Using mobile-phone technology to change behaviours: Lessons from mNutrition

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**mNutrition: How does it work?**

**Content:** GAIN developed **Nutrition content** for mNutrition

**mHealth**

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

**Aim:**
Scale up the delivery of nutrition and agriculture information and promote behaviour change around key nutrition practices and farming decisions likely to improved nutritional well-being.

**mAgri**

Nutrition content is adapted to country context and delivered by GSMA partners via existing mAgri platforms (e.g. Vodafone Farmers Club in Ghana)
**Goal:** Provide independent in-depth insights and a rigorous impact assessment of mNutrition in two countries to inform future programming

- **Qualitative**
  - 3 in-depth qualitative studies
  - 100 IDIs, 50 FGDs, 20 KI/country
  - Reporting timelines
    - Baseline: 2016
    - Midline: 2018
    - Endline: 2019

- **Experimental designs (RCTs)**
  - 2,800-4,000 households/country
  - Reporting timelines
    - Baseline: 2017
    - Endline: 2019

- **Multiple data collection rounds**
  - Stakeholder interviews, user data reviews
  - Reporting timelines
    - Baseline: 2017
    - Endline: 2019

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

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**mNutrition EVALUATION**

**UKaid**

**ePact** Strengthening evaluation effectiveness and impact

**Oxford Policy Management**

**IDS Institute of Development Studies**

**Gamos**

**IFPRI**
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:**
  - 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: http://bit.ly/mNutritionEv

- 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

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