

Mobile 4 Reproductive Health (m4RH)

Brief Overview

Family planning is an area where mobile phones provide enormous potential to increase and broaden the reach of health messaging. In Tanzania, only 27 percent of women of reproductive age use family planning and the fertility rate remains high at 5.4 births per woman, demonstrating that numerous obstacles prevent women and men from seeking and using contraception. Disseminating family planning information via mobile phones has promise because characteristics of mobile phones such as privacy, portability and ubiquity may overcome some of these barriers.

Mobile 4 Reproductive Health (m4RH) is an opt-in SMS-based health communication program through which users can access information about nine family planning (FP) methods. m4RH was developed in 2009 by FHI 360 and its partners, and is funded by USAID through the PROGRESS (Program Research for Strengthening Services) project.



m4RH was piloted in Kenya and Tanzania from 2010-2011 as part of a research study aimed at determining the feasibility of providing FP information via text message, the reach of this communication channel, and suggested impact on FP use. It remains operational in Kenya and Tanzania now.

■ Geographic Coverage:

Kenya and Tanzania

■ Implementation Partners:

Kenya: The m4RH project in Kenya is led by FHI360 in partnership with Text to Change, Family Health Options Kenya (FHOK), Marie Stopes Kenya (MSK), Population Services International (PSI), and The Ministry of Public Health and Sanitation of Kenya

Tanzania: The m4RH project in Tanzania is led by FHI360 in partnership with Marie Stopes, PSI, Pathfinder, FHI 360 ROADS Project, Die Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), FHI 360 Ishi project, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), and the Ministry of Health and Social Welfare of Tanzania

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About m4RH

The m4RH service provides automated information to opt-in users on nine different long-acting, short-acting and coitally dependent family planning methods. The messages address side effects, method effectiveness, duration of use, and ability to return to fertility.

The m4RH messages were developed using evidence-based content, including the WHO family planning handbook for providers, and crafted specifically for SMS use, staying within the 160 character limit. Each message was designed and tested to ensure user comprehension.

Users access the m4RH program by “opting in” or sending a text message containing the keyword “m4RH” to a short code. The structure is menu-driven and allows the option to choose which type of family planning method information the user desires.

The service also provides a database of local clinics, searchable by province (Kenya) or ward (Tanzania). m4RH users are able to search for a local clinic by simply texting the first three letters of their province or district to the m4RH system. After the user responds with the province or district code, the user receives an SMS listing of all clinics in the queried location.

The platform uses a “ping-pong” system through which the user sends a code, receives a response, sends another code, and receives another response, meaning that users only receive messages as they request them. The architecture can also be used to develop, test, and address other FP issues (reminders, refills).

Evaluation and Results

Within the first four months of implementation, the m4RH service received over 2,000 hits. Contraceptive methods that users inquired about were logged by the mobile phone system. Text questions assessing gender, age, promotion point, and potential family planning impact were sent to each user. During the pilot period, 2,870 and 4,817 unique users accessed the m4RH system in Tanzania and Kenya, respectively. Slightly more than half of the users who reported their gender were female (56% in Tanzania and 61% in Kenya), and men represented a substantial proportion of

respondents. Users were well represented across all age groups, with the majority of users 29 years of age and younger. In Tanzania, the most popular contraceptive method queried was natural family planning, followed by emergency contraception. In Kenya, condoms and natural family planning were most popular.

Lessons Learned

- m4RH can reach a broader audience than traditional family planning services, including young people and men. Therefore programs can better meet the needs of specific target populations.
- The process used to develop FP messages can be replicated for new content (HIV, maternal/child health, tuberculosis).
- Managing an opt-in information service like m4RH involves ongoing liaising with the technical partner (software developer/IT specialist) and maintaining relationships with government ministries and partners.
- After incurring start-up costs, projects like m4RH need to plan for maintenance. In order to sustain a project such as m4RH, resources are required for ongoing leasing of the short code, offering free text messages and promoting the service to new users. In addition management costs need to cover such issues as updating content and coordinating with partners.

Conclusion

The program demonstrates that family planning information can feasibly be delivered via mobile phone. Use of mobile phones to disseminate family planning information helps reach many different population segments, including young people and men, and has the potential to impact contraception and condom use behavior.

Information was excerpted from:

http://www.fhi360.org/en/Research/Projects/Progress/GTL/mobile_tech.htm

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L'Engle, Kelly L., et al. "Evaluating feasibility, reach and potential impact of a text message family planning information service in Tanzania." *Contraception* (2012).