HEALTH
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Smart Client and Smart Couple: Digital Health Tools to Empower Women and Couples for Family Planning

PART 4: ADAPTATION GUIDE

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USAID
FROM THE AMERICAN PEOPLE

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Cover photo: Responding to SMS on mobile phone. © 2017, Caitlin Loehr, all rights reserved.

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ACRONYMS

FP	Family Planning
HC3	Health Communication Capacity Collaborative
IVR	Interactive Voice Response
SBCC	Social and Behavior Change Communication
SMS	Short Messaging System
USAID	United States Agency for International Development

INTRODUCTION

The *Smart Client* and *Smart Couple* digital health tools are designed to inform, empower and promote “smart clients” and “smart couples” by reaching them directly through mobile technology.

This guide is **Part Four** of a four-part document. Part One provides the background for the tools, vision and objectives; details about the audience and behavioral objectives; and information about key aspects about the tools. Part Two is the *Smart Client* characters, scripts and short message service (SMS) reminders. Part Three is the *Smart Couple* characters, scripts and SMS challenges.

The purpose of this guide is to share insights with those interested in adapting *Smart Client* or *Smart Couple* in another setting, either using the content as is or making modifications. The adaptation recommendations shared here are based on our experiences developing and testing the tools in Nigeria and Cote d’Ivoire (for more details, please refer to [https://healthcommcapacity.org/technical-areas/family-planning/smart-client-smart-couples/]).

CHECKLIST FOR ADAPTING SMART CLIENT/COUPLE

The following list of questions is intended to help you think through the process of using or adapting the *Smart Client/Couple* tool(s) for your program.

IS SMART CLIENT/COUPLE RIGHT FOR MY PROGRAM?

The *Smart Client/Couple* digital health tools are designed to be used and promoted by a broader family planning program, as an “add-on” component to generate demand for family planning services. Your existing activities and resources may be in need of additional client-focused support through direct contact with potential clients. In addition to the *Smart Client/Couple* content, you may want to link users to additional information about family planning methods and where users can receive services.

WHAT TECHNOLOGY IS NEEDED TO USE THESE TOOLS?

The *Smart Client/Couple* tools capitalize upon a technology that has become ubiquitous in the past decade. It seems that mobile phones are in every person’s pocket now; however, many people still face many challenges and barriers when it comes to using a mobile phone. Some of these challenges and barriers include:

- Phone ownership/upkeep – phones can be easily lost or damaged, and sharing phones is a common practice
- Lack of electricity can prevent keeping phone charged
- Need to pay for airtime to make calls and send SMS messages

Smart Client/Couple is designed to be delivered to mobile phones with interactive voice response (IVR) technology and supporting SMS. IVR is an automated telephone information system that delivers audio recordings to the caller with a combination of fixed voice menus and allows data to be collected in real time. The caller responds by pressing numeric digits on the keypad of their phone. IVR is used because it is accessible regardless of the type of phone, carrier or internet connection, and it can serve audiences who speak different languages.

IVR has a wide appeal since users listen to the content and this does not require a high literacy level. IVR is best for users who are comfortable using their phone and in particular using the numeric keypad. How long users are willing to listen varies. However, during our testing users listened for an average of about four to six minutes per call, and HC3 would recommend not exceeding that time to keep users engaged.

SMS reminders and challenges serve to remind users about the key message from the previous call and/or urge users to take action based on what they heard. SMS is best when the users have the literacy level required to read the messages in the language provided. Double check which language your audience prefers for SMS, since the language people read may be different from the language they speak. If literacy is an issue, the SMS messages could be delivered as short voice calls as well.

HOW DO WE IDENTIFY AN IVR PLATFORM TO USE?

Numerous technology platforms are available for use by health programs that can be easily developed, with no special skills in coding or mobile technology needed. These platforms offer different types of messaging (such as SMS and IVR), functionality, cost structures and user-friendly design. Many of these platforms will also do all the necessary work to establish partnerships with local mobile operators, if none already exist, and can also provide other services, such as assistance with user testing. A summary of available mobile messaging platforms can be accessed at:
http://www.mhealthknowledge.org/sites/default/files/Mobile Messaging Tech Platforms _0.pdf

One main factor to consider is whether the platform has an existing relationship with the local Mobile Network Operator(s) in the country where you will be launching the tool(s). Having this partnership can keep the costs of airtime and SMS lower, and simplifies the set-up of the platform, making it possible to manage and operate the platform entirely virtually. Based on your monitoring and research needs you may also want to consider the built-in dashboards and platform capabilities for exporting data.

CAN THE CONTENT BE USED ‘AS IS’ OR DO WE NEED TO ADAPT OR DEVELOP NEW CONTENT?

The first step to answering this question is to review the tool messages to ensure they are consistent with your program’s messages being delivered through other channels. Perhaps you may need to add, change or remove some of the messages to keep it consistent.

Next, you should review the full content to ensure the storylines are relevant and appropriate. At this stage you should consider what, if anything, needs to be adapted to the local cultural context. This may mean you need to adjust terminology (e.g., family planning or child birth spacing), names (e.g., David or Daouda), cultural nuances (e.g., level of education of characters), and/or the level of language (e.g., simplified and conversational or more formal).

WHAT DOES THE INTENDED AUDIENCE THINK OF THE CONTENT?

The content has been pretested with audiences in Nigeria and Cote d’Ivoire, and they found it to be engaging, pertinent and useful in their daily lives. It is important to pretest with your audience to ensure the content is appropriate, relevant, interesting and meaningful. This can be done in focus group discussions and/or in-depth interviews.

Your audience may have suggestions for changing, adding, rearranging or removing content from the tool, all of which are absolutely possible. You may want to conduct A/B testing with a prototype of the tool, where you develop two different versions of the content and test each version with a separate group. This way, a sample of your audience experiences using the full tool on their phone and also provides feedback on the experience and the content. Feedback can be collected by the platform and could also be gathered through in-depth interviews.

HOW SHOULD WE DELIVER THE CONTENT TO OUR INTENDED AUDIENCE?

You have many different options and variables related to delivery that need to be considered before you send out any calls. Before programming anything, you may want to think about the number of calls. The tool was designed with 17 calls, but testing revealed that 17 may be too many since it can take a few weeks or months (depending on the frequency) to complete the series. At the same time, it is not recommended to combine content to cut back on the number of calls since the length of the calls is another important consideration. As previously mentioned, users in our tests listened for to the calls for an average of four to six minutes. However, some of our calls were almost 20 minutes long, depending on the selections made by the user.

To keep your audience engaged, you may want to package the calls differently than offering all of the segments in each call – perhaps you could have one call with the drama and another call with the other segments, or at the outset allow users to select what type of content they want to receive and they just hear that one segment (plus the introduction and conclusion) for each call.

Once you are ready to program the calls on the platform, it is necessary to think about the frequency of the calls. Providing too much content too quickly means that users have less time to process and/or practice what they are learning, but you also do not want to space out the calls too much so that it takes a very long amount of time to finish the series. In addition, you want to send out the calls at a convenient time of day for your audience. HC3's testing revealed that most participants preferred receiving the calls two to three times per week and they especially liked receiving the calls on the weekends since they typically had more free time on the weekend.

HOW DO WE KNOW IF IT IS WORKING?

With the built-in dashboards and real-time analytics available through most platforms, it is easy to monitor the functionality of the platform to make sure that calls and SMS messages are going out and that flashing/call-backs are working (if you offer this function). It is also easy to monitor listening patterns which may help you quickly identify if users are dropping off of calls quickly or not even picking up the call at all.

To evaluate the tools, including measuring changes in users' knowledge and tracking changes in behaviors, it is possible to build questions into calls and then have real-time access to the response data. However, it is important to remember that if these questions are asked late in a call and users stop listening early on, you will not get responses from as many users. For this same reason, creating shorter phone-based surveys will yield higher completion rates.

In addition to monitoring and evaluating against indicators, it is valuable to gather feedback from users on what works, what they like about the tool, what issues they are having, suggestions for improvement and more. This can be gathered through questions built in to the tool or through interviews with users. HC3 suggests collecting this input at the mid-point, rather than waiting until the end, so you can make adjustments if needed.

RESOURCES

Additional resources include:

Smart Client and Smart Couple: Digital Health Tools to Empower Women and Couples for Family Planning
Part 1: Background and Description [https://healthcommcapacity.org/smartclientpart1]
Part 2: Smart Client Scripts: Characters, Scripts, and SMS
[http://healthcommcapacity.org/smartclientpart2]
  - English, French, Hausa, Yoruba, Pidgin

Part 3: Smart Couple Scripts: Characters, Scripts, and SMS
[http://healthcommcapacity.org/smartclientpart3]
  - English, Hausa, Yoruba, Pidgin

- Audio Files: Audio files are available for each tool in the following languages. Go to [https://healthcommcapacity.org/technical-areas/family-planning/smart-client-smart-couples/] to request the files and they will be sent to you to use.
  - Smart Client Audio Recordings: English, French, Hausa, Yoruba, Pidgin
  - Smart Couple Audio Recordings: English, Hausa, Yoruba, Pidgin

Smart Client/ Couple Research Reports
Smart Client User Study Report [http://healthcommcapacity.org/smartclientdigitalhealth]
Smart Couple User Study Report [http://healthcommcapacity.org/smartcoupledigitalhealth]