mHealth Programme

Sabrang App Qualitative Evaluation

September - October 2017

MAMTA Health Institute for Mother and Child
Acknowledgements

MAMTA ‘Sabrang’ App Qualitative Evaluation Report was done to assess the impact of the pilot initiative of MAMTA Health Institute for Mother and Child to address the knowledge and service gaps of adolescent and young MSM and Transgender /Hijra people.

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1. Study context

In early 2017, MAMTA Health Institute of Mother and Child, Delhi developed an app called Sabrang as part of its mHealth Programme. The app aimed to reduce self-stigma around non-normative genders and sexualities, and promote STI/HIV awareness, self-risk perception, and health seeking behaviours among men who have sex with men (MSM) and transgender women in specific areas of Delhi National Capital Region. Age groups prioritized were adolescents below 18 years of age and young people between 19-25 years. MAMTA’s reach to these populations was facilitated by three community groups (partner agencies) – Basera Samajik Sansthan, Noida; Lovelife Society, Delhi; and Mitr Trust, Delhi, all implementers of sexual health interventions among MSM and transgender women.

A quantitative baseline study was conducted by MAMTA at the start of the programme (May 2017) to assess the self-stigma status, sexual health awareness, self-risk perception and health seeking behaviours among the potential app users within the populations concerned. The sample size was 210. App usage data was also collected through a dashboard linked to the app to add to this assessment. While the total population sought to be reached by the app was 200 (May to July 2017 – the project pilot period), around 195 downloads were actually achieved.

Subsequently, in September 2017, a quantitative endline study was conducted to assess the impact of the app in terms of changes in self-stigma status, sexual health awareness, self-risk perception and health seeking behaviours of the individuals exposed to the app. A cohort of 117 individuals was interviewed (these were individuals who had downloaded and used the app, and were also interviewed for the baseline study). The data collected through the baseline and endline studies were compared to assess ‘potential’ positive and negative changes.

In addition to the quantitative endline study, a qualitative study was conducted to provide further insight into the effectiveness of the Sabrang app. The qualitative analysis helped add meaning to the numerical changes observed through the quantitative studies and is detailed in this report.

A set of key indicators (as follows) were utilized to make the longitudinal comparisons in the quantitative studies:

a) Improved awareness on STI/HIV issues and increased HIV self-risk perception
b) Enhanced linkage to sexual health related services
c) Reduced self-stigma measured through a stigma scale

Each of these broad indicators had a number of quantitative sub-indicators, which need not be detailed for the purpose of this report. But the broad indicators were essential to the qualitative evaluation reported here.

1 ‘Potential’ changes because there might have been other factors extraneous to the project that could have influenced the cohort over the pilot period.
2. Qualitative research objectives

The broad objective was to assess the effectiveness of the Sabrang app in terms of impacting the app users’ self-stigma status, sexual health awareness, self-risk perception and health seeking behaviours. More specifically, the qualitative study was conducted to assess the following:

- Information content in the app – adequacy, surfeit, accuracy, clarity (including queries and doubts that the respondents may have in relation to sexual health concerns)
- User-friendliness of the app in terms of ease of navigation and functioning
- Look and feel of the app, and overall user satisfaction with the app

3. Methodology

The following methods were deployed for the qualitative research by a team consisting of a lead consultant and three MAMTA staff members:

Research activities consisted of:

a) Five focus group discussions (FGDs) were conducted with different sub-groups and age-groups of MSM and transgender women. The main purpose was to draw out a variety of first person and third person experiences of using the app. It was important to do so through FGDs that would provide an environment that was not inhibiting and where the respondents would find themselves among others like them. Inhibitions were anticipated not just in the context of talking about intimate issues around sexual health but also in terms of handling unfamiliar technology (the app in particular).

b) Three key informant interviews (KIIs) were conducted with the lead representatives of community groups that partnered MAMTA in the mHealth programme. Apart from recording the third person app usage experiences, the purpose here was to understand the feasibility and usefulness of deploying the Sabrang app as part of the sexual health interventions implemented by the community groups.

c) Key reference documents associated with the mHealth programme were also reviewed for the study, including the project baseline and endline data (summary reports), and app usage dashboard data.

Basis for FGD/KII planning and sampling: Two of the three programme sites were available as study sites – one each in Delhi and Noida. Socio-cultural and socio-economic differences between the sites were not likely to be significant. In terms of income class in both sites there was likely to be considerable homogeneity since most community groups implementing sexual health interventions in India work primarily with lower / lower middle / middle class MSM and transgender women. Literacy levels were also not considered to be a major factor since app usage pre-supposed basic literacy in English and / or Hindi among all potential respondents. Thus, for FGD planning and respondent selection, the two key variables considered were age and gender / sexual identity.

The app dashboard data showed a preponderance of users who identified as kothi, hijra and transgender (a total of 100 individuals or 56% of 179). Gay and panthi sub-groups were fewer but
together added up to 79 users (44%). The number of adolescents was around 30, while the rest were in the age group of 18-25 years old, that is, nearly five times more.

Often at a social networking level, hijras, kothis and transgender identified individuals are likely to have greater intermingling, though kothis often intermingle with gay men as well. Often kothis and hijras insist on their panthis to be present in community discussions and activities, and panthis too may not prefer to venture into such activities on their own. This may influence respondent identification as selecting one individual may also entail selecting someone linked to them, or not have them participate at all.

Depending on the situation, both homogeneity and diversity play a role in FGD composition. In this case, we needed to emphasize homogeneity (as discussions on app content, related queries / doubts and key indicators were likely to happen better with similarly placed individuals). At the same time, the key variables mentioned earlier had to be represented in the FGD plan. Limitations around time, respondent access and respondent availability also influenced the FGD plan (see next section).

Based on these factors, five FGDs were conducted (against a planned six): One with MSM in Delhi, one with transgender women in Noida, one with a mixed group of MSM and transgender women in Noida, and one each with adolescents in Delhi and Noida (the discussion in Noida had only four respondents). The total number of respondents across the FGDs was 32 (11 adolescents 18 years or below and 21 adults in the age group 19-26 years). The total number was lesser than what was planned but representation of the key variables was managed.

A variety of occupations were represented among adult FGD respondents. They included electricians, lab technicians, NGO workers, storekeepers and teachers. Sex work and traditional hijra occupations of badhai and toli were also represented. The adolescents were mostly higher secondary students.

Purposive sampling was deployed for FGD respondent selection given the social networking realities explained earlier, time limitations, and respondent access-availability challenges. Respondents were selected from among individuals who had downloaded and used the Sabrang app during the pilot period (irrespective of whether they had been exposed to the quantitative baseline and endline studies or not).

The number of KIIs conducted was three – two in Delhi and one in Noida. The respondents were lead representatives of community groups that partnered MAMTA in the mHealth programme, and had experience in peer education, outreach and project management ranging from 6-13 years. One of the respondents in Delhi worked primarily with adolescents. KII respondents were not allowed to participate or be present during the FGDs. Respondent selection for both FGDs and KIIs was coordinated by MAMTA and its partner organizations.

Data collection and analysis: The FGDs and KIIs were facilitated by the Lead Consultant with support from MAMTA staff members. The FGDs were conducted at the drop-in centres (DICs) or other suitable sites of the project partners – they were community-friendly and allowed for confidentiality of the discussions conducted. The KIIs also took place at the DICs. All FGDs and KIIs were tape recorded (with informed consent) in languages preferred by the respondents. Parallel to the recording, quick notes (in
hard copy) were taken, which were supplemented by summarized soft copy transcriptions of the recordings (all summary transcriptions were prepared in English). While the quick notes were mostly recorded by the Lead Consultant, MAMTA staff members prepared the summary transcriptions of the recordings. The Lead Consultant reviewed the quick notes and summary transcriptions for data cleaning, coding and content analysis as per the research questions. Data coding was based on both pre-set codes and codes emerging from readings of the data. Content analysis for both FGD and KII data was carried out using an MS Excel framework. Content analysis for FGDs and KIIs was collated for writing out the key findings for each research issue as presented in this report.

Research ethics and quality control: Data quality check was monitored by the Lead Consultant through the supervision of the data collection process and adherence to research ethics by all the individuals involved in the study process (respect for respondents in terms of informed consent for research participation; beneficence through maintenance of confidentiality at all stages – data collection, analysis, storage and reporting; and ensuring justice by ensuring that all respondents were treated equally). Hard and soft copy notes of the FGDs and KIIs were scrutinized for clearing doubts, gaps and data inconsistencies in consultation with MAMTA staff members. Note: All hard and soft copy data are to be stored securely with MAMTA as per their internal systems after finalization of this study report.

4. Limitations

Fewer FGDs could be conducted than planned because of time limitations and challenges in accessing respondents. Number of participants in each FGD was also affected by these factors. Adolescent respondents in particular were hard to access because of pressure of studies and need to avoid questions being asked at home about their participation in the study. Frequency of app usage was dropped as a variable for FGD planning and respondent selection as it was not possible for the community groups to identify and differentiate between individuals by how frequently they used the app.

The FGDs did not reveal much variation in findings in terms of study sites, education, or gender-sexuality based sub-groups. However, some variations in terms of age groups were observed (where relevant, a specific mention of the variations with regard to adolescents has been made). In the long run, disaggregated quantitative and qualitative analysis of Sabrang app usage data would be useful to better assess the impact of the app.

5. Key findings

This section provides key findings from the qualitative evaluation in terms of the set of indicators designed to assess the impact of the Sabrang app on its users’ knowledge, attitudes, behaviours and practices. The indicators were used to prepare questions and probes for the FGD and KII guides, and these questions in turn provided a framework for data coding and analysis. The findings from both FGDs and KIIs have been collated and presented in sub-sections based on the data analysis framework. Wherever possible, the qualitative findings have been juxtaposed to qualify quantitative data from baseline and endline studies.
a) Use of mobile phones and apps in general among respondents

Most respondents to the FGDs and KII were mobile phone users, and many (but not all) were smart phone users as well. There seemed to be widespread awareness about the Internet among respondents across age groups and gender and sexuality based sub-groups. Among the smart phone users, knowledge about a variety of social media apps (Facebook, Instagram, Twitter, WhatsApp and YouTube) and dating apps (Grindr and Planet Romeo) was common. Apps for online searches (Google), games, online shopping, banking and travel bookings also were popular; some of the adolescent respondents mentioned using educational apps.

Some examples of how respondents used different social media and dating apps:

“I use social media and dating apps like Facebook, Grindr and Planet Romeo, but mainly to connect my chelas with clients [for sex work]” – Hijra community leader and project manager in a CBO in Noida

“A friend of mine, who is a cross dresser, has a profile on one of the dating apps and gets clients from West Asia, including Saudi Arabia, many of them Muslims, for phone sex and video sex, and they pay her through Paytm” – Trans woman FGD respondent in Noida

The popularity of certain features of the social media apps may also have implications for improving on the Sabrang app in future:

“WhatsApp can be really fast. Once, I was detained by the police at night, and no phone calls were getting through, but WhatsApp helped. I sent an audio message to my guru, who intervened quickly to resolve matters with the police” – Trans woman FGD respondent, Noida

b) Knowledge about Sabrang app among respondents

Many FGD respondents had good recall of the purpose and content of the Sabrang app (though not all had been using it regularly or still had it installed on their smart phones). Overall, the purpose of the app was explained as provision of easy to access information and services on STI/HIV and legal rights, emotional support and confidential counselling, self-risk assessment for STI/HIV, and dealing with stigma and discrimination. Some respondents described the purpose as ‘provision of information on self-protection’ or ‘platform for sharing personal intimate issues’. These explanations and descriptions broadly matched the key indicators formulated to assess the impact of the app.

“People may feel shy or uneasy asking a question from the doctor face to face, but through this app the person knows that the doctor is not watching and so they feel free to ask any questions without feeling shy” – Respondent in an FGD with MSM in Delhi
Most FGD respondents were better able to elaborate on the content of the app rather than explain the purpose. Most common responses received across FGDs were as follows:

- Gender and sexuality information
- Stigma and discrimination issues
- STI information – anal and penile STIs
- HIV/AIDS information – transmission, prevention, counselling and testing, treatment (including ART)
- Safer sex information
- Information on sexual reassignment surgery (SRS), including videos on SRS issues
- Legal rights information (Section 377, Indian Penal Code, legal issues concerning transgender people)
- Information about health and legal aid services
- Information that was helpful for sex workers

Among the adolescents, the group in Delhi had relatively limited content recall than its counter-part in Noida – they were only able to recall provision of STI/HIV information. One reason for this was that the adolescents had not been able to use Sabrang app in the last three months – at least some had to delete the app because of fear of or actual objections by family elders. This issue has been elaborated further in the section on barriers to access and use of the app.

KII respondents were clearer about both purpose and content of the app. An NGO worker from Ghaziabad working in Delhi said the content, among other issues, included “information on stigma and gender identity (what male, female and transgender is)”, an aspect that some of the FGD respondents also articulated when they spoke about self-learning in relation to their gender identities and sexual orientations.

One of them (a Hijra community leader from Noida) eloquently described the app as follows: “A great equalizer in terms of information dissemination; provides good information and assistance to sex workers who don’t want to come to NGO offices or drop-in centres for various reasons.”

c) Self-learning / changes in self-stigma around non-normative genders and sexualities

FGD respondents in Noida were more vocal about this aspect than the Delhi ones. A mixed group of MSM and transgender women in Noida said that Sabrang provided an opportunity to express one's sexual orientation or gender identity, which helped to introspect and gain clarity about oneself. Respondents in another group of transgender women said: “Information on gender, sexuality and stigma and discrimination in Sabrang was helpful. We learnt words from the app for the first time to explain our day-to-day experiences of stigma, discrimination and violence in public and even at home.”

Two of the KII respondents further qualified the comments made by the FGD respondents. An NGO official in Delhi said: “Many young people don’t know the ‘language of the community’ and how to express their identities. Through this app they can understand themselves better. Many users have been able to articulate their gender identity by using the app.”
These findings indirectly qualify quantitative data from baseline and endline studies, which showed that self-stigma among Sabrang app users across age groups and gender and sexuality based sub-groups went down in terms of the users being ‘always afraid’ that their family members would come to know about their sexual orientation or gender identity.

The Hijra community leader from Noida clarified: "Many Sabrang users chose 'transgender' as an identity (rather than Hijra) for their app profile while registering. This was seen as 'liberating' since a Hijra identity can have a lot of restrictions or limitations."

d) Learning around STI/HIV

Quantitative data from baseline and endline studies showed that overall Sabrang app users improved their knowledge of how HIV gets transmitted (barring one exception to be discussed later). Qualitative evaluation data supported these findings. FGD respondents across age groups and gender and sexuality based sub-groups reported learning around STI/HIV as follows:

- What factors made the respondents vulnerable to STIs and HIV infection
- Symptoms of STIs
- Difference between HIV and AIDS
- Safer sex, including condom use
- STI/HIV testing information, including information about related health services
- Positive living

Many FGD and KII respondents mentioned that the quiz-based game in Sabrang with vouchers to be won as prizes was popular and effective in helping individuals improve their knowledge about STI/HIV issues. The KII respondent from Ghaziabad said: "Gift vouchers used in Q&A game worked for many users, they were really excited and it pushed them to read more to clarify their doubts through the quiz questions."

FGD respondents reported innovations also in this regard. Respondents in a mixed group of MSM and transgender women in Noida said many sex workers already knew about STI/HIV but they used Sabrang to motivate their clients to practice safer sex. They added that Sabrang was also shared in spas where many MSM practiced sex work.

To quote a transgender woman from this FGD: “I didn’t know about the four transmission routes of HIV and about STIs. I came to know about STIs and how they are transmitted. I also came to know about the various ART centres in Delhi through the map and also about the TG/Hijra CBOs nearby. This information I didn’t have earlier which I got through the app.”

One of the MSM respondents (24 years old) from the same FGD said: “I work in the spa where sex work is common. I have shared this app at my workplace with other community members to see the information about nearby health facilities.”
The exception with regard to learning about HIV transmission was about condom use. For reasons that can’t be explained on the basis of the data available from either the quantitative studies or the qualitative evaluation, knowledge that sex without condoms can lead to HIV transmission went down from 90.6% in the baseline study to 82.1% in the endline study. Similarly, knowledge that condom use can prevent STIs went down, albeit marginally, from 67% to 65% across the two studies. One can only conjecture that this fall might be related to world-wide trends among MSM populations (especially younger ones) who may have ‘condom fatigue’ or believe that since HIV can be treated, condom use can be dispensed with for prevention².

e) Changes in self-risk perception related to STI/HIV infection

As in the case of the previous indicator, quantitative data from baseline / endline studies revealed that the proportion of Sabrang app users who had not gone for STI or HIV tests in the last six months fell by at least 10%. Qualitative data again broadly supported this claim.

At least one transgender woman respondent from an FGD in Noida reported learning about STIs from Sabrang which improved her self-risk perception: "I knew about HIV/AIDS, but about STIs I learnt a lot from Sabrang, and this was very helpful when once I had an unsafe sexual encounter. I went for counselling and check-up to an STI clinic near my home – Lal Bahadur Shastri Hospital – there I received quite good and detailed counselling on STI treatment and follow-up after 90 days."

A 23 years old respondent from an FGD with MSM and transgender women in Noida said: “The Sabrang app provides a risk assessment option. It has questions with relation to sexual encounters and other questions to understand whether we are at high, medium or low risk of HIV infection. Depending on the sexual activities practiced, the app provides information on the level of risk we might be at."

An adolescent respondent from Delhi said: “I broke up with my boy friend because he would not use condoms during anal sex.” An NGO worker from Ghaziabad (KII respondent) working in Delhi added: “Community persons often get tensed if they have unsafe sex, and then Sabrang app proves useful. One adolescent had a problem related to an STI and I helped them ask questions to a doctor through the Sabrang app.”

f) Changes in linkages with sexual health services

This aspect was probably one on which the Sabrang app would have had the least control in influencing the users (specifically their health seeking behaviours). As most FGD and KII respondents mentioned, information on the availability of psychosocial or mental health, STI/HIV, and legal aid services improved, but few individuals actually accessed the services through the app.

Respondents in an FGD with MSM in Delhi said: “Apps like Sabrang are good for information provision, but they don’t really facilitate claiming of rights because law enforcers like police don’t help MSM when they face violence and instead harass and exploit them further.”

With regard to health services also, they were accessed by some but many FGD respondents said subtle stigma was still experienced. At least one respondent in a mixed group of MSM and transgender women in Noida mentioned accessing a doctor through Sabrang app, but overall, respondents had doubts about the quality of health services. They anticipated stigma, neglect and insensitivity, and didn't expect the doctors accessed through the app to be any different than in general.

In the same FGD, another respondent said that the app was not used for accessing legal aid services, but it was used to first reach out to community groups for help in times of a crisis.

Nonetheless, the app seems to have succeeded in adding to the services access options for the respondents. A confidential chat feature in the app that allowed questions to be asked of doctors was used by some respondents. Respondents in an FGD with adolescents in Noida said they accessed and consulted a doctor through the Sabrang app and were happy with the information provided.

The Hijra community leader and CBO project manager in Noida said: “Sabrang proved helpful for me in getting many people tested for STIs and HIV.” As mentioned earlier, the proportion of Sabrang app users who had not undergone an STI or HIV test in the last six months went down in the endline study in comparison with the baseline study.

In addition, in future, Sabrang can prove to be a useful medium for not just accessing sexual health related services but also collecting systematic feedback on their quality from the app users. This in turn can provide evidence base for advocacy with the stakeholders concerned.

g) Doubts and queries raised by Sabrang app usage
A few FGD respondents reported that using Sabrang had raised further questions in their mind. An individual in an FGD with MSM in Delhi asked how stigma against sexual minorities could be reduced. Another participant said he had not found an adequate answer to the possibility of HIV transmission through “smooching” (deep kissing), especially if any of the individuals involved had sores or bleeding in the mouth. One participant in a discussion with adolescents in Noida sought reassurance: “I didn't get the answer about myself about whether I am different from others? And am I not the same as other boys?” A fellow participant said: “I want to know what is different in lesbians.”

This can be seen as another indicator of the app managing to generate curiosity and a learning process among the users. Inviting users to share their doubts and queries on a regular basis can help fine tune the app over the long run.

h) Adequacy of information in Sabrang app
The overall response was that the information was adequate in most aspects. But this section should be read along with the immediately preceding one where doubts shared by the respondents have been explained. This would provide a more complete picture on the adequacy of information. Additionally, some of the FGD respondents sought more information on SRS and other feminization issues.
i) Ease of use, look and feel of Sabrang app
Several FGD respondents were particularly appreciative of the fact that the app was easy to navigate (though specific recommendations were also made – see Section 6). Its bilingual content (in Hindi and English) was praised, as was the simplicity of language used to explain concepts. One respondent said that the lucid text was helpful for people with limited reading skills.

There were no particular comments on the look and feel, but respondents did report problems in downloading the app, occasional stoppage in functioning and lack of notifications. Respondents in a Noida FGD said the app should have notifications for updates because the current system of text messages on the mobile phone affected the privacy element at home or elsewhere.

j) Barriers to access and use of Sabrang app
Adolescent respondents in FGDs mentioned more barriers than the adult ones. For adults, the key barrier was non-availability of the app on Play Store and other app stores online. This barrier came into play if the app, after having been provided by MAMTA’s partner agencies to the users, got deleted from the mobile phone for one reason or the other.

The adolescents experienced more difficult barriers, among them being personal inhibitions and lack of Android operating software-based phones. The most important barrier, however, was parents, siblings and other family elders objecting to the app because of the nature of its content. Adolescents in Delhi, who had somewhat limited recall of the app content, reported that either the app got deleted when their mobile phone was reset or it was deleted because of objections by elders in the family. As a result they had been unable to use the app in the last few months. To quote one of the adolescents (18 years): “I had used the Sabrang app but my mother and brother asked me what the app was about, so I deleted it. My sister uses my phone and I share it with lots of friends and family.”

One Delhi adolescent respondent, who seemed well versed in smart phone usage, explained that while Google searches (of presumably erotic content) could be cleared easily on the phone, the app was more permanent and so might not be retained at all by the users for fear of being caught. Learning on these barriers would be crucial for future strategies to promote the app.

k) Knowledge of other similar apps
Most FGD and KII respondents had no knowledge of other apps similar to Sabrang. But there were exceptions. Transgender FGD respondents in Noida compared Sabrang favourably with Google: “Google searches for all kinds of information and is a versatile app – helps find things even with wrong spellings. But it provides too much information, which is confusing. Sabrang is precise and has enough information, and is easy to understand.” One respondent mentioned an ongoing sexual health survey on Planet Romeo, but said that none of the dating apps had health information like in Sabrang.

An NGO official in Delhi (KII respondent) familiar with an app developed by the National AIDS Control Organisation (NACO) said he did not find it informative and so deleted it. He said: “The nature of Sabrang is such that it is highly interactive. This is not the case with the NACO app.”
1) Experience of deploying Sabrang app as sexual health intervention tool

This question was posed mainly to the KII respondents, who explained both the difficulties or challenges and benefits of using the app as a sexual health intervention tool.

I.a Challenges

- Distrust for the app: The NGO official in Delhi said: “It was difficult to explain to everyone about the app as concerns around confidentiality were an issue. Initially, people gave false names for app registration, but later they provided other numbers. App users (adults and adolescents) were explained the password / login features of the app to maintain secrecy and confidentiality. A few people were skeptical (since they were involved in sex work); they were worried that they could be tracked through the app. They had to be shown the benefits of the app and its usage to promote the app. Later it was the trust in the NGOs involved that convinced them to download the app and use it.”
- Lack of Android operating software-based phones (for adolescents) and in some cases smart phones. It was also reported that individuals who did not have smart phones accessed the app from those who had such phones.

I.b Benefits

- Sabrang app was particularly helpful in getting people tested for STI/HIV, and in explaining to them their legal rights (though scope for improvement remains in this regard).
- Deployment in HIV targeted interventions supported by State AIDS Control Society (SACS) and NACO: The app was informally used in Basera Samajik Sansthan’s HIV targeted intervention project in Noida. According to the Hijra community leader and project manager associated with the CBO: “It helped bring forward people who were always hidden because confidentiality was assured.”
- According to the Hijra community leader: “Overall the app is very useful. It has induced a culture of health seeking behaviours among at least some community members. Even adolescents (below 18) have been attracted to the app. So, there is much more scope to benefit the communities.”

Though not stated specifically, the novelty factor behind the popularity of the app should also be considered. Where the basic service structure of HIV targeted interventions in India has remained unchanged for years together in spite of new expectations and socio-economic realities among the target populations, the introduction of a new communication medium based on smart phones is bound to evoke interest and openness to the information being provided.

Given the specific challenges and benefits associated with the app as an intervention tool, the KII respondents were asked about Sabrang’s potential as an integral element of government-supported HIV targeted intervention projects. The NGO official in Delhi said: “SACS has to be approached and the results of benefits of the app need to be disseminated. In terms of practical aspects of deploying the app, the peer educators should be able to help their target populations in installing the app, but there will still need to be trust in the peers.”

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This calls for scaling up the deployment of the app and systematically process documenting its impact towards policy advocacy with the concerned government authorities and donors.

6. Major recommendations

Significant time in all the FGDs and KIIs was spent in discussing how the Sabrang app could be improved on. Most discussions on this aspect were enthusiastic, indicating at the novelty, popularity and potential of the app. The respondents came up with a number of recommendations that have been broadly classified as follows.

a) Content related recommendations
1) Sabrang app should provide guidance on relationship issues
2) Career guidance issues needed for adolescents and other young adults. Such an element might help increase acceptability of the app in the eyes of parents of adolescents and other family members
3) More information needed on dealing with various sexual myths (example, premature withdrawal helps avoid infections or treating sexual injuries with urine)
4) Precise and accurate information needed on PEP and PrEP options for HIV prevention
5) More information needed on positive living, including HIV disclosure issues
6) More information needed on SRS and other feminization issues
7) Information on where to access social welfare schemes could be included
8) App should provide links to more educational films, and should have more FAQs and interactive games with more ‘pull factor’ (this may also imply a need for introduction of new games from time to time to maintain interest levels)
9) Q&A game with vouchers to be won as prizes should have more questions, including those based on cultural aspects of MSM and transgender communities. Participants should be able to check which of their answers are correct while playing the game, and in case of wrong answers to be able to see what the correct response should have been
10) Spinner game on STI/HIV transmission should have an introductory explanation
11) Comic strips with transgender characters could be considered for inclusion
12) App should help complain about poor quality of health services to higher authorities
13) More than one doctor needed linked to the app and their responses to Sabrang app users should be clearer
14) Crisis management information needed in the app – emergency help numbers (helpline numbers) needed, including numbers for important media, CBO / NGO and police contacts
15) App should be used to provide information to community persons about events that happen in DICs of CBOs and HIV targeted intervention projects (like weekend meetings in DICs)

b) Technical recommendations
1) Wider availability of Sabrang app is needed on online app stores to sustain the interest levels and positive momentum generated by the pilot run
2) Potential users of apps like Sabrang should be trained/educated in the use of app, including understanding the downloading and registration processes as well as the terms and conditions of use.

3) Sabrang should have (silent) notifications for updates – system of text messages on mobile phone affected privacy element at home or elsewhere.

4) Sabrang app should have linked website, Facebook page and Facebook group.

5) App should be made available to all adolescents (including girls), irrespective of sexual orientation or gender identity. Availability for the larger public should also be considered since many MSM and transgender persons would be part of the larger public without necessarily being visible.

6) Offline availability of app strongly recommended, though it was explained that such an option would significantly increase the app file size that would take up more storage space on the mobile phones.

Issues of debate – points to ponder

1) A video on SRS issues included in the app evoked mixed reactions. Most respondents across FGDs and KIIIs appreciated the video, and one KII respondent in Noida suggested further improvements to the video: “Current video is too short; it doesn’t address outcomes of current practices of getting non-scientific SRS done in a hurry.” But a few transgender women in Noida said the video had the potential to impact their communities negatively.

To quote one of them: “Information going out on SRS to larger public [through the app] is not a good thing for Hijras. People at large during badhai and sex work clients coming to know about our secret may backfire on us. They may say that we are boys after all and are getting the operation done just to earn money. This has already been happening [as the app gets known more and more].”

2) Should Sabrang app have a dating feature? According to some FGD and KII respondents, if dating features were added to Sabrang, it could lead to both dating and knowledge dissemination. The number of downloads could increase. But other respondents felt that the app would lose its unique selling proposition and most users would become distracted by the dating features, defeating the original purpose of the app.

7. Conclusion and evaluator comments

Sabrang is a timely and topical initiative given the growing role of digital and social media in everyday life. Most sexual health interventions in India, including government supported ones, have not incorporated digital media into their awareness generation, outreach, referral linkages and reporting activities. This in spite of the fact that social and sexual networking among most vulnerable communities like those of MSM and transgender women (including sex workers) now increasingly takes place over digital and social media, especially dating apps. This means that physical outreach to these populations now possibly plays a lesser role with regard to awareness generation and other services delivery. These aspects have been clearly underscored in the pilot run of Sabrang app. The willingness and interest of Sabrang users reflect the readiness of the populations concerned for information and services access and uptake through apps like Sabrang.
It is crucial that Sabrang be further improved on the basis of the recommendations provided by the app users, and be made widely available and accessible not just through mHealth programme partners but also through popular online app stores. Among additional areas of improvement are accurately proofed and edited language for the text used in the app, and guidance for app users with regard to registration and operations. Mechanisms will also have to be worked out to capture user feedback from a much wider base. Equally crucially, at a larger programmatic level, efforts need to be made for public sensitization of the need for apps like Sabrang to increase their acceptability among information gatekeepers like parents, siblings and teachers.

Annexe 1: Consent Form to Participate in the Study
Annexe 2: Qualitative Evaluation FGD Guide and Reporting Format
Annexe 3: Qualitative Evaluation KII Guide and Reporting Format

* * *
Annexure 1

Consent Form to Participate in the Study

STUDY DESCRIPTION (AIMS, CONTEXT AND OUTCOMES OF STUDY)
MAMTA Health Institute of Mother and Child, Delhi has developed an app called Sabrang as part of its mHealth Programme. The app aims to promote sexual health awareness, self-risk perception and health seeking behaviours among MSM and transgender women in Delhi National Capital Region. The age-groups prioritized are adolescents below 18 years of age and individuals between 19-25 years. Around 179 individuals downloaded the app in the period May-July 2017. They were reached through three community groups that are programme partners with MAMTA.

At the start of the programme a baseline study was conducted with those who had downloaded the app to find out what they knew (information and knowledge) and felt (perception) about sexual health and related issues. This endline study is being conducted to understand how useful the app has been for those who downloaded and used it since the start of the programme. There may be no direct benefits to you from the study, but the information and experience of using the app shared by you will help us improve the app content and usability, as well as the functioning of the mHealth Programme.

The study is being conducted by MAMTA in association with partner agencies Basera Samajik Sansthan, Noida and Love Life Society, Delhi. The study is led by Lead Consultant Pawan Dhall along with MAMTA staff members.

INFORMATION ON CONSENT

“Would you agree to participate in this study by answering some questions in an individual interview or in a focus group discussion?”

LIST OF RESEARCHER AGREEMENTS

- You are under no obligation to agree or to give up your time.
- You are also free to stop answering the questions and to leave at any point, or ask us to do so.
- The interview / focus group discussion will be audio recorded.
- You can decide whether you want what you say to be kept anonymous (the latter case in which we will not link your name to your comments in the study report).
- If you do not mind letting us link your name to your statements, you can choose for us to use just your first name or your full name.
- All documentation will be kept confidential (that is, MAMTA will keep the audio recordings, notes and papers documenting the learning safely and nobody else will have access to them).
- If you are HIV positive or a victim of violence and you choose to tell us of your status, this information will be kept strictly confidential, unless you expressly indicate otherwise.
- There are no costs to you in participating in this study.

Please ask us for more explanation now if there are any points that you are unsure about.

I agree to participate in the study:
Signature/thumbprint: __________________________
Signature of Investigator: __________________________

Date: ________________

Tick as appropriate:
□ I do not mind if my first name and surname are linked to my comments
□ I do not mind if my first name is linked to my comments
□ I wish what I say to remain anonymous
□ Others – please tell us how you would like to be quoted/referred to ____________________________________________
Annexure 2

Qualitative Evaluation FGD Guide and Reporting Format

Note for the research team:

A. Before the FGD starts:
   i) For each FGD respondent recruited, please welcome them and explain individually the content of the consent form in the language best understood by them, including confidentiality aspects. All relevant details in the consent form (including investigator signature) should be filled up before the FGD starts.
   ii) Recording equipment should be checked to ensure it is working properly.
   iii) The seating arrangement for the FGDs should be such that everyone is seated at the same eye level and in a circle so that everyone can see each other.
   iv) Drinking water and light refreshments may be arranged for all the respondents.

B. At the beginning of an FGD:
   i) After initial greetings and when everyone has settled down, there should be a round of introductions. First the research team members (facilitator and note-taker) should introduce themselves with their name, organization and designation.
   ii) Next, the respondents should introduce themselves, but before that please remind them about their respective decisions on confidentiality around their names, and ask all others to respect these concerns.
   iii) Recording equipment should be started only at this stage. Right at the start, please record the date, study site and venue details of the FGD.
   iv) Next, the respondents should be involved in setting the ground rules. Key among these could be: (a) Maintaining confidentiality around respondent identities and issues discussed during the FGD and even after the FGD is over; (b) Not using the mobile phones in any manner during the discussion; (c) Respecting each other’s opinions (agreeing to disagree), avoiding abusive language and conflicts, and not shouting down anyone trying to make a point; (d) Respecting each other’s social, economic and cultural backgrounds; (e) Taking turns to speak.

C. During the FGD:
   i) The discussion should always be focused on the topics concerned, and the facilitator should ensure this by bringing the discussion back on track whenever it moves off into issues of not direct concern to the study.
   ii) The facilitator should encourage all respondents to participate in the discussion, and in as detailed a manner as possible.
   iii) Avoid answering questions asked by the respondents till after the FGD is over.
   iv) Every FGD should be winded up with a note of thank you to all the respondents!
**Discussion guide (indicative list of questions and issues):**

1. **Respondent introductions:** Ask for age, education, occupation and marital or relationship status (*names are optional – as per confidentiality decisions in the consent form*)

2. Ask the respondents to share their awareness and usage of mobile phones, especially apps – do they use any; if yes, which ones and how do they access them; how useful have they been; how easy are they to use?

3. Ask the respondents what they know about the Sabrang app but without looking at the app in their mobile phones – who has created it, under what programme, its purpose and about its content (*check for what details the respondents seem to remember the best*)

4. Discuss with respondents the following questions, encouraging all round opinion, and probe further based on responses received:
   - What has the app helped you to learn about yourself? *Probe for issues of confusion, self-acceptance and social stigma around gender identity or sexual orientation*
   - What did you learn about STI/HIV issues? Did these issues ever worry you or a friend personally? If yes, why? *Probe if the information received and retained was accurate; probe for knowledge about role played by condoms in STI/HIV prevention*
   - What did you learn about health and legal services available in your area from the app? How was it helpful? *Probe if services were accessed and if yes, what was the quality of services like. Note: In the case of adolescents, probe if services were accessed along with an adult or on their own*
   - Has the app raised any doubts or queries in relation to the above issues? If yes, would you like to share them?
   - What do you have to say about adequacy of information in the app? Should anything be excluded or anything more added? *Record suggestions*

5. Ask the respondents about their usage of the Sabrang app:
   - Are they regular users or not, with reason why; if regular users, since when? *In the case of adolescents, probe for barriers to access to the app*
   - Ease of use – downloading, opening of the app, choice and clarity of colours and text on what to look for where (navigation), overall impression of the app
   - If there are other such apps or websites they know of, and if they are comparable in any way. *Probe if other sources of information were accessed parallel to the app for similar information*

6. Any other issues the respondents want to bring up in relation to the app?

7. Wind up the discussion with a note of thank you to all the respondents!

* * *
Reporting format:\textsuperscript{4}:

\begin{itemize}
  \item Date:
  \item Venue and study site:
  \item Facilitator name:
  \item Note-taker name:
  \item Signature of Lead Consultant (after scrutiny)\textsuperscript{5}:
\end{itemize}

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\textbf{Note:} Please divide the FGD report roughly into the following sections: (a) Respondents profile; (b) Key points on discussion process; (c) Findings for each key issue discussed; (d) Respondent recommendations; and (e) Other observations.

\textsuperscript{4} For both quick notes and summary transcriptions
\textsuperscript{5} Lead Consultant should sign on all the pages of the quick notes and summary transcriptions to indicate completion of scrutiny and finalization of notes for data analysis
Annexure 3

Qualitative Evaluation KII Guide and Reporting Format

KII No. [ ] [ ] [ ]

Note for the research team:

v) After welcoming the respondent, the research team members (facilitator and note-taker) should introduce themselves with their name, organization and designation.

vi) Please explain the consent form in the language best understood by the respondent, including the confidentiality aspects. All relevant details in the consent form (including investigator signature) should be filled up before the KII starts.

vii) Recording equipment should be checked in advance to ensure it is working properly.

viii) The seating arrangement for the KII should be such that everyone is seated at the same eye level.

ix) Drinking water and light refreshments may be arranged for the respondent.

x) Right at the start of the interview, when the recorder is turned on, please record the date, study site, and venue details of the KII.

xi) The interview should always be focused on the topics concerned, and the facilitator should ensure this by bringing the discussion back on track whenever it moves off into issues of not direct concern to the study.

xii) Answering questions asked by the respondent should be avoided till the end of the KII.

xiii) Every KII should be wound up with a note of thank you to all the respondents!
Interview guide (indicative list of questions and issues):

1. Respondent introduction: Ask respondent for their profile (with reminder on confidentiality decision) – age, education, occupation / current role in community group concerned, years of work experience

2. Ask the respondent to share their awareness and usage of mobile phones, especially apps – do they use any; if yes, which ones and how do they access them; how useful have they been; how easy are they to use?

3. What is the Sabrang app all about? Discuss its purpose and content in relation to the three key focal areas: Self-stigma or self-acceptance around gender identity or sexual orientation; knowledge and risk perception around STI/HIV; and access to health and legal services

4. What has been the experience like with deploying the Sabrang app – specifically for both adults and adolescents:
   - How easy or difficult has it been to spread awareness about the app among programme beneficiaries?
   - What was done to encourage the beneficiaries to download and use the app?
   - What feedback have you received from the beneficiaries on the app – in terms of its content, ease of access and usability?

5. How useful has been the app as a tool for sexual health interventions implemented by the community group? In your opinion, what has been its impact in terms of the three key focal areas mentioned above? Probe particularly in relation to NACO supported HIV targeted intervention programmes

6. Are there other apps or websites similar to Sabrang that the beneficiaries use, and if they are comparable in any way?

7. Any other issue the respondent wants to talk about in relation to the app?

8. Wind up the discussion with a note of thank you to the respondent!

* * *
Reporting format:\(^6\):

- Date:
- Venue and study site:
- Facilitator name:
- Note-taker name:
- Signature of Lead Consultant (after scrutiny)\(^7\):

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**Note:** Please divide the KII report roughly into the following sections: (a) Respondent profile; (b) Key points on discussion process; (c) Findings for each key issue discussed; (d) Respondent recommendations; and (e) Other observations.

\(^6\) For both quick notes and summary transcriptions
\(^7\) Lead Consultant should sign on all the pages of the quick notes and summary transcriptions to indicate completion of scrutiny and finalization of notes for data analysis