



# MAISHA SALAMA: EXPANDING A DIGITAL HEALTH PLATFORM DELIVERING A CONTINUUM OF CARE TO SUPPORT ECD IN ZANZIBAR

**Grantee**  
**D-TREE INTERNATIONAL**

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**Beneficiaries**  
Children under two years old

**Region**  
Zanzibar



## PROJECT BACKGROUND

In Zanzibar, maternal, newborn and child mortality remain high, often due to a lack of awareness of, and information about, essential health services and a lack of coordination between patients, health workers and health facilities. Public health facilities that provide early childhood development (ECD) services regularly report challenges with receiving quality data on immunisation coverage, children’s nutritional status and access to safe drinking water. Together, these deficits can result in delays in seeking and receiving care during critical times for families and lead to inadequate health responses based on inaccurate information.

Since 2011, D-Tree International has been working with the Ministry of Health (MoH) to improve the delivery of community-based maternal and neonatal care via their Safer Deliveries programme in which community health volunteers (CHVs) conduct home-based visits with families guided by a mobile application. With funding from HDIF, the programme has been extended to include a new project – Maisha Salama – to facilitate child health monitoring and counselling by CHVs in order to promote early child development for children up to the age of two years.

## PROJECT DESCRIPTION

Until now, CHVs in Zanzibar have traditionally relied on paper-based tools and received limited training and support. The Maisha Salama mobile application, however, has enabled CHVs to report in ‘real time’ and provide them with step-by-step guidance to ensure that the right care is given.

CHVs conduct home visits to register pregnant women and newborns onto the Maisha Salama platform and then monitor their development through to the child’s second birthday. Each visit is tailored and builds on the previous one. Maisha Salama also enables CHVs to help families create, implement, and monitor child wellness plans that include immunisations, growth monitoring, nutrition, child development, water, sanitation and hygiene (WASH), and routine visits to health facilities.

At the end of each visit, the mobile application automatically displays the follow-up action as well as the suggested return date. A larger platform also incorporates background processes and data visualisations, which in turn support the CHVs, supervisors and programme managers to continually align their day-to-day work with the programme’s overarching objectives.



## PROJECT GOALS

D-Tree anticipates that the project will improve the health and wellbeing of children in Zanzibar and improve their readiness for learning so that each child achieves his or her full physical, intellectual and behavioural potential.

The project aims to:

- Register 80 per cent of Zanzibar’s pregnant women and their children in peri-urban and rural districts;
- Improve the health and wellbeing of over 75,000 women and 75,000 children under two years old to meet their physical developmental benchmarks;
- Recruit 100–150 additional CHVs and train 400 existing CHVs on the Maisha Salama platform and mobile application;
- Collaborate with District Health Management Teams (DHMT) to monitor, supervise, and support CHVs in providing ECD services to pregnant women and children under two; and
- Build and strengthen the MoH’s capacity to use the platform’s digital data for decision making and to coordinate and strengthen community programmes, and develop and implement strategic child health-care policies.

## GENDER EQUITY AND SOCIAL INCLUSION

Forty per cent of Zanzibar’s rural population lives in poverty – 15 per cent of whom live in extreme poverty. The innovation will apply additional measures to ensure that the most marginalised women and children in these areas are reached. For example, when registering new clients, CHVs collect information on household income so that they can monitor whether the programme sufficiently reaches those on low incomes and adjust the programme strategy if necessary.

## PRINCIPLES FOR DIGITAL DEVELOPMENT

*Address privacy and security:* Data breaches, particularly those that uncover the identity of participating households, could have substantial negative impact on the programme’s targets, particularly women and girls. D-Tree manage this risk by following standard practices such as providing access to the mobile application via secure password only and encrypting data transfer between each device and the server. In addition, CHV candidates have been recruited from a pool of trusted community members and leaders, as recommended by district leadership. D-Tree trained all CHVs in data confidentiality and reinforce the importance of this during monitoring and supervision.

*Design with the user:* D-Tree has held meetings with MoH units and local partners to understand the local ecosystem and the current ECD challenges in Zanzibar, and to check that the tools developed are locally appropriate, collect meaningful and useful data, and are aligned with the MoH’s Community Health Strategy. User testing helped refine and update the application to ensure that the platform addresses their needs.

## NEXT STEPS

D-Tree plans to roll out the Maisha Salama mobile application in ten districts. It will also work closely with the MoH and other stakeholders to develop a roadmap outlining how to manage the CHVs and fully integrate digital data into the Health Management Information System.



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