


Integrated SBCC Programs: Key Challenges and Promising Strategies

**New horizons in data collection for integrated SBC Programs.
Experience from Ghana and Malawi.**



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Overview of presentation

- Traditional data collection and new applications and approaches
- What is IVR and does it work? What is the cost?
- Ghana and Malawi--the experiment: Can we use a new approach to collect data?
- What did we learn?

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Traditional data collection approaches



Household surveys. (Going door-to-door)



Focus Groups, Sentential surveys, LQAS



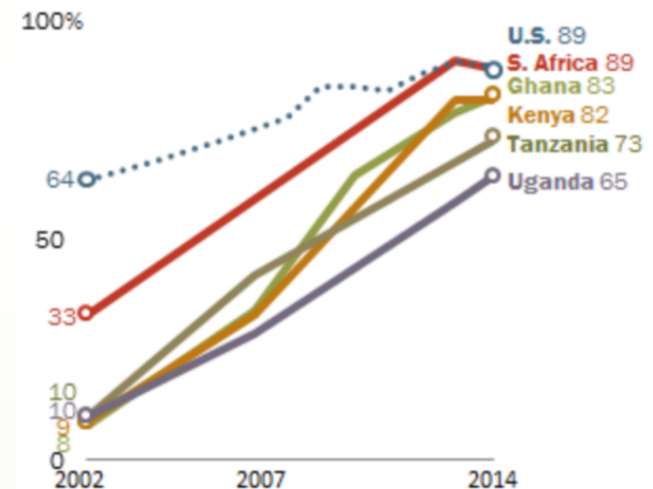
Participatory engagement and interviews

New technology gives us new horizons

- Rise of mobile phones
- Access increases
- Cell air time cheaper
- Local organizations and companies embrace new technology. Voto Mobile, HNI and others

Cell Phone Ownership Surges in Africa

Adults who own a cell phone



Note: U.S. data from Pew Research Center surveys.

Source: Spring 2014 Global Attitudes survey. Q68.

PEW RESEARCH CENTER

Graphics: Why? How? Africans have cell phones (Courtesy: Image)



Why don't we try something different

➤ Traditional data collection

- Costly and lengthy
- Logistically challenging
- Data quality
- Equipment dependent (tablets and computers)
- Data interpretation in a few months

➤ Interactive Voice Response

- It's NOT SMS
- Random Digit Dialing
- Humans—Not required to execute the survey
- Automated and self implementing.
- Results in real time



Experimenting in Ghana and Malawi

- **Communicate for Health (Ghana)**
- 5 year \$18 Million Integrated SBCC program
- Single integrated communication platform for Malaria, FP, Nutrition, SRH, WASH, and MNCH

- **Health Communication for Life (Malawi)**
- 5 year \$24.7 Million Integrated SBCC program
- Single integrated communication platform for Malaria, FP, HIV, SRH, WASH, MNCH, Nutrition, Food Safety, Aflatoxins, and the human cost of mis-use of government resources.

Why did we conduct mobile phone-based data collection in Ghana and Malawi?

- Projects not resourced to conduct face-to-face household data collection
- Decision reached to try a new approach to data collection using mobile phones
- Why not! Experimentation!

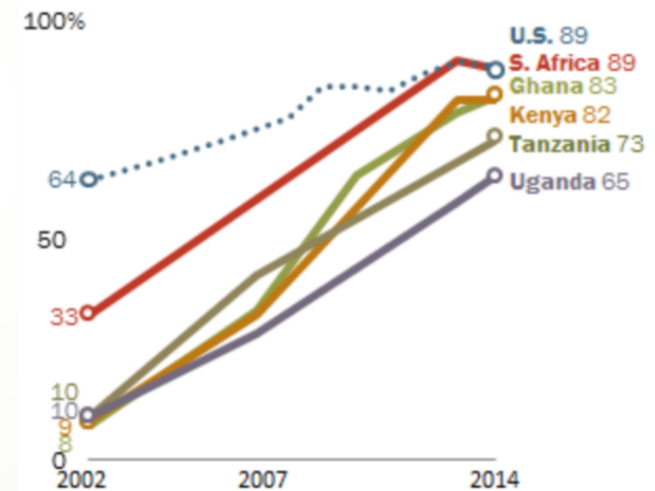


Ghana Mobile Phone Environment

- Ghana is an early and high-adopter of mobile phone health services
- Eight in ten households own a mobile phone
- Mobile phone penetration in Ghana compares favorably to other African countries
- Ghana has one of the most vibrant mobile phone markets in Africa

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Malawi Mobile Phone Environment

- Malawi is trying to be adopter of mobile phone health services
- 4 in 10 households has access own a mobile phone
- Mobile phone penetration is growing at 30-40% rate per year and more mobile phone providers are expanding services and reach
- Malawi is lagging behind others but it is growing



Objectives of Mobile Phone Surveys

Longitudinal Data Collection

- Assess exposure to health communication messages among Life Stage audiences
- Assess trends in behavioral determinants and health behaviors
- Evaluate impact of *GoodLife* (Ghana) and *Moyo ndi Mpamba* (Malawi) campaigns and message exposure on interpersonal communication, information seeking, gender norms, and behaviors

Ongoing Process Evaluation

- Assess benefits and limitations of mobile phone M&E

Methods

- ▶ Mobile phone interactive voice response (IVR) and Random Digit Dial (RDD) used
- ▶ Conducted a national cross sectional and longitudinal survey with national audiences in Ghana and Malawi





Interactive Voice Response (IVR)

- ▶ Survey questions were read in a pre-recorded voice and in a choice of different languages, to respondents
- ▶ Participants answered questions through key pad presses on their mobile phones
- ▶ A question could be repeated by pressing “0” and respondents could call back at their convenience to complete the interview
- ▶ All respondents 18 years and above were asked a standard set of demographic, media exposure and use questions (**National Sample**)



The tale of two National level IRV surveys

Ghana

- ▶ Quotas set to ensure even demographic distribution of audiences in Ghana
- ▶ 1,036,784 call made
- ▶ Achieved 13, 016 for the National Sample

Malawi

- ▶ Quotas set to ensure even distribution across sex and heads of households and non heads.
- ▶ Calls made 900,000+
- ▶ Target sample size of 2000
- ▶ Used RDD with to get a random sample of mobile phone users
- ▶ To measure audiences knowledge, attitudes and practices on food safety/aflatoxins and perceptions of mis-use of government resources



Fielding the Survey in Ghana

- Baseline survey conducted from 17 February to 15 March 2017
- Calls were made between 8am-8pm; No dialing during heavy call volume times in Ghana

National sample

- Respondents were asked a minimum of 16 questions and a maximum of 19 questions (Average time for completion = 7.18 minutes)

Results: Response Rates

AAPOR Response Rates*	National Sample (n=13,016)
Response Rate 4 (completed interviews, out of estimated eligible respondents)	31.3
Cooperation Rate 2/4 (completed interviews, out of known eligible respondents)	81.3
Refusal Rate 2 (respondents who refused or terminated interview, out of estimated eligible respondents)	7.2
Contact Rate 2 (an eligible respondent was reached)	38.5

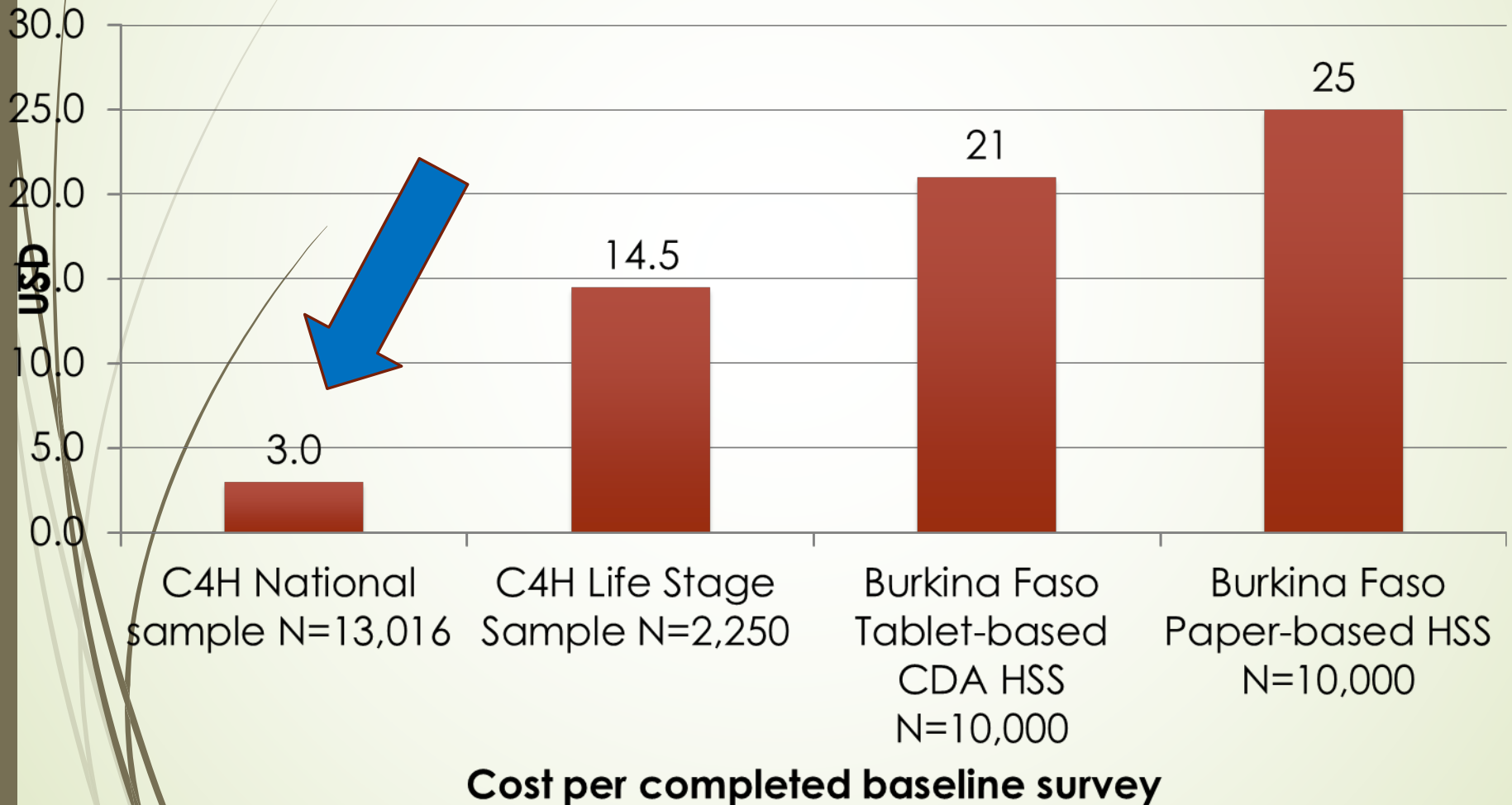
*American Association of Public Opinion Research guidelines were followed for calculating response rates

Can we gather data that is comparable to other surveys?

Indicator/Question	C4H 2017 (18+ years)		Ghana DHS 2014 (15-49 years)		Difference between C4H and GSS
	N	%	N	%	
Exposure to health messages					
Malaria prevention	9,691	72.6	11,835	93.2	-20.6
Slept under an insecticide-treated net (ITN) last night					
Children under 5	4,577	54.3	5,801	46.6	7.7
Pregnant women	178	39.0	654	43.3	-4.3
Household members	9,527	34.0	40,337	35.7	-1.7

Cost of Survey

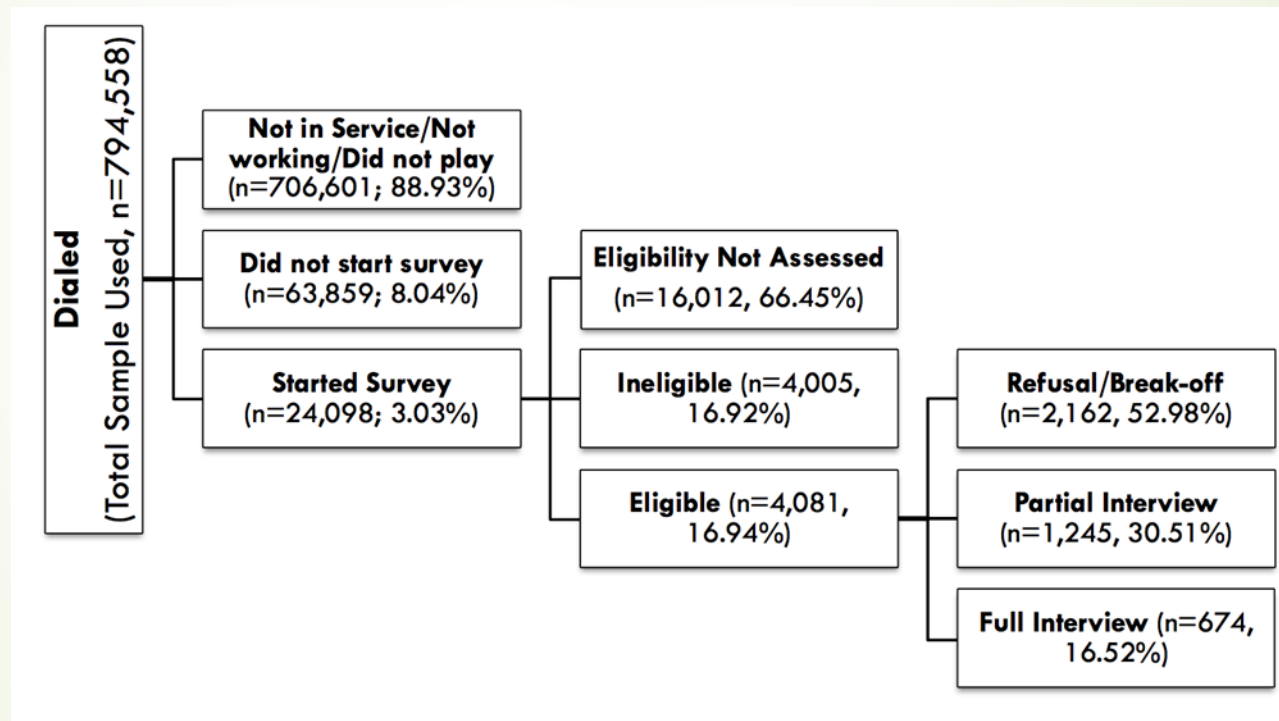
Total Budget for C4H's study: USD 54,000



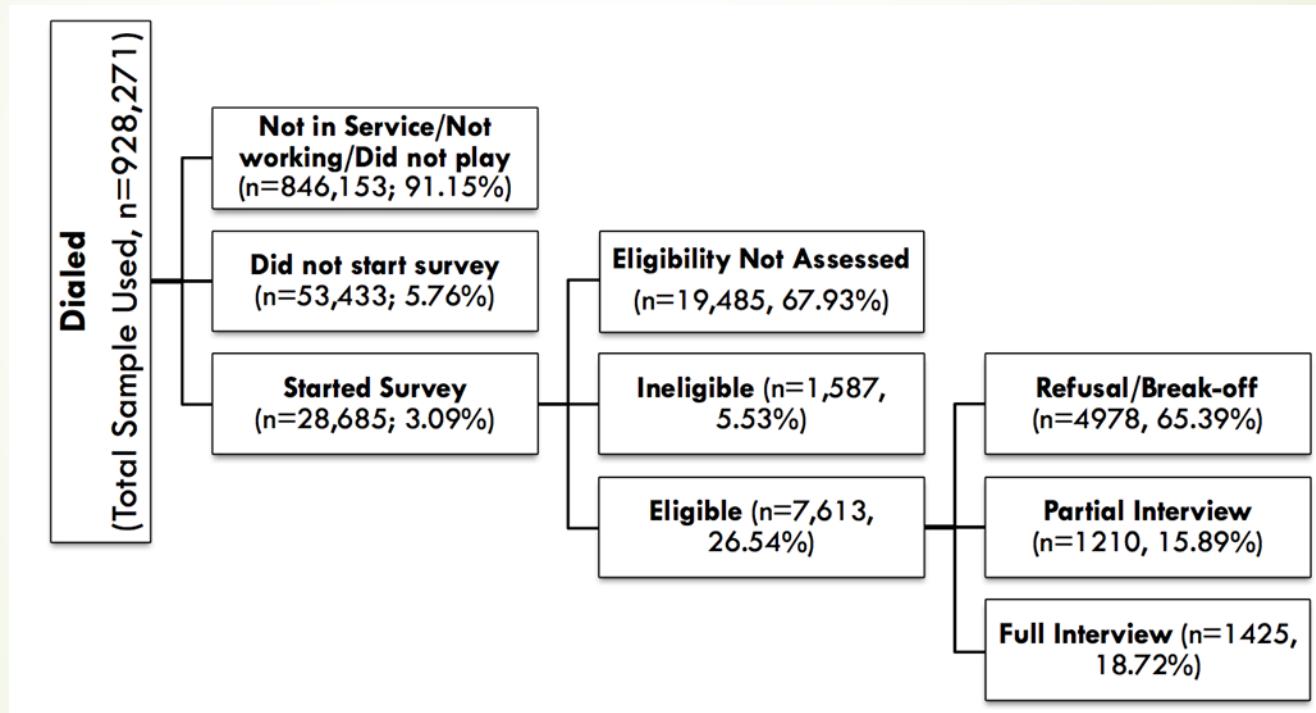
Let's Look at Malawi's IVR Surveys

Description	Food Safety KAP Survey	Government Resources KAP Survey	World Bank (Call center-based survey)
Number of calls made	794,558	928,271	1,504
Dates calls made	July 21-27	July 21-25	August 14
Time calls made	8am-6pm	8am-9pm	Information not provided
Number of questions asked	98	43	42
Average time of survey completion	106 minutes	91.68 minutes	30 minutes
Response rates	5.54%	6%	Information not provided
Cooperation rates	16.52%	18.72%	Information not provided
Cost per survey completed	\$42.37	\$25.50	\$8.80

Breaking down the numbers: IVR Food Safety and Aflatoxins



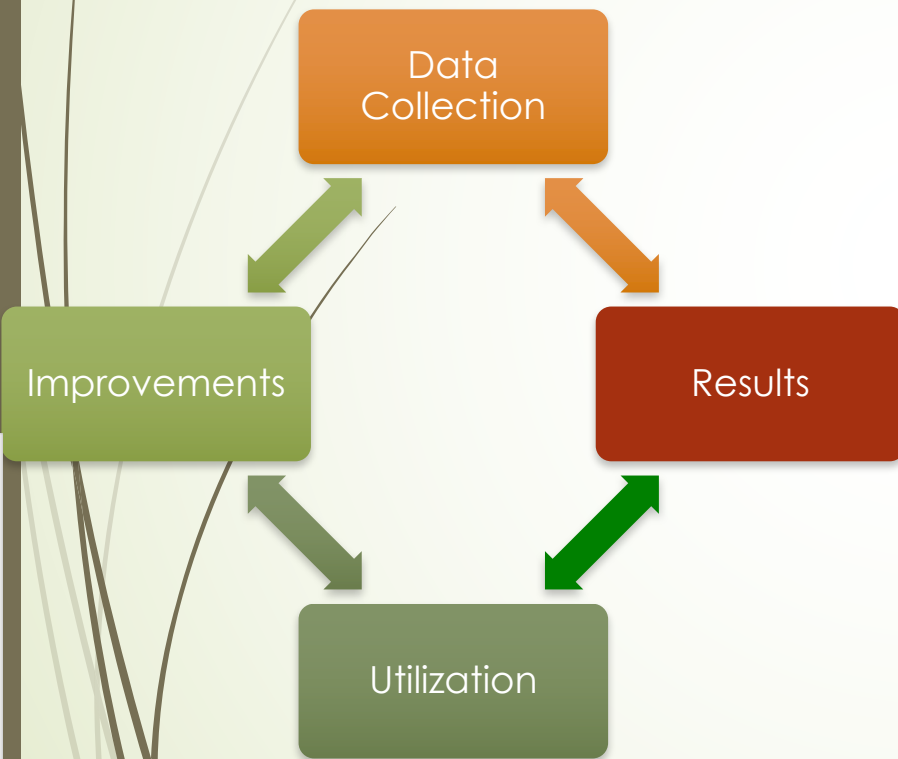
Breaking down the numbers: Malawi Governance Survey



Difference Between IVR/RDD and Household Surveys

Variable	IVR/RDD Survey	Household Survey
Data collection	Mobile Phone	Door-to-door
Time	Quick to carry out	Time consuming
Resources	Less resources intensive	Resource intensive
Representativeness	Coverage bias (more males, young, urban, and educated). Representativeness increases with high mobile phone penetration	High (DHS over sample females)
Survey length	Short to medium length, 16-50 questions	Longer
Response Rate	Lower (31% for national sample and 9.3% for Life Stage sample)	Higher
Cost	Lower	Higher

Benefits of Mobile Phone Data Collection/Surveys-1



- Real-time data collection reduces lag time between data collection and data utilization to improve content and programming
- Supports small, quick pilot or A/B tests
- Supports frequent data collection
- Quickly informs decision makers and scale-up plan
- Mobile phones provide **access** to harder-to-reach populations
- Virtual data collection means **fewer resources** needed and lower cost per completed survey



Limitations of Mobile Phone Surveys

- ▶ Not everyone has mobile phone access so coverage and non-response bias may be substantial
 - ▶ Coverage refers to how well the sample matches the larger population
 - ▶ Non response refers to non-working numbers, calls not answered, refusals, language and literacy concerns
- ▶ Measurement errors may result
 - ▶ Measurement error refers to how data quality might be impacted by poor understanding or response to questions
 - ▶ Caused by language or literacy challenges, short questions, lack of interviewer present, limited best practices documented for IVR, etc.

What will we do differently going forward?

- Alternative recruitment methods for hard to reach demographic groups needed
- Redial people who hang up at introduction message to increase start up rates
- Reduce the number of survey questions
- Conduct A/B tests to provide insights on effects of communicating incentives early in the survey



Conclusions

- IVR is an alternative or supplemental data collection method
- The methodology is suitable for reaching populations with high access to mobile phones
- Real time data available for immediate program use



Thank You

