

Does Incentive Structure Improve Interactive Voice Response Survey Participation?

Using Promised and Lottery Incentives for Surveys on Randomized Controlled Trials for Noncommunicable Disease Risk Factors in Bangladesh, Colombia, Tanzania, and Uganda



BACKGROUND

Even though monetary incentives have been found to increase response and cooperation rates of mail, telephone, and interview-mediated surveys in high-income countries, the evidence for their use in low- and middle-income countries is sparse.

STUDY OBJECTIVES

To assess whether different airtime incentive structures (i.e., no incentive vs a promised or lottery incentive) can improve cooperation rates for an NCD interactive voice response survey in Bangladesh, Colombia, Tanzania & Uganda

METHODS

- Adults aged ≥ 18 years with a working mobile phone were sampled using Random Digit Dialing
- Participants were randomized to three arms:
 - No incentive (control)
 - \approx \$1 worth of promised airtime
 - \approx \$20 lottery incentive where the odds of winning were 1:20
- The primary outcome was cooperation rate which is the proportion of complete surveys from those who consented.

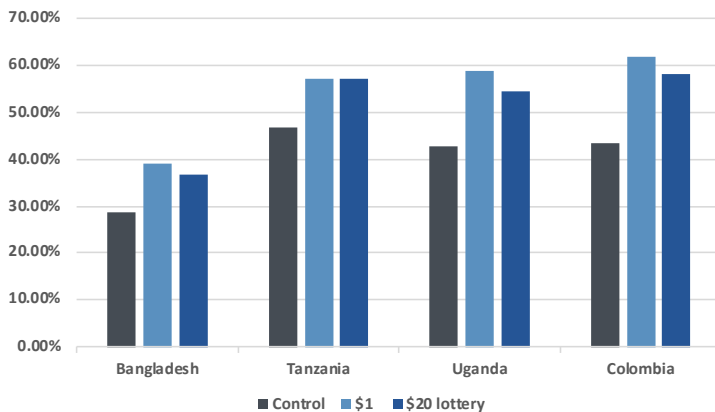
RESULTS

The provision of promised and lottery airtime incentives significantly improved the cooperation rates of an IVR survey, with no significant difference between the incentive structures.

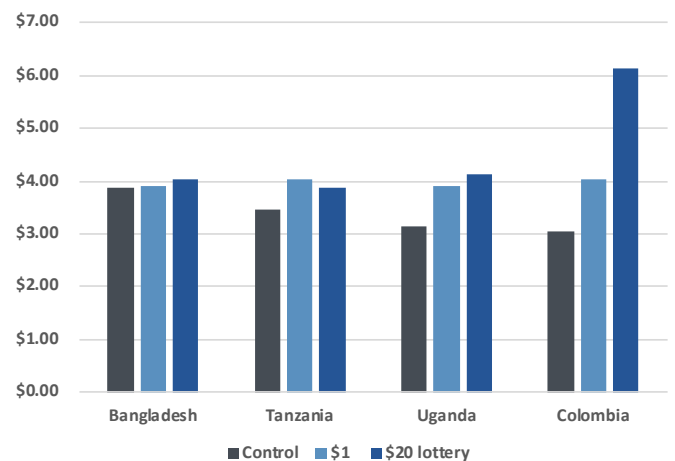
CONCLUSIONS

In four diverse settings, providing any type of airtime incentive improved survey participation and completion.

Cooperation Rates by Country and Incentive Amount



Cost Per Complete Interview



PARTNERS

Bangladesh: Institute of Epidemiology, Disease Control and Research
 Colombia: Pontificia Universidad Javeriana
 Tanzania: Ifakara Health Institute
 Uganda: Makerere University School of Public Health

ABOUT DATA FOR HEALTH

The Data for Health Initiative is a Bloomberg Philanthropies-funded project that seeks to improve vital registration systems, expand current NCD surveillance efforts, and provide support for data use for policy makers in LMICs.



CONTACT

D4H_JHU@jhu.edu
410-614-4730

f /HealthSystemsProgram
t @HopkinsIHHS

www.jhsph.edu/HealthSystems