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# Catalyzing Social and Behavior Change

A Compendium of Behavioral Science and Human-Centered Design Approaches





## FOREWORD

The U.S. government, through the United States Agency for International Development (USAID) closely collaborates with the Government of India to support health initiatives and strengthen global health security. Such initiatives include strengthening health systems, combating HIV and tuberculosis, polio immunization and eradication, preventing maternal and child deaths, reducing the spread of antimicrobial resistance, and strengthening capacity to prevent, detect, and respond to public health threats with improved surveillance, workforce, and laboratory capacities. Our collaboration builds on more than 70 years of partnership and cooperation in the public health, biomedical, and behavioral health science fields.

USAID engages with individuals, communities, and providers by listening to the needs of those impacted and working together to find behavioral change solutions to address health challenges and promote sustainable development. USAID's interventions aim both to understand and influence individuals, communities, and societies to adopt positive behaviors that can contribute to improved health, education, environment, economic growth, and sustainable development.

Over the years, we have witnessed how social and behavioral change communications can help mitigate the impact of COVID-19, encouraging the adoption of social norms such as wearing a mask, distancing, and helping people overcome vaccine hesitancy. We have also transitioned from traditional information dissemination campaigns and approaches to applying evidence-driven social behavior change strategies, resulting in an increased and improved uptake of essential health care services. Our work has evolved to include insights from behavioral economics, human-centered design, behavior change communications, and the use of “nudges,” all of which evidence shows can save lives and improve livelihoods.

This compendium of behavioral change narratives highlights some of USAID's impactful work around social and behavior change communication (SBCC) in health. We hope that these strategies and approaches serve as valuable lessons for future interventions and contribute to the development of sustainable, evidence-based practices in the social behavior change space.

Thank you.

*Sangita Patel*

Director, USAID/India Health Office

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## Disclaimer

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## Promoting Holistic Maternal and Child Health

- i. Innovative Models to Improve Maternal and Child Health Practices in Vulnerable Geographies
- ii. Engaging Families for Newborn Care: The Family Participatory Care (FPC) Approach
- iii. Using Digital Media Tools to Improve Health, Nutrition, and Family Planning Outcomes
- iv. Encouraging and Facilitating Respectful Maternal Care



# Innovative Models to Improve Maternal and Child Health Practices in Vulnerable Geographies



Improving maternal and child health outcomes in recognized at-risk geographic areas, including areas with high poverty rates, restricted access to health care services, or those facing other problems that jeopardize mother and child health, is essential for improving India's overall health care outcomes.

## USAID's Approach

USAID's SAMVEG project, implemented by IPE Global, supports India in achieving self-sufficiency in the health care space. The project has implemented several cutting-edge methods aimed at educating, empowering, and improving community practices related to maternal and child health. One such method is the QUICK model – Quality Upgrade through Improvements in Accountability and Community Knowledge.

The QUICK model leverages technology to directly engage communities, facilitate knowledge sharing, and to gather feedback on satisfaction with care during the crucial 1,000-day period from conception to a child's second year. The project assists in connecting new mothers with government programs like eSanjeevani, the national telemedicine portal implemented by the Ministry of Health and Family Welfare, Government of India, and uses the QUICK approach as a management tool to assess users' satisfaction with and the quality of services through the entire care process.

Under the initiative, pregnant women and new mothers receive evidence-based counseling messages tailored to each stage of the 1,000-day continuum. These messages cover various topics, including nutrition, rest, hygiene during pregnancy, childhood play, communication, micronutrient supplementation, breastfeeding, complementary feeding, and appropriate health-seeking practices such as immunization and antenatal care, especially for high-risk women and those displaying danger signs. The approach also encourages the involvement of men and other family members to adopt more beneficial and long-lasting behavior changes.

**The QUICK model adopts a behavior modification approach focused on social accountability to bring about positive changes in attitudes and behaviors related to maternal and child health among women, mothers, and families.**

**Nutrition takes center stage, emphasizing the significance of consuming nutritious food and using nutritious cooking techniques. With this knowledge at their disposal, mothers are urged to put their own health and that of their children first. In order to make long-lasting behavioral changes, the strategy also promotes the participation of men and other family members.**

**The project interviewed new mothers who were involved in the initiative and noted following: (a) a high Customer Satisfaction Index was reported by 76 percent of the mothers, (b) a positive Respectful Care Index was reported by 87 percent of the mothers, and (c) a positive Quality of Care Index was reported by 70 percent of the mothers, all of whom said that the institutions provided them with quality care.**

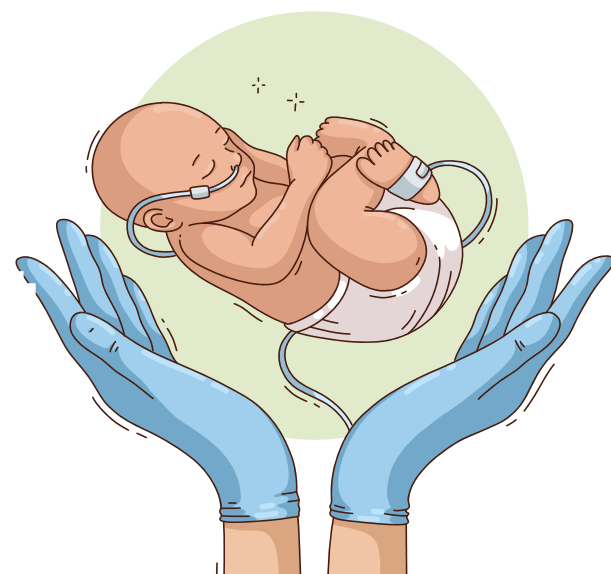
The project is currently being implemented in the aspirational district of Haridwar in Uttarakhand. It utilizes existing state call centers to enable direct communication, involvement, information sharing, and feedback from women who use antenatal care services before and after childbirth. Under the initiative, USAID has reached out to 10,000 new mothers in Haridwar, providing them with valuable information on healthy habits and on government programs, including teleconsultations through eSanjeevani. The QUICK model has successfully gathered feedback from the community, addressing various aspects such as considerate care, hygiene, service delivery, and grievance redressal. Building on these valuable insights, USAID plans to expand the QUICK model to other regions, contributing to the overall progress of health care in India.



The QUICK model combines technology and home visitations by health workers to promote behavior modification and social accountability, aiming to foster positive changes in maternal and child health attitudes and behaviors among women, mothers, and families. Photo: IPE Global



# Engaging Families for Newborn Care: The Family Participatory Care (FPC) Approach



During the neonatal period, which spans the first four weeks of a baby's life, parents/caregivers form healthy bonds of attachment vital for the child's development and the emotional well-being of the family. Engaging families as active caregivers of inpatient neonates improves health outcomes and facilitates developmental progress while enhancing the overall experience for patients, families, and health care professionals.

## USAID's Approach

The Family Participatory Care (FPC) model, implemented by USAID-supported Vridhhi (led by IPE Global), has proven to be a transformative approach in promoting healthy behaviors in communities. By educating and enabling families to handle various aspects of newborn care, FPC has yielded positive results by enhancing the survival and well-being of premature and sick infants.

### Key Components of FPC

- 1. Hand Hygiene and Infection Prevention:** Proper handwashing practices are crucial in preventing the spread of harmful bacteria and viruses to newborns. The Special Newborn Care Unit (SNCU) staff demonstrate handwashing techniques, cord care, and precautionary measures to parents through videos and at skill stations, ensuring infection prevention practices are followed.
- 2. Breastfeeding Practices:** Training sessions conducted by the SNCU staff, using visual aids and one-on-one sessions, encourage successful breastfeeding practices. Handholding, education, support, and a conducive environment in SNCUs promote the overall health outcomes of newborns.
- 3. Kangaroo Mother Care (KMC):** Skin-to-skin care plays a vital role in the care of low-weight newborns in SNCUs. Training

**Nurses play a crucial role in teaching new mothers skills like breastfeeding techniques, duration and intervals, and practicing KMC/skin-to-skin contact for newborn's temperature regulation in Special Newborn Care Units.**



USAID strengthens newborn care by scaling up a standardized care model, including family participatory care (FPC), for newborn stabilization units in public health facilities across India. Under the FPC model, the staff nurses encourage parents to practice "Kangaroo Mother Care" for skin-to-skin contact and temperature regulation.  
Photo: USAID

**The implementation of family participatory care has resulted in enhanced health outcomes for newborns and instilled a sense of ownership and confidence within families. This approach fosters a supportive environment where parents actively participate in promoting the well-being of their newborns, leading to healthy behaviors and practices within the community.**

sessions using videos, mannequins, and visual aids help parents understand and practice KMC under the guidance of nursing staff. Implementing KMC empowers parents and promotes bonding, breastfeeding, and the newborn's overall growth and development.

- 4. Danger Signs:** The SNCU staff provides orientation to mothers and families, enabling them to identify early danger signs in babies after discharge. This knowledge helps families recognize signs of distress in infants and to seek prompt medical attention when needed.

In 2020, the training package for Newborn Stabilization Units developed by USAID-supported Vridhhi, with FPC as an essential component, was adopted by the Government of India and scaled up throughout the country. USAID continues to support states in implementing the training package through the ongoing SAMVEG project, implemented by IPE Global. Involving parents and sharing knowledge of caregiving skills and giving demonstrations in SNCUs has resulted in quicker discharge of babies, strengthened the bond between parents and infants, and increased parents' confidence about caring for their newborns at home. FPC not only improves health outcomes for newborns but also fosters a culture of proactive and informed care within the community.



## Using Digital Media Tools to Improve Health, Nutrition, and Family Planning Outcomes



USAID-funded Project Samvad enhanced reproductive, maternal, newborn, and child health (RMNCH) outcomes using information and communication technology (ICT) for integrated health information dissemination, leveraging community-based videos, and partnering with trusted public and civil society organizations to reach target audiences.

### USAID's Approach

Project Samvad, implemented by Digital Green, initially employed a human-mediated SBCC approach, utilizing community settings such as self-help groups (SHGs), Anganwadi Centers, and frontline workers to distribute videos. To continue their outreach efforts during the COVID-19 outbreak, however, they were forced to switch to digital tools like WhatsApp and the Interactive Voice Response (IVR) system.

Through the IVR-based platform called Samvad Mobile Vaani, communities could listen to important messages about health, nutrition, and family planning by simply giving a missed call and receiving a call back. The increased use of mobile phones in rural areas provided an opportunity to share life-stage-specific targeted messaging that led to increased awareness, desired actions by beneficiaries, and enhanced overall reach.

To facilitate this transition, Digital Green partnered with Gram Vaani, an Indian social technology enterprise specializing in voice-based interactive media services. The project integrated Gram Vaani's IVR-based social platform with its video-based outreach efforts to expand its capacity to disseminate targeted messages and engage underserved populations.

While setting up the IVR system, Gram Vaani estimated the number of telephone lines needed per state for reaching the estimated number of beneficiaries with the specified number of messages over a month.

**Project Samvad contextualized solutions, built the capacities of frontline workers, and engaged communities to strengthen the implementation and effectiveness of ongoing government programs across six states, namely Bihar, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, and Assam.**



USAID-funded Project Samvad adopted an IVR-based dissemination platform called Samvad Mobile Vaani to continue its outreach efforts during the COVID-19 outbreak. This enabled communities to access relevant messages by giving a missed call and receiving a call back, fostering two-way communication and behavior change. Photo: Digital Green

**Through the Interactive Voice Response system and WhatsApp-based video dissemination platforms, users were encouraged to provide feedback, ask questions, seek clarifications, and share experiences. This approach aimed to enhance the effectiveness of communication and positively influence the knowledge and behavior of the communities receiving the digital content.**

Gram Vaani continuously updated the database by adding more contact numbers of participants to the platform. All new and old dialers were automatically included in the service database if they made calls to the IVR system.

WhatsApp and the IVR system helped in continuing the dissemination of the RMNCH messages, layered with information on COVID-19 prevention and preparedness, to the target communities. Project Samvad's approach helped bust myths about COVID-19 vaccination and supported the health system in the circulation of correct and complete information on COVID-19 that was from an authentic source and was vetted by sector experts. These dissemination approaches have been rolled out quite successfully, as the documented listenership was recorded at 85,199 and the content viewership was recorded at 283,866 in the June–August 2020 period. The project team oriented and sensitized 918 frontline workers of state-level partners using this approach. The frontline workers also helped collect the mobile phone numbers of families and connected them with the IVR system to receive information related to health, nutrition, and COVID-19 over the telephone.



# Encouraging and Facilitating Respectful Maternal Care



In India, poor birth outcomes, diminished trust, and adverse patient experiences in maternal care often stem from inadequate interpersonal communication as well as a lack of respectful, empathetic care and counseling for those seeking institutional delivery and emergency obstetric care services.

## USAID's Approach

USAID's MOMENTUM Safe Surgery in Family Planning and Obstetrics (MSSFPO) project, implemented by EngenderHealth, focuses on improving care for clients requiring cesarean delivery. The project employed human-centered design principles to develop insight-driven provider-based solutions that ensure more respectful and empathetic care for clients.

### Solutions for a Positive Delivery Experience

The project consulted seven multi-stakeholder groups across Karnataka and came up with seven "behavior change" solutions. Two of these were tested in real settings with providers and clients.

- A five-page manual – "How to Ensure a Safe, Happy, and Healthy Birth" and a guidance document – "Counseling for a Safe Birth" is being used by Accredited Social Health Activists (ASHA) workers to counsel pregnant women and their partners.
- A three-minute video – "How to Ensure a Safe, Happy, and Healthy Birth" talks about the important elements of a healthy delivery. The video is played in the waiting rooms of medical facilities in the project intervention districts.

By empowering clients and fostering respectful and empathetic care, the project created an overall positive delivery experience. These approaches and prototypes are being integrated into all health care systems across Karnataka.

**Providing pregnant women with comprehensive information on delivery choices, including benefits, costs, and associated risks, facilitated informed decision-making and enhanced communication between clients and service providers.**



The USAID-supported MSSFPO project developed a manual titled "How to Ensure a Safe, Happy, and Healthy Birth" as a valuable tool for Accredited Social Health Activists to empower and guide expectant parents, providing them with the necessary information and support for a safe and fulfilling childbirth experience.

Photo: EngenderHealth



Through Project Samvad, USAID developed community videos aimed at improving knowledge and awareness about health, nutrition, and family planning methods among pregnant and lactating women, children under two years of age, and rural agrarian communities in Bihar, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, and Assam.

Photo: Digital Green





## Putting Youth at the Forefront

- i. Promoting Uptake of Condoms among Youths
- ii. Delhi Learning Lab – Empowering Young People with Sexual and Reproductive Health Awareness
- iii. Connecting Youths Digitally to Enhance Sexual and Reproductive Health (SRH)
- iv. Facilitating Conversations on Women-inclusive Climate Action



# Promoting Uptake of Condoms among Youths



**In India, the usage of condoms among unmarried young men (in the 18–24 age group) is disconcertingly low, with a non-usage rate of 78 percent among sexually active individuals.<sup>1</sup> The National Family Health Survey–4 further indicates that only 24 percent of 15–19-year-olds and 14 percent of 20–24-year-olds use condoms. This significant lack of usage can be attributed to the widespread misconception among young people that condoms inhibit sexual pleasure, resulting in a downturn in the condom market.**

## USAID’s Approach

USAID’s SHOPS Plus project, implemented by Abt Associates, developed a groundbreaking strategy to increase condom usage among young people while simultaneously creating a sustainable business opportunity. The project employed human-centered design and behavioral economics approaches, and engaged youth advocates, technical experts, and condom manufacturers to identify barriers along the user’s journey and to propose innovative solutions.

This approach was used to create a “sex journey map” to understand the decision-making process of young people when buying and using condoms. The process involved exploring aspects such as intimacy, condom selection, purchase locations, and couple interactions.

**The behavioral insights gained from the trials informed a digital campaign that reached 25 million youth and helped a condom marketer launch a new thin and low-cost condom brand called “Fire Skin,” aimed at young people in Assam. The team promoted the product through orientation programs for chemists and through social media campaigns. During the pilot period alone, 162,876 “Fire Skin” condoms were sold at 1,176 pharmacies across Assam, with at least 53 percent of pharmacies placing repeat orders. The condom marketer later expanded the intervention and sustained it across India.**

**Based on consultations with condom marketers and manufacturers, the project generated 200 potential solutions to address obstacles in the decision-making process of young people and their condom-purchase journey. Of these, nine prototypes were tested in Delhi and Odisha.**



USAID-supported SHOPS Plus developed potential solutions to change perceptions about condoms and create a more inclusive approach. Recognizing the discomfort and social stigma associated with purchasing condoms, the project reimagined condoms as part of a romantic date night kit, making it easier and more appealing for both genders to purchase condoms at a crowded store or market area. Photo: Abt Associates



A digital campaign, based on behavioral insights gained from trials, supported the launch of “Fire Skin,” a new thin and low-cost condom brand aimed at young people in Assam. Photo: Abt Associates.



<sup>1</sup> National Family Health Survey–4.



# Delhi Learning Lab

## Empowering Young People with Sexual and Reproductive Health Awareness



**In densely populated urban slums, lack of resources and lack of information are exacerbated by socioeconomic disparities, and young people often face significant barriers to understanding and accessing crucial sexual and reproductive health (SRH) services. Misconceptions, stigma, and societal norms further compound these challenges, making it essential to design interventions that directly target these aspects. Therefore, public health interventions for the urban poor must address underrepresentation of SRH concerns among disadvantaged urban youths.**

### USAID's Approach

USAID-supported MOMENTUM Country and Global Leadership (MCGL): India-Yash project, implemented by Jhpiego, established the Delhi Learning Lab (DLL) in an urban slum in the city.

At the core of the DLL lies the Youth Resource Centre (YRC), where Youth Champions receive foundational training on SRH and family planning; gain knowledge on topics such as sex, gender, gender identity, child early forced marriage, and learn evidence-based advocacy and community engagement strategies. Furthermore, the Youth Champions conduct door-to-door visits, raising awareness and educating community members about SRH issues. In order to better understand provider behavior and prejudices, and develop informed solutions, the team also conducts a mystery client activity.

DLL has introduced a comprehensive youth engagement module to facilitate learning and foster engagement which helps participants understand SRH concepts, policies, methodologies and helps build life skills for young change agents.

**DLL serves as a space for young people to gather, learn, and access SRH information, aiming to offer equal growth and empowerment opportunities to those from marginalized backgrounds.**



USAID supports the Youth Resource Centre, situated in an urban slum in Delhi, where Youth Champions convene for discussions and awareness sessions. The center is equipped with digital tools and IEC displays to facilitate interactive learning. Photo: Jhpiego

**DLL works with 20 dedicated Youth Champions to collaborate with 250 locally recruited and trained Youth Changemakers. Each Youth Champion mentors 20 young individuals, enabling them to become Changemakers in their communities.**

**To ensure inclusivity, the Youth Champions were trained in using human-centered design, which helped them understand and implement solutions aimed at improving accessibility for young people with disabilities.**

Equipped with the right information and skills, DLL's Youth Champions and Youth Changemakers advocate for SRH rights, break societal barriers; and create a supportive and knowledgeable community.



The Youth Champions participate in a one-on-one discussion at the Youth Resource Centre in Delhi. Photo: Jhpiego





# Connecting Youths Digitally to Enhance Sexual and Reproductive Health (SRH)



**SRH is a fundamental aspect of overall health and well-being, particularly during the transitional period of adolescence. Despite this, many societies and communities often suppress open dialogue about SRH, particularly for young girls, fostering an environment of stigma and misinformation. Thus, there is an urgent need to destigmatize the sharing of SRH information and to facilitate conversations for and by young girls to help them make informed choices around SRH.**

## USAID's Approach

USAID's Game of Choice, Not Chance, implemented by Howard Delafield International, is a direct-to-consumer initiative and digital platform for mobile games that use discovery and play to empower young people to become active decision-makers in their own lives. The initiative's first game, *Go Nisha Go*, was co-designed with girls (15-19 years of age) in India to provide a safe space for exploration, discovery, and learning through role-play in a virtual world. In the game, girls who often face agency-inhibiting social and gender norms are empowered to make their own choices, to get connected to vital information and resources in real time, and to become better equipped to shape their futures with confidence and realize their full potential.

The direct-to-consumer model combines behavioral science, human-centered design, game-based learning, and immersive storytelling to deliver interactive learning and agency-building experiences to girls.

The digital platform offers a choice-based, role-play game with direct links to information, products, and care practices related to reproductive health through a digital marketplace outside the health system. Players can also access an integrated chatbot and website to dig deeper into topics introduced in the game. Machine learning and predictive analytics are being applied to capture anonymous data from the players' in-game actions, which can be analyzed and used to inform and predict real-life behaviors.

**Go Nisha Go was launched in June 2022, and by March 2023 had more than 160,000 downloads.**



*USAID-supported Go Nisha Go is a story-driven game that provides a private, entertaining space for girls to build agency through interactive role-play in a virtual world. In the game, players make choices for their avatar, Nisha, to help her achieve her hopes and dreams. Photo: Howard Delafield International*

**Go Nisha Go, along with another game called Game of Change, was presented at two major international conferences in 2022: the International Conference on Family Planning (ICFP) in Thailand and the Social and Behavior Change Communications (SBCC) Summit in Morocco.**

The intervention is being replicated in Nepal. A game for boys—co-designed with adolescent males following a similar process—is currently under development.

**As of June 2023, Go Nisha Go has been selected as one of the Finalists for the Game for Change Festival in the “Best Learning Game” category that recognizes games across platforms that offer meaningful engagement around learning objectives and successfully balance educational objectives with fun and engaging gameplay.**



# Facilitating Conversations on **Women-inclusive Climate Action**



**Addressing the crucial intersection of gender and climate is essential for identifying, developing, and implementing more inclusive and effective solutions for climate change. This issue is especially significant because climate change has a disproportionate effect on women, largely due to social, economic, and cultural factors.**

## USAID's Approach

In 2022, USAID's MOMENTUM Country and Global Leadership (MCGL): India-Yash, implemented by Jhpiego, launched Baatein Unlocked, a youth-led movement aimed at creating a safe space for young people to articulate their SRH needs—both online and offline. Various strategies were employed to create such spaces, and some of these learnings and strategies were later redeployed for the conceptualization of an initiative called the Women Climate Collective (WCC). The project brought together more than 400 women who were interested in understanding the relationship between climate and gender in order to foster a sense of community and involvement.

Recognizing the power of online platforms, the project organized online and offline youth festivals to attract participation from interested groups and the engaged online community. These festivals served as a platform for youths to connect, exchange ideas, and discuss the critical issues at the nexus of climate and gender. Additionally, the project team harnessed the partnerships cultivated during the Baatein Unlocked project to create a collaborative effect at the intersection of climate and gender through the WCC. The project leveraged relationships established with various organizations to foster a collective effort to address the urgent challenges faced by women in the context of climate change.

**By building upon the valuable lessons learned from Baatein Unlocked, the WCC has not only successfully intervened at the intersection of climate and gender but has also secured much-needed resources for future initiatives.**

**The power of digital community building has become a driving force for the Women Climate Collective. In just over one month, their efforts reached more than 5 million individuals, profoundly influencing public awareness and discourse.**



USAID-supported Baatein Unlocked movement leveraged relationships established with various organizations to aggregate online and offline efforts to address pressing challenges faced by women in the context of climate change. Photo: Jhpiego





A woman wearing a yellow long-sleeved shirt, a white face shield, and a blue and white patterned headscarf is sitting on a blue mat. She is holding a colorful poster with text in Hindi and illustrations. She is looking at the poster. Another woman, wearing a red sari with gold floral patterns and a red headscarf, is sitting on the same mat, looking at the poster. A small blue bottle of hand sanitizer is on the mat between them. In the background, there is a brick wall with several colorful posters hanging on it. The posters have text in Hindi and illustrations of people. The overall scene is outdoors, with a blue wall and a brick wall in the background.

## Advancing Public Health and Disease Eradication

- i. Mobilizing the Most Vulnerable Communities for Polio Eradication
- ii. Increasing Demand, Distribution, and Uptake of COVID-19 Vaccination
- iii. Leveraging Community Engagement to Promote COVID-appropriate Behaviors and Vaccination
- iv. Promoting Healthy Hygiene Behaviors
- v. Building Resilient Communities through Risk Communication and Community Engagement (RCCE)



# Mobilizing the Most Vulnerable Communities for Polio Eradication



**Certain communities in India still believe that polio vaccination causes fever and other ailments in children. This misconception poses a significant obstacle to the country's efforts to mitigate the risks of polio being spread.**

## USAID's Approach

USAID's CORE Group Partners Project (CGPP), through its consortium partners, has supported social mobilization for the polio eradication program since 1999, by establishing networks to effectively communicate with the most vulnerable populations. Over the years, thousands of community mobilizers and influencers have been trained to address vaccine hesitancy and to promote widespread polio vaccination, thus ensuring population-wide immunity.

The CGPP explored various communication channels, developed standardized messages, and leveraged indigenous communication methods. Social mobilization networks and local mobilizers helped reach underserved communities to ensure that children received the complete polio vaccination. These mobilizers used strategic and positive communication methods, adopting behavior change communication (BCC) strategies tailored specifically for eradication programs aimed at addressing the specific needs of different groups through negotiations rather than instructive methods.

By enabling individuals and families to make informed choices, motivating them through effective interpersonal communication and group meetings, identifying influential individuals and community groups, and generating social pressure on resistant families, the project successfully tackled vaccine hesitancy.

**The BCC approach incorporated by CGPP in its polio eradication program included elements from three communication theories: diffusion of innovations theory, network communication theory, and social norms theory.**

**CGPP collaborates with a broad network of community influencers, organized into local groups known as Community Action Groups, to support health workers in mobilizing immunization efforts and combating stigma.**

**Over time, the project formed more than 5,000 Community Action Groups at the village level in the states of Assam, Haryana, and Uttar Pradesh. These groups played a crucial role in strengthening efforts aimed at maintaining India's position as a polio-free nation, even during the challenging COVID-19 pandemic. Furthermore, the COVID-19 vaccination campaigns, too, adapted the BCC approaches developed for polio vaccination, demonstrating the versatility and effectiveness of these solutions.**

The success of the CGPP in combating polio and responding to new pandemics like COVID-19 lies in their establishment of trust, inclusion, and community involvement. Their emphasis on community-centric strategies builds confidence, leading to swift implementation, and adaptation to diverse contexts.



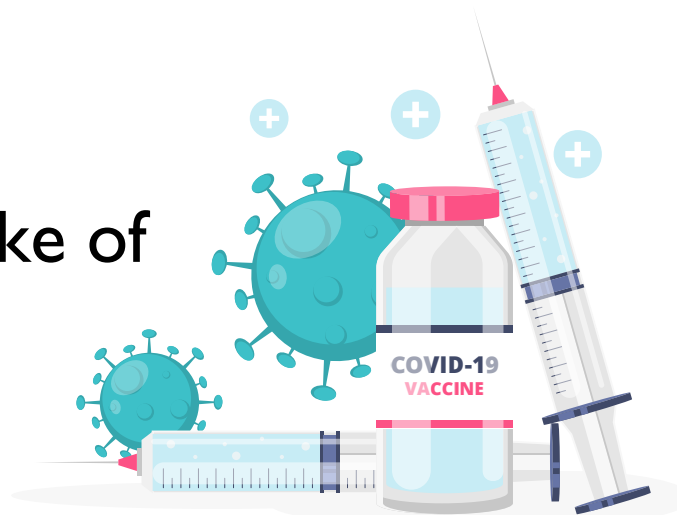
*The community mobilizers trained by CGPP provide support in setting up vaccination camps and accompany vaccination teams to homes with children under five years of age, to convince families with an unvaccinated child to allow their child to be vaccinated. Photo: CORE Group*



*A community mobilizer utilizes indigenous tools to promote immunization among vulnerable groups. Photo: CORE Group*



# Increasing Demand, Distribution, and Uptake of COVID-19 Vaccination



The COVID-19 outbreak in India brought about immense suffering and destabilized the health care system. There were numerous misconceptions about the vaccination, including concerns about infertility risks and deterioration of health conditions of individuals with chronic illnesses. In addition, after the second wave subsided, many people delayed receiving their second dose due to a sense of complacency.

## USAID's Approach

USAID's MOMENTUM Routine Immunization Transformation and Equity (M-RITE) project, implemented by John Snow India (JSI), worked closely with the central and state governments to strengthen outreach and advocacy efforts and to increase vaccination demand, distribution, and uptake. The project recognized the importance of a community-centered and community-driven strategy to meet the needs of diverse communities effectively.

To maximize vaccination coverage, the M-RITE project dispatched mobile vaccination units to hard-to-reach villages in 13 states, reaching 900,000 people. Additionally, it established and guided advocacy and mobilization groups to encourage unvaccinated individuals and families to receive the vaccine. Group meetings were organized to address doubts and dispel misconceptions, leading to an increase in immunization rates among pregnant and lactating women as well as senior citizens.

To enhance visibility and to disseminate important information, such as risk communication and community engagement messages on COVID-19 vaccination, the M-RITE project targeted strategic locations with public announcements, videos, and voice recordings, successfully reaching approximately 45 million people. It also identified and collaborated with community influencers to address sociocultural barriers effectively.

By implementing community-focused, tailored interventions, the M-RITE project significantly accelerated the efforts to boost the demand for and

**By partnering with local NGOs, the project provided technical assistance to 298 districts across 18 priority states in the country, focusing on vulnerable and marginalized populations.**



USAID-supported M-RITE customized message delivery during the "Har Ghar Dastak" (A Knock on Every Door) campaign of the Government of India and organized "Har Shop Dastak" (A Knock on Every Shop) to reach vulnerable populations in Arunachal Pradesh. Photo: JSI

**Through USAID-supported M-RITE's efforts, vulnerable groups including the elderly, tribal communities, transgender individuals, and migrants received more than 20 million vaccine doses.**

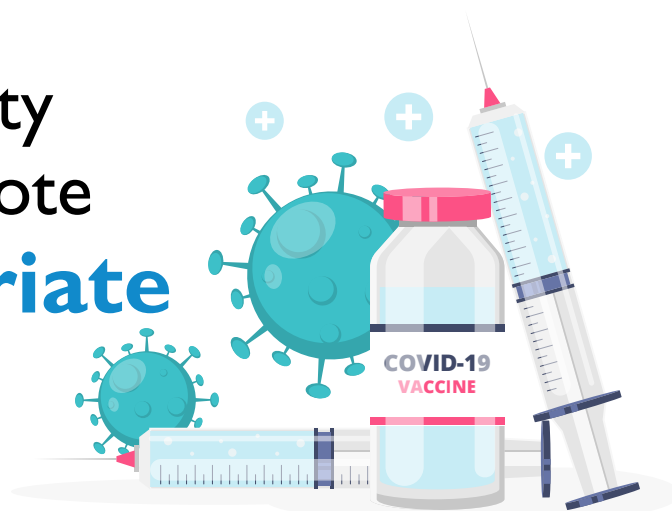
expand the distribution and uptake of COVID-19 vaccines, particularly among marginalized and vulnerable populations. These targeted strategies successfully overcame various challenges and barriers, ensuring equitable access to COVID-19 vaccinations. The project's collaborative approach, extensive community engagement, and capacity-building initiatives for health care workers have been instrumental in mitigating the effects of the pandemic and in safeguarding the health of communities across India.



USAID-supported MRITE directly engaged with school children in Chhattisgarh's Durg district through activities like games and role plays to educate them about the importance of the COVID-19 vaccine and dispel any misconceptions. Photo: Vaibhav Pathak for L4i/Swasti



# Leveraging Community Engagement to Promote COVID-appropriate Behaviors and Vaccination



In response to the alarming surge of COVID-19 cases during the second wave in 2021, compounded by inappropriate behavior and misinformation, CORE Group Partners Project (CGPP) India assisted the government in mitigating the effects of the pandemic. The project focused on disseminating accurate information and promote appropriate behaviors, including seeking medical attention when necessary.

## USAID's Approach

Responding to the COVID-19 pandemic, CGPP India capitalized on its expertise in community engagement and its existing network of Community Action Groups (CAGs). CGPP India's BCC intervention focused on promoting positive behaviors related to immunization and COVID safety measures. The key strategies employed were as follows:

- 1. Community Mobilization:** The project used community mobilizers and CAGs to facilitate social mobilization activities through active participation of community members, through IPC, group meetings and mid media activities.
- 2. Influencer Engagement:** CGPP India leveraged its existing network of polio influencers and formed CAGs to address misconceptions, communicate essential messages, and effectively promote childhood vaccination and COVID safety measures.
- 3. Tailored Communication to Address Community-specific Challenges and Concerns:** CGPP India employed diverse communication tools and channels, such as locally developed indigenous tools to explain the importance of vaccination. This encompassed interpersonal communication, group and community meetings, information booths, and e-rickshaw rallies. Customized messages and materials were promoted to target vulnerable groups.

**The key approach of the social mobilization network established by CGPP India for COVID-19 mobilization activities emphasized a shift from spreading awareness to identifying specific community needs. The project also transitioned from an instructive to a negotiation-based approach.**



USAID supported sensitization meetings with religious leaders in Shamli, Uttar Pradesh, to encourage them to motivate community members toward COVID-19 vaccination. Photo: CORE Group

**CGPP operated in 15 districts across three states, leveraging its two-decade-long experience in polio eradication, particularly in Uttar Pradesh. This allowed the project to benefit from strong community rapport, familiarity with the local sociocultural context, and established relationships with the government.**

- 4. Capacity-building and Training:** The team provided training to community mobilizers, field staff, and government frontline workers on COVID-appropriate behavior and immunization by providing necessary knowledge and skills to communicate effectively.

The strategies and interventions were implemented in coordination with CGPP consortium partners, as well as national and local governments. The activities reached approximately 4 million people, with special support provided to 2.52 million COVID-vaccine-eligible individuals (63 percent of the total population) and continued routine immunization for around 200,000 children under the age of two. These efforts were synergized with ongoing initiatives to sustain polio immunity and to identify suspected cases of polio.



A CGPP community mobilizer conducts a one-to-one communication with a tea garden worker in Tinsukia district, Assam. Photo: CORE Group



# Promoting Healthy Hygiene Behaviors



Unsafe water supply and inadequate sanitation contribute to approximately 1.6 million deaths worldwide each year, with India alone witnessing around 60,700 deaths among children under five due to diarrhea annually.<sup>2</sup> As the COVID-19 pandemic emphasizes the criticality of healthy hygiene practices, interventions focusing on behavior change in health and hygiene have become imperative in preventing both COVID-19 and diarrheal diseases.

## USAID's Approach

NISHTHA, USAID's flagship health systems strengthening project implemented by Jhpiego, in collaboration with Unilever, is improving knowledge, attitudes, and practices related to healthy hygiene behaviors. NISHTHA uses SBCC for its water, sanitation, and hygiene (WASH) activities, aiming to instill positive behavioral changes in targeted communities across Jharkhand, Nagaland, Chhattisgarh, and Madhya Pradesh.

**Building Capacities of Health Workers on WASH:** The project has developed a comprehensive learning resource package on WASH specifically designed to equip Community Health Officers with the necessary skills and techniques to effectively integrate WASH practices into the services available at health facilities.

**Establishing Hand Washing Units at Health and Wellness Centers (HWCs):** Dedicated hand washing units serve as demonstration points for primary health care teams to showcase correct handwashing techniques, to reinforce infection prevention and control measures, and to actively promote healthy hygiene behaviors to the targeted population.

**Establishing Hand Washing Units at the Community Level:** In Chhattisgarh, NISHTHA has implemented a pioneering model that leverages community platforms for micro-resource mapping and for the promotion of healthy hygiene behaviors. The model emphasizes cross-sectoral partnerships and convergence between various government schemes and departments. As part of this initiative, community-based hand washing

**By integrating an SBCC approach, NISHTHA effectively engages health workers, establishes hand washing units at health facilities and in communities, and sensitizes community members about the significance of adopting healthy hygiene practices.**

<sup>2</sup> Salve, Prachi. "732 Million Indians Have No Access To A Proper Toilet, At Risk Of Diseases: New Report." IndiaSpend, 15 November 2017, <https://www.indiaspend.com/732-million-indians-no-access-proper-toilet-risk-diseases-new-report/>. Accessed 30 May 2023.



A health worker demonstrates the correct handwashing technique to the community members at the hand washing corner at a Health and Wellness Center in Kumhai village, Bastar district, Chhattisgarh. Photo: Jhpiego

**NISHTHA integrates its WASH interventions with provisions available under existing government schemes to enhance resource availability, amplify program influence, and ensure long-term sustainability.**

corners have been established using locally available resources, thus fostering the habit of regular handwashing among community members.

**Sensitizing Community Members to Promote Healthy Hygiene Behaviors:** NISHTHA conducts sensitization meetings and sessions in collaboration with community platforms such as Panchayati Raj Institutions and self-help groups in Chhattisgarh and Jharkhand. These sessions engage various stakeholders and educate them about the importance of safe drinking water, consistent toilet usage, handwashing with soap, and management of menstrual hygiene, thereby fostering a deeper understanding of healthy hygiene practices.

This comprehensive approach has the potential to significantly improve knowledge, attitudes, and behaviors related to hygiene, thereby contributing to better health outcomes and preventing the spread of diseases like COVID-19 and diarrhea.

A community health officer teaches the steps of handwashing to the community elders at a USAID-supported Health and Wellness Center in Jharpai in Madhya Pradesh. Photo: Jhpiego





# Building Resilient Communities through Risk Communication and Community Engagement (RCCE)



Vaccine hesitancy and non-adherence to COVID-appropriate behavior posed serious challenges to efforts by the Government of India and its development partners to combat the COVID-19 pandemic.

## USAID's Approach

USAID and UNICEF India successfully partnered to support the Government of India in responding to the COVID-19 pandemic. Their efforts were aimed at appropriately responding to and mitigating the risks of extensive stigma and discrimination arising from COVID-19, through a comprehensive Risk Communication and Community Engagement (RCCE) strategy.

The interventions implemented under the partnership covering Delhi, Maharashtra, Gujarat, Madhya Pradesh, Rajasthan, Telangana, and Andhra Pradesh, aimed at supplementing the efforts made by the government at the national and state level. The partnership also led to direct engagement with the most vulnerable communities and networks living in urban slums and hard-to-reach rural areas. Some of these interventions include:

1. **Duur Se Namaste (Greetings from a Distance):** UNICEF, in partnership with USAID, came out with a soap opera-style TV series called "Duur Se Namaste" which aimed to address vaccine hesitancy and the socioeconomic impact of COVID-19. The series was developed based on a matrix informed by vaccine hesitancy reviews, offline social media monitoring, formative studies, community-based monitoring, and research-based insights. The program, filled with humor, romance, and drama, was broadcast on Doordarshan, India's national broadcaster, for 36 episodes on a pro bono basis.

**The USAID–UNICEF partnership engaged directly with the most vulnerable communities and networks in urban slums and in hard-to-reach rural areas. UNICEF India reached 100 million people through print and electronic media and also reached 40 million people through radio partnerships, including community radio engagement in the focus states.**



UNICEF, with support from USAID, launched "Duur Se Namaste" (Greeting from a Distance), a 36-episode edutainment show, which aimed to support the Ministry of Health and Family Welfare (MoHFW) in promoting COVID-19 vaccination, addressing COVID-appropriate behaviors, and raising awareness about mental health issues. Photo: UNICEF

**The partnership led to the development of over 100 communication materials in 11 languages focusing on the themes of COVID-appropriate behavior and COVID-related stigma and discrimination.**

2. **Kiting High – New Normal for Children:** To cater to the anxiety of school-going children who spent a long time coping with online education, the UNICEF office in Assam developed an inspiring storybook "Kiting High – New Normal for Children" focusing on hygiene, infection prevention and online safety. UNICEF partnered with the state education program, Samagra Siksha, to ensure its wide dissemination to schools and teachers across the state.
3. **eGarima:** UNICEF conceptualized and designed eGARIMA – an e-learning course focusing on the adolescent population of 14-19 years age group – to improve the understanding and increase self-efficacy of beneficiaries on anemia, safe menstrual health management, and environmental health.
4. **"Muskurayega India" (India shall Smile):** In Uttar Pradesh, UNICEF implemented an interactive voice response system called "Muskurayega India" to offer psychosocial support and mental health counseling to students throughout the state.

The campaigns against COVID-19-related stigma and discrimination, developed under the partnership, reached more than 150 million people through messaging on social media platforms.





## Building A Stronger HIV Community

- i. Community-Led Monitoring of HIV Services
- ii. Improving Access to HIV/AIDS Services for Key Populations Affected by HIV
- iii. Promoting Self-verified Adherence to HIV Treatment



# Community-Led Monitoring of HIV Services



The HIV community has been at the center of India's HIV/AIDS response since the very inception of the National AIDS Control Program (NACP). However, stigma and discrimination at the provider level and systemic issues continue to account for poor access to prevention, testing, and treatment services by people living with HIV (PLHIV) and the key population groups — female sex workers, men who have sex with men, transgender people, and people who inject drugs.



USAID trains community champions to interact with key populations, collect feedback, and empower them to overcome isolation, fear, and denial. Photo: Swasti

## USAID's Approach

USAID's Community-Led Monitoring (CLM), piloted by Swasti through the Learning4impact (L4i) project, is a technique implemented by local community-based organizations, civil society groups, networks of key populations, PLHIV, and other affected groups that gathers quantitative and qualitative data about the quality of HIV services provided by the national program, that is, NACP, through government health facilities. The data gathered fills important information gaps in the decision-making process, resulting in evidence-based action to improve services, complementing local and national monitoring efforts. CLM offers a platform for fostering connections with other HIV/AIDS response partners around a common understanding of the situation and a common response to address both service enablers and service barriers.

The CLM tools were designed to cover HIV prevention and treatment services and products and include six As — Availability, Acceptability, Accessibility, Appropriateness, Affordability, Accountability, and Awareness. The WHO's SOLVE framework was used to design and implement an integrated response linking management and community action.

**The implementation of CLM required a variety of capacity-building strategies. The knowledge generated and the abilities created as a result of CLM enabled communities to gather and use reliable data to address the service-related issues that concern them.**

**During the pilot phase, the project generated 600+ scorecards with insights from 275 community champions (representatives from the communities) across three states - Delhi, Maharashtra, and Telangana.**

**The adoption of this low-threshold facility-level strategy by the National AIDS and STD Control Program has resulted in increased footfall, improved health-seeking behavior, and enhanced treatment adherence among key population groups.**

CLM assisted in ensuring that action was taken by establishing short feedback loops with service providers, program managers, and other decision-makers. Greater autonomy allowed local authorities to take the initiative in introducing service provider reforms without outside approval.

By adopting the principles of responsibility, accountability, and cooperative problem-solving, CLM contributed to a multisectoral approach to improvement in service quality.



A community champion trained by the USAID-supported CLM project collects feedback from a community member. Photo: Swasti





# Improving Access to HIV/AIDS Services for Key Populations Affected by HIV



HIV infection rates among the key populations—primarily female sex workers, men who have sex with men, transgender people, and people who inject drugs—are disproportionately high due to suboptimal access to prevention services. Stigma and discrimination exhibited by HIV facilities and health care service providers further discourages them from visiting these facilities to access services.

## USAID's Approach

USAID's ACCELERATE project, implemented by the Johns Hopkins University School of Medicine, provides technical assistance to national, state, and district HIV/AIDS programs to help them provide comprehensive HIV prevention and treatment services to key population groups and to people living with HIV. The program supports novel SBCC approaches to reach target populations who are the most disengaged from the services available due to the prevailing stigma and discrimination around HIV.

ACCELERATE launched a web-based platform called Safe Zindagi to offer online information and services for HIV and sexually transmitted infections (STI) testing, prevention, treatment, and retention in care through India's public and private sectors. Safe Zindagi has a team of trained counselors to support users remotely and to offer counseling, facilitate service uptake from Safe Zindagi (testing/treatment), and arrange linkage to doctors and health centers for a continuum of care.

Safe Zindagi has implemented promotional campaigns through organic and inorganic channels, such as dating and social media platforms, including Instagram and Facebook, some of which were endorsed and promoted by social media influencers. Google Display Network was the most used platform for promotions. Various communication materials in English and other regional languages were developed in coordination with community leaders and social media influencers. This increased their appeal among the target demographic groups and promoted positive actions such as patients and clients accessing

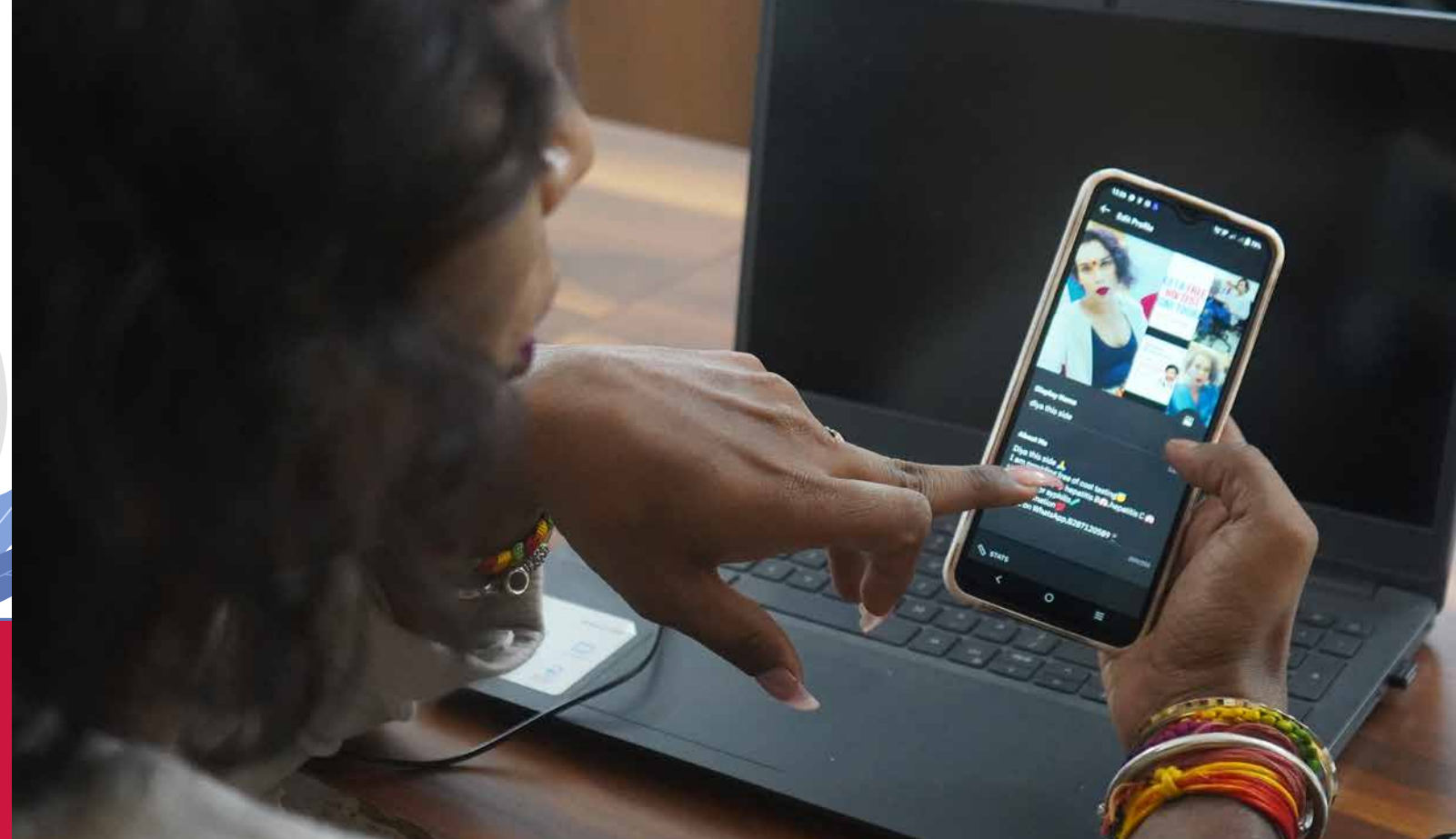
**Currently, Safe Zindagi is active in more than 50 cities across India and provides services like HIV testing through physical sites, HIV self-testing, pre-exposure prophylaxis, linkage and adherence on treatment and STI testing and management, in addition to counseling and mental health support.**

**From October 2019 to March 2023, 21, 429 clients either booked an appointment or ordered self-testing kits. Of these, 16,741 users completed HIV screening through the Safe Zindagi platform.**

services in larger numbers. The platform connected the offline and online worlds for more efficient outreach and service delivery, especially for users who do not require services from physical locations. It also linked users to physical sites for service delivery, such as the Mitr Clinic (mitr meaning friend), the first transgender community-led comprehensive service delivery clinic that caters to the needs of the transgender community.

The Safe Zindagi platform innovates and expands virtual interventions that provide access to information about comprehensive HIV prevention and care services. Collaboration with websites and digital platforms serving online hidden populations enhances outreach to hitherto unreached populations and provides prevention, testing, and treatment services through a virtual service delivery web-platform.

**The virtual service delivery showcases a high case-finding approach – actively seeking out and identifying individuals who may be at risk of HIV – and promises to reach the at-risk, young, and hidden population (which is 20 times more than the national average). The model increases the ability of community members to create and use various online and offline materials for demand generation and communication about the program's comprehensive HIV prevention and care services.**



USAID supports the training of Sexual Health Managers who create profiles on dating applications and address client concerns and provide requisite information regarding HIV testing and other prevention services.

Photo: ACCELERATE





# Promoting Self-verified Adherence to HIV Treatment



Nearly 30 percent of people living with HIV (PLHIV) who are newly initiated into antiretroviral therapy (ART) tend to be lost to follow-up within the first three months of initiation due to various adherence-related issues. Tools that leverage technology could improve adherence in PLHIV and facilitate easy monitoring from and by ART centers.

## USAID's Approach

USAID's ACCELERATE project, implemented by Johns Hopkins University, provides technical assistance to national, state, and district HIV/AIDS programs to provide comprehensive HIV prevention and treatment services to key populations, including female sex workers, men who have sex with men, transgender people, and people who inject drugs. The project supports novel SBCC approaches to reach the target populations who are most disengaged or distant from the available services. ACCELERATE uses a self-verified adherence (SVA) system to allow patients to communicate information about the consumption of their daily doses by giving a missed call on a toll-free number so that the ART center staff can intervene, prioritize, and counsel them as needed.

ACCELERATE has supported the integration of the SVA system with the National AIDS Control Organization's (NACO's) 1097 helpline for reducing the counseling load on ART centers and outreach workers. The SVA system is also being implemented across 49 ART centers in 17 states.

**Between July 2021 and September 2022, 7,044 new PLHIV enrolled for SVA, with 86 percent of them reporting average digital and manual adherence. Of these, 95 percent achieved viral suppression, indicating that their viral load was effectively controlled to very low levels.**

**Self-verified adherence is an information communication technology (ICT)-based intervention that supports newly enrolled ART patients to boost their daily adherence by giving a missed call to a phone number and enabling the ART center staff to help the patients virtually through a digital dashboard.**



A sexual health manager, trained by USAID-supported ACCELERATE, demonstrates the usage of HIV self-testing kit. Photo: ACCELERATE



A client receives pre-exposure prophylaxis (PrEP) medication from a medical officer at the USAID-supported Mitri Clinic in Pune. Photo: ACCELERATE





## Community-Centric Approaches for TB Patients

- i. Developing Community-centric Solutions for TB Care among Vulnerable Populations
- ii. Enhancing Access to and Demand for Quality TB Care Services
- iii. Integrating Behavioral Design into Intervention Frameworks for TB Care



# Developing Community-centric Solutions for TB Care among Vulnerable Populations



Behavioral factors and structural barriers undermine the retention of TB patients from vulnerable populations—marginalized urban groups, tribal groups, migrant populations, miners, industrial workers, and tea garden workers—at every stage of the TB care cascade.

## USAID's Approach

USAID's Breaking the Barriers (BTB) project, implemented by the Karnataka Health Promotion Trust (KHPT), conducted a preliminary behavioral study guided by the project's core objectives of developing behavior change solutions rooted and founded in the unique sociocultural contexts of the different vulnerable population groups. Based on the study findings, the BTB project developed 32 behavior change solutions, of which nine have been tested.

1. **TB Starter Kit** addresses the barriers of ambiguity and confusion about TB treatment protocols.
2. **Phone-a-Friend Helpline** is a telephonic call system for on-demand counseling and consulting, tackling emotional, social, and medical issues.
3. **TB Buddy** is a caregiver, a community member, or a TB Champion who provides holistic support to people with TB during each stage of treatment.
4. **TB Jaanch Coupon** encourages people with symptoms to take advantage of the free testing services they are eligible for.
5. **Health Auto** offers free, on-demand pick-up and drop-off service to health care facilities for people with symptoms and for people undergoing treatment.
6. **TB Mukh Certificate** is a physical certificate issued by the health facility to individuals who have completed TB treatment, thereby creating a sense of accomplishment and providing documented proof of completion of treatment.

**The behavioral study, undertaken by the BTB project, focused on three key elements of behavior change: motivation, ability, and triggers. It provided insights into the behavioral context for each segment of the six vulnerable population groups and addressed the barriers.**

**These behavior change solutions have enabled the BTB project to transition from a purely biomedical approach to tuberculosis (TB) to a more comprehensive social perspective.**

7. **TB Soochna** is a set of TB jingles played at public places to raise awareness of TB and to encourage appropriate behaviors among a broad audience.
8. **Sharing Circles** are spaces for frontline health care workers for exchanging experiences and sharing knowledge.
9. **TB Champions** acting as health workers is part of an effort to leverage the lived experience of TB survivors, caregivers, and TB Champions to build empathy and trust in the TB treatment.

By scaling these interventions, the project aims to tackle the structural barriers to desired health-seeking behaviors among the specific vulnerable population groups with which the project closely engages. For instance, the four BTB intervention states have already scaled up the approaches used by TB Champions. Overall, the efforts made by the BTB project have increased case notifications and successful treatment outcomes for TB patients.



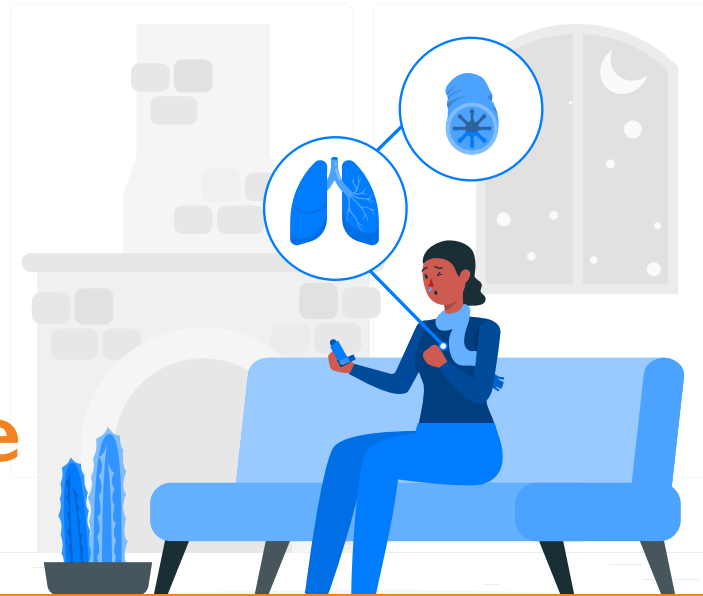
A USAID-supported TB buddy assists people with TB in managing both medical and non-medical challenges within and outside their homes, including emotional support while ensuring confidentiality regarding TB.  
Photo: KHPT



The TB Mukh Certificate marks the completion of TB treatment, providing survivors with a sense of accomplishment and official documentation.  
Photo: KHPT



# Enhancing Access to and Demand for Quality TB Care Services



TB as a chronic health issue requires consistent care and monitoring over an extended period. This journey can be a challenging one, marked by physical discomfort, fear, stigma, and logistical hurdles. To improve the experience of a person with TB along the care continuum, achieving behavioral changes at the provider level is as critical as bringing about similar changes in the community.

## USAID's Approach

USAID's ALLIES project, implemented by REACH, aims to eradicate TB by harnessing community action and fostering a culture of accountability. At the heart of the project is the Community Accountability Framework (CAF), which employs a community-led and community-owned monitoring mechanism employing a solution-based approach. The project trains and engages TB survivors as TB Champions to educate their communities, to address stigma and discrimination, and to improve TB care outcomes. The goal is to inculcate behavioral changes at the provider level to facilitate the timely provision of quality care and services, to encourage a positive attitude on the part of service providers, and to generate increased demand and expanded access to health services.

**The CAF model follows a three-step “Identify–Ideate–Implement” approach. Trained TB Champions implement the model, boosting the accountability, coverage, and efficacy of the TB program. They also identify gaps in TB care using a structured tool, ideate potential solutions at the health system and community levels, and collaboratively implement these solutions through individual actions and through the strengthening of health systems.**

**The TB Champions participating in the project undergo a multi-step training process so that they can work effectively in their communities and navigate their way through the health care systems.**



TB Champion Poongodi from Vellore, Tamil Nadu, visiting the home of a person with TB to administer the CAF tool. Photo: REACH

**One distinctive feature of CAF is that it involves local communities in assessing the level of medical care and other services provided by the health systems in their areas. This monitoring approach empowers the community, turning them from passive recipients of care to active participants in improving the health care system.**

The CAF Quality Assessment Tool is used to assess the quality of care and services based on five essential factors: access, timeliness, information quality, the attitude of health care professionals, and the attitude of communities and families. The methodology includes numerous questions under each criterion to fully capture the experience of a person with TB along the care continuum.

The ALLIES project ensures that people with TB not only receive the best care at a reasonable cost but they demand it, leading to increased testing, diagnosis, treatment, and follow-ups. The health system has embraced openness and addressed difficulties related to the quality of and access to TB care and services. The collaboration between the health system, the TB Champions, and the community has brought about significant transformation in the system, through the development of a long-term prevention, treatment, and care system.



CAF-trained TB Champion Sandhya helping Sarita Tirkey, a person with TB, download the Aarogya Saathi mobile app and use it to check the status of Nikshay Poshan Yojana incentive, among other things. Photo: REACH



# Integrating Behavioral Design into Intervention Frameworks for TB Care



**Tuberculosis (TB) remains a significant public health challenge in India, with high incidence and mortality rates. Despite government-led initiatives, the existing clinical framework for TB care has not effectively addressed the behavioral aspects of the disease. Conventional approaches to behavioral change often fail to consider the individual experiences of and the daily challenges faced by the various stakeholders involved in TB treatment. This knowledge gap prompted the exploration of a new approach that goes beyond standardized interventions and seeks to understand the nuanced behaviors and complex interactions of stakeholders within the TB care ecosystem.**

## USAID's Approach

USAID-supported Closing the Gaps in the TB Care Cascade (CGC) project, implemented by World Health Partners (WHP), aims to integrate behavioral design into intervention frameworks by leveraging insights generated through patient photo narratives. The project has adopted the Arts Enterprise with a Social Purpose (AESOP) approach developed by the Design Lab, which combines design and public health principles. To gather comprehensive insights, several data collection methods were employed, including:

1. **Self-document Diary:** Patients were invited to take photographs showing how TB affected their health, happiness, and prosperity. These visual narratives provided a deeper understanding of their experiences and served as a basis for open-ended discussions.
2. **Field Observation:** Researchers directly observed the daily lives of individuals engaged in different stages of the TB care cascade. This method revealed contextual factors influencing behaviors that may not be evident in other settings.

**The AESOP approach emphasizes the importance of capturing the daily life experiences of stakeholders through photo narratives. By doing so, researchers can identify behavior patterns and gain insights that are likely to inform future intervention frameworks.**



*A photo narrative from a health worker highlighted how gender-related issues contribute to stigma and pose additional challenges in providing care. Care coordinators often rely on women's ability to travel and follow treatment protocols, which can be hindered by various factors. In this instance, the health worker had to inquire about a woman's identity by asking people in the neighborhood, eventually finding her through a different name by which she was known locally. Photo: World Health Partners*

**Insights gained from the AESOP framework indicated that the ability of care coordinators to deliver services effectively is often influenced by the safety and hygiene conditions of patients' homes.**

3. **User Observation:** Researchers extended their observations beyond the project boundaries to gain insights into people's activities and experiences in their broader environment.
4. **Semi-structured Interviews:** Specific information about certain conditions or situations was gathered through interviews, facilitating a deeper understanding of stakeholders' experiences.

The AESOP framework generated a wealth of insights by analyzing the collected data. For example, photo narratives prepared by care coordinators shed light on the challenges they face in their working environments, in patients' homes, and in patients' workplaces. Urban and rural settings presented different obstacles, such as patients who were physically dispersed over a large area and limited connectivity in rural areas, while urban areas exhibited a greater diversity in daily life patterns and livelihoods and higher housing densities.

**The prototypes developed through this approach will be tested and refined for implementation at scale to bridge gaps in the TB care cascade. The project will explore strategies to enable the safe and efficient delivery of care in different environments, including the use of digital mapping and planning tools. Additionally, the specific needs of care coordinators and patients in terms of the built environment and gender considerations will be addressed in more detail.**





## Offering Sexual and Reproductive Health Care Choices

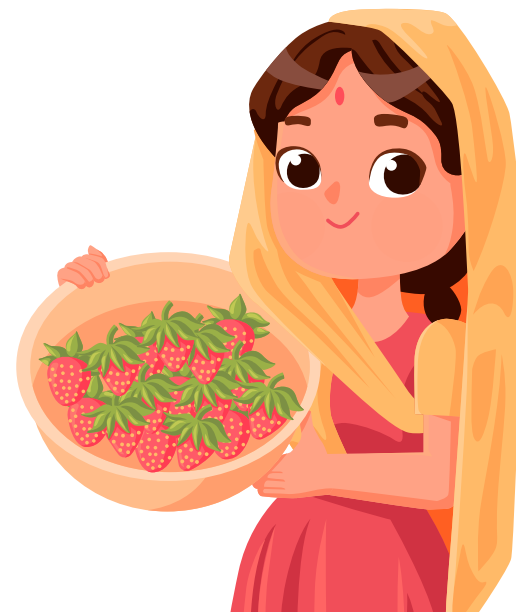
- i. Building Resilient Women Entrepreneurs
- ii. Enabling Young Couples to Make Informed Family Planning Decisions
- iii. Addressing the Low Uptake of Short-acting Methods of Contraception among Young Married Women





SEWA BHARAT

# Building Resilient Women Entrepreneurs



Women were more susceptible to COVID-19 infections due to disparities in access to health care, hygiene, sanitation, and nutrition. Women-owned small businesses and micro firms too faced significant income and financial losses due to the lockdown in India.



## USAID's Approach

USAID-supported Women's Global Development and Prosperity (W-GDP) Initiative, implemented by SEWA Bharat, aims to encourage women to actively participate in the economy, to improve their financial condition, and contribute to national growth and security.

The project deploys a comprehensive approach to social and behavior change communication (SBCC) through grassroots leaders called aagewans who play a critical role as entrepreneurial agents through a network of the SEWA Shakti Kendras (SSKs). The SSKs serve as centralized hubs for SEWA activities, providing information on government programs and social security benefits. The initiative supports community-specific developmental activities by operating within the SSKs, tailoring SBCC efforts to the local context for greater effectiveness and sustainability. As part of the W-GDP Initiative, USAID has provided support and reinforcement to 24 SSKs through infrastructural and technological upgrades.

SEWA's strategy of supporting collective social enterprises fosters leadership, enabling women to utilize the potential of collective bargaining.

The W-GDP Initiative closely coordinates with other programs to enhance health care and gender-based violence (GBV) assistance, mobilize financing, and facilitate market access for women micro entrepreneurs. It emphasizes the importance of improving access to credit and support services in health care and childcare, which is crucial for enhancing the productivity of women micro entrepreneurs. Additionally, priority is given to improving women's access to social security, health documents, and entitlements.

**The W-GDP Initiative assists women micro- and nano-entrepreneurs understand their rights and entitlements, and identify opportunities to diversify or extend their enterprises during and beyond COVID-19.**

SEWA collaborates with local leaders and volunteers to address persistent challenges, mobilize communities, and drive their efforts. Community leaders (aagewans) play a vital role in spreading awareness, collecting feedback, and providing support during community meetings. Photo: SEWA Bharat

**70,247 women entrepreneurs were trained under the Entrepreneurship Development Program and were provided with financial literacy.**

**To enhance the productivity of women entrepreneurs and enhance their working conditions, the initiative trained Aagewans to serve as barefoot peer-to-peer counselors in various states, equipping them with skills in health practices and schemes. Aagewans were also trained to establish alliances with local-level government administration, creating a favorable environment for women's businesses through shared program learning.**



A community mobilizer provides doorstep banking services to enhance digital and financial literacy among women in the community and micro entrepreneurs. Photo: SEWA Bharat



# Enabling Young Couples to Make Informed Family Planning Decisions



The usage rate of modern contraceptives among married women in Meghalaya is significantly low, standing at only 23 percent.<sup>3</sup> Creating safe spaces for conversations around sexual and reproductive health and enabling couples to make informed family planning decisions are essential for better family health outcomes.

## USAID's Approach

USAID-supported NISHTHA, implemented by Jhpiego, developed five innovative solutions and tested them through Health and Wellness Centers (HWCs).

1. **Young Hearts:** The Young Hearts initiative established spaces for sharing visual-based narratives and having supportive conversations. These safe environments allow adolescent girls and boys to discuss important topics such as life choices, personal aspirations, sexual and reproductive health, and emotional well-being, and to tap into reliable channels of support and advice.
2. **“Lawei Baphyrnai” (a bright and hopeful future):** Lawei Baphyrnai is a life-planning tool that engages couples starting or expanding their families. The tool maps economic and life aspirations onto family size and age gaps between children, encouraging couples to think critically about family planning and to make more informed decisions.
3. **Contraceptive Depot:** To address people's fear of judgment when accessing contraceptives from family planning depots at HWCs, the project introduced the Contraceptive Depot. This initiative provides discreet access to contraceptives in the village, allowing beneficiaries to obtain products without judgment.
4. **Ensuring Optimum Supplies:** The project developed a tool for incremental family planning uptake and outreach planning. It empowers mid-level health providers and Auxiliary Nurse Midwives (ANMs) to work with ASHAs in planning tasks and arranging for supplies for increased uptake of commodities and services.
5. **Tailored Counseling Tool:** This tailored approach makes counseling more effective by providing the ASHAs and ANMs a pre-designed script to identify and respond effectively to diverse needs and make appropriate recommendations for family planning products.

The lessons learned from this intervention will be used as a basis for developing and putting into practise workable solutions to boost male involvement in family planning and to promote the use of related services.

<sup>1</sup> National Family Health Survey–5.



Young Hearts, a narrative-based intervention, provides a safe space for adolescent girls and boys to delve into topics such as life choices, personal aspirations, and goals. Photo: Jhpiego

**During the pilot phase, 137 participants from ten villages were engaged in 46 community engagement sessions, to develop five effective solutions for addressing systemwide and community-level barriers. These interventions were then scaled up from 15 to 50 HWCs across Meghalaya.**

**Family planning in Meghalaya is predominantly viewed through a religious and moral lens. However, using tools such as Young Hearts, Lawei Baphyrnai, and the Contraceptive Depot, NISHTHA has successfully linked family planning to other relevant themes (such as family health, financial security, and social aspirations) to foster its acceptance as a beneficial health and financial well-being practice.**



Adolescent boys participate in the “Lawei Baphyrnai” game, designed to engage individuals and couples in making informed family planning decisions, at a Health and Wellness Center in Meghalaya. Photo: Jhpiego



# Addressing the Low Uptake of Short-acting Methods of Contraception among Young Married Women



The use of short-acting methods of contraception, particularly the oral contraceptive pill (OCP), is low among younger married women in India. Negative perceptions, fueled by myths about and fears of side effects, drive this hesitancy, leading to the low adoption of the OCP as a modern family planning method.

## USAID's Approach

USAID's SHOPS Plus project, implemented by Abt Associates, conducted formative research to understand current practices and to identify gaps in the use of short-acting methods of contraception by young couples. The research highlighted sociocultural barriers and the dynamics of spousal communication as the main challenges. The project addressed these challenges through a 360-degree communication strategy based on the Awareness, Interest, Desire, and Action (AIDA) model to develop coordinated messaging for mass media, interpersonal communication, and digital media.

**The SBCC campaigns, in partnership with the Ministry of Health and Family Welfare, positioned the OCP as a contraceptive of choice for aspirational couples. The 360-degree communication plan further included three television commercials, three radio spots, six on-ground activations, workplace interventions, a helpline, a chatbot, and social media campaigns.**

The SHOPS Plus project's SBCC campaigns in India made conversations on family planning aspirational among couples. They encouraged women to take control of their reproductive health and look beyond the culture of misinformation surrounding OCP usage. The project's efforts not only successfully dispelled negative perceptions about the use of short-acting contraceptive methods among young married women but also increased the uptake of the OCP.

**These campaigns reached 43 million people through TV commercials alone and resulted in a 124 percent increase in OCP sales across eight states.**



USAID-supported SHOPS Plus project partnered with Ministry of Health and Family Welfare, Government of India, to bring out a campaign "Hai goli mein vishwaas" (We trust the pill) positioning OCP as a contraceptive of choice for aspirational couples. Photo: Abt Associates





## NOTES





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