29 mhealth organisations and their interventions in India

Organisation	Project (Name and stage of development)	Need	Intervention (technology & service)	Category – Section of society	Operations and spread incl. areas and section of society affected	Finances and cost involved, Cost/ person, to expand	Outcomes/ advantages - Achieve & impact	Remaining/Future objectives	Other Remarks
ISHP – Indian Society of Health Professionals (Anuradha Sunil, Project Director, Indian Society of Health Professionals. anuradha@indicare.co.in mobile: +91-9810018621)		Whenever people go to the doctor, the doctor just provides written prescription. The client does not have many options to choose from. Neither does he know what would the side effects and intervention of the medicine given to him, whether it would serve him right etc. The client has to rely on the doctor's advice and if he gets dissatisfied, he goes to another doctor who repeats the same process again without having any previous medical history of the patient.	On call advice. Pin based system. Cafeteria approach: The client has basket of options to choose from based on suitability, insurance, proximity of the doctor in the area. Then he is referred to the doctor who is a part of the network and records the pin number for monitoring by ISHP. In case of a prolonged treatment, the client gets regular calls for status checking.	Clients, mostly newly wed for contraception (Improved quality of interaction). Delivery – network of HP already in place.	UP, Bihar, Jharkhand and Ludhiana (areas covered under 25 mil dollar funds.).		Total of 1 million calls served (about 15% of total calls received from various parts of India).`	Immediate: Set up provisions for face to face interactions Far off: Governed by the funds	Views on mhealth project who fail to succeed: Like for example the 45 lakh automated retina scanner, most of the systems are not limited by technology. In fact they are too much into technology that they fail to address the needs of the clients, or provide good QoS.
IRH – Institute for Reproductive Health (Esha Kalra, Program Officer, Institute for Reproductive Health, ekalra@irh.in)	FAM project – 1. Standard Days Method (SDM)	Majority of the mhealth devices require direct or indirect medical attention. Need for a device or technology which can be directly sold to the user.	Cyclebeads, which are chain made of up beads used to count the days in the menstrual cycle of a women. Only for women: 1. Regular and willing to compromise sex between 8 to 19 days of the menstrual cycle. Whose one complete menstrual cycle fall		Jharkhand and UP	Almost free. Can be directly sold to the user: No medical supervision, purely knowledge based mechanism	1. 85% effective 2. No side effects 3. Easy to use and acceptable by all due to no side effects 4. Only method that can be offered on mobile health without medical intervention 5. In WHO, Global Handbook of		1. Needfinding done. (FGDs, cognitive interviews, manual testing using computer modem attachments (available online-FrontlineSMS for pilot studies), Technology Development done (over 12 weeks). Pilot Testing

			between 24-32 days. Abnormality can happen only once per year. Also developed cyclebeads iphone application and an sms service SMS Service – minimally paid service 1. One time registration 1.1. Join message 1.2. Screening messages where questions are asked 2. Send the period starting every month 3.Automatic reminder messages 4.Integrated call center helpline number and other features also included				Providers, the effectiveness of this message is equivalent to condom contraceptives 6. Evaluation: Self-sustainable model since the users pays for the service		over 2-3 months done. Business plan made. Currently doing market validation testing. 2. Building IVR version for BoP 2.1. Framework ready 2.2. Tested with 100 women in Jharkhand 3. Partnership development
	FAM project – 2. LAM – Lactational Amenorrhea method	Women get pregnant again within months after giving birth due to lack of birth spacing options	Family planning based on the natural protection against pregnancy for upto six month after birth. 1. Training for community health workers 2. Community radio programs 3.Integration into existing government and NGO programs				10,000 users since 2006, 98% effective 1. Easily accepted by women, their husbands and families because it is non-hormonal. 2. Because the use and promotion of LAM reinforces optimal infant feeding messages and practices, LAM is an intervention that can have significant positive effects on the health and nutritional status of young children.		Protection for postpartum women satisfying the following criteria: 1. Menstrual bleeding has not returned since child-birth 2. The baby is only breastfed and less than six months old
ABT Associates (Ram Ganesan, Country Representative, Abt Associates.	PSPI		Helpline service for family planning, mainly contraception. 2. Identification is kept Anonymous – Younger people – confidentiality. 3.		Mainly implemented in UP	There is no premium whatsoever. Clients are referred to the doctors in the			50% calls are been dropped. Out of 50% received, 12% adopted the family planning program

ram@abtindia.net mobile: +91-9958188133)			Using helpline is time and monetarily convenient			vicinity.			
	Projects DIMPA/SAATHIYA (ref. mbph.in)	Problem in contraception -> discontinuity 1. OCP takers – 80% discontinue after 1 year 2. DMIPA - 80% discontinue after 1 year	Two ways to prevent the loss of sale – stop discontinuity, bring more users i. Stop Discontinuity: 1. DMPA is given after every 3 months 2. Confirmation call immediately after the dose is given 3. Reconfirmation call after 20 days 4. Reminder call 2 weeks prior to the D day, if not happy – alternative is given 5. This is continued till one year	Family planning	Already piloted, Implemented in UP – two months back		% of users who took the second dose: 30% (for 1 call), 78% (for 2 calls) and 92% (who got all the 3 calls)!		Side Effects of DMPA Interment menopause – not a problem Menopause – continuation of DMPA causes this (not a problem) Heavy bleeding - Prob
	TB	Many people can't go to a DOTS center (working conditions), many don't want to go to a public-sector Private sector doesn't provide monitoring like dots, Patient's own responsibility to get a regular checkup	Once diagnosed with TB in a private sector, the patient is advised either to take up DOTS or choose private telephone counselling facility.						
Intrahealth (Madhuri Naryanan, Country Representative, IntraHealth International. mnarayanan@intrahealth.org mobile: +91-9873691203)	Manthan Project (dev. on ComCare). Funded by Bill and Melinda gates foundation	Although India has seen a 60% decline in maternal deaths in the last three decades, more women die in India from pregnancy-related causes than anywhere else in the world—an estimated 117,000 women each year	Msakhi – interactive mobile app. 65 key health messages on prenatal and delivery care, postpartum mother and newborn care, immunization, postpartum family planning, and nutrition using a combination of text messages, audio, and illustrations all contextualized with localized illustrations and dialects.	Frontline health workers (ASHA)	U.P. Pilot tested on 30 ASHAs		During pilot ASHAs received training. After 12 weeks, a focus group showed that: 1. The number of ASHAs who recognized fewer than two danger signs in prenatal, delivery, and postpartum maternal and newborn care decreased from 13 to 2.	Taking from pilot to scale	

							2. Five ASHAs could identify 6 or more danger signs compared to only 1 at baseline. 3. Qualitative data also indicated that after using the tool, the AHSA were more confident in their abilities, felt they were seen as more credible among their clients, and offered better counseling during home visits.		
	Tele-clinic, Madhya Pradesh, India		The call centers, operated by trained health workers, provided the local community access to telephonic consultations with the doctors at Chhatarpur Christian Hospital. Community members could make calls free of charge in emergency. For cost recovery, a membership plan was implemented for membership of individual, family and Self-help Groups (SHGs) on a membership slab of rupees 75 to 500		Bundelkhand in Madhya Pradesh		Seven call centers serving 18 remote villages. 758 people became member of the project. The project integrated round the clock ambulance service and medical insurance plan. Nurses and lab technicians from the Christian Hospital conducted health clinics in the call centers once in every two weeks. During the clinics, nurse and lab technician could call the doctors in the Christian Hospital to receive expert medical consultation.		
Rural Technology Business Incubator, IIT	First Care Health		Online patient record was introduced by the end of 2008. The graphic online patient records are		pilot project to test various tools with 22 health workers called Rural				

Madras (Meenakshi Gautham, rtbioffice@tenet.res.in, +91 44 66469872)			instantly meaningful to the mother. It increases their prestige to see it on a computer. The records are available on the IIT-Madras server right now. The project also has the provision of basic laboratory test. For rapid tests, testing products manufactured by the pharmaceutical company Roche is used. Low cost tests are conducted using chemicals. The HIV test is the most expensive and costs Indian rupees 100. The low-end tests cost Indian rupees five. The RHPs conduct all the tests. The pilot to experiment using mobile phone for data collection is being launched only recently. The problem with mobile-based applications is that English language is a barrier and everything has to be translated in local language. Then project has planned to use algorithms that can be linked to prescription generation.		Health Practitioners (RHPs) in Sivagangai district, a rural district in southern Tamil Nadu. Target beneficiaries include RHPs with more than 10 years of experience.				
SGPGIMS, Lucknow (www.**sgpgi**.ac.in)		expert consultations among the doctors and expert referrals and follow–ups	computers, scanner, video–conferencing equipment, internet connectivity. Mobile telemedicine with GPRS connectivity is a key communication channel. PDAs are being considered for ASHAs, ANMs, AWWs for pilot experimentation. Plans for using telemedicine services for rural primary	Frontline Health Workers (FHWs)			Developing prototype of backpack telemedicine equipment, weighing less than five kilogram. FHWs can carry and use this mobile telemedicine kit.	Plans to expand the scale of the operations. Orissa pilot project currently underway is undergoing expansion.	GPGIMS Lucknow is the first academic medical institution in India to take the initiative to establish a School of Telemedicine and Biomedical Informatics in its campus in the year 2006

			care are being made.					
World Health Partners(WHP) (Gopi Gopalakrishnan, President, World Health Partners. gopi@worldhealth partners.org mobile: +91-9717295906)	Rural Health Care Provider (RHP)		WHP tries to work with entities that are already in the healthcare delivery business – the pharmacists, the rural practitioners. The focus is on reaching services to the remotest communities and using a delivery infrastructure if it already exists. HP works very closely with the government and it is supplementing the public sector effort in rural healthcare. WHP provides care even in public sector facilities. Sterilization procedures can be done only in places that are accredited to the provider in the new regulatory environment. The government has a number of those facilities, so the project deploys other resources while using certain government facilities.	Multiple – FHW, Service delivery	Rural Uttar Pradesh(UP), pilot project in three underserved districts of Uttar Pradesh to provide health and family planning services to 1000 villages.	50 Rs per consultation	Any illness will find some level of response because the intervention architecture extends from maybe the completely untrained village level provider or shopkeeper who may be selling condoms to a super-specialty hospital in Delhi – and everything in between. Depending on what the mobility is, what the illness is, it will find its way into the system. It just divides the various skills and competencies that are already available to the community – and either makes them provide it directly, or facilitates the provision. Services include all aspects of treatment that are possible through a consultation with the doctor. If any further tests are required, there is a support system which undertakes the tests and provides the reports to the doctor. Anything more than that which telemedicine cannot handle, gets escalated to a higher	The SHCs currently only do measurements like pulse rate, ECG, blood pressure and fever. More tests are expensive. Since the project is looking at a timeline of 10 years, tests will be added gradually. There can be biochemical tests. The project cannot activate all the tests in one go. Cost for providing ultrasonography services will be spread over thousands of users and it can be less expensive. However, the project has not used any large equipment so far. It was experienced that users were not averse to the concept of taking healthcare with the aid of computers; rather computer-aided healthcare was perceived with their aspirations. In the first phase of the project, it does not target the poor. The target is the quintile above the poverty line where there is some paying capacity, but there may not be a fully commercial paying capacity. We reduce	

									level.	the price through subsidies or insurance cover or a combination of both. Once that is established, there can be provisions for insurance vouchers and coupons. That will be the second phase that will happen after six months. Currently, that is unlikely as we charge rupees 50 per consultation. There is definitely a section of the population which cannot afford rupees 50, but currently, it will have to be driven by business goals. WHP cannot start by targeting the poorest. Someone will have to step in and give the money.	
MAMA – Mobile Alliance for Maternal Action (info@mobilemaalliance.org +1-202-887-9040 http://www.mobilemamaalliance.org /)	Partnership of USAID, Johnson & Johnson , mhealth alliance, UNF, Babycenter	Full female health care from the start of pregnancy till when child becomes one year old	Personalized, stage based messages 2-3 times a week Eg: Pregnancy – Dizziness, tiredness? Take a daily iron and folic acid supplement, Baby kicking – Try tickling him, Birth – If your baby vomits more than 5 times a day – Give extra breastfeeds, I year- Give your baby a smile.		Planning phase in India, landscape analysis has been done, aligning cross-sector partners						
Catholic Relief Services (CRS) (www.**catholicrelief**.org)			ICT4D - Information and Collection Technologies for Development Partnership with Nethope Project progress tracking and data collection using	BoP Population							Several mainstream projects (not m-health)

			mobile phones Customized forms designed using iFormBuilder Piloted in Pakistan – suitable only for quantitative data collection only, larger scales and requires trained staffs						
IFFCO and Airtel (M G Banga, 011-42592626,26 542625)	IKSL	provide farmers across India with information relevant to improve their farming activities	Any person intending to use IKSL mobile telephony service purchases a special subscriber identity module (SIM) card called Green SIM, distributed through local mobile connection retailers, cooperative societies, IFFCO outlets and other societies. Upon activation of the SIM card, the subscriber starts receiving five pre-recorded voice calls on her mobile phone. The calls provide information on weather, crop and animal husbandry advisory, market prices, fertilizer availability, electricity timings and government schemes. Farmers can call a helpline to ask questions on their farming.		By October 2009, IKSL was operational in 18 Indian states, serving 3 million subscribers. Survey in December 2008 with 1167 subscribers in Bihar, Karnataka, Rajasthan and Uttar Pradesh found that 91 percent subscribers belonged to rural areas, while others were from semi-urban areas.		300,000 subscribers in Uttar Pradesh, with monthly addition of 35000 subscribers.		Voice call provided an easy to use, radio like listening ambience, yet customized at local level. Helpline allowed users to pose queries instantly on messages received and other issues.
Nokia Research Center (Jan Blom, Research Team Leader, India Laboratory https://research.no kia.com/)	Design, development and customization of mobile phones appropriate to the unique requirements of rural areas.	Entry level and illiterate users face access challenges in using mobile phones. Experience has shown that illiterate persons have started using mobile phones comfortably as they start using	Nokia Life Tools refer to a bouquet of content services that come pre-installed in select Nokia mobile phones. Nokia Life Tools provide various content - agriculture (market prices, weather, information and advice), education (English language learning, general						

		consistent navigation logic of mobile phones, even with textual interfaces.	knowledge, preparation for tests and examinations and examination results) and entertainment (music, astrology, cricket and news).						
Reuters Market Light (RML) (Ranjit Pawar, Vice President - Operations http://in.linkedin.com/pub/ranjit-pawar/9/664/94b)			SMS-based information service targeted to farmers in some states in India. SMS contains information on weather, crop advisory, market price of two crops and three selected markets and commodity and general news. Information is customized according to local requirements.		In November 2009, the service had approximately 175,000 subscribers, up from 90,000 subscribers in May 2009.	Subscribers pay rupees 60 per month for receiving the SMS, using recharge coupons available through local retailers.	The application is highly iconic with a graphical user interface. The interface was developed through a pilot project in a local farming community in Maharashtra. Blom mentioned that the third generation mobile network can deliver audio-video content, run databases and provide online tutorials. This broadband mobile network will help providing last mile internet connectivity.		Subscribers are literate and the SMS is sent in local languages.
SMSOne (Ravindra Ghate, Director ravighate@gmail.com, 09822522333)			SMS-based information service targeted to small local communities, primarily in large cities. An unemployed youth develops and delivers local news and updates referred to as SMS newsletter in her local community of an average 1000 mobile phone subscribers. The youth develops the membership base by signing a single page consent letter from the mobile user. The local youth is required to create a database of members			SMSOne allows a maximum of 75 percent residents and 25 percent business people in a local community. The local community receives SMS free of charge, while local businesses are charged for advertising through the SMS channel. Local government	The SMSOne business model is self-sustainable and revenue generating for the local youth who has the opportunity to earn rupees 5000 to 10000 per month by sending five to six SMS. During March 2009, SMSOne had more than 300,000 subscribers in Maharashtra and Andhra Pradesh.		

			with information like name, gender, age, date of birth, profession and pin code, etc. The local youth also receives training to create and send bulk SMS using bulk SMS application.			bodies, local businesses like shopkeepers, financial institutions and insurance agents and private individuals send various announcements and information through SMSOne service. Local youth can send one SMS per week. For sending one SMS, the self-employed youth earns 50 paise for messages from government, 150 paisa for messages from local business and 150 to 450 paisa for messages from local leaders and individuals.			
Voxiva India (Sunil Kanaujia, Country Manager & Director of Network Operations, info@voxiva.com)	Text4Baby		SMS as media for health behavior communication. SMS reminders on multi-vitamin and flu shot and other advice three times a week to pregnant mothers until delivery.				Experiences of Voxiva in various developed and developing countries demonstrated that users found SMS as easy and dependable health behavior media.		
HMRI for the Government of Andhra	104 Advice		Provides telephonic counseling and information on service delivery,				four million unique callers during August 2007 to mid-2009.		Helpline was integrated with health services through mobile vans,

Pradesh and Satyam Foundation (http://www.hmri.in)			receives complaints and facilitates mobile health clinics operation					average of 50000 calls daily. Four hundred operators were handling this call volume. 104 Advice implemented a single technology platform for sharing data across blood banks, hospitals, mobile vans and helpline		training of rural health workers and videoconferencing among hospitals and doctors.
Talking about Reproductive and Sexual Health Issues (TARSHI) (http://www.tarshi.net/)	TARSHI Helpline	Provide counseling on reproductive and sexual health. Trained counselors, supervised by a qualified clinical psychologist provided counseling on issues like as body image, masturbation, homosexuality, relationship issues, contraception, abortion, sexually transmitted diseases and sexual abuse.			The helpline telephone number was not toll-free.	During its eleven years of operation, the helpline received over 57000 calls. Offered careful selection of counselors, intensive induction training incorporating perspective building, close supervision, burnout prevention systems and reliable referral systems.		80 percent callers to the TARSHI helpline were male. The study further highlighted that telephonic counseling on sexuality issues have certain advantages and disadvantages. Telephonic counseling offers a communication mode that is easy, accessible (that is, without constraints of time and distance), inexpensive, anonymous and usually free of charge for callers. Besides, caller has greater control over communication and time during counseling. Telephonic counseling is limited by lack body language and facial expression during communication between callers and counselors as they solely rely on auditory cues. Many times	

							busy telephone connection disrupts accessibility for the callers. Helplines guaranteeing anonymity can not follow up with the callers.	
Childline India Foundation (http://www.childlineindia.org.in **011-4608 8923**)	CHILDLINE	Counsel and provide support to the street children in distress. referrals provide callers directions to hospitals, counseling centers, educational services and so on. The children are taken to the nearest and most relevant places like medical center, shelter, police station, government agency. Promotion of the helpline takes place through word of mouth, sensitization programs, open houses on a monthly basis and programs in the railway stations.		Mumbai, has grown into a national child protection service that operates in 83 cities. large amount of calls from cities in Uttar Pradesh		Has responded to over 13 million calls from children who live and work in Mumbai. two million calls per year.	make it more intuitive and intelligent is currently being undertaken. Scaling up the helpline is fraught with the lack of resources. There is no regulatory challenge faced as the effort is linked to Central Government and child welfare organizations on the ground. In other states, success of helpline will depend on the level of infrastructure available in the district and the corresponding possibility of linkages. In Bihar and in many rural areas, it is less infrastructure-driven. The linkages are fewer. The focus is on creating awareness.	Managed using the ChildNET application software. Analysis of caller profile showed that 46 percent children were in the age group of 11 to 15 and 66 percent were male. Among the children living with their families (68 percent), the number of female callers was higher. Of the calls analyzed, 27 percent originated from slums, chawls and buildings, 12 percent from telephone booths, 10 percent from railway stations and 30 percent from undocumented places. There are no particular qualification requirements for the counselors. Helpline team members are trained in providing first aid and possess first aid kits. Counselors do not face any problem for answering health specific questions, as this is a referral service.	

Mangalam Sewa Samiti (Ashok Tiwari, Director, manglam9@gmail.com, 91-5646-266288)	JSY Helpline	The JSY helpline tracked pregnant women and motivated them to have an institutional delivery. The helpline counselors used a checklist to assess the nature of the complication and providing counseling. Using the checklist, counselors were required to gather information on height, weight, blood pressure, blood sugar level, lie position of the fetus, history of complications and anemia. In case of any danger signs, the pregnant woman was given continuous advice. She would then be referred to a government doctor in case of a normal delivery and the district hospital in Dholpur in case of a critical case.		Dholpur district	Lack of financial support was identified as the key constraint in running the JSY helpline.	he helpline received approximately 400 calls per month. Helpline was promoted through community meetings		Nearly two thirds of the callers belonged to the SC and ST category. The callers were mostly women who called on behalf of their friends and relatives. Otherwise, elderly women also call.	
ICT for RMNCHN Consultation (Source: www.dimagi.com, Dr. Vikram Sheel Kumar)	Saadhan Helpline	Communication with people with HIV/AIDS. he counseling process involves providing the callers with correct information, motivating them to make use of public testing centers and integrating						Counseling through helpline was supplemented by field level activities and mass media campaign. The campaign popularly known as Balbir Pasha Campaign helped popularization of the Saadhan	

		counseling and testing centers and referring callers to various services.						Helpline. The counselors motivate the callers by giving appropriate advice and motivating them to take medical consultation.	
	Question Box	limited ownership of mobile phone in rural areas.	Question box is put up in a village or slum area and local people can make a call to the helpline just by pressing a big green button. The user then can ask the question to the helpline anchor and get the answer. The recent version of Question Box comes with an LED display to run a text message and three to four more buttons to call different lines on different topics. the instrument is put in a publicly trusted place like school and government offices. For women with limited access to telephony, exclusive Question Box for women is being planned since women feel shy in using the facility as it is a male space and so public.	Noida and Pune			Question Box can be used in a variety of social contexts – education, health, e-Governance, natural disaster, to name a few. In the context of health, question box can be helpful in providing quick consultation from the nearest health facility.		
ZMQ Software Systems (Hilmi@zmq.in http://www.zmqsoft .com/)	e-learning and gaming applications that can be run over the internet, stand-alone (CBTs) and handheld and mobile devices		Freedom HIV/AIDS games that can be installed and played in a mobile phone.		Though usage data is difficult to get from the mobile operators, it is noted in cities like Gorakhpur in Uttar Pradesh, as much as 120,000 HIV/AIDS games were downloaded in three months.	Typical download of a mobile game through Code division multiple access (CDMA) network costs three rupees for one time download and play and rupees 25 for one time download and	Shelf life of games on an average lasts for three to four months.		ZMQ developed games for BREW mobile platform. Beside mobile handsets, games can be run over web-based applications as well. However, mobile games (m-games) are easy to download through the mobile networks. Sometimes these applications come in the handsets pre-installed

						multiple plays. In the development of a game, the developer undertakes research, scripting, programming for developing games. Typical development cost starts from half a million rupees for the basic version. Mobile operators take 80 percent of the total revenue.			by the mobile manufacturers. Games are played widely and often being mobile and portable, these games are powerful media to communicate messages through story and animation.
meradoctor.com (http://meradoctor.com, 022 6133 6133)		1. For immediate relief from pain 2.When treatments have not helped 3. When a child is suddenly unwell 4.When your doctor doesn't have time 5.When you need to find a specialist 6.When you need help to decide	1. Pay online or in cash: Pay online or at over 17,000 shops! > 2. Give a missed call 3. Speak to the doctor: Doctors speak Hindi, Marathi, and English 4. Get an SMS prescription: The doctor will sends advice by SMS. (drug prescriptions, home remedies and counseling. Correct mis-diagnoses or incorrect advice. Coach on what to ask a specialist. Explain the patient's disease and how to manage it.)		Based in Mumbai.	Unlimited consultations for 12 months: Rs 1800 (Includes INSURANCE and MEDICAL DISCOUNTS)	11,000 + doctor consultations, 9,000 + SMS prescriptions, 9,500 + follow-ups to patients		Licensed MBBS doctors who practice in Mumbai.
Healthpoint Services India (HSI) (Amit Jain, President & Director, Healthpoint.	E Health Points (EHP)	provide families in rural villages with clean drinking water, medicines, comprehensive diagnostic tools, and advanced	1. Democratizing Healthcare: Providing high quality healthcare and safe drinking water services to communities without any discrimination on basis of		Punjab, India.		1. Telemedicine Consultations: 31,000 2. Diagnostic Investigations: 17,000 3. Prescriptions		

Phone: Tel : +91 11 4107 1760)		tele-medical services that bring a doctor and modern, evidence-based healthcare to their community	gender-caste-social status economic status 2. Social Impact: Direct Social Impact through providing underserved rural and peri-urban communities with greater access to high quality health-care and safe drinking water services resulting in better health & well-being, enhanced productivity and improved standard of living. Also providing alongside, multiple opportunities for employment generation in the local areas. company deploys village health workers equipped with mobile phones that go door door, providing consumer door-to-door, education, patient follow-up, and last-mile service delivery to extend the reach of the Healthpoint village team.				Filled: 36,500 4. Safe Drinking Water: 300,000 users daily		
NEEDS (Murari Choudhury, Executive Director, NEEDS, Deoghar, Jharkhand. needspostmaster @gmail.com mobile: + 91-9204795008)	Mobile for Mother, (Funded by Dimagi Inc. USA)	1. Reduction in maternal mortality and morbidity by bringing changes in practices 2. Development of CommCare, a mobile based application, to ensure the informations were contextualised for India and translation in Hindi/local language	1. March 2011 onwards – Follow up and hand-holding with Sahiyaas, ensuring they are comfortable with the application 2. January 2012- Selection of new 20 Sahiyas from 2 clusters of Sarwan block 3. February 2012- Training of new Sahiyas on Commcare Application 4. February-March 2012- Handholding of new sahiyas by trained Sahiya Sathis		Deogarh, Jharkhand		1. From one Sahiyaa STI/RTI symptoms were recog-Patients TB Leprosy Referred Pathological Test X-Ray 5706 10 17 397 574 78 nized in four women through the use of CommCare, those women went on to seek testing and treatment. 2. From one Sahiyaa STI/RTI symptoms were recog-nized in four women through		This project has been awarded as best project under m-Health category in m-Billionth Award, an international Award program, organized by Digital Empowerment Foundation & Vodafone.

							the use of CommCare, those women went on to seek testing and treatment.		
BBC Media (Priyanka Dutta, Project Director, BBC Media Action Lab. Priyanka.dutt@bbcwst.org mobile: +91-989988383)	**Mobile Academy**, an Interactive Voice Response (IVR)-based training course on maternal and child health for community health workers (CHWs)	CHWs are committed to reducing maternal and child mortality rates, however most are neither highly educated nor well-off. Their abilities are limited by remoteness from centres of learning, educational status, and financial constraints. Their time is limited by family obligations. CHWs have the enormous task of delivering critical health information to families and promoting adoption of life-saving behaviors and they have no tools or support to do this. They also have limited technical resources and skills. The majority of their mobile handsets are old, basic and damaged and don't support the Hindi font. 91% of FLWs have never sent an SMS.	Mobile Academy and Mobile Kunji are both Interactive Voice Response (IVR) applications, running on the Voice Service Delivery Platform of BBC Media Action's mobile technology platform provider - OnMobile Global Ltd. OnMobile's platform and the Mobile Academy and Kunji IVR apps are integrated with the networks of the following mobile operators in Bihar: Airtel, Idea, Reliance, TATA and Vodafone, where the majority of calls to Mobile Kunji and Academy terminate.	CHWs	Mobile Kunji and Academy are available across the state of Bihar, which has 200,000 community health workers and a population of 104 million people.	Cost per person will depend on where we're expanding and what is existing and available and what needs procuring.	"The Mobile Academy audio explains everything so beautifully and it has increased my self-confidence manifold and I feel that I do my job much better now." - Meena Devi, an ASHA worker (CHW) from Gopalganj Sadar block, Gopalganj district In thirteen months (May 2012 to June 2013), Mobile Academy has had 29,504 unique users and to date, 3.52 million minutes of the audio content has been accessed via mobile. 10,978 FLWs have completed the course and received certificates of completion from the Government of Bihar.	We are currently working to make Mobile Academy and Mobile Kunji available across MP, Odisha and Gujarat, with the objective of making both services available across the country. Mobile Academy is being rolled out nationally with ICDS.	

	Mobile Kunji, an audiovisual jobaid for CHWs to use in their interactions with families						"Without any kind of tool or job aid it was very difficult to convey messages to beneficiaries and very often they would lose interest in what I was saying. Mobile Kunji makes it easier for me to convey messages and keep women engaged at the same time." - Neera Kumari, ASHA , Alauli Block of Khagaria district In thirteen months (May 2012 to June 2013) the Mobile Kunji has had 1,06,046 unique users and 3.05 million minutes of audio content has been accessed via mobile.		