Pathfinder
INTERNATIONAL
Sexual and reproductive health
without fear or boundary

Learning from Failure: A Text2Speak Perspective

Ayomipo Edinger,
Program Coordinator for Digital Health

@ayoedinger
@pathfinderintl

PRESENTATION OUTLINE

- A Personal Story

- A Typical Day at a Nigerian Rural Clinic

- What Can Be Done About Poor Services

- The Text2Speak Solution

- The Text2Speak Results

- Program Challenges

- What We Did Right

- What We Could Have Done Better

LETS START WITH A PERSONAL STORY...

My wife waiting to be attended to at the doctor's office...

We were dissatisfied with the services and have not returned to that particular clinic
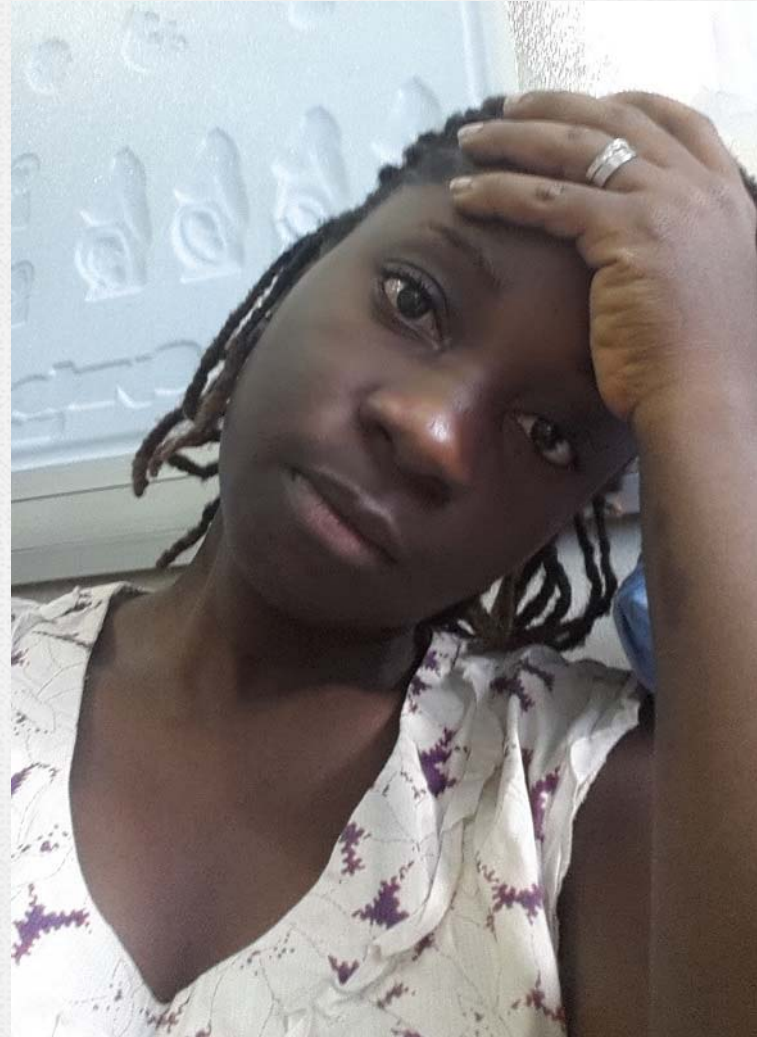
A TYPICAL DAY AT A RURAL PHC…

No smiling faces

WHAT CAN BE DONE ABOUT POOR SERVICES

The Problem

- Rural communities under-use basic health services
- Patient satisfaction is an important health outcome to consider
- How can we evaluate patient satisfaction?

The Solution

- Accountability structures (culture + mechanism)
- Community participation (citizen-driven improvements)
- Technology platform (ubiquitous, low-cost means)

THE TEXT2SPEAK SOLUTION

- A free, easy-to-use SMS platform to collect patient feedback

- A web dashboard to analyze feedback results for actionable evidence

- An Making All Voices Count (MAVC) initiative funded by Hivos

- Project duration: Oct. 2014 – Sept. 2016
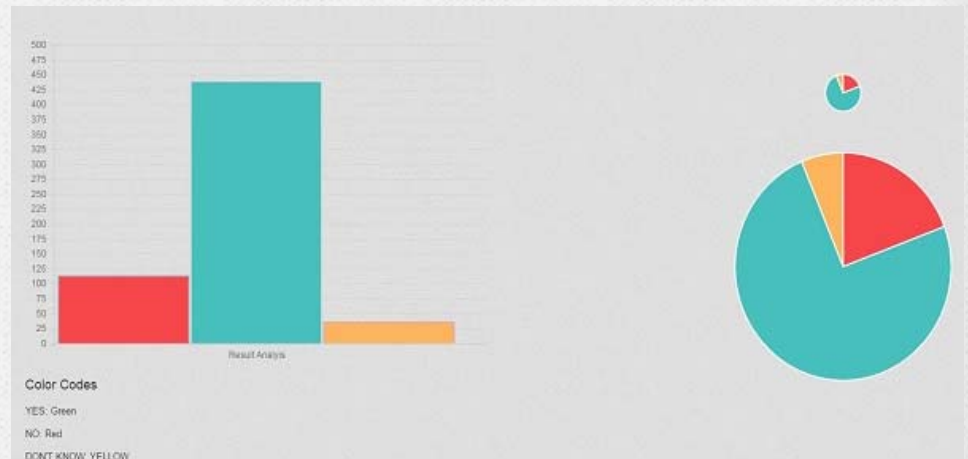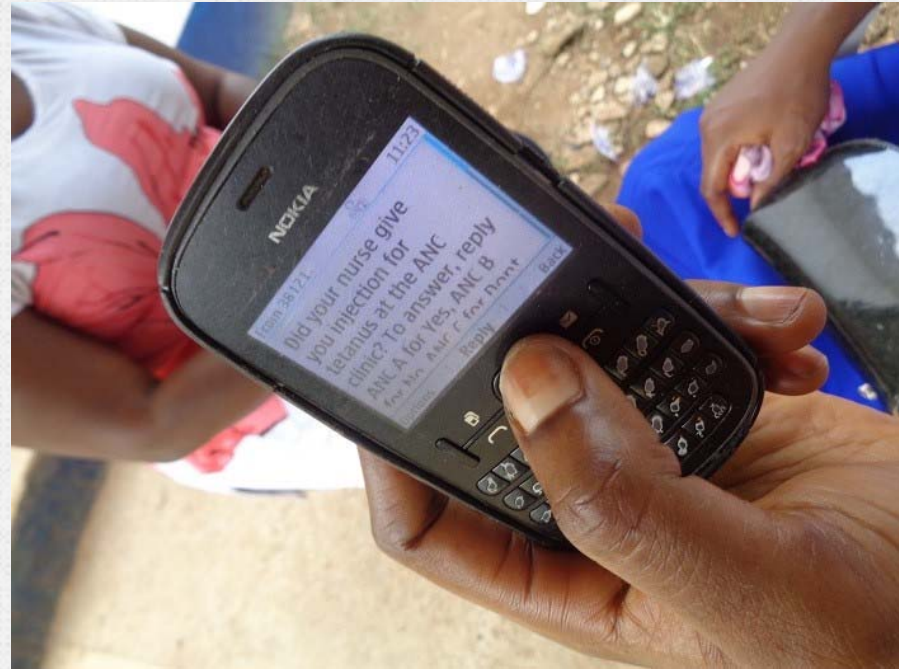
THE TEXT2SPEAK RESULTS

- **2,889** clients received the SMS survey
- **556** clients responded (19% response rate)
- Text2Speak was unable to
  - get people to use the SMS system
  - generate actionable evidence for service improvement
  - conduct advocacy with policy makers

PROGRAM CHALLENGES

- External challenges
  - Winding down of the government's SURE-P program which Text2Speak was leveraging upon

- Internal challenges
  - Inadequate program design
  - Bureaucratic delays in adapting to changes during implementation

WHAT WE DID RIGHT

– Assess and Adapt

- However, despite several uncertainties which delayed Text2Speak implementation, Pathfinder was constantly assessing the situation and re-strategizing

- We adapted the original program design from leveraging on mCCT payouts to leveraging on the m4change program

- We worked with vas2net to quickly develop a 2-way SMS platform after several months of delay

- We proposed and implemented recharge card incentives to boost response rate of clients

- We proposed switching from SMS to IVR surveys using VOTO mobile platform

WHAT WE COULD HAVE DONE BETTER

- Principles of Digital Development #2
  - **Designing with the User**
    - Were relevant stakeholders consulted during design phase?
    - Are **health workers** willing committed to service improvement?
    - Are **policy makers** committed to service improvement?
    - Are **clients** interested in service improvement?

WHAT WE COULD HAVE DONE BETTER

- Principles of Digital Development
  - **Understanding the existing Eco-system**
    - Is SMS the appropriate technology?
    - Are survey questions priority to relevant stakeholders?
    - Willingness of clients to share pregnancy information?
    - Do we need to sensitize clients to participate?
    - Do we need to incentivize participation?
    - Is there a culture of accountability already?

WHAT WE COULD HAVE DONE BETTER

- Make lots of noise to create awareness and promote adoption of Text2Speak in target communities

Thank You

Pathfinder
INTERNATIONAL
Sexual and reproductive health
without fear or boundary

twitter.com/PathfinderInt

facebook.com/PathfinderInternational

Youtube/user/PathfinderInt