AUDIENCE POLL

WHAT IS YOUR APPROACH TO SCALING UP ICT4D? (tick all applicable options)

- Scaling up a specific program
- Reaching new programs with a specific turnkey solution
- Organization-wide standardization
- Consulting/ offering solutions for scaling up ICT4D
- Not yet at the stage for scaling up
- Other
ICT4D WEBINAR SPEAKERS

Darlene Irby, Senior Director, Global Practices and Innovations, QED Group

Dr. Annette E. Ghee, Global Technical Director for Design, Research, Monitoring & Evaluation, World Vision International

Nathan Barthel, Sr. Project Manager, Global Knowledge & Information Management, Catholic Relief Services

Elijah Egwu, ICT4D Specialist, Global Fund Nigeria, Catholic Relief Services
Case Study:
Distributing 3+ million bed nets in Nigeria

Nate Barthel, Sr. Project Manager, Global Knowledge & Information Management, Catholic Relief Services

Elijah Egwu, ICT4D Specialist, Global Fund Nigeria, Catholic Relief Services
Scale?

5.6 million Beneficiaries
3.3 million LLINs Distributed
9 Days for Mobilization
5 Days for Distribution
10000 - Workforce
4200 - Phones
1200 – Distribution Points

Just one out of 7 states over the next two years
**Abeokuta North**

# Remaining Nets: 662

DP: Akindele House, Gaa Sabo

# Beneficiaries: 1327

# Remaining Nets: 662

https://goo.gl/maps/2arJYO6Cl2r
Communicating the Necessary Investment
Defining What It Does
Procurement & Supply Chain
Support Model, Training & Local Context
Device Management & Data Synchronization
Assessing Scalability: Experience Using the MAPS Toolkit
Acknowledgements

• Collaboration between World Vision and Johns Hopkins University Global mHealth Initiative
• Assessment lead – Masters level JHU fellow
• World Vision field offices:
  India – 2 projects
  Sierra Leone
  Uganda
MAPS Toolkit

Two Overarching Goals

- Assist project teams to critically assess their mHealth project as they move from the piloting phase
- Plan next steps for overcoming the challenges inherent in scaling up.

Toolkit components called “axes”

1. Groundwork
2. Partnerships
3. Financial Health
4. Technology & Architecture
5. Operations
6. Monitoring & Evaluation
MAPS Assessment Methods

- **Key informants**
  - World Vision staff – technical, administrative and personnel
  - External stakeholders – Ministry of Health, mHealth advocates including from peer NGO implementers

- **Focus groups**
  - Community Health Workers

- **Virtual interviews**
  - Done for Uganda only where MAPS exercise had been carried out 2 years prior

- **Follow up**
  - Immediate in-country debrief (July-August 2017) with reports finalized in Nov 2017
  - Self-completed questionnaires sent approximately 6 and 12 months after completing MAPS assessment
MAPS Results

- Recommendations for each program
- Highlights opportunity for learning between country teams
- India – Narsinghpur was in process of re-platforming their application.

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Examples of Recommendations

3. Financial Health
Diversify and develop cost-sharing opportunities

4. Technology & Architecture
Perform technical tests like ‘Latency’ and ‘Stress’ test for determining scalability of technology

6. Monitoring & Evaluation
Strengthen M&E activities for better program understanding and continuous quality improvement
Summary

- **Recommendations achievable with existing resources/staff**
  - Technology & Architecture: “Latency test” etc.; user support tracking
  - M&E: Monitoring data use for program improvement

- **Recommendations needing World Vision team to go beyond existing resources**
  - Finance: To some degree – develop cost-sharing opportunities
  - Partnering: Explore opportunities for multi-stakeholder collaboration towards idea of “common mHealth platform”
  - M&E: Improve data utilization (dashboards); Demonstrate “value” through greater emphasis on evaluating effectiveness.
Feedback following the MAPS process

- What was the value?
  - Previously aware of weaknesses but hadn’t recognized strengths
  - Flag need to maintain strong areas
  - Helpful for prioritization “What to do and when?”
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- Was the process appropriate?
  - Happy with timing and implementation
  - Expectations were clear and questions were appropriate
  - Prefer in-person over virtual and value independent point-of-view
  - Support as repeated process of project evaluation (perhaps annual)
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- **Were results and recommendations actionable?**
  - Yes in general but...prefer more contextualization, particularly for recommendations that include external stakeholders
  - Addressing issues began within a few months
  - Internal recommendations (“control within the team”) faster to act on than external
  - Some challenging to act on with existing capability
Uganda experience

3. Financial Health

- Only 1 funding source → Developed “investment concept” to guide other Health & Nutrition project leads on how to incorporate mHealth; exploring new funding and PPP ideas.

5. Operations

- Phone loss → Instituted MoU when issue phones
- Double data entry → Conducting trial with “phones only” used by 30% of CHW purposively selected
- Delay in providing user support → Developed three-tier IT support system; tracking time to resolve
Uganda experience

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- **6. Monitoring & Evaluation**
  - Data utilization → Developing reporting dashboard platform
  - Evidence base → Need to identify capacity/support to strengthen this area
Thank you
Questions
Welcome

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Post your Questions in the Chat window ->
THANK YOU!

See you at the next ICT4D Webinar:

October 16, 7-8am PT, 10-11am ET, 3-4pm GMT: Rise of Platforms in ICT4D

SAVE THE DATE:

11th ICT4D Conference, April 30 to May 3, 2019 – Kampala, Uganda

www.ict4dconference.org