DIGITALIZING HEALTH ANDNUTRITION INTERVENTIONS IN FRAGILE AND CONFLICT SETTINGS –LESSONS FROM THE CAAFIMAAD+

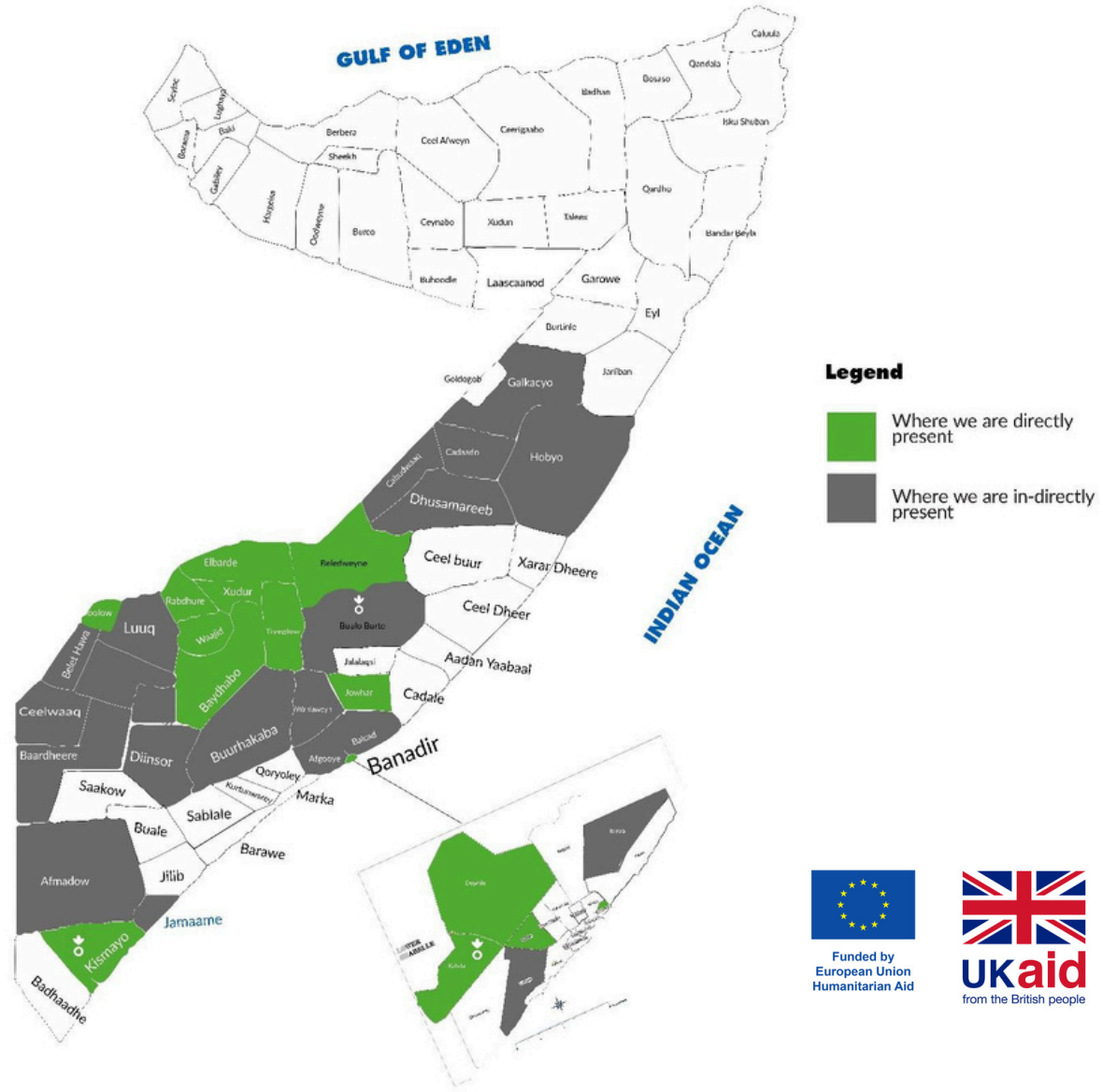
- Evidence Week Presentation
- 12th November 2025

ACTION AGAINST HUNGER

CAAFIMAAD+ INTRODUCTION

- CAAFIMAAD+: The largest health and nutrition consortium inSomalia
- Project Title: Integrated Emergency life-saving Health, Nutrition, WASH, and Protection support for most vulnerable populations affected by disease outbreaks, conflict, displacements, and natural disasters (floods/drought) in South Central Somalia
- Thematic areas: Health, Nutrition, WASH , Protection and humanitarian access initiative(HAI)
- Coverage:24 districts in south central Somalia •Project duration: 26 months(April 2024 –June 2026) •Reach: Three(3) Million people annually.
- Donors: ECHO & FCDO

Partnerships



Funded by European Union Humanitarian Aid

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FROM PAIN POINTS TO DIGITAL INNOVATION

Previous Pain Points

- Paper-Based System:Leads to delays, data entry errors, duplicate tallies, and weak beneficiary follow-up.
- Data Fragmentation:Siloed patient and stock data prevents integrated analysis and forces reactive supervision.
- Manual Reporting:Consumes high staff time and creates significant, recurring transport and printing costs.
- Poor Beneficiary Experience:Results in low client satisfaction, long waiting times, and an inability to monitor clinical care.

Digital Innovation (The Solution)

- Digital Data Capture:Ensures real-time, accurate data, eliminates duplicates, and enables strong follow-up.
- Integrated Platform:Provides a single source of truth, linking patient records to stock levels for proactive management.
- Automated Reporting:Frees up staff time and eliminates logistical costs, allowing instant analysis.
- Enhanced Care & Oversight:Slashes waiting times, improves satisfaction, and provides full visibility into the quality of care.

CAAFIMAAD+ DIGITALIZATION

Definitions;Conversion of physical MOH registers into digital format to form an electronic medical record system (EMR). C+DDS (CAFIMAAD+ Digital data system): A google play store Android Appthat is deployed on a tablet with online & offline functionalitythat relays data to a central dashboardat facility, district, partner and consortium level.

Features;

- Personnel monitoring; In/Out time log for frontline users
- Demand creation feature; SMS/voice reminders
- Interoperability with other systems; PIMS, UNICEF LMIS,
- Geo-reference of data flow; aligned with Somalia OPZ
- Morbidity list; up to 4800 ICD10 diagnosis list
- Catalogue: up to 70,000 health and nutrition items

PIMS; Pharmaceutical information management system; last mile commodity management software developed by one of consortium partners; interoperable with C+DDS and used to track supplies.

C+ DIGITALIZATION MILESTONE

Foundation & Development

Concept/Needs Assessment (1 yr) & App/Registry Development (1 yr).

Training & Pilot

Develop Training Package (1 month) & Pilot in 6 facilities with user feedback (6 month).

Rollout & Interoperability

Incremental rollout to 43+ facilities (3 months) & API development for DHIS2/PIMS (3 months).

Data & Visualization

Geo-referencing (3 month), AWS hosting, & building interactive dashboards (evolving).

Cross-Cutting Milestone : CHANGE MANAGEMENT

Engaging all stakeholders: Beneficiaries, HWs, Authorities, partners, and donors.

ACHIEVEMENTS: OPERATIONS & ENGAGEMENT

505

Daily Active Users

Averagefrontline HWslogging in (Consortium). ACF at 155 (30.6%).

3,515

Daily Consultations

Average visits acrossthe consortium. ACF at 779 visits/day (22.2%).

1,051

Daily Reminders

AverageSMS/voice reminderssent. ACF facilities send up to 159/day.

ACHIEVEMENTS: INVENTORY & FINANCIAL IMPACT

$

$21.7M

Value of health/nutritionitemsmanaged ontheplatform,plus $69.9kin service duplication prevented.

56% → 89.4%

VED Stock Classification

ImprovementinVital&Essential inventoryclassification(Dec 2024 -Oct 2025).

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ACHIEVEMENTS: QUALITY & EFFICIENCY

4,116

Drug Interactions Prevented

Reducedinjectableusage(11%to 2%) & improved antibiotic stewardship (Dec 2024 -Oct 2025).

100%

AllfacilitiesusingC+DDSwith100% digitized stock cards, enabling on-time, complete reporting.

Full

Stock Traceability

RUTF barcodes aretraceable from market to beneficiary, preventing aid diversion.

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ACHIEVEMENTS: COST SAVINGS & BENEFICIARY IMPACT

$1.37M

Fewer stock-outs/expiriesdue tofasterdecisions,with$1.37M in supplies redistributed.

Higher

Achieved throughsignificantly reducedwaitingtimes and better overall clinical care.

LESSONS LEARNT: THE CORE INSIGHT

“ Digitization is a process not an event.”

— The most important lesson at all levels.

LESSONS LEARNT: FEASIBILITY & QUALITY

Proof of Concept

Digitalizing Health and Nutrition interventions in Fragile and Conflict Settings is possible. "Product" is readily available.

Quality of Care

Data is available that digitization of health and nutrition service in emergency setting

improves quality of care to beneficiaries.

Stock Management

Digital stock management is possible in emergency setting despite fluid situations

and operation challenges.

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LESSONS LEARNT: EFFICIENCY & COLLABORATION

Operational Efficiency

Automation reduces paperwork, minimizes errors, and frees up healthcare professionals' time to focus more on patient care.

$ Cost Reduction

Digital platforms can help reduce healthcare costs for both providers and patients by streamlining operations and reducing sleeping stocks.

Enhanced Collaboration

Digital platforms facilitate better communication and collaboration among healthcare professionals, leading to more coordinated care and improved patient outcomes.

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CHALLENGES

- Change management; beneficiaries, HWs , authorities, partners and donors
- Authorities; initially pushing back on digitization initiative; DHIS2 access issues; conflict of interest
- Coping with donor digitization requirements; expectations ,proposing new features, tracking new data sets,
- MOH policy: manual(physical registers) vs digital
- Data hosting: downtime, large data flow , started with physical to AWS cloud server

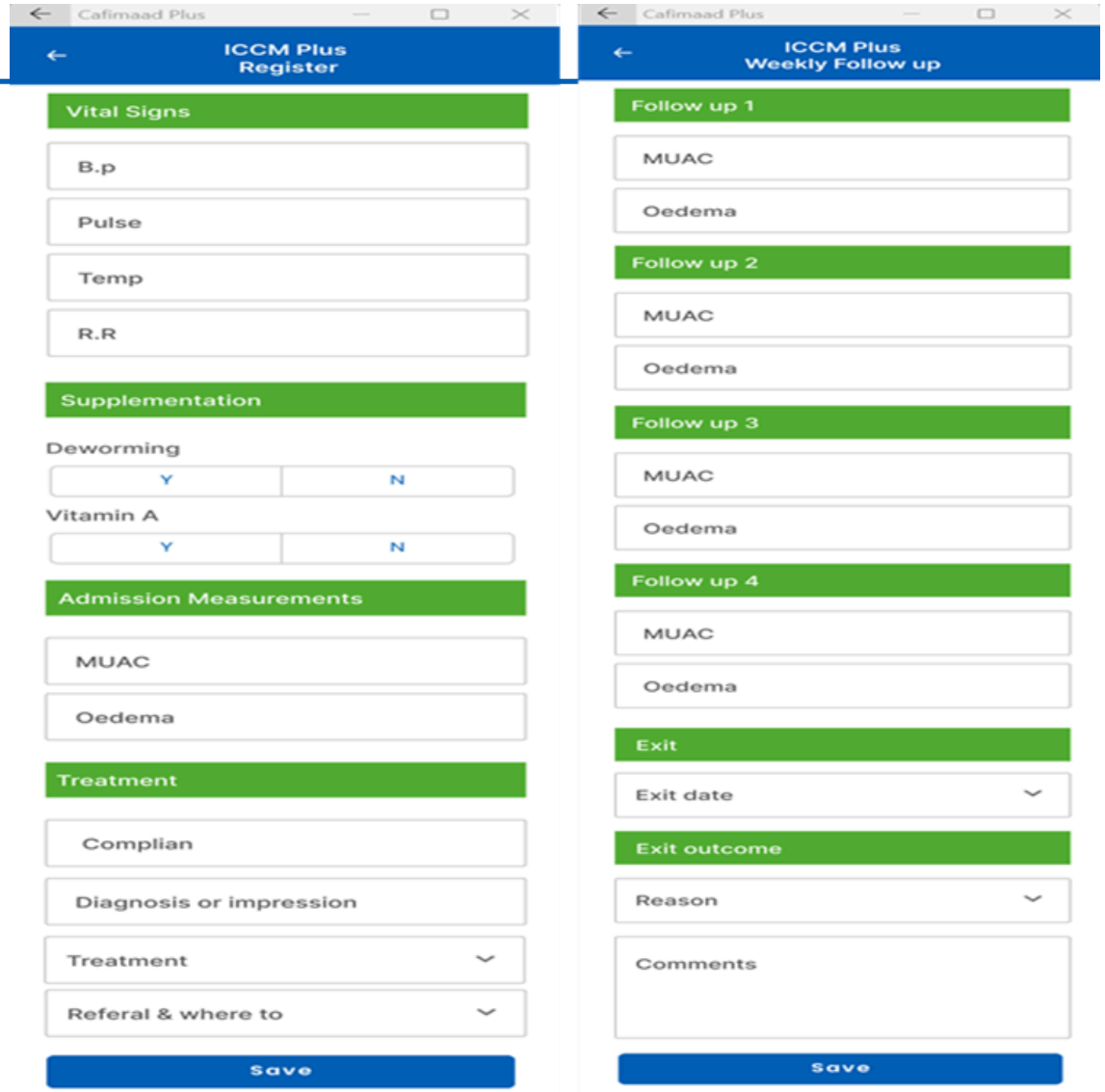
NEXT STEPS

Digitization of community interventions; ICCM+ interventions; ICCM+ Register prototype ready awaiting piloting

AI based morbidity trend analysis; predicate outbreaks, supplies usage(forecasting)

Operational research and publications on digitization; within RTE assignment

Policy influence; MOH reporting guidelines, data protection laws in health



Discussions

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