

Using Community Video to Promote High Impact MIYCN and Hygiene Practices in Niger



SPRING/Digital Green Program in Niger - 2015

The collaboration was established between SPRING/Digital Green and 3 USAID/Niger programs - REGIS-ER (NCBA CLUSA), LAHIA (Save the Children) & Sawki (Mercy Corps)

Involved 80 established Hausa-speaking community groups, in 20 villages in the Maradi Region

Focused on the development and dissemination of 10 videos by community facilitators working with 4 distinct groups in each participating village



Target Population groups included 15 to 25 members in each of the 4 distinct groups



Women of reproductive age (WRA) (15-49)



Men (25- 60+) model husbands selected by health centers



Adolescent girls (12-18) in “safe space” programs



Key Influencers, including grandmothers and other family members



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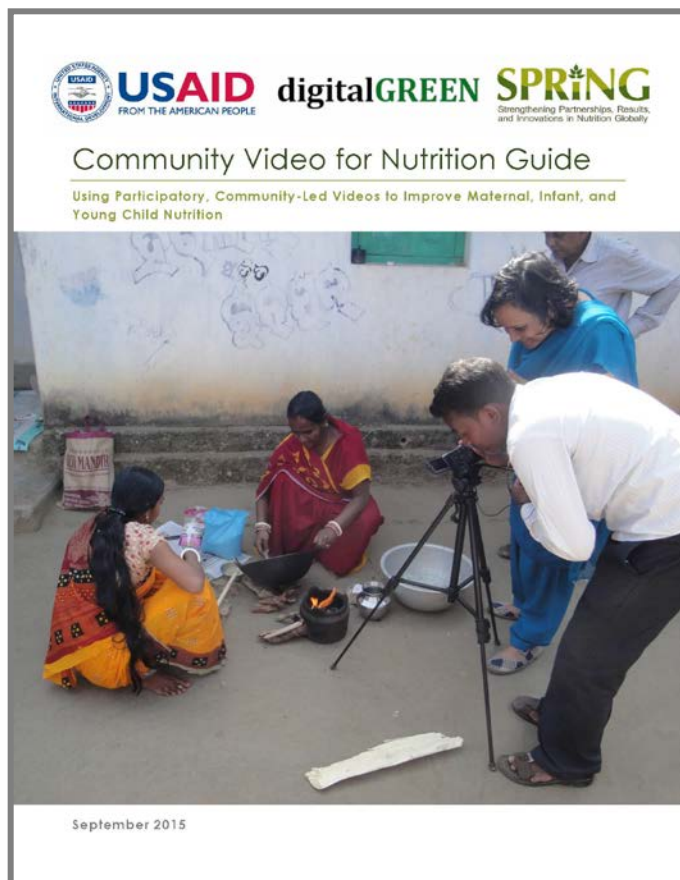
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The process involved adapting the steps outlined and the tools provided in the *Community Video for Nutrition Guide*:



1. Rapid formative research
2. Prioritization of video themes
3. Video production training
4. Adaptation of a 2-day MIYCN and hygiene training package
5. Video dissemination and data collection training
6. Production of videos
7. Pretesting/finalization of videos
8. Dissemination of videos
9. Home visits and follow-up
10. Quality assurance/supervision



Rapid formative research to identify priority practices and barriers/facilitators of behaviors



Simple 2-day nutrition “sensitization” training for community agents and project staff



Video production: storyboards/shooting /editing



Selection of video content/design of storyboards



Recruitment of community video “stars”



Recruitment of community video “stars”



Production of videos



Production of videos



Production of videos



Production of videos



Dissemination of videos: the equipment



Dissemination of videos in community groups



Dissemination of videos in community groups



Dissemination of videos in community groups



Monitoring and supportive supervision



10 Prioritized video topics in Niger include

1. Importance of hand washing with soap
2. Importance of the first 1000 days
3. Active (responsive) feeding
4. Importance of exclusive breastfeeding (EBF)
5. EBF for on demand feeding and working mothers
6. Introduction of complementary food for the baby after 6 months
7. Age appropriate complementary feeding for babies 6 to 24 months
8. Maternal and adolescent girls diet
9. Animal and human contamination, diarrhea and management
10. Dietary diversity & resilience



Adaptations and challenges in Niger



Adaptations and challenges in Niger

Adaptations

- Worked with volunteers, not NGO agents
- Partnership model involved 3 international NGOs, not a local CBO
- Needed to focus more on male involvement because of the strict Muslim context
- Video topics adapted to a resilience context with a long hunger season

Challenges

- Remote villages made it impossible to share equipment across multiple communities (1 set shared between 2 volunteers in each community)
- There was often no electricity – needed solar chargers which was an extra expense
- Weak internet connectivity made uploading data and the videos more difficult



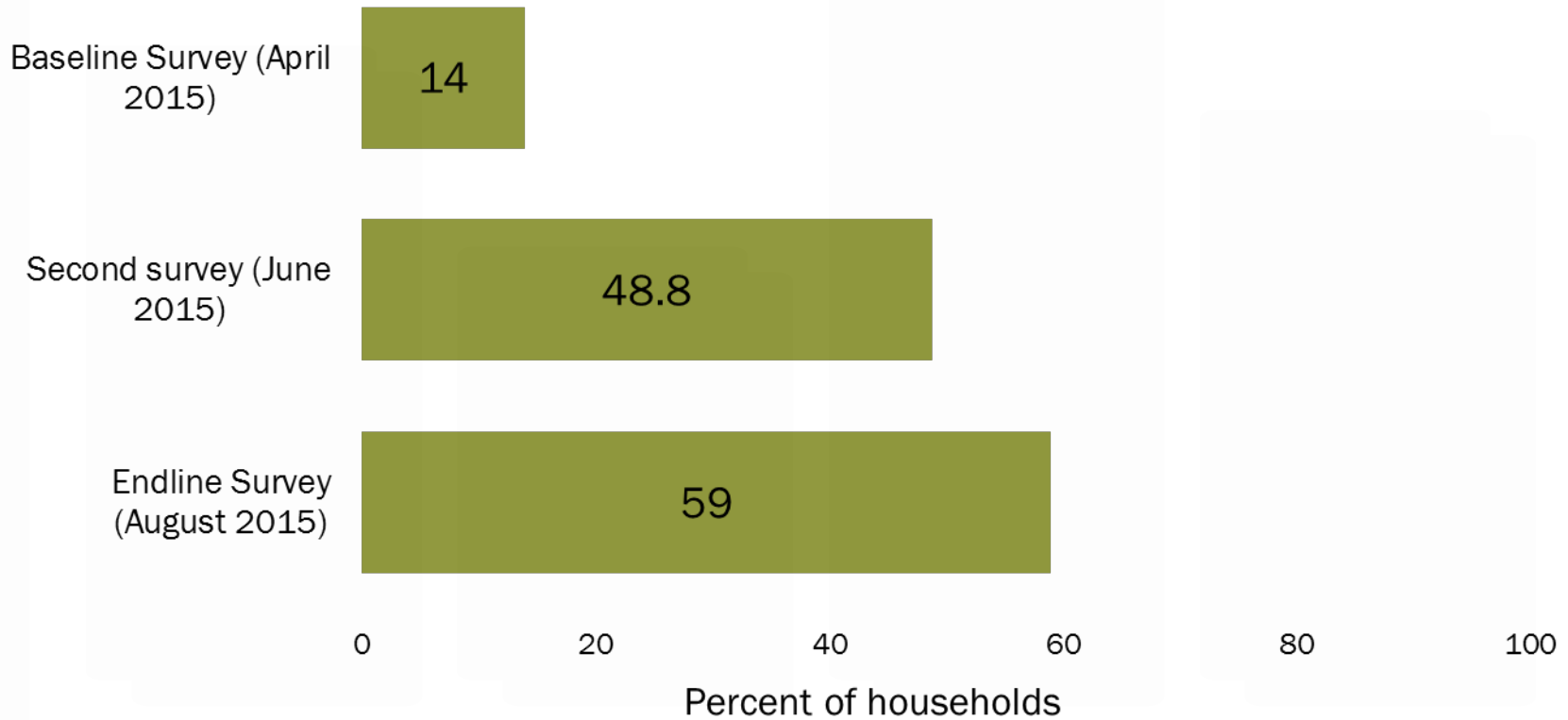
Mixed Method Evaluation Results



Quantitative Study: Handwashing and Responsive Feeding Behaviors

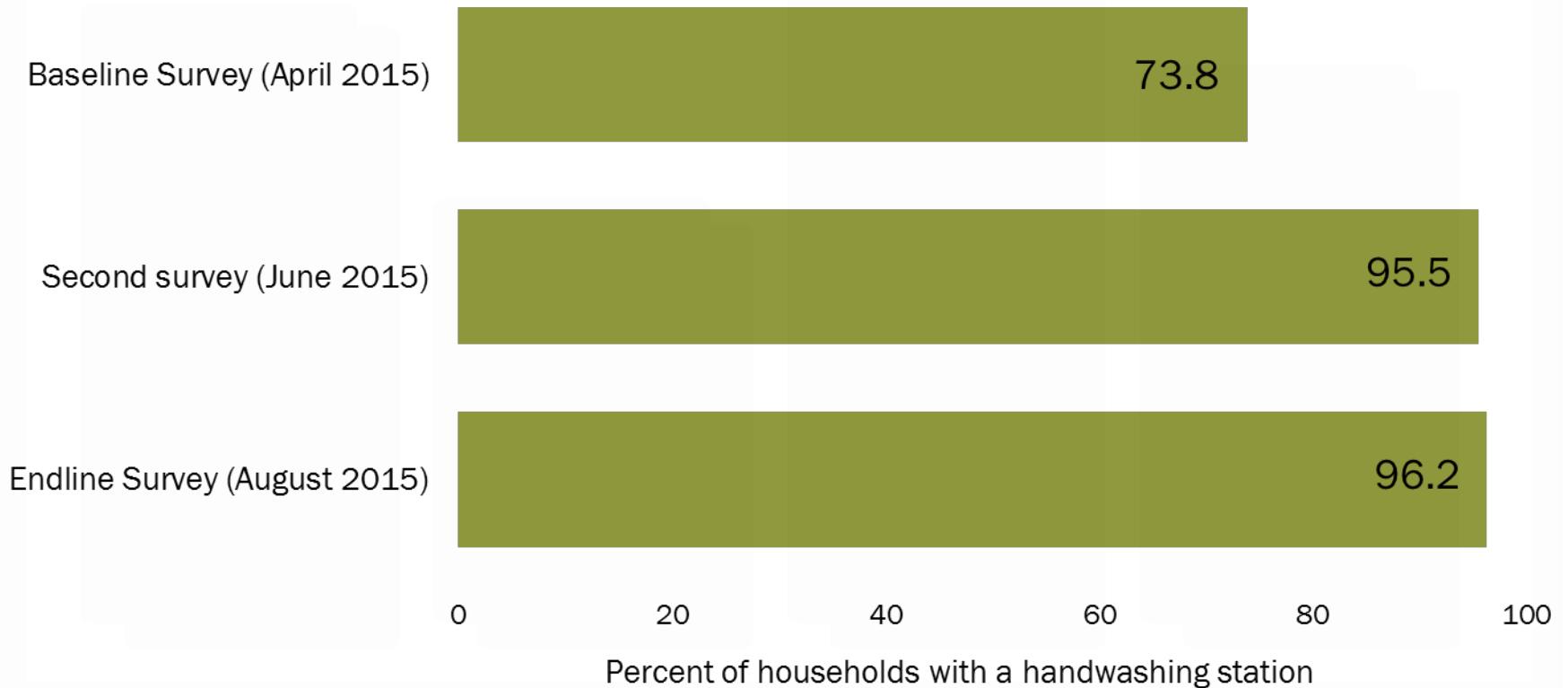
Handwashing Behavior

Having a designated place to wash hands increased from 14% to 59% after exposure to the video.



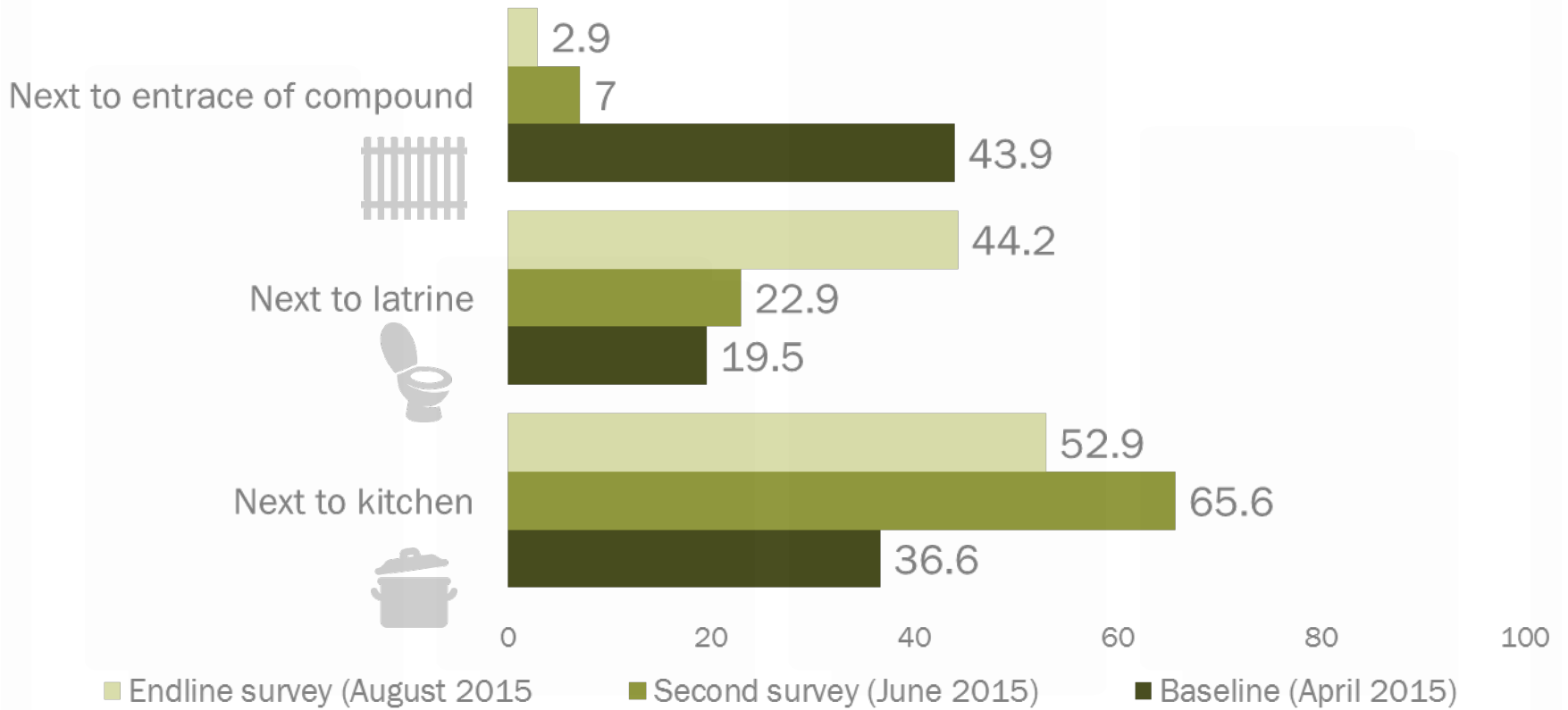
Handwashing Behavior

Among households with a handwashing station, the percent having soap and water increased from 73.8 at baseline to 96.2% at endline.



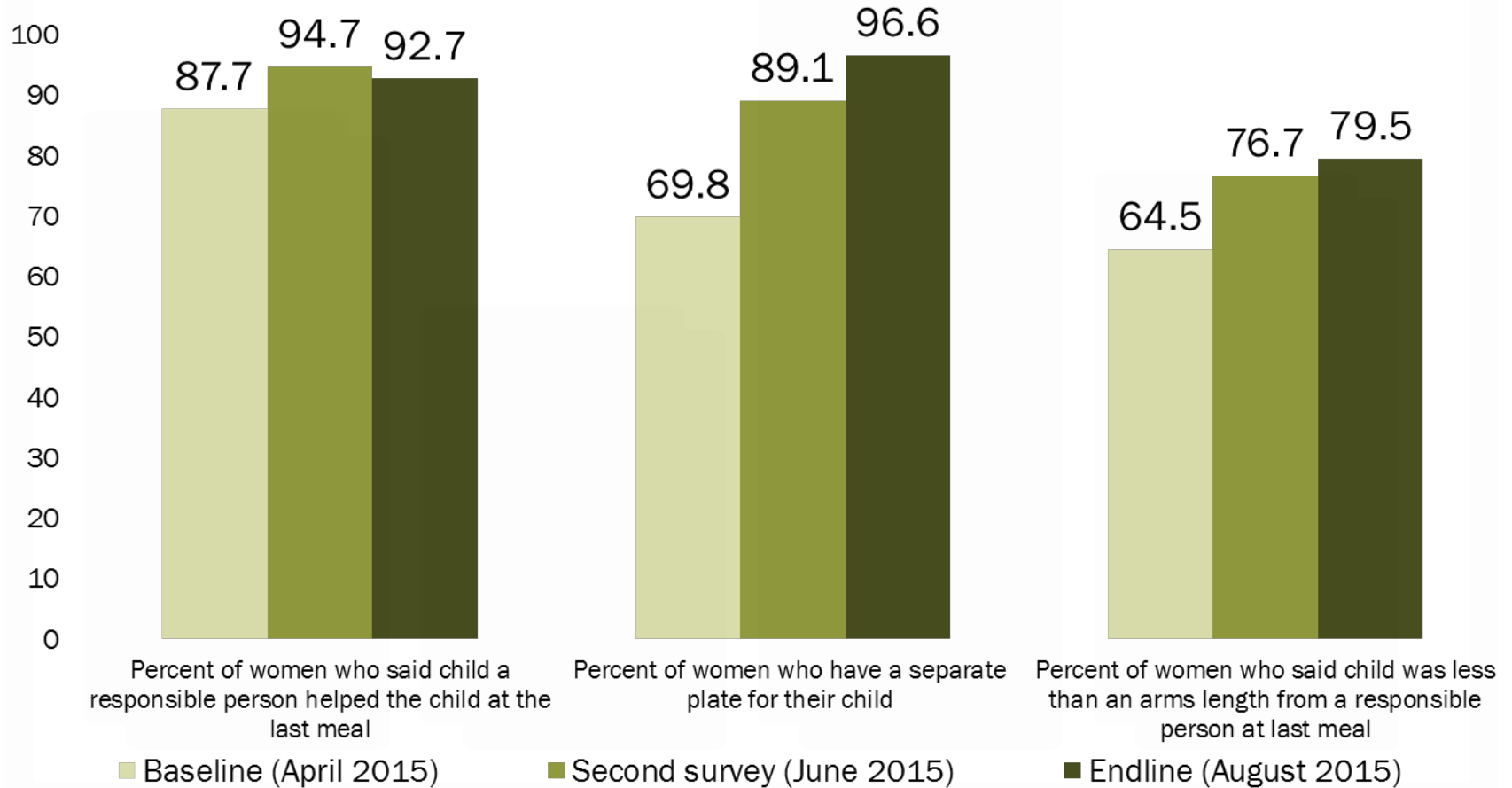
Handwashing Behavior

In households with handwashing stations, more were found next to the kitchen & latrine after the video.



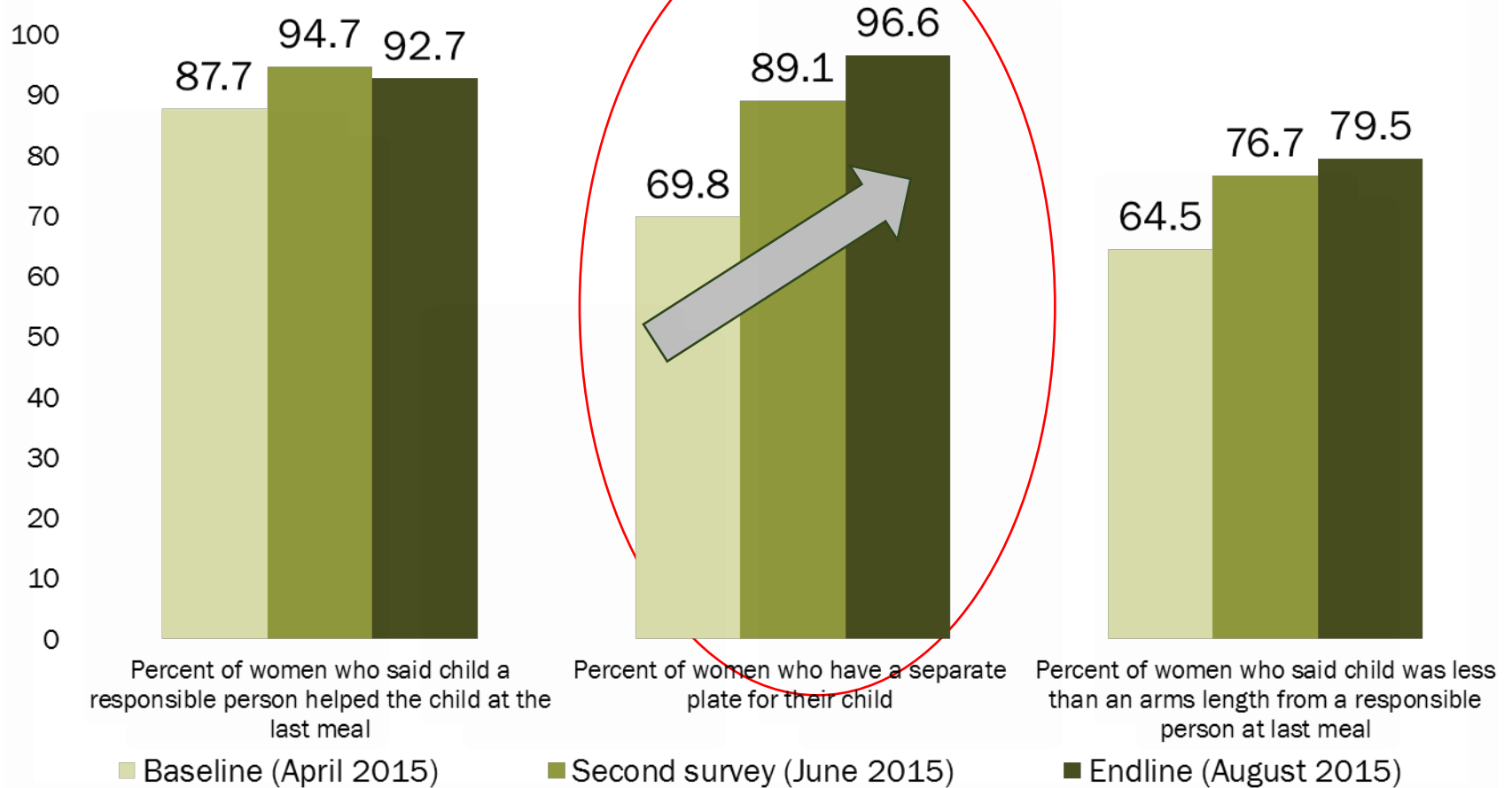
Responsive Feeding Behavior

Responsive feeding practices increased after exposure to the video.



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Qualitative Study: Feasibility, Acceptability, and Sustainability

Learning Workshop for implementing partners:

Collaborative effort between: SAREL/CESAO; SPRING/CESAF;
Digital Green; LAHIA; REGIS-ER; and Sawki



Feasibility of the Videos

- Timing and duration of videos appear appropriate
- Videos encourage women to come more regularly to group meetings
- Many outsiders are attracted to the sessions which results in overcrowding at the video viewing
- Women could relate and understand the content and behaviors presented in the videos

“The women are very enthusiastic because the actors are villagers like them and speak Hausa. This has had a great effect and resulted in significant behavior change.” (Female Mediator)

“It is important to project the videos during all the group meetings, the simulations conducted during the videos are easier to understand than listening to the group facilitator.” (Woman beneficiary)



Acceptability of the Videos

- Excitement in the group is spilling over and uniting the community
- Group members and mediators social status is increasing
- Inviting influential members to the groups is helping to educate others and support behavior adoption

"The video gave us the final push to change. I already knew many things before through my husbands' school, but it took us seeing the video to make a change" (Woman Beneficiary).

"The men now accept to let their wives visit the health center and to at times accompany them. In addition, they agree to provide money for consultations more frequently." (Woman Beneficiary)

"We are considered teachers and we are given great importance. We are valued in the community because of this work it has changed our status. We are perceived as officers to accompany and support people to change their behavior." (Mediator)



Scale up and Sustainability

- There is great enthusiasm and interest in expanding the program
- Will need additional mediator training and possibly incentives to motivate staff
- Desire for new video content: birth spacing, avoiding early marriage, and education
- Additional suggestions include coordinating with SMS messages and print materials
- Stakeholders wanted to retain the resources to continue disseminations and home visit after the project concluded if there was no extension

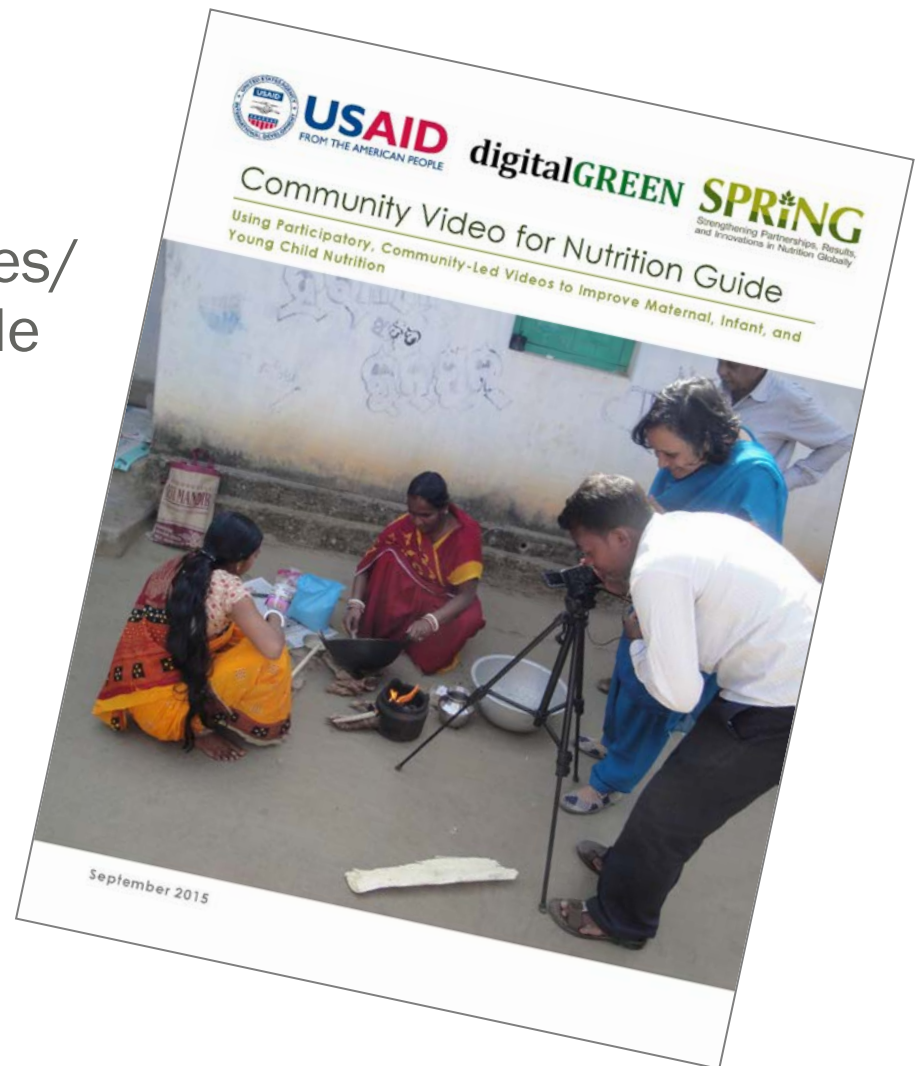
“If the project does not remove the equipment, we could continue to provide home visits and advise the population.” (Mediator)

“We must extend the video sessions for all other groups of villages and go to neighboring villages. By increasing the number of mediators and finding alternative means of projection we can expand the program reach.” (Male Mediator)



Community Video for Nutrition Guide

www.spring-nutrition.org/publications/series/community-video-nutrition-guide



For more information:



www.spring-nutrition.org/CommunityVideo

Thank you!

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