



Lessons learned from the content development stream of the mNutrition initiative:

## How to set up the right content creation model, processes and structures to achieve maximum project efficiency and quality outputs

Between 2014 and 2017 the GSMA's mNutrition initiative brought together five global content partners (GCP) to deliver the content stream of the initiative across 12 implementing countries. Lead by CABI, GCP activities included: the development of a general framework for nutrition content creation, carrying out landscape analyses of nutritional needs in each implementing country, and identifying key factors for sustainable content services beyond the project. GCPs contracted and provided technical assistance to local content partners (LCP) so that they were able to partner with mobile service providers and/or mobile operators to either scale-up existing or develop, launch and market new mNutrition content services.

The focus of this brief is to provide the lessons learned related to the content model, processes and structures, specifically on:

1. The local content partner model – does it work?
2. Generic v specific content – which is more valuable?
3. Working together: GCPs and LCPs
4. Content creation tools – which are most effective?
5. Centricity of end-users and localized content

## 1 LOCAL CONTENT PARTNERS MODEL

The GSMA's findings from previous experiences highlighted that one of the key limiting factors to the development of agricultural, health and nutrition mobile content services was the lack of trusted partners in-country to provide high-quality content that met the needs of the local population, service providers and key stakeholders such as government authorities. Equally, content developed by trusted international organizations, while technically accurate, lack the insights into local needs, motivations and barriers to change which are required to bring about positive behaviour change. In order to strike the right balance, GCP and the GSMA agreed to employ local content partners (LCP) to create the content, following a well-defined content production process to ensure high-quality standards. The benefits of this are clear: local access to end users for acceptance testing, engagement with other key stakeholders such as government validators, translation into local languages and a much easier process flow at country level, whilst providing a globally applicable set of processes and structures to augment the capacity of the local partners to ensure high-quality outputs, during the project and beyond.

In order to equip the LCPs with the necessary tools and knowledge, the GCP built the content production model. This provided a framework, which considers all of the necessary processes for successful content creation, including: sourcing quality reference material, validation, user testing, translation and quality assurance. However, it is essential that LCPs see the value in taking ownership for their outputs. Through training and support from the GCP, the capacity of LCPs improved over time. However, it became clear that the quality of some content was not meeting the expected standards in the expected timeframe.

To address this, all content was put through Quality Control (QC) 'gateway', in which GCP and GSMA gave content the go-ahead for publication, or returned it to LCPs for further editing. With the implementation of the QC



gateway came delays in content delivery due to redressing processes and steps in the content production model.

Whilst the LCP model worked in many ways, the key lesson is that providing a robust content process and ongoing technical support is only half the story. Local content partners need sufficient time, practice and ownership of the processes and outputs in order to institutionalize these new ways of working. In doing so, their capacity, efficiency and credibility to continue in this field will be far greater.





## 2 GENERIC V SPECIFIC CONTENT

The approach to mNutrition content from the initiative's earliest days was to create technically accurate, generic content, validated by key governmental and technical experts and which would be adapted (stylized) to the targeted end-users by the service providers or a third party, based on findings from user-experience design experts.

However, while this approach worked for the mAgri content due to the program design employed for this component, in the case of mHealth there was no stylization step included as part of the wider mHealth support package. This issue was addressed by the GCP as quickly as possible across wave 1 countries and before wave 2 began, in which the content process was aligned so that LCPs worked much more closely with a selected content service, and could provide specific content to meet their requirements.

As the issue was addressed and resolved, another question arose: which of the two is more useful for the project? Generic content, as it offers the opportunity for additional mobile and non-mobile users to repurpose the content to suit their needs, or specific content, which assures a smoother, better-targeted process when a service requires content within a quick timeframe but is far less adaptable by future users?

Ideally, the expectations, scope of content objectives, coverage, quantity and style should have been defined from the outset, especially if the content is destined for one content service. The answers to these questions should also be communicated to all stakeholders as early as possible, in order to provide clarity and opportunity for collaboration when it comes to designing content to better address end-users' needs, motivations and barriers.

## 3 WORKING TOGETHER: GCPs AND LCPs

Developing strong partnerships between GCP members and LCPs benefited the implementation of the project. The collaborations were based on a 'partnership' mode. This meant both groups could leverage support and flexibility from the other, building strong relationships based on understanding and respect.

To select the LCPs, the two components to the project – mAgri and mHealth – followed two different methods: mAgri LCPs were recommended by the project MNOs and mHealth LCPs were selected by competitive tender led by GCPs. The GCP then assessed each of the potential partners against the same set of criteria and requested approval from the GSMA. Different types of LCPs, such as private companies, NGOs, government entities etc., were chosen across the project. By the end of the project there was no clear evidence of the superiority of one type of organization over another, considering quality, efficiency and sustainability of content production capacity.



However, as a general experience, it was observed that LCPs who had extensive prior subject-matter expertise, experience with social behaviour change communication programming and linkages to relevant government entities delivered the highest quality content, had the most timely delivery and were the most efficient LCPs to work with.

Summing up the lessons learned by working with different LCPs, it is clear that to maximize the outcomes of the collaborations, a true partnership model is helpful. The overall number of partners should also be kept to a minimum wherever possible, and a coherent approach and communication strategy should be in place at all levels to better aim at successful delivery. Lastly, working with local partners with skills and expertise in priority areas which are of critical importance for the project is a must to ensure the project's smooth implementation.



## 4 CONTENT CREATION TOOLS

The defined content production model necessitated multiple tools to support implementation. The content structures and tools were designed in a way that provided a coherent and systematic approach to content creation, harmonizing how content is categorized, produced, quality controlled and shared, regardless of the implementing country.

The GCP created templates and trained LCPs on how to use these. The content produced by the LCPs had a dual purpose: to be used on a mobile service in each implementing country, and to be freely and openly available on the Nutrition Knowledge Bank for repurposing by a range of audiences. By employing standardized structures and tools, the process content upload to the Nutrition Knowledge Bank was streamlined and much more efficient.

The lessons related to this section include: structures and tools used need to suit the needs of the given project or be sufficiently adapted to do so. Furthermore, new content structures should engage with stakeholders from an early stage and meet the needs of content developers in case the project is being implemented in multiple countries.

Lastly, when working with tools and structures, spot checks are not only needed, but required to make sure that they are being appropriately implemented during early content development, and ongoing support is provided to ensure close adherence to these as the process continues.



## 5 IMPORTANCE OF END USERS AND LOCALIZED CONTENT

Implementation of the mHealth component was split into two waves, consisting of four countries per wave. During wave 1 implementation, it became apparent that there was little differentiation across mHealth content produced by the LCPs, except for the local language translations, as these were based on the same set of global recommendations. Producing this content, specifically the factsheets, which are the first outputs created, was time consuming for the LCPs, and which kept them from focusing more on creating messages. Wave 2 offered the perfect opportunity for the GCP to change this process so that LCPs' efforts were put into better localization of content.

In wave 2 implementation, the GCP created a set of global factsheets on all interventions of the defined health structure, including dietary diversity, supplements, medical and public health interventions. The wave 2 LCPs were then tasked with focussing on methods which better enhanced content localization, such as creating end user personas, and more specifically on increasing the involvement of end-users themselves. As discussed earlier, these LCPs also worked more closely with the project's selected service provider, ensuring that messages were specific to the service and therefore able to be used by the service directly.



The main lesson learned between mHealth wave 1 and 2 is that end-users, including thorough and iterative end-user testing, are key to localization and should be sufficiently budgeted for, in time and cost, and carried out at key points in the process. Furthermore, where possible, efforts should be diverted from creating globally-relevant content, especially if this can be sourced or repurposed from elsewhere, so that emphasis is placed on measures to successfully localize content.

## Project overview and aim:

The mNutrition initiative was launched in 2014 by the GSMA in partnership with the UK government's Department for International Development. The aim was to see 'improved nutrition for the poor as a result of behaviour change promoted by accessible mobile-based services delivered at scale through sustainable business models', reaching 'at least three million people across eight Sub-Saharan African and four Asian countries'.

The GSMA delivered this through leveraging expertise and capacity from two of its existing development initiatives under Mobile for Development: mFarmer (mAgri) and mHealth, and brought the global content partners onboard to manage the content creation process.

### Briefs in this series:

- 1**      **How to set up the right content creation model, processes and structures to achieve maximum project efficiency and quality outputs**

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- 2**      **End-user feedback and its role in producing high-quality localized content**

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- 3**      **Validating the content via sign-off letters as a part of the content development process**

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- 4**      **Quality assurance and quality control processes as a part of mNutrition's aim to produce high-quality content**



To view and download for free the content produced by the mNutrition initiative's content partners, please visit the Nutrition Knowledge Bank at: [www.cabi.org/nutritionkb](http://www.cabi.org/nutritionkb).