Digital Health Intervention Case Study

Planned Parenthood Association of Ghana (PPAG)

The Yenkasa Contact Centre

Problem statement

PPAG has over the years reached millions of young people with sexual and reproductive health and rights (SRHR) information and services, particularly abortion services via in-person channels and approaches. However, we have observed the recent emergence of the digital ecosystem in Ghana, and its proliferation particularly among young people and identified it as a viable channel for our provision of SRHR services. We also know that utilization of reproductive health services among adolescents at physical health facilities across Ghana is low, despite a national increase among the older populations[1], emphasizing the need to adopt modern and youth-friendly approaches.

A recent report on mobile and internet use in Ghana shows that mobile coverage is more than 100%, with many having more than one active mobile connection, and the rate of internet use is 50%[2]. This validated our intent to focus on digital health interventions (DHIs). Closely linked to the rapid expansion of the digital ecosystem in Ghana is young people's exposure to misinformation. Social media remains the biggest culprit of misinformation, due to a persisting surge in unverified sources of information. This ultimately results in poor SRHR outcomes, including mortality and morbidity associated with unsafe abortion. This also put forth another strong case for us.

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Furthermore, findings from a research exercise we conducted with partners in 2018 showed that young people do not have access to authentic, easily accessible, and discreet avenues to access abortion-related information and services. This is a driver for many to seek unsafe abortion services. Through our consultations with young people, we understood that DHIs we develop should meet the criteria of being easily accessible and discreet.

How we developed our DHI

The early stages of our DHI was developed in consultation with partners at YLabs using a Human-Centered Design (HCD) approach. The primary objective was to develop an innovative people-centered intervention that will increase access to stigma-free abortion-related services for young people. We engaged diverse groups of young people in an ideation process to develop the DHI called 'Sister Support'. Our solution was a free, confidential helpline staffed by friendly female peer counselors who provide counseling to young people on pregnancy choices and links

1 Ghana Health Service, 2020
2 Hootsuite Digital Ghana Report (2021). Retrieved from: https://datareportal.com/reports/digital-2021-ghana

them to safe abortion services. The counselors sought to streamline the referral process for callers to minimize linkage barriers and provide stigma-free support. The idea was built, prototyped, and piloted live for over a year.

We evaluated the pilot period of the Sister Support solution using a mixed methods approach. For the quantitative data collection, Sister Support peer counselors collected data from all consenting callers who accessed the platform. In-depth interviews were also conducted with the peer counselors and the project team. The evaluation sought to measure the number of calls from girls within a target demographic; referrals received and subsequent completion; client satisfaction; and sustainability of the model.

This was one component of a comprehensive evaluation of our 'Girl Boss Program'. The results from the evaluation revealed: 1) there was an increase in young people accessing PPAG clinics for reproductive health services, and 2) there was high engagement from girls. This and other key factors demonstrated that our DHI was effective and should be scaled for maximum impact. We have since expanded our contact centre nationwide.

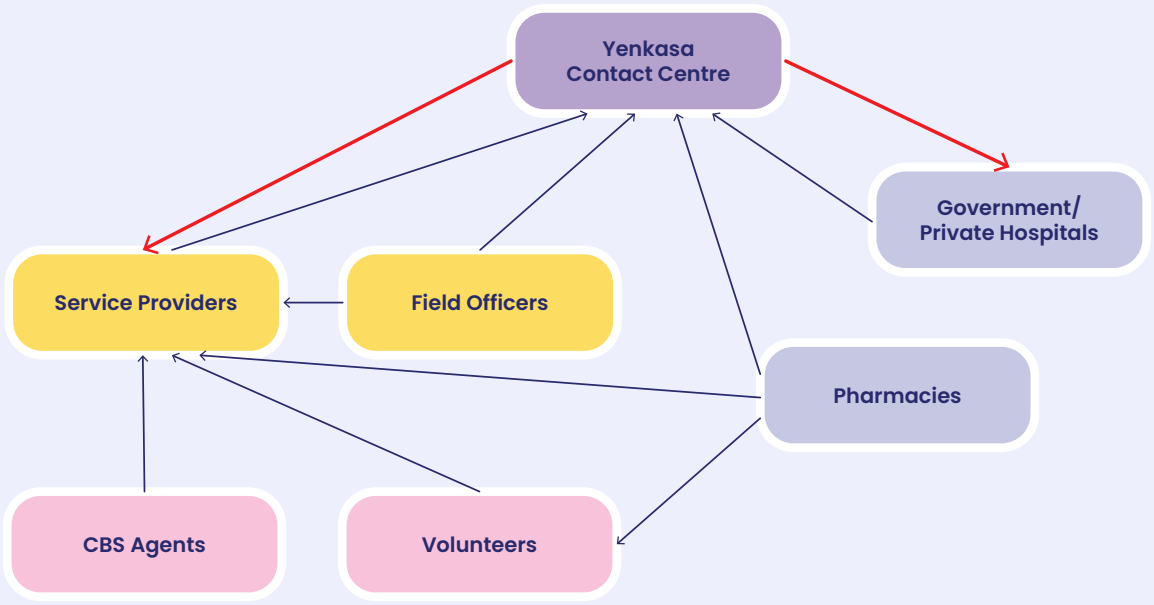
We have since integrated other staff members into the service delivery pathway for abortion-related services. Youth volunteers and pharmacies are now key to the integration of our DHI, and this has strengthened the comprehensiveness of the intervention. Currently, the contact centre has a supervisor who listens to the calls and provides technical support. All calls are recorded and this allows for quality checks. The agents are taken through periodic reviews and capacity building sessions towards improving the quality of their service.

Summary of our DHI

Our DHI is now an integrated system that brings together community cadres (youth champions and pharmacies), service providers, and contact centre agents to provide quality, responsive, and comprehensive sexual and reproductive health and rights information and services to young people, with emphasis on adolescent girls and young women.

Clients receive information and support on the abortion care options, legality of abortion care, eligibility criteria, avenues to access care and other specific support relative to the client.

The system operates primarily from a centralized contact centre called the Yenkasa Contact Centre. The contact centre is toll-free, with trained agents, and young people from all over the country can call in for free, or send a message via SMS, WhatsApp, Facebook, or Instagram to access quality reproductive health information, and services, including referrals. Specifically, regarding abortion self-care, contact centre agents are trained to deliver counselling on abortion self-care and link clients to other levels of care. Clients receive information and support on the abortion care options, legality of abortion care, eligibility criteria, avenues to access care and other specific support relative to the client. Currently, clients are able to either visit any accredited healthcare facility for the drugs or receive them by courier or any other service from the facility. Abortion self-care clients are followed up after 14 days by either the contact-centre agents or a service provider. Virtual follow up is done usually via voice calls and WhatsApp.



The diagram shows an overview of the connection between the Contact Centre, and the key implementing stakeholders. The Yenkasa Contact Centre is the centralized hub that receives and interfaces directly with the other levers in the ecosystem.

Implementing the DHI

Our DHI was implemented in collaboration with service providers, field officers, youth volunteers, and the contact-centre agents. The implementing stakeholders were fully oriented on what their roles are, and how they can contribute to the effective running of the DHI. The orientation sessions were done via both physical and virtual sessions (through Zoom mostly). The DHI was marketed via two main channels: 1) community sensitization and brand activation; and 2) online marketing. The community sensitization activities were implemented in strategic locations within the project area, with the objective of creating awareness of the centre and also generating traffic to the contact centre. Online marketing was done mainly via social media (Facebook, Twitter & Instagram), and traditional media (tv and radio). Innovative e-flyers and messages were shared on social media, and targeted discussions were also held on radio and TV to promote the DHI.

The traffic generated was managed effectively as the agents provide support to clients who accessed the DHI and ensured continuity and completion of care.

Challenges and lessons learnt

The permission and accreditation processes for running a national contact centre are lengthy and slow. There are no clear guidelines for running a contact centre in the country, which leads to complicated and winding processes for obtaining numerous certifications and licenses, as well as overcoming a succession of barriers and challenges with no formal direction for resolution and support. The contact centre's setup was severely delayed because of these processes. It is thus important to begin accreditation processes much earlier before the anticipated launch. Furthermore, it is expensive to operate a comprehensive DHI, and thus threatens the sustainability of the system. It is imperative to prioritize fund availability to the DHI, considering the impact it makes.

Effect on populations

Our DHI has transformed our operations, bringing it ahead in modernity in its service delivery operations. Through the establishment of the Yenkasa Contact Centre, PPAG has been able to reach more than 300,000 people with quality abortion-related information over just eight months. This has not been achieved in the MAs operations in such a short time and would not have been possible without the DHI. Similarly, more than 300 young girls have also been supported to access quality abortion self-care services across the country, which hitherto they

would not have received without the support of PPAG's DHI.

Creating access for women, girls and young people for these much-needed services and information that are essential across the country is phenomenal. This service has brought about several important improvements in the work of PPAG including the expansion of service delivery linkages between PPAG and pharmacies for adolescent-friendly services across the country.

Measuring success

The MA measures success by determining the following:

Increase in number of people reached with quality SRHR information; Increase in number people receiving counselling and consultation from service providers and agents; Referral completion rate;

Data is sometimes compared to the performance of the static facility to determine growth and effectiveness.

Recommendations for others

1. Establish formal referral linkages with private and government health facilities in different zones of the country. A focal person should be identified within these facilities and trained to serve in the role. These arrangements will contribute significantly to improving referral completion.
2. Comprehensive capacity building sessions should be organized consistently for agents manning the contact centre. As much as possible, only recruit agents with some medical background, and who have undergone some training in counselling. This significantly improves case resolution at the centre.
3. The DHI should be executed on easily accessible platforms for the beneficiaries. Always rely on existing platforms that the user can easily use, without having to introduce new software or applications unto their devices.
4. Explore options to build a commercial/ income generation component into the DHI. This will contribute significantly to sustainability of the DHI.

For more information about Digital Health Interventions at PPAG, please contact Adu Kwasi Manu, Coordinator for the Frontiers in SRHR programme.