

# MAMA BANGLADESH

## BRIEF OVERVIEW

Bangladesh has made significant progress in health care; however, maternal, neonatal and child health statistics are still staggering: one woman dies every hour due to pregnancy related complications, only 23% of pregnant women attend more than four antenatal care visits, 27% of live births are attended by a skilled health personnel, and 43% of infants under six months of age exclusively breastfeed. Many of these shortcomings are due to the lack of information and knowledge about maternal neonatal and child health (MNCH).

“Aponjon” (meaning dear one in Bangla) is the Mobile Alliance for Maternal Action’s (MAMA) program in Bangladesh aimed at reducing maternal and child mortality using the power of mobile communication technology. USAID catalyzed a public-private sector coalition to support the scale up of a commercially viable mobile phone service that delivers weekly stage-based messages to pregnant women, new mothers and their families. Designed to enable the absorption of multiple sources of revenue, MAMA Bangladesh is one of the first mHealth direct-to-consumer services to get beyond the pilot by focusing on sustainable impact at scale.

After a year of user testing, feedback and iteration, MAMA Bangladesh was launched nationally by local social enterprise D.Net in partnership with the Government of Bangladesh Ministry of Health and Family Welfare in December 2012.

## ABOUT MAMA BANGLADESH

MAMA Bangladesh is implementing a “freemium” model that provides free basic services to the poorest 20% of mothers. The free services are subsidized by premium paid services targeted to higher income market segments. MAMA Bangladesh has also brokered revenue -sharing agreements with the five largest telecommunications operators in the country, an important precursor to achieving scale. By applying commercial strategies to improve MNCH, D.Net generates multiple streams of revenue through low user fees, advertisements, corporate partnerships and an individual giving campaign to sponsor mothers to receive their messages, thereby decreasing long term dependency on philanthropic capital.

Aponjon costs 2 taka (about \$0.025 USD) per message. Messages are delivered twice weekly in either short message service (SMS) or interactive voice response (IVR) format. The voice messages are entertaining and educational, formatted as ‘mini-skits’, with actors playing out real-life scenarios as characters, including a pregnant woman, doctor, husband and mother-in-law. MAMA Bangladesh has also created a unique service specifically for husbands, which reinforces messages provided to their wives and encourages their involvement in decision -making on pregnancy, birth and infant care.

## EVALUATION AND RESULTS

Prior to the national launch in December 2012, MAMA Bangladesh conducted detailed formative research in 13 locations across 4 districts (Dhaka, Chittagong, Sylhet and Gaibandha) among approximately 1,000 subscribers. Results indicated that almost 60% of women who subscribed to the service had their own phone, with the remaining women enrolling in services through gatekeeper or family member phones. Messages directed to household decision makers enabled improved household practices with respect to nutrition, antenatal care visits, and preparation for delivery.

Pilot stage research also indicated that the willingness to pay for the service was low, yet poor subscribers were willing to pay more than high income



## BEHAVIOR CHANGE COMMUNICATION

subscribers. Additionally, household decision makers were willing to pay more for the service than women.

Seventy-eight percent of users who subscribed to the service through community health worker outreach selected to receive messages through IVR, while women living in urban areas or those with high levels of education chose to receive the messages through SMS.

Following the national launch, the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) began conducting an impact evaluation that will measure the effectiveness of the mobile phone based behavior change communication messages.

To date, over 52,000 mothers and guardians have subscribed to Aponjon and 1,500 community health workers have been trained to register subscribers across the country. MAMA Bangladesh is projected to reach two million subscribers in its first three years through voice IVR and SMS messages and achieve sustained improvements in health knowledge, behaviors and outcomes. Seventeen percent of subscribers who live below the poverty line are receiving the service for free.

### LESSONS LEARNED

- Designing for scale from the beginning is critical to the eventual uptake and adoption of the mHealth program nationwide
- Strategic partnerships that leverage the unique value-add of outreach, government, nonprofit, technology and mobile network operator partners strengthen local ownership and sustainability in the long term
- To reach economies of scale, mHealth programs may have to consider expansion of services and products such as website interface, higher-end clients, and mobile applications
- Household decision-maker input, feedback and targeted involvement is critical to ensure the mother gets the necessary support and access to the information

- Customization of local content and knowing the client is key to sustainability and scale

### CONCLUSION

Research indicates that the MAMA Bangladesh service is acceptable, useful and valuable to end users. Subscriber testimonials show that the information provided often fills important gaps in knowledge and leads to women seeking care for themselves and their babies that they might not otherwise know to seek.

### GEOGRAPHIC COVERAGE

Bangladesh

### IMPLEMENTATION PARTNERS

D.Net; The Ministry of Health and Family Welfare is the official government partner of MAMA Bangladesh, in collaboration with the Government of Bangladesh and the Prime Minister's Office. Outreach partners: BRAC, Smiling Sun Franchise Program, MaMoni and Info Lady

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