

A young child with dark skin and hair is the central focus. They are wearing a white headscarf with a yellow band and a blue patterned headband. The child is looking towards the camera with a slight smile. They are wearing a white top and a colorful patterned garment. The background is a blue fabric draped over a structure, possibly a bed or a chair, in an indoor setting.

Healthy Pregnancy, Healthy Baby

GSMA mHealth webinar,
Thursday 8th March 2018



What does GSMA mHealth do?

Who is GSMA
M4D?

GSMA Mobile for Development (M4D) works with the mobile industry to identify opportunities and deliver innovations with socio-economic impact.

What is
mHealth's
mission?

The GSMA mHealth Programme is supporting commercially sustainable health services that transform the lives of people in need and promote the wellbeing of mothers and families in developing countries.

What have we
achieved?

Since 2013, the mHealth Programme has supported 8 services that have provided over 1.5 million users across sub-Saharan Africa with mobile health and nutrition information.



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What will be covered in this webinar?

- Part 1 - Why mHealth in Tanzania?
- Part 2 - How has HPHB achieved scale?
- Part 3 - How has HPHB achieved health and nutrition outcomes?
- Part 4 - Future roadmap



Part 1 – Why mHealth in Tanzania?



Healthcare burden



454

Maternal
mortality rate
per 100,000¹²
live births



81

Under-five
mortality rate per
1,000 live births

Mobile opportunity

- 62% phone ownership amongst general population



- 88% of the population has access to a mobile phone



What is Healthy Pregnancy, Healthy Baby?

Healthy Pregnancy, Healthy Baby (HPHB) is a nationally available SMS service offering free maternal, child health and nutrition information to subscribers on four leading mobile networks in Tanzania.

HPHB customer journey

AWARENESS

Users are made aware of the service, either through marketing campaigns, promotion through healthcare workers or recommendation from family or friends



ON-BOARDING

Users register for the service on their own or they are assisted by healthcare workers or CHWs



CONTENT DELIVERY

Users receive content delivered to their phone via SMS



END OF SUBSCRIPTION

Users unsubscribe or reach the end of their content subscription



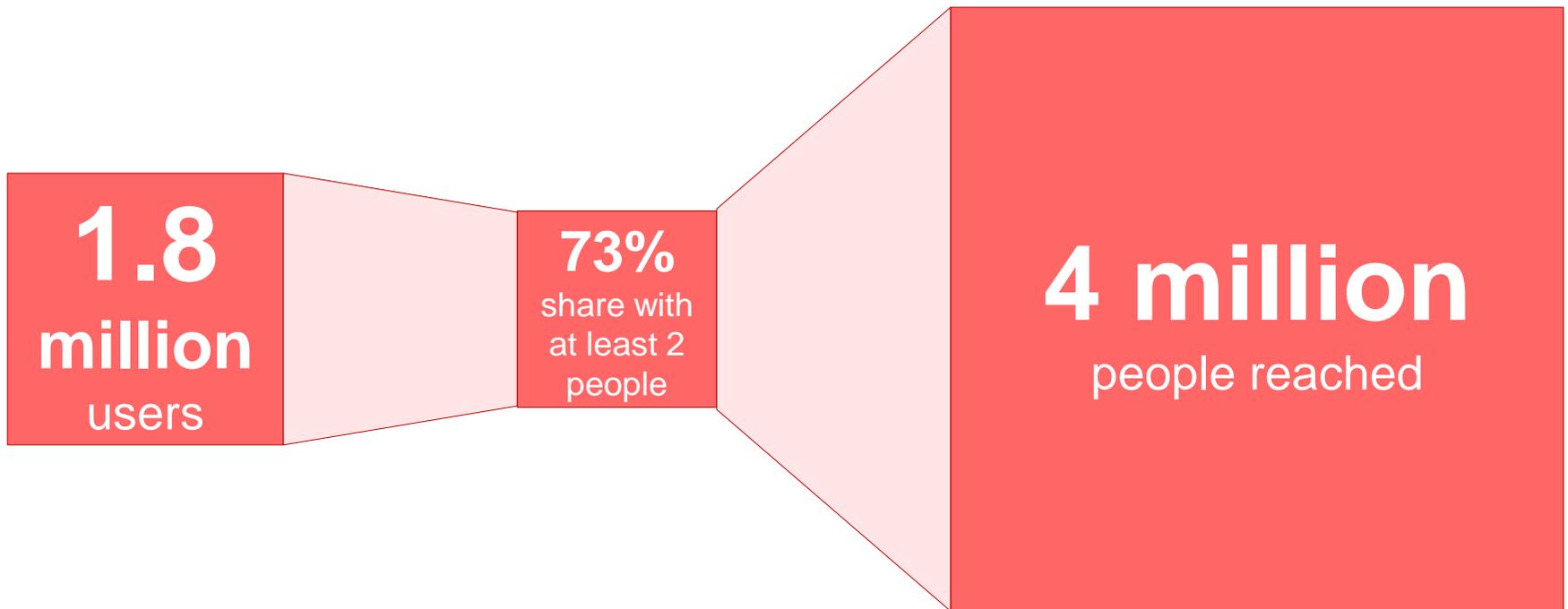


Part 2 – How has HPHB achieved scale?





The reach of HPHB





Government partnership

As owners of the service, the government:

Guides service strategy

Validates content

Funded development of the mHealth technical platform

Government ownership enables:

Easier partnership brokering which benefits overall sustainability

Easier service roll-out at health care facilities

Trust from users, increasing service adoption





“ I trust [HPHB] because it is something certified by the government. Because the government supports [the service] then we are fine. ”



MNO partnerships

HPHB partners with four leading MNOs in Tanzania (Airtel, Vodacom, Tigo, Zantel) who have zero-rated the message delivery costs.

This enables:

The reduction of
operating costs
by 63%

A free service to
end-users,
leading to wide-
scale adoption

Service
availability to
users on all
networks





“

Our subscribers know that they can get this information for free at any time on our network and this **presents longer term opportunities to build customers' loyalty to our brand and stick with us.**”

”

- Airtel, Tanzania



NGO partnerships

NGOs train Community Health Workers (CHWs) on how to register new users to the service.

This enables:

Easier registration for end-users and greater service adoption

Promotion of the service at clinics across the country





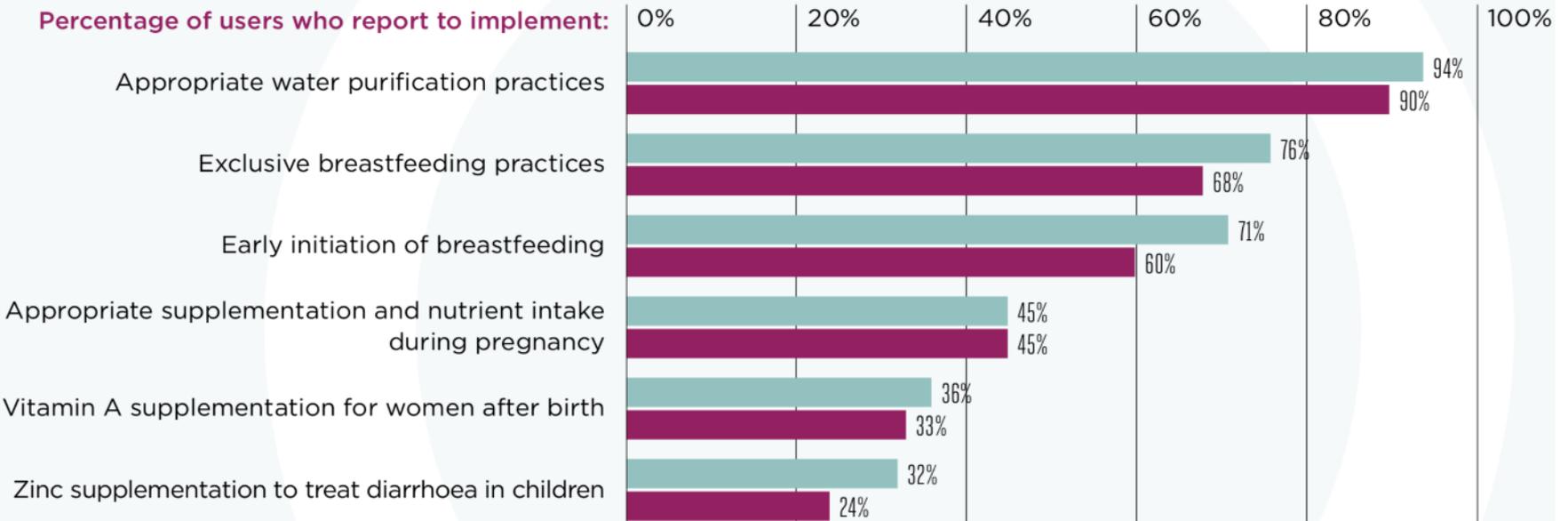
Part 3 – How has HPHB achieved health and nutrition outcomes?



Evidence of achieved health and nutritional outcomes

Nutrition behaviours of experienced HPHB users and non-users

■ Experienced users
 ■ Non-users





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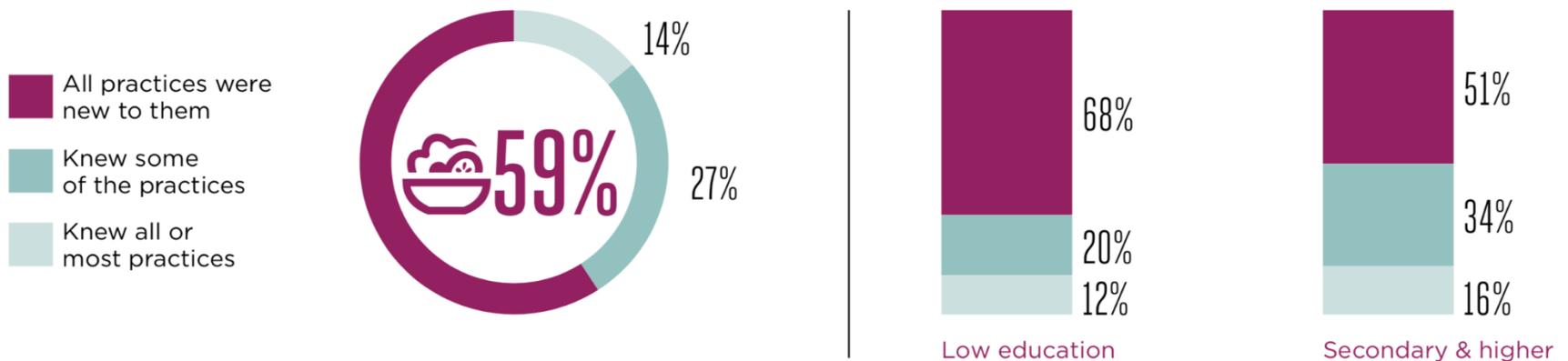
I used to feed porridge to all my children after one month, but later when I conceived this last pregnancy I tried so much to follow the six months rule, things went very okay and I have continued sharing the knowledge.

- Mwanahamis, urban user ”

Serving the underserved

- 68% female user base
- 46% rural users
- 45% below basic needs poverty line
- 22% of users declare they have no other source of nutrition information

Prior nutrition knowledge of HPHB user survey respondents



Focus on high quality content

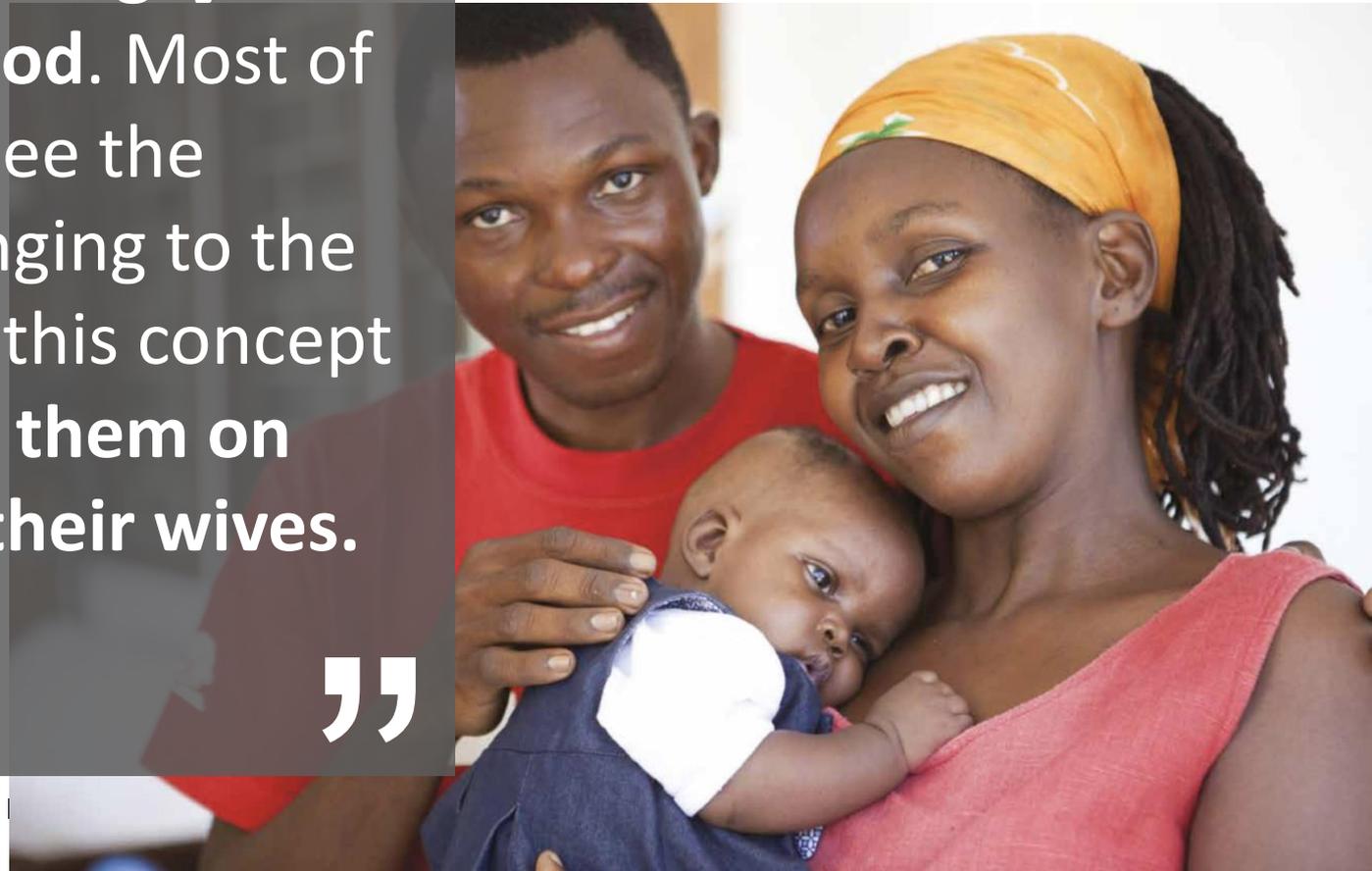
“I've never heard of this [iodized salt] before. What does it mean?”



Focus on high quality content

“ The one [message] for fathers is good. Most of the fathers see the babies belonging to the mother, but this concept can educate them on supporting their wives.

”



Design features that delight users

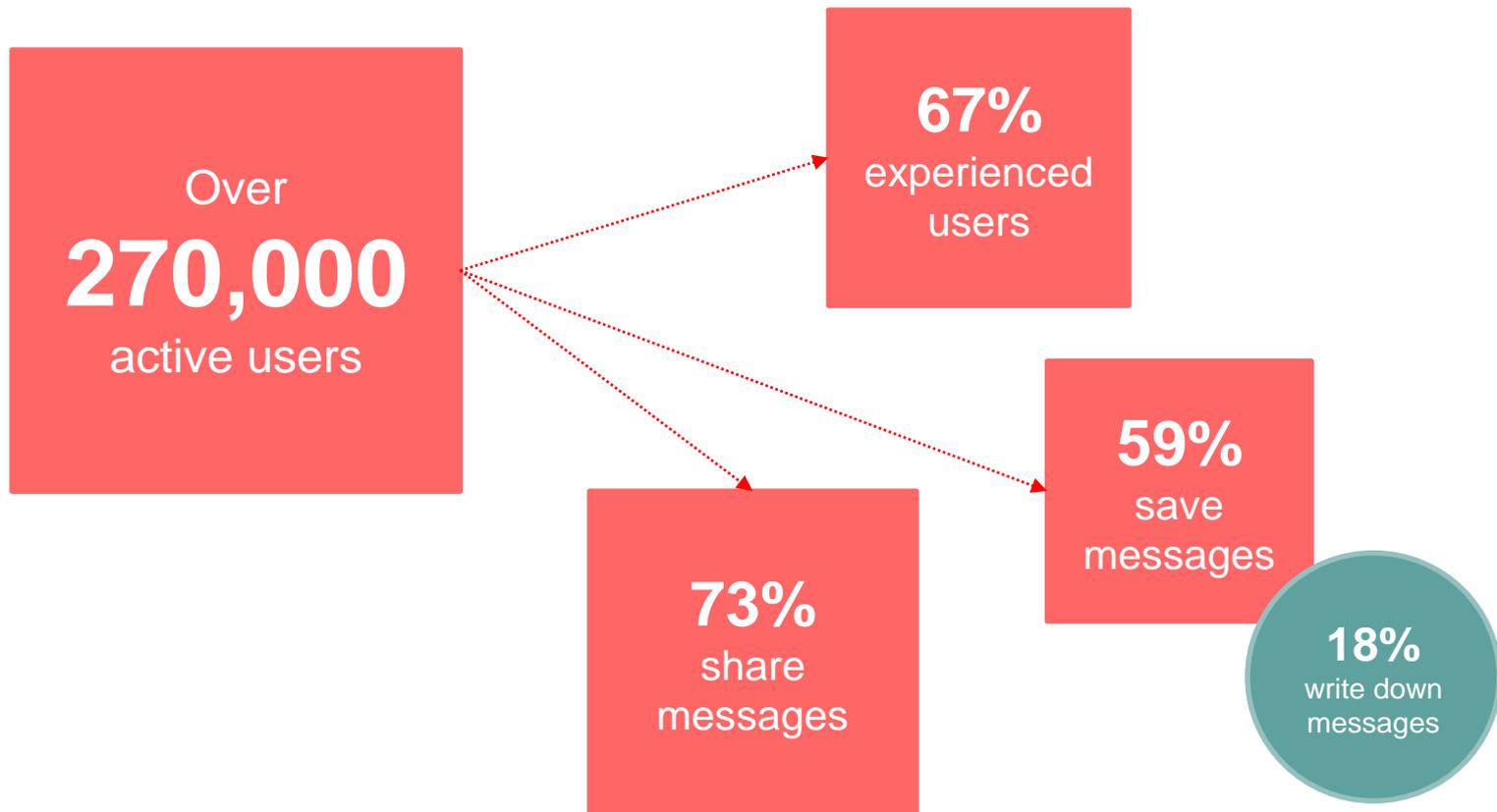
“

It reminds us a lot of things. There is a month you get reminded to attend clinic, we are reminded on how the baby is postured, [..], they will keep reminding you on the phone all the time, so **nothing comes as a surprise to you.**

”



User-centred design drives an active and loyal user base





Part 4 – Future roadmap





Service design

- Continuous efforts to improve the service experience are likely to drive improved nutrition outcomes

Administration
messages with tips
about what to do when
things go wrong

More frequent
feedback to CHWs

Refresher training for
CHWs





Sustainability

Continue to demonstrate value against business objectives of current partners

Prioritise the investigation into alternative B2B models

Efforts to reduce operating costs



Want to learn more? Explore our resources

- [mHealth design toolkit](#)
- [“Scaling digital health in developing markets”](#)
- Forthcoming publications:
 - **Creating scalable, engaging mobile solutions for health:** A study of eight nutrition content services in the mNutrition Initiative portfolio
 - **Living Goods Uganda:** A community health service leveraging mobile technology

For more information about our **mHealth nutrition content**, please contact Willie Ngumi (WNgumi@gsma.com) or Mojca Cargo (mcargo@gsma.com).





Questions?

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