



Using interactive SMS to reach women and improve quality of care in Kenya

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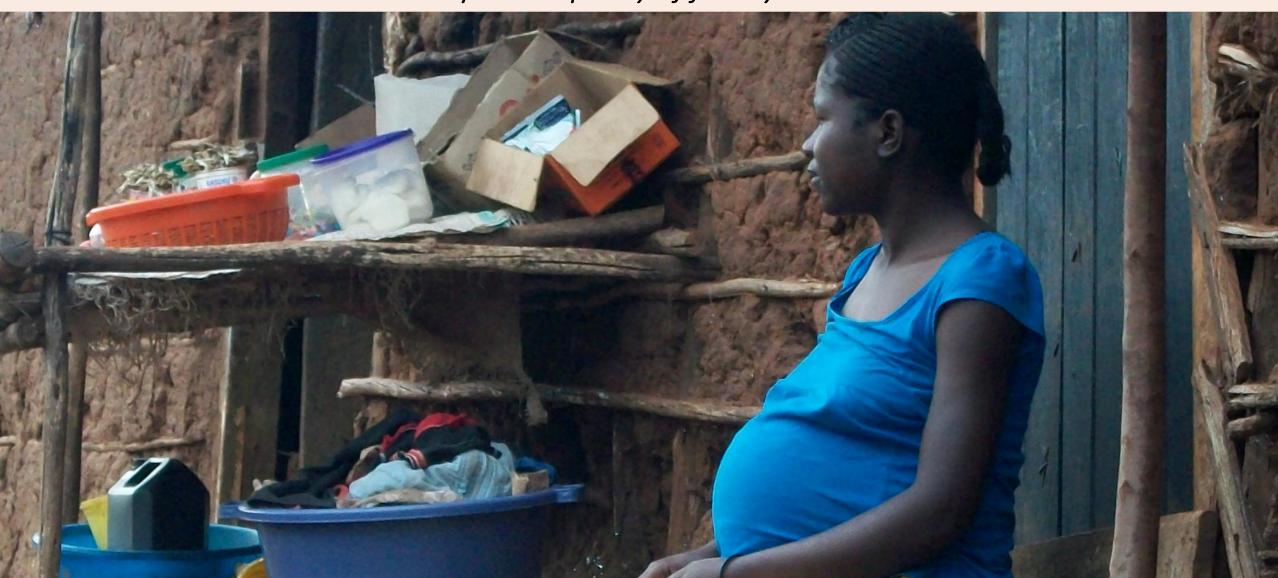
Agenda

- Background on Jacaranda Health
- Principals of our design
- Our Results
- Rapid Evaluation and Integration
 - V1 SMS only
 - V2 SMS & helpdesk
 - V3 SMS & Quality of Facilities
 - V3.1 Helpdesks at facilities
- Next Steps



Challenge: Poor Quality of Maternal Care

More mothers than ever are delivering in hospitals, but better access to care often does not mean better health outcomes. Why? *Poor quality of facility-based care.*



Jacaranda health is transforming the quality maternal healthcare with high-quality in the private and public sector



Social enterprise:

- Highest quality maternity hospital in East Africa
- Replicable low-cost model
- Can return capital to investors





Nonprofit: adapts and replicates innovations in public hospitals to improve quality of care

- Proven impact
- Low-cost and sustainable in public health system

Our approach in public facilities is to rapidly test, validate and scale maternal health innovations

FOCUS AREAS

- 1 Increase client demand for better care at facilities
- 2 Equip providers with life-saving obstetric skills
- 3 Resolve system-level bottlenecks to service delivery

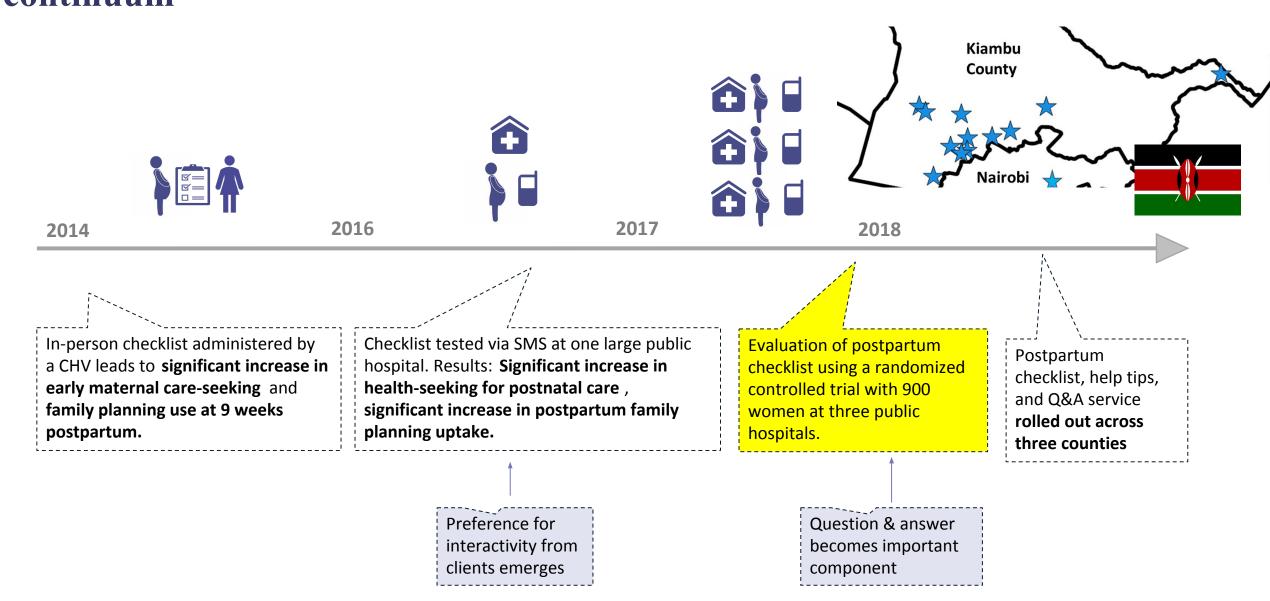


Our Design Principals

- Reach the lowest income woman (whether rural, urban, or peri-urban)
- Keep platform simple
- Evaluate rigorously and rapidly
- Continuously engage users for feedback on products

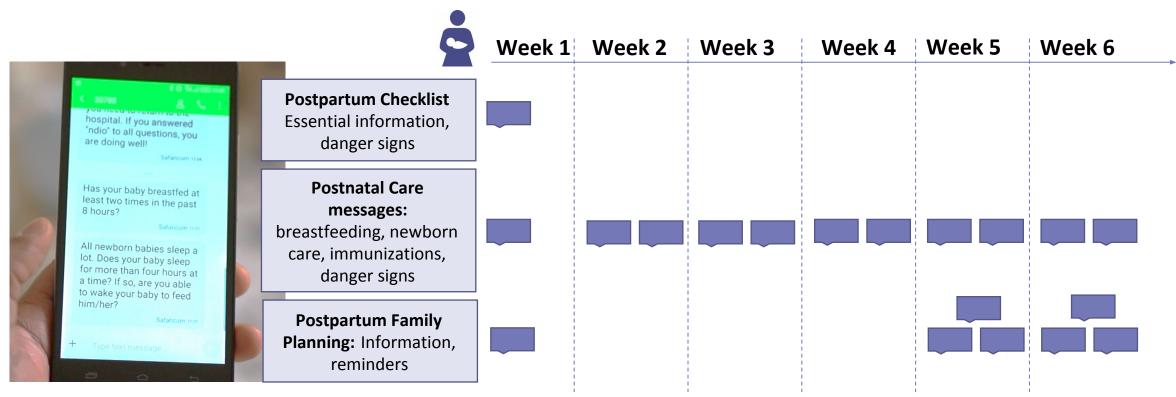


SMS tools for increasing patient-provider contact during the pregnancy continuum



Intervention: A discrete series of postpartum SMS messages

Designed in collaboration with mothers & providers
 e.g. through focus group discussions on content, frequency, language





A Randomized Controlled Trial (RCT) design

Women enrolled at three public hospitals post-delivery

Baseline Survey

300 women control group

300 women checklist only

300 women

checklist + family planning

300 women

checklist + general postpartum

Evaluate

Health-seeking for the newborns
Knowledge of postpartum/newborn
complications
Maternal health-seeking
Postpartum family planning uptake

End-line Survey at 8 weeks post delivery

Results: Our SMS package improves maternal health seeking

We have tested the messages through pilot studies, and most recently through a randomized controlled trial (RCT) with 900 women



When pregnant women or new mothers receive our SMS messages, they are...

more likely to know danger signs and seek care

The likelihood of a participant naming 1+ danger sign increased by 29% (p=0.04). Women were 22% more likely to seek advice for their negative health symptoms (p=0.07; 90% CI)

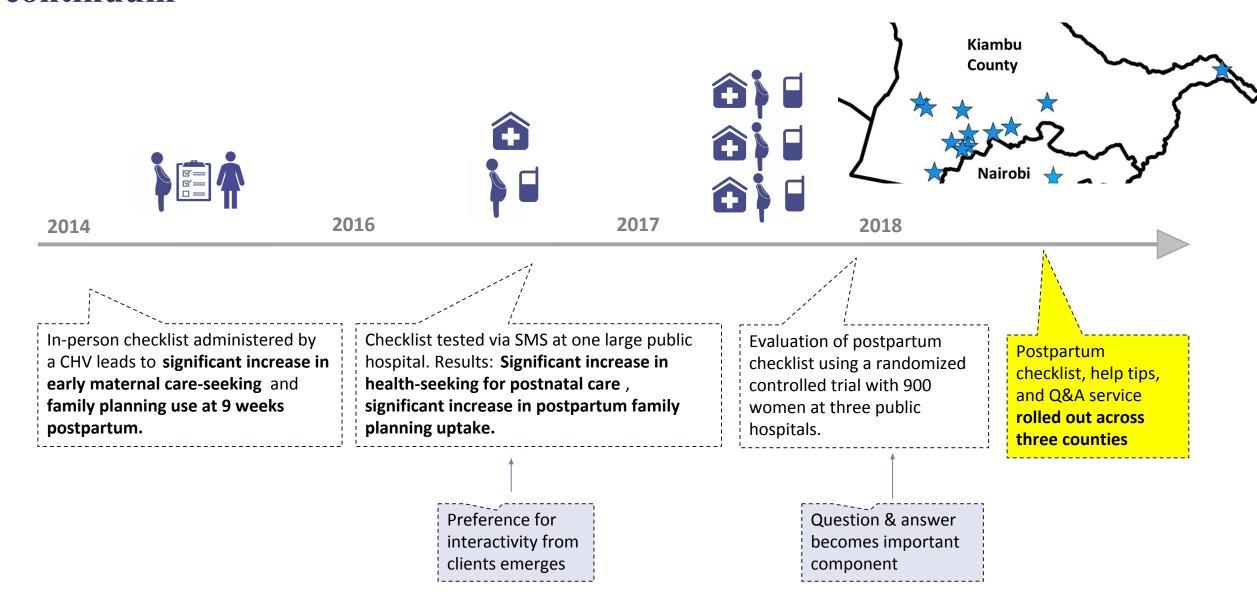
more likely to take up family planning

The odds of women in the FP messaging arm taking up PPFP by 8 weeks postpartum was **1.6 times** the odds of women in the other groups (p=0.02)

LARC uptake – The odds of women in the FP messaging arm taking up a LARC method (implant or copper IUD) by 8 weeks postpartum were **1.9 times** the odds of women in the other groups (p=0.04)



SMS tools for increasing patient-provider contact during the pregnancy continuum

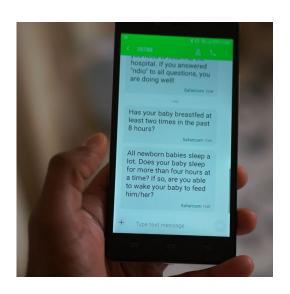


Version 1.0: Rolling the SMS package out across public facilities

1 Pregnant women/new moms see posters



2 Receive SMS messages





ANTENATAL CARE

- Tips
- Danger signs
- Pregnancy nutrition



POSTPARTUM

- Checklists of information
- maternal and newborn danger signs
- Family planning tips



19 msgs



Current status: Rapid enrollment across public facilities

- We have now rolled out the SMS service in three Kenyan counties: Kiambu County, Nairobi County, Bungoma County
- Jacaranda works directly with the sub-county health management teams to recruit facilities
- Adding ~1,300 new mothers/month





Version 1.2: Due to Demand - Questions & Answers from Helpdesk

1 Women see posters

- 2 Receive SMS messages
- 3

Can ask questions via a helpdesk service









ANTENATAL CARE

- Tips
- Danger signs
- Pregnancy nutrition



POSTPARTUM

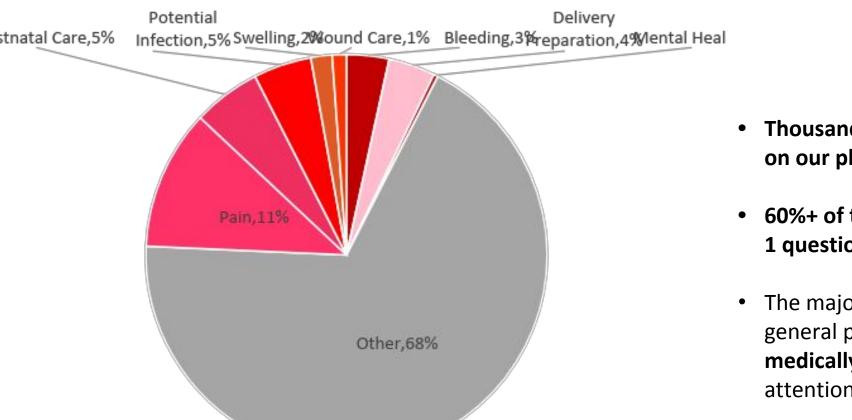
- Checklists of information
- maternal and newborn danger signs
- Family planning tips



19 msgs



Providing patient-centered answers to clients questions



- Thousands of questions have been asked on our platform
- 60%+ of the mothers enrolled ask at least
 1 question
- The majority of questions asked are general pregnancy, but 20-30% could be medically serious and require additional attention

Version 1.3: Adding Client Feedback on Facility Quality

- 1 Women see posters
- 2 Receive SMS messages
- Can ask questions via a helpdesk service











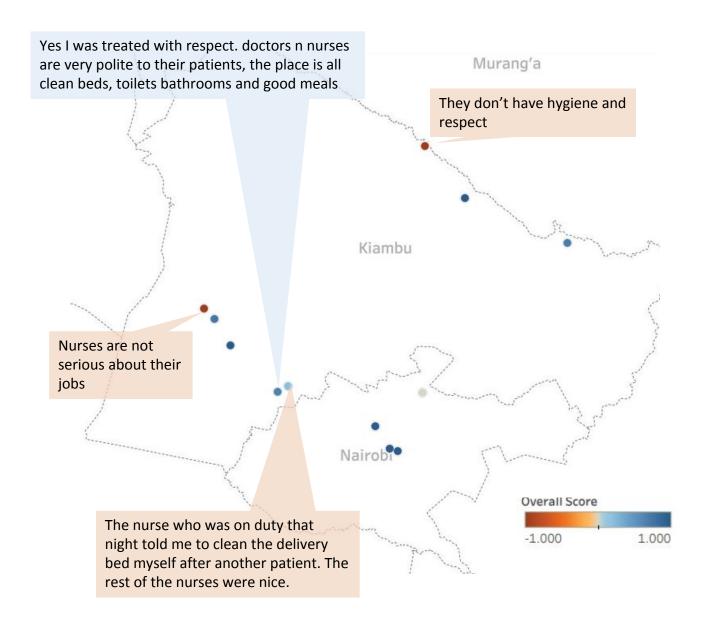


Clients provide info on facility quality

2018 DASHBOAR	D: KAHAWA				-87													
75 75		Goal	Red Flag	Measure	Data Source	ОСТ	NOV	DEC	JAN	FEB	MAR	APRI	MAY	JUN	JUL	AUG	SEP	ОСТ
	(severe)Newborn Jaundice			No. of newborns	SF		0	2	0	0	0	0	0	0	0	0	0	0
	Newborn Resuciatation			No. of newborns	SF	3	3	3	0	0	1	1	1	0	2	6	1	2
	initiate breastfeeding within 1 hr	100%	<95%		SF	98%	96%	85%	100%	100%	100%	100%	***	100%	100%	100%	100%	100
Inpatient Referral	Maternal			No of cases per month	SF	ste	-11	0	0	1	2	0	0	0	0	0	0	0
	Newborn			No of cases per month	SF		4	4	3	0	2	1	3	I	1	1	1	2
Overall Indicator:	5																	
Complaints	Number of complaints	<10/ month	>15/month	No of cases per month	SF		2							3		0	2	0
satisfaction with the quality of care			≥ 95%		PATIENT		92%	89%	92%	84%	88%	91%	74%		90%	99%	90%	992
Rating of Hospital	ann ann an t-aireann ann a	>=8	<6	preparateuropoporanepa	PATIENT		8.9		9.3	9.1	9.4	9.7	8.4	9.3	9.8		8.5	



Can clients tell us more about their experiences at facilities?



Rapid SMS Quality Survey

- Evaluated client experience with quality of care at facilities
- Questions sent via SMS, responses within 24 hours
- ~27% response rate

We are able to learn about quality challenges, including poor patient centered care, from our SMS user base



Next Steps

Helpdesks based at facilities

Monthly quality dashboards based on client responses

Appointment reminders and defaulter tracing

Additional content on breastfeeding & weaning

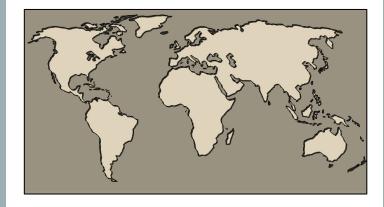


INVESTIGATING ATTITUDES AND PREFERENCES OF CHATBOT GUIDES IN FACEBOOK'S SOCIAL MEDIA PLATFORM AMONGST PREGNANT WOMEN IN KENYA– A FEASIBILITY STUDY









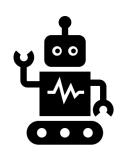
BACKGROUND

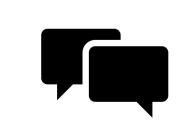
What is a Chatbot?

90.4%
Mobile Phone
Coverage

86%
Internet penetration

Facebook & Messenger 2 /10







STORAGE SPACE

- •Tecno N2
- •87.6% Kenya's global market share
- •8 GB internal memory
- •\$50 USD



BACKGROUND CONTINUED

Health Literacy

Healthcare Workforce in Kenya



PROBLEM STATEMENT

Kenyan Maternal Mortality Rate: 510 per 100,000 live births

Only 20% of women receive ANC before their fourth month of pregnancy

Only 18% of women are using a modern PPFP method 6 months after birth

39% do NOT practice exclusive breastfeeding

Maternal health literacy is low in Kenya and impacts all of these variables

IDEA



ACCEPTABILITY & DESIGN FGDS







Modes of information delivery





Voice





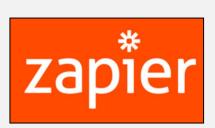


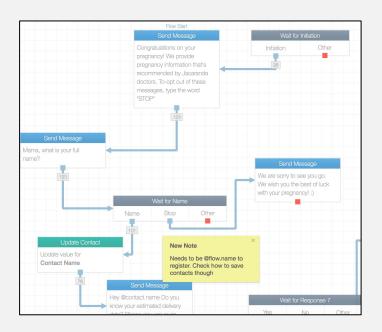
Icon

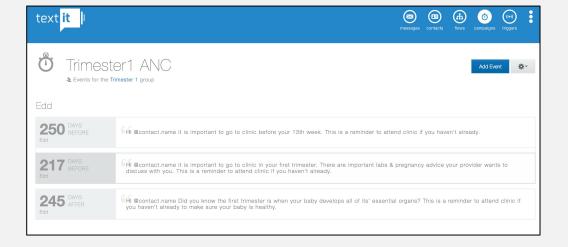
TECHNOLOGY AND DEVELOPMENT

- Open-source platform Textit.in
- Integrations with Zapier & Facebook
- Facebook Accounts Business & Developers
- Facebook Approval 3rd Party Integrations









IMPLEMENTATION & PILOT

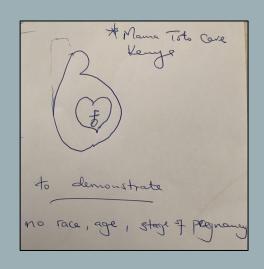
Pilot Intervention

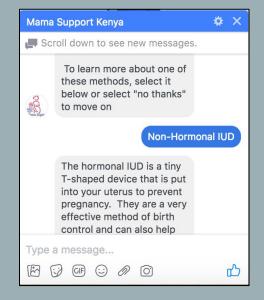
4 weeks of interaction

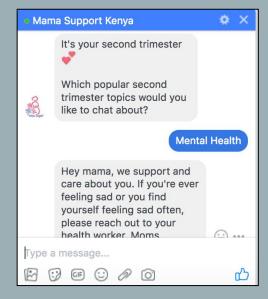
Moderated

Group Chats









PRELIMINARY RESULTS

Benefits

Trusted Source

New Learnings

Psychological Aid

Perceived Anonymity





Challenges

NLP

More Information

Desire pregnancy continuum



CHALLENGES AND LESSONS LEARNED

1

Prevalence of Messenger Lite and how it interacts with buttons 2

Facebook third-party integrations after Data Analytica

3

Unanticipated questions that data did not indicate prior

REFERENCES

- Kenya Demographic and Health Survey 2014. (2014)
- WHO: Mandate on Health Literacy
- http://www.who.int/healthpromotion/conferences/9gchp/health-literacy/en/
- Jumia 2017
- https://www.jumia.co.ke/mobile-report/

THANK YOU!

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- MS Global Health Candidate Duke University, 2019
- Mary.brannock@duke.edu



Making better health as easy as starting a conversation

• • • The Problem

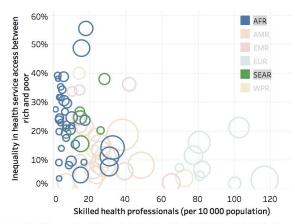
Individuals and families lack **timely**, **accurate**, **personalized** information to make effective decisions and take action for their health.



I didn't know anything about contraceptives anything. I just wanted to know

- Loise from Nairobi

More health workers does not necessarily mean more equitable access to health services



Note: Data 2015 or latest available year. Bubble size proportional to GDP per capita. Inequality in access to health services measured as difference in RMNCH service coverage between richest and nonrest mintiles. Source: WHO Global Health Observatory.

The Solution



Engage with marketing campaigns

Learn by **chatting**

Act to access health services and products

We used to see maybe one, two, three clients a week, and now we see maybe 15



Health Systems That showed me that this is a service that is mindful, that cares about people's health



Create and launch digital services

Refine & improve services

Monitor

engagement



Our Evolution

Nivi 1.0: Your FP Agent

Our solution



Nivi is simple to use, private, and free



STEP 1

Get a free screening by phone



STEP 2

Get a recommendation for the method that suits you best



STEP 3

We arrange a free ride to the clinic at your convenience



STEP 4

Get your family planning method at the clinic



STEP 5

Rate your experience by phone

Nivi 2.0: Just askNivi

V2.0

@AskNivi

The next step in our vision to be the most trusted source of information about women's health

Between the two, which one prevents the menstruation? I do fear that IUD.

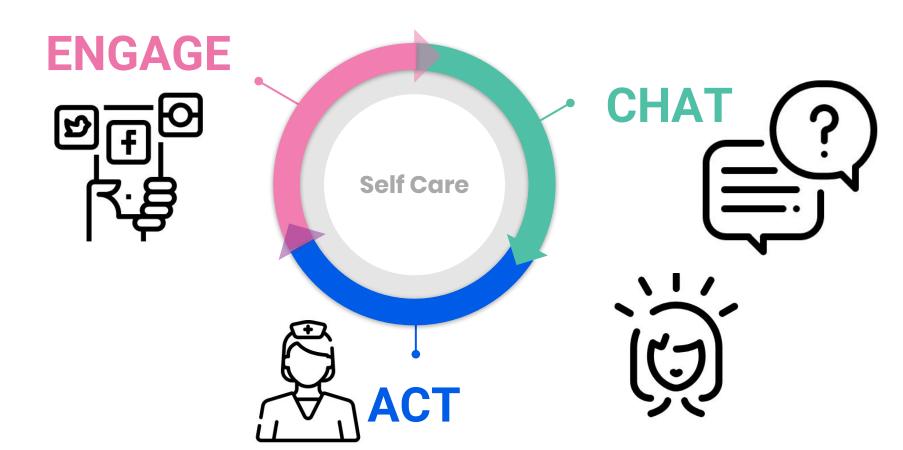
Neither the minipill or the pill prevents menstruation. If you want lighter or shorter periods, the pill might help. Could you expla a little bit more about why you fear the IUD?

The facts that it's get inside. And then other people say that it can cause cervical cancer.

It does not. An analysis of 12,000+ women published this month showed that the incidence of cervical cancer was actually LOWER among IUD users.



Nivi 3.0: A Health Journey





The Cold Hard Facts

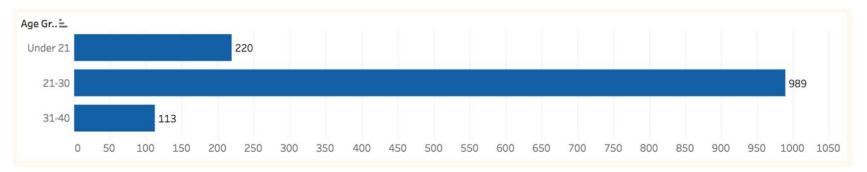
Our Overall Progress

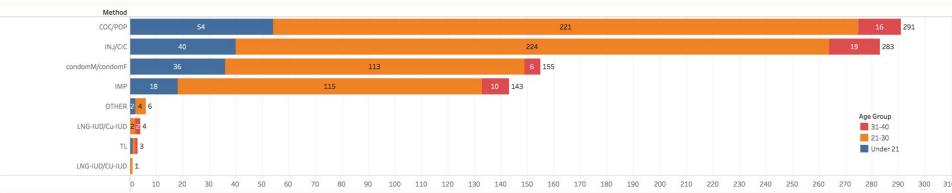
Total askNivi users	45,000+
FP referrals given	5,000+
FP referrals redeemed	1,500+





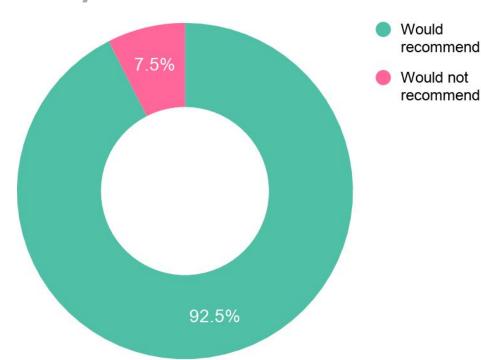
••• FP Referral Insights





User Happiness

Would you recommend Nivi to a friend?



2018 Nov 23, 4:01 PM

Wow.... Thank you... You are inspiring... Nice to meet you

2018 Nov 29, 7:07 PM

Thank you for helping me out Nivi you are my hero

2018 Nov 29, 3:17 PM

Thank you alot for letting me learn what i didn't know

2018 Nov 27, 2:18 PM

Ok thanks ,i will start ANC Tomorrow

2018 Nov 25, 10:50 PM

THANKS FOR YOUR SERVICE

2018 Nov 24, 3:28 PM

Thank you so much for being there for us



How we make it all work

Rural Engagement

Actions

- Distributor Model (Internal):
 - Western + Nyanza
 - Community Manager managing teams of 10-15 distributing cards within their networks
- FMCG Distribution Model (External):
 - Nairobi Campus + University
 - Smart partners to activate different locations



Digital Engagement

Actions

- **Brand Awareness** Content creation (via FB)
- **Conversion** Paid advertising
 - o GDN
 - o FB







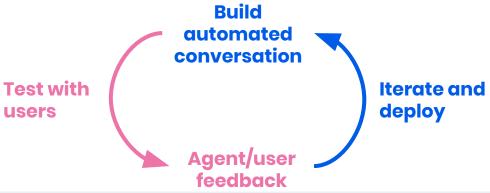


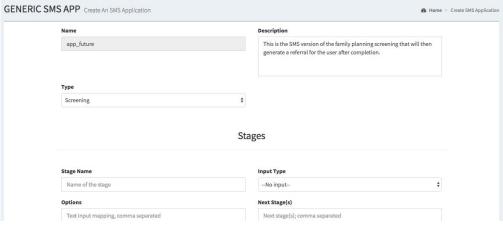


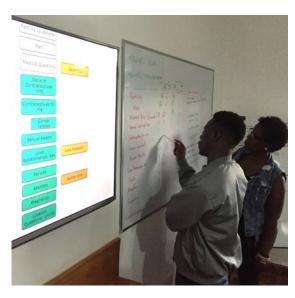




Creating Conversations







Training the Al

1. Initial training

contraception, side effects contraception contraception, method recommendation sexual health, having sex sexual health, STI sexual health pregnancy women's health, menstruation symptoms sexual health, relationships contraception, effectiveness women's health, cervical cancer pregnancy, days, when safe men's health, prostate symptoms, discharge

Al trained by feeding tagged questions

3. Re-classification

abortion





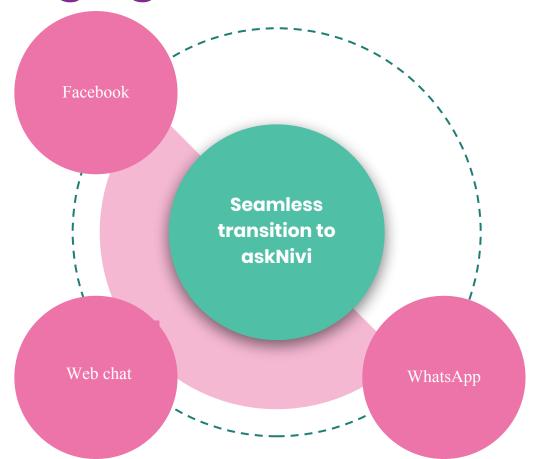


Our Roadmap

• • • 2019 and beyond

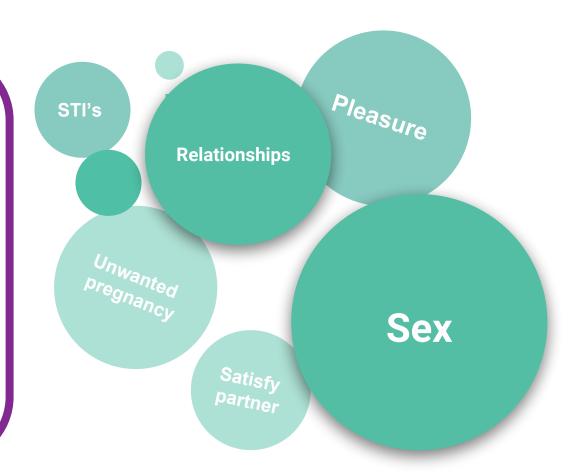
- Enhance platform to engage users throughout their health journey starting with FP and HPV
- Create a frictionless experience to help users easily access health products & services
- Improve distribution model to enable engagement via partner channels, and encourage organic growth

• • • Engage



••• Chat

- Drive the FP journey
- Systems in place so we can know what to automate next
- Guide the user on their journey of self discovery

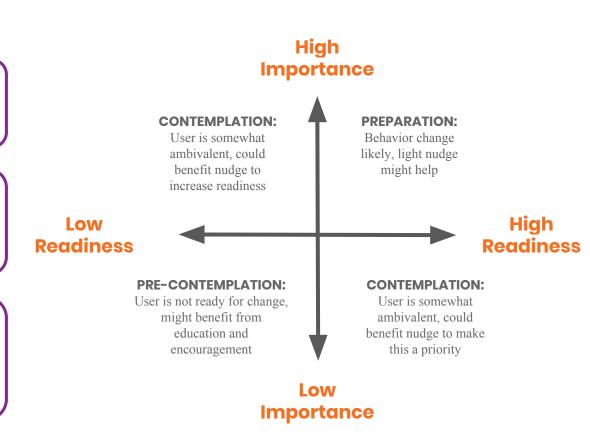


• • • Act

Have a conversation to classify a user's stage of readiness

Use this classification to guide efforts to nudge her toward action

Refine approach over time by evaluation conversion rates and time to conversion





Thank you!

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