNICEF
- Amref
- CARE
- Ministries of Health
- Aga Khan University
- African Development Bank
- The Bill & Melinda Gates Foundation
- World Vision Hong Kong, U.S., Canada, Germany, Australia, Rwanda, India
- World Vision Private Donors

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