

mSehat case study - topic guide stakeholder interviews

1 Status update

Could you update us on progress with the mSehat programme?

2 Reflections on the tendering process/RFP

- What went well and what were the challenges with the RFP process? (Probe – government rules; motivations among tenderers)
- What were the **System Integrator Kellton Tec's** motivations for investing in mSehat?

3 mSehat implementation

Smart phone/ tablet app design/development (innovation attributes)

- What steps were taken in designing and testing the app?
- What were the major **influences** and **considerations** in designing the app?
 - Did pilot mobile phone apps influence mSehat (Intrahealth/mSakhi, CRS/ 'Remind', CARE India/CCS, BBC Media/mKunji)? How? Was **evidence** used?
 - **Scalability**: what attributes make the mSehat app scalable (probe: simplicity, cost, relevance, adaptability, alignment)? Which are most important?
 - Was **affordability/cost effectiveness** included in the app design? How, to what extent?
 - Is **adaptability** (to geographical contexts) important to the design?
- Were there **challenges** to designing the app? What were they?

Implementation

- What are the **critical steps/actions** that enabled implementation to happen across the stages?
- Have there been **challenges** to implementing the programme across the stages?

Stages:

- Handset procurement, distribution and maintenance
- Developing system architecture
- Commissioning/deployment hosting infrastructure
- Developing training modules and FLW training
- Setting up Technical helpdesk
- Take up and use by ASHA (10,252) and ANM (1,719)

Adoption by ASHA and ANMs

- What has been the experience of ASHA and ANMs adopting handsets/app?
 - Are they **able** to use it?
 - Are they **willing** to adopt the innovation? What **motivates** and **incentivises** them to adopt the innovation? (probe: relieves workload, better performance)

Roll out over next three years

What are the next steps and timelines?

4 Contextual factors enabling and undermining scale-up of mSehat

- Are there **challenges** to rolling out mSehat in the five districts?
- Are there factors **enabling** the roll out of mSehat in the five districts?

- **Technological** (network coverage/bandwidth/3G; helpdesk, support, repairs etc; electricity supply)
 - **Policy environment** (government priorities; political support; government institutions)
 - **Health systems** (governance; human resources; commodity supply; M&E; financing; infrastructure)
 - Is mSehat integrated within/aligned with **UP health systems**? How?
 - **Sociocultural, socioeconomic, geographical** (acceptability)
- Have these barriers been overcome in the five districts? How?
 - Are there differences between the five districts?

5 Beyond the three year programme - sustainability

- Have there been discussions on **scaling mSehat beyond the 5 districts** within and beyond UP?
- Have there been discussions on mSehat's **sustainability** beyond initial 3 year funding?
- Are there **challenges** to making the mSehat innovation sustainable/scaling beyond 5 districts? What are they?

6 Summary and lessons

- What have been the **critical actions** that have enabled the scale-up of mSehat?
- What have been the **main barriers and enablers** to the scale-up of mSehat?
- What are the main lessons for the **UP government** from the mSehat experience – what should the government do to maximise the value of externally funded innovations?
- What are the main lessons for **BMGF/other donors** in terms of catalysing scale-up of their innovations?
- What are the main lessons for mSehat **implementers** in terms of catalysing scale-up of their innovations?

Other

- Did the **Gates Foundation** have a role in supporting/scaling up mSehat? What was its role? (Probe: Seattle, India Country Office, TSU)
- Is it important that **Intrahealth** has a role in mSehat?
- Does Qualcomm's mHealthLab connect to/influence the mSehat programme? How?
- What is the current thinking on evaluating the mSehat programme?