

# Go Nisha Go: Meaningful engagement of young people through digital tools in India

October 25, 2023



## Nihal Said, IPPF, Moderator

Nihal Said is currently the senior technical advisor for research and partnerships at IPPF and has worked extensively on adolescent and youth SRHR and on the use of communications and community mobilization for social change for women and gender issues. Said's expertise spans across humanitarian and development program planning, design, implementation, monitoring and evaluation in areas of global health with UN and CSOs. Nihal is keen on local capacity strengthening, engagement of population of concern and using implementation and participatory research in an attempt to shift power. Nihal is a member of the HIPs Co-sponsor Group.



# Today's Agenda

- Welcome and HIPs Overview Nihal Said, IPPF
- High Impact Practices: Digital Health and ARCS Kavita Ayyagari, HDI
- Go Nisha Go Overview Namita Mohandas, HDI
- Outcome Evaluation Findings Aparna Raj, HDI
- Questions & Answers Nihal Said, IPPF
- Closing Nihal Said, IPPF



# Before we Begin



Webinar will be recorded



Submit your questions anytime



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[fphighimpactpractices.org](http://fphighimpactpractices.org)



Download the handouts



## New Resource from IPPF

<https://ippf.org/resource/imap-statement-srh-services-very-young-adolescents>

September 2023



### IMAP Statement on sexual and reproductive health services for very young adolescents

1. Presenting the SRHR needs of Very Young Adolescents (10-14 years)
2. Explaining the barriers VYAs face when accessing SRH services
3. Explores factors and interventions that can help facilitate pathways to rights-based services to this group
4. Provides recommendations to IPPF Member Associations and partners to address those barriers and enable youth and adolescent-responsive services



## What are the High Impact Practices (HIPs)?



Evidence-based  
family planning  
practices



Vetted by experts  
against specific  
criteria



Documented in  
an easy-to-use  
format

**HIP** | FAMILY  
PLANNING  
HIGH IMPACT  
PRACTICES

ibpnetwork

# HIP Categories

HIP briefs are grouped into three primary categories:

Enabling Environment	Service Delivery	Social and Behavioral Change
Address systemic barriers that affect an individual's ability to access family planning information & services.	Improve the availability, accessibility, acceptability, and quality of family planning services.	Influence knowledge, beliefs, behaviors, and social norms associated with family planning.
<b>Enhancements</b>		
Approaches used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach.		



Service Delivery	Enabling Environment	Social and Behavior Change	HIP Enhancement	<h2>HIP Briefs</h2> <p>HIP briefs define the <i>practice</i> and summarize evidence of <i>impact</i> and experiential learning from implementing.</p>
<ul style="list-style-type: none"> <li>Community Health Workers</li> <li>Family Planning &amp; Immunization Integration</li> <li>Immediate Postpartum Family Planning</li> <li>Mobile Outreach Services</li> <li>Pharmacies &amp; Drug Shops</li> <li>Postabortion Family Planning</li> <li>Social Franchising</li> <li>Social Marketing</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Policy Processes</li> <li>Domestic Public Financing</li> <li>Educating Girls</li> <li>Galvanizing Commitment</li> <li>Leading &amp; Managing Social Accountability</li> <li>Supply Chain Management</li> </ul>	<ul style="list-style-type: none"> <li>Community Group Engagement</li> <li>Couples' Communication</li> <li>Digital Health for Social and Behavior Change</li> <li>Knowledge, Beliefs, Attitudes, and Self-efficacy</li> <li>Mass Media</li> <li>Social Norms</li> </ul>	<ul style="list-style-type: none"> <li>Adolescent-Responsive Contraceptive Services</li> <li>Digital Health to Support Family Planning Providers</li> <li>Digital Health for Systems</li> <li>Family Planning Vouchers</li> </ul>	



## Today's Panelists



**Kavita Ayyagari**



**Namita Mohandas**



**Aparna Raj**

**Howard-Delafield International**



## Kavita Ayyagari - HDI

With 20 years of experience in the fields of Advocacy, Communications, and Social Impact, Kavita Ayyagari is Country Director of Howard Delafield International and the India Team Lead for the Game of Choice, Not Chance initiative funded by USAID. She has led innovative private-sector partnership projects on Adolescent Health and Family Planning. She has worked with the International Union Against TB and Lung Disease on increasing political will and resources for TB, and Save the Children on New Born Child Survival. She has a Masters in Economics, is a Post Graduate in Mass Communications, and is currently pursuing a PhD at Jawaharlal Nehru University in the Department of Community Health & Social Medicine.



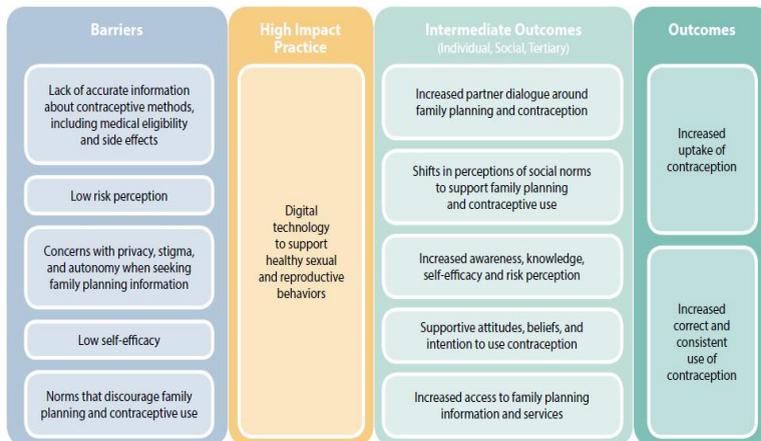
# HIP

FAMILY  
PLANNING  
HIGH IMPACT  
PRACTICES

## Digital Health for SBC

Applying a systems approach to make existing contraceptive services *adolescent-responsive*.

## Theory of Change



## What challenges can this HIP help address?

- Digital technologies for clients contribute to **improving sexual and reproductive health knowledge; influencing attitudes, beliefs, and expectations; and increasing self-efficacy** in support of healthy reproductive behaviors.
- Digital technologies for clients may contribute to **shifting norms** and increasing social support for healthy reproductive behaviors.
- Digital technologies may **offer more options to reach** young people.

## Implementation Tips

Weigh the desire to reach end-users, including those most economically marginalized, against budget requirements for implementing digital health applications over the long term.

- For programs focused on reaching the most vulnerable populations, it is likely that content will need to **remain free or heavily subsidized for the user**, and thus other innovative financial models must continue to be explored.

## Translating HIP into action

We identified the barriers to accessing SRH

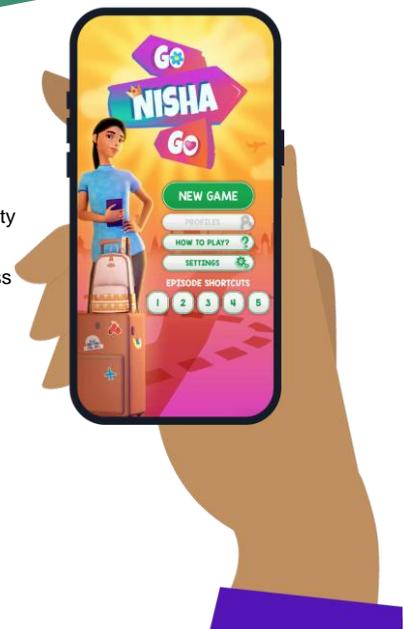
1. Girls **lacked correct knowledge** of critical areas in SRH – menstruation, consent, contraception
2. Girls **faced physical and mental barriers to access** – Going to the health facility, money, access to qualified providers, credible sources of information, stigma and fear of repercussions
3. Girls **are unable to challenge social and gender norms** prevalent in the community
4. Girls **lack confidence** to practice healthy behaviors – lack of Self-efficacy/ decision making ability, old habits



## Translating HIP into action

We identified **new ways to reach adolescents directly**

1. Mobiles is where youth want to be. The number of mobile phones and connectivity is only improving. **Girls have access** to at least a shared phone.
2. Direct-to-consumer can help navigate both physical and mental barriers to access - **resources are just a click away!**
3. Gaming is entertaining, addictive and immersive. What if we provide SRH information, products and services through a **free-to-download game** built for low-quality/low-RAM Android mobile phones?
4. Girls are scared to ask teachers/ health providers questions – What if a **chatbot** offers credible advice to adolescents?
5. There is a web of resources out there: What if we **curate credible and adolescent-friendly resources** in one place?
6. Girls are on FB, Instagram, and Youtube – What if we **use these social media channels** to maintain contact with adolescents?



## A systems-approach to ARCS

A systems approach implies that policies, procedures, and programs across the entire health system are adapted to respond to the diverse needs and preferences of adolescents.

### Box 2: A systems-approach to adolescent-responsive contraceptive services

A systems-approach to adolescent-responsive contraceptive services includes the following evidence-informed elements:

**WHO HEALTH SYSTEMS BUILDING BLOCKS:** Evidence-informed elements for adolescents

Health Information Systems	Service Delivery	Access to essential medicines	Health Workforce	Financing	Leadership/Governance
Age and sex-disaggregated data available*	Information and services available where and when adolescents can access them; audio and visual privacy ensured; confidentiality ensured; services linked to demand generation	Full contraceptive method mix offered, including emergency contraception and long-acting reversible contraception	Competent providers offer technically sound nonjudgmental and confidential services	Services are free or subsidized	Adolescents involved in service design, implementation and monitoring*

*\*Although current evidence does not show a direct contribution of these two elements to increased contraceptive use, it does show that they are grounded in good public health practice and are important for adolescent-responsive service delivery (4, 12, 30).*



Adolescent-Responsive Contraceptive Services

## Implementation Tips



Service Delivery

**Employ a variety of sectors and channels, to reach different adolescent segments.**

- Use **different channels to reach a wider range** of adolescents, taking into consideration adolescents' needs and preferences.
- **Integrate contraceptive products and services** into other health services, especially services that adolescents readily seek.
- Consider **promising new modalities**, especially relevant in the context of COVID-19 and other disruptions, such as self-care models and direct-to-consumer models.



Adolescent-Responsive Contraceptive Services

# Translating HIP into action

1. **Used different channels** - Online Gaming, social media, and on-ground community models used as channels to reach girls
2. **Integrated contraceptive info/services in other info/services** – 26 in-game including menstrual health & contraceptive partners
3. **A DTC modality** – direct links to helplines (menstrual helpline, contraceptive helpline, online abuse helpline, childline) and services (legal help and aid) so they can seek help directly



# Translating HIP into action

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## Namita Mohandas - HDI

Namita Mohandas is Head of Digital Products for Howard Delafield International. Namita has over fifteen years of experience leading data, design, and games platforms. She's brought her product management expertise to shape design strategy, learning frameworks, prototyping, and research to build a Game of Choice, Not Chance. Namita has served as a visiting faculty at a Social Design program at Ambedkar University (Delhi); a data design consultant for monitoring air-quality, government fiscal data, judicial dependencies and institutional structures, program design for a mobile play and learning platform, a design partner to a sustainability non-profit and a product manager at a serious games company.



GAME OF CHOICE,  
NOT CHANCE.™

### Go Nisha Go Game

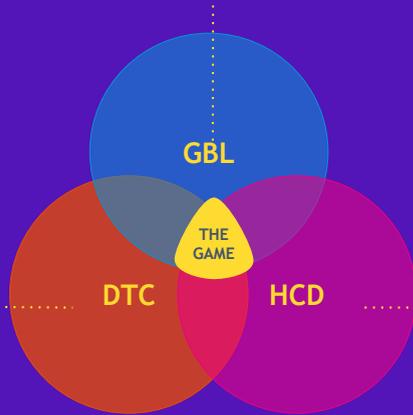
Namita Mohandas  
Howard Delafield International



Increasing Adolescent Sexual Reproductive Health knowledge through the delivery of accurate content.

**Game-based Learning**  
Building skills and confidence through in-game interaction and role-play.

**Direct-to-Consumer**  
Expanding resources through direct connections that enable exploration



**Human Centered Design**  
Leveraging human insights throughout the product lifecycle with and for youth.



# Created with girls, for girls.

### They ENGAGE

Players move through five levels of a digital world designed to build new knowledge and skills, and the self- efficacy to use them.



### They ROLE PLAY

Practicing decision-making through role play and replay to experience how their choices and voices matter.

### And ACT

They can access products, skills training, connections through links within the game, and a website where they can dig deeper into the topics that most interest them.



## Meet Nisha

In her world, girls experience the power of their choices.

Nisha lives in a small crowded corner of Delhi and struggles between her parents' expectations to be a good girl and her own dreams. One day she is offered an internship to travel and assist in the making of a web-series. Join Nisha on her journey across the country as she meets a host of inspiring women who each throw light on different aspects of a woman's health, career and life in India. She experiences the joy and trials of independence and juggling her new job, her new boyfriend as well as the pressure to get married.

Launched  
June 2022!

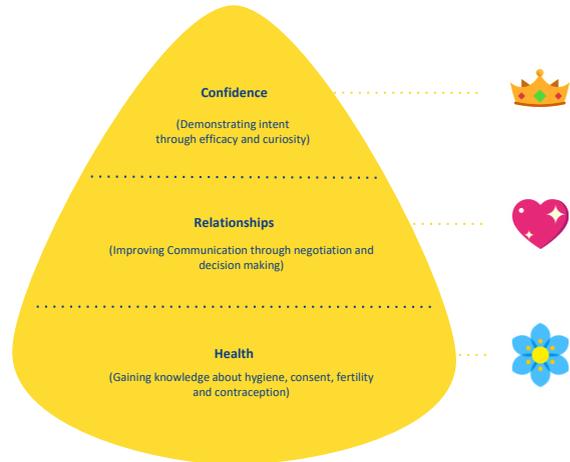


## Game Vitals

The framework reflects the idea that health outcomes can never be visualized in isolation. The vitals are informed by research, form the backbone of the game mechanics and narrative, and inform the project’s evaluation indicators as well.

The narrative includes real conflicts, negotiations with family members, travel and exploration, health and career information, a romantic relationship, self-reflection and avatar customization.

Players’ in-game choices affect their Vitals Score, which is visible at all times. The ‘win and loss’ states are defined by the balance of the vitals.

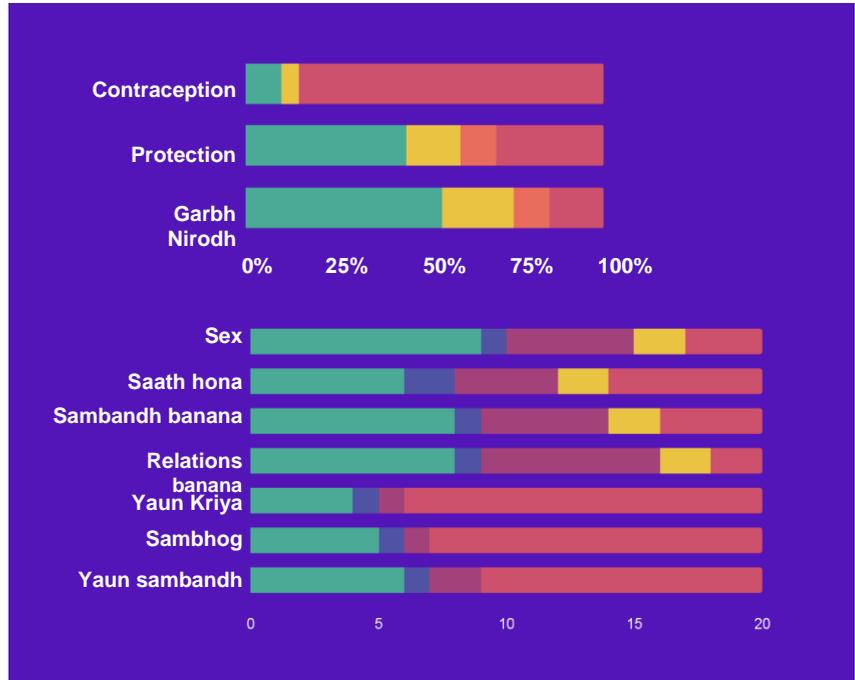


## Learning Pathway

<b>1/ Intermediate Result</b>	Improved knowledge about FP/RH care including menstruation, menstrual hygiene, fertile period and FP/RH/menstrual management products.					
<b>2/ In-game Objectives</b>	→	Applies knowledge gained to persuade or negotiate with family members to participate in normal daily activities while menstruating.				
	 <b>Health</b>	→	 <b>Confidence</b>	→	 <b>Relationships</b>	
		Understands menstruation as a normal, natural process and its relation to fertility.	Demonstrates intent to go out to work and play while menstruating.	Talks openly to family members about normalcy of menstruating to address cultural beliefs.		
<b>3/ In-game Actions</b>	→	<b>Gather Knowledge</b>	→	<b>Demonstrate Intent</b>	→	<b>Improve Communication</b>
		Travel to Sikkim to meet a material scientist working on a new, better, cheaper menstrual hygiene product, learn about various hygiene practices and products, quiz-based minigame.	Ask for advice and demonstrate efficacy regarding common challenges, taboos and concerns. Access videos and material provided by mentor characters to learn more.	Master the level-end challenge by using new knowledge. Help Nisha’s sister by giving her advice and information about menstrual hygiene so she can participate in a sports event.		



Girls gave us feedback on their familiarity with SRH terminology that was used in the game, so that we might avoid incomprehensible jargon, to the extent possible.



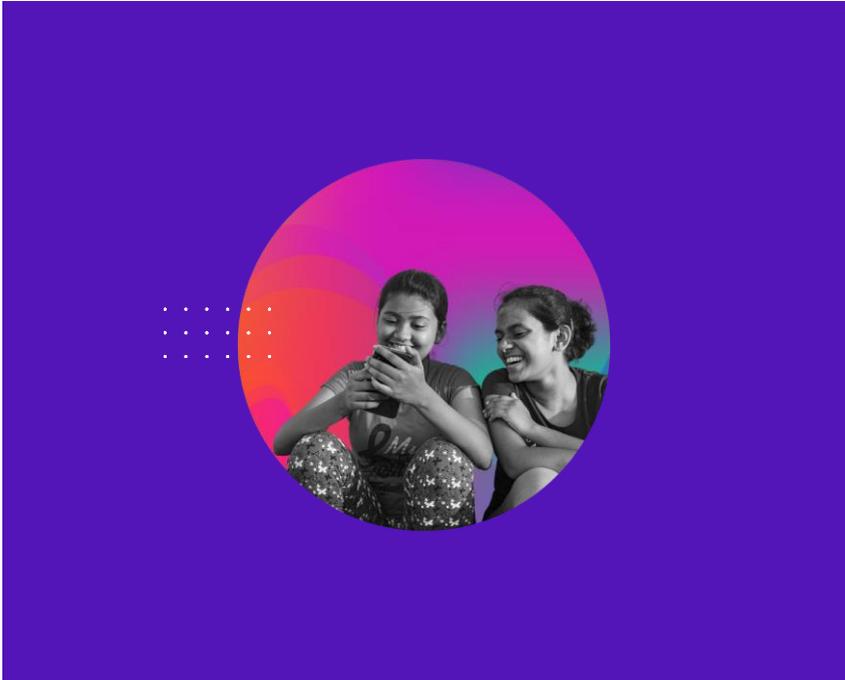
## What girls are saying

"I will suggest to play this game to all young teenagers so that they can know more about their Life decisions"



"Girls should be careful when moving ahead in a relationship with a boy. How to handle a situation, don't get too emotional very quickly, think through before making any important decision"

"This game is really osm.. means I love it. I can relate this to my real life little bit. Graphics are also good.. I love the story.. Overall this game is osm..❤️"



# Thank you!

This presentation was prepared by Howard Delafield International for the Game of Choice, Not Chance Project.

The Game of Choice, Not Chance Project is made possible by the generous support of the American people through the United States Agency for International Development (USAID), and is implemented under the terms of the Cooperative Agreement No. 7200AA18CA0004 in association with Howard Delafield International and its collaborating partners. The information in this presentation does not necessarily reflect the views of USAID or the United States government.



## Aparna Raj - HDI

Aparna Raj is a public health researcher with a passion for storytelling that inspires action. She serves as a senior research advisor at Howard Delafield International. Aparna has a masters in Rural Development from XISS, and an Advanced data analytics certification from IIM Kozhikode. With nearly a decade of experience in maternal and child health, sexual and reproductive health, digital health solutions, she has cultivated a deep love for data analysis. Aparna’s work has also involved collaborating with youth to co-create solutions. She is dedicated to translating insights into meaningful change. Her motto is to turn data into a catalyst for progress.





GAME OF CHOICE,  
NOT CHANCE.™

## Go Nisha Go: EVALUATION RESULTS

*In-game data analytics +  
Outcome evaluation*

Aparna Raj

Howard Delafield International LLP



## OUTCOME EVALUATION (OE) METHOD

- Girls 15-19, read and understand 'HINGLISH', have access to smartphone, and live in economically vulnerable communities
- Two-arm randomized control trial
- Sample size = 1,950 (975 per arm)
- Control and intervention arm were followed up twice using CAPI (computer assisted personal interview) assisted face to face interviews
- Investigators were thoroughly trained, older adolescent girls (18-19)
- 93% follow-up of treatment arm and 95% of control arm



## PROCESS OF OE

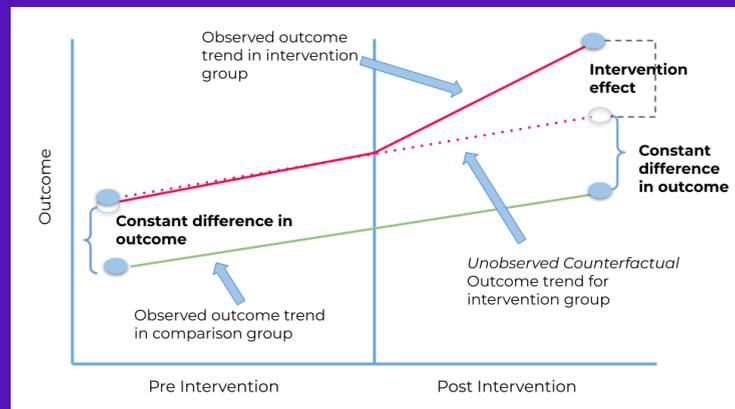
Girls in treatment were **asked** to play the game.

Control girls were **not asked** to play the game.



## ANALYSIS OF OE

1. Difference in difference analysis using per protocol
2. Statistical methods
  - a. Descriptive statistics
  - b. Generalized estimating equations



# FINDINGS



Playing GNG contributed to normalization of menstruation as a natural biological episode that should not be stigmatized as impurity.

Girls who played the game were:

**69%** less likely to consider menstrual blood as impure.

(source - OE data)

**110%** more likely to have correct fertility awareness.

(source - OE data)

**48%** improvement in menstrual hygiene knowledge.

(source - in game data)

**22X** more likely to have knowledge of alternative menstrual hygiene products like tampons.

(source - OE data)



## GNG fostered discussions about periods. GNG motivated girls to take charge of their menstrual health.

Girls who played the game were:

**2.4X** more confident to discuss menstrual health with others.

(source - OE data)

**13%** more likely to actively track their period using a mobile app.

(source - OE data)

**2.8X** more likely to buy period management products online.

(source - OE data)



## GNG improved help seeking behaviour.

Girls who played the game were:

**37%** more likely to seek help from a health provider.

(source - OE data)

**1.1X** more likely to talk to a health provider for menstruation related problems.

(source - OE data)

**1.3X** more likely to see a health provider for contraceptive related questions.

(source - OE data)



## Awareness of different contraceptive methods and their correct usage improved.

Girls who play GNG were \_\_\_\_times more likely to know about the following FP methods

Condoms	ECP	Injectables	OCPs	IUD	SDM
<b>51%</b>	<b>1.5X</b>	<b>2.1X</b>	<b>1.1X</b>	<b>2.3X</b>	<b>4.1X</b>



## Playing the game empowered girls to assertively express their wishes and demand equality in a relationship.

**1.7X** more likely to control timing of their marriage

**42%** more likely to negotiate for contraception use

**2.9X** more likely to refuse sex if they are not ready



# Questions & Answers



## Before we close

Presentation and Recording available here:

<https://www.fphighimpactpractices.org/go-nisha-go-meaningful-engagement-of-young-people-through-digital-tools-in-india/>



## For more information, please visit:

High Impact Practices: [www.fphighimpactpractices.org](http://www.fphighimpactpractices.org)

Adolescent Responsive Contraceptive Services:  
<http://www.fphighimpactpractices.org/briefs/social-accountability/>

Digital Health for SBC:  
<https://www.fphighimpactpractices.org/briefs/digital-health-sbc/>



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