



USAID
FROM THE AMERICAN PEOPLE

Johnson & Johnson



MAMA
MOBILE ALLIANCE FOR MATERNAL ACTION

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COUNTRY UPDATE: BANGLADESH
Presentation to
mHEALTH WORKING GROUP

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Strengthening Health Outcomes through the
Private Sector (SHOPS) project
Sept 27, 2011



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Background

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- Launched as part of the US Global Health Initiative
 - Focus on women
 - Encourage country ownership
 - Leverage technology to support development goals
 - Promote private sector engagement, research, innovation
- Why Bangladesh?
 - Build upon USAID and GOB MCH and FP programs, as well as the positive momentum toward achieving MDGs 4 & 5
 - Alignment of GOB Digital Bangladesh initiative with MAMA goals
 - Active mhealth landscape (many pilots, high mobile phone penetration, interest from technology vendors and MNOs)

Overview

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- Inception: Public-private coalition convened in late 2010 with catalytic funding from USAID under GHI
- Goal: Contribute to a reduction in maternal and neonatal mortality
- Purpose: Improve health-seeking and preventative behaviors of pregnant women, new mothers and their families
- Objectives: Reach 500,000 women within 3 years with health information, leading to sustained improvements in health knowledge, behaviors and outcomes
- Intervention: Deliver behavior change and communication (BCC) messages (audio and text) using mobile phone technology

Aponjon Service Description

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**Expectant women/
new mothers sign
up for service**



**Users receive 2
health-related
messages weekly**



**Partner advertising and
advocacy will drive
subscription levels**



*"If you have any
bleeding during this
month, seek medical
attention right away"*








*"Your baby needs an
immunization this week
to stay healthy,
available free at all
clinics"*

Messages will provide critical life-saving information, leading to improved in health knowledge, behaviors and outcomes



Guiding Principles in Action

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Broad coalition of public and private partners		<ul style="list-style-type: none"> •25+ implementing and resource partner agreements under contract or in negotiation • Locally designed, implemented, owned, co-funded, championed
National scale		<ul style="list-style-type: none"> •Available through all six licensed mobile operators •To be extensively promoted through national and local mass media
Sustainable financial model		<ul style="list-style-type: none"> •Innovative piloting of user fees, subsidies, message sponsorship and corporate donations
Equitable access by poor populations		<ul style="list-style-type: none"> •Targeting rural and urban poor through aggressive outreach campaigns, subsidies •Audio content for low literacy populations
Interoperable, open source platform		<ul style="list-style-type: none"> •Partnering with global open source technology NGO to create replicable platform
Vetted, evidence-based health content		<ul style="list-style-type: none"> •Health Advisory Board under leadership of MOH
Robust monitoring and evaluation		<ul style="list-style-type: none"> •Rigorous impact evaluation to be conducted by external research institution

DRAFT Results Framework

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INPUTS	OUTPUTS	OUTCOMES	IMPACT
<ul style="list-style-type: none">• Coalition partnerships• Software platform• Content development• Promotion• Research	<ul style="list-style-type: none">• Subscribers registered• Messages delivered• Funds leveraged• MAMA awareness among target audience	<ul style="list-style-type: none">• Increased knowledge• Increased care-seeking• Expanded platform of services• Sustainable local ownership	<ul style="list-style-type: none">• Increased use of services• Reduced maternal MMR• Reduced infant MMR• Global replicability

Monitoring and Evaluation

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- Plans underway for USAID funded research to measure behavioral outcomes
 - Research partner: International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B)
- Parameters
 - Methodology TBD (e.g., could be RCT but depends on funding, needs, etc.)
 - Conducted by independent research organization with no role in implementation
 - ✦ Consistent with USAID M&E policies
 - Multi-year study, with baseline data to be collected late 2011

Illustrative MAMA Metrics

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- Platform costs
- Cost per user
- Promotional materials
- # outreach partners

- Local capacity expanded
- Information disseminated
- Cost per subscriber
- Funds leveraged
- # Subscribers with the target profile
- Messages accessed
- Subscribers retained/cancelled
- Peer-to-peer references
- Geographic coverage

- % four ANC visits
- % births with skilled attendants
- % exclusive breastfeeding
- % use contraception
- % complete immunizations

Timeline

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July 2010 – Aug 2011

CATALYZE & CONVENE

- Assessment
- Formative research on needs
- Coalition formation
- Content approval
- Platform development
- Regulatory approvals
- Outreach training

Aug 2011- Feb 2012

DESIGN & TEST PHASE

- Pilot with 2000 women/ “gatekeepers”
- Formative research on user experience
- Mobile operator agreements
- Corporate sponsorships

Feb 2012-Dec 2014

NATIONAL LAUNCH

- Marketing and national promotion
- Metric monitoring
- Content/format adaptation
- Impact evaluation
- Service evolution

Ethnographic Research with Users

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<h2>User Needs</h2> <p>Sample 168, 55% below poverty level</p>	<h2>Message Format</h2> <p>30 users, 3 sample formats</p>	<h2>Brand</h2> <p>114 users, 7 locations</p>
<ul style="list-style-type: none"> • Access to healthcare providers depends on family support • 80% phone availability, but only 40% have direct access • Trust agents critical to access mobile phone information 	<ul style="list-style-type: none"> • Drama format preferred for myths/assurances • Direct information approach preferred for “serious” information • Preference for female voice, non-medical vocabulary 	<p>Themes important to MAMA brand identity values</p> <ul style="list-style-type: none"> • information reliability • trusted source • privacy /discretion • aspirational • pioneering <p>• Audience communications audit to inform media strategy</p>

Pilot Phase Formative Research Objectives

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- To determine level of acceptability of service format and content specific to user needs
 - Includes coverage, duration of delivery, length of messages, language, animation of messages, comprehension, style, comprehensiveness, usefulness, completeness, convenience, ease of use
- To determine service affordability to users, pricing and subsidy policies, billing modalities for national scale-up, and inputs to business model
- To understand role of husband/guardian/gatekeepers vis-à-vis the service and determine engagement strategy
- To determine feasibility of engagement of community health workers for effective delivery of information service to marginalized users

Pilot design: 2000 users, 13 locations, 6 months of testing

Founding Partners and Roles (1)



<p>Leadership and Funding</p>	<p>Profile: United States Agency for International Development, in collaboration with U.S. House Office of Science and Technology Policy and Johnson and Johnson Role: Catalyze and convene coalition formation, establish guiding principles, design and evaluation support</p>
<p>Govt. Stewardship</p>	<p>Profile: Minister of Health, through unifying efforts of Access to Information, Prime Minister's Office Role: Lead Health Advisory Board overseeing health content, facilitate national promotion</p>
<p>Coalition Coordinator</p>	<p>Profile: D.Net, expertise in ICT for development, program management Role: Resource mobilization, leads service design and development, manages coalition development and support</p>
<p>Outreach</p>	<p>Profile: BRAC, Smiling Sun, Save the Children, NGOs who serve target beneficiaries Role: Enroll subscribers from existing clients, support capture on user experience</p>
<p>Content Development</p>	<p>Profile: Multimedia Content & Communications, expertise in BCC for development, multimedia formats, with input from MCHIP/Save the Children for raw evidence-based health inputs and BabyCenter for overall guidance Role: SMS and IVR content (stage-based messaging) based on formative research</p>
<p>Technology Platform</p>	<p>Profile: SSD-Tech (selected through RFP), expertise in design and development of Interactive Voice Response and SMS systems; InSTEDD, a global technology NGO Role: Design, build, host, test, maintain, and manage platform; goal is open source</p>

MAMA Bangladesh Partners as of July 2011

Lead Partners



Implementing Partners

Supporting Partners

TECHNOLOGY



COORDINATION



Development Research Network



CORPORATE SPONSORS

CONTENT



OPERATORS

OUTREACH - NGO



Smiling Sun

OUTREACH - GOVERNMENT



MEDIA

ICDDR, B

RESEARCH



Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

MAMA Bangladesh Technology Platform Overview



- Initial landscape analysis
 - Text, recorded voice, call centers
- RFP: SSD-Tech
 - Provider of successful BBC Janala IVR platform
- Design elements MAMA Bangladesh
 - Mobile operator considerations
- Role of InSTEDD: open source evolution
 - Open source barriers and limitations

Choice of IVR as Main Platform



- Research indicated texting not suitable for substantial portion of target audience: need voice
- Live call centers popular in Bangladesh, but cost prohibitive
- Interactive Voice Response (IVR) platform
 - Overcomes low literacy barriers, Bangla language information
 - Less costly than call centers, interactive, automated and scalable
 - Key challenges include ease of navigation, cultural preferences, and license fees for proprietary systems

SSD-Tech: Technology Platform

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Status

- SSD-Tech selected through RFP process
 - Also provides IVR platform for fast-growing BBC Janala
- Service Design Description finalized
 - SMS and IVR; separate registration paths for health workers & end-users; extensive reporting fields
- MAMA short code obtained

Considerations

- Tied to proprietary system
- Billing limitations
 - Calling Party Pays pose problems for “push” messaging model
 - Distributed charging gateways versus centralized platform
- Variable charges (e.g fee versus free) problematic for networks to implement
 - May provide manual “topping up” to subsidize eligible users

InSTEDD: Technology Platform Global Replication

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- MAMA guiding principles encourage open source, open architecture
 - But no IVR open source platform exists with sufficient reliability and capacity – this is a global challenge
 - Bangladesh mobile operators will only work with proven proprietary solutions
- InSTEDD, technology NGO with expertise in voice systems, under contract to design transition from proprietary to open source
 - Collaborating with SSD-Tech, D.Net to create a “bridge” between top API layer and proprietary underlying platform, expand portability across countries
 - Use of “cloud computing” to engage global open source experts in solution
 - Seek to transition MAMA traffic over three years as platform proves its capacity and reliability

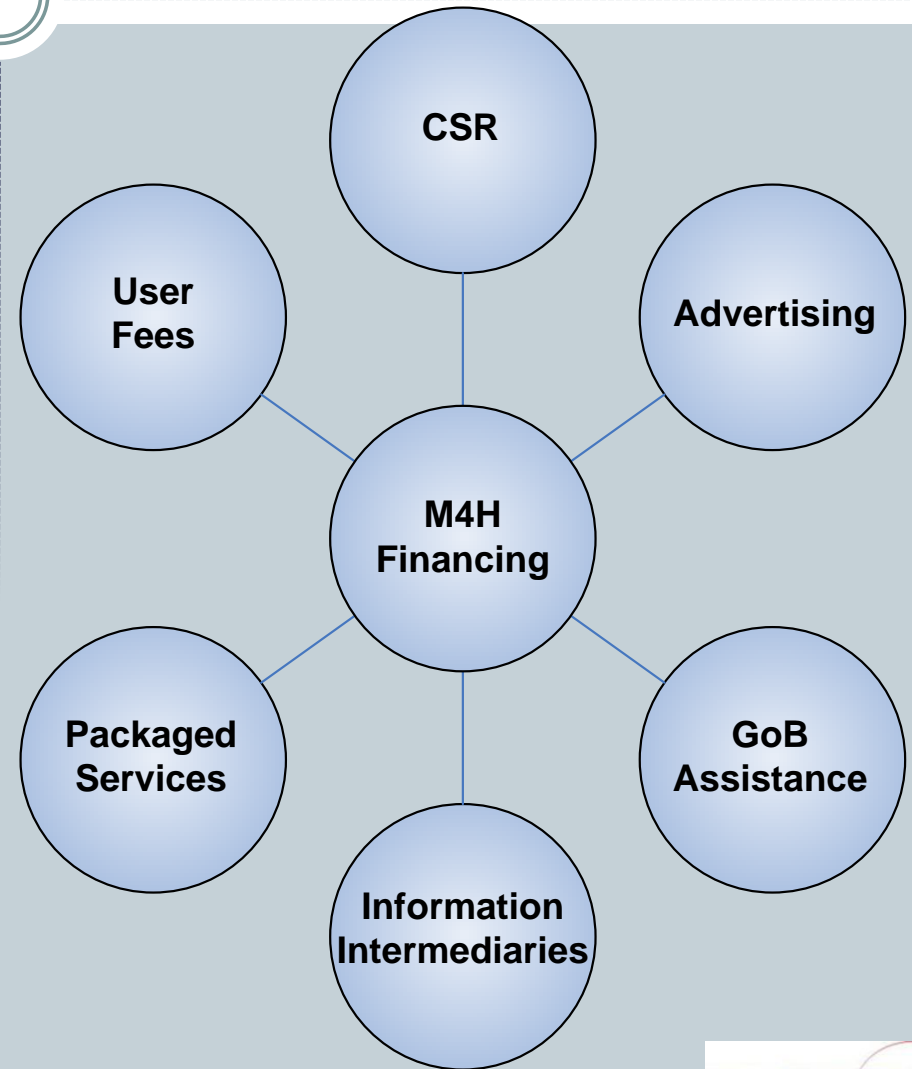
Goal is to develop open source IVR platform to support low cost voice applications globally

Seeking cost share partners to fund

Requires host organization to manage, promote open source upgrades long-term

MAMA Bangladesh Business Model Overview

- Innovation in cost-recovery for optimal scale and impact
 - Piloting alternative approaches
 - Adaptation of commercial models
 - Leverage USAID catalytic funds



Corporate Sponsorships



Status

- Broad outreach
 - US Ambassador-hosted event, Chambers of Commerce, associations, Brand Forum
- Developed tiers of sponsorships
 - Includes cash/in-kind contributions, menu of visibility benefits
- Currently 9 companies in active negotiation for contributions > +\$200K
 - USAID perceived as desirable partner
 - New law promotes CSR through tax breaks

Considerations

- Sector exclusivity highly valued (“the” MAMA insurance sponsor) but hard to implement
 - Companies diversified into conglomerates with many lines of business
- In-kind contributions (promotional channels, outreach) preferred over cash

Corporate Sponsorship Approach: CSR to Advance Business Interests



- **Sponsorship proposals combine commercial and philanthropic goals**
 - Link to other corporate initiatives such as supporting women's microfinance groups
 - Co-branded promotions through existing POS marketing
 - Tie percent product proceeds to support Aponjon
- **Sponsor recognition**
 - Provide levels of visibility tied to value of contributions (e.g. international v national v regional)
 - Recorded Aponjon message ads “this message brought to you by”

Other Funding Sources



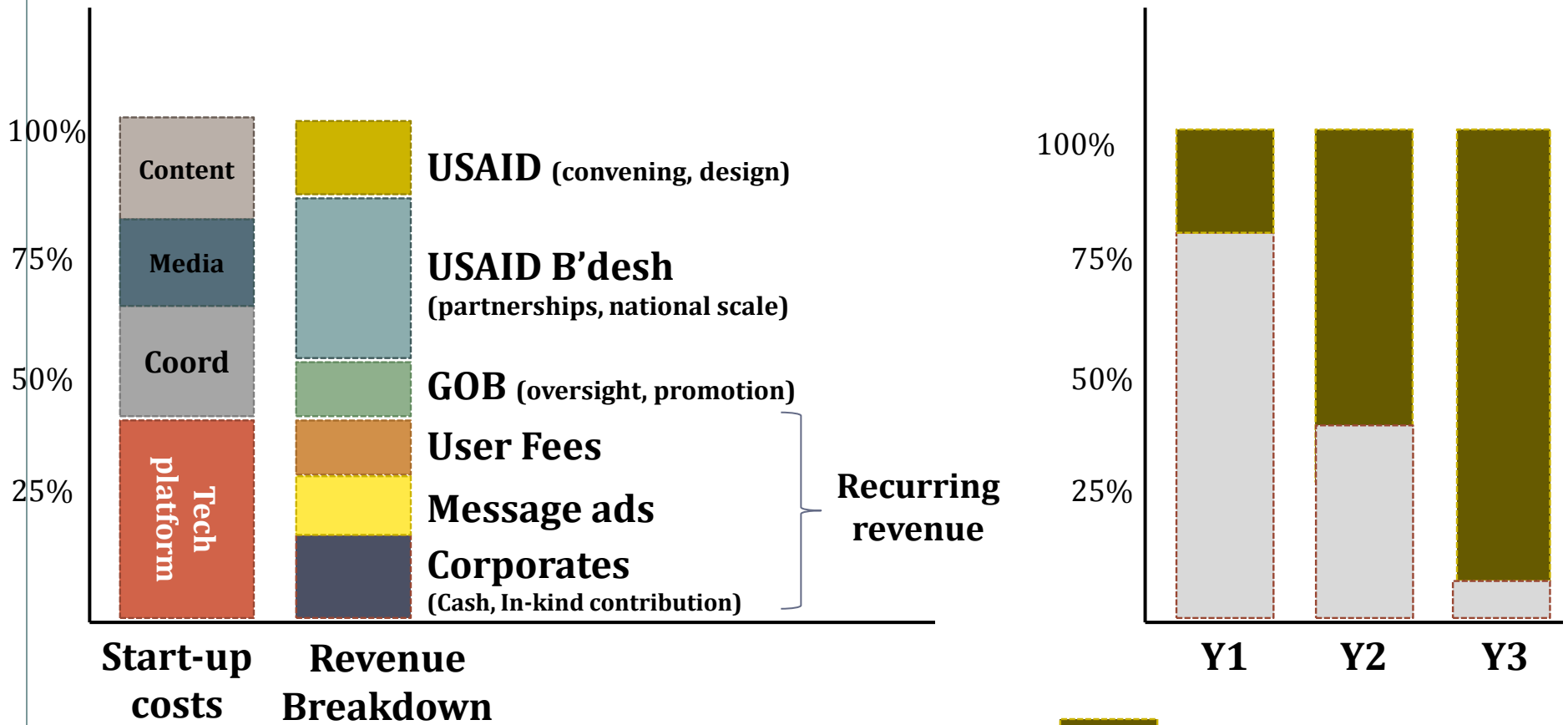
- **Users fees: Piloting willingness to pay per call charges**
 - Consistent with other VAS such as Healthline
 - Revenue-sharing agreements with mobile operators key to marketing support
 - Subsidies for lowest income subscribers
- **Service bundling**
 - E.g. BRAC micro-insurance plans, micro-credit memberships targeting women, voucher programs
 - Expands partnerships with trusted sources

MAMA Bangladesh Business Model

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Start-up / Launch

Post-launch sustainability



MAMA Bangladesh

