Mobile Alliance for Maternal Action (MAMA) Lessons Learned

September 25, 2018

Agenda

- Opening - Introduction of MAMA
- Brief overview of the Lessons Learned
- Perspectives from the country programs (Bangladesh, India, South Africa, Nigeria)
- Perspectives and updates from funding partners (USAID, Johnson and Johnson, BabyCenter)
- Updates from country partners
- Moderated Q&A

MAMA
Lessons Learned

Pamela Riley, SHOPS Plus Project

MAMA Dissemination Event,
September 25, 2018

What is MAMA?

Mobile Alliance for Maternal Action

MAMA is a partnership

USAID FROM THE AMERICAN PEOPLE

Johnson & Johnson

babycenter

UNITED NATIONS FOUNDATION

Maternal and Child Survival Program

MAMA is an approach

- Stage based messages
- Delivered via digital technology
- For pregnant women, new mothers, & families
- To encourage health-seeking behaviors

MAMA four country platforms

Bangladesh

আপনজন
স্বাস্থ্য যত্নের মুঠোয়

dnet

India

armman

mMitra

South Africa

PRAEKELT

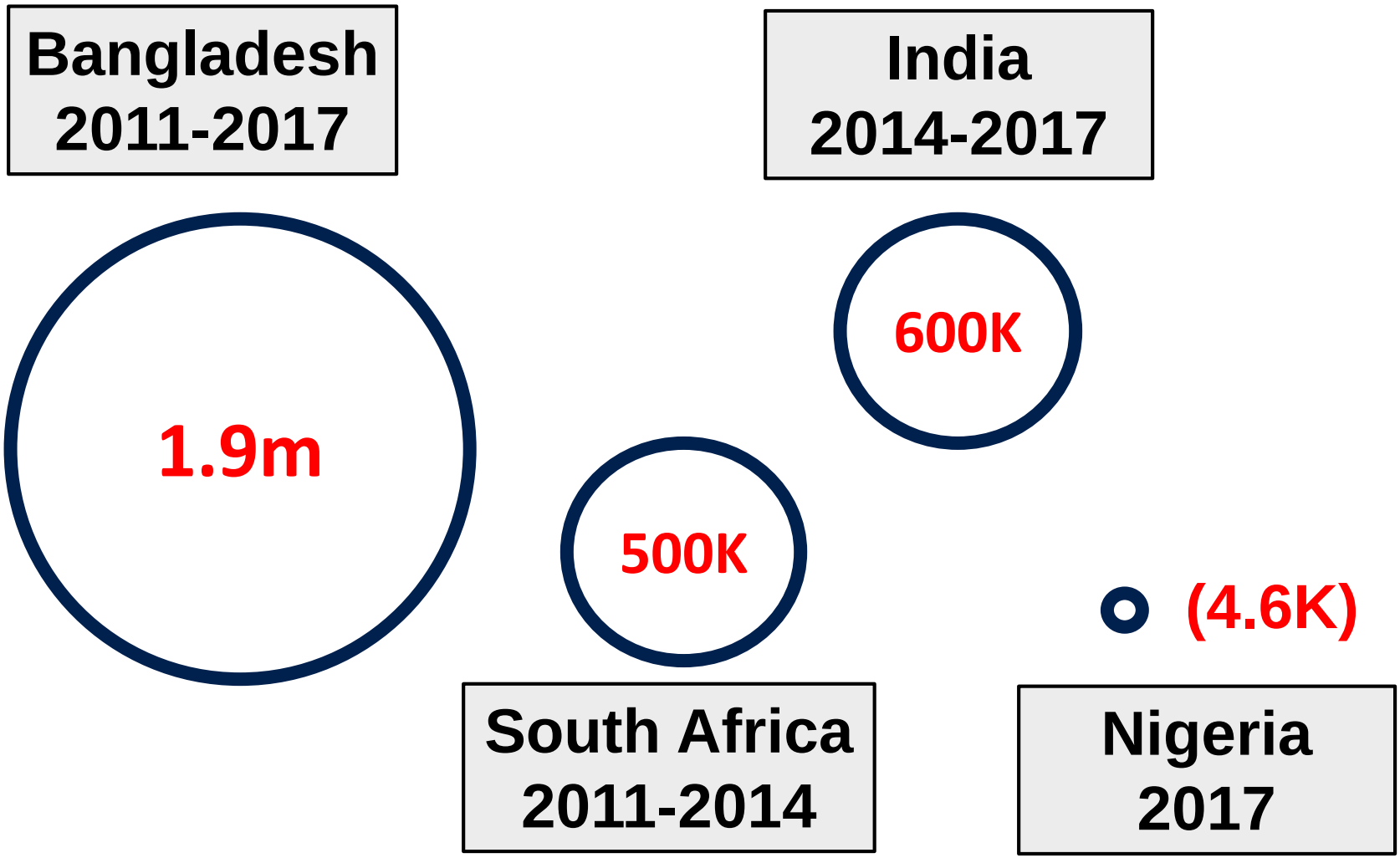
MAMA SOUTH AFRICA
Mobile Alliance for Maternal Action

Nigeria

Pathfinder INTERNATIONAL

Hello Mama

Subscribers by time period



Lessons learned methodology

- Preparation
  - Surveys, program documents, program managers responses
- Workshop Dec 2016
  - 4 country teams, 25 participants, two days
- Objectives
  - Documentation, knowledge sharing
  - Peer support, problem-solving

WHO MAPS Framework

Groundwork

Partnerships

Financial Health

Content Creation

Technology & Architecture

Operations

Monitoring & Evaluation

Groundwork

- **Formative research** is required to inform program design
- Choice of mobile channel depends upon **country context**: phone access, literacy, channel cost

	Voice	SMS	USSD	Web
Bangladesh	✓	✓		
South Africa			✓	✓
India	✓			
Nigeria	✓	✓		

Partnerships

- Partnerships were challenged by **unclear roles** & responsibilities
- **Changes in personnel** affected commitments
  - Over-reliance on personal rather than institutional champions

Founding partners
Strategy & structure

Resource partners
Complementary skills

Government partners
Stewardship & credibility

Financing

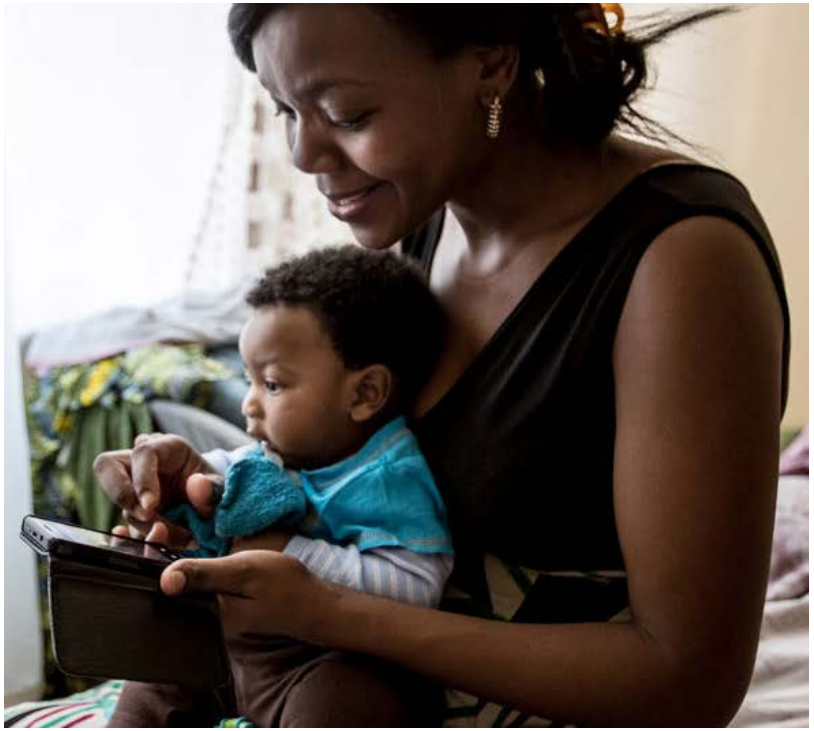
- There is **no "right" model** for funding

Bangladesh	User fees, subsidies, commercial services
South Africa	Hand-off to government
India	Institutional, corporate, individual donors
Nigeria	Donors > government hand-off

- Top cost drivers vary
  - Mobile charges, discounts
  - Subscriber marketing, recruitment

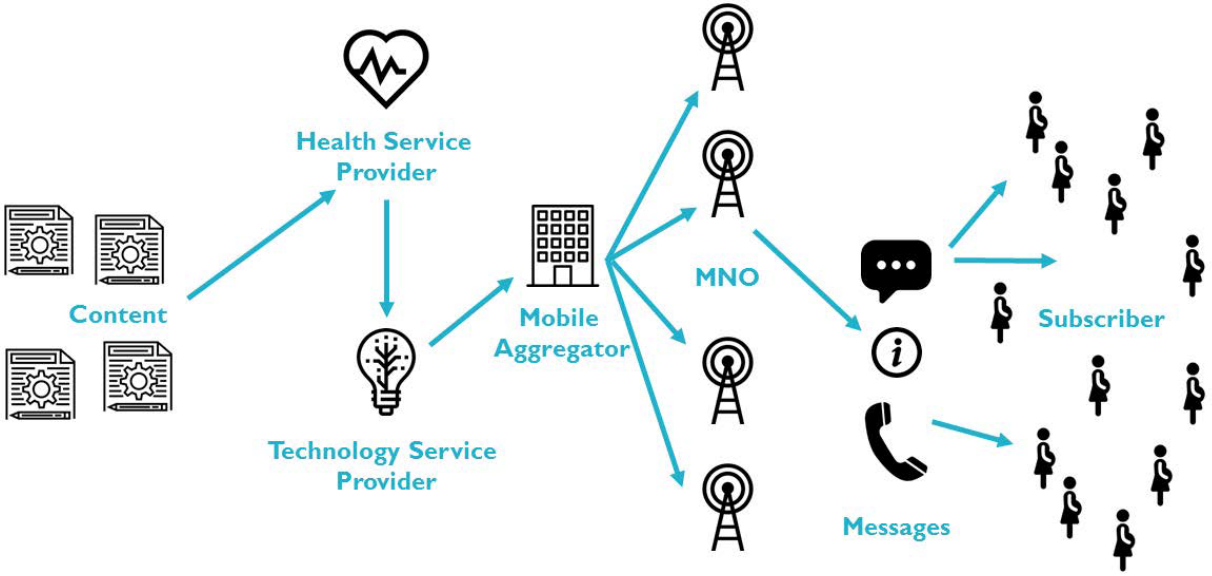
Content creation

- Global repository
- Hyper-localization
  - Inclusive stakeholder process
  - Pre-tested for tone, relatability
- Continuous updates
  - New health areas
  - Local dialects, terms



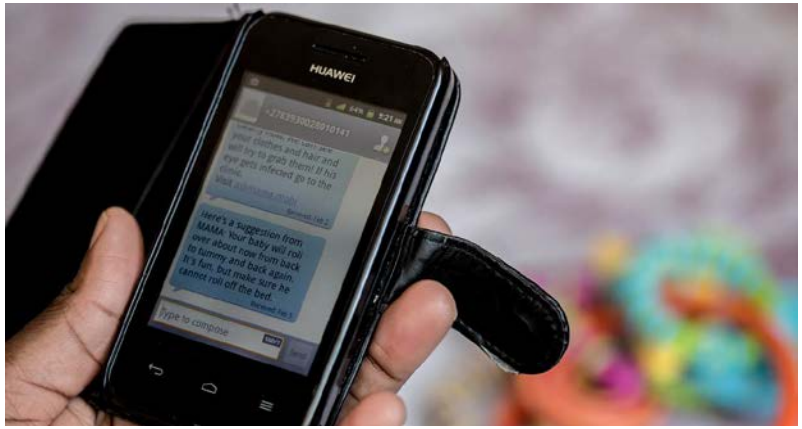
Technology & architecture

- In-house expertise needed to control system evolution and customization
  - Navigate trade-offs between functionality and cost
- Managing software, aggregators, MNOs is complex



Operations

- Challenge in managing community-based partners
  - Training, motivating, supervising
- Optimizing message delivery
  - Choice in time-of-day
  - Unique jingles
  - ‘Missed call’ options



Monitoring & Evaluation

- Barriers to actionable data
  - Mobile operator policies
  - Resources for daily analysis
  - Data overload
- Impact evaluations were underfunded

There is a disconnect between budget allocations and the desire for rigorous evidence on impact of MAMA on health behaviors.

Conclusion

- There is a need for credible health information
  - MAMA is valued by its subscribers
- Change management is a constant
  - Rapidly evolving technology
  - Emerging business models
  - Managing the costs of scale

Is MAMA a good public health investment?


USAID
FROM THE AMERICAN PEOPLE
MCHIP
Maternal and Child Health
Integrated Program
dnet
Aponjon
Power of Health In
Every Mama's Hand

A Retrospective

Aponjon Since Inception

Starting Up


Innovations for Impact
dnet
A Bangladeshi not-for-profit social enterprise
USAID
আমেরিকার জনগণের পক্ষ থেকে
Researched Optimal Strategies
To build local partnerships
To tailor content
To develop information delivery channels
To build brand awareness
M4H: Formative Research
Sep 2011 – May 2012
MAMA
Mobile Alliance for Maternal Action
আপনজন
mHealth Service
Launched in December 2012

Partners

National

Government of People's Republic of Bangladesh

Global

USAID আমেরিকার জনগণের পক্ষ থেকে | UNITED NATIONS FOUNDATION | Johnson & Johnson | babycenter

Outreach

brac | সূর্যের হাসি | infolady | SMC Helping you live better | MCHIP Maternal and Child Health Integrated Program

Corporate

BEXIMCO PHARMA here's to Life | লাল তীর

Retail

Agora

Telecom Partners

grameenphone

রবি

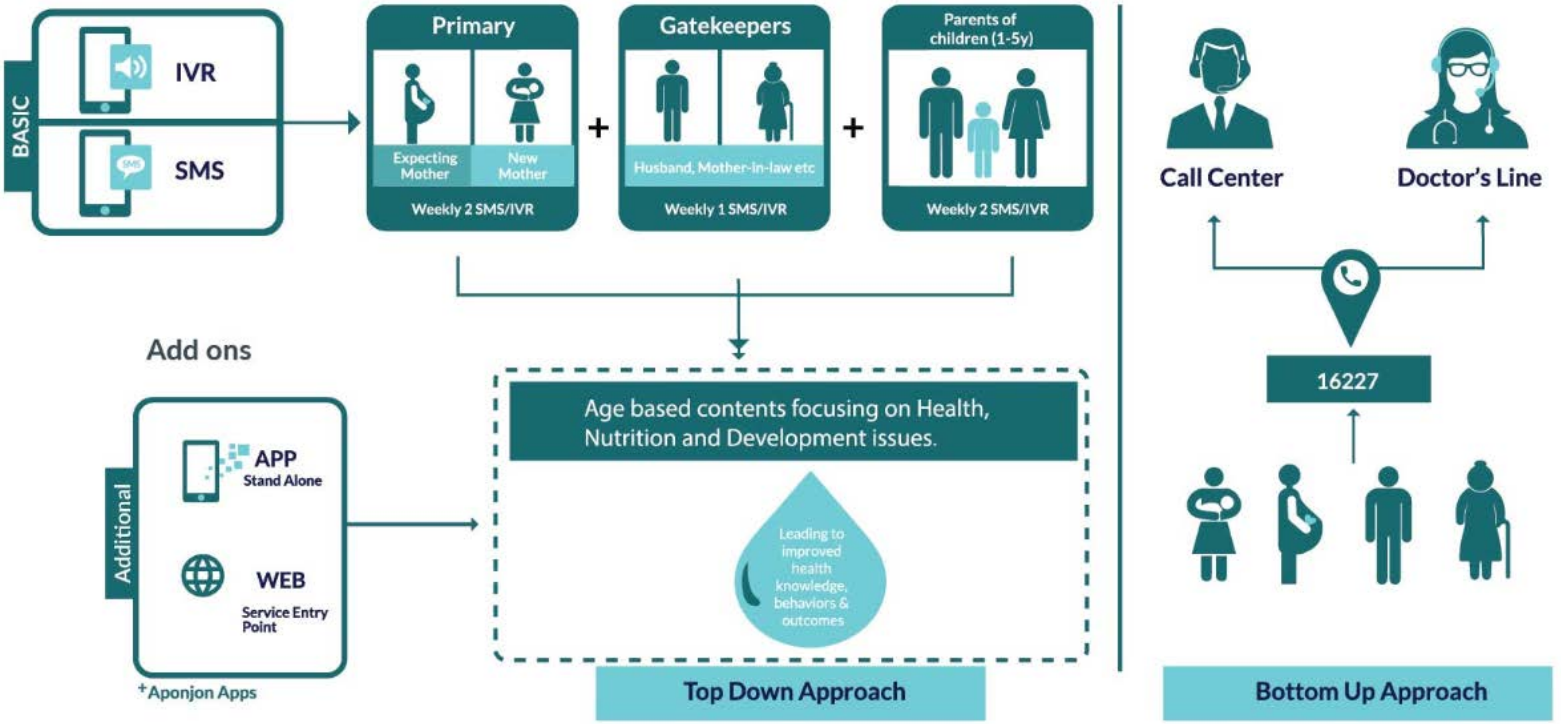
airtel

TeleTalk
আমাদের ফোন

banglalink

Citycell

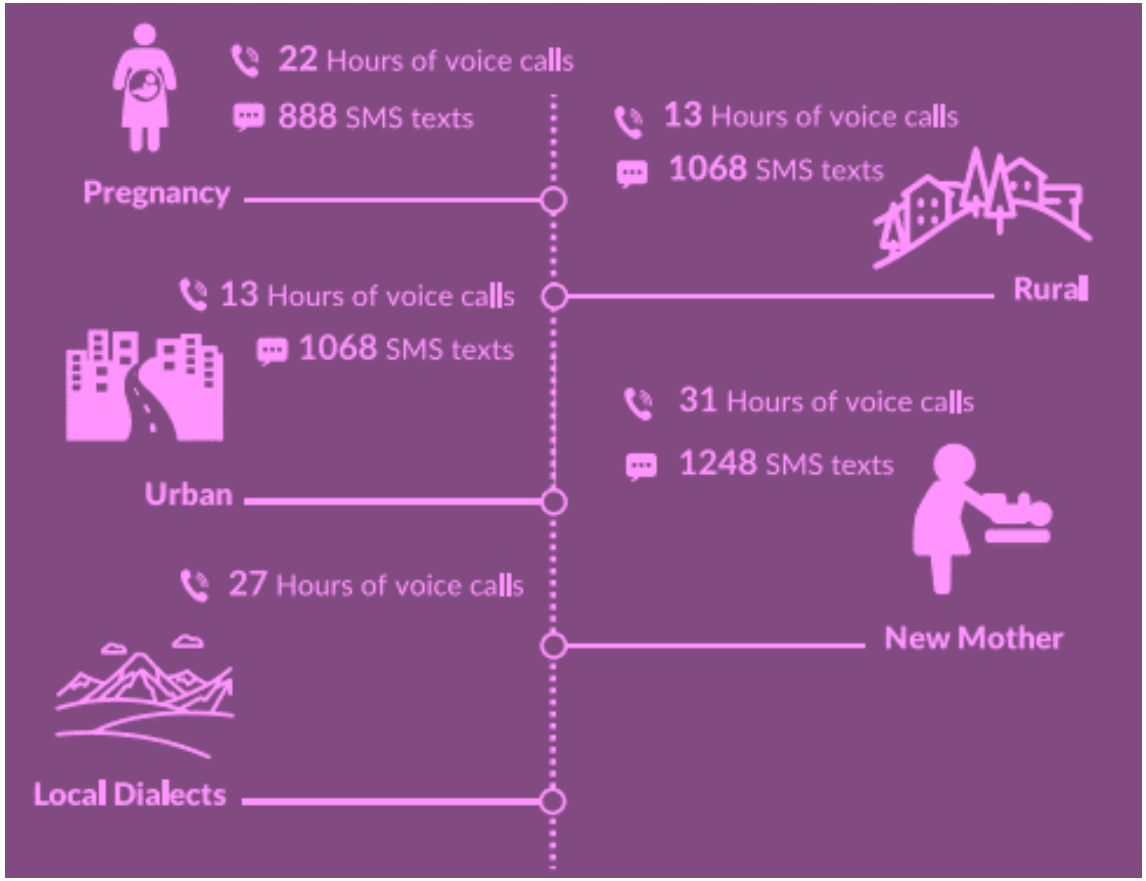
Our Modus Operandi

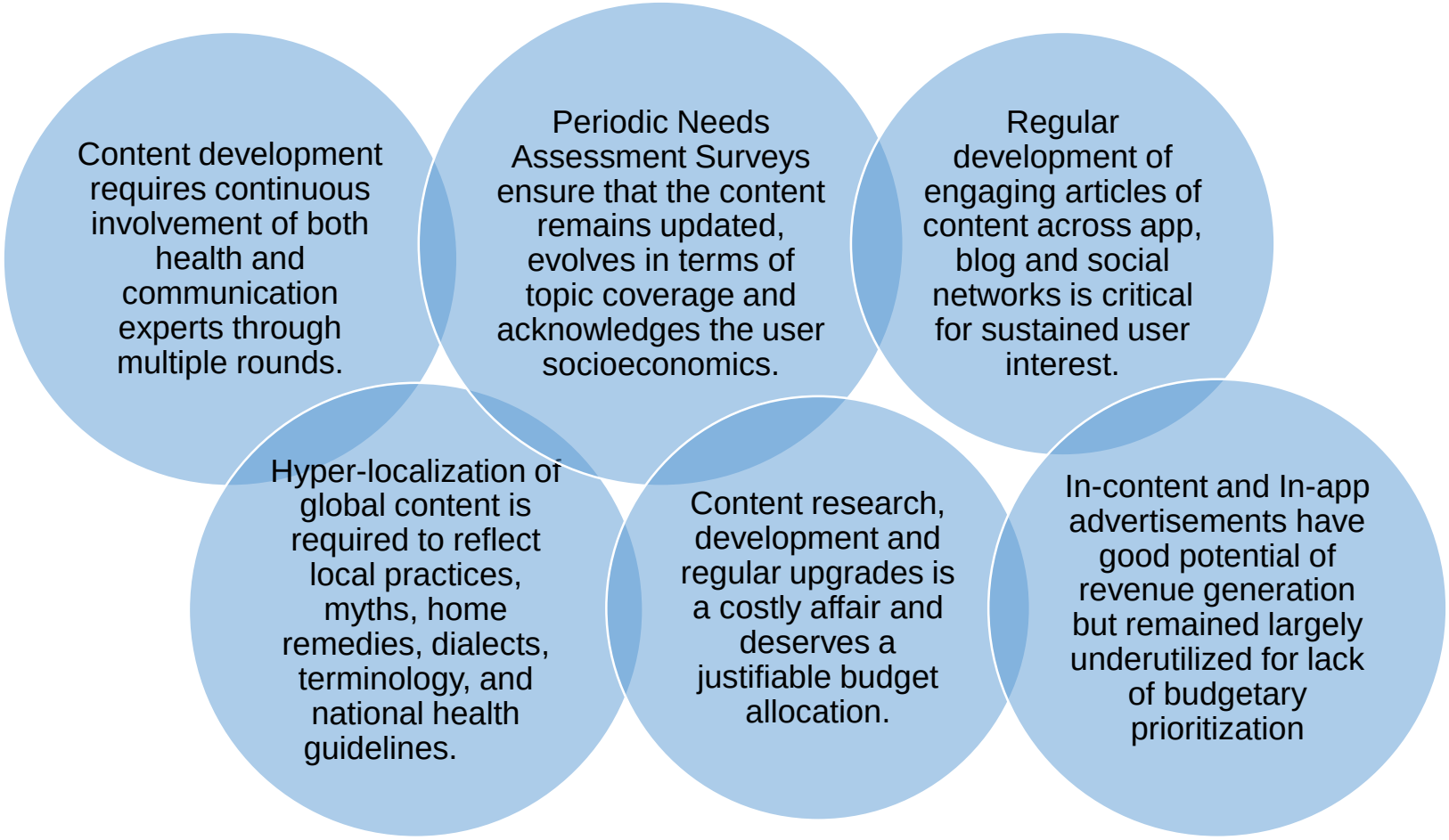


Lessons Learnt

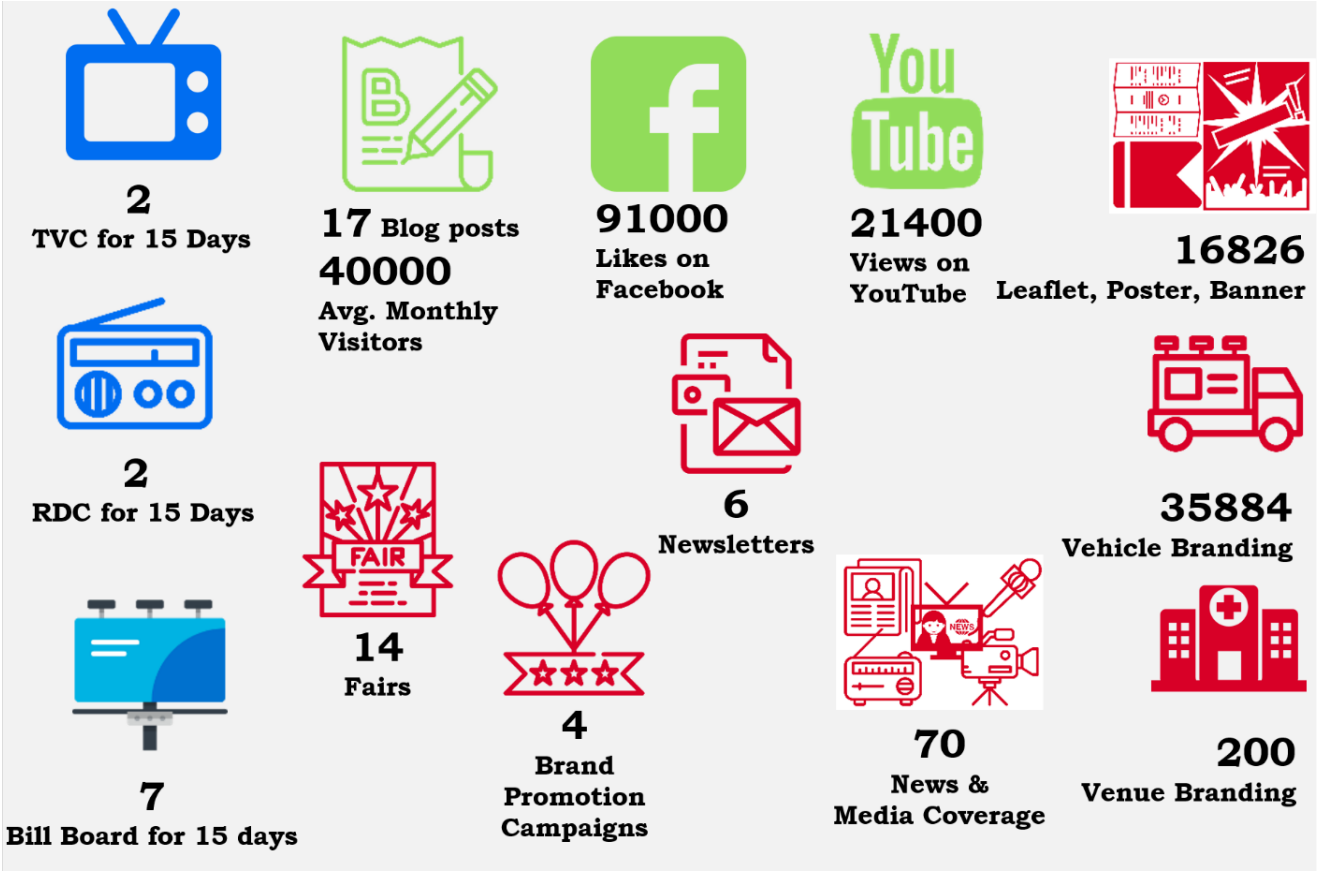
Across Major Activity Streams

Content


22 Hours of voice calls
888 SMS texts
Pregnancy
13 Hours of voice calls
1068 SMS texts
Rural
13 Hours of voice calls
1068 SMS texts
Urban
31 Hours of voice calls
1248 SMS texts
New Mother
27 Hours of voice calls
Local Dialects


Content development requires continuous involvement of both health and communication experts through multiple rounds.
Periodic Needs Assessment Surveys ensure that the content remains updated, evolves in terms of topic coverage and acknowledges the user socioeconomics.
Regular development of engaging articles of content across app, blog and social networks is critical for sustained user interest.
Hyper-localization of global content is required to reflect local practices, myths, home remedies, dialects, terminology, and national health guidelines.
Content research, development and regular upgrades is a costly affair and deserves a justifiable budget allocation.
In-content and In-app advertisements have good potential of revenue generation but remained largely underutilized for lack of budgetary prioritization

Marketing & Communications



Brand research at the design stage contributed in the identification of some of the major user pain points for crafting the right brand promise.

Above-The-Line marketing campaigns lack a justifiable RoI and are far too financially straining for programs like Aponjon.

Guerilla marketing with outreach partners works best for quick brand propagation at scale.

Omni-channel marketing approach works best for integrated customer experience across digital and social platforms.

Facebook campaigns and Messenger-based Chatbot generate sizeable traffic onto the blog and website and enhances brand statement.

Co-branding efforts with health-related products, service providers and opinion leaders could be catalytic but remained largely underutilized.

Partnership & Operations

Partnering with national-level and local NGOs with country-wide network of foot soldiers worked best for scaling the user acquisition process.

National NGO partners were more interested and prioritized partnership with Aponjon if it reinforced their impact and ensured operational synergy. On the other hand, local NGOs valued monetary incentives more.

Agency-based Brand Promoters stationed at and around healthcare centers worked best for user acquisition in urban areas.

Refresher Trainings designed for underperforming regions and partner agents based on performance data were useful

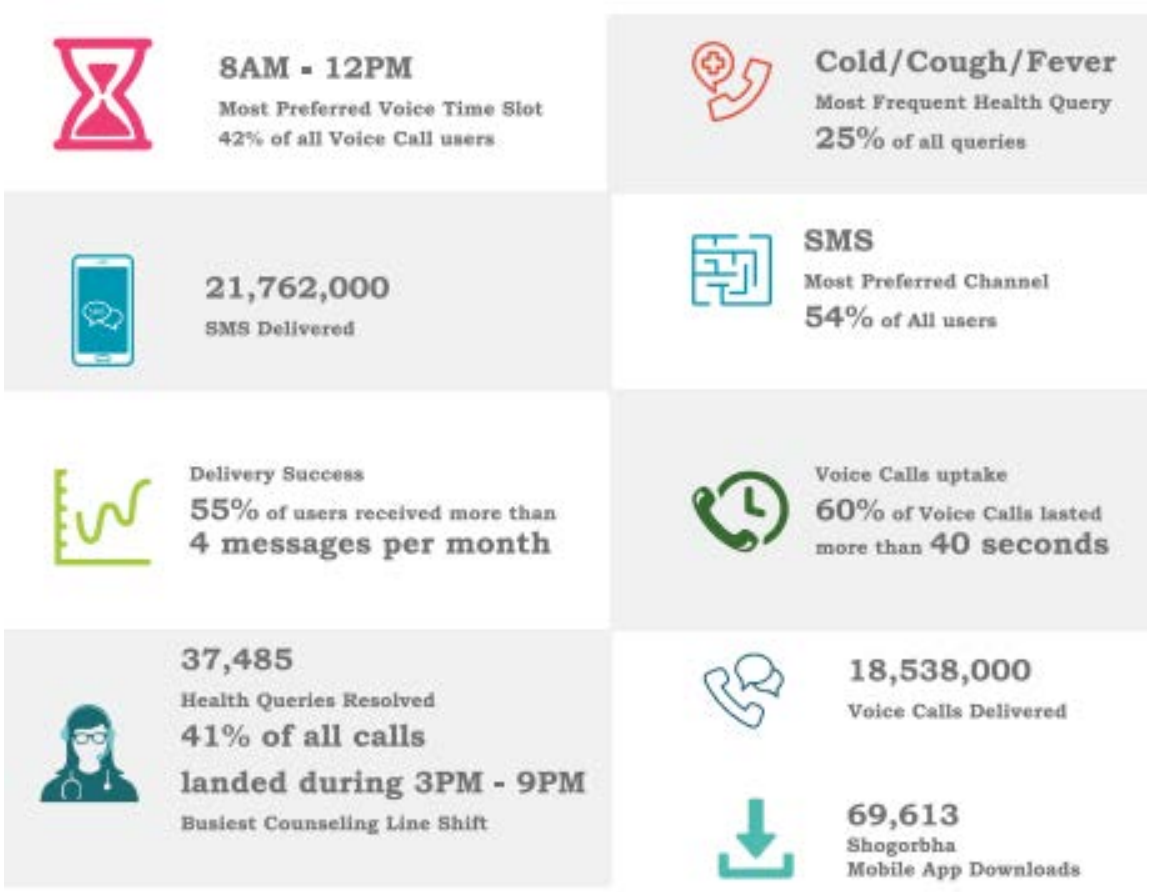
Sending periodic performance, incentive and beneficiary impact reports to outreach partners ensure continued strategic interest with Aponjon

There’s a tradeoff between the speed and quality of user acquisition by LNGOs. Due to critically falling quality of registration by LNGOs on average, LNGO partnership was withheld followed by the establishment of an internal QC unit. However, this added to the marginal cost of successfully enrolling a user.

Effectively monitoring consent-taking and price disclosure at registration remained a persistent challenge thereby validating the need of a 2-layer verification of registration by outreach partners.

Making disbursement of incentives conditional on specific service milestones works best for ensuring high-quality acquisition and service uptake.

Service Delivery



Across the board, success rate of SMS delivery is better than that of Voice calls. Users tend to receive voice calls more and listen longer during 12 PM – 4 PM on any day.

Receiving service delivery metrics disaggregated by content ID and detailed receipts from aggregator is a challenge if not spelled clearly in initial terms of contract.

Although mobile aggregators with existing MNO connectivity and infrastructure are essential for getting to get to market quickly, but at scale they can be costly and hard to control.

Exact reflection of business logic in the design of technology architecture and data sharing terms is a must.

Both operational and technological documentation of service design must be equally stressed for agility in innovation and problem resolution.

Due to the novelty of design and unprecedented nature of development, both service designers and aggregator had to go through operational inefficiencies in the beginning.

Developing capacities for previously outsourced customer support and aggregator services generated sizeable efficiencies.

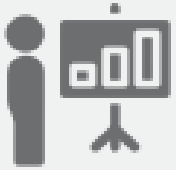
Use of highly customized and live queuing models and forecasting algorithms is mandatory for ensuring optimal utilization of bandwidth and resources but remained unexplored due to lack of budgetary provision and technical expertise.

Monitoring, Evaluation & Learning

10
Phone Surveys

11
Impact Indicators regularly traced

7
Field Research



10
Conference Presentations

3802
Beneficiaries Surveyed

35
Case Studies

Developing MEL framework so as to minutely capture all points of user journey and pain points helped monitor the service better.

Turning MEL into more of an insight-generation capacity than a donor-compliance capacity worked best for shortening the path from data to action.

Lack of alignment of all data systems through various stages sometimes failed decision makers in referring to a single source of truth.

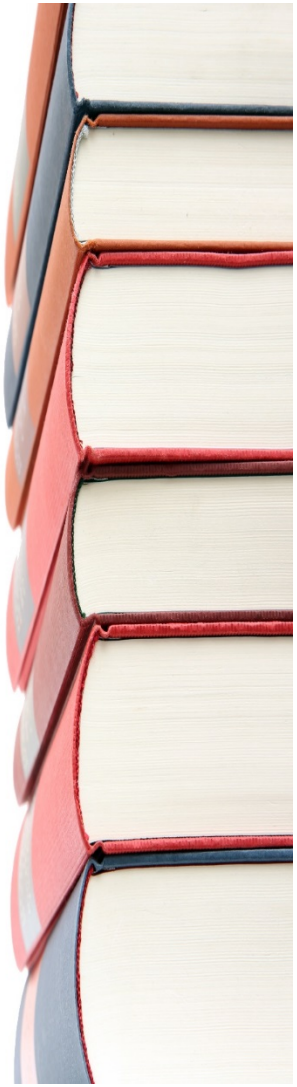
Creating an analytical sandbox for programmatic people to experiment with data and information structures helps manage evidence better and makes knowledge discovery processes more democratic.

Programs like Aponjon suffer from a dissonance between the desired quality of rigorous evidence on impact and budget with trade-offs required on cost and data quality.

Lack of research partnership with health service providers made it impossible to gauge the changes in demand for health services by beneficiaries.

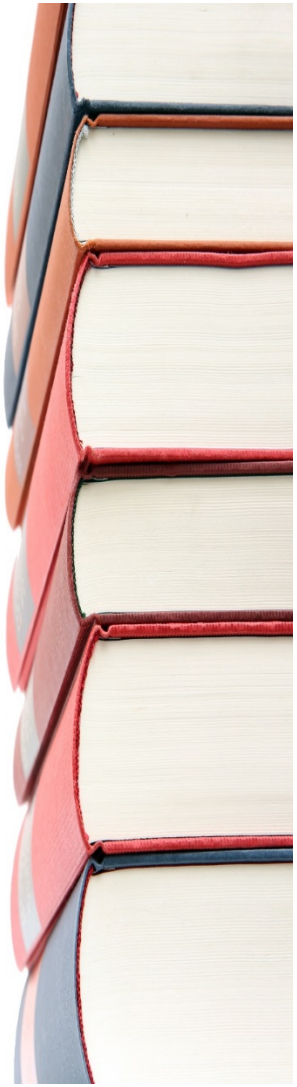
For credible estimation of impact of the behavioral change communication like Aponjon, impact evaluation research shouldn’t be commissioned before 3 years of operation.

10 STRATEGIC COMMANDMENTS



1. Project leader must be open to learn and experiment continuously.
2. Partnership structure must be established from the start, with clear roles.
3. Identifying champions and innovation enthusiasts within the government made it easier for Aponjon to navigate the regulatory waters.
4. Contextually designing the right incentives for public and private stakeholders make strategic engagement more impactful.
5. Although CSR funds and in-kind corporate support were useful at the initial stages, it dwindled a lot as local companies are increasingly channeling their CSR funds through in-house charity foundations

10 STRATEGIC COMMANDMENTS



6 Sponsored subscription for the poor by philanthropic contributions is deemed to be a good strategy to quickly reach a lot of users, make an impact and simultaneously finance operational emergencies.

7 Planning for sustainability from the beginning helps make the business and service model well-grounded in market realities.

8 Investment in own technology platform and customer support solutions created scopes of developing new Aponjon services and serving similar BCC projects as an aggregator.

9 Exploring grant opportunities especially in the space of R&D is a viable strategy for keep innovating and staying afloat at the same time.

10 Experimentation with alternative revenue channels and internal capacity building is what made the transition of Aponjon into Lifechord a reality.

Aponjon evolved into a social enterprise

LIFECHORD
health.wellbeing.connected

Come join us in this exciting journey into:

- **AI-driven diagnostics**
- **Healthcare at the doorsteps**
- **Digital BCC**

Thank You!

ARMMAN
(ADVANCING REDUCTION IN MORTALITY AND MORBIDITY OF MOTHERS, CHILDREN AND NEONATES)

ESTABLISHED: 2008

OUR MISSION: Is to design and implement scalable cost-effective interventions to reduce maternal, neonatal and child mortality and morbidity in underprivileged urban and rural communities in India

OUR APPROACH:

- **'Community needs assessment' approach**
- **Scalable and cost-effective programs**
- **Leveraging technology to maximise outreach and fin d the right balance between depth of impact and scale.**

OUR PROGRAMS:

mMitra

mMitra is a free voice call service that sends timed and targeted preventive care information directly to the phones of the enrolled women weekly/twice a week through pregnancy and infancy in her chosen timeslot and language.

Total number of messages: 145 (duration of 60 – 120 sec)

Enrolment directly in the villages: ASHA/Anganwadi worker in each village

3 tries for every message

Missed call System if she has missed any message

Call centre services can be accessed if

- If she has delivered
- If she has changed her phone number
- If her preferred one-hour timeslot changes
- If she has an abortion/stillbirth

The voice messages have been developed by **ARMMAN & BabyCenter** and have been validated by experts from the national medical bodies, the **FOGSI, IAP (ongoing)** and **NNF** and pretested in the community.

Delivery Model

mMitra uses two **key channels** for enrolling women in the program

Government Hospitals

- Health workers stationed in the antenatal and postnatal OPDs of maternity homes, level II and III hospitals.
- Seamlessly included in the care of the woman provided at the hospital

Villages/ slums

- **ASHA/health friends** enroll women as soon as possible during pregnancy. Enrolment is through the mobile based enrolment form.

mMitra: Registration Process

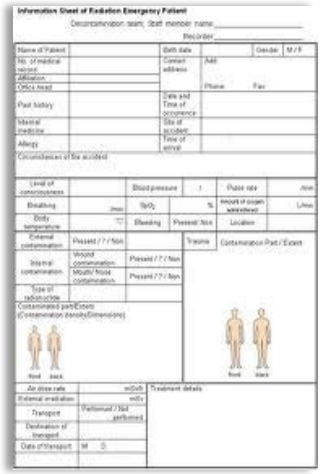
mMitra - SAKHI

Enrolment in the slums through Sakhis

Pregnant Woman

Goes to Antenatal OPD of municipal hospitals

Antenatal clinic



Registration Form

Following information collected

- Name
- Age
- Gestational age
- Choice of 2 hour time slot for receiving messages
- Language preference
- Phone number (mobile or landline)

Women are enrolled in the system and receive regular calls

Frequency of Voice Calls and the Missed Call System

3 tries for every message:

- **1st message in pregnancy**: A call is made once in the chosen time slot every day for three days.
- The woman can give **a missed call to the mMitra system** if she has missed the message until the end of the third day.
- **2nd message of the week:** Similar 3 tries with the facility of a missed call until the end of the third day.

Total number of messages: 145 (duration of 60 – 120 sec)

mMitra Process: Call Centre

The enrolled woman gives a missed call to the mMitra call centre

- If she has **delivered**
- If she has **changed her phone number**
- If her preferred one-hour **timeslot changes**
- If she has an **abortion/stillbirth**

mMitra Implementation

Outreach (December 2017)

Women Enrolled:	Partner Hospitals:	Partner NGOs/CBOs:	Locations:
18,00000	100	43	9 States

Geographical Coverage

8000

Sakhis (health friends)
have been trained who enrol women directly in the early stages of pregnancy for a small incentive

Coverage
Maharashtra: 633535
Delhi NCR: 600194
MP: 169159
Rajasthan
UP
Bihar
Haryana
Uttar Pradesh
Gujarat

**State supported*
***State support under discussion*

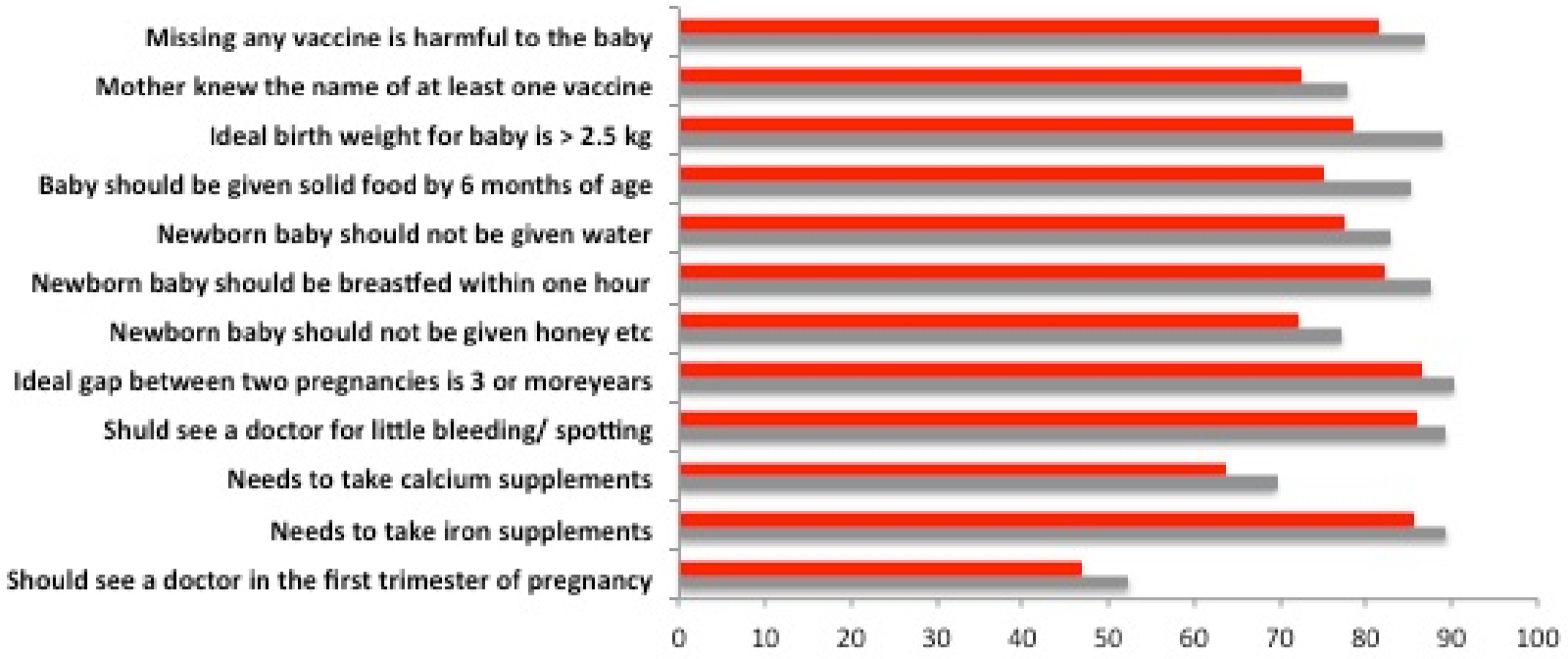
Randomized Cluster Trial

Behavior change and Health outcome

Indicator	Group A (Control)	Group B (mMitra)	Group C (mMitra + Arogya Sakhi)
Proportion of women who made 4 or more ANC visits [p value < 0.0001, p value (B & C) 0.927]	68.7%	88.8%	88.8%
Proportion of infants (< 1 yr. of age) who have had their weight checked more than three times in infancy [p value < 0.0001, p value (B & C) 0.0001]	72.1%	80.3%	97.3%
Proportion of infants (< 1 yr. of age) who have tripled their birth weight at the end of infancy (one year of age) [p value < 0.0001, p value (B & C) 0.107]	50.6%	67.8%	72.6%
Proportion of infants (< 1 year of age) who have had an episode of diarrhoea in the last six months who received Oral Rehydration Salts (ORS) [p value < 0.0001, p value (B & C) 0.006]	64.6%	83.6%	88.2%

Creating Impact

Impact of mHealth messages on maternal health of women from low-income group in India: Findings from a Randomized control trial

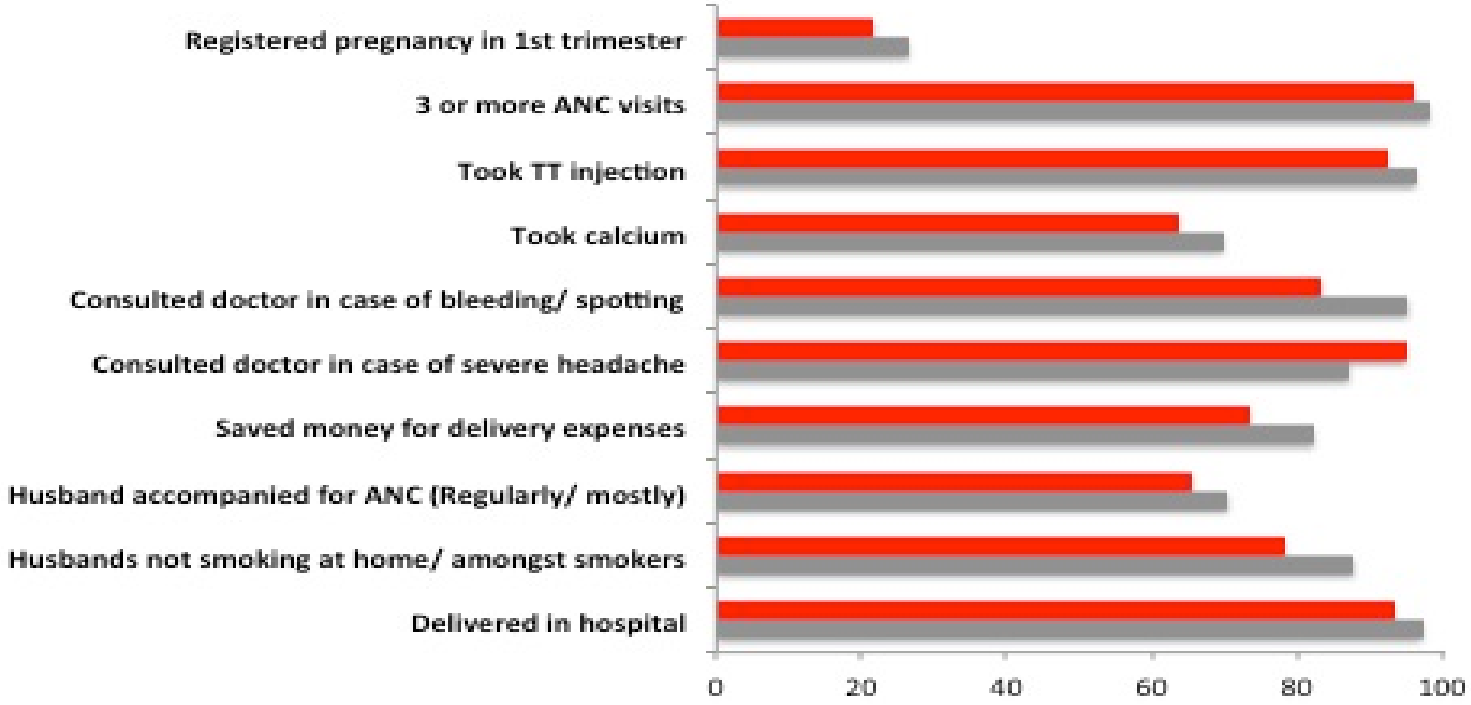


Women receiving mMitra messages had significantly superior knowledge about their pregnancies

Confidential Data: Yet to be published, FRHS External Evaluation

Creating Impact

Impact of mHealth messages on maternal health of women from low-income group in India: Findings from a Randomized control trial



Women receiving mMitra messages demonstrated significantly superior health seeking behaviors

Confidential Data: Yet to be published, FRHS External Evaluation

HIV/AIDS Customization: Connect for Life

'Connect for Life' program: Piggy back riding on mMitra, we have built a customized service for HIV/AIDS, in which women who have been picked up to be HIV positive will be handheld through voice advisories, medication reminders and a call centre offering symptom management from the time of diagnosis until the child is 18 months of age. Aim is to reduce vertical transmission rates from mother to child to zero.

GOAL: Zero vertical transmission from the mother to child.

HIV / AIDS Program Add-on to mMitra Program was launched in Pune District and has expanded to Delhi: 429 women enrolled.

Customized Malnutrition Program: Frequency of Voice Calls

3 tries for every message:

- Information provided based on location
- **1st message of the week:** A call is made once in the chosen time slot every day for three days.
- **Missed call system:** The woman can give a missed call to the mMitra system if she has missed the message until the end of the third day.

During infancy: twice a week

Until three years of age: Once a week

Total number of messages: 120 additional messages (duration of 60 sec)

Handholding of Mothers with SAM Children for 8 months: 'Stars in Global Health grant' from the Govt of Canada

NGO/ Anganwadi staff give a missed call to the mMitra call centre

- Trained call centre counselors will handhold the mother through the treatment and rehabilitation process.

- Calls
  - **Once a week** through the 8 weeks of acute Rx.
  - **Once in two weeks** for the next six months

Perspectives

Groundwork Axis:

1. It might help to have government buy-in from the time of conceptualization of the program if government adoption is the key sustainability plan.

2. Once you have designed a program strategy, there needs to be a list of non-negotiables, prepared and signed off on with the donor, when scale is reached.

Perspectives

Partnerships axis:

1. **Government partnership from day one would help if scale-up is the goal.**

2. **Partnership with on-ground NGOs needs to be on suitable terms which are sustainable after the program scales up. If the partner NGOs are already working in the field of maternal and child health and the program adds to the impact they are creating, the grounds are great for a good long term partnership.**

Perspectives

Financial Health Axis:

1. **Sustainability issue hasn't been solved.**

2. **Sustainability needs to be worked out by the NGO and donor together.**

3. **At true scale, the programs no longer remain cost-effective when absolute costs are considered. It isn't prudent to depend only on private funding at scale as there is no easy exit plan for the funding.**

Perspectives

Technology and Architecture Axis

1. Global repository is necessary. The five global teams need to work together to create a uniform platform that can be used my the different countries.

2. At true scale, the technology hasn't been verified.

Perspectives

Monitoring and Evaluation Axis

1. **Standardized outcome measures need to be created: AI (attentiveness index) and EI (engagement index)**

2. **There is no true comparative model with traditional methods of providing information.**

3. **Impact evaluation needs to focus on health outcomes and cost-benefit analysis.**

MAMA

Mobile Alliance for Maternal Action South Africa

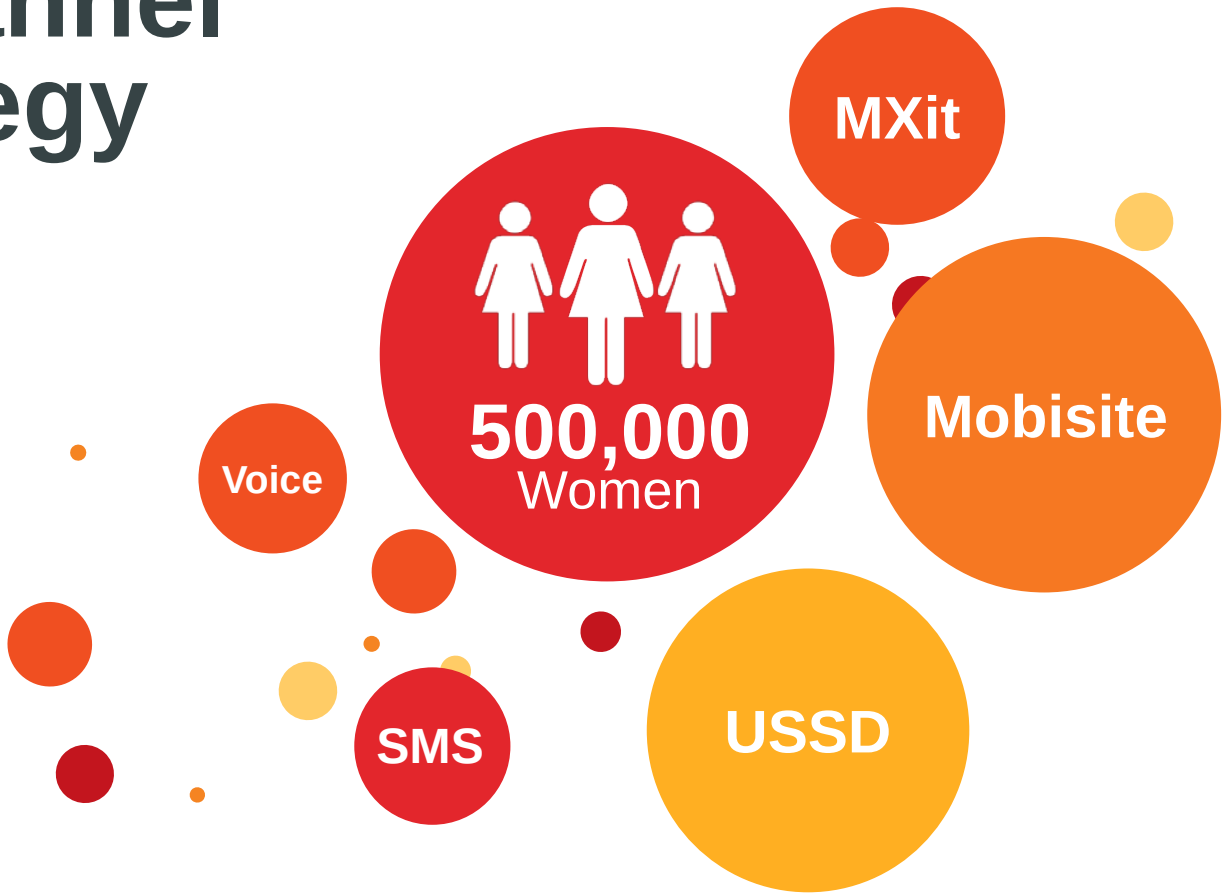
Overview


The Power of Health in every Mama's hand...


PRAEKELT
FOUNDATION
WRHI
Cell·Life

MAMA SA

5 channel strategy



MAMA SA

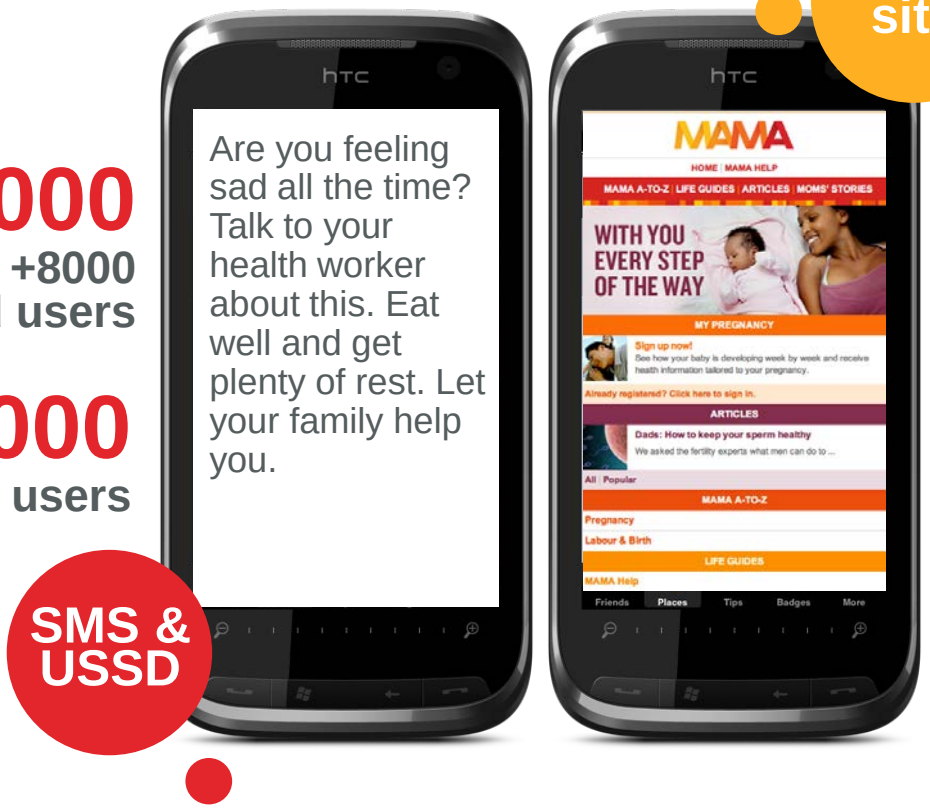
Stage Based Messaging

MAMA SA

Final numbers

+190,000
SMSs sent to +8000 registered users

+27,000
USSD test users



SMS & USSD

mobi site

+750,000
visitors

Mxit and Vlive!
Distribution channels

MAMA SA

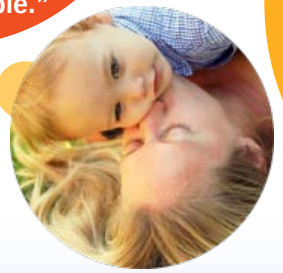
User-testing

"I have friends that are pregnant and HIV positive who are not ready to tell people.So I have referred them to this service since it offers this information privately. I gotthem to register."

"I smile because the information is so relevant and is about what my child is doing atthat time. So I look forward to them. I wish they came in 5 times a week instead ofjust twice."

"It is very appealing. The MAMA name makes me confident because you know youcan get reliable info. Which is not always what you get from the elderly people."

"It always gave me information about what I was going through at that time."



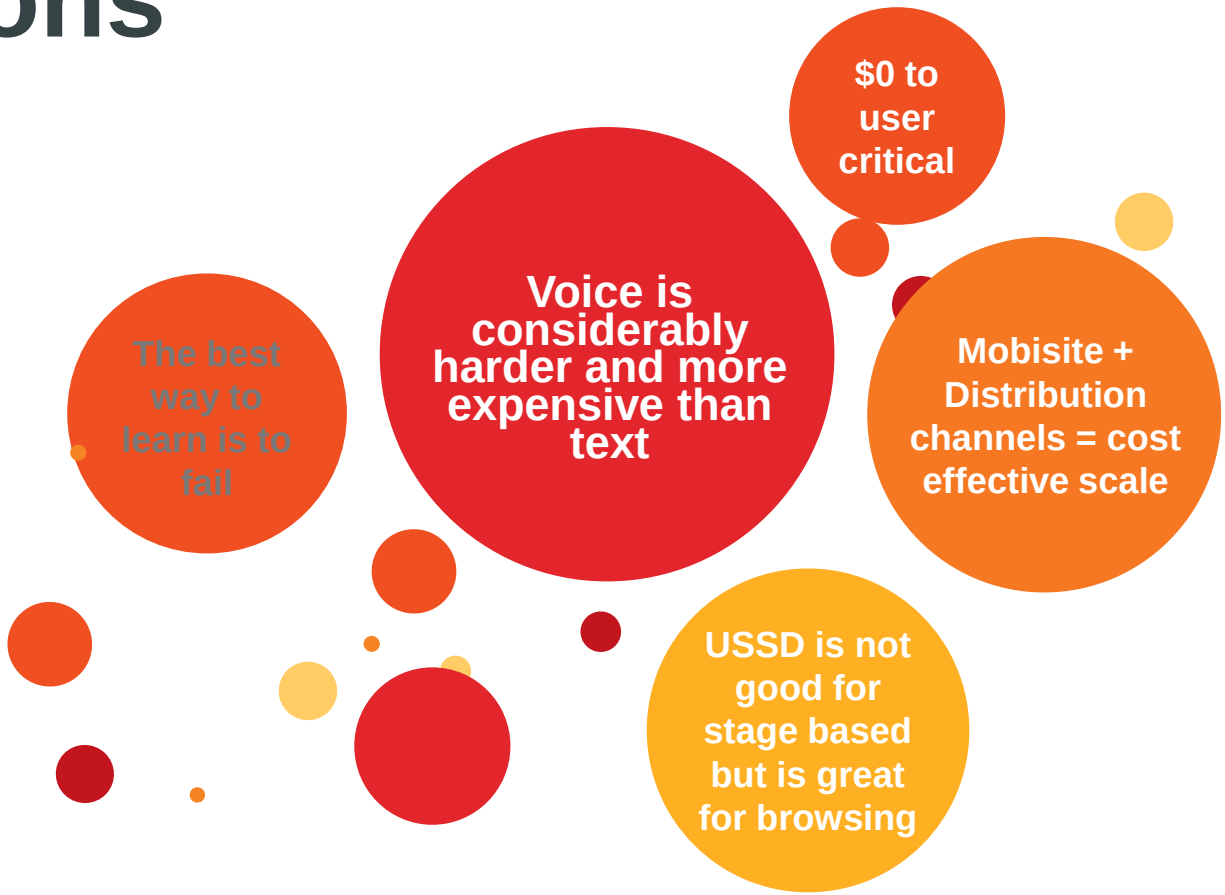
"If you were to be HIV positive, you would also need the information on how todeal with things. I think its better to…more than having a face to face with acounsellor where you have to disclose and explain. In a kind of way it is traumaticyou understand. So this way is easier because it's not someone."

MAMA SA

Other Funders & Partners

MAMA SA

Lessons



MAMA

Mobile Alliance for Maternal Action

South Africa

Thank you


HellaMama
Perspective from Nigeria

Key Implementation Strategies & Challenges

- Use of local hosting and aggregator services to connect to all the major mobile networks operators

- Partnership roles clarification:
  - Government
  - Lead and sub implementing partners
  - Technology partners

- Stakeholders content adaptation, pre-testing and upload on platform and periodic reviews

- Message delivery through a National Health Short code (1444) with zero rate to health workers and beneficiary

- Capacity building, supervision and incentives for health workers

USAID FROM THE AMERICAN PEOPLE Maternal and Child Survival Program

Key Implementation Strategies & Challenges

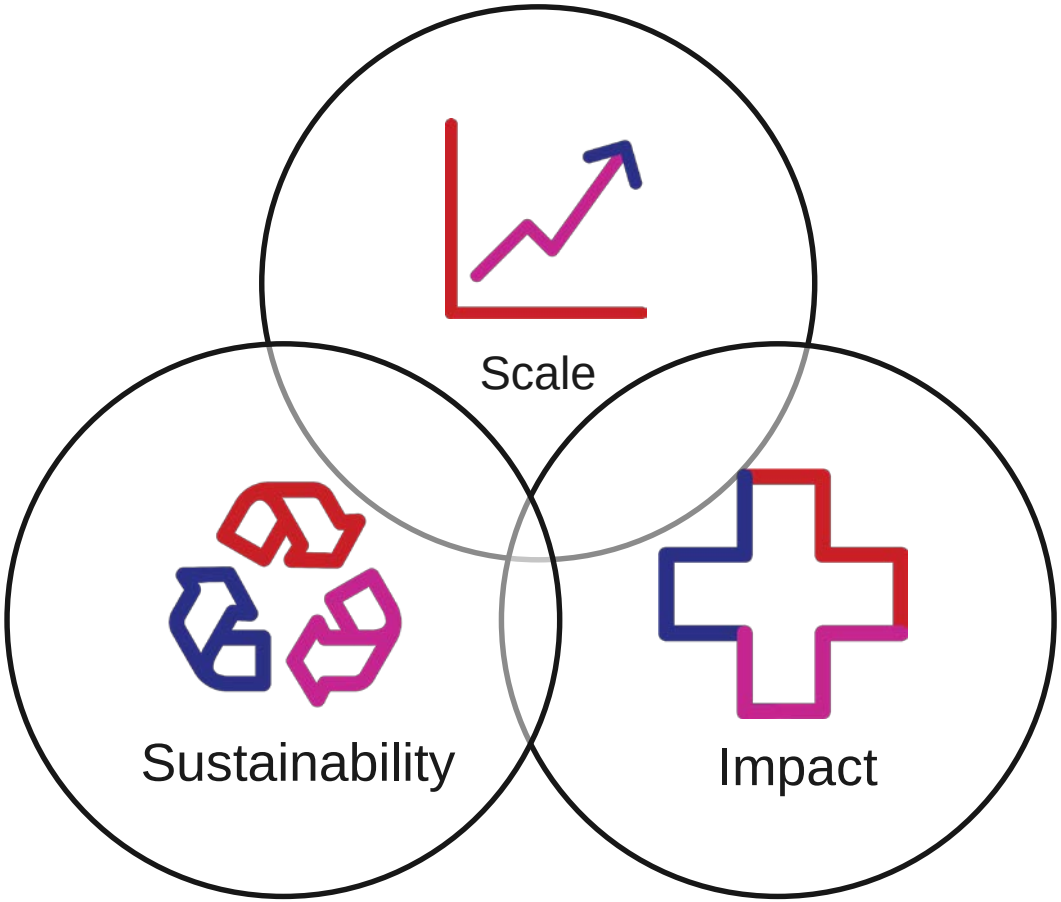
- Project performance monitoring through digital dashboards (re-dash)
- Impact assessment study (baseline commenced Oct 2017; end line for Oct 2018)
- Retries and missed call application
- Message type (SMS or Voice) and timing choices (limited by NCC restrictions)
- Signal mapping at facilities and environs to access availability of network before implementation.


Thank
you

Perspective from USAID

MAMA Lessons Learned

Joanne Peter
25 September 2018


Scale
Sustainability
Impact

Programs need to innovate with new technologies, content and services to reduce costs, reach new users, and demonstrate their value to potential payers

Integrating mobile messaging into connected health systems

- ✓Government leadership and commitment
- ✓New content streams to **extend and personalize** the offering beyond core maternal and child health: **women of reproductive age, early childhood development, EMTCT, nutrition**
- ✓New audiences e.g. **health workers**
- ✓Two-way messaging to **integrate supply and demand** and drive engagement
- ✓Part of the **digital architecture** of the health system
- ✓Exploring new messaging channels and **rich media**

Examples of additional programs and countries

MomConnect: Extensions

- EMTCT
- Age 1-5 messaging
- Pediatric medical record app
- NDoH app store

NurseConnect

>24,000 nurses and midwives in South Africa are registered to receive free messages and provide feedback through NurseConnect

FamilyConnect: Uganda

- 74,983 women enrolled by 12,208 VHTs
- Expanding to 40/128 districts by mid-2019
- Part of MoH's Community Health digital strategy

Chipitala cha pa foni: Malawi

- Complete MoH takeover expected by July 2019
- Hotline covering all health topics for all ages
- 3,000 calls a month

Prospera Digital: Mexico

- RCT with 6,000 recipients of Mexico's largest CCT program to test the impact of two-way messaging.
- Government plans to scale as MiSalud

Update for MAMA Lessons Learned Webinar

Lindsay Dills, Director, Strategic Programs

September 25, 2018

Universal principles for creating high-impact content

Key learning: These principles transcend countries and cultures.

Age and stage based

"You are 2 months pregnant. Even though the baby inside you is tiny you may be very tired. That's normal. Growing a baby is hard work!"

Emotional connection

"Your baby is the size of a lentil. He already has tiny hands and feet and his heart is beating."

Expert-reviewed

"Plan how to get to the clinic for your first visit. Go as soon as you can, even if you feel well. Ask your family for help to get there."

Local partnership

"Give your child a plate full of colourful food to eat…She needs meat, milk, fish, eggs, fortified maize meal, porridge and yellow sweet potato."

BabyCenter Mission Motherhood messages

Apply at https://www.babycenter.com/mission-motherhood/messages/

Background:

- Improved and launched on babycenter.com November 2017
- Focus on infant *thriving*, not just survival – in line with SDG's
- 4 message sets; 7 guides on how to use and adapt messages

Results:

- 33 applications have been approved since launch
- Targeting users in 27 countries with 22 languages
- Expected to reach ~3 million users

babycenter
MISSION MOTHERHOOD®

Source: Mission Motherhood Applications, WordPress, Nov. 28, 2017 – June 30, 2018

WhatsApp messages launch for MomConnect

- 624 messages for parents with children 1-5 years of age
- Messages for 1-2 years launched 9/5/18
- Over 1K subscribers in ~2 weeks

Example of 2-3 year message (296 characters)

Are you still breastfeeding? That's great news! Your breastmilk is good for your child. Some people may say it's time to stop, but it's up to you. When you are ready to stop, do it slowly. It will be easier for you. Your child will be more settled and your breasts won't hurt from being too full

Example of 3-4 year message (303 characters)

Does your child ignore you when you forbid him to do something? He's not being bad. He needs you to tell him what to do. Instead of: "Don't throw your ball indoors", say: "Throw your ball outside where there's space." Your child behaves well if you tell him what to do. It's better than "no" or "don't"

Continued innovation to drive impact and scale

Exploring additions and enhancements to BabyCenter Mission Motherhood® content set

1. Longer form and 2-way messages appropriate for WhatsApp, Messenger, etc.
2. Images and icons to reinforce messaging points
3. “Micro animations” - short animations to reinforce how to topics like breastfeeding

If you have suggestions or ideas, please email me at Lindsay.Dills@babycenter.com

Updates from country programs

Update from dNet

mMitra Updates

Kilkari and Mobile Academy

1. **ARMMAN chosen by MoHFW to take over Kilkari and MA due to effective and scaled implementation of mMitra.**

2. **MoHFW has three expectations from ARMMAN pertaining to operations –**
    a) **End to end implementation of the program and expansion across India**
    b) **Augmenting the program for better outcomes over the course.**
    c) **Creating a robust, data driven reporting mechanism**

Kilkari Overview

Kilkari *is a mobile health education service that provides pregnant women, new mothers, and their families with timely, accessible, accurate and relevant information about Reproductive, Maternal, Neonatal and Child health. It aims to improve families' knowledge and uptake of life-saving preventative health practices.*

- Uses IVR technology to deliver time-sensitive audio information directly to families' mobile phones

- Covers the critical time period – where the most deaths occur from the 2nd trimester of pregnancy until the child is one year old (72 weeks)

- Subscribers receive one pre-recorded call per week, linked to the woman's stage of pregnancy or the child's age

Current Status

Available in 5 languages

(Hindi,Bihari,Oriya,Assamese,Bengali)

7 million subscribers

13 States

MoHFW's top 3 initiatives in 2017

Mobile Academy Overview

Mobile Academy *is an IVR-based Reproductive Maternal Neonatal and Child health training course designed to refresh frontline health workers' knowledge of life-saving preventative health behaviors, and improve the quality of their engagement with new and expecting mothers and their families.*

- Uses IVR technology that is handset independent, audio based and accessed via a simple voice call

- Covers 33 months; from pregnancy until the child is 2 years of age

- Divided into chapters, lessons and quizzes, and CHWs' receive an accumulative pass/fail score at the end of the course

Current Status

Available in 5 languages
(Hindi,Bihari,Oriya,Assamese,Bengali)

227, 624 ASHAs enrolled

145,116 ASHAs graduated

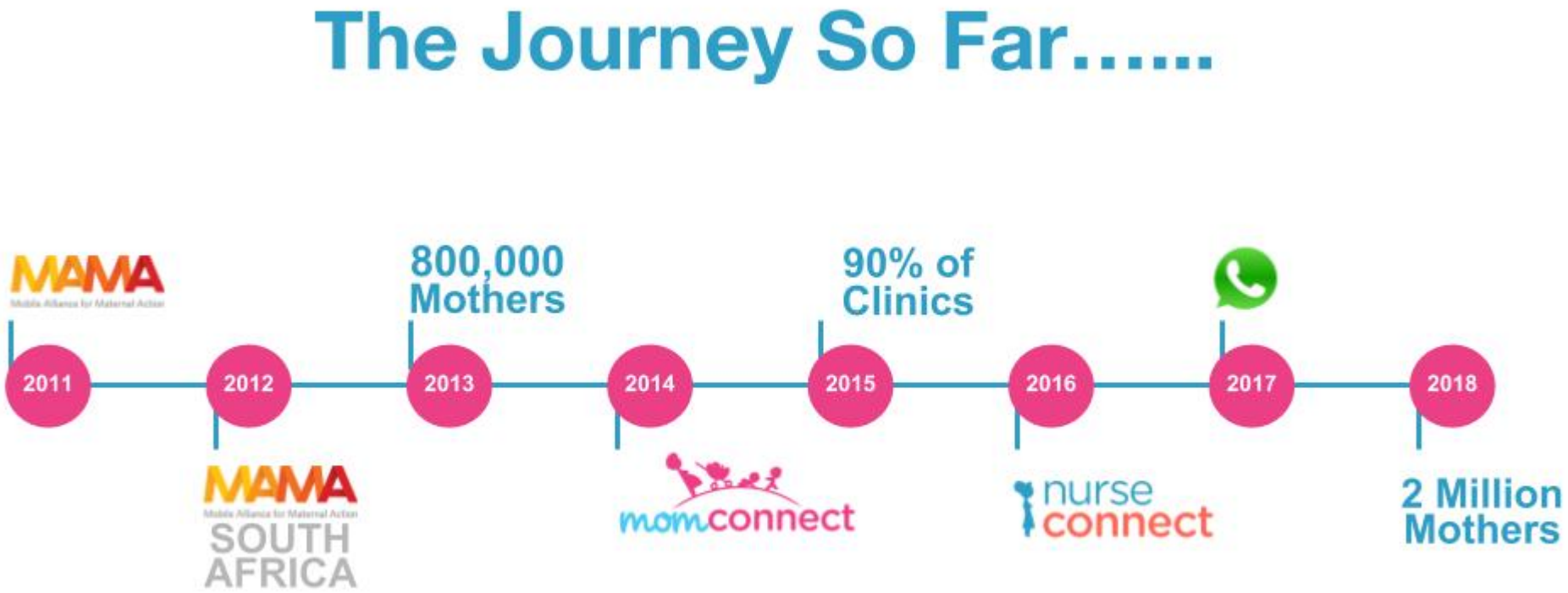
900 State Officials trained

Note: All those who pass receive a printed certificate from the government

Future of mMitra

1. mMitra to continue in Mumbai Metropolitan Region and states where the local state government chooses to implement mMitra
2. mMitra Mumbai will be an innovation *hub/lab* for trying out new additions and technologies to the service
    1. mMitra Whatsapp – we are already exploring partnerships to use whatsapp for sending mMitra messages,
    2. Two-way communication with the beneficiaries
    3. High risk factor tracking
    4. Optimizations in the program by focusing on increasing listenership.
3. We intend to transfer the learnings from mMitra innovation lab to strengthen Kilkari

MAMA South Africa



HelloMama Update

- Achieving Government adoption: Influencing National and Sub National Budget for e-health.
- Scaled out from pilot **47** sites to **97** sites reaching over **60,000** subscribers.
  - Graduated **36,385** from pregnancy to baby messages and **13,420** from the platform.
  - **14,803** currently receiving pre-birth message, **26** opted out and **1264** invalid numbers removed from platform
- Achieved integration with All Major MNOs
- Capacity of FMOH and SMOH to manage and sustain technology and program implementation
- An implementation guide/road map for implementing IVR and SMS messaging program being developed with stakeholders

USAID FROM THE AMERICAN PEOPLE Maternal and Child Survival Program

Q&A

Further Reading

- MAMA Lessons Learned Executive Summary - https://www.mcsprogram.org/resource/mobile-alliance-maternal-action-mama-lessons-learned-brief/
- MAMA Lessons Learned Report - https://www.mcsprogram.org/resource/mama-lessons-learned-report/

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For more information, please visit **www.mcsprogram.org**

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