Projecting Health

Engaging communities through visual communication

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Empowering communities to share healthy practices through an evidence-based, locally-driven approach for low-cost video production and dissemination.
Innovating Approaches for Changing Behaviors

Traditional methods

New opportunities
The Projecting Health Process

Initial work in collaboration with DigitalGreen
Projecting Health Process

1. Topic identification by community
2. Training sessions and technology transfer
3. Key message development
4. Storyboard development
5. Video production and editing
6. Dissemination and dialogue sessions
7. Upload video and tracking data to COCO

Review and approval
Project status

- Deployed in Raebareli and Fatehpur Districts, UP
- Launched October 2011
- Implementing Partners: GVS and NYST
- 87 villages, 135 mothers groups
- 80 videos developed
- Roughly 12,000 disseminations
- High level of community engagement
- 3 Community Advisory Boards
Sample topics

**Breastfeeding**
- Optimal breastfeeding practices
- Exclusive breastfeeding
- LAM

**Birth preparedness**
- Birth preparedness overview
- Maternal danger signs
- Maternal nutrition
- Newborn danger signs

**Thermal care**
- Thermal care overview
- Delay bathing

**Cord care**
- Cord care overview
- Myths and misconceptions

**Family planning**
- Permanent methods
- Temporary methods
- NSV-No scalpel vasectomy
- IUCD Copper-T

**Other**
- Immunization
- Community-based emergency transportation systems

**Optimal breastfeeding practices**

**Maternal danger signs**

**Maternal nutrition**

**Newborn danger signs**

**Immunization**

**Community-based emergency transportation systems**
Key components of Projecting Health

• Locally created video
  • Developed close to the community
  • Local people as actors
  • Process to vet key messages and quality
• Video dissemination model
  • ASHAs as facilitators in Mothers’ groups
• Community support for program
  • Community advisory board
  • Local ownership
Screening Models

- Mothers’ Groups
- Village Health and Nutrition Days
- Hard to Reach Screenings
- Mens’ Groups
- Adolescent Groups
- School Groups
Evaluation

- Measuring Impact is NOT easy
- Very easy to get good feedback, and there is a good story behind the intervention

Evaluation challenges
  - Hard to measure effects
  - Achieving scale to measure impact
  - Many sources of bias
  - Relying on self-report or recall
Initial Evaluation 2014

- Three arms
  - Projecting Health video intervention
  - Mothers’ group only intervention
  - No intervention
- Outside evaluation firm surveyed mothers on knowledge of key practices and self reported behavior
3IE Study

- Comparison study in domain of immunization
- PH Intervention with inclusion of immunization messaging
- 37 Intervention villages, 37 Comparison villages
- Primary measure – impact of PH on immunization rates
- Baseline across 74 villages prior to determination of intervention villages
- Implementation in new district
- Baseline complete – screenings start later this month
- Results in a couple of years!
Use of personal mobile phones
[Kumar 2015]

• Wide spread use of mobile phones for watching videos
• Range of available phones
• Strong anecdotal evidence of viewing of health videos on mobile phones
• Children familiar with working mobile phones
• Gender issues
• Mobile shops central to ecosystem
Video sharing networks [Vashistha 2016]

- **ASHAs**
  - Community health workers charged with promoting health practices

- **Mobile shop owners**
  - Distribute multimedia content
  - Broad customer base

- **Laptop owners**
  - School graduates give laptops by government

- **Video callback study**
  - Videos with feedback number
  - Although mobile shops had greater reach, ASHAs generated more callbacks
Global versus Local Videos

- Local approach
  - Videos shot in community
  - Respond to community concerns in local environment

- Global approach
  - High production value with professional actors
  - Standardized national messaging

- Comparison study with focus groups
  - UNICEF and PH video on same topics

- Results showed advantages of both approaches
  - Production quality / storyline important
  - Preference for Hindi over local language
  - Local doctor appreciated
Strengths and Challenges

• Community Advisory Board model has proved successful
• Established CBO’s have allowed PH to reach different communities
• Project runs on multiple levels of supervision
• Technology for community level video production still has challenges
• Embedded in community programs
Digital StudyHall started
2005

PH Exploratory launch
2010

Pilot launched in
Ethiopia
2013

Mobile phone
exploration pilot
2015

2007
Digital Green founded

2012
Feasibility study launch

2014
Endline evaluation data collected

2016
3IE Immunization Study
Thank you!