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Maternal and Child Survival Program

HelloMama Project Brief

May 2017

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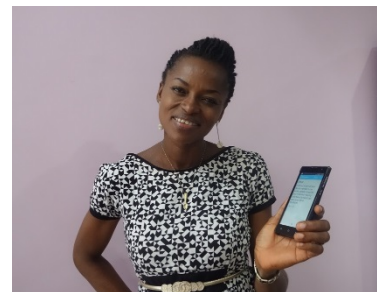
Project Background

The Mobile Alliance for Maternal Action (MAMA), a global consortium with public and private funding, delivers vital health information to pregnant women, new mothers, and their families through their mobile phones with messages specifically designed for behavior change. These messages generated demand for quality services for over five years since MAMA’s inception in 2011. Using an “ages and stages”* model, messages adapted to the local setting correspond to what a woman is experiencing in her pregnancy or her child’s development, creating a trusting relationship between the end user and MAMA. The MAMA model is currently being implemented in Bangladesh, India, South Africa, and Nigeria. The Nigerian program goes by HelloMama.

In Nigeria, HelloMama’s goal is to improve health outcomes for pregnant women, newborns, children under 1 year old, and their families through a mobile messaging platform that complements the efforts of frontline health workers. HelloMama is locally led, planned for scale, and complementary to the national health care system by aligning with health priorities, policies, and systems.

Though planned for national scale, HelloMama’s pilot rolled out in 47 selected facilities in Ebonyi and Cross River states, with enrollment at the health facility level by health workers only. Afterward, a full rollout in both of these states is planned, with possible rollout to Kogi State. In addition, a “public line” functionality is planned for program year 3 (PY3) to allow for individual enrollment by clients at the community level.

The project is being implemented by Jhpiego/the Maternal and Child Survival Program (MCSP), Pathfinder International, and the Prækelt Foundation. At scale, the program has capacity to reach an estimated 6 million pregnant women and new mothers annually (2016 population projection). This will contribute significantly to reducing maternal and newborn mortalities in Nigeria by enhancing positive health-seeking behaviors.



Project Approach

Pregnant women and new mothers currently enroll in the program at health facilities during routine antenatal care visits/deliveries. (During the next phase of the program, at-scale community enrollment will be rolled out.) Consent and other vital data relating to a woman’s pregnancy, such as the last menstrual period, are recorded. The timing and language preference of messages are collected and registered on the platform using a mobile phone with a health worker’s unique code for facility identification.

“I used to have leg cramps. Anytime it happened, I would scream, and my husband would rub my legs, but it wouldn’t really ease off. Then, I got a message from HelloMama saying that if I had cramps, I should stretch my legs, walk around, or put my legs on a cold material. All these are working for me.”

—Lilian Clement,
Abakaliki, Ebonyi State

After successful enrollment, a pregnant woman or new mother receives, depending on her preference, three short text messages (SMS) or two voice calls weekly specific to the stage of her pregnancy or age of her child. When a pregnant woman or new mother provides contact information, an influencer for the woman, such as a spouse, partner, friend, mother-in-law, or other family member, is also enrolled and receives one weekly call or message with information that encourages the influencer to appreciate and support the pregnant woman/new mother better.

United States Agency for International Development (USAID) Support

In 2015, HelloMama was launched in Nigeria as a three-year program (October 2015–September 2018). In PY1, the key partners were Pathfinder, the Prækelt Foundation, and SURE-P, with funding from USAID (MCSP) and Johnson and Johnson (J&J) via the United Nations Foundation (UNF). Though USAID had envisioned that Ebonyi and Kogi would be included in HelloMama, MCSP did not play a role in PY1.

In PY2, the MAMA global secretariat, supported by USAID/Washington core funds that were administered through UNF and J&J, was dissolved. In PY2, MCSP came on board and hired in-country staff to serve as the overall coordination mechanism for the HelloMama initiative and create closer links between MCSP's work in Ebonyi and Kogi. Pathfinder and the Prækelt Foundation signed subagreements with MCSP/Jhpiego for USAID funding, and they remained subgrantees under UNF for the J&J funds. In November 2015, SURE-P ceased being a partner following its dissolution by the government of Nigeria. The Federal Ministry of Health (FMOH) and the National Primary Health Care Development Agency remain key stakeholders and continue to be engaged. Pathfinder International in PY3 began to receive direct funding for HelloMama through the E2A program, but the overall coordination for HelloMama remains with Jhpiego.

An estimated 23,000 pregnant women are targeted in this pilot phase, with a total estimated inventory cost at NGN 55,380,700 (USD 175,951.68) for a full 18-month set of messages, at an average cost of NGN 2,407.86 (USD 7.44) per pregnant woman.

Project Name: HelloMama

Project Duration: October 2015–September 2018

Project Sponsors: United States Agency for International Development

Implementing Partners: Jhpiego, Pathfinder International and the Prækelt Foundation

Government Partners: Federal Ministry of Health (FMOH) and National Primary Health Care Development Agency

Key Outcomes Expected:

- Knowledge of eating nutritious food during pregnancy
- Knowledge of maternal/newborn danger signs and importance of going to a health facility
- Percentage of pregnant women who completed at least four antenatal care visits
- Percentage of pregnant women who deliver with a skilled birth attendant
- Number of mothers who breastfeed their babies within 30 minutes after delivery
- Number of mothers who used chlorhexidine for cord care
- Number of babies who completed their immunizations in the first year of life

Key Results to Date:

- Over 12,000 pregnant women and gatekeepers are enrolled and receive messages in pilot facilities.
- There are strong involvement and partnership with the Federal Ministry of Health, the Federal Ministry of Communication Technology, and other government stakeholders.
- There is dedicated short code approved by the Nigerian Communication Commission for enrollment and messaging.
- Strengthened private and public partnership collaboration with mobile network operators in Nigeria.

Key Challenges to Date:

- Short codes have been used for unsolicited advertisement calls. Messages often confuse enrollees, causing some to reject the calls or leave them unanswered.
- Integration of short code was initially with only one mobile network operator, MTN, and later with Etisalat, limiting the full network coverage and contributing significantly to network call failures.
- There has been limited publicity and sensitization conducted to date due to a delay in permanent short code prior to pilot commencement.

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Scalability and Sustainability

At scale, this amount can further be negotiated downward. FMOH and state institutions, such as the National Health Insurance Scheme, will advocate to include HelloMama as a complementary service for reproductive, maternal, newborn, and child health. They will also include messaging costs in their budgets so they can partner with USAID and sustain HelloMama services even beyond the project lifespan.

Adequate funding for FMOH's information and communication technology (ICT) department in the 2018 budget and beyond can support FMOH's capacity to manage the technological aspect of HelloMama and all health messaging programs, including interoperability standard and governance for health ICT, in line with the goal of the recently launched national health ICT strategic framework (2015–2020).

This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the Maternal and Child Survival Program and do not necessarily reflect the views of USAID or the United States Government.

* Age- and stage-based models refer to the stage of the pregnancy and age of the child.