Partnerships to create and enable innovative solutions to demand creation

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Problem statement/baseline

- Traditional demand creation efforts in SA reached a plateau
  - new and innovative strategies were needed

- Transition of age pivot from a younger age group to older males meant that age appropriate strategies were required for demand creation.

- Demand creation efforts across the various partners currently take place in silos with very little knowledge sharing and almost no data sharing.

- Need to come up with innovations that could be easily scaled and replicated across partners.

- Need to extract maximum value add from private sector for large scale media campaign

- Supplemental funding was supplied by CDC along with a mandate to innovate in order to address the issue of declining uptake in VMMC.

Overview

SACTWU Worker Health Programme (SWHP) partnered with private sector companies between October and December 2016 with the aim of increasing uptake of VMMC among males 15 – 35 years

1. Behaviour Change Agency
   – behavioural science expertise
   using evidence based insights to create
   innovative strategies and tools to drive circumcisions

2. Media partners
   - eTV and eNCA
   - harnessing the power of national TV to advertise availability of
     free VMMC
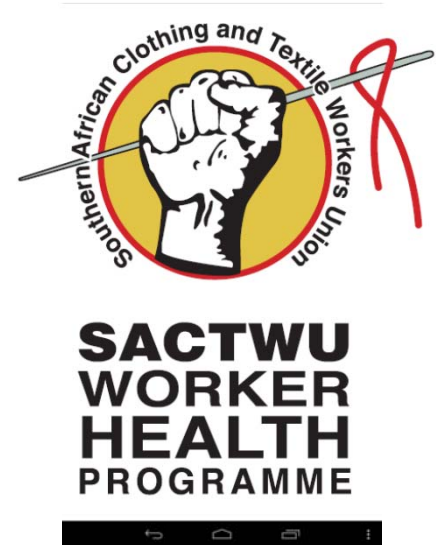
Learning opportunity

- How to combine behavioural science insights and technology to create innovative, user-friendly and effective strategies for demand creation.

Activity/intervention

- Mandate to create innovative strategies for demand creation

- Inspired by modern innovations and disruptive models like Uber and Air BnB.

- Behavioural science provide insights to how behaviour change takes place.
  - we are fundamentally irrational and predictably so
  - interventions need to take behavioural biases and barriers into account to trigger the desired behaviour
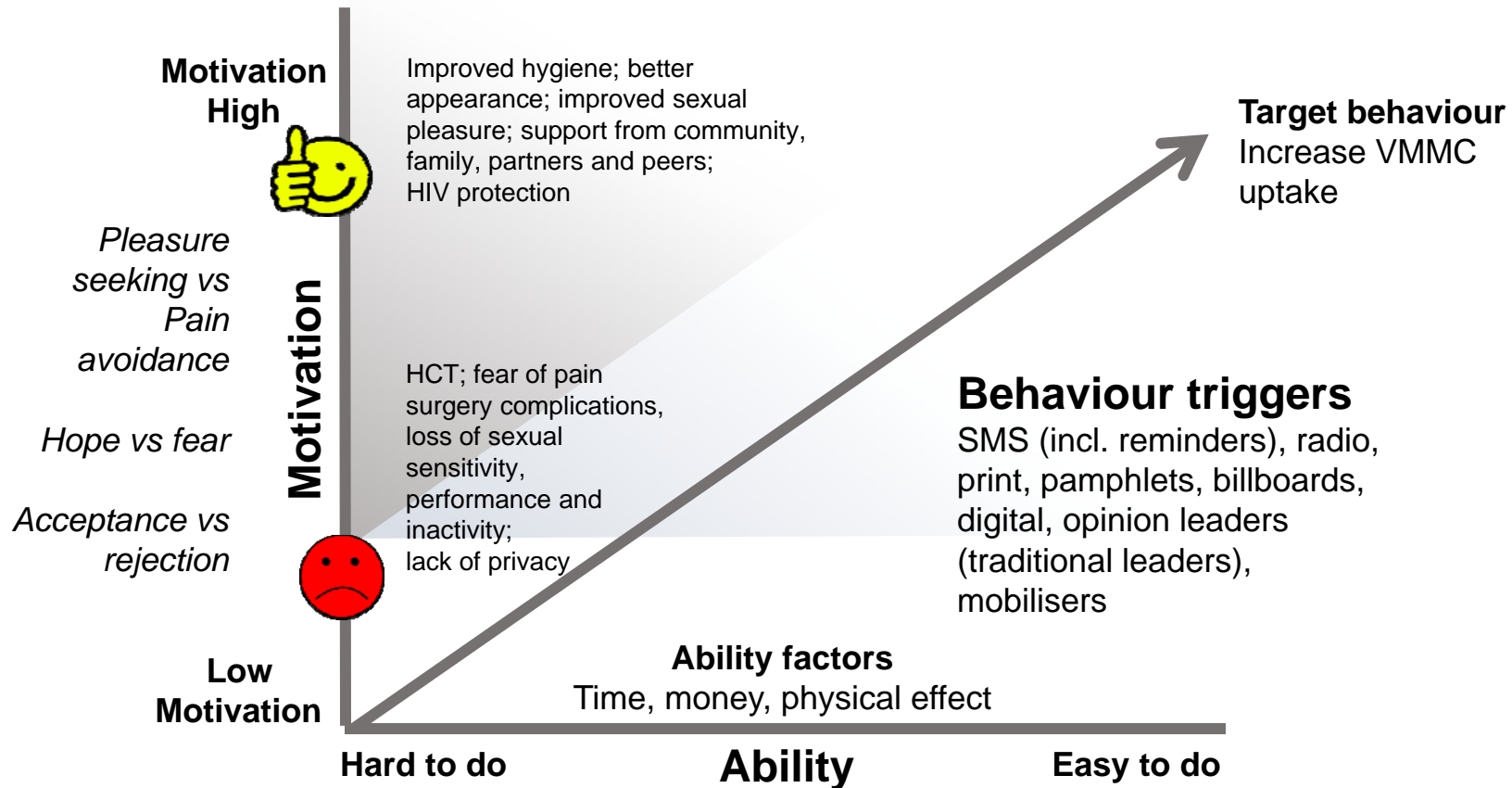
Activity/intervention

- SWHP engaged with the Behaviour Change Agency – experts in behavioural science using behavioural economics, social psychology, behavioural biology and neuroscience, to enable sustainable change.

- The challenge was to craft, test and implement a behaviour change strategy using choice architecture, nudges, traditional advertising, marketing, social mobilisation and digital.

- The outcome included a solution that is scalable, high impact, increase results and be replicable.

- The focus would be 9 districts within Kwazulu-Natal, the Free State and Western Cape in South Africa
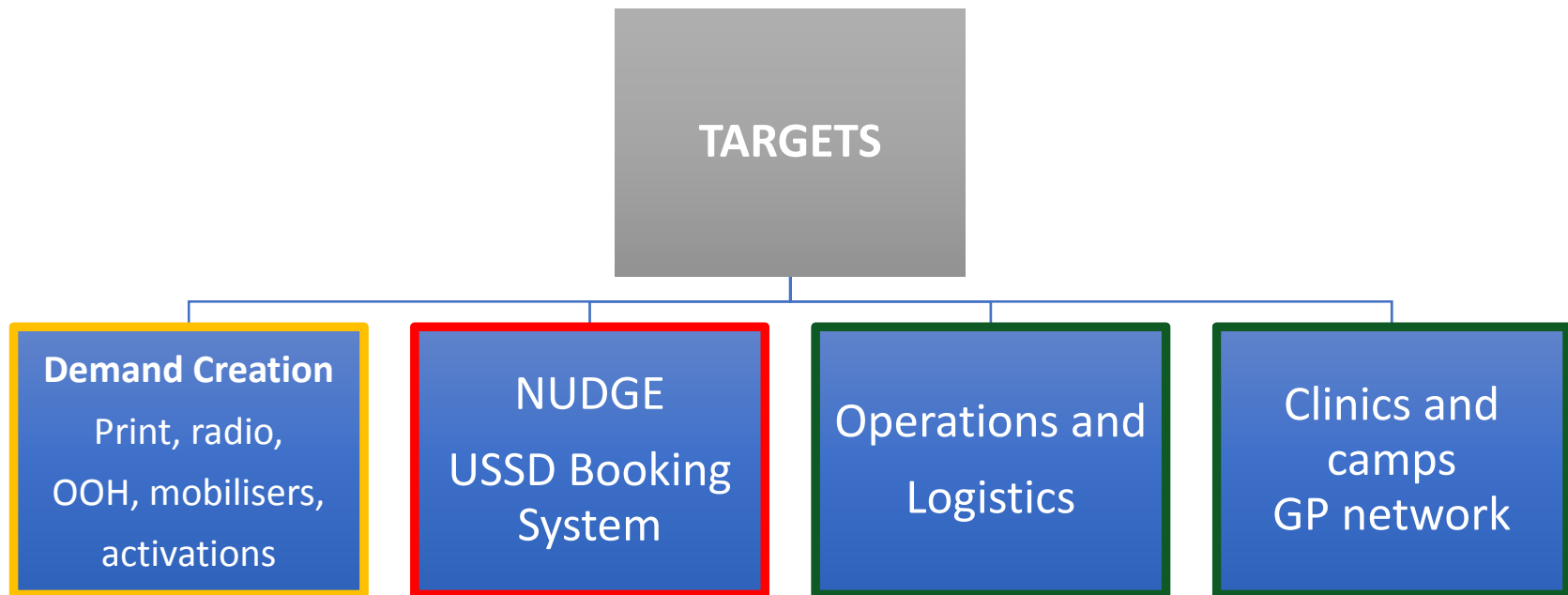
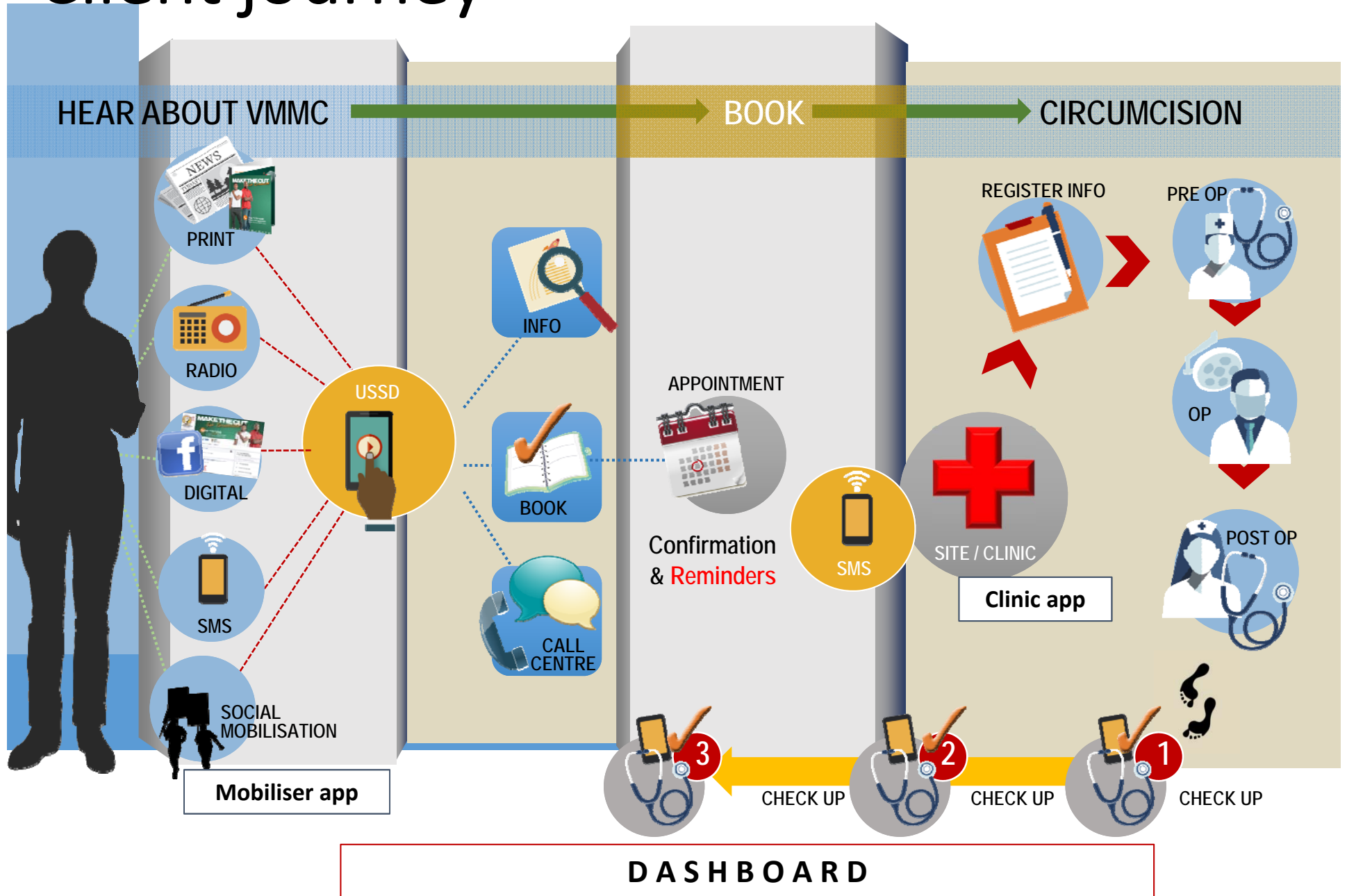# Activity/intervention

Fogg Behavior Model for VMMC

$$B = MAT$$

Motivation High

Improved hygiene; better appearance; improved sexual pleasure; support from community, family, partners and peers; HIV protection

Pleasure seeking vs Pain avoidance

Hope vs fear

Acceptance vs rejection

Motivation

HCT; fear of pain surgery complications, loss of sexual sensitivity, performance and inactivity; lack of privacy

Low Motivation

Target behaviour
Increase VMMC uptake

Behaviour triggers
SMS (incl. reminders), radio, print, pamphlets, billboards, digital, opinion leaders (traditional leaders), mobilisers

Ability factors
Time, money, physical effect

Hard to do   **Ability**   **Easy to do**

Activity/intervention

TARGETS

Demand Creation	NUDGE	Operations and	Clinics and
Print, radio,	USSD Booking	Logistics	camps
OOH, mobilisers,	System		GP network
activations			

Behavioural science, data analytics, creative executions

Targeted messaging – personalised – use of reminders – easy to use

Client journey

HEAR ABOUT VMMC → BOOK → CIRCUMCISION

PRINT

RADIO

DIGITAL

SMS

SOCIAL MOBILISATION

Mobiliser app

USSD

INFO

BOOK

CALL CENTRE

APPOINTMENT

Confirmation & Reminders

SMS

REGISTER INFO

PRE OP

OP

POST OP

SITE / CLINIC

Clinic app

3 CHECK UP

2 CHECK UP

1 CHECK UP

D A S H B O A R D

Key features of the solution:
USSD

(Unstructured Supplementary Service Data)
1. Clients dial the number *134*450# for free to book an appointment
2. Works on any cell phone
3. Follow easy steps to book
4. Steps translated into four languages based on user's preference
5. User enters area where they live & clinic date options are given
6. Users choose the most convenient date
7. Can indicate that they would like a 'please call me' from call centre should they have questions
8. USSD recognises the cell phone number and sends a confirmation of the booking
9. A reminder SMS is sent a day before the appointment
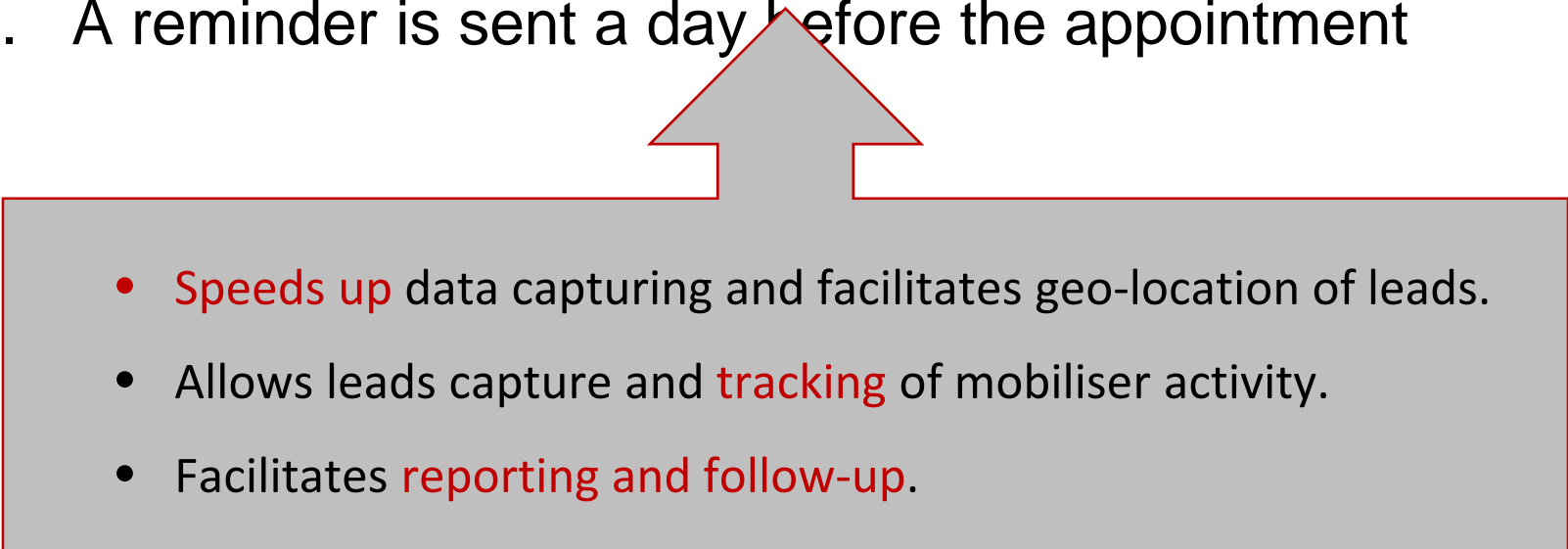
Mobile Booking System - USSD
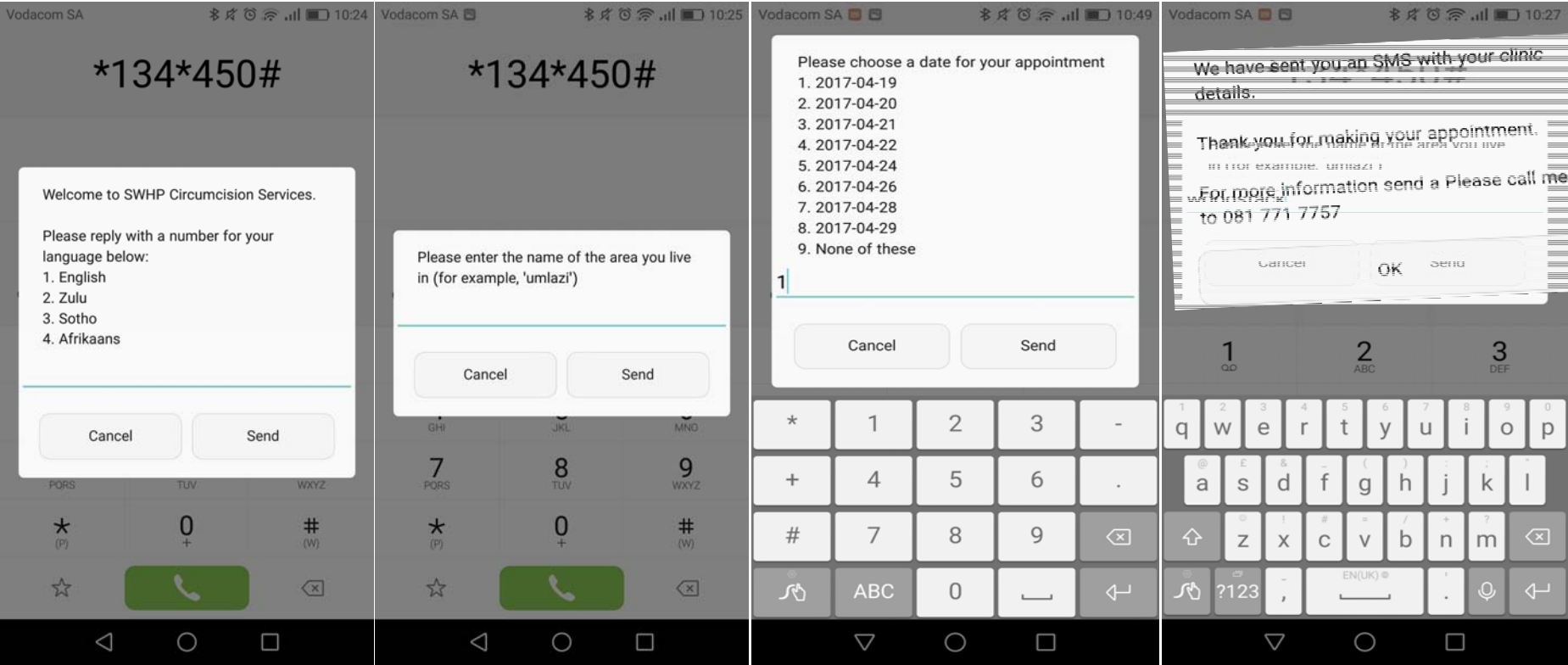
Key features of the solution: Mobiliser app

1. Essentially same as USSD flow but used by mobilisers and running on a tablet

2. Mobilisers book leads and make bookings

3. Client data is captured and an SMS is sent to the client confirming the booking

4. A reminder is sent a day before the appointment

- Speeds up data capturing and facilitates geo-location of leads.
- Allows leads capture and tracking of mobiliser activity.
- Facilitates reporting and follow-up.

Mobiliser app
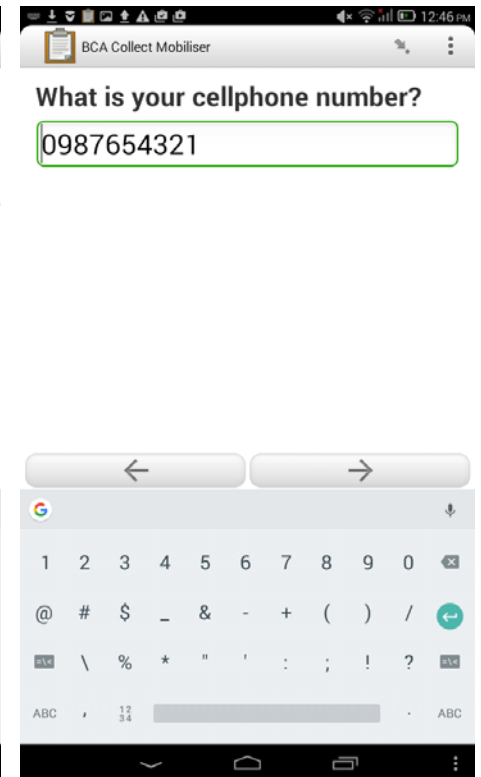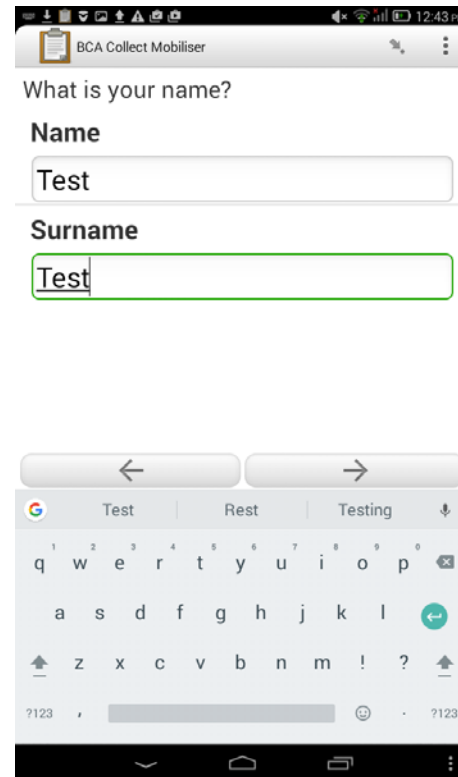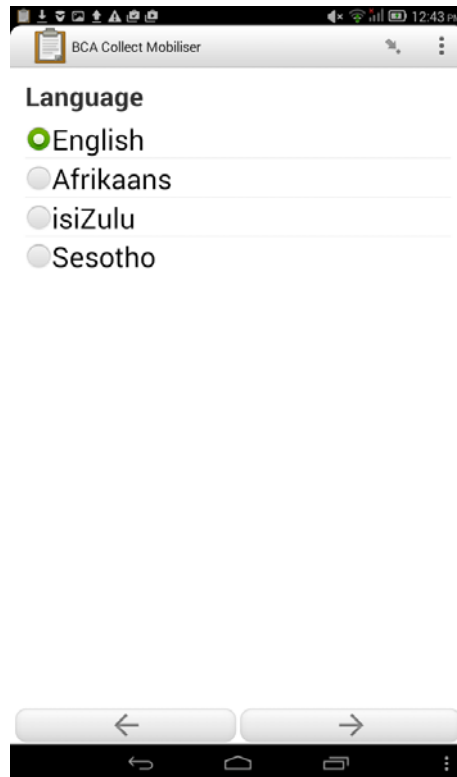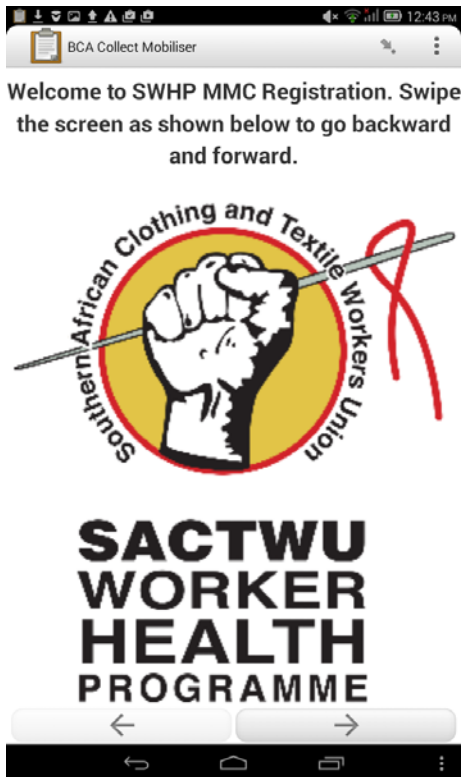
Key features of the solution:
Clinic register app

1. Captures client data when they attend the clinic
2. It closes the loop - shows conversion from booking an appointment to attending the clinic for circumcision
3. It facilitates reporting and conversion
4. Tracks who was scheduled to attend the clinic and who missed an appointment
5. Allows follow up of leads
6. Eliminates paper-based registration form
7. Automatically digitised information
8. Can link to USSD & Mobiliser app to see who should have attended but didn't, and send SMS to reschedule for the 'no shows'

Pre-populate clinic, doctor and date information

Bringing it all together

Person dials
*134*450#

Mobiliser
uses app
with person

Capture person's
phone number
and area

"None of these"
dates
work

1 week later SMS with
new appointment
dates

Please call me

Books
appointment
date

Gets SMS
immediately with
appointment
details

Misses appointment
(We know because of
Clinic app)

Reminder SMS day
before

Comes to clinic
and we know
instantly

Conversion calculated
automatically once
lead/patient information is
updated on clinic app

Key features of the solution: Dashboard & reporting

1. Log in (easy to add users and view user logs)

2. View map with clinic performance and filter

3. View all the data

4. Export charts on number of leads via mobilisers and USSD

5. Interactive maps

6. Automated reports and exports

7. Reports on 'please call mes' and resolution of calls
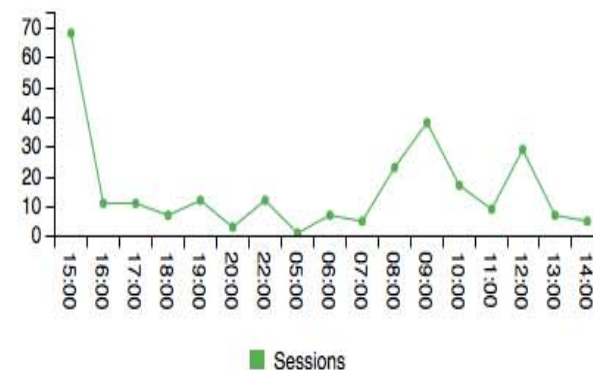
8. Facilitates referrals to other organisations

USSD reporting

	Today	Past 7 days	Past 31 days	All Time
USSD Sessions	141	1031	3955	64842
Mobiliser Sessions	0	0	35	202
Bookings	19	159	529	7462
New PCMs	9	43	88	1764
Completed PCMs	0	0	13	149
SMSes Sent	19	60	333	5149

USSD sessions past 7 days
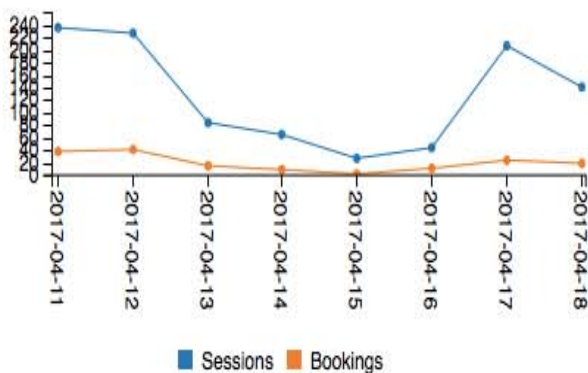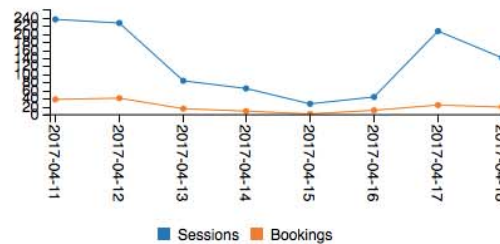
USSD sessions in the last 24 hours
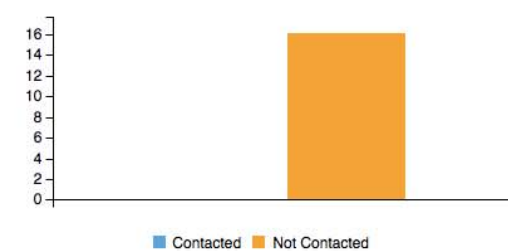
# USSD Dashboard

Clinic map with area coverage

1. Red circles are sized according to **number of bookings.**

2. Map is coloured according to **number of dates available** in that area.

3. It's interactive so you can **filter the timeline.**

4. Shows which areas are **within range of a clinic** and gives SWHP visibility of areas that are not serviced by clinics.

5. **Creating the architecture** is the first step.

6. We need to give **more feedback** on where to place the clinics.

Kwwadabeka CHC
Kwadabeka CHC,KwaDabeka
KwaDabeka
-29.777379, 30.89754
690 appointments
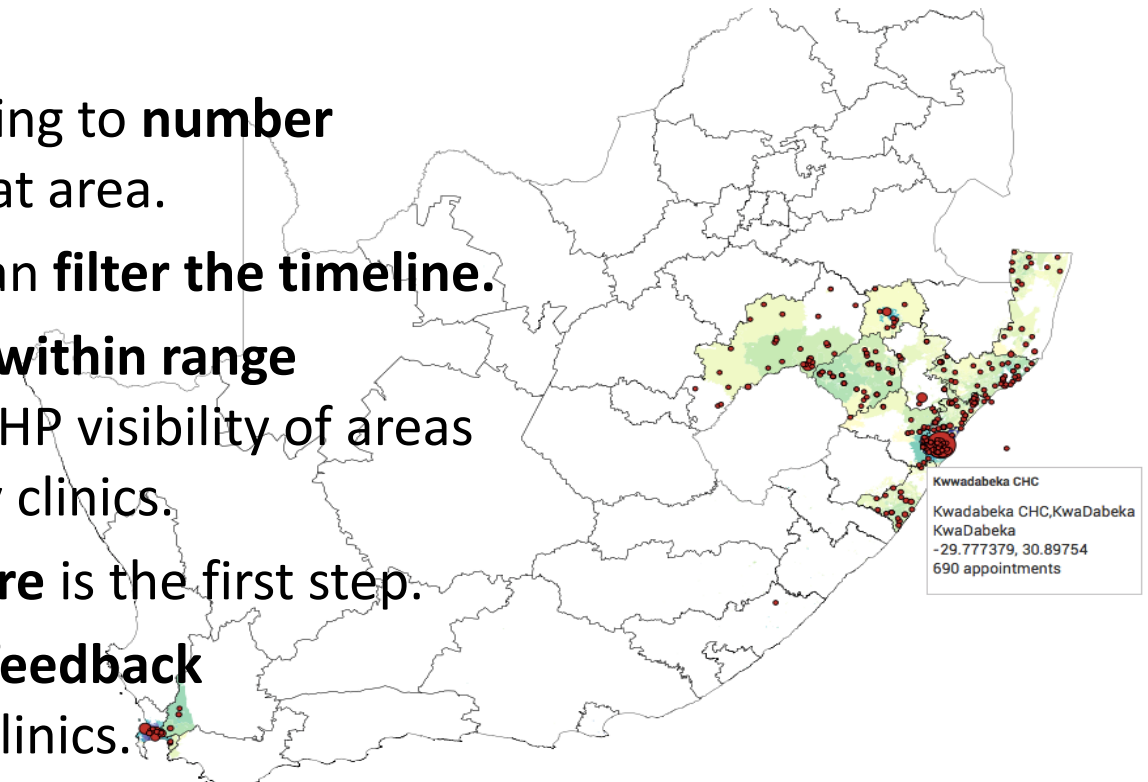
Further development identified

- Generate a unique reference number for a lead to track conversion – use of multiple cell phones was a challenge
- Enhance reporting functionality
- Scale up for national roll out
- Improve scheduling and utilisation of data for more effective resource planning

Activity/intervention

- Through the line marketing campaign focused on the call to action, i.e. use the USSD to book your free circumcision

- Platforms used to create awareness included print, radio, digital and TV advertising

- Media relations included interviews on regional / community radio stations and press releases in local newspapers

- Supported by below the line elements such as posters, brochures, banners and cards

- Targeted SMSs were sent to the specific target audience

- **Negotiated a deal with both eTV and eNCA to air our the TV advert for FREE for a minimum of 6 months with a total value of R4.5million**
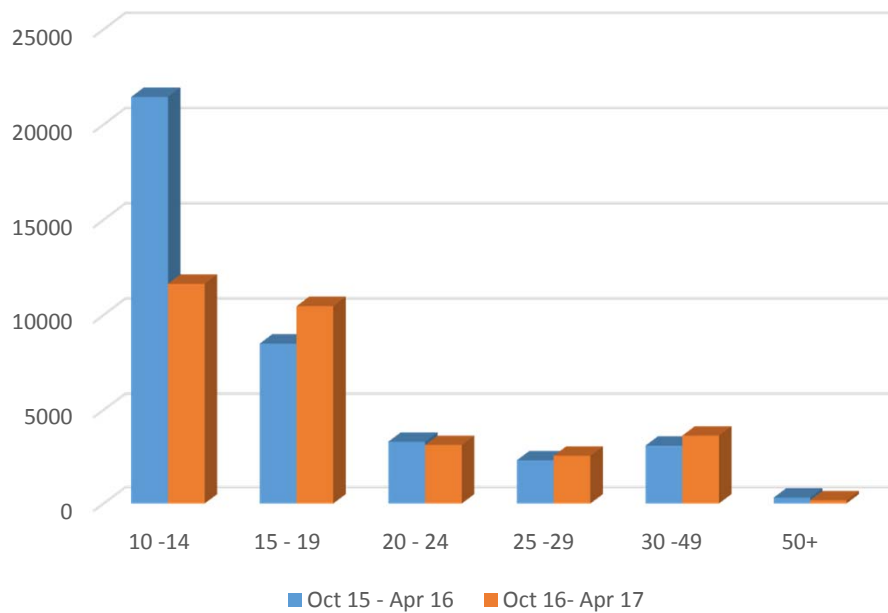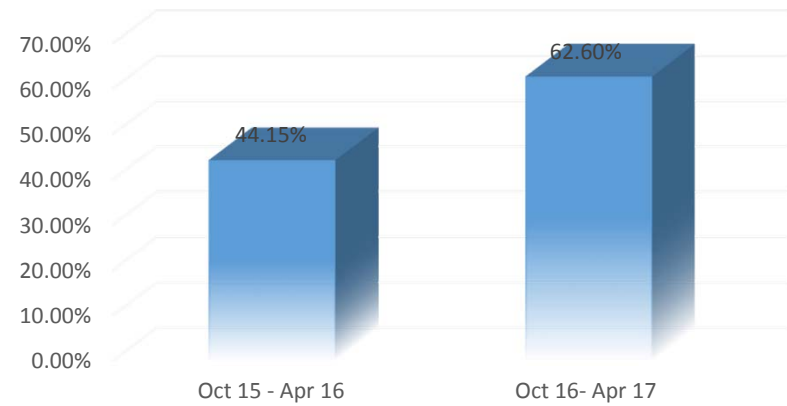
TV Ad

Impact

- SWHP achieved USSD Sessions – 48 525 **in 2 months!**

- 5032 bookings, just over 10% conversion rate

- Higher conversion rate is possible on these 'hot leads' with greater focus on circular follow up

- 30% increase in circumcisions - Nov 2016 compared to Nov 2015

Impact

VMMC per Age Pivot

AGE PIVOT PERCENTAGE PER YEAR

Considerations for replication

- Needed to align the operational procedures with the USSD, mobiliser and clinic app process and functionality

- Staff training and updating of processes takes time

- Can monitor and track the correlation between USSD sessions and bookings and demand creation

- Internal communication and stakeholder alignment is critical

- Getting buy-in to using a tool to assist with mobilisation requires change management

- Leveraging resources and developing partnerships based on shared value are important to maximise impact

Additional resources