Question 3: *What types of social and behavioral (SBC) changes or outcomes are commonly sought within health system strengthening projects or interventions? How are SBC methods useful in creating behavior or norm change among government, private sector, and community health system actors? What are lessons learned regarding explicitly incorporating SBC approaches within HSS programs?*

Engaging Young Couples to make Informed Family Planning Decisions

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Context

The Government of India launched the Ayushman Bharat Health and Wellness Centres initiative with an aim to provide comprehensive, quality, equitable primary healthcare closer to communities. Family planning is one of the key services that is provided at these Health and Wellness Centres. USAID's flagship health system strengthening project NISHTHA is working closely with government of India and in 12 states to strengthen the delivery of comprehensive primary healthcare.
Meghalaya, one of NISHTHA's intervention states which is located in the north eastern part of India is characterized by tough terrains and a majority of tribal population. Meghalaya faces the issue of the low adoption of FP products and services in Meghalaya. This can be attributed to various factors, including a strong religious pro-life orientation and tribal sentiment favoring larger families. Additionally, there are widespread misconceptions, negative perceptions, and biases against FP and the use of contraceptives among both the community and service delivery stakeholders.
The health system faces challenges in addressing FP needs due to the prevailing cultural and religious beliefs, as well as limited awareness and understanding of the importance and benefits of FP. The biases against contraceptives and the lack of support for FP services further contribute to the problem. The behavioral challenges include the resistance and reluctance of individuals and communities to adopt FP methods, influenced by cultural and religious factors. The negative perceptions and misconceptions about FP methods and the biases held by service delivery stakeholders also hinder the uptake of FP services.
In view of this, NISHTHA conceptualized a learning lab to enable young couples to make informed choices on family planning. The intervention aims to bring about social and behavioral changes, including improving awareness and understanding of FP, dispelling misconceptions, promoting positive attitudes towards FP, and increasing the adoption of FP products and services. The desired outcomes include increased uptake of FP methods, improved contraceptive prevalence rate, and better health outcomes related to maternal and child health.
The social and behavior change approach is adopted through a human centred design model to address the deep-rooted cultural and religious beliefs, negative perceptions, and biases surrounding FP in Meghalaya. By engaging and co-creating with communities, dispelling misconceptions, and promoting positive attitudes, the approach aims to create a supportive environment for FP and enhance the uptake of FP services, ultimately improving health outcomes in the region.

27%	23%	9%	2.9
Unmet need for family planning, showing increasing trend (NHFS 5)	usage of modern contraceptive methods (low)	Adolescent fertility rate with high teenage pregnancy.	Second highest TFR in the country

Activity Description

The USAID-supported NISHTHA program, implemented by Jhpiego, employed several social and behavior change (SBC) methods to address challenges in family planning within Health and Wellness Centers (HWCs). The activity focused on engaging different actors within the health system, including adolescent girls and boys, couples, mid-level health providers, Auxiliary Nurse Midwives (ANMs), and Accredited Social Health Activists (ASHAs). The implementation of the activity involved the following steps:

- Young Hearts: This initiative established safe spaces for adolescent girls and boys to engage in discussions on important topics such as life choices, sexual and reproductive health, and emotional well-being. Visual-based narratives and supportive conversations were used to encourage informed decision-making and provide reliable support and advice.
- "Lawei Baphyrnai" (a bright and hopeful future): The program introduced a life-planning tool called Lawei Baphyrnai, which engaged couples in discussions about their economic and life aspirations in relation to family size and age gaps between children. This encouraged couples to think critically about family planning and make informed decisions.
- Contraceptive Depot: To address the fear of judgment when accessing contraceptives from family planning depots at HWCs, the Contraceptive Depot initiative was introduced. It provided discreet access to contraceptives within the community, ensuring beneficiaries could obtain products without feeling stigmatized.
- Ensuring Optimum Supplies: A tool was developed to facilitate incremental family planning uptake and outreach planning. This empowered mid-level health providers and ANMs to collaborate with ASHAs in planning tasks and ensuring the availability of necessary supplies, thereby enhancing service delivery and increasing the uptake of family planning commodities and services.
- Tailored Counseling Tool: ASHAs and ANMs were provided with a pre-designed script as part of a tailored counseling approach. This tool helped them effectively identify and respond to the diverse needs of individuals seeking family planning services, enabling them to make appropriate recommendations for contraceptive products.
- These SBC methods aimed to address behavioral challenges, improve access to family planning, enhance counseling quality, and optimize the availability of commodities. The activity expected to impact the health system and health outcomes through several causal pathways, including increased knowledge, empowered decision-making, reduced stigma, improved service delivery, and ultimately better family planning outcomes. By utilizing SBC approaches, the program aimed to bring about social and behavioral changes that would positively influence family planning practices and contribute to improved reproductive health outcomes.

NISHTHA with the support of Vihara is implementing the family planning learning lab across 50 HWCs in Ri Bhoi and West Khasi Hills districts in Meghalaya

Activity Impact

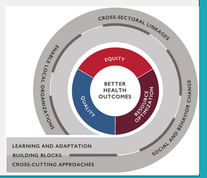
This activity had a significant impact on the behavior of health system actors by influencing their attitudes, knowledge, and practices related to family planning. The different components of the health system that were impacted by the activity include behavior of health system actors, service delivery, and information systems.

- Behavior of Health System Actors: The activity provided tailored counseling tools and training to ASHAs, ANMs, and mid-level health providers. This helped improve their communication skills, enabling them to identify diverse needs and provide appropriate recommendations for family planning products. The activity also empowered them to engage in collaborative planning with ASHAs, resulting in improved coordination and utilization of resources for family planning services.
- Service Delivery: The activity introduced innovative solutions such as the Contraceptive Depot and ensured optimum supplies through incremental family planning uptake and outreach planning. These interventions aimed to address barriers to access and reduce stigma associated with obtaining contraceptives. By enhancing the availability and accessibility of family planning services, the activity improved the quality and reach of service delivery.
- Information Systems: The activity developed tools like the Lawei Baphyrnai life-planning tool, which facilitated discussions between couples about family planning decisions based on their economic and life aspirations. This component improved the availability of information and empowered individuals to make informed choices regarding family planning.

The integration of these components within the health system had a positive impact on equity, quality, and resource optimization:

- Equity: The activity aimed to reduce barriers and stigma surrounding family planning, promoting equitable access to services to the tribal population residing in these two districts. . The Contraceptive Depot and tailored counseling approach helped address the specific needs of different individuals, ensuring that family planning services were more inclusive and responsive to diverse populations.
- Quality: By providing training and tools for effective counseling, the activity improved the quality of family planning services. It enabled health system actors to deliver accurate information, address misconceptions, and offer appropriate recommendations, resulting in improved client satisfaction and adherence to family planning methods.
- Resource Optimization: The activity's focus on incremental family planning uptake and outreach planning supported efficient resource allocation. It empowered mid-level health providers and ASHAs to collaborate and plan for the availability of commodities and services, optimizing the use of available resources.

These improvements in equity, quality, and resource optimization ultimately contributed to better health outcomes by increasing the uptake of family planning services, reducing unintended pregnancies, and promoting reproductive health.



Evidence

The life planning game: This innovative solution has successfully addressed the challenge of engaging male beneficiaries in discussions about family planning. By providing a neutral space for discussion, it has effectively encouraged male involvement in family planning decisions.

Condom boxes: This intervention has proven to be effective in improving access to condoms while ensuring beneficiary anonymity. By removing barriers to access, it has facilitated increased utilization of condoms as a contraceptive method.

Chayya stickers: The deployment of Chayya stickers in selected Health and Wellness Centers (HWCs) has led to improved uptake of Chhaya oral contraceptive pills (OCPs). The stickers, indicating the day on which the pill should be taken, have enhanced adherence to the prescribed schedule, resulting in better contraceptive efficacy.

During the pilot phase of the project, a total of 137 participants from ten villages participated in 46 community engagement sessions. These sessions were instrumental in developing the five effective solutions that addressed both system-wide and community-level barriers to family planning. Building on the success of the pilot, these interventions were subsequently scaled up from 15 to 50 HWCs across Meghalaya. An endline assesmnet will be conducted at the end of the project intervention to understand the impact.

16 villages successfully mobilised for installation of CC depot within 1 month of scale up

193 packs (p65 pieces) of CC have been distributed through CC depots since deployment.

Facilitators

The success of this initiative can be attributed to several aspects of the health system, context, and external partner support. These include:

- Existing working groups and coordination mechanisms: The presence of established working groups and coordination mechanisms within the health system facilitated efficient collaboration and coordination among stakeholders involved in the activity. These platforms allowed for effective information sharing, decision-making, and implementation of the interventions.
- Engagement with government stakeholders: The involvement of government stakeholders at various levels, including the Health and Wellness Centers (HWCs), played a crucial role in the success of the activity. Collaborating with government entities ensured contextual relevance, alignment with national strategies, and sustainable integration of the interventions within the existing health system.
- Tailoring interventions to the local context: Recognizing the unique context of Meghalaya, including the religious pro-life orientation and tribal sentiments, the interventions were carefully designed and adapted to address the specific challenges and cultural factors influencing family planning practices in the region. This contextualization ensured greater acceptability and relevance of the interventions among the target population.
- Community engagement and participation: Engaging the community and involving them in the design, development, and implementation of the interventions fostered a sense of ownership and empowerment. By actively involving community members, including women, men, and adolescents, the interventions were better able to address their specific needs, beliefs, and preferences, leading to increased acceptability and effectiveness.
- Overall, the combination of effective coordination mechanisms, engagement with government stakeholders, partnerships with external organizations, contextualized interventions, and community participation played vital roles in the success of the activity. These factors created an enabling environment and provided the necessary support and resources to implement and sustain the interventions effectively

Challenges

- Biases among stakeholders due to socio-cultural beliefs: The presence of deep-seated socio-cultural beliefs created biases among stakeholders, affecting their acceptance and engagement in family planning initiatives. Overcoming these biases required targeted awareness campaigns, sensitization programs, and dialogue sessions to challenge misconceptions and foster a supportive environment.
- Irregularity and variability in supply processes: Inadequate and inconsistent supply processes at both the Health and Wellness Centers (HWCs) and systemic levels resulted in shortages of family planning commodities. This challenge required strengthening the supply chain management system, ensuring timely and regular availability of commodities, and improving coordination among stakeholders involved in the procurement and distribution processes.
- Low engagement of men in family planning: Men's limited involvement and engagement in family planning initiatives posed a challenge. Overcoming this required tailored strategies to encourage men's participation, such as targeted communication campaigns, community dialogues, and sensitization programs specifically designed to address men's concerns and encourage their active participation in family planning decision-making.
- Hesitance among beneficiaries to access family planning commodities: Beneficiaries exhibited hesitance and reluctance in accessing family planning commodities due to various reasons, including cultural norms, privacy concerns, and fear of judgment. Addressing this challenge involved implementing approaches to ensure confidentiality, promoting awareness about the importance of family planning, and creating safe and non-judgmental spaces for beneficiaries to access and discuss family planning options.
- Reluctance of village headmen to install contraceptive depots: Some village headmen expressed extreme reluctance in installing contraceptive depots in their villages due to religious and cultural sentiments. Overcoming this challenge required engaging in dialogue with village leaders, addressing their concerns, and highlighting the benefits of making contraceptives available to all segments of the population, including adolescents, to ensure informed decision-making.

Lessons Learned

- Importance of localisation: Recognizing the importance of local context and tailoring interventions to the specific needs and cultural nuances of the target population. Localisation involves involving community members in the decision-making process, understanding their perspectives, and incorporating their feedback into program design and implementation.
- Human-centered design approach: Incorporating a human-centered design approach to program development and implementation can enhance the effectiveness and acceptability of interventions. This approach involves actively involving the end-users (beneficiaries, healthcare providers, community members) in the design process, gathering their insights and feedback, and iteratively refining the interventions based on their needs and preferences.
- Strengthening community engagement: Recognizing the pivotal role of communities in driving behavior change and sustainable outcomes. Engaging communities through participatory approaches, community mobilization, and social networks can foster a sense of ownership, increase acceptability of interventions, and promote sustained behavior change.

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