



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program



Mobile Alliance for Maternal Action (MAMA) Lessons Learned

November 5, 2018



USAID
FROM THE AMERICAN PEOPLE

Johnson & Johnson



Maternal and Child
Survival Program

UNITED NATIONS
FOUNDATION

MAMA
Mobile Alliance for Maternal Action

dnet



**PRAEKELT
FOUNDATION**

Pathfinder
INTERNATIONAL

Agenda

- Opening - Introduction of MAMA
- Brief overview of the Lessons Learned
- Perspectives from the Bangladesh country program
- Updates from Bangladesh country program
- Moderated Q&A



MAMA

Lessons Learned

Pamela Riley, SHOPS Plus Project

MAMA Bangladesh Dissemination
Event,
November 5, 2018





What is MAMA?

MAMA is a partnership



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



India



South Africa

PRAEKELT



Mobile Alliance for Maternal Action

SOUTH AFRICA

Nigeria

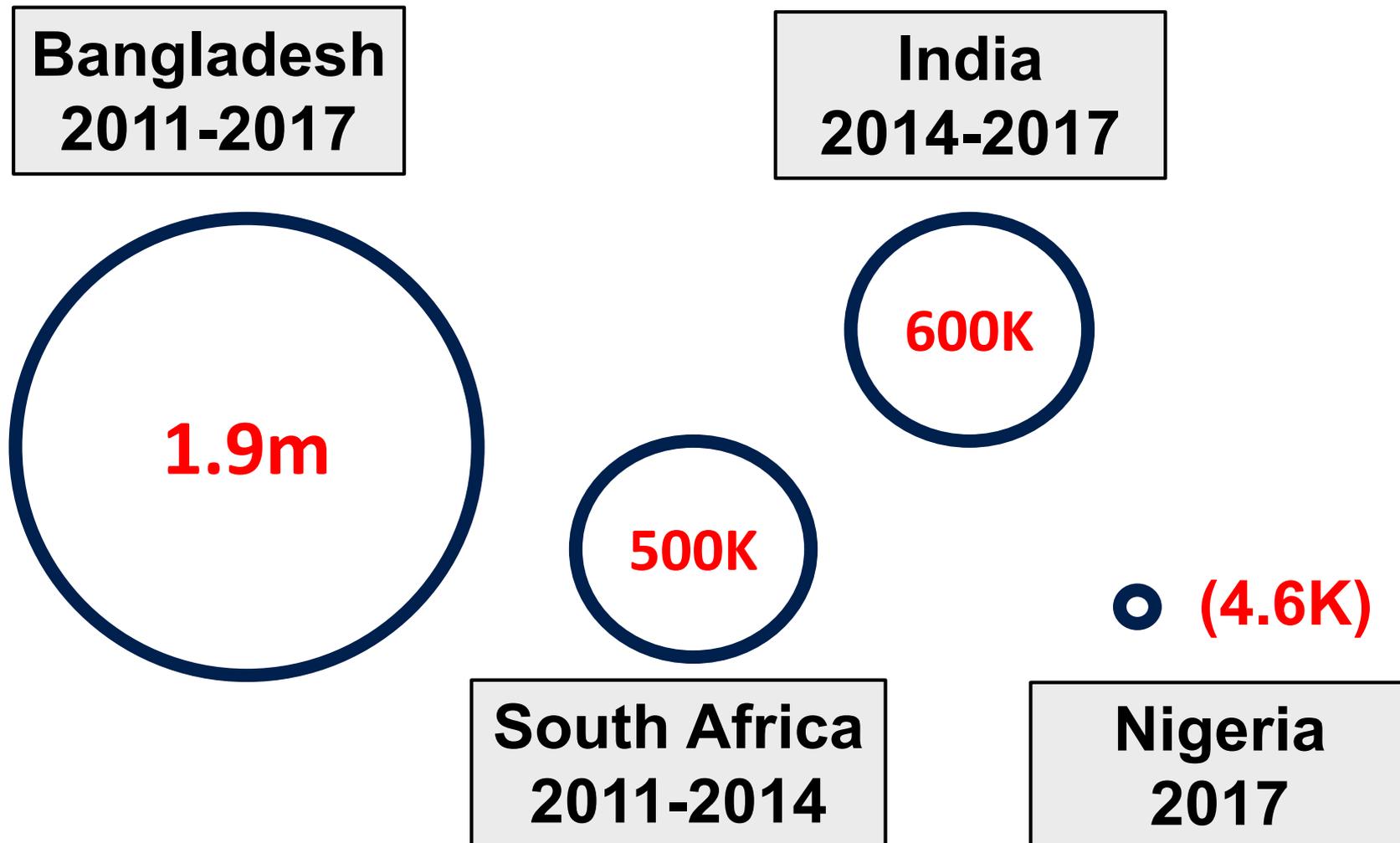


Pathfinder INTERNATIONAL





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 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



- There is **no “right” model** for funding

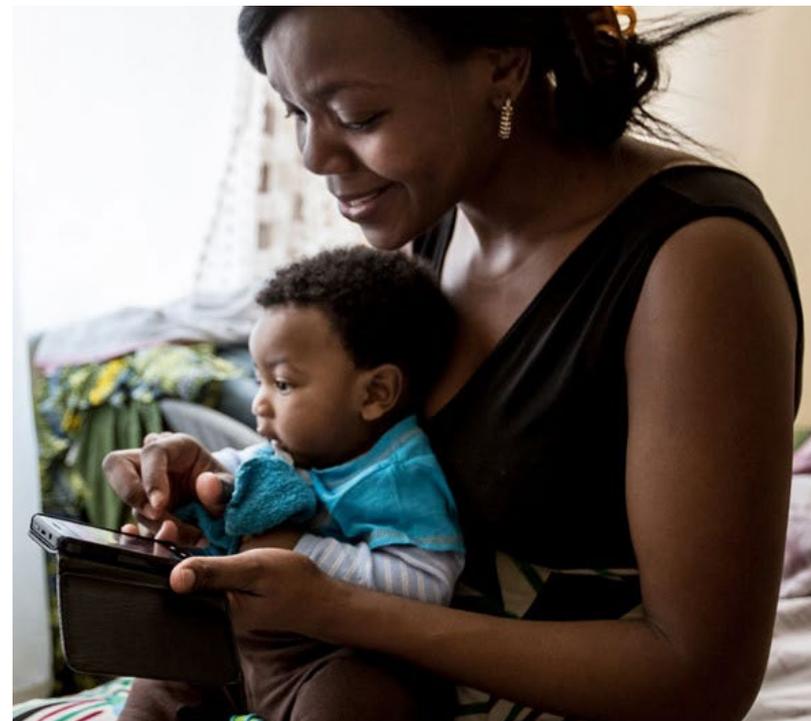
| | |
|---------------------|---|
| Bangladesh | User fees, subsidies, commercial services |
| South Africa | Hand-off to government |
| India | Institutional, corporate, individual donors |
| Nigeria | Donors > government hand-off |

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



Content creation

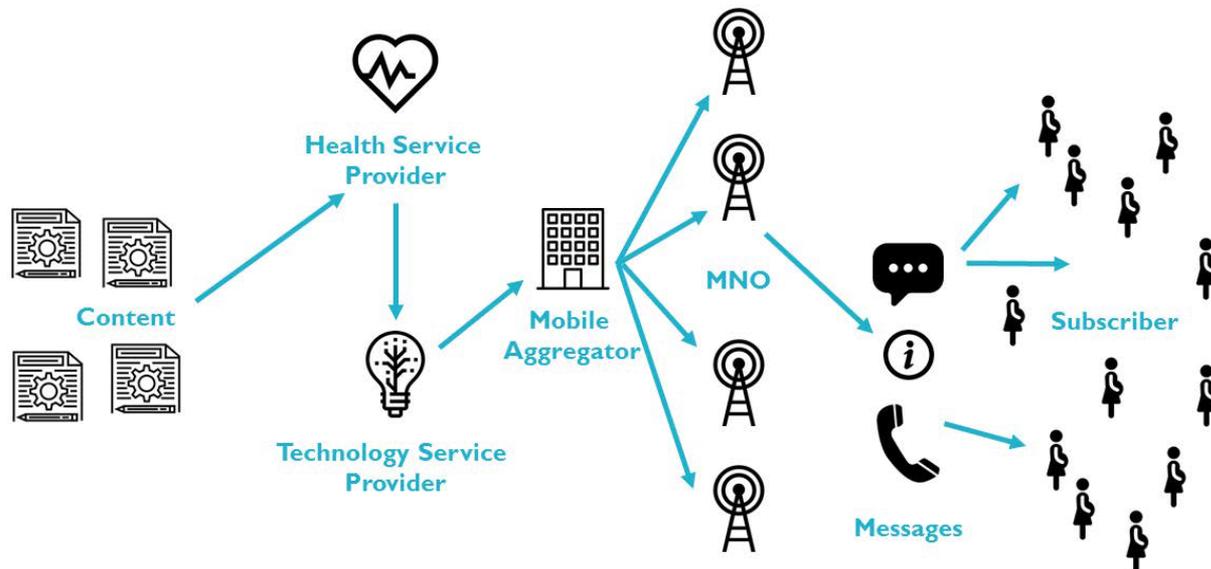
- Global repository
- Hyper-localization
 - Inclusive stakeholder process
 - Pre-tested for tone, relatability
- Continuous updates
 - New health areas
 - Local dialects, terms





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





- 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?



Aponjon

Power of Health In
Every Mama's Hand



A Retrospective

Aponjon Since Inception

Starting Up



Partners

National



Government of People's
Republic of Bangladesh

Global



Outreach



Helping you live better



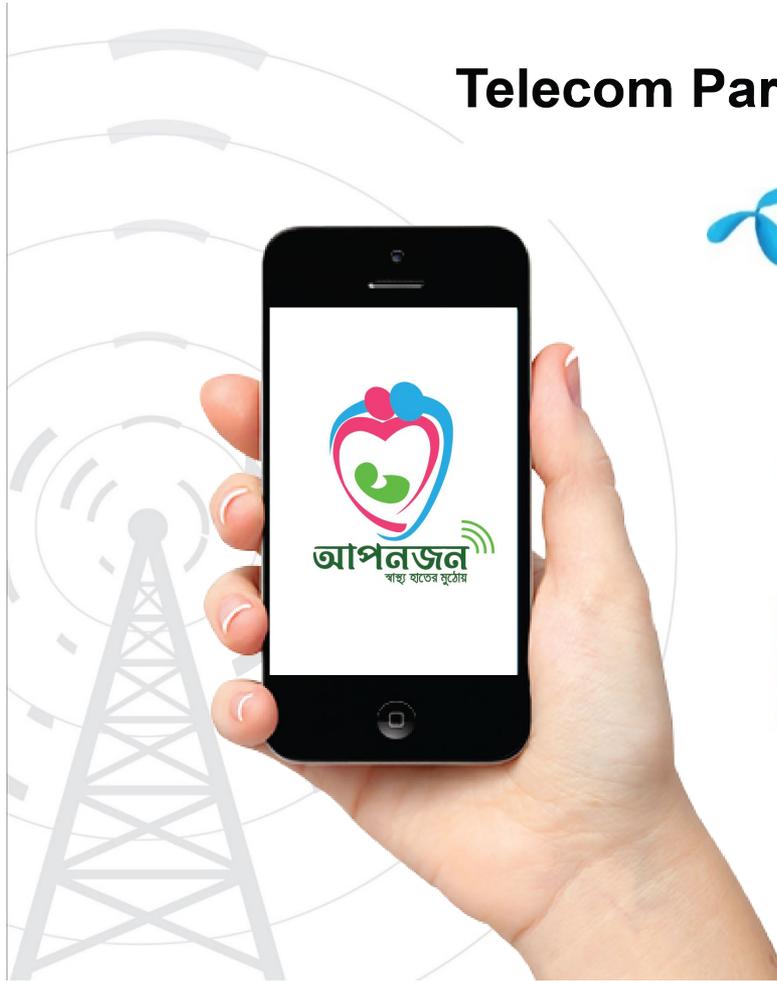
Corporate



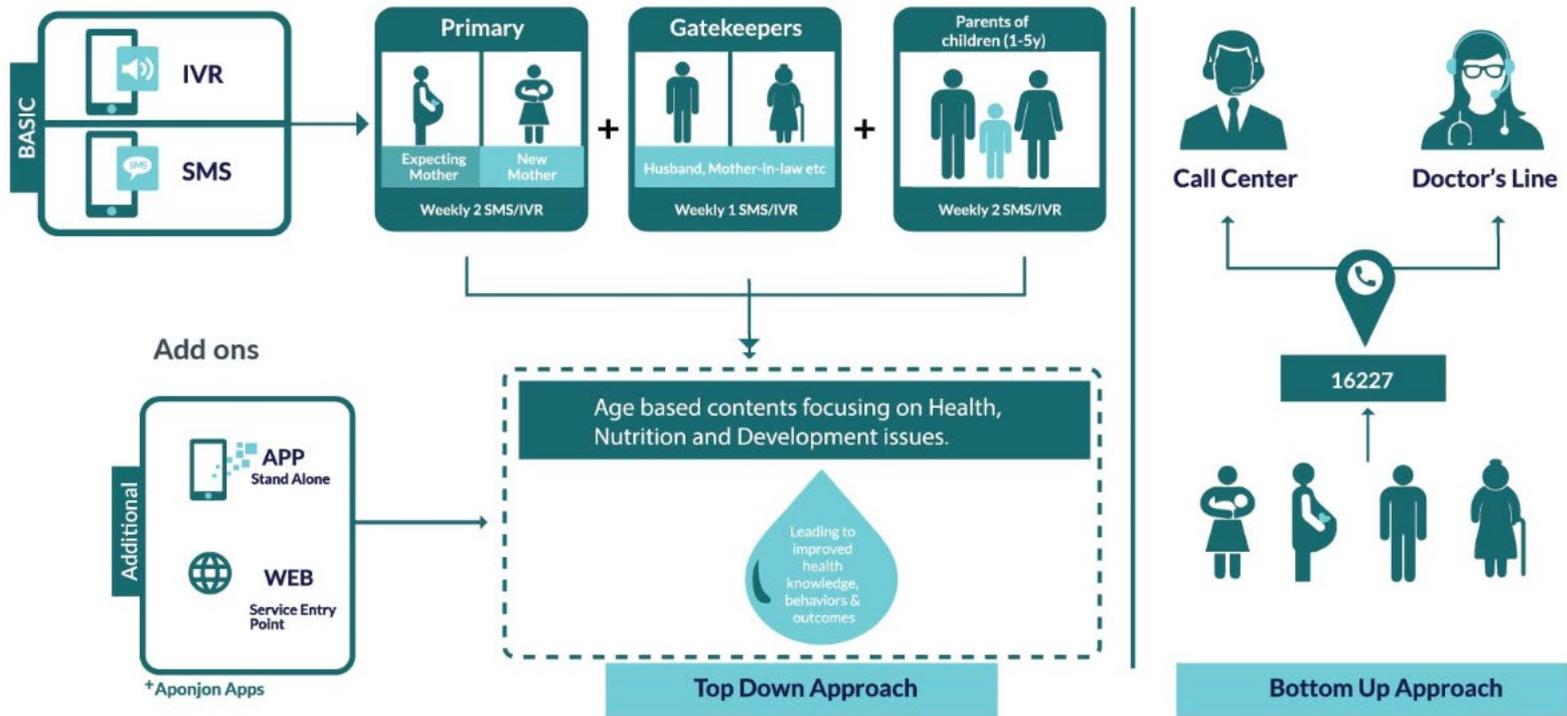
Retail



Telecom Partners



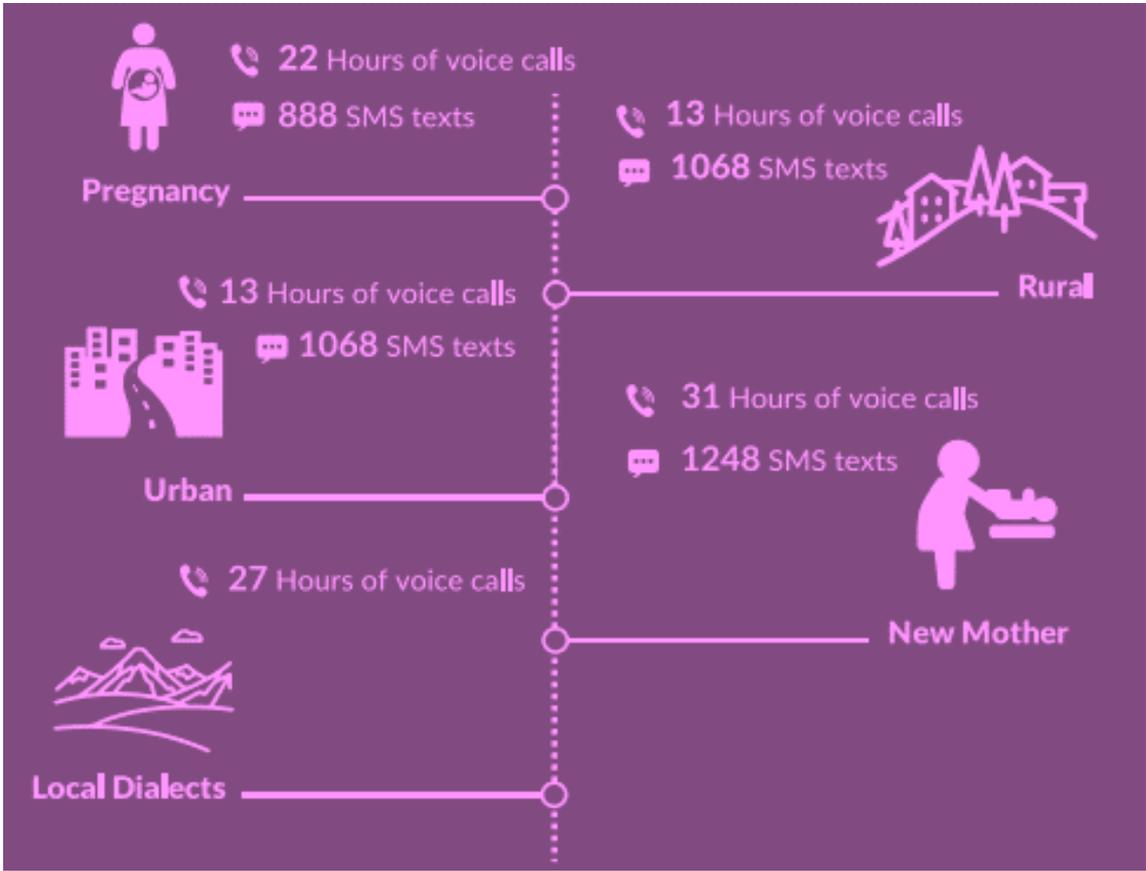
Our Modus Operandi



Lessons Learnt

Across Major Activity Streams

Content



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.

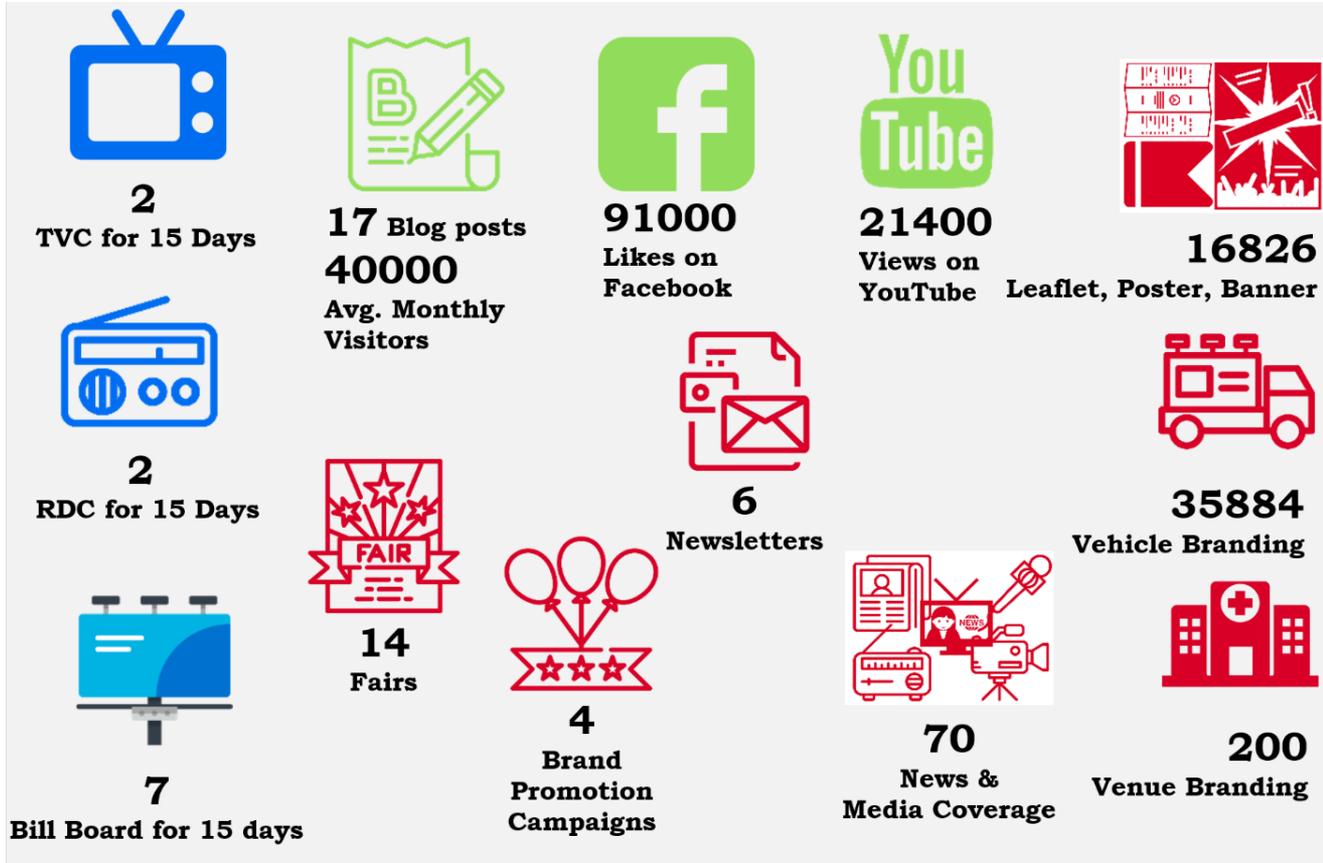
Regular development of engaging articles of content across app, blog and social networks is critical for sustained user interest.

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



8AM - 12PM
Most Preferred Voice Time Slot
42% of all Voice Call users



Cold/Cough/Fever
Most Frequent Health Query
25% of all queries



21,762,000
SMS Delivered



SMS
Most Preferred Channel
54% of All users



Delivery Success
55% of users received more than
4 messages per month



Voice Calls uptake
60% of Voice Calls lasted
more than 40 seconds



37,485
Health Queries Resolved
41% of all calls
landed during 3PM - 9PM
Busiest Counseling Line Shift



18,538,000
Voice Calls Delivered



69,613
Shogorbha
Mobile App Downloads

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.

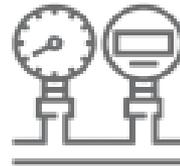
Developing capacities for previously outsourced customer support and aggregator services generated sizeable efficiencies.

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



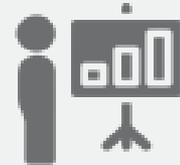
10
Phone Surveys



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.

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/>
- **Recording and Slides from September 25, 2018 Webinar covering South Africa, India and Nigeria**
<https://www.mcsprogram.org/mama-webinar-and-presentation-slides-now-available/?highlight=mama>

For more information, please visit
www.mcsprogram.org

This presentation was 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 authors and do not necessarily reflect the views of USAID or the United States Government.

facebook.com/MCSPglobal

twitter.com/MCSPglobal