**mHealth Working Group Meeting**

**March 16, 2012 9:30 - 11:30 am EDT**

**Held at Abt Associates, Bethesda, MD**

**Theme- mBCC Field Guide**

The mBCC Field Guide and materials that accompany these notes are available on the mHealth Toolkit <http://www.k4health.org/toolkits/mhealth/mhealth-working-group-0> and [www.mbccfieldguide.com](http://www.mbccfieldguide.com). For questions or comments, please contact Kelly Keisling ([Keisling.kelly@gmail.com](mailto:Keisling.kelly@gmail.com)) or Laura Raney ([lraney@fhi360.org](mailto:lraney@fhi360.org)), co-chairs of the mHealth Working Group.

**The next meeting of the mHealth Working Group will be held at 9:00 am EDT on Thursday, April 26th, 2012.** Location and call information will be announced.

Opening Remarks

The use of mobile technology for behavior change communication (mBCC) has been a popular but ill-organized topic in mHealth. The mBCC Field Guide addresses the need for focused and practical guidance for the design and implementation of mHealth. It builds on established planning procedures to enable mainstreaming within program planning in the field. We hope that methodical planning will reduce uncertainties in mHealth and lead to more effective, scalable and sustainable efforts in mHealth.

mBCC Field Guide by Shalu Umapathy, Gael O’Sullivan, and Stephen Rahaim, Abt Associates

This Field Guide provides methodical instructions on how to use the power of mobile communication tools to influence health behaviors at both the consumer and healthcare provider levels. The mBCC Field Guide is a “living document” that will require updating. **Feedback can be shared at www.mbccfieldguide.com. The accompanying evaluation form or general comments can be sent to Gael\_O'Sullivan at Gael\_O'Sullivan@abtassoc.com. It also accompanied by a mBCC Field Guide Worksheet**, which is in excel format to allow adaptation by program planners.

The mBCC Field Guide is authored by Abt Associates Inc. on behalf of the mHealth Working Group with input from Applied Innovation and Development Partners, FHI 360, The Georgetown University Institute for Reproductive Health, Johns Hopkins University Center for Communication Programs, University Research Corporation, and the United States Agency for International Development. It is based on a publication of the Johns Hopkins University Center for Communication Programs (JHU-CCP) entitled “A Field Guide to Designing a Health Communication Strategy”. The mBCC Field Guide is focused health communication, but could also be adapted for other fields such as environmental protection.

The mBCC Field Guide is arranged in nine chapters regarding program planning, which in return refer to sections of the accompanying worksheet.

1) situation analysis

2) formative research

3) audience segmentation

4) behavior change objectives

5) message and material development

6) pretesting

7) production

8) implementation

9) monitoring and evaluation (M&E)

The first chapter, **Situation Analysis**, provides instructions on how to conduct an abridged assessment of the audience, required infrastructure, and financial constraints. This includes determining whether mobile phones are an appropriate channel for your program objectives. BCC theory is also considered, such as the social cognitive theory in the case study for reproductive health. The Situation Analysis chapter refers to Section 1 in the mBCC Field Guide Worksheet.

The **Audience Segmentation** chapter considers many factors to help you identify and understand audiences. This includes the context of the audience’s mobile communication and the role of influencing audiences. For example, husbands may be an influencing audience when wives have limited direct access to mobile phones. TheAudience Segmentationchapter refers to Sections 2 and 3 in the mBCC Field Guide Worksheet.

The **Behavior Change Objectives** chapter focuses is on developing objectives for behavior change and health needs that are “SMART”. These measurable objectives can be complemented by the interim metrics that are provided for the mobile channel. The objectives will vary if you are using mobile phones as a standalone communication channel instead of as part of a multi-channel integrated BCC program. Mobile phones may complement other channels rather than replace them. The Behavior Change Objectives chapter refers to Section 4 in the mBCC Field Guide Worksheet.

The **Message Development** chapter discusses formative research to developing appropriate messages for the audience. Formative research and pretesting can be important for adapting to language and literacy requirements in a 160-character SMS or interactive voice response (IVR). The Message Developmentchapter refers to Section 5 Creative Brief in the mBCC Field Guide Worksheet, which can be used by partners such as advertising agencies.

The **Tools & Technologies** chapter addresses selection of communication support tools and technologies to deliver mBCC messages, as well as their incorporation with other channels. Tools can be designed for one-one communication (a phone call to a patient), one-to-many (reminders to all patients), many-to-one (a national radio station asking listeners to SMS responses to a health quiz) or many-to-many (chat rooms or mobile forums). The chapter covers the reach, frequency, platforms and applications for communication, as well as the capacity of your organization to manage a technology-based program. The Tools & Technologies chapter refers to Sections 6, 7 and 8 in the mBCC Field Guide Worksheet.

The **Monitoring & Evaluation** chapter discusses M&E challenges that are unique to mBCC. A case study illustrates the need for monitoring message reception is necessary to resolve problems and reach audiences. Evaluating the impact of mBCC can also be difficult in a multi-channel campaign. The Monitoring & Evaluationchapter refers to the M&E template in the mBCC Field Guide Worksheet.

Group Discussion and Q&A

Participants said the mBCC Field Guide makes it easier to discuss mHealth with colleagues that are unfamiliar with mHealth. Comments highlighted numerous sections of the Field Guide. It is important to reiterate the Field Guide’s point that mHealth is one of many tools for BCC, and should not be seen as a substitute for traditional methods. The Field Guide is focused on low-end phones rather than smart phones because the need to reach broad audiences in low resource countries. The Field Guide also acknowledges of reaching target populations due to literacy and access barriers, and the importance of “**proximate literacy**” through communication with secondary beneficiaries. The risks of negative consequences are also covered in the sections on **sensitive information and privacy** in the Situation Analysis chapter. Each of these topics may merit further exploration.

Participants also raised numerous ways to improve and expand the mBCC Field Guide. A section could list **ways to evaluate technology tools** for mBCC. A check sheet for cost would also make it easier to **estimate the costs of using technology tools**. The Field Guide’s List of Acronyms could also be expanded into a mBCC glossary. Guidance for mBCC would also be welcome **on past failures, behavioral incentives, discussion with mobile operators, and games for mobile phones. A case study library** was suggested to meet these needs.

Regarding next steps, use of the mBCC Field Guide and feedback are encouraged. It has been announced on various listservs and **further dissemination is welcome**. The Field Guide could help donors, partners and mHealth technology providers seeking guidance on program planning. The mBCC Field Guide can also be complemented by the a related guide, [**Communications for change: How to use text messaging as an effective behavior change campaigning tool**](http://gbiportal.net/document-library-2/search-document-library/?appSession=991171528626360&RecordID=259&PageID=3&PrevPageID=2&cpipage=1&CPIsortType=&CPIorderBy=&cbCurrentRecordPosition=1)*,* produced by FrontlineSMS and Text to Change and availableat<http://www.frontlinesms.com/wp-content/uploads/2012/03/TTC_Online_Final.pdf> . It was also suggested that the a discussion on mBCC would be convenient to **schedule with interested field staff at the** **Global Health Council conference**.

**About the mHealth Working Group**

Founded in 2009, the mHealth Working Group is a collaborative forum for convening, knowledge sharing, promising practices, collaboration, capacity building, advocacy, and member leadership. Composed of more than 600 individuals representing over 150 organizations worldwide, the mHealth Working Group seeks to frame mobile technology within a larger global health strategy. By applying public health standards and practices to mHealth, we promote approaches that are appropriate, evidence-based, interoperable, scalable and sustainable in resource-poor settings. The mHealth Working Group is facilitated and supported by USAID’s K4Health Project. Our advisory board includes Abt Associates, Catholic Relief Services, FHI360, Georgetown University Institute for Reproductive Health, Jhpiego, John Snow Inc., Johns Hopkins Center for Communication Programs, Management Sciences for Health, Population Services International and Save the Children. **Minutes from monthly meetings, as well as more information about the group, are on the mHealth Toolkit at http://www.k4health.org/toolkits/mhealth/mhealth-working-group-0. Interested colleagues are welcome to receive future announcements by joining the listserv at knowledge-gateway.org/mhealth.**

**Meeting Participants-** **mHealth Working Group Meeting March 16, 2012**

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| 25 | David Kulick | | Louisiana Public Health Institute |
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| 32 | Julie McBride | | PSI |
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