

DIGITAL IMPACT SURVEYS

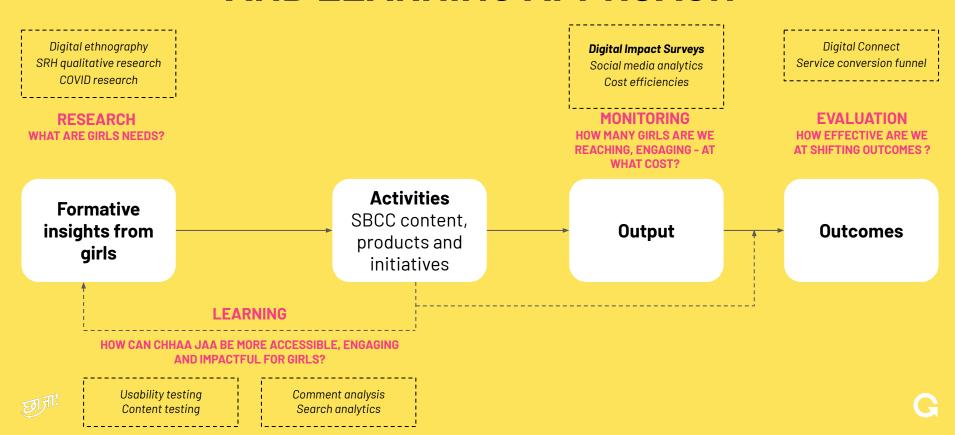
INSIGHTS & PROCESS DOCUMENT

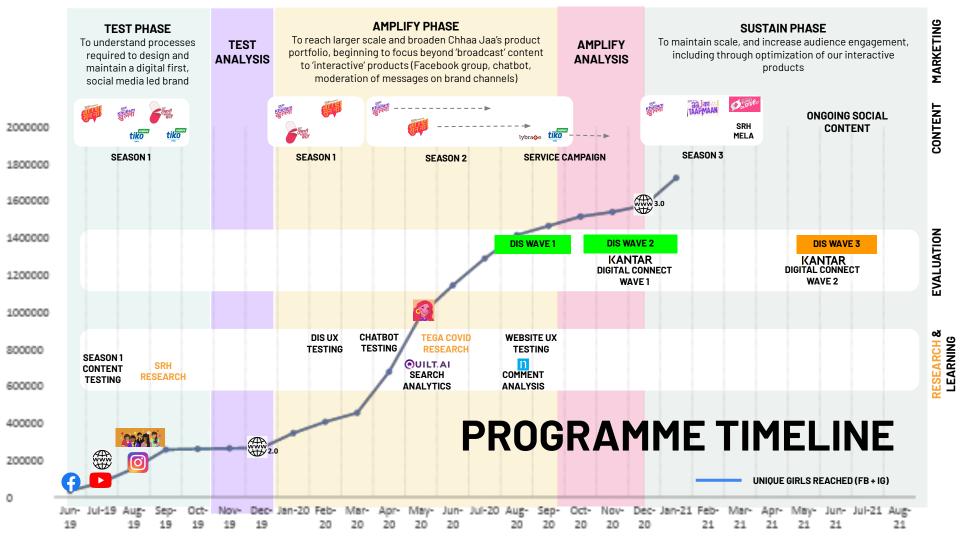
Girl Effect India, March '21

Agenda

- MERL Approach Recap
- Programme timeline
- Why Digital Impact Survey
- Design Methodology
- Target Group & Geographical Coverage
- Pre Launch Initiatives
 - Robust Design Planning
 - Pre launch Tests
- Post Launch Learnings DIS Wave 1
 - Analysis Results
 - Learnings & Implementation
- Post Launch Learnings DIS Wave 2
 - Analysis Results
 - Learnings & Implementation
- Approach Limitations & Considerations

OUR MONITORING, EVALUATION, RESEARCH AND LEARNING APPROACH





Why Digital Impact Surveys (DIS)?

Primary objective of DIS is to measure the impact of specific sets of content (currently deployed for each 'Season') on driving outcome shifts among our target group. This is done by measuring SRH Knowledge, Intention & Behaviour PLUS 8 Behavioural drivers.

Program Objectives:

Increased percentage of girls have knowledge of key sexual and reproductive health (SRH) topics and issues.

Increased percentage of girls intend to access SRH services for information/services related to their SRH problems

Increase percentage of girls intend to use contraception at next/first sex

Increase percentage of girls accessed an SRH service in the last 6 months to seek information/services related to their SRH problems

Increased percentage of girls (who are sexualy active) report using contraception at last sex

**SRH services include clinics, pharmacies, doctors, on the ground health services and digital health services

Design & Methodology

1.Consumers gets a survey link via an ad in FB context

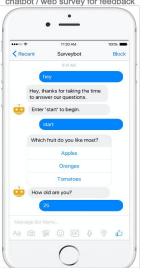


2.Consumers clicks on the feedback button embedded in the ad



3.Consumers gets directly exported to a chatbot / web survey for feedback

7,7,7,7,7,7



This study was conducted only on Facebook. With the help of FB pixel, we were able to identify girls who are exposed to the content and who are not exposed to our content

We targeted our survey ads (take this survey) to identified girls & Interested girls clicked on the link & completed the survey. Both Consumers & Look-alikes (non consumers) will be taking the same survey

Target Group and Geographical Coverage





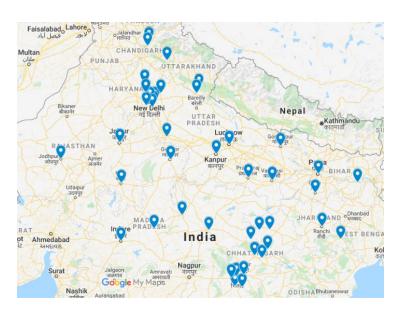
From low-income families in urban, changing environments (SEC C&D)



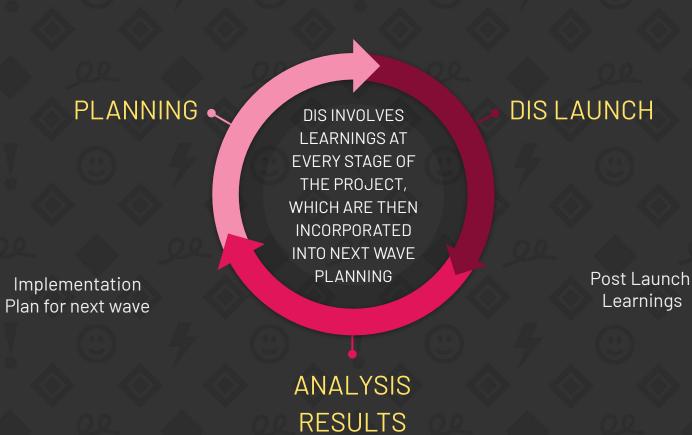
With frequent & growing access to the internet



Within the Hindi belt



Pre Launch Initiatives





PRE LAUNCH INITIATIVES

ROBUST DESIGN PLANNING

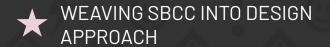
One time learnings for the methodology design



- ★ SAMPLE PLANNING & TARGETS
- BOT VS. TYPEFORM SURVEY TESTING
- ★ SOFT LAUNCH LEARNINGS

PRE LAUNCH ASSESSMENTS

To be conducted before every wave of DIS







★ SAFEGUARDING & RISK ASSESSMENT

1. Choice of Platform

Why Social Media? Chhaa Jaa is a 100% digital programme that aims to bring behavioural change in adolescent girls by delivering its key messages on Youtube, Facebook, Instagram and its own website. Our lessons from our traditional onground study showed the need to do the impact measurement within the same digital ecosystem where content is consumed. Additionally, this methodology is sustainable because the targeting for survey ads will follow the footprint of targeting methodology of the content campaigns.

Why Facebook? Facebook and Instagram are interactive platforms and have ease of targeting and tracking audience in a survey campaign.

Why NOT Youtube? Youtube is primarily a video consumption platform with little scope for 2 way interaction with audience. Hence there is less ease of retargeting consumers for survey led approach on this platform.

Pros of Facebook:

- Able to track audience and their consumption type i.e. consumption by % of episode viewed, formats etc.
- Is able to match Chhaa Jaa's target audience who are non-consumers, for establishing baseline learnings.
- Is able to target girls who have consumed our content.
- Facebook Ads keeps girls' identity confidential and her details are not shared with the brand.

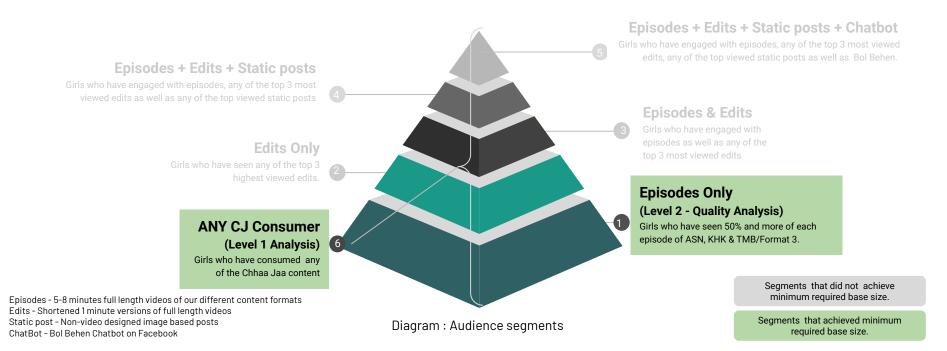
Considerations for Facebook:

- Engagement rate for FB surveys is 1-3% so reach of campaign needs to be planned accordingly.
- Surveys need to be kept short for optimal engagement and survey completion. Key Performance Indicators and drivers relevant for respective content are prioritised in their respective surveys.
- Audiences are to be exposed to the survey only once; we ensure once a response is submitted another survey will not be dished out to the same audience.

2. Sample Planning and Audience Targeting

Initial Plan : Measure impact of each content format and product combinations by segregating samples into 5 segments (shown in the diagram below)

Result : Due to low engagement rate on FB surveys (1-3%) the base size of respondents achieved for these segments was insufficient. We need to achieve sample of 360-370 respondents per segment to maintain +/- 5% margin of error and 95% accuracy rate. Eventually there were 2 groups of samples that were fit for analysis.



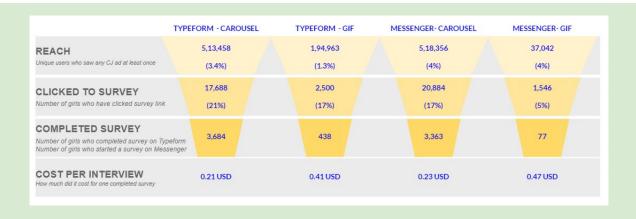
3. Delivery Mechanism Assessment (Bot vs. Typeform) and Soft Launch [1/2]

Delivery Mechanism Assessment | Why did we do this? : <u>Surveybot</u> is a new methodology of data collection. The objective was to understand that if we were to conduct DIS on Messenger Surveybot vs. another online typeform, which of these two would garner high audience engagement and low dropout rate. This would help identify which platform is best suited to collect survey information.

Research Approach: We ran 4 ads on Facebook - 2 Typeform and 2 Messenger Surveybot - one carousel ad and one GIF ad per platform. The Surveybot was linked to Chhaa Jaa Page and responses were recorded (without PII) on Typeform and Surveybot platform. These ads were run from 30th April to 5th May 2020.

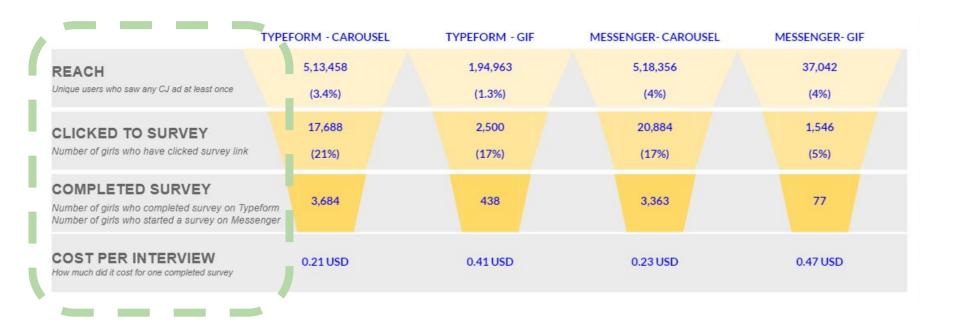
Both Typeform & Messenger Surveybot carousel give similar ad productivity.

However Typeform had lower dropout rate and better feedback on it's user experience and hence was chosen for the survey.



Delivery Mechanism Assessment (Bot vs. Typeform) and Soft Launch [2/2]

Soft Launch Learnings: Apart from identifying the more suitable platform for running the survey, this test also served as a soft launch to understand <u>expected reach of the survey ad, participation rate, survey completion rate</u> as well as expected <u>cost for the campaign</u> based on estimated minimum sample size and cost per interview.



4. UX testing

Why did we do this?: From our previous experience (*longitudinal panel learning*) we know that our target audience uses lower grade Android phones and their UX would be very different to what we were experiencing inhouse. We need to ensure that we test different real life scenarios to avoid any technical bumps along the journey.

Research Approach: We reached out to TEGA to UX test the surveybot. We asked TEGA to test the survey bot on 30 different devices and record how the survey bot performed on these devices.

TEGA learnings Aim to keep survey under 10 minutes in order to manage interest levels of the surveyed girls and to ensure they can take the survey even when they are using mobile for a short period of time.

Due to small home space, lack of privacy and shared mobile usership:

- Girls do not want anyone to know that they are taking a survey & would like to keep their chat on mute
- Hide responses after survey completion.

GIFs and stickers can make the survey more engaging and interesting for girls her age

Action Taken Prioritise drivers that are directly linked to the programming strategy of the specific season. DIS will not include all questions of the baseline study.

Designed the survey guidelines in a way where we ask girls to mute her mobile & delete the message thread so that her responses are not visible to any family member.

Explored appropriate stickers, GIFS & motivational quotes for girls to continue with the survey. Sample Screen recording of TEGA testing



5. Cognitive Testing

Why did we do this? : Our past learnings indicate that most girls in our target group are not on the same level of SRH journey. So expecting them to understand SRH terminologies and respond would be challenging.

We want to make sure the questionnaire language is sensitive, easy to understand and engages adolescent girls. Hence we reach out to TEGA, they are not only proficient with SRH research, they also know how best to pose questions to adolescent girls.

Research Approach: The survey was sent to 21 TEGAs and asked for feedback on each question and responses based on their past research experience and audience response.

Learnings: Question sequence, Hinglish language that girls can understand, simplifying SRH terminologies like STI/STD, battery of response that is relevant to the audience, are some of the learnings. We collate such findings and design our DIS questionnaire.

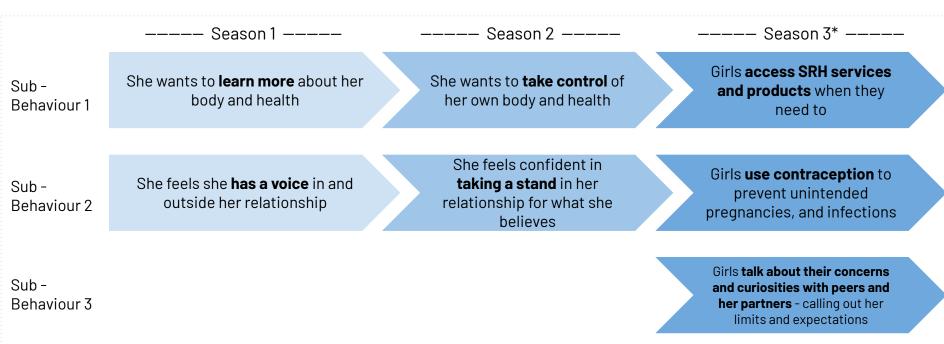
As a result of UX as well as cognitive testing by TEGA, the questionnaire for DIS uses simpler terminologies in Hinglish language along with emojis to make the conversation suitable for girls between the ages of 17-19 y.o.

Kya aap mante ho ki Condoms use karne se HUM pregnancy se bach sakte hain?

- Haan bilkul 😃
- Nahi 🙉
- Mujhe Nahi pata. 😟
- Jawab nahi dena 🏟 🏟

6. Weaving SBCC into Survey Design Approach

We design our surveys based on each season's SBCC objectives and sub-behaviors and we used factor analysis to shortlist the relevant and important driver statements for our DIS surveys.



Season 3 is currently ongoing and DIS Wave 3 is scheduled for May '21.

Each sub-behavior mentioned above, has related drivers under it i.e. Attitude, Outcome Expectations, Self Efficacy etc. along with the key messages communicated in the content to build up these drivers and consequently the sub- behaviour.

7. Safeguarding & Risk Assessment

Situation: Digital Impact Survey is built to measure impact indicators for Girl Effect's digital programs, by asking girls questions engaging with our content on FB - these programs are often based on sensitive topics like sexual and reproductive health, contraception usage, vaccination etc. During the project execution there may be potential issues that may arise - either harming the organization, the girls being surveyed or the third party/agency involved.

Activity: The safeguarding and risk assessment is to pre-empt such situations and take precautions accordingly. The activity captures a wide spectrum of risks - some examples below:

Digital Risks

What is the action to be taken if the girl discloses a case of abuse in the flow of survey

Planned Response: Any safeguarding concern observed in the DIS is flagged by the Moderator to GEI's Safeguarding Manager/ focal contact point who intervenes immediately for

response/action.

Offline Risk

Harm due to someone else seeing the surveyed girl's survey answers - As she has shared device & forgets to log out the completed survey.

Planned Response: Since responses are collected on Typeform - once the girl hits submit no one will be able to go back and see her responses

Strategic Risk

model.

Our model isn't successful and we're not able to create the impact we need

Planned response: Create a business cadence that allows frequent evaluation and decision making to pivot the

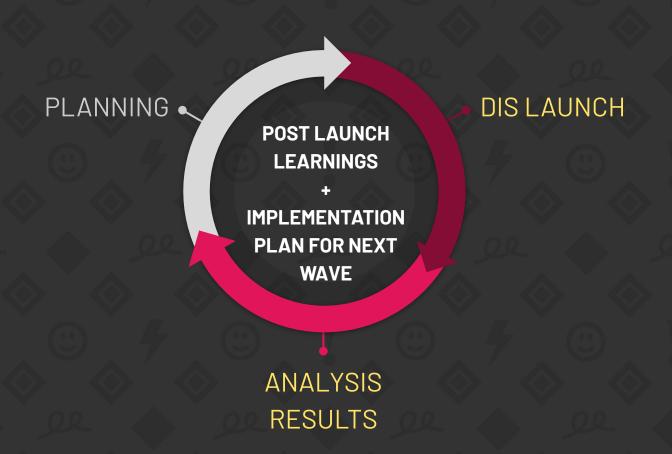
Reputational Risk

Backlash (on-ground and/or media) to our research, damage to Chhaa Jaa and GE brand

Planned Response: Any concern faced will have an escalation point to the GEI's safeguarding manager who will intervene immediately for response / action

Moderation Transcript - this a list of FAQs as well as what-if situations with pre-planned responses that are fitting with the language, sentiments and understanding of our target audience (girls 17-19 y.o. Across hindi belt)

All Risk Assessments are signed off by the GE Country Director



DIS LAUNCH & ANALYSIS RESULTS FOR WAVE 1

→ WAVE 1 DATA ANALYSIS

WAVE 1 LAUNCH LEARNINGS & IMPLEMENTATION

DIS LAUNCH & ANALYSIS RESULTS FOR WAVE 1

───── WAVE 1 DATA ANALYSIS

WAVE 1 LAUNCH LEARNINGS & IMPLEMENTATION

Glossary

Target group(TG) / Target Audience (TA)	Used interchangeably for girls , 17-19 years old from social economic class C & D across Hindi belt
Socio Economic Classification (SEC)	A simplistic parameter used to understand consumption potential in the Indian population. The urban SEC classification is a combination of education level and occupation of the chief wage earner of the household.
Delta scores	When we subtract expose % <minus> control % to arrive at the difference in shift</minus>
Significant shift / increase	When Expose % minus control percentage for a specific question is statically significant at 95% / 90% Confidence intervals with a Z-test
Positive shift / increase	When Expose % minus control percentage for a specific question is NOT significant but Is still positive
Overall (audience)	Level 1 and Level 2 audiences combined

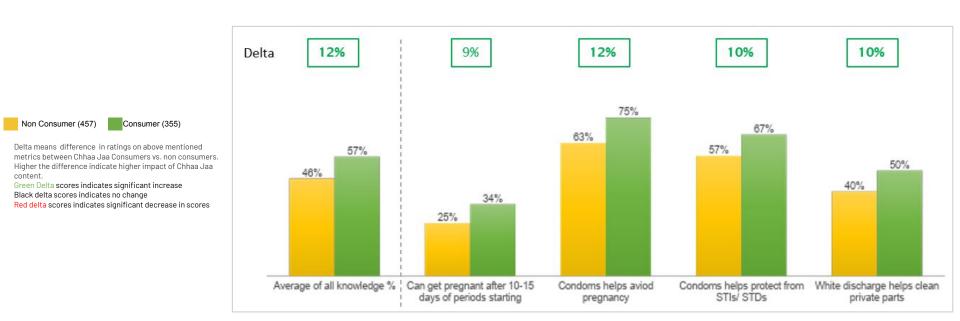
Notes:

- Negative delta scores doesn't not mean there is a lower knowledge levels or attitude towards a specific topic. In this scenario, it means there is no impact on that specific KPI. Sometimes negative delta scores can happen due to various factors e.g. different media exposure which cannot be accounted for.
- All data in DIS 1 &2 is presented at an overall audience level (Level 1 + 2) since the learnings were similar for both groups.

Wave 1: Impact on **Knowledge**

Difference between % of Chhaa Jaa consumers vs Non consumers on having knowledge on SRH and/or contraception

- Overall a Significant increase (12%) was seen among girls who engaged with our content on the key knowledge topics on Ovulation cycle, Condoms helps prevent pregnancy, Condoms helps prevent STIs and Menstrual hygiene
- Level 1 responses showed significant increase across all key knowledge questions while level 2 also has seen an increase but not a statistically significant one



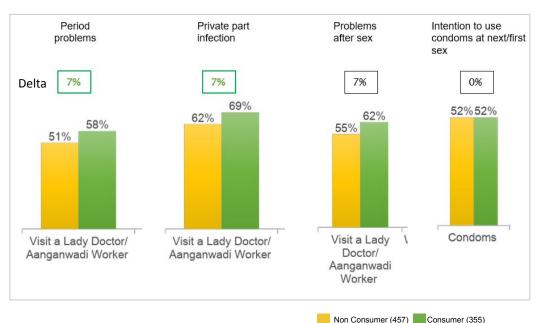
Wave 1: Impact on Intention

Difference between % of Chhaa Jaa consumers vs. Non consumers on having intention to access SRH services and/or use contraception

- Overall there has been a significant increase in the intention to visit a lady doctor for problems with periods & when experiencing infections in private parts - significant increase (7%)
- Intention to access a Lady Doctor for problems after sex - a positive increase at Level 1 and a very significant increase at Level 2 (19%)
- Intention to use contraception at next sex no increase

Other key observations:

- Existing levels (and increase) to "engage with an online doctor" was found to be negligible
- Interestingly, 'Will ask my mother' has seen a decrease meaning girls are moving away from the traditional methods to seeking information on internet and / or lady doctors
- Still about 1 out of 5 girls said that they won't know what they would use for contraception next time.



Delta means difference in ratings on above mentioned metrics between Chhaa Jaa Consumers vs. non consumers. Higher the difference indicate higher impact of Chhaa Jaa content.

Green Delta scores indicates significant increase
Black delta scores indicates no change
Red delta scores indicates significant decrease in scores

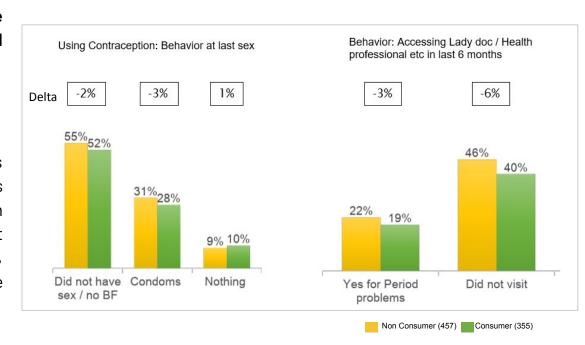
Wave 1: Impact on **Behaviour**

Difference between % of Chhaa Jaa consumers vs. Non consumer behaviour on accessing SRH services and/or using contraception

- Accessed any healthcare service provider - no increase in the proposed situation.
- Used Contraception no increase.

Other Key Observations:

 We notice that more than 40% of girls reported not having sex in last 6 months across all levels and groups. Other than that, a 6-8 percent also said that they don't want to answer and more than 30% reported condom use - leaving little wriggle room to showcase any impact



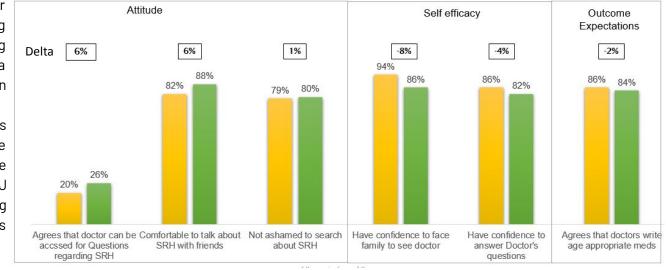
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Wave 1: Impact on **SBCC 1 Drivers**

Difference between % of Chhaa Jaa consumers vs. Non consumers on ratings on behavioural driver questions on attitudes, self efficacy and outcome expectations towards knowing more about body and health

SBCC 1 drivers relate to the behavioral drivers pertaining to Khullam Khulla (KHK) and Tumhari Meri Baatein (TMB) helping to influence sub behavior of 'wants to learn more about body and health'

- Attitude towards 'accessing a doctor for SRH related questions', 'talking about SRH with friends' and 'searching for SRH related information' saw a positive increase (not significant) at an overall level
- All the other behavioral drivers regarding self-efficacy and outcome expectations did not see an increase among girls when engaged with CJ content; with a very high pre-existing levels among look alikes, this requires more concentrated efforts



Non Consumer (457) Consumer (355)

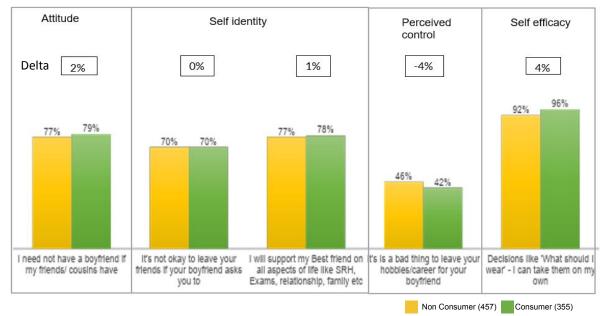
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Wave 1: Impact on SBCC 2 Drivers

Difference between % of Chhaa Jaa consumers vs. Non consumers on ratings on behavioural driver questions on attitudes, self efficacy, self identity and perceived social support towards knowing more about body and health

SBCC 2 drivers relate to the behavioral drivers pertaining to Arre Sun Na (ASN) helping to influence sub behavior of 'She feels she has voice in and outside her relationship'

- None of the behavioral drivers saw a significant shift among girls who were engaged with CJ content
- Again, healthy pre disposition towards the behavioral drivers requires concentrated efforts to create a significant shift



Delta means difference in ratings on above mentioned metrics between Chhaa Jaa Consumers vs. non consumers. Higher the difference indicate higher impact

DIS LAUNCH & ANALYSIS RESULTS FOR WAVE 1

→ WAVE 1 DATA ANALYSIS

WAVE 1 LAUNCH LEARNINGS & IMPLEMENTATION

Post -Launch Learning #1: Socio demographic profile

- In our survey, roughly 59% of the consumer cohort of girls fell into the age group 17-19 years old
- While only around one-third (33%) of the girls are part of SEC C&D.

Limitation:

- When taking an intersection of the two (age group and required SEC), we find that <u>approximately 20% of the girls out of total audience are fell into our core target audience.</u>
- One of the main reasons for this is lack of targeting options on social media platforms for social economic class. Targeting is mainly driven by demographic and interest parameters.
- The lower incidence of our core target audience, limits scope of doing any additional analysis.

Learning:

- Constant learning for marketing team to <u>evolve targeting</u> strategies to be able to reach out to more of the target market.
- Since DIS campaigns follow the same footprint as marketing campaigns, improvement in targeting will have a direct impact on base size.
- However, our content made a similar impact on all other SECs as well.

Wave 1 Chhaa Jaa audience		
1911		
355		
Wave 2 Chhaa Jaa audience		
1765		
335		

Post -Launch Learning #2 : Sampling and Audience Management

- For our surveys, we had 2 levels of consumer cohort targeting :
 - Level 1 engaged to any CJ content recruited first.
 - Level 2 quality engagement, i.e. engaged with video episodes only recruited after Level 1

- Learning:
- Since Level 1 was for anyone who had seen our content, by definition, it also included Level 2 audiences. Till the time we reached Level 2, we realized we might have exhausted a lot of this audience set since they might have already participated in Level 1 and hence were excluded from participating again.
- Thus for <u>Level 2</u>, the sample size for our target group (Age: 17-19 | SEC C&D) was very small to measure significant change
- Implementation for next wave :
- In next wave, Level 2 respondents were recruited first, followed by Level 1.

DIS LAUNCH & ANALYSIS RESULTS FOR WAVE 2

→ WAVE 2 DATA ANALYSIS

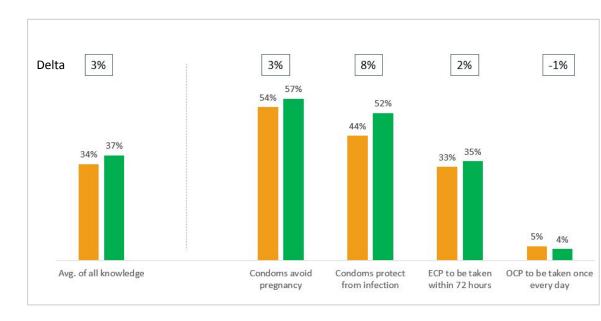
WAVE 2 LAUNCH LEARNINGS & IMPLEMENTATION

Wave 2 : Impact on **Knowledge**

Difference between % of Chhaa Jaa consumers vs Non consumers on having knowledge on SRH and/or contraception

In Wave 2, there was no significant difference across any of the knowledge topics. However, we do see encouraging shifts across all knowledge topics.

The same trend is seen both at Level 1 and Level 2 audience cohorts



Non Consumer (286) Consumer (335)

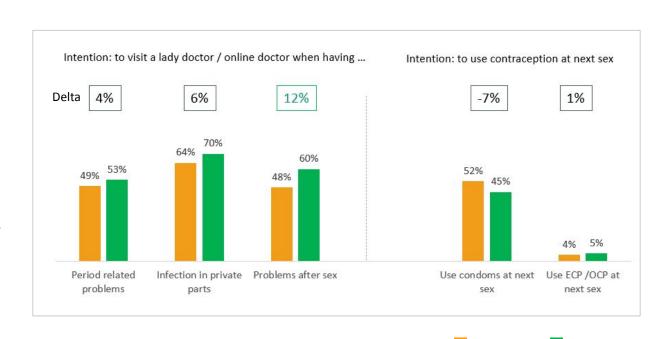
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Black delta scores indicates no change
Red delta scores indicates ni scores

Wave 2 : Impact on **Intention**

Difference between % of Chhaa Jaa consumers vs. Non consumers on having intention to access SRH services and/or use contraception

There is significant increase amongst the consumers who intend to visit lady doctor if there is any problem after sex. However, there is decrease in the intention to use a condom at next sex. This may be due to increase in number of girls do not have partner.



Non Consumer (286) Consumer (335)

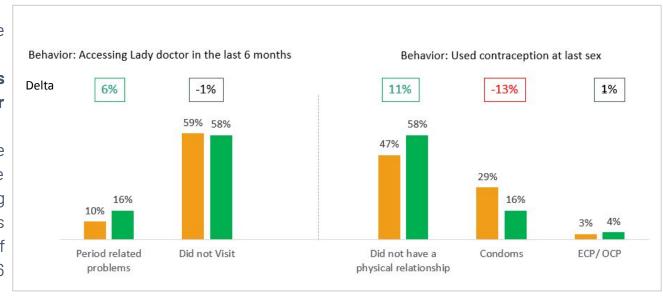
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Wave 2 : Impact on **Behaviour**

Difference between % of Chhaa Jaa consumers vs. Non consumer behaviour on accessing SRH services and/or using contraception

Accessed any healthcare service provider – there is significant increase in the proportion of girls who accessed a lady doctor for period related problems.

Contraception use at last sex – There is negative difference in the proportion of girls who reported using a condom at last sex. However, there is a significantly higher proportion of girls who did not have sex in last 6 months.



Non Consumer (286) Consumer (335)

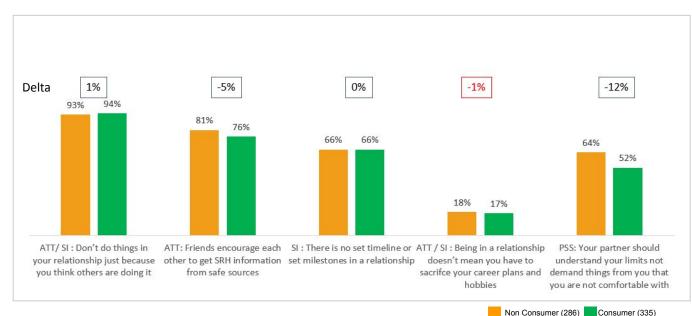
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Wave 2 : Impact on SBCC 1 Drivers

Difference between % of Chhaa Jaa consumers vs. Non consumers on ratings on behavioural driver questions on attitudes, self efficacy and outcome expectations towards knowing more about body and health

SBCC 1 drivers relate to the behavioral drivers pertaining to Khullam Khulla (KHK) helping to influence sub behavior of 'wants to learn more about body and health'

None of the statements see an increase and there is decrease in the proportion of girls on perceived social support of understanding limits and not demanding what she is not comfortable with



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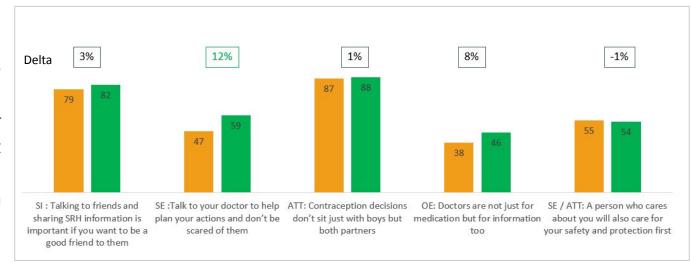
Green Delta scores indicates significant increase
Black delta scores indicates no change
Red delta scores indicates significant decrease in scores

Wave 2: Impact on SBCC 2 Drivers

Difference between % of Chhaa Jaa consumers vs. Non consumers on ratings on behavioural driver questions on attitudes, self efficacy, self identity and perceived social support towards knowing more about body and health

SBCC 2 drivers relate to the behavioral drivers pertaining to Arre Sun na (ASN) helping to influence sub behavior of 'She feels she has voice in and outside her relationship'

- There is directional increase in all the drivers for both levels.
- And significantly higher proportion of girls reported that they are comfortable in discussing SRH issues with their doctors



Non Consumer (286) Consumer (335)

Delta means difference in ratings on above mentioned metrics between Chhaa Jaa Consumers vs. non consumers. Higher the difference indicate higher impact of Chhaa Jaa content.

DIS LAUNCH & ANALYSIS RESULTS FOR WAVE 2

→ WAVE 2 DATA ANALYSIS

WAVE 2 LAUNCH LEARNINGS & IMPLEMENTATION

Post Launch Learning

Learning:

- Wave 2 learnings, for socio demographic profile and base sizes for sample segments, were consistent with Wave 1 learnings.
- Implementation plan for Wave 2 improved the base size of Level 2 'episodes only' audience.

Implementation for next wave :

- No new limitations have been identified, hence project design for Wave 3 will remain the same.

Plan for Wave 3 - What's going to be new?

Season 3 content will have 3 formats, which will include 2 new formats:

- 1. Suno Doctor Pragati Ki (new)
- This format uses a doctor with expertise in sexual health to share more nuanced SRH knowledge pertaining to STD, STIs, pull-out method and associated risks, abortion, etc. We have also concentrated on building up confidence amongst girls to access services and speak to service providers by offering how-tos and coping hacks.
- 2. Aaj Ka Taapmaan spin off from Arre Sun Na (ASN)(new)
- Intention of this format is to be an inspiring space that showcases new templates of negotiations within a relationship for her towards a more equal, healthy relationship
- 3. New season of Khullam Khulla (existing format)
- A space that allows vulnerability, sharing, and a peek inside the lesser discussed experiences of girlhood body changes, conflicting feelings towards sex, fears for future, etc.

Sub behaviours measured in DIS 3 will be in accordance with key messages delivered in the new formats.

DIS APPROACH LIMITATION AND CONSIDERATIONS

IF THIS PROJECT DESIGN IS REPLICATED FOR ANOTHER PROGRAM, WHAT WOULD BE THE TOP CONSIDERATIONS?

CONSIDERATION:

- DIS follows the digital footprint of Chhaa Jaa campaigns (Facebook), hence we recruit target audience in the same fashion we target them for content.
- DIS will be activated after completion of every season, in order to measure degree/kind of impact and key messages that resonate with girls.
- Engagement and participation rate for surveys tend to be 1-3% only, especially as social media platforms are primarily meant for entertainment so posting a survey may disrupt user experience.

LIMITATION:

- Being an online methodology, DIS has a cap on the number of questions asked in a survey, hence we are prioritise Indicator questions (Knowledge, Intention, Behaviour) & questions on key messages communicated during each season.
- DIS cannot be administered to Youtube ONLY audience, since Youtube is a pure video consumption platform and not interactive like Facebook or Instagram.
- There is no baseline study conducted for DIS.
 - Girls who do not engage with any of the CJ content (non consumers) serve as the baseline comparison in each season. This baseline / non consumers are recruited in every wave of DIS, because media exposure (therefore, SRH knowledge) for girls also evolves overtime and cannot be controlled by us.



THANK YOU