

A woman in a red sari is looking down at a colorful health education box. The box features illustrations of people and text in Hindi. She is holding the box with both hands, and another similar box is visible in the foreground. The background is slightly blurred, showing an outdoor setting with other people.

Entertainment, education, engagement for health

Creating deep client engagement through interpersonal communication

Mass media messages for health compete with a deluge of social marketing and advertising messages that bombard people every day. An effective social and behavior change (SBC) communication strategy must recognize that mass media alone is inadequate to address the most critical barriers to behavior change. People are more likely to adopt a new behavior when mass media messages are complemented by interpersonal communication (IPC), which engages people, provides messages tailored to their context and needs, addresses doubts, and gives people an opportunity to engage with health products and information at a personal level. The Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project, USAID's flagship initiative in private sector health, responded to this imperative by designing an integrated SBC communication approach that strategically used different communication channels to improve the demand for reproductive and child health products and services among the urban poor in India.

SHOPS Plus developed 22 distinct IPC activities (known in India as on-ground activations) to add detail to and contextualize the project's mass media and social media campaigns on contraceptive use and diarrhea management. Our IPC took the campaign messages — on family planning, safe sex, and combined use of oral rehydration salts (ORS) and zinc for diarrhea in children under-five — to neighborhoods, marketplaces, colleges and youth hangouts, pharmacies, and health care providers' clinics. We identified the most effective and scalable activities by testing them among a target group of 300,000 people. This brief includes insights and recommendations from the IPC activities conducted by the SHOPS Plus program in India.



IPC: A CRITICAL PIECE OF OUR INTEGRATED SBC CAMPAIGNS

SHOPS Plus adopted a multichannel SBC strategy using mass media, IPC, digital media, a helpline, and a chatbot to create a “surround sound” effect and increase awareness about, and action for, improved family planning and diarrhea management. Our 360-degree approach used each communication channel in an integrated manner to build on the other channel(s) and bring the audience closer to desired behavior change. We based our strategy on advertising’s proven AIDA (an acronym for awareness, interest, desire, and action) model to identify the cognitive stages an individual goes through during the process of making a purchasing decision. We used this understanding to deepen engagement with our audiences.

Our SBC began by using mass and digital media to create awareness and interest about family planning and child health products and services. IPC activities built on this enhanced awareness by reaching target populations in their own settings and involving them in memorable experiences related to the recommended products and services. We took the products to potential consumers, induced trial, answered queries, and clarified any doubts about the product(s) and its benefits, thereby encouraging the movement of consumers through the AIDA stages. This approach has the potential to increase consumers’ interest and desire to adopt the product, changing their mindset from “I like it” to “I want it” and to ultimately using the product.

WHAT WE DID

1. Built a body of evidence

SHOPS Plus began with research to understand the existing context around use. We conducted desk research on diarrhea management practices and identified poor awareness about ORS plus zinc as the first line of treatment for diarrhea. We probed contraceptive use through desk and formative research. Our research examined oral contraceptive pill (OCP) use among young married couples (18 to 29-year-olds) in urban areas, where OCP use has declined over time despite the method’s relevance to the spacing needs of young couples. The poor uptake, our research showed, resulted from myths and misconceptions about OCPs, fear of side effects, and limited appeal of OCPs among modern methods. Similarly, our formative research with unmarried youth (15 to 24-year-olds) identified barriers to safe sex: few conversations on sexual and reproductive health (SRH) due to pre-marital sex being taboo, myths and misconceptions, and negative perceptions about condoms. These insights informed the design of each component of our SBC strategy, including IPC.

2. Designed IPC activities based on research

We designed 22 IPC activities based on the evidence from our research. Insights on cognitive and behavioral barriers fed into exhaustive brainstorming and creative sessions, where communication and subject matter experts and representatives from target populations discussed innovative activities to tackle the identified barriers. We developed IPC activities for three thematic areas: uptake of short-term contraceptives, such as OCPs, by young married couples (18 to 29-year-olds); safe sex practices by unmarried youth (15 to 24-year-olds); and combined use of ORS and zinc for diarrhea in children younger than five.

3. Tested IPC activities at various locations

We tested each of our curated 22 IPC activities at multiple locations in 10 cities across six project states, namely, Assam, Chhattisgarh, Delhi NCR, Jharkhand, Odisha, and Uttarakhand. Local stakeholders, such as NGOs, educational institutions, and influencers such as

pharmacists, provided us with volunteers for IPC implementations. We developed and used standard operating procedures (SoPs) to ensure consistent implementation. Each staff and volunteer involved in an IPC was oriented to the SoPs, the key messages they would deliver, the issues they would likely handle, use of IEC tools, and the reporting formats to be used. We also conducted mock sessions to provide hands-on practice in realistic scenarios. The IPC activities were implemented in tandem with SHOPS Plus’ mass media and social media campaigns on OCP use and diarrhea management.

Our IPC activities were tailored to locations where the target populations usually congregate, such as markets, shops, and beauty parlors. We created a buzz around each IPC activity to draw target populations. Fun activities and interactive infotainment tools engaged them in conversations around better health practices. The experiential activations prompted people to think about a health issue, talk about it, and show intent to act upon what they have learned. We also linked the activities with our toll-free counseling helpline to provide young couples an avenue to get their queries answered in complete privacy and at a time and place of their choice.

4. Evaluated to select promising IPC activities

We rated our IPC activities on nine metrics to know which were most effective and had the greatest potential for scale-up. The nine metrics were: reach among target populations, cost per touch point, ease of replication, scalability, resource intensiveness, engagement pull of the concept, perceived impact/target group’s interest, dependence on partners for implementation, and availability of partners in the field for scale-up. The nine metrics were weighted equally, and aggregated scores became the basis for selecting the most successful activities for scale-up. Based on scores, nine IPC activities were selected as the most impactful and viable and were scaled up in 10 cities. The scaled implementations were carried out as dry runs before transferring the activities to interested NGOs and private sector partners for future scale-up.

DIARRHEA MANAGEMENT

1. Comedy ki shaam
2. Jodi Premier League
3. Kiska baby
4. Mummy ke superhero
5. Knock knock kaun hai
6. Kuch kuch dekha hai
7. I-Shapath
8. Khel khel mein
9. Direct contact program
10. Log jaankaar, mohalla shaandaar

Exciting games, fun activities, and commitment pledges drove home the need for better diarrhea management among both caregivers and service providers.



Bindaas Binita: Young women visiting beauty parlors hear “cool Binita’s entertaining message on family planning.”

FAMILY PLANNING

11. Apka Apna Big-Boss Lounge
12. World War 3
13. Bindaas Binita
14. Virtual reality game
15. Goli hai zordar, plan karey parivar
16. Swasthya aur saundarya chale saath saath

At neighborhoods, beauty parlors, and marketplaces, engaging IPCs on family planning became conversation starters among women.



Khel khel mein: Caregivers ride a virtual rollercoaster to learn about the use of ORS and zinc for child diarrhea.



SAFE SEX

17. Fix the risk
18. Bestie
19. No condom, No yes
20. Hotness quotient
21. Gymnasium activity
22. College activity with youth clubs

College campuses and youth hangouts turned into hotspots for conversations on safe sex.



World War 3: Passersby in a busy marketplace get drawn by a couple, both actors, loudly arguing about and then agreeing on their family planning choices.



Bestie: College goes participate in games and quizzes on safe sex to win an outing with their best friend.

344,439
individuals across
10 cities were
reached by IPC
implementations.

WHAT WE LEARNED AND RECOMMEND

Our three messages to future implementers to make IPC effective and scalable

1. Scale more easily with technology-aided activities.

IPC activities that are aided by technology, such as audio messages and VR games, ensure active engagement and participation, especially by today's tech-savvy youth. For example, in the 'Bestie' IPC activity we conducted at college campuses, boys and girls kept playing the online quiz on SRH until they got all answers right. Technology can also help cut down on resource requirements, thus making the activity cost-effective and scalable. For example, the 'Bindaas Binita' activity was easy to conduct as it required just a few pairs of headphones to preload with messages and permission from beauty parlor owners to conduct the activities at their premises. The density of beauty parlors in residential areas and shopping centers makes the activity scalable, and the preloaded messages can be easily replicated.

2. Make smart location choices to ensure consumers get a lot of time to interact with and absorb key messages.

IPC is more cost-intensive than mass and digital media because it involves higher levels of engagement with smaller audience groups, often scattered widely across a geographical area. We designed our IPC activities to be sensitive to this and kept the cost of reaching each participant within US \$1. Our experience suggests that activities conducted at

places where participants had more time to interact with our products and absorb key messages were more successful in ensuring greater participation at a relatively low cost. For example, activities conducted in and around child health clinics and hospitals to promote combined use of ORS and zinc for diarrhea reached large numbers of people waiting with their children to consult a doctor.

3. Create meaningful engagement by identifying and leveraging key influencers.

The ultimate goal of our IPC activities is to move consumers through all four cognitive stages of behavioral change: from awareness to action. We found that endorsement from key influencers and change agents was key in moving consumers from awareness or interest in a product to desire and action. Trusted members of the community, such as pharmacists, increased the overall credibility of our messages and allowed the participants to ask questions and resolve lingering doubts, so consumers were reassured and felt confident in the product. Similarly, for IPC activities on safe sex, participation of teachers and college management not only encouraged enthusiastic participation from students but also helped 'normalize' a taboo subject.

WHAT'S NEXT

Scale-up of successful IPC activities is a key goal of the project. We are encouraging companies, government departments, and NGOs to adopt the IPC ideas to strengthen their programmatic efforts, schemes, and marketing initiatives. SHOPS Plus is engaging with state-level health department officials in India to encourage adoption of the IPC activities and tools, such as the games we have developed. We are also building the capacity of local NGOs to implement our IPC activities to bolster their priorities and objectives.

Many NGOs have shown interest in adopting SHOPS Plus IPC activities and tools.

"VR games, Bindaas Binita audio, and other games will help our field teams in disseminating the correct messages in an interesting way."

- Subhendra Jha, Citizens Foundation, Jharkhand

"We used the Doorie game and the Bindaas Binita audio for a NABARD [National Bank for Agriculture and Rural Development] project for self-help groups. These tools helped us immediately bond with masses."

- Abhishek Ranjan, Aide Society, Chhattisgarh

"SBC is all about effective and engaging interpersonal communication with target audiences. Knock knock and Log Jaankar Mohalla Shandaar IPC activities can help recall messages for a long time. We will adopt these for our Vishwas project for pneumonia."

- Shweta Singh, Save the Children, Delhi

"Our field team will be equipped with the highly interactive and engaging Doorie game to motivate our target group, migrants settled in and around Delhi's slums, to adopt family planning methods and dispel any misconceptions."

- Nand Lal, Chief Functionary, ADHAR, Delhi

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