Projecting Health

*Engaging communities through visual communication*

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PATH’s Projecting Health* Approach

Revolutionizing behavior change communication

Empowering communities to share healthy practices through an innovative, evidence-based, locally-driven approach for low-cost video production and dissemination

* Also known as Digital Public Health
Innovating Approaches for Changing Behaviors
Components of Projecting Health Model:

- Ensure community-led video production; locally created, locally disseminated
- Engage communities using existing communication structures
- Establish a Community Advisory Board (CAB) to guide and support implementation of the model
- Develop video-based messages adapted to local health needs
- Build the capacity of community health workers to enhance the quality of message delivery
- Document and disseminate key learnings
Core requirements: Implementing Projecting Health Model

- Standardized quality control systems across programs/regions
- Community partners and support infrastructure in place
- Community engagement ensured (community advisory board)
- Rigorous M&E systems established
An Advanced Approach for Greater Impact

- Community engagement
- Cost reduction
- Local program structure
- Increased reach and impact
Community Engagement

- Identify topic
- Share and discuss
- Develop key messages
- Create storyboard and approve
- Identify local actors
- Produce short video

Adopt and discuss knowledge and practices with others

Increase demand for immunization services

Child immunized
Local Program Structure

- Panchayat Raj Institution representatives
- Community health workers
- Women & Child Dep’t representative
- Community members
- Media representative
- Healthcare functionaries
- NGO representative
- Education representative
Increased Reach Through Hyper-Targeted Messaging
Journey so far........

- **2005**: Digital Study Hall started
- **2007**: Digital Green founded
- **2010**: PH Exploratory launch
- **2012**: Feasibility study launch
- **2013**: Pilot launched in Ethiopia
- **2014**: Expansion and mobile phone exploration pilot; Kenya, Moz. pilot
- **2015**: End line evaluation data collected
- **2016**: 3ie Impact evaluation study
Video Screening Platforms:

- Mother’s Group
- VHNDs
- Adolescent Group (in & out of schools)
- Male Group and
- Hard to Reach Population
Other Pilots/ Studies within PH:

- Maximizing the reach of Videos, through;
  - Local Mobile Shops,
  - ASHAs &
  - Laptop Owners in the community

- Health Phone Vs Projecting Health-A comparative study

- Video screenings for Hard-to-Reach Population

- Video screenings using tablets by ASHAs
Project Reach:

• Reach to date
  o Videos Produced- 94
  o Video Screenings Held- 10,634
  o More than 40,000 YouTube hits

• Beneficiaries reached directly through Screenings: 1,19,453

• Geographical coverage: 57 revenue villages across 2 blocks of Rae Bareli and 37 villages across 2 blocks of Fatehpur districts in UP.
Project Health Project: Few milestones reached

- 74% of the mothers shared their knowledge with neighbors (PH-End line 2014)
- 84% undergone institutional delivery (67.8%-AHS, 2012-13)
- 19% had full ANC check-ups (7.8%-AHS, 2012-13)
- 76% had started breastfeeding within 1 hour (62.8% AHS, 2012-13)
- 98% had fed colostrums to their baby (PH-End line 2014)
- India program served as a model for other regions – Kenya, Mozambique etc.

- Received new funding from 3ie and BMGF-To measure the impact and cost-effectiveness of the PH intervention on vaccination coverage among children 6 to 17 months of age.
3ie-funded impact evaluation

Community-led Video Education to Increase Vaccination Coverage in Uttar Pradesh, India: A Cluster-Randomized, Controlled Trial

**Primary objective:** To measure the impact and cost-effectiveness of the PH intervention on vaccination coverage among children 6 to 17 months of age.

**Secondary objectives:** To describe *how* and *why* PH works; to measure the role of social relationships/networks in mediating the impact of PH; and many others.

- **Study District:** Fatehpur
- **Study Blocks:** Airayan & Hathgaon
- **Intervention Duration:** 2 years
- **Study design:** Cluster RCT with pre-post HH surveys
- **Study coverage:** 72 villages randomly assigned to receive intervention or control
- **Study participants** – Mother, Father and Grand mother of the child aged 6 – 17 months and ASHA
- **Evaluation funded by 3ie;** implementation in evaluation villages funded by BMGF

*There is a lot of interest in the evaluation results as it will help inform decisions whether to scale up (everywhere, not just India)*
Some of the videos created in India under PH:

- Birth Preparedness
- Breastfeeding
- Cord Care
- Thermal Care
- Family Planning
- Colostrum Feeding
- Supplementary Nutrition
- Maternal Danger Signs
- Neonatal Danger Signs
- Maternal Nutrition
- Nutritious Food Recipes
- Adolescent Nutrition
- Immunization
- Emergency Transportation
- WASH
- Benefits of Toilet
- Safe Drinking Water
- Hand Wash
- Tuberculosis
- CHC Services
- Importance of Blood Donation
- Dengue Fever
- Adolescent Menstrual Hygiene
- Early Marriages etc.
Projecting Health Video-Adolescent Nutrition

Adolescent nutrition

किशोरी पोषण
Thank you!

Contact

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