CASE STUDY 4: APONJON (MAMA BANGLADESH)

Background

In Bangladesh, there is an urgent need to improve maternal, newborn, and child health outcomes. While 55 out of every 100 people have access to health services, 64 out of 100 are mobile phone subscribers. Recognizing high mobile phone penetration, the Mobile Alliance for Maternal Health Action (MAMA) Bangladesh has supported the development of a mobile phone based health information system for expecting and new mothers. The system, known locally as Aponjon (which translates to “dear one” in Bangla), delivers bi-weekly SMS or voice messages to expecting and new mothers and their relatives to ensure they receive the vital health information they need from the beginning of their pregnancies through the time their children turn one.

After completing a year-long pilot, Aponjon began its national scale-up in December 2012 led by the Bangladesh social enterprise, Dnet, in partnership with the government of Bangladesh’s Ministry of Health and Family Welfare (MOHFW). Dnet brokered partnerships with six outreach organizations, as well as every mobile operator in the country and three large corporate partners, to implement the nation-wide scale-up of Aponjon’s mHealth services.

With the support of their six partner outreach organizations, MAMA Bangladesh identified and trained “community agents” (CAs) across the country to identify, motivate, and register expecting and new mothers to Aponjon’s services. CAs, in turn, conduct door-to-door visits in rural, often isolated, regions of Bangladesh to reach and inspire women and their family members to enroll in the mobile service. For every individual a CA enrolls, they receive an incentive payment. Most CAs receive a monthly average of approximately Tk 200 (approximately USD $2.50).

Mobile Money

With funding from USAID’s Mobile Solutions Technical Assistance and Research Project (mSTAR), Dnet received support to transition away from traditional cash payment methods to mobile financial services (MFS) to administer payments associated with Aponjon services. Dnet now administers incentive payments to CAs, as well as payments for other Aponjon service costs, such as travel and daily allowance disbursements, via MFS.

Under the previous payment system, cash payments were administered to CAs via money orders from local post offices. This payment system required additional travel for CAs located far from post offices and also presented a lack of security for CAs traveling with cash. On average, payments took a month and a half to reach their final destination. Such delays decreased CA motivation, as well as increased the
workload of accounting staff who were required to complete extensive paperwork to complete transactions.

Results

The benefits of the transition from cash to MFS were significant. There is a reduction in the workload of accounting staff, reduced risks for cash handling, and increased incentives for CA recruitment of Aponjon service users. In total, it is estimated that this transition provides the Aponjon system with an annual cost savings of Tk 4.75 million (approximately US $60,000) and an annual time savings of roughly 41,333 work hours.

Furthermore, since beginning scale-up in late 2012, Aponjon has enrolled more than 1.2 million mothers and families in the mHealth alert system and trained more than 3,000 community health workers as CAs. By streamlining the payment process from traditional cash disbursements to MFS, Dnet has substantially reduced the payment time to CAs from an average of 41 days to 11 days. Furthermore, there is now increased transparency and monitoring of payments, which ensures CAs receive the full amount due on a timely basis.

Lessons Learned

- **Cash payments still valued** – Based on a monitoring and evaluation report of the Aponjon program conducted in 2013, the study found that cash payments are still generally viewed as safe and secure as both a transaction and savings method and that CA cash users typically have higher savings rates than MFS users. The program has learned that they must encourage a culture of savings through the use of MFS and sensitize users to the security benefits of mobile money.

- **CAs utilize MFS through alternative means** – Although there are CAs who are not MFS account holders, many of these traditional cash users still utilize MFS through their friends’, family members’, and agents’ accounts. This highlights an untapped market of potential MFS users that may need additional training and incentives in order to make the full transition to mobile money services.

Challenges

- **Many CAs are unaware of MFS** – There are still many CAs across Bangladesh who are unaware of MFS services and continue to rely on slower, less secure cash payments. To address this, Aponjon sees an opportunity to conduct additional awareness raising activities.

- **CAs have competing priorities** – Because the majority of CAs also work for other local and international NGOs, they typically have other responsibilities and products to sell or promote, thus, they often are not completely invested and financially dependent on the part they play in Aponjon’s registration process. A 2013 study indicated that of 3,000 CAs, only 700 were actively registering subscribers to Aponjon. To mitigate this challenge, Dnet instituted “brand promoters” (BPs) whose sole job is to promote and register users to Aponjon.

### Mobile Money Payment Process

1. Aponjon staff calculates payment amount to beneficiary
2. Aponjon staff sends the payment amount list by beneficiary to the MFS provider (bkash/DBBL) to check account eligibility
3. After eligibility is confirmed, Aponjon accounting team sends payment disbursement request to the MFS provider
4. MFS provider disburses payments to beneficiaries’ mobile money accounts and sends confirmation to the accounting team
5. Beneficiaries receive payments to their mobile wallet on the same day as the disbursement request
6. Beneficiary can cash out mobile payment at local outlet
Looking Forward

Aponjon is continuing to build a sustainable business model, adding new products, including web-based and smart phone services, and expanding their scope of services to include additional health guidance to mothers of children up to age five.

Sources

- Inputs from the Dnet and MAMA Global teams
- http://www.mobilemamaalliance.org/mama-bangladesh