

# Pilot results

Bangladesh

(re)solve

# Summary

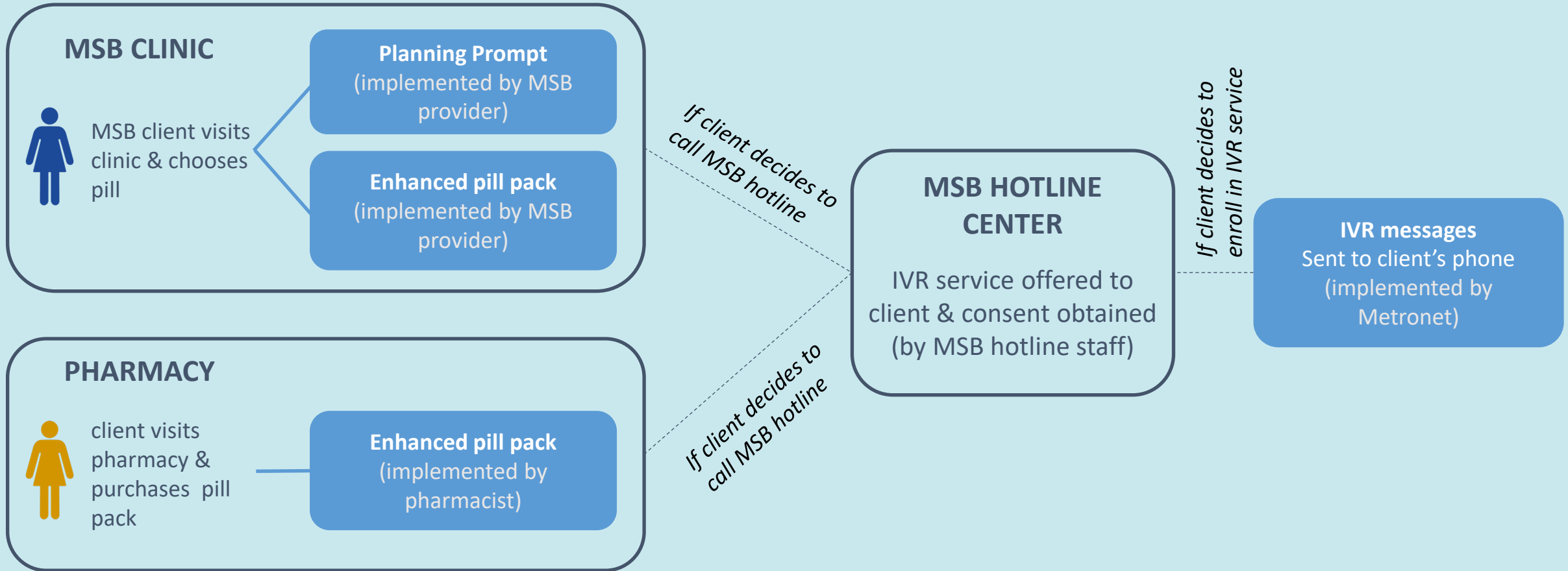
- **Background**
- **Planning prompt**
- **Enhanced pill pack**
- **Hotline / IVR**
- **Additional findings from provider & pharmacist training**
- **Visual timeline of next steps**
- **Appendix**

# Background

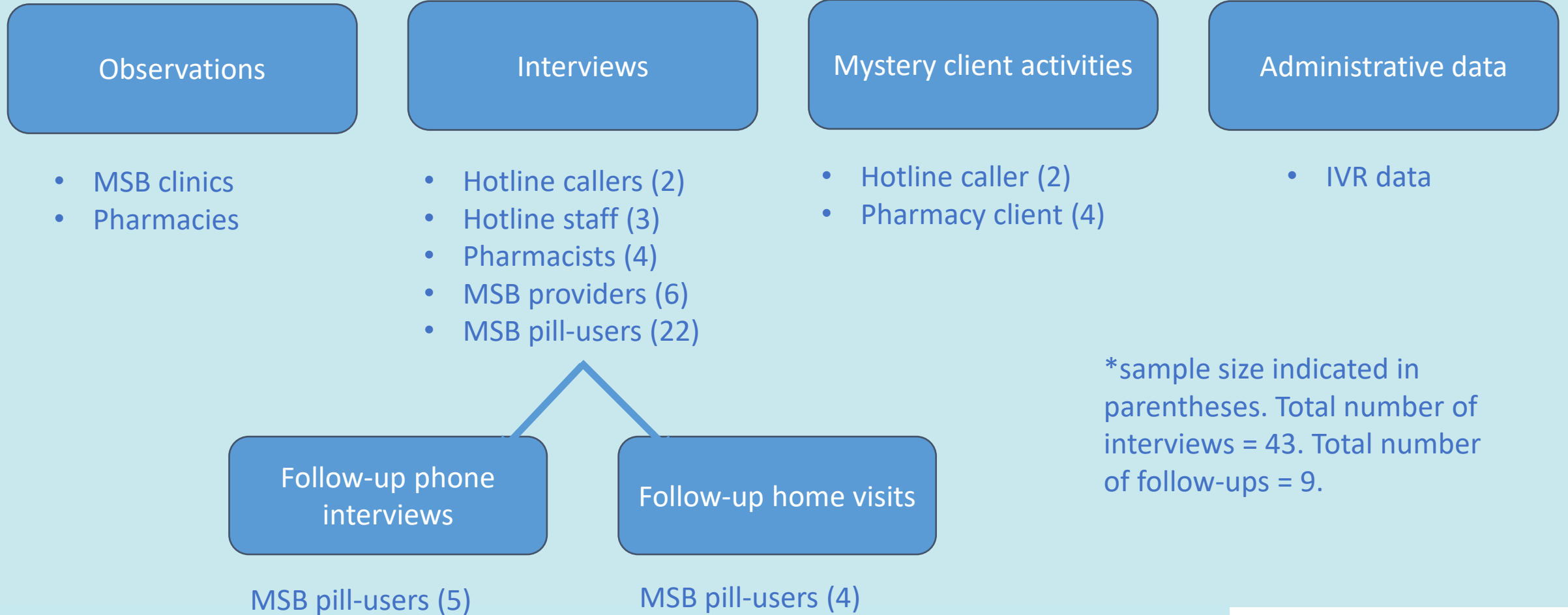
# Overview of piloting timeline

	AUGUST 2019																										
Pilot Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Planning prompt implemented at 2 MSB clinics		Aug 2-19																									
Enhanced Pill Packs (EPP) implemented at 2 MSB clinics & 2 pharmacies		Aug 2-19																									
Hotline/IVR services implemented																				Aug 12-26							
Pilot data collection period		Aug 2-26																									

# Overview of piloting landscape



# Overview of data collection activities\*



\*sample size indicated in parentheses. Total number of interviews = 43. Total number of follow-ups = 9.

# Planning Prompt

# Planning prompt – key takeaways

## Successes

**Providers distribute the planning prompt** - all clients interviewed at clinics recognized the planning prompt.

**Clients typically recall the planning prompt** - during follow-up phone interviews, 4 out of 5 MSB clients remembered filling out the planning prompt. All 4 could recall details of their plan.

## Challenges

**Providers do not always fill out the planning prompt along with the clients** - providers don't always have time during hectic hours. Client confusions around questions (e.g. open-ended question on client's strategy to remember taking pills) increases the time to fill out the planning prompt.

**Providers sometimes lose the planning prompt receipts** - this makes tracking the distribution of the solution more difficult.



# Planning prompt – suggested changes

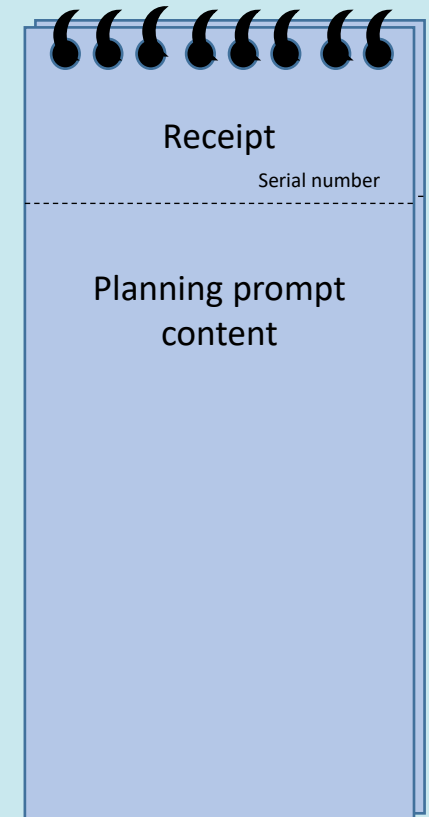
## Adjust training

- **More role-play with planning prompt.** This can speed up the time taken to fill out the planning prompt.

## Adjust design (based on provider feedback)

- **Remove open-ended question from planning prompt** and replace it with multiple choice response around strategy for taking pill (response options = alarm clock, someone will reminder her, stickers, MSB call service). This will reduce time to fill out the prompt.
- **Add the following into the planning prompt** (based on provider feedback)
  - Day/night specification in time slot for taking the pill
  - The next date the client should return for their next pill packThese will increase clarity on the formulated plan.

- **Change the planning prompt format to a receipt notepad.** After each prompt is filled out, it can be torn out and given to clients while the receipt (with a serial #) remains in the notebook. This will help providers keep track of receipts. In addition, remove the “notes” section currently in the receipt, since providers do not take notes.



# Enhanced Pill Pack

# Enhanced pill pack (EPP) – key takeaways

## Successes

**Providers at MSB clinics typically distribute the EPP** – all clients interviewed at clinics recognized and explained the EPP materials (red envelope, visual instructions, stickers). However, during Eid, some providers missed a few opportunities to distribute the EPP, which is expected.

**Clients use the stickers** - during home visits, 3 out of 4 clients used the stickers inside their homes (although some selection bias may play a role); Some stuck up the entire sticker sheet (which includes MSB's #), rather than the individual stickers. *[See appendix for images of stickers inside homes].*

## Challenges

**Pharmacists do not always distribute the EPP** - 2 out of the 4 pharmacies did not regularly distribute the EPP to pill purchasers; these pharmacists mentioned time constraints in explaining the EPP content to clients. The pharmacists also asked about incentives for promoting the EPP materials.

# EPP – suggested changes

## Adjust sticker designs

- **Add more sticker options to the sticker sheet** -Include stickers that contain MSB’s phone number (this way the entire sticker sheet does not need to be stuck up); also include stickers with a picture of a clock (based on MSB feedback).
- **Give providers examples of individual stickers stuck on a sheet for reference during consultations** – By seeing this example clients will understand that they are supposed to peel off the small rectangles and discard the excess.



## Adjust pharmacy participation requirements

- **Reduce pharmacist requirements for explaining EPP materials during distribution** – instead of having providers explain all the EPP materials, simply require providers to mention a “new service” along with the pill purchase, and simultaneously hand out the EPP.
- **Large promotional boxes in pharmacies** – These decorated boxes would be placed on the pharmacy counter and contain the EPPs. It would remind pharmacists to distribute the EPPs.
- **Provide small gift for participating pharmacies** – pharmacies that participate in the EPP distribution are given stationary, pens and a thank you note. This encourages pharmacists to stay motivated and hand out EPPs.

# Hotline / IVR

# Hotline/IVR – key takeaways

## Successes

**Hotline callers that were offered the IVR service typically enrolled** - 5 out of 6 hotline callers agreed to IVR enrollment; 1 instead opted for a follow-up call from MSB due to privacy concerns around the IVR.

**No evidence of unintended consequences** - follow-up calls of two hotline callers indicate that they find the service useful. No evidence of unintended consequences from receiving calls.

## Challenges

**Hotline staff misunderstand when to offer IVR enrollment** - 2 out of 3 hotline staff mentioned they only offer the IVR service if the caller received a red or blue envelope. Instead, they should offer it to any current pill user.

**Hotline staff incorrectly fill out the form** - staff did not always follow skip patterns, making their data collection process longer than needed.

**Clients who should be enrolled in IVR are not always enrolled** - Out of 2 mystery calls conducted, only 1 caller was enrolled in the IVR service. This might be because MSB staff taking night calls do not attend work the next day, which delays submission of enrollment information.

**Overall low call-ins to the hotline among people who received EPP** - only 6 clients from MSB clinics called into the hotline; no evidence of clients calling from pharmacies

# Hotline/IVR – suggested changes

## Adjust hotline staff training

- **Include more role-play on when to offer IVR enrollment** – this will clarify when staff should offer the IVR service.
- **update the data collection form to make skip patterns more salient & include more practice in filling out the form** – this will ensure staff correctly follow skip patterns and don't waste time filling out unnecessary information.

## Adjust solution designs

(based on provider feedback)

- **Change the frequency of messages for IVR stream 2 (side-effects stream) to once a week** – this seems to cater more to client preferences
- **Simplify the IVR enrollment language**
- **Change missed call protocol** - if a client misses an IVR message, they should receive another call in 10 minutes.

## Adjust processes

- **Adjust process for hotline staff on night shift** - Have hotline staff receive emails during night shifts, reminding them to bring their data forms to the office when they return to the office.
- **Adjust IVR recruitment strategies to increase call-ins** - Some strategies are listed below (more detail in assessing and implementing these strategies on the next two slides):
  - Have CHWs stationed at MSB clinics during launch week to obtain consent and enroll clients into IVR on the spot.
  - Large promotional EPP boxes in pharmacies
  - Small gifts for participating pharmacies (e.g. stationary)
  - Prominently feature the hotline number on reminder stickers
  - CHWs visit communities and provide information on new available MSB services

# Hotline/IVR – assessing strategies to increase call-ins

## HIGHER IMPACT

These strategies intervene **closer to** the client's moment of choice for starting a new pill-pack or they intervene at the moment the pill-user has questions/concerns around pill-use.

- **CHWs stationed at clinics:** during launch week, CHWs obtain consent and enroll pill clients into IVR on the spot (i.e. they fill out enrollment info instead of hotline staff). This eliminates the need for clients to directly call the hotline for IVR enrollment. *[outcome = increased IVR enrollment]*
- **Large promotional EPP boxes pharmacies:** This reminds pharmacists to distribute the EPPs (especially during intervention launch) and form a habit of EPP distribution. *[outcome = increased hotline call-ins]*
- **Small gifts for participating pharmacies:** Gifts could be in the form of pens or stationary that pharmacies often need and use. The gifts could be paired with a thank you note. This motivates pharmacists to distribute EPPs. *[outcome = increased hotline call-ins]*
- **Prominently feature the hotline number on reminder stickers:** This reminds clients to call the hotline the moment they have questions. *[outcome = increased hotline call-ins]*

## LOWER IMPACT

These strategies intervene **further away from** the client's moment of choice for starting a new pill-pack or they intervene at the moment the pill-user has questions/concerns around pill-use.

- **CHWs visit nearby communities/factories:** CHWs mention the availability of a new service at MSB and promote the list of participating clinics & pharmacies. Note that this approach still requires a client to visit the clinic or pharmacy to purchase pill packs and receive EPPs. Because this creates distance between receiving the intervention and the moment of buying pill pack, this approach may have lower impact. *[outcome = increased hotline call-ins]*



# Hotline/IVR – implementing strategies to increase call-ins

## Thoughts on how to move forward with implementation

- A limitation of our intervention is that a small number of clients are actually calling into the hotline.
- We suggest that throughout the implementation, we iterate on strategies to increase hotline call-ins and incorporate this into ICRW's process evaluation. As noted in the previous slide, we've already identified a few strategies that might work (e.g. promotional box at pharmacies, CHWs stationed in clinics, stationary for pharmacies, etc.). The (re)solve implementation team could chat with MSB about additional ways to increase call-in rates so that we have more recruitment strategies in our back pocket.
- When implementation begins, (re)solve could focus on one hotline recruitment strategy at a time (e.g. begin with the strategy of promotional boxes). As part of the process evaluation, ICRW could monitor call-in rates for a period of time and report back to the consortium. If call-ins remain low, then (re)solve could iterate and try a new strategy (e.g. CHWs stationed in clinics). This iterative process could continue throughout implementation until we find a call-in strategy that is sufficient. ideas42 would continue to provide recommendations on recruitment strategies during this iterative process thorough periodic check-ins with the team.
- By iterating on these different strategies to increase hotline call-ins, and by incorporating these strategies into the ICRW process evaluation, we can clearly document learnings while still moving forward with implementation.

# Additional finding from provider & pharmacist training

# Provider and pharmacist training – suggested changes

## key takeaway &

### Key takeaway

Some MSB providers did not understand how the (re)solve solutions align with MSB objectives. Since MSB focuses heavily on increasing LARC uptake, some providers found the solutions' emphasis on helping pill-users contradictory.

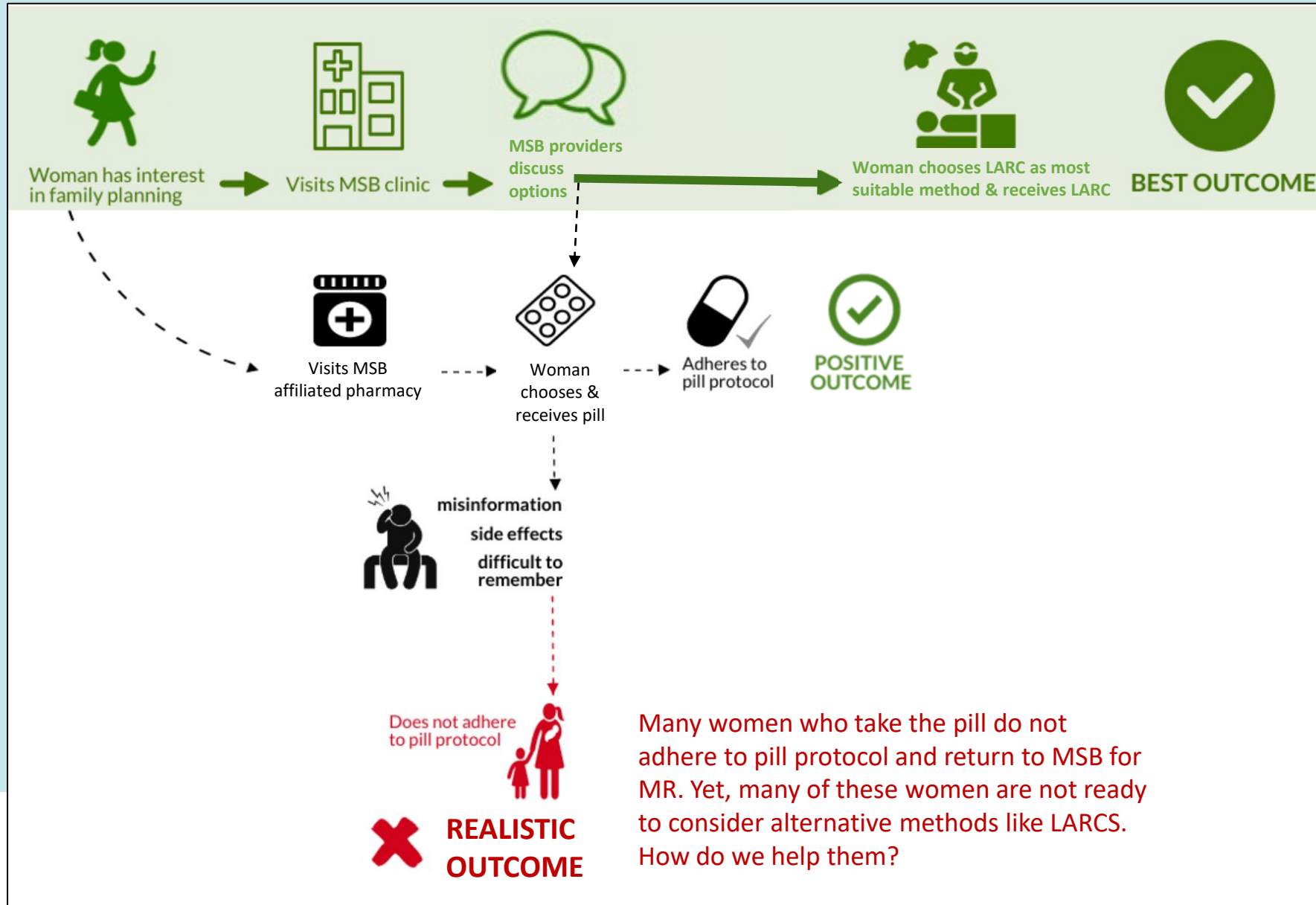
### Suggested changes

Adjust the training slide deck so that it clearly answers:

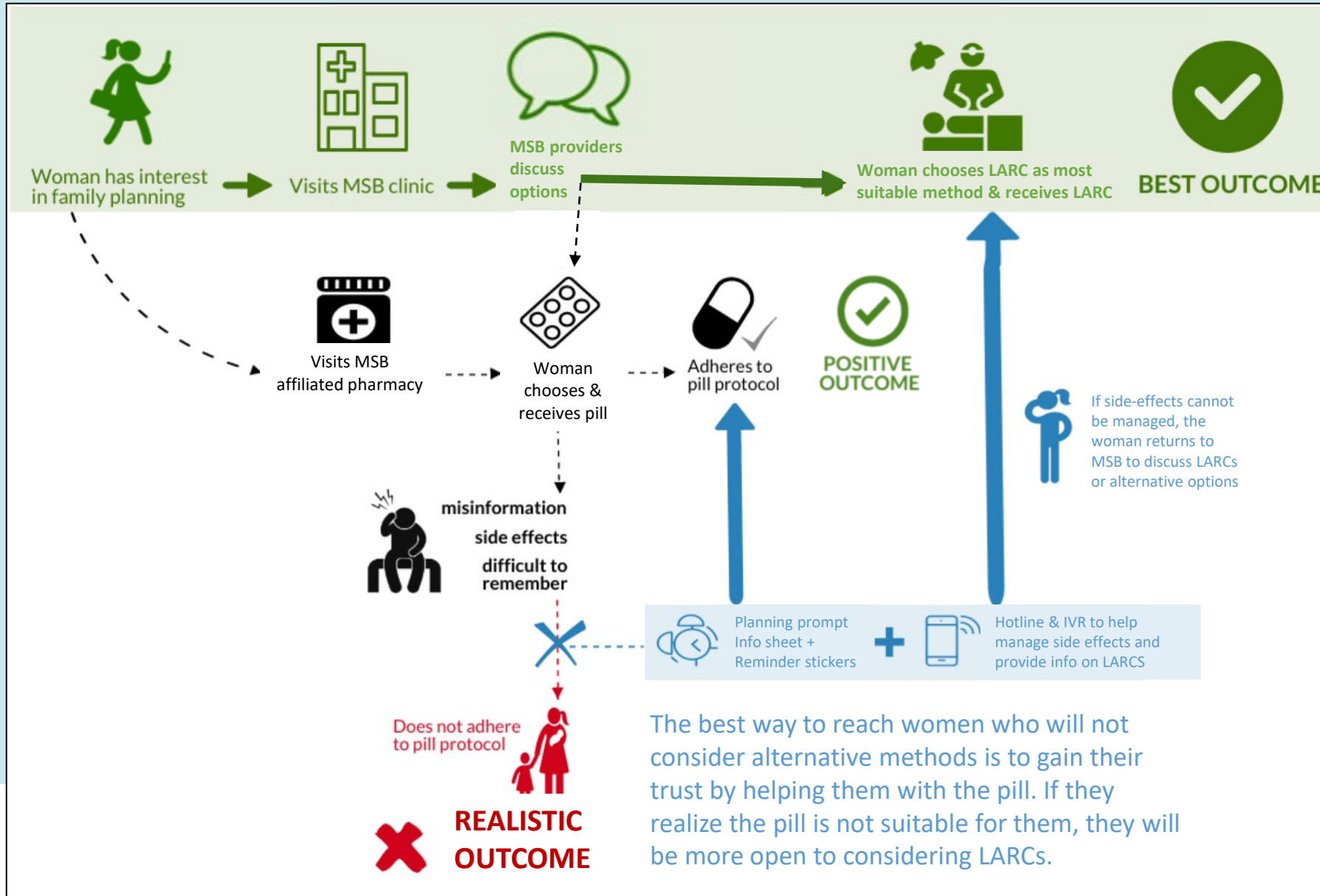
- The problem (re)solve seeks to address
- Why the solutions were selected
- How the solutions align with MSB objectives

The above could be explained by creating a clear **visual** for the training deck (see next slides for example).

# Visual example 1/2 – current situation



# Visual example 2/2 – new situation



# Visual timeline of next steps

# Visual timeline of next steps\*

\* Note that this timeline does not include the next steps for the provider training solution. This information will be provided in a separate document.

## Adjust solutions based on Feasibility pilot results

- Planning prompt adjustments (e.g. change format to a receipt notepad, etc.)
- EPP sticker adjustments (e.g. add sticker options with MSB hotline number, etc.)
- Hotline/IVR adjustments (e.g. update scheduled timing of messages, etc.)
- Training content adjustment (e.g. add role-play scenarios, etc.)

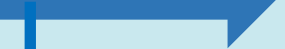
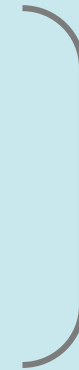
[in-progress]



**Process evaluation:** iterate on strategies to increase call-ins to the hotline. Specifically, try strategies such as the ones listed below one by one. After a strategy is implemented, monitor call-in rates. If rates remain low, document the findings and try another strategy.

- CHWs stationed at clinics
- Promotional EPP boxes at pharmacies
- Small gifts for participating pharmacies

[pending]



## Conduct feasibility pilot

[complete]

## Implement solutions

- Conduct trainings
- Implement Planning prompt
- Implement EPP
- Implement Hotline/IVR

[pending]

## End Implementation

[pending]

# Appendix – pictures of stickers in homes



# Pictures of stickers in home 1



## Pictures of stickers in home 2



# Pictures of stickers in home 3

