

Overview of Save the Children Mobile for Development initiatives and future intentions

GSMA mWomen workshop November 2013

Save the Children global overview

Save the Children's mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

Save the Children works in over 120 countries worldwide

 Save the Children presence



Directly reached 45 million children in 2012

Programming focuses predominantly on 6 Global Initiatives



Save the Children is looking at ways to strengthen programming through M4D opportunities

Save the Children globally is exploring opportunities across the value chain to incorporate mobile into operations

- From fundraising and advocacy, to enhancing programming efficiency, effectiveness and beneficiary reach





In looking at programming opportunities, a range of activities are being considered, including:

- M&E data collection and beneficiary tracking
- Communicating with and supporting program staff
- Education and awareness (providing information to beneficiaries)
- Remote services

Save the Children is also looking at this from the perspective of shared value opportunities with mobile operators

- Potential to engage mobile operators most effectively, and scale up initiatives if there is mutual benefit

Several pilots are underway, particularly in mHealth, although SC is only in the early stages of exploring mobile opportunities

Location & thematic focus	Mobile initiatives	
<p>Bangladesh Maternal & Child Health Food Security</p>	<p>McAID (Mother and Child AID) is an information management system funded by USAID</p>  <p>Data inputs are mostly made by frontline staff through handheld internet-enabled Smartphones</p> <ul style="list-style-type: none"> Beneficiary registration; Service records; Food distribution; Commodity Accounting; Progress Monitoring 	
<p>India Maternal & Child Health</p> 	<p>Dimagi CommCare platform used by Save the Children in India</p> <ul style="list-style-type: none"> Maternal and newborn health application to scale and evaluate with 70 Accredited Social Health Activist s(ASHA) in India Improves quality and consistency of care through registration forms, checklists, danger sign monitoring, and educational prompts <p>Now looking to pilot in Nepal and Bolivia</p>	
<p>Nigeria Cash Distribution</p>	<p>Looking to use mobile phone for cash transfers in Nigeria</p> <ul style="list-style-type: none"> Early stage of development 	
<p>Vanuatu Village Health Workers</p>	<p>Piloting the use of mobile to increase information on village level healthcare activities and improve effectiveness of Village Health Workers</p>	
<p>Papua New Guinea Sexual Reproductive Health</p>	<p>Looking to strengthen effectiveness and reach of sexual reproductive health program through mobile, particular SMS</p>	

To be discussed in greater detail

In Vanuatu, Save the Children are exploring how mobile technology can strengthen programming at village health posts

Longstanding Village Health Worker program in Vanuatu

Since 1993 Save the Children (SC) has worked with Ministry of Health (MoH) to train & support Village Health Workers (VHWs) to strengthen service of health care at village level

Program trained over 300 VHWs at Aid Posts in some of the most remote communities to:

- Deliver essential frontline services
- Lead communities activities which aim to prevent disease and promote healthy lifestyles

In 2010, started thinking about mobile opportunities with a view to:

- Inform SC and MoH about effectiveness of field level activities
- Improve VHW effectiveness

June 2012 SMS pilot established

SMS surveys to facilitate data collection on illnesses and community activities, which will enable understanding of:

- Key trends in illnesses
- When upskilling of VHWs is required and when a VHW is treating an illness incorrectly
- Extent to which activities are taking place

Alerts to VHWs including reminders, emergency guidance and other key information

Surveys work through a series of SMS

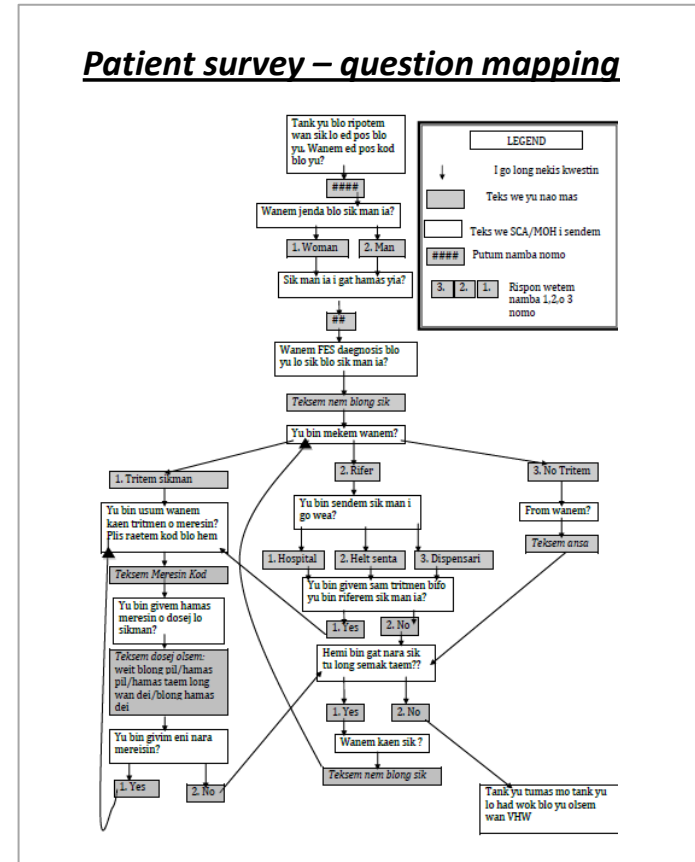
System uses SoukTel software and runs on Digicel network

Surveys completed by multiple SMS between VHW and the server, taking 5-7 minutes per survey

- Patient surveys completed on case by case
- Activity surveys completely monthly

Two trainings were required

- October 2011 training conducted by SoukTel and SC (43 VHWs)
- Cluster training in November 2012 due to delays in launching



Uptake from Village Health Workers significantly less than expected

A recent evaluation highlighted several issues, including barriers to using mobile phones and motivation

Using the system

Most VHWs felt that they understood how to use system

- The second cluster training was particularly helpful

However, 3 system issues identified (2 already resolved)

System downtime

Data format

Mobile reception

Mobile charging

Consistently highlighted as a major concern for two reasons

Access to power sources

Cost of battery charging

Motivation

Overall VHWs were enthusiastic about the SMS system

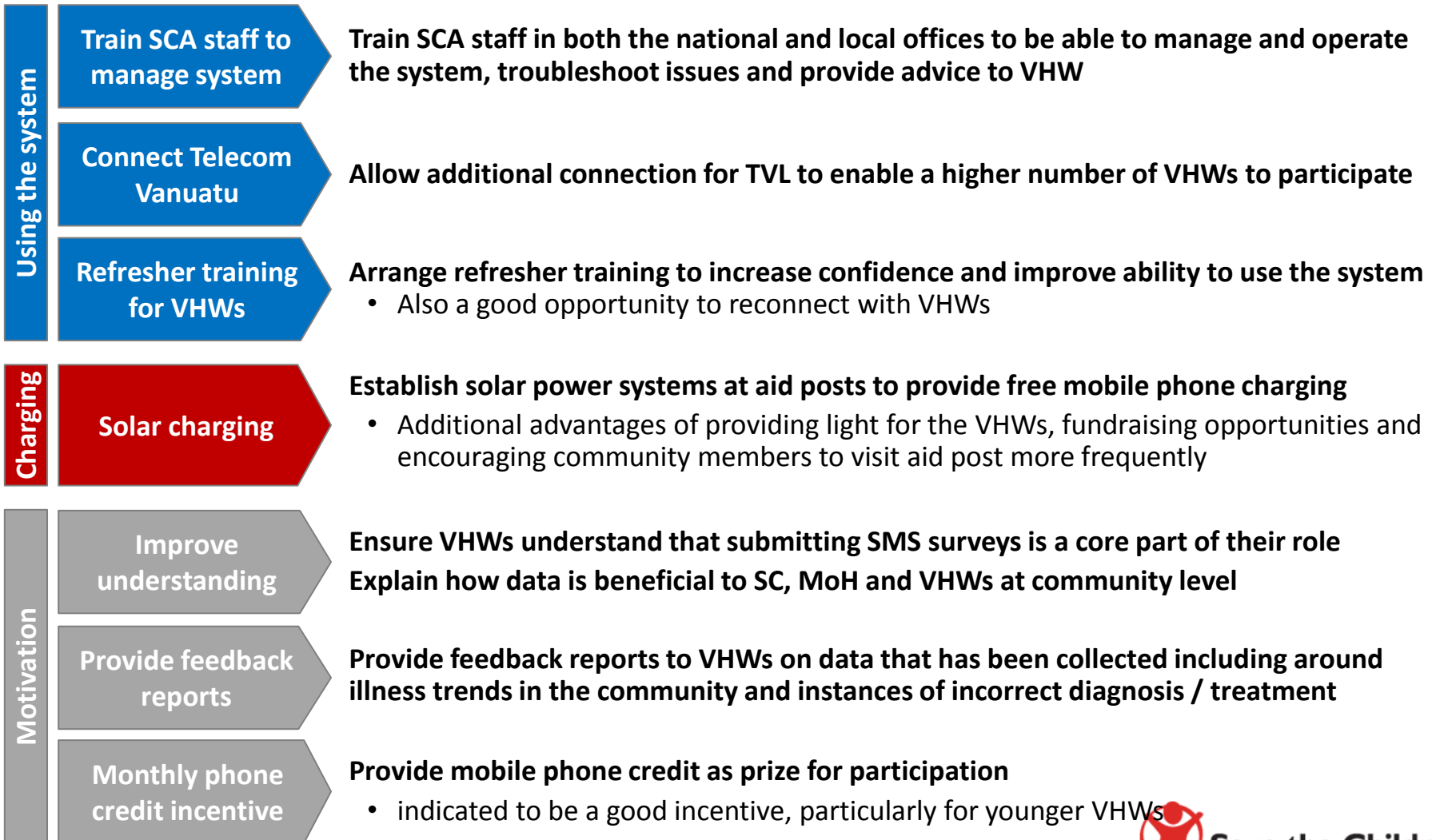
However, several factors were identified which reduced motivation to use the system

Time demands

Lack of feedback

Lack of understanding of purpose

Recommendations were made to improve uptake and effectiveness of the SMS system during last few months of pilot



Overview of Sexual Reproductive Health program in PNG

Peer education approach program for women engaged in transactional sex and men who have sex with men

- High prevalence of HIV among this target group: 17.6%
- Running as HIV program since 2002 but became SRH program in 2012

Objectives

- Strengthen SRH service delivery
- Increase demand for and access to services
- Improve knowledge, attitudes and health-seeking behavior



Working with community leaders, pimps, police, health service providers and others

Providing clinic services in SRH and drop in centres in 4 provinces

Improving effectiveness of SRH program through mobile

Objective

Provide additional support

Extend reach to women at risk

Context

Many women come to the clinic once, get cured but then do not return

High number of hotspot with women at risk

Heavy burden on volunteers

Unaware of risks of other illnesses (e.g. TB)

- Would be helpful to provide additional information, reminders and advice

Low conversion rates from initial outreach meeting to clinic attendance

Initial ideas

SMS reminders for appointments

Register women during initial meeting through volunteers' mobiles

SMS reminders about when to take prescribed medicine

- Quicker registration and easier to follow up

SMS information on clinics and clinic days

SMS information and advice on relevant topics including health and hygiene, symptoms, risks, prevention tactics, condom negotiation

Phone hotline to ask questions and obtain advice

- Would require additional capacity to provide this service