Zero to Five Challenge Refinement Q&A Template

Instructions: Help us find the responses to questions asked of you during Refinement by doing the following:

1. Write the question asked by either the Amplify Team or a member of the OpenIDEO community
2. Answer the question immediately below [*Please keep it as short as possible – remember the point of this is to make answers easier to find and read!*]
3. **Create a PDF** and upload to the OpenIDEO site.
4. Having trouble uploading to the site? Email us at hello@openideo.com

Responses to Questions from the Amplify Team

Question from Guy Viner

November 22, 2014, 05:35AM

Sounds like a fab idea, ayzh team. Something we'd encourage you to think about is how you might update your Summary section (text above the image gallery) to encapsulate what your idea actually entails briefly and clearly.

Here's a template if you need some help, though feel free to come up with your own clarifying sentence structure.

Our idea is a_____ [campaign/app/service/program/online platform/toolkit/social enterprise/etc.] that tackles the problem of _____[the issue being addressed] by _____[what your idea looks like in practice].

See some Summary examples from the Amplify Team on a previous challenge here: https://openideo.com/challenge/womens-safety/shortlist

ayzh

November 25, 2014, 04:06AM

Thank you Guy for your feedback! We have updated this and we look forward to more such feedback from you as we progress!

Question from OpenIDEO

December 11, 2014, 21:54PM

Congratulations on making the Zero to Five Refinement list, Ayzh! We love that you have described your idea so clearly, indicated what help you need to move forward and that you have done so much prototyping already! We look forward to hearing what you learn from the current prototype of 100 kits. It is interesting that you let health workers receive SMS messages at their choosing – what did you learn from their choices? Will you be piloting the SMS messaging with health care workers first and parents later? What happens if parents or health care workers want more information after receiving their message? Please fill in a User Experience Map to help us

understand how a user might interact with the ecosystem you are proposinghttp://ideo.pn/0to5-map. Is Ayzh a social enterprise or an implementing organization? Who would train healthcare workers and parents to use the toolkits and the mobile system? Check out tips for Refinementhttp://ideo.pn/0to5-tips-refine here.

Question from Chioma
Link Edited on December 12, 2014, 21:36PM
: As part of your early selection into Refinement, IDEO designers in New York and Shanghai took a look at your idea and have shared their feedback. Here are some things they suggest you consider as you refine your idea:

COMMUNICATION DESIGN

- It seems like you are ready to prototype your concept. During this stage, think about all the steps that nurses and soon-to-be parents go through to see where there are opportunities to insert your information.

- Often, we only think about the moment when these events occur, but if we think about the larger user journey, you maybe able to get your message into the right hands at a more acceptable moment.

- How do health care workers know about the program and the information? What moments can this information be woven into? Are there rituals, local or cultural, can this information become part of? A prayer, a mantra, a blessing?

- Is there a musical aspect of prep or patient relaxation that will invite the nurse to play the music (either for them or the patient) that incorporates a Six Clean message?

- How are the First 48 kits packaged? Can it incorporate information to remind the nurses about the Six Cleans?

- Extending this to the soon-to-be families, can you get the mothers and family to know about the kits before hand? Maybe include a toy for kids at home to encourage the mother to ask for the kit?

- Draw out a user journey for both nurses and parents. Start from conception till first newborn checkup, what moments inside the healthcare realm and outside that allow for your message to be conveyed and inserted.

ayzh
Link December 19, 2014, 13:52PM
: Thank you for your amazing feedback! Our team went back to the sketch board to reflect on your ideas and we found some interesting insights. We started with conducting user research across the stakeholders who will be involved in the ecosystem of newborn care that we envision. These are mothers, nurses, health workers, Doctors (OBGYN), facilitators (partner organizations who are involved in maintaining government and private health institutions) like NGOs. We found the need to be more inclusive and make provision for safe and clean birth besides essential newborn care for the first 48 hours. Clean birth ensures higher impact on neonatal health, specifically by reducing avenues for infection to occur. Studies have shown that 36% of infant mortality, that is cause due to infection can be reduced through easy measures of hygiene maintenance during birth.
(some sources:http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2928112/ http://www.healthynewbornnetwork.org/sites/default/files/resources/CWG_Supplementary%20Guidance_July%202014.pdf

http://www.healthynewbornnetwork.org/resource/clean-birth-and-postnatal-care-practices-reduce-neonatal-deaths-sepsis-and-tetanus-systemat)

In our previous experience of implementing a mobile voice message based training program on six cleans, we approached Nursing colleges and collaborated with NGOs who partner with the Govt. in running health institutions like PHCs. They have been helping us recruit and enroll nursing students and health workers for the training program. Post the training we asked the users questions on ease of understanding and usefulness of the messages.
• Often nursing college students do not have access to mobile phones in the institute premises as they are not allowed mobile usage during class

hours

• Health workers and nurses often do not carry mobile phones in delivery rooms/ PHC

• A mobile phone is often shared amongst family members; hence, more than one person might be using it.

We found that in some instances, our messages were not received or received by a family member of the nurse, thus missing out on the day's learning.

This was the insight that led us to incorporate a pre decided time and interval for the users so that they can plan to have their mobile phones with them before they receive the voice message. For example A Healthcare worker can choose to listen to the messages a few hours before the delivery time, can choose to listen all the messages together or set up a schedule to receive one each day over a period of six days.

For the newborn kit SHISHU, we have partnered with NGOs and Government hospitals to test an initial prototype (please refer to the image in the uploads section) to gather feedback and encourage conversation. We have uploaded the interview transcript for the same. As we synthesize our leanings, we aim to understand the potential gaps where the training program can most effectively catalyze behavior change required to adhere to best practices. We would then like to co create the appropriate curriculum accordingly with the help of experts like professors from nursing and medical colleges, OBGYN, nurses and Health workers and mothers. We envision a similar iterative human centered design process for the training program where we test the voice messages with the communities, the mothers and the healthcare providers.

Ayzh is a social enterprise and we have evolved the current newborn kit through a process of co creation with the stakeholders. We feel that the kit is self-explanatory for the same reason. However, if we identify gaps in usage in the course of our pilot study, we will be able to incorporate support content in the training program from the feedback that we receive. Thank you for making us think beyond the ecosystem that we envision. If parents and healthcare providers need more information that is specific to a query, we feel that we have a potential implementation partnering opportunity. Organizations likehttp://www.meradoctor.com/ come to our mind because of the possibility of connecting experts to people in remote areas. For the same we would like to have strategic and financial support

from Ideo to help the idea scale.

We are very excited about your insight on incorporating information in local/ cultural practices. If we can leverage the same to communicate importance of essential newborn care and the idea for a toy to capture soon to be parents, it will be great. Keeping the unit cost constraints in mind, if we are able to procure funding, we would love to utilize the concept of 'soon to be parents' idea that you have proposed in a separate pilot effort. One NGO RGMVP (Rajiv Gandhi Mahila Vikas Pariyojna:http://www.rgmvp.org/) in Uttar Pradesh, engages women of their self help groups by starting their group meetings with songs on Kangaroo mother care, breastfeeding and importance of maintaining hygiene in daily lives. We hope to learn from their practices and explore possible synergies.

Question from Meena Kadri

Link December 21, 2014, 21:40PM

Great to see your User Experience Maps and hear more about your valuable idea. Be sure to add the responses to the OpenIDEO questions above and any other feedback in the comments section here to the Word file found on the challenge brief. When you're ready: fill this out, convert it to a PDF and upload it to your idea here. For more instructions, see our Refinement Tips:http://ideo.pn/0to5-tips-refine

And a friendly reminder that collaboration is the name of the game here on OpenIDEO! So we hope you'll find some time to look over ideas by other shortlists and post questions, feedback and suggestions. Across our shortlist we have a wealth of experience and perspectives which could really help strengthen concepts towards maximum impact.

Question from Chioma

Link December 24, 2014, 15:15PM

Echoing Meena - awesome to see you incorporating so much of the feedback you've been given and evolving your idea based on the new information you've found out! If you haven't already, you might be particularly interested in checking out the following ideas which involve educating health professionals and combining maternal and infant health products, respectively:https://openideo.com/challenge/zero-to-five/refinement/empowering-and-equipping-children-s-primary-care-

nurses-in-uganda https://openideo.com/challenge/zero-to-five/refinement/helping-mothers-ensure-their-babies-survive-through-technology-enhanced-kangaroo-mother-care

ayzh
Link January 05, 2015, 14:21PM
Thank you Meena and Chioma, your feedback pushes us to think beyond our current horizon. It is amazing to find so much synergies and we will reach out to as many! We will also upload the Q&A shortly.

Chioma
Link January 05, 2015, 19:11PM
Great! Love to see all the interesting conversations happening on this page about what to include in the kit, behavior change and platform choices for messaging. Keep up the good work!
ayzh
Link January 06, 2015, 13:29PM
Thank you so much Chioma! Your encouragement is a big motivation for us :)

Responses to Questions from the OpenIDEO community

Question from Claire Espey

Hi there - this is a great idea. I'm working in the DRC and have seen projects implemented here that have addressed some of the components in your idea separately, not together. The GDRC with support from UNICEF, EU, H4+ and other donors, has piloted maternal and child health kits to accelerate reduction of maternal and child mortality for MDGs 4 & 5 by 2015 - this includes kits for health centers and hospitals with essential medicines and supplies for safe delivery and newborn care. But they also include kits for families at home, the idea is to bring critical supplies to households in target communities to ensure they have the materials necessary to a) bring with them to health center for appropriate care (gloves for example for safe delivery) and to b) treat killer diseases at home (diarrhea, fever, and malnutrition). Have you ever considered the option to pilot an extension of your kit model to households?

The other project I've seen in N Kivu is designed by the NGO Global Strategies in partnership with HEAL Africa and provides support through a tablet-based system to heath personnel to follow protocol for newborn care and enter data for M&E. The nursing staff picked it up immediately and were able to see the benefits to their work - i think that's a critical element for success is making sure the tool doesn't complicate staff routines and they can quickly see the added value.

Good luck with next steps!

ayzh

Hi Claire! Thank you for such an insightful comment. From our field research and user interviews, we too are learning that it needs to be more inclusive of clean and safe deliveries and not standalone, as you pointed out in the examples. The Government of India promotes institutionalized deliveries and our aim is to align with the same to enable these institutions to be places of best practices.

The other aspect of fitting into the staff routine is something we are currently trying to understand through our user interviews. We understand this will be critical to adoption and behavior change. Staff nurses already

deal with a heavily skewed mother to care giver ratio. They often have to stretch working hours and this adds to the stress that exists in resource poor setups. We hope that this approach will remove a lot of the overhead resulting from situations like waiting to sterilize limited equipment or using unsterilized ones, losing on time to gather necessary equipment, etc. This will allow them to focus better and will also improve the experience of the mothers.

We were wondering how we should develop separate curriculum catering only to mothers and the larger family involved in newborn care. How can it tie into critical aspects of pre natal and post natal care and be accessible to communities. We would love to know your thoughts on the same!

Question from Claire Espey

Link December 20, 2014, 19:24PM

Hi there - really impressive developments you've made in the past few weeks - congratulations! Seems like the use of cell phone messaging is a good way you've discovered to reach community members. Maybe you can also work with other government and ngo actors in the area to determine what communications campaigns and materials already exist for prenatal and newborn care in the communities you're serving and see if you can't just reinforce what they're already doing through partnership? It's great to consider service quality and use, but if you're piloting a new idea for quality improvement, you may want to concentrate your efforts and resources there and see if you can't just partner with an organization that specializes in health communications? Maybe your staff bandwidth is able to handle both though, in which case go for it!

ayzh

Link January 05, 2015, 14:27PM

Thank you for your feedback Claire, you are very right in reinforcing the fact that as a team we need to streamline our efforts. We are hopeful of forging a meaningful partnership with Govt. apart from the current partnership with NGOs who work directly with the government so that we are able to align are efforts.

Question from Anand

Link November 22, 2014, 06:44AM

In tamilnadu 11 new born could have been saved if shishu was present. Hail zubaida & team for yet another necessary innovation. Please tell us how the partnership model works.

ayzh

Link November 25, 2014, 04:05AM

Yes Indeed.. we are striving to ensure that basic lack of knowledge and supplies should not be a killer in this space. please connect with us on info-desk at ayzh dot com with information on what you do and our business development team will respond within 48 hours to schedule a call and discuss possibilities.

Question Manav Chaudhary

Link November 22, 2014, 07:49AM

Awesome idea. Leveraging the
- experience of Janma by introducing another product through the same/similar distribution channels - this time focusing on the 48 hours immediately after the delivery
- reach of mobile phones (reliable, cost effective, scalable, easy to use)

to solve the problem which is needed in almost every community in developing world. All the very best!!!

I am curious to know if you are also considering providing the technology solution to the moms & care providers who have missed out the opportunity of getting the kit after the roll-out.

ayzh

Link November 25, 2014, 04:04AM

Thank you for your appreciation Manav! Yes, infact the training program is an advocacy ecosystem in itself which can go beyond the product level intervention. So far we have used the training program on 'six cleans' (recommended by the WHO) and breast feeding in the context of
• a reinforcement tool for nursing students who are 'soon to be practitioners'

• ASHA workers and nurses who can access the information at a time convenient and most relevant to them (for example, just a few hours ahead of deliveries they need to assist)
• as a monitoring and evaluation aid for Govt. Health inspector responsible for monitoring healthcare services in govt. health institutions.
We also envision the program as a means of access to information for mothers and family members on best practices in new born care in the current context. This can be scaled to the newborn and maternal health continuum and be the key agent of behavior change that is essential for adhering to best practices.
We look forward to more engaging questions and feedback from you.

Question from Manav Chaudhary
Link November 25, 2014, 05:34AM
Wonderful. This is surely going in the right direction by creating an ecosystem of information for various actors playing a key-role just prior to / during / immediately after the delivery. Thank you for sharing the additional information.

I read somewhere that providing a simple alpha-numeric series number for each kit which is used as a registration number (send that alpha-numeric nbr as SMS to 1-800 number) helps connect directly with the mother / baby. This can initiate the direct relationship between Ayzh and the mother for next few years. There might be a cost associated with it (generating the number, 1-800 number etc) but I do see some very long term and meaningful gains through that approach in connecting directly with the moms through a simple approach. There are many significant advantages with this approach which would help your team in furthering improving the experience for the mothers and prepare babies for a much better future. You mentioned that you envision reaching out to mothers/family on best practices. So thought of sharing the idea. :) Not sure if it helps in your current plans.

ayzh
Link Edited on December 03, 2014, 06:31AM
Manav, these are some very amazing and implementable ideas, thank you again! They are very relevant and are exactly on the lines of 'access to

quality healthcare' which is one of our major objectives. Thank you for helping us envision the larger plan. We look forward to more!

Question from Hari Bhattarai
Link November 24, 2014, 08:21AM
Nepal is the first country for national level scale up use of 4% chlorhexidine digluconate for cord care. There were different types of traditional cord care practices in Nepal as well and because of the intervention this is improving. At the same time there is two types of regime for use of chlorhexidine for cord care- single vs multiple application and make sure for that. India was one of the participants in every newborn action plan meeting and they were positive for approving CHX but I dont know about latest progress. Use of chlorhexidine is not only for cord care we can build other essential cord care practices with the program so please think about integrated essential newborn care practices. There are some challenges as well. If you see the WHO cord care guideline the use of CHX is only for home delivery where neonatal mortality is more that 30 not for health facility delivery. You have to clear on that as well and high level political commitment for health facility use

ayzh
Link November 25, 2014, 04:03AM
Thank you Hari for writing to us. Your concerns resonate equally with us. We are currently in the process of understanding trends in cord care, both in health institutions in resource poor setups and newborn care at home. Simultaneously we are gathering expert feedback from OBGYN to understand CHX usage in these setups. Through these studies we aim to understand the gaps in infection care and design a curriculum that can aim to bridge towards adherence in best practices in essential newborn care. We also aim to pilot the same to be able to validate out findings and make a strong case for amendments in maternal and neonatal health policies, if required.

Question from Diini Omar

Link December 17, 2014, 22:40PM

This idea system of service delivery is exhilarating for newborn mother and the kit is incredible for every mother to have specially (infection prevent) as infection control for new baby can be vital. Those entire items are very essentials for low income mother as well as to keep them warm along with stay on top of their newborn hygiene care; this includes a disposable baby wiping cloth, cotton and gauze, receiving blanket, and chlorhexidine. A breastfeeding guide can be useful as an indication by both the healthcare provider and the mother to be aware of and convey ideal practices in breastfeeding.

ayzh

Link December 19, 2014, 13:58PM

Thank you Diini, infact infection is one of the major causes of infant deaths in India. Certain practices can tremendously reduce the risk of infection like proper cord care, sterilized equipment during birth, clean clothes for the baby, etc. We derive hope from the possibility of reducing infant mortality tremendously by being able to facilitate the incorporation of very simple practices during child birth and new born care period.

Question from Bettina Fliegel

Link Edited on January 02, 2015, 07:30AM

 Hi. Great work on neonatal care! From your proposal it appears that the need for innovative ideas in this area is huge.

Will hospitals be purchasing these kits or will mothers be expected to purchase and bring the kits with them for the delivery? Will this also be available in the community for use by traditional birth attendants in women's homes?

The mobile phone education program is a great idea. As nurses are so busy in the maternity unit as you note is this a practical intervention during a work shift? Rather than mobile phone prompts perhaps visual information at the bedside can assist a nurse? For the newborn kit might a clear plastic external pocket containing a flow chart with steps for newborn care and kit use be helpful? Maybe the kit can hang on the warmer (seen in the video) - providing easy access to contents and visible prompts for the nurse? something like this?

Will you include a telephone number to call when problems arise with breastfeeding so that these can be addressed quickly?

Also - Chioma's feedback from OpenIDEO brings up some great points. The point about bringing this idea to the attention of women/families during rituals is interesting. I read about a "bangle" ceremony, "Seemantham", that many women in India participate in during the 7th month of pregnancy.

Are you familiar with it? Other women present the pregnant woman with bangles as gifts and bless her with a safe pregnancy and healthy baby. I wonder if there may be an opportunity here to get the message out about your product and it's importance. Perhaps create a line of bangles that have "tags" tied to them with your message and a telephone number to register? Info found here:http://www.pitt.edu/~super7/2501126001/25511.ppt%2Bstudy+on+the+customs+of+south+indian+women+during+pregnancy&oe=UTF-8&hl=en&&ct=clnk

Great project! I look forward to seeing it develop!

ayzh
Link January 05, 2015, 04:34AM
Hi Bettina! Thanks for your wonderful insights. As you and Chioma have pointed out, we would love to utilize the concept of 'soon to be parents' idea in a separate pilot effort, if we manage to raise the funding. The larger idea will be a research effort in understanding the various cultural influences (across geographies,cultures, etc.) in the practices observed during pregnancy, just like the 'Seemantham' ritual. This will allow an early introduction and hence catalyze the necessary behavior changes to adhere to best practices.

The Government of India promotes institutionalized deliveries and our aim is to align with the same to enable these institutions to be places of best practices. We are currently piloting a model where the institution procures the kits and implements in their process.This helps in overcoming a lot of cultural and behavioral barriers which prevent adherence to essential newborn care. We eventually also aim to explore how mothers can access (getting introduced early on through different means like the seemantham ritual as you pointed out) the same and encourage them to familiarize with

essential newborn care much earlier in the timeline.

The voice message based mobile training program was designed through an iterative process, to understand the contextual fit of the solution. During our implementation we found:

• Often nursing college students do not have access to mobile phones in the institute premises as they are not allowed mobile usage during class hours

• Health workers and nurses often do not carry mobile phones in delivery rooms/ PHC

• A mobile phone is often shared amongst family members; hence, more than one person might be using it.

We found that in some instances, our messages were not received or received by a family member of the nurse, thus missing out on the day's learning.

This was the insight that led us to incorporate a pre decided time and interval for the users so that they can plan to have their mobile phones with them before they receive the voice message. For example A Healthcare worker can choose to listen to the messages a few hours before the delivery time, can choose to listen all the messages together or set up a schedule to receive one each day over a period of six days.

We love the idea of a clear plastic external pocket containing a flow chart with steps for newborn care and kit use. This has the potential of immediate implementation.

For immediate queries and specific help, (as we were in conversation with Chioma) we feel that we have a potential implementation partnering opportunity. Organizations like http://www.meradoctor.com/ come to our mind because of the possibility of connecting experts to people in remote areas. For the same we would like to have strategic and financial support from Ideo to help the idea scale.

Thank you again Bettina, and we look forward to hear more feedback!

Bettina Fliegel
Happy New Year Ayzh! Thank you for your responses. The attached document with the Q & A compiled from your meetings with health providers, doctors, nurses and mothers has lots of great information! Very interesting to read!

I have a few follow up questions and ideas.
I am glad that you like the idea of the clear plastic external pocket for the kit! Perhaps the back of the card (front has the flow chart / newborn care) can be a pictorial on breastfeeding, and breast care - which the nurses can refer to and which can transition to a reference for the mom upon discharge? Again the bag can hang, or be propped and used to display information. The Q & A brings up many more educational opportunities for mom's care and baby's care. Perhaps more cards, flowcharts?
Is there a card, or poster included in the birthing kit that lists the 6 cleans to be used in the delivery room?

Interesting discussion on the nasal aspirator. Have you considered including it in the birthing kit instead?

How will you outreach to more experienced nurses? Are there associations that you can contact to spread the news about this initiative? Have you considered providing a certificate to nurses that "are trained" in the use of the kit? Any thoughts on whether something like this can motivate and nudge one towards change?

Great idea to partner with an organization that connects experts to families/women in remote communities. Do you have a sense as to whether women will use a service like this? Feel comfortable calling to ask questions? I wonder if because it is something new and unfamiliar it might be intimidating. Have you discussed it with any potential users?

Regarding the newborn kit - Lots of interesting input during the interviews. It will be interesting to see how the kit develops or changes.

Great work! Keep going! Good luck!

(Why was there mention of honey by some of the practitioners? What has it been used for historically in this context?)

ayzh

Link Edited on January 05, 2015, 14:23PM

Happy new year to you too Bettina! Thank you for helping us broaden our perspective with your questions. We are currently providing a breastfeeding guide (Here's link to the image for your reference:https://d3gyq8wptu1by3.cloudfront.net/media/tn/a5f992bb-53e8-40aa-ba27-b075a214dea4.jpg) And as you mentioned, we provide a usage guide on the six cleans which is supported with the voice based mobile training program on six cleans. The generic feedback we get is that its good to have manuals/ guides but in the accelerated pace of the ecosystem, those things are hardly referred to. From the above and your feedback it feels that we can look at this as a very interesting experience problem that can be solved through interesting packaging solutions which allows the critical info to be in the forefront as a part of the solution.

We are definitely considering including the nasal aspirator. In our current pilot study, these are the points of contention:

1. The penguin mucus extractor is meant to be used in normal deliveries without complications. In cases where the amniotic fluid has been ingested deeper in the respiratory tract/ stomach, a tube style and/or ambu bag is also necessary.

2. All the different types of mucus extractors are reusable and the common feedback so far has been that it should be used by a trained healthcare provider. So logistically and in terms of price point it would make sense to account for required set of aspirators in a setup.

Getting to partner with bodies like FOGSI (The Federation of Obstetric and Gynecological Societies of India:http://www.fogsi.org/index.php?option=com_content&view=article&id=3&Itemid=23) and Karuna Trust (http://www.karunatrust.com/) who work with the government to maintain and run primary healthcare centers across India, helps us make valuable connections with stakeholders like nurses, midwives, ANMs (Auxiliary nurse midwives) etc.

Your idea of a certificate is a great one. After training 400 nursing students in nursing colleges in Tamil Nadu, we are trying to see how we can act as a

reinforcement aid to their curriculum and their training in Primary Healthcare centers and district hospitals and provide a certificate that is a valuable incentive.

As far as barrier to technology adoption is concerned, we are very aware of the initial apprehension that might come in the way of using a service. For us the challenge would be to make the learning curve really short by allowing the service to leverage current mobile usage behavior. We will also require partnerships for training through trust facing entities who become the advocates of change in the communities and catalyze the need realization in individuals (for example, women self help groups who are already handholding communities to manage finances, get loans, open bank accounts, etc.) This would be an effort in itself and we are positive about developing appropriate intervention through an iterative learning process like we have done so far, by closely engaging with the stakeholders at every step.

Honey has been traditionally used in certain communities to 'welcome' the baby into the world but many studies advice against its use and is known to cause infant botulism. (more info:http://www.medscape.com/viewarticle/586662_6 https://eclecticspot.wordpress.com/2012/05/16/honey-the-cultural-differences-between-near-east-and-west/ http://www.health.qld.gov.au/multicultural/health_workers/Indian-preg-prof.pdf)

Thanks again for your amazing inputs and we hope to hear more of them!

Question Maurizio Bricola

Link December 24, 2014, 17:04PM

I really like your multiple approach of giving basic tools to health facilities (you might want to check this for future inspirationhttp://wecaresolar.org/solutions/solar-suitcase/) and at the same time you want to target mothers (and fathers) through SMS interaction.

You might consider to use USSD technology instead, and prompt your users with a basic menu and quizzes, in this way you will be able to save costs on sms traffic as well as provide better interaction with your users. For a

scalable SMS/USSD platform check http://vumi.org/

Feel free to get in touch in case you might need assistance in designing the mobile user interaction and training.

Good luck!

Bettina Fliegel: Hi Ayzh and Maurizio. Curious I checked out the links you posted.

 "Mom Connect" at http://vumi.org looks amazing. Not understanding the tech side of things - (USSD vs. SMS - what exactly is the difference?....) the functions that Mom Connect provides is awesome! Definitely something to share with other shortlisted ideas working in Africa. Maurizio I shared it with -https://openideo.com/challenge/zero-to-five/refinement/creating-comprehensive-care-groups-using-front-line-teams-to-identify-at-risk-women

and said I read it in a comment you posted here!

Maurizio Bricola
Link December 29, 2014, 14:31PM

Dear Bettina I am happy you have found the link I have shared useful. With USSD is it possible to prompt the owner of a mobile phone with a menu and have instant interaction between user and the USSD service. The type of menus and functionalities I am presenting in this idea: https://openideo.com/challenge/zero-to-five/ideas/baby-shell-parenting-assistant

could be very well done using USSD as well. Main challenge is the cost of setting up SLAs with telecom operators and connect the their platforms. See a demo of a USSD service: https://www.youtube.com/watch?v=up5372oswRw

Cheers

Bettina Fliegel
Link December 30, 2014, 00:28AM

Thanks for the info. Is http://Vumi.org a platform that can be used to build a service free of charge? How does this work in terms of cost - generally speaking?

Maurizio Bricola

Link December 30, 2014, 10:37AM

Dear Bettina, the Vumi platform is available for download free of charge (= no need to pay any extra money or license to download Vumi). However, when building a service on the top of Vumi and functionally deploying it, someone will have to do it. (so it is not free of time)

If someone is able to find volunteers s/he won't have to pay the cost of developing her/his service on the top of Vumi. In the meanwhile if there is the need to use a short-code for the SMSs with reverse billing (so users do not have to pay to engage in SMS interaction), or a toll-free number for the IVR system money and time will be spent by someone in liaising with telecom operators. As well if you want to make use of USSD services.

Once you have your service developed there is where you will incur in operational costs:Marketing/Awereness, Training for the ones operating it, SMS traffic, Voice traffic, Short-Code, USSD service.

There are some services already available like:https://www.clickatell.com/ that takes care of the whole infrastructure and makes it easier to get started.

For rapid SMS application prototyping and development see also RapidPro http://www.rapidpro.io/

I personally think that a service free of charge is very difficult to operate. (it might have been built with time volunteered by people) I am afraid that most of the "services free of charge" are covering their costs with donations, (every time I open Mozilla Firefox or Wikipedia I get the honest option to donate money to them) or have a "hidden agenda" ;) i.e. the user do not "directly" pay for the service, someone else pays to prompt their adds to those users.

I always remember once,it was a very strange situation, I was getting into the bus with my son willing to use my OV-chipcard when the driver said: "No, you don't need to pay today is free", I felt surprised and then happy, for me it made the day a little magic (probably because of my cultural background or just because of me :p). At the next stop an old Dutch couple stepped on the bus. The driver goes again: "No, no need to pay today". The men looks at the woman and says: "What is this today? This is not a good sign". I suddenly realised he was concerned with the quality and sustainability of the service.

Cheers

Bettina Fliegel
January 05, 2015, 03:00AM
Thank you for all of this teaching!

ayzh
January 05, 2015, 14:17PM
Thank you Maurizio for your detailed inputs! Currently we are piloting voice based pre recorded messages that are delivered to the user. The messages are under 60 seconds and in the regional language. We allow the user to pre decide the time and frequency to be able to seamlessly fit in their lifestyles. This is a one-time activity where the user signs up with a preferred time and frequency once and the voice messages are delivered based on the choices made. In our previous experience of implementing a mobile voice message based training program on six cleans, we approached Nursing colleges and collaborated with NGOs who partner with the Govt. in running health institutions like PHCs. They have been helping us recruit and enroll nursing students and health workers for the training program. Post the training we asked the users questions on ease of understanding and usefulness of the messages.
• Often nursing college students do not have access to mobile phones in the institute premises as they are not allowed mobile usage during class hours
• Health workers and nurses often do not carry mobile phones in delivery rooms/ PHC
• A mobile phone is often shared amongst family members; hence, more than one person might be using it.
We found that in some instances, our messages were not received or received by a family member of the nurse, thus missing out on the day's learning.
This was the insight that led us to incorporate a pre decided time and interval for the users so that they can plan to have their mobile phones with them before they receive the voice message. For example A Healthcare worker can choose to listen to the messages a few hours before the delivery time, can choose to listen all the messages together or set up a schedule to receive one each day over a period of six days.
Also in case of certain users (for example: a mother in a remote village accessing essential newborn care training at home), having voice based

messaging helps us break the barrier of illiteracy.

It would be great to stay in touch and obtain more of your valuable inputs.
Looking forward to collaborate!

Maurizio Bricola
Link January 05, 2015, 19:13PM
Dear ayzh, thanks for sharing your experience and amazing work! Voice services are indeed very much needed in remote areas. Best of luck with your ideas and let's definitely stay in touch on how your service is evolving, we are eager to learn from your experience.
Cheers

Question from David Citrin
Link January 05, 2015, 18:42PM
Thanks ayzh team, really interesting idea! What is the prevalence of mobile phone users where you work? I'm also wondering what M&E framework you are thinking to develop with your scientific advisory board and partners that gets at user experience?

ayzh
Link Edited on January 06, 2015, 17:06PM
From our experience from the pilot study on 'six cleans' with 400 nursing college students and healthcare workers who underwent the training, we found that mobile phone penetration is very high. The challenges lie in accommodating the usage behavior. For example, phones are often shared within family members, nursing college students are not allowed mobile phones in class hours by university rule, health workers cannot attend to any calls or messages during work hours, etc. This learning allowed us to design the system to deliver messages at a time chosen by a particular user. A Healthcare worker can choose to listen to the messages a few hours before the delivery time, can choose to listen all the messages together or set up a schedule to receive one each day over a period of six days.

Before implementing the program, we will make sure to assess the availability and access to mobile phone, its usage and relevance in the given context through baseline research.

Additionally, secondary resources like the following make us more

confident in pursuing our research:
http://pib.nic.in/newsite/erelease.aspx?relid=85669

http://www.trai.gov.in/WriteReadData/WhatsNew/Documents/Press%20Release%20on%20'Telecom%20Subscription%20Data%20as%20on%2031st%20January,%202014'.pdf

https://gsmaintelligence.com/analysis/2014/04/infographic-defining-mobile-penetration-in-india-population-subscribers-and-connections/428/

We are still thinking though our M&E framework and would like to seek help from IDEO networks to help us formulate appropriate strategy to measure our impact that will not only help to further our work but also communicate the same to the public health world. Thank you for your questions, we will look forward to any feedback particular to M&E framework or in general that will help us move forward.

Question from Scott Halliday
Link December 28, 2014, 05:17AM
I was reading through your well-developed and comprehensive idea here. Great work on making it this far and I look forward to seeing you build on this idea.

I'm curious to learn a bit more about your connections and partnerships to establish a supply chain to ensure scalability. For the JANMA clean birth kit that you already have in place, what channels did you use to procure the supplies involved in the kit? With those channels, what was the degree of distribution for the JANMA clean birth kit? Or put another way, how many beneficiaries did you reach?

As you transition to scale with the SHISHU kit, there could be a bottleneck with distribution (at point number 4 as you have mentioned) if these supply chains are not firmly established. I think this is a critical area and perhaps may deserve attention earlier in the piloting process.
Keep up the great work!

ayzh

Link January 05, 2015, 07:52AM

Thank you for your encouraging words Scott!
At ayzh we have been successfully selling JANMA and have an established supply chain. We have reached about 70,000 beneficiaries: pregnant women directly and our impact is on both the mother and the baby making our direct impact 140,000 lives till date. This being our second product, and in the continuum of maternal and newborn care, we will be able to piggy back on our existing systems while we explore other viable models of distributions. We look forward to hearing more feedback from you!

Question from Malele Ngalu

Link Edited on January 07, 2015, 05:50AM

hi ayzh, very good approach with the health workers, how far are you in developing the mobile messaging training program, at totohealth we have developed such a platform and we would be willing to share expereienceshttps://openideo.com/challenge/zero-to-five/ideas/detecting-early-childhood-growth-abnormalities-using-mobile-technology

ayzh

Link Edited on January 07, 2015, 07:14AM

Dear Malele, Thank you so much! We have developed and piloted voice message based curriculum on the 'six cleans'. Through our pilot in new born kit, we are understanding the gaps and finding the need in the stakeholders (healthcare workers, mothers, family members, etc) which will help us develop the relevant curriculum for the same. Please feel free to visit the 'Interview transcript' document for more details. It would be great to stay in touch and explore mutual synergies!