



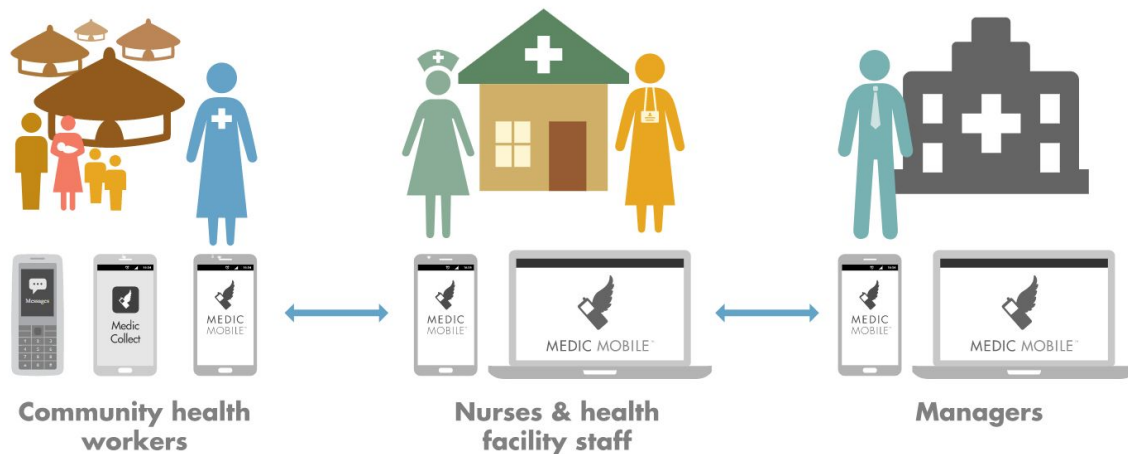
# Scaling mHealth with Government: Lessons from Nepal

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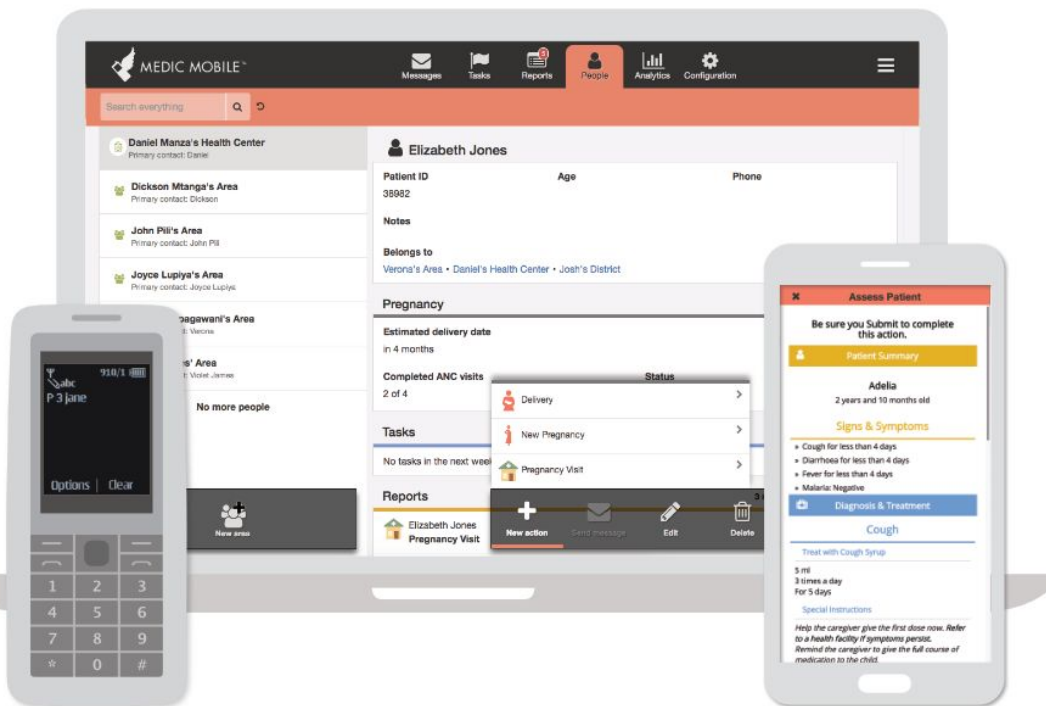
# What We Do

**Medic Mobile designs, delivers, and supports world-class software for health workers who provide care in the hardest-to-reach communities.**

Today, 20,000 health workers rely on the software to care for 12 million people.  
Between 2017 and 2021, we aim to help provide care to 100 million people.



# The Medic Mobile Toolkit



- Open-source and offline-first
- Combines decision support for frontline care, prioritization for home visits and follow-ups, and actionable analytics
- Works on feature phones, smartphones, tablets, laptops and desktop computers
- Designed for high-impact and evidence-based use cases
- Supports key shifts in health systems, people-centered and proactive care, and local health equity

# Use Case: Antenatal Care Coordination



**Impact logic:** Early and timely antenatal care visits and increased coordination between CHWs and clinics lead to an increase in facility-based deliveries, which in turn has a strong correlation to maternal and newborn survival.

# Pilot Phase I



Medic Mobile began working in Nepal in 2013 in partnership with One Heart World-Wide and the District Health Office, Baglung. We equipped 77 Female Community Health Volunteers (FCHVs) in 4 health facilities with feature phones and basic mHealth training to register and track pregnancies. Over 600 pregnancies were tracked in the first year.

## Pilot Phase II



Since 2013, we have scaled up our ANC program to 3 additional districts in partnership with Ministry of Health, Nepal. We currently support over 2,700 FCHVs and 200 health facilities staff across 4 districts.



# Impact Metrics to-date



In these 4 districts, to date, our tools have supported:



**2,700**

health  
workers



**7,746**

facility  
deliveries



**16,895**

pregnancies  
registered

# Planning for Scale: Financial Strategies



- Advocacy for hyper-local funding led by local governments (Village Development Committees) to assume ongoing program costs and ensure sustainability
- Commitment from over 40 VDCs to cover SMS and other ongoing costs



# Planning for Scale: Institutional Partnerships



- Strong partnerships with national and local government to embed mHealth into existing health systems
- Long-term MOU with Ministry of Health; agreements with District Health Offices and Village Development Committees
- Partnerships with mobile network operators to ensure sustainability

# Planning for Scale: Implementation Strategies



- Managing FCHV trainings at scale, integrations with standard health worker curriculums
- Robust and practical hardware procurement and maintenance protocols
- Local ownership and capacity-building for Ministry of Health partners, including IT officers and deployment support staff to provide first line support

# Continuous Iteration at Scale



As we continue to scale our tools in Nepal, we are also iterating, including:

- Continuing to co-design with users
- Exploring adding more use cases to our deployments such as immunizations and growth monitoring
- Seeking to build tools for users such as FCHV supervisors and nurses, and more.

Thank you!

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