MOBILE FOR REPRODUCTIVE HEALTH (M4RH)
How Mobile Messages are Improving Access to Family Planning
Acknowledgements

As part of a series led by the Innovation Working Group (IWG) mobile health (mHealth) grant program, this case study aims to illustrate the process, partnerships, and sustainability model of an mHealth program as it scales up, in addition to outlining challenges faced and key lessons learned. The Mobile for Reproductive Health (m4RH) program was selected because it serves as an excellent example of an mHealth program that has examined various pathways to scale and sustainability.

The IWG mHealth grant program is generously supported by the Norwegian Agency for Development Cooperation (NORAD) and led by the United Nations Foundation (UNF) and the World Health Organization Department of Reproductive Health and Research (WHO/RHR). Since 2012, the program has awarded 26 catalytic grants across 15 countries to support mHealth solutions that are used by over 8,000 health workers in more than 13,000 facilities, impacting health service delivery for nearly 1.5 million people.

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# Acronyms

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<td>CPR</td>
<td>Contraceptive prevalence rate</td>
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<td>m4RH</td>
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<td>mHealth</td>
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<td>MNOs</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<td>SMS</td>
<td>Short message service</td>
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Executive Summary

Family planning is a vital tool that increases the health and well-being of a woman and her family. Among the many public health benefits, family planning aids in preventing pregnancy-related health risks in women and reducing infant mortality. The challenge is that in many developing countries, young men and women lack access to contraceptive methods that are effective and low-cost. In Tanzania, the contraceptive prevalence rate (CPR) is 34.4% as of 2010,¹ compared to the global rate of 63.6%.²,³ What can be done to increase Tanzania’s contraceptive rate? How can public health organizations reach millions of women and men and change their behavior on a topic that is often considered taboo?

FHI 360, a U.S.-based nonprofit, developed and launched Mobile for Reproductive Health (m4RH), a mobile health (mHealth) program aimed at educating users in Tanzania about contraceptive choice and the variety of effective contraceptive methods available. m4RH is an automated, on-demand text message system that provides essential facts about nine contraceptive methods. It also helps users locate local clinics where they can access contraceptives.

Since launching in 2009, m4RH has reached nearly 300,000 users in Tanzania. Initial studies with smaller samples of users have shown that m4RH has delivered effective results in educating users about contraception, with some users self-reporting a change in contraceptive behavior.⁴ Users have reported that after accessing m4RH, they have discussed contraception with their partners and some have started a method or switched the type of contraception they use.

FHI 360 has directly led the implementation of m4RH in Tanzania, Kenya, Afghanistan, and Uganda and has provided technical assistance in Rwanda. Using a licensing model, FHI 360 has provided the m4RH content to non-governmental organizations (NGOs) in Kenya, Mozambique, Nicaragua, Nigeria and Tanzania so that these local partners can leverage the content to execute their own programs.

This case study explores how m4RH has scaled-up through: developing simple, evidence-based content, offering a free service, partnering closely with the government at the national level, participating actively in family planning communities, and using m4RH user data to demonstrate reach and access into underserved and key family planning populations. Through the IWG grant program, FHI 360 has been able to explore pathways to sustainability for the m4RH program, from establishing partnerships to reducing user fees and lowering program costs. This case study examines the valuable lessons that FHI 360 learned through this experience.
OVERVIEW: AN INTRODUCTION TO M4RH
The Gap in Contraception Access

Contraception is an important tool in maternal health and family planning. The CPR has a real and tangible impact on maternal and child health and increasing contraceptive prevalence could help in reducing the number of induced abortions, maternal deaths, and infant deaths.\(^5\) In addition to the direct health benefits of family planning methods, family planning policy and assistance help to empower women and can be a factor in poverty reduction.\(^6\)

Although family planning is a right, CPR rates remain low across a number of countries around the world. In Sub-Saharan Africa, CPRs are low while maternal deaths remain high. The CPR in Sub-Saharan Africa for 2015 is 30% among married women between the ages of 15 to 49.\(^7\) In Tanzania, the most recent data from 2010 shows the CPR is 34.4%.\(^8\) Tanzania is above the average CPR in Sub-Saharan Africa, but remains nearly 30% below the global rate of 63.6%.\(^9\) Recognizing this gap, the Tanzania Ministry of Health (MoH), in its National Family Planning Costed Implementation Program, set a goal of growing the CPR to 60% by 2015.\(^10\)

Compounding the problem are challenges such as the unpredictable supply of family planning methods, limited choices, and inadequate funding for contraception. Cultural attitudes and religious barriers also stigmatize family planning in some areas in Tanzania. Family planning remains a taboo topic that many young people do not feel comfortable speaking openly about. Additionally, there is limited communication between spouses and low involvement by men in family planning.\(^11\)

Family planning knowledge is still primarily gained through interaction with a nurse or doctor at a health-care facility. However, in Tanzania there is only 0.1 doctor for every 1,000 patients.\(^12\) Because of limited access to accurate information, misinformation is widespread and many people fear side-effects from

“I like [m4RH] a lot! It is time saving — and [it’s] confidential — only you and your phone!”
- Male m4RH user age 21 in Kenya
using modern contraception.\textsuperscript{13} Therefore, even though there might be an adequate supply of contraception methods and tools available, family planning uptake may still be limited due to cultural stigma and misinformation.

Tanzania is still working to reach its ambitious goal of 60% CPR. This presents an opportunity to leverage mHealth technology to reach a large underserved audience, including men, youth, and rural and urban populations in addition to women, to increase both awareness of and demand for contraceptive methods.

**FHI 360 LEVERAGES MHEALTH FOR FAMILY PLANNING**

To assist in tackling this challenge, FHI 360 launched m4RH in 2010 in Tanzania. m4RH is an mHealth program that has successfully demonstrated it can increase knowledge among mass and diverse audiences, support communication between couples about family planning, and possibly lead to behavior change.

FHI 360 is a nonprofit organization based in the United States that operates in over 70 countries. The organization builds integrated solutions to tackle complex human development challenges. Its programs span several practice areas including communication and social marketing, economic development, education, gender, health, research, technology, and youth. FHI 360’s breadth of experience, team of subject matter and country experts, and integrated approach put it in an ideal position to launch a program such as m4RH.

The origins of m4RH began in 2007-8 when staff at FHI 360 conducted a research study and initial concept testing with focus groups of emergency contraception users in Kenya and Ghana. At the time, there was a high prevalence of emergency contraception usage. The study indicated a need for more information on contraceptive options that are more effective and less expensive for regular use. FHI 360 began testing the idea of providing the information via mobile phone and received a positive response among its focus groups.\textsuperscript{14}

Then, beginning in 2009, the United States Agency for International Development (USAID) funded a feasibility study in Kenya and Tanzania to test the concept of delivering family planning information over a mobile phone.\textsuperscript{15} The Tanzania pilot program ran from September 2010 through June 2011 and reached 2,870 unique users who made a total of 4,813 queries to the system.\textsuperscript{16} Users surveyed indicated that they were very satisfied with the program and found it easy to understand.\textsuperscript{17} This was the start of m4RH.

**THE PROGRAM**

When FHI 360 developed m4RH, its goal was to increase access to accurate information about family planning methods and ultimately drive behavior change to increase contraceptive use. The FHI 360 team considered several factors that led them to mobile phones as a tool to effectively deliver information about contraceptive methods. First, FHI 360 wanted a technology that people were already comfortable with so users would not have to learn and adapt to a new behavior. In Tanzania, 73% of the population owns a mobile phone\textsuperscript{18} and is comfortable with SMS text messaging. Even among low literacy populations, text messaging is common.\textsuperscript{19} Second, rather than developing entirely new content, FHI 360 chose to adapt existing, evidence-based content, including from the World Health Organization (WHO) Family Planning Handbook. In developing the content distributed through m4RH, FHI 360 adhered to best practices for communicating health messages and worked closely with the Ministries of Health in both Kenya and Tanzania and their affiliated family planning technical working groups to review and vet the content to ensure that it was contextually relevant. The resulting program is an automated on-demand text message system that provides essential facts about nine contraceptive methods including: implants, intrauterine devices, permanent methods, injectables, oral contraceptive pills, emergency contraception, condoms, natural methods, and the lactational amenorrhea method. m4RH is currently available through SMS texts in English and Swahili.

"There is privacy available, many people have mobile phones, you do not have to be seen going to the clinic."

- Female m4RH user age 20 in Kenya
PARTNERS MAKE IT POSSIBLE

Implementing m4RH has required many partners, including working closely with Ministries of Health in focal countries, donors including USAID, UNF, and WHO/RHR, technology groups, and other implementing partners.\(^22\)

Among m4RH’s top supporters is the Tanzanian MoH. The MoH was an early partner; FHI 360 worked closely with them to develop m4RH to ensure that it aligned with the MoH’s family planning priorities and strategies. Because of this close working relationship, the Tanzanian MoH continues to be an active partner throughout m4RH’s implementation.\(^23\) The MoH has incorporated m4RH into their Green Star program, which is a promotional campaign through radio, electronic, and print media that encourages people to seek out family planning information and services. The campaign, implemented by the Johns Hopkins University Center for Communications Programs (JHUCCP), specifically tells users to text m4RH to the short-code 15014 to access the platform for more information about family planning.\(^24\)

Another one of m4RH’s most significant partners has been Text to Change. Text to Change, now TTC Mobile, is a nonprofit organization that was hired by FHI 360 to develop the software technology behind m4RH and support country-specific implementation, such as actively establishing contacts with MNOs and setting up short code leasing. m4RH decided to work with TTC Mobile because they have a global footprint with a Uganda-based programming team and open source software. FHI 360 felt that TTC Mobile could help them grow. For example, TTC Mobile is m4RH’s partner as it begins to expand in Uganda. However, the relationship with Text to Change is not exclusive and FHI 360 can elect to work with a different technology partner as it expands in different countries.

HOW M4RH WORKS

The following steps illustrate how m4RH works:

1. Opt In:
   User opts in to m4RH by texting “m4RH” to a short-code telephone number\(^25\) to receive a short message service (SMS) menu of contraceptive methods.

2. Browse Menu Options:
   User navigates the menu and selects a method to learn more information.

3. Receive Contraceptive Information:
   m4RH sends user concise text messages such as how the method works, who can use it, how long the method lasts, its side-effects, and also the myths about the method.\(^21\)

4. Find Clinic:
   User can also locate nearby family planning clinics in a searchable database to access family planning services.
EXAMPLES OF M4RH MESSAGES TARGETED AT YOUTH

Puberty is when girls and boys bodies change. They grow bigger and taller, their genitals mature, and hair starts growing in new places. This usually happens between ages 8-13 in girls and 10-15 in boys. Sometimes it happens earlier or later, and lasts about 2-5 years.

Early signs of pregnancy can include a missed period, tender breasts, nausea, and changes in appetite and emotions. Avoid using tobacco, drugs or alcohol when pregnant. If you are HIV positive, make sure to take your HIV medication during pregnancy. If you are worried you might be pregnant, go to a health center for advice. See directory (reply 80).

Injection in arm or hip, like Depo. Effective for 1-3 months. Get on time, return even if 2 weeks later. Irregular or no monthly bleeding not harmful. May gain weight. For married and singles. After stopping may take a few months to get pregnant. No infertility or pregnancy loss. Private and discrete.

MORE THAN JUST TEXT MESSAGING: HOW M4RH DELIVERS VALUE

m4RH's value is that it helps overcome barriers to access and provides accurate and trusted family planning information directly to its target populations, including underserved men, youth, and rural and urban populations in addition to women. These audiences would otherwise have limited access to family planning information.

m4RH’s value proposition is unique in the family planning domain. Other organizations have incorporated family planning information as part of mobile programs that provide a large suite of healthcare services, or that focus on healthcare workers, but m4RH is the only program at this point that provides accurate information about the full range of contraceptive methods in order to support choice. m4RH stands out from traditional solutions like billboards, pamphlets, and radio/TV spots in four main ways:

- **Mobile technology:** Incorporating mobile phones into the solution literally puts the knowledge into the end-user’s hands. First, this allows for convenience, privacy, and increased access to information. Most paper brochures and flyers that provide information about family planning are found in the clinic context, which not everyone will access. In particular, young people may avoid clinics for fear of embarrassment or cultural stigma. In rural communities, clinic access requires...
resources of time and transportation that may be hard to come by. Second, m4RH text messages are available on users’ mobile phones until they are ready to delete them. This key characteristic of text messaging allows m4RH users to save messages and refer to them multiple times, as well as share the messages with partners, friends, family, and others.

- **Appropriate channel for reaching youth:** Mobile technology usage is widespread among young people. FHI 360 has seen high rates of young people using m4RH and have expanded and better adapted the content for youth. In Tanzania, m4RH now includes content on puberty, sex and pregnancy specifically developed and tested for youth.

- **On-Demand:** Users can access the information they want, when they want it. Message delivery is not tied to a schedule as is the case with radio or television. Usage of the system is self-directed and tailored to the user’s needs because they can select the specific content that they want to learn more about. This makes it easy and convenient for the user.

- **Take action:** Users can also search and find healthcare facilities in their area where they can seek out additional advice and access contraceptives. This feature enables the user to take action.

m4RH is not just a text messaging platform. Its value lies in the program’s entire system, from its content, process, delivery mechanism, and technology to the stakeholder relationships that have allowed the program to succeed in its mission. This model is what makes m4RH scalable and applicable to other geographies. The image below presents m4RH’s value chain. These actors all directly or indirectly contribute to the m4RH program.

m4RH’s social impact is most keenly felt by three players in the value chain:

- **Value for the end-user:** m4RH allows end-users to access accurate information about contraception and sexual and reproductive health in a private and convenient manner. Users know they can trust the information provided. They can make decisions that positively impact their current and future health outcomes.

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**M4RH VALUE CHAIN**

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<tr>
<th>ROLE</th>
<th>FHI 360</th>
<th>MNOs</th>
<th>Technology Partners</th>
<th>Government Donors</th>
<th>Clinics</th>
<th>End-users</th>
</tr>
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<tr>
<td><strong>Organization</strong></td>
<td>Organization that leads the implementation of m4RH, licenses the m4RH content and architecture</td>
<td>Mobile network operators who facilitate the system by allowing access to mobile networks through short-codes and facilitate delivery/receipt of SMS</td>
<td>Partners who provide the required hardware and software to implement m4RH</td>
<td>Partners who help fund and promote m4RH benefit from social good provided by m4RH</td>
<td>Provide family planning and sexual reproductive health counseling and services: may receive clients directly as a result of m4RH</td>
<td>Learn about contraceptive methods and other aspects of reproductive health and sexuality; can seek out clinics for services</td>
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Other organizations have incorporated family planning information as part of mobile programs that provide a large suite of healthcare services, or that focus on healthcare workers, but m4RH is the only program at this point that provides accurate information about the full range of contraceptive methods in order to support choice.
• **Value for the clinics**: m4RH is not just a text messaging platform. Its value lies in the program's entire system, from its content, process, delivery mechanism, and technology to the stakeholder relationships that have allowed the program to succeed in its mission.

**m4RH OUTCOMES, IMPACT, AND REAL CHANGE**

By August 2015, m4RH has reached nearly 300,000 unique users in Tanzania who have accessed the system close to three million times.25 The program has been implemented in 98% of all districts in Tanzania. Not only does it have a wide audience, it is also able to reach populations underserved by reproductive health programs, such as those in rural areas, men, and youth.

A 2012 evaluation study conducted by FHI 360 showed that m4RH was reaching an important target audience of young men and women. Nearly 60% of respondents were under the age of 2926 and, of those who reported their gender, 44% were men.27 In a 2012 evaluation, many respondents reported a change in family planning behavior, such as using condoms when having sex, after having accessed m4RH information. This indicates that the program is informative and effective in changing family planning behaviors.

Similar evaluations of the m4RH program in Kenya have shown positive results. For example, a study of m4RH conducted in 2013 indicated that 82% of 1,161 respondents were under the age of 29, and 36% were men.28 Approximately 20% of users in the study accessed clinic location information, indicating an interest to access family planning care.29

In a 2015 randomized control trial of m4RH, users showed a statistically significant improvement in their family planning knowledge after three months. Compared to the control group, users’ knowledge improved by 13%.30

Qualitative surveys conducted via telephone interviews in Kenya and Tanzania during the m4RH pilot program in 2009 and subsequent SMS surveys in 2011 and 2014 show that users benefit from m4RH in the following ways:31

• **Knowledge**: As a direct result of using m4RH, users increase their family planning knowledge.

• **Behavior change**: Users self-report that they began to change their behavior, such as switching to a different type of contraceptive, after accessing m4RH messages.

• **Information sharing**: Beyond simply receiving information, users are sharing messages with others, thereby expanding m4RH’s reach. Program data from a 2014 user survey shows that 73% of 1,710 respondents in Tanzania shared an m4RH message with someone else.

• **Interpersonal communications**: Users report increased communication about family planning among couples.

**LESSONS FROM SCALING-UP**

FHI 360 designed the m4RH program for scale from the beginning, engaging in a promotional strategy that incorporated both a mass marketing approach to reach a wide audience as well as a more targeted grassroots approach. On the grassroots level, FHI 360 promoted the program through flyers and posters in clinics where people traditionally accessed family planning information as well as via community health workers. Through the financial support of USAID and Johns Hopkins University and as a part of the Green Star campaign, m4RH was promoted through radio advertisements, sometimes up to five a day, as well as...
FHI 360 designed the m4RH program for scale from the beginning, engaging in a promotional strategy that incorporated both a mass marketing approach to reach a wide audience as well as a more targeted grassroots approach.

on television. The advertisements reached a wide audience across the entire country and reinforced the other promotional channels.

Along its path to scaling-up in Tanzania, the m4RH team has gained significant insights:

- **Free is easier to scale:** FHI 360 decided to make m4RH available for free to users because it aligned with their mission of providing family planning information to a wide audience. With limited barriers to entry, they were able to scale-up and prove the concept. However, the challenge now is how to finance the program to make it sustainable.

- **National government partner lends credibility:** FHI 360 was purposeful about engaging the MoH as a key partner from the start and throughout the life of the service. The MoH endorsed the content, advised on promotion, and considers that m4RH is a part of their national family planning program. This has facilitated partnerships (like the one with JHUCCP), helped increase brand recognition, and provided credibility to the service.

- **Develop content systematically:** FHI 360 has developed a systematic process for developing its content based on health communication best practices and tailored for delivery via the SMS platform. FHI 360 utilizes the process to adapt existing evidence-based health guidelines for the text message format while developing new content that responds to specific contextual needs. Building on best practices instead of developing content from square one saves FHI 360 time and resources and ensures the global relevance of the m4RH content.

- **Remain active in community:** FHI 360 does not operate in isolation. They are very active in the family planning community in Tanzania and by staying involved and in close communication with others operating in the space, they have been able to take advantage of opportunities as they present themselves. For example, FHI 360 leveraged resources from partners in the family planning technical working group to develop and tailor m4RH's expanded content to address benefits, side-effects and misconceptions/rumors. Had they not been a part of this group, they may not have known or been able to access these resources.

Some of the barriers and challenges that FHI 360 continues to face as it scales m4RH include:

- **Tailor to local audiences:** One of the major challenges to scaling is that there are different ways to scale in each country. While the health components of m4RH’s content are largely universal, it would need to be translated into local languages and tailored for local contexts. Promotional campaigns and strategies would have to be tailored to local audiences. New stakeholder relationships with the government and other partners would need to be built.

- **Partner with multiple technology companies:** FHI 360 does not work with one single technology partner that can implement the m4RH technology system across every country. In each country, it would have to establish partnerships with local MNOs and possibly find a new technology partner to implement the mobile system.

- **Need large user base for discount pricing:** To establish partnerships with MNOs and receive benefits such as discounted SMS rates, MNOs typically require programs to have a user base of 50,000 users. This presents a chicken and egg problem for FHI 360. m4RH needs a large user base to get the discounts, but the discounts would help to grow its existing user base. It is difficult to obtain such a large user base without initially offering the service for free.

- **Promote through multiple channels:** JHUCCP promoted m4RH via multiple mass-media channels in Tanzania. This large-scale advertising and publicity effort is an effective way to acquire thousands of users, but it does come at a cost and requires a large marketing investment.
• **One organization must manage the service:** It is important to ensure that one organization has oversight and accountability of the service, including managing the technical partner, in order to efficiently respond to and correct service issues (such as outages) and to streamline the content revision process. This requires allocating sufficient financial and human resources.

### FOCUSING ON SUSTAINABILITY

In addition to scaling-up, another goal that FHI 360 has for m4RH is the ability to transform it into a self-sustaining program. Currently, m4RH relies on donor funding to keep it running and growing.

In 2014, the m4RH program in Tanzania cost US$203,475. Over the course of that particular year, the program engaged 125,320 unique users. This means that m4RH was able to engage each user for US$1.62. The majority of costs fall into four categories: technology, administration, personnel and promotional. By understanding its cost per user, this helps FHI 360 determine the amount needed to scale m4RH to more users.

However, in order to be truly self-sustaining, it is important for m4RH to build or attract diverse revenue streams. FHI 360 recognizes three interrelated challenges to achieving sustainability:

- **High SMS costs:** The SMS costs accounted for over half of the 2014 program budget, and as the scale of m4RH increases, so does the cost for the SMS. FHI 360 has explored the possibilities of lowering those costs through negotiations with the mobile network operators (MNOs) and/or shifting those costs to the end-user.

- **User pay:** One of the options towards sustainability is getting the end-user to pay for the service. If the end-user must pay for the messages there is a strong likelihood that m4RH’s user-base may decrease. Another risk is that the user-base will shift towards those who are willing and able to pay for the service, marginalizing poorer individuals who are often in greatest need of contraceptive information.

- **Mission alignment:** While the FHI 360 team has creative ideas for how to commercialize and partner with private sector companies, it has to balance these alongside their own and donors’ desires for social impact. Donors often stipulate specific social impact goals and require that recipients operate as not-for-profit entities. Running a program that generates a profit, while funded by traditional donors, can raise a lot of questions and add work for recipients in order to demonstrate that the profits are being used to further the mission of the not-for profit and/or the donor. Many not-for profits are simply not comfortable with or equipped to engage in a social business venture. Even when partnering, aligning the missions of private sector partners, FHI 360, and traditional donors can be a challenging task. If m4RH brings on commercial partners, they will have to clearly articulate roles, manage expectations, and set realistic parameters for the types of value that will be created through the program.

### Cost reduction and revenue generating strategies

With the IWG grant, FHI 360 was able to conduct studies and analyze potentially sustainable revenue models. FHI 360 investigated three potential strategies in particular to reduce costs and achieve sustainability: 1) partnerships; 2) user fees; and 3) reduced SMS costs. The goal was to find a path that would allow m4RH to be a self-sustaining program that could generate its own profits to grow, and allow it to be less dependent on donor funds.

FHI 360 conducted a cost analysis of four potential scenarios using different configurations of the three strategies. The scenarios tested a pay-for-service model, as opposed to the current m4RH model which is free for users. The scenarios also tested reduced SMS costs, under the assumption that FHI 360 would be able to leverage partnerships with MNOs to lower the SMS rates. Another assumption is that m4RH would...
be able to realize a small profit margin per SMS through an agreement with the MNO. Each scenario is a different configuration of whether the user or m4RH paid for the SMS costs.

The results of the analysis showed that the only scenario that achieved profitability was when the user incurred all costs of sending and receiving messages under the assumption that FHI 360 could negotiate the lowest rate with MNOs of US$0.01 per SMS and negotiate a small profit margin for themselves. One drawback of this scenario is that passing SMS fees on to the user might decrease the accessibility for users from low-income levels and the most vulnerable populations. Another assumption is that users would be willing to pay for the service. To test that assumption, in 2014 FHI 360 conducted a survey in Tanzania and discovered that 46% of users indicated a willingness to pay for the service with 24% willing to pay less than standard rates, 17% willing to pay standard rates, and 6% willing to pay more than standard rates. This willingness to pay shows that this could be a feasible path and warrants further exploration.

It should be noted that while the other scenarios tested did not lead to profitability, they did reduce annual program costs significantly, up to 83%.34

FHI 360 also began analyzing and considering additional revenue streams and partnerships that could lead to growth such as:

- Selling anonymized user data to other organizations
- Partnering with healthcare related corporations such as insurance companies that could add m4RH to a suite of services for their customers
- Asking the user to pay for the service through a subscription model or tiered payment structure
- Offering users a set of free messages to start and then asking them to pay for subsequent messages

Through the IWG grant, m4RH was able to research and consider several potential paths towards a self-sustaining business model as well as to identify cost-saving areas for future implementations in other locations. One of the key lessons learned from the grant is that there is not a magic bullet or single path towards sustainability. To achieve sustainability, multiple cost-reduction strategies are needed in combination with multiple revenue generation strategies targeting users, donors and private sector partners.

THE PATH TO GROWTH

While using SMS texts has been an effective method to reach a wide population, FHI 360 recognizes that it is not the only communication channel. To grow m4RH and make it more easily scalable and adaptable in other countries, FHI 360 has already explored multiple strategies.

First, on the technology front, FHI 360 is currently working to build an m4RH smartphone app, which will be able to cost-effectively reach a wide audience.35 FHI 360 is working with a team of students from Boston University to build the app, expected to roll out in February 2016. The app will be in English with the possibility of expansion into Swahili. The app will help m4RH meet the needs of changing market trends. Cheaper phones from Asia will increase the smartphone market and data is becoming increasingly less expensive.36 Additionally, the app will allow m4RH to continue testing different pricing strategies by targeting another customer segment.

Second, one of the quickest ways to grow the program is through licensing m4RH’s content. A licensing model empowers others to build their own programs and accelerate impact. FHI 360 has already licensed the program to other NGOs in Kenya, Mozambique, Nicaragua, and Nigeria.37 To date, FHI 360 has not charged for its licenses. It could choose to monetize licensing as an additional revenue stream. If it
continues to provide the licensing agreements for free, it would need donor support in order to provide
technical assistance to other organizations to adapt, implement and launch their own projects in
their countries.

Third, the FHI 360 team has served as technical advisors to other programs and countries that are
interested in implementing m4RH. FHI 360 has actively led the adaptation and implementation of m4RH
in Tanzania, Kenya, and Uganda. FHI 360 is currently working in Afghanistan to adapt the m4RH content.
This strategy requires continued donor funding or the government to pay for the service so that FHI 360
can continue implementing m4RH in other countries.

THE FUTURE OF M4RH

m4RH is more than just an SMS information delivery service. It is the content, process, technology, and
stakeholder relationships that all together form an innovative program. The program, using the knowledge
from FHI 360’s experts, can be implemented and scaled-up in other countries as well. Using the licensing
model and direct implementation model, m4RH is beginning to disseminate its lessons and expertise
across the globe.

FHI 360 has already set up and started to grow m4RH in Tanzania, Kenya, and Uganda and it is licensing
the m4RH content to programs in several other countries. In Tanzania, FHI 360 anticipates that it
will continue to test the m4RH program by engaging in new partnerships and expanding the content
and functionalities to increase the adoption rate. Lessons from these experiences in Tanzania will be
transferred to other countries where m4RH is being implemented.38

The m4RH program is attractive for donors and governments to fund and support because it is cost-
effective and scalable. It has a high adoption rate among youth and has demonstrated that it can improve
contraceptive knowledge and potentially change behavior. Increasing demand for contraceptive methods is
an essential component of family planning and public health. It can ultimately prevent avoidable maternal
deaths and save lives.


3 CPR as defined by the World Health Organization is the percentage of married or in-union women between the ages of 15 and 49 who are currently using or whose partner is using a minimum of one method of contraception. (“Contraceptive Prevalence.” Sexual and Reproductive Health. World Health Organization, n.d. Web. 29 Jan. 2016. http://www.who.int/reproductivehealth/topics/family_planning/contraceptive_prevalence/en/)


   “Evaluating Feasibility, Reach and Potential Impact of a Text Message Family Planning Information


   pewglobal.org/2015/04/15/cell-phones-in-africa-communication-lifeline/>.


20 Short-code telephone numbers are shorter (typically 4-5 digits) than standard telephone numbers,
   which means that they are easier to read and remember. They are typically used in SMS texts. The
   current short-code in Tanzania is 15014.


24 Green Star” Family Planning Campaign Launches in Tanzania.” Johns Hopkins Center for

25 FHI 360 Program Data

   “Evaluating Feasibility, Reach and Potential Impact of a Text Message Family Planning Information

   “Evaluating Feasibility, Reach and Potential Impact of a Text Message Family Planning Information

28 Vahdat, Heather, Kelly L’Engle, Kate F. Plourde, Loice Magaria, and Alice Olawo. “There Are Some
   Questions You May Not Ask in a Clinic: Providing Contraception Information to Young People
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