MOMENTUM

■ **Learning Brief**

MEETING CLIENTS' HEALTH INFORMATION NEEDS

MOMENTUM's Approaches to Using Client-Facing Digital Health Tools

INTRODUCTION

The goal of the MOMENTUM suite of awards is to holistically improve maternal, newborn, and child health and nutrition services, voluntary family planning, and reproductive health (MNCHN/FP/RH) in partner countries around the world. To that end, MOMENTUM uses innovative approaches, including the use of digital health tools, to enhance individuals' health knowledge and care-seeking behaviors, with the goal of improving health outcomes.

The MOMENTUM learning agenda aims to address critical knowledge gaps in implementing effective health programs through providing a set of learning questions, associated activities to answer them, and products aimed at disseminating related findings. By conducting learning explorations on a range of priority topics, researchers assess whether (and how) MOMENTUM goals were achieved by capturing information on the contexts, strategies, approaches, and adaptations shaping MOMENTUM's work. One learning area focuses on the approaches MOMENTUM uses to improve coverage, quality of care, and equity of MNCH/FP/RH services. This brief addresses that learning area by summarizing findings about how MOMENTUM and its partners are using client-facing digital health tools. We examine the strategies and approaches to using these tools and their impact on access to health information and changes in care-seeking behaviors.

> **Box 1. Learning Area and Question**
>
> **Achieving health-related successes in coverage, quality, and equity**
>
> How is MOMENTUM using client-facing digital health interventions to improve access to health information and care-seeking behaviors?

The Role of Digital Health

Digital health tools are increasingly recognized as vital interventions that can significantly enhance health systems and outcomes. However, the use of these tools should be seen as a means to achieve these outcomes rather than an end in itself, and the evidence base on their impact on these outcomes, is still growing. The World Health Organization (WHO, 2023) organizes digital health interventions into four key categories:

1. Interventions for persons (patients, clients, and caregivers).
2. Interventions for health care providers.
3. Interventions for health management and support personnel (health system managers).
4. Interventions for data services.

Figure 1. WHO Classifications of Digital Health Interventions for Persons

Source: WHO (2023).

In this brief, we focus on client-facing digital health interventions, which fall under the category of interventions for persons. Figure 1 details the discrete digital functions, referred to as digital health interventions, for the interventions for persons category.

Evidence on whether digital health tools actually help change client behavior and improve health outcomes is still growing. Therefore, for this learning exploration, it is important to demonstrate the impact of these tools in these areas to advocate for future use and investment in effective strategies.

When used appropriately, digital health has the potential to impact coverage, quality, and equity in health areas (WHO, 2019); these are also MOMENTUM's primary goals. A client-facing digital health intervention can support scalability and ease of access and help address barriers to use, thereby improving access to health information and knowledge and potentially changing care-seeking behaviors. MOMENTUM awards use different digital health strategies and interventions to impact individuals' knowledge and care-seeking behaviors. We see access to health information and care-seeking behaviors as intermediary outcomes to improving coverage of

high-quality MNCHN/FP/RH services. For example, additional knowledge provided by a chatbot about FP options might encourage a client to seek FP services.

METHODOLOGY

This learning exploration was led by MOMENTUM Knowledge Accelerator (MKA) with contributions from partner MOMENTUM awards. The methodology involved several key steps.

First, the team conducted a comprehensive desk review of digital health interventions, using annual reports from MOMENTUM awards and resources posted on the MOMENTUM internal knowledge management platform. The MKA team also had regular check-ins with award digital health teams to gather in-depth information about their digital health interventions. We then analyzed the collected data and crowdsourced the awards to identify key themes. These themes were then collated for **topic selection** and shared with the awards for voting. Based on the results and the distribution of activities across awards within each topic, we selected a learning topic and proposed a methodology to the awards for their feedback.

A second, **more targeted desk review** was conducted on the selected learning topic to gather in-depth information about activities classified as client-facing digital health interventions according to the WHO (2023) definitions. and to ensure there were no other activities that should be included in the exploration. The resulting document was shared with the awards for their input. In total, six activities across four MOMENTUM awards were identified for inclusion in the exploration.

To further enrich the exploration, we conducted **key informant interviews** with implementing staff from the six activities operating in Benin, India, Malawi, Mali, and Pakistan. In total, six interviews were carried out with local technical staff and senior staff responsible for implementing the digital health interventions. The interviews were conducted in English (four) and French (two) via Zoom, recorded, and transcribed. Data collected from participants were handled with strict confidentiality. Participants provided oral consent before taking part in the interviews.

To guide this learning exploration, we adapted the theory of change developed as part of the [Digital Health for Social and Behavior Change Family Planning High Impact Practice](#) to be more applicable to other health behaviors. Our

resulting theory of change (Figure 2) highlights possible barriers to a healthy behavior and the intermediate outcomes targeted by interventions that lead to behavior change (labeled in the figure as outcomes). This adapted theory of change was used to guide the key informant interviews and served as a framework for this analysis.

Figure 2. Adapted Theory of Change Used for Learning Exploration
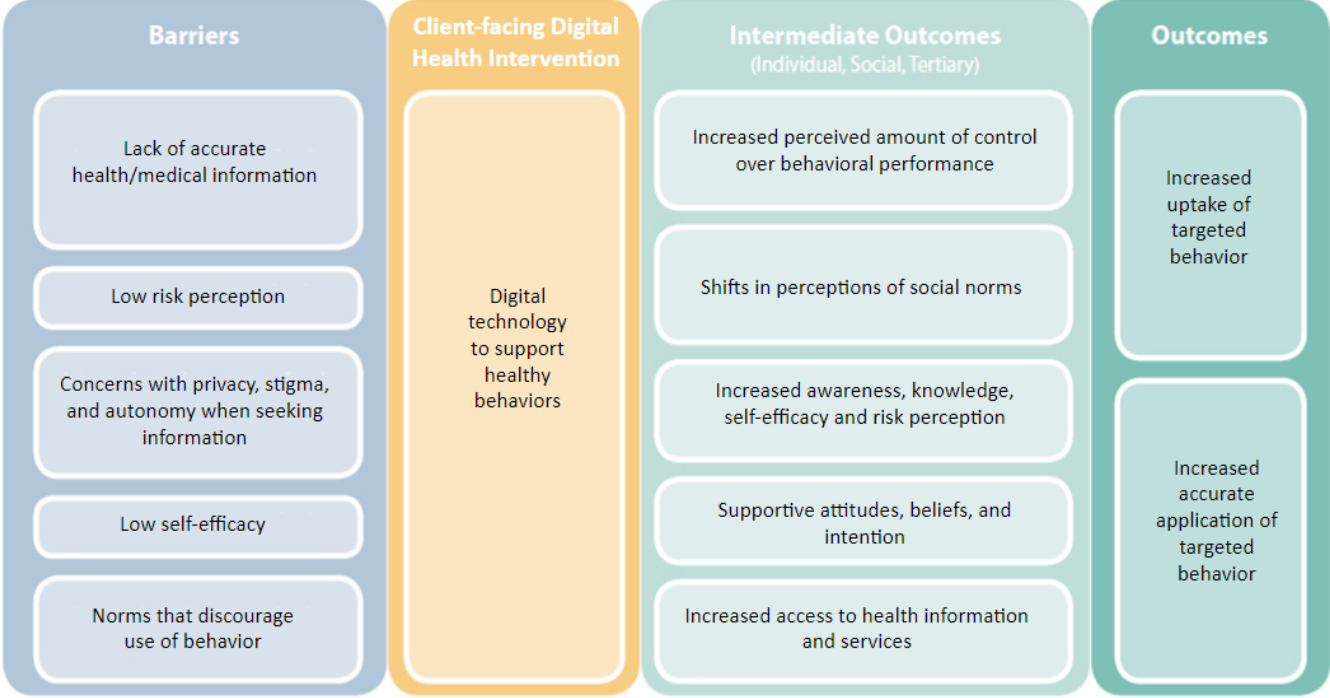
Source: Adapted from High Impact Practices in Family Planning (2022).

FINDINGS

Types of Digital Health Interventions and Barriers Addressed

The client-facing digital health interventions included in this exploration were implemented in five countries: Benin, Pakistan, India, Mali, and Malawi. Appendix 1 highlights a description of each of the interventions implemented by the MOMENTUM awards.

The interventions include a diverse array of technologies and strategies aimed at improving health outcomes, health service delivery, and patient engagement. Within each of the categories in Table 1, there are specific MOMENTUM interventions employed using technology. The learning exploration identified the corresponding interventions for each activity.

The most common types of interventions used by the MOMENTUM awards were targeted health information transmitted to person(s) based on health status or demographics (1.1.2), lookup of information on health and health services (1.6.1), and simulated human-like conversations with individuals (1.6.2). Targeted health information to persons (1.1.2) includes the integrated FP (FP) and routine immunization digital nudges that uses text messages (SMS) to send information and reminders about postpartum FP services to mothers up to 24 months after birth and the Viamo IVR intervention, which includes sending voice messages with to high-risk pregnant women about antenatal care and to suspected fistula cases about fistula repair care and services. These are examples of interventions that are tailored to the person, where content is matched to the needs and preferences of the users. Lookup of information on health and health services (1.6.1) entails health information that is accessible to the public, where a person is

triggered to look up information on a health topic on their own time; example interventions include *Chipatala cha pa Foni* (CCPF, also known as Health Center by Phone) and Viamo IVR, which both allow users to call for information at their convenience. Simulated human-like conversations with individuals are interactive, dynamic conversations with simulated health care providers via text or voice, including chatbots such as Tata Annie, VIYA, and HelloVaxi. There were also several interventions that allowed users to connect directly with a person (either a health worker or other support staff) if they had questions that could not be answered by the technology; the WHO classification category for these interventions is 2.4.1 (consultations between remote person and health care provider), which the WHO classifies as an intervention for health care providers.

Table 1: WHO Classifications and Mapping to Digital Health Interventions

WHO CLASSIFICATION	CLASSIFICATION DEFINITION*	RELEVANT DIGITAL HEALTH INTERVENTIONS
1.1.2 Transmit targeted health information to person(s) based on health status or demographics	Communication of targeted health information "in which separate audience segments (often demographic categories) benefit from a shared message." The communication can be unidirectional and bidirectional, but initial contact is from the health system, as opposed to an on-demand information service where the person initiates the first contact with the health system.	Integrated FP and routine immunization digital nudges, Viamo IVR
1.6.1 Lookup of information on health and health services	Health information and health service information accessible to the general public triggered by the individual.	CCPF, Viamo IVR, HelloVaxi chatbot
1.6.2 Simulated human-like conversations with individuals		Tata Annie chatbot, VIYA chatbot, HelloVaxi chatbot
2.4.1 Consultations between remote person and health care provider	Provision of health-care services at a distance (20). Remote consultation, tele consultation, person-based telemedicine, hotlines, call centers, helpline.	Tata Annie chatbot, CCPF

*Definitions from WHO (2023).

Using our adapted theory of change, we reviewed the interventions to determine if the following barriers to the targeted health behaviors were addressed:

- Lack of accurate health/medical information.
- Low risk perception.
- Concerns with privacy, stigma, and autonomy when seeking health information.
- Low self-efficacy, or belief that one has the ability to engage in the targeted health behavior.
- Norms that discourage use of behavior.

Out of the barriers above, lack of accurate health/medical information was reportedly addressed by all examined interventions. As shown in Table 2, four out of the six interventions reported addressing low risk perception; concerns with privacy, stigma, and autonomy when seeking health information; low-self efficacy; and norms that discourage use of the behavior. For example, the Tata Annie chatbot was created in Benin for youth because youth experience unique challenges accessing health information at a health center or speaking to a health care provider about their

needs; they often characterize this experience as unpleasant due to fear and being judged by other people and providers. Other barriers reported that were not covered under the theory of change include linkages and access to services, reminder notifications, and female participation in services and decision-making.

While interviewees often said that interventions were addressing most of the barriers, our examination of the interventions from a social and behavior change perspective revealed that some barriers (such as shifting norms) were not addressed as frequently. This finding suggests that respondents may not have fully understood our question. Another important note is that the interventions we assessed were not implemented independently; rather, they were a part of other social and behavior change communication activities to not only promote use of the digital tools but also to reiterate messaging content. Examples include training health care workers on the same content/messages or improving youth-responsive services, for example.

Table 2: Examples of How MOMENTUM Digital Health Interventions Addressed Barriers to Healthy Behavior

BARRIER	HOW INTERVENTIONS ADDRESSED BARRIER
Lack of accurate health/medical information	Provided medically accurate messages by chatbot (all interventions)
Low risk perception	Delivered medically accurate messages explaining various health risks (CCPF, Tata Annie chatbot, Viamo IVR, Viya chatbot)
Concerns with privacy, stigma, and autonomy when seeking information	Allowed users to access Information on personal phone in private at user's own time (CCPF, Tata Annie chatbot, Viamo IVR, Viya chatbot)
Low self-efficacy	Provided referrals to locations where FP services could be accessed; provided information to help women discuss reproductive health with their partners (CCPF, HelloVaxi chatbot, Tata Annie chatbot, Viya chatbot)
Norms that discourage use of behavior	Used conversational dialogue; targeted men with information (Viya chatbot)
Other barriers (eg. lack of decision-making authority, access to services)	Promoted linkages and access to services (CCPF)
	Sent reminder notifications (CCPF)
	Promoted female participation in services and decision-making (Viamo IVR, Integrated FP and routine immunization digital nudges)
	Worked to address connectivity issues with network provider (Viamo IVR)

Intermediate Outcomes Addressed by Digital Health Interventions

The adapted theory of change (Figure 2) outlines five main intermediate health outcomes that digital health interventions can address that contribute to sustained behavior change. Each intervention was designed and adapted to address these outcomes in different ways. All of the projects included in our exploration reported that their interventions first and foremost sought to increase awareness, knowledge, self-efficacy, and risk perception and to increase access to health information and services. The digital health tools aim to provide accurate health information to users, whether they be community members or health workers, in order to increase their awareness, knowledge,

and risk perception around MNCHN/FP/RH issues. The goal is that, after users understand more about these issues and speak to health workers, peers, or family members about them, they will begin to adopt supportive attitudes or beliefs around service uptake. As more individuals use the digital health tools, shift their beliefs, and adopt healthy behaviors, they can shift social norms to create an enabling environment that supports care-seeking behaviors for everyone in the community.

Most of the MOMENTUM interventions also sought to improve supportive attitudes, beliefs, and intention and to shift perceptions of social norms. The intermediate outcome that was least commonly addressed was increased perceived amount of control over behavioral performance. This might be due to the varying power dynamics within the cultural contexts in which these interventions were implemented, which may not only limit the autonomy and health-seeking behaviors of women and youth but also their access to phones. Most of the projects reported that this outcome was outside the scope of their digital health intervention.

Behavior Change Outcomes

Only two interventions could report changes in health behaviors, such as increased uptake of FP or routine immunization services. For example, the integrated FP and routine immunization digital nudges used a recall survey to assess whether recipients of the messages recalled receiving the messages and whether they adopted services as a result. The project found that 50 percent of those who recalled receiving the immunization messages reported adopting immunization services and 39 percent of those who recalled receiving FP messages said they sought FP services. Tata Annie program staff reported an increase in adolescents seeking FP counseling and increased uptake of FP services at their partner facilities. However, Tata Annie is one of several interventions addressing gaps in contraceptive method information within the same context and, therefore, these changes cannot be attributed fully to Tata Annie. At the time of our exploration, other interventions either had not observed these changes or had not yet measured these outcomes.

Learning and Adapting

All of the examined interventions made adaptations to their tools to accommodate the needs of their users and to overcome operational challenges. Most of the projects built in feedback mechanisms, either directly with their digital tool or alongside it, to learn about how users were using and responding to the intervention. The chatbots, for example, included a feedback option on their platforms asking users about their level of satisfaction with their interactions. Projects also conducted review meetings where they analyzed utilization data from their tools to understand who their users were and what content they were accessing.

As the interventions all sought to address the lack of accurate health information or perceptions of health risks, many of their adaptations involved tailoring the technical content and language in user messages. Multiple projects found that users wanted more information about health topics that were not initially covered by the digital health tool. In response, the projects added additional health topics and either added them to the chatbot content or, for targeted communication tools, reordered the messages they sent to users to better align with their life stages. For example, the Viamo IVR project in Mali added messages about pregnancy risk and fistula prevention,
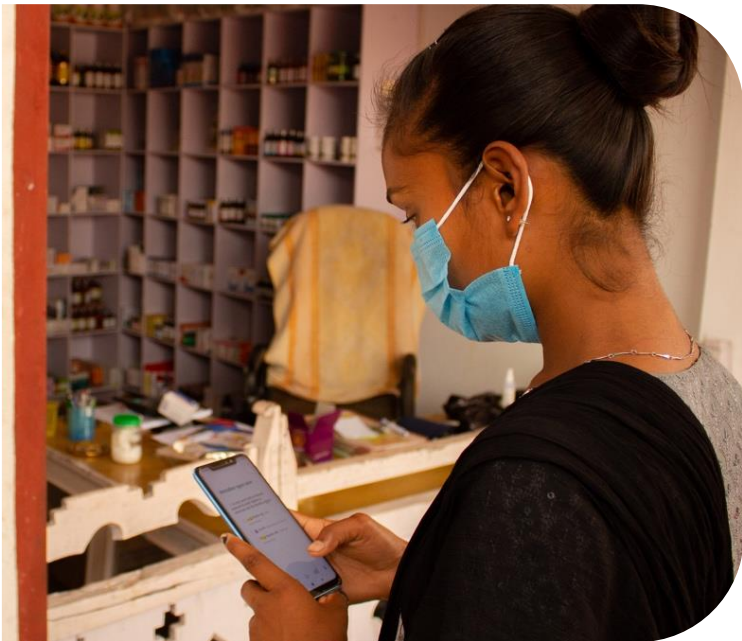
but learned that most users were pregnant and close to their due dates. The project decided to change the order of the messages so that callers could receive information on antenatal care and recognizing pregnancy danger signs first, instead of less relevant information for their life stage. In other cases, adaptations involved ensuring that messages were tailored to different user groups, refined to be more respectful, or available in multiple languages.

Almost all of the digital health interventions adapted the technological or software components of their tools as well. In most cases, challenges were related to obstacles on the user end, such as poor internet connectivity, outdated phone technology, or poor user experience due to the design of the digital platform itself. For example, the team implementing the Tata Annie chatbot in Benin learned during the testing phase that running their AI software with the new version of Facebook Messenger did not work on older phones used by youth and adolescents. In response, the team adapted their engagement approach so that users could interact with the chatbot using pre-programmed number response options. To support users without Facebook accounts, the team adapted the Tata Annie platform to be accessible via WhatsApp and a microsite. Some of the projects also added a referral mechanism to their tool so that users could seek more personalized counseling for their questions and concerns. For example, some of the projects using chatbots added geolocation services to their tools to be able to refer users to nearby health workers and facilities for care.

LESSONS LEARNED

Key Factors Driving Success

Through this learning exploration, we identified the following factors that were key to the success of the client-facing digital health interventions:

- **Time and resources to develop messages.** Program staff and learning documentation continuously flagged that generating message content for users was very time intensive, as content must be both medically accurate and easy to understand. One program also highlighted the importance of the messages being conversational in order to reach their particular audiences, to prevent the user from feeling judged, and to aid in shifting the user's perspective on the topic. It is important for programs planning to provide messages either via a chatbot, IVR, or direct client messaging to allocate adequate time and resources for content work and ensure that their team has the capacity to develop the messages.

- **Feedback mechanisms for adapting content.** Programs found that adapting the content of their digital health intervention based on user suggestions helped users to see their tool as a trusted source of health information. For example, Tata Annie, the chatbot in Benin, enabled users to ask other health questions or suggest further topics for inclusion, giving users the ability to raise issues or share feedback that they may not have felt comfortable providing in-person.

- **Live support or referrals to expand counseling.** Several of the interventions allowed users to connect with a health worker or provided referrals for users who wanted more information than was available via on-demand messages. For example, *Chipatala Cha Pa Foni* (Health Center by Phone) allows users to select from on-demand messages; if they want more information, they can select to speak with a health worker at a call center.

Measurement of Intermediate and Behavioral Outcomes

While most programs had statistics on how many users interacted with or received messages from their digital tool, many reported that it was difficult to measure changes in behavior. Measuring behavior change usually necessitates further follow-up with users or an even more formal evaluation design that includes both intervention and control groups with pre- and post-intervention measurements. Further, changes in behavior may be mediated by structural circumstances that are difficult to address in these interventions. Therefore, it is important for programs using client-

facing digital health interventions to identify and measure intermediate outcomes that can lead to behavior change. Programs can then generate more evidence to demonstrate that the intervention had an outcome that was leading to behavior change, even if the behavior change itself cannot be measured. Such practices will also help build the evidence base on how digital tools encourage changes in health behavior and can be used to advocate for future resources for such interventions.

CHALLENGES

While aiming to enhance MNCHN/FP/RH services through innovative approaches, several challenges emerged. Many of the digital health interventions struggled to demonstrate clear, measurable impacts on health behaviors and outcomes due to the complex and evolving nature of these tools and a lack of resources for in-depth evaluation. Others cited difficulties in having adequate staff and resources to build and maintain these tools. Other challenges included poor internet connectivity, outdated technology, and varying levels of digital literacy among users. Moreover, user unfamiliarity with digital health tools can affect engagement levels and effectiveness. The Viya intervention overcame this challenge by creating videos teaching users how to interact with the chatbot. Integrating these tools within existing health systems and ensuring they complement rather than complicate current practices remains a significant hurdle. Overall, these challenges highlight the need for continued adaptation, targeted resources, and refined strategies for digital health interventions to better meet user needs and enhance overall effectiveness.

CONCLUSION

The MOMENTUM suite's learning exploration of client-facing digital health tools reveals significant potential, notable successes, and common challenges. While such tools can improve access to information, their effectiveness is constrained by factors such as limited evidence of impact on health behaviors, insufficient resources for building and maintaining these tools, and challenges in user engagement and integration. Key takeaways include that these interventions can be designed to address barriers clients face in adopting healthy MNCH/FP/RH behaviors, including access to accurate health information, concerns about stigma and privacy, and low self-efficacy. However, to demonstrate the impact of their interventions, future programs should identify and measure changes to intermediate outcomes leading to behavior change. Additionally, the exploration highlights the need for better resource allocation for evaluation and development of user messages, improved user training, and the development of strategies to overcome technological and literacy barriers. It is also critical to understand the existing ecosystem of digital health tools in a particular context to avoid duplicating efforts and to integrate with existing systems to maximize the benefit of a new tool. Ongoing adaptation and evidence-building are essential to leverage digital health tools effectively and to ensure they contribute meaningfully to improving health behaviors and outcomes.
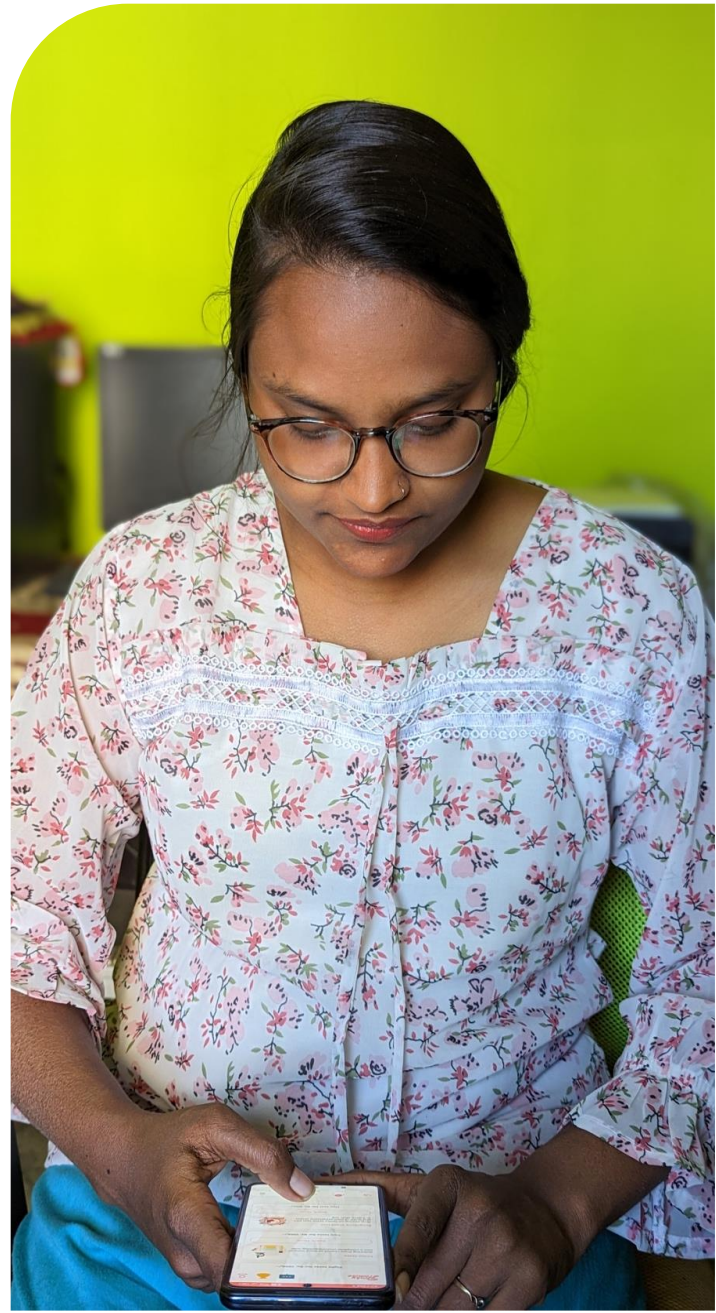
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APPENDIX 1. OVERVIEW OF DIGITAL HEALTH INTERVENTIONS

MOMENTUM PROJECT & INTERVENTION NAME	DESCRIPTION	TARGET POPULATION	RELEVANT WHO CLASSIFICATION(S)	KEY RESULTS TO DATE
MOMENTUM Tiyeni—*Chipatala cha pa Foni* (CCPF/Health Center by Phone)	A toll-free number that provides access to health information and links to routine health services through recorded audio messages and live call-center responders who can connect users to health centers. The activity seeks to empower communities to make informed decisions about when and how to seek care from a community health worker or nearby health center. The CCPF platform was launched in Malawi in 2010, and MOMENTUM Tiyeni provided technical support to strengthen the FP component of the service by training call-center responders in FP topics and developing pre-recorded voice messages shared on the CCPF platform, which is managed by the Ministry of Health.	Women and men of all ages in Malawi	1.6.1 Lookup of information on health and health services 2.4.1 Consultations between remote person and health care provider	During the COVID-19 pandemic, the project incorporated COVID-19 information into CCPF platform, and it was seen as a go-to knowledge resource throughout Malawi. Since June 2024, the CCPF platform has received more than 93,000 calls into the call center, with about 45% of callers choosing to listen to pre-recorded voice messages. Among those callers, there were more than 14,000 interactions with messages about vasectomies.

MOMENTUM PROJECT & INTERVENTION NAME	DESCRIPTION	TARGET POPULATION	RELEVANT WHO CLASSIFICATION(S)	KEY RESULTS TO DATE
MOMENTUM Private Healthcare Delivery Benin—Tata Annie chatbot	A chatbot launched through Facebook, WhatsApp, and a microsite and implemented by the Association Béninoise pour le Marketing Social (a PSI network member). MOMENTUM Private Healthcare Delivery designed Tata Annie as a virtual female health provider who answers users' FP/RH questions. Tata Annie provides tailored, on-demand information about menstrual health, contraceptive methods, and other FP/RH topics to clients in a confidential manner 24/7. The project also established a hotline that Tata Annie users could call to speak directly with a health provider. The chatbot included a function to help clients locate a nearby facility with personnel trained in youth-responsive service provision. Youth ambassadors with the Amour et Vie program were trained to promote the chatbot with youth and women's groups across Benin. Amour et Vie also promoted Tata Annie through an online campaign on its Facebook and YouTube pages to reach more young people.	Adolescents and youth ages 15–24 in Benin	1.6.2 Simulated human-like conversations with individuals 2.4.1 Consultations between remote person and health care provider	Since its launch in 2021, Tata Annie has registered more than 23,000 unique users, with most interacting with the chatbot through Facebook Messenger. Most users are ages 20–24, followed by ages 15–19. The use of WhatsApp and a microsite made Tata Annie more accessible, and successfully increased referrals to health services. Youth clients said they appreciated the ability to get information anonymously and that they felt more comfortable being referred to trained, youth-friendly providers. Partner facilities that were trained and supported by MOMENTUM to use Tata Annie recorded increases in youth clients who received FP counseling and increased uptake of FP methods across the intended user group.

MOMENTUM PROJECT & INTERVENTION NAME	DESCRIPTION	TARGET POPULATION	RELEVANT WHO CLASSIFICATION(S)	KEY RESULTS TO DATE
MOMENTUM Private Healthcare Delivery Pakistan—VIYA chatbot	A chatbot hosted on the VIYA platform and disseminated through social media platforms to increase male engagement in FP decision-making behaviors with their partners. The chatbot is a user-friendly, confidential way for users, especially men, to ask questions about and receive clinically accurate and culturally sensitive messages (in Urdu and English) on sexual and reproductive health and FP topics. Use of the chatbot was reinforced by social male mobilizers and general practitioners who understood the Viya chatbot and could share it with individuals seeking to learn more about FP/RH and other sexual health topics. The project used an omnichannel strategy, making the chatbot accessible on Facebook, Instagram, and VIYA's website to make information more accessible to a broader audience. MOMENTUM partnered with universities, private health providers (male pharmacists and general practitioners), and community leaders to promote the chatbot through audio and video messages, promotional posters, and male engagement strategies to reach young men (as well as women, couples and youth).	Men ages 18–45 in urban and peri-urban areas in Pakistan	1.6.2 Simulated human-like conversations with individuals	The omnichannel strategy allowed users to interact with the chatbot on their preferred platform, leading to higher user satisfaction. Since its launch in September 2022, the chatbot has reached over 120,000 new users, 88% of whom are men. VIYA's average user profile is a married male, approximately 29 years old, with two children, who accessed the chatbot due to his concerns about financial stability and the impact of having more children on his family's well-being and his wife's health. VIYA's messaging and marketing continues to target men and youth and has reached more than 28 million people on social media and attained over 33,000 social media followers. Over 2.6 million messages have been exchanged on the chatbot.

MOMENTUM PROJECT & INTERVENTION NAME	DESCRIPTION	TARGET POPULATION	RELEVANT WHO CLASSIFICATION(S)	KEY RESULTS TO DATE
MOMENTUM Routine Immunization Transformation and Equity India—HelloVAXI chatbot	A chatbot that delivers information on routine immunization and best practices related to the vaccination to adolescent clients, parents and caregivers, and health care workers via WhatsApp to combat vaccine hesitancy. HelloVaxi also includes a tool to connect users to the nearest health facility and a calculator that provides the recommended immunizations based on a child's age for parents and caregivers. Users can navigate the chatbot with buttons or enter their questions via their preferred language (English or Hindi) to receive pre-programmed text messages. MOMENTUM works with health facilities to post QR codes that advertise and connect parents and caregivers to the chatbot.	Health care workers, caregivers and parents of children in India	1.6.1 Lookup of information on health and health services 1.6.2 Simulated human-like conversations with individuals	The HelloVaxi chatbot was implemented shortly before MOMENTUM's interview with the project team; therefore, there were no results to share at the time of publication.

MOMENTUM PROJECT & INTERVENTION NAME	DESCRIPTION	TARGET POPULATION	RELEVANT WHO CLASSIFICATION(S)	KEY RESULTS TO DATE
MOMENTUM Safe Surgery in Mali — Viamo IVR	An interactive voice response (IVR) program on Viamo, a free digital service that provides health information through pre-recorded audio and text messages. MOMENTUM provided support to the existing Viamo platform to integrate 30 messages on fistula, maternal and newborn health, and FP topics. The messages were developed with the Ministry of Health, tested and validated, and then translated in five languages (Bamanankan, English, French, Songhai, and Tamashek). MOMENTUM trained community mobilizers and local radio station staff on the IVR platform so they could promote its use among community members. Staff at local partner organizations also collected the phone numbers of community members to receive targeted voice messages from the fistula repair and antenatal care campaigns.	Community members of all ages in Mali	1.1.2 Transmit targeted health information to person(s) based on health status or demographics 1.6.1 Look-up of information on health and health services by individuals	From October 2022 to March 2024, more than 800,000 people listened to the messages through the Viamo platform. From Oct 2022 to Sept 2023, the platform received 517,811 total callers and 489,116 listeners who listened to 8,180,536 key messages. Among all callers, 78.7% identified as male, 20.5% as female, and 0.8% as other. From October 2023 to June 2024, the platform received 1,026,332 callers and 979,512 listeners who listened to 71,655,445 key messages. Among all callers, 81.4% identified as male and 18.6% as female.

MOMENTUM PROJECT & INTERVENTION NAME	DESCRIPTION	TARGET POPULATION	RELEVANT WHO CLASSIFICATION(S)	KEY RESULTS TO DATE
MOMENTUM Private Healthcare Delivery India—Integrated FP and routine immunization digital nudges	Sends information and reminders via SMS messages on postpartum FP services to mothers in their extended postpartum period, up to 24 months after birth. MOMENTUM partnered with Suvita, a local Indian organization, to integrate postpartum FP information and messages seamlessly into Suvita's pre-existing digital platform that sends mothers reminders about their children's recommended routine immunizations.

MOMENTUM developed postpartum FP messages with community groups and potential end-users and then partnered with two local telecom companies to manage the platform. Messages are recorded with Textlocal, and Textrivet is used to send the messages at appropriate times based on women's delivery dates. Women are enrolled to receive messages during their last antenatal care visit or once they deliver at a health facility. The messages provide information about FP methods and refer women to select health care facilities that offer both immunization and FP services, including private-sector providers. | Women up to 24 months postpartum in India's Bihar and Maharashtra states | 1.1.2 Transmit targeted health information to person(s) based on health status or demographics | Over a 10-month period (September 1, 2023, to June 4, 2024), Suvita delivered approximately 348 digital nudges to approximately 100,000 caregivers across four districts in Bihar. The project conducted a phone survey with 301 users to obtain feedback on the FP and immunization messages. 56% of respondents recalled receiving the messages. Among those, 40% recalled receiving FP messages and 80% recalled receiving immunization messages, which was expected as more immunization messages had been sent at that time. Among those who recalled receiving immunization-related messages, 50% reported taking action toward vaccinating their child. Of those who recalled receiving FP messages, 39% reported seeking FP services. |

*Classifications from WHO (2023).