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SAATHIYA YOUTH FRIENDLY INITIATIVE EVALUATION REPORT

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SAATHIYA YOUTH FRIENDLY INITIATIVE EVALUATION REPORT

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ACRONYMS

CELSAM	Centro Latinoamericano para Salud y Mujer
CMS	Commercial Market Strategies
DiD	Difference in Differences
FP	Family Planning
GP	General Practitioner
ISM&H	Indigenous Systems of Medicine and Homeopathy doctors
IUD	Intrauterine Device
OB/GYN	Obstetrician/Gynecologist
OCP	Oral Contraceptive Pill
PSP-*One*	Private Sector Partnerships-*One* project (USAID-funded; 2005- 2009)
RH	Reproductive Health
SEC	Socioeconomic Class
SIFPSA	State Innovations in Family Planning Services Project Agency
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
UPSACS	Uttar Pradesh State AIDS Control Society
WHO	World Health Organization
YFI	Youth Friendly Initiative

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EXECUTIVE SUMMARY

Currently married youth in India have considerable unmet need for family planning (FP) and low levels of modern FP use. 27% of currently married 15-19 year old women have unmet need for FP and only 7% report current use of a modern FP method (NFHS-3). The Saathiya Youth-friendly Initiative (YFI) is a social marketing approach that seeks to improve both the supply of and demand for contraceptive services and methods thereby improving use of modern FP among currently married youth in India. Core Saathiya YFI activities included the following:

(a) Creating and training a network of providers in youth-friendly counseling and contraception provision. The network includes a total of 304 network chemists, 315 Indigenous Systems of Medicine and Homeopathy doctors (ISM&H) and 218 OB/GYNs and General Practitioners (GPs) in Lucknow city. Network providers were also supported with signage and other materials to help consumers identify them as "youth-friendly" Saathiya providers;

(b) Promoting a basket of reversible and modern contraceptives through Saathiya providers;

(c) Creating a referral system within the Saathiya network;

(d) Implementing a toll-free telephone helpline with trained counselors to provide FP information, counseling and refer to Saathiya providers if necessary;

(e) Advertising and communication activities to build awareness of the Saathiya brand and generate demand for Saathiya providers.

Given the innovative nature of this youth-friendly approach, Saathiya YFI was launched on a pilot basis in the municipal limits of Lucknow, a city in the Northern Indian state of Uttar Pradesh, in October 2007 and incorporates a strong evaluation design focused primarily on assessing the demand-side impacts on the Saathiya YFI target population of currently married youth. This report presents results from the Saathiya baseline and endline evaluation surveys conducted in Lucknow, where Saathiya YFI is implemented, and in Kanpur Nagar, the comparison site in Uttar Pradesh where Saathiya YFI is not implemented. Findings are based on data from household youth surveys conducted in Lucknow and Kanpur during June-August 2007 and April-May 2009. A total of 2,573 youth were surveyed at baseline (1,152 in Lucknow and 1,421 in Kanpur) and 2,784 respondents were surveyed at endline (1,372 in Lucknow and 1,412 in Kanpur). In addition, a brief provider survey was also conducted at endline to assess: (i) availability of Saathiya YFI program inputs (such as branded promotional materials) at Saathiya chemist shops and ISM&H clinics, and (ii) technically appropriate counseling knowledge among Saathiya and non-Saathiya ISM&H doctors. A total of 137 providers were included in the provider survey.

This evaluation identified key insights for refining implementation as Saathiya YFI is expanded beyond Lucknow city. Awareness of Saathiya YFI was relatively low in Lucknow (14% of respondents had heard of Saathiya YFI). Among those who were aware, there was limited perception of Saathiya YFI as "youth friendly." Visits to Saathiya providers for FP products or counseling were also low (9 of 1,152 respondents). However, we found that respondents at the endline in Lucknow who were exposed to Saathiya YFI interventions were nearly twice as likely (OR=1.7, $p<0.01$) to be current users of modern FP methods than their non-exposed counterparts. The evaluation also found that discussing FP with one's spouse in the preceding 12 months was the most important predictor of current modern FP use

among youth (OR=16.6, $p<0.01$). Finally, data from Saathiya helpline caller logs found a high call volume (over 13,000 in April 2009 alone) and a high proportion of callers belonging to the Saathiya target group.

Findings from this evaluation suggest the following key recommendations as Saathiya YFI expands to 6 new cities in India:

- While the evaluation was unable to determine that the higher modern FP use among youth was *caused* by exposure to Saathiya YFI, the positive and strongly significant relationship between FP use and exposure to Saathiya communication suggests the need for continued evaluation-research as Saathiya expands.

- Further investigation of the role that spousal communication plays in FP decision-making to tailor behavior change communications that can increase use of modern FP among married youth in India. These research findings could help to tailor future Saathiya BCC messages to promote modern FP use among currently married youth.

- Findings stress the importance of modifying advertising and communications strategies to improve recall of the Saathiya brand and its youth-friendly attributes, while amplifying the coverage of Saathiya communications through increased use of mass media. Alternatively, future plans should consider implementing Saathiya YFI in less media saturated environments where less media spending could produce better results.

- Expanding the reach of FP counseling and information through the Saathiya toll-free helpline.

1. BACKGROUND AND RATIONALE FOR *SAATHIYA* YOUTH FRIENDLY INITIATIVE

As in many south Asian countries, Indian women face familial pressures and societal expectations to prove their fertility early in marriage by rapidly bearing a child. However, it is becoming increasingly common for married youth in India to indicate a desire to delay their first child in order to better establish their own marital relationship and become more financially secure (Ram et al. 2006; WHO/SEARO no date). Many young women lack information, decision-making power and access to Family Planning (FP) services, which would enable them to more safely plan their families (McCauley and Salter 1995). There is considerable unmet need for FP, particularly for spacing births (IIPS and MACRO 2007). According to the 2005-06 National Family Health Survey-3, only 6.9% of married Indian women aged 15-19 and 26.1% of married women aged 20-24 were currently using a modern contraceptive method. In addition, lack of knowledge regarding FP among men is of particular concern since they are often the primary decision-makers in households.

Ensuring that young married men and women are aware of their contraceptive options (particularly short-term methods), have adequate knowledge regarding their appropriate use, and have affordable access to modern methods from a variety of sources is a critical element of empowering Indian youth to make informed decisions about their families. Campaigns to target youth with FP and reproductive health (RH) messages and the establishment of youth friendly services have repeatedly proven to be effective in increasing awareness, as well as perception of benefit and use (Van Rossem 2000, Agha, 2002). The Commercial Market Strategies (CMS) collaboration with the Centro Latinoamericano para Salud y Mujer (CELSAM) program in Mexico demonstrated the potential of pharmacists for targeting youth with FP services through a youth friendly pharmacy initiative (Wolfe, 2005). The program found that training pharmacists on how to better meet the RH needs of youth and launching a targeted communication campaign led to improved quality of reproductive services provided to youth, although client uptake of methods was not measured.

To test the potential for replicating this successful approach in a different context, PSP-*One* piloted a private sector-supported Saathiya Youth-friendly Initiative (YFI) which seeks to meet the RH needs of young married couples in Uttar Pradesh. The initiative includes a network of private health service and product providers branded as Saathiya providers. This network includes providers who are interested in working with youth and increasing their professional knowledge and client base by providing FP services including contraceptive products and FP counseling. The Saathiya YFI pilot was officially launched in Lucknow city in the Northern Indian state of Uttar Pradesh in October 2007.

2. *SAATHIYA* OBJECTIVES & ACTIVITIES

Saathiya YFI is based on an integrated social marketing approach that seeks to improve both the supply of and demand for contraceptive services and methods through a network of trained providers, private sector partners and a communication campaign targeting currently married youth in Lucknow.

Key program objectives include:

- To expand access of married youth to an array of modern FP methods by:
    - Developing a reputable and recognized youth-friendly network of chemist shops, Indigenous Systems of Medicine & Homeopathy doctors (ISM&H) and qualified medical doctors to promote these services to youth.
    - Creating a referral program to link the various provider sets to optimize the strength of the Saathiya network.
    - Enhancing the quality of contraceptive services for married youth by improving knowledge, attitudes and practices among private sector providers to deliver high quality contraceptive information, products and services.
- To increase demand among youth for contraceptive information and methods, including preventing unintended pregnancies and sexually transmitted infections (STIs) and ensuring birth spacing for young mothers.
- To enhance the program by leveraging private sector partners including pharmaceutical manufacturers and professional medical associations.

Saathiya YFI activities

In order to meet its objectives, Saathiya YFI has implemented a number of supply-side and demand-side activities in collaboration with a number of professional medical organizations and contraceptive manufacturers in Lucknow. The main activities include:

Training a network of Saathiya providers: Saathiya program staff provided pre-participation and refresher training for chemists, ISM&H doctors, General Practitioners (GP) and OB/GYN doctors in Lucknow on technical FP issues and youth-friendly interpersonal communication. These trained providers formed a 'Saathiya' brand network of providers. Saathiya providers are supported with signage and other materials that help consumers to identify Saathiya providers, including clinic signage, Saathiya posters and Saathiya badges for the providers. The network includes 304 chemists, 315 ISM&H doctors and 218 OB/GYNs and GPs.

Promoting a basket of modern and reversible branded contraceptives made available through Saathiya providers. The basket includes the following brands: KS Smooth (condoms), Elogen (OCP) and NorLevo (emergency contraceptive).

A referral system was created within the Saathiya network of providers. All Saathiya providers were given a directory of Saathiya providers for referrals and a health card to be given to Saathiya clients. Starting in mid-2008, clients presenting the health card could avail of a 5% discount on FP products at Saathiya chemists and of a 50% discount on fees for FP counseling at Saathiya OB/GYNs and ISM&H doctors.

A toll-free telephone helpline with trained counselors to provide FP information, counsel callers and refer them to Saathiya providers, where appropriate.

Advertising and outreach activities were established to build awareness of the Saathiya brand and generate demand for Saathiya providers. A variety of communication media were used including consumer leaflets in clinics and shops, billboards, posters, glowboxes at all provider outlets, cinema audio-visual spots, street theater-based performances, and radio spots and programs.

Communication messages promoted the benefit of FP for youth (i.e. enjoy life/lifestyle), positioned Saathiya as a credible source of FP information specifically geared to young married couples (i.e., Saathiya as trusted advisor), and were designed to contribute to shifting social norms to be more open to discussing FP (via radio programs and street theater). The objective of this set of messages was to get more young people interested in learning about FP and child spacing as part of being a young married couple; encourage young people to talk to their spouse, doctors, or other trusted providers about FP; and overcome youth barriers to FP such as shyness or lack of knowledge/experience.

A second set of communication messages promoted confidential and gender-specific ways to access information and counseling services such as the Saathiya helpline, and promoted access to experts trained in communicating with youth and with increased skills in counseling youth. The specific objectives here are to overcome barriers youth face to choosing a FP method such as information, costs, access, confidentiality/privacy; provide access to accurate and comprehensive information about the most suitable choice for FP; dispel myths and misinformation; learn more about Saathiya and the benefits of choosing a provider from the network (youth-friendly training/openness/style, discounts on products and counseling for youth); and encourage youth to visit Saathiya providers and eventually purchase FP products.

3. EVALUATION METHODS

3.1 EVALUATION OBJECTIVES

A rigorous evaluation design was built into Saathiya YFI to assess the program's impacts on contraceptive use among the target population of married youth. Specific funds for youth activities from USAID Bureau for Global Health Office of Population and Reproductive Health supported the evaluation of the program given the limited evidence on the impact of a youth-focused pharmacy initiative on increasing demand for contraception.

A quasi-experimental intervention design was adopted for this evaluation. Lucknow city, where Saathiya YFI activities were to be implemented, was identified as the intervention area. Kanpur Nagar, a city in Uttar Pradesh, with similar population size and contraceptive prevalence to Lucknow, was selected to be the comparison area. A baseline survey was conducted in both Lucknow and Kanpur in June-August 2007. This was followed by an endline survey in April-May 2009, 16 months after implementation of Saathiya YFI activities commenced. More details on data are provided in the next section.

The evaluation design employs a difference-in-differences (DiD) approach to estimate program impact on modern FP use among married youth. DiD is a commonly used empirical estimation technique that allows causal effects to be inferred under certain conditions and is particularly useful when assignment to the intervention group is non-random — hence its utility in this evaluation. When assignment to the intervention group is not random, DiD is a superior approach to simple (cross-sectional) comparisons between intervention and comparison groups or pre- and post-intervention comparisons in a single intervention group. This is because the latter two do not necessarily rule out competing explanations (i.e., factors other than the intervention itself) that could account for differences observed in outcomes.

DiD involves comparing the change over time in an outcome variable (i.e., between baseline and endline) between the intervention group and the comparison group. Conceptually, the DiD can be represented as follows:

Difference-in-Differences = $(Y_E - Y_B)^{Int}$ - $(Y_E - Y_B)^{Com}$

Where:

Y_E: Outcome at endline

Y_B: Outcome at baseline

Int: Intervention group

Com: Comparison group

When regression analyses are conducted with binary outcome variables (i.e., variables with yes/no response options), the DiD is modeled on a multiplicative scale and should be interpreted as a ratio of

Odds Ratios (ORs). If the outcome variable being modeled is use of modern FP the DiD would be interpreted as follows:

$$\frac{[\text{Odds of using modern FP at endline}/\text{ Odds of using modern FP at baseline}]_{\text{Int}}}{[\text{Odds of using modern FP at endline}/\text{ Odds of using modern FP at baseline}]_{\text{Com}}}$$

Where:

Int: Intervention group

Com: Comparison group

By comparing relative change over time between the intervention and comparison groups, the DiD approach eliminates biases from measured and unmeasured permanent (i.e., constant over the duration of the study) differences between the two groups and from measured and unmeasured biases that are the result of trends common to both groups. An example of a 'permanent' difference that could affect modern FP use would be differences in the proportion of Muslims between Lucknow and Kanpur. An example of a common trend that potentially affects modern FP use could be economic growth in both Lucknow and Kanpur. DiD cannot, however, mitigate threats to validity from time-variant factors that are unique to a group. An illustration of such an instance would be if one or more interventions that can affect outcomes of interest were to be implemented in the comparison group but not in the intervention group between baseline and endline.

3.2 DATA AND METHODS

As mentioned previously, the Saathiya intervention was implemented in Lucknow city, Uttar Pradesh state, in October 2007. A second city in Uttar Pradesh state, Kanpur Nagar, was selected to act as the comparison area due to its similarity with respect to key parameters, such as population size and contraceptive prevalence. For the purposes of this evaluation, therefore, Lucknow is treated as the intervention area and Kanpur as the comparison area.

The analyses use data from two main sources: household surveys of currently married youth living in the catchment area of providers at baseline (pre-intervention) and endline (post-intervention), and a survey of Saathiya YFI and non-Saathiya YFI providers at endline (post-intervention) in Lucknow and Kanpur.

Household surveys: Identical youth household surveys were conducted at baseline (June-August 2007) and endline (April-May 2009) in Lucknow and Kanpur. Eligible participants were currently married young women aged 15-24 years and currently married men aged 20-29 years[1] living in households belonging to socioeconomic classes (SEC) B, C, and D[2] which represent approximately the middle three wealth quintiles. The household survey focused on FP knowledge, attitudes and practices, and (at endline only) also included questions on exposure to Saathiya YFI communications and marketing and visits to and experience with Saathiya YFI chemists and ISM&H doctors.

[1] Originally we targeted married men and women aged 15-24 years. However, the initial household screening process yielded very small numbers of married men in the 15-19 year age category; hence the decision was made to revise the target age group for men to 20-29.

[2] SEC was determined based on the education and occupation of the chief wage earner in each household and matching that combination to an urban SEC grid to obtain SEC category. The 8 SEC categories, in order from highest to lowest socioeconomic class, are A1, A2, B1, B2, C, D, E1, and E2.

The same multi-stage sampling strategy was employed in both cities. The underlying objective of the sampling strategy was to capture households that were within a reasonable distance of (i.e. clustered around) chemists and ISM&H doctors participating in Saathiya YFI, which we define as a 400-500 meter radius. It is realistic to expect that young married men and women living in households within this radius have physical access to FP products and counseling from Saathiya YFI providers. In Kanpur, where no YFI intervention is taking place, efforts were made to sample households clustered around chemist shops and ISM&H doctors serving predominantly SEC B, C, and D households. At baseline 45 wards were selected in both Lucknow and Kanpur in proportion to the population of each ward. Chemists and ISM&H doctors were then selected in each ward using a stratified random sampling scheme. Households with eligible respondents were selected in a 400-500 meter radius surrounding each selected chemist and ISM&H doctor using a stratified random sampling scheme.

Once a provider was selected, teams of two interviewers (one male and one female on each team) screened households in the 400-500 meters surrounding the chemist shop or ISM&H clinic, starting with the two households located nearest to the selected participating chemist shop or ISM&H clinic. The teams administered a brief questionnaire to assess household SEC and to determine whether any eligible married youth lived in the household. In households with more than one eligible married youth, one was randomly selected using the Kish table method. Male interviewers interviewed male respondents and female interviewers interviewed female respondents. Interviewers were instructed to make up to three return visits to complete the interview if the selected respondent was not available at that time. Each interview took about 45 minutes to complete.

At endline, we followed the same sampling strategy with one key difference: we revisited all the same wards visited at baseline in order to maximize power to detect changes in FP use in the target population. Providers and households were re-selected using the same selection processes described for baseline. At both baseline and endline we targeted a sample size of 2,500 currently married youth (15-24 years for women and 20-29 years for men) from SECs B, C and D to detect a 5% difference-in-difference in FP use in Lucknow compared to Kanpur.

A sample of 2,573 eligible respondents was achieved at baseline (1,152 in Lucknow and 1,421 in Kanpur)[3], and 2,784 respondents at endline[4] (1,372 in Lucknow and 1,412 in Kanpur). At endline, the survey team had problems achieving the target sample size when re-visiting the 45 wards surveyed at baseline, so an additional 39 wards were surveyed at endline (22 in Lucknow and 17 in Kanpur) to achieve the target of 2,500 respondents in each city.

Endline provider survey: Although the evaluation strategy is focused on the demand side, the endline survey also included a 20 minute survey of providers (chemists or ISM&H doctors) selected as a part of the multi-stage process followed to select eligible youth. The provider survey focused on availability of Saathiya YFI program inputs (such as signage, branded materials, Saathiya YFI partner brand contraceptives, referral cards and other materials) in chemist shops and ISM&H clinics and on technically appropriate counseling knowledge for ISM&H doctors only as chemists do not play a counseling role under Saathiya YFI protocols[5]. All selected Saathiya YFI chemists and ISM&H doctors (a total of 93) were included in Lucknow. In Kanpur, only non-Saathiya YFI ISM&H doctors (44 providers) were included in the provider survey sample. No chemists were included in the Kanpur sample as they are neither required to have any Saathiya program materials nor do they play a counseling role. A total of 137 providers were covered in the endline survey.

[3] The proportion of eligible respondents who completed the questionnaire was 46% at baseline.

[4] The proportion of eligible respondents who completed the questionnaire was

[5] This is primarily a reflection of practical considerations: chemist shops are crowded and afford limited privacy.

Methods: A variety of analysis methods are employed to draw insights from the household survey about Saathiya YFI. In addition to DiD analyses and other multivariate analyses with key demand-side outcomes, we also present simple comparisons to observe trends and differences in intermediate outcome variables such as FP practices (including visits to providers) and knowledge of modern FP methods. We also present a variety of cross-sectional analyses of endline household survey data to explore patterns in FP outcomes related to participation in Saathiya YFI among respondents in Lucknow. Simple comparisons of means are presented for the provider dataset as this was the most direct way of presenting characteristics of and differences between Saathiya and non-Saathiya YFI providers.

Ethical considerations. The study protocol and instruments were reviewed and approved by the Abt Associates Inc. Institutional Review Board (IRB). Interviewers obtained informed consent from all participants. In the case of participants aged 15 to 17 years, informed consent was obtained from a parent, guardian, or other adult living in the household.

4. FINDINGS

4.1 HOUSEHOLD SURVEY

4.1.1 CHARACTERISTICS OF RESPONDENTS

Table 1 shows select important differences in the respondents' characteristics between the two study groups at baseline and endline. Comparing Lucknow and Kanpur at baseline and endline, Lucknow had a significantly higher proportion of Muslims, a higher average income, and a smaller proportion of respondents who reported discussing FP with their spouse. Compared with the baseline, the endline samples in both cities were older, had a lower proportion of Muslims, were less educated, had higher average incomes, and had a significantly higher proportion of couples without any children. Since all of these factors could affect FP use, we adjusted for them in our multivariate analyses.

TABLE 1: CHARACTERISTICS OF RESPONDENTS

Characteristic	Campaign (Lucknow)		Comparison (Kanpur)	
	Baseline (n=1,143)	Endline (n=1,370)	Baseline (n=1,410)	Endline (n=1,412)
Female (%) *†††	62.7	62.4	66.5	56.8
Age (mean) †††	22.6	23.4	22.6	24.0
Muslim (%) ***†††	30.1	23.1	20.3	18.0
Years of Education (mean) ***††	9.2	8.4	9.6	8.8
Annual Income (US$) (mean) †††	2,788	3,914	2,696	3,357
At least 1 child (%) *	87.8	67.1	85.1	69.1
Discuss FP with spouse (%) ***†††	63.3	70.6	74.1	76.2

*Difference between baseline samples in both cities is significant at the 10% level;
**Difference between baseline samples in both cities is significant at the 5% level;
***Difference between baseline samples in both cities is significant at the 1% level.
††Difference between endline samples in both cities is significant at the 5% level
†††Difference between endline samples in both cities is significant at the 1% level.

4.1.2 EXPOSURE TO SAATHIYA YFI ACTIVITIES IN LUCKNOW AT ENDLINE

Exposure to Saathiya YFI activities in Lucknow was low in the endline sample (Table 2); 14% of respondents in the endline sample had ever heard of Saathiya and 11% had heard any Saathiya YFI communication. Awareness of Saathiya was higher among the men in the sample (18% of men in the sample reported having heard of the program versus 12% of the women).

Awareness of Saathiya partner brands was low as well: 2% of Lucknow respondents at endline had ever heard of K S Smooth, 1% had ever heard of NorLevo, and 4 respondents (less than 1%) had heard of Elogen. Awareness of Saathiya providers was low as well with only 2% or 25 people in the sample having ever heard of Saathiya providers.

We also examined whether Saathiya YFI communications messages reached respondents in Kanpur in order to rule out the possibility of contamination. Only 3 out of 1,412 people surveyed in Kanpur had heard of Saathiya, indicating that the Saathiya messages did not spread to Kanpur.

TABLE 2: EXPOSURE TO SAATHIYA YFI AMONG LUCKNOW RESPONDENTS AT ENDLINE

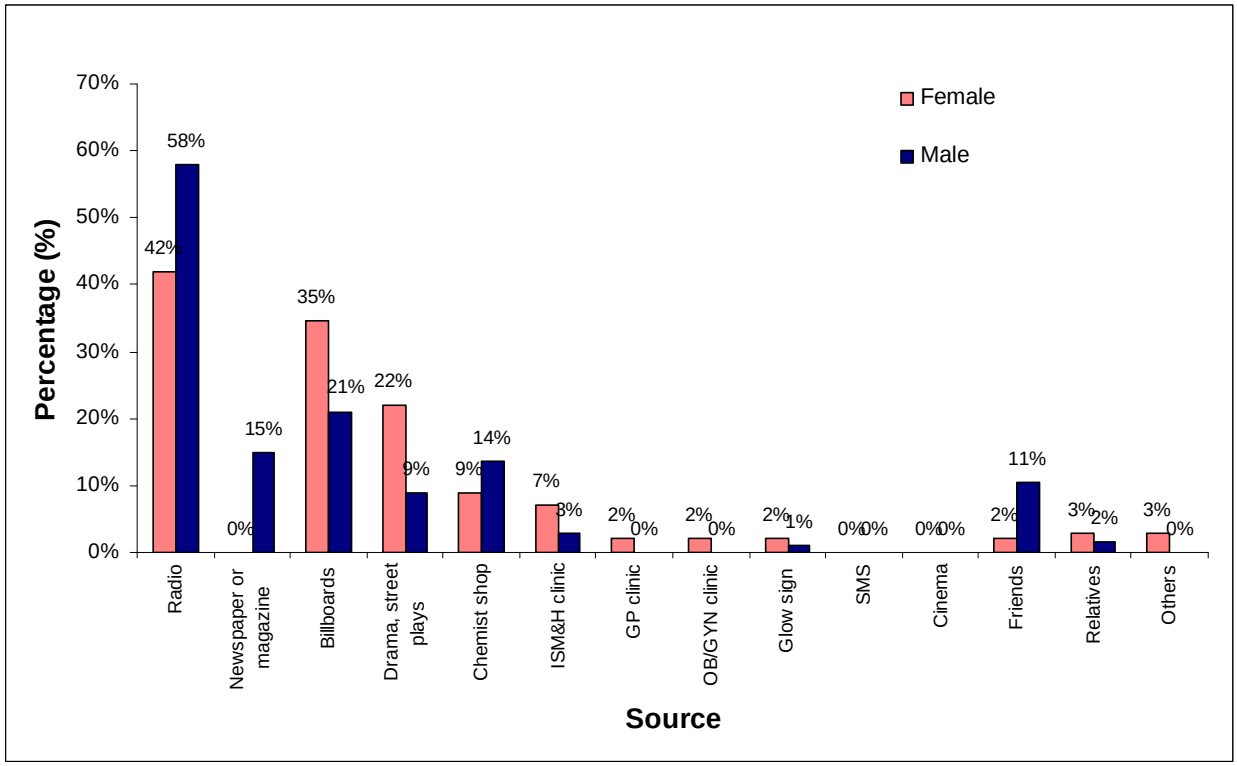
	Total (n=1,370)	Female (n=855)	Male (n=515)	Difference (male – female)
Ever heard of Saathiya	14% 192	12% 105	18% 87	6% ††
Ever heard Saathiya YFI communication	11% 156	11% 90	13% 66	2%
Ever heard of K S Smooth	2% 24	1% 8	3% 16	2% †††
Ever heard of NorLevo	1% 8	1% 5	1% 3	0%
Ever heard of Elogen	0.3% 4	0.4% 3	0.2% 1	-0.2%
Ever heard of Saathiya providers	2% 25	2% 14	2% 11	0%
Ever heard of Saathiya helpline	5% 66	4.5% 39	5% 27	0.5%

††Difference between male and female is significant at the 5% level
†††Difference between male and female is significant at the 1% level

Sources of Communication About Saathiya

Among respondents who had heard of Saathiya, the most commonly cited source of program-related communications was the radio, and this was more so among men than among women (Figure 1). On the other hand, women were more likely than men to report having heard about Saathiya through billboards (35%) and street plays (22%). Only 9% to 14% of the respondents heard about Saathiya through chemist shops, and very few reported having heard about Saathiya through the other types of providers.

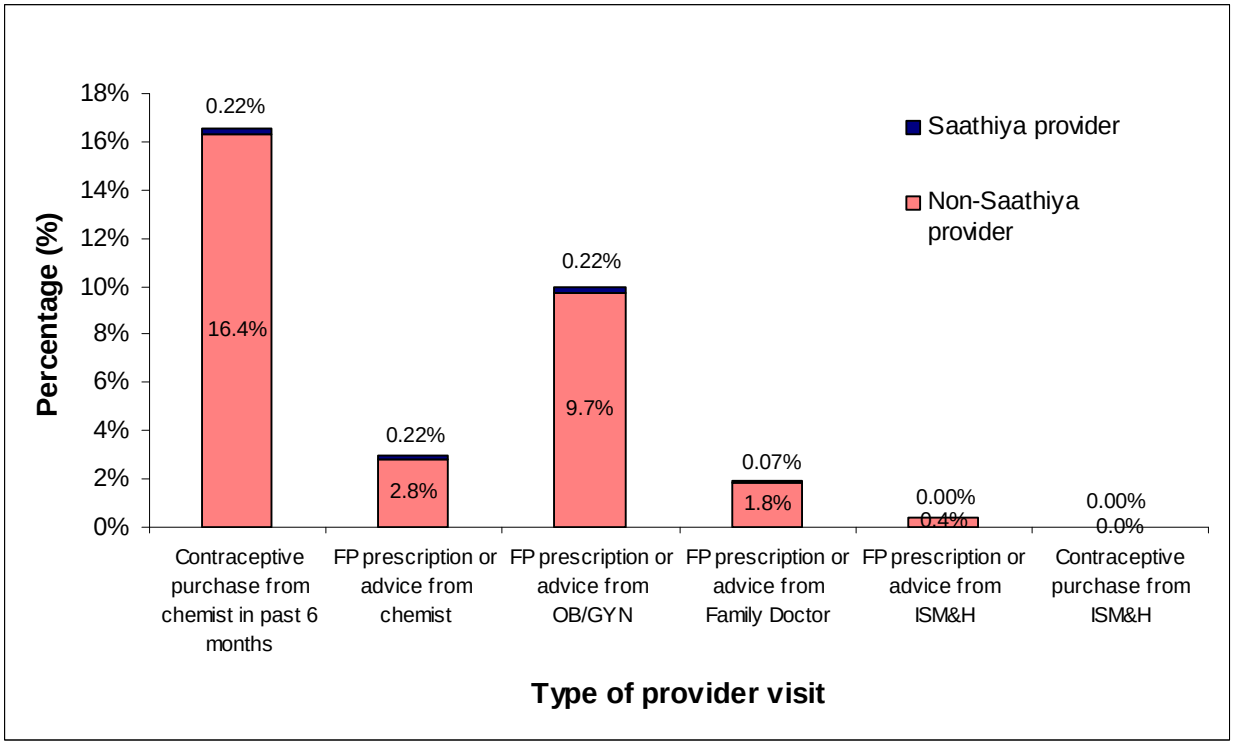
FIGURE 1: SOURCES OF KNOWLEDGE ABOUT SAATHIYA COMMUNICATION



Use of Saathiya Providers

Among the 25 people in the Lucknow endline sample having heard of the Saathiya network, 6 men and 3 women reported visits to Saathiya providers. Figure 2 shows that among those respondents who had purchased contraceptives from any chemist shop in the past 6 months (227), only 3 people (0.22% of respondents) reported purchasing those from a Saathiya chemist. Similarly, of the 136 people who visited OB/GYNs for FP prescription or advice, only 3 people reported visiting a Saathiya OB/GYN. Only 6 people (0.4% of total respondents) reported visits to an ISM&H for FP services at endline in Lucknow. Out of these, none reported visiting a Saathiya ISM&H doctor.

FIGURE 2: VISITS TO PROVIDERS AMONG LUCKNOW RESPONDENTS AT ENDLINE



Perceptions of Saathiya YFI

Of the 192 respondents who had heard of Saathiya YFI at endline in Lucknow, most (83%) identified Saathiya as a FP network. However, the youth-oriented aspect of the program branding was not strongly perceived. Very few respondents identified Saathiya as "doctors for young people" (3%), as "chemists for young people" (1%), or as "youth-friendly providers" (0.5%).

4.1.3 CHANGES IN FAMILY PLANNING OUTCOMES

The analysis below compares FP outcomes across different groups of respondents at different points in time, and investigates whether these changes are associated or causally associated with Saathiya YFI.

Changes in Visits to Providers for FP Services & Contraceptive Products

Saathiya YFI activities aim to increase youth visits to Saathiya YFI providers for FP services and products. Comparing baseline and endline (Table 3), the proportion of respondents who purchased contraceptives from chemist shops increased in Lucknow from 14% to 16.5%, but increased much more in Kanpur (from 15% to 23.5%). In contrast, the proportion of respondents seeking FP prescriptions, advice or contraceptives from all providers (including chemists, OB/GYN doctors, family doctors and ISM&H doctors) decreased in Lucknow between baseline and endline. A similar pattern was seen in Kanpur, except that the proportion of respondents seeking FP services from an OB/GYN increased from 7% to 11%.

In both cities at baseline, ISM&H doctors were the provider type used least frequently for FP prescriptions and advice. At endline in both cities, virtually no respondents sought these services from ISM&H doctors. These trends in visits to different provider types are unlikely to be a result of Saathiya YFI since changes occurred in both cities at the same time although Saathiya activities were not implemented in Kanpur and awareness of Saathiya YFI did not carry over to respondents in Kanpur.

TABLE 3: USE OF PROVIDERS AT BASELINE AND ENDLINE BY CITY

	Campaign (Lucknow)			Comparison (Kanpur)		
	Baseline (n=1,143)	Endline (n=1,370)	Difference	Baseline (n=1,410)	Endline (n=1,412)	Difference
Contraceptive purchase from chemist in past 6 months	14% (163)	16.5% (227)	2.5%	15% (210)	23.5% (331)	8.5% †††
FP prescription or advice from chemist	6% (66)	3% (41)	-3% †††	6.5% (91)	6% (81)	-0.5%
FP prescription or advice from OB/GYN	14% (160)	10% (136)	-4% †††	7% (99)	11% (155)	4% †††
FP prescription or advice from Family Doctor	12% (138)	2% (26)	-10% †††	5% (68)	1.5% (20)	-3.5% †††
FP prescription or advice from ISM&H doctor	4% (19)	0.5% (6)	-3.5% †††	2% (24)	0.5% (4)	-1.5% †††
Contraceptive purchase from ISM&H doctor	1.5% (17)	0% (0)	-1.5% †††	0.5% (6)	0% (0)	-0.5% ††

Sample excludes those who are currently pregnant and those wanting to have a child.

†††Difference between baseline and endline is significant at the 1% level;

††Difference between baseline and endline is significant at the 5% level;

†Difference between baseline and endline is significant at the 10% level.

Changes in FP Awareness

Awareness of modern FP methods in both Lucknow and Kanpur was generally high. Almost all respondents at endline in both cities were aware of the main modern contraceptive methods, including OCP, condoms, and IUDs. As shown in Table 4, there were significant increases in awareness of some methods over time, notably injectables (31% in Lucknow and 49% in Kanpur), sterilization (30% and 51% in Kanpur for female and male sterilization, respectively), and emergency contraceptives (51% in Lucknow and 64% in Kanpur). While positive changes in FP awareness among respondents in Lucknow could have been the result of Saathiya YFI activities, the fact that awareness also increased significantly in Kanpur makes it difficult to attribute changes to Saathiya YFI activities.

TABLE 4: MODERN FP METHOD AWARENESS AT BASELINE & ENDLINE

FP Awareness by Method	Campaign (Lucknow)			Comparison (Kanpur)		
	Baseline (n=1,143)	Endline (n=1,370)	Difference*	Baseline (n=1,410)	Endline (n=1,412)	Difference*
OC Pills	94%	99%	5%	90%	100%	10%
Injectables	49%	79%	31%	31%	80%	49%
Condoms	95%	100%	5%	95%	100%	5%
IUDs	80%	91%	10%	61%	94%	33%
Female Sterilization	85%	100%	15%	70%	100%	30%
Male Sterilization	80%	98%	18%	48%	99%	51%
Cycle beads/Standard Days Method	3%	6%	3%	2%	6%	4%
Emergency contraceptives	7%	58%	51%	3%	67%	64%
"Today" vaginal pessaries	8%	14%	6%	1%	11%	10%
*All differences between baseline and endline are significant at the 1% level.						

Changes in Modern FP Use

Overall, use of modern FP methods in Lucknow did not change significantly between baseline and endline, with 45% of respondents at endline reporting current use (Table 5)[6]. However, stratifying by gender showed that men reported a significantly higher increase in use from baseline to endline (6% more) while women reported 7% lower use during the same time period. In contrast, overall modern FP use in Kanpur significantly increased from 42% at baseline to 49% at endline. No clear differences were visible when we examined results separately by gender in Kanpur.

TABLE 5: MODERN FP USE AT BASELINE & ENDLINE IN LUCKNOW & KANPUR

Respondents Currently Using Modern FP Method	Campaign (Lucknow)			Comparison (Kanpur)		
	Baseline (n=945)	Endline (n=1,176)	Difference	Baseline (n=1,114)	Endline (n=1,206)	Difference
All	47% 441	45% 532	-2%	42% 471	49% 588	7% †††
Females	44% 254	37% 265	-7% ††	34% 254	35% 234	1%
Males	52% 187	58% 267	6% †	60% 217	65% 354	5%
Sample excludes those who are currently pregnant and those wanting to have a child. †††Difference between baseline and endline is significant at the 1% level; ††Difference between baseline and endline is significant at the 5% level; †Difference between baseline and endline is significant at the 10% level.						

Respondents were asked to name the FP method they and their spouse were currently using. The most common modern FP method named was condoms in both Lucknow and Kanpur (Table 6), and this was reported more frequently among men than among women (82% of men versus 69% of women at endline in Lucknow), and 84% of men versus 72% of women at endline in Kanpur). Over time, condom

[6] In all our analyses of modern FP use we exclude respondents who (or whose spouses) are currently pregnant or want to have a child.

use decreased from 68% to 65% in Lucknow and increased from 58% to 62% in Kanpur. The next most common modern FP method was OCPs, which remained fairly stable (at 9%) in both cities.

TABLE 6: MODERN FP USE AT BASELINE & ENDLINE BY METHOD TYPE

Respondents Currently Using FP Method	Campaign (Lucknow)			Comparison (Kanpur)		
	Baseline (n=492)	Endline (n=626)	Difference	Baseline (n=631)	Endline (n=755)	Difference
OCPs	10% 50	9% 57	-1%	9% 60	9% 68	0%
Injectables	2% 8	1% 5	-1%	1% 6	1% 6	0%
Condoms	68% 334	65% 404	-3%	58% 368	62% 468	4% †††
IUD/Copper T/loop	5% 26	4% 25	-1%	3% 19	2% 16	-1%
Female sterilization	4% 20	6% 36	2%	3% 18	4% 28	1%

Note: Sample excludes those who are currently pregnant and those wanting to have a child.
†††Difference between baseline and endline is significant at the 1% level;
††Difference between baseline and endline is significant at the 5% level;
†Difference between baseline and endline is significant at the 10% level.

We also conducted multivariate analyses to ascertain the relationship between modern FP use and Saathiya YFI. We ran a series of logistic regression analyses with current use of modern FP as the outcome (Yes=1). Table 7 below reports results[7] from two such logistic regression models with DiD coefficients included. Model 1 presents unadjusted regression results. Model 2 adjusts for important factors such as gender, age, and education, religion, number of living children (one or more vs. none), and discussions with one's spouse about FP[8]. It is important to note that the interaction between Endline (Yes=1) and Treatment group (Lucknow=1) is the DiD coefficient (highlighted in bold in the table below). As current use of modern FP is a binary variable, the DiD coefficient should be interpreted as a ratio of Odds Ratios (ORs). In other words, the DiD coefficient represents:

$$\frac{[\text{Odds of using modern FP at endline/ Odds of using modern FP at baseline}]_{\text{In Lucknow}}}{[\text{Odds of using modern FP at endline/ Odds of using modern FP at baseline}]_{\text{In Kanpur}}}$$

A statistically significant DiD coefficient greater than 1 therefore indicates that the change in odds of using a modern FP method between baseline and endline has been **larger** in Lucknow than in Kanpur. Conversely, a statistically significant DiD coefficient less than 1 indicates that the change in odds of using modern FP method between baseline and endline has been **smaller** in Lucknow than in Kanpur.

Model 1 shows that the change over time in the odds of currently using a modern FP method in Lucknow was 28% *lower* than the corresponding change in Kanpur and statistically significant at the 0.01 level. The result remained largely unchanged even after adjusting for key confounders.

[7] Note that the coefficients are presented in exponentiated form.
[8] The most parsimonious model presenting al l statistically significant confounders is presented here

Another very interesting finding from Model 2 is that discussion with spouse on FP had a very strong and large association with current use of modern FP. Holding all other factors constant, the odds of using a modern FP method was over 13 times higher among respondents who discussed FP with their spouses in the past 12 months compared to those who did not.

TABLE 7: DIFFERENCE-IN-DIFFERENCES FOR MODERN FP USE

VARIABLES	(1)	(2)
	(Unadjusted)	(Adjusted)
Belongs to treatment group (Lucknow)	1.195**	1.420***
	(0.106)	(0.165)
Endline	1.299***	1.150
	(0.109)	(0.120)
Endline*Treatment	0.727***	0.757*
	(0.0881)	(0.115)
Male		1.638***
		(0.163)
Age		1.140***
		(0.0207)
Years of education		1.050***
		(0.00971)
Muslim religion (Ref: Hindu)		1.581***
		(0.149)
One or more living children		2.877***
		(0.347)
Discussed FP with spouse in previous 12 months		13.62***
		(1.787)
Observations	4441	4099
Standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.1		

Table 8 presents a cross-sectional comparison of current use of modern FP between respondents in Lucknow at endline. Current use of modern FP methods was significantly higher among Lucknow endline respondents who reported having heard of Saathiya than among those who had not heard of Saathiya (60% versus 42%). This was the case among both females and males, with a 15% difference among females and a difference of 17% among males. Awareness of Saathiya thus seems strongly associated with modern FP use. We examine this association more closely through regression analyses.

TABLE 8: CURRENT USE OF MODERN FP AND AWARENESS OF SAATHIYA YFI IN LUCKNOW

Respondents Currently Using Modern FP Method	Lucknow		
	Not Aware of Saathiya	Aware of Saathiya	Difference (Aware-Not)
All	42% 412	60% 102	18% †††
Females	35% 219	50% 46	15% ††
Males	54% 193	71% 56	17% ††

Sample excludes those who are currently pregnant and those wanting to have a child.
†††Difference between aware and not aware of program is significant at the 1% level;
††Difference between aware and not aware of program is significant at the 5% level.

To explore this further, Table 9 reports the results of a logistic regression analysis that identifies possible predictors of current modern FP use in Lucknow. Table 9 shows a strong association between awareness of Saathiya and current use of modern FP methods. Without adjusting for confounding factors, the odds of currently using a modern FP method among those aware of Saathiya in Lucknow were twice as high as those who were not aware of the program in the same city (Model 1). Gender, age, education, religion, number of living children, and FP discussion with spouse are all factors that were significantly associated with current use of modern FP. On adjusting for these factors (Models 2 and 3), the odds coefficient decreased slightly to 1.7, but remained statistically significant. One possible reason why the strong association between exposure to Saathiya and modern FP use in Lucknow (Table 9) is not reflected in the DiD in current use of modern FP presented in Table 7 is most likely because exposure to Saathiya YFI was relatively low and the DiD compares the change over time in current use of modern FP among *all* (not just Saathiya YFI-exposed) respondents in Lucknow to the corresponding change among respondents in Kanpur.

Model 3 also shows that the significant association between FP discussion with spouse and modern FP use remained statistically significant and large even after controlling for other factors. The odds of currently using a modern method at endline in Lucknow were 16 times higher for those who reported having discussed FP issues with their spouse compared to those who reported no such spousal discussions.

TABLE 9: EFFECTS OF PROGRAM EXPOSURE & SELECTED RESPONDENT CHARACTERISTICS AT ENDLINE IN LUCKNOW

VARIABLES	(1) (Unadjusted)	(2) (Adjusted)	(3) (Adjusted)
Heard of Saathiya	2.031***	1.722***	1.715***
	(0.343)	(0.327)	(0.357)
Female		1.740***	1.819***
		(0.336)	(0.382)
Age		1.079**	1.088**
		(0.0380)	(0.0417)
Years of education		1.087***	1.070***
		(0.0163)	(0.0173)
Muslim religion (Ref: Hindu)		1.449**	1.715***
		(0.235)	(0.309)
One or more living children		6.521***	3.384***
		(1.139)	(0.674)
Discussed FP with spouse in previous 12 months			16.63***
			(4.668)
Observations	1149	1149	1149

Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

4.2 PROVIDER SURVEY

4.2.1 RESPONDENT PROVIDERS' CHARACTERISTICS

Table 10 describes key characteristics of the provider survey sample. All of the sampled chemists and most of the sampled ISM&H doctors were male. Mean age for all providers in the sample ranged between 38 and 48 years. Given that providers tend to be male and older, youth friendly counseling skills may play a key role in ensuring that young female clients, and youth in general, feel comfortable asking for FP products and advice from chemists and ISM&H doctors.

TABLE 10: RESPONDENT PROVIDER CHARACTERISTICS BY CITY

	Lucknow (Saathiya)	Kanpur (Non-Saathiya)
Chemists	47	0
ISM&Hs	46	43
Total (n)	93	43
Chemists		
Male (%)	47 (100%)	N/A
Female (%)	0 (0%)	N/A
Mean age- Years (Range)	38 (22-65)	N/A
ISM&Hs		
Male (%)	39 (85%)	40 (93%)
Female (%)	7 (15%)	3 (7%)
Mean age- Years (Range)	41 (30-64)	48 (28-70)

4.2.2 SAATHIYA BRANDING AND REFERRAL MATERIALS AT CHEMISTS AND ISM&H DOCTORS

Saathiya signage and branding materials at Saathiya chemist shops and ISM&H doctor clinics are a key component in the Saathiya YFI model. Saathiya signage and branding materials signal to potential clients that "youth-friendly" services are available at those specific outlets, thereby attracting young people seeking FP products and services. The provider survey included a facility assessment to verify the presence of key Saathiya inputs. In this component the interviewer directly observed providers and recorded observations in a structured format.

Close to 85% of all Saathiya chemists and ISM&H doctors had some Saathiya signage outside: either a glow sign or some other signage with the Saathiya logo. Most also had the Saathiya logo visible inside the facility – though this was higher among ISM&H doctors (85%) than chemists (71%). Availability of Saathiya leaflets with referral information was also quite high — over 80% of Saathiya ISM&H doctors and chemists had them on the day of the survey.

One clear area for improvement is whether the provider was wearing a Saathiya badge — only 5% of Saathiya chemists and 2% of Saathiya ISM&H doctors were wearing a badge when interviewed.

TABLE 11: AVAILABILITY OF SAATHIYA YFI MATERIALS

	Saathiya Chemist	Saathiya ISM&H Doctor
Saathiya glow sign visible outside	69%	64%
Saathiya logo visible outside	51%	61%
Any Saathiya signage outside	85%	84%
Saathiya logo visible inside	71%	85%
Provider wearing clearly visible Saathiya badge	5%	2%
Saathiya leaflets available in facility	80%	85%
Number of facilities/ providers	47	46

4.2.3 AVAILABILITY OF SAATHIYA PARTNER BRANDS AT SAATHIYA CHEMISTS

Virtually all Saathiya chemists offer at least one of the three Saathiya partner brands— K S Smooth condoms, Elogen OCP and NorLevo emergency contraception. However, the availability of individual partner brands showed important differences. K S Smooth condoms were universally available at Saathiya chemists and 75% had NorLevo. Only 15% of Saathiya chemists had Elogen OCPs. This clearly underscores the importance of increasing availability of Elogen given that OCP are the second most preferred modern FP method in the target population. Availability of other brands in Saathiya networks was not assessed.

TABLE 12: AVAILABILITY OF SAATHIYA PARTNER BRANDS AT SAATHIYA CHEMISTS

	Saathiya Chemist
Any Saathiya partner brand available for sale	97%
K S Smooth- Condoms	96%
Elogen OCP	15%
NorLevo Emergency Contraception	75%
Number of facilities/providers	47

4.2.4 FP COUNSELING KNOWLEDGE AMONG ISM&H DOCTORS

In the conceptualization of the Saathiya YFI model, Saathiya ISM&H doctors play a critical role in satisfying unmet FP need among youth through: (a) friendly, non-judgmental behavior towards young potential FP clients that is respectful of their need for privacy and confidentiality, and (b) good technical quality of care, including technical knowledge about FP accompanied by appropriate counseling. Saathiya ISM&H doctors are given pre-participation training and post-participation refresher training by Saathiya program staff to improve their technical FP knowledge, counseling and interpersonal skills.

The second component of the provider survey therefore evaluated technical and interpersonal quality of care among Saathiya ISM&H doctors. In this component, the interviewer presented a vignette of a 21 year old married woman who has never used FP and is interested in trying OCP although she worries about side-effects and possible long-term infertility from OCP use. The provider was then asked a series of questions about what they would do. All recorded responses were unprompted (i.e., the response options were not read out). The OCP scenario was selected for the vignette since it is the most popular FP method for which provider counseling plays a potentially substantive role in initial adoption and continued use. Condoms, the most popular method, are typically bought directly from chemists shops.

In general, more Saathiya ISM&H doctors reported following appropriate technical guidelines and counseling protocols than non-Saathiya ISM&H doctors. More Saathiya ISM&H doctors reported that they would check for conditions or contraindications of OCP use than non-Saathiya ISM&H doctors (Table 13) although only one of all the observed differences was statistically significant at the 10% level. It is also important to note that 11% of Saathiya ISM&H doctors reported that they would make all the recommended checks for conditions or contraindications, while no non-Saathiya ISM&H doctors did so. More Saathiya ISM&H doctors than-Saathiya ISM&H doctors reported they would counsel and instruct their clients on correct OCP use.

TABLE 13: FP COUNSELING AND KNOWLEDGE AT ISM&H DOCTORS

	Saathiya ISM&H (A)	Non-Saathiya ISM&H (B)	Difference (A-B)
OCP will not cause long-term infertility	100%	94%	6%
Check for conditions or contraindications			
Breastfeeding	51%	37%	14%
History of heart disease or stroke	59%	32%	27%
Breast cancer or cysts	32%	27%	5%
History of migraines or headaches	28%	16%	12%
High blood pressure	48%	27%	21%
Liver disease	39%	11%	28%*
Tuberculosis	32%	14%	18%
Check all	11%	0%	11%
Number of conditions or behaviors checked	2.6	1.8	0.8
Counseling/ Instructions on correct use			
When to take first pill	98%	82%	16%*
One pill per day	98%	91%	7%
Take pill at same time every day	74%	81%	-7%
What to do if a pill is missed	96%	80%	16%
Using a back-up method if 3or more pills are missed	58%	47%	11%
When to start a new pill pack	61%	48%	13%
Side-effects: Initial vomiting or nausea	54%	50%	4%
Mean number of instructions given	5.39	4.79	0.6
Number of ISM&H doctors	46	43	N/A

*** p<0.01, ** p<0.05, * p<0.1

4.2.5 REFERRALS IN THE SAATHIYA NETWORK

The Saathiya YFI network includes health providers of different types, including chemists, ISM&H doctors, family practice doctors and OB/GYNs. Saathiya providers can refer their clients to other providers in the Saathiya network if necessary. Saathiya supports their capacity to refer clients by giving Saathiya providers referral directories that list all network providers and health cards that clients can use to obtain a discount at Saathiya facilities.

Most Saathiya ISM&H doctors and chemists were well-supplied with referral directories and health cards— although a little under half of Saathiya chemists and almost three-quarters of Saathiya ISM&H doctors had both referral directories and health cards. Most (85%) Saathiya chemists and Saathiya ISM&H doctors (83%) correctly reported that health cards should be given to young people. Approximately one-third of Saathiya ISM&H doctors (32%) reported ever referring a client to another Saathiya provider. These data were not collected for Saathiya chemists due to the practical difficulties chemists face with collecting client data.

TABLE 14: AVAILABILITY OF SAATHIYA REFERRAL MATERIALS AT SAATHIYA ISM&H DOCTORS

	Saathiya Chemist	Saathiya ISM&H Doctor
Saathiya referral directories available and seen	51%	72%
Saathiya referral directories available (reported but not seen)	24%	11%
Saathiya health cards available	77%	84%
Referral directories and health cards available	46%	69%
Number of facilities/providers	47	46

5. DISCUSSION AND CONCLUSIONS

With the DiD evaluation approach, the strongest case for the causal impact of Saathiya YFI on modern FP use would have been if the following 3 conditions had been met: (1) Both awareness of Saathiya and visits to Saathiya providers (including calls to the Saathiya helpline) were high in Lucknow at the endline[9]; (2) Use of modern FP methods increased to a greater extent between baseline and endline in Lucknow than in Kanpur; and (3) Use of modern FP methods increased to a greater extent among respondents with greater exposure to Saathiya (for instance, those who visited Saathiya YFI providers more frequently).

The findings from this evaluation, however, present a far more complex picture of results. Awareness of modern FP methods increased, but an increase was visible in both Lucknow (Saathiya YFI intervention site) and Kanpur (comparison site). At the same time, awareness of Saathiya YFI and visits to Saathiya YFI providers were relatively low in Lucknow. Changes between baseline and endline in modern FP use were smaller in Lucknow than in Kanpur. However, use of modern FP methods at endline in Lucknow was substantially and statistically significantly higher among respondents who had heard of Saathiya YFI compared to their counterparts who had not. These findings may have several possible explanations.

One explanation for the small improvements in modern FP use in Lucknow (relative to Kanpur) is that low exposure to Saathiya YFI may have diluted impact we observed in the DiD analyses. This possibility is strengthened by the finding that respondents in Lucknow who had heard of Saathiya were considerably more likely to be current users of modern FP although they were not significantly more likely to use a Saathiya YFI provider or call the Saathiya helpline. The program implication of this scenario would be to identify the most effective elements of the communications strategy and intensify those communications activities so that more youth are exposed to Saathiya YFI communications thereby increasing modern FP use among young people. However, this explanation cannot be conclusively established since evidence from the endline alone cannot rule out the possibility that people who are currently using modern FP are more likely to notice FP messages and hence recalled Saathiya YFI communications[10].

Alternatively, the paradoxical pattern of greater improvements in Kanpur rather than in Lucknow could have been driven by factors beyond the control of Saathiya YFI. Several large-scale FP programs were implemented in Kanpur after Saathiya YFI was initiated in Lucknow. These initiatives included communications programs that could have cumulatively contributed to increasing modern FP use in Kanpur. For example, during the evaluation period, DKT conducted social marketing operations for condoms and OCP in Kanpur and used a variety of communication activities to increase awareness and use of these methods; the Uttar Pradesh State AIDS Control Society (UPSACS) also implemented four target condom promotion activities. In addition, the State Innovations in Family Planning Services Project Agency (SIFPSA) implemented a voucher scheme and additional communications campaigns were conducted to support a new chain of service delivery providers targeting a similar socio-economic target audience as Saathiya YFI. These initiatives were not anticipated when Saathiya YFI was designed. They make it difficult to infer the impact of Saathiya YFI on modern FP from DiD results.

[9] Implementation of Saathiya YFI had not commenced at baseline both awareness of Saathiya YFI and visits to Saathiya providers would have been 0 at baseline.

[10] Data restrictions meant that no other analytical options were helpful in teasing out causal impact

Despite the difficulties with ascertaining causal impact, the pattern of findings from Saathiya YFI holds important insights for Saathiya YFI as its implementation spreads to six new cities in northern India.

Low awareness of the Saathiya YFI program and Saathiya YFI communications messages is a point of concern. There are clear gender differentials in awareness as men were more likely than women to have heard any Saathiya YFI messages or communications— although both were low in absolute terms. Low awareness could be a result of limited media spending. Budgetary constraints and a desire to avoid spreading Saathiya messages to the control city meant that the Saathiya YFI campaign could not use television, the most popular entertainment medium in urban centers such as Lucknow, relying instead on radio alone. A related factor potentially contributing to overall low awareness of Saathiya in Lucknow may be that Lucknow, as a major urban area and center of state government, is a target for many competing commercial marketing and advertising efforts. The target audience is constantly exposed to commercial marketing signage and messages, making it difficult for a new social marketing campaign with relatively limited media budgets to gain traction and recognition. Low awareness among women also suggests the importance of strategies that can expand reach among young women.

Despite program efforts to encourage married youth to visit Saathiya providers for contraceptives, RH services, and related advice or information, very few respondents reported that they had ever visited a Saathiya provider. However, it is not clear whether visits to Saathiya providers were low, or whether more respondents actually did visit Saathiya providers but did not realize or recall that these providers were, in fact, associated with the network. Furthermore, the youth-oriented aspect of the program branding was not strongly perceived by respondents aware of Saathiya YFI in Lucknow. These findings suggest that the marketing and communications strategy for Saathiya YFI needs to be re-examined, and, once finalized, amplified to widen its coverage in the target audience.

Saathiya YFI also invested in and publicized a special toll-free telephone helpline dedicated to providing confidential FP information, counseling, and Saathiya provider referrals to youth in Lucknow. The endline survey found that the helpline reached a small proportion of the target population: 5% of respondents had ever heard of the helpline and just 2% of those aware of the helpline reported having called it. However, data from the call logs at the helpline itself show that the helpline was effective in reaching large numbers of the Saathiya target population. Moreover, the number of helpline callers increased eighteen-fold from its inception in October 2007 (747 callers) through April 2009 (13,432 callers), and virtually all of the callers were under age 30. This does not suggest problems with either survey or helpline caller logs. Rather it underscores the scale of reach needed to achieve high coverage in urban India where reaching large absolute numbers could still translate into low coverage (i.e., low proportion of target population reached). It is also important to note that the survey sampling strategy was not designed to capture helpline impact since helpline callers do not necessarily live in proximity to Saathiya providers.

The evaluation also found that the most significant factor correlated with modern FP use was having discussed FP with one's spouse in the previous 12 months. The odds of using a modern contraceptive method were 16 times higher among respondents who reported having those discussions with their spouses compared to those who did not have those discussions. Some of Saathiya's communication initiatives— street theater and call-in format radio shows— may have directly contributed to increasing inter-spousal discussion about FP. Again, although we controlled for most known confounders, it is not possible to determine whether spousal discussions led to increased contraceptive use or whether those who use contraceptives are more likely to have FP discussions with their spouses. Regardless, this finding highlights the importance of exploring the nature and direction of this relationship. This information will help the program make decisions about whether to invest in communications that promote greater spousal discussions on FP and also to define the types of messages to be promoted as

it scales up.

At the provider end, while most providers had at least some form of Saathiya signage visible outside of their facilities, fewer than expected had the Saathiya glow sign or the Saathiya logo itself visible on the outside. Youth looking specifically for a Saathiya provider would likely bypass chemist shops or offices lacking clear signage, and those who did indeed visit a Saathiya provider for FP or RH services would be less likely to know or recall that the provider was in fact part of the Saathiya network if the signage were inadequate to make a lasting impression. We also found an extremely low number of Saathiya chemists and ISM&H doctors wearing a visible Saathiya badge, further contributing to low recognition of the network brand among clients. Since clients tend to focus on providers during interactions with them, wearing the Saathiya badge could help to reinforce Saathiya brand recognition and also to reinforce the association between the Saathiya brand and the "youth friendliness" of services. It could also increase brand loyalty and recall of the network among youth who are visiting Saathiya providers even without doing so purposely. Further discussions with network providers will help to determine if this low prevalence of badges stemmed from low provider engagement with the network, lack of perceived need to identify themselves as "youth friendly", or other factors.

Referral data should be interpreted with caution, because they were not independently verified and there is no system to systematically track referrals within the program. The referral rate of 32% among ISM&H doctors was based on whether they reported having ever referred a client to another Saathiya provider. It is possible that providers may have over-reported actual referrals. The data from this survey should be supplemented with additional studies to better measure provider referral behavior.

We found lower than expected availability of two of the three partner brands – the Elogen oral contraceptive pills and NorLevo emergency contraception. However, it is equally important that the participating providers maintain adequate stocks of a variety of brands of OCP, condoms, and emergency contraception to ensure their availability for interested young clients and achieve growth in the overall contraceptive market. Unfortunately, we did not collect data that would allow us to assess overall product availability. Finally, our results suggest a need to implement enhanced knowledge and skill-building activities among Saathiya ISM&H doctors to ensure that they know how to correctly check for contraindications before recommending certain methods.

6. NEXT STEPS

While the original intention of this evaluation was to determine whether the Saathiya initiative had a causal impact on use of modern FP in Lucknow, two main factors made it difficult to draw solid conclusions about how the initiative could have affected FP use and knowledge among married youth: low awareness of the Saathiya program among the target population in Lucknow at endline and the fact that several FP-related activities took place in the control city of Kanpur during the intervention period.

The USAID bilateral Market Based Partnerships for Health Project is funding an expansion of Saathiya into six new cities in India. This provides an opportunity to use the lessons learned from this evaluation to further refine both demand-side and supply-side inputs into the initiative to better reach married youth with FP messages, counseling and information, and products. This evaluation highlighted the importance of further strengthening the communications aspect of the program and following up with participating providers to optimize program implementation. In this section of the report, we attempt to identify promising next steps for Saathiya YFI as it expands beyond Lucknow:

1. Tailoring BCC messages to promote modern FP use among currently married youth. Having discussions about FP with one's spouse was strongly associated with modern FP use in the Saathiya endline sample. However, it is not possible to conclusively establish the direction of this relationship based on endline findings. Additional research into the role that spousal communications plays in the FP decision-making process would shed light on this interesting finding and would help to tailor communications and messages in future efforts.

Quantitative data collection can help to establish the magnitude of the association between spousal discussions and modern FP use and profiles of young couples more likely to engage in spousal discussion in Saathiya YFI expansion cities. Qualitative data collection can help to further explore the nature and circumstances of this association and contribute to a better understanding of the role that spousal discussion plays in the decision to adopt modern FP.

2. Amplifying the reach of Saathiya communications: A key likely contributor to low brand recognition of Saathiya is the limited media spending in an urban environment where Saathiya YFI messages compete with commercial marketing and advertising efforts. Endline data indicate that radio and billboards have been particularly effective in increasing awareness of Saathiya among young men and women. Building on this, increasing spending on mass media communications and expanding use of media to include television may be essential to ensure that target youth can recall the Saathiya brand name, image and other attributes and perceive the value of using Saathiya products or providers.

3. If budget constraints preclude increases in media spending, an alternative approach would be to implement Saathiya YFI in less media saturated environments where lower media spending could yield greater results in terms of awareness.

4. Expanding Saathiya's reach through the helpline and strengthening referrals from the hotline to participating Saathiya providers. The high call volumes (13,432 in April 2009 alone) coupled with the high proportion of calls from youth— over 60% of calls were from callers aged under 25 years— strongly

suggests the potential of the helpline as a mechanism for providing confidential information on FP. Expanding the number of phone counselors and phone lines and publicizing the Saathiya helpline more heavily may be a cost-effective way of rapidly expanding FP knowledge and use among currently married youth. Given the popularity of the helpline, strengthening referrals between the helpline and participating Saathiya YFI providers may be a promising strategy to promote access to youth-friendly FP services and products.

5. Generating more evidence on the effectiveness of Saathiya YFI and pathways to impact on modern FP use among youth. Building a strong evaluation design into expansion efforts is important given the complexity of results from the Saathiya YFI pilot. In addition to population-based data, such as those presented here, helpline data should be routinely used to monitor caller profiles, link profiles with topics of concern and to follow-up on reported behavior change for repeat callers.

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