Evaluating the impact of *ask*Nivi on contraceptive uptake: A mixed methods study

DATA DOCUMENTATION FOR PILOT PHASE

1. INTRODUCTION

This study originally aimed to evaluate the effectiveness of a digital intervention, *ask*Nivi, and outcomes related to family planning, including uptake. *ask*Nivi is a "chatbot" that provides access to sexual and reproductive health information, screenings, referrals to products and services, and follow-up support.

Prior to conducting the main trial, we first conducted a series of pilot exercises to optimize recruitment, enrollment, intervention uptake, and short-term retention for follow-up. We tested three recruitment strategies: market-based, household-based, and digital. Following pilot completion, a decision was made not to proceed to the main trial; therefore, results presented herein pertain to results from the pilot exercises only.

2. STUDY OBJECTIVE

The overall study objective for the pilot exercises was document the feasibility, advantages, and disadvantages of different recruitment strategies to inform the main trial.

3. METHODOLOGY

Data were collected from November 2022 to January 2024 in three separate pilot exercises, each described in more detail below:

Recruitment Strategy	Market-based	Household-based	Digital (social media-based)
Dates	Nov. 2022	Nov. 2023	Nov. 2023-January 2024
Sample size	N=92	N=77	N= 138
Eligibility	Women 18-29 years with unmet FP need who were literate[a], had active WhatsApp account, and were living in eligible areas of Madhya Pradesh		Women 18-29 years with unmet FP need who were literate[a], had active WhatsApp account, and were living in eligible areas of India[b]
Mode of data collection	Tablet-based; administered by data collector		Self-completed through WhatsApp
Literacy	Literacy test	No test, literacy presumed	No test, literacy presumed
Baseline questionnaire for pilot	Brief, in-person	Expanded, in-person	Expanded, self-completed WhatsApp

[a]In the market-based pilot, a tablet-based literacy test was conducted; in the household-based and digital pilots, literacy was assumed.

[b]Eligible states/regions were Bihar, Chhattisgarh, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and Uttarakhand, the union territory of Chandigarh and the National Capital Territory of Delhi.

4. PUBLICLY AVAILABLE DATASETS

The dataset combines data from the three different pilot exercises, one in which participants were recruited through markets, another which used household-based recruitment, and a third which recruited participants digitally using social media. Because these were pilot exercises and not full study results, not all questions in the questionnaires were asked (as these questionnaires were designed for the full trial), and the questionnaires

differed depending on the recruitment strategy as tools were iterated and adapted. The focus of the pilot exercises was to understand the relative success and efficiency of each recruitment strategy on identifying and enrolling the target study population. Questions from the questionnaires contained in the dataset are highlighted. The dataset combines questions that were comparable across pilot exercises as these data were used to write a "lessons learned" paper about designing digital health-focused intervention evaluations and the merits of using different recruitment strategies. Two data collection forms are contained in the DDL submission: one for market-based recruitment and one for household and digital recruitment combined (as these latter two recruitment strategies were deployed simultaneously).

5. LIMITATIONS

This study has several limitations. First, data collection and methods differed across each pilot exercise as procedures were iterated upon, thus making direct comparisons challenging. Secondly, the purpose of the pilots was to inform a fully powered randomized controlled trial, not to address a research question in their own right. However, lessons learned from the pilots can possibly help inform the design of future studies to evaluate digital health interventions.