

# Advancing mobile phone surveys for RMNCAH&N



## Experience Sharing on Mobile Phone Survey

February, 2025

Overview of the Mobile Phone Survey

Focus Areas within RMNCAH-N (IFA during pregnancy, digital literacy, Health Insurance)

Operational Aspects and Data Collection

Lessons Learned and Key Takeaways

# Who we are!



NOIPolls is a Nigerian-based opinion polling and research organization founded in 2006



NOIPolls remains at the forefront of providing much-needed data and information on opinions, perceptions, attitudes, and preferences of the Nigerian population and Africa at large



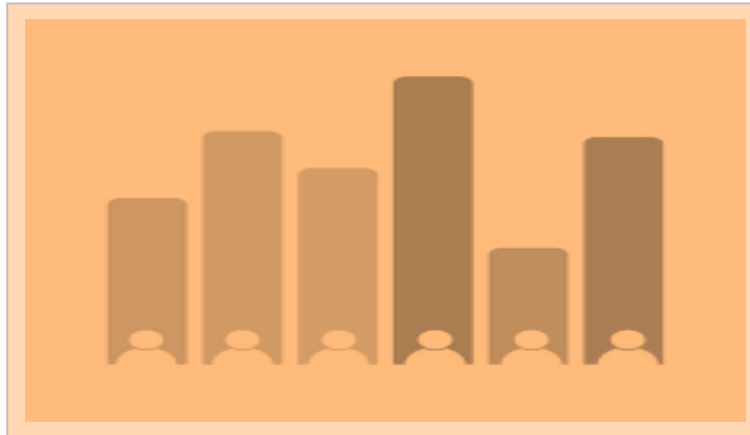
We have a 50-man polling center with trained analysts who conduct interviews in the language of preference of respondents



## NOIPolls provides a unique range of interconnected services

1

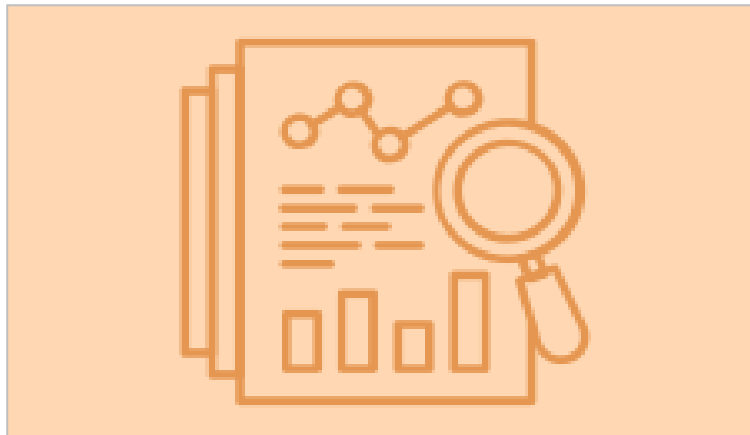
Polling



- Our polling center is backed by a database of over 80 million active phone number of adult Nigerians to capture the opinions of Nigeria

2

Research



- We actively conduct forward-thinking research and relevant data on public opinion and consumer markets

3

Analytics



- We crunch data with sophisticated statistical tools to make it useful in any sector

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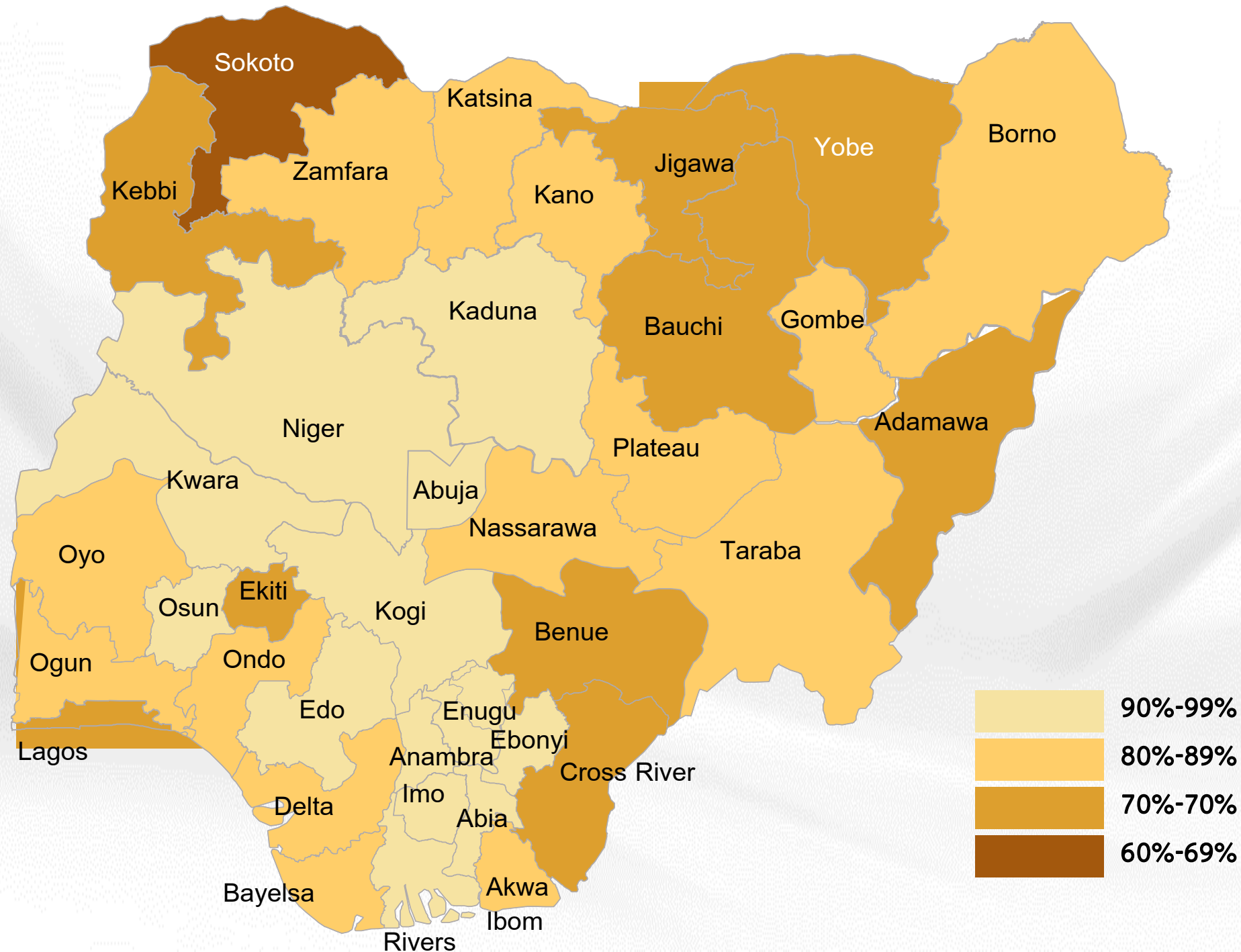
Data Bank



- Rich, well-organized and maintained collection of research data for easy access

# There is a growing appetite for mobile phone survey due to the growing density of phone ownership in Nigeria

Percentage of households with a telephone



- Approximately 90% of Nigerian households own a mobile phone, with higher ownership in urban areas (95%) compared to rural areas (81%) 2021 MICS SURVEY
- The high rate of mobile phone ownership highlights the opportunity for mobile surveys to effectively engage a wide range of the population.

Over the years we have carried out several project using telepolling as the primary source of data collection. Some of these projects include

1  
**COVID-19**

- In technical collaboration with UK Cabinet Office and the Presidential Task Force on COVID-19, This project was conducted to assess the citizen’s sentiment on the COVID pandemic and perceived implications to wellbeing and socio-economic development as well as gauge reaction to various mitigating actions taken by the Task Force.
- Also, the poll gauged ways in which ordinary citizens could play a role in ensuring sustainable approaches to enhance preparedness and mitigation efforts as well as tracking awareness and uptake of the COVID-19 vaccine.
- **Project Period:** 2 years 9months      **Sample size:** Across the duration of the project we completed 19,500 interviews

2  
**Vaccine Awareness**

- A client funded project which aimed to ascertain the readiness of the public for the launch of HPV vaccine by assessing the awareness of caregivers on the HPV vaccine introduction and the willingness of caregivers to allow their wards to take the HPV vaccine when available.
- The results provided valuable insights into the awareness levels, concerns, and willingness of caregivers regarding the HPV vaccine. The information was instrumental in making data-driven decisions around effective strategies for promoting vaccine uptake and addressing any misconceptions or barriers
- **Project Period:** 2 years 9months      **Sample size:** 4,000 adult

3  
**Amplified Evidence for MNH Interventions**

- A donor funded projects which aims to provide evidence driven interventions that are responsive and specific to the individual states both in terms of volume, coverage, and effectiveness
- This investment aimed to amplify the evidence for MNH support in Nigeria tailored to the individual 10 BMGF focus States while identifying the specific barriers to care in each of the States.
- The scope of the project is in 3 prongs; 1. Iterative tiered **MNH maturity gradient**, 2. Iterative **MNCH consumer analysis** and **Proactive MNCH intelligence** gathering, 3. Quantifying **impact of MNH contributions**
- **Project Period:** 3 years + 6months extension      **Sample size:** 500 WCBA<sup>1</sup> per state, 250 Adult male.

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# Agenda

- 
- **Overview of the Amplify Use of Iterative Evidence project**
  - Findings\_ Iron Folic Acid During Pregnancy
  - Findings\_ Digital literacy
  - Findings\_ Health Insurance
-



# The Amplify use of iterative evidence project was used to identify tailored interventions specific to the focus state in Nigeria to support RMNCHN

## Background



- ❑ Nigeria has had a recurring public health challenge of **poor maternal and child health outcomes** since documentation of national Maternal, Newborn, and Child Health (MNCH) statistics began in the early 1990s<sup>1</sup>. **Many interventions** have been instituted in the country to address this with **mixed results of successes and challenges** and as such Nigeria did not achieve the relevant Millennium Development Goals (MDGs)<sup>2</sup>.
- ❑ Survey has shown that several health interventions have been carried out to arrive at a significant health outcome among states in Nigeria. **Surfacing information** on Maternal and Newborn space at national and state levels is critical to **contextualizing suite of interventions** to state and to identifying opportunities to leverage other donor investments that are Nigeria-facing. These suites of interventions will not be implemented in a vacuum.
- ❑ Therefore, to design MNH interventions for Nigeria, it is imperative to **provide evidence driven interventions** that are responsive and specific to the individual states both in terms of volume, coverage, and effectiveness. This investment will aim to **amplify the evidence for MNH support** in Nigeria tailored to the individual 10 BMGF focus States while **identifying the specific barriers** to care in each of the States.

9



### Scope: A three-pronged investment outlined as follows:

- ❑ Prong 1: Iterative tiered **MNH maturity gradient**
- ❑ Prong 2: Iterative **MNCH consumer analysis**
- ❑ Prong 3: Quantifying **impact of MNH contributions**

All the activities in these prongs are hinged on leveraging existing structures and evidence in the States to understand on the ground true state of MNH in each of the 10 focus states.

# The Amplify Use of Iterative Evidence project were in three prongs



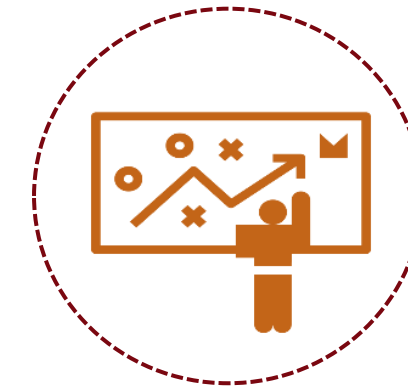
## 1 Iterative tiered MNH maturity gradient

- A tiered grading system that places states in **quartiles** across a **performance scale**
- **MNH indicators** account for **75%** of the total score, **health resources** **15%** while **data accounts** for **10%**
- Development of a model that convert administrative data to population based coverage to enable annual iterations of the maturity gradient.



## 2 MNCH consumer analysis

- **Periodic telephone survey** carried out across the 10 focus states
- Identify the **root social, behavioral, and cultural challenges to care seeking behavior**
- Propose **solutions that can address the identified challenges** within national and State frameworks for MNCH
- **Six rounds** of Consumer Insights across the 10 states have been completed.



## 3 Quantifying **impact of MNH contributions**

- Tailored towards **estimating contributions attributable** to different MNH interventions
- Used the **Lives Saved Tool (LiST)** and rigorous analysis to estimate contributions of different interventions to MNCH outcomes across the different states



# Specifically for the consumer insight

## What is it?

- ❑ Opinion polling
- ❑ It is great at assessing **awareness** of interventions
- ❑ Provides **context and insight** into what guides respondent's decision making
- ❑ Helps understand the **knowledge, attitudes and practices** of respondents
- ❑ Provide some level of **qualitative** framing for decisions
- ❑ It can be used to triangulate other data

## What is it not?

- ❑ It does not replace coverage surveys
- ❑ It is not intended to be an impact assessment
- ❑ For it to be compared to household coverage surveys, we have to discount several biases

## Data Collection

- ❑ The NOIPolls Data Collection Software (NDCS) collects responses from participants, enabling skip patterns in questions, easy response entry, error control, quality checks, and quota management.
- ❑ The NDCS CATI system converts entered data into formats like Excel, SPSS, or Stata for further processing. NOIPolls typically starts with Excel for data cleaning, performing spot checks, filtering variables, and ensuring the data is ready for analysis. Finally, cleaned data is exported to SPSS, Stata, or any other format the client specifies.

## How do we intend to use it?

- ❑ It provides an avenue to quickly **interrogate topical issues** during program implementation
- ❑ It will help provide a **human centered approach** to program design.
- ❑ It will help provide **guidance** on **designing interventions** that will be **specific** to different groups (State, Geopolitical zones, Gender).



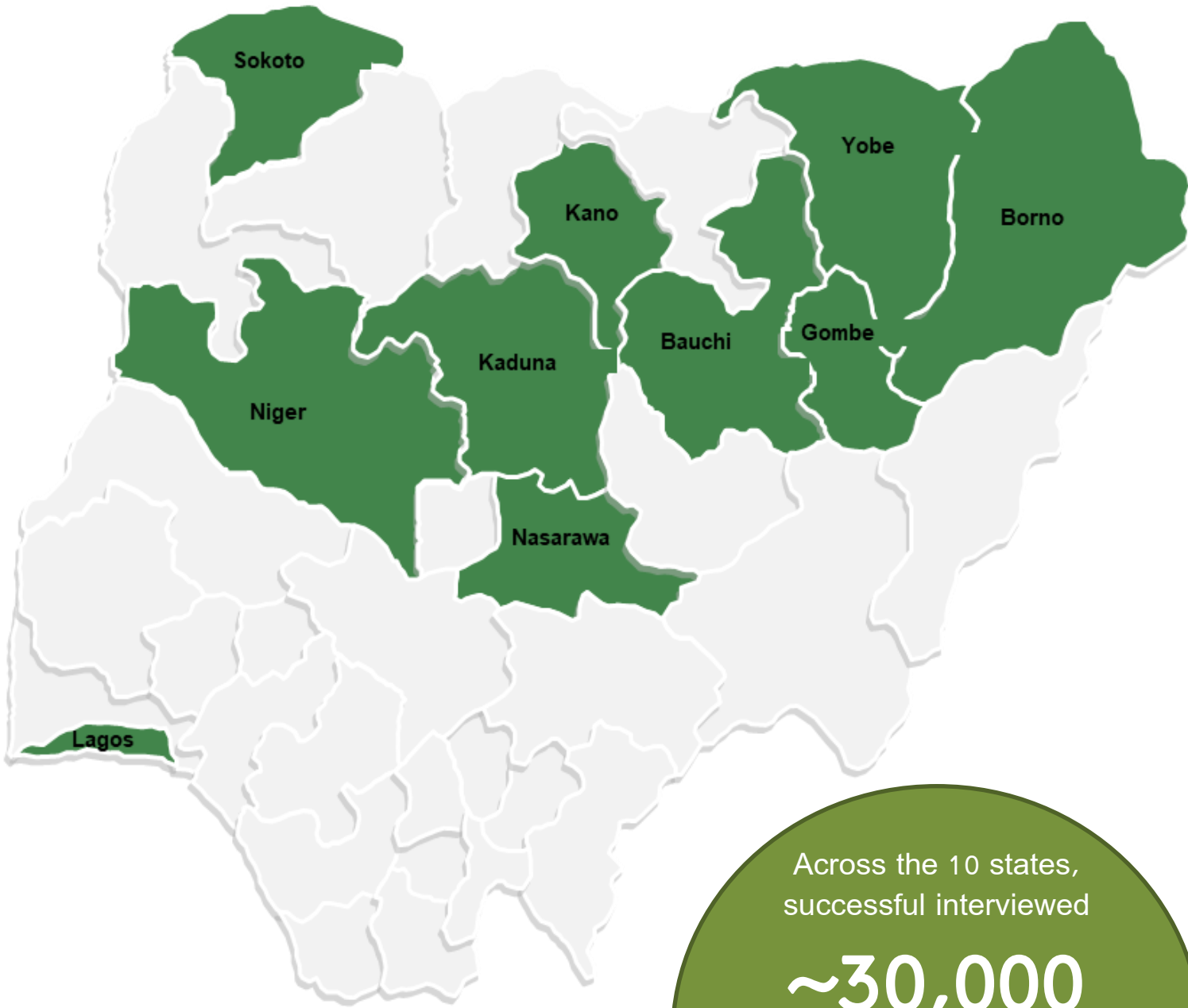
## Methodology

- ❑ Questionnaires are developed to tailor the objective of the project.
- ❑ Interviews are conducted over the telephone by trained analysts.

## Call Protocol

- ❑ The telephone interview call protocol ensures that interviewers call each respondent in the sample frame at least six times daily across different time windows. Two calls are made during each of the three-time windows (morning, afternoon, and evening) for four consecutive days. If the respondent cannot be reached within this period, the interview is categorized as unsuccessful.

Across the life of the project, we have conducted a total of 6 rounds of polling across ten selected states. Each round explored thematic areas around RMNCHN plus other key areas



Across the 10 states, successful interviewed  
**~30,000**  
 WCBA, and  
**4,000** men in a union



**Reproductive Health**

- Family planning choices
- periconceptual practices



**Maternal Health**

- Antenatal care, Facility delivery
- Postpartum hemorrhage & Management



**Neonatal Health**

- Newborn care
- Cord care
- Kangaroo mother care



**Child Health**

- Health seeking behavior
- Immunization, IYCF



**Nutrition**

- Feeding practices, early initiation of breastfeeding
- Complementary feeding



**Others**

- Malaria in pregnancy, essential medicine, CHIPS, digital literacy, health insurance, Experience/Quality of care
- Grievance Redress Mechanisms.

Across the six rounds of polls, to secure a sample population of 5,00 per state, with an average 42% response rate

Average length of  
Interview

**20min**

Average polling  
completion time per  
state

**6 days**

Average number of  
analysts involved in  
the poll

**45**

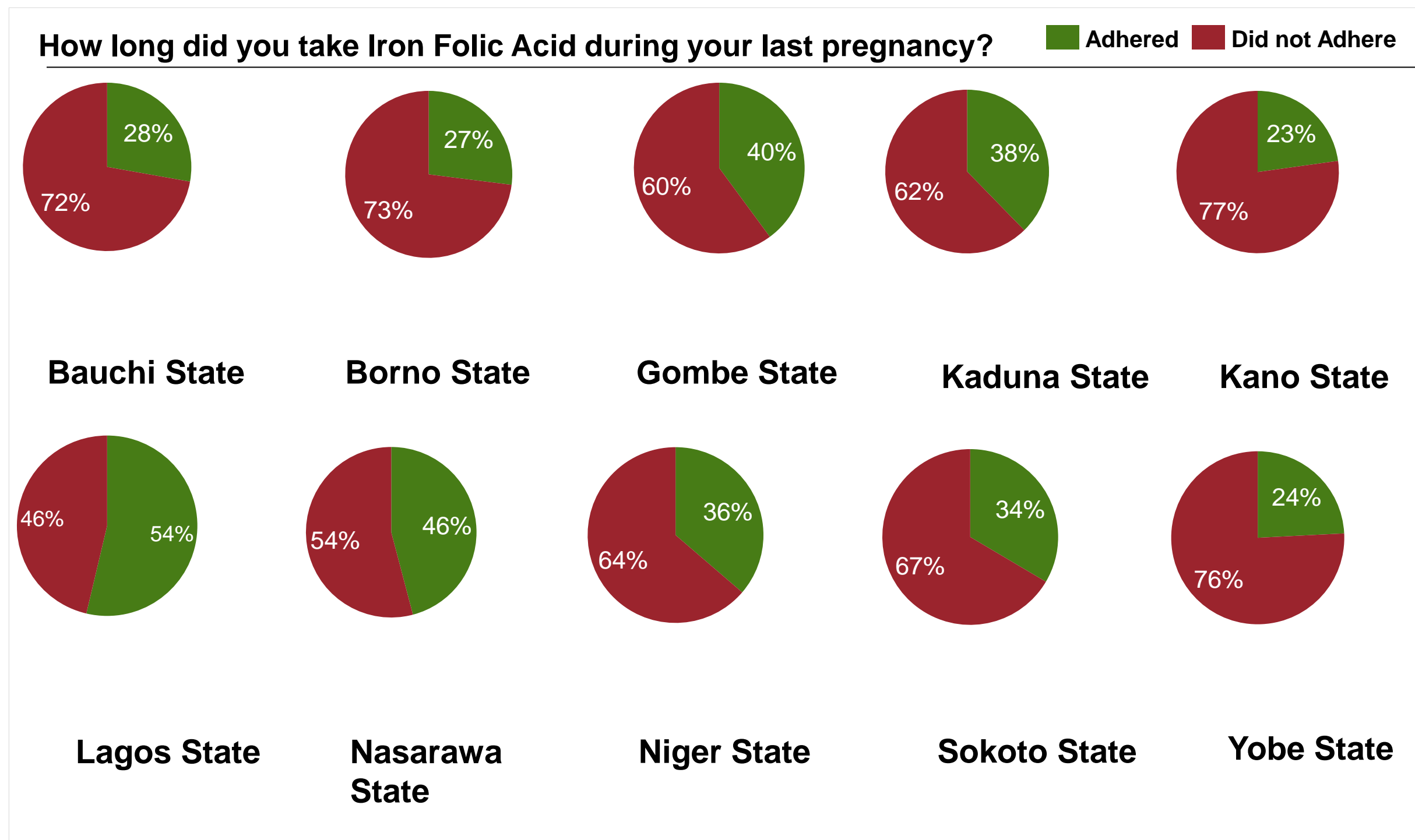
**Structure and  
formatting**

- **Introduction:** This contains the Pollster name and where they are calling from, the Objective, Time duration and Respondent's Consent)
- **Screening Questions:** This question can be used for different purposes, such as filtering out respondents who do not meet the criteria, based on the survey's objective
- **The Questions:** This is usually categorized based on the thematic areas or groups the project needs answers to The Thematic Areas(area of interest tailored towards the aim of the surveys
- **Demography:** This is asked at the end of the interview to build rapport and ensure the respondent feels comfortable before providing personal information, such as age, gender, education, income, or ethnicity.
- **Close ended questions** are preferred for their efficiency, clarity, consistency, ease of use, and reliability.
- **Reinforcement questions** are included in polling questionnaires to ensure response reliability, validate initial answers, and identify discrepancies, ultimately enhancing data accuracy.

# Agenda

- 
- Overview of the Amplify Use of Iterative Evidence project
  - **Findings\_ Iron Folic Acid During Pregnancy**
  - Findings\_ Digital literacy
  - Findings\_ Health Insurance
-

# Despite the high uptake of IFA during pregnancy, adherence was relatively low across majority of the states



**NB:** Adherence response – Only women who took IFA throughout pregnancy.

- At least 90%** of women **took IFA** during their pregnancy across the states.
- Kano** state had the **topmost** percentage of women who **did not take** IFA during their last pregnancies.
- Across the states, **younger women (18- 25 years)** were **prevalent** among those who **did not take** IFA during pregnancy except in **Kaduna** and **Nasarawa** states where it was **older women (above 35 years)**.
- Place of residence** (rural or urban) was **not** a significant factor with respect to **uptake** of **IFA** in pregnancy.
- Lagos state** was the only state that had over **50% adherence** to **IFA** by women during pregnancy.
- The following were related with **low** level of **adherence** to IFA in pregnancy; **rural residence** (except in Bauchi state)

# Agenda

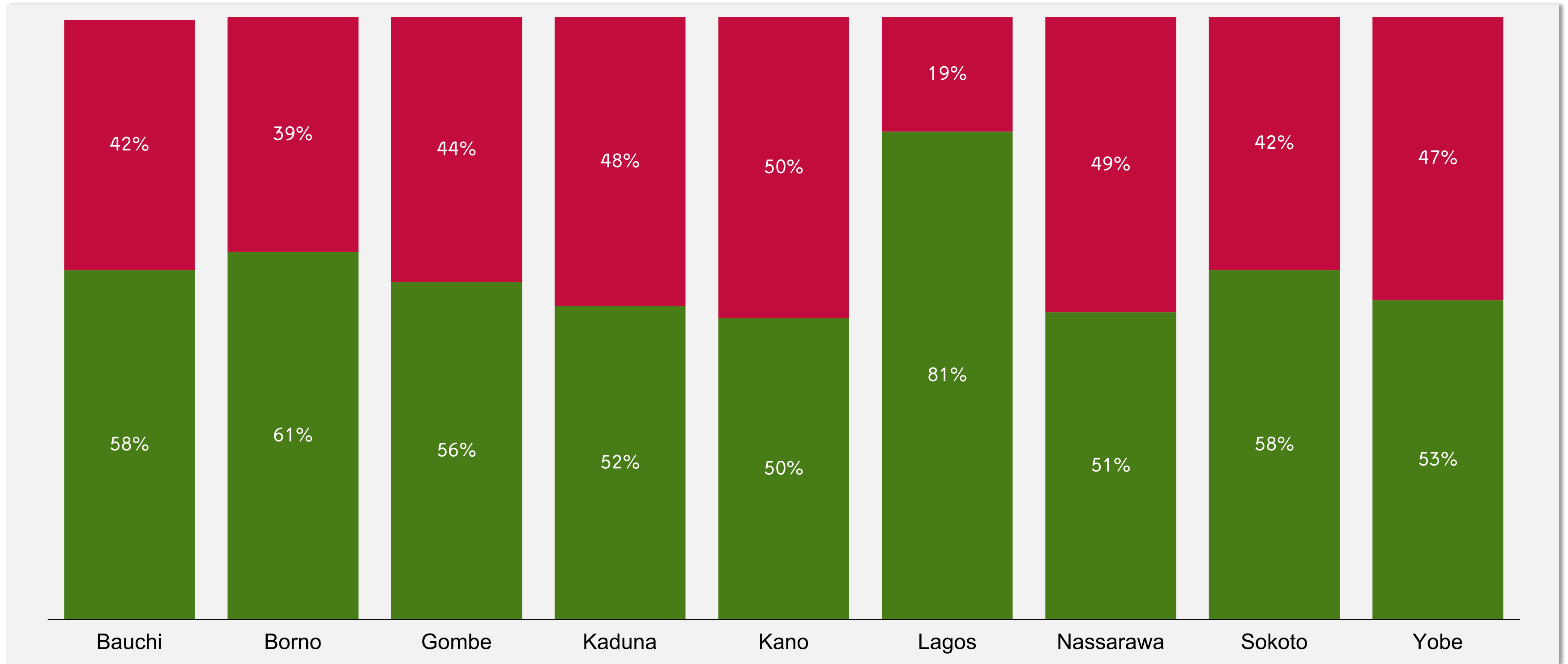
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# An average of 58.1% of respondents surveyed have access to mobile phones

The proportion of responses to “Do you own a smartphone or have access to one?”

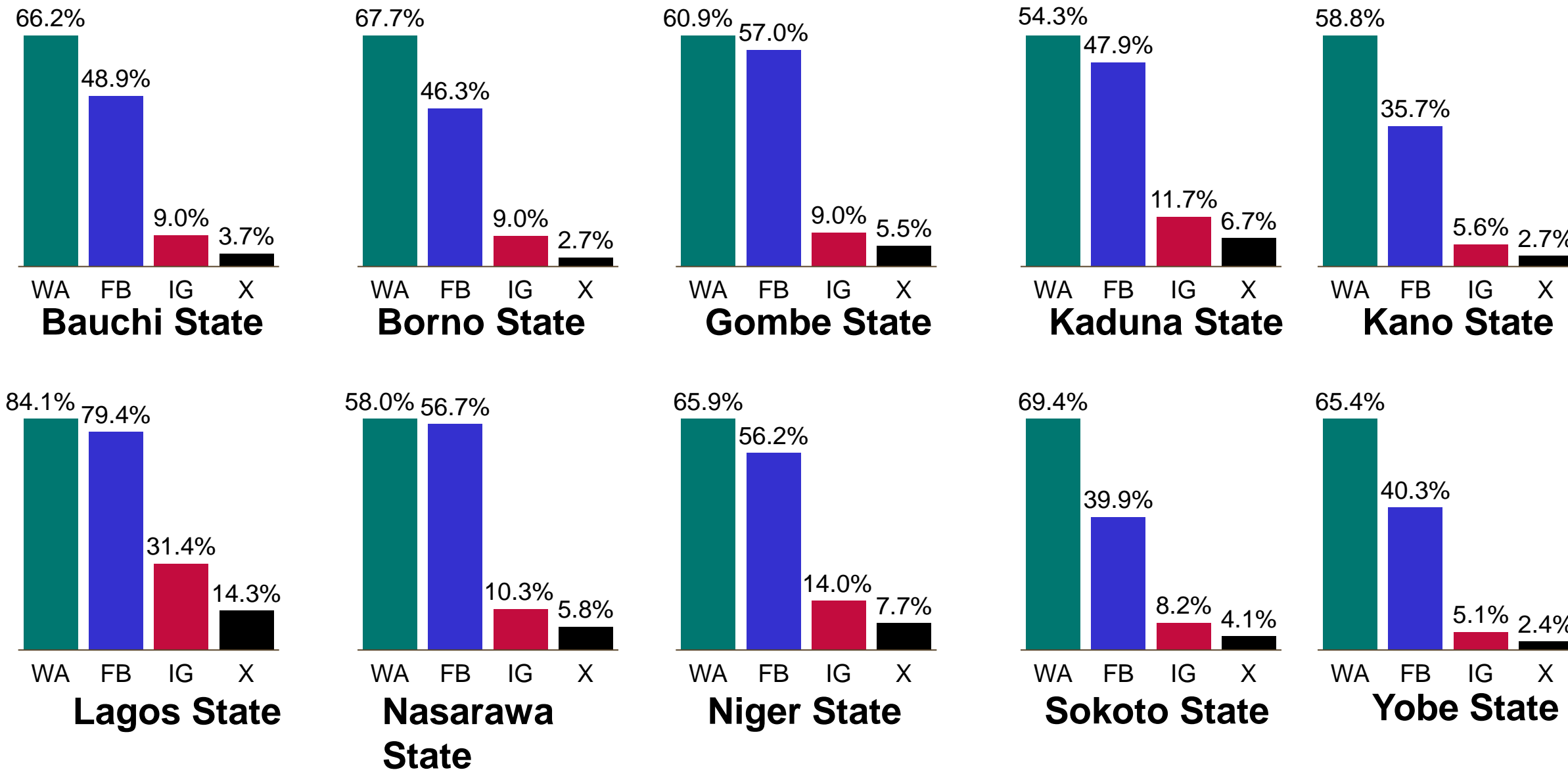
No Yes



- An average of 58.1% of respondents surveyed have access to mobile phones

# At least 54% of all respondent use WhatsApp as their preferred social media platform

What social media platform are you on?



- More than 90% of the respondents across the states have never used twitter
- Majority of the respondents have never used Facebook but an average of 15% of the respondents using it daily.
- Lagos recorded the highest number of daily Facebook users with 46.7%.
- Less than 22% of all respondents across the states get their health information from social media
- Majority of these respondent get this information from WhatsApp

# Agenda

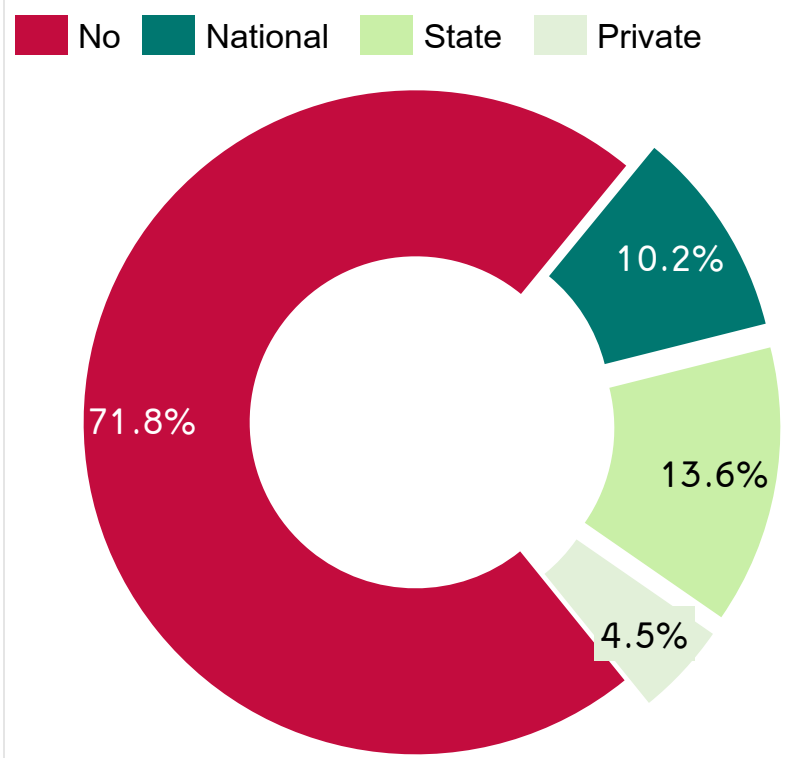
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# Despite low health insurance enrollment in many states, particularly among vulnerable populations and rural residents, utilization rates among those enrolled are generally high

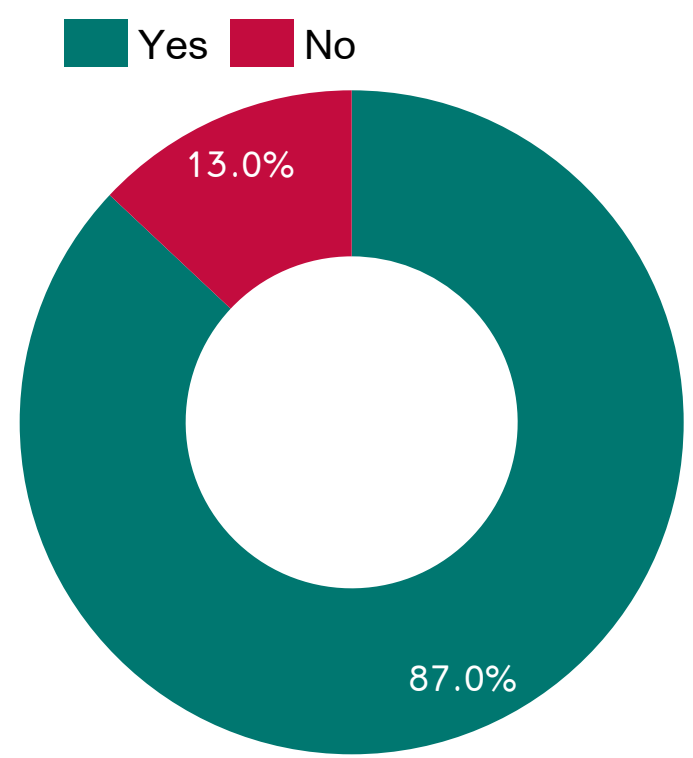
## Health insurance consumer insights among women of childbearing age

### Health Insurance type (Average 10 states) %

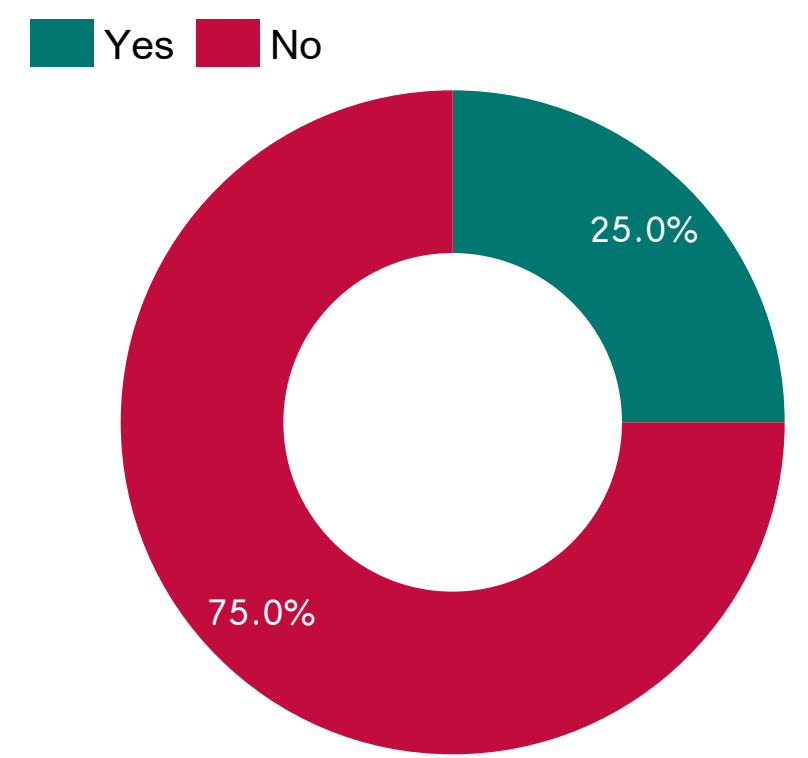
Are you enrolled on any Health Insurance?



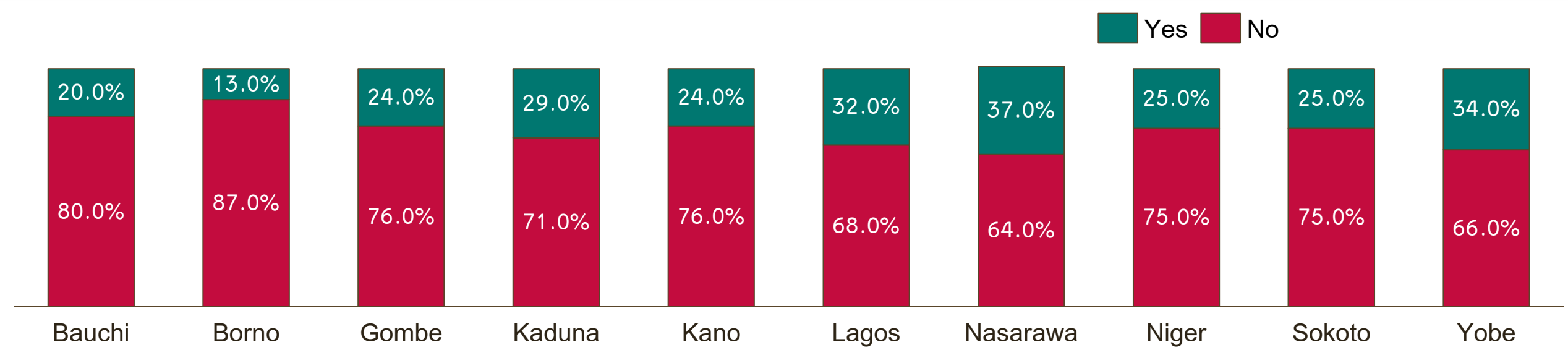
Health Insurance Utilization (Average 10 states) %



Are you aware that you can enroll for health insurance even if you are not a government worker?



### Are you treated differently from those that pay out of pockets, when receiving care?



- Bauchi and Borno state had the lowest health insurance coverage (around 20%), while Kano and Nasarawa had slightly higher coverage (32% and 37% respectively). Lagos reported 24% coverage.
- In Bauchi, Borno, and Kaduna state, younger women (18-25) consistently had lower enrollment rates in health insurance.
- More vulnerable women and those with lower educational attainment were prevalent across the 10 states for those who were not enrolled in any health insurance.
- In Gombe state, rural women were more enrolled than urban women.
- National and State health insurance schemes were major drivers of coverage across the 10 states.
- Private health insurance played a significant role in Lagos. In Kano, the state insurance scheme effectively covered more vulnerable women.
- Utilization rates among those enrolled were generally high across the 10 states, exceeding 80% in Bauchi and reaching 97% in Borno state.

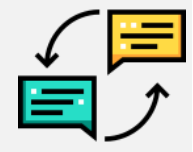



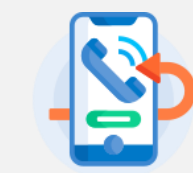
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# Key considerations and mechanisms we employ to ensure quality control during polling

| 1   | 2  | 3   | 4  | 5   |
|---|--|---|--|---|
| <h3>Translation</h3> <ul style="list-style-type: none"> <li>Before polling, the survey tool is translated into four major Nigerian languages (Hausa, Yoruba, Igbo and Pidgin English) as the interviews are mainly conducted in these languages.</li> </ul>  | <h3>Training</h3> <ul style="list-style-type: none"> <li>A comprehensive training of analysts is conducted before the commencement of every telephone survey.</li> <li>The training duration is between 2 to 3 days depending on the nature of the project.</li> </ul>  | <h3>Pilot testing</h3> <ul style="list-style-type: none"> <li>This is conducted after training, which ensures that;           <ul style="list-style-type: none"> <li>Questionnaire is clear</li> <li>Its easy to understand</li> <li>Ambiguities are Identified</li> <li>Adjustments to question phrasing, sequence, and format for better flow are made.</li> </ul> </li> <li>It also highlights areas that needs further training and gathers feedback to address issues overlooked during the design phase.</li> </ul>  | <h3>Random Call Monitoring</h3> <ul style="list-style-type: none"> <li>Supervisors randomly monitor telephone interviews of enumerators to ensure proper administration of questionnaire end-to-end without the knowledge of the enumerators.</li> <li>This process allows the supervisors to maintain strict quality control over the data collection process.</li> </ul>  | <h3>Call back</h3> <ul style="list-style-type: none"> <li>During surveys, quality control officers and supervisors conduct regular monitoring on the recorded interviews.</li> <li>This is done by randomly selecting 30% of the successful interviews to verify the authenticity of calls made and accuracy of data collected from the respondents.</li> </ul>  |

# We implemented targeted mitigation strategies to address challenges encountered over the years

## Challenges

## Mitigation Strategies

**1** Struggle in handling open-ended questions: Respondents sometimes struggle to answer open-ended questions. Some provide incorrect or irrelevant responses, and this increases the time it takes to complete a survey.

- We try to limit the number of open-ended questions as well as the length of the survey tool.

**2** Incorrect Responses: Sometimes respondents answer question out of the scope of the survey tool

- Analysts also politely redirect the conversation and clarify the question to guide respondents toward more accurate answers.

**3** Managing Difficult Respondents: Due to the current insecurities in the country, some respondents fear to respond to questions.

- Reassuring them about the call's randomness and anonymity helps alleviate their concerns

**4** Language Barriers: Sometimes we get respondents that can not speak any of 4 major languages and are only comfortable answering questions in their native language.

- Translating questionnaires into local languages and assigning interviewers who are fluent in those languages significantly improved response quality.

**5** Respondent Barriers: Respondents may overstate or understate opinions, especially for subjective or aspirational questions

- We explore the use of question phrasing designed to minimize bias, such as providing balanced options

**6** Data Inaccuracy: Misunderstanding of questions or deliberate misreporting by respondents.

- We conduct pilot test before every survey to ensure clarity
- We provide training for enumerators to reduce errors in data collection

# Content

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**Lessons Learned and Key Takeaways**



## Some of the lessons learnt overtime are;

**1**

### Importance of a Strong Introduction

A well-crafted and professional introduction plays a key role in gaining a respondent's trust and willingness to participate in the survey. First impressions can make the difference between securing a response or being declined.

**2**

### Active Listening

Analysts who actively listen can pick up on responses that indirectly answer other questions, reducing the need for repetition. This approach not only saves time but also ensures respondents feel heard and respected

**3**

### Acknowledge biases

Be conscious of inherent biases and realign, correcting for those biases. For example, in our sequencing of the States, we had assumed Lagos was going to completed quickly but found otherwise. We had to reorder the States after 2 days.

**4**

### Respondents' engagement

The tone and pace of the interview significantly affect respondents' willingness to participate and provide honest answers. Friendly and professional tones work best and also transparency about how the data will be used builds trust.

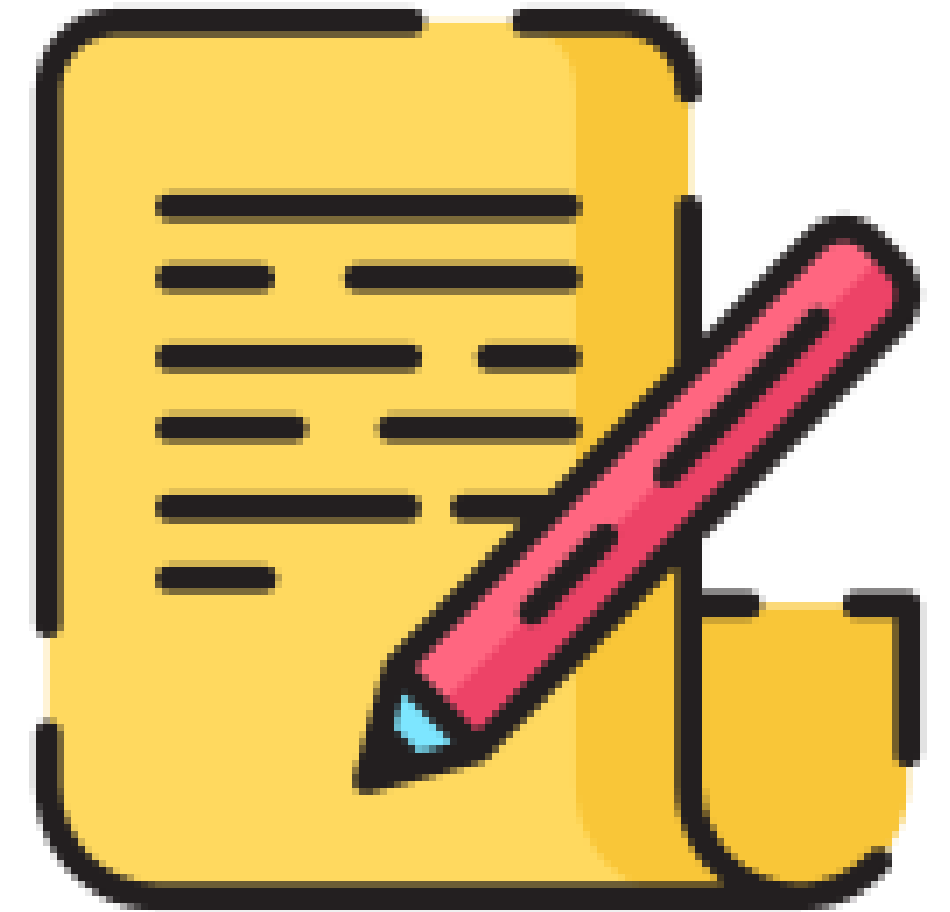
## In Summary;

1 Telephone survey provides credible data and quick turn around time for results.

2 Some questions can fall into the bias of telephone survey. For example, coverage questions. It was difficult to get realistic measures of uptake of key intervention especially for well known interventions like antenatal care coverage for example.

3 Telephone survey is a reliable method for measuring awareness and reach of a programme or an intervention. E.g SheTank Project where we reach of an intervention using a cohort of respondent, People Perception Survey where we gathered citizen's perception about the current healthcare system .

4 Telephone polling is a good way to measure perception and willingness of a population to uptake a service. E.g Family planning service, immunizations



# THANK YOU!

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