



# Factors and actors that determine the effectiveness of the e/m health platforms promoted by Straight Talk Foundation to increase access to SRHR information and services among Young People in Uganda

Final Report





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*The Access, Services and Knowledge (ASK) programme is a three-year programme (from 2013 to 2015) funded by the Dutch Ministry of Foreign Affairs with the aim of improving the SRHR of young people (10 – 24 yrs.), including underserved groups. The programme which is a joint effort of eight organizations comprising of Rutgers (lead), Simavi, Amref Flying Doctors, CHOICE for Youth and Sexuality, dance4life, Stop AIDS Now!, the International Planned Parenthood Federation (IPPF), and Child Helpline International (CHI) is implemented in 7 countries, namely Ethiopia, Ghana, Indonesia, Kenya, Pakistan, Senegal, and Uganda. Operations research (OR) was identified as an integral part of activities in the ASK programme. The aim was to enhance the performance of the program, improve outcomes, assess feasibility of new strategies and/or assess or improve the programme Theory of Change.*

# TABLE OF CONTENTS

<i>Acknowledgements</i> .....	5
<i>Acronyms and Abbreviations</i> .....	6
<i>Executive Summary</i> .....	7
<b>CHAPTER ONE</b> .....	14
<b>1.0 Background</b> .....	14
1.1. Background of ASK programme and Straight Talk Foundation.....	14
1.2. Description of STF's e/mhealth platform under ASK Program.....	15
1.3. Context and rationale for the e/mhealth operations research .....	17
1.4. Structure of the Report .....	18
<b>CHAPTER TWO</b> .....	19
<b>2. Methodology</b> .....	19
2.1. Introduction.....	19
2.2. Study design .....	19
2.3. Data collection methods.....	19
2.4. Training of young researchers.....	23
2.5. Ethical approval.....	24
2.6. Study Limitations.....	24
<b>CHAPTER THREE</b> .....	26
<b>3. Results</b> .....	26
3.1. Introduction.....	26
3.2. Demographic characteristics of respondents.....	26
3.2.1.Socio-demographic characteristics of survey respondents.....	26
3.2.2.Socio-demographic characteristics of telephone interview respondents .....	27
3.2.3.Socio-demographic characteristics of FGD participants.....	28
3.2.4.Socio-demographic characteristics of IDI respondents .....	28
3.3. Young people's perceptions and attitudes towards STF's-platforms (ICT centre, SMS helplines ).....	29
3.3.1.Access to STF's platforms .....	29
3.3.2.Perceptions towards STF'S-platforms .....	37
3.3.3.Use of information accessed via STF'S-platforms and recommendations for platform improvement	39
3.4. Findings of observation of 'My World, My life' Facebook page .....	44

3.5. Implementers’ perceptions and attitudes towards the mhealth promotion campaign and the platforms being promoted .....	46
3.5.1. Straight Talk Foundation’s readiness for e/mhealth programming .....	46
3.5.2. Implementers’ perceptions of e/mhealth programming .....	50
3.5.3. Current platform/program design and maintenance .....	53
3.5.4. Implementers’ perceived added value of mhealth platforms to other STF’s information dissemination channels .....	54
3.5.5. Needs for program improvement and sustainability as reported by implementers .....	56
<b>CHAPTER FOUR.....</b>	<b>60</b>
<b>4. Dissemination of results.....</b>	<b>60</b>
4.1. Programming gaps and opportunities identified by the e/mhealth operations research.....	60
4.1.1. Program opportunities identified by the operations research.....	60
4.1.2. Gaps identified by the operations research .....	60
4.2 Implications of the e/mhealth OR findings and observations to Straight Talk Foundation.....	61
4.3 Recommendations.....	64
4.4 Use of improve programming and implementation processes at organizational level .....	65
<i>Appendices.....</i>	<i>68</i>

## List of Tables

<b>Table 1: Socio-demographic characteristics of ICT centre respondents .....</b>	<b>26</b>
<b>Table 2: Socio-demographic characteristics of Telephone Survey respondents .....</b>	<b>27</b>
<b>Table 3: Socio-demographic characteristics of FGD participants .....</b>	<b>28</b>
<b>Table 4: Socio-demographic Characteristics of the staff interviewed.....</b>	<b>29</b>
<b>Table 5: Information sought and needs disaggregated by sex .....</b>	<b>35</b>

## List of Figures

<b>Figure 1: Challenges using ICT centres.....</b>	<b>30</b>
<b>Figure 2: Sources of information about STF's ICT centre platforms.....</b>	<b>31</b>
<b>Figure 3: Sources of information about STF's SMS helpline .....</b>	<b>32</b>
<b>Figure 4: Reasons for Visiting ICT centres as reported by Exit interview respondents. ....</b>	<b>32</b>
<b>Figure 5: Reasons for Accessing STF's SMS helpline.....</b>	<b>33</b>
<b>Figure 6: Frequency of visiting the ICT Centres. ....</b>	<b>34</b>
<b>Figure 7: First use of SMS helpline .....</b>	<b>35</b>
<b>Figure 8: Information sought at ICT centre.....</b>	<b>35</b>
<b>Figure 9: Ease of finding the information at ICT centre.....</b>	<b>37</b>
<b>Figure 10: Rating of information offered on STF knowledge platforms .....</b>	<b>40</b>
<b>Figure 11: Suggestions for improvement by exit survey respondents.....</b>	<b>42</b>

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## Acronyms and Abbreviations

AIDS:	Acquired Immune Deficiency Syndrome
ASK:	Access, Services and Knowledge
CSE:	Comprehensive Sexuality Education
e/mhealth:	Health interventions that utilize electronic and mobile technology. For this study e/mhealth refers to STF's SMS helpline, ASK Facebook page & ICT knowledge centres.
e-health:	Health interventions that utilize electronic technology
HIV:	Human Immunodeficiency Virus
HTC:	HIV Counselling and Testing
ICT knowledge centres:	The two youth centres (in Gulu & Bugiri) where STF has set up computers having preloaded SRHR information for access offline by the young people.
IEC:	Information, Education and Communication (materials)
IGA:	Income generating activity.
m-health:	Health interventions that utilize mobile telecommunications technology
MYP:	Meaningful Youth Participation
OR:	Operational Research
PDA:	Personal Digital Assistant
RAHU:	Reach a Hand Uganda
SMS:	Short Message Service (mobile-to-mobile messages, usually text-based)
SRH:	Sexual and Reproductive Health
SRHR:	Sexual and Reproductive Health and Rights
STF:	Straight Talk Foundation
STI;	Sexually Transmitted Infections
YFS:	Youth-Friendly Services

## Executive Summary

### **Background and rationale:**

The application of electronic and mobile solutions for health (eHealth and mHealth) in developing countries is expanding quickly, including in the field of Sexual and Reproductive Health (SRH). The Access, Services, Knowledge (ASK) program which is currently being implemented in Uganda seeks to use e/m health strategies to increase direct access to SRH information and services to young people. A number of review papers<sup>1</sup> noted that the research done in e/m health field is limited to short term effectiveness, client- provider assessment of technologies and cost of small scale pilots. Therefore, evidence is not sufficient to determine effectiveness or even sustainability of these interventions beyond pilot phases funding.

It is against this background that this operations Research (OR) broadly aimed at providing evidence about use of e/m health strategies for expanding direct access to SRHR information and services among young people in Uganda by conducting a comprehensive assessment of STF'S the SMS helpline, ICT Knowledge centres and Face book page, discussing their effectiveness, facilitating factors, current challenges, gaps, opportunities and tendencies.

### **STF'S Operations Research Implementation:**

Eight young people were trained using Rutgers' *Explore Training Manual* on training of young people in research that was adapted for this OR. An Organizational-level Steering Committee (core team) of three members was also established to oversee the process, provide guidance and prepare for use of results for program improvement. The operations research was introduced to the district stakeholders in Gulu and Bugiri prior to data collection. The data collection tools i.e. the FGD discussion guide was pre-tested at Gulu ICT knowledge Centre.

Nine in-depth interviews were held with STF'S staff; three from top management and six implementers. An observation of STF's Facebook page was done. The observation focused on a period of three months that preceded the observation exercise. Three hundred thirty eight (338)

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<sup>1</sup> WHO 2011 (mHealth: New horizons for health through mobile technologies: second global survey on eHealth.), Aranda-Jan et al 2014 (Systematic review on what works, what does not work and why of implementation of mobile health (mHealth) projects in Africa. BMC Public Health 2014, 14:188 <http://www.biomedcentral.com/1471-2458/14/188>)

people responded to the E&M Operational Research Exit interview. A total of 14 focus group discussions were conducted in the two districts that were studied. The FGDs were conducted in both schools and communities covered by STF activities in the ASK districts of Gulu and Bugiri. The FGDs conducted in the communities aimed at engaging young people who are out of school. In Bugiri the total was 8; 5 FGDs with *users* (both in and out of school) and 3 with *non-users* (both in and out of school) of e/mhealth platforms. In Gulu, it was 3 and 3 FGDs for users and non-users respectively. The consultancy team shared the OR findings with the OR working group in the Netherlands for their input before sharing it with STF. The Consultancy team discussed with STF the strength and gaps identified by the OR and action points. Joint partners' and Regional level dissemination meetings were held.

### **Key findings:**

#### **Face to face survey, telephone interviews and focus group discussions with young people:**

Three forty five (345) young people responded to the face to face survey. Three hundred thirty eight (338) remained for analysis after data cleaning. The mean age of the respondents was 15.8 years and age range was 10-24 which was similar to, the age range of STF'S target audience of 10-24 years. Male respondents constituted slightly more than half (52.4%) of the exit interview respondents while 88.5% of the study respondents were still in school.

Regarding the telephone interviews, 99 young people responded. Their mean age was 21.06 years and age range was 10-24. Male respondents constituted more than a quarter (78.6%) while 39.2% of the respondents were already out of school.

For the FGDs, 146 young people were engaged in the 14 focus group discussions conducted. The age range of participants was 13-19. Male participants constituted slightly bigger proportion (56.2%) than female FGD participants.

#### **Access to platforms**

Considering the design of the study, all survey respondents (telephone and exit interviews) had accessed STF's platforms at least once.

#### **Source of information**

School outreaches, friends and peer educators at 39.8%, 30.5% and 26% respectively were the main sources of information about ICT centres among the exit survey respondents. On the other

hand, STF Radio shows, friends and school outreaches were the main sources of information about STF's SMS helpline with 49.5%, 18.2%, and 15.2% respectively reporting them.

### ***Attractiveness of the platform***

Majority of the respondents were attracted to the ICT centres by the interesting content at 78.7% while 21.3% and 20.1 % of the respondents reported interacting with young people and making friends respectively. Similarly, many of the telephone survey respondents (37.1%) reported that they were attracted to STF's SMS helpline platform to ask questions on these platforms while 23.7% and 20.2% of the respondents were attracted by the adequate information provided and the interaction with the STF journalists (who present Straight Talk radio shows) respectively.

### ***Frequency of STF's-platform use***

Regarding the frequency of platform use, over 80% of the exit survey respondents accessed the ICT centres at least once a week. Specifically, 8.6%, 21.1%, 30.4% and 24.4% of the respondents visited the centres every day, 4-6 times per week, 2-3 times per week and once a week respectively. The visits were mainly in afternoon as reported by 65.7% of the respondents.

### ***Accessibility of STF's-platforms***

Over 80% of the telephone survey respondents reported ownership and 19.2% access to another person's gadget (phone or computer) which they used to SMS. Relatedly, 19.7% and 80.3% reported being allowed to access phones at school and home respectively. More so, 46.4% of the respondents reported restriction to access from the elders as the biggest challenge. The challenges related to using the ICT centres included : long waiting time (22.2%), slow internet connections (23.1%), restricted access to websites (4.4%), not easy to use computers (9.5%), poor design (24.3%), content not updated regularly (5.6%), irrelevant messages (0.2%) and platform not being interactive (2.4).

Among the STF's Exit Interview respondents, half (49.5%) reported accessing reproductive health information from STF's Knowledge Center computers. The other types of information accessed on this platform were training and job opportunities, news and entertainment information with 15.1%, 8.7%, 10.7% and 20.2% respectively. Conversely, among the telephone

survey respondents, the biggest proportion (92.1%) reported accessing reproductive health information from this platform.

Regarding suggestions for improvement, the following were suggested by telephone survey interviewees: immediate reply to messages, improving on the feedback quality, making the platform interactive and providing lines for all mobile networks. The ICT centre users suggestions were mainly under three themes namely 1) continued development of youth specific content, 2) improvement of computer use skills and 3) infrastructure improvement.

### **Observation**

Straight Talk Foundation operates a Facebook page named “*My World, My Life*” under the ASK program. An online survey launched in March 2015 to assess the views of the users on several aspects related to the above Facebook page was halted because of a very low response rate (15 out of 400) after two and half months.

Observation to produce information on the nature, operations and information offered through the Facebook page between March and June was done in early July 2015. Findings showed that sexual and reproductive health, pleasure, violence, diversity and relationships were the common comprehensive sexuality education topics offered on STF’s *My World, My Life* Facebook page. Information was shared mainly in text and pictures, videos were very occasional. On average a message was posted on a daily basis on Facebook during June while a few posts (11) were uploaded during May. The observation further noted that this page was very irregularly updated between March and May.

### **In-depth Interviews with staff**

Out of the nine STF staffs interviewed; three were from the management team while six (6) were implementers. Most of the staff members were above 25 years old and had spent a sizeable number of years with STF/in the SRHR field. The average length of stay at STF was 6.3 years.

It was reported that e/mhealth promotion was not informed by a needs assessment. However, respondents reported that some assessment was done during the development of STF’s strategic plan. This was basis to promoting e/mhealth strategies.

There was an overall agreement among respondents that Straight Talk Foundation did not have adequate infrastructure for the e/mhealth interactions with young people. Respondents indicated that the computers at the ICT centres are no longer adequate. Inadequate access to the internet was a notable constraint at the central offices.

Findings on the availability of human resources showed that some respondents felt Straight Talk Foundation had inadequate human resources for e/mhealth programming but more could be done especially in streamlining work through sharing workload and development of guidelines on content development processes.

Findings on management support for e/mhealth programming showed that management offered strategic and technical support although this could be strengthened.. Regarding use of mhealth to increase access SRHR information among young people, interviewed implementers were in support of e/mhealth programming. They reported that that using e/mhealth channels would make STF responsive to the changing socio-economic context where ICT is a major driver of development. However, they highlighted concerns over phone ownership and access to airtime and electricity by young people especially in rural areas. They thus recommended a blend of both traditional and e/mhealth strategies.

On the design and maintenance of the e/mhealth strategies, STF was not involved in the designing the content on the computers at the ICT knowledge centres. Most respondents emphasized that there is lack of clarity/guidelines on managing the SMS Helpline and Facebook pages.

Discussions on what was needed for mhealth program improvement and sustainability showed that all respondents pointed at three areas that need attention. These included 1) better management of content development processes, 2) capacity building and 3) integrating both e/mhealth and traditional communication channels.

### **Programming opportunities identified by the e/mhealth operations research:**

We identified several programming opportunities that Straight Talk Foundation ought to consider. These include:

- High appreciation across the board that investing in social media and other modern technologies is inevitable if STF is to be responsive to the socio-technological advancements.
- Presence of other STF programs that could incorporate online platform promotion.
- STF's big reputation in using print media and radio programs for provision of SRHR information.
- Multiple sources of information about STF's e/mhealth platforms
- Willingness to learn from other partner organisations.
- Appreciation of quality and truthfulness in content provided STF'S through its various channels.
- Long standing relation with people who use the SMS helpline.
- High utilisation of ICT centers where access to phones, electricity and internet may be a challenge.
- Presence of other STF programs that provide integration opportunities.
- Good relationship with schools to utilise the ICT centre services.
- Long serving staff members implying institutional memory.

### **Gaps identified by the e/mhealth operations research:**

The following gaps were identified by the operations research and observations during the operations research implementation:

- Inadequate infrastructure at the ICT knowledge centers and headquarters.
- Lack of clear guidelines on content development, platform design and maintenance.
- Absence of needs assessment to benchmark progress and gaps.
- Limited capacity of the staff to respond timely and adequately to young people's needs.
- Delays in responding to SMS messages.
- Low awareness of STF'S online platforms (other than ICT centre) among the community and students.

- Inadequate integration of various communication channels used by STF.
- Unreliable power connection at ICT knowledge centers.
- Inadequate capacity of young people to use computers and ICT knowledge centres.
- Irregularly updated Facebook page that the online survey had to be cancelled.
- Inadequate monitoring of the implementation of e/mhealth strategies.

### **Recommendations:**

1. Considerable effort is needed to integrate the various communication channels to take advantage of the synergies created. It must be recommended that all traditional communication channels should be used to market and promote the newer platforms. The existing practice of promoting Facebook pages and the SMS helpline during the radio programs should be strengthened. Furthermore, both traditional and e/mhealth channels should feedback into content development in a two way fashion.
2. There is urgent need for Straight Talk Foundation to consider investing in infrastructure to facilitate the operations of the ICT centres and their implementing staff. ICT centres should be supported in terms of increased number of computers and space and availability of internet and stand-by generator.
3. Considerable efforts are need to streamline the process of content development .STF should devise a strategy to support the content development across the platforms its platforms. Guidelines on this process should be developed.
4. Considerable effort is needed to build the capacity of the organization staff in using e/mhealth strategies to disseminate SRHR information to young people. A capacity assessment for e/mhealth programming should be conducted to supplement this operations research. These should inform the development of comprehensive capacity building strategies.
5. Monitoring of e/mhealth programs should be strengthened. The routine implementation data should be used to inform decision making. A learning agenda should accompany implementation of e/mhealth strategies to allow corrective measures to be taken timely.

# CHAPTER ONE

## 1.0 Background

### 1.1. Background of ASK programme and Straight Talk Foundation

The Access, Services and Knowledge (ASK) programme is a 3 year program (2013 to 2015) funded by the Dutch Ministry of Foreign Affairs with the aim of enhancing uptake of Sexual Reproductive Health (SRH) services among young people aged between 10-24 years, including underserved groups. The programme which is a joint effort of 8 organizations comprising of Rutgers WPF, Simavi, AMREF Flying Doctors, CHOICE for Youth and Sexuality, dance4life, Stop AIDS Now!, the International Planned Parenthood Federation (IPPF), and Child Helpline International (CHI) is implemented in 7 countries namely Kenya, Uganda, Ethiopia, Ghana, Senegal, Pakistan and Indonesia.

In Uganda, the programme is implemented through 12 partners including STF. STF is a non-profit youth led organization that aims to address the key issues that leave Ugandan youths vulnerable to health outcomes like, HIV, Sexual Transmittable Infections (STIs), and unintended pregnancy. STF focuses on changing social norms and values that limit access to Sexual Reproductive Health (SRH) services and information through designing effective communication strategies and campaigns to create awareness and mitigate sexual health problems among the young people. STF generally operates in all regions of the country although under the ASK programme, Gulu and Bugiri are its operational districts.

Central in the ASK program is to develop and implement (new technology) innovations in order to improve access to SRHR information and/or quality of service delivery, with the goal of increasing information seeking and uptake of services by youth and hard to reach populations. Under the ASK program, STF promotes its SMS helpline, Facebook Page (*My World, My Life*) and two ICT Knowledge centers in Gulu and Bugiri. The campaign that started in September 2013 uses the above platforms to distribute comprehensive Sexuality Education (CSE) messages to young people (10-24 years) both in and out of school.

## 1.2. Description of STF's e/mhealth platform under ASK Program

Straight Talk Foundation reaches young people through radio, print and face to face through peer education approach but Under the ASK program has also adopted the use of social media approaches, such Face Book page, the “My world, My life”, a toll free SMS platform 6300 and ICT knowledge centres. These are described below.

### a. SMS Helpline 6300

**Objective of the SMS helpline:** A platform where young people are able to ask all their questions and get feedback very fast to enable them make informed decision on issues concerning growing up and SRH. The toll free SMS was started to compliment the other mode of feedback which included letter writing.

**Intervention design of Toll free SMS helpline:** Traditionally STF used to get young people's feedback or questions through letters and the process of sending and receiving reply was long. With the introduction of a toll-free SMS service, young people can instantly send their concerns or questions to STF through an SMS and expect a reply. SMS are sent to a number 6300 which is free for those on Uganda Telecom Limited, Airtel Uganda and Africell (formerly Orange Telecom) networks. The sender begins the SMS with the word “stalk”, followed by his/her question or concern. A typical SMS has: “Stalk” (space) the journalist's name (space) and the question or concern”. Most question are about sexual relations. Examples of questions extracted from the SMS platform were:

1. *Stalk Jockus am Lugard I hav bn n a relationshp,da gal bz bn lavd 2 mi bt 1 tym i sent ha sms that i want sex she serious abused me en awa r/shp ended there by then,plz advise me.*
2. *stalk winnie i gt swellings around my private part,wat would be the cause?*
3. *stalk brenda is it bad to play sex when u're in.*
4. *Stalk diz iz maureen 4m busia. Can agirl concive wn she plays sex 3-4 days after menstration. If yes, why?*
5. *Stalk How many days after menstration a woman is able to concieve? E Lalar.*

6. The SMS platform is promoted in all STF's communication platforms namely radio programs, newspapers, social media and face to face communication. There are journalists who host radio talk shows for the different regions of Uganda. Usually young people address their questions to a particular journalist whom they listen to. The SMS is received on the web link accessed by the different STF journalists. The SMS is logged on the log sheet capturing details like date sent, phone number, the question and the name if included in the SMS. The questions are answered by the journalists and sent back to the sender through the SMS web link. This takes on average three days. There is no internal guideline developed for responding to SMS but ideas from the guidelines developed for producing radio programs (Radio guide) are used.

**b. Facebook Page ; “My World, My life”**

Under the ASK program, STF started a face book page in January 2014 with the aim of providing a platform for young people to generate discussion on SRH issues. The content for the face book page comes from issues that young people address on the SMS platform and the other STF activities such as school visits. Therefore, the priority topics should include SRH information needs (STIs, pregnancy and HIV/AIDS) and relationships. This platform is managed by one staff member whose duty it is to ensure that content is updated. This face book page provides a platform for peer to peer counseling where young people give advice to each other on the different situations they may be facing. This social media platform is promoted through STF's print materials and radio shows.

**c. ICT knowledge centres.**

Under the ASK program, STF also uses ICT to provide young people with access to SRH information and referral component on 24 computers in Gulu at the Gulu Youth Centre and 5 computers in Bugiri at YEFAP. In Gulu, STF in partnership with CDFU, UNICEF and Kibo Foundation trained 60 young people in basic computer knowledge. This was aimed at empowering young people with computer skills to be able to access the SRH information uploaded on the computers. The SRH information was uploaded on a web portal by UNICEF and

can be access both on and offline on the different partners computers. The trained young people often access this information when they visit the computer centers. They are encouraged to share the information with their peers and also come along with them at the computer centers.

### 1.3. Context and rationale for the e/mhealth operations research

The application of electronic and mobile solutions for health (eHealth and mHealth) in developing countries is expanding quickly, including in the field of Sexual and Reproductive Health (SRH). The Access, Services, Knowledge (ASK) program which is currently being implemented in Uganda seeks to use e/m health strategies to increase direct access to SRH information and services to young people. A number of review papers<sup>2</sup> noted that the research done in e/m health field is limited to short term effectiveness, client- provider assessment of technologies and cost of small scale pilots. Therefore, evidence is not sufficient to determine effectiveness or even sustainability of these interventions beyond pilot phases funding. Impact assessment/ evaluation research is limited by complexity of strategies i.e. rapid technological change, unfamiliarity of providers and clients and technical complexity of the infrastructure itself.<sup>3</sup>

A Survey<sup>4</sup> of existing e/m platforms at five (5) ASK partner organisations<sup>5</sup> showed that despite overwhelming interest, integration of the e/mhealth promotion campaign into existing programs at Straight Talk Foundation was still at its infancy<sup>6</sup> and no evaluation of performance, processes or effectiveness had been done. Furthermore, there were concerns over the possibilities of effectively using modern technologies among youths especially in settings where many do not own mobile phones and access to the internet is not guaranteed.

It is against this background that this OR broadly aimed at providing evidence about use of e/m health strategies for expanding direct access to SRHR information and services among young

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<sup>2</sup> WHO 2011 (mHealth: New horizons for health through mobile technologies: second global survey on eHealth.), Aranda-Jan et al 2014 (Systematic review on what works, what does not work and why of implementation of mobile health (mHealth) projects in Africa. BMC Public Health 2014, 14:188 <http://www.biomedcentral.com/1471-2458/14/188>)

<sup>3</sup>Path Outlook 2012 (eHealth, mHealth, reproductive health. December 2012) and WHO 2011.

<sup>4</sup>Report on findings of current e/mHealth strategies used by ASK partners in Uganda.

<sup>5</sup> Reach a hand Uganda (AMREF HEALTH AFRICA), School Net Uganda, Restless development and Straight talk foundation (STF).

<sup>6</sup> Reach a hand Uganda (AMREF HEALTH AFRICA) is much ahead in using social media but evaluation of effectiveness is not yet done.

people in Uganda by conducting a comprehensive assessment of e/mhealth platforms, discussing their effectiveness, facilitating factors, current challenges, gaps, opportunities and tendencies. Specifically, the research explored the dynamics (actors and factors) that determine the effectiveness of the e/m health strategies used by STF to increase access to SRH information/services among Ugandan young people.

#### **1.4. Structure of the Report**

The report is divided into 4 chapters. Chapter 1 provided the background and rationale for the study. Chapter 2 provides the methodology used during the study outlining the techniques used in obtaining and utilizing the data required for this operations research. It contains research design, study population and area, data collection methods, the procedure of selecting the sample size, research instruments among others. Chapter 3 provides the results from the research presented according to the study objectives. The final chapter (4) is the discussion that highlights the gaps and opportunities identified during this study. It further provides the implications and recommendations from this study.

## CHAPTER TWO

### 2. Methodology

#### 2.1. Introduction

This chapter outlines the techniques that were used in obtaining and utilizing the data required for this operations research. It contains research design, study population and area, data collection methods, the procedure of selecting the sample size, research instruments among others.

#### 2.2. Study design

This operations research was a descriptive cross sectional study. It involved young people between ages 10 to 24 years old. Key informants also participated in this research. These were program managers and STF staff, The study resulted into a description of the actors and factors that determine the effectiveness of the mhealth applications being promoted by STF to increase access to SRH information/services among young people in Uganda.

Both quantitative and qualitative study methods i.e. paper-based structured exit survey, telephone interviews and Focus Group Discussions (FGDs) were used to examine and report detailed views of young participants (10-24 years) in response to the research questions.

#### 2.3. Data collection methods

##### 2.3.1. The exit Interview:

A sample size of 357 young people was targeted from the two ICT knowledge centres of Gulu and Bugiri. The exit interviews were intended to assess aspects related to STF's ICT Knowledge centres such as; access, type of information provided among others. The sample size was calculated based on three factors: the estimated population of young people who may have accessed STF's ICT knowledge centres(in this case not known, maximum variability proportion of 0.5 has been used); the confidence level at 95%; and the margin of error at 5%.The sample size was calculated using the formula below;

$$n = \frac{t^2 \times p(1-p)}{}$$

$m^2$

Where:

n = required sample size

t = confidence level at 95% (standard value of 1.96)

p = Proportion of young people who may have accessed STF's ICT knowledge centers.

m = margin of error at 5% (standard value of 0.05)

Data collection was conducted in February 2015 by young people with the supervision of senior researchers. Clients were interviewed as they came in at STF's ICT knowledge centres. The sampling was spread over each day of the week all people who came to the centre and consented to participate were given an interview. A total of 345 questionnaires were collected. After data cleaning, 338 records remained. Data was analyzed using SPSS XBM version 17 statistical package. The analysis was mainly descriptive, frequency/percentage distribution tables, graphs and cross-tabulations were the main form of presentation and analysis for the study.

All young people (boys and girls, and both in or out of school) aged 10 or older and found at the ICT centres were eligible to participate in the survey. All those above the age of 24 years and/or did not come to the ICT centres were excluded from the study.

### **2.3.2. Telephone interviews:**

One hundred (100) telephone interviews with young people who had used the SMS helpline were planned. These interviews were set to gather experiences of the users of this platform. The sample size was estimated based on the fact it is big enough to generate insightful generalizable data and that the SMS platform is in its initial implementation phases therefore a big sample size was not feasible.

A list of telephone numbers used to send questions or concerns to the SMS helpline platform was generated at STF. Initially purposive selection was used to select numbers to call back where first consideration was given to young people from the two districts covered by STF under ASK program and with SRHR related questions. However, some telephone contacts were unavailable and ultimately all who could be reached and consented were given an interview.

The interviews were conducted by a young research with support from supervisors. Consent was obtained before the interview could start.

Altogether, 99 respondents were reached. Data was analysed using SPSS XBM version 17 statistical package. The analysis was mainly descriptive, frequency/percentage distribution tables, graphs and cross-tabulations were the main form of presentation and analysis for the study.

### **2.3.3. Focus Group Discussions:**

A total of 14 focus group discussions were conducted with *users and non-users* of STF's platforms. Altogether 8 FGDs were held with users and six with non-users. The FGDs were conducted in the two districts covered by Straight Talk Foundation under the ASK project; six in Gulu district (3 users and 3 with non-users) and eight in Bugiri district (5 with users and 3 with non-users). The average number of participants per FGD was 11.

The FGDs explored youths' perceptions and attitudes towards aspects of e/mhealth strategies (such as access, design and implementation) and how the young people used the provided SRHR information. Data from the FGDs were analyzed using a thematic framework approach based on key themes, concepts and emergent categories. Quotes from the respondents were used to illustrate and emphasize the voices and points made by respondents.

All young people (boys and girls and both in or out of school) aged 10 or older were eligible to participate and all those above the age of 24 were excluded.

### **2.3.4. Online survey:**

A sample size of 400 young people was targeted for the online survey to assess aspects related to STF's Facebook pages. The sample size was calculated using a web-based sample size calculator (<http://www.openepi.com/OE2.3/SampleSize/SSPropor.htm>), based on three factors: the estimated population of young people who may have accessed e/m health platform by STF (in this case was not known, maximum variability proportion of 0.5 has been used); the confidence level at 95%; and the margin of error at 5%. The response rate of 15-20% was also considered given that this will be the first time this population (young people accessing social media information by STF) will be surveyed online.

The online survey was launched in March 2015. However, a decision was made to halt this survey because of a very low response rate (15 out of 400) after two and half months.

### **2.3.5. Observation assessment:**

An observational assessment of STF'S *My World; My life* Facebook page was conducted in early July to provide some general insights about this platform. Accordingly, an observation checklist was developed and used to guide the observation of the platform to produce information on the nature, operations and information offered through it between March-June. The observational assessment generated general information which included; user engagement i.e. likes, shares, comments; the platform design; the type of content shared; and content generation

### **2.3.6. In-depth interviews:**

In-depth Interviews (IDI) were used to generate staff views and judgments of STF's E/M Health Platforms. An in-depth guide was developed and used to guide face- to-face in-depth interviews with STF staff. The in-depth interview guide was pre-tested and feedback used to refine it.

The study population consisted of nine (9) staff members; three (3) at management level and six at the implementation level. The staff was identified purposively considering their roles at STF. The researcher chose, together with the selected STF staffs, the ideal time and place for the interviews. The respondents were offered on-front consent before being included in the study. The consent form was read to the participants to facilitate clear understanding. The respondents consented by signing the consent forms. Confidentiality was maintained by use of anonymous identifiers and restriction to raw data to only those who were directly involved.

In-depth Interviews (IDIs) generated rich and detailed information concerning the staffs' perceptions towards the studied platforms, current design and maintenance processes, added value to other information dissemination means by STF as well as the needs for program development. Open ended questions were used to dig deeper into the subject of discussion. The interview was recorded using a tape recorder. The in-depth interview guide was pre-tested and feedback used to refine it. The audio taped in-depth interviews were transcribed by the researcher. The data was analyzed manually using a thematic framework approach, following the

key themes and concepts as structured in the interview guide. Relevant emergent themes that were noted during data processing were considered.

## 2.4. Training of young researchers

Eight young people were trained using Rutgers' *Explore Training Manual* on training of young researchers. The content was adapted to suit the Operations research. The young people were trained to ensure Meaningful Youth Participation (MYP) and to build capacity for young people in STF'S peer educators' network in operations research. These were selected by STF in consideration of their membership in STF'S peer educators' network. The research assistants were trained for four days, on research basics, e/mhealth OR objectives, quality control, record taking and research ethics prior to the beginning of data collection process. The training involved face to face talk and mock interviews and fieldwork to familiarize with the data collection tools. Use of various training approaches was aimed at ensuring accuracy, consistent, uniformity and validity of the dialogues.

**More about the training can be seen in the photos below.**





## 2.5. Ethical approval

This OR protocol was reviewed and approved by the Makerere University School of Public Health Higher Degrees, Research and Ethics Committee and National Council of Science and Technology (See annex 4. Copy of approval letters)

### **Other ethical considerations:**

Research assistants informed all study participants of their rights and risks of participating in the study. Written consent was obtained from all study participants (exit interviews, telephone interviews, online survey, FGDs & IDI) after explaining the purpose of the study. Participation in the study was voluntary.

Throughout this study, privacy and confidentiality was emphasized. All data was collected in a private setting. Confidentiality was assured by removal of identifiers and restriction of raw data to only those who were directly involved in the study.

## 2.6. Study Limitations

- There was difficulty tracing telephone interview respondents since many young people had not used a personal phone to send SMSs. This was particularly problematic when the SMS was sent using a communal phone. More so, some telephone numbers were inaccessible

possibly because they were no longer in use or because of poor network connections. This was addressed by making several attempts to call. Additionally, there were few telephone contacts from the two districts of Gulu & Bugiri so the scope was modified to include telephone numbers from the northern and eastern regions where the two ASK districts fall.

- There was a challenge of recalling past experiences for people who had taken some time without using the platforms. This was offset by using different data collection methods in a complementary manner. More so, FGDs enabled us benefit from collective memory.
- There was a mix up of the ehealth platforms as several references were made to the radio. This was addressed by emphasizing the three platforms (Computers at ICT centre, SMS helpline and Facebook) during the data collection. More so, STF has several Facebook pages and it was not easy to isolate the *My World, My Life* account during the interviews. However, it was evident during the observation that it is not well promoted due to the slow traffic to it.

## CHAPTER THREE

### 3. Results

#### 3.1. Introduction

This chapter outlines the study findings. It reflects the content analysis of the respondents' report on the actors and factors that determine the effectiveness of the mhealth applications being promoted by Straight Talk Foundation to increase access to SRH information/services among Ugandan young people. The findings are presented according to the study objectives. Some of the typical or deviant views from respondents have been quoted in this chapter. The aim of the study was to explore the actors and factors that determine the effectiveness of the e/m health platforms to increase access to SRH information/services among Ugandan young people.

#### 3.2. Demographic characteristics of respondents

##### 3.2.1. Socio-demographic characteristics of survey respondents

The mean age of the respondents was 15.8 years and age range was 10-24 which was similar to, the age range of STF'S target audience of 10-24 years. Male respondents constituted slightly more than half (52.4%) of the exit interview respondents while 88.5% of the study respondents were still in school. Majority of the respondents (61.6%) had primary as their highest level of education at that time and 16.5% reported engaging in Income Generating Activities (IGA).

**Table 1: Socio-demographic characteristics of ICT centre respondents**

Variable	Frequency	Percent
Age		
10-24	338	100%
Sex		
Female	156	46.8
Male	177	52.4
Schooling status		
In-school	299	89.0
Out of school	37	11.0
Education level		
None	8	2.4

<b>Primary school</b>	207	61.6
<b>Secondary school</b>	97	28.9
<b>Tertiary education</b>	24	7.1
<b>Engaged in IGA</b>		
<b>Yes</b>	55	16.5
<b>No</b>	279	83.5

### 3.2.2. Socio-demographic characteristics of telephone interview respondents

The mean age of the respondents was 21.06 years; age range was 10-24. Male respondents constituted the biggest proportion (78.6%) of the respondents while 21.4% of the study respondents were females.

**Table 2: Socio-demographic characteristics of Telephone Survey respondents**

<b>Variable</b>	<b>Frequency</b>	<b>Percent</b>
<b>Age</b>		
<b>10-24</b>	99	100%
<b>Sex</b>		
<b>Female</b>	21	21.4
<b>Male</b>	78	78.6
<b>Schooling status</b>		
<b>In-school</b>	59	60.8
<b>Out of school</b>	38	39.2
<b>None</b>	1	1
<b>Primary school</b>	7	7.9
<b>Secondary school</b>	68	69.4
<b>Tertiary education</b>	20	20.4
<b>Engaged in IGA</b>		
<b>Yes</b>	48	48.5
<b>No</b>	49	49.5

### 3.2.3. Socio-demographic characteristics of FGD participants

A total of 146 people were engaged in the fourteen (14) focus group discussions conducted. The age range of participants was 13-19 and the average size of the group was 11 people. Male participants were more (56.2%) than the female ones. The socio-demographic details can be seen in the table below.

**Table 3: Socio-demographic characteristics of FGD participants**

FGD Identifier	FGD Type	Composition		Number of Respondents
		Female	Male	
FGD 1- Bugiri	Users	7	5	12
FGD 2- Bugiri	Non-users	6	5	11
FGD 3- Bugiri	Users	10	2	12
FGD 4- Bugiri	Non-users	2	8	10
FGD 5- Bugiri	Users	4	6	10
FGD 6- Bugiri	Non-users	10	10	20
FGD 7- Bugiri	Users	5	6	11
FGD 8- Bugiri	Users	3	5	8
FGD 1-Gulu	Non-users	3	6	9
FGD 2-Gulu	Users	3	5	8
FGD 3-Gulu	Non-users	3	3	6
FGD 4-Gulu	Users	0	12	12
FGD 5-Gulu	Non-users	3	2	5
FGD 6-Gulu	Users	5	7	12
<b>Total</b>		<b>64</b>	<b>82</b>	<b>146</b>

### 3.2.4. Socio-demographic characteristics of IDI respondents

Out of the nine STF staffs interviewed; three were from the management team while six (6) were implementers. Most of the staff members were above 25 years old and had spent a sizeable number of years with STF/in the SRHR field. The average length of stay at STF was 6.3 years. The long duration at STF implied that the respondents had a deep understanding of the organization.

**Table 4: Socio-demographic Characteristics of the staff interviewed.**

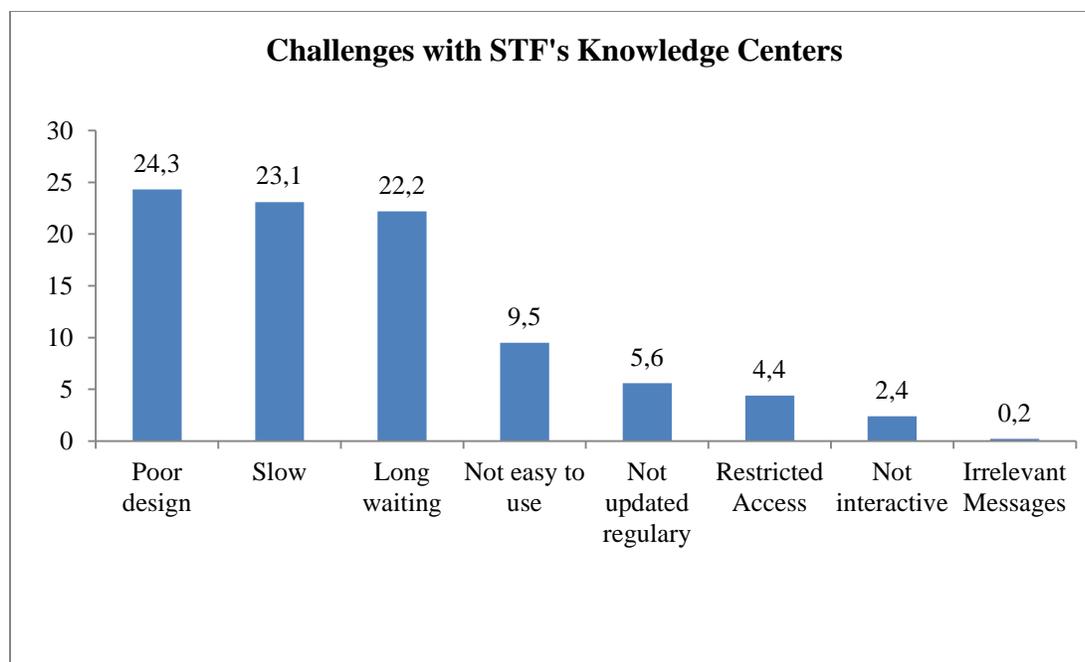
<b>Key informant Identifier</b>	<b>Sex of Respondent</b>	<b>Age of Respondent</b>	<b>No. of years working in STF</b>
Manager 1	Female	42	16 (24 in SRHR field)
Manager 2	Male	34	11
Manager 3	Male	-	6
Implementer 1	Female	25	3
Implementer 2	Female	33	8
Implementer 3	Male	-	5
Implementer 4	Male	27	1.5
Implementer 5	Male	27	10
Implementer 6	Female	-	7

### **3.3. Young people’s perceptions and attitudes towards STF’s-platforms (ICT centre, SMS helplines )**

#### **3.3.1. Access to STF’s platforms**

##### **3.3.1.1. Access and challenges**

Considering the design of the study, all survey respondents had accessed STF’s platforms at least once. However, the respondents reported challenges in accessing STF’s platforms. The challenges related to using the ICT centres included : long waiting time (22.2%), slow internet connections (23.1%), restricted access to websites (4.4%), not easy to use computers (9.5%), poor design (24.3%), content not updated regularly (5.6%), irrelevant messages (0.2%) and platform not being interactive (2.4).



**Figure 1: Challenges using ICT centres**

The above findings matched with the FGD findings were participants remarked:

*“The problems are many but shall just mention some: To start with our room is small...and because the room is small, you have to sit there waiting until you run late and just decide to leave”. FGD 3-Bugiri*

*“When power goes off you have to sit and wait, unless you have a generator. Moreover, power {in Bugiri district} can be off every now and then. When it goes today, it will come back the following day”. FGD 3-Bugiri*

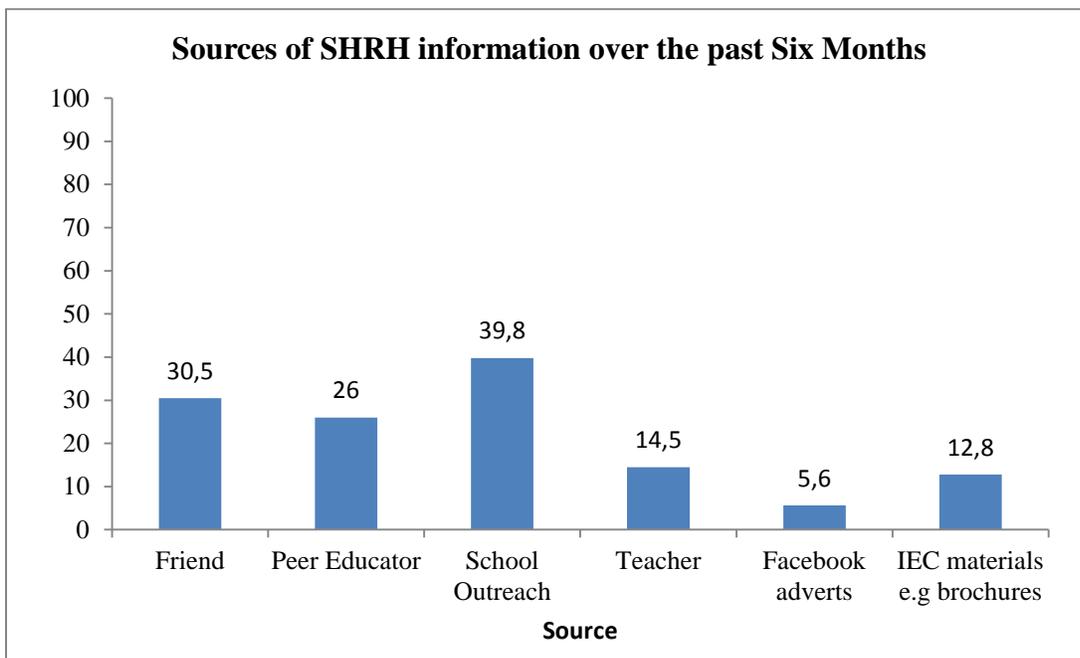
Other access challenges expressed by FGD participants included: language barrier, lack of IT skills and restricted access from school. According to the participants, the vocabulary used at the ICT centres is difficult to understand and often requires them to consult a dictionary.

On the other hand, Over 80% of the telephone survey respondents reported ownership and 19.2% access to another person’s gadget (phone or computer) which they used to SMS. Relatedly, 19.7% and 80.3% reported being allowed to access phones at school and home respectively. More so, 46.4% of the respondents reported restriction to access from the elders as the biggest

challenge as compared to restrictions from school and being expensive (21.4%). Limited time (3.6%) and non-ownership of gadgets (7.1%) were recorded as the least of challenges faced by the respondents.

### 3.3.1.2. Sources of information about STF's platforms

The most accessed communication channel to receive information about the ICT knowledge centres was school outreaches, friends and peer educators with scores of 39.8%, 30.5% and 26.0% respectively. This is further shown in the diagram below.



**Figure 2: Sources of information about STF's ICT centre platforms**

The above picture was also generally reflected in the FGD responses as elaborated below:

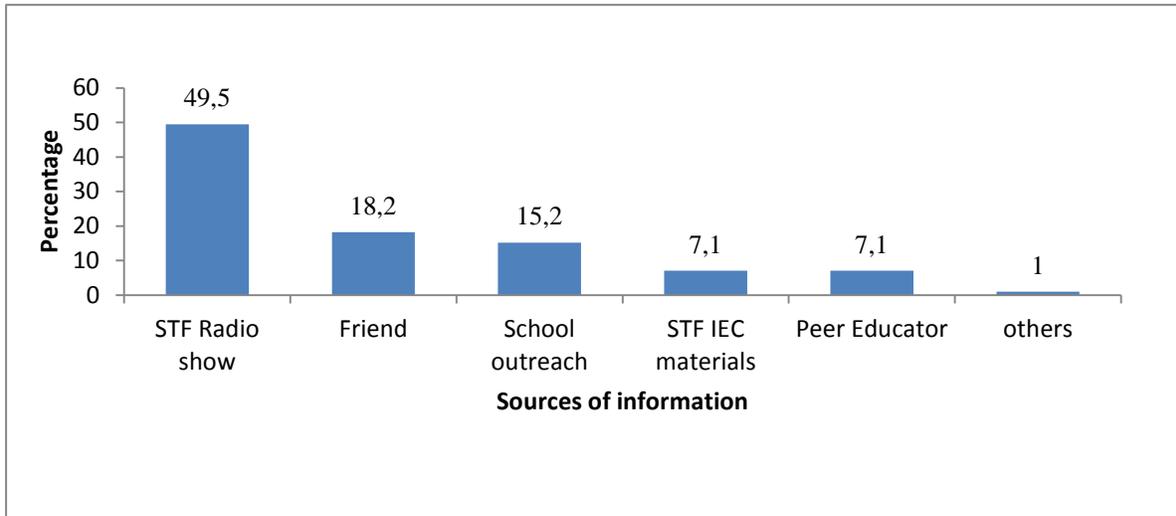
*I heard gone to our youth club called Abstinence and Patience pays club [and that is where] I got the information [about the ICT Knowledge centre]. **FGD3-Bugiri.***

*I heard from radio that computers had come, and because I had the interest of learning computer I decided to come [to the ICT centre]. **FGD2- Gulu.***

The above findings matched with the findings from the telephone interviews: STF Radio shows, friends and school outreaches were the main sources of information about STF's SMS helpline with 49.5%, 18.2%, and 15.2% respectively reporting them. Peer educator, STF's IEC materials and others were the least sources of information about STF's SMS helpline with only 7.1%,

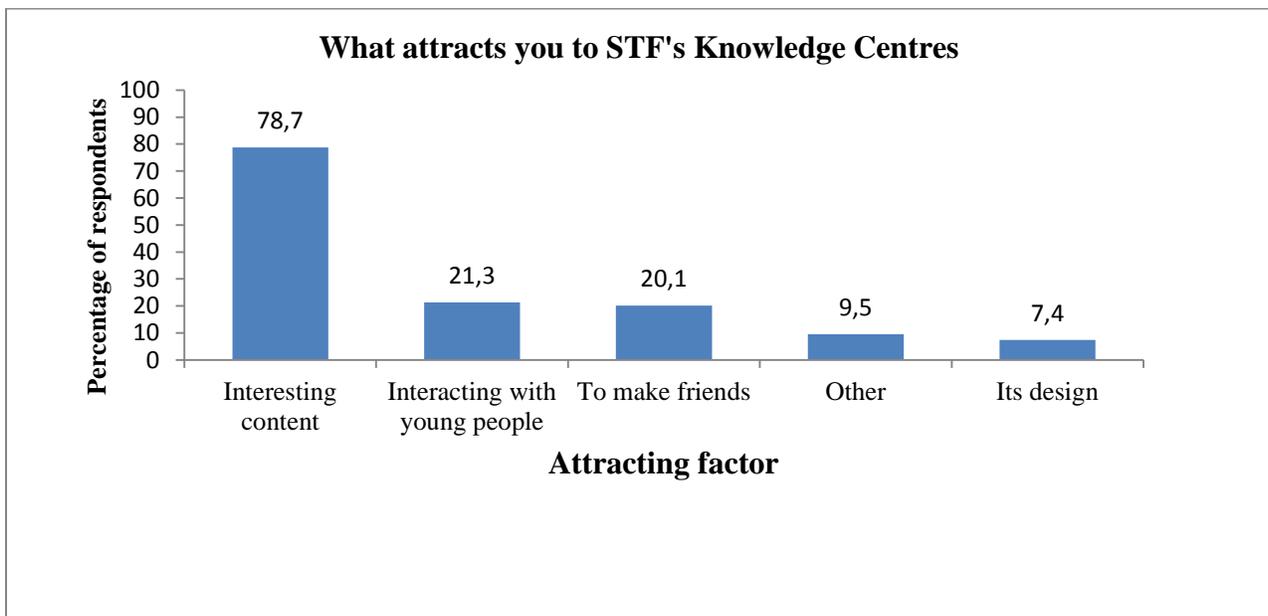
7.1% and 1.0% of the telephone survey respondents respectively reporting having known about STF's SMS helpline through these sources.

**Figure 3: Sources of information about STF's SMS helpline**



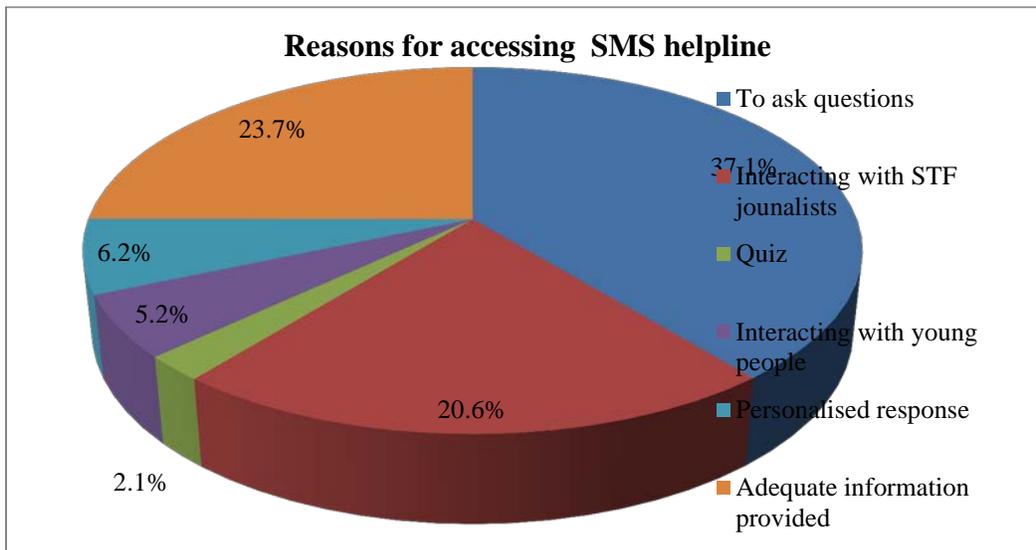
**3.3.1.3. Reasons for accessing STF’S-platforms**

Majority of the respondents were attracted to the ICT centres by the interesting content at 78.7% while 21.3% and 20.1 % of the respondents reported interacting with young people and making friends respectively. This is illustrated below.



**Figure 4: Reasons for Visiting ICT centres as reported by Exit interview respondents.**

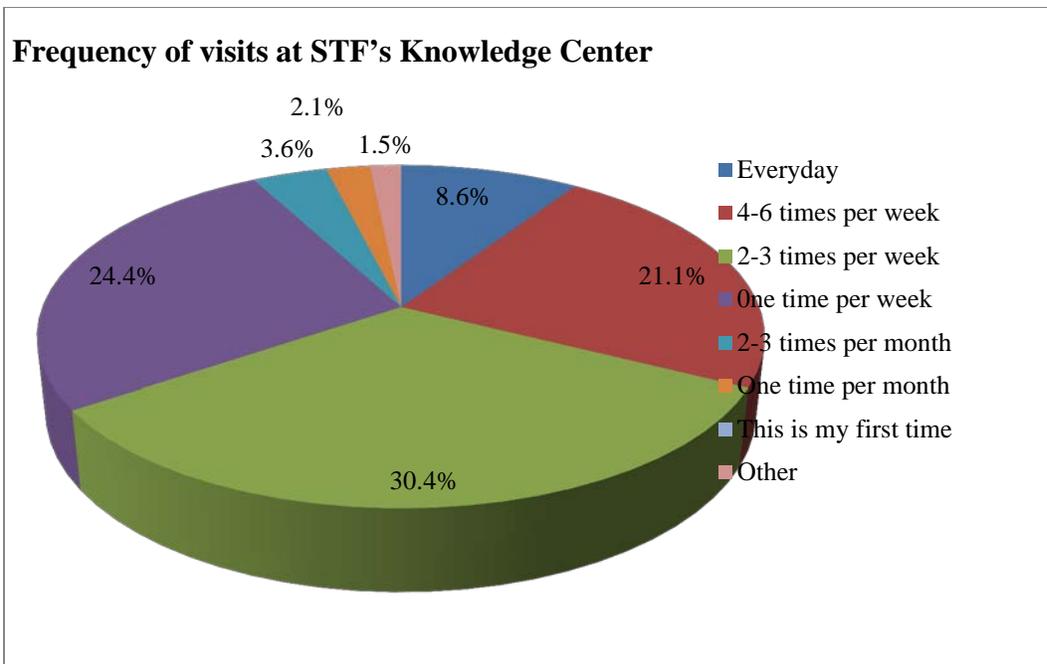
Regarding the SMS helpline, many of the telephone survey respondents (37.1%) reported that they were attracted to STF's SMS helpline platform to ask questions on these platforms while 23.7% and 20.2% of the respondents were attracted by the adequate information provided and the interaction with the STF journalists respectively. Furthermore, 2.1% and 5.2% of the respondents were attracted to the platform because of quiz during radio shows and interaction with young people respectively. Only 5.2% of the respondents reported receiving personalized responses as the reason for using the SMS helpline. These are illustrated in the pie-chart below.



**Figure 5: Reasons for Accessing STF's SMS helpline.**

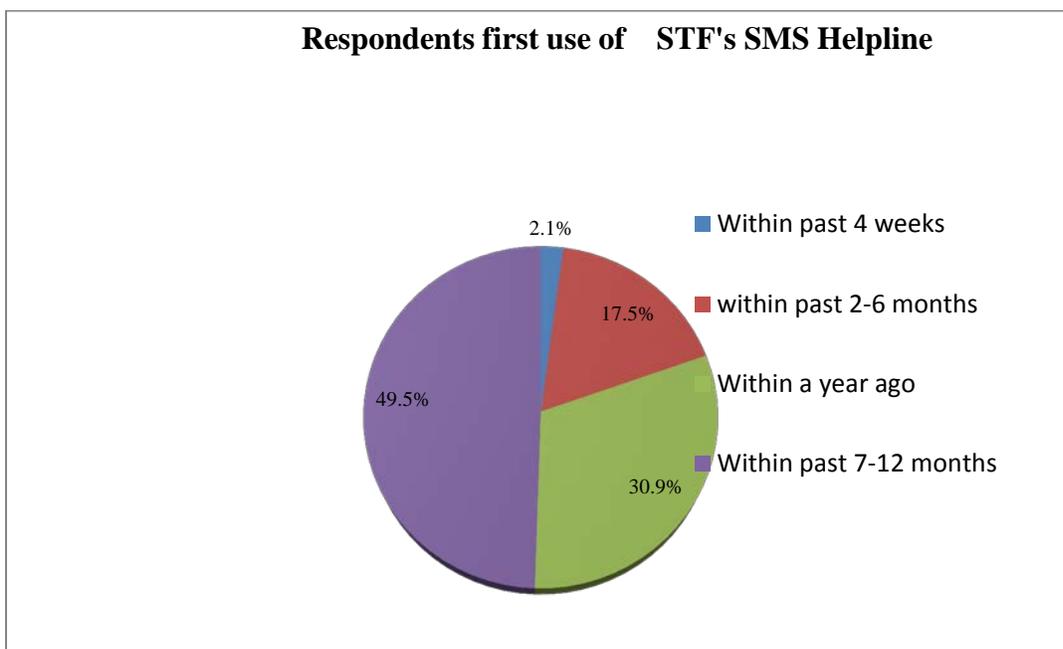
#### **3.3.1.4. Frequency of Visits to STF platforms by young people**

Almost a third (30.4%) of the exit survey respondents reported visiting the center 2-3 times a week. Furthermore, 8.6% of the respondents visit these ICT centers every day; 21.1%, 4-6 times a week and 24.4% visit once a week. Some people visit STF's Knowledge Center 2-3 times a month (3.6%), one time a month (2.1%). Only 8.6% reported that this was their first visit to the ICT Centre (see Figure 6). The visits were mainly done in the afternoons as reported by 65.7%. Most of the people stayed at the Centre for more than 30 minutes and 11.2% spent less than 30 minutes.



**Figure 6: Frequency of visiting the ICT Centres.**

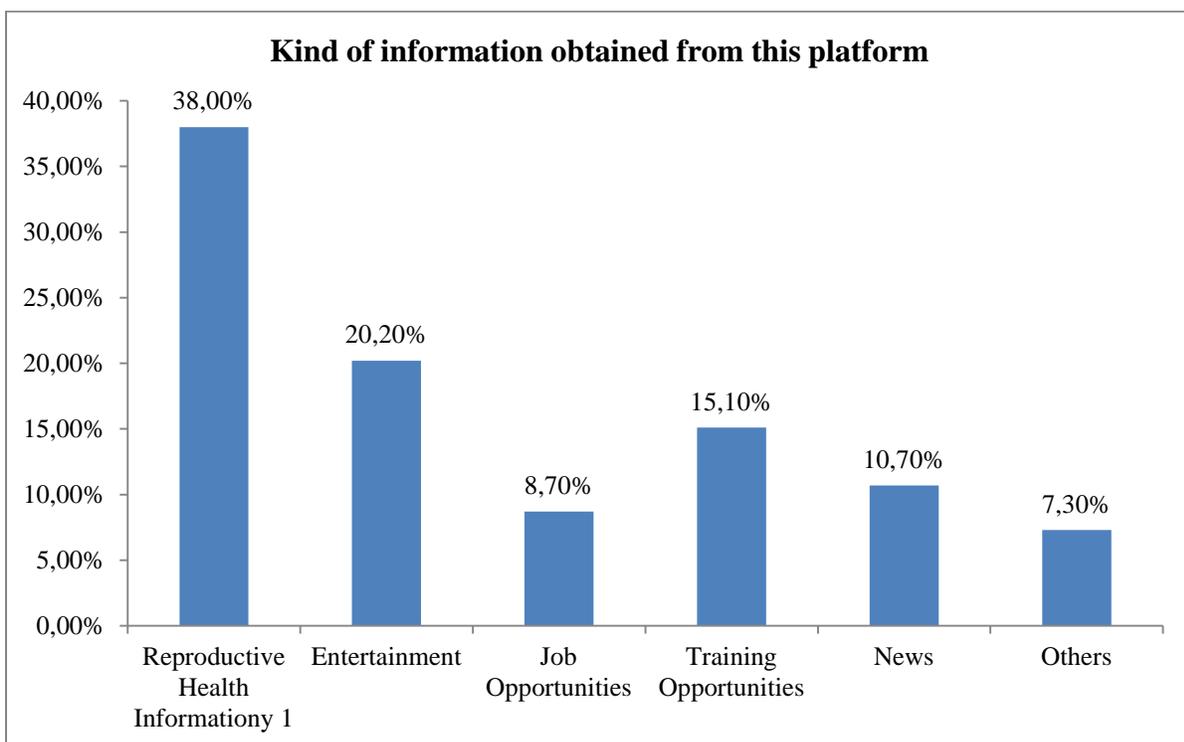
Regarding the use of the SMS helpline, almost a half (49.5%) of respondents report first time to use the helpline was a year ago while 30.9% and 17.5% of the respondents first used the SMS helpline within the past 2-6 months, and 4 weeks respectively. A meagre 2.12% had sent an SMS for the first time within the month preceding the survey.



**Figure 7: First use of SMS helpline**

**3.3.1.5. Type of SRHR information accessed by young people from STF’s-platforms**

Among the STF’s Exit Interview respondents, half (49.5%) reported accessing reproductive health information from STF’s Knowledge Center computers. The other type of information accessed on this platform were training and job opportunities, new and entertainment information with 15.1%, 8.7%, 10.7% and 20.2% respectively. Among those who had sought reproductive health information, 35.6%) had specifically sought information do with sexual and reproductive health (See Fig 8 & Table 5).



**Figure 8: Information sought at ICT centre**

**Table 5: Information sought and needs disaggregated by sex**

Responses from the Exit interview, STF, e/mhealth Operations Research, 2015		
Percentage of Respondents Who:	Respondents	
	Male (n= 183)	Female (n=152)

<b>Responses from the Exit interview, STF, e/mhealth Operations Research, 2015</b>		
	<b>Respondents</b>	
Mean age	22.5	22
<b>Type of Information Accessed from STF's Knowledge Center platform (%)</b>		
Reproductive Health Information	35.5%	40.7%
Entertainment	23.3%	17.5%
Job Opportunities	10.1%	6.9%
Entertainment Opportunities	13.5%	17.5
News	11.9%	9.1%
<b>Specific SRHR information to be shared on STF's Knowledge Centre platform (%)</b>		
Gender	31.8	39.7
Sexual and Reproductive Health	7.0	8.0
Sexual Citizenship	15.5	6.7
Pleasure	7.0	7.3
Violence	15.5	11.3
Diversity	4.3	5.0
Relationships	10.7	17.0
Others	7.2	4.4

The above picture was not very different for the respondents to the telephone interview. Among the respondents, the biggest proportion (92.1%) reported accessing reproductive health information from this platform. The other types of information accessed were training opportunities, entertainment, job opportunities and news information with 1.0% 2.0%, 3.0% and 2.0% respectively. The respondents also reported accessing SRHR information through other sources namely Face book, Radio talk show, Print material, School visits, Community outreach at 0.8%, 52.0%, 32.0%,1.6% and 4.8% respectively.

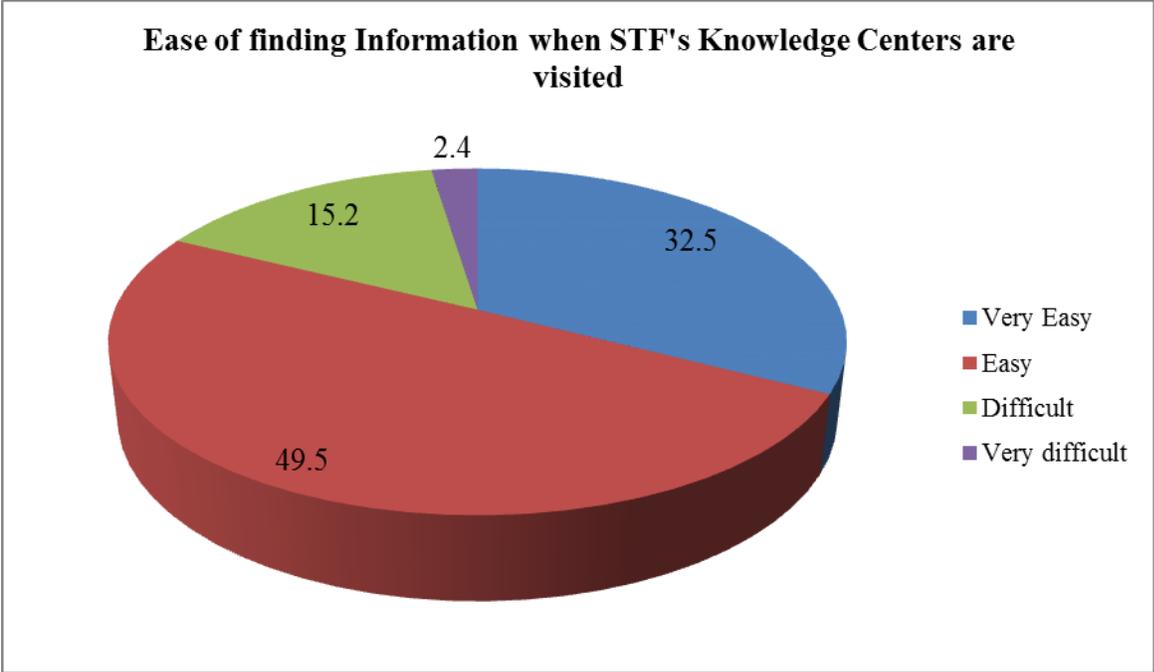
Further investigations showed that, survey respondents felt some information was missing on the platforms. The following types of information were reported as additional information needed on the platforms; excelling academically, job opportunities, sports news, computer skills, life skills such as tree planting, human rights abuse and personal hygiene. This finding somehow differed

from FGD findings where participants reported need for additional information mainly on health related issues on: STIs such as gonorrhea and HIV/AIDS, how to prevent early pregnancy and early marriage. When asked which type of information embarrassed them to access at the ICT centre, many of those who attempted this question mentioned that they were embarrassed to looking for sex related information such as nude photos and sex videos. Conversely, 87% of the telephone interview respondents reported that they were comfortable to access all kinds of information through the SMS helpline.

**3.3.2. Perceptions towards STF’S-platforms**

**3.3.2.1. Young people’s perceptions towards STF’S-platforms design**

Findings on platform design revealed that 85% of the 337 young people who had accessed the ICT knowledge centre found it either very easy or easy to access the information needed. Similarly, all the SMS helpline users found it either very easy (72.4%) or easy (27.6%) to send a SMS when needed.



**Figure 9: Ease of finding the information at ICT centre**

### 3.3.2.2. Young people’s appreciation of STF’S-platforms

Willingness of the young people to recommend STF’S ICT e/mhealth platforms to their friends was extremely high and this was due to several reasons such as the perceived benefit of the information provided through channels, the service being free, gaining new skills and being user-friendly. The following quotes reflect the above views.

*“Yes [I would encourage them] because at the center there are a lot of educative services”.* **FGD 4-Gulu**

*“I will tell my friends [to come] because it is free of charge”* **FGD 5-Gulu**

*“Yes [I would recommend the Centre to them] because I would like my friend to come and learn what I have also learnt at the center”* **FGD 3-Bugiri**

One FGD respondent reported that he had actually brought a friend to the ICT centre because of the benefits above.

*“I would recommend [the ICT centre] because first, it is free of charge and [secondly] those who come will be guided [on how to go about the computers]. I brought him [here] and I know in the long run he will get to know something”* **FGD 4-Gulu**

Similarly, 71% of the exit interview respondents felt comfortable to share personal concern/questions openly. Reasons for this included the need to get faster responses and opportunity to get multiple views. Contrary, the main reason for not wanting to share information openly related to the fear of being disclosed. The picture from FDGs was similarly mixed regarding sharing information openly. For example one respondent remarked:

*“When I have a problem I have to share [it] with people because you never know what others know about it; when you share [your problem] you get diverse solutions”* **FGD 1-Bugiri.**

Conversely, some respondents indicated fear of breach of privacy or uncertainty of information to be received as barriers to sharing their issues with others.

*‘I feel shy and you may not want everyone to know but when you share [your issues] openly then everyone will get to know’* FGD 3-Gulu.

*“I always have a fear because I don’t know what I will be told or how I will be advised.”*

### **FGD 3- Gulu**

Findings on the general perceptions of young people towards the information at ICT centres showed that; 89.1% of respondents trusted the information offered. Furthermore, 86.0 %, 81.4%, 82.5%, 87.6% and 80% indicated the information was youth friendly, of high quality, useful, understandable and appropriate for young people respectively. More so, 79.8% reported that it was easy to navigate and to find information at STF’s ICT knowledge center.

#### **3.3.2.3. Young people’s perceived advantages of STF’S-platforms**

The FGDs revealed that the young people thought that modern technologies improved access to SRHR information compared to traditional means of communication. However, some indicated the complementarity of both e/mhealth and traditional channels. For example, some indicated that they had received information about mhealth platforms through STF’s radio programs and that at times responses to questions sent by SMS are given during the radio programs.

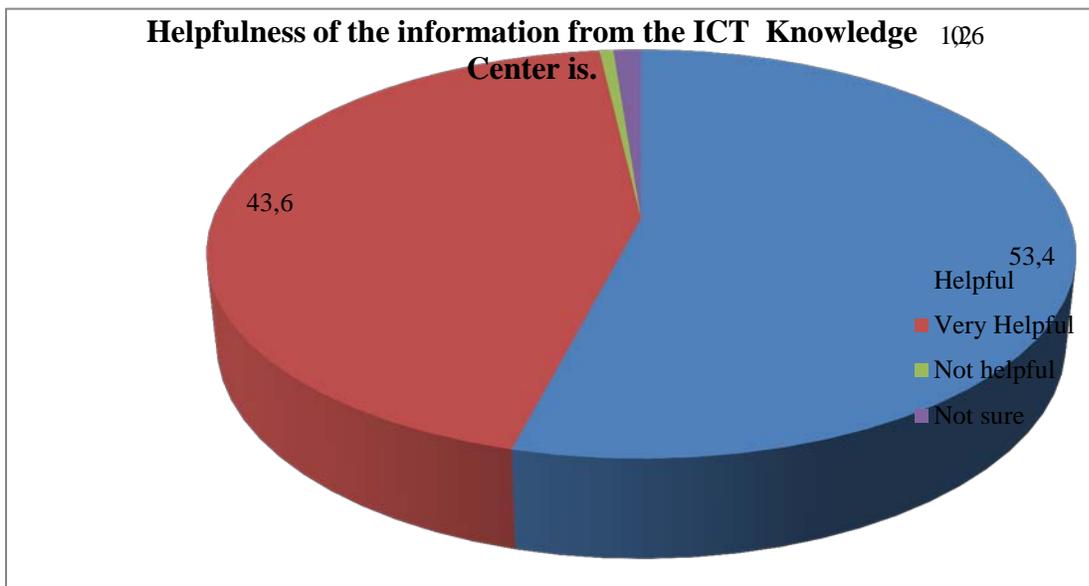
*“For SMS’s, if they don’t give [you] a response by SMS, it’s given through radio”* **FGD 3-Bugiri.**

*“We always hear on radio when [mentioned name of STF radio presenter] is teaching us how to send SMS messages. At first we used to write letter on papers and drop[them] at Bugiri YEFAAP, but later we started using SMS’s”.* **FGD 3-Bugiri.**

#### **3.3.3. Use of information accessed via STF’S-platforms and recommendations for platform improvement**

##### **3.3.3.1. Comprehensibility and helpfulness of the information received from STF’S-platforms**

Understanding the content is an important step to information usage. From the survey, majority of the respondents (93.3%) reported that they found the information provided on STF's Knowledge Center platforms easy enough to understand to their satisfaction. Only 6.7% of the respondents felt the information provided on STF's Knowledge Center platforms was not satisfactorily easy to understand. Almost all the respondents (97%) reported that the information provided on STF's Knowledge Center channels either was helpful and only 1.2% of respondents were not sure whether the information provided was helpful or not (see Figure 7)



**Figure 10: Rating of information offered on STF knowledge platforms**

Relatedly, majority of the telephone survey respondents (96.6%) felt that the information provided through the SMS helpline was up to date and 79.3% of the respondents also rated the information they received from this platform as helpful.

Focus group discussions revealed that the views and perceptions of young people towards the information accessed through STF's mhealth platforms were mixed. Although some indicated that the information was very useful, some indicated that they were constrained by inadequate time dedicated to searching information at the ICT centre and delays to get feedback.

*“We don’t get the information needed when we go to the computer center because we spend all the time on learning how to type” FGD 3-Bugiri*

*“They just don’t reply ...you can send a message but they don’t reply” FGD 3-Gulu.*

*“For the SMS, it depends on who is answering you. Sometimes they answer you to your satisfaction but sometimes the answer is not direct” FGD 1-Bugiri*

### **3.3.3.2. STF’S-platform contribution to increased uptake of RH services**

About 31% of the exit survey respondents reported receiving referral information for additional SRHR information and services at the ICT knowledge centre while only 24.1% of the telephone helpline users reported having been given information additional SRHR information and services by the telephone helpline counselors. When asked to mention where they were referred to, both telephone and exit survey respondents indicated referral to mainly hospitals. The reasons for referral were mainly for HIV testing. Discussions with e/mhealth platform users during the focus group discussions also revealed some people got right referral information when requested.

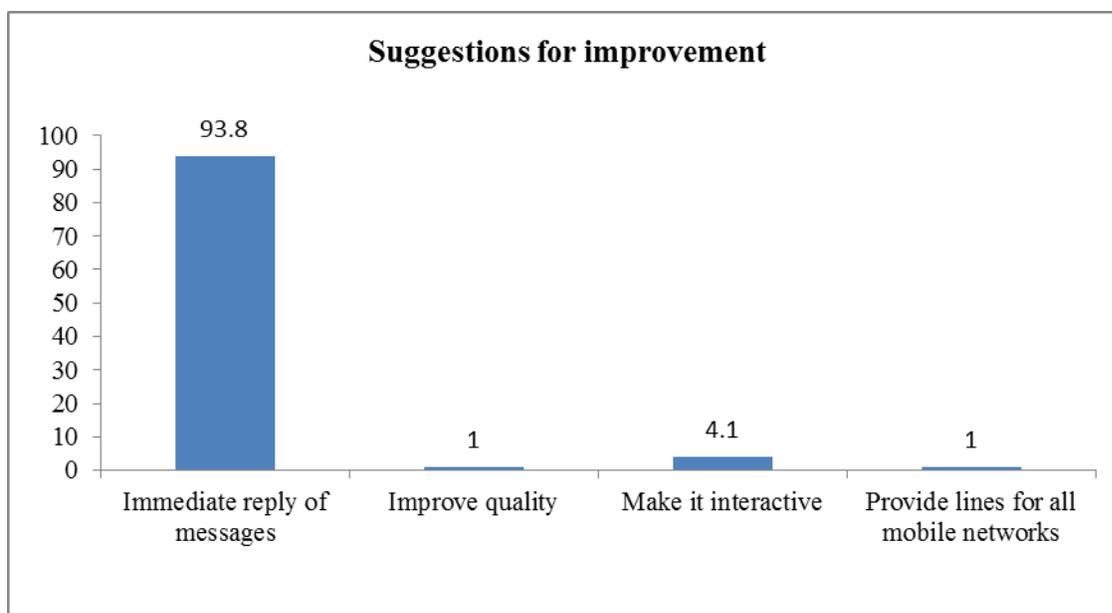
*“When I was at the [ICT] center, I asked whether I could tell my [HIV] status without testing. They told me no [I couldn’t] and referred me for testing at the Hospital’ FGD 1-Bugiri.*

It was notable that there was no regular program to refer young people for additional information and services- this was done occasionally. Furthermore, it was evident that accessing services from hospital was less costly compared to clinics as captured below:

*“If you go a clinic they may not have the medicine you want or it may be very expensive but the medicine is free at the main hospital” FGD1-Bugiri.*

### **3.3.3.3. Young people’s suggestions for STF’S-platforms improvement**

Majority of the telephone survey interview respondents suggested an immediate reply to messages as a way of improving the platform. The other suggestions were improving on the feedback quality, making the platform interactive and providing lines for all mobile networks which were awarded as illustrated in figure below.



**Figure 11: Suggestions for improvement by exit survey respondents**

Focus group discussions indicated a number of suggestions from the young people regarding improving the e/mhealth platforms. The suggestion was mainly under three themes namely content development, skills improvement and infrastructure improvement. Regarding content development, there were suggestions to continue developing content educating people about SRHR topics such as HIV/AIDS, early marriage, body changes and general health issues. These ideas are reflected below:

*“STF should continue advising young people to grow up knowing that HIV/AIDS kills. For us in our clubs when we go out there to teach people about HIV they say HIV came for people not trees [so we should be bothered]”*. **FGD 7-Bugiri.**

*“I want them to teach us the girls about the good in education without getting pregnant”*  
**FGD 3-Bugiri.**

*“The information on those computers works for us however [it would be better]if they can add more information about health in general”*. **FGD 1-Bugiri.**

*For me, on those computers, I want to see the adolescence stages and the whole process of change through adolescence. FGD 6-Gulu.*

Young people also expressed the need to learn the skills necessary to use the communication platforms especially computers. One respondent had the following suggestions on skills development:

*“You should teach us how to use the computers so that we can know how to type [using the keyboard] and be able to send the messages [on Facebook]” FGD 2-Gulu.*

Young people highlighted several structural barriers to accessing the e/mhealth platforms. These include the lack of internet access at the ICT centres, power blackouts, and inadequate space. Other respondents expressed a challenge of having to walk long distances to reach the ICT centres. Accordingly, as elaborated below several suggestions were made regarding infrastructure development:

*“Let me start with internet. They should install internet and even send us people at our centre to teach us how to use the internet and write on Facebook” FGD 3-Bugiri*

*“The chairs [at the centre] are few [so] they should add more” FGD 3-Bugiri.*

*“There is a problem of electricity... they should get for us a generator to use whenever power goes” FGD 5-Bugiri.*

*“Computers [at the centre] are few. They should add us more computer because we have some people who take long on a computer.” FGD 3-Gulu*

*“Let’s talk about the room....Madam that room is small, if possible [they should] get us a bigger building or a wider room” FGD7-Bugiri.*

*“On the side of transport, may be you get for us bicycles; at least two people per bicycle [laughter].....or if you possible, they should be providing a ‘Dyna’ Truck to collect us at*

once [from the community] to the ICT centre.. Or they can get for us a motor cycle for the group”. **FGD 5-Gulu.**

### **3.4. Findings of observation of ‘My World, My life’ Facebook page**

#### **3.4.1 Observation methods**

A structured observational assessment of STF’s My World, My Life Facebook page was conducted. An observation checklist was developed and used to guide the observation of this page to produce information on the nature, operations and information offered on the platform. The observation assessment generated rich and detailed information which included; user engagement i.e. likes, shares, comments; the platform design; the type content shared; and content generation.

The observation focused on the platform activities for the period of three months (April –June) that preceded the observation exercise. The observation forms were completed during and immediately following an observation. Written notes, listing ideas or relationships were noted during the observation.

Data from the observation was analyzed manually, following the key themes, concepts and emergent categories that evolved during data processing. The researcher then manually analyzed the findings theme by theme.

#### **3.4.2 What kind of information is offered on STF’s My World, My Life Facebook page and website**

Findings of the observation conducted in early July showed that gender, sexual and reproductive health and relationships were the common comprehensive sexuality education topics<sup>7</sup> offered on STF’s *My World, My Life* Facebook page. Sexual citizenship, pleasure, violence and diversity related topics were not mentioned on the platforms during the three months study period.

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<sup>7</sup> Topics explained in ASK Manual

Specifically, HIV/AIDS, Condom use, relationships & marriage, menstruation and abortion had the highest number of post at 10,6,4,2 and 2 respectively.

About the common questions asked by the young people, the observation noted that there were no posts written by the target audience and all were initiated by the Facebook administrator. There were few questions that were inboxed and posted on the page soliciting advice from the visitors to the page. One case was a 17 year old orphan who had got pregnant and the other was a young lady who had been refused to marry her fiancé because of differences in religion. It was observed that these topical issues generated more comments than other posts.

Further observation of the referral information offered on STF's Facebook page revealed that referral information for additional information and services was barely on the platform. Indeed, there was only one case of a young man who wanted information on Safe Male Circumcision.

### **3.4.3 Expert observation of the platform design and content generation**

Data from the observation assessment of STF's Sautiplus website and Facebook page showed that the design and layout of the observed platforms was good but there was still room for improvement. On a positive note, almost all posts were accompanied with photos. However, there was only one video posted during the study period.

Further observation of content generation on the platforms revealed that for the Facebook page, messages were posted on a daily basis (35 posts) during June while in May (11). Only 1 post was recorded in April and it was promoting the online survey. There were observation findings further showed that content was mainly generated by the organization although there were cases when posts from other pages were shared on the My World My Life page.

### **3.4.4 Observation of the audience engagement on STF's on-line Platforms**

Observation findings showed that STF's My World, My Life Facebook page had less than 600 followers. The fans were mainly engaged through; post stories, comments, share links and likes. The other forms of engagement noted were that pictures that accompanied almost all the posts.

The observation findings also showed that the top three posts with the farthest reach on the My World, My Life Facebook page during the study period were on; friendship (general advice), teenage pregnancy and HIV/AIDS presentation & prevention with reach to 381, 210 and 193 people respectively through either reading, liking, sharing e.t.c.

In relation to the above, the observation findings further showed that the top three most liked stories on the My World, My Life Facebook page during the study period were; Friendship (general advice), Female condom use and teenage pregnancy with 10, 7 and 5 likes respectively.

Data from the platform observation showed that sharing of the stories offered on STF's the page was limited compared to liking and commenting on the post. Friendship, relationship (cheating in marriage) and Hepatitis B, HIV/AIDS posts were the most shared stories observed with 4, 4 and 2 fans sharing them respectively.

### **3.5. Implementers' perceptions and attitudes towards the mhealth promotion campaign and the platforms being promoted**

#### **3.5.1. Straight Talk Foundation's readiness for e/mhealth programming**

##### **3.5.1.1. E&mhealth programming needs assessment**

Findings on whether Straight Talk Foundation had conducted a needs assessment in regards to e/mhealth programming showed conflicting responses. The implementing staff indicated that a needs assessment was carried out. However, this was contrary to what the one of managers said. Noteworthy as one respondent remarked below, a needs assessment was conducted implicitly during the formulation of STF's five year strategic plan because the need to embrace new technology to deliver SHRH information to young people was highlighted. In that case, a need for e/mhealth approaches is recognized at the strategic level.

*“A needs assessment was done because we have a Straight Talk Foundation Strategic plan- it's a five years plan launched in 2013 to run until 2017. That plan gives straight talk a strategic direction of how to achieve the straight talk goals. It shows straight talk core values and need assessments ...[and indicated that] STF*

*needs to embrace new innovations of how to reach young people with new information. It is specifically mentioned in the strategic plan that SFT should reach the young people through the social media platform”.* **Implementer-1**

### **3.5.1.2.**

#### **Presence of infrastructure**

There was an overall agreement among respondents that infrastructure at Straight Talk Foundation was not adequate for the effective use of the e/mhealth platforms to reach young people with SHRH information. There was general consensus that internet services at the central offices were not enough to support timely response to the issues raised through the platforms. Specifically, restrictions on who access the internet and when were notable constraints:

*“...but because people do not have the internet they are not be able to comment..*

**Implementer-2**

*“the biggest challenge is the lack of access to continuous internet ... say if people post on the face book wall we can only reply at lunch time when we get access to internet or after work so some time it may be a pressing question that should be answered there and then so because we do not have internet all the time which poses to be challenge”*

**Implementer-3**

Further probing on the existence of infrastructure for e/mhealth revealed that there were infrastructural gaps at the ICT knowledge centres in terms of limited space, few of computers and power interruptions. The problem of few computers was attributed to little investment into purchase of computers due to the hesitancy of the donor community to support such initiatives. As one manager remarked, some partners consider buying computers not as cost-effective as other communication initiatives.

*“[The challenge is that] many of the partners provide limited resources to infrastructure development they are interested to know how many young people [STF can] reach with one dollar ...but we need really to include staff support to develop use of ICT”.*

**Manager-1**

### 3.5.1.3. Availability of resources (human, time and finances)

#### **Human resources:**

Findings on the availability of human resources showed that some respondents felt that whereas STF had tried to promote existing platforms under the ASK program, inadequate human resources for e/mhealth programming was still a challenge. For example, further probing revealed that there was no person working full time on managing the Facebook pages. It was reported that people working part-time on social media platforms created a virtual need for more personnel. Accordingly, one respondent recommended that a full-time person committed to managing social media platforms be recruited.

*“...Increase in human resources specifically when it comes to the area of who is going to manage all those Facebook pages ...it would need the person to be there constantly and yet here we do it as a side thing [so] we do not give it much attention as it is supposed to be. Yes, human resource and internet access need to be addressed”*. **Implementer-1**

Further probing on the capacity of the implementation team revealed that efforts to develop the capacity of STF staff in e/mhealth programming had been carried out mainly through training. It was reported that at departmental level, implementers are asked to suggest issues to be trained on regularly.

*“it is done like twice per month as long as I have been here -they send out forms [and]we fill in areas where we want to be trained . As our department we get trainings on how to be better journalists and also how to use internet; so there is this support”*. **Implementer-2**

Further inquiring revealed that there was one training specifically for e/mhealth where STF staff in charge of Facebook page was instructed on social media by Reach a Hand Uganda.

*“There has been opportunity to train [our staff] through the [SRHR] Alliance partner, RAHU”* **Manager-2**

However, one respondent remarked that formal capacity building efforts must be complemented by individual initiatives to learn.

*“There are some technologies where people are able to learn on their own. For example you do not have to go to school to learn Facebook; neither do you have to go to school to learn this twitter, whatsapp and SMS...Some of those are self-taught”*. **Manager-3**

### **Financing for e/mhealth**

Findings on financing e/mhealth showed that people felt that STF has adequate finances to support e/mhealth strategies. However, respondents expressed infrastructural constraints at the operation level as the main hindrances for successful implementation. The main concern was restricted internet access at STF central offices.

*“I think we have human resource and finance- the issue is time because we are allocated only one hour [during lunch time] and that becomes a challenge.... people have personal issues and this one hour is personal time”*. **Implementer-1**

*“there is a rule that there is no internet access until one [1 pm] that not only limits our own platforms but it limits the SMS platforms because we have one computer that has unlimited internet so we can't all [depend on it] because there are so many languages receiving the SMS and they will all be at the same computer so it is an hindrance”*. **Implementer-3**

#### **3.5.1.4. Management support for e/mhealth programming**

Findings on management support for e/mhealth programming showed that management offered strategic support to the e/mhealth program but more could be done especially to facilitate the implementation processes. The support included both technical and financial assistance. Respondents reported that STF management offered strategic direction and oversight to the program. Other specific kinds of support included; procuring equipments such as computers and phones for the young people, support supervision and guidance to youth centre managers, training opportunities etc. However, as highlighted in the section on infrastructure above, access

to internet is a big constraint to effect use of SMS and Facebook platforms. Additionally, it was highlighted that guidance on the content development was inadequate and guidelines should be developed.

*“We also do not have a policy to [guide] those who manage the pages that they should answer this or that or should post a comment or something on ‘My world, My life’ Face book page may be per day or after every hour. So the management of those platforms is not stipulated -it is not detailed to these people who manage on how go ahead or how they should manage the platforms”.* **Implementer-6**

### **3.5.2. Implementers’ perceptions of e/mhealth programming**

#### **3.5.2.1. Perceived advantages of e/mhealth programming by staff**

Inquiries into the perceptions on the use of e/mhealth platforms to deliver SRHR information to young people in Uganda revealed that the all interviewed staff were in support of e/mhealth programming. They reported that using e/mhealth channels would make STF responsive to the changing socio-economic context where ICT is a major driver of development.

*“Well I think it [e/mhealth] is a new innovation because the world is advancing and we are in to this era of information technology. It’s an easy way of reaching young people with sexual reproductive health information and we know that many of them out there have phones”.* **Implementer-1**

*“It is the way to go nowadays. First of all it is trendy, fancy and an easy way of getting information. Hmm, what I see with it is my opinion is that we need to keep popularizing it [social media] like the SMS platform”.* **Implementer-3**

#### **3.5.2.2. Perceived challenges of e/mhealth programming by implementers**

The respondents gave several insights into the challenges of using mobile and internet based platforms. For example they pointed out a major concern over phone ownership by young people. According to the concern respondents, many young people especially the 10 to 14 year

olds and those in rural areas do not own mobile phones. In addition, respondents reported that some young people find it difficult to manipulate phones. One respondent remarked:

*“It’s one good avenue of reaching them [the young people] with information on sexual and reproductive health, but I think it’s more effective in urban areas like Kampala and those areas like in the trading centers where young people can access internet, but for young people who are in rural communities for me I see that it’s a challenge, because they cannot access phones”. **Implementer-2***

Another respondent highlight the limited capabilities of feature phones:

*“Yeah and even those who have phones they are not smart phones, they are ‘kabiriti’ [a simple phone brand with basic features] so their phones are just for calling and receiving SMS –so they may not be able to access information from social media”. **Implementer-3***

Another concern expressed by the respondents was that the financial expenses associated with use of /access to internet services. According to the respondents, it is not only difficult to buy a phone but also to buy airtime or internet bundles. Even where internet cafes are available, access is still requires payment of a fee. There is a problem of lack of access to electricity in rural areas. These concerns are reflected in the remarks below:

*Also with the level of poverty we have in Uganda, [young] people may not be able to buy phones or even load Mb’s daily to access information”. **Implementer-4***

*“because we do not have electricity in those villages and so those young people who have phones they literally have to charge their phones and one person who has 500 shillings to spend, so that person will not look for money to buy MB’s but will look for electricity to charge their phones”. **Implementer-6***

*“Some people may not afford to go to the social media- there may be internet cafes but they have to pay for it. So social media is a good innovation, but it’s limited and it only favors those who have money and those with smart phones”. **Implementer-2***

In addition to the above issues, some respondents pointed out the constraint of having social media interactions in English despite the levels of illiteracy being high in some parts of the country.

*“In up country and rural areas young people do not have smart phones .Secondly, [there is ]no internet in our villages and people cannot access internet cafes and the cost that goes with loading MB’s to access social media. And then the [high] illiteracy levels also mean people are able to read English yet the information put on those platforms is in English”*. Implementer-2

*“...Then another challenge I see with the social media is the illiteracy because the young people we have these days mainly the youth are semi illiterate, most of them have drop out of senior two, four and you know they are not good at writing, its good but it limits those who are illiterate and yet they also want information”*. Implementer-3

*“[Using social media] is very easy and I find it cheaper. It’s [an]easier way of getting information. For example, if there was a football match instead of one going to buy the papers [or] look at the papers all that time, if one has a smart phone within a minute [they just look up what they want and] it is done and I think it’s the easiest way and if we did not have that challenge of illiteracy and so on, it could be interesting”*. Implementer-

5

Further probing on the limitations of e/mhealth programming revealed difficult of gathering and integrating the views of the young people in the messages shared. The respondents also expressed a concern over tailor the messages to suit they different age groups. This was related to the growing practice of abuse of social media to send pornographic materials online.

*“I think one of the major challenges; I should say is appropriate content development. How do you [go about this] because young people do not want to read long things and sexual reproductive health is a very big thing? So how do you package it to make it attractive to the young people? The second [issue] is getting actual participation of the*

*young people because it is much easier when you are in the field talking to them face to face. Using E&M health channels there is also a challenge to wrap the message in a way that it is not complex for them to respond". **Implementer-1***

*"The platforms we aspire to use as organisations are being abused -you know by the users. For example for the latest debate are for sex tapes going on whats up, some are on Facebook....and those are the platforms that we are targeting young people with. You can't control what pages young people go to and now we are trying to portray a picture that these platforms are good and they can have access to information but on the other side [there are] people who are abusing these platforms. So [we] send mixed messages to young people, for me that would be the greatest barrier". **Manager-3***

### **3.5.3. Current platform/program design and maintenance**

Discussions on how STF's platforms are designed and maintained revealed that Straight Talk Foundation was not involved in the designing the content on the computers at the ICT knowledge centres. However, regarding the SMS helpline, there is someone responsible for responding to the messages as they come in. Similarly, there is someone who maintains the Facebook page although she does this work part-time.

Most respondents emphasized that there is lack of clarity/guidelines on managing the SMS Helpline and Facebook pages. It was noted that content development is not a participatory process and there are no guidelines of the factors to consider during content design.

*"I would not say we have a process where we sit down and develop messages on the social media platform it is the young people who are in charge; they sit down and develop that". **Implementer-1***

*"It's not well documented as it should see are the factors that they should consider and I think even at the time of the design, it was not documented and I think they did not have like a procedure following the design". **Implementer-2***

One implementer noted that lack of clear guidance on the person responsible for manning the Facebook page had led to its being inactive.

*“It would have been different if we had something in place that indicates that one of your responsibilities in a day is that you have to post something [on Facebook] and that at the end of the day you will go home when you have responded to all the SMS’s”.*

**Implementer-1**

Regarding cultivating competencies to work comfortably with technology, it was noted that regular refresher trainings are very important since technology evolves very fast. One implementer remarked:

*“Well like with technology I cannot say I’m 100% competent because even now as we are talking technology is changing so you have to keep updating yourself time and again. At the moment I can do what I can but I need regular training”* **Implementer-6**

Further probing on the design of the Facebook page revealed that the updating of the page is restricted to a few personnel at the STF Head Office. This limits the involvement of other staff in posting, commenting or updating the page.

*I’m not that involved in generating content though I know what is there and I have actually [tried to] post some thing on My world ,My life [Facebook page. It was a case scenario ....and I wanted them [young people] to comment. But I realised that the way the web page is designed if I post something, it goes to a different link and not [to] the main page”* **Implementer-1**

#### **3.5.4. Implementers’ perceived added value of mhealth platforms to other STF’s information dissemination channels**

When asked to reflect on the added value of online platforms compared to traditional methods, the interviewed implementers indicated that the two modes have complementary attributes. They reported that traditional communication channels could be used to promote e/mhealth platforms

and that either could inform the content shared on the other. On the other hand, some respondents mentioned that although face to face interaction is important for social cohesion, mobile and internet technology supported platforms make the human interaction quicker and less expensive. One respondent remarked:

*“It is time saving in terms of human effort that is put towards E&M ...you can’t compare it with the efforts that are spent towards community dialogue....with E&M the interface is the gadget- you are there with your computer. Someone writes and you write back ,you text and someone texts back ,you tweet and someone tweets you know it is quick so in terms of human interaction it might not be so much but I think the communication is quick”. **Manager-2***

However, another implementer noted it is not necessary true that e/mhealth platforms allow quicker access to SHRH information compared to traditional communication channels. It was particularly highlighted that the SMS helpline created delays in access to information.

*“Challenge with SMS help line is that we have discovered there is delay in reply to the questions, for example you type in your SMS today and it is going to take some weeks before you get the reply before you get the response and I think the challenge is delay”.*

**Implementer-1**

Furthermore, another respondent pointed out that because social media platforms can reach very many people in a very short time; it puts extra demand on the people developing content to be more cautious:

*“I would say [e/mhealth is] more challenging. You need to have proper communication skills; if you’re using the traditional platform you can say whatever you want and no one really cares. SRH information is very sensitive when you’re using these [e/mhealth] platforms that are going to reach a wide range of people-[if] you make one slight misinformation, it affects everyone”. **Implementer-3***

### **3.5.5. Needs for program improvement and sustainability as reported by implementers**

Discussions on what was needed for mhealth program improvement and sustainability showed that all respondents pointed at three areas that need attention. These included 1) better management of content development processes, 2) capacity building and 3) integrating both e/mhealth and traditional platforms.

#### **3.5.5.1. Process improvement:**

Regarding the problem of lack of guideline on how to develop content to share on the e/mhealth platforms, the respondents recommended a review of the process such that management comes up with clear instructions on who, how, what and when to communicate with the young people. These remarks are captured below:

*“.....Management should come up with a way that will make people who are handling those pages to put in monitoring [function] and do needs assessment and assess the page”*. **Implementer-1**

*“I think we need to sit and re-evaluate the whole page and look at the design and look at other staff to consider if thee page can be opened even to us can so that we put our comments-can it accept them without hiding them”*. **Implementer-2**

One respondent remarked that a full-time person committed to social media platforms should be recruited to address the challenge of irregular updating of the Facebook pages.

*“...Increase in human resources specifically when it comes to the area of who is going to man all those face book pages ...it would need the person to be there constantly and yet here we do it as a side thing [so] we do not give it much attention as it supposed to be so. Yes, human resource and internet access”*. **Implementer-3**

### 3.5.5.2.

#### Capacity building:

The respondents emphasized the need for building the capacity of the staff involved in implementation of e/mhealth strategies. The need to enhance the skills of the staff in using e/mhealth platforms for SRHR information dissemination was highlighted as a prerequisite for program improvement and sustainability. Indeed, lack of adequate skills was given as possible demotivator as one respondent remarked:

*“People who are in charge need to be motivated and .. need to be supported in the way they do their work.. They need to be given more skills because at times they run out of ideas”*. **Implementer-1**

Regarding areas to build the capacity of the staff, all respondents focused on the need to train the staff on how to disseminate SHRH information through e/mhealth platforms but not basic IT skills as such.

*“....trainings on how to reach young people using E&M [should be conducted] with the specific focus on disseminating sexual reproduction health [information]”*.

**Implementer-2**

*“They [the staff] are competent enough to use IT but I think there is a lacking on how to disseminate sexual reproductive health information specifically [using social media] so I think we need to train the staff on how to [use those channels to] disseminate SRHR information”*. **Implementer-6**

Regarding how to access capacity building opportunities, the respondents emphasised the availability of expertise within the ASK partnership and advised that STF tap into this expertise to enhance the capacity of its staff. Moreover, it was reported that some STF staff had been trained by RAHU on using social media although this was a one off event.

*“Last year people here were trained for one day by one of the partners working with RAHU and you know one day training would not be adequate for one to get all those skills and be able to effect the platform. So I think it would require training but also mentoring like from there [RAHU] came and instructed us on what to do...more like class room computer training”*. **Implementer-1**

*“I think training and not just once in a while or once in three months. I think [the]concerned staff need to be constantly trained by people who are actually working in that field especially [because] this E&M is continually changing. I would give an example with what happened with RAHU [Reach a Hand Uganda] because that what they do; so they have experience and they know what is going on and how to change it”.*

**Implementer-4.**

### **3.5.5.3. Integrating both e/mhealth and traditional communication methods**

It was noted that STF has a blend of both online and other communication channels such as print media. In light of the pro and cons for e/mhealth, all the respondents recommended integration of both strategies to have far reaching effect. Particularly challenges of accessing internet services were notable barriers for wide-scale adoption of e/mhealth strategies. The respondents indicated that these reasons formed the justification for the diversity in the platform adopted by STF under the ASK program. For example ICT centres were introduced for the young people who did not have access to both phones and internet.

*“And for those who do not have internet, [they] can use the SMS helpline though it is not effective because it takes long time to give us answers so we need to improve in terms of responding to the people”.* **Implementer-2**

*“that is why we have the ICT Centre in Gulu and it’s free of charge and we do not expect anyone to pay anything and for them to access freely for those ones who cannot afford the smart phones and cannot afford to pay and it’s open to any young person below 24 years to go and get information ICT skills, but also access SRT information via the platforms”.* **Implementer-6**

The discussion on how to improve awareness of the e/mhealth channels among the young people revealed consensus on the need to market them. All respondents noted that traditional communication channels can be taken advantage of to promote the e/mhealth platforms. It was noted that face to face interactions, radio and print media were opportunities to market to young people the e/mhealth platforms and teach them how to use them.

*“...we give [IEC] materials because of the challenge we saw in accessing the internet or using electronics and that one has been an innovation before and it’s actually proving to be better than social media because the papers are there for introducing the local languages and also English for young people and the adolescents so that they are able to access information that is there”.* **Implementer-3**

*“Well it [improving awareness about e/mhealth platforms] is a matter of marketing; marketing the pages... you know when never we go for an activity [we should] encourage the young people to visit the pages and access information and also making sure that the page remains interesting and active to the young people. And also for the SMS help line you also make sure that you market it because if you do not talk about it them you will have a situation when you are not receiving any SMS and when people [are] not visiting the face book”.* **Implementer-1**

*“I think that every time that people go out its some that we are doing here when you talk to a young person you tell [him/her]how to use the E&M and how to get to face book, how to send the message. You take them step by step ....it allows you to give them another option since they can’t see you every other day”* **Implementer-5**

## CHAPTER FOUR

### 4. Dissemination of results

#### 4.1. Programming gaps and opportunities identified by the e/mhealth operations research

##### 4.1.1. Program opportunities identified by the operations research

We identified several programming opportunities that Straight Talk Foundation ought to consider. These include:

- High appreciation across the board that investing in social media and other modern technologies is inevitable if STF is to be responsive to the socio-technological advancements.
- Presence of other STF programs that could incorporate online platform promotion.
- STF's big reputation in using print media and radio programs for provision of SRHR information.
- Multiple sources of information about STF's e/mhealth platforms
- Willingness to learn from other partner organisations.
- Appreciation of quality and truthfulness in content provided STF'S through its various channels.
- Long standing relation with people who use the SMS helpline.
- High utilisation of ICT centers where access to phones, electricity and internet may be a challenge.
- Presence of other STF programs that provide integration opportunities.
- Good relationship with schools to utilise the ICT centre services.
- Long serving staff members implying institutional memory.

##### 4.1.2. Gaps identified by the operations research

The following gaps were identified by the operations research and observations during the operations research implementation:

- Inadequate infrastructure at the ICT knowledge centers and headquarters.

- Lack of clear guidelines on content development, platform design and maintenance.
- Absence of needs assessment to benchmark progress and gaps.
- Limited capacity of the staff to respond timely and adequately to young people's needs.
- Delays in responding to SMS messages.
- Low awareness of STF'S online platforms (other than ICT centre) among the community and students.
- Inadequate integration of various communication channels used by STF.
- Unreliable power connection at ICT knowledge centers.
- Inadequate capacity of young people to use computers and ICT knowledge centres.
- Irregularly updated Facebook page that the online survey had to be cancelled.
- Inadequate monitoring of the implementation of e/mhealth strategies.
- Low usage of the facebook page characterized with few likes and shares.

## 4.2 Implications of the e/mhealth OR findings and observations to Straight Talk Foundation

The exit survey showed infrastructural challenges to accessing e/mhealth information at ICT centres. In fact, long waiting time (22.2%), slow internet connections (23.1%), restricted access to websites (4.4%), not easy to use computers (9.5%), poor design (24.3%) were notable constrains. The implementing staff also indicated a challenge in accessing internet to use online platforms at the main offices. On the other hand, over 80% of the respondents reported ownership and 19.2% access to another person's gadget (phone or computer) which they used to SMS. Relatedly, 19.7% and 80.3% reported being allowed to access phones at school and home respectively. However, 46.4% of the respondents reported restriction to access from the elders as the biggest challenge as compared to restrictions from school and being expensive which stand at 21.4% each. This could be explained by the fact that majority of the telephone interview respondents were in the older age groups and a sizeable proportion (39%) were out of school. Unsurprisingly, limited time and non-ownership of gadgets were recorded as the least of challenges faced by these respondents at 3.6% and 7.1 % respectively. Therefore, the infrastructural challenges faced at the I CT centres and by the implementing staff would have detrimental impact on delivery and access to SHRH information by young people. Straight Talk

Foundation should therefore consider investing in infrastructure at ICT centres. Specifically, STF should procure more computers and provide bigger buildings, stand-by generators and internet to reach the young people.

Data from the exit survey showed that mean age of the respondents was 15.8 years and above years, half of them males (52.4%) and the majority (89.0%) were in school. Conversely, the mean age of the telephone interview respondent was 21.1 years. These were also mainly males (78.6%) and almost 40% of all telephone interviewees were out of school. These findings provide a sound understanding of the background context which is a fundamental pre-condition for e/mhealth programming. The implication of this finding is that STF should be mindful of the information needs of these in-school adolescent young people who dominate the visitors to the ICT centre. Furthermore, other in-school initiatives such as in-school club patrons, in-school peer educators, IEC materials, and talking compounds could supplement visits to ICT centre. These health promotion initiatives could provide the required incentives<sup>8</sup> to increase uptake of e&mhealth information. In light of the older age group who use SMS helplines, STF should be able to anticipate their likely concerns and address the challenge of delayed responses reported.

The study findings showed a high appreciation of e/mhealth platforms by both young people (users& non users; in & out of school) and the staff. Discussions with the staff revealed that they believed that mobile and online technologies are very important and inevitable for STF to be responsive to the needs of young people. Relatedly, many respondents indicated the content provided is easy to understand and very useful. However, the operations research revealed that traditional communication channels can be used complementarily with modern e/mhealth platforms. For example, the most accessed communication channels to receive SRHR information among exit survey respondents were school outreaches, friends and peer educators at 39.8%, 30.5% and 26% respectively. This implies that STF should take advantage of this positive situation to integrate e/mhealth programming in order to realize the benefits of IT advancement as well as the opportunities of traditional methods.

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<sup>8</sup>. Sheila Kinkade and Katrin Verclas: Wireless Technology for Social Change. Washington, DC and Berkshire, UK: UN Foundation–Vodafone Group Foundation Partnership, 2008

ICT knowledge centre is a great innovation to address the gap of availability/accessibility of phones and internet among upcountry stations so it must be promoted and expanded. The exit interview survey showed that young people mainly visited STF'S ICT centre in the afternoon. This could partly be explained by the fact that most of the people who use the center are students can only visit in the afternoon. Additionally, about 80% indicated visiting at least once a week. Moreover 8.6% indicated visiting the ICT centre daily. The average stay at the centre was above 30 minutes yet it was pointed out that there is no internet available at the ICT centres. This could be partly because of the positive perception about the centres. For example, Findings on the general perceptions of young people towards the information at ICT centres showed that; 89.1% of respondents trusted the information offered. Furthermore, 86.0 %, 81.4%, 82.5%, 87.6% and 80% indicated the information was youth friendly, of high quality, useful, understandable and appropriate for young people respectively. More so, 79.8% reported that it was easy to navigate and to find information at STF's ICT knowledge center. These findings have a twofold implication. First, the high frequency of visitors could explain the overcrowding and inadequacy of computers as reported by the respondents. Secondly, these findings give a clue on the proper timing and frequency of updating information. As Burnam et al (2012) emphasized, the timing of communication messages (i.e., time of day, frequency, and sequencing) is vital in ensuring convenience and receptivity of the end user. Therefore STF'S should endeavor to update the information on the computers regularly or install internet at the centre.

Majority of the respondents were attracted to the platform by the interesting content at 78.7% while 21.3% and 20.1 % of the respondents reported interacting with young people and making friends respectively. Similarly, many of the telephone survey respondents (37.1%) reported that they were attracted to STF's SMS helpline platform to ask questions through these platforms while 23.7% and 20.2% of the respondents were attracted by the adequate information provided and the interaction with the STF journalists respectively. However, discussions with implementers revealed lack of clear guidelines on content development. In absence of clear guidance, the implementing staffs are left to use guess work and their ingenuity. However, young people revealed a range of types of information sought at ICT centres. These were SHRH, training and job opportunities, new and entertainment information at 38%, 15.1%, 8.7%, 10.7% and 20.2% respectively. More over the young people indicated that some of this information is

lacking. Accordingly, STF should develop a guiding manual reflecting the aspirations of the young people and these should be consulted regularly such that it revised regularly to remain relevant.

In-depth discussions on the organizational capacity revealed gaps in e/mhealth programming at both strategic and implementation level. Further probing revealed that a few staff were competent to do e/mhealth programming but mentioned need for continuous capacity building of the e/mhealth team. This implies that STF should focus more on bridging the current capacity gaps. One of the opportunities identified was working with partner organisations such as Reach a Hand Uganda to hone the skills of the STF staff in using social media to increase delivery of SRHR information. On a positive note, this collaboration reportedly led to training in the past. However, as emphasised by the respondents, this practice needs to be regularized.

Lastly, data from STF's Telephone and exit survey interviews showed that majority of young people accessed reproductive health information from STF'S platforms. Observation of the STF'S ASK Facebook revealed that provision of comprehensive sexuality education topics through this platform has been irregular. In fact the online e survey was halted due to slow response rate. On a positive note, there was improvement during June in the regularity of posts such that on average there was at least a post per day. This positive development should be maintained to sustain the benefits of social media in increasing access to SRHR information among young people. Relatedly, the staff highlighted the need for support in capacity development on content development. As such, they need to be assisted to access training on such matters. Related to the above, discussions on additional information needs highlighted the following information topics needed by young people; life skills, career guidance and training opportunities. The implication of this finding is that there need to incorporate other types of information other than health. This is information is likely to arouse interest in the platform and hence increase accessing SRHR information by young people.

### 4.3 Recommendations

1. Considerable effort is needed to integrate the various communication channels to take advantage of the synergies created. It must be recommended that all traditional

communication channels should be used to market and promote the newer platforms. The existing practice of promoting Facebook pages and the SMS helpline during the radio programs should be strengthened. Furthermore, both traditional and e/mhealth channels should feedback into content development in a two way fashion.

2. There is urgent need for Straight Talk Foundation to consider investing in infrastructure to facilitate the operations of the ICT centres and their implementing staff. ICT centres should be supported in terms of increased number of computers and space and availability of internet and stand-by generator.
3. Considerable efforts are need to streamline the process of content development .STF should devise a strategy to support the content development across the platforms its platforms. Guidelines on this process should be developed.
4. Considerable effort is needed to build the capacity of the organization staff in using e/mhealth strategies to disseminate SRHR information to young people. A capacity assessment for e/mhealth programming should be conducted to supplement this operations research. These should inform the development of comprehensive capacity building strategies.
5. Monitoring of e/mhealth programs should be strengthened. The routine implementation data should be used to inform decision making. A learning agenda should accompany implementation of e/mhealth strategies to allow corrective measures to be taken timely.

#### **4.4 Use of improve programming and implementation processes at organizational level**

After data analysis, a dissemination and action planning workshop was organized at organization level before the joint national stakeholders' dissemination meeting. The objective of this workshop was to share the e/mhealth operations research (2015) findings and use the findings to initiate evidence-based e/mhealth programming at Straight Talk Foundation. At the action planning workshop, the results of the e/mhealth operations research (2015) were disseminated by the consultant to Straight Talk Foundation staff. The participants discussed the findings of the e/mhealth operations research (2015) and through participant engagement, obtain recommendations for improvement of Straight Talk Foundation's promotion campaign and the mhealth platforms being promoted. The initial action points generated in the workshop can be seen below;

### **Initial actions**

- Invest in high technology power saving systems like solar, invertors and standby metallic strip generators.
- Make referral to other computer training centers
- Assign a member of staff to specifically manage social media
- Promote the social media platforms and knowledge centers through;
  - 1) Talk shows
  - 2) Radio spots
  - 3) Print media
  - 4) Facebook posts
  - 5) School Outreaches
  - 6) Calendars
  - 7) Health talks
  - 8) Peer Education
- Improve infrastructure by having reliable internet and necessary gadgets like laptops and modems
- Continuous update of facebook page to make it more interactive as well as reviewing and analyzing continue before and after
- Find space to address limited infrastructure at youth centres.
- Get financial resources to procure more computers
- Put in place guidelines for content development
- Strengthen the monthly content development meetings
- Develop a social media guide
- Improve on social media design
- There is need to procure laptops or Tabs to aid instant feedback
- Identify gaps and build staff's capacity on how to manage pages
- Exchange visits to learn success stories elsewhere



## Appendices

### Appendix 1: List of Straight Talk Foundation's Young People trained in Research

No.	Name	Responsibility
1.	Mutesa Noerine	Data Collection
2.	Nsubuga James	Data Collection & Entry
3.	Aciro Proscovia	Data Collection
4.	Lubega Moses	Data Collection
5.	Atim Angel	Data Collection
6.	Odong Emmanuel	Data Collection
7.	Namayanja Agnes	Data Collection
8.	Kayemba Raymond	Data Collection

### Appendix 2: List of Straight Talk Foundation's Core Team for this Operational Research

No.	Name	Responsibility
1	Mr Isaac Kato	M& E Manager
2.	Ms Adreen Kanyesigye	Project officer, ASK
3.	Ms Zaitun Nabaterregga	Team leader- Training and development department

### Appendix 3: Straight Talk Foundation In-depth Interview Guide

#### STRAIGHT TALK FOUNDATION

#### ASK E&M HEALTH OPERATIONAL RESEARCH – IDI GUIDE (SYSTEM FACTORS)

INTERVIEWER COMPLETES A1 – A5 BEFORE INTERVIEW		
A1	Organisation name:	
A2	E/M health platforms used by Organisation	
A3	District(s) covered by Organisation under ASK	
A4	Name of interviewer	
A5	Interview Date	
<p>THE INTERVIEWER IDENTIFIES KEY INFORMANT (IMPLEMENTING STAFF OR MANAGEMENT TEAM MEMBER) INVOLVED IN E&amp;M HEALTH AND FILLS IN THE REST OF THE QUESTIONNAIRE</p>		
<p>Hello. My name is _____ and I am working with ASK program _____ on a study exploring the factors and actors that determine the effectiveness of STF’s e/m health platform to improve access to SRHR information and services among young people in Uganda. We appreciate that you play an important role in shaping these platforms and that is why we want to hear from you about your involvement and interaction with these e&amp;mhealth channels. This is your chance to let ASK program and your organization (STF) know your views concerning the e/mhealth platforms i.e. the design, content, operational processes and the changes you would wish to be made on them.</p> <p>I would like to read you a description of the study and then you can decide if you want to participate. If you choose to participate in the study, it is important that you answer each question as thoughtfully and honestly as possible. Please be patient if some questions don’t apply to you: we need to ask everyone the same questions. Be sure to understand the instructions below before you begin to answer. Thank you very much for being an important part of this survey.</p> <p>I’d like to start by recording your brief socio-demographic characteristics.</p>		
<p><b>RESPONDENT CHARACTERISTICS</b></p>		

1	GENDER OF RESPONDENT	MALE 1 FEMALE 2
2	How old are you?	AGE:
3	What is your role here?	BOARD MEMBER 1 TOP MANAGEMENT 2 PROGRAM MANAGER 3 PROGRAM OFFICER 4 PEER EDUCATOR 5 TEMPORARY VOLUNTEER  OTHER (SPECIFY) : _____ 96
4	How long have you worked in SRHR field?	
5	How long have you worked at this organisation?	
<b>KNOWLEDGE, SKILLS &amp; ATTITUDE TOWARDS E/MHEALTH PLATFORMS</b>		
<ol style="list-style-type: none"> <li>1. What do you think about use of internet and mobile technology supported platforms i.e. social media, SMS or telephone helpline to pass on SRHR information to young people in Uganda?</li> <li>2. I heard that &lt;name organization&gt; uses e/m health platforms in sharing SRRH information.</li> <li>3. <i>What are these platforms that you are currently using?</i></li> <li>4. What is your role in the planning, implementation and evaluation of the ASK program and specifically the e/m health platforms?</li> <li>5. What is your experience in using internet and mobile technology supported platforms to increase access to SRHR information to young people?</li> <li>6. What is the experience and background of your organizations team members working on e/m health platforms?</li> <li>7. Has your organization ever supported implementing staff to acquire technical skills related to use of e/m technology supported platforms?</li> <li>8. Any kind of support given by management in preparation for your work?</li> <li>9. Are there any environmental (social structures, organizational norms, policy&amp; regulations) limitations for e/m health programming in your organization and country at large?</li> </ol>		
<b>ORGANIZATIONAL READINESS FOR E/MHEALTH PROGRAMMING</b>		

1. Is your organization ready to expand/take on e/m health programming?
  - a. Has your organization done any needs assessment in regard to this subject?
  - b. Do you have adequate ICT infrastructure in place? I.e. internet connections, computers etc.
  - c. Do you have adequate resources (human, finance & time) for internet and mobile technology supported communication platforms?
  - d. Is the staff competence enough to use e/m health platforms?
  - e. Is it easy to access funds for e/m health programming? Are the funds available?

### **IMPLEMENTATION PROCESSES, MANAGEMENT SUPPORT & IT COMPETENCES**

1. How easy do you find using e/m health platforms compared to traditional communication modes?
2. What is your opinion on the process of page or site design (social media, website etc.)?
3. How is the process of content development? Do you have enough resources? Is it systematic? Do feel involved in making decisions on the content?
4. How do you rate the management support?
5. How are the staffs working on these platforms motivated?
6. To what extent do you feel involved in making decisions regarding changing or adopting e/m health strategies at your organization?
7. Mention some of the challenges encountered while trying to use these new technologies to promote behavior change among the youth?
8. How can they be overcome?
9. How can ICTs be effectively integrated into traditional medium of delivery of SRHR information to young people?
10. What implementation process improvements would you recommend to easy your work or to better serve your audience?

### **CONTENT & M&E**

1. What factors do you consider when designing, implementing and evaluating e/m health platforms to increase access to SRHR information?
2. What kind of SRHR information is currently being provided by <name organization>through e/m health channels?
3. How actively are you involved in content generation on e/m health platforms at you organization?
4. Are there any materials/training provided for that role?
5. How do you rate the above?
6. How often is content changed?
7. What factors explain the content updating patterns reported above?
8. What kind of SRHR information should be provided by <name organization>through e/m health channels?
9. What are the reasons for your answers?
10. In your opinion, how does e/m health compare with traditional communication channels effectively deliver SRHR information to young people in ASK district?
11. What are the reasons for your response?
12. Does your organization have a laid plan to evaluate these e/m health programs?  
If yes, has any evaluation been done and how were the findings used?

### **FINAL WORDS**

1. What do you think about your current e/m health platforms at this time?
2. Overall, how appropriate do you feel it is to use e/m health strategies to increase access to SRHR among young people in the ASK project districts and Uganda in general?
3. What are your biggest concerns about e/m health programming in your organization?
4. What do you think is the best option to improve e/m health programming in your organization?
5. What information or services could encourage more young people access information through e/m health platforms?
6. Do you have any final questions or recommendations to make?

**READ OUT LOUD:** Thank you for your participation!

## **Appendix 4: IDI Consent Form**

### **Straight Talk Foundation in Uganda Consent Form– Implementing / Management staff IDI**

**Title:** Exploring the dynamics (factors and actors) that determine the effectiveness of e/m health strategies used by Straight Talk Foundation to improve access to SRHR information and services among young people in Uganda

**Sponsor:** WPF Rutgers

**Principal Investigator:** Babirye Susan, Straight Talk Foundation, Kampala

#### **Introduction**

Good morning/afternoon. My name is \_\_\_\_\_. We are working on an operational research study exploring the factors and actors that determine the effectiveness of e/m health strategies used by Straight Talk Foundation under Access, Knowledge and service (ASK) program to improve access to SRHR information and services among young people.

#### **Purpose of the study**

The purpose of this study is to learn about users' (current & prospective) and providers perceptions and experiences using/providing Straight Talk Foundation's e/m health strategies thereby strengthening evidence based practice and program development. The other purpose of this study is to generate knowledge on ways to improve program operations and for strategic dissemination of program results/publication. We want to be sure that you understand the purpose and your responsibilities in the research before you decide if you want to be in it. Please ask us to explain any words or information that you may not understand.

#### **Procedures**

The interview will last about between 60 and 90 minutes, but you may stop it at any time. I will talk with you about your role in Straight Talk Foundation e/m health programming. I will also ask about your institutional readiness to take on e/m health programming i.e. culture, infrastructure, financial and content readiness. I will ask you questions about your support of these strategies, management experiences, staff motivation as well as monitoring and evaluation of these strategies. If you agree, we would like to record this interview to help us make an exact record of what you said. We will not write your name on the tape. We will destroy the record when the research is completed. Staff from the study team will look at the transcripts from this interview but your name will not be included.



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Name

Signature

Date

## **Appendix 5: Focus Group Discussion Guide**

### **STRAIGHT TALK FOUNDATION**

#### **ASK E&M HEALTH OPERATIONAL RESEARCH - FGD GUIDE**

##### **Number of participants 8-12**

##### **SECTION 1: Introductions**

*Note:* Welcome everybody and thank them for being part of the discussion. Introduce yourself as working with a team from Straight Talk Foundation (STF) in collaboration with the district health office and introduce the subject of discussion. Then give a summary of the verbal consent below and allow each one of them to introduce them thereafter.

##### **Summary of the verbal consent**

Dear Participant,

You have been selected to participate in this study “Exploring the dynamics (factors and actors) that determine the effectiveness of two e/m health strategies by STF to improve access to SRHR information and services among young people in Uganda”. We appreciate that you play an important role in shaping the strategies intended to reach you with SRHR information and that is why we want to have a discussion with you today. The generated data will inform

subsequent e/m health programming through knowledge on what works and what does not work.

Taking part in this discussion is voluntary and what we shall discuss today shall be kept confidential and only used for purposes of improving the e/m health platforms implemented by STF and the ASK programme partners. You are free to take part in this discussion but should you feel like you want to leave at any point, you are also free. If you have any questions about the study, raise it now or should you need any further information about what we are doing, you can contact the District Health Office using the number we shall provide at the end of our discussion. We would also like to inform you that you that we shall be recording the discussion, just for the purposes of us capturing everything that we might miss out when taking notes. The interview will take about 60-90 minutes and your participation or refusal to participate in this interview will not affect the services you receive in any way. If you agree to provide information to the researcher under the conditions of confidentiality set out on this sheet form, please register on the registration sheet.

**Note:**

1. Make sure the tape recorder is switched on to the start of the interview.
2. Use the demographic log sheet to register the participants (by registering only their first name)

**Ice breaker**

1. Shall we start by introducing ourselves? (Let the participants introduce themselves)
2. What do you understand by sexual and reproductive health and rights (SRHR) information?
3. Where have you gotten SRHR information in the past 12 months?

**SECTION2: E&M HEALTH PLATFORMS**

4. Tell me more about the SRHR information sources that use internet and mobile technologies for instance websites, SMS or telephone helpline and social media etc.

**Probe for:**

- The different e/m health platforms they have been exposed to
- E&M health platforms by STF (Facebook and SMS helpline)
- How did you hear about these platforms?
- How they access these platforms?
- How often they access the platforms?

5. Does STF's social media platform meet your needs?

**Probe:**

- When you access the SMS helpline/social media, do you get the SRHR information needed?
- Is the information provided on the SMS helpline/social media comprehensive enough to your satisfaction?
- What do you like most about the content provided on STF's SMS helpline/social media page?
- Is there any information/content you needed but never found it on STF's SMS helpline/social media?
- What topics do they want to be covered on STF's SMS helpline/social media?
- Are you referred for the SRHR services you would like to receive?
- Are the referral points accessible and affordable for you?

6. Does the cost of accessing these e/m health platforms meet your income and ability to pay:

**Probe:**

- How easy or difficult is it for you to access SRHR information through e/m health platforms?
- Is it affordable for you to access the SMS helpline/social media for SRHR information?(gadget ownership, cost for internet)
- Have you ever failed to access to the SMS helpline/social media pages for SRHR information because of money?

7. How accessible are these platforms in relation to the location of service and that of the young people?

**Probe:**

- a) Is the environment you live in convenient for you to access these platforms?

8. Does STF's SMS helpline/social media platform meet your constraints and preferences?

**Probe:**

- a) Are these e/m health platforms easy to operate using your limited IT skills?
- b) Does the content and its design meet your expectations?
- c) Is the content changed regularly?
- d) Are you able to express your concerns and get response too?
- e) Are you able to access these platforms any time and at any location?
- f) Do you feel your privacy is safeguarded on these platforms?

9. How comfortable are you with the characteristics of STF's SMS helpline/social media page?

**Probe:**

- g) When you access the SMS helpline/social media page; is it clear for you where to find the information you need?
- h) Describe your experience using these platforms? Are these platforms friendly?
- i) Was there anything that made it difficult for you to use STF's SMS helpline/social media page or is there any improvement that you can suggest?

### **SECTION 3: NON USERS**

- 10. Do you know of any e/m health platforms providing SRHR information to young people?
- 11. Are you aware of any any e/m health platforms providing SRHR information to young people by STF?
- 12. Are these platforms (SMS helpline/social media) easily accessed in your community?
- 13. Why haven't you accessed these platforms before?
- 14. What is your preferred source of SRHR information and why?
- 15. What are benefits of accessing SHRH information through e/m health platforms?
- 16. How best do you think these platforms can be extended to young people in your community?

### **Conclusion**

- 17. Would you recommend STF's SMS helpline/social media page to a friend? Why?
- 18. What changes would you like to be made on the current e/m health platforms used by STF to increase access to SRHR information to young people?

**Thank you very much once again for taking part in this discussion.**

**We promise to use the information you have shared to serve you better as STF.**

**DEMOGRAPHIC REGISTRATION FORM**

District: \_\_\_\_\_

Sub county: \_\_\_\_\_

School/Community: \_\_\_\_\_

Date: \_\_\_\_\_

<i>S/N</i>	<b>Name</b>	<b>Sex</b>	<b>Age</b>	<b>Educational level</b>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

## Appendix 6: Exit Survey Questionnaire

### STRAIGHT TALK FOUNDATION

#### ASK E&M HEALTH OPERATIONAL RESEARCH –EXIT INTERVIEW QUESTIONNAIRE

INTERVIEWER COMPLETES (I – VII) BEFORE INTERVIEW		
I	Organization name:	
II	E/M health platform being assessed	
III	District(s) covered by the platform	
IV	Name of interviewer	
V	Interview Date	
VI	RESPONDENT'S NUMBER	
<p>THE INTERVIEWER IDENTIFIES SURVEY RESPONDENT (YOUNG PERSON) WHO HAS FINISHED USING STF'S ICT KNOWLEDGE PLATFORM AND FILLS IN THE REST OF THE QUESTIONNAIRE</p> <p>Hello. My name is _____ and I am working with STF on a study exploring the factors and actors that determine the effectiveness of STF's e/m health platform to improve access to SRHR information and services among young people in Uganda. We appreciate that you play an important role in shaping these platforms and that is why we want to hear from you about your involvement and interaction with these e&amp;mhealth channels. This is your chance to let STF know your views concerning the ICT Knowledge center i.e. the design, content, operational processes and the changes you would wish to be made on it.</p> <p>I would like to read you a description of the study and then you can decide if you want to participate. If you choose to participate in the study, it is important that you answer each question as thoughtfully and honestly as possible. Please be patient if some questions don't apply to you: we need to ask everyone the same questions. Be sure to understand the instructions below before you begin to answer. Thank you very much for being an important part of this survey.</p> <p>FIRST, I HAVE TO VERIFY IF YOU ARE WITHIN THE AGE BRACKET FOR THIS STUDY (10-24 YEARS) AND IF YOU ARE UNDER 18 THAT YOU HAVE COME WITH THE ASSENT FORM FROM YOUR GUARDIAN</p>		

VII	GENDER OF RESPONDENT	MALE 1 FEMALE 2
VIII	A. What is your age? B. What is your date of birth? <b>IF YOUNGER THAN 10 OR OLDER THAN 24 STOP INTERVIEW.</b>	AGE IN YEARS: _____ BIRTHDATE: _____/_____/_____ DAY MONTH YEAR
IX	IF AGE 10-17 YEARS: Do you have assent from your guardian/teacher/parent? <b>IF NO, <u>STOP</u> INTERVIEW. NOT ELIGIBLE.</b>	YES: CONTINUE INTERVIEW 1 <b>NO: STOP INTERVIEW 2</b>
<b>READ INFORMED CONSENT. ASK PARTICIPANT TO INITIAL OR THUMBPRINT. OFFER COPY TO PARTICIPANT.</b>		
X	Just to confirm, I need to know if you are willing to participate in this study: CIRCLE YES OR NO. <b>IF NO TO SURVEY, <u>STOP</u> INTERVIEW.</b>	YES NO 1 2

### SECTION A: Socio demographic characteristics

To start, we would like to ask you some questions about yourself and your background.

NO.	QUESTIONS	CODING CATEGORY	CODE
A01	Where do you live? In which district of Uganda?  If this district, which sub county and parish?	<i>Enter your current district of residence</i>  <i>Sub county</i>  <i>Parish</i>	_____ _____ _____
A02	What is the highest level of school that you COMPLETED?	None Primary Secondary Tertiary	1 2 3 4

NO.	QUESTIONS	CODING CATEGORY	CODE
A03	Are you in school now?	Yes No	1 0
A04	What is your marital status?	Single Married	1 0
A05	If no, are in a sexual relationship?	Yes No	1 0
A06	Do you have children?	Yes No	1 0
A07	Do you participate in any income generating activity?	Yes No	1 0

#### SECTION B: ACCESS TO E&M HEALTH PLATFORMS

NO.	QUESTIONS	CODING CATEGORY	CODE
I am going to ask you questions about the SRHR information sources that e/m technologies for instance websites, SMS or telephone helpline and social media.			
B01	Tell us any communication channels through which you got/discussed SRHR information over the last six months	Friend Peer educator School outreach Teacher Facebook adverts IEC materials i.e. brochures, files etc. Other Specify:	1 2 3 4 5 6 7
B02	Have you accessed SRHR information through internet or mobile phone	Yes No	1 0 If No, go to C01

NO.	QUESTIONS	CODING CATEGORY	CODE
B03	If yes, what gadgets have you used?	<b>Read &amp; circle all that apply</b>  Personal phone Another person's phone Personal computer Public computers	<b>1</b>  <b>2</b>  <b>3</b>  <b>4</b>
B04	What channels have you used/accessed?	<b>select all that apply</b>  Face book SMS helpline Telephone helpline Website ICT Knowledge Centre Other specify	1 2 3 4 5 6 _____

#### SECTION C: ACCESS AND DESIGN OF STF'S ICT KNOWLEDGE PLATFORM

C01	How did you know about STF's ICT Knowledge centre?	<i>Select all that apply</i>  Friend Teacher Peer educator STF radio program STF news paper Health worker STF outreach STF's brochures, files etc. other Specify	1 2 3 4 5 6 7 8 9 _____
C02	When did you visit STF's ICT Knowledge centre for the first time?	Within past 7 days Within past 4 weeks Within past 2 - 6 months Within past 7 - 12 months Over a year ago	1 2 3 4 5

C03	How easy was it to use the computer at the ICT knowledge center the first time?	Very easy Easy Difficult Very difficult	1 2 3 4
C04	Where you guided on how to use the ICT knowledge computers?	Yes No Not applicable ( e.g. was assisted by friend or teacher)	1 0 9
C05	If yes, where the instructions on how to use the ICT computers helpful?	Very helpful Slightly helpful Not helpful Not applicable ( e.g. was assisted by friend)	1 2 9
C06	When you visit STF's knowledge centre, how easy is it to find the information you wanted?	Very easy Easy Difficult Very difficult Not applicable (always assisted by a guide)	1 2 3 4 5
C07	How often do you visit STF's Knowledge centre?	Everyday 4 To 6 Times Per Week 2 To 3 Times Per Week One Time Per Week 2 To 3 Times Per Month One Time Per Month This is my first time Other Specify	1 2 3 4 5 6 7 8 _____
C08	When do you visit STF's Knowledge Centremost?	Morning Afternoon Evening Weekend Holiday	1 2 3 4 5

C09	How much time do you spend on the ICT knowledge computer?	<p style="text-align: center;">Less than 30 minutes</p> <p style="text-align: center;">Between 30 minutes and 1 hour</p> <p style="text-align: center;">More than 1 hour</p>	<p style="text-align: center;">1</p> <p style="text-align: center;">2</p> <p style="text-align: center;">3</p>
C10	Are you allowed to visit STF's Knowledge centre at:	<p style="text-align: center;"><i>select all that apply</i></p> <p style="text-align: center;">School</p> <p style="text-align: center;">Home</p>	<p style="text-align: center;"><b>Yes</b></p> <p style="text-align: center;">1</p> <p style="text-align: center;">2</p>
C11	What attracts you to STF's Knowledge centre?	<p style="text-align: center;">Its design</p> <p style="text-align: center;">Interesting content</p> <p style="text-align: center;">To make friends</p> <p style="text-align: center;">Interacting with young people</p> <p style="text-align: center;">Others(specify) _____</p>	<p style="text-align: center;">1</p> <p style="text-align: center;">2</p> <p style="text-align: center;">3</p> <p style="text-align: center;">4</p>
C12	What are the challenges with STF's Knowledge center?	<p style="text-align: center;">Long waiting time</p> <p style="text-align: center;">Slow</p> <p style="text-align: center;">Restricted access</p> <p style="text-align: center;">Not easy to use</p> <p style="text-align: center;">Poor design</p> <p style="text-align: center;">Not updated regularly</p> <p style="text-align: center;">Irrelevant messages</p> <p style="text-align: center;">Not interactive</p> <p style="text-align: center;">Others (specify) _____</p>	<p style="text-align: center;">1</p> <p style="text-align: center;">2</p> <p style="text-align: center;">3</p> <p style="text-align: center;">4</p> <p style="text-align: center;">5</p> <p style="text-align: center;">6</p> <p style="text-align: center;">7</p> <p style="text-align: center;">8</p> <p style="text-align: center;">9</p>
C13	a) Do you incur any cost to access STF's ICT knowledge center?	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>	<p style="text-align: center;">1</p> <p style="text-align: center;">0</p>
	b) If yes above, what cost type of cost do you incur?	<b>Specify:</b>	

C14	How do you think STF's ICT knowledge centre can be improved?	Routine update of content	1
		Improve design	2
		Link to other websites with SRHR information	3
		Make it interactive	4
		Increase on number of computers	5
		Extend working hours	6
		Others (specify)	_____

#### SECTION D: CONTENT ON STF'S ICT KNOWLEDGE CENTRE

Thank you for sharing that information. Now let's talk more about the information you access on STF's ICT knowledge centre.

NO.	QUESTIONS	CODING CATEGORY	CODE	
D01	Does STF's ICT knowledge centre allow you to share ideas openly?	Yes No Not sure	1 0 3	
D02	What kind of information do you get through this platform?	<i>Select all that apply:</i> Reproductive health information Entertainment Job opportunities Training opportunities News Other Specify: _____	<b>Yes</b> 1 1 1 1 1 1 1	<b>No</b> 1 1 1 1 1 1
D03	Is the information provided on this platform easy enough to understand to your satisfaction?	Yes No	1 0	

NO.	QUESTIONS	CODING CATEGORY	CODE	
D04	Is the information provided on this platform often updated?	Yes No	1 0	
D05	How helpful is the information got from STF's ICT Knowledge centre?	Very helpful Helpful Not helpful Not sure	1 2 3 4	
D06	a) Are you referred for additional information and health services?	Yes No	1 0	
	b) If yes, which services were are you referred for?	<b>Specify:</b>		
D07	What SRHR information topics would you like to be shared on STF's knowledge center?	<i>Select all that apply</i> Gender Sexual and reproductive health Sexual citizenship Pleasure Violence Diversity Relationships Other Specify	<b>Yes</b> 1 1 1 1 1 1 1 1 ----- -	<b>No</b> 0 0 0 0 0 0 0 0
D08	Other than reproductive health information, what other information would you want to get from this platform?	Specify	_____ _____ _____	
D09	What kind of information would you find embarrassing to access from this page?	Specify	_____ _____ _____	

NO.	QUESTIONS	CODING CATEGORY					CODE
D10. To what extent do you agree or disagree with the following statements?							
		Completely disagree	Disagree	Neutral	Agree	Completely agree	Don't know
a	I trust the messages from STF's ICT knowledge center	<input type="radio"/>	<input type="radio"/>				
b	The messages are youth friendly	<input type="radio"/>	<input type="radio"/>				
c	The information provided at STF's ICT knowledge center is of high quality	<input type="radio"/>	<input type="radio"/>				
d	The information provided is useful	<input type="radio"/>	<input type="radio"/>				
e	The information provided is understandable	<input type="radio"/>	<input type="radio"/>				
f	It is easy to navigate and to find information at STF's ICT knowledge center	<input type="radio"/>	<input type="radio"/>				
g	The language used is appropriate for young people	<input type="radio"/>	<input type="radio"/>				
D11	If you have a personal question/concern/problem, would you share it openly or privately?					Openly Privately Bot	1 2 3
D12	What is the reason for your response above?					Specify	_____
D13	Would you recommend STF's ICT knowledge centre to friend? Why?					Yes No Specify	1 0 _____

Thank you for taking the time to respond to this survey. The information you have shared with us is very helpful. Our study team will make every effort to keep what you have shared confidential.

**END**

## Appendix 7: Telephone Interview Questionnaire

## STRAIGHT TALK FOUNDATION

### ASK E&M HEALTH OPERATIONAL RESEARCH – TELEPHONE SURVEY QUESTIONNAIRE

INTERVIEWER COMPLETES (I – VII) BEFORE INTERVIEW		
I	Organization name:	
II	E/M health platforms used by Organization	
III	District(s) covered by Organization under ASK	
IV	Name of interviewer	
IV	Interview Date	
V	RESPONDENT'S NUMBER	
VI	RESPONDENTS' DISTRICT	
THE INTERVIEWER IDENTIFIES AND CALLS SURVEY RESPONDENT (PERSON FROM REGISTER WHO USED STF'S SMS HELPLINE FROM ASK DISTRICTS) AND FILLS IN THE REST OF THE QUESTIONNAIRE		

**READ OUT:** Hello. My name is \_\_\_\_\_ and I am working with STF on a study exploring the factors and actors that determine the effectiveness of STF's e/m health platform to improve access to SRHR information and services among young people in Uganda. We appreciate that you play an important role in shaping these platforms and that is why we want to hear from you about your involvement and interaction with these e/mhealth channels, specifically the SMS helpline platform. This is your chance to let STF know your views concerning; the design, content, operational processes etc. and the changes you would wish to be made on STF's SMS helpline.

I would like to read you a description of this study and then you can decide if you want to participate. If you choose to participate in the study, it is important that you answer each question as thoughtfully and honestly as possible. Please be patient if some questions don't apply to you: we need to ask everyone the same questions. Thank you very much for being an important part of this

Have understood the above information

1 Yes

0 No → **Repeat consent information**

Do you like to participate in this interview?

1 Agree

**INSTRUCTIONS:**

1. *Tick or record only one response to each question, unless otherwise instructed.*

**SECTION A: Socio demographic characteristics**

To start, we would like to ask you some questions about yourself and your background.

NO.	QUESTIONS	CODING CATEGORY	CODE
A01	Are you:	Female	1
		Male	0

A02	What is your date of birth?	<i>Enter birthdate</i>	___/___/___ <b>DAY MONTH YEAR</b>
A03	How old are you?	<i>Enter age in years</i>	[ ][ ]
A04	Where do you live? In which district of Uganda?	<i>Enter your current district of residence and village</i>	_____

NO.	QUESTIONS	CODING CATEGORY	CODE
A05	What is the highest level of school that you attended?	None Primary Secondary Tertiary	1 2 3 4
A06	Are you in school now?	Yes No	1 0
A07	Do you participate in any income generating activity?	Yes No	1 0

#### SECTION B: ACCESS AND DESIGN OF THE PLATFORM

NO.	QUESTIONS	CODING CATEGORY	CODE
B01	How did you know about STF's SMS helpline?	Friend Peer educator School outreach Teacher Facebook adverts STF IEC materials i.e. brochures, files etc. STF radio show Other Specify: _____	1 2 3 4 5 6 7 8
B02	When did you first use STF's SMS helpline?	This is my first visit Within past 4 weeks Within past 2 - 6 months Within past 7 - 12 months Over a year ago	1 2 3 4 5
B03	How many times have you used SFT's Platform?	Enter number of times	_____

NO.	QUESTIONS	CODING CATEGORY		CODE
B04	What are your major concerns that you share through STF's SMS platform	<i>Record responses</i>		
B05	Whose phone do you use to SMS? Select all that apply.	<i>select all that apply</i>	<b>Yes</b>	<b>No</b>
		Personal phone	1	0
		Another person's phone	1	0
		STF club mobile phone	1	0
		Others specify	1	0
B06	a) Have you ever failed to access STF's SMS platform due to the expenses incurred in the process?	Yes	1	
		No	0	
	b) If yes or no why?	<i>Record response here:</i>		
B07	Are you allowed to access phones at:	<i>select all that apply</i>	<b>Yes</b>	<b>No</b>
		School	1	0
		Home	1	0
B08	What attracts you to this SMS helpline?	To ask questions	1	
		Interacting with STF journalist	2	
		The quiz	3	
		Interacting with young people	4	
		Personalized response	5	
		Adequate information provided	6	
		Others	7	
		(specify)	_____	

NO.	QUESTIONS	CODING CATEGORY	CODE	
B09	When you send a message to this platform, how long does it take you to get feedback?	Instant One day Two days Within six days One week or more No reply received	1 2 3 4 5 6	
B10	What are the challenges with this SMS helpline?	Slow/delays to get feed back Limited text characters Not interactive Others (specify)	1 2 3 4 _____	
B11	What challenges do you face to access internet/ this platform? Or is it easy for you to access a phone to text to STF?	<i>Select all that apply</i> It is expensive Do not own gadgets Limited computer skills Limited time Poor internet connection Restriction from school Restriction from elders Distance to internet points Others (specify).....	<b>Yes</b> 1 1 1 1 1 1 1 1 1	<b>No</b> 0 0 0 0 0 0 0 0 0

NO.	QUESTIONS	CODING CATEGORY	CODE
B12	How do you think this platform can be improved?	a. immediate reply of messages b. Improve quality of feedback c. Link to other sources with SRHR information. d. Make it interactive e. Provide lines for all mobile networks f. Others (specify)	1 2 3 4 5 6 _____

### SECTION C: CONTENT ON THE PLATFORM

Thank you for sharing that information. Now let's talk more about the information you access on STF's SMS Platform.

NO.	QUESTIONS	CODING CATEGORY	CODE
C01	Does this platform allow you to share ideas openly?	Yes No Not sure	1 0 3

NO.	QUESTIONS	CODING CATEGORY	CODE	
C02	What kind of SRHR information have you sought through this platform?	<p><i>Select all that apply:</i></p> <p>Reproductive health information</p> <p>Entertainment</p> <p>Job opportunities</p> <p>Training opportunities</p> <p>News</p> <p>Other</p> <p>Specify: _____</p>	<p><b>Yes</b></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>_____</p>	<p><b>No</b></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>
C03	What content/topic would you want to be covered on this page?	<p><i>Select all that apply:</i></p> <p>Gender</p> <p>Sexual and reproductive health</p> <p>Sexual citizenship</p> <p>Pleasure</p> <p>Violence</p> <p>Diversity</p> <p>Relationships</p> <p>Other</p> <p>Specify: _____</p>	<p><b>Yes</b></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>_____</p>	<p><b>No</b></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>

NO.	QUESTIONS	CODING CATEGORY		CODE	
C04	Is the information provided on this platform easy enough to understand to your satisfaction?	Very easy		1	
		Easy		2	
		Difficult		3	
		Very difficult		4	
C05	Do you feel the information provided through this platform is up to date?	Yes		1	
		No		0	
C06	How helpful is the information got from this platform?	Very helpful		1	
		Helpful		2	
		Not helpful		3	
		Not sure		4	
C07	a) Are you referred for additional information and health services?	Yes		1	
		No		0	
	b) If yes, which services were you referred for;	<i>Record response here:</i>			
C08	Other than reproductive health information, what other information would you want to get from this this platform?	Specify	_____		
			_____		
			_____		
C09	What kind of information would you find embarrassing to access from this platform?	Specify	_____		
			_____		
			_____		
C10	What other communication channels under Straight Talk Foundation (STF) have you accessed in the last 6 months?	<i>select all that apply</i>		<b>Yes</b>	<b>No</b>
		Facebook		1	0
		Website		1	0
		Twitter		1	0
		Radio show		1	0
		Print material		1	0
		School visit		1	0
		Community outreach		1	0
		Other		1	0
		Specify_____		1	0

NO.	QUESTIONS	CODING CATEGORY	CODE
C11	Would you recommend STF's SMS platform to a friend? Why?	Yes  No  Specify	1  0  _____
C13	What changes would you like to be made on this platform?	Record response here:  _____	

Thank you for taking the time to respond to this survey. The information you have shared with us is very helpful. Our study team will make every effort to keep what you have shared confidential.

***END***

**Appendix 8: OR Approval Letter**