

About BBC Media Action

- BBC Media Action is the international development NGO of the BBC.
- We use media to inform, connect and empower people around the world.
- We work in over 20 countries in Africa, Asia, the Middle East, and Central and Eastern Europe reaching over 200 million people globally.
- We've been working for more than 15 years in India – on a wide range of projects focused on HIV/AIDS, gender, labor rights, disaster preparedness, the environment, TB and maternal and child health.
- We're currently working on maternal and child health, nutrition and sanitation in the Indian states of Bihar, Madhya Pradesh, Odisha and Uttar Pradesh.
- We deliver innovative, creative and strategic health content on all media platforms, including TV, radio, print, mobile and the internet, and via face-to-face communication.
- We work closely with state and central governments.



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‘Ananya’ – Bihar

The 'Ananya' programme – a collaboration between the Bill & Melinda Gates Foundation and the Government of Bihar – aims to significantly reduce maternal and infant mortality in the state of Bihar by Dec 2015.

As part of the Ananya Programme, BBC Media Action is increasing:

- demand for health services
- and the adoption of healthy behaviours.

We're doing this by expanding knowledge and changing attitudes and practices related to maternal and child health.

A population of 104 million people, including 23 million women of child bearing age and 200,000 community health workers, makes the scale of this challenge immense.

While trying to solve public health challenges such as this, mobile phone technology is a compelling answer...



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The scale of opportunity is huge...

80% of 15-49 year old men and women in Bihar have access to a mobile phone.

63% of men and 32% of women own their own phone.

200,000 grassroots community health workers in the state.

Each responsible for a catchment area of 1,000 people.

85% of frontline health workers own their own phone and 100% has access to a phone.



A photograph of a rural Indian village scene. In the foreground, there is a simple wooden cot with a white sheet and a brown blanket. A small black and white dog is lying on the ground under the cot. To the left, a large black metal bowl sits on a stand. In the background, there are several huts with thatched roofs. Laundry, including a yellow cloth and a red cloth, is hanging on the roof of one of the huts. The scene is set in a dry, dusty area with some greenery in the distance.

But delivering mHealth at scale in rural India isn't easy...

*But there are also huge challenges to
overcome...*

They don't own smart phones

80% of people may have access to a mobile phone, but their handsets look like this....

Old, used, damaged, basic....

The majority of these 'gray market' copycat handsets do not support local language fonts



The majority can't read...

Even if local language fonts were supported, the fact remains that 70% of women in rural Bihar are illiterate.

They live in 'media dark' areas where only 27% have access to television and 11% have access to radio.

They haven't heard of common health terms – such as 'ambulance' or 'iron tablet'.

And they speak multiple dialects and don't understand complex Hindi vocabulary.



They don't know how to send SMS



The majority of low-income subscribers in Bihar have owned a mobile phone for less than a year.

*Low literacy and very recent adoption of mobile technology mean that **technical literacy** is very low.*

91% have never sent an SMS

All the majority know how to do is make and receive phone calls.

They have very little money and almost all are 'prepaid' customers



53% of Bihar's 104 million people live below the poverty line.

Not surprisingly, they don't have a lot of disposable income to spend on phone calls.

- More than 90% are pre-paid customers*
- More than 60% spend less than Rs 60 per month*
- The average balance is approximately Rs 4*
- About 50% tend to use all their balance on one call*

*So how to overcome these challenges?
And sustainably scale effective mHealth education
to millions of people?*



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Answer: Mobile Academy

Use IVR technology that is handset independent, audio based and accessed via a simple voice call to train Bihar's 200,000 community health workers to deliver life-saving information to millions of families

- Mobile Academy is a training course on maternal and child health
- Covers 33 months - from pregnancy until the child is 2 years of age
- Designed to expand CHWs' knowledge of life saving preventative health and enhance their communication skills
- Divided into chapters, lessons and quizzes
- Accumulative pass/fail score
- Printed certificate for all those who pass



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Answer: Mobile Kunji

Equip health workers with an audio visual job aid that is lightweight and makes use of the phones they already own.

- Designed to be used by CHWs during their counselling sessions with families
- Mobile Kunji brings together an IVR-based mobile service
- And a virtually indestructible deck of 40 illustrated cards on a ring
- Each card communicates life-saving messages about maternal and child health
- A unique shortcode at the bottom of each card plays the related audio health message to rural families



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Answer: Kilkari

Deliver time-sensitive audio information about maternal and child health to the mobile phones of pregnant women, mothers of young children and their families for up to 16 months.

- Kilkari is an IVR service, consisting of out bound calls (OBD) to families' mobile phones
- The service covers the critical time period – where the most deaths occur - from the 6th month of pregnancy until the child is one years old
- Families who subscribe to the service receive one call per week, for up to 64 weeks
- Each call is 2 minutes in length



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Partnerships for scale and sustainability



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Mobile services at scale

- A partnership with **six of the biggest mobile operators in India**, accounting for 90% of the market in Bihar:
 - Airtel
 - BSNL
 - Idea
 - Reliance
 - TATA
 - Vodafone
- The IVR services can be used on any handset and are available on **common shortcodes** and **common tariffs** across all participating operators



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Private sector business model

- Mobile Academy is billed to FLWs at **50 paise per minute** and Kilkari is billed at **Rs 1 per week**.
- The Mobile Academy course is 190 minutes long; the **total cost** of the course is **Rs 95**
- Families can subscribe to Kilkari for a maximum of 64 weeks, thus the maximum charge is **Rs 64**
- **90% reduction** in standard IVR call rates
- But – the tariff **covers the operators' cost** of delivering Mobile Academy, including **government taxes**, and **generates revenue**
- Operators **share revenue** with BBC Media action and its technology platform provider, OnMobile to help **cover operational costs**
- **Additional revenue streams** such as advertising or government subsidies will be required to make the service financially sustainable in the longer term



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Public sector - sustainable business model

- Designed to be used by FLWs every day, Mobile Kunji is Toll Free
- Exceptionally low rates were negotiated with the mobile operators for calls billed to BBC Media Action
- Call costs, Kunji card printing costs and training costs are being transitioned from the Bill & Melinda Gates Foundation to the Government of Bihar
- Call costs, Kunji card printing costs and training costs are being covered by government in other states from the outset



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Early results

mHealthEd for CHWs - launched in Bihar in May 2012:

- **Mobile Academy** – has been used by **41,000 unique users**, who have listened to **5.8 million minutes** of educational content; **20,750 CHWs** have already graduated
- **Mobile Kunji** – **153,000 unique users** have played **5.7 million minutes** of life-saving content

mHealthEd for families - launched in Bihar in August 2013:

- **Kilkari** – we have received **68,000 + subscription requests** in six months for our outbound audio messaging service for families

Scaling to other states:

- Have launched in the state of **Odisha**, where the **government is covering the majority of costs from the outset**
- Will launch in the state of **Uttar Pradesh** this year, where again the **government is covering the majority of costs from the outset**



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Early results: improved quality of counselling

The percentage of mothers who received advice on:

- **birth preparedness** has increased from **29% to 54%**
- **complementary feeding** has increased from **7% to 20%**
- **family planning** has increased from **10% to 23%** from March, 2012 to August, 2013



Results of a **Mobile Kunji usage and engagement study** – evaluating its efficacy in improving knowledge and changing attitudes to maternal and child health – **due in May**

Results of **Ananya** midline – due in June



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Set up challenges

Program challenges

- Target audiences - direct to family services
 - Who has talk time credit/balance on their phone?
 - Who makes mobile-related purchasing decisions?
 - When is the phone at home?
- Content localization
 - State government review of and agreement on technical health content
 - Ensuring that content doesn't create demand for services that don't exist
 - Meeting audiences' needs:
 - Multiple dialects
 - Unknown concepts – 'ambulance', 'iron'
 - Quantity of information
 - Usage of analogies



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Program learnings

Target audiences – direct to family services

- Target men to reach women
- Target them when they're at home
- Call, call and call again

Content localization

- Government engagement
 - Engage with government on technical health content from day one
 - Establish clarity of roles and timelines
 - Ensure agreement in writing at every stage
- Meeting audience needs
 - User-centered design – robust research methodology
 - Iterative prototyping
 - lowest common denominator Hindi with commonly understood vocabulary from other dialects
 - Emphasize simple do-able actions
 - Root messaging in practical realities
 - Content that speaks to the entire family



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Commercial and legal challenges

- Partnerships with mobile operators
 - Approvals at multiple levels in multiple locations
 - Legal negotiations – liability for technical SLAs and for content
- Regulatory issues
 - Consent for Value Added Services
 - Data protection – no hosting outside India



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Commercial and legal learnings

- Partnerships with mobile operators
 - Different pitches to different levels of the hierarchy
 - Understand the formats and documents that operators require for granting approval
 - Ensure you can meet technical SLAs
 - Limit content liability
- Regulatory issues
 - Understand the regulatory environment before you design and build
 - Ensure you comply with consent regulations
 - Ensure you comply with data protection law



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Technical and usability challenges

- Mobile operators
 - Technical configurations
 - Quality of infrastructure and networks
- Integrating open source software with the proprietary system of a major aggregator – and the networks of 6 major mobile operators
- IVR usability issues
 - Majority of target audience can't cope with more than 2 to 3 options at any given time
 - Complex layers of menus are not viable
 - Data entry isn't viable via IVR without training and handholding
- Billing issues
 - Balance usage habits



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Technical and usability learnings

- Mobile operators
 - Build sufficient time per operator for configuration into your project plan
 - If available, review independent assessment of operators' network performance
 - Be prepared to support users of your services through network fluctuations and downtime
- Integration
 - Don't expect to integrate an externally hosted open source solution with multiple major operators without year/s of approvals
 - Partner with commercial technology solution providers/aggregators
 - Detailed documentation and application support is critical
- IVR usability
 - Limit navigational options to a max of 2 choices as far as possible
 - Linear rather than hierarchical structure
 - Use a call center for data capture
- Billing issues
 - Suspension of accounts



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Challenges at scale

Challenges at scale

- Providing support at scale
 - How to ensure continued usage after training?
 - How to provide technical support at scale?
- Governmental challenges
 - Financial handover – budgetary approvals
 - Contractual handover – procurement processes
 - Ongoing staff resources: who will manage the services within the government system?
- Marketing and sales
 - Pregnant women and mothers – a niche market
 - Media dark geographies



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Solutions at scale

- Providing support at scale
 - Ensuring continued usage after training requires segmentation of user data and application of this data in the field to provide targeted, regular encouragement and recognition
 - Call centers are also an effective way of providing ongoing encouragement and basic technical support at scale
- Governmental challenges
 - Think about how your services are going to be taken forward by existing government staff from day one
 - Think about the total cost of ownership at scale – CAPEX and OPEX - from day one
 - Demonstrate success in one geography – at scale – then try to secure government financial buy in from day one in other geographies
 - Simplicity is key to handing technical contracts over to government – handover will be challenging if you have lots of disparate, interdependent contractual relationships
 - Understand government procurement processes and timelines from day one
- Marketing and sales
 - Niche marketing and media dark geographies require face-to-face promotion and sales
 - Leverage existing networks and incentives

Thank you

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