digitalGREEN

Digital Green: Improving Health Behaviors in India

About Us

Digital Green is a not for profit international development organization that uses an innovative digital platform for community engagement to improve lives of rural communities across South Asia and Sub-Saharan Africa. We partner with local public, private and civil society organizations to share knowledge on improved agricultural practices, livelihoods, health, and nutrition, using locally produced videos and human mediated dissemination. In a controlled evaluation, the approach was found to be 10 times more cost-effective and uptake of new practices seven times higher compared to traditional extension services.[1]

Till date, we have produced over 2,800 videos in more than 20 languages, reached 3,000 villages and over 330,000 farmers. We currently implement projects in seven states in India and in select areas in Ethiopia, Ghana, Mozambique and Tanzania in Africa in partnership with over 20 partners.

Our Approach

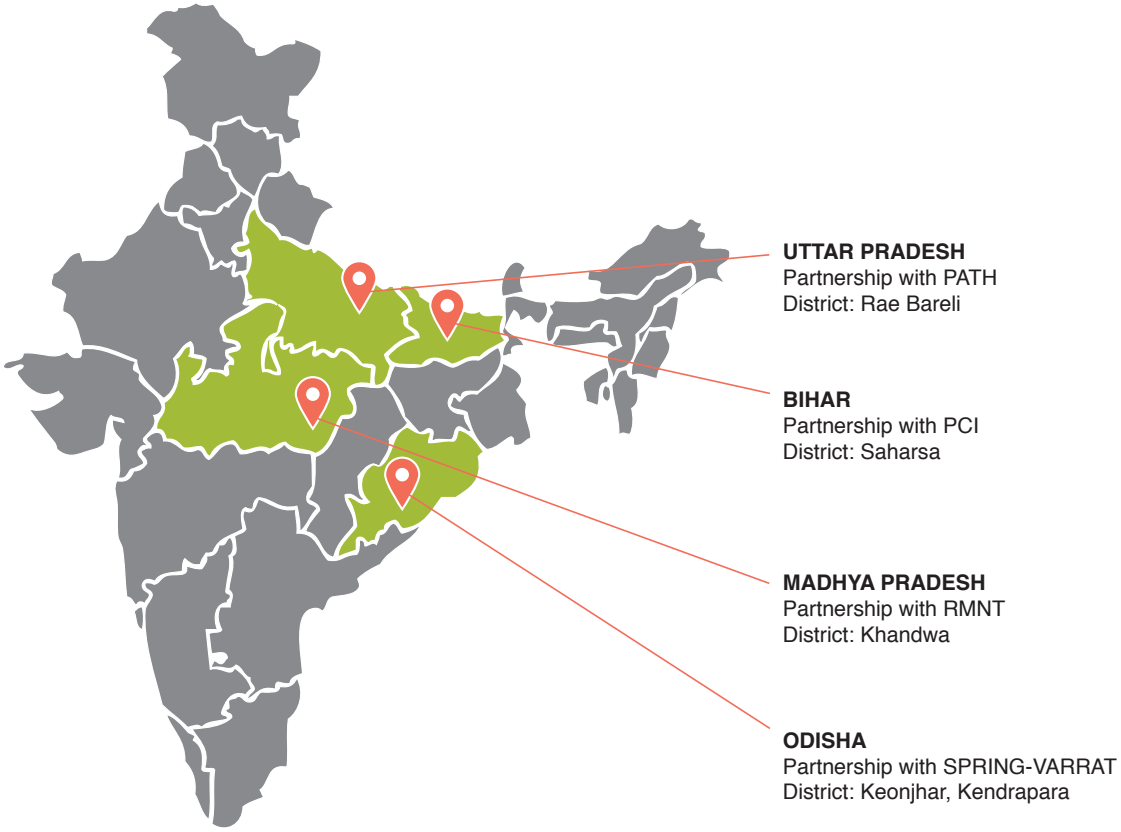
We engage with and empower rural communities to produce participatory localized videos, leveraging pre-existing group structures to disseminate these videos through human mediation. These videos are of the community, by the community and for the community. The approach includes: (1) a participatory process for video production on improved livelihood practices, (2) a human-mediated learning model for video dissemination and training, (3) a hardware and software technology platform for data management customized to limited or intermittent Internet and electrical grid connectivity, and (4) an iterative model to progressively address the needs and interests of the community with analytical tools.

Our data management software called Connect Online | Connect Offline (COCO) and Analytics dashboard suite customized to low resource settings are used to collect and analyse near real-time data on dissemination, adoption, and community interest.

[1] Gandhi, R., R. Veeraraghavan, K. Toyama and V. Ramprasad (2009). "Digital Green: Participatory Video for Agricultural Extension", Information Technologies for International Development, MIT Press. http://itidjournal.org/itid/article/view/322/145

Our work in health in India

In an effort to address India's public health needs, our health pilots within the country focus on maternal, newborn and child health as well as hygiene and sanitation practices. Focusing on themes such as exclusive and complementary breastfeeding, maternal diet, and hand washing. with soap, the videos produced and disseminated under each pilot reach out to communities with messages on simple health practices that, if adopted, can lead to substantial improvements in the rural health and nutrition status



SPRING-VARRAT Project Odisha

In 2012, we partnered with the USAID-funded Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) consortium to improve maternal infant young child nutrition (MIYCN) practices among pregnant and lactating women. Implemented by VARRAT in the Keonjhar district of Odisha, the pilot leverages our approach to link agricultural and nutritional messages to benefit communities in a holistic manner. During the first phase of the pilot, 10 videos were produced and screened on the 'First Thousand Days' to self-help groups (SHGs), which were the existing audience of videos on agriculture. Pregnant and lactating women within these SHGs were the primary target group for the health and nutrition videos, whereas others in the groups were tracked as 'promoters', those who could not themselves adopt the practices being shown, but could share this information further to other women in the community.

Findings from a formative research and feedback received from the project team and communities pointed to the importance of producing videos that address local practices and involved community influencers, such as mothers-in-law, who can help create an enabling environment for uptake of these behaviors.

Data collected from the disseminations and verification of practices adopted underlines the importance of including community influencers/ promoters in the intervention since they are usually the decision-makers within a family. Anecdotal evidence collected from SHGs reveals that the groups perceived the nutrition videos to be beneficial to them, because even as the agriculture videos led to an improvement in their yield, these videos are essential to the wellbeing of their families.

This pilot also highlights interesting differences in terms of engaging the agricultural and nutrition domains via videos. The time taken to produce a nutrition video (almost double that of an agriculture video) and tracking adoption of

practices are some of the singular differences. Additionally, in this phase of the pilot, knowledge retention of the non-negotiable points of a practice was considered an adoption. Whereas for agriculture videos, knowledge retention, in addition to uptake of the practice itself (depending on the video), was captured as an adoption. This difference in adoption tracking was because the nature of nutritional messaging is such that not all behaviors can be verified tangibly during home visits. At the same time, the dissemination and adoption data of nutrition videos suggest that adoption of a practice can be impacted by the number of people within the SHG who can actually adopt the behavior. For example, hand washing is a more relevant practice for all members of the SHGs as compared to exclusive breastfeeding, which can only be practiced by new mothers. Thus, the video on hand washing with soap was adopted most (785 times) within this pilot.

Based on the findings from the pilot in Keonjhar and to further explore the benefits of agri-nutritional convergence, the project will be scaled up to 70 villages on agriculture and nutrition-related messages.

Digital Pubic Health Project Uttar Pradesh

The Digital Public Health Project, led by PATH and implementation partners, Gramin Vikas Sansthan and Nehru Yuwa Sangathan-Tisi, aims to improve maternal and newborn health by promoting key behaviors by adapting the Digital Green approach to extend PATH's health intervention initiated under the Sure Start Project. We built the capacity of 101 government-appointed Accredited Social Health Activists (ASHAs) in video production and dissemination. Videos on reproductive health and maternal and newborn health were produced and shared with existing mothers' groups comprising pregnant and lactating mothers. These groups are dynamic in nature, hence, the number of members registered in these groups continues to fluctuate. The women usually register themselves in these groups by the second trimester of their pregnancy and continue for up to six months after delivery.

Till date, 23 videos have been produced, which are screened every month on Village Health and Nutrition Days to mothers' groups as well as to other key members of the community. Local music and an entertaining storyline are nuances added to these videos to increase their appeal. The disseminations conclude with games and activities, which have been incorporated to make it easier for the members to summarize the critical points of the practice screened. These videos also attempt to engage mothers-in-law and husbands or elderly men, since these are the key decision-makers at the household level.

Following the screenings, adoption of new practices, knowledge gain, and retention of information are tracked and evaluated by the ASHAs when they visit group members in their homes. Home visits are made on the seventh day post-pregnancy as well as after the third month. Additionally, supervisors conduct pre- and post-screening knowledge tests during disseminations. A distinguishing feature of this project is the Community Advisory Board (CAB), comprising village heads, medical officers, ASHAs and Auxiliary Nurse Midwives (ANMs), which is in place in each of the three blocks of the project. These localized institutions help provide invaluable suggestions and advice, ensuring that the project sustains as a community-sourced initiative.

Preliminary evidence from the pilot reveals greater attendance at mothers' groups meetings with the introduction of video screenings as well as a significant increase in practices such as immediate and exclusive breastfeeding.

Real Medicine Foundation Madhya Pradesh

We partnered with Real Medicine Foundation to increase awareness on available resources to treat and prevent malnutrition in Khandwa district of Madhya Pradesh through a cadre of Community Nutrition Educators (CNEs). These CNEs use Digital Green-enabled videos in addition to traditional methods of awareness building such as interpersonal communication, home visits, and community meetings, to increase health literacy, improve access to care and treatment services, and increase local capacity to address malnutrition.

Cluster screenings are held for women who are pregnant or have children under the age of five. Evening screenings of these videos allow husbands of these women and other community influencers to also be part of the disseminations. With the understanding that male involvement in essential for community-wide change to occur, this project strategically engages men via screenings to get their buy in for the messages. This is a unique opportunity for CNEs to raise awareness amongst male community members so that

they, too, can be actively involved in improving the nutritional status of children in their families. Furthermore, being scheduled outside working hours, evening screenings also attract larger groups from multiple clusters as several videos are screened with time for longer discussions. In the coming months, the project will also engage Anganwadi workers to build their capacities in nutrition related topics and to strengthen their linkages with district officials so that their role as nutrition experts in the community can be optimized. Taking into consideration that the CNEs have been promoting these messages in the intervention area using traditional methods thus far, as the pilot progresses, the project team will also gauge if the Digital Green approach, in comparison, influences or enhances knowledge retention and behavior change in any way.

Digital Approach to Rural Sanitation, Health and Nutrition (DARSHAN) Project Bihar

The DARSHAN Project uses our video-enabled behavior change communication approach to accelerate behavior change related to maternal newborn and child health and sanitation (MNCHS) by promoting local practical solutions within the domain in two blocks of Saharsa district of Bihar. We are partnering with Project Concern International under the Parivartan Project, which aims to empower communities to engage in processes that catalyze support networks and enable shifts in behavior and social norms contributing to improved and sustainable health and sanitation outcomes in Bihar. The partnership specifically aims to leverage informal knowledge on issues related to MNCHS that often gets generated at grassroots, in terms of local or practical solutions. In this regard, the Digital Green approach is ideal to convert valuable local knowledge into a usable form. By engaging communities with this knowledge, the intervention aims to promote community-to-community knowledge exchange and create knowledge repositories within communities that can be further disseminated to larger public health groups.

The pilot intervention seeks to test if the video-based approach can be successfully used to trigger behavior change in specific health and sanitation areas such as, safe delivery, preventive postnatal care and services, postpartum family planning, optimal breastfeeding, immunization, hand washing with soap and water, community led total sanitation behaviors, and safe disposal of water. These messages will be disseminated via community-produced videos with the support of Sahelis, or village volunteers, who initiate and facilitate discussion on MNCHS within the community.

As a first step before the pilot is implemented, a mini-landscaping study will be conducted to determine the extent to which community members have been introduced to messaging from other programs, including government and NGOs, via interpersonal channels, traditional media, or other methods. In this one-year pilot, approximately 10-12 videos will be produced and disseminated.

Conclusion

The success of using our video-enabled behavior change communication approach to reach out to farmers on agricultural best practices suggests that these locally made videos can also be a low-cost, sustainable strategy for health and nutrition messaging.

Preliminary analysis of the data and anecdotal evidence from the above-mentioned health pilots suggest that communities see value and relevance in the videos. For instance, hand washing with soap has been a practice that has shown adoptions across the different sites and viewers have shared that this is a simple practice that they did not know the importance of before they watched the videos.

As these health pilots mature, we will continue to rigorously track disseminations and adoption of promoted practices in order to better understand how this approach impacts uptake of health practices. We are developing a Health Analytics system, a dedicated platform for health projects where data from can be collected, analyzed, and compared using the same parameters. Additionally, with more experiences, evidence, and observations from the field, the health pilots will be further streamlined by identifying best practices from the various pilot sites. We aim to draw out successes, lessons, and challenges to define how this approach can be best utilized to trigger positive behavior change in the health domain. Testing this approach for health messaging is also a first step to exploring how communities can be engaged on other strategic development issues by using these simple videos for behavior change.