















## mNutrition: How does it work?

### mHealth

**Content:** GAIN developed <u>Nutrition</u> <u>content</u> for mNutrition



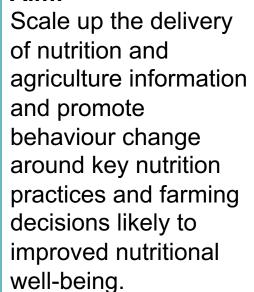
Nutrition content is adapted to context and delivered by GSMA partners via existing m-Health platforms (e.g. Wazazi Nipendeni in Tanzania)





Nutrition content is adapted to country context and delivered by GSMA partners via existing mAgri platforms (e.g. Vodafone Farmers Club in Ghana)

#### Aim:





## **External impact evaluation of mNutrition**

**Goal:** Provide independent in-depth insights and a rigorous impact assessment of mNutrition in two countries to inform future programming

- 3 in-depth qualitative studies
- 100 IDIs, 50 FGDs, 20 KI/country
- Reporting timelines

• Baseline: 2016

• Midline: 2018

• Endline: 2019

Qualitative



- Experimental designs (RCTs)
- 2,800-4,000 households/ country
- Reporting timelines

· Baseline: 2017

• Endline: 2019

Quantitative

- Multiple data collection rounds
- Stakeholder interviews, user data reviews
- Reporting timelines

• Baseline: 2017

• Endline: 2019

Business model



**Aim:** How effective & commercially viable are mobile phone-based services in reaching poor households and improving their nutrition knowledge and behaviours















### Reach and sustained use of the mNutrition was low

- Reach and up-take low in both countries (only 34% in Ghana; 66% Tanzania)
- Especially poor households and women were often excluded from accessing and using the mobile service.
- Common barriers to reach and sustained up-take were:
  - A lack of available supportive infrastructure (e.g. limited network coverage, difficult electricity access, multiple SIM card use)
  - Capacity of users (e.g. illiteracy, limited familiarity with voice messages)
  - Issues in implementation (e.g. fluctuations in service)
  - Issues in service design (e.g. difficult registration process).















## Recommendations I: Optimise reach and up-take

- Make sure there is supportive infrastructure in place
- Consider potential gender-based exclusions in the design phase
- Design your service to match the capacity of the target group
- Design features to help increase reach and uptake















# Impacts of mNutrition on knowledge and behaviours varied, but were generally small

- **Ghana**: No impact on dietary diversity, agriculture production, or income, or on nutrition or farming knowledge.
- Tanzania: Modest positive impacts on knowledge of IYCF practices and on dietary diversity for both women and children; but no effect on nutritional status
- Active mNutrition users report variety of individual changes in behaviours and practices

#### Reasons:

- o Poor reach and very limited sustained engagement!
- Lack of information is not the key barrier to better practices
- Barriers to acting on advice (poverty)















## Recommendations II: Increase effectiveness in changing behaviours

- Introduce interactive components (Do not rely on just pushing out information to passive audiences)
- Offer human support to complement mobile phone-based services (e.g. breastfeeding, high-risk agricultural practices)
- Combine mobile phone-based services with financial services or ongoing interventions (e.g. livelihood improvement programmes or social protection programmes).















## Tailored content to ensure continued engagement

- High levels of acceptance of the service among active users:
  - Perceived usefulness
  - > Perceived ease of use
  - > Trust
  - Social influences on use.















## Recommendations III: Developing engaging content

- Provide practical, low-cost advice that is actionable and achievable.
- Ensure that content is carefully tailored to individual characteristics and information needs, as poor targeting can quickly result in disengagement.
- Introducing and/or strengthening existing two-way communication channels and search functions.















## Leveraging the power of mobile phones: future vision

- Mobile phone-based advisory services alone tend not to be enough to affect nutrition outcomes, which generally have complex determinants. Human support are vital to support.
- Several outstanding implementation and programmatic issues still hamper reach, up-take and sustained engagement. Risk that the poorest are left behind.
- Mobile phone-based services to change behaviours are likely to be most effective if embedded in existing structures (e.g. agriculture extension services), are linked up with other programmes (e.g. social protection programmes) and also include established low-tech approaches (e.g. radio).









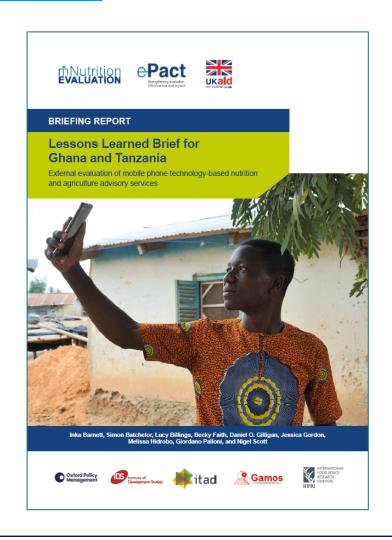






## Find out more: <a href="http://bit.ly/mNutritionEv">http://bit.ly/mNutritionEv</a>

- Some scientific reports
- Methodology briefs from each team
- Mixed methods papers and summaries
- Blogs and commentary pieces
- Email: i.barnett@ids.ac.uk



















## Thank you

This material has been funded by UK aid from the UK government; however, the views expressed do not necessarily reflect the UK government's official policies.













