



# **Cycle Tel Market Validation Testing**

**May 15, 2013 – September 6, 2013**

**Project End Report**

**Submitted to: Institute of Reproductive Health**

**Implemented by: PSI / India**

## **ABBREVIATION:**

<b>1.</b>	<b>CPR</b>	<b>Contraceptive Prevalence Rate</b>
<b>2.</b>	<b>DEO</b>	<b>Data Entry Operator</b>
<b>3.</b>	<b>IPC</b>	<b>Interpersonal communicator</b>
<b>4.</b>	<b>IPCC</b>	<b>Interpersonal communicator coordinator</b>
<b>5.</b>	<b>IRH</b>	<b>Institute of Reproductive Health</b>
<b>6.</b>	<b>MVT</b>	<b>Market Validation Testing</b>
<b>7.</b>	<b>NFHS</b>	<b>National Family Health Survey</b>
<b>8.</b>	<b>PSI</b>	<b>Population Services International</b>
<b>9.</b>	<b>SDM</b>	<b>Standard Days Method</b>
<b>10.</b>	<b>SEC</b>	<b>Socioeconomic Category</b>
<b>11.</b>	<b>TG</b>	<b>Target group</b>

## Executive Summary

Women know little about their fertile period, as 57.7 % of currently married women had knowledge about traditional methods of family planning, with rhythm method contributing 48% (NFHS-III). Most importantly, only 4.9 % of the currently married women used rhythm method as a way of family planning.(NFHS-III).The need was felt by Institute of Reproductive Health (IRH) to commission a three months pilot project (15th May to 6<sup>th</sup> September 2013) to undertake Market Validation Testing (MVT) to assess customer demand and willingness to pay , for assessing in order to assess if Cycle Tel can be a viable direct-to-consumer market based solution.

The project was implemented by PSI India in Tigri, South Delhi and Sonia Vihar, North East Delhi and the target audience comprised of ever married women between the age of 18 - 49, not using any hormonal method of contraception, not sterilized, user of mobile phone (could be husband) and knowing how to read and send messages in English. Required project staff including IPC's, IPCC's and data entry operators were hired and trained. A call centre managed by IRH contacted those women at least once who had been contacted by the IPCs. Calls were made to understand source of enrolment/interest in use of rhythm method, convert potential leads, and service current users. The project was implemented in three phases, where the first phase involved - one to one communication with target group, motivating women for enrolment and successfully enrolling interested women. In the second phase, follow up of already enrolled target group (TG's) and revisiting TG's who had shown interest but didn't enrol was conducted while cash collection and feedback were attempted in the third phase of the project. It was observed that out of total contacts made; only 60% eligible women owned mobile phones themselves or had access to mobile phones through their husbands.

### Achievements and Progress:

- A total of 559 users tried to enrol in Phase I but only 376 could be successfully enrolled, remaining 192 users could not enrol due to reasons like wrong replies to the screening questions and incomplete response etc. At the end of Phase III, the number of overall user who attempted to enrol increased to 589 as 30 new users were enrolled during Phase II & Phase III.
- Lead mechanism was no doubt a very innovative way of converting interested users into successful enrollers but it was observed that during Phase II, only 143 potential leads were used for follow up..
- Considering all the above operational challenges and the demographic scenario, 12% of the total eligible women contacted by the IPC's attempted to enrol for the service. However, out of them 7.8% could be successfully enrolled and 2.7 % willingly paid for the service. The results of the pilot would be the guiding principles for future implementation of the project.

# INTRODUCTION

IRH conceptualized 'Cycle Tel – an SMS M-health' service in 2010, to provide Standard Days Method (SDM) to women in India. IRH felt the need to undertake market validation testing to assess customer demand and willingness to pay in order to assess if Cycle Tel can be a viable direct-to-consumer market based solution, and commissioned this pilot project to Population Services International (PSI). The need stemmed from the fact that women know little about their fertile period, as 57.7 % of currently married women had knowledge about traditional methods of family planning, with rhythm method contributing 48% (NFHS-III). Most importantly, only 4.9 % of the currently married women used rhythm method as a way of family planning (NFHS-III). Hence, there was a felt need to educate women on a method like SDM, as research showed that with correct use, the percentage of women who become pregnant during the first year of use is as low as 5% - 12% with typical use.

Previous research in the state of Jharkhand/India displayed that 87% of SDM users were previously using either traditional methods or no family planning methods. Further, a study conducted in rural villages of India indicated that post introduction of SDM, the contraceptive prevalence rate (CPR) goes up substantially. Thus, SDM offers a new opportunity to expand method mix that raises overall CPR.<sup>1</sup>

## Geography:

The project was implemented in two low income areas of Delhi – Tigri, South Delhi and Sonia Vihar, North East Delhi.

## Target Group:

Ever married women in the age group of 18-49 years, not using any hormonal method of contraception, not sterilized, user of mobile phone (could be of husband) and knowing how to read and send messages in English.

## Implementation Process:

The project was rolled out in three phases, namely –

- Phase I (June 10th to July 24th, 2013- 6 weeks): One to one communication with target group (TG), motivating women for enrolment and successfully enrolling interested women.
- Phase II (25th July to 7th August, 2013 – 2 weeks): Follow up of already enrolled TG and revisiting TG who showed interest but didn't enrol.
- Phase III (8th August -31st August, 2013 - 4 weeks): Cash collection and Feedback

The pace of the first phase was set by recruiting the field team, with 8 IPC's, 2 IPCC's, 2 DEO's and 1 Program coordinator. They were trained for three days before launch of the project on aspects including:

- Background of the project
- Roles and responsibilities of IPC's , IPCC's , DEO's
- Technical information on Standard Days Method
- Counselling skills including OARS ( asking open ended questions , affirmation , reflective listening, summarizing )technique
- Mock sessions were also organized in one of the intervention area for providing hands on experience to IPC's.
- One-day refresher training was organized before launch of Phase II for IPC's and DEO's to reinforce the messages conveyed during first training including roles of IPC's , IPCC's , DEO's ; how to approach consumers; selection of right TG and how to motivate clients for paying for the services.

Last training was conducted prior to initiation of Phase III, for IPC's & IPCC's about the process flow, coordination between IPC and consultant, role of IPC's & IPCC's.

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<sup>1</sup> IRH India Study, Expanding Contraceptive Choice: Experiences from Jharkhand, India .

## Marketing and Enrolment Process- Phase I:

During phase I, IPC's focussed on one to one communication by mapping eligible women, educating them about SDM and attempting to enrol them into the CYCLE TEL program. Leads were also given through missed call or calling customer care in case of unavailability of phone or where husband's decision was required for enrolment.

### No. of Contacts

No. of Households reached in 6 weeks	No of IPC's	No of days worked in Phase –I	Average contacts made by IPC per day
7697	8	38 days	25 contacts

### INDICATORS

Total No. of Women Contacted	Eligible Women who owned Mobile Phones	Total no. of users attempted to enrol	Active users	Inactive Users	Others
7697	4677	559	367	145	47

**Outcome: 7.8% conversion rate**  
**( Percentage of active users out of total eligible women contacted)**

### Follow up-Phase II:

In Phase II, IPC's focused on already enrolled women so as to counsel them for re-enrolment, besides following up with all potential leads for possible conversion. As a result, 318 users were re-enrolled for the service and 17 new enrolments were done. Hence total number of users both from phase I and phase II, who attempted to enrol was 576.

### USER STATUS

Active	318
Inactive	193
Exited/ ineligible / others	65
Total users who attempted to enrol	576

### Cash collection and feedback -Phase III:

In Phase-III, IPC's engaged with enrolled customers to determine interest and willingness to pay. Consultants from IRH took the responsibility of taking feedback from active and inactive customers, and simultaneously collected money from clients who were willing to pay. In the third phase, 290 active users among 318 re-enrolled users could be contacted while the remaining 28 users were either unknown or self-enrolled.

A total of 439 users were visited in phase –III, including 160 active users and 279 inactive users. It was observed that only 127 users were willing to pay for the service. In Phase III, though the primary focus was only on feedback mechanism and cash collection still 13 new users were willing to enrol and pay for the service due to word of mouth publicity or credibility of CYCLE TEL in the intervention area.

Total no. of eligible women contacted with phone in Phase I	Total active users in Phase II	Users contacted in Phase III	Active users surveyed	Inactive users Surveyed	Clients willing to Pay
4677	318	290	160	279	127

### Willingness to Pay- 2.7%

(Percentage of clients willing to pay out of the total eligible women contacted)

Note: Refer Annexure 2 for the process of enrolment

### Milestones achieved:

- Phase I training: 5-7th June, 2013
- Phase II Training : 24th July, 2013
- Phase III training: 7th August, 2013

# KEY OUTCOMES:

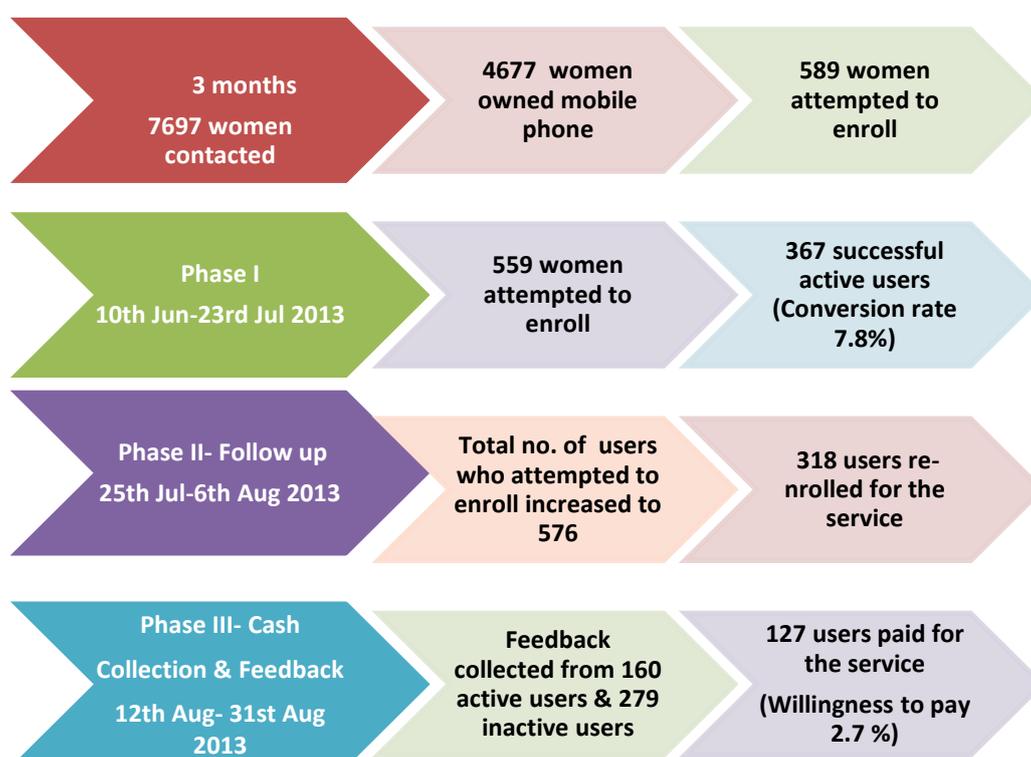
Households reached in 6 weeks **7697**

Eligible women with phone	4677
Total women attempted to enrol	589
Households with willingness to pay (paid)	127
Active users at the end of Phase I	367
Active users at the end of Phase II	318
Active users at the end of Phase III	93
Overall conversion rate*	7.8%
Willingness to Pay **	2.7%

\*Overall Conversion rate is calculated as number of active users at the end of Phase I, out of total number of eligible women contacted with phone

\*\*Willingness to pay is calculated as number of users who were willingly to pay for the service, out of the total number of eligible women contacted with phone.

- In three months' time, 7697 households were contacted in which 4677 women owned mobile either on their own or had access to mobile through their husbands.
- A total of 589 women attempted to enrol in three months' time out of which 367 were successfully enrolled in Phase –I and 318 were re-enrolled during Phase -II.
- Overall conversion rate was **7.8%**.
- During cash collection time 127 users showed willingness to pay, which amounts to **2.7%** of the total number of eligible women contacted with phone.
- At the end of Phase-III, 93 users re-enrolled for the service and were willing to continue using the services further.



# CHALLENGES & WAY FORWARD:

## 1. Availability of phones with females:

Only 60% of the total women contacted were using mobile phones, and out of these 24% women owned a mobile phone while 36% were sharing it with their husband.

### Way forward:

#### Increasing male participation:

Innovative tools and strategies could be used to increase male participation for using CYCLE TEL service.

#### Approaching SEC B category:

- Data reveals that only 24% of the females contacted, owned mobile phones in both the intervention areas hence, in future intervention could be focussed on SEC B or lower A class to ensure availability of mobile phones with majority of women.

#### Work Place Intervention:

- In Delhi and NCR region, targeting males or females at work place by organizing camps & workshops could be fruitful.

## 2. Eligibility Criteria not well defined

During implementation of the project it was realised that mere access to mobile phone was not enough for availing service, since illiteracy and non-use of SMS service by the women acted as major barriers during the enrolment process.

Hence while implementing the project the entire focus was on identifying women with access to a mobile phone leading to dilution of efforts of the project staff.

### Way forward:

#### House Listing Process:

- House listing and identification of beneficiaries using based well defined eligibility criteria should be attempted before starting the intervention to prioritize the efforts thereby, improving efficiency and also promoting optimal utilization of resources.

#### Bilingual Messages:

**We could customize the language of the text message either to 'ENGLISH' or 'HINDI' depending upon the convenience of the user because 'HINGLISH' was confusing for the users.**

## 3. CONFIDENTIALITY

According to the data 36% users were sharing phones with husband or family, so major reason for low reenrolment in the second phase was breach of confidentiality. Women were not comfortable in receiving messages on SDM on a common phone used by all.

## **Way Forward:**

### **Use of Pictorial Messages:**

Pictorial messages depicting safe and unsafe days like a simple right or wrong symbol could be used. Hence, it could be an alternative mechanism for conveying the desired message while maintaining confidentiality at the same time.

## **4. LEAD COVERSION:**

More than 300 leads were given by IPC's after completion of first phase but less than half of these women were converted into potential leads for follow up.

## **Way Forward:**

Instead of passing information on interested users to customer care as a lead, IPC's should follow up with these users first and if still an issue or problem with enrolment persists, then customer care may be involved in follow up. For lead generated customers enrolment could be done through phone where call centre executive could also ask the screening question and record the responses as well as the date so that the user gets enrolled automatically. This would avoid complexity of sending SMS's to the call centre.

## **Result:**

- We would not lose our lead customers resulting in a more satisfied cycle Tel user

## **5. FREQUENT REMINDER & CALLS:**

Almost all IPC's said that frequent calls and reminders for reenrolment irritated the clients and lead to dissatisfaction.

## **Way Forward:**

Re-enrolment of active users could be done through phone instead of sending reminders for re-enrolment.

## **6. USER FRIENDLY MESSAGING SYSTEM:**

Three separate mobile numbers for sending messages, calling customer care and giving missed calls were very confusing due to which many users replied to the same number from which they got message or gave miss call for enrolment.

## **Way Forward:**

- Only one number should be used for all the three purposes i.e. for sending messages, calling customer care and giving miss call.

## LESSONS LEARNT:

- ≠ Interpersonal Communication is most effective in promoting behaviour change - Lead customers who show interest in enrolling for the service should be followed by IPCs directly rather than through the call-centre. Call centre should act as a backup for the IPCs in case of need.
- ≠ Mapping and identification of target beneficiaries in the preparatory phase would help to target and prioritize the project interventions and thereby, improve efficiency.
- ≠ All interested users should be given an opportunity to enrol and not just literate women. User-friendly pictorial messages may be used for illiterate women and enrolment may be facilitated through customer care.
- ≠ A unique single phone number for availing services should be used and advertised during the project cycle rather than having multiple contact numbers.
- ≠ Advocacy efforts to engage with potential stakeholders should be initiated prior to the project.
- ≠ Maintaining confidentiality and understanding the local context is of prime importance. In most of the cases, since the family owned a common mobile handset, women were embarrassed to receive messages on SDM. Alternate mechanisms like, use of pictorial messages could be explored to protect privacy of women.
- ≠ Enrolled active users should not be disturbed through frequent calls and messages by the call-centre as this might lead to dissatisfaction.

## CONCLUSIONS:

As per hypothesis, 8% conversion and 4% willingness to pay was assumed. However, out of total contacts achieved it was observed that 7.8% enrolment rate was possible and only 2.7% clients were willing to pay.

Out of total contacts made we found only 60% eligible women with access to a mobile phone which was either owned by them or their husbands. A total of 559 users tried to enrol in first phase but only 376 could be successfully enrolled, remaining 192 users couldn't enrol due to reasons like replying wrong to the screening questions, incomplete response etc. Lead mechanism was no doubt a very innovative way of converting interested user into successful enroller, but it was observed that during Phase-II only 143 potential leads were used for follow up.

CYCLE TEL could be only used by women who could read and send text messages in 'ENGLISH' but in both the intervention areas, percentage of women using mobile phones was only 60% and many of them were illiterate thereby, decreasing the scope of enrolments.

Feedback during Phase III highlighted that maintaining privacy was a major issue. Many women left after using the service once only as they were irritated by regular reminders, frequent calls and reading of messages by other family members.

According to IPC's, majority of the women faced difficulty in understanding the screening question, and this was one of the major reasons due to which many leads could not be converted into successful enrolments.

Considering all the above operational challenges and the demographic scenario, a conversion rate of 7.8% and willingness to pay at 2.7% were highly satisfactory and lessons learnt during the pilot phase would be the guiding principles for future implementation of the project.

# ANNEXURE 1: IEC MATERIAL:

## 1. USER GUIDE

**CycleTel™: Family Planning Through Mobile Phone**

**ABOUT CYCLETEL™:** CycleTel is a new mobile phone service that helps you use a natural and scientifically family planning method. To use CycleTel, you need to own a mobile phone and be able to send/receive SMS. The service is based on the Standard Days Method® (SDM) of family planning. SDM is internationally recognized as an effective and modern method of family planning. It is proven to be more than 95% effective in preventing pregnancy when used correctly.

**HOW IT WORKS:** Once you are registered with Cycle Tel and you send the start date of your period, CycleTel™ will calculate the days when you are most likely to get pregnant. CycleTel sends you SMS alerts on these days so you know that you and your spouse must use a condom or avoid sex to prevent pregnancy.

**FEATURES**

- Easy-to-use, private and personalized.
- Alerts you of the days you can get pregnant each month
- Keeps track of your menstrual cycle length over time
- Sends you additional information to help you use the method correctly

**TIPS FOR USE**

- Save the phone number 8800029253 as "CycleTel" in your contacts for future reference
- All SMSes from CycleTel will come from LM-CYCLTL. To reply to any messages, SMS 8800029253.
- Check your inbox regularly for SMS alerts from LM-CYCLTL. Make sure that your phone is turned on and the inbox is not full so that you receive SMSes on time
- Text CHECK at any time to know the dates you can get pregnant in a month
- Text INFO at any time to find out more about SDM effectiveness, protection from HIV/Sexually Transmitted Infections and other CycleTel facts

**HOW TO USE CycleTel™**

SMS "JUDIYE" to 8800029253

→

CycleTel will SMS you 3 screening questions to determine if you can use the service

→

If you can use the service, CycleTel asks you to send the start date of your last period, for example 12 APR

CycleTel will calculate the days you are most likely to get pregnant and send you SMS alerts on unsafe days

←

You send your period date and CycleTel confirms that you're registered

You and your spouse must use condoms or avoid sex on all unsafe days to prevent pregnancy

→

To continue use of CycleTel send the start date of your period every month

**REMEMBER:** Use of hormonal pills will affect the length of your menstrual cycle. Avoid use of these pills for correct use of CycleTel

**HAVE A QUESTION? NEED HELP?**  
Call Customer Care at Toll Free 1800-1800-8000  
Available 9am - 6pm, Monday to Saturday

Operators are standing by to answer your questions about CycleTel

Only for CycleTel IPC purposes, please do not distribute this further.



## 3. LEAFLET

**Tips for USE**

- Save the phone number 8800029253 as "CycleTel" in your contacts for future reference
- All SMSes from CycleTel will come from LM-CYCLTL. To reply to any messages, SMS 8800029253.
- Check your inbox regularly for SMS alerts from LM-CYCLTL. Make sure that your phone is turned on and the inbox is not full so that you receive SMSes on time
- Text CHECK at any time to know the dates you can get pregnant in a month
- Text INFO at any time to find out more about SDM effectiveness, protection from HIV/Sexually Transmitted Infections and other CycleTel facts

**FREE PROMOTION FOR ONE MONTH OF USE!**  
(Normally 30 Rupees Per Month)

TRY IT TODAY! SMS "JUDIYE" TO 8800029253  
**HAVE A QUESTION? NEED HELP?**  
Call Customer Care at Toll Free 1800-1800-8000  
Available 9am - 6pm, Monday to Saturday

Operators are standing by to answer your questions about CycleTel

Your Period Start Date: \_\_\_\_\_

Sales Agent Name: \_\_\_\_\_

For further queries on CycleTel™  
☎ 1800-1800-8000

# CycleTel™

Easy  
Family Planning  
on  
Your Phone



## 2. MENSTRUAL CYCLE CHART



**Monthly Cycle**

A woman usually gets her period every month. Women who get their periods monthly can use CycleTel.



For any information on CycleTel, call us at 1800-1800-8000.  
Only for CycleTel IPC purposes, please do not distribute this further.

## 3. PROCESS FLOW

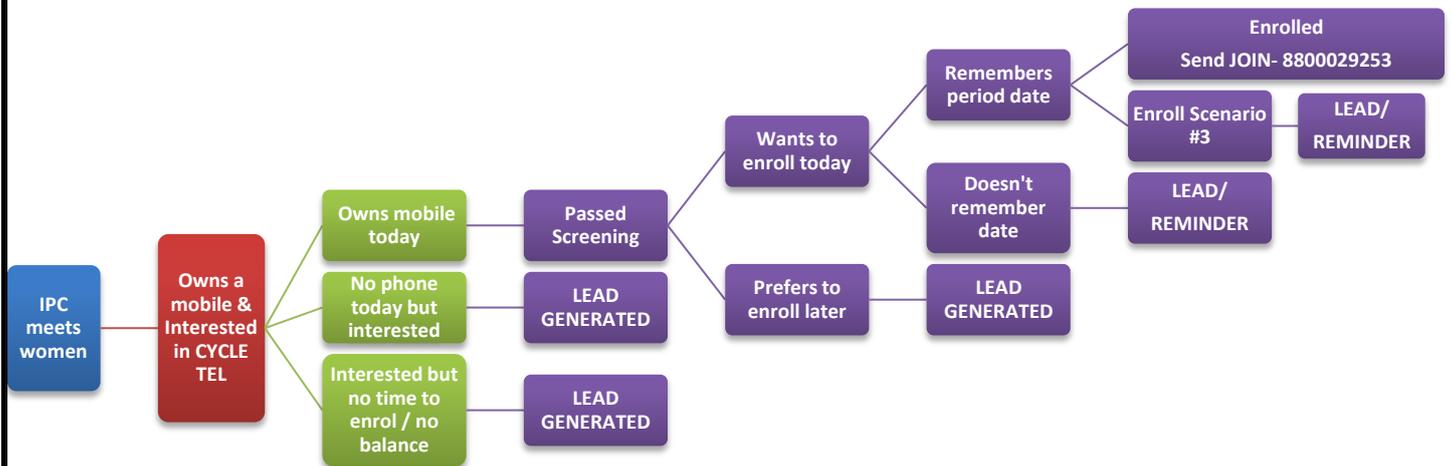


**CycleTel™**

Easy Family Planning on Your Phone

Only for CycleTel IPC purposes, please do not distribute this further.

## ANNEXURE 2: ENROLLMENT PROCESS:



Send JOIN 8800029253	<ul style="list-style-type: none"> <li>• For direct enrollment</li> </ul>
Dial 1800-1800-8000	<ul style="list-style-type: none"> <li>• Call Customer care for any queries.</li> </ul>
Dial 1800-3000-9696	<ul style="list-style-type: none"> <li>• Give Miss call for lead</li> </ul>

### PROCESS FLOW

Enrolment is initiated by sending **JOIN/ JUDIYE** on **8800029253**.

IPC gives leads by giving miss call from customer's phone on **1800-3000-9696** or by informing customer care by calling on **1800-800-800**

# PHOTO ANNEXURE 3: IPC IN ACTION



IPC interacting with Target group during one to one communication



IPC with Happy User of CYCLE –TEL:



North East Delhi Team



South Delhi Team

## PHOTO ANNEXURE 4: TRAINING GLIMPSES

### Phase I



### Phase II



### Phase -III



### Closure Meeting:





# THANKS

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