



Photo: World Vision/Fred Ouma

# Uganda

## AIM Health Plus

5

digital tools deployed since **January 2017\***



In **Scaling up** project stage<sup>†</sup>

**75%** complete overall

**52,781** beneficiaries reached

**80%** children ages 0–18

**20%** adult females

### Expanding reach to vulnerable women and young children

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. Working in the Busia District of eastern Uganda and through 33 health facilities, the AIM Health Plus team has incorporated a digital health component to support community health worker (CHW) programming since the project’s inception.

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 collaborating health facilities and counterparts at Busia District level. These government teams use the data to manage CHW efforts, plan how to improve the programme and make 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. It 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.



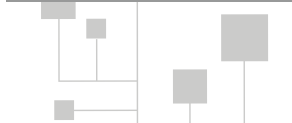
**LEARN MORE**  
about AIM Health Plus

From October 2020 through September 2021, the AIM Health Plus project in Uganda expanded its reach to more than 8,000 pregnant and lactating women, a more than fivefold increase compared to the [previous year’s report](#). The reach nearly doubled to more than 42,000 children, primarily under 2 years old. The project team also highlighted notable increases in the number of deliveries being handled at supported health facilities.

As the AIM Health Plus project completes its final year, the AIM Health Plus team is preparing to gather and share information about improvements in key maternal and child health indicators—and the preliminary results are positive. This project has catalysed World Vision Uganda’s broader investment in digital health.

Responding to **COVID-19**

Collaborating sectors:  
**Child Protection & Participation, Education, Livelihoods, WASH**

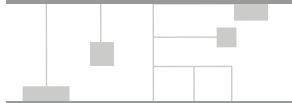


**501**  
digital tool users

**96%**  
community health workers

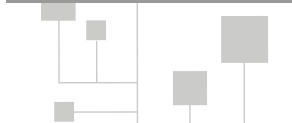
**3%**  
other health workers

**1%**  
other user types



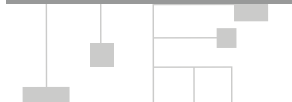
Level of **interoperability or integration** with national health information system:<sup>‡</sup>

**Established**



Self-rating of **scale-up** intention<sup>§</sup>

★★★★☆



Strategic imperative:<sup>\*\*</sup>

**Deepen our commitment** to the most vulnerable girls and boys

## WHO HEALTH SYSTEM CHALLENGES<sup>††</sup> ADDRESSED

Information	Availability	Quality	Acceptability
<ul style="list-style-type: none"> <li>Communication roadblocks</li> <li>Insufficient utilisation of data and information</li> <li>Lack of quality/reliable data</li> <li>Lack of unique identifiers</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient supply of services</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate supportive supervision</li> <li>Insufficient health worker competence</li> <li>Poor adherence to guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Lack of alignment with local norms</li> <li>Not addressing individual beliefs and practices</li> </ul>
Utilisation	Efficiency	Cost	Accountability
<ul style="list-style-type: none"> <li>Geographic inaccessibility</li> <li>Low adherence to treatments</li> <li>Low demand for services</li> </ul>	<ul style="list-style-type: none"> <li>Delayed provision of care</li> <li>Inadequate access to transportation</li> <li>Inadequate workflow management</li> <li>Lack of or inappropriate referrals</li> <li>Poor planning and coordination</li> </ul>	<ul style="list-style-type: none"> <li>High cost of manual processes</li> </ul>	<ul style="list-style-type: none"> <li>Absence of community feedback mechanism</li> <li>Inadequate understanding of beneficiary populations</li> <li>Insufficient patient engagement</li> <li>Poor accountability between the levels of the health sector</li> <li>Unaware of service entitlement</li> </ul>

## WHO DIGITAL HEALTH INTERVENTIONS<sup>††</sup> USED

Clients	Healthcare providers	Health system managers	Data services
<ul style="list-style-type: none"> <li>1.1 Targeted client communication</li> </ul>	<ul style="list-style-type: none"> <li>2.1 Client identification and registration</li> <li>2.2 Client health records</li> <li>2.6 Referral coordination</li> </ul>	<ul style="list-style-type: none"> <li>3.3 Public health event notification</li> </ul>	<ul style="list-style-type: none"> <li>4.1 Data collection, management, and use</li> <li>4.4 Data exchange and interoperability</li> </ul>

## WHO HEALTH FOCUS AREAS<sup>†</sup>

- 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<sup>††</sup> USED

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

- ADDITIONAL**
- [Grandmother-inclusive Approach](#) (GMIA)
  - Health Facility Strengthening
  - [Women, Adolescent and Young Child Spaces](#) (WAYCS)

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

## DIGITAL TOOLS AND TECHNOLOGY PARTNERS

- DIGITAL TOOLS**
- [CommCare](#)
  - [District Health Information Software 2](#) (DHIS2)
  - [KoBoToolbox](#)
  - [Open Data Kit](#) (ODK)
  - [Power BI](#)

### MOBILE NETWORK OPERATORS

- [Airtel](#)
- [MTN](#)
- [Safaricom](#)

### STAKEHOLDERS

#### DOMESTIC GOVERNMENT PARTNERS

- [Ministry of Health](#)
- Busia District local government

#### NON-PROFIT AND NON-GOVERNMENTAL ORGANISATION PARTNER

- [Advocates for Sustainable Health and Wealth in Africa](#) (ASHWA)

#### WORLD VISION PARTNER

- [World Vision Ireland](#)

### FUNDING PARTNER

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

### PROJECT CONTACTS

#### PROGRAMME MANAGEMENT

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<sup>†</sup>All information refers to the period October 2020–September 2021.

<sup>††</sup>World Health Organization (WHO) project stages and health focus areas are taken from the WHO [Digital Health Atlas](#).

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

<sup>§</sup>Star ratings range from 1: *Not yet considered* to 5: *Intended and designed for scale-up*.

<sup>¶</sup>Strategic imperatives are key elements of World Vision's [Our Promise strategy](#).

<sup>†††</sup>WHO health system challenge categories and digital health intervention categories are taken from the WHO [Classification of Digital Health Interventions](#).

<sup>††††</sup>These classifications have been defined organisation-wide by World Vision.



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