



SOCIAL
INNOVATION
IN HEALTH
INITIATIVE

Innovations and best practice in RMNCAH

The Social Innovation In Health Initiative

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SOCIAL INNOVATION IN HEALTH INITIATIVE (SIHI) - 2018

Transforming health care delivery through innovation and research

A global network of passionate individuals and institutions



What is social innovation?

Social innovation can be regarded as '**systems transformation**' – products, processes, services, models or mechanisms that simultaneously provide a more effective solution to social demands, generate social impact and changes the social practices of a particular social system (E.U. 2012).

Social innovation in health gives a **new lens** on health care delivery. It is a **creative, new or improved solution to a health challenge**.

- The solution provides a different and unconventional approach to making health care more **inclusive, effective and affordable** for all people.
- The solution is developed by people and organisations from different backgrounds, who work with and **collaborate with communities**.
- Social innovations improve the health and well-being of people and strengthen the health care system.

The need for Social Innovation

- Significant investments have been made in drugs, devices and vaccines but little innovation exists in the health care delivery process.
- Well-intended interventions have often failed due to NOT involving all actors and communities in the creation and implementation.
- Uganda needs to scale up more creative and innovative solutions to make health care more equitable and affordable and to improve quality of care.
- Research and evaluation of social innovations provide evidence for policy; and evidence to improve the design, implementation and impact of health programmes.

Our approach

1 IDENTIFY

With help from an independent experts panel, we **identify and showcase** social innovations to health care delivery challenges.

innovation calls

6



249

eligible innovations



Different countries across Africa, Asia & Latin America and the Caribbean

17

2 RESEARCH & ADVOCATE

We **contribute to the growing body of research** on social innovation in health through publications and visual media.

40



case studies

17



country profiles



2

WHO publications



35

short films

3 CAPACITATE & CONVENE

We **bring together** diverse actors to collaborate towards advancing social innovation in health.

5

international convenings with 200 participants from 24 countries



6

courses & tools developed



5

conference representation

4



SIHI network meetings

SIHI Uganda

MISSION: To provide a one stop **platform that links** social innovators, policy makers, funders, researchers and communities, in order to support the use of community-based solutions for improving health outcomes.

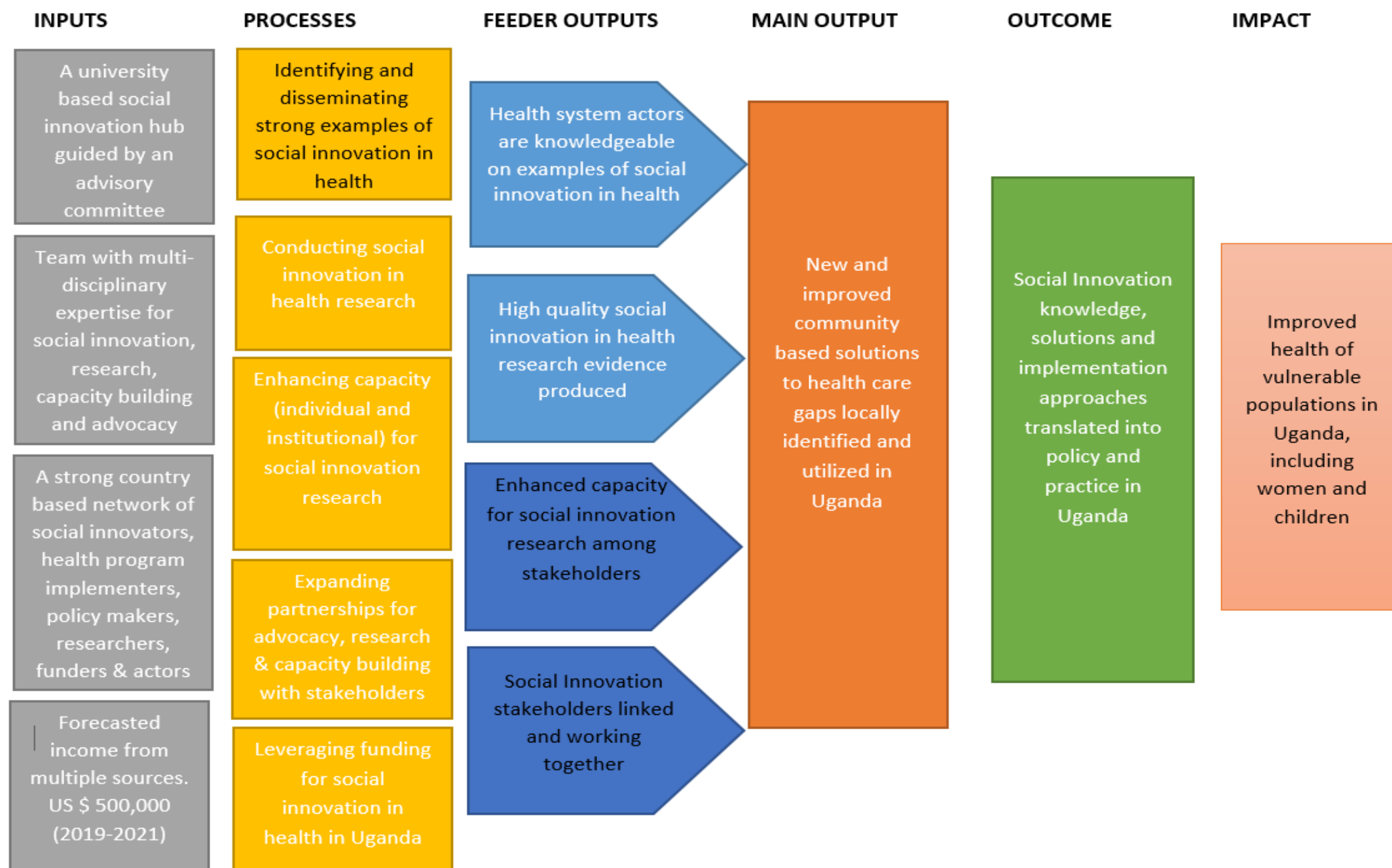
VALUE PROPOSITION: We provide **multi-sectoral expertise** on social innovation in health and **connect actors** in order to advance community-based solutions for improving health outcomes in Uganda

CORE VALUES: Inclusiveness; Partnership; Integrity
Excellence



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SIHI UGANDA RESULTS CHAIN 2019 - 2021



Examples of Innovation and best practice in RMNCAH in Uganda

From the social innovation in health initiative

Action For Women And Awakening In Rural Environment (AWARE)

CHALLENGE: Women in Karamoja suffer from high levels of gender-based violence; poor access to education; unemployment; poor financial services; limited access to health care; and a lower voice in decision-making compared to men.

SOLUTION: AWARE aims to advance the health, social, cultural and economic wellbeing of women and girls in Karamoja through utilizing a holistic approach to empower women and advocate for their rights in the community.

Women are equipped with agricultural and business skills and are sensitized on their rights.

Established a multipurpose women's centre, with a maternity waiting house where expectant mothers can receive health care services and life skill training.



Bwindi Mothers' waiting hostel

CHALLENGE: Although well-established medical care exists to prevent maternal deaths, most women in remote and hard to-reach areas cannot access this care.

SOLUTION: Bwindi Mothers' Waiting Hostel identifies high risk mothers living in hard-to-reach areas through the hospital's community nurse team. The women are then encouraged to stay in the hostel for up to a month before delivery, depending on the severity of their risk.

Daily monitoring of the mothers is done by midwives. Supervised deliveries, antenatal services, counselling, emergency obstetric care, and education services are provided.

Implementer: Bwindi Community Hospital

Operations: Uganda

Organisational structure: NGO



Imaging the world Africa

CHALLENGE

Most rural pregnant mothers cannot access obstetric imaging service in Uganda, due to the insufficient number of radiologists and sonographers within the health system. Patients often travel long distances to access such services at public hospitals; or incur high costs at urban private clinics.



SOLUTION

Imaging the World, Africa trains registered nurses and midwives working in rural health facilities to be competent in performing antenatal ultrasound scans. Through new technology, the scans can be uploaded electronically and sent via a cellular data network to radiologists abroad to aid with real time interpretation.

Drug Shop Integrated management of childhood illnesses

CHALLENGE: Many households receive care from local drug shops, which vary in quality and ability to offer health services.

SOLUTION

The Drug Shop Integrated Care programme aims to improve the quality of services in private drug shops by adopting the WHO/UNICEF strategy for integrated Community Case Management in standardising care.

Through the programme, shop attendants are trained to recognize malaria, pneumonia and diarrhoea. They can then deliver the appropriate diagnostics and treatment that is affordable and accessible to families.

Implementer: Makerere University

Operations: Uganda

Organisational structure: University



Living Goods, Uganda

CHALLENGE: Community health workers (CHWs) play a critical role in low-resource settings, but volunteer CHW programmes often suffer from low productivity and high attrition rates.

SOLUTION: Living Goods provides ongoing training, financial support, access to quality treatments and products, performance incentives and mobile technology to village based health entrepreneurs. They go door-to-door offering relevant health information and selling health-orientated products. An initial loan from Living Goods allows them to earn a modest income, whilst delivering basic health care services.



Mamatoto Approach – Health child Uganda

CHALLENGE: Maternal and child mortality remain very high in Uganda, with 368 maternal deaths per 100,000 live births and 64 child deaths per 1000 live births occurring annually (UBoS 2016), most of which are preventable.



SOLUTION:

MamaToto is a district-led programme; operationalizes the Village Health Team (VHT) strategy and includes health system strengthening to promote quality maternal, newborn and child health (MNCH) practices. The district leaders develop, implement and monitor their own MNCH priorities in partnership with a network of community health volunteers who conduct home visits, assess and refer patients, provide health education, and mobilize communities to participate in health activities.

Kyaninga Child Development Centre (KCDC)

CHALLENGE: In Uganda, more than 12% of children are living with disabilities (CWDs). CWDs have disproportionately unequal opportunities for basic needs and stigma is severe, which discourages them from seeking health care.



SOLUTION: KCDC provides holistic to care for children living with disabilities, and their families, in rural western Uganda including: rehabilitative services, physiotherapy, occupational therapy and speech therapy at minimal/no cost to children. 70% of the services are delivered in the community - homes, schools or local health centres.

Through training programmes and peer support structures, parents are equipped with the skills and confidence to care for their child at home. Innovative funding mechanisms are adopted to contribute towards sustainability.

The Medical Concierge Group

CHALLENGE: In Uganda, the lack of qualified medical personnel (especially in rural areas), along with rising costs of out-of-pocket expenses, present significant barriers for many to accessing health care.

SOLUTION: The Medical Concierge Call Centre provides telemedicine consultations and social media health messaging that is free, accessible anytime and operates in multiple languages through multiple platforms such as voice, SMS, Facebook, Twitter, WhatsApp, Skype and email.

Through the call centre, people in urban and rural areas have access to health care information and services provided by licensed doctors and pharmacists



SIHI Uganda – Critical next steps

1. Partner with stakeholders who are interested in supporting social innovation identification and scale up.
2. Support the embedding of social innovation into national health policies and programs through multiple stakeholder workshops to enable buy-in of policy makers and other stakeholders.
3. Work with the Ministry of Health and other partners to periodically identify (through research and evidence assessment), rank and categorize innovations that come to the policy space, for uptake and scale-up by the government.
4. Seek funding for different activities of SIHI Uganda including: the open call for innovative solutions, the case study research, the capacity building fellowship, stakeholder workshops, and support for scale-up of the innovations.

Call for partnership

SIHI Uganda is seeking for new partners who are interested in working with communities to identify and scale up innovative solutions to long standing health challenges.

We invite you to join us as a partner and also to co-lead some of the important activities that we are engaged in.

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