

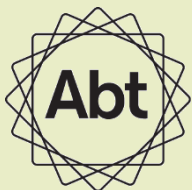


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m4RH Impact Evaluation Design Considerations

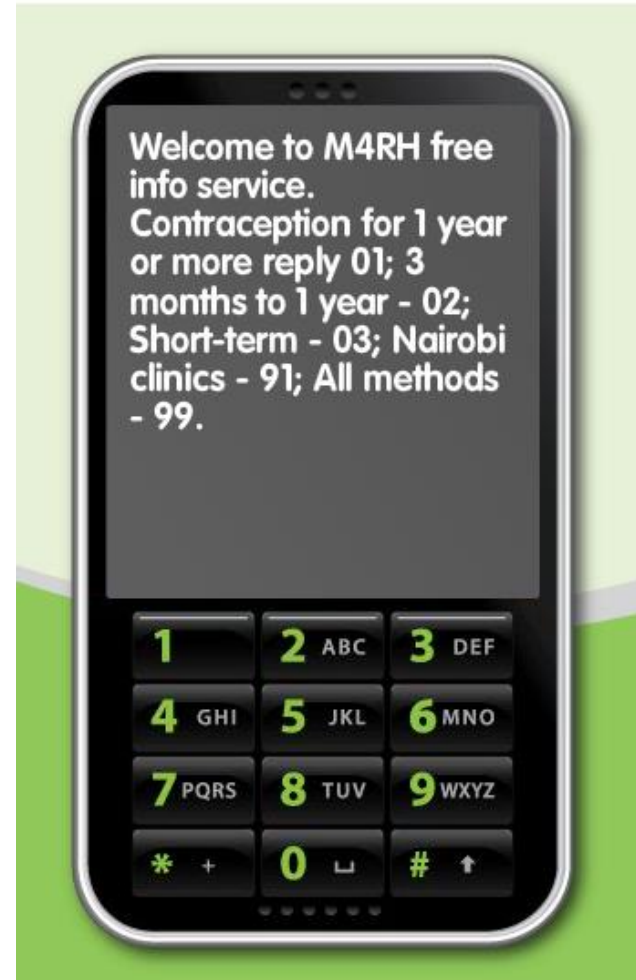
Pamela Riley, Senior mHealth Advisor
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Abt Associates leads the project in collaboration with
Banyan Global
Jhpiego
Marie Stopes International
Monitor Group
O'Hanlon Health Consulting

m4RH overview

- Free user-initiated SMS service on FP methods
 - Users request info, content is not “pushed” to users
- Developed by FHI360, USAID PROGRESS project
 - Based on documented lack of FP information available
- Kenya ~ 75K users
- Content:
 - English only, 9 FP methods and myths, role model stories, clinic locations



SHOPS m4RH research design

Research question:

What is the impact of accessing m4RH service on knowledge and on use of contraceptive methods?

Sample size:

13629 new users

Data collection:

- Surveys conducted via SMS
- Small airtime incentives for completing surveys
- Sample telephone interviews

Randomization: to compare similar populations

Platform randomly assigns new users at point of first contact

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graph TD; A[Platform randomly assigns new users at point of first contact] --> B[Treatment: Access to full m4RH+ for study period]; A --> C[Control: General FP facts only, plus clinic database];
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Treatment:
Access to full m4RH+ for study period

Control:
General FP facts only, plus clinic database

Design challenge #1: Control group considerations

- Considered randomizing by location, and not promoting the service in control areas.
Challenges included:
 - Contamination: m4RH a national service, awareness could leak to control location
 - Recruitment: Identifying control group participants for the study
 - Potential difference in populations: control and treatment locations not completely similar

Decided to randomize by phone number, then block access for control group

- Concerns
 - Would promotional partners agree to block half the target users they are trying to reach?
 - Would IRB consider it ethical to prevent access to advertised health information service?
 - Would control group be so annoyed they would not answer our questions on knowledge and use?

Control group received access to general sexual health content and clinic database

Control group messages

Welcome to m4RH! We are working to improve our service through some research. Thank you for checking in. Full m4RH service will be available in 90 days.

Reply "Clinics" if you would like to locate a family planning clinic near you. Reply "Info" if you would like to get family planning facts.

Sample "Info"

- *"Contraception allows people to attain their desired number of children and determine the spacing of pregnancies. Reply "Continue" for more".*
- *"Pregnancy before age 18 risks health of mum. Bodies are still growing during teenage years. Health experts agree that pregnancy is best after 18. Reply "Continue" for more".*

Design challenge #2: SMS surveys

Pros

- Low cost
 - No training of data collectors, travel, transcription, data entry
- Easily automated, revised
- Convenient for respondents
- Perceived as less intrusive for sensitive questions

Cons

- Only short questions can be asked
- Limited number of questions
- Potential formatting errors
- Potentially low response rates

Conducted pilot with 1300 users, established feasibility

Design challenge #3: IRB requirements for digital survey

- Start with invitation and emphasis on voluntary nature in first text: “*You can still use m4RH if don’t take survey.*”
- Followed by notice language (takes 3 text messages)

The principal investigator for this study is Douglas Johnson who may be reached at douglas_johnson AT abtassoc.com. You may call 0701933565 to speak with a person who can answer further questions about this study. For any questions relating to your rights as a research participant please contact the secretary, KEMRI Ethics Review Committee, PO Box 54840-00200, Nairobi, Telephone numbers: 020-2722541, 0722205901, 0733400003, Email address: erc AT kemri.org Reply SURVEY if willing to take the survey.

- First survey question is age: if not 18 or older, no survey
- If no reply to any question, no further survey Qs sent

Results: SMS survey response rates

- Three batches of questions sent
 - One day, 7 days, 90 days after first m4RH contact
- Incentive of chance to win 1000 ksh
- Response rate of treatment and control groups similar, with fall-off over time

	% started	% finished
Survey 1: 4 Qs	61%	42%
Survey 2: 7 Qs	47%	24%
Survey 3: 7 Qs	24%	17%

- Low correlation between survey rounds

Preliminary findings on m4RH impact

Knowledge

- Statistically significant impact on knowledge
 - m4RH increased scores by 12%
- Sample survey questions
 - When is a woman most likely to get pregnant?
 - How many days after sex is EC pill effective?

Use

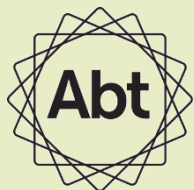
- No impact on use
 - High use (81%) among both control and treatment groups
- Sample survey questions
 - What type of contraception do you or your partner use?
 - Have you visited a clinic to discuss FP in the past month?

Thank you

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www.shopsproject.org



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