MEETING WITH COMMUNITY OF PRACTICE

GSMA & SELECTED PARTNERS ON NIGERIA'S SOML AGENDA

22ND-23rd JANUARY, 2014

Table of Contents

Meeting particulars **1**

Record of Meeting (22.01.2014) **1**

Welcome Remarks **1**

Presentations **2**

1. GSMA [Victor Ohuruogu] 2
2. MAMA [Kirsten Gagnaire] 2
3. Starfish Mobile 3
4. SURE-P MCH [Dr Chichi Aigbe] 4
5: Private Sector Health Alliance 5
6: Pathfinder International 6
7: MSH Nigeria 6
8: Grameen Foundation [Cynthia Antwi] 7
9: Vas2Nets Technologies Limited 7
10: CHAI [Juliet Odugwu] 8
11. Wellbeing Foundation 9
12. NACA 9

Discussion, issues raised and messages of support **9**

Conclusion **10**

Record of Meeting (23.01.2014) ..... Error! Bookmark not defined.

Recap of Day 1 and work session on the PIF **10**

Breakout sessions: Problem Statements **11**

Operating Framework ..... Error! Bookmark not defined.

Groupings for possible integration of mHealth interventions **133**

Presentation of MNO Engagement guide & CFR **123**

Next Move **144**

Attendance: GSMA/MHA/SURE-P Community of Practice meeting **155-17**

Meeting particulars

Meeting: Meeting of the GSMA mHealth Community of Practice: fast-tracking Nigeria's Saving One Million Lives Agenda

Date: 22nd January, 2013

Time: 10am

Venue: SOML Office, Abuja

Record of Day 1, Wednesday Jan. 22nd, 2014

Welcome Remarks

The meeting was anchored by **Mr Victor Ohuruogu** who asked Dr. Luther to say an opening prayer. Mr Victor officially introduced himself and every member present likewise, and commended everyone for their contributions in their various organisations.

Dr Kelechi Ohiri gave the opening remarks and an overview on the Saving One Million lives Initiative, an intervention commissioned by the President of Nigeria to change inputs to outcomes. He discussed goals and objectives, achievements so far and action plan to forge ahead. He emphasized the busy 2-day programme and requested that everyone's best brought an effective outcome.

Mr Victor appreciated the head of SMOL for the opening remarks and invited **Dr Oshin** to add to what had been said. Dr Oshin's address included the points that:

- Participants should not consider this Community of Practice a separate organization, but part of the ecosystem of health in Nigeria.
- The landscape should become yet larger than the partners present today, and the CoP should maximise collaboration with private sector and telecoms. There was a need to reach out to other organisations who can participate in the CoP, and thereby accumulate resources and capitalise on the experience already existing.
- A lot of impressive work is already going on in terms of mobile health and technology in Nigeria. The CoP has been created to build on those efforts and find the new frontiers. On the part of government, there is an appetite for moving towards mobile technologies. (SURE-P is working with two banks towards mobile money.)

Dr Jega of Pathfinder International stated that there was a mCCT Technical Working Group in motion, and inquired if this CoP was in line with the existing TWG process or was another parallel group. Victor clarified this CoP was in line with what was on ground, with both groups forming pillars of the deliverables agreed at the ICT4SOML group in November 2013, in order to get more effective outcomes. Dr. Kelechi supported him by stating that the group is embedded to provide a workable solution. He also stated that given the presence of a large government programme (SURE-P) it would be a missed opportunity to be purely theoretical in this meeting. The CoP is also to be used to troubleshoot real current issues and problems.

Presentations Highlights

1. GSMA [Victor Ohuruogu]

GSMA **brings together mobile industry and healthcare stakeholde**rs to deliver commercially sustainable mHealth solutions, especially on MCH and nutrition related issues. In his presentation, Victor made clarifications on mHealth and on how it applies to SOML related activities in Nigeria and we must ensure that we align with National health and nutrition priorities.

He stated that the Community of Practice (CoP) is a selection of stakeholders from the public and private sector coming together to share, learn and help each other and that the **objectives** of the CoP will include:

- bringing selected stakeholders together to fast-track their SOML mHealth related activities
- discussing and explore ways through which GSMA can quickly assist to overcome challenges and achieve scale & target using mobile
- gathering technical and other requirements from the community for GSMA's support for implementation
- discussing other relevant opportunities: Private sector collaborations, mNutrition, 'Quick wins' etc.

2. MAMA [Kirsten Gagnaire]

Executive Director Kirsten Gagnaire explained that MAMA is a PPP operating worldwide, partnering with Johnson & Johnson, mHA, etc. Have own implementations in **India, Bangladesh and SA,** but programmes in numerous other countries. Reaching approximately **1m** women globally, one year after implementation.

MAMA focuses on **demand generation** for mothers and other household decision makers during pregnancy to first year of life: Provides age- and stage-based alerts and advice to women. Have general messages and topic-specific ones (PMTCT, postpartum FP, messages to husbands and mothers in law) - in local languages and culturally specific to challenge particular myths and problems. For example, when advising on foods, ensure their suggestions are financially accessible and acceptable to target women.

MAMA Bangladesh subscribers were twice as likely as nat. average to have 4 ANCs, 50% more likely to have facility based birth, 30% more likely to breastfeed exclusively. In Nigeria: goal is to be working through demand generation working group (from mHA) and with other local stakeholders, e.g. CHAI. This will guide the most impactful, scaleable possible demand generation programme. Their Nigerian experience is a similar process to that currently under way in India (huge pop., many stakeholders, complex environment).

Questions

Q (Dr Chichi) - what is mobile penetration in the areas they work?

A: in urban areas, high- 80-90%. Less in rural areas --> have to work with CHWs more closely to get information to women. In India & Bangladesh (BD), messages to husband and MiL are crucial to get message to woman and accepted within the family.

Q: What form do messages take?

A: Voice pushed messages (IVR) in India/BD due to low literacy; in SA high literacy so use SMS. Also have mobisite hosted free by Vodafone which beneficiaries can access for free.

Q: Do women pay user fees in BD?

A: Did a lot of research on this, women actually *wanted* to pay some amount --> found acceptable price point. Charge 2 taka per message. Have underwriting for poorest percentage of population.

Next Steps

- link MAMA with Starfish to provide content for subsequent mHealth products
- link MAMA with Grameen for possible Mobile Midwife content localization

3. Starfish Mobile (starfishmobile.com: Mobile Aggregator/Content provider with presence in 13 African countries and Asia and works with most of the MNOs in Nigeria)

Launched **9jaPocketdoctor**: which provides access to basic healthcare information to Nigerian through mobile. The health issues include:

1. general health tips
2. conception/child bearing
3. ailment management
4. drug info & usage
5. when there is no doctor
6. weight loss
7. stress management
8. major diseases, causes, treatment

Clients pay N20/week for this service which is text based – and is now running in Lagos State only. They have just introduced a **voice arm.**

Starfish would soon be launching a major mHealth product called **Hello Doctor** which will allow subscribers to call and speak to a doctor for immediate health advice. Another mHealth product being readied for launch and which excited everyone is the '**Eko Dokita'** which is available as a robust comprehensive mHealth app to run on smartphones and created for Lagos State.

Challenge

Mobile networks want the service to be exclusive which will be limiting. This is now being addressed through a 'clearing house', though cost will be passed on to customers.

Questions

Q (Jamila): can the App be used for PHC coordination

A: App was developed tailored for Lagos SMoH - not targeted yet at rural areas, where people don't have smartphones. It could be adapted for USSD strings for basic phones - don't have codes from networks at present.

Next Steps

- work with Starfish to ensure that their two product concepts aligns with national priorities and leverage the big launch in Feb/March.
- agreed to work on concepts that are linked to the potential accelerators and that maps to MNCH and Nutrition to be launched nationally

4. SURE-P MCH [Dr. Chichi Aigbe]

Dr. Chichi gave an overview of the Sure-P MCH. She described its two components: Supply and Demand, and emphasized on the demand intervention (CCT) to improve the current low rates of adherence to the full continuum of care. The CCT co-responsibilities to be fulfilled were mentioned in line with various stakeholders and their functions.

Questions

Q: How do you operate in rural areas?

A: With VHWs and WDC, phone calls and FCT field workers go into villages to sensitise women about payment days (unusually poor turnout compared to other States).

Q: What is our plan for generating demand across country, including in higher income areas where CCT amount may not be effective.

A: We work in rural and peri-urban areas (and will expand into other rural areas in the medium term - there are plenty of them!).

Next Steps

- SURE-P need to add a strong below-the-line marketing and awareness campaigns.
- GSMA and the 2 Aggregators have agreed to support SURE-P deal with the mobile money component and other technical challenges on their intervention and achieve scale
- GSMA and Aggregators to work with SURE-P to strengthen the consumer messaging component

5: Private Sector Health Alliance of Nigeria

PSHA is the foremost private sector platform working towards MDGs 4-5-6 in Nigeria as more Nigerians seek care in private than public sector.

He stated that a low application of innovation & technology in delivery is believed to be the biggest missed opportunity for transforming healthcare delivery in Africa which is coming from low level equilibrium. There is a need to pool our knowledge/skills to achieve goals

Organisational priorities

1. Innovation -- has been key to meeting MDGs in e.g. Ethiopia, Malawi,
    a. Process innovations, e.g. task shifting
    b. Convergence platform: they have created the Nigerian Health Innovation Marketplace (NHIM) to incubate and grow visibility for innovations
2. Partnerships
3. Advocacy
4. Impact Investments

NHIM seeks to identify promising innovations with a virtual portal core element (includes hackathon using NPHCDA data sets) and an innovation hub.

PHAN has secured working partnerships with the Ministry of Communication Technology, National Primary Healthcare Development Agency (NPHCDA). MNOs, States, LGAs, GSMA and m-health Alliance; to design and pilot an innovative intervention to leverage phone masts' excess power capacity to strengthen neighboring PHCs' last mile vaccine cold chain infrastructure.

Next Steps

- Aggregators to work with GSMA and PHAN to innovate an mHealth product as part of the health innovation agenda
- GSMA to leverage the launch of PHAN's Nigeria Health Innovation Market Place
- Follow up on PHAN to assist push the 'impossible asks' and problem statements identified at the workshop e.g. endorsement from relevant Govt. agencies, USSD that cuts across all MNOs networks, NCC waiver on VAS licence for Dev. partners who want to work with MNOs etc.

6: Pathfinder International

Pathfinder described their mHealth interventions for health workers which have been piloted in FCT and Niger State facilities from June 2013 - data capturing for ANC. 11,000 beneficiaries so far.

Challenges with MNOs so far:

- local SMS gateway and cost
- no cost SMS numbers
- data costs
- voice minutes cost
- free interoperability
- coverage - use multiple networks

Next Steps

- Broker partnership with Aggregators to assist them resolve the challenges
- Integrate Pathfinder with appropriate partners: Vas2Nets/MAMA/SURE-P

7: MSH Nigeria

Aims to increase women's awareness and information to health and social services through mobile. They plan to deliver this by using the Mentor Mothers model to enhance Antenatal and PMTCT service delivery and uptake.

Their process include using PMTCT-focused structured SMS text messaging and calls to achieve completion of key PMTCT cascade milestones during pregnancy and up to 6-8 weeks post-partum. There are other mHealth concepts being developed and are all compatible with DHIS2.

Next Steps

- GSMA to assist strengthen their new product concept to speak to 3 use cases and link to an Aggregator to assist
- Integrate MSH with NACA/Aggregators to work on a common product concept

8: Grameen Foundation [Cynthia Antwi]

Ms. Cynthia stated that Grameen is soon to open office in Nigeria and described the current projects of Grameen Foundation in Nigeria to include:

- Airtel Mobile Midwife Service
- African Health Markets for Equity (AHME) project

Mobile Midwife (MM):

- Sends actionable information to pregnant women, new mothers, other interested family members
- Information tailored to week of pregnancy/age of infant
- available by IVR or voice SMS.
- built on MOTECH open source platform
- multilingual (5 languages)

AHME

Purpose is to increase equitable access to affordable products/services. Running from 2012-15 with $60bn budged. AHME is operating in Nigeria, Ghana, Kenya – countries with most impact, given population, poverty, number of under 5-yr etc. Aim to improve health outcomes through health market functioning. Will be working in Ogun State.

Next Steps

- finalise outstanding issues on MM such as VAS provider who work with Airtel Nigeria, push for waiver on VAS licence requirement and push engagement with Airtel to commence implementation
- GSMA to link MSH with Grameen for best practice from implementing MM in Ghana

9: Vas2Nets Technologies Limited (Vas2Nets.com: Application & infrastructure service provider for media and telecoms services with presence in some African countries and UK)

Launched a phone based medical assistance service called **Dial a Doctor** which is available on a premium short-code 35123. This 24/7 service provides live interaction between doctors and clients and daily alerts on preferred health information. The service provides bundled package via App/SMS subscription,

WAP interface, and telephonic medical advised where doctors can diagnose clients' problems over the phone and other technology channels.

In case of Emergencies, the doctor can call an ambulance from the nearest hospital to pick the client from home. The access channels normally used are SMS, USSA, Data, App, IVR. Their mHealth App is available on Google play

Vas2Nets has also just commenced the piloting of a mobile health intervention at Ikeja Local Government in Lagos State.

Questions

Q: have they analysed demographics to see if they are reaching rural areas?
A: Only partly as the intervention is only in Lagos for now, but can be deployed nationally.

Next Steps

- work with Vas2Nets to ensure that their product concepts aligns with national priorities and leverage the big launch in Feb/March.
- agreed to work on concepts that are linked to the potential accelerators and that maps to MNCH and Nutrition to be launched nationally

10: CHAI [Juliet Odogwu]

CHAI is supporting the SOML through strengthening of the government health systems and scaling up provision of services in the private sector. Their 2014 initiatives are mostly in the planning stage and are detailed below:

Vaccines

- Logistics management information system: they got a grant from NPHCDA and will soon pilot
- Routine immunisation Child Tracking & Appointment Reminder System

Lab access

- SMS printers & Mobile Access: to accelerate return of EID test results [early infant diagnosis] - mobile access supplements printers in case they run out of charge etc.
- EID Commodity Management Portal

UNCC/Essential commodities

- Essential Commodities Logistics Management Information System
- mLearning - mobile phone based service delivery training program [continuous learning, non-didactic]

Family planning

- Family Planning SMS platform for reporting & requisitions
- FP M&E tool

Next Steps

- Assist CHAI to strengthen their plans and connect with an Aggregator to assist appropriate MNO request
- Integrate CHAI with appropriate partners: Vas2Nets/Starfish/SURE-P

11. Wellbeing Foundation

Context specific messaging for mHealth, digitizing personal health records and possibly making it a mobile app and in collaboration with MAMA.

Next Steps

- Assist to broker relationship with Aggregators and enable appropriate MNO ask
- Integrate Wellbeing Foundation Africa with Vas2Nets & Starfish

12. NACA

They have a long experience handling data via mobile and electronic channels. They operate a Call centre with toll free lines and currently do use the E1 lines which allows up to 31 callers at a time for counselling and referrals services. They are partnering with Etisalat.

Next Steps

- Connect NACA to content provider (MAMA) for content specific to HIV+ pregnant women and mothers
- Integrate NACA/MSH/Aggregators and Private Health Sector Alliance

Discussion, issues raised and messages of support

Themes that were drawn out from the Q&A and subsequent discussions included:

- **The need for experience with what worked in low-resource rural settings.** Participants differed in the geographic reach of the programmes profiled, with some programmes currently operating only in Lagos and serving a population with high literacy and mobile/smartphone penetration. There is a need to share what worked in poor settings
- **The need to consider pricing for programmes in a Nigerian context.** Victor highlighted the importance of this subject following MAMA's presentation. Programmes should set their price point and the level of underwriting for underprivileged clients to ensure demand and sustainability.
- **The level of DHIS2 integration in current programmes** – participants queried how far this is being conducted. Are programmes doing needs assessments mapping on what is already available? One participant

gave a South African perspective on their integration challenge. It was agreed that Government needs to be the lever here using their capacity.

- **Difficulties with interoperability when working with MNOs**: SURE-P highlighted difficulties trying to operate a closed user group when partnering only with one network. The point was made that interoperability was a business difficulty, rather than just a technical problem – MNOs are simply unwilling from a business perspective to give up exclusivity. It was agreed that the PHAN could help push to address this.
- **Benefits of involving academia** and working with educational institutions was highlighted by the Grameen representative. Particularly in the field of ICT, students and new graduates have up-to-date skills and the time to conduct research, of which organisations should take advantage. NACA made it known that they work with 3 institutions such as Ahmadu Bello University, who has adopted HIV/AIDS into their curriculum, and 2 universities in the US.

MAMA raised the point that a global M&E framework was available on their website, with indicators that a lot of organisations can adapt.

Conclusion

Patricia Mechael, of mHealth Alliance, gave the closing remarks. She commended everyone on their strategic thinking on *how* to use ICT to save lives, and the progress that had been made, through an open dialogue. She highlighted the shared desire not to reinvent the wheel and how beneficial the movement towards standardisation and integration would be.

In bringing the meeting to a close, Victor asked Dr. Chichi of SURE-P for a vote of thanks during which she encouraged attendees to go through the PIF in advance of the meeting tomorrow.

Record of Day 2, Thursday, Jan. 23rd, 2014

Recap of Day 1 and work session on the PIF

Victor welcomed participants and asked Ms. Seyi Ibidapo, SOML office to help with a recap of the previous day work. He then introduced the project integration framework, which is a tool for articulating the mHealth services/product concepts of partners to highlight how the services maps to the

various product concept areas and also for collecting requirements of such services.

At this point, in working towards achieving less fragmentation of mHealth services and integration of common mHealth product concepts and players, he suggested that the services be categorized. Patty and Kirsten then gave a very helpful direction on how to categorise the groups viz:

1. Demand generation: Client facing and Adherence Monitoring
2. Data Surveillance and Supply Chain
3. Registration and Health worker strengthening

Subsequently Patty informed that mHA tasks include building a supportive environment for mHealth organisations, rather than any one specific organisation while GSMA among other tasks, focuses on creating commercial mHealth opportunities which is crucial for sustainability as most projects are funded by donors and bilateral organisations.

Victor thanked Patricia and Kirsten for their feedbacks and directed that each group/organisation should go through their section of the PIF and should also identify challenges and requirements which can be articulated as 'asks' to mobile operators through the SOML office. It was mentioned that the private sector has a huge advantage, particularly the telecom industry, in terms of scale and that it is vital to leverage on their experience and reach, though they don't partner if there is no business value in our concepts. The meeting then broke into the three categorized groups, each headed by Patty, Kirsten and Victor.

Breakout sessions: Problem Statements

Following the group work session and presentations by the various groups, the following highlights some of the problem statements identified by stakeholders:

1. Given that most Network operators often demand for exclusivity regarding launch of mHealth services as exclusivity does not allow for a greater reach to beneficiaries across the country, stakeholders agree that the FMOH should engage with relevant Govt. agencies (e.g. NCC; Min. of Communications Technology), to request that all mHealth services impacting on MNCH and Nutrition be allowed across all networks. In order

words, one common short-code across all the networks or a USSD that can be used across all networks.

2. Cooperation and collaboration of the banks and Network operators for reduced bank charges, reduced tariffs and provision of business infrastructure that can contribute to success is required for all mHealth services that have a conditional cash transfer (CCT) being rolled out by Development partners.
3. The question on the possibility of achieving a blanket tariff for voice and data or tariff reductions/discounts/reverse billing and zero rating regarding all development sector driven mHealth services in Nigeria was also put forward by some stakeholders.
4. All requirement for VAS license for Development organisations approaching Network operators to partner with should be waived by the NCC.
5. GSMA will assist Aggregators with linkage to content for mHealth concepts that aligns with national priorities and potential accelerators to deal with mother and child mortality while the Private Sector Health Alliance could assist to engage several State governments for launch in their States.
6. Endorsement for relevant partners with highly feasible and impactful mHealth initiatives that maps to MNCH and Nutrition in Nigeria should be achieved from the FMOH, as often required by network operators.

Operating Framework

It was agreed that the lack of a national regulatory mHealth framework or policy presents an opportunity. Stakeholders however agreed that a framework is needed. And in the absence of a regulatory framework, they should ensure that best practices are adapted as they work to gather evidence to drive their work and justify funding.

To this effect, victor suggested that to proactively tackle the issue of standard, in the interim, an operating framework could be developed by stakeholders to standardize and guide ongoing mHealth activities (to deal with the issue of integration, interoperation, data ownership and privacy, etc.).

He clarified that at the November 2013 ICT4SOML meeting, requirements were collected for a National ICT4SOML Framework and that its development is underway. He mentioned that the CoP is not reinventing the wheel but that the interim standard will help guide members who are currently implementing

mHealth services and are experiencing some challenges. It was agreed that the standard can subsequently be incorporated into the ICT4SOML framework too. As such, it was agreed that a small team be constituted to work on the standard which is to be known as **Mobile Deployment Framework**. The members include:

S/n	Name	Org	Phone number	E-mail
1	Dr. Chinedu Chugbo	SOML office		Chinedu.chugbo@soml.org.ng
2	Dr. Chichi Aigbe	SURE-P	08036005903	clobasi@yahoo.com
3	Benjamin Akinmoyeje	MSH	08077099635	bakinmoyeje@msh.org
4	Adeyinka Aderombi	Starfish mobile	08022225763	akaderombi@gmail.com
5	Ayo Stuffman	Vas2Nets	08033463890	a.stuffman@vas2nets.com

The team's ToR, among others, will include the development of a framework that will aid standardization and to guide ongoing mHealth activities taking into cognizance such issues as integration, interoperation, conformance with DHIS2, data ownership and privacy, etc. Time frame for a first draft is 3 weeks and will be reported at the Feb. meeting.

Groupings to achieve possible integration of mHealth interventions

The following grouping were done to enable partnerships that can assist to reduce fragmentation, achieve greater reach and coverage of services, leverage strengths and achieve greater impacts. These groups should commence discussions after this meeting and work out plans for implementation with technical support from GSMA. Progress will be discussed in the Feb. meeting

1. MSH/NACA/CHAI/Vas2Nets/Starfish mobile
2. SURE-P/ Pathfinder/Vas2Nets/Starfish mobile
3. Wellbeing Foundation/MAMA/ Vas2Nets/Starfish mobile
4. Vas2Nets/Starfish mobile and MAMA
5. Grameen/MSH
6. Vas2Nets/Starfish mobile/NACA/Private Sector Health Alliance

Presentation: MNO Engagement guide and Country Feasibility Report

Victor presented the MNO engagement to the meeting to illustrate the requirement for a strong business case/model for partnership with Mobile operators and went through the definitions and examples of each of the proof

points for each driver of partnership. He also introduced the framework for the GSMA's Country Feasibility report and informed that he will be asking for valid data and information on relevant sections section from members who can assist.

Next Move

- Rapid Progress on members' mHealth activities
- The Mobile Deployment Framework team to assist in producing a draft document to be shared and validated at the Feb. meeting
- Various groups that have been banded together could report on the progress of their integration plans/activities in Feb.
- CoP adjourned to reconvene in on **Feb. 10- 11, 2014**. Communication will be shared in this regards to agree on exact date.

Attendance Sheet: GSMA/MHA/SURE-P Community of Practice

Date: 22nd-23rd January, 2014

Venue: SOML Office, Maitama, Abuja

	Participant	Designation	Organisation	Phone Number	Email
1	Chinenye Mofunanya	Operations	Starfish Mobile Nigeria	08033917357	chinenye@starfishmobile.com
2	Olatunde Etiko	CEO	Starfish Mobile Nigeria	08098008747 08022228747	latunde@starfishmobile.com
3	Adeyinka Aderomdi	Operations	Starfish Mobile Nigeria	08022225763	akaderombie@gmail.com
4	Elizabeth Eze	Consultant	Dalberg Global Development Advisors	+221 766390076	elizabetheze@dalberg.com
5	Kirsten Gagnaire	Exec. Director	MAMA	+1 2026151557	kgagnaire@unfoundation.org
6	Emeka Chukwu	mHealth	Pathfinder International	08037760629	echukwu@pathfunder.org
7	Dr Luther-King Fasehun	Tech/Policy Lead	The Wellbeing Foundation	08134739411	luther.fasehun@wbfafrica.org
8	Jesse Cheto	Consultant	Wellbeing Foundation	08061307787	jesse.chets@wbfafrica.org
9	Imo Etun	Partner	mDoc	+27 739038870	imo.etuk@mymdoc.com
10	Dr Adetokunbo Oshin	Deputy Project Director	SURE-P MCH	08055065556	tokunbo.oshin@gmail.com
11	Dr Chichi Aigbe	CCT Operations Unit Lead	SURE-P MCH	08036005903	clobasi@yahoo.com

12	Jamila Bello-Malabu	HRH Officer	SURE-P MCH	07053904500	j.malabu@gmail.com
13	Dr. Farouk M. Jega	Country Rep	Pathfinder International	07036015464	fjega@pathfinder.org
14	Dr. Habeeb Salami	Project Manager	Pathfinder International	08055177960	hsalani@pathfinder.org
15	Heidi Wendisch	HR/Admin	SOML	07061813760	hwendisch@yahoo.com
16	Kaahassa Zabadi	Admin/Comms	SOML	08038950050	kaahassa@gmail.com
17	Cynthia Antwi	AHME ICT PM	Grameen Foundation		cantwi@grameenfoundation.org
18	Benjamin Akinmoyeje	IT Manager	MSH	08077099635	bakinmoyeje@msh.org
19	Elor Ukot	IT	MSH	08095036017	eukot@msh.org
20	Opeyemi Ogunleye	SSA	MSH	08077099663	oogunleye@msh.org
21	Nicole Dakut	IT	MSH	07037766724	nicoledakut@gmail.com
22	Avrille Hanzel	Snr. Manager	mHealth Alliance	+1 2025691751	ahanzel@mhealthalliance.org
23	Patricia Mechael	Exec Dir.	mHealth Alliance	+1 9732228252	pmechael@mhealthalliance.org
24	Dinatu K Alat	STO	NACA	08027100699	dalat@naca.gov.ng
25	Juliet Odugwu	IT	CHAI	08143368226	jodugwu@ clintonhealthaccess.org
26	Teni Stuffman	Biz Dev. Dir.	Vas2Nets	08033014320	t.stuffman@vas2nets.com
27	Adelanke Akindeyi	PMO	Vas2Nets	08134198907	Adekunle.a@vas2nets.com
28	Ayo Stuffman	CEO	Vas2Nets	08033463890	a.stuffman@vas2nets.com
29	Lakshmi Balachandran	Tech	CHAI	+1 9175134026	lbalachandran@ clintonhealthaccess.org

30	Dr. Muntaqa Umar-Sadiq	CEO	Private Sector Health Alliance Nigeria	08130858172	mumarsadiq@pshan.org
31	Michael Iyeuhobu	PO	NACA	08065529829	Mclordmichael79@gmail.com
32	Effiong Eno	Assistant Director	NACA	08029219781	eeno@naca.gov.ng
33	Laura Morris	CCT Planning & Evaluation	SURE-P MCH	08172889418	laura.nphcda@gmail.com
34	Bimbo Ajayi	FCT CCT Field Supervisor	SURE-P MCH	08035851376	bimbolaajayi@yahoo.com
35	Husaina B. Aliyu	Performance Management Officer	SOML	07063820906	husaina.bello-aliyu@soml.org.ng