Implementing the Mobile Alliance for Maternal Action Approach

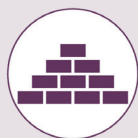
Lessons from Country Programs: Bangladesh, South Africa, India and Nigeria

This document highlights key operational lessons learned from four country programs—Bangladesh, South Africa, India and Nigeria—that implemented the Mobile Alliance for Maternal Action (MAMA) approach. The MAMA approach uses age- and stage-based messaging directed toward pregnant women, new mothers, and families to foster behavior change and improve maternal and child health outcomes.

A modified usage of the mHealth Assessment and Planning for Scale (MAPS) tool provided the structure for a "lessons learned" meeting on December 15–16, 2016. Twenty-five representatives from the four country programs and core partner organizations participated in the meeting. Participants discussed lessons for each axis of the MAPS tool—Groundwork, Partnership, Financial Health, Technology, Operations, and Monitoring and Evaluation—and an additional axis, Content Creation. They then ranked the lessons they thought were most important for successful program implementation and discussed some overarching experiences.

The table below summarizes the key lessons learned.

Groundwork Axis



Key Lesson 1: Initial mobile channel selection was influenced by country context factors such as literacy level, mobile phone ownership, and usage patterns.

Key Lesson 2: Formative research was essential to making other programmatic design decisions.

Partnerships Axis

Key Lesson 3: Partnership structures needed more clearly articulated roles and responsibilities from the start of the program.

Key Lesson 4: Unanticipated changes in leadership, strategy, and personnel undermined the effectiveness of mHealth partnerships.

Financial Health Axis

Key Lesson 5: There is no "right" funding model. Country programs developed diverse funding models, based on their context and goals for long-term viability.

Key Lesson 6: Cost drivers varied greatly due to country information and communication technology (ICT) regulations, mobile network operator (MNO) business models, and ICT technical structures.

Content Creation Axis

Key Lesson 7: Content needed to be hyper-localized, with involvement of local stakeholders.

Technology & Architecture Axis

Key Lesson 8: Evolving program requirements required in-house technology expertise to translate customized needs to technology partners and to exert greater control over the service.

Key Lesson 9: Working with external technology companies, especially aggregators and MNOs, accelerated time to market but was complex to manage.

Operations Axis

Key Lesson 10: Customer enrollment required multiple partners and approaches with "boots on the ground" to be successful. However, aligning partner motivations, training, and supervision were key challenges to enrollment at scale.

Key Lesson 11: Ensuring that women received messages required specific strategies, such as selecting preferred timeslots, jingles, and returning missed calls.

Monitoring & Evaluation Axis

Key Lesson 12: The lack of a clear understanding of data needs, reports, and partners' privacy policies led to delays in harnessing data for service improvements and actionable insights.

Key Lesson 13: Impact evaluation was underfunded. Country programs made trade-offs between routine monitoring and impact assessment.

LEAD COORDINATOR	LENGTH OF IMPLEMENTATION	SCALE	TOTAL SUBSCRIBERS	TECHNOLOGY	LONG-TERM GOAL
Bangladesh: Aponjon					
Dnet	6 years	National	1.9 million	Outbound dialing and text messaging; more recently launched a 24/7 Doctor's Line and two mobile applications	Commercial adoption
South Africa: MAMA South Africa					
Praekelt	3 years	National	500,000	Text messaging, mobile website, social network platform, and USSD (unstructured supplementary service data)	Government adoption (achieved)*
India: mMitra					
ARMMAN	3 years	3 states	600,000	Outbound dialing	Government adoption
Nigeria: HelloMama					
MCSP	1 year	2 states, pilot phase	4,609	Outbound dialing and text messaging	Government adoption

*In 2014, the South African National Department of Health launched a service called MomConnect that built upon content, technology and partnerships developed for MAMA South Africa. In 3 years MomConnect has reached 1.7 million mothers in 95% of public health clinics.

The country programs have found it valuable to share implementation lessons with one another, and have found that despite their different country contexts, there are many lessons that have wide applicability.

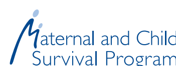
All four programs have achieved successes in reaching pregnant women, new mothers, and their families with vital information about how to take better care of themselves and their children. Programs have also developed public-private partnership networks, particularly engaging governments in supporting mHealth efforts. Overall, the country programs think the MAMA approach works: the messages are highly valued by those receiving them, and the program is a worthwhile investment for improving knowledge and attitudes. However, questions remain about the most sustainable business models for these programs and the extent of the programs' behavioral and service utilization impact.

A woman enrolling for Aponjon service over SMS.
Photo by Naimul Haque Joarder Titu, Aponjon.

mHealth has evolved significantly over the last 5 years. There are fewer pilots, and more programs are working toward or reaching scale with a host of partners. But mHealth is still an emerging area, and it is essential for implementers to continue to share their experiences with cost structures and business models, and contribute to the evidence base, particularly regarding the impact of mHealth on behavior change, service utilization, and health outcomes.

The country programs have found it valuable to have an informal learning network where they can support each other and share experiences that often have broad applicability, while understanding the differing context across their countries.

The full MAMA Lessons Learned Report can be downloaded from http://bit.ly/MAMAReport.



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