WANANCHI HEALTH DIGITAL PLATFORM

ARUSHA
2020

NUMBER OF PEOPLE PARTICIPATED IN EVENTS	Overall 368 people participated in all events.
	        Youth: 186
	        Women: 77
	    Males: 105
	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: 5000
	
	Overall statistics
	        Direct reach: 368
	        Indirect reach: 3.11 Million

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.

NUMBER OF BENEFICIARIES (NUMBER FOR EACH EAC COUNTRY)	**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 YOUTH) (NUMBER OF WOMEN) (NUMBER OF MEN)	2178 1357 1840
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)
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 IIDEA 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.

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 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 Emili and Happiness who were attached to the IIDEA 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

OBJECTIVE OF THE ACTIVITY:

The objective of this activity was to present the innovation to targeted stakeholders in order to get useful contributions on how the innovation can be shaped to be of maximum benefits to communities.

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 ion 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 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 program

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

OBJECTIVE OF THE ACTIVITY:

The objective if this activity was to establish the status of health service access among border communities and travellers crossing the Kenya/Tanzania border and vis versa. To find out if people access services across borders from their own countries and how easy it is for them to get the right information regarding health services available across borders.

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 ravels 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

THEMATIC AREA	SUMMARY RESPONSES BASELINE	SUMMARY RESPONSES END LINE
Knowledge of the existence of health facilities: This thematic area sought to get general information on health facilities. Where the facilities are and how people get information about health facilities.	• 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 respondents just knew facilities around within their own localities. • Majority of the respondents 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 (71%) had knowledge of health facilities close to them from their neighbouring country • 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
Availability of essential or desired health services: This thematic area sought to aggregate responses around knowledge of residents of the essential health services provided in the facilities they know or visit.	• All the respondents responding to the interview guide did not have prior knowledge of all the services provided by the health services they visited. • Some of the respondents thought that all the health facilities provided all the services they • 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
Barriers to accessing health facilities: This thematic area sought to understand barriers that restricts residents from accessing health services from any health facility they know	• Majority of the respondents reported distance as one of the key barriers to accessing quality health services. They agreed that they are sometimes forced to self-dispense from pharmacies and chemists or even seek support from traditional healers because they are unable to travel to district health facilities that are well equipped. • Cost of services charged at the different health facilities was mentioned by majority of the respondents as a key barrier to accessing health services at certain health facilities • Some respondents pointed out the fear of police and immigration officers because they may not have travel documents to cross the border to access health services in neighbouring facilities across the border.	• 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.
Opinions on using a health facility digital platform: This thematic area underscore the importance and willingness of communities to use a digital platform to access information on health services.	• 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 crisscross 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 respondents were of the opinion that the platform should also act as an information hub and not only map out health facilities.	• Unlike during the baseline majority (71%) of the respondents acknowledged having heard of the afyadigital. 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 afyadigital.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 repsondents acknowledged that they would recommend the afyadigital.health platform to someone else.

OBJECTIVE OF THE ACTIVITY:

The objective if this activity is to map out health service centres along border towns of Kenya and Tanzania.

Inputs: a) Mapping tool b) field assistants c) financial resources for logistical support during the mapping exercise

Status: This activity faced a lot of disruption due to the COVID-19 situation however was accomplished and provided the initial data for the development of the digital platform. A total of 142 health facilities have since been mapped and the mapping process is continuous to ensure more facilities are mapped and included in the digital platform. To access the geo map, use the following link:

http://afyadigital.health/

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

OBJECTIVE OF THE ACTIVITY:

The objective if this activity is to develop an interactive digital platform where health facilities are plotted by their geo locations and provide space for sharing current health 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;
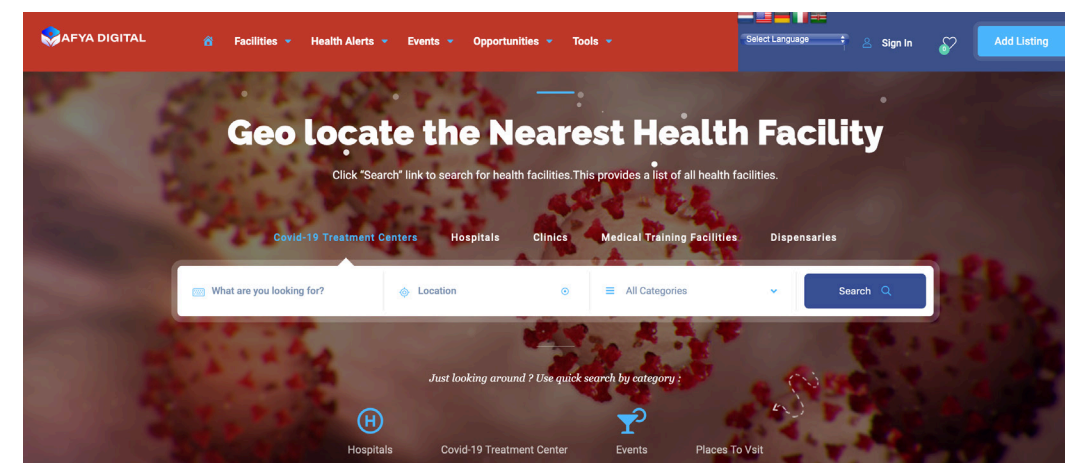
A search engine for either by facility type or location of health facility. This is the locate page where one can find the nearest health facility by searching facilities in a given geographic location.
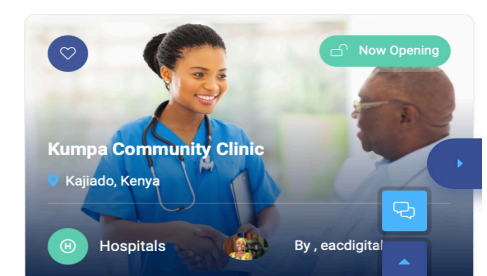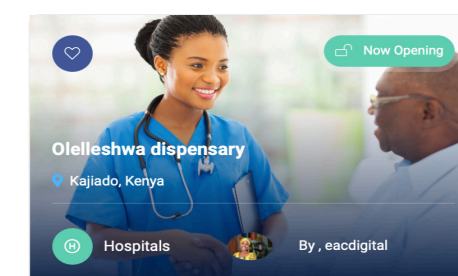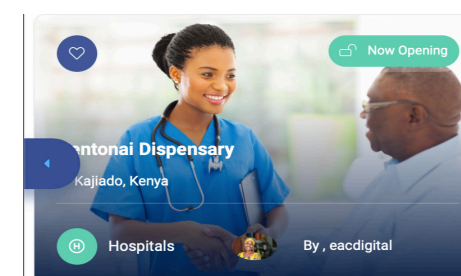
Listing of all mapped health facilities with basic information and contact details of the health facility. By clicking on the end tabs, one is able to scroll through the listing of all mapped facilities
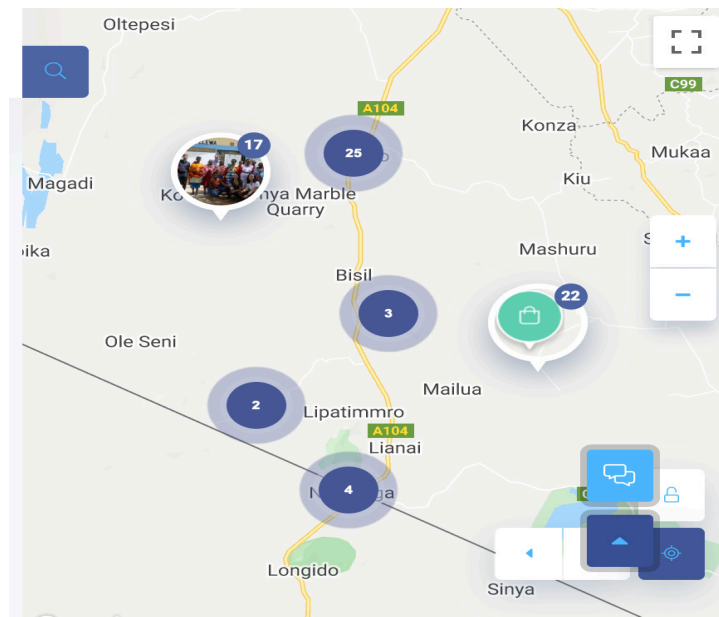
A geo map that shows the positioning of the health facility. One is able to easily search facilities that are within one kilometre from where they are. This allows people to identify the nearest facilities within their reach.

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
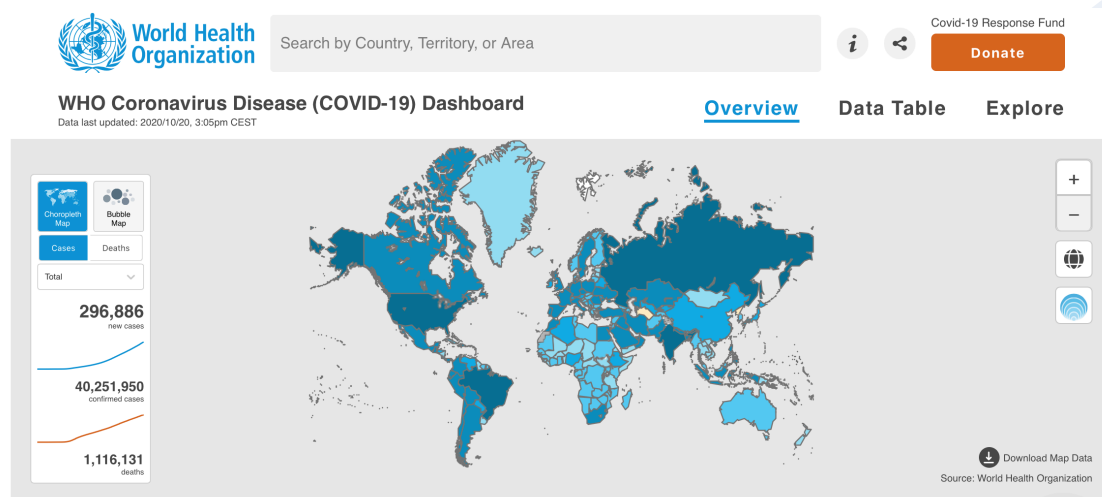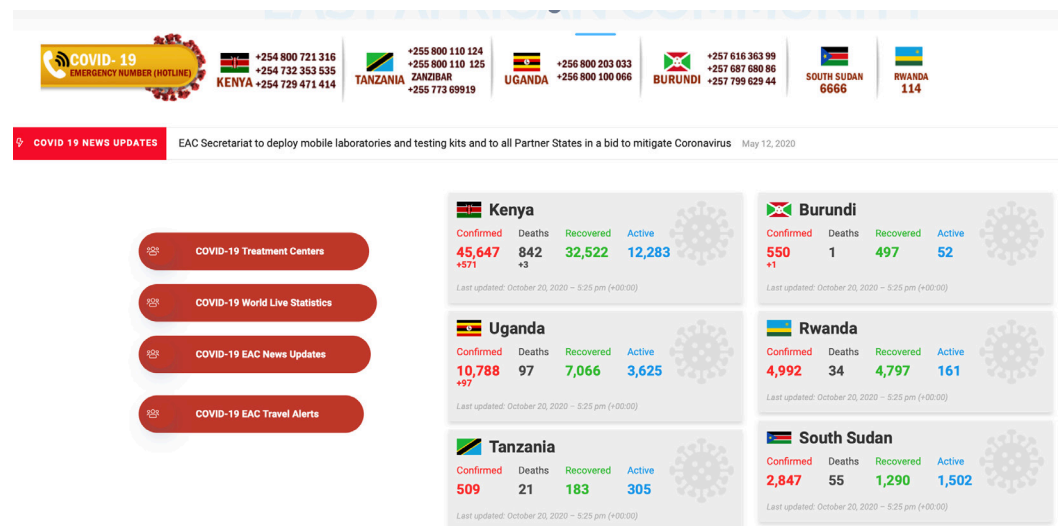
Besides the EAC country statistics the page also displays the Global Geo burden of the COVID-19 pandemic. Left is a snapshot of the global COVID-19 burden.

Globally, as of **3:05pm CEST, 20 October 2020**, there have been **40,251,950 confirmed cases** of COVID-19, including **1,116,131 deaths**, reported to WHO.

Activity1.6: 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 referee to as indirect reach. The table below summarizes the project reach disaggregated by country, age and sex.

OBJECTIVE OF THE ACTIVITY:

The objective of this activity was to present the innovation to targeted stakeholders in order to get useful contributions on how the innovation can be shaped to be of maximum benefits to communities.

Outreach through meetings

OUTREACH	KENYA	TANZANIA	OTHER COUNTRIES	TOTAL
NUMBER OF YOUTHS REACHED	45	141	00	186
NUMBER OF WOMEN REACHED	19	58	00	77
NUMBER OF MEN REACHED	25	80	00	105
TOTAL	152	216	0	368

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.

OUTREACH	KENYA	TANZANIA	OTHER COUNTRIES	TOTAL
NUMBER OF YOUTHS REACHED	297	2490	491	3278
NUMBER OF WOMEN REACHED	85	763	115	963
NUMBER OF MEN REACHED	102	862	170	1134
TOTAL	483	4115	777	5375

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.healtyh 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.

OUTREACH	KENYA	TANZANIA	OTHER COUNTRIES	TOTAL
Newspapers	00	105,000	00	105,000
Radio	00	3,000,000	00	3,000,000
Television	00	00	00	00
Live show broadcasting	26	60	00	86
Social Media/Mailchimp	525	4213	262	5000
TOTAL	00	3,105,000	00	3,110,086

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 broad-cast 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

PLANNED ACTIVITY	STATUS
Conduct baseline assessment	Successfully completed
Conduct mapping of health facilities	Successfully Done (maintenance ongoing)
Develop Health digital platform	Successfully Completed
Launching of the platform	Successfully Completed
Program Review meeting	Successfully Completed
Conduct an end line assessment	Successfully completed

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 you tube links;
  https://youtu.be/Nlc4AQ18KwQ
  https://www.youtube.com/watch?v=w84gBqOE338
- 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.

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.

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

OUTCOME	HOW OUTCOME MATCHES THE PROJECT OBJECTIVE
BASELINE ASSESSMENT FINDINGS	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
LISTING OF MAPPED HEALTH FACILITIES	This outcome is in line with objective one (1) as it provides the core inputs for the development of the digital platform
DIGITAL PLATFORM	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.
END LINE EVALUATION	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.

Project's lasting impact and sustainability

OUTPUTS: 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.				
DESCRIPTION OF ACTIVITIES PLANNED FOR THE REPORTING PERIOD	**OUTPUT TARGETS**		**LEVEL OF ACHIEVEMENT (ACHIEVED/ PLANNED) IN PER CENT**	**EXPLANATION (S) / PERFORMANCE / REMARKS**
	PLANNED	**ACHIEVED**		
CONDUCTING A PROJECT BASELINE ASSESSMENT	One baseline assessment	Baseline assessment done	100%	The activity was successfully conducted amidst a myriad of challenges due to travel restrictions forcing the team to result to online options to collect data.
MAPPING OF HEALTH FACILITIES IN BORDER TOWNS IN KENYA AND TANZANIA	Boarder town health facilities mapped	40 health facilities mapped	98%	Mapping has been done in Kajiado, Namanga, Arusha, Nairobi and Dar es Salaam which are the busiest neighbourhoods along the Kenya Tanzania border as well as the two capital cities. Due to the ongoing restrictions as a result of COVID-19 the process was slowed down however the team adopted both online and ground approaches where applicable to continue with the mapping process.
DEVELOPMENT OF A DIGITAL HEALTH PLATFORM	Digital health platform developed	Digital health platform finalized	100%	The digital platform has been finalized and all mapped health facilities geo mapped on the platform. Besides the health facilities, the platform provides pages for new health information and also spaces for event broadcast.
LAUNCHING OF THE PLATFORM	Wananchi Digital health platform launched	Launching conducted	100%	The launching of EA Wananchi digital health platform has been virtually successfully conducted and was attended with participants from mapped health facilities, citizens, communities and travellers. The platform has EAC forum which continue to provide pages for new health information and spaces broadcasting event.
PROJECT REVIEW MEETING	One project review meeting conducted	Project review meeting conducted	100%	The project review meeting was successfully conducted where 86 delegates participated. The meeting was initially planned to be a physical face to face meeting however due to the ongoing COVID-19 restrictions on large gatherings especially in Kenya the meeting had to be conducted virtually.
CONDUCT AN END LINE EVALUATION	End line evaluation conducted	Survey/ questioner forms disseminated	100%	The activity was successfully conducted, and the end line evaluation report is shared as an attachment.

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 400 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 cooperate 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 telecommunication 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.

DESCRIBE PROBLEMS / OBSTACLES THAT WERE ENCOUNTERED DURING THE REPORTING PERIOD AND WHAT WAS DONE TO OVERCOME TEM.		
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. 1b. Solution : The project opted to use online meeting to conduct the remained activities including approaches to complete some of the tasks including Continuous capacity strengthening and information sharing with key stakeholders, and Periodic review of the digital platform	2a. Obstacle : Absence of USSD code due to high cost of securing it 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 USSD 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 USSD code.	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. 3b. Solution: EANNASO has started engaging with the EAC to initiate the process of harmonizing the telecommunications 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

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. This 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 familiarization as well as introducing this novel idea of a policy shift. At the time of submitting this report a meeting with the new GPC chair had not been secured but will be a priority to push forward the policy agenda.

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 availabi-lity 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 of health service points but also provide regular up to date health information necessary to support smooth movement of people from one country to another. An example could be alerts on COVID-19 requirements as borders begin to open up for international travels. Does one need a COVID-19 certificate to get to Kenya from Tanzania? And if yes how or where can I get one? Such information is critical to enhance movement of people from one country to another hence enhancing the EACX integration process. Development of an inbuilt alert system is highly recommended.

Next Quarter Work Plan and Budget as per the agreement

This is the final project report with all activities having been accomplished as planned.

Conclusion and Way Forward

Conclusion

The East Africa Wananchi digital health platform marks an important milestone in the road to full integration in the region. The platform has proven that it is possible for people to get up to date information regarding where to access certain health services that they need and make informed decisions way before they take the first step to go seek for health services. This saves time and money, two of the critical factors besides medical technicalities that could make the difference between life and death.

The platform has been widely welcomed by residents and travellers as a life changing experience and brings comfort to people who regularly cross the Kenya/Tanzania border such as small scale traders for being able to easily search and find relevant health information including where to seek for services should they need them. Besides residents and travellers within the EAC partner states, the platform is visited on a daily basis by people from as far as the United States of America, Canada, Germany and Finland. In Africa we have people from South Africa, Malawi, Uganda, Cote d'Ivoire and Somali accessing the East Africa Wananchi health digital platform through the afyadigital. health portal. What does this tell us? This platform is not only useful for residents within Kenya and Tanzania where the project was implemented but people from other countries and regions outside EAC also find the platform useful. Thanks to the IIDEA innovation these people are accessing health information at the comfort of their sitting rooms or on the go far away from Kenya and Tanzania.

The platform is evolving to be a versatile platform and a centre for information access. While originally it was designed to map out health facility, with time it has proven that it can be used to broadcast health alerts that are useful for people to know. Through the 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/tv/CCA5Q7WDXoG/?igshid=5rnweo26efsr
2. https://www.instagram.com/p/CDA-7eHjW0j/?igshid=q12g1q1oo6t3
3. https://www.instagram.com/tv/CD5b_S6iZWq/?igshid=jteevw6vwj9u
4. https://www.instagram.com/p/CFTjyFoi_O5/?igshid=18vc3a580vz10
5. https://www.instagram.com/p/CE_XGlijIaC/?igshid=1rl20kw7vh5d4

In summary this the 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/
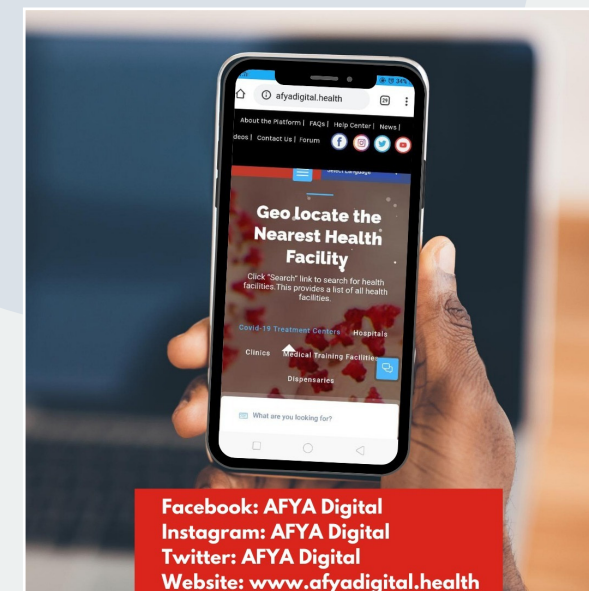
Way forward

Despite of the on-going 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 telecommunication 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 5000USD 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 GIC 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.
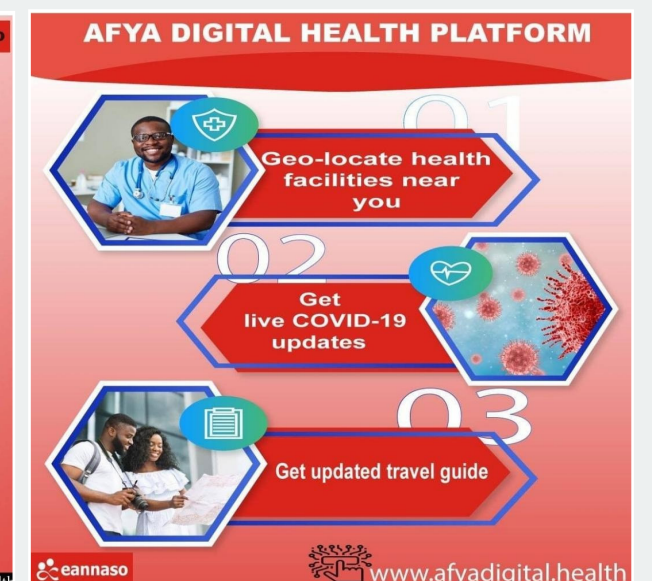

Our social media handles

Facebook: AFYA Digital
Instagram: AFYA Digital
Twitter: AFYA Digital
Website: www.afyadigital.health

The afyadigital.health Home page

www.afyadigital.health

Afya Digital

afyadigital.health publicity information fliers

GEO LOCATE THE NEAREST HEALTH FACILITY
www.afyadigital.health

MEDICAL FACILITY LISTING
www.afyadigital.health

AFYA DIGITAL HEALTH PLATFORM
01 Geo-locate health facilities near you
02 Get live COVID-19 updates
03 Get updated travel guide
www.afyadigital.health

afyadigital.health publicity information fliers

Stakeholder engagement session

Stakeholders participation during the orientation meeting

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