



BIU Behavioural
Insights Unit
of India



**Scale-up of evidence-driven
behavioural interventions to
increase IFA consumption among
pregnant women**

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The deck is created for the scale - up of two behavioural interventions targeted to increase the IFA tablet consumption among pregnant women.

It provides an overview of the behavioural interventions, how they were tested and the recommended guidelines for their successful implementation within the health ecosystem

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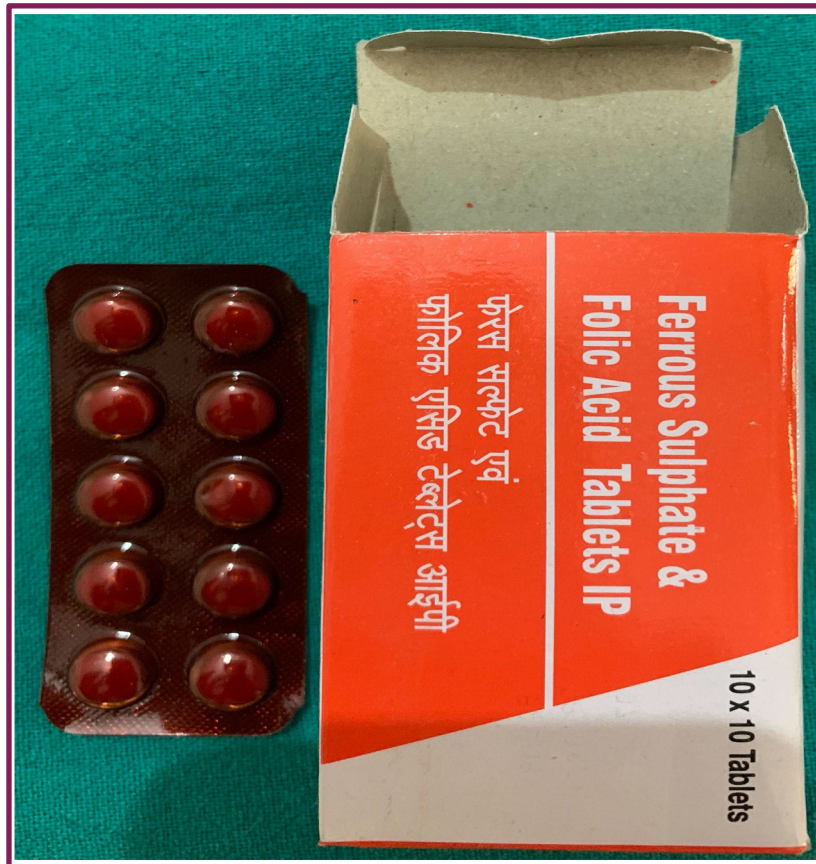
Overview of the study conducted to test the sustainability of the interventions within the health ecosystem

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Brief description of the guidelines created to facilitate the scale - up of the behavioural interventions

01. Background

High anemia prevalence among pregnant women in India



- As per NFHS-5 (2019-20), about **52% of pregnant women in India are anemic**.¹
- Strengthening Iron and Folic Acid (IFA) supplementation is key to preventing and treating anaemia.²
- IFA pills are distributed under **the Anemia Mukht Bharat (AMB) Strategy**, led by the Ministry of Health and Family Welfare (MoHFW).
- However, only **26% of pregnant women consume IFA tablets** for the recommended number of 180 days.³
- In addition to strengthening the IFA supply chain, **it is crucial to identify and resolve behavioural barriers in the consumption of IFA tablets among pregnant women.**

Anemia is associated with adverse economic and health outcomes

1.18%

Impact on economic growth¹

For India, the physical productivity loss due to anemia is estimated to be **1.18% of GDP**.

3.7
times

Impact on maternal health²

Intrauterine deaths are 3.7 times more likely among anemic women.

1.9
times

Impact on child health³

Low birth weight is 1.9 times more likely among infants born to anemic mothers as compared to mothers who are not anemic.

Wide gap between supply and demand of IFA tablets

High supply and low consumption of IFA tablets suggest demand-side challenges on the uptake of IFA tablets

Gap between supply and demand of IFA tablets

- In 2019 – 20, the IFA coverage for pregnant women was 87.5%.¹
- In 2019 – 20, 26% of pregnant women consumed IFA tablets.²
- High supply and low consumption of IFA tablets makes it crucial to target demand side challenges impeding the uptake of the tablets.

Behavioural solutions to increase the uptake of IFA tablets

- NITI – BIU’s research partner, The Centre for Social and Behavioural Change (CSBC), adopted a behavioural lens to approach the problem.
- Between 2018 – 2019, CSBC undertook a three-step approach to design behavioural solutions with the end goal of increasing pregnant women’s IFA consumption.

The Three - Step Approach for a Behavioural Solution



Diagnosing behavioural barriers



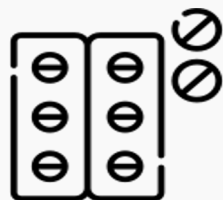
Designing behavioural interventions



Testing behavioural interventions

02. The Behavioural Interventions

Five broad behavioural barriers were identified through literature review and a diagnostic study in Uttar Pradesh¹



Lack of adherence

Side effects of IFA tablets may deter the pregnant women from consuming them



Anemia not perceived as a health condition

Anemia not perceived as a health condition and IFA tablets a necessary solution leading to de-prioritisation of their consumption and forgetfulness is taking them



Intangible payoff of IFA tablets

Benefits of taking IFA tablets not readily visible to pregnant women leading to their de-prioritisation



Traditional health-related norms

Traditional health beliefs are still prevalent and the need to consume IFA tablets for the health of the mother and child is not salient



Lack of trust in IFA tablets

There is a lack of trust in IFA tablets since they are provided for free by the government

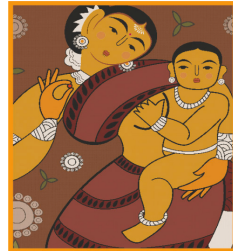
Selecting behavioural barriers to design interventions

- From the five identified behavioural barriers, **lack of adherence and intangible payoffs of IFA tablets** were selected to design interventions.
- The selected barriers are the most commonly cited reasons in the literature on low adherence to and consumption of IFA tablets.
 - Primary studies conducted across countries including India, ¹ Pakistan, ² Philippines, ³ Kenya, ⁴ Ethiopia^{5, 6} find that pregnant women do not consume the required amount of IFA tablets due to their side effects and unclear benefits of consuming them.

Intervention 1: The goal-tracking calendar

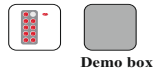
Name of pregnant woman : _____
 Start date of IFA tablet consumption : _____

1st Month

































When the pregnant mother consumes IFA tablets she gives birth to a healthy child

How to use the calendar
 Everytime you consume an IFA tablet, scratch-off one box



Demo box

 1	 2	 3	 4	 5	 6
 7	 8	 9	 10	 11	 12
 13	 14	 15	 16	 17	 18
 19	 20	 21	 22	 23	 24
 25	 26	 27	 28	 29	 30

BEHAVIOURAL BARRIER ADDRESSED ?

Intangible payoff of IFA tablets leading to their deprioritization by pregnant women

HOW IS THE BEHAVIOURAL BARRIER ADDRESSED ?


The calendar provides the users with a **reminder** to consume the IFA tablets and makes the benefits of their consumption **salient** by demonstrating visual progress

The calendar has a total number of 180 days (6 months) represented by 180 cells with each cell covered by a scratch-off feature


Intervention 2: The counselling card

Counselling Card
Guidance on the management of side effects of IFA tablets


Side Effects



Getting nauseous and dizzy



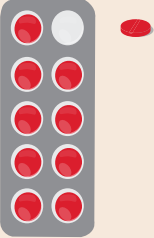
Constipation




Black Stool


Side effects will go away after 3-7 days

Doctor's Suggestion



Take one tablet at least one to two hours after having a meal





BEHAVIOURAL BARRIER ADDRESSED ?

Lack of adherence to the consumption of IFA tablets due to their side effects

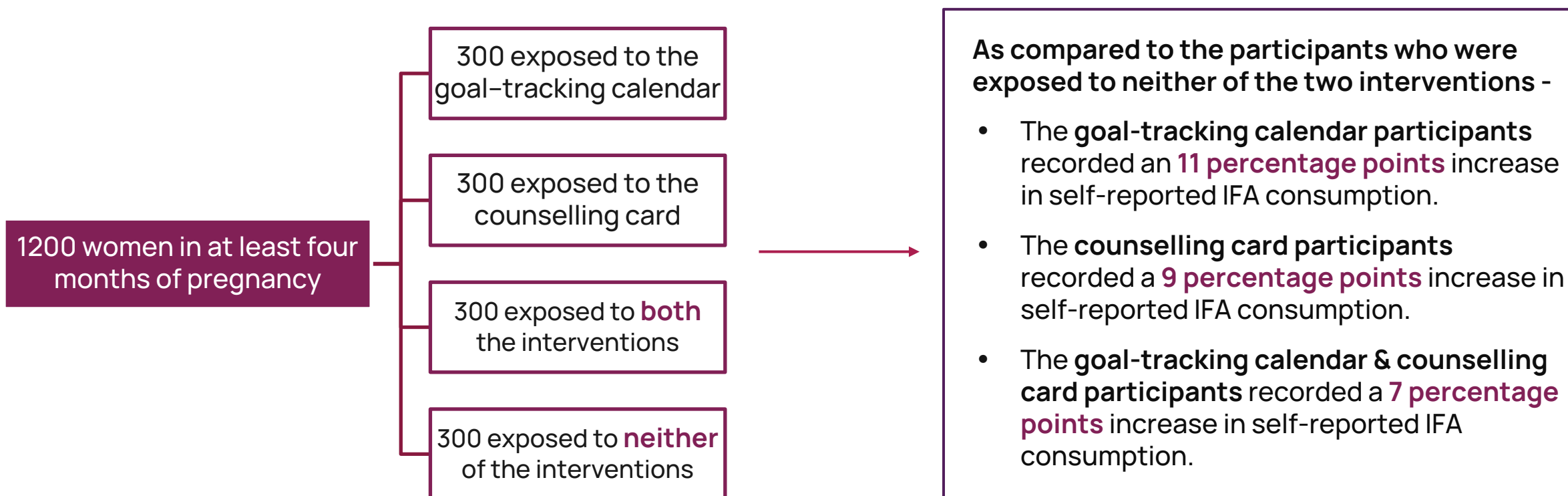
HOW IS THE BEHAVIOURAL BARRIER ADDRESSED ?

The card makes the information on the side effects of IFA tablets and their management **salient**

03. Effectiveness of Behavioural Interventions

RCT conducted in Madhya Pradesh to test the interventions¹

2018-19



Disclaimer

Since 2018, the Centre for Social and Behaviour Change has been working on enhancing the consumption of IFA tablets among pregnant women. The behavioural interventions were designed and tested in this context.

However, the results of the RCT highlight that implementing both the interventions together may reduce their effectiveness. **It is recommended that either of the two interventions are implemented. The choice of intervention is at the discretion of the implementer.**

04. Scaling the Interventions

A three-step approach was adopted to understand scalability

- The NITI-BIU undertook a qualitative study between January and August 2022

1

Policy and Literature Reviews

Detailed analysis of existing policy documents on the distribution of IFA tablets and related counselling and anemia-related IEC materials under AMB.

- The study aimed to understand **how to best integrate the interventions within the existing AMB strategy** without disturbing pre-existing dynamics

2

Field Study in Jharkhand

Consultations with Frontline Health Workers, pregnant women and block and district level officials to understand the existing processes under the AMB strategy.

3

Stakeholder Consultations

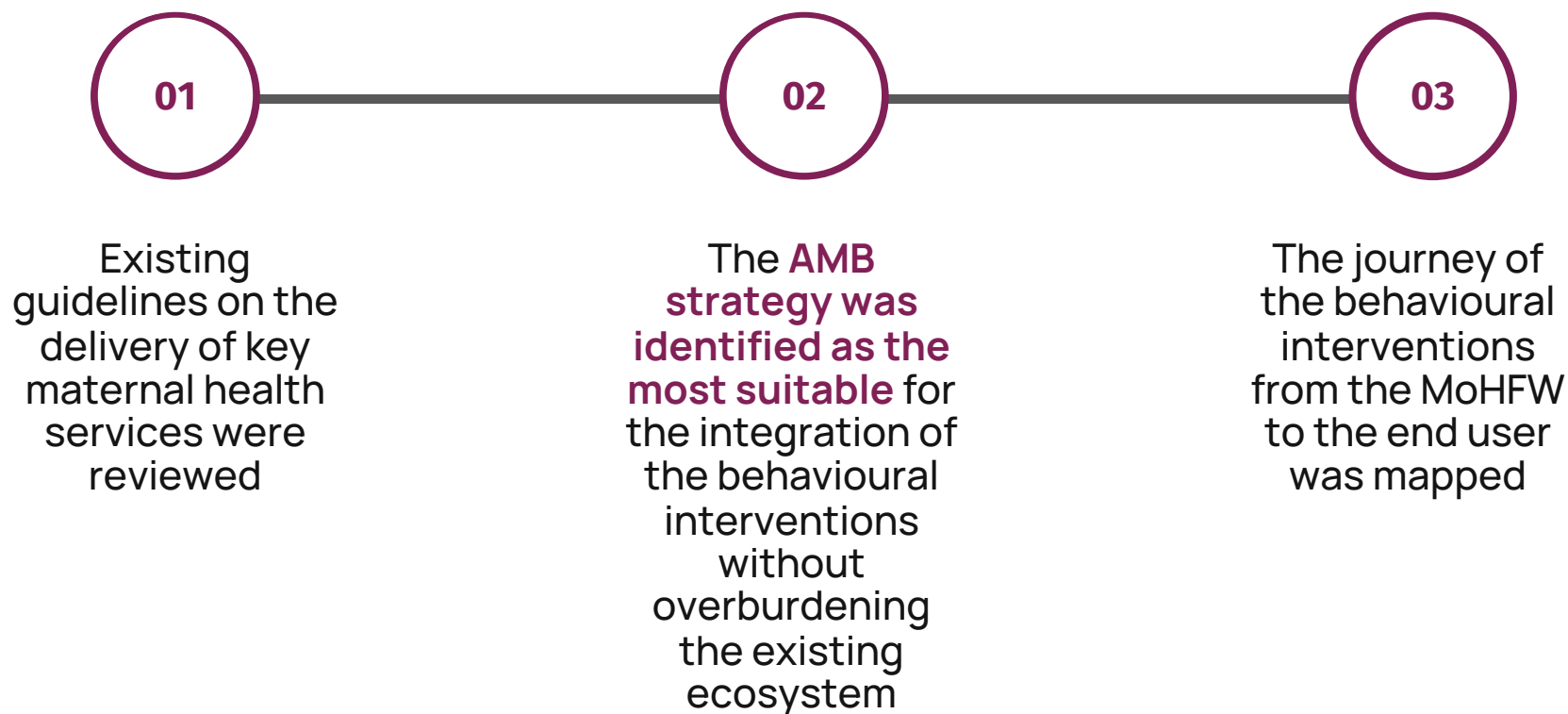
Consultations with relevant stakeholders in NITI Aayog, Department of Public Health and Family Welfare (Maharashtra) and Ministry of Health and Family Welfare to validate findings of the policy review and qualitative study and refine the operational guidelines.

Scaling the Interventions:

1. Policy and Literature Reviews

Detailed policy reviews to map the RCH implementation ecosystem

January – March 2022



Scaling the Interventions:



2. Field study in Jharkhand

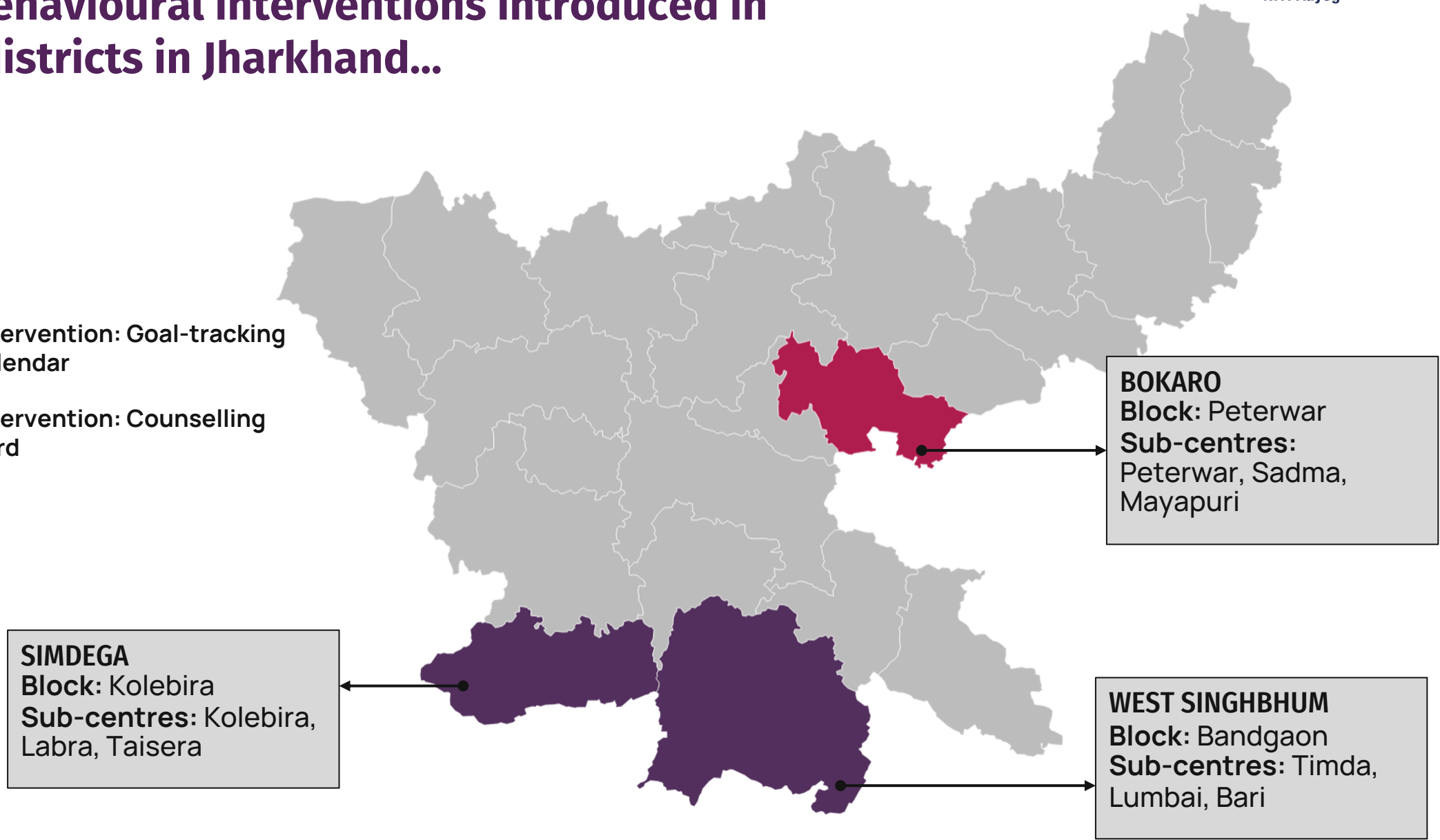
Overview to the field study in Jharkhand

- **Objective:** To understand the **efficacy and sustainability** of the interventions when integrated within the existing health machinery of India.
- Visit conducted in **three phases** between March to May 2022 to carry out FGDs, IDIs, and observational visits.
- Sample included:
 - Pregnant women
 - Frontline health workers
 - District and block officials in the health and nutrition departments



Both behavioural interventions introduced in three districts in Jharkhand...

-  Intervention: Goal-tracking calendar
-  Intervention: Counselling card



... to study their scalability through three phases of field data collection

20 March - 26 March



27 March - 29 April



2 May - 6 May

Phase I

Pre intervention
data collection

Understand the existing process
(distribution, procurement, training,
counseling) under the AMB strategy

Phase II

Intervention deployment

**Deploy the interventions through
ANMs and conduct observational
visits** to VHSNDs and
sub- centres to record the delivery
and usage of the interventions

Phase III

Post intervention
data collection

**Collect feedback on the
interventions and understand the
existing platforms** for efficient
integration of the interventions

Scaling the Interventions:

3. Stakeholder consultations

Consultations with relevant stakeholders to validate and generalise the findings

- To **ensure that the operational guidelines can be implemented across the country**, the findings of the policy review and the field study were validated through stakeholder consultations from June to August 2022.
- The guidelines suggest modifiable and non-modifiable features for the design and delivery of the interventions.
 - This **allows implementers to make context-specific changes while retaining the behavioural features** of the interventions.

The following stakeholders were consulted:

- AMB Unit, MoHFW
- State health officials, DoPHFW Maharashtra
- District and block health officials, DoPHFW Maharashtra
- Aspirational District Team, NITI Aayog
- Health vertical, NITI Aayog
- UNICEF

Scaling the Interventions:

Key findings

Study highlighted high diversity across the country



Administrative and cultural diversity

- There are administrative variations across states as the title of relevant officers and healthcare centres may be different.
- There are language barriers between the pregnant women and the ANMs.



Variations in training infrastructure and quality

- The training architecture may vary across states.
- ANMs and/or ASHAs are exposed to multiple training in an ad - hoc manner.



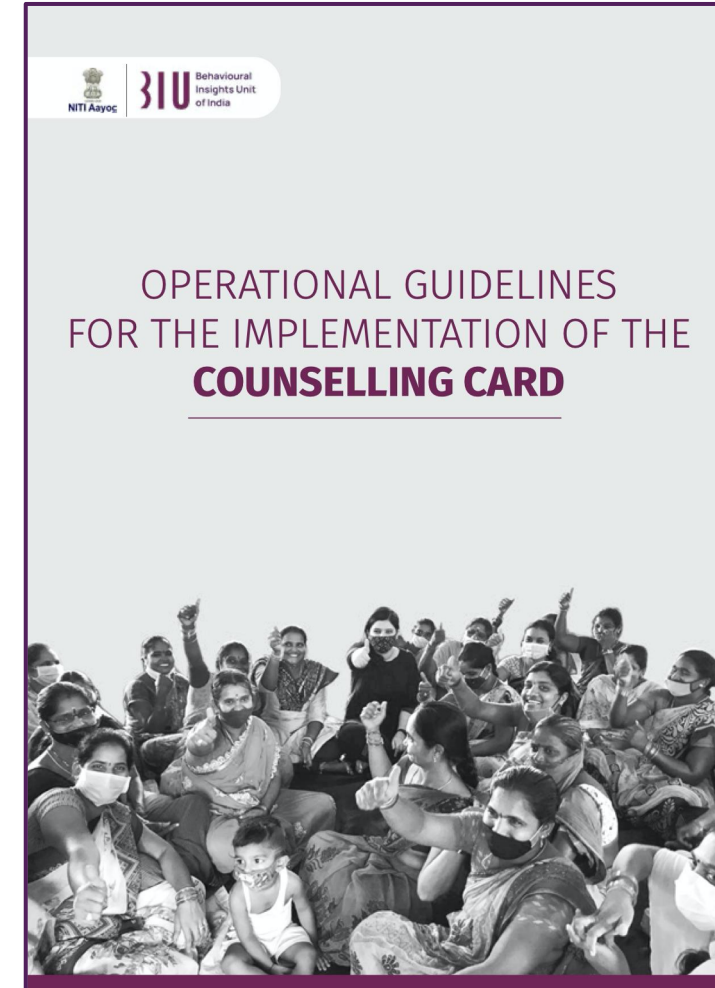
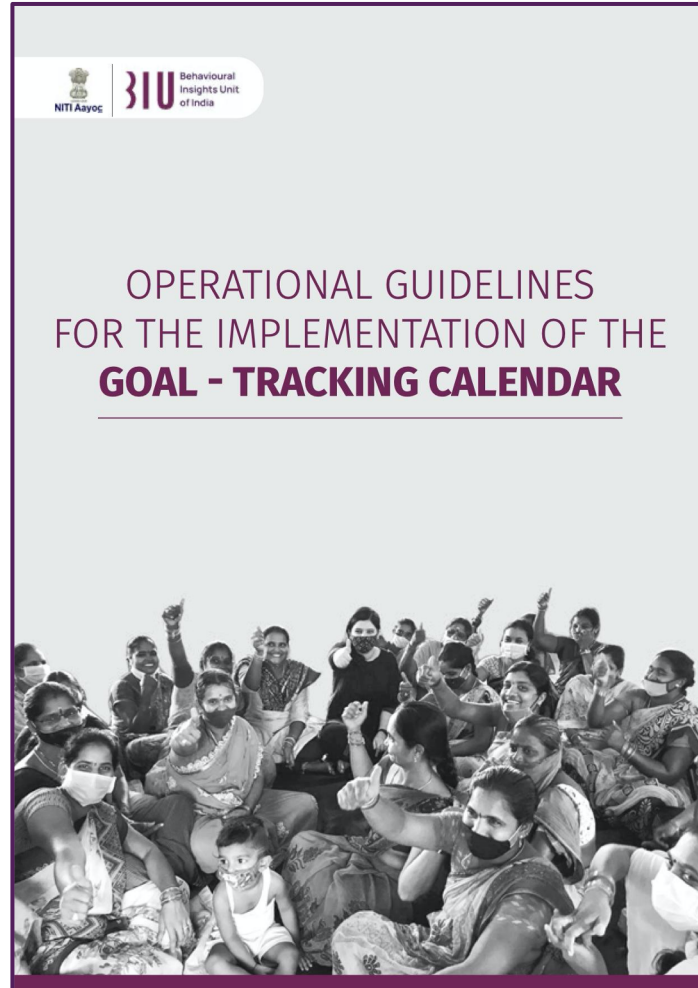
Limited monitoring of counselling

- There is no monitoring mechanism to observe IFA related counselling conducted by ANMs.

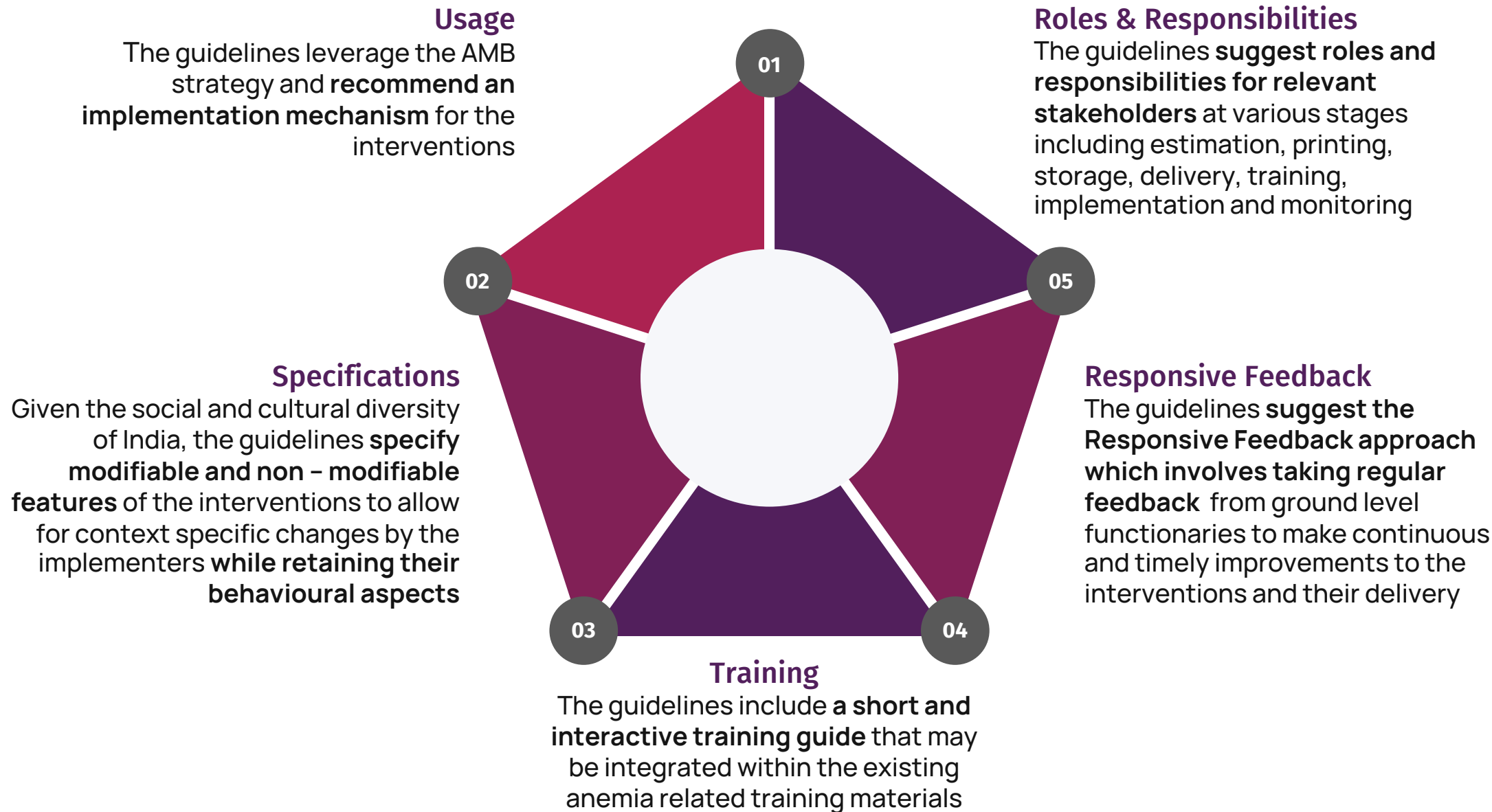
04. The Operational Guidelines

Operational guidelines drafted based on study findings

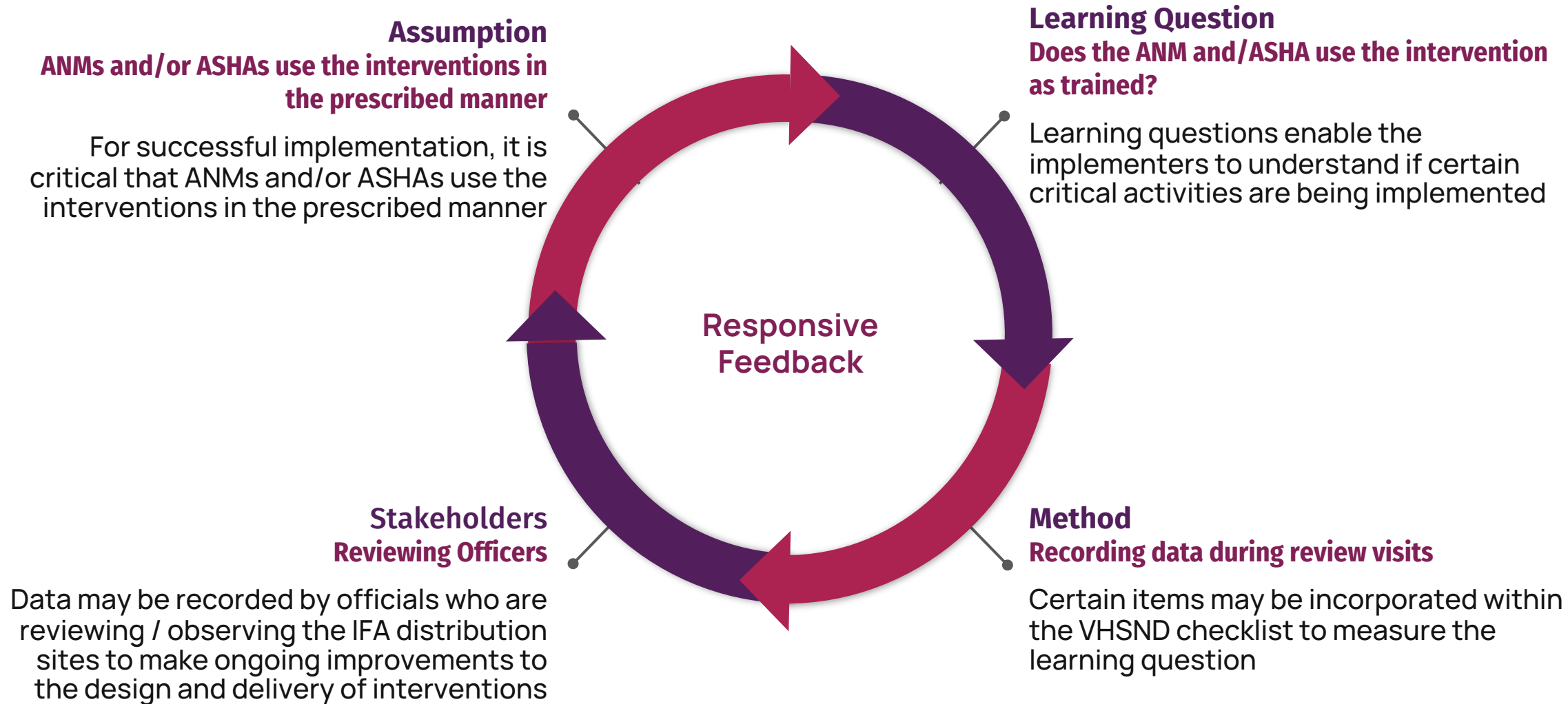
The guidelines recommend an implementation mechanism for the counselling card and the goal - tracking calendar by relevant central, state, district, and block officials



Salient features of the operational guidelines



Responsive Feedback approach in action



Thank you

Each intervention (counselling card and the goal-tracking calendar) has its own operational guidelines.

To retain the effectiveness of each intervention, the NITI - BIU recommends the adoption of either of the two interventions and not both of them together.

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