



GLOBAL MOBILE AWARDS 2012

WINNER



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etisalat

ETISALAT MOBILE BABY

BUILDING SUSTAINABLE SCALABLE BUSINESS TOGETHER

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ETISALAT GROUP



Introduction to Etisalat



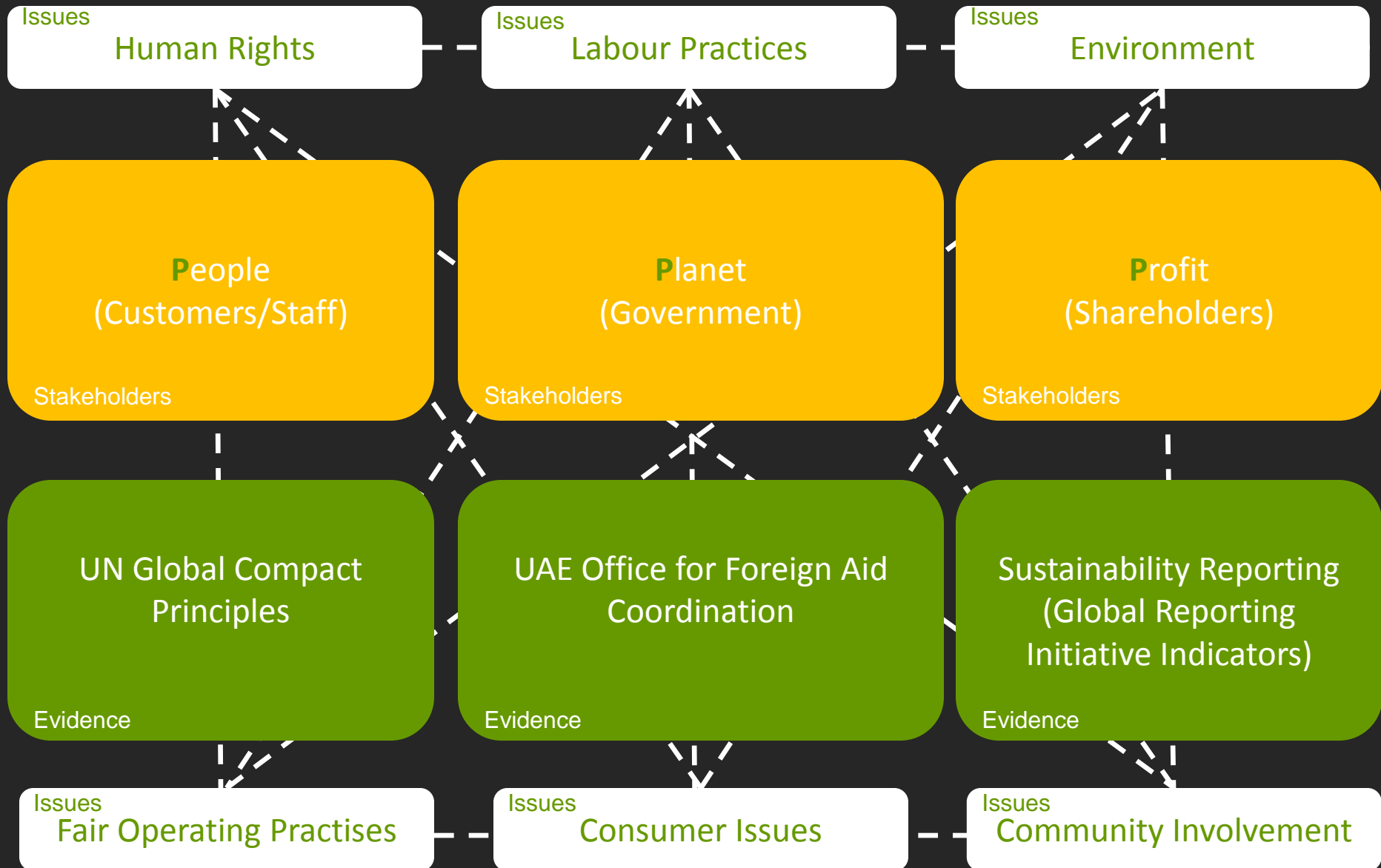
The Middle East's **largest operator, second most valuable brand** and **third largest corporation** with a market value of \$20billion and annual revenues exceeding \$8.7billion

A regional powerhouse with **operations in 16 countries** across the Middle East, Africa, and Asia

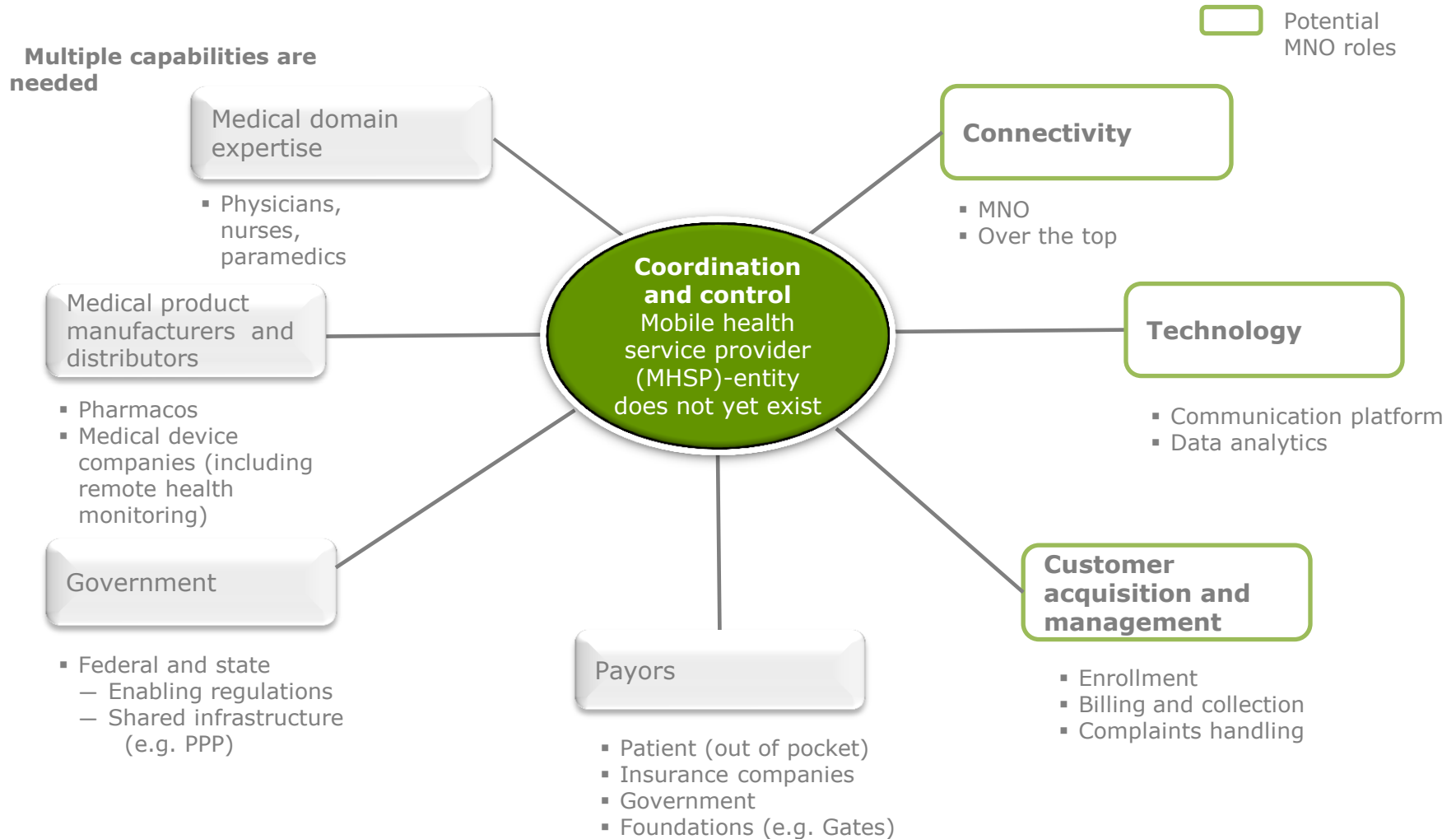
Etisalat's GSM network **covers more than 1 billion** people and satellite services cover two thirds of the planet's surface

One of the world's fastest growing telcos with subscriber numbers growing from **4 million in 2004 to 125 million** in 2012

EG CSR Strategy Framework



What's required for a successful, scalable mHealth business



THE ISSUE: Maternal Mortality, an avoidable tragedy



2010	Country	Mortality Rate per 100,000
4	Central African Republic	890
8	Sudan	730
10	Nigeria	630
13	Niger	590
21	Afghanistan	460
23	Tanzania	460
26	Ivory Coast	400
30	Benin	350
38	Burkina Faso	300
39	Togo	300
43	Pakistan	260
49	Gabon	260
92	Egypt	66
117	Sri Lanka	35
133	Saudi Arabia	24
148	UAE	12

- About **200 000** women die each year through complications during pregnancy or childbirth.
- **Most of these deaths can be avoided** as the necessary medical interventions exist and are well known.
- The key obstacle is pregnant women's **lack of access to quality care** before, during and after childbirth.
- **Millennium Development Goals**
 - To improve maternal health, set the targets of reducing maternal mortality by 75%
 - Achieving universal access to reproductive health by 2015.

The MMR includes deaths during pregnancy, childbirth, or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, for a specified year.

Source: CIA World Factbook

What is Etisalat Mobile Baby



Etisalat's Mobile Baby program is a complete suite of services enabling birth attendants and midwives to ensure safer pregnancies/ deliveries by enabling them to quickly and accurately identify, communicate and act on obstetric emergencies. It offers:

- Ultrasound based remote monitoring of pregnancy evolution
- Step by step protocol to identify and report danger signs during labour and delivery
- Money on the phone to pay for emergency transportation
- Communication with referral facility indicating emergency transfer and requirements on arrival\
- Available in multiple languages – English, Arabic, Swahili, Hausa, Ibo, Yoruba, Urdu, Pashto



How does it work (1 of 2)

The TBA (Traditional Birth Attendant) registers her community referral information directly on the Mobile Baby application. This includes her catchment area; drivers and health facility staff contact details.

Through the Mobile Baby application the TBA registers mothers during their pregnancy and report to the Medical facility pregnancy status, danger signs and basic information based on guidelines from MoH, WHO and JHPIEGO.

The TBA provides support to mothers-in-labor by ensuring health of mother and baby during in-home delivery. Through the application TBA continuously communicate with the doctor "on-call" the status of delivery, symptoms and complications (if any).

In UAE, KSA and Nigeria, in addition to the handset based solution, mobile Ultrasound device is utilized for delivering images to doctors in the major regional hospitals



How does it work (2 of 2)

In case of complications:

- The Birth Attendant contacts the driver for timely transport
- Alerts the health facility of mother's arrival, including any of her risks or danger signs
- Accompanies the mother to the health facility and pays the driver for transport service using Etisalat Commerce service
- TBA provides post-partum care after the delivery by taking basic information on mother and baby via the application



In Action – twin delivery

- Once she began labouring her family called the TBA and the TBA quickly arranged for transport. The mother was transferred to the local hospital.
- Blood pressure problems experienced and the hospital staff transferred her to the larger hospital where they successfully performed a caesarean section.
- Successfully gave birth to two healthy baby boys, & was kept at the hospital for 5 days for continued evaluation.
- She says that had she not been in the project, she would have given birth at home, and was not sure if they would have found transport in time once she began to have problems with her blood pressure.
- **However, because she was able to go to the hospital early, she received the care and treatment she needed to give birth to twins safely.**



Mother holding her twins after caesarean section

She told D-tree staff that if she was not registered with the project, she or her babies might not be alive today.

In Action – home delivery

- This mother successfully gave birth at home, as her family decided not to go to the hospital because both baby and mother were fine.
- However, the day after delivery the mother came down with a very high fever.
- She was shaking uncontrollably, and her family called the TBA.
- The TBA was able to quickly arrange transport for the mother.
- She was transported to the hospital with her baby, where she received treatment for her fever.



Mother holding her baby after returning from the hospital

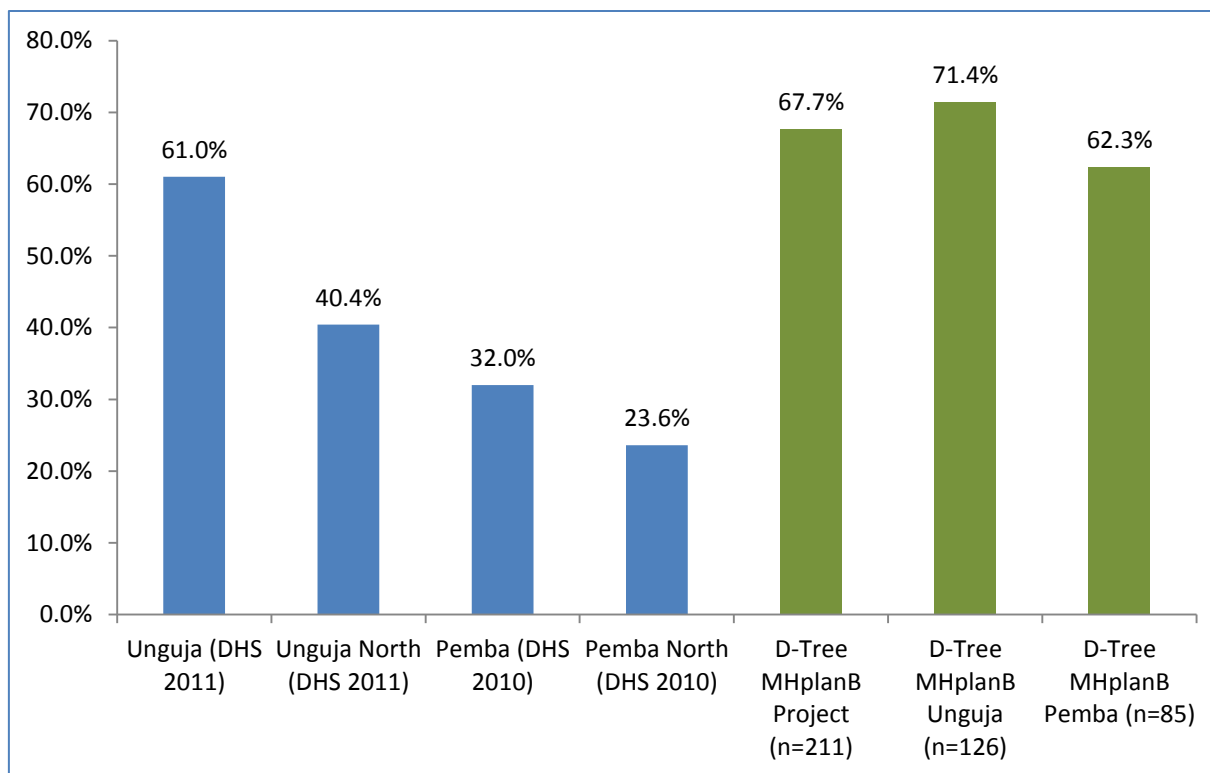
Had transport not been available free of charge, her family would have waited longer to before seeking out transport on their own.

Results - Zanzibar

- November 2011 to April 2012
- 24 Traditional Birth Attendants (TBA) trained in the use of the mHealth application.
- The TBAs successfully registered 682 pregnant mothers, of which 211 delivered during the implementation period.
- Health facilities and hospitals in the project areas saw their in-facility delivery rates more than double on average.
- Additionally, there were no maternal deaths recorded among the registered mothers.



'Audible' Growth In Facility Births



Percentage of deliveries in a health facility

Conclusion – a scalable, sustainable business model



■ As self-sustainable proposition Etisalat's Mobile Baby program creates revenue to all members of the ecosystem:

- Birth attendants and midwives are trained and paid through Local NGOs/Government schemes for each successful delivery
- Local vehicle owners who transport patient on emergency basis are paid by pregnant ladies or NGO schemes based on each successful transfer to the medical facility
- Equipment for the service is provided by Qualcomm, Etisalat, or GE and leased to the Governmental agencies or NGOs who are also providing maintenance service
- Etisalat generates revenue through service related data (SMS/3G/GPRS) consumption



What's next?



Based on experience with service introduction across Tanzania, Afghanistan, Nigeria, UAE and KSA, Etisalat is looking to rollout Mobile Baby service across all of its Operations

Saudi Arabia

Tanzania

UAE

Launched 2011

Nigeria

Afghanistan

Launched 2012

Added functionality:

- Polio immunization
 - *Egypt '12*
 - *Nigeria '12*
 - *Sri Lanka '12*
 - *Pakistan '12*
- Malnutrition
 - *Tanzania '12*
- Information Services
 - *Tanzania '12*
 - *Nigeria '12*





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THANK YOU

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