

Games and trivia can be used to engage mothers, influential family members, and community members, promoting hands-on learning and deepening understanding of complementary feeding.

“It was the first time I talked in a counseling visit.” Nourishing human connections to improve SBC outcomes in Nigeria

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BACKGROUND

Breakthrough ACTION is a global USAID-Sponsored project implemented by the Johns Hopkins Center for Communication Programs (CCP) in partnership with ThinkPlace, a global Human Centered Design (HCD) organization, that aims to strengthen the social and behaviour change (SBC) practices of local partners in supported countries.

Globally, undernutrition is linked to 45% of all child deaths, making optimal infant and young child feeding (IYCF) practices essential for reducing child mortality. Community Health Workers (CHWs) are crucial in reaching vulnerable children in Nigeria with health and nutrition interventions.

In Nigeria, Breakthrough ACTION utilized the Human-Centered Design (HCD) approach to gain diverse insights into nutrition counseling and practices. This led to the creation of tools that enable Community Health Workers (CHWs) to offer tailored, effective counseling and problem-solving for nutrition, moving beyond merely sharing information from cards. The team delved into the behavioral drivers of nutrition, focusing on complementary feeding, and developed and tested prototypes for innovative social and behavior change methods. These tools aim to help CHWs educate, empower, and inspire caregivers to adopt improved nutritional behaviors.

OBJECTIVES

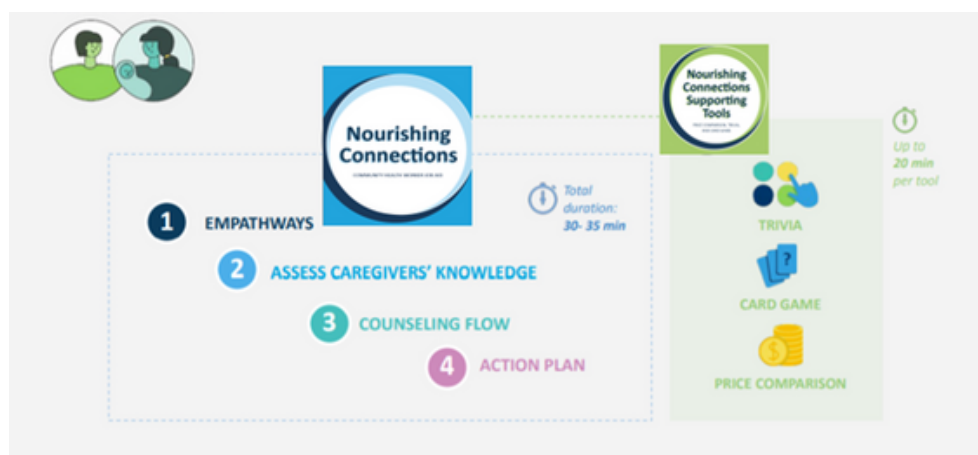
To understand the role of Nigerian Community Health Workers (CHWs) and identify challenges from the perspectives of CHWs, caregivers, family members, and community members to:

- 1) Better educate, empower, and activate caregivers for improved complementary feeding and to
- 2) Design and prototype tailored, measurable, and novel counseling tools for CHW that achieve this or support the prioritized complementary feeding behaviors

METHODS

A mixed research method was used. Research commences with a desktop research review followed by EnGauge (digital ethnography tool) providing both qualitative and quantitative insights into the research focus areas, and then in-person interviews drawing out complexities or accessing cohorts in remote populations as well as validating findings from desk review. The research informed the design and test phase, and findings were used to create a novel CHW nutrition set of tools (nourishing connections).

RESULTS



Human Centered Design Process



Image 1: The Human-Centered Design Process

Qualitative Research Overview: Nigeria



Image 2: Qualitative Research Overview

LESSONS

Learning from Testing

- CHWs resisted sharing personal stories**
 - CHWs resisted sharing their own experiences as a way to engage with mothers and caregivers, which became a barrier to building trust.
 - CHWs feared gossip, looking weak, and of losing control of the process.

"I know that working this way will reduce the session time and improve the result, but I can't compromise my family. I don't know how to do JUST ENOUGH" CHW
- Compassionate counselling requires a different skill set**
 - Listening actively for more than 1 minute, being vulnerable, asking probing questions, writing down key points, developing and sharing recommendations all at the same time is a drastic change in the skill set, mindset, and expectations for CHWs.

"It was hard to listen to so much and think. However, these tools are so useful" CHW
- Gamification favorite format**
 - Gamification lightened seriousness and helped participants to relax and be open to new experiences and learning.
 - Gamification allowed for frank conversations, routine breaks for both caregivers and CHWs, experimentation with new roles, experience of desired reality, knowledge gain without obligation, and curiosity to go beyond information provided.

"The game is my favourite by far. I don't need to ask for attention because everyone is paying attention, without me making much effort" CHW

TESTIMONIALS



CHW - “The game is easy, fun, non-obvious, and a tool that makes learning light. The best thing is that I can play with anyone, caregivers, fathers, community members, anyone. I have never seen them like something so much.”



Caregiver - “It was a lot of fun and I want to play more often. I think we should play at community meetings and events in general. Adolescents should also play.”

CONCLUSION

The innovative tools developed through collaboration with Community Health Workers (CHWs) and communities offer promising solutions to enhance nutrition counseling and improve feeding practices for children on complementary feeding. These tools are designed to support empathetic counseling sessions, addressing the specific needs of caregivers worldwide.



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