WANACHI HEALTH DIGITAL PLATFORM

ARUSHA 2020
Executive Summary

The following table intends to give a quick overview of your activities. Please also indicate the respective countries, e.g. "Total number of people reached: 1 K, 2 T, 1 U, 2 R, 1 B, 1 S".

<table>
<thead>
<tr>
<th>NAME OF THE PROJECT</th>
<th>WANACHI HEALTH DIGITAL PLATFORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF THE ORGANIZATION</td>
<td>EANNASO</td>
</tr>
<tr>
<td>ORGANIZATION IS ACTIVE SINCE</td>
<td>2004</td>
</tr>
<tr>
<td>NUMBER OF PEOPLE IN THE ORGANIZATION</td>
<td>14</td>
</tr>
<tr>
<td>PROJECT DURATION</td>
<td>1 YEAR (NOVEMBER 2019 – OCTOBER 2020)</td>
</tr>
<tr>
<td>ANY OTHER STAKEHOLDERS INVOLVED?</td>
<td>The project works closely with border communities, residents and travellers, Ministries of East African Community Affairs (MEACAS), The EAC Health Secretariat, Border control units and other IDEA partners</td>
</tr>
<tr>
<td>EAC MEMBER STATES INVOLVED</td>
<td>KENYA/TANZANIA</td>
</tr>
<tr>
<td>TOTAL NUMBER OF PEOPLE REACHED</td>
<td>3.11 MILLION PEOPLE REACHED</td>
</tr>
<tr>
<td>BENEFIT FOR PEOPLE REACHED</td>
<td>Currently the platform besides providing information on existing health facilities for communities living along the Kenya/Tanzania border towns also present up to date statistics for all the countries of the world on the current COVID-19 pandemic. Residents are also able to know which health centres in their respective countries provide COVID-19 services. Users of the platform are also able to upcoming events that they can get involved in such as meetings and webinars where they can learn health information from.</td>
</tr>
<tr>
<td>NUMBER OF EVENTS ORGANIZED</td>
<td>7 events organized:</td>
</tr>
<tr>
<td></td>
<td>1. Project orientation meeting conducted on the 27th of February 2020</td>
</tr>
<tr>
<td></td>
<td>2. Development of project banners done during the January-February march period</td>
</tr>
<tr>
<td></td>
<td>3. Mapping of health facilities that has been ongoing with most facilities already mapped</td>
</tr>
<tr>
<td></td>
<td>4. Developing a digital platform completed and is continuously being updated</td>
</tr>
<tr>
<td></td>
<td>5. Launch of the digital platform conducted on the 29th June 2020</td>
</tr>
<tr>
<td></td>
<td>6. Project periodic review of the platform conducted on 1st of September 2020</td>
</tr>
</tbody>
</table>

Recommendations for the Integration Process from the Project: 18

Next Quarter Work Plan and Budget as per the agreement 19

Conclusion and Way Forward 19

Pictures 21
Current engagements with the Anglophone Africa COVID-19 task team to expand the digital platform presents an opportunity for cooperates to advertise but as at the moment the platform is hosted by EANNASO for users to use for free.

No data on any type of jobs and or income recorded during the reporting period.

**NUMBER OF PEOPLE PARTICIPATED IN EVENTS**

Overall 368 people participated in all events.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>186</td>
</tr>
<tr>
<td>Women</td>
<td>115</td>
</tr>
<tr>
<td>Men</td>
<td>65</td>
</tr>
<tr>
<td>Total</td>
<td>368</td>
</tr>
</tbody>
</table>

**Number of people reached**

- **Direct reach**: 368
- **Indirect reach**: 3.11 Million

**Distribution of participants by event**

- **Project Orientation Event**
  - Youth: 00
  - Women: 11
  - Men: 6
  - Total: 17

- **Project launch event**
  - Youth: 180
  - Women: 50
  - Men: 35
  - Total: 203

Of the 203 participants 203 were from Tanzania and 62 from Kenya.

**Project periodic review event**

- Youth: 00
- Women: 42
- Men: 44
- Total: 86

Indirectly the project has reached out to more than 3.1 million people through radio and print as follows:

- **Print Media (Daily Newspaper)**: Number of people reached: 105,000
- **Radio talk show (Radio 5)**: Number reached: 3 million
- **EANNASO Mailchimp and social media channels**: Number reached: 5,000

**Overall statistics**

- **Direct reach**: 368
- **Indirect reach**: 3.11 Million

**NUMBER OF BENEFICIARIES (NUMBER FOR EACH EAC COUNTRY)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Total</th>
<th>(NUMBER OF MEN)</th>
<th>(NUMBER OF WOMEN)</th>
<th>(NUMBER OF YOUTH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>152</td>
<td>35</td>
<td>42</td>
<td>72</td>
</tr>
<tr>
<td>Tanzania</td>
<td>216</td>
<td>48</td>
<td>56</td>
<td>112</td>
</tr>
</tbody>
</table>

**Direct beneficiaries through meetings**

- **Kenya**: 152
- **Tanzania**: 216

**Direct beneficiaries through afyadigital.health platform search**

- **Kenya**: 564
- **Tanzania**: 4810

**Indirect reach through media and social media platforms**

- **Tanzania**:
  - **Print Media**: 105,000
  - **Radio**: 3 million

**NUMBER OF PAYING CUSTOMERS**

The digital platform presents an opportunity for cooperates to advertise but as at the moment the platform is hosted by EANNASO for users to use for free.

**FREQUENCY & AMOUNT OF PURCHASE**

The platform is designed and hosted by EANNASO to provide information to communities free of charge. All costs for setting up the platform were shouldered by EANNASO through GIZ IDEA support.

**NUMBER OF JOBS CREATED**

Current engagements with the Anglophone Africa COVID-19 task team to expand the use of the platform as a document repository is likely to create opportunities for jobs but this has not yet materialised.

**SORT OF JOBS & INCOME**

No data on any type of jobs and or income recorded during the reporting period.

**FURTHER ACTIVITIES PLANNED?**

- Maintenance of the digital platform beyond the project support period.
- Development of publicity materials for the platform.
- Continuous sharing of health information with stakeholders.

**FINANCING SECURED FOR FURTHER OPERATIONS?**

Currently no further funding secured for further operations. Following the end line evaluation conducted, communities and other stakeholders recommended the development of the Wananchi Afya digital platform mobile application that is directly downloadable through app store.

The next frontier for the platform will be to seek funding to develop the mobile application as well as landing the application on non-smart devices through the USSD platform.

**CONCRETE IMPACT ON BENEFICIARIES**

Communities are able to access relevant health information through the afyadigital.health portal.

By September 2020, over 5743 unique visitors had accessed the afyadigital.health platform and viewed all the pages of the platform (Health facilities, COVID-19 page, news alert page).

Listing of health facilities was the most visited page indicating that communities and people who visit the platform are looking for information regarding health service centres. While the project was meant to provide health information to border communities and residents across the east Africa region, over 20% of the people who accessed the afyadigital.health platform are from across the world (USA, Canada, China, Germany, Sweden among others).

**EANNASO Mailchimp and social media channels**

Number reached: 5000

**Overall 368 people participated in all events.**

**Benefit for people participating in events**

Border communities: Representatives from border communities acknowledged that the platform would be helpful for them as they will be able to know health facilities nearest to them that provide specific services that they require.

EAC health Secretariat: The EAC health secretariat has a database of health practitioners in the region. This platform compliments this work by not only mapping health facilities along border towns but also presents a platform for sharing useful health information as it happens such as the breakdown of an epidemic.

Health Sector Representatives: Representatives from the health sector lauded the initiative and saw it as a way of publicising health facilities hence increasing access to essential health services by communities.

The Media: The media saw this as a new initiative that would benefit border residents and travellers and offered to support in creating awareness for the initiative through Radio talk shows.

Small scale border traders: Representatives from the association of small-scale traders at the border acknowledged that they do frequent travels across countries and this innovation would enhance their knowledge on available health facilities as well as get new information through the digital interactive platform.

Private Health Care Providers: They saw this as an opportunity to promote their services beyond what the public sector provides including specialised services.
**Introduction and Background**

The Eastern Africa National Network of AIDS and Health Service Organizations (EANNASO) is a regional umbrella body bringing together civil society voices to inform polices and improve programming on HIV, Malaria and TB. Our aim is to have a regional response that contributes to effective halting and eventually reversing of the trends of the AIDS epidemics as well as other health related issues.

Because of these scenarios, EANNASO under the incubator for integration and development in East Africa (IIDEA) implemented a short-term grant to develop a digital health platform that will map out health facilities across border towns of Tanzania and Kenya.

The overall goal of the project is to increase access to health services among EAC residents who live along border towns as well as those travelling from one country to another.

The project drives its rationale from the fact that health service provision is a shared responsibility of both countries for residents who live along border towns as well as for travelers who cross from one country to another. It is not uncommon to see residents from one country crossing the border to access essential services that are not readily available in facilities within their own section of the border and would take them long hours before they access such services in their own countries hence find it easy to access such services in the neighboring country. Yet it is not uncommon to see residents travel for long within their own countries to access essential health services that they would have accessed in the neighboring country should they have known where to access such services.

Because of these scenarios, the EAC digital health platform provides an avenue and a platform of disseminating information on available health services within border towns to benefit residents and travelers who require essential health services.

**Objectives of the Project**

The project has three core objectives that include:
1. To develop and manage a digital health services platform for border communities, citizens and residents that travel in Kenya and Tanzania.
2. To provide and disseminate information on essential health services to border communities, citizens and residents that travel across EAC partner states.
3. To develop a mechanism for Community Based Monitoring System (CBMS) to enable citizens engage with service providers on quality of services provided.

**Did you collaborate with any other organizations?**

The project received useful contributions from stakeholders during the orientation meeting that helped shape the design of the platform. While originally the platform was rom provide just a basic digital mapping of health services, contributions from stakeholders during the orientation meeting brought a new thinking that the platform should be expanded to be useful beyond just plotting health facilities.

These ideas shaped the platform to what it is today with a complete page on current events with COVID-19 information taking centre stage. This has helped many people find the platform useful to get all statistics for every country in the world as it is updated by WHO real time. EANNASO utilised regional IT expertise to develop the platform.

Further contributions from partners have recommended the development of disease specific pages like HIV, TB and malaria the same the platform has a COVID-19 page. This will ensure the platform becomes a one stop shop for regional health information.

EANNASO also collaborated with the CENT project and received two interns Emilii and Happiness who were attached to the IDEEA project as their areas of specialization was on digital solutions.

The two are the initial stages of developing a mobile app for the afya.health platform. A mobile application is expected to increase number of people who are able to visit the platform as it is more user friendly to download and use an app than every time going to the browser to run the afya.health link. The interns are still working on the prototype that they are yet to present to the technical team at EANNASO.

**Report of the Project Activities**

**Activity 1.2 To conduct an orientation meeting with key stakeholders**

*Inputs for this activity:*

a) Project Concept note: The project developed a concept note providing details of the project including the background to the idea, the goal of the project, its rationale, objectives, its intended coverage, proposed beneficiaries and how the project would support improved health access for border residents and travelers in Kenya and Tanzania. The concept note was shared to stakeholders for familiarization as they were invited to the meeting.

b) Publicity materials: The project developed and printed information banners with informative titles such as “diseases know no boarders”. These materials were used during the orientation meeting to stir conversation and further understanding of the project.

c) Staff time: The project utilized staff time to plan for the event and execute it as it was planned. That included sending invitations to participants, securing the venue and facilitating the meeting event plan.

**Status:** The orientation meeting was successfully conducted on the 27th of February 2020 bringing together a total of 17 participants from various stakeholder constituents.

**Activity 3.1 Conduct a baseline and end line assessment on knowledge and use of essential health services by border communities residents and citizens who travel to Kenya and Tanzania**

*Inputs:*

a) Data collection tool
b) Data collectors
c) Financial resources for printing materials and logistical support for data collectors

**Status:** This activity was fully accomplished. The design of the activity had to change mid-way due to restricted travels as a result of the coronavirus pandemic. Most of the responses were collected during the orientation meeting with communities and partners.

Analysis of the baseline survey was qualitatively done and responses grouped into thematic areas for meaningful interpretation. Below are the findings of the baseline survey and line assessment.
Knowledge of the existence of health facilities: This thematic area sought to get general information on health facilities. Where the facilities are, how people get information about health facilities, and barriers to accessing health facilities. This thematic area sought to understand barriers that restrict residents from accessing health services from any health facility they know.

Availability of essential or desired health services: This thematic area sought to agglomerate responses around knowledge of residents of the essential health services provided in the facilities they know or visit.

Opinions on using a health facility digital platform: This thematic area underscored the importance and willingness of communities to use a digital platform to access information on health services.

THEMATIC AREA

SUMMARY RESPONSES BASELINE

• There were mixed responses with some respondents having a good knowledge of health facilities both in Tanzania and Kenya while others had good knowledge of health facilities within their countries.
• Cross border traders had much higher knowledge of health facilities both in Kenya and Tanzania. This was an expected response as they cross over quite often.
• A few residents just knew facilities around within their own localities.
• Majority of the residents get information about health facilities through friends and family who refer them to specific facilities when they need health services.
• Some reported that they hear of health facilities through the media (Radio and Television).
• None of the respondents interviewed mentioned digital platforms as a source of information for health facilities.
• Majority of the respondents reported that they acted on referrals from either family or friends of even from other health facilities when making the decision to go for specific health services.
• There was an increased number of respondents who acknowledged that they get information on services provided at facilities through reading from digital sources.
• Other forms of through which people acknowledged receiving information regarding availability of health services included, hospital brochures, asking from hospital staff as well as informed by friends and neighbours.
• The idea of using a digital health platform was received with mixed reactions. The young respondents were quite excited and agreed that this is a best approach as everything is going digital these days. The elderly were however sceptical that they may not be able to navigate the platform.
• Majority of the cross border small scale traders had a positive opinion about the platform and agreed that this will be a good way to get information on health information as they cross over borders.
• Some of the respondents had the opinion that the platform should also be placed on phones that are not internet enabled to allow for those not having smart phones also use the platform.
• Majority of the residents were of the opinion that the platform should also act as an information hub and not only map out health facilities.

SUMMARY RESPONSES END LINE

• Majority of the respondents (71%) had knowledge of health facilities close to them from their neighbouring countries.
• Majority of the respondents acknowledged that they know of a facility that it would take them less than 1 hour to reach by walking.
• Unlike during baseline there was an increased number of respondents who get information regarding health facilities through digital means.
• Friends still remained an important channel through which people get to know about health facilities.
• Cost of services remained a key barrier mentioned by respondents towards access to health services.
• Distance to the nearest or facility that provides the desired health service also remained a major challenge mentioned by respondents.
• Stigma and discrimination by health care workers was also noted as another challenge that negatively impacts on health service access.
• Other respondents reported poor infrastructure that some hospital do not have all the facilities to provide comprehensive services for diverse health conditions.
• Unlike during the baseline majority (71%) of the respondents acknowledged having heard of the afyadigi.health platform.
• While during the baseline evaluation people were not sure about using digital platforms for accessing health information, 51% of the respondents acknowledged that they have accessed information from the afyadigi.health platform.
• Information on types of services provided by different health facilities was most sought.
• Respondents also sought information on latest health alerts mainly the COVID-19 alerts including availability of health facilities providing COVID-19 services.
• Respondents also looked for information related to the geographic location of facilities to find nearby facilities. 90% of the respondents acknowledged that they would recommend the afyadigi.health platform to someone else.

Activity 1.3 Design and develop the digital platform for health services information

Inputs: a) Technical expertise
Status: This activity was fully completed and the digital platform can be accessed through the following link: http://afyadigital.health/
Some of the features of the digital platform include:

- A search engine for either by facility type or location of health facility. This is the locate page where one can find the nearest health facility by searching facilities in a given geographic location.
- Listing of all mapped health facilities with basic information and contact details of the health facility. By clicking on the end tabs, one is able to scroll through the listing of all mapped facilities.
A health alert page that currently displays real time data on COVID-19 as it gets updated by WHO. This page can also be customized to provide any other health information as it happens for the benefit of communities. The figure below presents the COVID-19 situation in EAC partner states as of 20th November 2020.

The platforms also provide a page for broadcasting events (meetings, webinars and even advertisements). This is a section that has the potential for generating income in the future.

Activity 1.6: Launch of the East Africa Wananchi Health digital platform

Inputs for this activity:

a) Project Concept note: The project developed a concept note providing details of the project including the background to the idea, the goal of the project, its rationale, objectives, its intended coverage, proposed beneficiaries and how the project would support in improving health access for border residents and travellers in Kenya and Tanzania. The concept note was shared to stakeholders for familiarization as they were invited to the launching event.

b) Publicity materials: The project developed the information fliers with activity objective which were disseminated to the stakeholders.

c) Staff time: The project utilized staff time to plan for the event and execute it as it was planned. That included sending invitations to participants and facilitating the meeting event program.

Inputs: a) Technical expertise

Status: This activity was fully completed and the digital platform can be accessed through the following link: https://afyadigital.health/

Some of the features of the digital platform include:

- Service breakdown
  - Data collection and analysis for AFYA Digital Platform
  - Mapping out all health facilities along border towns and their environs and details on the type of services they offer
  - Maintenance of the AFYA Digital Platform
  - To provide and disseminate information through digital media
  - A search engine for either by facility type or location of health facility.

This is the locate page where one can find the nearest health facility by searching facilities in a given geographic location.

Outreach of the project (in Numbers)

The number of reaches by the project has been realised through multiple approaches.

1) The first approach has been through meetings
2) The second approach has been through the active utilization of the digital platform itself.
3) Indirectly through the media and social media platforms
4) Indirect through live broadcasting shows.

The reach through meetings and the direct utilization of the afyadigital.health platform constitute the direct reach while those reached using mainstream media and social media constitute what we refer to as indirect reach. The table below summarizes the project reach disaggregated by country, age and sex.
Outreach through meetings

<table>
<thead>
<tr>
<th>OUTREACH</th>
<th>KENYA</th>
<th>TANZANIA</th>
<th>OTHER COUNTRIES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF YOUTHS REACHED</td>
<td>45</td>
<td>141</td>
<td>0</td>
<td>186</td>
</tr>
<tr>
<td>NUMBER OF WOMEN REACHED</td>
<td>19</td>
<td>58</td>
<td>0</td>
<td>77</td>
</tr>
<tr>
<td>NUMBER OF MEN REACHED</td>
<td>25</td>
<td>80</td>
<td>0</td>
<td>105</td>
</tr>
<tr>
<td>TOTAL</td>
<td>152</td>
<td>216</td>
<td>0</td>
<td>368</td>
</tr>
</tbody>
</table>

A total of 368 people were reached directly through meetings organized by the project. Of the people reached through meetings, 58% represented people from Tanzania while 42% were from Kenya. Youth aged 15-34 years were the majority comprising 50.5%. Our interaction with meeting participants has been useful in shaping the development of the platform with regard to the type of information that needs to be displayed on the platform.

Outreach through the afyadigital.health platform

The afyadigital.health platform contributed the largest number of people reached by the project. A total of 5375 unique visitors had accessed the afyadigital platform by the end of September 2020. The breakdown of the people accessing the afyadigital.health platform by country, age and sex is presented in the figure below.

<table>
<thead>
<tr>
<th>OUTREACH</th>
<th>KENYA</th>
<th>TANZANIA</th>
<th>OTHER COUNTRIES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF YOUTHS REACHED</td>
<td>297</td>
<td>2490</td>
<td>491</td>
<td>3278</td>
</tr>
<tr>
<td>NUMBER OF WOMEN REACHED</td>
<td>85</td>
<td>783</td>
<td>115</td>
<td>963</td>
</tr>
<tr>
<td>NUMBER OF MEN REACHED</td>
<td>102</td>
<td>882</td>
<td>170</td>
<td>1134</td>
</tr>
<tr>
<td>TOTAL</td>
<td>483</td>
<td>4115</td>
<td>777</td>
<td>5375</td>
</tr>
</tbody>
</table>

Majority (76%) of the people accessing the afyadigital.health platform are from Tanzania. This can be explained by the fact that the project has made significant publicity in Tanzania that included promoting the platform through Radio and print media reaching an estimated 3.1 million people. Just like the case of meetings youth comprised majority (76%) of the people accessing information from the afyadigital.health platform.

More than 90% of the people who visit the platform take time to visit all pages of the platform from mapped facilities, health travel alerts and the COVID-19 page. This means people have interest in receiving more health information in the region.

Indirect outreach through mainstream media

The project also indirectly reached out to people on information regarding the afyadigital.health platform through Radio talk show live show broadcasting and newspaper publications in Tanzania as presented in the figure below.

<table>
<thead>
<tr>
<th>OUTREACH</th>
<th>KENYA</th>
<th>TANZANIA</th>
<th>OTHER COUNTRIES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspapers</td>
<td>00</td>
<td>105,000</td>
<td>0</td>
<td>105,000</td>
</tr>
<tr>
<td>Radio</td>
<td>00</td>
<td>3,000,000</td>
<td>0</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Television</td>
<td>00</td>
<td>00</td>
<td>0</td>
<td>00</td>
</tr>
<tr>
<td>Live show broadcasting</td>
<td>26</td>
<td>60</td>
<td>0</td>
<td>86</td>
</tr>
<tr>
<td>Social Media/Mailchimp</td>
<td>525</td>
<td>4213</td>
<td>262</td>
<td>5000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>00</td>
<td>3,105,000</td>
<td>00</td>
<td>3,110,086</td>
</tr>
</tbody>
</table>

Describe the Communication interventions

The project has already made use of radio broadcast to popularise the platform and held one live radio show hosted by Radio 5 reaching an estimated 3 million people according to the Radio’s client coverage. Besides the radio broadcast, the project has also done a short you tube interview with communities to further enhance communication regarding the platform. The you tube recording can be accessed through the following link; https://youtu.be/NIc4AQ18KwQ

The project has also done the live show which was broadcasted live through facebook, Twitter and YouTube. An estimated 1200 people have since viewed the you tube recording. The web broadcast show can be viewed through the following link; https://www.youtube.com/watch?v=w84gBqOE338
Describe the M & E intervention implemented

The project has adopted the work plan tracking measures approach to monitor the implementation of the planned activities. As per the work plan, all the activities of challenges due to the effect of COVID 19. The approach for many of the intended to be done during the implementation period were all successfully conducted irrespective activities like meetings had to change from face to face to virtual meetings.

Summary of activities planned and accomplished

<p>|</p>
<table>
<thead>
<tr>
<th>PLANNED ACTIVITY</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct baseline assessment</td>
<td>Successfully completed</td>
</tr>
<tr>
<td>Conduct mapping of health facilities</td>
<td>Successfully Done (maintenance ongoing)</td>
</tr>
<tr>
<td>Develop Health digital platform</td>
<td>Successfully Completed</td>
</tr>
<tr>
<td>Launching of the platform</td>
<td>Successfully Completed</td>
</tr>
<tr>
<td>Program Review meeting</td>
<td>Successfully Completed</td>
</tr>
<tr>
<td>Conduct an end line assessment</td>
<td>Successfully completed</td>
</tr>
</tbody>
</table>

Achievements during the project implementation period

Achievements: The project has realised considerable achievements towards the realization of its goal. The following are the notable achievements realised during the implementation period.

- Increased knowledge of the objectives of the digital platform among stakeholders that include the media, health professionals, small scale border traders and communities among other partners. Some of the testimonials from stakeholders can be viewed through the following youtube links:https://youtu.be/NIc4AQ18KwQ https://www.youtube.com/watch?v=64g8Oe338
- Increased understanding of communities’ perspectives and challenges in accessing health services across borders. This helped shape up the design of the platform.
- Amid restricted travels, the project successfully mapped out 142 health facilities across Kenya and Tanzania border towns. Communities and travellers can now access health information at the comfort of their dwellings or on the Go.
- The project also achieved a great milestone by developing the digital platform where health facilities are geo mapped and has a space to broadcast of current health information.
- The project is on the process of creating Codes for Android users.

To what extent do the outcomes of the project match the objectives of the original proposal?

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>HOW OUTCOME MATCHES THE PROJECT OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASELINE ASSESSMENT FINDINGS</td>
<td>This outcome is in line with objective one (1) that seeks to develop a health digital platform. Information gathered during the baseline assessment shaped the design of the platform to be much more user friendly</td>
</tr>
<tr>
<td>LISTING OF MAPPED HEALTH FACILITIES</td>
<td>This outcome is in line with objective one (1) as it provides the core inputs for the development of the digital platform</td>
</tr>
<tr>
<td>DIGITAL PLATFORM</td>
<td>This outcome is a fulfilment of objective one (1). To provide a digital health platform where communities can easily access information on health facilities. The outcome is also in line with objective two (2) as it provides space for sharing current health information to communities. Currently the platform has a page on COVID-19 providing up to date information and statistics by country.</td>
</tr>
<tr>
<td>END LINE EVALUATION</td>
<td>This outcome is in line with objective (3) It assesses the knowledge and ability on using the platform and providing future recommendations to strengthen the platform.</td>
</tr>
</tbody>
</table>

The project has also made use of the print media by publishing a newspaper article concerning the EA Wananchi Health Digital platform that reached an estimated 105,000 people according to estimates by the Daily news newspaper.
### Project’s lasting impact and sustainability

<table>
<thead>
<tr>
<th>OUTCOMES: DETAIL ALL PLANNED AND ACTUAL ACTIVITIES CARRIED OUT DURING THE REPORTING PERIOD AND THE ACTUAL OUTPUTS. EXPLAIN ANY DEVIATION BETWEEN THE PLANNED AND ACTUAL ACTIVITIES AND PROPOSE FOLLOW-UP ACTIONS.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DESCRIPTION OF ACTIVITIES PLANNED FOR THE REPORTING PERIOD</strong></td>
</tr>
<tr>
<td><strong>PLANNED</strong></td>
</tr>
<tr>
<td><strong>CONDUCTING A PROJECT BASELINE ASSESSMENT</strong></td>
</tr>
<tr>
<td><strong>MAPPING OF HEALTH FACILITIES IN BORDER TOWNS IN KENYA AND TANZANIA</strong></td>
</tr>
<tr>
<td><strong>DEVELOPMENT OF A DIGITAL HEALTH PLATFORM</strong></td>
</tr>
<tr>
<td><strong>LAUNCHING OF THE PLATFORM</strong></td>
</tr>
<tr>
<td><strong>PROJECT REVIEW MEETING</strong></td>
</tr>
<tr>
<td><strong>CONDUCT AN END LINE EVALUATION</strong></td>
</tr>
</tbody>
</table>

---

**Describe the Lesson Learnt during the Implementation of the Project**

The project has been able to elicit useful lessons since the orientation meeting period and the Launching event of the EA Wananchi Health Digital platform. Among the key lessons learned include the following:

- Development of a USSD platform for use by non-smart phone users. What we have learned from this process is that securing a USSD code from mobile phone companies comes with a heavy cost. Estimates range from 800 to 1000 USD to secure a USSD code and annual maintenance fees of up to 490 USD depending on the mobile service provider providing the USSD services. However, we also did learn that mobile service providers in some cases are able to provide USSD codes as part of social corporate responsibility however this is normally a lengthy negotiated process. Besides existing differentiated telecommunications protocols as well as different telecommunications billing schemes used by the two countries makes it difficult to have one USSD code which means the platform may need to procure two USSD codes – one to Kenya and one for Tanzania. This further compound the cost of securing the codes and their maintenance costs.

As a result, the USSD section of the digital platform has not yet been finalized following the challenges highlighted above however the team will continue to engage mobile phone service providers mainly Safaricom and Vodacom to explore the possibility of securing free USSD codes as part of social corporate responsibility.

- We also learned that engaging partners at the beginning of the project is critical in shaping the design and development of the platform content. From the stakeholders’ feedback during the orientation meeting and baseline assessment, we were able to add the events and current information tabs to the platform that has made it more informative and usable beyond people who are seeking treatment services.

- Another lesson we learned is aligned towards shaping regional protocols. The project identified as one of the major challenges being different telecommunications operating frameworks where there was no common tariff across EAC partner states. Engaging with the relevant EAC department to initiate the process of reviewing the telecommunications protocols was not easy most of the relevant EAC staff were either working from home during the COVID-19 and even meeting with the General purpose committee was not easy. EANNASO will however continue to follow up with relevant departments at the EAC to initiate the process of regional harmonization of the telecommunications tariffs.
What are some of the Challenges encountered during the Project Implementation?

Please list the biggest challenge on top and sort the others in descending order.

<table>
<thead>
<tr>
<th>Obstacle / Obstacle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Obstacle : The Global coronavirus pandemic was a big challenge as there was restricted movement. This meant scheduled meetings could not take place and even for field assistants it was impossible to have them out in the field.</td>
<td></td>
</tr>
<tr>
<td>2a. Obstacle : Absence of USSID code due to high cost of securing it.</td>
<td></td>
</tr>
<tr>
<td>2b. Solution : Website will be used to find the details concerning the health services. Only smart phone users with internet bundle will be able to find the details concerning health services. And the team is working on preparations of USSID codes and continues engaging with the mobile service providers. Also, we are still looking to the opportunities on how we can secure fund to buy and maintain the USSID code.</td>
<td></td>
</tr>
<tr>
<td>3a. Obstacle : Different telecommunication tariffs across EAC partner states. This proved costly when people travelled from one country to another as they would incur heavy communication charges for both data and voice.</td>
<td></td>
</tr>
<tr>
<td>3b. Solution : EANNASO has started engaging with the EAC to initiate the process of harmonizing the telecommunication tariffs in the region. EANNASO will schedule to meet with the relevant EAC communications department to start the conversation on harmonizing the communication tariffs across the region.</td>
<td></td>
</tr>
</tbody>
</table>

What are the Recommendations for the Integration Process from the Project?

The following were the recommendations from the implementation and consideration for the project;

1. Enabling border residents and travellers to access relevant health information at the comfort of their houses or on the go helps communities make informed decision on where to access essential health services. This will enable people to choose which health facility to visit way before they make the journey to the facility. In this regard it is recommended that the EAC harmonizes the telecommunications tariffs to caution people from tariff change shocks when they move from one country to another. Another proposition was discussed by EANNASO with the EAC health secretariat and it was proposed that the trade section would be most appropriate to deal with this policy issue. ERANNASO had planned to reach out to the chair of the General-purpose committee on this proposition and seeking further guidance however at the time the committee was undergoing restructuring. The GPC now has a new chair that EANNASO will seek audience with for harmonization of tariffs. An example could be the sayings go helps communities make informed decision on where to access health services they are looking for.

2. Supporting and maintaining a geo map for health facilities in the region is a fundamental enabler to creating a useful resource where people can get all health information, they are looking for at one space. It is a one stop shop for health information in the region. This enables people across the EAC partner states to enjoy the freedom that comes with availability of information. It is recommended that to allow for increased integration the platform needs to be expanded beyond Kenya and Tanzania.

3. For people to make maximum use of the platform there is need for increased publicity so that people can be able to have knowledge of the existence of the platform and its benefits. Use of existing digital marketing technologies is recommended to enhance publicity in order to increase knowledge and usage of the platform to enable people make informed decisions on accessing health services they are looking for.

4. As the saying goes information is power. The platform offers a great opportunity to broadcast latest information, updates and alerts. To further enhance integration, it is recommended that the platform should NOT be limited to just mapping out health service points but also provide regular up to date alerts on new health information or major health related events happening in the region. The platform also provides an alert page that shares latest health information alerts. Through this platform we were able to create a COVID-19 page that pulls latest information from WHO and has proven to be a useful asset where people can access latest COVID-19 information not only for EAC but global statistics as well. People are able to know what requirements exist in EAC partner countries regarding COVID-19 as they travel so as to avoid disappointments at border crossing points. The platform also provides an alert page that shares latest health information alerts. This is useful ensure people are able to get up to date alerts on new health information or major health related events happening in the region. The platform has the ability to embed more strategic pages that provides unique information regarding health, commerce, industry and tourism.

EANNASO has been able to compile a compendium of you tube clips and videos that show our work and can be viewed through the following links;

1. https://www.instagram.com/p/CE_XGlijIaC/?igshid=1rl20kw7vh5d4
2. https://www.instagram.com/p/CE-qwbo60Qh/?igshid=ueq8gb7q6v615
3. https://www.instagram.com/p/CE-qwbo60Qh/?igshid=ueq8gb7q6v615
4. https://www.instagram.com/p/CE-qwbo60Qh/?igshid=ueq8gb7q6v615
5. https://www.instagram.com/p/CE-qwbo60Qh/?igshid=ueq8gb7q6v615

In summary this East Africa Wananchi digital platform is the gateway to health information in the region and as diseases know no borders so should information have no boundaries and the way is through https://afyadigital/health/
Way forward

Despite of the ongoing of the Corona virus pandemic disease which limits physical meeting the project has been a success. We have been able to overachieve our target. At the beginning we were targeting to have at least 3000 people accessing the Wananchi health digital platform but as of September 2020, close to 6000 people - double our target - are accessing health information through the East Africa Wananchi health digital platform. What does this tell us? The demand for information is eminent. People want to know what health services are available and where they can access them. There is need to ensure the platform is sustained and scaled up to benefit more people in the region. The following are some of the things that needs to be done as we move forward:

1. To resource for the maintenance of the East Africa Wananchi Health digital platform. The platform domain will need to be sustained through regular annual payments at an average cost of 1500 USD per annum towards domain, security and SSL charges, as well as monitoring and maintenance costs and this is something EANNASO will strive to create partnerships to ensure the platform is up and running.

2. Scale up of the project to cover all six EAC partner states. The project has generated interest beyond Kenya and Tanzania looking at the users of the platform. Besides during the end line evaluation, respondents recommended that the project be scaled up beyond Kenya and Tanzania. Some proposing that it should be scaled up to cover the entire African continent. With a lean budget of 50,000 USD (approximately 93, 430, 968 Tanzania shillings) to set up the project in two countries, the project will require at least a modest 200,000 USD to scale up to the remaining four EAC partner states. EANNASO will continue to engage with potential partners including IIDEA to see the possibility of scaling up the project to cover the remaining EAC partner states.

3. Development of a mobile app for the platform. Another key recommendation that was raised by respondents during the end line evaluation was the need to develop a mobile application downloadable from app store. This will make it easy for many people to access the platform because it will remove the tedious process of having to type in browser the afyadigital.health link before accessing the platform. This will cost a minimum of 15000 USD to develop a mobile application. EANNASO will continue to engage with partners including the GIZ IIDEA to see the possibility of raising the required resources to develop this application.

4. Running the East Africa Wananchi digital health platform on a USSD supported platform. This is the desirable good that the project requires to expand the reach of the platform to people who do not have access to smart devices. To secure a USSD code with one telecommunications service provider (e.g Safaricom), it will cost an average of 1200 USD annually. Because people have different service providers it requires approximately 2500 annually to secure USSD services from at least two main telecommunications service providers per country annually. To role this feature EANNASO will require at least 10000USD to secure USSD services from at least four telecommunications service providers in Kenya and Tanzania and use an extra 20,000USD to develop the USSD platform. To role this service at a scale in all EAC partners states EANNASO will require an estimated 35,000 USD to cover 6 countries. EANNASO will continue to engage with potential partners including GIZ IIDEA to see the possibility of rolling out a USSD platform for the East Africa Wananchi health digital platform.

Overall EANNASO will need financial support to sustain and scale up the platform. In this regard EANNASO will present its ideas to sustain this platform to GIZ IIDEA as well as other partners in order to ensure the innovation continues to benefit residents and travellers to and within the EAC region.
Stakeholder engagement session

Mr. Onesmus Mlewa Kalama Presenting on the digital health platform to stakeholders

Stakeholders participation during the orientation meeting

EANNASO WANACHI HEALTH DIGITAL PLATFORM

afyadigital.health publicity information fliers