WEHUBIT

Learning from
the SanCoTic Project: Community Health and Digital and Communication Technologies in Burkina Faso

Country
Burkina Faso

Implemented by

GRET

Budget
364.000 €

Duration
01/2021 - 08/2023

Contributions to SDGs

3 GOOD HEALTH AND WELL-BEING

5 GENDER EQUALITY

Implemented by

Enabel

Financed by

Belgium | partner in development

Can digital social innovation help achieve universal health coverage? How? And in what situations?

PROJECT OVERVIEW

Reason

Even though real progress is made, child mortality in Burkina Faso remains very high owing to the **poor access to health services**, particularly in rural areas. Community-based health workers * (CHWs) have **little equipment** and their services are of poor quality.

In the early 2000s, Burkina Faso's Ministry of Health and Public Hygiene (MHPH) adopted an Integrated Management of Childhood Illness (IMCI) strategy, which is implemented at community level by the CHWs. They need regular **training** and **supervision**, but due to a lack of resources, this is not always the case.

A remote **information**, **training** and **supervision** service will help to bridge this gap, as part of the implementation of a community IMCI and other services incumbent on the CHW particularly those in villages located more than 5 km from Health and Social Promotion Centres.

As part of the MHPH's strategy, the digital tool offers two other important advantages.

Firstly, the MoH intends to use digital solutions to **improve access to healthcare**. Since 2020, in collaboration with GRET, it has designed, developed and deployed a first version of an application - mHealth - for the CHW, which includes various modules: **awareness-raising**, **digitisation** of care reports, monitoring of **vaccination** campaigns, etc., in order to increase the quality of CHW work and monitoring by higher levels.

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* **Community-based health workers** are recruited by the State at the community level. They are paid, but far less than the minimum salary of civil servants. Their role is to provide first-line health advice and care in communities living far away from healthcare and to refer them to health centres if needed. The CHWs fall under health and social promotion centres' health workers, to whom they refer. The health workers are based in health and social promotion centres and cover several villages.

Secondly, given the security situation in Burkina Faso, it is becoming difficult in some areas to maintain links with the CHW. The digital tool allows the CHW **to be better integrated into the healthcare system**, despite the lack of face-to-face training and supervision.

Digital Social Innovation

Supported by GRET, the MHPH has developed and deployed two modules, which have been integrated into the mHealth-Burkina application, alongside other modules the number of which continues to evolve outside the Wehubit SanCoTic project): **distance learning** and a **knowledge reminder campaign** triggered by SMS.

The distance learning concerns the **package of CHW activities** defined by the MSHP, and also a **system of notifications** on certain MSHP recommendations/guidelines, concerning new epidemics for example...

The mHealth-Burkina application – including the modules developed by SanCoTIC – can be accessed via a smartphone and offers CHW both **online** and **offline** content. 548 smartphones, protection kits and 200 solar recharging kits were distributed to health districts.

The training content was designed to enable CHW to improve **community-based integrated management of childhood illness** (IMCI-C) and other **health promotion** and **disease prevention services**.

The content of the application has been validated by the MHPH. It is available in audio, video and text form on the application, in French and in the local dialect Gulmaceman, which is used in the east.

The modules are used by the CHW but the encoded information, in particular the consultation reports, are **accessible at various levels**: health workers, district managers and the MoH, who have access to the aggregated and disaggregated data.

322 staff members were trained at central level, in the regions and in the 2 intervention Health Districts

188 knowledge reminder messages
15 instructional videos (tutorials) were made available to CHW
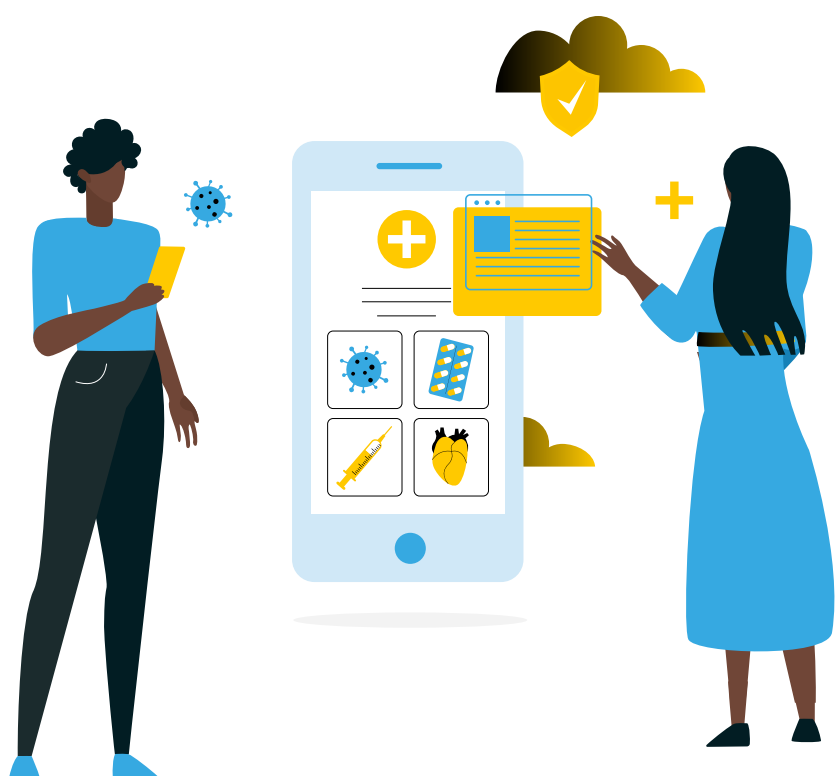
> **❝**
> We are counting on the SanCoTic project to develop the capacity and technical competence of community actors and to address the major health challenges facing the Eastern Region
> **❞**
>
> Sanou Dong, head of Health Promotion at the Eastern Regional Health Directorate

> **❝**
> This project comes at the right time given the security situation and the Covid-19 pandemic. This will bring health workers closer to their target population. This will strengthen the capacity of CHWs who need a number of updates. There may be some apprehension regarding the approach and use of mobile phones but the majority of health workers are already equipped with devices.
> **❞**
>
> Dr. Aminata Konate, General practictionner in the Fada Health District

KEY MESSAGES

Note: The key messages below apply not only to the modules developed through the Wehubit SanCoTIC project, but also to the overall mHealth application, of which they are a part.

▶ Direct access to reminders to **relevant**, **popularised** and above all **digital information** and training materials has enabled the CHWs to refer to these materials in their **daily practice**, particularly as they are more comprehensive, more interactive and easier to use than paper-based materials.

▶ The reminders to the trainings were used by the CHW in two cases:

⬡ Firstly, to **make decisions** when faced with a **problematic health situation**. The materials have also helped the CHWs to spot **danger signs** and refer members of their communities to the appropriate health centres more quickly.

⬡ Secondly, to raise community awareness, mainly through videos. In addition, these videos in the local language were shown directly to people needing care for themselves or their child, to convince them and **involve them in the diagnosis.**

▶ A better **understanding of health** and **risk prevention** has enabled the CHW to better explain the advice given to members of their community and to answer their questions. This **increased their credibility**.

▶ Increased knowledge of health and prevention and more effective care has boosted the recognition of CHWs as **dependable health players**, both by the population and by **local leaders**. Communities now trust them more and respect their **advice**, particularly when it comes to referrals to health centres.

▶ The creation of the application has also influenced the health workers and district managers in their respect for and consideration of the CHWs as health actors. Having been involved in creating the training content, they are more aware of the extent of the CHWs' (potential) knowledge and give them more **autonomy**.

▶ Access to the information collected by the CHWs, remotely and systematically, has enabled district managers and the MoH to **harmonise information management** on the one hand and to use this information to **analyse risks**, **challenges**, **priorities** and **opportunities** on the other. For example, they can intervene if they observe an increase in symptoms linked to an endemic disease.

LESSONS LEARNED

Inclusion and equity

▶ The application's interface and navigation (developed and managed directly by the MHPH) are simple – a menu of 6 options with visuals – and foster accessibility. All the CHW who received a smartphone (548) took part in a short training session on **using a smartphone** and the **mhealth-Burkina application** at the start of the project.

▶ The translation of the teaching materials into the local dialect of eastern Burkina Faso guarantees access to all CHW and enables the content to be **used for community awareness-raising** and **demonstrations**.

Users and stakeholders responsiveness

▶ In addition to training in basic digital skills needed to use a smartphone, it is important to train all CHW in the use of the modules. Better knowledge of the modules on the part of the CHWsincreases the **quality of the data collected** and therefore the **analysis of the state of play** by the higher levels of supervision/coordination.

▶ The content given to the CHW of the mHealth-Burkina application was presented by the project to the **leaders of the communities concerned** (village chiefs, councillors, religious and traditional leaders). Their involvement was instrumental in referring patients to the CHWs right from the start of the project.

▶ Thanks to self-training, recognition by communities and health workers, and the availability of a smartphone, the application has given the CHW more autonomy and responsibility, which has significantly **increased their motivation**.

Use of digital tools beyond project's end

▶ The SanCoTIC project, which is part of the Health Authority strategy, has encouraged the MHPH to improve the coordination of e-health initiatives in Burkina Faso: recurrent consultations between different levels within the framework of a **new e-health committee**, **joint planning** of e-health initiatives, **mapping** of e-health initiatives inside and outside Burkina Faso, **additional resources** for the Ministry to implement/support an e-health strategy.

PERSPECTIVES

▶ Based on the results and lessons learned from the Wehubit SanCoTic project, GRET, in collaboration with the MHPH, will continue to develop the mHealth application, in particular by **developing additional training modules**, **translating** it into the country's **main national languages** and **improving the quality of the display.**

▶ Consideration should be given to the **strategy for maintaining** and **renewing smartphones** and solar charging kits.

▶ With the support of the its partners, GRET aims to support the MHPH by initially covering all CHWs in the **Eastern region** (smartphone with access to the module and training in the tool) and, in a second phase, **cover all health districts at national level**.