MAMA"APONJON" Formative Research & Evaluation Design













Aponjon partners

MAMA Global Partners:











Bangladesh Partners:



Partners that Contributed to the Aponjon Pilot Initiative:















Mobile Alliance for Maternal Action (MAMA)

- Global public-private partnership
- Leverage rapidly expanding mobile networks
- Connect pregnant women, new mothers and their families to gestational-age appropriate health information
- Initially launched in Bangladesh, India and South Africa





MAMA Bangladesh - "Aponjon"

- Implementation by Dnet
 - Not-for-profit social enterprise & market leader in digital content development for mobile apps and games
- Developed in partnership with:
 - The Bangladesh Ministry of Health and Family Welfare
 - Ministry of Information
 - Access to Information Program of the Prime Minister's Office
- Features partnerships with social enterprises and NGOs to facilitate program enrollment via community agents
 - USAID's NHSDP
 - MaMoni
 - BRAC
 - Infolady
 - UISC





"Aponjon" formative research

- Sept 1, 2011 May 31, 2012
- Five Divisions of Bangladesh
- Total of 1,403 subscribers
 - 349 pregnant women
 - 575 mothers of children under age 1 year
 - 479 'gatekeepers' (e.g., husbands, mothers-in-law)
- Purpose: identify programmatic strategies to guide future implementation, and identify gaps in existing M&E system





Key formative research tools





Research tool	Sample size
Pretest focus group	1 FGD w/ 12 participants
Registration forms	1,403
Deregistration data	18
Payment status data	1,387
Structured interviews	89 women 46 'gatekeepers' 21 community agents
Phone surveys	54 women 107 'gatekeepers'
Field observations	5 field notes





Exploration of programmatic strategies

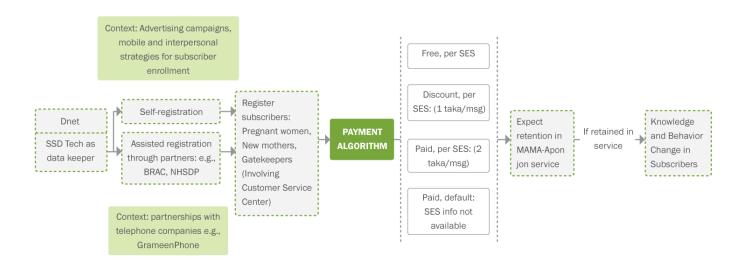
- Effective strategies for Aponjon enrollment
 - Self-registration
 - Assisted registration
- Effective strategies for promoting awareness about Aponjon services
 - Popular campaign enrollment strategies
- Subscriber-accepted cost models
 - Tiered payment system
- User satisfaction
 - -- Message content
 - -- Technology platform
- Influence on subscriber knowledge about MCH behaviors







Subscriber interaction & formative areas of inquiry



TESTABLE HYPOTHESIS A:	TESTABLE HYPOTHESIS B:	TESTABLE HYPOTHESIS C:	TESTABLE HYPOTHESIS D:	TESTABLE HYPOTHESIS E:	TESTABLE HYPOTHESIS F:
How does enrollment vary by type of registration, and among assisted registration what is the partner-based variation in enrollment to the service?	How did various enrollment strategies/ ad campaigns affect enrollment in the service?	What was the breakdown of subscribers by payment status (free, paid according to SES data, paid by default)? How did retention in the service vary by payment status?	What are sources of variation in willingness to pay for the service? What did subscribers understand/ CHW discuss about the payment model for the service during the enrollment process?	What were other non-outcome findings related to usability and satisfaction with the	What effect did the MAMA-Aponjon service have on knowledge and behavior of pregnant women, new mothers and gatekeepers?





Data collection challenges

- Data management & completeness
- Validity of the payment status variable
- Mid-stream instrument adjustment
 - Sample size, question phrasing & order

TABLE 4.3A Proportion of subscribers by payment status.

Payment status	Number of subscribers with payment status assigned (N=1,387)
Paid status+	57.1% (792)
Discounted status	25.7% (357)
Free status~	17.2% (238)

⁺D.Net defaulted subscribers to paid status if SES data was incomplete. Using the payment status algorithm, JHU research team estimates 276 paid status subscribers were defaulted into this status. While data shows some subscribers with partially incomplete SES data were provided discounted and free status, criteria for these decisions are unknown.

[~]BRAC and D.Net had an agreement that all BRAC-assisted subscribers receive the service for free.





Evaluation design considerations

- Research design beyond the formative phase
 - Establishing causality & attribution
 - Demonstrating (sustained) impact
 - Understanding "rare" phenomena
 - Insight into subscriber experience
 - Sampling frame & sampling methods





Programmatic & research recommendations

- Refresher trainings for community outreach partners, call center agents and Dnet staff
- Consideration of compensation package for outreach workers

"During registration, I had to spend a lot for Aponjon work. I had to travel far distances and for that I had travel costs. Not every woman agreed to register because not everyone is same. In order to fulfill the target of 18 forms, I had to travel long distances. For this, I had both physical stress and also had to bear the conveyance bills."

- -- CHW, Sylhet
- Unique identifiers to link data across datasets
- Pretest instruments and use multiple methods in research
- Develop proactive system for use of SSD Tech data on message delivery and receipt and to track service issues





Wealth of areas for continued research

INPUTS	PROCESSES	OUTPUTS	OUTCOMES	IMPACT
Technology and Support Infrastructure Technology platform by SSD Tech Mobile phone service by Grameen Phone Network coverage Electricity	Capacity building for refinement, maintenance of technology platform Capacity building for data management (registration, deregistration, call center complaints, phone survey)	Technology Technical performance (functionality) User adoption of technology (satisfaction with technical platform	Cllent Level • Improved knowledge of appropriate and timely care seeking for pregnant women	
Adequacy of resources Skilled human resources Collaboration and open communication between SSD Tech, Dnet, Customer call center and outreach partners Development of training materials and quality assurance plans Development of campaign materials to encourage self-subscription MAMA-Aponjon policies Subscriber selection criteria for assisted enrollment Payment status algorithm	National Support for MAMA MoH cooperation to develop and review MAMA message content Availability of outreach partner healthcare workers Dnet, SSD Tech processes Training of outreach partner healthcare workers Training of customer call center agents Training of field visit staff and structured interview researchers Ongoing supportive supervision of technology implementation	National/Health System Level Local use case for mobile phones to deliver MNCH health information Decreased burden for outreach partner healthcare workers Improved service utilization Increased ANC and postnatal care visits Increased birth planning, family planning Improved nutrition of pregnant women, newborns Increased vaccination coverage	and new mothers Improved knowledge of recommended healthcare/nutrition practices for pregnant women, newborns Increased utilization of services by trained healthcare providers Increased social support from gatekeepers for pregnant women, new mothers to utilize trained healthcare providers/services	Population Health Reduced maternal morbidity and mortality in pregnancy and childbirth Reduced neonatal and child (up to 1 year) morbidity and mortality

Contextual factors

- Technology capabilities in Bangladesh
- MoH support/policy environment

Contextual factors

- · Health systems capacity and flexibility
- Culture of 'gatekeepers' to women's health (e.g., husbands, mothers in law)

Contextual factors

 Barriers to access to ANC care and quality of care

Contextual factors

Feasibility of measurement
 & assignment of attribution



Rangpur **Sylhet** Dhaka TRIPURA (INDIA) WEST BENGAL Khulna Chittagong **BAY OF BENGAL**

THANKS!

LOCATIONS OF THE PILOT/FORMATIVE STUDIES

- Chittagong
- Dhaka
- Khulna
- Rangpu
- Sylhet











Formative subscribers - Descriptive statistics

Demographic and subscription statistics of subscribers by subscriber type

	Pregnant women	New mothers	Gatekeepers
N=	349 (24.9%)	575 (41.0%)	479 (34.1%)
Age: Column % (N) • <18 • 18-24 • 25-34 • 35-40 • Missing	Range: 13-40 years • 1.1% (4) • 38.7% (135) • 36.1% (126) • 2.6% (9) • 21.5% (75)	Range: 0-38 years • 0.5% (3) • 29.7% (171) • 37.2% (214) • 2.4% (14) • 30.1% (173)	-Data not collected-
Total Family Income (taka) *: Column % (N) • 4,000 or less • 4001-10,000 • 10,001 + • Missing	Range: 0-100,000 taka • 26.1% (91) • 37.0% (129) • 14.9% (52) • 21.8% (77)	Range: 0-200,000 taka # • 26.6% (153) • 35.8% (206) • 8.0% (46) • 29.4% (169)	-Data not collected-
Household status: Column % (N) • Head • Non-Head • Missing	11.7% (41)68.5% (239)19.8% (69)	15.5% (89)64.2% (369)20.3% (117)	18.6% (89)73.3% (351)8.1% (39)
Education: Column % (N) Primary or less Secondary incomplete Higher secondary or more Missing	• 43.3% (151) • 29.8% (104) • 7.2% (25) • 19.8% (69)	• 41.6% (239) • 31.8% (183) • 5.9% (34) • 20.7% (119)	• 50.5% (242) • 34.2% (164) • 7.3% (35) • 7.9% (38)





Formative subscribers - Descriptive statistics

Demographic and subscription statistics of subscribers by subscriber type (Continued)

	Pregnant women	New mothers	Gatekeepers
N=	349 (24.9%)	575 (41.0%)	479 (34.1%)
Subscriber owns phone: Column % (N)			
YesNoMissing	52.7% (184)38.4% (134)8.9% (31)	54.6% (314)38.1% (219)7.3% (42)	36.1% (173)58.9% (282)5.0% (24)
Message type: Column % (N) • SMS • IVR	• 10.6% (37) • 89.4% (312)	• 11.5% (66) • 88.5% (509)	• 13.6% (65) • 86.4% (414)
Contribution to formative research phase (days): Column % (N)	Range: 1-266 days	Range: 1- 273 days	Range: 1-266 days
1-3031-120121-180	• 10.9% (38) • 16.0% (56) • 4.0% (14)	• 4.7% (27) • 4.3% (25) • 3.0% (17)	• 11.3% (54) • 5.8% (28) • 1.7% (8)
181-273Missing/und.	• 64.5% (225) • 4.6% (16)	• 86.3% (496) (10)	• 78.7% (377) • 2.5% (12)

^{*}As of October 2013 \$1 USD = 77.5 Bangladesh taka.





^{*}One extreme out lier observation was dropped; the total family income was reported as 1.7 billion taka.