



Photo: World Vision/Agness John

Tanzania

AIM Health Plus

3

digital tools deployed
since **October 2019***



In
Scaling up
project stage†

95%
complete overall

37,807
beneficiaries reached

26%
children ages 0-18

38%
adult females

36%
adult males

Making digital health tools locally acceptable

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. Over the past several years, AIM Health Plus in Tanzania has included a digital health component to support community health worker (CHW) programming in Bahi and Chemba districts of the Dodoma region.

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 near real-time data that CHWs gather is then shared with the Ministry of Health and is used for managing CHW efforts, planning how to improve the programme and making longer-term strategic decisions. The app also includes local language audio clips to boost comprehension and understanding among CHWs and their clients.

The CommCare app aims to improve the efficiency of CHW work by helping them to reach more clients in a timely manner. The app also helps improve the effectiveness of behaviour change counselling that CHWs offer women and caregivers of children under 2 by guiding them on how to structure their visits and offering relevant audio clips to reinforce key messages. Finally, the app helps strengthen the health system by improving utilisation of community-level data. Recently, the AIM Health Plus team started using [Power BI](#) to produce data visualisations that make it easier to gain key insights.



LEARN MORE
about AIM Health Plus

From October 2020 through September 2021, the AIM Health Plus project team trained 40 new CHW users (28 in Mundemu and 12 in Sanzawa area programmes). Now all 215 available CHWs in the project areas are using smartphones equipped with the CommCare app. The AIM Health Plus team also continued to support the expanded CHW workforce by providing key equipment including smartphones, desktop computers and power supply tools.

As the AIM Health Plus project completes its final year, Tanzania and the other AIM Health Plus country teams are taking steps to ensure a smooth handover of this system strengthening effort. The hope is for government counterparts and CHWs to continue to leverage the value of digital health well into the future.



Responding to COVID-19

Collaborating sector:
Livelihoods

243

digital tool users

88%
community health workers

10%
other health workers

2%
other user types

Level of interoperability or integration with national health information system:[‡]

Established



Self-rating of scale-up intention[§]

Strategic imperative:^{**}
Deepen our commitment to the most vulnerable girls and boys



WHO HEALTH SYSTEM CHALLENGES^{††} ADDRESSED

Information	Availability	Quality	Acceptability
<ul style="list-style-type: none"> Communication roadblocks Delayed reporting of events Insufficient utilisation of data and information Lack of access to information or data Lack of quality/reliable data 	<ul style="list-style-type: none"> Insufficient supply of equipment Insufficient supply of services 	<ul style="list-style-type: none"> Inadequate supportive supervision Insufficient health worker competence Low quality of health commodities Poor adherence to guidelines Poor patient experience 	<ul style="list-style-type: none"> Lack of alignment with local norms Not addressing individual beliefs and practices
Utilisation	Efficiency	Cost	Accountability
<ul style="list-style-type: none"> Geographic inaccessibility Loss to follow-up Low adherence to treatments Low demand for services 	<ul style="list-style-type: none"> Delayed provision of care Inadequate access to transportation Inadequate workflow management Lack of or inappropriate referrals Poor planning and coordination 	<ul style="list-style-type: none"> Client-side expenses High cost of manual processes Lack of coordinated payer mechanism Lack of effective resource allocation 	<ul style="list-style-type: none"> Absence of community feedback mechanism Inadequate understanding of beneficiary populations Insufficient patient engagement Lack of transparency in commodity transactions Poor accountability between the levels of the health sector Unaware of service entitlement

WHO DIGITAL HEALTH INTERVENTIONS^{††} USED

Clients	Healthcare providers	Health system managers	Data services
<ul style="list-style-type: none"> 1.1 Targeted client communication 	<ul style="list-style-type: none"> 2.1 Client identification and registration 2.2 Client health records 2.6 Referral coordination 2.7 Health worker activity planning and scheduling 	<ul style="list-style-type: none"> 3.6 Equipment and asset management 3.7 Facility management 	<ul style="list-style-type: none"> 4.1 Data collection, management, and use 4.2 Data coding 4.3 Location mapping 4.4 Data exchange and interoperability

WHO HEALTH FOCUS AREAS[†]

- 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
- Vector-borne diseases (not listed under neglected tropical diseases)
- Violence
- Water, sanitation and hygiene (WASH)

PROJECT MODELS AND APPROACHES^{††} USED

CORE

- [Community Health Committees](#) (COMM)
- [Community Health Workers](#) (CHW)

ENABLING

- [Citizen Voice and Action](#) (CVA)

DIGITAL TOOLS AND TECHNOLOGY PARTNERS

DIGITAL TOOLS

- [CommCare](#)
- [Open Data Kit](#) (ODK)
- [Power BI](#)

TECHNOLOGY PARTNER

- [Dimagi](#)

MOBILE NETWORK OPERATORS

- [Airtel](#)
- [Halotel](#)

STAKEHOLDERS

DOMESTIC GOVERNMENT PARTNER

- [Ministry of Health and Social Welfare](#)

NON-PROFIT AND NON-GOVERNMENTAL ORGANISATION PARTNER

- Community Empowerment for Sustainable Development Tanzania (CESuDe-T)

WORLD VISION PARTNER

- [World Vision Ireland](#)

FUNDING PARTNER

- [Irish Aid](#) (Government of Ireland)

PROJECT CONTACTS

PROGRAMME MANAGEMENT

Daudi Gambo
Project Manager - AIM Health Plus
World Vision Tanzania
Email: daudi_gambo@wvi.org

TECHNICAL LEADERSHIP

Noel Mbanguka
Digital Health and Monitoring & Evaluation Specialist
World Vision Tanzania
Email: noel_mbanguka@wvi.org

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

^{††}World Health Organization (WHO) project stages and health focus areas are taken from the WHO [Digital Health Atlas](#).

[‡]The integration/interoperability categories are taken from the [Health Information Systems Interoperability Maturity Toolkit: Model](#).

[§]Star ratings range from 1: Not yet considered to 5: Intended and designed for scale-up.

^{**}Strategic imperatives are key elements of World Vision's [Our Promise strategy](#).

^{†††}WHO health system challenge categories and digital health intervention categories are taken from the WHO [Classification of Digital Health Interventions](#).

^{††††}These classifications have been defined organisation-wide by World Vision.



For more information: <https://www.wvi.org/digital-health>