Video edutainment: Impact on infant and maternal outcomes in Toro, Nigeria (Home visits project)

Implementation Research Team

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Implementation partners

- **FOMWAN** – local implementation lead
- **BASPHCDA** – Co-implementing agency;
- **CIET** at McGill – Technical support

Background

- Very high maternal mortality in Nigeria, and in Bauchi
- Inadequate coverage and quality of health services
- Don’t reach most vulnerable - at highest risk
- SMOH, BSPHCDA identify maternal health as priority

Methods

- Universal home visits by trained home visitors
- April 2016 – Dec 2019
- Cluster Randomised Control Trial (RCT)
- 6 wards in Toro LGA, Bauchi state, Nigeria

Recruitment of home visitors

Initially looked for existing trained community health workers

- CHEWs/JCHEWs/EHT/Health Education assistants

But!!!

- Not many in post
- Not available – overwhelmed at health facility

Recruitment of home visitors

Instead of existing CHWs:

- Unemployed trained workers
- Primary or secondary school leavers
- 18 years and above
- Familiar with the communities – preferably living there
- Nominated by LGA and community leaders

Screening and training of home visitors

- Literacy screen (can read and write in Hausa language)
- Comfortable using android mobile phones
- Extended training on instruments and use of mobile phones
- Classroom sessions and field practice
- Only those able to cope with technical aspects and interactions with households selected

What do home visitors do? “the intervention”

Visit *every* household to screen, register and follow pregnant women

Share evidence based information

Discuss possible actions

GPS enabled

- Video edutainment
- Electronic data collection

Male visitors interact with spouses

Electronic data collection

Cloud Server with ODK Aggregate

Dataset downloaded alternate days

Forged visits and data

- Created at home/single place
- On the road
- Inadequate interaction time

Solution

- GPS data monitoring
- Time tracking
- Feedback with evidence and warnings

It works!

Wave 1: up to 16% invalid records (re-visited)
Wave 2: 0.2% invalid records

Universal home visits trial, Toro LGA, Bauchi

Advantages of electronic data collection

- Effective remote monitoring and quality control
- Reduces errors in data management
- Almost immediate access to data for planning
- Use same equipment to *give* information (eg video edutainment)

Incentives and remunerations for workers

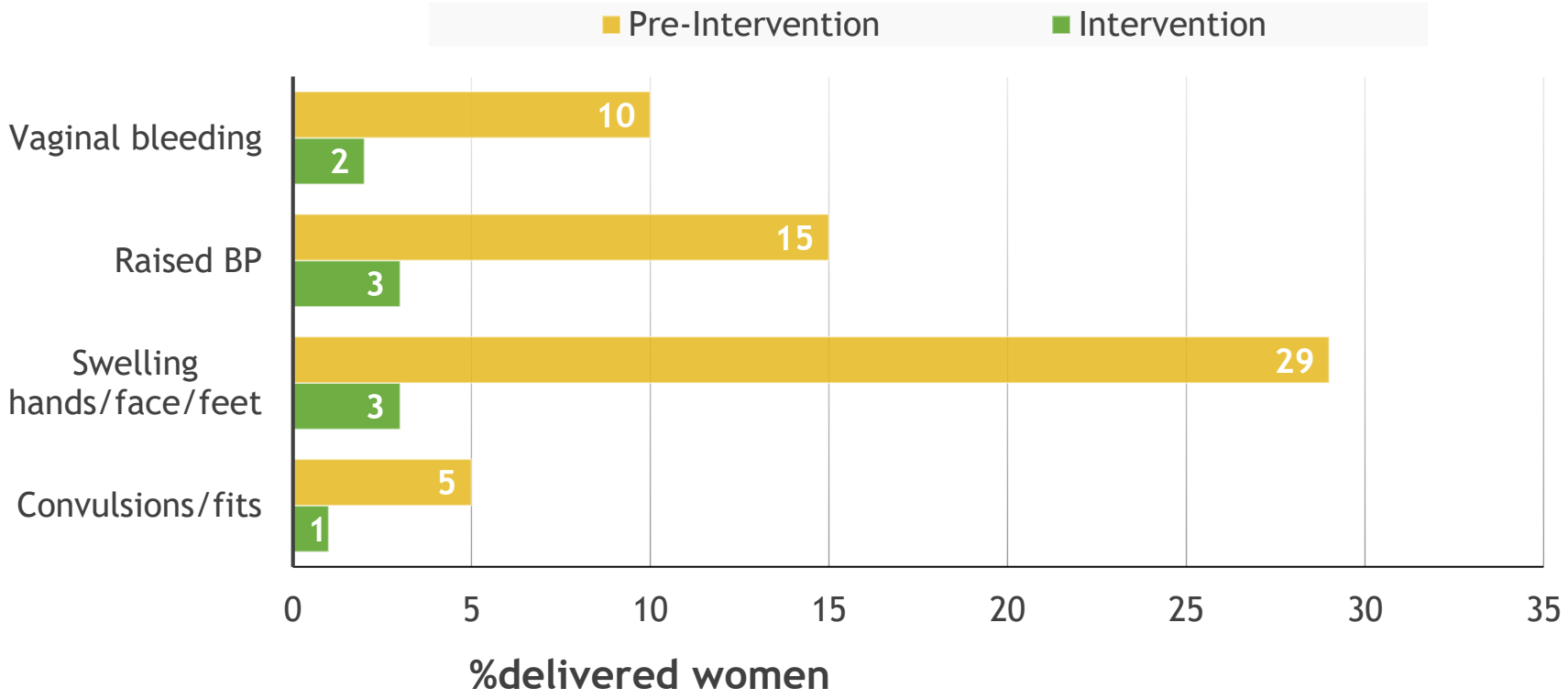
- Not fixed monthly rates
- Performance based – coverage, quality
- Added incentives – remote, hard to reach

Impact of the home visits

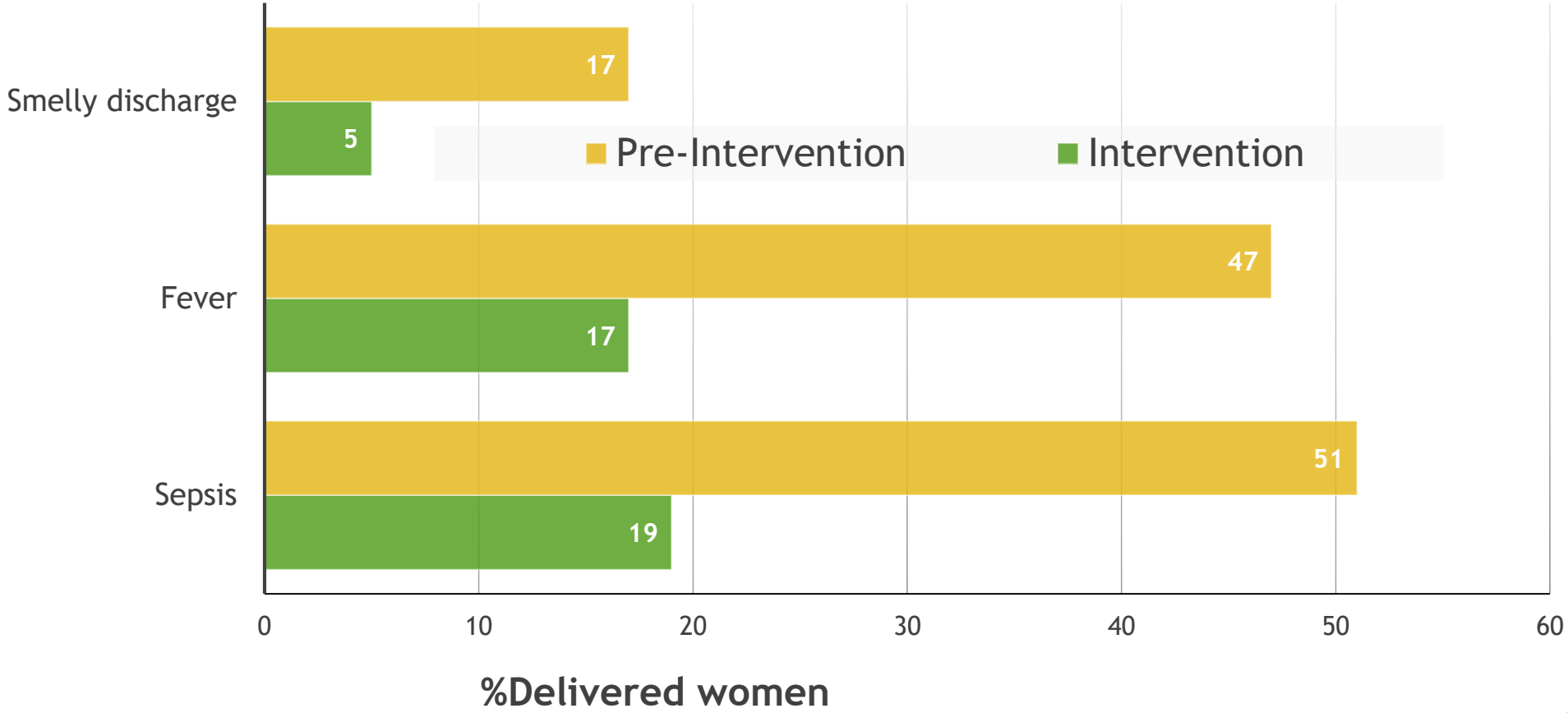
Maternal outcomes

- Reduced complications of pregnancy and post-partum sepsis
- Improved targeted risk factors (heavy work in pregnancy, domestic violence, lack of spousal communication, and lack of knowledge about danger signs)

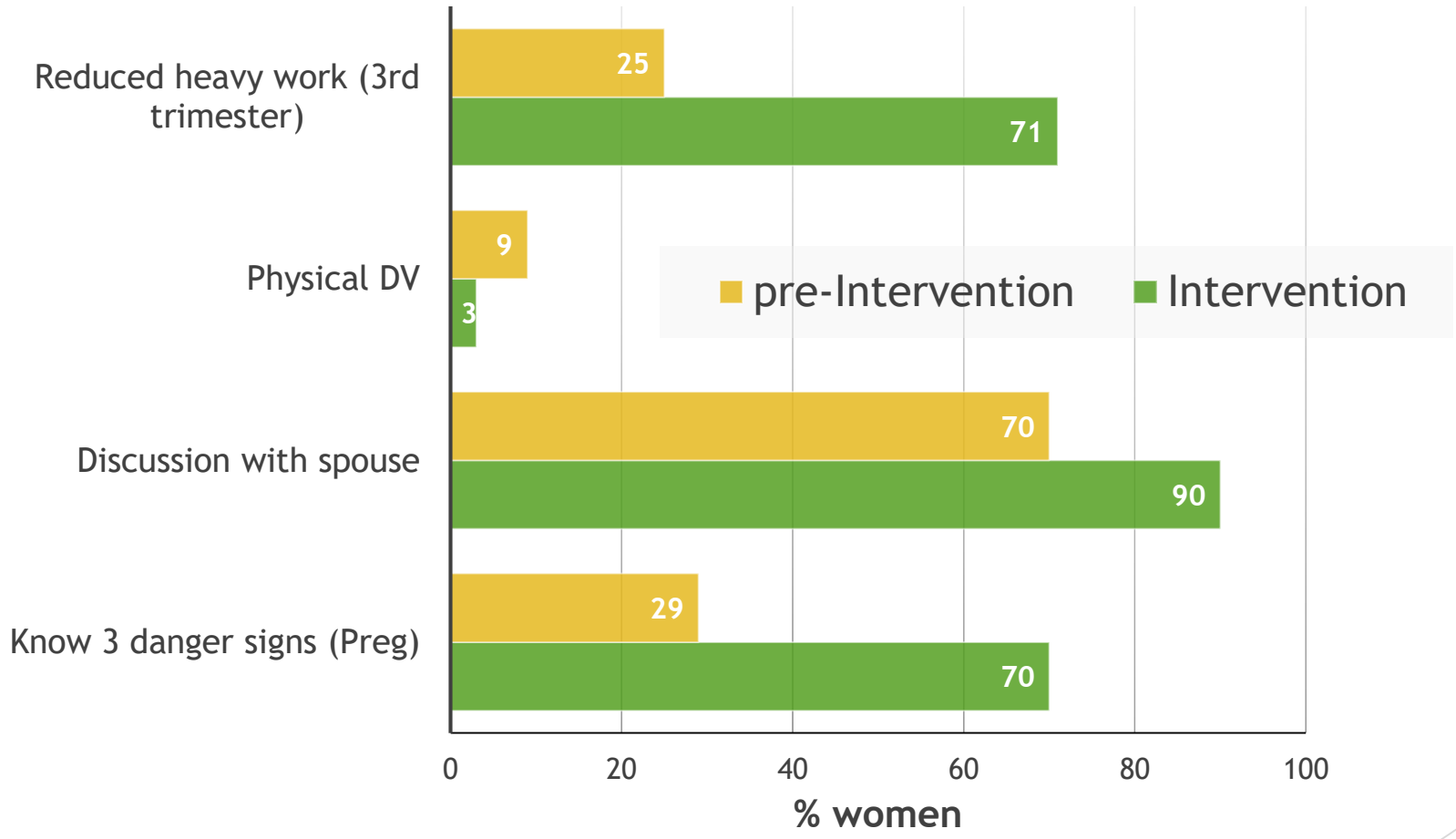
Pregnancy complications



Post-natal complications



Targeted risk factors during pregnancy

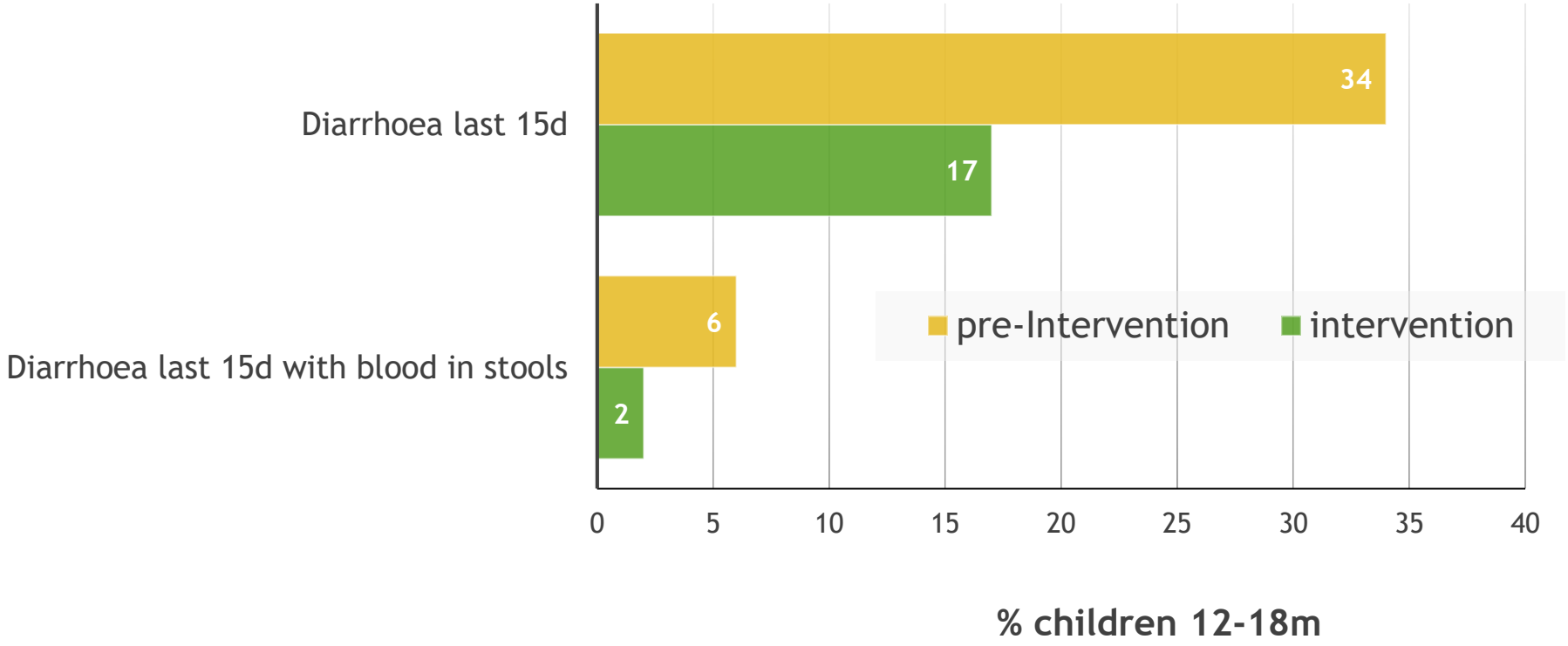


Impact of the home visits

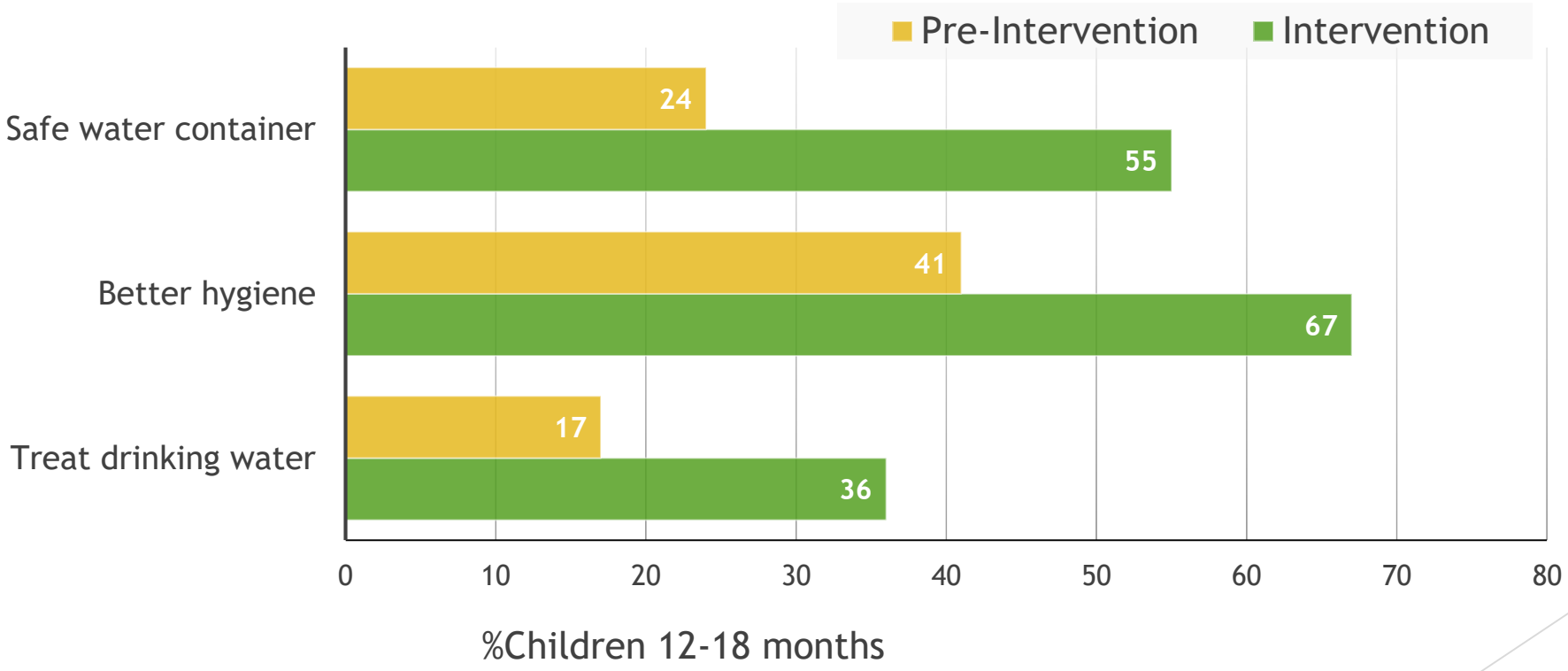
Child health outcomes

- Less diarrhoea
- Better management of diarrhoea
- Improved household hygiene and drinking water care

Diarrhoea -Prevalence and severity



Diarrhoea prevention–Household hygiene practices



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