Evaluating the Impact of Mobiles for Reproductive Health (m4RH)

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Evidence gaps in mhealth

- Based in low/middle income countries
- Use experimental design
  - Non-biased comparison groups
- Grounded in theory
- Sufficiently powered sample sizes
- Focus on health outcomes, not service reach and use
- Address cost effectiveness
- Peer-reviewed publication

Sources: Free. C. et al (2013); Philbrick, W. (2013); Deglise, C. et al (2012)

SHOPS Evaluation of m4RH: Context

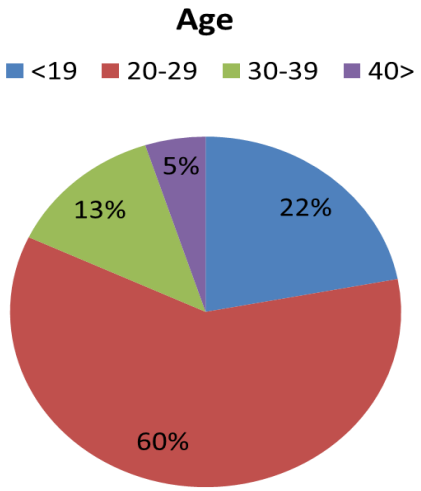
PROGRESS project/FHI360 conducted extensive formative and operations research to develop m4RH

Documented lack of information about methods

Positive early concept testing

"Easy to access message on phone, put advice into practice, cannot be misled any more it's good." (Male, 19, Bungoma Kenya)

Detailed analysis of m4RH users and use



USAID best practices: independent impact evaluation

Overview m4RH

Initiation:
USAID/PROGRESS
Research pilot
FHI360 implementer

System:
Interactive ping-pong
Opt-in

Countries:
Kenya
Tanzania
Rwanda

Kenya Partners:
Text to Change
FHOK, MIS, PSI
DRH

Current m4RH Content

Sample message for **INJECTION:**

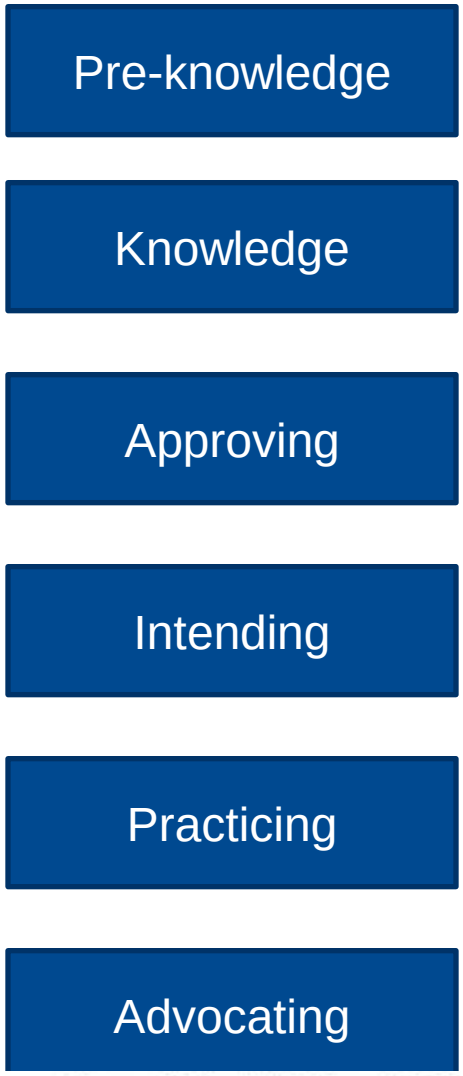
Injection in arm or hip, like Depo. Effective for 1-3 months. Get on time, return even if late. Irregular or no monthly bleeding not harmful. May gain weight. For married and singles. After stopping may take a few months to get pregnant. No infertility or pregnancy loss. Private.

Clinic database:

Expanded m4RH+ Content

- m4R+ includes more content
  - Benefits, myths, misconceptions, side effect management
- “Role model” stories
  - From someone ‘just like me,’ to address cultural norms
- Timed reminders tied to methods
  - “Tomorrow is your refill appointment”
- Weekly supportive messages

Theory: m4RH addresses stages of behavior change



Outreach partners promote the service to raise awareness of the resource

m4RH users absorb new information and positive messages about contraception

Motivating m4RH users to move from intention to contraceptive use, or change to more effective method

Piotrow, PT, Kincaid, DL, Rimon, JG & Rinehart, W. (1997). *Health communication: Lessons from family planning and reproductive health*. Westport, CT: Praeger Publishers.

SHOPS m4RH overview research design

Research question:

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

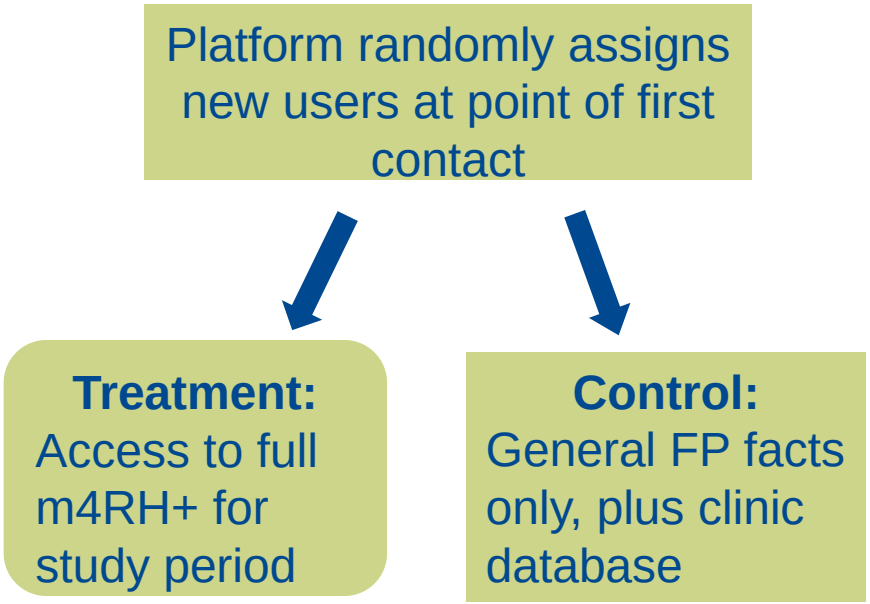
Sample size:

~8500 new users

Data collection:

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

Randomization: to compare similar populations



Isolating impact

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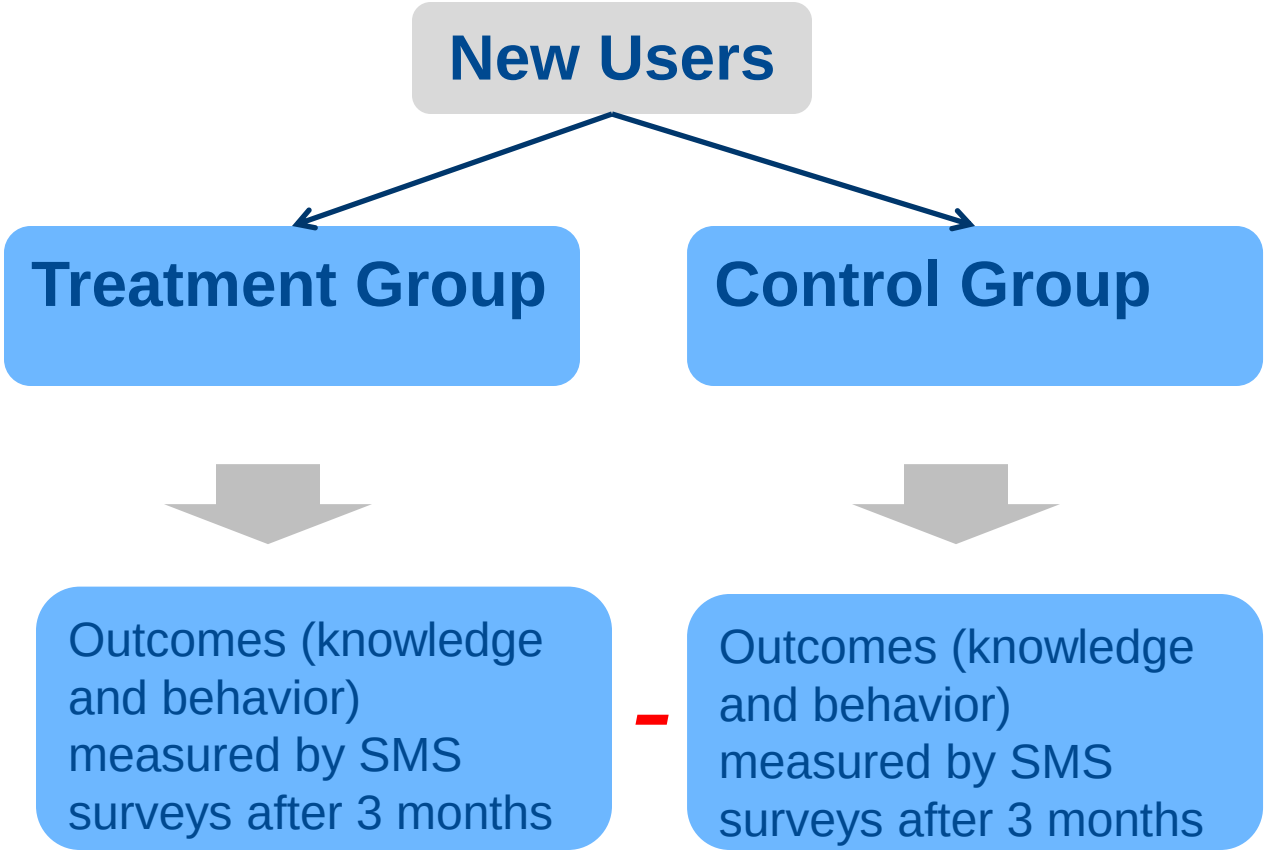

Timeline

- Timeline depends upon sample recruitment period
  - Surveys (5 questions each) will be sent upon service access, one week later, 90 days later
  - Estimate 2-6 months to recruit full sample, depending upon success of planned promotions

m4Rh Impact Evaluation Timeline		
Feb- Apr 2013 PLANNING	**Apr-Dec 2013 RECRUITMENT + DATA COLLECTION**	**Jan – June 2014 ANALYSIS**
Planning Programming Pretesting	Recruitment ends when 8500 new users access service; revert to program platform	Analysis Dissemination

Challenges/Limitations

- **Isolating the effects of m4RH**:
  - Will differences attributable to m4RH be detectable in a “noisy” communications environment? Is 4 percentage points difference in contraceptive use realistic in 90 days?
- **Acquiring the sample size**:
  - What if too few access the service, or respond to the SMS surveys? What if promotions attract too many users, and costs of serving participants sky-rocket?
- **Lack of cost effectiveness data**:
  - Not part of evaluation design. If impact is detected, how do costs compare to other evidence-based interventions? What costs should be included?
- **Who is impacted:**
  - Sample size does not permit analysis of difference among m4RH users: e.g. rural versus urban, ever used versus never used contraception, how heard about m4RH