NITI Aayog

STORIES OF CHANGE

FROM INDIA'S ASPIRATIONAL DISTRICTS

Use of behavioural insights

ASHOKA UNIVERSITY

Centre for Social and Behaviour Change

STORIES OF CHANGE

FROM INDIA'S ASPIRATIONAL DISTRICTS

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If we are to truly prosper, we must focus on developing the most marginalised and deprived districts in the country. Indeed, without this, we cannot hope to fulfil the Government's vision of *sabka saath, sabka vikaas, sabka vishwas*. It is this vision that underpins the Aspirational Districts Programme (ADP), which aims to rapidly transform 112 most under-developed districts across the country.

The ADP marks a shift from fixating on economic progress to achieving meaningful social advancement, a concern that is more salient today, during a global pandemic, than it has ever been before. The Programme rests on pillars of inclusivity and development for all, which are indubitably admirable goals.

Thus, an approach that takes into account India's diversity along a number of axes and brings together insights from a variety of disciplines is crucial for the success of the ADP. To this end, the importance of behavioural science-based solutions to the Programme cannot be overstated. Behaviourally informed solutions take into account how people make decisions and the contexts within which these decisions are made; thereby overcoming behavioural barriers to produce impact.

This report is a valuable compendium of some of the most innovative behaviour change practices at work in India today. With these carefully curated stories of change, I hope to highlight and share with the readers the ground breaking work being done to address complex social problems in the country The success of these interventions is, without a doubt, proof of why we need to integrate behavioural science in policy programming.

It is my sincere belief that this is the path to sustainable and systemic development for us, and I am hopeful that this is the beginning of a transformational journey for India.

Rajiv Kumar

स्वच्छ भारत
एक कदम स्वच्छता की ओर

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FOREWORD BY CEO, NITI AAYOG

India's development is a success story of duality. Its trajectory is inspiring but remains lopsided. Recognising this, the Government has been working in a "mission mode" for the development of 112 most under-developed districts across the country under our flagship Aspirational Districts Programme (ADP).

Conventional solutions have delivered visible, but inconsistent results. India's Aspirational Districts need solutions that place the people and their contexts in the centre of their designs. Social interventions that use behavioural insights have been successfully pushing Aspirational Districts closer to the course of change. Lifting these districts out of poverty requires laser sharp focus that employs innovative thinking and strategic implementation.

Along with partners from the private sector, civil society organisations, and think tanks, we have rolled out projects across five thematic areas in select Aspirational Districts. Behavioural insights have driven the design of these interventions that aim to improve uptake of social services. India's growth story begins with its people and that is why these interventions are rooted in understanding India's thinking, perceptions, and biases.

This publication is a collection of behaviourally informed solutions that successfully moved the needle on the ground. These stories of change are part of a large bank of practices which could not be showcased here in its entirety. However, we have selected some of the most inspiring practices to present the use of behavioural insights in development interventions.

It must be noted here that behavioural insights can add value to any sector - be it health, finance, or infrastructure. Wherever human interactions are involved, behavioural insights can act as a guide to understand why people do what they do. For instance, health-seeking behaviour requires availability of infrastructure, services, and healthcare personnels. However, citizens' motivation and ability to seek care and prioritise their wellbeing also plays a role in uptake. Thus, challenges to successful implementation can emerge both at the time of design and implementation. The objective of this publication, therefore, is to inform not just policymakers but also implementers on the need for a behavioural lens.

These interventions align with India's strong commitment to Sustainable Development Goals (SDGs) 2030. Rapid transformation of the Aspirational Districts is, thus, closely tied to the SDG's focus on equality, inclusion, and the principle of "Leave No One Behind". The impact stories from the ground are a testament to this joint effort.

I congratulate the state and central government efforts to this end and our on-ground partners as well as strategic partners who are bringing us closer to our vision of a new India. NITI Aayog is proud to be an anchor to this flagship programme that is changing India, one district at a time.

April 2022
New Delhi
India

Shri Amitabh Kant
CEO, NITI Aayog

ABBREVIATIONS

ADP	Aspirational Districts Programme
APY	Atal Pension Yojna
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BALA	Building as a Learning Aid
BC	Banking Agent
BMGF	Bill & Melinda Gates Foundation
CPSE	Central Public Sector Enterprise
CSBC	Centre for Social and Behaviour Change
CSC	Community Score Card
FLW	Frontline Health Worker
FTK	Field Testing Kit
HH	Household
ICDS	Integrated Child Development Services
IFA	Iron and Folic Acid
LWE	Left Wing Extremism
MCTS	Mother and Child Tracking System
NFHS-4	National Family Health Survey 4
ORS	Oral Rehydration Salts
PHC	Primary Health Centre
PMJJBY	Pradhan Mantri Jeevan Jyoti Bima Yojna
PMSBY	Pradhan Mantri Suraksha Bima Yojna
RMNCH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goal
SDI	Stop Diarrhoea Initiative
SHG	Self-help Group
THR	Take-home Ration
UIP	Universal Immunisation Programme
UT	Union Territories
VHSND	Village Health, Sanitation and Nutrition Day
WNB	Weak Newborn Babies

INTRODUCTION

This report presents innovative programmes and interventions that were designed to overcome behavioural barriers in the Aspirational Districts. The practices that have been showcased in this report will give a glimpse into how understanding human behaviour can strengthen interventions and drive outcomes on the ground.

Before diving into the interventions, it is essential to understand both the Aspirational Districts Programme (ADP) and behavioural principles to comprehend how these stories of change are cumulatively leading to a transformation at the national level. The report walks the reader through the nuts and bolts of ADP and basic behavioural principles to engage and educate the audience about a new lens with which to approach social interventions.

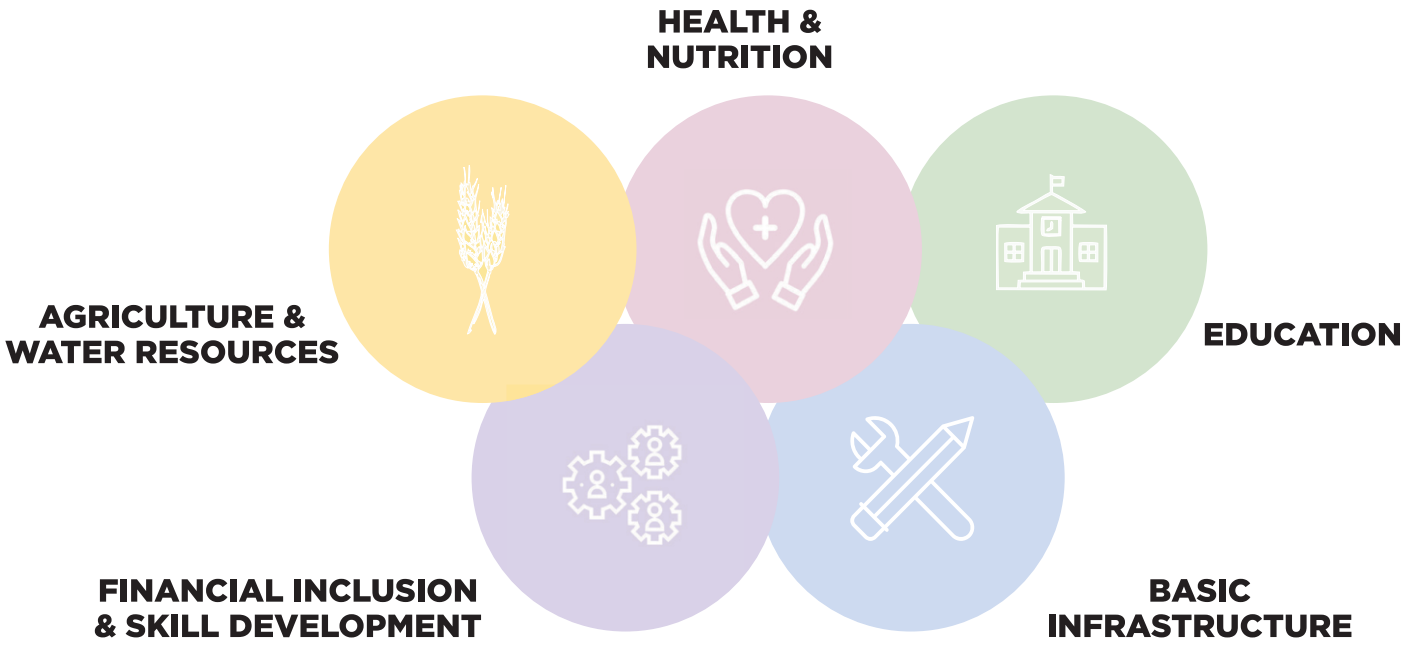
Thirty practices across five thematic areas have been detailed to contrast behaviourally informed solutions with conventional solutions to address social problems.

With interventions being rolled out in almost all 112 Aspirational Districts, a large number of practices were submitted for this report, and we have culled out the ones that best met the criteria. It is important to note that this report is not a representative collection of practices from across the Aspirational Districts but an assortment of practices that demonstrate the use of behavioural insights in social interventions.

Additionally, even though a systematic approach has been used to create a selection criterion, this framework has been developed more as a guideline for implementers. The practices included in this report are of the highest quality, but by no means does that mean that the interventions that have not been included are not at par. Time and space limitations needed to be considered in this compilation, so while this is not an exhaustive list, it is certainly an insightful one.

ASPIRATIONAL DISTRICTS PROGRAMME

The Aspirational Districts Programme is Government of India's flagship programme anchored by NITI Aayog. Supported by central ministries and state governments, ADP aims to rapidly and effectively transform districts that need an extra push to achieve key socio-economic outcomes under five thematic areas:



Despite India's growth story, the quality of life of many citizens remains poor. To combat the severe inter-state and inter-district variations, ADP was launched in January 2018. As a policy priority, 112 districts were identified using a composite index of key data sets. These data sets include outcomes such as multi-dimensional poverty enumerated under the Socio-Economic Caste Census, key health and education sector performance, and state of basic infrastructure.

The Government of India is committed to raising the living standards and ensuring inclusive growth of its citizens. To this end, 49 key performance indicators have been chosen to measure progress in each of the selected districts under the aforementioned thematic areas. ADP aims to play to each district's strength by identifying low hanging fruits for immediate improvement. While this is the targeted beginning of the programme, it aims to address all other indicators in the six thematic areas to bring a holistic change in these districts. Measurability of progress is key as all data on progress are live on the Champions of Change portal where rankings of each district against each thematic area are made public.

THE BASIC TENETS OF THE ADP STRATEGY ARE:

CONVERGENCE
COLLABORATION
COMPETITION

It aims to converge state and central schemes, encourage collaboration of central and state level officers as well as district collectors, and drive healthy competition among districts through a mass movement.

The practices showcased in this report were born from the concerted and committed effort of the state in collaboration with private and civil society partners to transform policy level interventions into grassroots movements, catalysing change that align with the Sustainable Development Goals 2030. Increasingly, it is being recognised that creating services is not enough; ensuring that people access these services to better their lives is more important. Therefore, demand generation and solving for not just structural issues but even for behavioural issues is equally important. In this effort, behavioural insights are being applied in the Aspirational Districts to aid the uptake of services and create impactful behaviour change among target populations, which will improve outcomes.

BEHAVIOUR SCIENCE

BREAKING DOWN WHY PEOPLE DO WHAT THEY DO

Do people always make rational decisions? Traditional economics is based on the underlying theory of people being rational decision makers who have perfect information and always act in self-interest. Yet, warning signs on cigarette packs with harrowing imagery are not enough to deter people from consuming tobacco. Contrary to what economics textbooks lead us to think, real people have trouble with two-digit multiplication, often forget their friends' birthdays, and make poor health-related decisions on a daily basis. They don't always act in self-interest and more often than not, make decisions that would make textbook economists question their rationality. Often, there is a gap between what they intend to do, and what they actually end up doing.

Behavioural Science is a field of study that comprises a multi-disciplinary approach to understanding human behaviour. It draws from traditional and behavioural economics, social and cognitive psychology, cultural anthropology, marketing and even behavioural aspects of political science, biology, and law. It sheds light on why people behave the way they do. This multidisciplinary science of human behaviour uncovers how humans make judgments and choices in different contexts. Insights derived from the scientific study of human behaviour can help inform policy, programmes, and product design. Behaviourally informed policies are geared better to work in tandem with the people they are meant to affect.

THE FIRST STEP IS TO UNDERSTAND HUMAN BIASES

Human behaviour is subject to several biases and we often make use of mental shortcuts (otherwise called heuristics) in making decisions. These have a role to play in almost all activities of an individual's daily lives. From decisions like mothers choosing the right nutrition for their newborn babies to people choosing health insurance to cover unexpected medical expenses to farmers choosing the right farming practice to ensure a good harvest. We are irrational in predictable ways and by understanding cognitive biases and heuristics, we can help understand behaviour across countries and populations of various contexts.

This report provides some examples of cognitive biases and heuristics. This is not an exhaustive list by any means, but a nugget of information that can get the ball rolling on understanding this evolving subject.

Using behavioural insights to solve social problems has seen tremendous results. A study that incentivised parents to take their children for immunisation resulted in an increase from 6% to 17% in full immunisation rates in Udaipur, India.[1] Painting lines on roads to give the illusion of speed as opposed to imposing fines for speeding has resulted in 36% fewer crashes within six months in Chicago,[2] according to an analysis conducted by city traffic engineers. Findings from a survey of UK employers who staged automatic enrolment into pension schemes between 2012 and 2015 reveal that automatic enrolment substantially increased the probability of participation in a workplace pension scheme by 36 percentage points,[3] with 5.4 million additional workers saving for retirement.[4] Policy changes driven by behavioural insight units across the world have led and are leading to millions of healthy life years saved, millions in revenue brought forward, and millions of people getting into the workforce faster. Designs that understand people work better. Thus, employing behavioural science to design social interventions that aim to improve health, agriculture, infrastructure, financial inclusion, and nutrition is essential.

LOSS AVERSION

People intuitively respond more strongly to the prospect of loss than the possibility of gain. Research shows people feel the pain of loss almost twice as strongly as they feel the joy of gain. The loss of something feels stronger than the gain of the same. For instance, a farmer may hesitate to invest their hard earned money in an irrigation technique despite knowing that it would ensure a higher crop yield. Due to loss aversion, any potential gain experienced from such an investment is forgone due to the risk associated with 'letting go' or the perceived 'loss' of hard earned money. An intervention that helps provide the farmer full information of the benefits may help in overcoming such a bias.

AVAILABILITY HEURISTIC

It is a mental shortcut people take to evaluate and make decisions based on information they can recall most easily. The human brain remembers things better when they can be recalled in the form of vivid narratives. For instance, people are more likely to invest in insurance, say against a natural disaster, only if they or someone close to them have experienced such an unfortunate event in the past. Thus, it may be difficult to get farmers who can't recall an incidence of drought to seek insurance against crop failure.

PRESENT BIAS

This bias plays out when people have to choose between accepting a smaller reward now or a larger reward sometime in the future. In such a context, people may opt for a choice or outcome that their future selves may not find rational. For instance, following the full Universal Immunisation Programme (UIP) schedule and vaccinations which lead to a lifelong worth of health for the child. However, as we know, not all children are fully vaccinated. This is because the short term costs incurred by the family to ensure immunisation inhibit them to follow through the full UIP. As shown by the study mentioned earlier, incentives for immunisation activities have shown great results in improving its rates.

OPTIMISM BIAS

This bias leads people to believe that they are less likely to experience a negative experience or outcome. People always make judgments and projections about the future and accordingly put all plans in motion. However, we may end up being more favourable to the likelihood of only positive outcomes and fail to factor in negative outcomes or setbacks. This may be an incorrect assumption to make as such negative outcomes or events as opposed to positive events may occur more frequently. For instance, while planning for finances, people may fail to take into account negative health outcomes and the expenses incurred due to such an event.

CONTEXT IS KEY

Belief systems are a product of cultures and traditions, which change with contexts. Therefore, understanding contexts becomes the key to understanding human behaviour. We need localised solutions based on context because a 'one size fits all' approach does not work within the realm of social problems.

Context refers to the environment or the situation in which people make choices. If policies or programmes are designed without understanding these contexts, it is equivalent to expecting people to make decisions free from the reality they live in. For instance, if the reality of daughters-in-law is that they have limited agency in deciding how much household spending goes into health-care, policy-makers and implementers need to be aware of this while designing programmes that target this group.

Behavioural Science merges this understanding of contexts with individual behaviour to build solutions that view humans as organic and interconnected beings who need customised solutions based on their specific situations. Behavioural insights, gained from behavioural science research, can equip policymakers with knowledge that can help them anticipate behaviours that may not be consistent or follow natural logical loops.

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[1]Banerjee, A., Duflo, E., Glennerster, R., & Kothari, D. 2010. Improving Immunization Rates Through Regular Camps and Incentives in India: The Abdul Latif Jameel Poverty
Action Lab.
https://www.povertyactionlab.org/evaluation/improving-immunization-rates-through-regular-camps-and-incentives-india

[2]Measuring the LSD effect: 36 percent improvement. 2010. The Nudge blog. http://nudges.org/?s=lake+shore+drive

[3]Cribb, J., Emmerson, C. 2020. What happens to workplace pension saving when employers are obliged to enrol employees automatically? Int Tax Public Finance 27, 664–693. https://doi.org/10.1007/s10797-019-09565-6

[4]National Audit Office Report. November 2015. Automatic enrolment to workplace pensions.
https://www.nao.org.uk/report/automatic-enrolment-to-workplace-pensions/

BEHAVIOURALLY-INFORMED SOCIAL INTERVENTIONS

How do you use behavioural insights to improve outcomes? The following four-stage framework developed by the Centre for Social and Behaviour Change, Ashoka University, presents one of the ways through which human behaviour can be placed at the centre of intervention design. Clearly defining the behavioural problem for the end-user at the outset allows for a deeper understanding of the context within which they make decisions. This knowledge is critical as it forms the base of a behaviourally-informed solution, which should take into account the target population's biases, existing habits, and social norms.

DISCOVER

Deep diagnostic to deconstruct developmental challenges to their core behavioural components (biases, barriers, and pathways).

DESIGN

Adopt a behavioural design approach to identify and develop behavioural interventions.

EVALUATE

Undertake rigorous lab and field experiments to validate causal efficacy of proposed interventions.

ADVOCATE

Actively disseminate findings and explore pathways to scale and institutionalise effective interventions.

CASE STUDY SELECTION CRITERIA

For this publication, selection was made from projects implemented by NITI Aayog's knowledge partners, development partners, and the Aspirational Districts Fellows.[1] Practices that have focused on service providers, intermediaries, or beneficiaries were considered. The selection criteria are:

Potential for Impact:
This criterion includes the nature, scope, and scale of the impact. The nature of the problem is analysed based on its social, political, environmental, and regional impacts. The scope is based on the timeline of the impact: whether its results are short-term or long-term. And finally, its scalability is studied based on how many beneficiaries will be impacted if the project is brought to scale.

Replicability:
This criterion is about the potential to up-scale in different socio-cultural contexts. The projects that can be replicated despite changes in environment and setting, as opposed to highly localised solutions, are given a higher scoring.

Innovativeness:
Characteristics looked at under this criterion are whether the solutions are driven by behavioural insights, their uniqueness, ease of execution, and efficient use of limited resources. Creativity is not just in the novelty of the practice but in ensuring that it can be scaled without becoming a burden on the implementer or the beneficiary.

Sustainability:
The sustainability of the practice beyond project life-cycle is examined against financial viability, community participation, government commitment, environmental impact, and resilience to externalities

Use of Behavioural Principles:
Under this criterion, best practices based on thorough situation/context analysis that have identified behavioural barriers or biases that obstruct the uptake of beneficial services and schemes are included. Whether or not the solutions drew on behavioural insights to overcome these barriers is key. The behavioural lens applied to identify these solutions is the 'define, design, and deliver' lens.

Evidence-Based:
This criterion is to check if the outcomes of the practice have been measured and show positive results grammer. Behaviour change and its extent can be measured using evaluation methods and hence, practices that tell an evidence-based impact story have been selected.

[1]The Aspirational District Fellowship Programme ran from 2018 to 2021 through the Ministry of Home Affairs.

STORIES OF CHANGE

FROM INDIA'S ASPIRATIONAL DISTRICTS

आंगनबाड़ी केन्द्र-रंगई
एकीकृत बाल विकास परियोजना विदिशा (ग्रामीण)

HEALTH AND NUTRITION

PARI

THE DOLL SOLVES DIARRHOEAL WOES

DEVELOPMENT PARTNER	The Bill & Melinda Gates Foundation, BBC Media Action
STATE	Bihar
SUB AREA	Diarrhoea management

PROBLEM

Diarrhoea is a preventable disease, yet a leading cause of deaths among children below the age of five in India. Oral Rehydration Salts (ORS) with zinc are available and promoted but mothers are not using them. Caregivers, including mothers, do not recognise what diarrhoea does to the child's body because thhere is no way to see how the child's body is depleted because of diarrhoea. As per the National Family Health Survey-4, **35% mothers thought reducing fluids when their child is suffering from diarrhoea is the right solution.** This is because they operate from a 'leaky bucket' mental model, wherein they liken a child suffering from diarrhoea to a leaky bucket, i.e., you don't put more water into a leaky bucket; it's bound to leak out. This can be fatal for the child.

CONVENTIONAL SOLUTION

Mass media campaigns to prevent and cure the disease have been disseminated through television, radio, and door-to-door visits in almost every village in the country. Yet, the problem remains, not for the lack of trying but because these messages have not translated into practice when families are faced with the crippling disease. Child-care during diarrhoea needs further comprehension by mothers to equip them to manage the disease better.

BEHAVIOURAL INSIGHTS BASED SOLUTION

An interactive educational tool that vividly demonstrates how ORS and zinc help in stopping the body from getting dehydrated is required to fill this knowledge gap. Pari (Hindi for fairy), a plastic inflatable doll with two openings, one at the top and the other at the bottom, is one such tool used at Village Health Sanitation and Nutrition Days (VHSND). A frontline health worker (FLW) pours water into the top inlet to inflate the doll to show what a healthy baby looks like. Then she releases the water by opening the outlet at the bottom, which deflates the doll to demonstrate what diarrhoea does to the body: causes dehydration. When the FLW plugs the second opening and pours ORS into the doll, the water does not leak out. She explains that in order to solve the problem, it needs to be ensured that the outlet at the bottom has been plugged. When the child is administered ORS and zinc supplements, it acts as a plug to the bottom outlet thereby retaining vital fluids that can be absorbed by the body. **This demonstration works because it plays into the leaky bucket mental model that the human brain can easily grasp.** When FLWs are able to explain this concept by a vivid demonstration using Pari, the mothers are able to absorb, grasp, and retain this information. This is almost like a 'Eureka moment' for mothers, a moment of clarity when they understand why ORS and zinc is a 'must-have, must-use' product. Several women instantly demand for ORS sachets and zinc supplements after the demonstration.

LESSON

Pari has been used in Bihar for over two years across eight districts at VHSNDs sites and 600 Primary Health Centers (PHCs). **In 2018, the Government of Bihar committed funds to scale up Pari to all 38 districts of Bihar.** Results showed that among women exposed to Pari, appropriate knowledge of diarrhoea management was three times higher and the use of ORS and zinc was almost two times higher than women not exposed.

MOBILE KUNJI

AN AID FOR FRONTLINE WORKERS

DEVELOPMENT PARTNER	The Bill & Melinda Gates Foundation, BBC Media Action
STATE	Bihar
SUB AREA	Reproductive, maternal, newborn and child health

PROBLEM

Family planning, child-care, birth preparedness, and complementary feeding are examples of the many issues a frontline workers (FLW) — both Accredited Social Health Activists (ASHA) and Anganwadi Workers (AWW) — tackles every day as she counsels women in her village. But the effectiveness of these messages is dependent entirely on the FLWs' communication skills, which are bound to vary person-to-person, leading to **inconsistent message delivery.** Additionally, FLWs may not have appropriate educational materials that can be taken door-to-door to reinforce their messages. FLWs are members of the communities they work in, and often struggle to be taken seriously. Families tend to view them as just another neighbour as opposed to an informed and trained worker who can guide them appropriately. Under these circumstances, how can an FLW ensure her messages are being understood and practised?

CONVENTIONAL SOLUTION

FLWs either go for home visits or attend to women at the Anganwadi Centres (AWCs) to educate them on reproductive, maternal, neonatal and child health. They talk to women who seek their advice and hope that their messages translate into action. Counselling is certainly important, but the method could use an upgrade. Conventionally, FLWs have been given paper-based tools such as flipcharts or flashcards to support their counselling. These tend to be bulky for FLWs to carry because they might have to address multiple thematic areas each day, and therefore, need to carry a vast amount of communication material with them. Paper-based materials are not user-friendly: they tend to require a high degree of literacy, and do not always survive the extreme weather conditions that FLWs in Bihar have to deal with. FLWs have widely varying skills, experience and abilities. They are educated to a high school level, at best, and often struggle with competing priorities, both at work and at home.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Mobile Kunji is a multi-media job aid (Kunji means key or guide in Hindi) designed for use by FLWs when they counsel families. It has two components: a deck of colour-coded cards with illustrations and related key messages for each stage of pregnancy or post-natal care, and an audio component accessed via mobile phone. The cards have been designed to look like a mobile phone, with illustrations, supporting arguments and key messages. Each card carries a unique, seven-digit number or mobile shortcode that the FLW dials from her mobile phone, playing a piece of pre-recorded audio content for the family she is visiting. The audio content is delivered in the voice of a fictional doctor character, Dr. Anita, who brings credibility along with her great and very localised bedside manner. **Mobile Kunji helps standardise the FLWs' delivery of the key messages, reducing inconsistency and significantly improving interpersonal communication.** The use of a doctor representation leverages the 'messenger effect', i.e., when individuals make their decisions based on who is giving the message and the perceived credibility of it's source. This lends authority to the FLW in her interactions with families.

IMPACT

Evidence shows that conversations between FLWs and families last twice as long when Mobile Kunji is used, and families trust FLWs who use Mobile Kunji more than those who do not. Families are 1.6 times more likely to adopt contraception to limit the size of their family compared to those not exposed to the tool. Those exposed to Mobile Kunji were almost twice as likely to prepare appropriately for childbirth and 17% more likely to feed their children solid or semi-solid foods at the right age.

KILKARI

MOBILE HEALTH UPDATES FOR MOTHER AND CHILD

DEVELOPMENT PARTNER	The Bill & Melinda Gates Foundation, USAID, The Barr Foundation, BBC Media Action
STATE	Bihar
SUB AREA	Reproductive, maternal, newborn and child health

PROBLEM

How do you ensure mothers have timely information about childbirth and child care, especially during pregnancy or in the first year of the child's life? Oftentimes, mothers may not have critical information such as how to look after themselves when they're pregnant, when fertility returns after giving birth, or when to start complementary feeding. Despite FLWs' door-to-door counselling, **information gaps remain because there are significant gaps in the last-mile reach,** which means that many families go without getting regular health information. FLWs can also struggle to discuss some issues like family planning that have social taboos associated with them. There is a need for timely information reaching the right family, that can be accessed with ease and can nudge mothers to take small steps daily to bring positive change in their lives and the lives of their children.

CONVENTIONAL SOLUTION

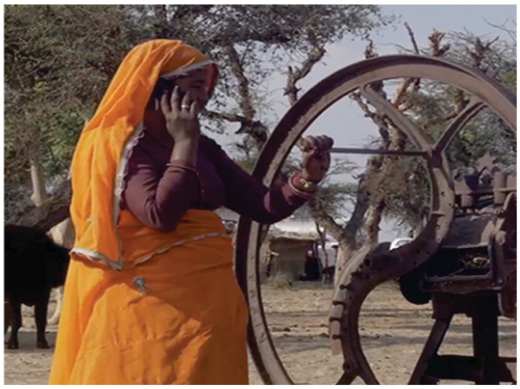
Usual solutions target FLWs to reach mothers with essential information during and right after pregnancy but it has not proven to be enough. Information dissemination through interpersonal communication and ads on vaccinations, etc. on mass media platforms like TV and radio do not provide holistic and timely medical information that can translate into behaviour change.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Kilkari (Hindi for a baby's gurgle) delivers weekly, time-sensitive audio information about reproductive, maternal, newborn and child health (RMNCH) directly to families' mobile phones, from the fourth month of pregnancy until a child is a year old. It aims to improve families' knowledge and uptake of life-saving preventative health practices. Families who are registered in the government's databases – either either Mother and Child Tracking System (MCTS) or Reproductive and Child Health (RCH) – receive a weekly call with pre-recorded audio content that is relevant to their stage of pregnancy, childbirth or the growth and development of the child. Dr. Anita, the fictional doctor character from Mobile Kunji, is also the voice of Kilkari. Supplementing the counselling visits that FLWs make, Kilkari provides a regular and more consistent source of timely, relevant information for families, reaching families that are otherwise left out, and addressing issues that FLWs hesitate to discuss. Designed and launched originally in Bihar in 2013, Kilkari was adopted by the Ministry of Health and Family Welfare, Government of India, in 2014, and scaled up nationally.

IMPACT

As of March 2019, Kilkari had reached almost 10 million users across 13 states in the country. Dr. Anita spoke five different languages, tailoring content for the people of different parts of the country. A 2018 qualitative study to explore Kilkari's reported influence on subscribers in six states found increased knowledge and discussion about health issues, and increased interaction with ASHAs and the Primary Health Center. Subscribers cited Kilkari as a private, comprehensive, credible source of information on family planning and the service contributed to building health equity by conveying information to women in marginalised communities, whom ASHAs may not visit.



TACKLING ANAEMIA BY TRACKING PROGRESS

CALENDARS TO BUILD HABITS

DEVELOPMENT PARTNER	Centre for Social and Behaviour Change, Ashoka University, Clinton Health Access Initiative
STATE	Madhya Pradesh
SUB AREA	Maternal and child care

PROBLEM

Anaemia is a pervasive condition impacting 53% women (15-49 years of age) in India as per National Family and Health Survey-4 (2015-16). Anaemia has several negative effects especially during pregnancy including premature delivery, low birth weight, and leads to leading to maternal mortality. Iron deficiency anaemia is the most prevalent form of anaemia caused by a lack of iron in blood. One effective way to tackle Iron-deficiency anaemia is through a seemingly simple behaviour: pregnant women take an iron and Folic Acid (IFA) supplement every day. However, three factors contribute to women not adopting this behaviour: forgetfulness to take the pill, lack of awareness about the ill-effects of anaemia on their and their child's health, and management of side effects from taking the pills.

CONVENTIONAL SOLUTION

Auxiliary Nurse Midwives (ANMs), ASHAs, and AWWs are responsible for counselling pregnant women to take the IFA pills everyday for the stipulated time period. However, unless the pill is taken every day, it is not effective. Women are unable to form this habit and this behavioural barrier needs to be addressed.

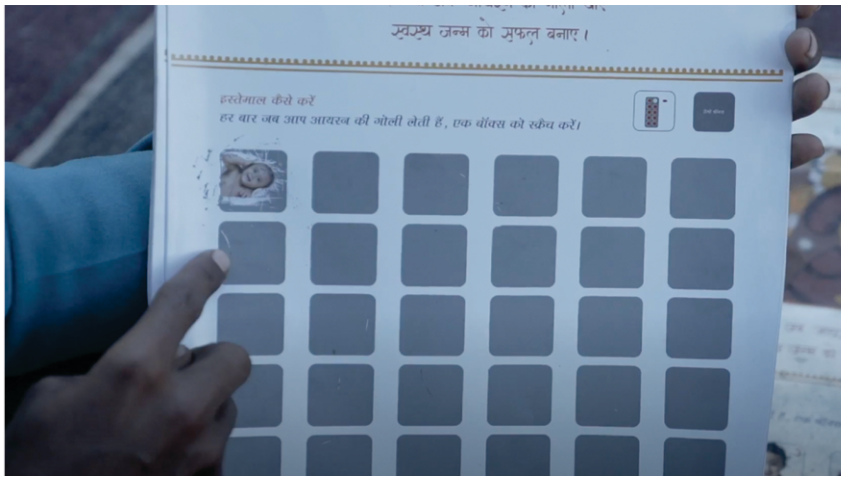
BEHAVIOURAL INSIGHTS BASED SOLUTION

Understanding this, the anaemia behaviour change programme was launched to lab-test common barriers to uptake and adherence of IFA pills. The lab test identified two interventions - goal tracker and a counselling card job aid for FLWs - that showed promising results. Following the lab test, a larger field-based study was conducted. A calendar, which is used as a goal tracking device, **addresses the behavioural barrier of forgetfulness by placing beautiful calendars within the households** of pregnant women and creating an enabling environment to track adherence. These calendars have six sheets with 30 scratchable surface blocks on each sheet. Every time a woman looks at the calendar, she is reminded to take the pill. When she takes the pill, she scratches a block on her calendar to reveal an image of a happy and healthy baby. As the month progresses, she scratches all 30 marks to reveal 30 happy baby faces, reminding her that she is getting closer to her goal of bringing a healthy and happy baby into the world.

LESSON

The calendar is an interactive goal tracking device that triggers users towards a habit formation exercise, thereby increasing the probability of adherence. Results from the field show that the **calendar improved adherence.**

"When I'm cooking, cleaning or sleeping, when I look at the calendar, I remember to eat the iron tablet. Once I eat it, I scratch off the date and see the picture of the baby, which keeps me motivated." - Rekha, resident of Rangai village, Madhya Pradesh



COUNSELLING CARDS

HELP PREGNANT WOMEN UNDERSTAND ANAEMIA

DEVELOPMENT PARTNER	Centre for Social and Behaviour Change, Ashoka University, Clinton Health Access Initiative
STATE	Madhya Pradesh
SUB AREA	Maternal and child care

PROBLEM

Anaemia affects 53% women in the age group of 15-49 in India as per the **NFHS-4 (2015-16). Even though IFA consumption can alleviate the problem, adherence among pregnant women is low.** This is because the messaging on IFA pills is not streamlined and women often receive different information from different sources on the pills' side-effects. This lack of consistency in messaging affects uptake as the fears around side effects are not being adequately alleviated by FLWs.

CONVENTIONAL SOLUTION

Door-to-door counselling by FLWs has not proven effective as the dangers of anaemia are not clear to women. Handing pills to women and checking compliance only in monthly meetings has not worked as women get discouraged from taking the pills when they experience side effects. FLWs struggle to convince women that the temporary discomfort of side effects outweighs the long-term benefits of taking the pill regularly.

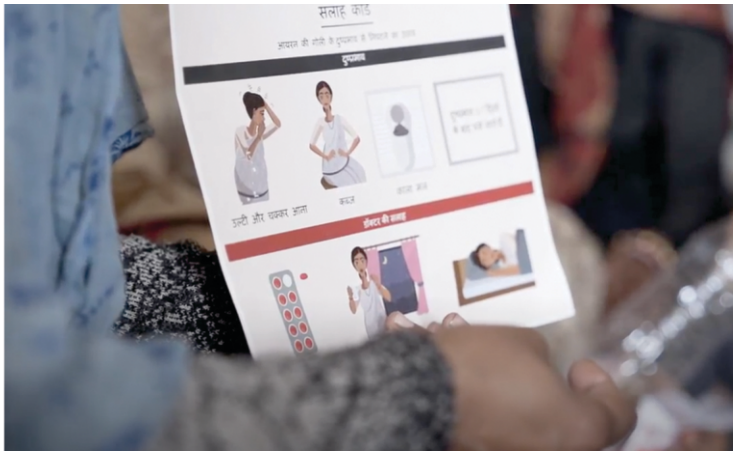
BEHAVIOURAL INSIGHTS BASED SOLUTION

The counselling card was designed as an aid for FLWs who are responsible for counselling pregnant women to take IFA supplementation. The counselling card aided FLWs in explaining the importance of taking the IFA pill as well as ways to cope with the side effects for long-term benefits. The visuals in the card not only made the point more salient for the women but **made it easier for them to correctly recall the proposed strategy to cope with the side effects.** The counselling card also shows the food equivalent of IFA pills which increases value perception among women. Earlier, FLWs would not mention the side effects as they did not want to scare women but this lack of information was one of the causes of lack of adherence. The counselling card made side effects easy to understand resulting in increased compliance to taking the pills. The card also mentions the time to take the pills, i.e. before sleeping, making habit formation and remembering to take the pill easy. It is also a great aid for the FLW as it explains difficult concepts to rural women more vividly and hence makes it more memorable and actionable.

IMPACT

The counselling card shows how visual aid ensures that the message has increased retention, which is required to improve adherence.

"I had stopped taking the iron pills but after speaking with the health worker who showed me the card, I started taking them. I would get dizzy but that stopped. My delivery went very smoothly and I delivered a healthy baby." - Rammurthy, resident of Papriyaghat village, Madhya Pradesh



JHANGORA LADDOOS
Locally Made Tasty Treats for Iron Deficiency

DEVELOPMENT PARTNER	Tata Trusts - The India Nutrition Initiative
STATE	Uttarakhand
SUB AREA	Anaemia prevention

Kavita is not keen on take-home ration (THR) because it does not taste good and it is often a hassle to remember to mix it with regular food. But Kavita is anaemic and needs the extra nutrients to nourish her already weak body. There are many women like Kavita in several villages in the Pauri Garhwal region of Uttarakhand who need supplements for iron deficiency but do not take the necessary steps to take care of their health.

Ready to eat, tasty and iron-rich Jhangora laddoos come to the rescue. Jhangora or barnyard millet, a rich source of iron and other nutrients, grows abundantly in Uttarakhand. A Swasth Bharath Prerak developed a laddoo (dessert snack) recipe using jhangora and distributed it at Anganwadi centres instead of the THR. She found that women loved these laddoos and came back for more. This idea worked well because it tackles diet diversity by using local resources optimally and also creates business opportunities for local women's self-help groups who are now producing these laddoos at scale. It addresses the barrier of taste as well as convenience because it's ready to eat, unlike the packed THR. It can be had as a snack, a post-meal dessert or even on the go but most importantly, it nourishes.

MISS HAEMOGLOBIN
A Pageant to Make India Anemia-Free

DEVELOPMENT PARTNER	The Bill & Melinda Gates Foundation, USAID, The Barr Foundation, BBC Media Action
STATE	Bihar
SUB AREA	Maternal and child health

Rekha's excited this morning. She is about to be awarded for her blood. Yes! As strange as it sounds, she has been working for this day. She has been consistently focusing on a balanced diet and taking iron and folic acid pills regularly despite the uneasiness in the first couple of weeks. She feels more energetic now, and today particularly so as she will be awarded Miss Haemoglobin by the department of Integrated Child Development Services (ICDS) in her district Guna in Madhya Pradesh, and all her friends will be there to watch. She is one among thousands of adolescent girls who are being targeted under POSHAN Abhiyaan through Swasth Bharat Prerak in an effort to make India anaemia-free.

Unlike conventional methods of generating public awareness about anaemia, this innovative initiative uses social incentives to bring behaviour change. A healthy body and mind should be incentive enough, but our human brain responds to visible tangible incentives much more strongly. Being publicly recognised for adhering to healthy nutritional practices not only does the job of promoting healthy habits but gives adolescent girls something to strive for. The winners further inspire their peers to also adopt healthy habits.

More than half of the Indian women of reproductive age are anaemic. Low haemoglobin levels not only lower productivity but can also prove fatal in severe cases. This has a huge economic cost. Such practices hope to prod India's young girls to take their health seriously.

CHAMPIONS OF CHANGE

CHILDREN LEAD THE WAY TOWARDS HYGIENE

DEVELOPMENT PARTNER	Save the Children
STATE	Uttar Pradesh, Uttrakhand, Jharkhand
SUB AREA	Treatment of childhood diseases

PROBLEM

In rural India, diarrhoea is a more deadly killer than HIV, AIDS, malaria, and measles combined. This disease can be easily prevented by following basic practices of hygiene like washing hands with soap regularly, considered to be the most cost-effective solution to prevent diarrhoea and making sure drinking water is clean. Yet, the incidence of this disease remains high and often proves fatal when its victims are children.

CONVENTIONAL SOLUTION

Traditionally, hygiene and sanitation messaging are targeted towards adults, especially women as they manage the household. Children who go to school or play outside don't follow these practices despite being told (and sometimes coaxed) by parents. Hygiene begins at home but can be reinforced if it is reiterated at school.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Government of India, has initiated the Stop Diarrhoea Initiative (SDI) which outlines a seven step plan for the prevention and control of diarrhoea. In addition to generating awareness among mothers, teachers, and FLWs, the initiative focuses on interpersonal communication through school activities among children in the age group of 5 to 15 years. **Participatory learning approaches are used to train children to become agents of change for health and hygiene practices.** Children's clubs are formed to run these activities, and tools like comic books, animated films, flipcharts, and games are used. Since the messaging has been broken down into seven simple steps that should be adopted in order to prevent and control diarrhoea, it becomes easy to grasp. The interactive nature in which the message is delivered makes it retainable. These activities use the behavioural principle of 'role modelling' where children are given the task to champion the change by imbibing these seven steps in their lives and propagating it to their peers as well as adults, which is not the usual norm. Positive peer pressure triggers their friends and classmates to model their behaviour and encourages a health practice among a demographic that is often not targeted in hygiene and sanitation initiatives.

LESSON

The primary lesson from this initiative is that **role modelling is a powerful principle and children who are still forming their habits and opinions can be positively influenced** if they are targeted at the right time and in the right manner. As the message is delivered in an interactive participatory way, children begin to take ownership and learn to steer themselves towards forming healthy habits.

"The WASH programme has been immensely helpful as it promotes good behaviour practices among children, families and communities. This kind of behaviour change always takes time but when children are made the agents of change, this process becomes smooth, paving way for sustainable change in the community." - Moumita Saha, Advocacy, Campaign and Communication Coordinator, Save the Children.

PICTURES LEND A VOICE

CHILDREN STOP DIARRHOEA

DEVELOPMENT PARTNER	Save the Children
STATE	Uttar Pradesh, Uttarakhand
SUB AREA	Diarrhoea initiatives

PROBLEM

Solutions to pervasive yet preventable problems like diarrhoea are often designed without inputs from its most affected population - children. Policy-makers and implementers need to become better aware of children's living conditions in India to be able to prevent and treat this deadly disease more efficiently.

CONVENTIONAL SOLUTION

Children are educated about preventive measures like washing hands with soap and drinking clean water through educational campaigns and through mass media. But is this enough? How can children be included in designing solutions that fit their context?

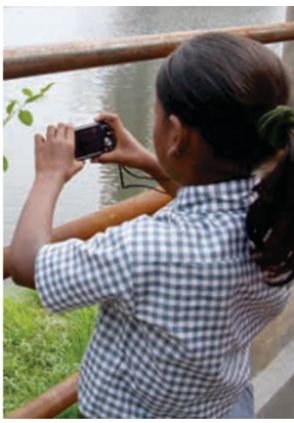
BEHAVIOURAL INSIGHTS BASED SOLUTION

As part of the Stop Diarrhea Initiatives (SDI), Photo Voice project uses participatory action research methodology which is based on the understanding that people are experts in their own lives. **Children lead this advocacy effort through collective action to solve a social problem that affects them the most, which is more effective than a top-down approach.** Children are taught photography and asked to capture conditions that cause diarrhoea. Children raise questions like "why does this situation exist?" and how they can change it. They critically discuss the images and initiate a grassroots social change by presenting this to school authorities and local administration. It not only encourages children's active civic participation but also enables authorities to understand a problem from the lens of a child, who is most likely to get affected by the disease. This educates and empowers children to take active measures to safeguard their health.

IMPACT

A third party evaluation showed that SDI exceeded their targets across 3 broad outcomes. **At least 80% households have quality diarrhoea prevention and treatment services. Also, 80% improvement in community awareness, knowledge and practices for prevention and control of diarrhoea**. And lastly, there is national, state and community accountability and ownership for increased access to diarrhoea prevention and control.

"Earlier, the community toilets were very dirty. We took pictures and they were shown in an exhibition. It was very beneficial as people saw those photos and were very embarrassed. Now there is an extra effort to ensure toilets are kept clean." - Protima Buhiya, Student, Kolkata.



COMMUNITY SCORE CARDS

CREATING ACCOUNTABILITY THROUGH PARTICIPATION

DEVELOPMENT PARTNER	Save the Children
STATE	Uttar Pradesh, Uttarakhand
SUB AREA	Diarrhoea initiatives

PROBLEM

Most often, citizens view themselves as mere recipients of government services without having a say in their functioning. This attitude renders citizens voiceless in a system which is designed to benefit them. The need to create feedback loops that inform service delivery providers how to better their services is essential. The first unit of India's administrative system begins at the Panchayat level, a participatory system, so it is only natural for this approach to be used to improve services.

CONVENTIONAL SOLUTION

Typically, services like health, infrastructure, financial inclusion reach the masses through awareness generation. The interaction between service user and provider remains transactional and the focus is on reach more than quality.

BEHAVIOURAL INSIGHTS BASED SOLUTION

The quality, efficiency, and accountability with which services are provided at different levels are essential to ensure community uptake. Recognising this need, Save the Children Community Score Cards (CSC) have been introduced across districts as part of the Stop Diarrhoea Initiative. CSC is a two-way and ongoing participatory tool for assessment, planning, monitoring, and evaluation of services. It's a 5 step process that entails setting up the scorecard, collective scoring, bringing together the users and providers, action plan implementation, and public hearing. It works on the behavioural principle that **when there is a lack of involvement and accountability, it affects community uptake of services** because citizens don't feel a sense of ownership and trust in the system. **When service users are empowered and given the platform to aid the improvement of service, there is an increased level of involvement from the community.** The public hearing makes this issue social because it mobilises people and seeks their input on public services, thus building a sense of social trust which positively impacts community involvement. The community is further motivated by a healthy competition to outperform other communities in the district.

IMPACT

A third party baseline and endline evaluation show there is a marked improvement in the **positive perception of the quality of public service from 43% to 80% over a span of one year.** Out of a total of 21 indicators, those that were marked poor in the beginning of the year was 21% which reduced to 6% by the end of the year.

"Community Score Cards have enabled us to better understand the many issues in our village. And this has led to better solutions to those problems. In the future, we would like to resolve issues as quickly as possible." - Mamta, Dausni, Uttrakhand

A LIFT FOR HEALTH

AGE APPROPRIATE HAND WASHING STATIONS

DEVELOPMENT PARTNER	Save the Children
STATE	Uttar Pradesh, Uttarakhand
SUB AREA	Treatment of childhood diseases

PROBLEM

Hygiene is important for general well-being, and one of the basic steps for hygiene is washing hands with soap. But **how do kids manage when all the hand wash basins are too high for them?** The limited number of taps also discourages children to wash their hands.

CONVENTIONAL SOLUTION

Teaching children the importance of washing hands with soap through mothers at home and teachers at school has been the primary way of spreading awareness. But even if children comprehend and make an effort to inculcate the habit, physical hurdles like not being able to reach the wash basin and soap due to their height can be the last mile barrier which is often not considered.

BEHAVIOURAL INSIGHTS BASED SOLUTION

As part of the Stop Diarrhea Initiative (SDI), age-appropriate **hand wash platforms have been introduced in schools to create an enabling environment that improves children's self-efficacy to wash their hands with soap.** A unique design of three-stage hand washing platform has been introduced that allows children of any age to wash their hands comfortably irrespective of their height. This simple design intervention is based on a human-centred design approach that identifies practical challenges and corrects them. This innovative solution makes the interface between children and an important health practice easier by recognising a simple accesibility barrier and creating an enabling environment for all children to practice handwashing behaviour. It is estimated that approximately 60 children can wash their hands before and after meals through this hand washing platform.

IMPACT

SDI project schools with age-appropriate hand washing platforms noticed that **more than 80% of students now wash their hands with soap and water before meals, after using the toilet, and after playing outdoors.**

DEMYSTIFYING NUTRITION

COLOUR-CODED PLATES

DEVELOPMENT PARTNER	Plan India
STATE	Maharashtra
SUB AREA	Nutrition

PROBLEM

Food is steeped in tradition, but what if tradition tells lactating mothers to go off dairy? This is an example of a local food practice in Maharashtra. These are the barriers to nutrition that often go unnoticed because they have been normalised over years of cultural conditioning. Nutrition of expectant and new mothers forms the foundation of the next generation's health. Unfortunately, **mothers in India often don't get the required nutrition from their daily meals.** This affects their health and the health of their children. The lack of nutrients is due to poor dietary habits born from a knowledge deficit. But can mothers be taught to nourish their bodies and their children's bodies in a simple yet palatable way?

CONVENTIONAL SOLUTION

Knowledge of food is passed on from one generation to the next within every household. This role is usually taken on by women and girls in the family. The government aids this knowledge through typical public interest advertisements on various categories of foods that promote diet diversity, i.e., carbohydrates, proteins, minerals, vitamins, and fats. **The notion of a balanced diet is broken down in theory, but not in practice.** The audiences often struggle to understand the concept of a balanced diet, making its implementation in daily practice all the more hard. The struggle persists because the gap between knowledge and behaviour change is yet to be addressed.

BEHAVIOURAL INSIGHTS BASED SOLUTION

This is where the interactive colour-coded plate game steps in. This behaviourally informed tool for change has been introduced in Amravati and Nandurbar to address the acute malnutrition status in both districts. Each plate has five colours: white, brown, orange, green, and violet to mark five basic food categories. Women are asked to fill each colour with magnets which have food stickers on them to map the kinds of food they have consumed on that day. **This interactive game makes visible what food groups are being consumed and what food groups are not.** When women play this game, the unfilled colour triangles signify the shortage in their daily diets and they are educated on how to use local seasonal foods to overcome this shortage. Initially, women mostly only had food which was brown, consisting of chapatis made from wheat, jowar or bajra. The lack of greens like spinach or orange coloured foods like carrot or tomatoes got highlighted and women instantly understood what was lacking from their diet. **This is an information package delivered in a manner that is simple enough to break down complex food categories like vitamins or minerals into locally available food items like spinach, tinda or ghia.** This tool helps in identifying the missing food groups and makes it easier for women to incorporate them in their diet.

LESSON

Visual tools are more memorable, and the retention of such information is key to aiding behaviour change. The game also simplifies nutrition into a concept that can be understood by everyone who is able to visually engage with the game.

"If it is green, it is spinach, if it's yellow, it is banana. They understand that they are supposed to consume these items very well and try to incorporate all the seven coloured food groups in everyday meals." - Jaya, Community Health worker, Maharashtra

HAND WASHING GAME

FIGHT GERMS WITH GLITTER AND HALDI!

DEVELOPMENT PARTNER	Plan India
STATE	Maharashtra
SUB AREA	Sanitation and hand washing

PROBLEM

Children often consume food with their unwashed hands after playing outdoors, and mothers often prepare food with their unwashed hands after spending hours working in the fields. **Hands are one of the primary pathways of germ-transmission.** Washing hands with soap is essential to ensure that infectious germs are washed off before consumption of food or touching other individuals. But how do you communicate the importance of hygiene to impressionable children when the culprit (i.e. the germs) is not visible to the naked eye?

CONVENTIONAL SOLUTION

Traditionally, the solution to such problems has been information dissemination by stressing on the importance of hygiene and the benefits of washing hands with soap. The dissemination is done through direct door-to-door messaging at the village level, as well as public interest advertisements on mainstream channels like television and radio programmes. While the information reaches the target audience, often, they don't follow through as there is an intention-action gap. The benefits of cleaning hands after using the toilet and before consuming food are compelling, yet not enough to push people to change their behaviours.

BEHAVIOURAL INSIGHTS BASED SOLUTION

One of the basic principles of behavioural science is to explain the problem in a vivid manner. This ensures that people actively adopt the practice versus them passively ingesting the information. **The Glitter Hand Washing Game was introduced to visually demonstrate how germs spread.** In this game, glitter or haldi (turmeric) is rubbed on children's and/or mothers' hands and they are asked to shake hands with others. They watch the spread of the glitter or turmeric and this is likened to the spread of germs. The kids and mothers are then asked to wash their hands with water. As water alone does not wash off the glitter or turmeric, they are asked to use soap which makes their hands clean again. When the problem of hygiene is framed in this manner, the focus is on visually demonstrating the spread of germs and what could happen if they don't wash their hands with soap. This **registers better in the minds of people, especially children as this game harnesses the power of play and curiosity in kids.** This innovative practice has been successful in explaining the perils of unwashed hands to children and mothers since it has been rolled out in 2019.

LESSON

The primary lesson from this exercise is that **the game recognises that adoption of handwashing practices requires more than just information.** It requires visual demonstration of the problem in a tangible and impactful manner for both children and mothers. **It uses the behavioural principle of making the problem vivid and salient to better health outcomes.** This aids comprehension, which might lead to habit formation. As a health worker puts it, "Glitter game is simple enough for everyone to understand, and yet makes an otherwise intangible concept of germs come alive when it is framed through this game."

FAITH-BASED LEADERS ADVOCATE SOCIAL CAUSES

DEVELOPMENT PARTNER	Piramal Foundation
STATE	Assam, Bihar, Jharkhand, Uttar Pradesh
SUB AREA	Early registration of pregnancy, institutional delivery, early initiation of breast feeding, routine immunisation, diarrhoea management, child marriage, hygiene and sanitation

PROBLEM

Field teams across Aspirational Districts have come across various myths, misconceptions and malpractices in rural communities that hinder the uptake of healthcare services. Some examples are vaccines cause impotency, immunisation is equivalent to birth control, discussing pregnancies, and undergoing antenatal care is counterproductive to the health of the mother and baby and so on. These **beliefs are behavioural barriers that stand in the way of immunisation and early registration of pregnancy and various other health and nutrition services,** making it difficult for frontline health workers to reach and advise on maternal and child care.

CONVENTIONAL SOLUTION

In the past, large scale advocacy campaigns on immunisation and institutional delivery have managed to make a sizeable dent. However, these campaigns do not act as myth busters. Those who fall prey to these misconceptions require focused messaging that covers these myths and why are they baseless and downright detrimental to the health of the mother and the child. But these messages need to be delivered by someone the community trusts and will listen to.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Who better than religious and spiritual leaders to take on this task? **This intervention leverages messenger effect to improve uptake** of Early Registration of Pregnancy, Institutional Delivery, Early initiation of Breastfeeding, Routine Immunisation, Diarrhea Management, Child Marriage, Hygiene and Sanitation using faith-based leaders. Faith-based leaders have an enormous influence within local communities beyond what any single awareness or advocacy campaign can have. Their words are believed over existing myths in the community. **Such leaders are part of the social fabric of these societies and are trusted enough to talk about sensitive issues that could not be discussed otherwise.** Countries like Bangladesh have used this intervention to promote Family Planning. In India, we have engaged the faith leaders to promote Polio and Measles Rubella vaccination as well as WASH initiatives through Global Interfaith Water Alliance (GIWA). Afghanistan has also deployed mobile religious teams to conduct local mobilisation to increase the uptake of Polio vaccination. This has worked in several countries with different contexts because it is based on the behavioural principle of the messenger effect where who delivers the message has a huge impact on the potential to persuade the target audience. Leveraging faith-based leaders' influence for social outcomes has far-reaching positive effects.

IMPACT

Over 600 faith based leaders have been brought on board and oriented since February 2019 in 16 Aspirational Districts across Assam, Bihar, Jharkhand and Uttar Pradesh. The team along with the existing leaders are identifying more faith leaders and sensitising them to join the transformation movement

MOTHERS COME TOGETHER TO COOK AND LEARN COMPLEMENTARY FEEDING

DEVELOPMENT PARTNER	JEEViKA Bihar, Project Concern International
STATE	Bihar
SUB AREA	Complementary feeding

PROBLEM

Complementary Feeding (CF) practices, particularly dietary diversity and minimum adequate diet in Bihar has largely remained at low levels of 7.5 as per National Family Health Survey-4 among children between 6-23 months. This is often because mothers do not know when to start complementary feeding or worry if the infant will be able to digest foods that adults consume. **Demystifying complementary feeding through information dissemination does not guarantee that it is retained and practised.** Behavioural solutions that remind and help build social practice are necessary to break the barriers around complementary feeding.

CONVENTIONAL SOLUTION

Traditionally, this information is provided by frontline workers (FLW) using information, educational and communication tools like flip charts and posters. However, despite the FLW's door-to-door efforts, once she leaves, this information is likely forgotten as women get busy with other chores.

BEHAVIOURAL INSIGHTS BASED SOLUTION

As part of the Bihar Rural Livelihood Mission locally known as JEEViKA, multiple channels are being used to reiterate and reinforce behaviour change messages related to complementary feeding. Home-visits by members of the village health sub-committee to the critical households provides face to face counsel on relevant issues like complementary feeding to new and expectant mothers. Reminder stickers tell mothers what foods can be cooked and how they can be prepared for complementary feeding act as a behavioural nudge. Mothers are encouraged to place these stickers in the kitchen to remind them about complementary feeding practices at the time of cooking. Another innovative practise is the **community cooking and feeding initiative that not only makes this practice a social event but also demonstrates easy to remember recipes that anyone can replicate at home.** Community cooking also generates discussion around complementary feeding, thus creating an enabling environment for it to become a household practice. When these messages are received from multiple touchpoints, women remember them better and also imbibe them in daily life.

IMPACT

Dietary diversity has more than doubled among the households that have received the intervention, and stickiness of the message was also greater in the group that received the messages. Mothers retain this information better thanks to JEEViKA's inspiring work. The campaigns rolled out in the year 2018 in 11 districts of the state covering 8014 village organisations (a federation of SHGs) and approximately 80,000 SHGs currently cover 400 blocks in 38 districts of Bihar. The community-level behaviour changes have been testified by a population level household survey conducted by CARE the state in the month of January 2019, after the rollout of the campaign. **The analysis of data collected during the CARE HH survey showed significant improvement of more than two-fold increase in key complementary feeding indicators, i.e. minimum dietary diversity and minimum acceptable diet.**

PASSPORT TO LIFE

WEAK NEWBORN CARE MADE EASY THROUGH TRACKING MECHANISM

DEVELOPMENT PARTNER	CARE India
STATE	Bihar
SUB AREA	Weak newborn care

PROBLEM

Weak Newborn Babies (WNBs) include those born preterm, those whose birth weight is at or below 2 kilograms, and those who do not feed strongly from Day 1. **The chance of neonatal mortality is highest among WNBs.** Healthcare systems are not able to track WNBs after they are discharged from the hospitals, and parents do not have enough knowledge on how to care for a WNB. This is often dangerous for the baby and extremely difficult for the parents.

CONVENTIONAL SOLUTION

ASHA workers are usually responsible to track and monitor WNB in their villages. They provide parents with information on how to care for the weak newborn who needs extra attention in the first month. However, FLWs are not always present with the parents who struggle and often get overwhelmed by the needs of their weak newborn.

BEHAVIOURAL INSIGHTS BASED SOLUTION

All WNBs are identified across government facilities in Bihar and even though parents are counselled on kangaroo mother care, skin to skin care, frequent exclusive breastfeeding, parents need an aid to remember these critical instructions. By making this information handy and timely with reminders, this intervention reduces the cognitive overload and information clutter enhancing action by parents caring for their weak newborn baby. **WNB Passports are not just used for tracking but also have these crucial informations on WNB care** on one side of the card and the identification number for the newborn on the other. Regular calls are made to families to inform parents about how to care for WNB and how to identify signs of sickness. The calls also advice parents to return to the health facility if they notice any danger signs. This constant and timely support through the first month of the WNB's life ensures parents have the requisite information and counselling to care for the WNB at every step. This simple behavioural intervention lowers the burden on the family as it acts as a guide at a testing time for both the parents and the baby.

IMPACT

The introduction of WNB passports has resulted in 25% neonatal mortality rates reduction among children born in public health facilities in Bihar, between 2016-2018 according to the Concurrent Measurement and Learning unit of Bihar TSU programme.

"My delivery was at Chandi Referral Hospital on 8th March 2020. The ANM told me post delivery that my child weighs only 1900 grams which is underweight. Then she told me about ways to care for the baby such as kangaroo mothercare, minimal handling and not making the child have a bath for the next 7 days. I followed all of the suggestions and now my child weighs 2500 grams and is healthy." - Babita Devi, Chainpur, Bihar. Her child was identified as a weak newborn.

BAL SUPOSHAN
Gulaks Help Prepare for Child Health

DEVELOPMENT PARTNER	Tata Trusts - The India Nutrition Initiative
STATE	Uttar Pradesh
SUB AREA	Birth preparedness

Kamala and Pushpa are on their way to the Angawadi Centre to attend the Godbharai event, a community baby shower. Eight pregnant women have come together and are excited to receive baskets of fruits and veggies. But today, they will also get earthen piggy banks or gulaks with the baskets. Pushpa asks the Anganwadi worker why they are all getting piggy banks. The Anganwadi worker says, "because a baby is about to come into your lives and you need to set aside money for her/him. This gulak will help you save for the child; all you need to do is make sure from now on all pocket change goes into this bank. You get to break this earthen gulak the day your baby arrives."

Childbirth preparedness is not a cultural norm in rural communities due to heightened sense of fatality associated with childbirth and pregnancy. Additionally, dedicated saving for a future event is not a common practice as families struggle with cash flow and savings. These gulaks are given during the baby shower work because the mothers have to take small doable actions every day towards a dedicated goal. Secondly, saving is no longer an intangible concept but becomes tangible when an actionable saving tool is given to expectant mothers. It acts as a commitment device and makes the savings going into the piggy bank non-fungible. This helps in mental accounting making women categorise this saving towards childbirth and child health budget.

POSHAN PHERE
Leveraging Marriage Vows for Family Health

DEVELOPMENT PARTNER	Tata Trusts - The India Nutrition Initiative
STATE	Chhattisgarh
SUB AREA	Nutrition

Over 100 couples will get married *today thanks to the Mukhya Mantri Kanya Vivah Yojna (MKVY), a state-sponsored community wedding event. As they begin their lives together, couples walk around the holy fire and take lifelong oaths. But today, they take one extra oath, where they commit to the health and well-being of their future child by taking care of their own health, especially women's health.*

The convergence of MKVY with POSHAN Abhiyaan uses an auspicious and memorable day to deliver key messages to its target audience at a very important juncture in their lives. Usually, family health messaging is directed towards women but Poshan Phere involves both men and women. Men are key players in ensuring women's health is prioritised in the family and when they take an oath keeping this in mind, mother and child health is no longer only the woman's issue but it becomes everyone's responsibility. These newly married couples are sensitised on the importance of a diverse diet, childbirth preparedness, anaemia and its symptoms etc. Husbands are made aware of how critical it is that they focus on their spouse's diet and be mindful of her health, something that is often neglected in many households.

This is endorsed by the local administration and state government which brings additional credibility to the issue. It works because it leverages social norms and delivers the message at the right time to the right people.

SUPOSHAN LEELA
Tackling Nutrition Creatively

DEVELOPMENT PARTNER	Tata Trusts - The India Nutrition Initiative
STATE	Uttar Pradesh
SUB AREA	Nutrition

Nine days of fasting have come to an end, it's time to go watch Ram Leela with friends and family and break the fast. Sushma is particularly engaged in this year's Ram Leela, she is laughing as she watches Suposhit Ram, Iron Laxman, and Bharat Vitamin C fight Kuposhan ka Ravan and Anaemia Surpanakha. This year's show is called Suposhan Leela, it's funny and educational. Sushma immediately connects the ill effects of iron deficiency to poor nutrition as it is connected to characters she has known since childhood.

Suposhan Leela leverages social norms to explain complex concepts of nutrition, anaemia, iron deficiency, etc by drawing upon the availability heuristic. Almost everyone knows Ravan represents evil and Ram is good in this epic tale. When malnutrition and Ravan are equated the human mind can grasp that this 'evil' can be fought with the 'good'— a balanced diet, iron supplements, and vitamin C. Using folktales and religious festivals to deliver messages that tackle social problems often work because these traditions are part of people's lives and social identities. These messages also have an emotional recall value, which increases the chances of encouraging behavioural change at a community level.

The first performance was in Shahjahanpur district inaugurated by the District Magistrate and Chief Development Officer; the show was attended by more than 500 people. Such was the impact of Suposhan Leela that the district administration requested to video record the performance to use it as an educational tool for the Hindi speaking belt. These shows have been put together by Swasth Bharath Preraks, young professionals working on catalysing change at the grassroot level.

MHM CHAACHI
Removing Stigma Around Menstruation

DEVELOPMENT PARTNER	Transform Rural India Foundation
STATE	Jharkhand
SUB AREA	Menstrual hygiene

Shalini and her friends heard about Menstrual Health Management - MHM Chaachi boxes in her school yesterday and decided to drop their queries into the box. Shalini was a little hesitant to write her question at first, but because she knew no one would know it was her question she went ahead with it and dropped it into the box. Her friends usually shy away from talking about it with her. At home, she is asked to stay away from the kitchen or pickle jars when she is menstruating. So she was hoping a box like this could help her with her questions.

Turns out, lots of other girls dropped their questions into the box over the course of this month and the discussion at the monthly meeting called Mahavari pe Charcha (Discussion on Menstruation) was rather helpful! Shalini learnt that menstruation is normal and that it should be openly talked about. Thanks to the anonymity this box provides, girls did not hesitate to ask all their doubts. The reading material and the comic books that were made available were very educational as well and helped Shalini and her friends open up about their experiences and clear their misconceptions. Girls understood the importance of menstrual hygiene and the steps they need to take to ensure they are healthy and clean during menstruation.

Unlike urban areas, in small towns and villages information around menstrual hygiene is not easily available to adolescent girls. MHM Chaachi boxes make this information available and also ensure every girl in the school has access to it by providing anonymity and a safe space for girls to share their concerns. This has been very successful in Ranchi and has covered 113 schools so far.

REETA KI POTLI

Birth Preparedness Kits for Expectant Mothers

DEVELOPMENT PARTNER	Individual Case Study
STATE	Madhya Pradesh
SUB AREA	Institutional delivery

A child's birth is one of the biggest events in the lives of parents. Reeta, an Auxiliary Nurse Midwife (ANM) from Barwani district found that mothers don't often know how to prepare for the birth of their child. She, therefore, decided to put together a kit for them. She came up with 'Reeta ki Potli', which translates to Reeta's Bundle and Barwani's women responded positively to this initiative.

How did this help? Reeta had standardised the kit so that all expectant mothers had the essentials like sanitary napkins, change of clothes for the mother and the child, an ID proof, some money etc. It reduced the cognitive load of women who were already burdened by full-term pregnancy and mentally preparing for childbirth. Additionally, this encouraged women to opt for institutional delivery as these kits won women's confidence in the ANM and the healthcare system.

The social norm around childbirth preparedness is largely non-existent because families are cautious about investing financially and emotionally till the baby's arrival. It stems from the fear of disappointment in case something goes wrong. Reeta's Potli helps change this by taking care of the preparation for expectant mothers.

जनगणमन-अधिनायक जय
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तव शुभ आशिष
गाहे तव जयगा
दायक जय हे
भारत-भाग्य-वि
जय हे!
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EDUCATION

BULAUWA

LOCAL TRADITIONAL SONGS BRINGING GIRLS TO SCHOOL

DEVELOPMENT PARTNER	Piramal Foundation
STATE	Madhya Pradesh
SUB AREA	Enrolment, reducing gender gap in education

PROBLEM

Girl child education has increasingly gained the attention it needed and policymakers are taking active measures to address the gender gap in school enrolment. However, traditional thinking and cultural practices still remain huge barriers. Administrative efforts can only go so far. **Parents and communities need to be invested in sending their girls and boys to school and provide the required social support to pursue education.**

CONVENTIONAL SOLUTION

Enrolment drives across districts have employed door-to-door campaigning, mass media advertising, and street theatre to spread awareness on the importance of education for all children, especially girls. Bringing and keeping girls in schools has also received much policy thrust but the shocking fact is that 40% girls in India have never gone to school as per National Commission for Protection of Child Rights 2018 Report.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Tribal communities are steeped in local tradition which binds them and gives them their identity. **Leveraging the local cultural practice of Bulauwa and bridging it with the educational ecosystem helped make a meaningful connection with local women** in the Lateri block of Madhya Pradesh and enhanced the enrolment of girls in schools in the district. The programme was later carried forward in the entire district. Bulauwa literally means 'to call'. It is a cultural programme where women of the community come together to celebrate by singing and dancing. Organising Bulauwa in schools helped to connect mothers with their children's education. These women-only groups helped the mothers feel comfortable and the idea of using folk songs to deliver the message of the importance of education, especially for the girl child, resonated with them. This connection is at the community level, which also helps the messages seep through and more likely pushes the women to take action as they also get inspired by each other.

IMPACT

The programme played an important role in changing the environment in the district. Till now, 800 schools have executed the Bulauwa programme. **Close to 45,000 women have participated in the programme and discussed their child's education, and about 2100 girls have been re-enrolled in schools**

"When Sir told us, through Bulauwa, that we should let our daughters study, we decided to allow them go out and study" - Sangetta Panti, mother of a school going child in Lateri Block

SCHOOL SPACES AIDING EDUCATION

USING BUILDING AS A LEARNING AID (BaLA)

DEVELOPMENT PARTNER	Piramal Foundation
STATE	Bihar, Madhya Pradesh
SUB AREA	Learning outcomes and infrastructure

PROBLEM

There is a **huge problem of absenteeism in schools in remote districts in Bihar.** The students often go to work to help the family by earning wages. Lack of awareness of the importance of education and a non-engaging environment of government schools also add to the problem.

CONVENTIONAL SOLUTION

School buildings were conceived to provide shelter to the activity of education, but never considered part of the process of education. Other solutions like free meals have been explored to address absenteeism but they have not had an adequate impact.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Building as a Learning Aid (BaLA) was launched to provide an enabling environment to students so that they feel engaged. In an effort to make rural schools in Bihar imbibe a model learning environment, the school's entire physical structure was used as a learning aid. This included not only the inside but outside and semi-open spaces. BaLA stems from the simple behavioural insight that learning is a constant process that needs to be made fun and easy for children to seek it. It is based on how children learn. For instance, painting the steps at the end of a corridor with colourful numbers and asking kids to add the numbers as they climb them is a simple and effective lesson in addition. **This human centered design approach to aid learning by utilising all available resources is efficient and effective. At its core, BaLA is about maximising the educational value of a built space.** Schools are painted with subject and grade-specific learning aid which not only impacts the students in the school but also sets a benchmark for other neighbouring schools because of the school's aesthetic appeal. BaLA makes schools child-friendly, activity oriented, and a joyful learning space.

LESSON

BaLA has been rolled out in 110 schools in Bihar and 250 schools in Damoh, Madhya Pradesh and has contributed in reducing the rate of absenteeism dramatically. Kids want to go to schools that make learning fun.

"The enrolment in my Jan Shiksha Kendra and in the block has been improving by 10% in the last 2 years. There is a huge contribution to these numbers due to BaLA." - Ajay Jain, Cluster Academic Coordinator, Bihar

JAN ANDOLAN

ENROLMENT DRIVE PROVES GAME CHANGING IN BIHAR

DEVELOPMENT PARTNER	Piramal Foundation
STATE	Bihar
SUB AREA	Enrolment

PROBLEM

According to the National Sample Survey Office, **32 million children in India up to the age of 13 have not attended any school.** Immediate and considerable efforts need to be made to improve this data. Children need to be enrolled in schools at mass and take advantage of their fundamental right to education.

CONVENTIONAL SOLUTION

Enrolment drives have been limited to awareness generation and door-to-door campaigning where school administration has been brought on board. But much more needs to be done to ensure enrolment is given the acceleration it urgently needs.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Piramal Foundation used a top to bottom approach in Sitamarhi district by bringing together officials at all administrative levels in district, block, cluster and village, to advocate the importance of enrolment of all out-of-school children. Platforms like Awaaz De, an audio recording by the District Magistrate, leveraged authority to persuade the public to align with the mission. Morning rallies (prabhat pheri) across 169 clusters at the same time were used to spread awareness. Block level officials conducted meetings with cluster level staff to align on the work and outcome and this trickled to head masters at the school level. Messaging was streamlined and effective, where banners like 'My School, My Right', 'Importance of Education', etc. were used. Bal Sansad and Meena Manch kids also performed street plays to disseminate the message through the help of teachers. **This thunderclap had far reaching effects on the citizens of Sitamarhi as the drive used the simple behavioural principle of making the message memorable and social.** This led to a mass movement which had staggering results.

IMPACT

17,605 children got enrolled in a day and 11 lakh community members joined the drive.

PADHE CHITRAKOOT, BADHE CHITRAKOOT

SCHOOL ENROLMENT THROUGH MASS MOBILISATION

DEVELOPMENT PARTNER	Piramal Foundation
STATE	Uttar Pradesh
SUB AREA	Enrolment

PROBLEM

With over **30 million children not in India's schools,** the government needs to focus on increasing enrolment and decreasing dropout rates. Unfortunately, conditions in districts like Chitrakoot where **over nine lakh people are affected by poverty, education loses its priority as people struggle for basic needs.**

CONVENTIONAL SOLUTION

Enrolment drives at the village level or through mass media advertising or public service announcements on Right to Education don't have the required effect. Children are forced into child labour or drop out due to other socio-economic factors. Monitoring dropout rates is as important as enrolling students into schools.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Piramal Foundation used a top to bottom approach in Chitrakoot district by engaging all key stakeholders in various capacities to increase enrolment in the district. Led by the District Magistrate, Chief District Officer, Basic Siksha Adhikaris in collaboration with people's representatives (MP, MLA, and Pradhans), all department officials and on-ground staff forged a two-month strategy for mobilisation of the community to enrol their children in government schools. In collaboration with the Uttar Pradesh State Rural Livelihood Mission, one of the biggest poverty alleviation schemes on ground, and with the support of the police department of Chitrakoot, the movement was able to cover the last mile, reaching even the remotest of places. Leveraging the voice of the District Magistrate to influence block and cluster level efforts led to not just administrative coordination and alignment but immense community participation. Other activities like children lead rallies, plays, slogan writing, wall paintings, hoardings etc were also used. **Drop-out students were identified and their parents were especially targeted for awareness around the importance of formal education as well as poverty alleviation schemes they can benefit from.** Then to track student's regularity, a heat mapping was done in the form of green (0-7 days absent), yellow (7-14 days absent) and red (more than 15 days) categories. Teachers along with School Management Committee members targeted the high priority areas by understanding their reasons for absenteeism. This strategy not just focused on the outcome of the campaign but customised its messaging to the reality of the people it reached out to and ensured their socio-economic conditions were not ignored. This is effective because it makes the message social as it becomes a local movement driven by local administration in collaboration with public schemes that are leveraged to increase participation.

IMPACT

Enrolment figures rose from 1,33,227 in 2016 to 1,34,619 in 2017 and 1,38,606 in 2018 showing a positive trend for the district. Additionally, the district achieved 100% transition rate from class 5 to 6, thereby reversing drop-out rate figures.

FINANCIAL INCLUSION AND SKILL DEVELOPMENT

SMS REMINDERS TO IMPROVE BANK AGENT PERFORMANCE

DEVELOPMENT PARTNER	IDinsight
STATE	Multiple states
SUB AREA	Agent performance

PROBLEM

Agents are frontline workers for financial inclusion and face many constraints including poor management, heavy task load, and non-remunerative compensation packages. These hurdles can often slow down their pace to acquire more customers for pro-poor government financial products like Atal Pension Yojna (APY), Pradhan Mantri Jeevan Jyoti Bima Yojna (PMJJBY), and Pradhan Mantri Suraksha Bima Yojna (PMSBY).

CONVENTIONAL SOLUTION

While government-sponsored financial inclusion schemes exist, oftentimes large sections of the unbanked rural population remain uninformed or uninterested in these schemes. Posters and national advertisements on TV and radio have informed but not succeeded in increasing enrolment substantially. Agents provide interpersonal communication to enrol customers by educating them about financial products and assisting in the process, however, agents often feel deflated by the many on-ground challenges.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Behaviourally-informed SMS reminders were rolled out to test the efficacy of this tool in improving performance of banking agents (BCs). **These SMS reminders tested what kind of behaviour-framing works best on BCs.** SMSs act as reminders as well as reinforcers. These SMSs were framed on three different behaviour principles and rolled out through a randomised control trial to test which framing works best. The first was based on the principle of supervision, where messages were aimed at letting the agents know they are being monitored; the second type of framing focused on encouraging prosocial behaviour which draws on positive messaging around sharing, co-operating, volunteering etc.; and the third used incentive framing.

LESSON

It was found that **SMS reminders with a threat of monitoring increased enrolments by BCs, but only when material incentives like prizes were present and when agents are associated with banks that have a supportive culture.**

ENCOURAGING SAVING THROUGH GOAL TRACKING

DEVELOPMENT PARTNER	IDinsight
STATE	Andhra Pradesh, Telangana
SUB AREA	Encourage formal saving

PROBLEM

Despite the extension of formal financial products in rural areas through bank agents (BCs), account usage remains low due to **behavioural barriers like low attention and planning towards saving.** Saving is not considered essential and hence is not a common practice.

CONVENTIONAL SOLUTION

Traditionally, BCs encourage potential customers to use financial products through interpersonal communication. Posters in public areas or outside banks do the same to recruit more customers by targeting the unbanked and underbanked rural population, However, not enough focus is placed on encouraging people to save money in their bank accounts through these channels.

BEHAVIOURAL INSIGHTS BASED SOLUTION

This solution aims to address the problem of low formal savings through an **intervention that combines behaviourally-informed savings calendar and communication with agents.** Agents distribute and explain this financial calendar that includes goal-setting and recording features designed to remind customers to plan for saving. Agents are also trained to encourage customers to save money formally and receive SMS reminders. **This nudges both agents and customers towards building formal saving habits and tracking goals that are laid out in the calendar.** Starting a bank account can seem like a daunting task for someone who is semi-literate or illiterate. Thus, understanding the value of saving is an essential first step to bring people into the banking system.

LESSON

This initiative was rolled out in February 2020 through 800 agents in Andhra Pradesh and Telangana. While results are awaited of the experiment, **the biggest lesson from the field is that people need nudging towards positive behaviour and get over the inertia that stops them from bringing positive change in their lives.**

AMPLIFYING FINANCIAL INCLUSION SERVICES BY INCENTIVISING AGENTS

DEVELOPMENT PARTNER	MicroSave Consulting
STATE	Multiple states
SUB AREA	Bank agent performance

Geeta Devi loves her job as a bank agent. She has completed her high school education and, now, with a short-term training course she is not only proficient in computer skills but is also a great saleswoman. She goes door-to-door educating her tribal community about financial inclusion schemes like pension and insurance that come under the government's Jan Suraksha Scheme. She educates her community on financial services available to them besides providing services to those unable travel. She is one among many bank agents working in communities to ensure maximum population benefits from formal banking system services. **However, over time, agents tend to feel bogged down and get demotivated due to challenges in achieving their goals.**

Social recognition for one's work can have rejuvenating effects, bringing back a new rigour in old work and building a healthy competition among the agents. To this end, local administration has facilitated an award ceremony where the best and the most hard-working agents are recognised for their efforts. Geeta received a certificate from the District Administration for her work in the tribal belt as she introduced most number of customers to social security schemes last year bringing a large section of the unbanked population under the fold of the formal financial system. This badge of honour not only gives Geeta's work it's due recognition but encourages other agents to strive for the same.

AGRICULTURE AND WATER RESOURCES

SOIL HEALTH CARDS MADE FARMER FRIENDLY

DEVELOPMENT PARTNER	IDinsight
STATE	Uttar Pradesh
SUB AREA	Improving soil health

PROBLEM

Close to 30% of Indian farmland faces desertification, largely due to fertiliser misuse. If farmers had enough information on the type and quantity of fertiliser to use, this could be potentially reversed. However, **an overwhelming majority of farmers were unable to understand their Soil Health Cards due to their poor design.** The cards used small font sizes, scientific terminology, unfamiliar land units and illegible formatting, making it difficult to understand even for literate farmers.

CONVENTIONAL SOLUTION

Soil Health Scheme was introduced with the best intentions under which more than 170 million cards were distributed. This scheme targeted 120 million farmers throughout India since February 2015. Over a two-year cycle, soil samples from farmers' plots were tested across 12 parameters to identify nutrient deficiencies and crop-specific fertiliser dosage were recommended. The expectation was that by providing farmers this information, the scheme will encourage judicious use of fertilisers which will improve soil health and ultimately boost stagnating agricultural productivity. But despite all the work, the cards themselves were not designed keeping the end user in mind which eventually led to farmers' not using them.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Idinsight redesigned the Soil Health Cards employing elements of Human-centred Design (HCD). Redesigned samples were tested on farmers and feedback was collected on five factors- usefulness, attractiveness, comprehensibility, relevance and persuasiveness. **This iterative process where the end user was included in the feedback process finally led to a successful design** that made the formatting clearer by introducing tables and colours to denote sufficiency and deficiency, gave clear instructions on how to interpret data, and contact details of extension services for further help. Additionally, scientific terms of fertilisers and crops were replaced with local names and local land units were used. **By being mindful of the language and the literacy levels of the farmers while designing the new cards, cognitive overload of how to interpret the data on the card was reduced.** It made it easier for the farmers to understand and act on because tables and colours worked as visual cues.

IMPACT

It was found that around 33% of farmers could accurately calculate the recommended quantity of fertilisers using the new card in their first attempt, while only around 0.5% of farmers who could do so using the old card.

100

BASIC INFRASTRUCTURE

FIELD TESTING KITS

ENSURING DRINKING WATER IS SAFE

DEVELOPMENT PARTNER	Piramal Foundation
STATE	Multiple states
SUB AREA	Safe drinking Water

PROBLEM

Presence of geogenic and biological contamination in groundwater sources generally goes unnoticed until it manifests in the form of illness. The vastness of the country makes it prohibitively expensive to provide real-time information on adherence to water quality, from sources such as handpumps, to prescribed norms. Hence, there's a strong tendency to believe that visibly clean water is in fact "safe" water. This information asymmetry, apart from its adverse health implication, is also a **barrier to foster active participation and ownership of the community in demand-driven schemes such as Swajal.** The Swajal scheme is a demand-driven, single village mini piped water supply scheme which depends on community engagement and ownership.

CONVENTIONAL SOLUTION

Mass media campaigns and interpersonal communication through frontline workers around safe drinking water and potential sources convey the importance of the issue, but do not provide a tangible mechanism for democratising the ability to conduct a preliminary assessment of local water profile. This barrier presents an opportunity for a simple but effective solution.

BEHAVIOURAL INSIGHTS BASED SOLUTION

Field Testing Kits (FTKs) were introduced as a tool for community engagement to nudge people into adopting safe water practices. FTKs provide an indicative presence of an elevated level of contaminants in a water sample and require no scientific training to conduct them. It not only demonstrates the extent of contamination using simple colour coding but also piques community interest as the team conducts a transect walk to test samples from various water sources in a village. Generally conducted in social settings, FTKs are effective in empowering the community to ascertain the quality of water they consume and hence, catalyses participation in brainstorming on community-owned water supply solutions. FTKs are made of chemical reagents and calibrated measuring test tubes and beakers that test 8-10 parameters (such as Iron, Fluoride, Nitrate, TDS, Turbidity, etc.) in the water samples. **Once community members watch the water they thought was clean change its colour during the test, it generates discussion around the importance of safe drinking water. It works because it makes the problem visible and hence salient for the community members.** Additionally, as the tests are conducted as a social event, they trigger people to see value in committing and investing participation in the Swajal Scheme. Certain communities go as far as colour coding contaminated water sources (such as handpumps) to signal non-consumption of water from the particular source for drinking or cooking purposes. Deployment of FTKs enables a sense of ownership in communities and this behavioural change is conducive to mobilising community contribution for the piped water supply scheme.

IMPACT

Through Piramal Foundation's partnership, **322 Gram Sabhas have passed resolutions endorsing the demand for Swajal Scheme.** The use of FTKs resulted in mobilising community contribution worth 10% of the capital expenditure of the piped water supply scheme in around 80% villages.

CONCLUSION

Behavioural Science is rooted in understanding the unpredictability of human nature. Quirks of the human mind often defy rational thinking and yet, that is what makes us all human. Social change requires every social scientist to engage with these barriers to bring lasting development.

The Aspirational Districts Programme focuses on the most marginalised sections of the country. The practices that have been showcased here consciously work on removing the obstacles that lower uptake of government services. Communities riddled with generations of poverty and illiteracy have a chance to share in the country's growth equitably. No one will be left behind in India's growth story, and ADP is an important step in that direction.

Employing behavioural insights to design interventions that have been rolled out across 112 districts is proof that behavioural insights work and form an essential lens to our social change approach. When people and their contexts are the epicentre of social intervention design, change has the potential to be bottom-up.

Supply-driven change can only go so far when it comes to social development. The top-down thrust needs the demand from every person in every village in India so that social benefits reach the farthest corners in the remotest communities. Development is a personal journey as much as it is a community journey driven by policy. Projects under ADP that are informed by behavioural insights are firmly rooted in this understanding.

With this vision, this report puts together a collection of inspiring practices that are informed by behavioural insights. These practices tell the story of why they have worked along with their impact. We hope these stories of change inspire and persuade every reader to use a behavioural lens in understanding social problems.

This would not have been possible without our on ground partners whose work and knowledge ensured ADP reaches beyond its goals.

ACKNOWLEDGEMENT

Our commitment to pull 112 Aspirational Districts of India out of poverty stems from the need to ensure India's growth is not just a gain of some, but of all its citizens. India cannot achieve its targeted growth without development at sub-national levels, which makes districts essential actors in this transformation.

The wide diversity is not just state-to-state but often district-to-district, making understanding local contexts essential to change. Using a behavioural lens has shed light on these distinct local contexts. This has enabled policy makers and implementers to design interventions that target the right population and address the barriers that have remained invisible or unthought of thus far. Aspirational Districts have been at the forefront of adopting and testing behavioural insights to improve outcomes. Findings from their practices can help inform policy design.

We owe our deepest gratitude to the Planning Departments of all State and Union Territory governments for supporting our efforts in the Aspirational Districts and for their valuable feedback. We are immensely grateful to all the District Administrations for working tirelessly to bring life to the programme's vision and for sharing their learnings with us. We are deeply thankful to the development partners who have jointly executed and supported this vision with the District Administrations. We are also deeply thankful to the Centre for Social and Behaviour Change for their strategic support in bringing together these success stories.

We are sincerely grateful to Dr. Rajiv Kumar, Vice Chairman, NITI Aayog, for his guidance, Shri Amitabh Kant, CEO, NITI Aayog, for his encouragement in bringing together this report, and Shri Rakesh Ranjan, Mission Director, Aspirational Districts Programme, who bolstered our efforts to document lessons from the districts.

OUR PARTNERS

BBC MEDIA ACTION

BBC Media Action is the BBC's international charity. They support media and communication efforts that strengthen governance, improve people's health, increase their resilience and improve humanitarian response. In order to achieve this, they make entertaining, informative and educational TV, radio and digital programmes that attract large audiences. But making programmes is only part of the story, their projects encourage people to discuss what they see and hear because discussion helps people to take the steps to make changes that can improve their lives.

CARE INDIA

CARE is a not-for-profit organisation working in India for over 68 years, focusing on alleviating poverty and social injustice. They do this through well planned and comprehensive projects in health, education, livelihoods and disaster preparedness and response. Their overall goal is the empowerment of women and girls from poor and marginalised communities leading to improvement in their lives and livelihoods.

CLINTON HEALTH ACCESS INITIATIVE (CHAI)

CHAI was founded in 2002 with a transformational goal: help save the lives of millions of people living with HIV/AIDS. Today, along with HIV, they work with partners to prevent and treat malaria, tuberculosis, hepatitis, and cancer, accelerate the rollout of lifesaving vaccines, reduce maternal, infant and child mortality, combat chronic malnutrition, and strengthen health systems. They operate in over 30 countries around the world and more than 80 countries have access to CHAI-negotiated deals on medications, diagnostics, vaccines, and other health tools.

IDinsight

Idinsight is a global advisory, data analytics, and research organisation that helps development leaders maximise their social impact. They tailor a wide range of data and evidence tools, including randomised evaluation and machine learning, to help decision-makers design effective programmes and rigorously test what works to support communities. They work with governments, multilaterals, foundations, and innovative non-profit organisations in Asia and Africa. They work across a wide range of sectors, including agriculture, education, health, governance, sanitation, and financial inclusion.

JEEViKA

The Government of Bihar (GoB), through the Bihar Rural Livelihoods Promotion Society (BRLPS), an autonomous body under the Department of Rural Development, is spearheading the World Bank aided Bihar Rural Livelihoods Project (BRLP), locally known as JEEViKA with the objective of social & economic empowerment of the rural poor. Subsequently, the Livelihoods Restoration and Enhancement component of Bihar Kosi Flood Recovery Project (BKFRP) was also taken into the fold of JEEViKA.

MICROSAVE CONSULTING (MSC)

MSC is a boutique consulting firm that has, for 20 years, pushed the world towards meaningful financial, social, and economic inclusion. With 11 offices around the globe, about 180 staff of different nationalities and varied expertise, they work in 65 developing countries. They partner with participants in financial services ecosystems to achieve sustainable performance improvements and unlock enduring value. Their clients include governments, donors, private sector corporations, and local businesses.

PIRAMAL FOUNDATION

EDUCATION

Piramal Foundation offers in-service and pre-service leadership training programmes for school heads and education administrators in the government system. Piramal Foundation partners with school heads (head teachers, headmasters, principals) to turn around their failing schools through a three-year part-time programme that includes workshops and on-site coaching. Currently, interventions are on in Rajasthan, Gujarat and Maharashtra. Simultaneously, Piramal Foundation runs an intense 24-month youth leadership

development programme that helps talented youngsters develop skills that can cause positive, exponential and a lasting change in society. In December 2013, PFEL launched the Piramal School of Leadership at Bagar. A world-class training facility, it offers accredited programmes for higher studies in leadership. Piramal Foundation is the philanthropic arm of the Piramal Group develops innovative solutions to resolve issues that are critical roadblocks towards unlocking India's economic potential.

SWASTHYA

Piramal Foundation through its health wing Piramal Swasthya is focused on bridging public healthcare gaps by partnering with Government of India's vision to meet Universal Health Coverage. It is one of the most prominent not-for-profit organizations in the primary public healthcare space with a focus on Maternal Health, Child and Adolescent Health and Non-communicable Diseases. With over a decade-long experience in operating several healthcare innovations at scale, the foundation addresses the primary healthcare needs of the most underserved populations. Piramal Swasthya is operational in 21 States in India through 35 public healthcare programmes and has served more than 120 Million beneficiaries so far.

SARVAJAL

Piramal Sarvajal, seeded by the Piramal Foundation in 2008, is a mission driven social enterprise which designs and deploys innovative solutions for creating affordable access to safe drinking water in underserved areas. Sarvajal is at the forefront of developing technologies and business practices in the safe drinking water sector that are designed to make a purely market-based model sustainable in both rural and urban deployment conditions. They set up community level solutions that are locally operated but centrally managed on a market based pay per use system.

PLAN INDIA

Plan India is a nationally registered not for profit organisation striving to advance children's rights and equality for girls, thus creating a lasting impact in the lives of vulnerable and excluded children and their communities. Since 1979, Plan India and its partners have improved the lives of millions of children and young people by enabling them access to protection, quality education and healthcare services, a healthy environment, livelihood opportunities and participation in decisions which affect their lives. Plan India is a member of the Plan International Federation, an independent development and humanitarian organisation that advances children's rights and equality for girls. Plan International is active in more than 70 countries.

PROJECT CONCERN INTERNATIONAL/INDIA (PCI)

PCI has been working in India since 1998 in the areas of health, nutrition and community development with programmes focusing on low-income, vulnerable and hard to reach populations in close partnership with national and state governments and civil society organisations. PCI's mission is to empower people to enhance health, end hunger, overcome hardship, and advance women and girls.

SAVE THE CHILDREN

Save the Children has a global presence in 120 countries including India. It aims to give children a healthy start in life, the opportunity to learn and protection from harm. When crisis strikes and children are most vulnerable, Save the Children are always among the first to respond and the last to leave. They ensure children's unique needs are met and their voices are heard. They deliver lasting results for millions of children, including those hardest to reach. They do whatever it takes for children — transforming their lives and the future we share — because we believe every child deserves a future. They work on health, education, protection, gender equality, policy and advocacy, and emergency response.

TRANSFORM RURAL INDIA FOUNDATION - ASPIRATIONAL DISTRICTS FELLOWSHIP

The Aspirational District Fellowship is a mechanism equipping young professionals with required competencies and providing them with a "change leadership" experience that builds their perspective, competence and inspiration to contribute to the development of the 35 Left Wing Extremism districts. The Fellowship is anchored by the TADP district cell under the leadership of the District Collector. The Fellows are placed in each focused district playing a pivotal role at the TADP implementation at the district level.

THE INDIA NUTRITION INITIATIVE (TINI)

TINI was registered as a Trust on 28th May 2015 under the aegis of the Tata Trusts to address the problem of malnutrition in India by identifying, undertaking and supporting relevant initiatives. In the last 3 years, TINI has implemented a diverse portfolio of projects which include staple food fortification, nutritious foods for children, pregnant and lactating women and enabling activities such as advocacy, monitoring, learning and research. TINI's programmes have strong linkages with the Government of India's and respective State Government's ongoing nutrition/health programmes. Their programmes are designed such that they complement and add value to the government's programmes – piloting sustainable approaches within respective local/regional contexts.

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