

Provide a free personal video, audio and image reference library and guide to better health practices, on a microSD card, directly to health workers, families and communities, especially those who live in villages and slums, to use in their mobile phones, when they need it, where they are, and as they are. This innovative way to use mobile technology will provide access to knowledge, including for those with low literacy levels, about common childhood diseases, pregnancy, nutrition, childbirth, the first year of life, child survival, growth, learning, development and protection, and empower women to make healthy decisions for themselves and their families.

**Silent Emergency** – Every day 19,000 of our children die from preventable and treatable illnesses before reaching their fifth birthday. Today, 1,000 women will die from pregnancy related causes. 9,000 newborns will die in their first month of life. Countless more children live in precarious situations and face diminished futures. What if we could put a vital tool in the hands of poor and vulnerable families to prevent those deaths today? And tomorrow... And the next day... Would that be worth investing in?

With the continuous growth in populations and shrinking budgets, governments are finding it logistically difficult and increasingly expensive to effectively manage training and education programmes. This is leaving health workers, and by extension, families and communities, especially the illiterate, with limited or no access to health knowledge.

**There is no dispute about the importance of health knowledge as a means of preventing diseases and boosting child survival.** – “Knowledge is the enemy of disease...existing knowledge must be applied in ways that will improve health care, especially in underprivileged populations.” *The Lancet* – “We find that parents' education and a mother's propensity to seek out modern healthcare are empirically important when explaining child survival...” *The Power of Knowledgeable Parents*

**The First Mile Now Reachable** – More than 1 billion women in low- and middle-income countries currently own a mobile phone. The fastest growth in mobile users has been in the developing world and has been created through private sector business models. By widening our reach, we can now expedite and fill this gap in knowledge and provide health information and know-how **directly** to families and communities, especially those who live in villages and slums.



**HealthPhone Videos:** [Introduction](#) - [TEDx Talk - HealthPhone: The First Mile Now Reachable](#)

**Putting Health Knowledge in the Hands of Those Who Need it Most** – While many successful projects have been developed to use mobiles in various settings to transmit messages – encouraging people to come to health centres for checkups, reminders to take medication, and public health campaigns – **HealthPhone™** is revolutionary. It creates a new technology platform for families in real time, in a language they understand, without a connection and cost.

**Creative Idea, Application, Technology, Implementation** – In-depth library with authoritative content to reduce child and maternal mortality; free of charge; Illiterate friendly; empowers; pre-loaded/embedded; usable without a signal; rich multimedia; quickly scalable for other regions and languages; support for popular handset platforms and models

**What Every Health Worker, Family and Community Has a Right to Know** – The UN's *Facts for Life* book is a tried, tested and trusted collection of key information covering 14 essential health, nutrition and development issues. Through simple messages, written in easy-to-understand language, it's designed to bring life-saving knowledge to those who have influence over the safety and well being of children. We can now make it easier for the community to understand these messages in order to expedite development on all fronts. **HealthPhone™** is a video reference library with content scripted on *Facts for Life*: [Timing Births](#); [Safe Motherhood and Newborn Health](#); [Child Development and Early Learning](#); [Breastfeeding](#); [Nutrition and Growth](#); [Immunization](#); [Diarrhoea](#); [Coughs Colds and More Serious Illnesses](#); [Hygiene](#); [Malaria](#), [HIV](#); [Child Protection](#); [Injury Prevention](#); and [Emergencies: preparedness and response](#).

**Knowledgeable Team** – The Mother and Child Health and Education Trust (MCHET) is a charity which uses communication processes to improve life chances for poor and vulnerable populations. Our projects are in the areas of mother and child nutrition, water, hygiene, sanitation and diarrhoea prevention and management; many in partnership with governments, UNICEF, WHO, other UN agencies, NGOs and education institutions. **HealthPhone™** is a project of MCHET.

Raj K Anand - Head, Dept. of Pediatrics, Jaslok Hospital & Research Centre - Former Prof. of Pediatrics, TN Medical. College, India  
 Christopher Drake – Chairman, Association for Living Values Education and Chairman, Asia-Pacific Network for Moral Education  
 Anwar Fazal – Director, Right Livelihood College, Universiti Sains Malaysia and former President, Consumers International  
 Nand Wadhvani – Creator, HealthPhone. Over 15 years he has launched several programmes to improve health education

**Preloaded Content on Low-Cost Mobile Phones and on the Cloud!** – For people who have Internet access and can afford it, we will offer free downloadable content from app stores, app markets, for wider international distribution.

**Focus on Prevention – Free up resources currently allocated to control, treatment and management of diseases**

**Coughs and colds:** What to check for, how to ensure that a serious case of pneumonia does not set in and treatment

**Diarrhoea:** How to wash hands with soap and water. How to mix a simple oral rehydration solution (ORS)

**Malaria:** How to use bed nets and deal with fevers; helps prevent child deaths and complications in pregnant women

The impact this would have is enormous and it could dramatically change the indicators for one of the most important of the Millennium Development Goals – reducing child mortality. It would also help to reduce maternal deaths, improve nutrition and encourage greater education and early child development processes, as well as reducing the effect of major infectious diseases.

**Partnerships are Powerful!** – Pilot programmes and initial video content have been developed in close collaboration with the Health Ministry of the Government of India and UNICEF. Apps to facilitate delivery of content in Hindi and Marathi have also been developed. These apps, together with a microSD containing the video and audio library will soon be freely available to all. The partners are initially providing preloaded Android and low-cost feature phones to about 1,000 health workers.



Sample Screens

This now becomes a learning/training and empowerment tool for health workers. Additionally, each of these 1,000 workers serves 1,000 people. Over a 6 month period, they will cover about 700 villages and visit about 1,000,000 people. When using the phone during these visits, each of the health care providers is easily and effortlessly able to relay accurate, relevant and consistent messages. The villagers will now respect and look up to the health worker as being more advanced. This technology and content delivery platform, with a simple and common look and feel, will allow for adding updated and new content and programmes easily, either through a replacement chip or download.

**Next Steps** – During Phase 2, we plan to start production of the 115 videos to illustrate the 14 key public health issues in English and 15 Indian languages for use throughout India. The preloaded content will also include translated text for SMS/text messages and printed materials and voice-overs for MMS, conventional and community radio broadcasting. We will work with national and state governments to expand the program to develop cloud based apps for feature phones and invest in CSR related partnerships with Telco operators and aligned commercial brands.

**Phase 2 – April 2013:** Health library video content production starts - script and storyboard, development of comprehensive App, – **June:** Finalize video script, content repositioning and translation - we have volunteer support, but will need to pay for checking/validating or editing the translations and scripts, Design and develop a test and validation plan – **July:** Shoot videos – **September:** Edit/finalize videos, test Apps – **October:** Start distribution and monitor – **April 2014:** Midterm evaluation and adjustments – **May 2014:** Validating results and reporting. **Other items:** Project coordination, and technical coordination, 4 trips to rural villages for pilots and evaluations, purchase of mobile phones, tablets for testing and computer hardware and software, and 1,000 preloaded microSD chips.

Our partners in India will fund introducing this tool to key institutions working in the field of human development across the country and training key village influencers in how to use the phone and how to encourage dialogue around the issues. Data produced at end of project: Use of phones and App- penetration, regularity and ease of use; behaviour change; and impact on key health indicators.

**Test and Validate: Clear Lessons Learned** – We will use mixed methods where we look at use of phones, behaviour change, and impact on key health indicators: 1) Infant and maternal mortality – Prevention: 2) Numbers of mothers practicing early and exclusive breastfeeding, 3) How many only use toilets, 4) How many regularly wash their hands with soap and water, – Treatment: 5) Use of ORS and Zinc during episodes of diarrhoea. We will create process output and outcome indicators; identify the minimal essential data that are key for success in monitoring and surveillance and replication/scale-up. We plan to collaborate with Johns Hopkins University and others with expertise in these areas.

**Getting This Knowledge into the Hands of Village Women** – Content delivery systems will be expanded to operate on more platforms and phone models. Updates and additions of other health subjects will be required and we will establish sustainable and effective future funding mechanisms. We will design a quality system for future research projects. Lessons learned will be shared globally in a coordinated exchange of information to better understand how to effectively use mobile technology to disseminate health and other messages. The partnership will foster collaboration among similar initiatives in other countries to accelerate efforts to reach millions of women with mobile phone access around the world with critical health information. A rigorous evaluation of results, making use of a mix of qualitative and quantitative methodologies, will build the evidence base on the effective application of mobile technology to improve maternal and child health.

#### HealthPhone is a Winner!

##### Winner:

mBillionth Award South Asia 2011 - Most Promising - For Improving Lives of Mothers and Children through Mobile Phones

##### Winner:

Education for All sub-challenge Early Childhood Care and Education

##### Nominated:

Katerva Awards 2012 - Gender Equality

**Why We Do What We Do** – Our projects deal with broad programmes involving large numbers of people, and they often cite statistics to discuss the health concerns of these people. We wish to remember, then, that every statistic is comprised of a large number of individuals – individuals loved by their families and communities, and individuals who (or whose parents) work hard to contribute to those communities. Too many of these individuals die before having a fair chance at life while many others who live are left to lead a life forever handicapped by a childhood of hunger, illness and both physical and mental underdevelopment. Behind all our efforts is the principle that every individual matters, that life is a precious gift and every unnecessary and avoidable death is a great tragedy and moral challenge. We also wish to remember that health education is at its core an attempt to value life and each individual, and that a new order of health can be achieved to save these lives, which is our prime goal and purpose.

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