

Effective Systems to Improve Maternal/Child Health and Wellbeing An Ashoka-Hystra Proposal (Discussion draft)

Summary. This proposal addresses maternal/child and wellness comprehensively. If successful, it would create replicable models to enable far more children in low income communities to thrive and enjoy improved opportunities for success in life. In particular, the systems proposed here approach mothers and children holistically, integrating mostly well-known solutions to well-known individual problems, supplemented by ongoing, comprehensive measurement of both operations and effectiveness.

This program aims at supporting existing service providers (including teams of social entrepreneurs from Ashoka's worldwide network) who are already addressing maternal/child care in target low-income communities primarily in India and also in East Africa, in bringing comprehensive nutrition and health/wellness programs to their clients and beneficiaries, and bridging the gaps of their existing initiatives as well as global knowledge gaps. The various providers will be able to test different approaches in their various environments, allowing rapid, ongoing process improvement, as well as global lessons from what works where and how, and to replicate the approaches that will have proved successful.

The five mutually reinforcing activities proposed below would be coordinated by Ashoka and Hystra. Partners such as leading public health and university-based research organizations, major health and nutrition corporate partners recruited by Ashoka and Hystra, and major non-profits such as Sesame Workshop (India) would also bring their own expertise. The five sub-programs answer five clear gaps in current Maternal and Child Health and Nutrition approaches:

- **Effective service delivery.** It is widely accepted that the interventions which can improve outcomes during the 1000 days from conception through age 2 (and later) include: primary healthcare; nutritional supplementation for mothers during pregnancy and thereafter, and for children starting at 6 months, along with breastfeeding; safe drinking water and sanitation to prevent diarrhea; and information/engagement that raises awareness and motivates behavior change. These are seldom offered as a package, and usually lack good, ongoing outcome data that can measure the effectiveness of these interventions separately and, especially, in various combinations. We propose to support teams led by social entrepreneurs field testing several versions of such packages. Each will use their own variant of newer community-based models of service delivery such as Doorstep Health. These appear to be more cost-effective and better at motivating compliance and behavior change. (See Appendix 1) A shared, tablet-based mobile IT system will empower front workers in service delivery, and as a byproduct will generate detailed operational and outcome data for operations monitoring and rapid service improvement, analysis, and research. This builds on a successful pilot in India in 2013-2014 that produced very positive outcomes even without the nutritional component.
- **Effective Nutritional Supplementation.** Nutritional interventions often emphasize just iron, Vitamin A, zinc, or a few micronutrients, rather than the full spectrum of human nutritional needs. Nutrition has all too often been seen from a pharmaceutical perspective: e.g. if anemia is present, give iron pills. But human nutrition is more complex than that; malnourished bodies need more than isolated micronutrients. Full spectrum diets of nourishing food are needed. Until those are available, we need products—fortified foods, supplement powders or syrups, snacks—that incorporate a broad spectrum of macro and micro nutrients to fully support women during and after pregnancy, as well as complementary foods for child development. The private sector is best positioned to address this need. We propose to work with leading nutrition companies and with Ashoka Fellows such as

Econocom Foods and Valid International to offer them a unique test bed—the improved service delivery of our existing service providers, backed by the nutritional and operations metrics described below—for developing and testing the efficacy of these products in real world settings.

- **Effective Nutrition and Health Metrics.** At present, nutritional interventions lack good outcome measures, preventing both providers of fortified foods, and more importantly consumers of those foods, from knowing whether these foods truly impact their consumers' health. The lack of rigorous outcome metrics is arguably the largest problem in nutrition, leading to relatively unproductive arguments over the merits of different inputs. We propose to demonstrate solutions to this problem in partnership with world class academic partners by deploying a range of nutrition outcome measures—both rapid tests for dried blood spots (e.g. hemoglobin) and hand strength (a good proxy for overall nutritional status), and more rigorous direct measurements of the full range of nutritional elements by a novel tool, mini mass spectroscopy (MMSpec). (see Appendix 2) The research program would also extend the capability of the MMSpec measurement tool, which we believe has the potential to transform nutrition science and disrupt nutrition and ultimately food markets globally.
- **Effective Demand Creation.** The above will be much more effective if accompanied by a powerful educational and communications effort designed to create understanding and demand for wellbeing, including nutrition and WASH. This will create behavior change and new markets for nutritious products and “successful baby” services. We plan to partner with the world leader in child education of very young children, Sesame Workshop, and Ashoka Fellows to development and use world class communications through and in support of the above Service Delivery program. This is
- **Effective Distribution Strategies.** Existing companies selling complementary foods for young children struggle to pass the 15,000 meals per day bar to sustainability. Their products may be already good enough to have an impact, yet they do not have the evidence to prove it, or they don't reach the people they are intended for, mostly due to poor marketing and distribution strategies, or poor execution of those. Yet a few best practices in distribution exist, and have been documented recently by Hystra. We propose to support the service delivery providers in leveraging these best practices and designing effective distribution and marketing strategies for their key services, including nutritious products, and to document outcomes thanks to the “effective nutrition and health metrics” that the program will develop and use.

Proposed Program. To carry out these five interlinked and mutually supporting activities, we propose a significant rapid learning and dissemination program operating in low-income communities at several locations in India and East Africa. Health and nutrition research will be led by St. Johns Research Institute in Bangalore, and directed by Dr. Anura Kurpad, one of the top nutrition scientists in India. Hystra will lead the economics and business program and research. Ashoka will coordinate the development of best practice intervention systems, the selection and supervision of service providers, and organize supporting ICT systems for operations and nutritional measurements. The service provider teams we support will provide the interlinked maternal/child interventions described above. Our budget will be leveraged by in-kind contributions from corporate partners, by the established field activities of service delivery partners, and by the pre-existing knowledge base and research capacity of research partners. Additional detail on the program, key sub-program elements, and operational strategy is provided in Appendix 4.

For more information contact: Dr. Al Hammond, Director, Ashoka Wellbeing Initiative, ahammond@ashoka.org; David Aylward, Senior Advisor, Ashoka, daylward@ashoka.org; or Lucie Klarsfeld, Project Manager, Hystra, lklarsfeld@hystra.com.