

**Internship Report**  
**On**  
**“Outreach Team of**  
**Aponjon-MAMA Bangladesh”**



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Date of Submission:

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# Letter of Transmittal

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30<sup>th</sup> May, 2013

Ms. Tasneema Afrin

Lecturer

BRAC University

**Subject: Submission of the Internship Report**

Dear Madam,

I have the pleasure to submit my Internship report on “Outreach Team of Aponjon, MAMA Bangladesh” of Dnetas a requirement for my graduation. You are aware that I have completed my internship program in a social enterprise named “Dnet” from 3<sup>rd</sup> February 2013 to 3<sup>rd</sup> May 2013. I joined the Aponjon office, which is the Gulshan office of Dnet in Bangladesh. I am fortunate enough that I have got an experienced, efficient and professional team in a very well-known social enterprise of Bangladesh. I truly believe that this report will satisfy your requirements and expectations. I have tried my best to make this report informative, practical, reliable and relevant as possible. To prepare this report I have arranged meetings with my colleagues, collected information from the company share drives and downloaded information from internet. I have also drawn a set of recommendations which I think will help the outreach team. I appreciate your kind advice, cooperation, patience and suggestions regarding this report which will definitely help me to go ahead as a brilliant guideline.

I will be available for any further query and clarification regarding this report whenever necessary.

Sincerely,

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SabihaSabrin

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BBS

## Acknowledgement

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First of all I am thankful to Almighty who has created us and who gave me knowledge and power to make me able to complete my internship successfully.

I am also thankful to BRAC Business School of BRAC University who has provided me this opportunity to have an experience in a reputed organization and groom myself for the future professional responsibilities.

I shall also like to wish to acknowledge and show my deep gratitude to our respective teacher, Ms. Tasneema Afrin for her consistence, advice and support given during the writing up of this report.

I offer my heartiest tribute and cordial gratitude to present my thanks to Mr. Ananya Raihan , the Executive Director of Dnet, Mr Syed Majedur Rahman- Human Resource Manager of Dnet-MAMA Bangladesh who has also been my supervisor and to each and every team members of the MAMA Project for their kind support and cooperation in this project.

To Mr. Jakaria Razavi, the Assistant Director of Outreach Team-MAMA Bangladesh I owe more than what I can mention...his inspiring guidance, remarkable suggestions, constant encouragement, keen interest, constructive criticism, and friendly discussion enabled me to complete this report efficiently. Without his support and proper guidance, it would be almost impossible to accomplish this task successfully.

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## Executive Summary

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Dnet is a social enterprise which is working as a very well reputed organization in the development sector. Many of us think that NGO means to refer development sector but it is not actually true. A NGO is totally dependent on foreign funds but a social enterprise is not dependent on foreign funds only rather it has its own sister concerns and multiple projects from which the revenue is generated for the purpose of the development and expansion of the related projects. The revenue thus generated does not go to any individual's pocket rather it is used for the all the projects itself. Dnet has come up with the new idea of social enterprise. Dnet has implemented MAMA Global in Bangladesh in the name of 'Aponjon' and Outreach team is an integral part of it. This report is mainly focused on this team which is also a very unique concept in the context of any organization. There is a detailed discussion on outreach that how outreach works, with whom they work, what is their area of work, strategies and even what are their planning ahead to go through in future. To understand the scope of work of the outreach team a detailed discussion of the brand 'Aponjon' has been given because without knowing the service what it is exactly about we cannot understand the role of outreach. I have also related the description of my job with the project and hence I have covered with all the job responsibilities I had to follow along with the area of my work. Finally I have come up with some recommendations derived from the objective of my report writing which I consider to be useful for the Outreach team. In conclusion I have made a short summary of my findings through this report making session and my internship period related to the outreach team.

# Chapter 1

## Introduction

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### **1.1 Origin of the report:**

This report writing refers to my internship course of BUS400 which is a part of our graduation course in BBA. After the completion of all of our credit courses we are assigned to perform an internship course which normally stays for a period of three months in any organization. This internship period helps us to learn hand to hand in an organization. Basically this period prepares us to get ready for our real job life and learn everything from practical knowledge and experience. So this period is very helpful and an extremely vital part in every student's career. This is the period where a student learns how to relate the academic knowledge earned so far with the practical knowledge. In this period the student can learn things by making mistakes but when he is the real job life he will not be encouraged to make mistakes. So this period is the best time to prepare oneself for the right job. I come forward with this report writing providing some information and analysis from the information. I thank my supervisor Ms. Tasneema Afrin for helping me in the preparation of making this report. I have studied about the company I am working in which is a social enterprise and have analyzed a part of the company which is the Outreach team. I have worked as an intern in this company named 'Dnet' for three months which is running a project of 'MAMA Bangladesh' with its service named 'Aponjon' in Bangladesh. I have started my journey of internship from the 3<sup>rd</sup> of February 2013 to 3<sup>rd</sup> May 2013. Among many of the teams like the HR, Content, Communication and IT team, Outreach is another very integrated part of 'Aponjon' which I have found to be very interesting, creative, new and a unique topic to research and present about it. This is the reason I have chosen the topic of Outreach and moreover I have also had the opportunity to work with this team as well.



## 1.2 Background:



MAMA Bangladesh is the Bangladesh secretariat of the Mobile Alliance for Maternal Action (MAMA), a global alliance for improving maternal and child health through mobile technology. D.Net, a social enterprise for promoting access to information and knowledge through the power of information and communication technologies (ICTs), is hosting the secretariat. D.Net owns and runs Aponjon services in Bangladesh.

MAMA Bangladesh is a public-private collaborative initiative. Ministry of Health and Family Welfare (MoHFW) and access to Information Program at Prime Minister’s Office are the official government partners of MAMA Bangladesh. “Aponjon” (“the close/dear one” in bangla) is a brand of mHealth service through mobile phones for expecting and new mothers in Bangladesh under the auspices of Mobile Alliance for Maternal Action (MAMA). Aponjon services are operated under the programme agreement between the governments of USA and Bangladesh.

MAMA was launched by Secretary Clinton in May 2011 by The United States Agency for International Development (USAID) and Johnson & Johnson, in collaboration with the United Nations Foundation, the mHealth Alliance, and BabyCenter LLC. The initiative is being implemented in Bangladesh, India and South Africa. In Bangladesh this program is a country-owned, country-led initiative, with strong support of the Government of Bangladesh (GOB), and in alignment with the Prime Minister’s Digital Bangladesh initiative to increase access to information for all populations. By using innovative financing models, MAMA is poised to become the first financially sustainable health information service utilizing mobile phones to improve health outcomes at national scale in a developing country under the name of ‘Aponjon’. The goal of the initiative is to contribute to a reduction in maternal and neonatal mortality by improving health-seeking and preventative behaviors of pregnant women, new mothers and their families which will contribute towards achievement of Millennium Development Goals (MDGs) 4 and 5. MAMA partners agreed that implementation and coordination will be directed by D.Net. ‘Maternal and child health integrated program (MCHIP)’; the implementation mechanism of MAMA has awarded a sub-agreement to D.Net to implement MAMA activities and manage

partnerships in Bangladesh. D.Net will serve as the MAMA Secretariat, and oversee service design and deployment.

Under the brand name “Aponjon” MAMA Bangladesh initiative is poised to become the first financially sustainable health information service utilizing mobile phones to improve health outcomes at national scale by emphasizing innovative financing models. Ministry of Health and Family Welfare (MoH&FW) is the official government partner of MAMA Bangladesh. The initiative is building upon the existing USAID and Government of Bangladesh (GoB) maternal child health and family planning programs and is being implemented through Maternal and Child Health Integrated Program (MCHIP).

### **1.3 Objective of the report:**

#### **Primary objective:**

- The main objective of this report is to know the overall operation of MAMA Bangladesh, outreach operation in fulfilling the target of the project.

#### **Secondary objective:**

- To know the overall function of MAMA Bangladesh.
- To understand the function of local and international partners in fulfilling MAMA Bangladesh’s ultimate objective.
- To suggest some recommendations to enhance and pace up the activity of the outreach team and which will reflect on the MAMA Bangladesh.

### **1.4 Scope of the Report:**

The scope of this report is limited to the overall descriptions of the organization & services.

The scope is also defined by the organizational set-up, function & performance through its Outreach team.

## 1.5 Limitations:

- i. Since I was involved only with the MAMA Project so I could not get any findings from the other projects of the organization such as Infolady, Jeeon, Abolombon, Smart Class Room, Gunijon etc.
- ii. There was lack of similar organizations with which comparisons could be made.
- iii. I have faced problems in collecting updated and precisely correct numerical information's due to the nature of the project.

## Chapter 2

### 2.1 Company Overview

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Dnet is a Social Enterprise established in January 2001 to promote ‘access to information and knowledge’ for all citizens through interactive digital media in achieving constitutional, national and international developmental objectives. Dnet won many international and regional awards for its innovative interventions. Total staff size of Dnet varies between 70 – 100. Annual budget of Dnet is around USD 1 million, which varies year to year.

### 2.2 Achievements:

#### **Infolady wins Global Media Forum Award 2003**

Info-lady social initiative has won “The Bobs: Social Media Forum Award 2013”. Deutsche Welle has been arranging this competition since 2004 and this year 90 different initiatives in six different categories were selected for the final round. Deutsche Welle launched The Bobs – Best of Online Activism with the goal of promoting the open exchange of ideas and freedom of expression online in digital media.

#### **Manthan South Asia Award 2009**

Dnet Computer Learning Programme has received Manthan South Asia Award 2009 under the category of e-Education. This is an award for the programme which is for empowering students and teachers in underprivileged rural Bangladesh through ICT and Computer education. Since 2004, more than 150,000 rural children received ICT knowledge, Around 1,000 teachers received professional training on how to teach ICT in the classroom. The program is now grown in collaboration with the Government of Bangladesh and British Council.

## **Manthan South Asia Award 2008**

Dnet's Jeeon-IKB (Information and Knowledge Base) received Manthan South Asia Award 2008. This is an award for promoting digital content for development under the aegis of World Summit Award announced during World Summit on Information society during 2003 and 2005. The Jeeon-IKB is being used now in more than 5000 telecentres in Bangladesh.

## **Special mention award of World Summit Award (WSA) 2009**

Gunijan, an initiative of Dnet, received special mention award of World Summit Award (WSA) 2009. Thirty four leading e-content experts from 29 countries met for the WSA 2009 grand Jury in New Delhi, India to consider 545 finalists of 157 countries around the world. Grand Jury selected Gunijan as the best e-content in our region and it was chosen for especial mention in WSA 2009 in e-culture category.

## **Vision:**

A society, where information and knowledge facilitates participation of all stakeholders for generation of wealth and its equitable distribution for poverty alleviation.

## **Mission:**

Promoting innovations for building ICT based models that contribute towards alleviating poverty, improving well-being and building peace.

## **Principles:**

Dnet's core principles are coined as "Open Access" principles, which is an acronym. Open Access elaborates as follows:

- Openness as founding principle and distinguishes it from 'free'
- Accountability to citizens in general and to the communities of interface in particular
- Collaboration with government, business and social development organizations

- Community Participation that ensures focus on people’s need and ethos
- Education meaning appropriation of learning for change within institution
- Social Inclusion, a key value that all programs embrace at all levels
- Social enterprise, a highly desired but not an essential outcome of all programs.

## **Areas of Work:**

Dnet works in four key areas through innovations for improving access to information and knowledge:

- Inclusive Healthcare
- Innovations in Education
- Lift in Livelihood
- Social Accountability.

## **2.3 MAMA Bangladesh Project of Dnet:**



Mentioned earlier MAMA Bangladesh is a project of Dnet which is under the working area of inclusive healthcare of Dnet. MAMA Bangladesh initiative was announced by Hillary Clinton

### **Mission of MAMA:**

Engaging an innovative global community to deliver Vital Health information to new and expectant mothers.

### **Summary of Program Objectives:**

MCHIP has awarded an agreement to D.Net to fund specific service elements of MAMA in Bangladesh under the brand name “Aponjon”. The MAMA Bangladesh model depends upon the combined resources and expertise of both public and private sector to fund and sustain the initiative. MAMA expects to leverage additional cost share funds- outside USAID funding- from corporate and government partners through solicitation of corporate sponsorships, in-kind contribution of media promotion and subscriber outreach, and discounted mobile operator

charges. As such, USAID funding to MAMA supports the pilot/formative research phase and approximately one year of scale up in FY12-FY13.

Overarching goal of MAMA Bangladesh is to contribute to the efforts of reducing maternal and child mortality using power of mobile communication technology. The service design includes not only the expecting and new mothers it also includes gatekeepers like husbands, mother-in-law, mothers and other relatives. The service is expected to contribute in achieving to reach MDG 4 and 5.

### **Working Process of MAMA:**

MAMA Bangladesh leverages on wide-ranging partnership with government agencies, private sector and NGOs. Partnership has been built between D.Net and a number of reputed institutions in Bangladesh for reaching out families across the country, particularly in rural areas and urban slums.

MAMA Bangladesh received financial support in form of seed grants from USAID and Johnson and Johnson. Other than service charges from subscribers, MAMA Bangladesh relies on multiple sources of support for ensuring financial sustainability. The private sector is the major contributor to MAMA Bangladesh. Negotiations are going on with a number of reputed private sector partners for supporting the cause of safe motherhood and childhood.

The implementation mechanism for seed grant through USAID and Johnsons and Johnson is Maternal and Child Health Integrated Program (MCHIP). The seed grant support will continue up to June 30, 2013. The seed grant covers approximately one-fifth costs of the initiative up to June, 2015.

## 2.4 ‘Aponjon’ Service of MAMA Project:



Aponjon” (“the close/dear one” in bangla) is a brand of mHealth service through mobile phones for expecting and new mothers in Bangladesh under the auspices of Mobile Alliance for Maternal Action (MAMA).

Aponjon services are operated under the programme agreement between the governments of USA and Bangladesh.

Currently, Aponjon services are available in text and voice form through Grameenphone, Banglalink, Robi, Airtel and Citycell. Very soon, the other telecommunication operator, Teletalk will also be connected. A number of new services will also be coming under the umbrella of Aponjon.

Aponjon is designed to be financially sustainable by generating revenue from subscription, revenue from advertisement, cross promotion, Corporate Social Responsibility (CSR) support, donation etc. The initial catalytic support from USAID and Johnson & Johnson was helpful for covering start-up costs. Considering the fact that around 20 percent of subscribers are below poverty line, “Aponjon” offers this service to this group of subscribers free of charge.

Aponjon service was launched in September, 2011 in 13 locations of four districts in Bangladesh with about 1500 subscribers on a pilot basis. The national scale operation of Aponjon started in August, 2012. Aponjon aspires to reach more than 2 million mothers by 2015. The service is targeted towards expectant mothers, new mothers up to one year of baby’s age and their family members. Expectant and new mothers are the primary subscribers. Husband, mother, mother-in-law and any other relative can also be part of the service. They are the secondary subscribers. Once registered, the primary subscribers receive two messages and their family members receive one message per week. The message is tuned to stage of pregnancy or motherhood. For making it customized to the stage of pregnancy or motherhood, a subscriber need to give last menstrual period (LMP) date or expected delivery date (EDD) or date of birth of baby. From sixth week of pregnancy a mother can receive the service for a maximum period of 89 weeks. A subscriber can de-register any time, can listen message for previous week or listen to the same message repeatedly.



We can register by dialing 16227 and then following IVR menu or by talking to a customer service agent. We can also register through sms using prescribed codes. To know details of registration, please click [here](#).

Aponjon service is subsidized; one message costs only BDT 2 (excluding VAT). Registration through sms is free. We can call to 16227 for more information. Customer service Center is open from 7 am to 11 pm at their service.

The Aponjon Logo depicts image of a loving mother with a baby attached to a caring husband. It symbolizes that involvement of husband and other family members is important for achieving better health outcome. Aponjon tag line is: “Power of Health in Every Mother's Hand”.

### **How to Register:**

It is very easy to register with Aponjon. Just call 16227 from your mobile phone

Registration can be done by calling one of our Customer Care representatives on 16227 (and choosing option 1) or following the IVR menu.

Registering can also be done through SMS.

If you are expecting a baby and would like to receive pregnancy advice, you would need to provide end date of your Last menstrual period (LMP) at the time of registration.

If you have a newborn baby who is below the age of one year, you would need to provide the date of birth (DOB) of your baby at the time of registration.

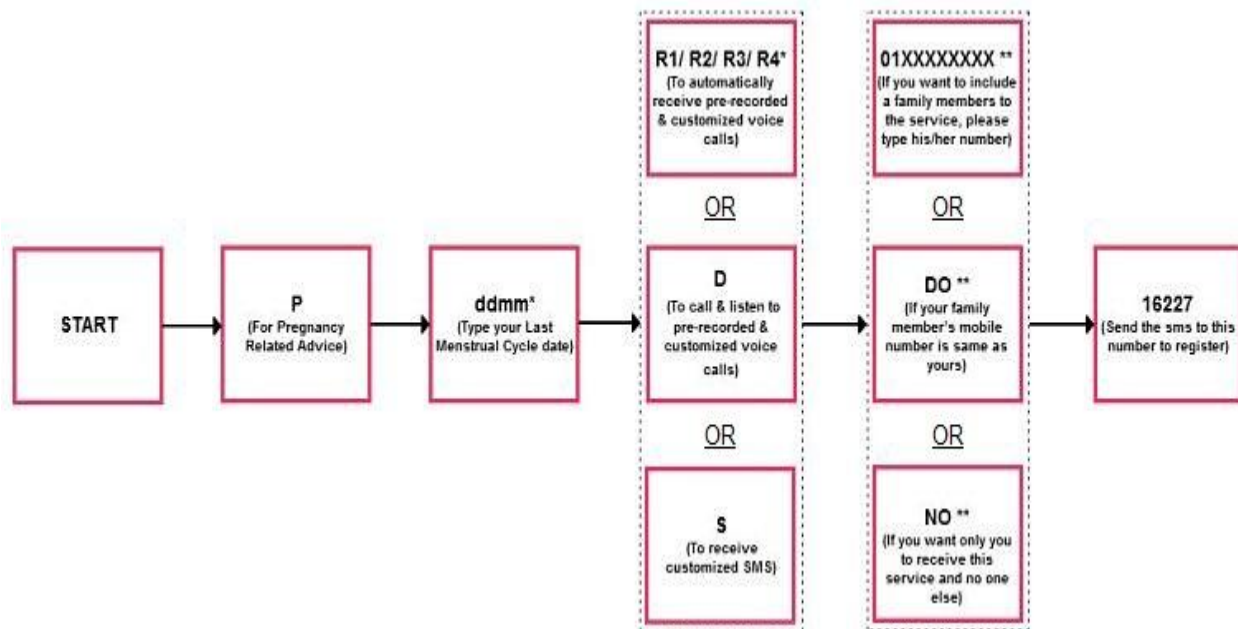
### **Registration through Aponjon Customer Care**

Dial 16227 from your mobile phone and choose option 1. A customer care agent will take you through the registration process which is very simple.

### **Registration through SMS**

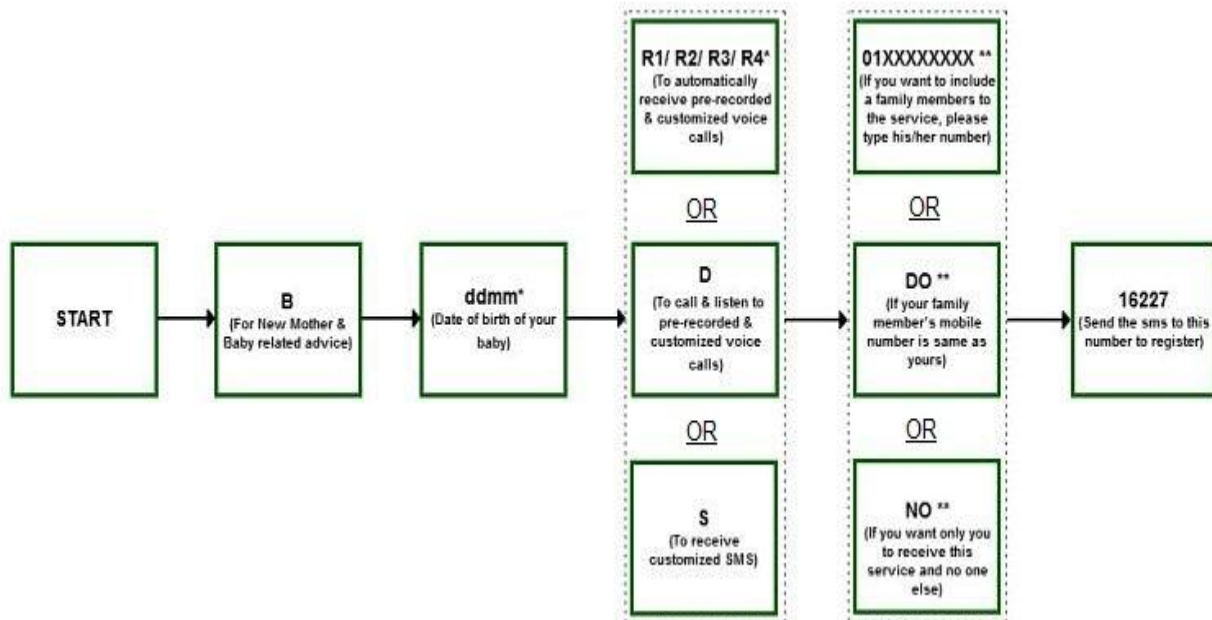
Registration through SMS is completely free.

**For Expecting Mothers & her family members (husband, mother-in-law, mother or anybody else)**



**Diagram 1: Registration Process**

**For New mothers & her family members (husband, mother-in-law, mother or else)**



**Diagram 2: Registration Process**

\*ddmm = Day and Month. For example to mention 7th October, please type: 0710

\*R1 = To automatically receive pre-recorded & customized voice call between 8 am to 12 pm

\*R2 = To automatically receive pre-recorded & customized voice call between 12 pm to 4 pm

\*R3 = To automatically receive pre-recorded & customized voice call between 4 pm to 8 pm

\*R4 = To automatically receive pre-recorded & customized voice call between 8 pm to 12 am

\*\* To include one of your family members (your husband/mother-in-law/mother/anybody else) to the service, please type:

• 01XXXXXXXX (the phone number) or

• If you want the service on the same number as yours, please type: DO or

If you are not interested to register your family member, please type: NO

Example: For Instance, if you are a mother of a new baby (below the age of 1 year), assuming your baby's date of birth (DOB) is 9th November, and you would like to receive the service through voice calls between 8 pm to 12 am, and would like your husband to receive the service as well then type:

START [space] B [space] 0911 [space] R4 [space] 01XXXXXXXX and send to 16227

### **Registration through IVR Menu**

Dial 16227 from your mobile phone and simply follow the IVR menu to complete the registration.

### **Objectives of Aponjon (MAMA Bangladesh):**

1. Achieve improvements in health knowledge and practice as well as health seeking behavior of targeted women and gatekeepers

1.1. Reach at least 100,000 pregnant women and new mothers, and 50,000 gatekeepers by Dec 2013 (within one year from the date of national launch)

1.2. Achieve improvements in health knowledge and practice as well as health seeking behavior of targeted women and gatekeepers

2. Ensure quality and effectiveness of services.

3. Build and manage partnerships.
4. Test financing/Business model for sustainability.
5. Share learning from the project.

### **Product target client:**

Primarily from rural & urban poor income families with limited access to health information

- Expecting Mothers
- Mothers with infants (under 1 year old)
- Gatekeepers (husband, mother-in-law, Mother, others)



**Diagram 3: Target Client**

# Chapter 3

## Job Part

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### 3.1 Job Responsibilities:

- Welcome the guests/visitors to Dnet, Aponjon office
- Visitor Management
- Respond to requests for organizational information
- Handle PABX system of Aponjon office
- Receive incoming letter/documents and disseminate properly
- Provide dispatch numbers for outgoing letter
- Update employee and guest information to database.
- Assist and cooperate the HR section regarding HR issues
- Assist to Accounts section regarding payment cheque dispatch to suppliers
- Cooperate with other team(s) to complete emergency tasks as when needed
- Work with the Outreach team whenever needed; extending from field work to documentation.
- Any other responsibility necessary for the successful implementation of the program and institutional objects

### 3.2 Area of Work:

I started my work as a Program Associate under the supervision of HR Department. My basic task was to assist the HR and my supervisor was the HR personnel as well. My main tasks were HR related. I was taught how to make attendance sheets; overtime records, make phone calls for recruitment, and assist in interview boards and so on. Although I was assigned with some specific tasks but I had also the job responsibility to assist other team members. So I had to do a lot of multi-tasking and for this reason I was able to have a basic knowledge over all the departments more or less. The Outreach team is the largest team in the office and the work pressure is huge. So I had to assist them the most and for this purpose I was assigned with field

level trainings in different districts. This knowledge has helped me to select this topic for my report though I am not directly involved in this team. No specific training was provided for me before start working in the office but I did not face any hurdle because each and every team members helped me with the tasks I was given with an extreme cooperative mind. So I didn't need any training at all. But with more time I had the opportunity to participate in a few in-house training sessions like the 'Training of Trainers' (TOT) which I shall describe later on. I have learnt a lot from this training about the whole Outreach structure and performance and it's objective.

# Chapter 4

## Project Part

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### **4.1 Defining outreach**

Outreach means:

1. Reach farther than somebody: to reach or extend farther than somebody or something else; or
2. Provision of community services: the provision of information or services to groups in society who might otherwise be neglected.

In their context they are defining outreach as ‘to reach those families with a specialized health information services for the pregnant or new mothers in society who might otherwise be neglected’.

### **4.2 Outreach Approach:**

The team’s outreach strategy is to reach approximately 3 million pregnant women, new mothers and their families within 3 years with voice (IVR) and text (SMS) messages and achieve sustained improvements in health knowledge, behaviors, and outcomes.

In this endeavor, they would reach potential subscribers at their doorsteps to assist them to register to the ‘Aponjon’ service. Outreach approach focuses on how to enroll clients through local community agents (‘health worker’) spread across all 64 districts.

Building strong partnership and effective collaboration is the key to reach families at the community level. They have tied up with their many outreach partners, namely BRAC, National Health Service Delivery Program (NHSDP) previously known as Smiling Sun Franchise Program (SSFP), MCHIP’s MaMoni Program, Infolady of Fair Price International Pvt. Ltd. and Blue Star Service Promoters (BSPs) of Social Marketing Company (SMC).

A community agent usually visits the door-step of the target group with their ongoing services. Adding a new service like Aponjon to their existing portfolio of services is cost effective and at the same time, they can leverage on the trust they have already earned in their local communities.

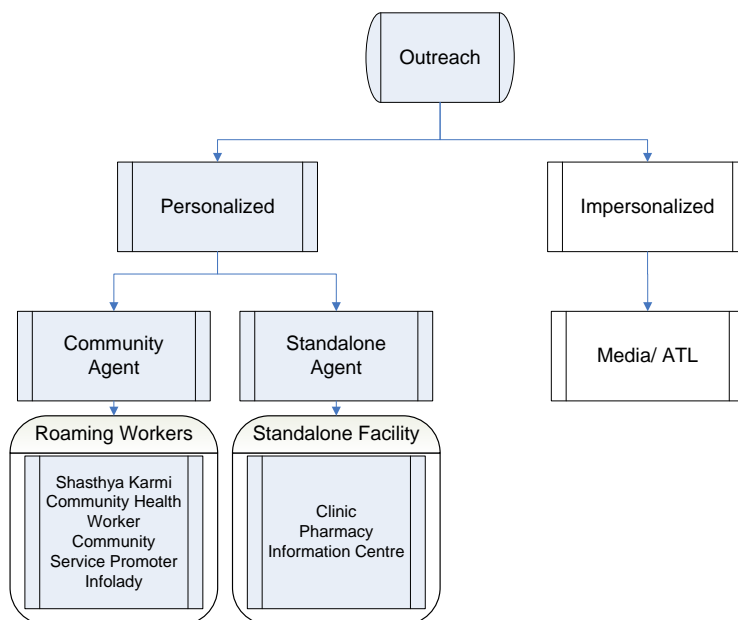
In addition to community agents, they work with standalone facilities like local clinics and pharmacies where people from all tiers of the community visit to ensure reach.

After Aponjon has got into operation at a national scale in August 2012, they now have more than 1250 community agents working across 25 districts where they have the lowest rate of 4 Anti Natal Care (ANC) visits as part of our Phase 1 outreach.

Moving forward, in their successive phases, they plan coverage of all districts across the country by June 2013.

#### 4.2.1 Types of Outreach:

There are two types of outreach: personalized and impersonalized (media or ATL). Here we are treating our outreach only to the personalized mechanism as ‘Outreach’. This strategy deals with personalized outreach, mainly focusing on how to enroll clients through community agents and standalone agent.



**Diagram 4: Outreach Organogram**



To reach potential subscribers at their doorsteps to assist to be registered at the ‘Aponjon’ services is the key of outreach activities. This outreach strategy paper will spell out the overall strategy for the outreach activities.

Aponjon outreach activity is to build strong partnership between non-government, government and D.Net. The key strategy is to utilize the existing workforce and establishments of different outreach partners.



**Diagram: 5 Agents**

### **4.3 Strategy for engaging community and standalone agent:**

To reach out those families who are not much aware, using technology and neglected

- Not much aware on their health issues
- Little understanding on critical symptoms
- They are not advanced in using mobile phone
- A percentage of them are not financially well off

On the other hand, a community/standalone agent has

- Better knowledge in health sector, identifying LMP and other critical issues
- Acceptability and accessibility in the community
- Using mobile phone in their daily work
- Ability to identify the underprivileged families who are not financially well off

Therefore, outreach is using community agents to help and get in to the mobile phone based Aponjon service. A community agent is visiting door-to-door for their existing services. So adding a new service is cost effective and that does not require any additional effort and giving them an incentive will be an additional income for them. Moreover it is helping them in capacity building and enhancing acceptability in the community. So it is a win-win situation for both the community agents and Aponjon.

On the other hand at the standalone facilities, like clinic, pharmacy community peoples are visiting of their own for taking different health services; therefore these facilities are treated as health information and service access point. This point will be adding another services 'Aponjon' to offer to the visited community. And this addition will increase their visited communities' interest and also gives them an additional income opportunity.

#### **4.3.1 Community Agent (Health Workers):**

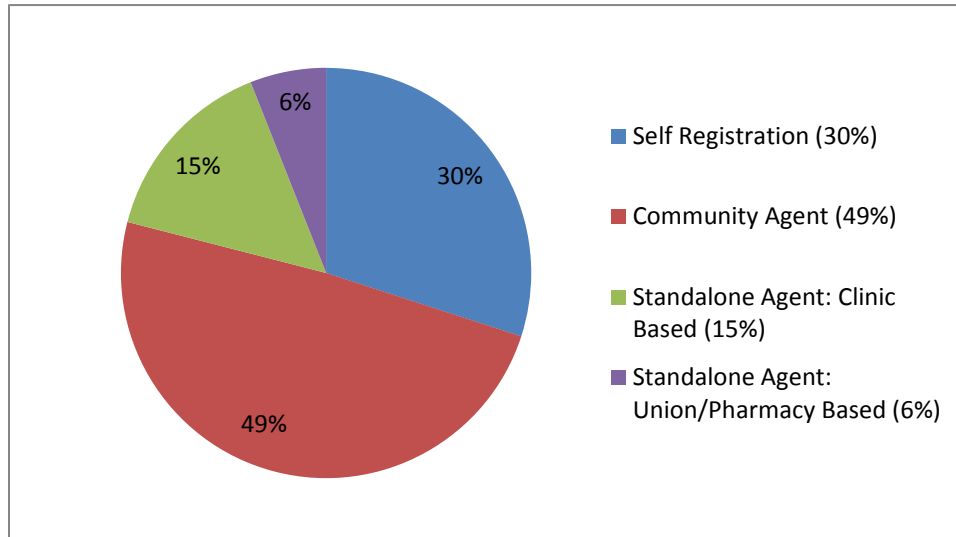
Here, community agent (CA) or standalone agent (SA) does not necessarily mean that those who give health services, rather CA means anyone who visit rural people by visiting from door to door and sell various health related products. When the CAs will visit from door to door, they will promote our service and try to influence the pregnant women and their Gatekeepers to be benefited through getting registered in Aponjon.

#### **4.3.1 Standalone Agent:**

**Clinic based facility:** Second most effective mean to communicate with the rural customers will be the clinic based health workers or someone who is readily available in the rural clinics.

**Standalone facility (union based/ pharmacy based):** Third most effective mean to communicate with the rural customers will be the Blue Star Service Promoter of SMC who is based on pharmacy mainly and another one is union based Union Information and Service Centre (UISC). We will make an arrangement with the rural standalone facilities where a specific person(s) will be assigned to promote our service to the prospective clients and help them to get registered. Union/Pharmacy based autonomous agents can generate approximately 6% of the total target customers. The potential subscribers will be registered through SMS along with the SA code. There will be no discounted/free service for such registration.

The main role of both categories agents (community agent and standalone agent) is to identify and assist to the potential subscribers to be registered to the Aponjon services.



**Diagram 6: Target of percentage of customer acquisition**

#### **4.4 Incentive System for the Health Workers:**

Health Workers of different partner organizations are already loaded with various works and working for Aponjon will add another load with the existing one. So to motivate these health workers, they will be given a commission based on the number of subscribers registered. A percentage of the revenue generated from one particular subscriber who is registered by the health worker will be given to the health worker. But there is a risk of fraud in the way that the HWs will register new subscribers and after getting her commission, she will tell the particular subscriber to deregister. To prevent this fraudulence, we will provide the incentive after six weeks of enlisting the subscriber in the system. This will help us to retain the customers. Health Workers will follow up and motivate the subscribers to continue the service to earn more.

#### **4.4.1 Incentive to the community and standalone agents:**

**Regular Incentive:** The basic incentive for per successful registration done by the community & standalone agents. A successful registration denotes, a registration successfully registered and enrolled by the subscribers up to 10 weeks. These 10 weeks will start from the date of registration confirmation message delivered. In case of any circumstance this registration decline to deregister by any means, this will not be treated as successful registration and shall not be applicable for the incentive cash/top-up to the community/static agent accounts.

**Achievement Incentive:** These types of incentive is announced based on achieving a milestone i.e. 50<sup>th</sup> or 100<sup>th</sup> successful registration.

**Branded gift item as Incentive:** A branded umbrella, bag etc. are given as these types of incentive. This gift items can be announced at the middle of the year or in the specials days related to the maternal and child health.

**Mode of Incentive:** We are offering two types of incentive payment i.e. Cash payment and Talk time top-up to the mobile phone. Any mode can be chosen by the community/standalone agent.

#### **4.5 Outreach and Activation:**

In Aponjon, “Outreach and Activation” can be defined as getting new registered client in this service, and retain them to whom it is required. Here, “Retention” means taking steps so that once customers get registered, do not deregister from Aponjon.

**Target Audience:** Their target group is divided into two segments –

1. **Primary:** our primary target customers are the Pregnant Women and New Mother who have a child less than 1 year of age.
2. **Secondary:** Secondary target customers of Aponjon are the Women who are becoming mother for the second time, the Gatekeepers.

### 4.5.1 Outreach and Activation Channel & Strategy:

Prospective customers will register in Aponjon Service through two major channels –

- A. Assisted Registration
- B. Self-Registration

#### A. Meeting Target Audience for Assisted Registration:

This is highly demandable in rural area where Literacy rate is poor compared to the urban area. A BDHS (Bangladesh Demographic Health Survey) report shows (2007) that the ratio between urban and rural women literacy is 65%:52%. Moreover there is a strong barrier in communication which is “Language”. From their field level observation they have seen that the rural people of various part of the country do not understand the standard Bangla, rather they have to be communicated through their local dialect i.e.- different dialect in Chittagong, Sylhet, Rangpur. To overcome this major challenge, they had to prepare their communication materials in a different way for the rural area. In the rural area, they get new subscribers in Aponjon in the following ways –

1. **Roaming Health Workers:** Here, Health Worker (HW) does not necessarily mean that those who give health services, rather HW means anyone who visit rural people by visiting from door to door and sell various health related products. When the HWs will visit from door to door, they will promote their service and try to influence the pregnant women and their Gatekeepers to be benefited through getting registered in Aponjon. They believe that HWs will be the most powerful channel to reach these rural people because the women in the rural area trust the HWs very much and they share their feelings and personal issues with the Health Workers. Moreover the HWs are originated from their service area and they understand the feelings of customers. So, only through them they can overcome the language barrier. They are assuming that nearly 40% of the total target customers will be registered through roaming health workers. For example the Shashtho Karmi (S.K) and Shashtho Shebika (S.S) of BRAC and the Service Provider (S.P) and Community Service Provider (C.S.P) of Smiling Sun Clinics.



**Photograph: Shasthyo Kormi (S.K) of BRAC registering expectant woman to “Aponjon”**

2. **Clinic Based Health Worker:** Second most effective mean to communicate with the rural customers will be the clinic based health workers or someone who is readily available in the rural clinics. They make arrangements with the rural clinics where a specific person will be assigned to promote their service to the prospective clients and help them to get registered. Clinic based health workers can generate almost 15% of the total target customers.
3. **Pull Outreach and Activation:** Massive Branding and Marketing activities will run in the partners’ clinics/special hospitals of the rural areas. All development partners’ clinics and some major government hospitals in the semi-urban areas which will help the health workers as well as make a pull among the target customers which they expect to be the rest almost 5 % of total target. Incorporation with outreach partners Aponjon Outreach and Activation team arrange different kind of Outreach and Activation campaign to partner’s feasible location whereby activities can be considered in the following ways:
  - Aponjon own campaign, partners provide the space and community link mainly in rural areas.
  - Joint campaign on Cross Cutting & Service Promotion Issue for example Sisimpur Fair, “Sponsor a mother” in Agora.

## **B. Meeting Target Audience for Self Registration:**

During the pilot, there was some form of campaign through leaflets, announcement, and branded caravan etc. in some areas for customer acquisition through popular campaign. As a result of this campaign, around 200 subscribers enrolled into the service by texting or calling to the call center. There was also an option to call to 16227 and then follow the IVR menu to subscribe to the service. Self –registered subscribers were called from the call center to fill out the database with their relevant socioeconomic condition and other information that were missing before. Aponjon did not launch media campaign through broadcasting TVC, RDC and billboards in different locations until the national launch.



**Photograph: Self-registration by following instruction from leaflets**

Second best opportunity of selling Aponjon service is the campaign Outreach and Activation. And these campaigns best work in urban areas where Promotional campaign run throughout the country to promote the service and getting new registered clients. As the majority segments of the urban population are educated, so they try to reach them through their Above the Line (ATL) activities like- TVC, RDC, Billboard, Newspaper ad etc. They assume that the urban customers are able to get registered by themselves through getting knowledge from these sources of information. To reach the target customers, they are always trying to build an effective activation plan

## 4.5.2 Fund Raising Outreach and Activation through Donation:

People who love to join this social cause can take part by donating in this initiative. Everyday thousands of people visit the shopping centers and retail store in major cities of Bangladesh. Electronic transaction is widely used to pay in these stores. They think they can make a deal with them where people can donate in Aponjon using their debit or credit card. Following industries can be considered as a prospective area –

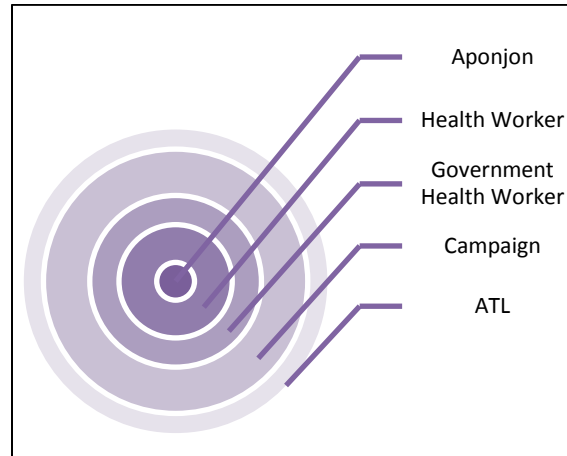
- **Retail Chain:** Retail chain shops like Agora, Meena Bazar, Shwapno etc are becoming popular among the city dwellers. All the super stores have their arrangements for electronic transaction. Aponjon plans make a CSR agreement with this org so that people feel comfortable to join in this social cause donating towards electronic bill payment system. Presently Aponjon has inaugurated the ‘Sponsor a Mother’ gift pack which amounts BDT 1200. By purchasing this gift pack anyone can help a mother and her baby. The amount Aponjon gets is sponsored for the cause of a pregnant or new born baby mother. This gift pack is now available in the retail outlets of Agora in Shimanto Square, Gulshan and Uttara.
- **Fashion Houses:** Young or old, most of the middle and upper class people go to fashion houses and buy clothing for them as well as for their dear ones. Electronic transaction system is available in almost all the renowned fashion houses like – Aarong, Kay Kraft, and Cats Eye etc. So shoppers of these fashion houses can donate in Aponon using their electronic cards if they wish.
- **Food Courts:** We can see huge crowd in the food courts of Dhaka and Chittagong. Pizza Hut, KFC, BFC etc. are the most renowned food courts of the city. People can easily donate a small amount in Aponjon while paying their bill.

### Strategy:

1. **Commission Outreach and Activation:** Health worker along with their supervisors will be benefited by sale commission, cash or kind (Flexi Load) for getting new client to registration. Each health worker will get 10/- for every successful registration.



## Meeting Customer for Assisted Registration:



**Diagram 7: Intensity of Registration processes**

Meeting this target audience we have develop a geographical strategy considering the following points:

- a. number of total population served
- b. number of poor served (20% of total)
- c. Under privileged geographic area
- d. Our partners strength
- e. Health workers accessibilities

**Geographical Selection of Assisted Registration:** In the first year, they have selected the highest populated 32 districts of Bangladesh with maximum pregnant and new born child mother mortality rate. Then they have selected those 20 districts where there are partner organizations with minimum 4 clinics where the HWs move from. Rest of the 12 districts was being included in Self Registration.

# Aponjon Reach:

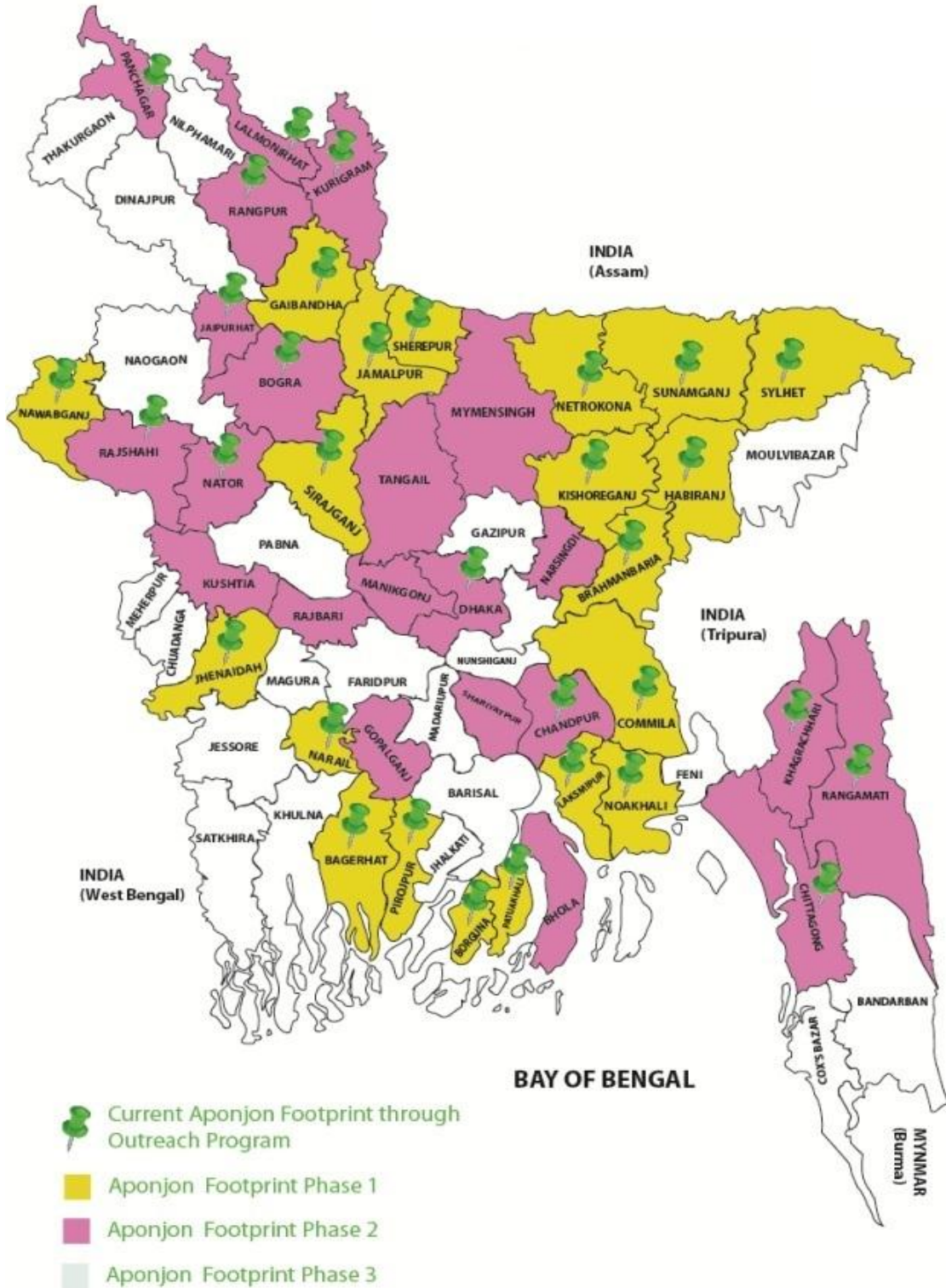


Diagram 8: Aponjon Reach

## 4.6 Partners:

- Outreach Partners
- Global Partners
- National Partners
- Corporate Partners

### Outreach Partners



BRAC Health is an integral component of BRAC's development intervention since its inception in 1972. By improving the health of the people, especially the poor, and promoting the capacity of a community to deal with health problems, the health program contributes to achieving BRAC's twin objectives of poverty alleviation and empowerment of the poor. Over the years, BRAC's health programs have evolved in step with the national and global health priorities and changing knowledge base. From its founding days, healthcare interventions have been an integral aspect of BRAC's holistic and rights based approach to development. The two major objectives of the BRAC Health Program are to improve maternal, neonatal and child health, and to reduce vulnerability to communicable diseases and common ailments. The BRAC Health Program is a combination of preventive, curative, rehabilitative and promotional health services.

BRAC has the largest field level presence for primary health care support to rural Bangladeshi beneficiaries. BRAC Community Health Agents facilitate rural subscribers to enroll with Aponjon service in 6 districts with total 150 agents up to June 2013.

### Outreach work modality with BRAC:

Aponjon has affiliated with BRAC for the reason that it is not possible for the whole Aponjon team to reach throughout all the districts of Bangladesh through its limited number of employees and moreover it's hugely expensive to deploy such a large scale of workers. So to reach the whole Bangladesh to the mass people in a minimum time and cost effective way it has decided to use the BRAC Health Workers as their program is also somewhat similar. The BRAC Health Workers also work with the same motive for which it is easier for them to conduct the service for

Aponjon. The Health Workers of BRAC work under the Upazilla Managers and the Upazilla Manager work under the supervision of District Managers. BRAC maintains a very strict chain of command and each employee is highly liable to their supervisors. So to reach to the Health Workers what the outreach do is first of all meet the District Managers along with the Upazilla Managers in the district office when there is the presence of the Upazilla Managers too. Basically the Upazilla Managers attend a staff meeting every month in the District office for various issues, agendas and updates. The outreach team then reaches the officers through this meeting by having an introduction and giving them a clear briefing about Aponjon. After that schedule is taken from the District Managers to provide training to the health workers that does not interrupt the own activities of the health workers. The Upazilla Managers fix up their Health Workers eligible for the training as the outreach only provides training to the Health Workers who have some minimum standard of education like minimum H.S.C or equivalent. The Health Workers of BRAC are termed as Shashtho Kormi (S.K) and Shashtho Shebika (S.S). The training usually starts early in the morning around 10A.M and runs till nearly 4 P.M. The training is provided basically to provide necessary information to the health workers that how to work for Aponjon, what are their benefits for working in this program and what will make them interested to work for Aponjon. Aponjon provides with their conveyance expenses incurred for each of the health workers and also provide with snacks and lunch during the training session. The training starts with introduction with each other and with the members of Aponjon. The outreach team then gives a detail presentation about the whole program of Aponjon to them and also discusses them the whole process of their work structure. They are provided with registration forms and are taught hand –in- hand in learning to fill up the registration forms for new and expectant mothers. They are also provided with an ID form which each of the health workers fill up with some necessary personal information which the outreach team takes back to the Dhaka office and then by giving entry to the system each of the workers are provided with an ID against which they are identified from the outreach team. This ID is very important for the workers because without this ID they would not be recognized by the outreach and they will not be able to get the incentives.

The outreach team provides each of the health workers with sufficient amount of registration form and top sheets. The top sheets are the sheets which remains above all the registration forms. When a health worker supposes completes 30 forms he/she has to attach a top sheet compiling all the registration forms. The top sheet contains the number of forms completed by the worker,

his/her ID, the name and phone numbers of the subscribers etc. Then all the forms are to be sent to the Upazilla Managers and then the Upazilla Managers submit those forms to the District Manager and then the District Managers send those forms to Aponjon Gulshan office with a courier receipt so that the office can pay them back the expense incurred for courier through mobile top up. Each of the managers checks the forms and sign them before sending them finally.

Each of the workers are given 10Tk for each successful registration and they are also provided gifts if they have 100 successful registration entries into the system. Moreover if they are able to send at least 50 registration forms to the Dhaka office they are provided with attractive gifts. The amount of their cash incentives are send through Bkash.

When the forms reach the Aponjon office they are sent to their call center to make the entries and then again they are sent back to Aponjon office for stock keeping. After that all the Health Workers are followed up by the Field Associates of Outreach team about registration books or any problems faced by them and the Managers are followed up by other senior team members of Outreach for re-visit and other issues.



Fair Price International (Pvt.) Limited took over all rights from D.Net for operating ‘Infolady’ under a franchise model. ‘Infolady’ is an entrepreneurship program that contributes to achieving twin objectives of poverty alleviation through improved access to information and knowledge as well as empowerment of rural women and poor.

In order to make a significant contribution in the rural livelihoods a new model of rural educated women entrepreneurship model called Infoldy was initiated in 2006. There are hubs who are administering the Infoladies. A typical Infolady is a trained rural young woman, who rides a bicycle about five to ten kilometers a day and offers variety of ICT-based and essential services at the door-step of rural community she lives in. The Infolady carries a range of ICT equipment

with her. These include a netbook computer with webcam, digital camera, and mobile phone with internet connectivity and a headphone. She also carries weight measurement machine, blood pressure machine, blood testing kit, pregnancy test kit, sugar test kit etc.

The Infolady has been proven as the credible trust agent to thousands of rural women, who visits individuals and different groups of community people. She is supported with a range of offline and online knowledge and useful information for women. Infoladies offer services to various target groups: pregnant women, farmers, children, adolescent girls through various ICTs and offline formats. They offer specific information and communication services, which provide crucial actionable information related to health, education, farming, job search, specific agricultural inputs, legal aid etc. They also provide contraceptives and sanitary napkins to the rural women, who generally do not visit shops to purchase consumer products due to social and cultural reasons.

Infolady program aims to deploy at least 2 to 3 Infoladies in each of the unions throughout Bangladesh by 2015 through franchise system. These Infoladies will be attached and supervised by local hubs based in Upazilas who are the franchisors. Fair Price International Pvt. Ltd. with technical support of D.Net is responsible for franchisee.

Info-ladies have included ‘Aponjon’ into their service portfolio for rural women. This collaboration will facilitate Aponjon to enroll new subscribers and Info-lady to earn service income in form of per registration incentive.



“MaMoni – Integrated Safe Motherhood, Newborn Care and Family Planning Project,” aims to increase the practice of healthy maternal and newborn behaviors in a sustainable and scalable manner. Save the Children is the lead organization implementing the MaMoni Project, while Jhpiego provides technical assistance in family planning and quality improvement.

Jhpiego began working in Bangladesh in 2006 as a partner with Save the Children under the ACCESS Program—funded by the U.S. Agency for International Development (USAID)—focusing on improving maternal and newborn health (MNH) in seven sub-districts of Sylhet. In



2009, the USAID-funded Maternal and Child Health Integrated Program (MCHIP) received an associate award building on the ACCESS work, with the goal of improving maternal and neonatal outcomes in Sylhet and Habiganj divisions.

MaMoni Program supports Aponjon through its Mamoni program in 2 Districts Sylhet and Habiganj by engaging 68 community agents for enrolling subscribers for Aponjon service. The outreach contacts with some specified persons to arrange for a district meeting. The health workers work under the Program officers, who work under the instructions of the District Managers. They are very well organized and always they perform consistently. They are basically very much skilled. They are always sending the outreach with almost 200 forms every month more or less. All the other processes are same like BRAC but only their incentives are sent by sending talk-time to their cell numbers rather than Bkash.



Social marketing in Bangladesh was initiated to challenge the rapid population growth by marketing contraceptive products widely accessible at a price affordable to the general population and bring about behavioral change through extensive mass media and local level promotion

The major programs of SMC implements include family planning, child survival, maternal and child health and STD/AIDS prevention program. In addition, SMC implements customer education and health communication programs. SMC is now regarded as a significant contributor to the reproductive and child health services in Bangladesh by complementing the public sector distribution with private sector social marketing model. In 2011, SMC provided 3.49 million Couple Years of Protection (CYP) through offering three modern methods – oral pills, condoms and injectables. As BDHS shows, 35 per cent of the modern contraceptive users reported that they use SMC brands.

Under its family planning program, SMC social markets a variety of oral pill brands (Combination 3, Noret-28, Femicon, Minicon and Femipil); and condoms (RAJA, HERO,

Panther, Sensation, and U&ME); and clinical (Injectable “SOMA-JECT”) contraceptives. To make contraceptive products available and affordable to the less-privileged people of the country, SMC positions its brands of contraceptive products at different price segments so that revenue generated from the moderately priced brands can cross-subsidize the lower-end brands. In May 2008, SMC introduced a micronutrient powder in the brand name of “MoniMix” to address childhood Iron Deficiency Anemia (IDA). It also started marketing Zinc dispersible tablets in September 2008 to reduce the severity of diarrhea in children under 5. As part of its maternal and neonatal health program, SMC launched Safe Delivery Kit branded as “Safety Kit” in 2008 to ensure clean child delivery at household level.

The collaboration between SMC and D.Net is mutually benefiting by expanding customer base of products and service.

SMC’s Blue Star Program began in June 1998 as a pilot with the propose to address the unmet need of the target population by improving quality, awareness, accessibility and affordability of priority public health services through the private health providers. The program initially started with Graduate Doctors (GD). Since 2000, it was expanded to include Non-Graduate Medical Practitioners (NGMPs) as well. Initially the Blue Star Providers (BSPs) provided SOMA-JECT, SMC’s over branded injectable contraceptive. SMC provides comprehensive training, commodity supply, promotional support, supervision & monitoring of this BSPs. SMC’s Social Franchising “Blue Star” Program is an all-out effort to bring the private sector health providers (both graduate and non-graduate medical practitioners) into the National Family Planning Program.

The BSPs are recruited based on set criteria. After recruitment, the providers are given two day’s basic training on “Family Planning Counseling and Injectable Contraceptive” jointly with Directorate General of FAMILY Planning (DGFP) of Bangladesh.

The Blue Star Program is implemented by the direct guidance from” Social Franchising & Quality Assurance” department of SMC Head Office as well as its 12 Area Offices. The Head Office does the total program plan and provides TA and the Sales Promotion Officers/Executives (SPOs/SPEs) of the Area Offices implement and visits area wise Blue Star providers. To monitor the quality of services and skill of the Blue Star Providers (BSPs), SMC has started Quality Monitoring and Supervision (QMS) system since 2006. In order to effectively implement the



system, six Monitoring Officers (MOs) in the Head Office visits each BSP twice a year throughout the country.

Currently following services are provided through Blue Star Franchising Program:

- Family Planning Counseling and Injectable Contraceptive
- Maternal and Neonatal health information, services and referral (selected BSPs)
- Referral for Long acting and permanent Method
- TB suspects identification and referral

The SMC conferences are held where outreach gives a briefing about Aponjon. One single conference consists of almost 400 Blue Stars. Then training is conducted according to their schedule. The outreach team does not fix any day long training for them rather the outreach takes an hour from their own scheduled training. Since they are all educated one hour is considered to be enough to make them trained and only the outreach teaches them to do the registration through SMS and their registration forms are even customized and a very short version of forms are made especially for them to motivate them.

The incentives and gifts are all the same for them but unlike all they are provided a payment of Taka 400 as because we take an hour from them in their conference and also as a means of motivation and honorarium.



Smiling Sun Franchise Program

Smiling Sun Franchise Program (SSFP), a USAID funded project that is committed to improving the quality of life of all Bangladeshis by providing superior, friendly and affordable health services in a sustainable manner. Smiling Sun Franchise Program augments USAID's efforts that have been in place over the last thirty years to develop programmatic, technical and managerial capability of the NGO headquarters to provide high quality essential service delivery (ESD) services that includes family planning, antenatal care, immunization, limited curative care (LCC), as well as emergency obstetric care (EmOC) and diagnostic services.

Currently 26 NGOs are providing health care services to women, children and youth through 325 static and 8,514 satellite clinics in 64 districts of Bangladesh. This network will continue to expand the volume and types of quality health care under ESD provided to the able-to-pay customers as well as underserved and poor clients with a safety-net to this section of population.

The collaboration between SSFP and D.Net is promoting each other's' program for expanding customer base.

The main focal point of the outreach is the Project Director of the local NGOs who are directly liable from the International NGO funded by USAID. There are several clinics of the local NGOs and training is provided to the staffs of the clinic.

#### **4.6.1 The key criterion strategies to identify potential outreach partners for the Aponjon services:**

The potential outreach partners are those organizations who have the access to the community and have service to the community including, health related information and they have coverage at district level. Another criterion is being a facility of standalone with the health or information related public access points where community people visit to avail health/information services.

Major stakeholders under these categories are segregated in two fold- government and non-government organizations. Initial targeted outreach partners for the national scale are who were with the pilot stage and keep them into the national scale and secondly target the other partners who have huge number of resources at the filed level or as static facilities who have reach at the community as public access point. On the other hand, government's major health and information related access points may be targeted as outreach partners and may include as campaign plan at rural level.

#### **Agreement with outreach partners for the 'Aponjon' service**

To achieve the first objective of 'Aponjon' outreach strategy they have built partnership with different outreach partners. They had their planning to build partnership with at least 1 government organization and 4 non-government organizations at the beginning of the phase 1. Gradually this number could be increased based on the mutual understanding and common working areas.

They explore the partnership with Directorate of Health Service, Bangladesh (DGHS), Directorate of Family Planning, Bangladesh (DGFP), and Government's Community Clinic's to be part of outreach partnership in the second phase of the initiative; between this time a piloting with government health workers and facilities was launched and from the learning agreement was signed for nation scale.

## **Build capacity to the community and standalone agents to acquire/ register potential subscribers for ‘Aponjon’ service**

To achieve the second objective of ‘Aponjon’ outreach strategy they had to deploy 1000+ community and standalone agents to acquire/ register potential subscribers for the ‘Aponjon’ services. Approximately the following number of agents will be deployed:

1. 600+ community agents and
2. 400+ standalone agents

From each district the number of community agent and standalone agent will vary based on partner’s capable workforce and number of facilities.

At the Second and third years the number of community and standalone agent enrollment and based on the revised target for subscribers follow the same strategies.

Training will be provided into three modes.

1. ‘Direct training’ by the Aponjon team,
2. ‘Training of trainers (TOT)’ and develop a trainer’s pool from the outreach partners, and Trainer’s pool will provide ‘training at their nearby working areas’ to the community agents.
3. Multimedia training module for standalone agents.

Trainings are managed by Aponjon team and facilitators may change based on partners strategy. A multimedia training manual is prepared to enhance knowledge and train to the standalone agents at static clinic, union information and service centers.

**Acquire/register approximately 100,000 subscribers through assisted registration within year 1 from the date of national launch.**

To achieve the third objective and goal of the ‘Aponjon’ outreach strategy they acquire/register through community and standalone agents of potential subscribers for the ‘Aponjon’ services:

1. 150 registration per community agent per year and
2. 100 registration per standalone agent per year

Number of community agent and standalone agent will increase based on target to achieve within selected locations.

**Campaign at the standalone facilities:**

To accelerate achieving the target they do a number of local Below the Line (BTL) campaign to achieve the target. They participate jointly with the national and local partners’ initiatives to promote and acquire spot registration program all over the country. Incorporation with outreach partners Aponjon outreach and activation to arrange different kind of outreach and activation campaign at partner’s feasible location whereby activities can be considered in the following ways:

- Aponjon own campaign, partner will provide the space and community link
- Joint campaign on Cross Cutting & Service Promotion Issue

Initially low performing locations are targeted and special day is celebrated with the community and standalone facilities. Like:

- Health Camp
- Mother’s Day camp
- Immunization day camp
- Birth registration week etc.

## 4.6.2 Partnership Outreach and Activation Road Map:

**Opportunity Identified:** In Bangladesh, health is a major issue both in Urban and Rural area. Urban people have a strong information seeking behavior and they try to get all sort of necessary information every day. To meet their maternal health related information, currently there is no information provider. So Aponjon will meet their need in an effective and efficient way.

**Opportunity Qualified:** Information seeking behavior of an urban house wife and a corporate woman is not same because a corporate lady has a better purchasing power. Moreover the level of educational qualification is also not equal. So we have segmented the urban customers in the following segments

1. Strategic Partners
2. Corporate Partners
3. Stakeholders
4. Campaign (Market, Universities, Special Hospitals or Diagnostics etc)

**Proposal Development:** They will select 20 best partners from each of the above mentioned partners and then send them formal proposal for partnership. Their main focus of the proposal will be to motivate them and making them understands the necessity of the service and its impact on their business & their employee performance as well.

**Agreement Process:** After developing the agreement, they will send it to the prospective partners.

**Sending Feedback Received:** After the proposal, they will provide their feedback on the agreement.

**Revise Proposal:** Based on the feedback received from the partners, they will revise the proposal for and send it again to them.

**MOU Signing:** Finally we will sign Memorandum of Understanding with partners.

## Global Partners



When the United States Agency for International Development (USAID) was created, it brought together several existing foreign assistance organizations and programs. Until then, there had never been a single agency charged with foreign economic development, so with the passage of the Foreign Assistance Act of 1961 by Congress, U.S. foreign assistance activities underwent a major transformation. Leading this transformation was President John F. Kennedy. President Kennedy recognized the need to unite development into a single agency responsible for administering aid to foreign countries to promote social and economic development. On November 3, 1961, USAID was born and with it a spirit of progress and innovation. November 3, 2011 marked USAID's 50<sup>th</sup> Anniversary of providing U.S. foreign development assistance From the American People. USAID's culture continues to serve as a reflection of core American values even today – values that are rooted in a belief for doing the right thing.



Caring for the world, one person at a time... inspires and unites the people of Johnson & Johnson. We embrace research and science – bringing innovative ideas, products and services to advance the health and well-being of people. Our approximately 116,000 employees at more than 250 Johnson & Johnson companies work with partners in healthcare to touch the lives of over a billion people every day, throughout the world.



The mHealth Alliance champions the use of mobile technologies to improve health throughout the world. Working with diverse partners to integrate mHealth into multiple sectors, the Alliance serves as a convener for the mHealth community to overcome common challenges by sharing tools, knowledge, experience, and lessons learned. The mHealth Alliance also hosts Health Unbound (HUB), a global online community for resource sharing and collaborative solution generation. Hosted by the United Nations Foundation, and founded by the Rockefeller Foundation, Vodafone Foundation, and UN Foundation, the Alliance now also includes HP, the GSM Association, and Norad among its founding partners.



The United Nations Foundation builds public-private partnerships to address the world's most pressing problems, and broadens support for the United Nations through advocacy and public outreach. Through innovative campaigns and initiatives, the Foundation connects people, ideas, and resources to help the UN solve global problems. The Foundation was created in 1998 as a U.S. public charity by entrepreneur and philanthropist Ted Turner and now is supported by global corporations, foundations, governments, and individuals.



BabyCenter® is the voice of the 21<sup>st</sup> Century Mom® and modern motherhood. It's the #1 pregnancy and parenting Web and Mobile destination worldwide, reaching more than 13 million moms monthly in the U.S. and more than 29 million moms monthly in 22 markets from Australia to India to China. In the United States, 7 in 10 babies born last year were BabyCenter babies. BabyCenter is the world's partner in parenting, providing moms everywhere with trusted advice from hundreds of experts around the globe, friendship with other moms like them, and support



that's remarkably right at every stage of their child's development. In addition, BabyCenter advocates for women's maternal health issues across the globe, using mobile platforms to engage and empower underserved women in their own personal maternal journeys to ultimately affect better outcomes. BabyCenter is a member of the Johnson & Johnson family of companies.

### **National Partners:**



**Ministry of Health and Family Welfare (MoHFW)** is the official partner of the 'Aponjon' initiative, implemented through the Program Agreement between US Government and Government of Bangladesh. The Ministry takes the ownership of the initiative through an Advisory Board, consisting, inter alia, representatives of all relevant agencies of the government.

**Access to Information Program II: A2I- II**, a program hosted at the Prime Minister's Office, is spearheading mainstreaming e-service delivery mechanism within the government agencies, is also an official partner of 'Aponjon'. A2I-II facilitates coordination among various agencies for the initiative.

### **Bangladesh Telecommunications Regulatory Commission:**

BTRC coordinates with all telecom operators for providing maximum support to the initiative, which is important for ensuring pro-poor service design of Aponjon.

## Corporate Partners:



Beximco Pharmaceuticals Ltd (BPL) is a leading manufacturer of pharmaceutical formulations and Active Pharmaceutical Ingredients (APIs) in Bangladesh. The company is the largest exporter of pharmaceuticals in the country and its state-of-the-art manufacturing facilities are certified by global regulatory bodies of Australia, European Union, Gulf nations, Brazil, among others. The company is consistently building upon its portfolio and currently producing more than 400 products in different dosage forms covering broader therapeutic categories which include antibiotics, antihypertensives, antidiabetics, antiretrovirals, anti asthma inhalers etc, among many others. With decades of contract manufacturing experience with global MNCs, skilled manpower and proven formulation capabilities, the company has been building a visible and growing presence across the continents offering high quality generics at the most affordable cost.

BPL is the first corporate founding partner of Aponjon with financial support as well as through promotion of Aponjon services through its country-wide network of Doctors.



In 1995 Lal Teer Seed Ltd. Started its journey to produce a small array of seed varieties. This company was founded with the vision to mitigate the large deficit of vegetable prerequisites in Bangladesh. Keeping the need for research in mind and how it can help Bangladeshis understand more about seed yielding and seed variety, Lal Teer Seed Ltd was started. With extensive research and collaboration with local communities across 64 districts of Bangladesh, Lal Teer Seed has become the largest biotechnology and seed Production Company in the country. As a responsible corporate organization, Lal Teer makes voluntary contributions to various organizations for the purpose of public goods to serve the nation and contribute in the development of the country. Lal Teer will contribute with in-kind grant to Aponjon to finance the initiative to carry out necessary below the line (BTL) activities to make the initiative successful.

For example, they will promote Aponjon service in their leaflets, calendars, posters, banners, signboards etc. These promotional items of Lal Teer will reach the doorsteps of farmers in remotest of areas in Bangladesh. Moreover, Lal Teer will incorporate the Aponjon service and promote this service to the families of farmers through their dramas that they show in different districts to motivate farmers on using seeds.



Rahimafrooz Superstores Ltd. (RSL) launched the first ever retail chain in Bangladesh in 2001 with brand name Agora. Agora promises a valuable shopping experience that provides quality and fresh products at the right price. It aims to consistently provide a remarkably satisfying and valuable shopping experience through a business that improves the quality of life for customers and team members. With outlets in major locations throughout Dhaka, and many more being planned in Dhaka and other major cities, Agora is endeavoring to fulfill the everyday needs of its customers by providing the right quality, assortment and price through stores of various forms and sizes.

Since the Aponjon service aims to provide maternal information to families who cannot easily access them, Aponjon has created a channel of providing this service to families who cannot afford it. It is called “Sponsor a Mother” package where anyone can buy a token gift and sponsor the service for a mother for a total of 86 weeks with messages starting from the sixth week of pregnancy to the first year of the new born. Rahimafrooz will facilitate Agora to have a place in their chain stores for a stall where people can sponsor through the “Sponsor a mother” package and learn more about the service.

## 4.7 Customer Segmentation:

They have planned to get the customers in Urban and semi-urban areas in the following ways –

- a) **Pull Outreach and Activation:** Huge pull of customers will be created from the ATL activities and they assume that this portion will be nearly about 24% of the total target customers in every year.

**Strategy:** Their communication strategy has to be developed in such a way so that the target customers can get registered by themselves from their communication media. Their TVC, RDC has to be developed in an informative way, where prospective customers will get detailed information on how they can get registered, what are the benefits of taking this services etc.

- b) **Stakeholder:** Telecom operators are the main stakeholders of Aponjon as the service is not possible to run without them. So they arrange successful alignment with them. From different stakeholders' campaign, almost 08% of target customers will be acquired from channels and electronic bill payment center.

**Strategy:** They will develop customized promotional materials which will be deployed in the retail outlets of our telecom partners. Whenever subscribers of a particular telecom operator will enter into the customer care point or their retail shop, s/he will find their promotional materials and can seek information regarding our service. This will help their stakeholder to get more subscribers and as well as generate more revenue.

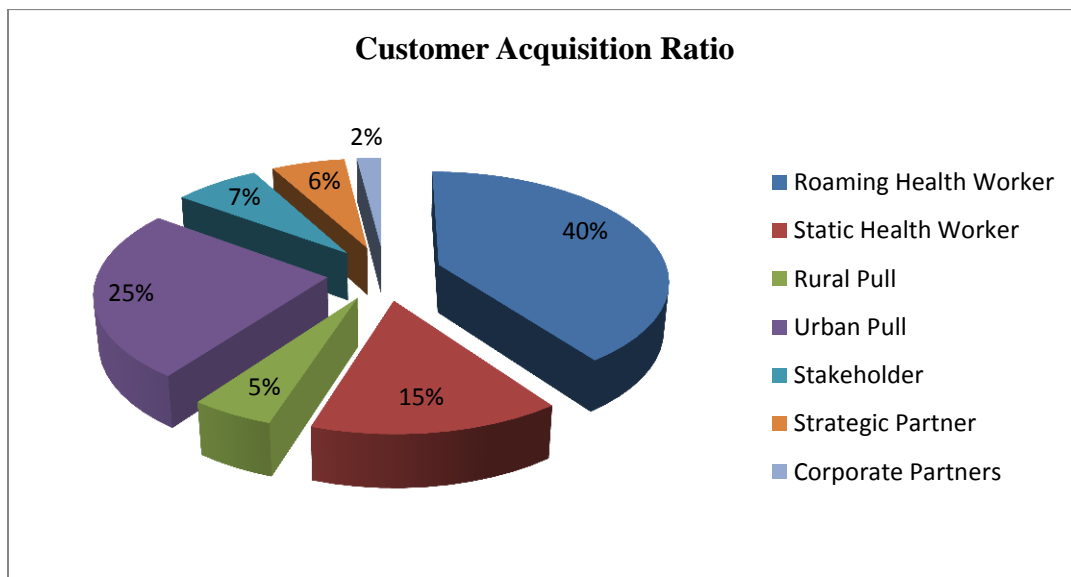
- c) **Strategic Partner:** Aponjon will create a new era of providing Maternal Health related information in different organizations where staffs (Mother and Gatekeepers) will be able to register in this service while organizations will pay the total bill increasing its mobile ceiling to the particular staff considering it is as CSR activities. Staffs from following sectors may be benefited:

- Garments
- Pharmaceutical Plants
- Different Factories
- Leather and Textiles Industries

**Strategy:** Preparing customized package assessing case to case need analysis both end users and management. For instance, a factory management may consider their worker’s benefit by giving a health card by which they will be get discount to nearest DP clinic so that the worker feel relaxed for their spouse as 16227 will provide them timely and authentic information and physical assistance too. However, this health card is valid if s/he cell phone is registered to **Aponjon**. Campaigning with strategic partners will generate almost 06 % of the total target customers of every year

**Corporate Partners:** One of their major focuses to get urban customers will be to get corporate staffs registered in Aponjon. They plan to offer their service to the staffs of different corporate institutions like – Banks, Insurance Companies, MNCs etc. Staffs of those organizations will register in Aponjon Service for either as end user or gatekeepers and the organization will pay for this service. Rest of the 02% customers will be achieved through corporate partnership with various corporate houses

**Strategy:** Employee retention is one of best challenge to every corporate house. Aponjon will ensure to accelerate their ERS through free registration and service while employer will ensure the total amount of service by increasing mobile ceiling.



**Diagram: 9 Customer Acquisition Ratio**

## 5. Recommendations:

- Outreach can expand their workforce and engage in to locality based monitoring offices to enhance more customer acquisitions.
  - Develop more local partners and extend the reach to the root level.
  - Increase the health worker incentive to enhance health worker motivation.
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## 6. Conclusion:

Aponjon has been the first of its kind of project in the sub-continent which provides health messages particularly to the pregnant and new born child's mother through mobile networks. The rural people who doesn't often get health assistance due to various reasons has shown their appreciation for the service which brings them health security with a very low cost price. The outreach team has been working enthusiastically to make sure the service reaches the root level people through the help of local partners. Even though projected and desired the service hasn't been able to reach the target number of customers in the given time. The project has been facing technical glitches due to the nature of the service. The service delivery to the end user sometimes showing errors but it mostly is being averted presently. The cost of service delivery is still high for the rural people and in some areas they are unwilling to take the service. Because of the shortage of personnel the outreach team can't extend its partnership with more local organizations. Even after all the shortfalls Aponjon has brought a new era in mHealth services. With the passage of time Aponjon hopes to bring a new era with the minimal degree of errors and flaws and provide a smooth and beneficial service to the mass people and bring smile to the faces of innumerable mothers and their families. It is striving relentlessly to overcome its limitations and provide excellence in the health sector by bringing new and innovative features.

## 7. References

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