

# Kalavati Devi: Using Videos to Trigger Behavior Change



*Kalavati is now well versed with all the healthcare information provided at the Anganwadi center*

It is noon in Jeegon village of Rae Bareilly district in Uttar Pradesh as Kalavati Devi scurries around her house trying to finish all her chores in time to conduct a mothers' group meeting at the Anganwadi center. She has been working as an Accredited Social Health Activist (ASHA) under Government of India's flagship National Rural Health Mission (NRHM) since 2008. ASHAs are frontline workers who serve as an integral link between the community and the health system, promoting key health behaviors and mobilizing the community to access available health services.

At half past noon, Kalavati leaves her home to reach the center, where pregnant and lactating women, their mothers-in-law, sisters-in-law and a few kids are settling down for the meeting. Following the registration of new members and checking attendance, a video on exclusive breastfeeding is screened by Kalavati in the darkened room using a battery-operated pico projector. She

occasionally pauses the video, allowing for discussions within the group. There is constant murmuring in the room as the women recognize an actor (usually a local community member) in the video, which increases in volume when Kalavati herself appears on screen.

The screening is punctuated with questions from the women: "Why do we need to feed the newborn within an hour of delivery?" "Why can't we feed the newborn with goat milk or jaggery?" Kalavati handles these and other doubts with finesse. Towards the end of the screening, she encourages all the members, especially the silent ones, to share their experiences. The key messages from the video are summarized and reinforced to the audience. Though a few older women still cling to their cultural beliefs, which their families have practiced for generations, the video does succeed in triggering questions and generating a discussion. The session draws to an end with Kalavati leading

everyone in a song that touches upon key health messages and reiterates the importance of maternal and neonatal health.

Kalavati is part of the Digital Public Health (DPH) pilot project, initiated in 2012 through a partnership between Digital Green, PATH and Grameen Vikas Sansthan (GVS). Leveraging Digital Green's model of video-enabled learning and mediated dissemination, the pilot promotes key maternal and neonatal health behaviors through ASHAs in 27 villages of Rae Bareilly.

DPH-led video screenings are mediated by ASHAs during monthly screenings at mothers' group meetings and Village Health and Nutrition Days (VHNDs). Pawan Kumari, an ASHA from Churwa village, says 'Initially, I was very scared of using the pico projector for the screening. I thought I would never be able to learn how to operate this technology, but with continuous mentoring and support, I am now able to use it with ease and confidence'. The videos offer a medium through which ASHAs can promote

health behaviors with ease and increased clarity.

Prior to the DPH intervention, ASHAs relied on verbal communication, games and print job aids such as posters, flip charts and flash cards to convey key health messages during mothers' group meetings and on VHNDs. It was often difficult for them to remember everything that had to be communicated. They would often need to refer to prompters written behind the job aids, which would obstruct the smooth flow of the session. "Now, conducting meetings using pico projectors has become easier, and attendance has also improved. We have to speak less as the video does most of the talking but we facilitate the discussions around the video to address concerns and reiterate the messages," Indira Mishra, an ASHA from Sarura village recounts. Parwati, a young mother, endorses the effectiveness of the approach: "We are now able to understand breastfeeding positions easily as these are conveyed explicitly through the videos. We are also able to retain messages better through videos,



*Video production on proper health and sanitation practices in progress*



*Kalavati, with one of the many families she has helped*

as we are able to see and hear.”

A unique aspect of this pilot is the formation of the Community Advisory Board (CAB), comprising members from diverse backgrounds and institutions, including the Department of Health, Women and Child Development and Panchayati Raj institutions. The CAB is responsible for vetting the content and videos, as well as monitoring the pilot's progress, challenges and learnings at quarterly meetings. ASHAs too are included in the CAB, thus giving voice to the lowest in the hierarchy of the Indian health system and ensuring an inclusive approach to the delivery of health messaging. Playing dual roles of community member and representative of ASHAs in the CAB, Kalavati says “I feel important when I am given the opportunity to share the same platform with high ranking officers, and my experience is respected and valued by the CAB.” For approving the content and videos, she pays close attention to the language of the messaging in the video to ensure that it does not offend or hurt community sentiments.

Kalavati, Pawan Kumari, Indira Mishra and others like them have come a long way from the day they got appointed as ASHAs. They entered the frontline health workforce with skeletal knowledge and skills and are now respected, confident, knowledgeable and experienced members of the community. With the introduction of DPH, the ASHAs have taken a leap in skill enhancement and consequently in effective delivery of health messaging. They are no longer seen solely as vehicles for the delivery of content, but are also being increasingly acknowledged for their contribution to the development of that content.

The use of technology has definitely added value by making the messaging consistent, and by significantly reducing the energy and efforts of ASHAs. They are now adept at handling technology and facilitate the groups with elan. The DPH pilot has, thus, enhanced the ASHAs' capacity to deliver key messages, and more significantly, reinforced the critical role played by this cadre in the Indian health landscape.