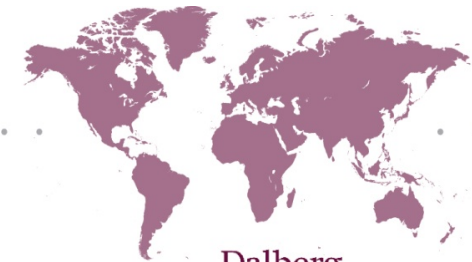


## ➤ Nutrition for RMNCH-A and SBCC

*Work shop for participating stakeholders*

18 April, 2016



Dalberg

## Context for our engagement with Digital Green

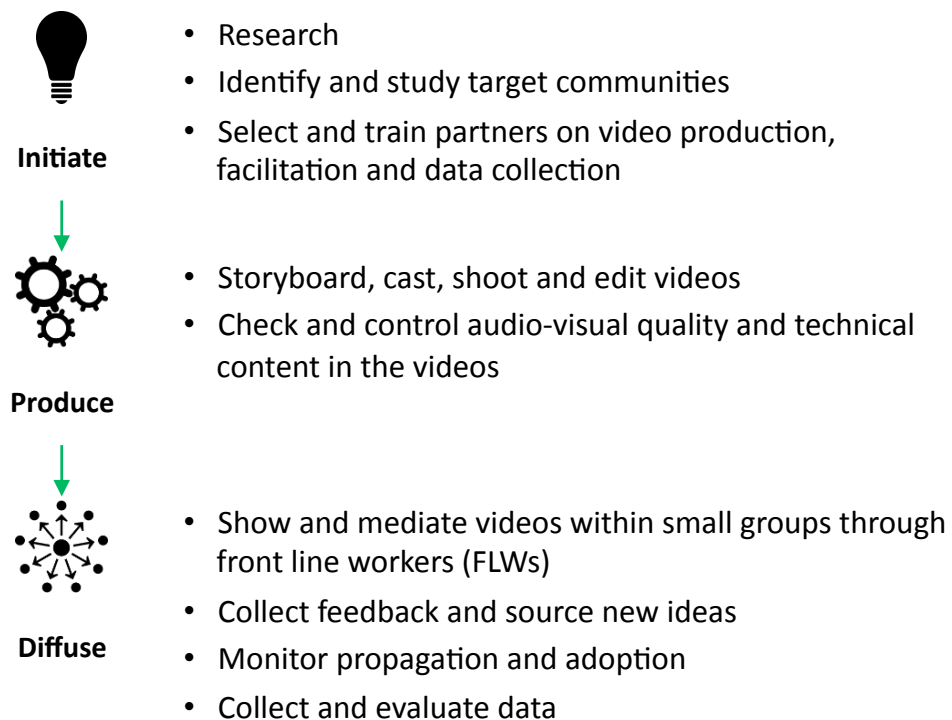
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- **Digital Green (DG) uses an ICT-enabled social and behavior change communication (SBCC) approach**, based on low-cost, peer-to-peer videos to disseminate messages and practices on agriculture practices to villages in India
- **Now, DG seeks to adapt and apply its approach to** nutrition for reproductive, maternal, newborn, child and adolescent health (RMNCH+A), including messaging on **family planning**
- **The program's objectives are to reach at least 200,000 women directly, and over 1 million people indirectly in 2,000 villages in four states** with nutrition-specific, mediated video disseminations
- **Success for DG will mean that target women in rural areas are well-aware of the concept of the first 1000 days** and undertake their responsibilities for nutrition-related behaviors (for themselves and their children)
- To do this, DG needs to strengthen its organizational capacity and refine its agriculture extension model by **identifying the right nutrition BCC interventions in the right areas through right partners**
- Dalberg was engaged to conduct a study to help Digital Green to develop and define its strategy for RMNCH+A nutrition and family planning in India

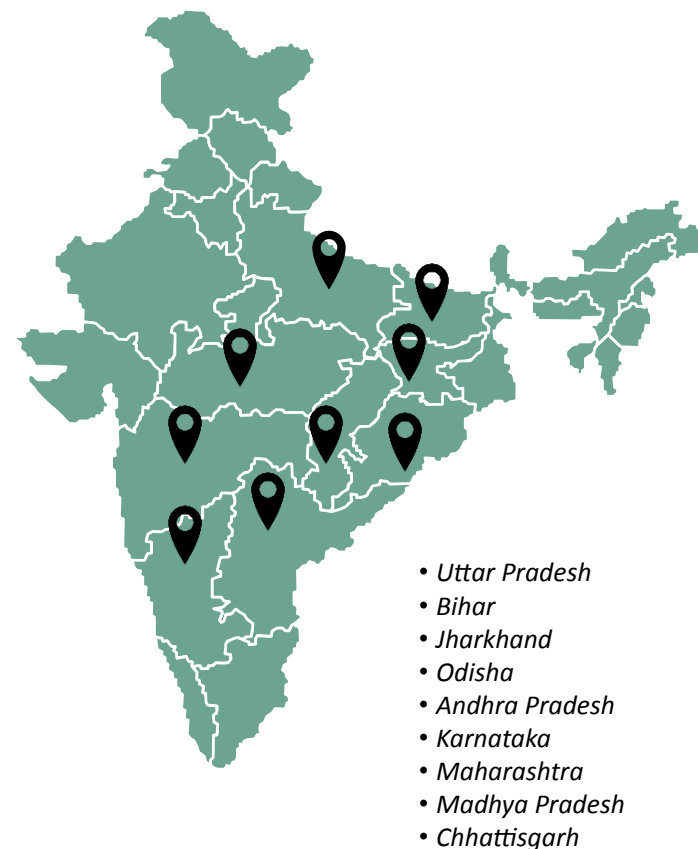
### *Study objectives*

- **Understand DG's current operations** and priorities for RMNCH+A nutrition program, and assess how the program would fit in with DG's wider operations
- Develop perspectives on DG's **service approach** for RMNCH+A nutrition program in India
- Identify **target states for the program** for the short and the long term
- Map/ assess the nutrition stakeholder landscape; identify and assess **potential partnerships** opportunities

# The Digital Green approach in a nutshell

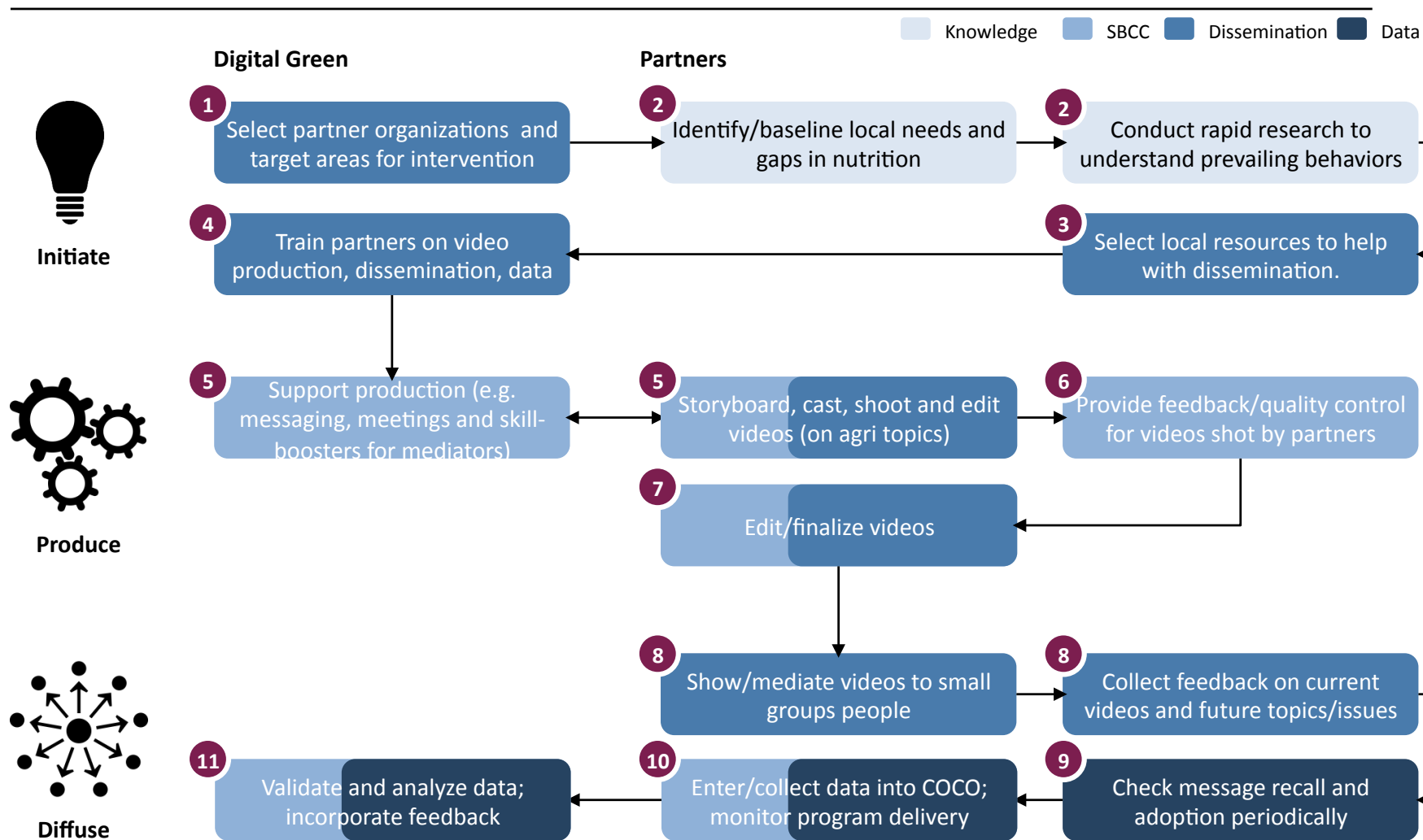


## DG's current operations – Agriculture + Nutrition



# DG's current service approach brings together four main functional areas

## Core responsibilities for DG and its partners in the existing ag-focused model



# DG brings to bear important capabilities through its work in agriculture



Knowledge

## Main capabilities and organizational assets

- Partnerships with prominent technical and research bodies on behaviors/messages to target/promote



SBCC

- Structured and innovative production and dissemination process that leverages local talent and focuses on local issues – found to be 10X more cost effective than conventional BCC
- High quality of videos and accompanying consultations and counselling



Dissemination

- Leveraged model focused on transferring skills to partners via high-quality training modules
- Mature relationships and networks with AJEEVIKA in key states like Bihar and Jharkhand
- High-touch engagement/interface with communities to enhance behavior change



Data

- Simple but intensive data collection process with a short feedback loop between diagnosis and action
- Open source data platform that tracks key metrics that are then inputs to monitor the program and partner performance

## Views from internal and external consultations<sup>1</sup>

[DG] works best when it channels best knowledge practices to communities, by ideally getting them involved in video production, dissemination and data management. This is responsible for success and ensures sustainability since people are motivated to do something for their community.

- Internal stakeholder

The quality of videos has been appreciated by community members. They like that they can see local villagers in the videos talking about issues that are also very local. They ask a lot of questions.

- Community mediator

[DG] already has good coverage with the government. It is doing great work in Bihar, working with the government frontline workers there. Working with the government is difficult since it depends so much on the officials' individual motivations, but they are probably necessary to reach any kind of scale.

- External stakeholder

(1) N=~20 consultations across internal and external interviews.

Source: Internal and external consultations; Review of Digital Green materials and documents; Dalberg analysis

# Before the program commenced, DG explored the RMNCH+A and nutrition space in India through pilots

## Overview of DG's pilots in health and nutrition and associated outcomes

### **Uttar Pradesh (2012)**

- Implemented in 84 villages
- Partnered with Gram Vikas Sangsthan, Nehru Yuva Sangathan Tisi, PATH, Univ. of Washington (USA)
- Focus on using ASHA workers to screen videos to mother's groups and VHND
- 38 videos produced and ~4.5k group disseminations occurred over 24 months



- ~250-300 total villages reached across four states through past nutrition programs

### **Odisha (2012-13)**

- Implemented in 30 villages, across two districts
- Partnered with VARRAT and USAID SPRING
- Tested efficacy of using NRLM VRPs screening to SHGs
- 10 videos developed and disseminated to 40+ SHGs



- ~8-10k women reached<sup>1</sup> through SHGs

### **Bihar (2013)**

- Implemented in 40+ villages across 3 districts
- Partnered with WBG and JEEVIKA
- Tested efficacy of using NRLM VRPs screening to SHGs
- 15 videos were produced on 10 topics, and screened for 104 SHGs (~1.5k-2k individuals)



- 50-65 nutrition specific videos developed
- 5k+ video disseminations

### **Madhya Pradesh (2013)**

- Implemented in 100 villages in Khandwa district
- Partnered with Real Medicine Foundation using their own 'community nutrition educators' as VRPs/CRPs



- High-level dissemination partnerships with JEEVIKA in Bihar, JSLPS in Jharkhand
- Partnerships/relationships with key technical players like IFPRI (POSHAN), PCI, and London School of Hygiene
- Different scenarios of partners to test effectiveness (NRLM VRPs vs ASHAs) of nutrition messaging

(1) Reach is defined as the number of individuals who have watched at least 1 DG video and attended at least 1 mediated dissemination session. This is an estimated number.  
Source: Materials from Digital Green; Internal consultations; Dalberg research and analysis

# The pilots raised important challenges and considerations for practitioners

## Nutrition-specific challenges



### Knowledge

- Nutrition **topics are more complex/** abstract and sensitive than those in agriculture
- Behaviors are reinforced by **deep-rooted socio-cultural factors** that are hard to change



### SBCC

- Understanding the drivers of behaviors to target and customization of associated **messaging is complicated** in nutrition
- **Selection of target audience is tricky** given a diverse set of invested stakeholders, multiplicity of decision makers
- Target audience (pregnant, lactating women) is **difficult to access** outside the home
- **Lack of visible, short-term outcomes** limits credibility and diffusion of messages



### Dissemination

- Video Resource teams require **in-depth technical knowledge/training** to produce quality videos
- Overall, **FLWs with backgrounds in nutrition and health performed better than others without** (e.g. ASHA workers performed better than NRLM FLWs)
- Amongst FLWs with limited contextual knowledge (e.g. NRLM), **performance of fluctuated** more widely, and depended more on individual skill, capacity than in agriculture
- **Ready platforms exist that offer access to target populations in rural areas** such as Village Health and Nutrition Days (VHNDs) through the NRHM's ASHA workers



### Data

- Uncertainty on an **appropriate measure/ indicator of “adoption”** of behavior change
- Challenges in **ensuring and tracking compliance**
- **Results occur in the long term and are rarely visible**, making them difficult to observe, track and report
- Several **important and impact behavioral changes do not require significant supply-side interventions and linkages** (e.g. breastfeeding practices) – with positive implications for driving cost-effective BC

# Evidence from globally prominent SBCC initiatives in health and nutrition provide important insights and best practices

| Case studies                                  | Description  | Results   | Main lessons   |
|---|--|---|--|
| Government of India Polio Vaccination Program | <ul style="list-style-type: none"> <li>Focused on social mobilization by creating demand and segmenting population to ensure supply of polio vaccines</li> </ul>     | <ul style="list-style-type: none"> <li>At its peak, 150 million children / year were vaccinated</li> <li>WHO declared India free of wild polio virus in 2014</li> </ul> | <ul style="list-style-type: none"> <li><b>Multiple channels of demand creation</b> are an effective driver of behavior change e.g. TV and radio ads by celebrities, mobilization by religious leaders and local health workers</li> </ul>  |
| EHG Indonesia Healthy Gossip Movement         | <ul style="list-style-type: none"> <li>Tested the efficacy of message broadcast and message broadcast and personal engagement on maternal health behavior</li> </ul> | <ul style="list-style-type: none"> <li>Dietary diversity increased for all</li> <li>Increase was ~25% more for the treatment groups</li> </ul>                          | <ul style="list-style-type: none"> <li><b>Reinforcement of emotional drivers</b> is an important factor in behavior change. E.g. the messages used drivers such as affiliation, and disgust, which were <b>reinforced through personal visits</b></li> </ul>                           |
| FHI360 Nigeria breastfeeding                  | <ul style="list-style-type: none"> <li>Tested effectiveness of group activities + mobile messages for exclusive breastfeeding (EBF)</li> </ul>                       | <ul style="list-style-type: none"> <li>% of women who had intentions to practice EBF and those who did increased from 42% to 64%.</li> </ul>                            | <ul style="list-style-type: none"> <li><b>Mobile-based SBCC mechanisms</b> show potential in driving behavior change, especially when reinforced by peer groups</li> <li><b>Group ownership of mobile phones</b> may overcome of access at the individual level<sup>1</sup></li> </ul> |

(1) Although ownership of mobile phones in India is rising fast, rural penetration hovers at around 75-80%. Most households have access to a single phone, which is usually kept in the possession of a male member of the household. This was also confirmed in consultations with FLWs from VARRAT (DG's implementation partner in Odisha) during a field visit. Source: Internet research including program websites and reports; External consultations; Dalberg research and analysis



# Based on the challenges and lessons, we have consolidated implications for an optimal service approach for DG

## Recommendations for refining DG's current service approach



### Knowledge

- Enhance in-house **domain knowledge of RMNCH-A and family planning** issues
- Provide **greater emphasis and explore different models for improved formative research** at the local level to
  - Identify a comprehensive set of behaviors to target to reduce malnutrition
  - Understand underlying local causes/drivers of nutritional behaviors and incorporate these into videos



### SBCC

- DG approach positions it well to scale nutrition programs quickly, but **sustainable impact (i.e. adoption) is likely to require layering in other SBCC methodologies over time**, to reinforce and further propagate messages
  - In particular, (1) incorporating a greater focus on **interpersonal counselling**, including **targeting local opinion leaders<sup>1</sup>** and influencers (2) **mobile-based content, reminders** to reinforce and complement DG's messaging



### Dissemination

- **Expand/intensify training** on nutrition-tailored video production and dissemination
  - Include **greater emphasis on nutrition topics** and behaviors for ongoing training/refreshers
  - Support FLWs with **ICT-enabled (mobile) access to technical content, training and toolkits** as detailed in Digital Public Health paper by PATH
  - Work with on-the-ground dissemination partners to (1) **explore existing platforms, e.g. VHNDs<sup>2</sup>** to access and organize target populations (2) **cultivate Village Nutrition Committees or Advisory Boards<sup>2</sup>** to provide inputs into video topics, support and coordinate activities at the village level and help monitor adoption



### Data

- Provide **measurable and operationally meaningful definitions and indicators for “adoption”** for FLWs
- Enable **full decentralization and digitization of data collection** by investing in **mobile and ICT-based platforms** (through strategic partnerships)
- Develop/improve **capacity to report nutrition-specific information and conduct in-depth analytics** (on COCO), with potential to coordinate data from multiple data sources (other partners), which feeds into ongoing course corrections, refinements in the program (e.g. aggregating demand, optimizing FLW follow-ups, etc.)

(1) Consultations with DG staff on lessons from pilot in Odisha

(2) “Projecting Health: Community-led Video Education for Maternal Health”, Digital Green, University of Washington and PATH (2015): Concerning lessons from DG's pilot in UP.

Source: Initial external consultations; Dalberg research and analysis

# In the long term, a layered service approach is likely to drive sustained behavior change by “bombarding” target communities with messages

## SBCC inputs received by target group



### Video broadcast for knowledge dissemination

- Mediated video disseminations to women's groups
- Incorporated refinements to current ag-based approach, including content/messaging tailored to nutrition, research on underlying causes, etc.



### Mobile-based reminders and content for community

- Interactive, professionally-curated, voice-based content on a mobile platform
- Customized to local languages/context to overcome literacy/cultural barriers, and drive adoption
- Strong link to DG videos, to reinforce same messages
- Provided by a partner



### One-on-one or group counselling for communities

- Counselling at the HH level provided by FLWs to address specific/sensitive queries, and to reinforce changes in behavior

## Why?

- Standard DG service approach has demonstrated strong potential in driving nutrition outcomes
- Refinements including targeting key opinion leaders, and, utilizing existing platforms to target and organize local individuals to become champions e.g. leveraging Village Nutrition Committees
- Multiple mediums of communication and reinforced messaging targeting influencers and decision makers likely to drive increased adoption
- Ability to scale program quickly, including reaching influential stakeholders outside the target group
- Behavior change in nutrition likely to require intensive and sustained hand-holding by FLWs

**Not all three inputs are needed at once to achieve scale. However, an integrated “bombardment” approach is recommended to drive impact and adoption of right nutritional behaviors These may be incorporated gradually, over time.**









*Not exhaustive*

*Size of circle denotes perceived policy and program decision-making influence of the stakeholders.*



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# A successful intervention will require developing and initiating partnerships and collaborations across key functional roles

| Type of partners   | Main responsibilities  | Examples (illustrative only)  |
|--|--|---|
| <br><b>Knowledge</b>      | <ul style="list-style-type: none"> <li>Undertake detailed research on local conditions to support appropriate program design</li> <li>Identify gaps in RMNCH+A and recommend messages to be communicated to the communities</li> <li>Collaborate with SBCC and data partners to provide inputs into messaging, training, etc.</li> </ul> |    |
| <br><b>SBCC</b>           | <ul style="list-style-type: none"> <li>Partner with DG to provide other ICT based platforms to reinforce DG's messaging on nutrition</li> <li>Augment DG's capabilities through additional ICT capabilities such as IVR, sms and/or app based offerings to facilitate behavior change</li> </ul>   |    |
| <br><b>Dissemination</b> | <ul style="list-style-type: none"> <li>Provide access to target populations</li> <li>Provide access to network of frontline agents (staff) for video production, dissemination and data management</li> </ul>  |   |
| <br><b>Data</b>         | <ul style="list-style-type: none"> <li>Assist in data collection methods and processes</li> <li>Evaluate DG's interventions and assess impact</li> <li>Drive increased coordination between partners to reinforce and refine each others messages</li> </ul>   |  |