



REPRODUCTIVE HEALTH INNOVATION EXCHANGE

SHOWCASE YOUR INTERACTIVE SBC DESIGNS, IDEAS, AND TOOLS

La Chance: Interactive Game for Girls to Take Control of Their Reproductive Futures

Innovation presented by: ideas42 and Pathfinder International

Problem statement	
Adolescent girls in Burkina Faso experience high rates of unintended pregnancy, which can severely alter their life course.	
Circle of Care stage	
Before: Generates Demand Creates Enabling Environment Sets Supportive Norms	During: Builds Trust Improves Provider Behavior Empowers Clients
Audience(s)	
Adolescent girls in high school	
Country of implementation or design	
Burkina Faso	
Outcome(s) of interest	
<ul style="list-style-type: none"> Adjust girls' misperceptions of their own pregnancy risk. Adjust girls' misperceptions around fertility and contraceptives. Increase girls' comfort speaking and asking questions about sensitive topics. Prompt girls and their friends to visit the health facility for contraceptive counseling. 	
The innovation	
<p>We designed a board game for high school students called <i>La Chance</i>, which is led by trained community-based facilitators in the schools. As they play, girls encounter real-life relationship scenarios, "experience" consequences, and are prompted to share advice. The game corrects misconceptions and increases pregnancy-risk perception through simulated decision-making. Game cards even have content that is visible only with a decoder to ensure that girls remain actively engaged. Additional intervention materials include a health passport that eases girls' access to health facilities and prompts her to bring friends; health facility posters that normalize consultations for adolescents; and name tags that identify youth-friendly providers.</p>	



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Why you should consider adapting and scaling this innovation

Our solution is unique because it is a fun and novel way to tackle the multiple barriers that girls face in the uptake of contraceptives in Burkina Faso. For example, the game corrects myths and misconceptions about specific methods through trivia-based learning and group dialogue; helps girls understand the personal, relational, and social trade-offs associated with an unintended pregnancy by simulating decision-making in the game; and addresses girls' concerns about being seen at a health facility by highlighting strategies on how to seek care discreetly.

Insights from user-testing helped us ensure that the game was easy to learn, feasible to implement, and accepted by intended users. Through a collaborative process, the team was able to develop a scalable solution that was found to be highly acceptable among not only girls but also among other key stakeholders including health facility staff, game facilitators, and ministers.

Resources needed to adapt or scale this innovation

This solution can be implemented by community-based facilitators who receive training on how to facilitate the game among girls. The ideal location for implementation is within school classrooms (e.g., during the lunch period) when girls can easily be gathered to play the game.

The materials required for classrooms include the board game, locally sourced board game components (printed game cards, spinning tops, decoders, and wooden game figurines), a carry-all bag for each game set, and three printed copies of a "health facility passport" to be given to each girl who plays the game. Each participating school also receives a poster advertising youth-friendly services at clinics.

The materials required for health clinics include youth-friendly posters on walls, and name tags with recognizable, youth-friendly logos worn by health workers. For enhanced outcomes, health workers can also receive youth-friendly training prior to the solution roll-out.

Costs will depend on the number of facilitators that must be trained, the number of materials locally sourced or printed, type of materials used, and the printing costs.

Implementation recommendations

Since our solution addresses key barriers to contraceptive uptake identified among adolescent girls in Burkina Faso, we believe it can be tailored and adapted to several other settings where similar barriers exist. For example, our solution will be relevant for contexts in which many adolescent girls underestimate pregnancy risks, misuse the cycle-tracking method, or do not consider the consequences of sex. Our solution is also relevant if girls in a rural context often consider getting contraceptives but are afraid community members would see them at health facilities. For successful implementation, buy-in must be obtained from the country's Ministry of Health and relevant schools, and school principals and parent teacher associations need to be properly introduced to the game. We also recommend meetings for parents held in schools to answer questions or concerns that parents might have. If buy-in among these stakeholders is not achieved, then this solution might not be suitable for the context.

Have more questions? Contact the following people

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Relevant links

<https://www.pathfinder.org/resolve-burkina-faso-project-evaluation/>

https://www.pathfinder.org/wp-content/uploads/2020/06/PF-053-resolve-BF-slidedoc_FINAL-5.29.20.pdf

<https://www.ideas42.org/project/supporting-girls-to-take-control-of-their-reproductive-futures/>