

DEVELOPING ENTERTAINMENT EDUCATION VIDEOS FOR A MOBILE- BASED DISTANCE LEARNING EDUCATION APPLICATION

The NURHI 2 Experience



This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)''



Table of Contents

Abbreviations

Acknowledgement

Background

Why the Human Centered Design Approach

Pre-production Process:

- *Developing a creative Brief*
- *Engaging a media/creative agency*
- *Content development*
- *Artist selection*
- *Location selection and recce*
- *Costume selection and development*
- *Rehearsals*
- *Actor-client meeting*

Production:

- *Call sheet*
- *Shoot days*

Post-Production:

- *Editing*
- *Review/pretest*
- *Reshoot*

Conclusion

Annex:

- Creative Brief

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



Abbreviations

DLE	Distance Learning Education
FP	Family Planning
HCD	Human Centered Design
MLE	Measurement Learning Evaluation
NURHI	Nigerian Urban Reproductive Health Initiative
RFP	Request For Proposals
SBCC	Social and Behaviour Change Communication

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



Acknowledgements

The Nigerian Urban Reproductive Health Initiative (NURHI 2) is a five-year project funded by the Bill & Melinda Gates Foundation with the vision to eliminate supply and demand barriers to contraceptive use and make family planning a social norm.

This Nollywood style post-training education videos document was developed as a knowledge sharing document to enhance the video production experiences of partners and government agencies interested in developing entertainment education videos as a post-training tool.

The NURHI 2 project would like to appreciate the contributions of State Ministries of Health (Kaduna, Lagos and Oyo); State Primary Health Care Development Agencies in Kaduna, Lagos and Oyo. Our sincere gratitude also goes to the family planning service providers who were part of the review of existing DLE videos using the Human Centered Design approach, which led to the development of new videos.

NURHI 2 would also like to thank the media agencies: Prima Garnet Africa and Royal Roots Communication Network for their immense contribution to the development and production of the DLE videos.

It is our expectation that the knowledge in this document will be used in the development of post-training videos for health programming across various intervention areas.

Compiled by : Adedipe, A., Olabode-Ojo, S., Ikiddeh, O. & Oluwagbohun O. (2019). Nollywood Style Post-Training Education Videos. The NURHI 2 Distance Learning Education Videos Experience

This was developed by the Nigerian Urban Reproductive Health Initiative (NURHI 2), a project implemented by the Johns Hopkins University, Center for Communication Programs and funded by the Bill and Melinda Gates Foundation. No part of this booklet shall be reproduced without the permission and acknowledgement of its originator.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



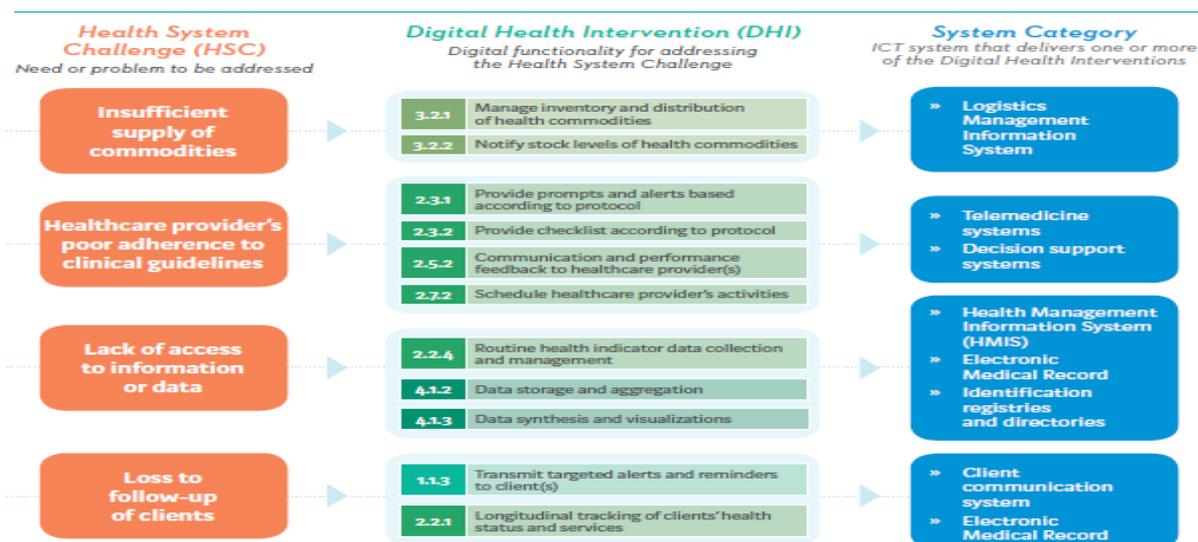
Introduction

Digital Health Technology (eHealth) as defined by the World Health Organization (WHO) is “deploying information and communication technology to support health and health-related issues.” The scope of digital health has expanded over the years due to increasing technology. Digital health covers from mobile health to telehealth, wearable devices, health information and telemedicine. These innovations are important to improve access to quality healthcare services, address lack of productivity within the health system, encourage self-care, reduce healthcare cost and made available one-on-one individualized care for community members. Mobile health (mHealth) which is an offshoot of eHealth is defined as “the use of mobile wireless technologies for health” (WHO). The attraction for digital health especially in Low- and Middle-Income Countries (LMIC) such as Nigeria has increased especially with the use of mobile devices which has been leveraged on to strengthen the health system. This has led to different Digital Health Interventions (DHI).

DHI as defined by WHO is a distinct functionality of digital technology that is applied to health achieve health goals. DHI can be classified into four based on the need of the health system; which are:

- Intervention to Clients
- Intervention for Healthcare Providers
- Intervention for Health System or Resource Managers
- Interventions for Data Services

FIGURE 1. LINKAGES ACROSS HEALTH SYSTEM CHALLENGES, DIGITAL HEALTH INTERVENTIONS, AND SYSTEM CATEGORIES



WHO (2019) Classification of Digital Health Intervention

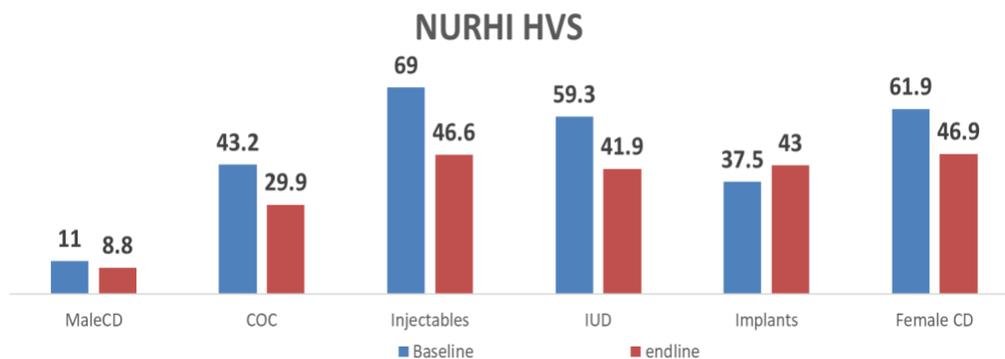
This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



The figure above shows the linkage between the health systems challenge, the DHI and the category of ICT to address the problem. The Nigerian Urban Reproductive Health Initiative (NURHI) project sought to address healthcare providers poor adherence to clinical guidelines by using a mHealth application to design a post-training tool for Family Planning (FP) Service Providers.

The Nigerian Urban Reproductive Health Initiative (NURHI) launched the Distance Learning Education (DLE) platform in November 2013, during the first phase of its project (2010-2015) in response to the need to reinforce family planning skills after the period of training and address service provider biases. The post-training tool comprise of a set of learning videos, educational resources including job aids, Standard Operating Practices and short quizzes. The application was made available to FP service providers through an android-based application accessible from a smart phone or tablet. The platform provided an opportunity for self-learning and self-evaluation and addresses common challenges encountered in FP service delivery.

At the end of NURHI 1 project (2014), FP service providers still restricted FP methods to clients based on marital status, parity, spousal consent and age.

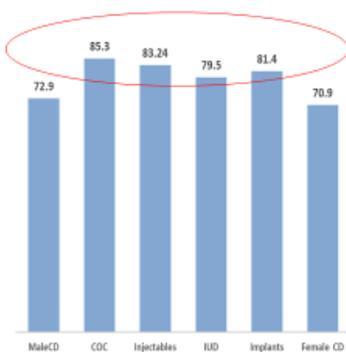


Data Source: NURHI-MLE health facility data, 2010/2014, Nigeria

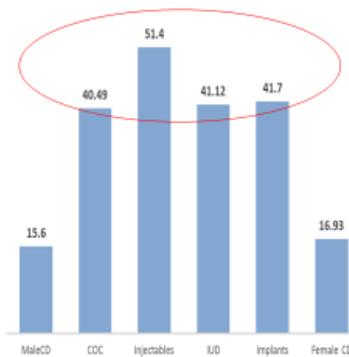
A baseline health facility survey conducted in 2016 at the beginning of the second phase of the NURHI project revealed FP service provider biases persisted.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)

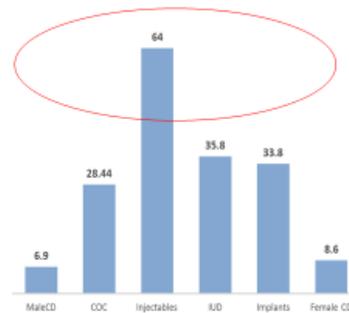




% who restrict based on a minimum age requirement



% of providers who restrict based on woman's parity

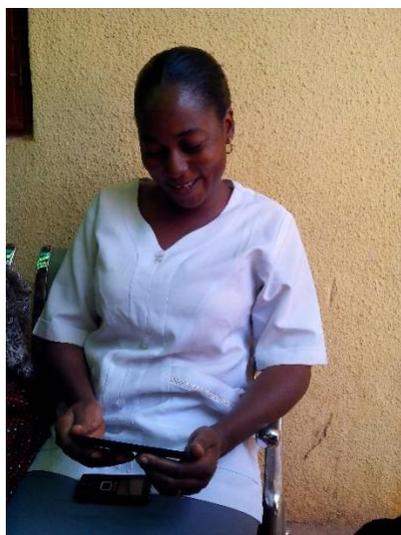


% of providers who restrict based on woman's marital status



Data source: NURHI baseline provider survey, Nigeria, 2016

This led to the use of Human Centered Design (HCD) Approach to review the existing Distance Learning Education (DLE) videos designed in 2013. HCD helps to understand the needs of end-users and design solutions tailor-made to suit such needs by building deep empathy, brainstorming and generating ideas, building prototypes and testing the solution in the real world. (For more information, visit www.nurhi.org on the HCD Approach).



The question the project sought to address was: “How might we better improve the content, accessibility and acceptability of the DLE application for use by all family planning service providers post training across Nigeria?”

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



During the reviews FP service providers expressed their desire to see learning videos produced in the ‘Nollywood Style’ (Nollywood is the brand name for the film industry in Nigeria) using entertainment education. Entertainment Education (EE) is a story-telling approach, which combines theory and science of analysis to change behavior using familiar characters that resonate with the people to encourage making positive decisions.

The combination of the use of Nollywood style stories and entertainment education was used to update and review the content, acceptability and access of the existing DLE videos.

Nollywood: Nollywood is Nigeria’s film industry which is the third largest film industry worldwide. This approach to storytelling uses overly dramatic stories to convey the various styles of proper counselling and interactions between service providers and their clients by engaging trained and everyday actors instead of non-professional actors. This is also known as Entertainment Education, which explores the use of entertainment to educate the relevant audiences and change behavior.

This guide is developed for program managers who intend to develop entertainment education videos as a tool for training or post training follow-up.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



2. Development Process

This led to engagement of a media agency to support with the production process for new videos.

This document has been simplified in writing style and follows similar process across available literature although they bear different names based on the authors and their intended audiences. The terms used are quite generic and are easily understood by program managers and professional video makers. For the purpose of documentation, this booklet will capture the NURHI 2 DLE development process in three parts:

- Pre-production
- Production
- Post-production

Pre-Production Process:

The pre-production stage was done in-house by the NURHI 2 team. Discussions and brainstorming sessions were held, and ideas were put together on what the team really wants to achieve. These were the building blocks that guided the development of the DLE videos. When all the ideas were put together, the following steps below followed:

Developing a Creative Brief: At the beginning of the process, a creative brief is developed to guide the intended media/creative agency on the ‘mind’ of their prospective client. The creative brief gives a general overview of the specific area of intervention, brief history of the past and current situation, priority audience, overall campaign objective and the expected deliverables. The creative brief will also specify the number of videos to be developed, the specific audience for the videos, the duration of each video, the language of production and the video format. For the NURHI 2 project, 18 videos were developed—12 supportive and non-supportive videos and 6 demonstrative videos.

Engaging a Media/Creative Agency: NURHI 2 published a Request for Proposal (RFP) in three national newspapers for media/creative agencies who are interested to bid. After all the procurement processes have been concluded, an agency won the bid and was selected. The creative brief was shared with the creative agency for their understanding and review after which prices and other logistics including production timelines are finalized by both parties.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)''



Content Development: The content development process is one of the major creative activities done in the development of videos of any kind. In producing the DLE videos, a two-day workshop was held to develop message outlines and draft stories for each video. Content development entails creating an effective communication points that will address the needs of the audience from the audience’ perspective. Because the Human Centre Design Approach was used to inform the changes in the DLE Platform, the outcome and analysis of the workshop were looked at critically and previous data/information were also used to arrive at a defined outcome. Participants at this workshop include technical members of the service delivery and demand generation teams, scriptwriters, client relationship manager and production manager.

Script writing: Upon conclusion of the concept development workshop, the creative agency shared the first round of scripts with the project. The scripting process is in most cases never the work of one person. During the script writing process, all the elements of scripting comes into play (audio, visual, behavior and dialogue). During the scriptwriting session, the concept note and the creative brief become very useful, looking critically at the audience profiling (if any) and the effective outcome. Here, stories are outlined, act and scenes clearly defined. It is also at this stage that the time (length) for each video, language and style of writing is determined. After the creative agency is done with the writing, the script is submitted to NURHI 2 for reviews. The process of scriptwriting from inception to final approval took about four months. This process could either be longer or shorter, depending on the number of videos for production as well as the various levels for review.

Selection of Artists and Location

Actor Selection: When the scripts were developed, they also came with character profiles— which are brief descriptions of a fictional character, they include quirks, mannerisms, body type, background story, etc. based on the storyline of the character.

Actors are selected for each role based on the character profile for each fictional character. This is done through a series of auditions to ascertain the actors’ ability vis-à-vis the desired role. Where applicable, some actors are conscripted to roles other than what they auditioned for because they are found to play that role better.

Successful actors would be contacted informed once the audition process is concluded. For the NURHI 2 project, the auditions were recorded and shared with members of the client’s technical team for their input before the final cast was chosen and notified. Once the actors have been notified, it is important to share the script with them to enable them to commence personal rehearsals.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)”



Location selection and recce: Before the shoot day, it is necessary to identify the various locations that could be used to appropriately tell the desired stories in the videos. Possible scenarios would have been developed in the scripts already. It is the duty of the production company to identify these locations and conduct a recce.

A recce is a pre-production visit to a location to ascertain its suitability for shooting. It enables the production crew identify any possible challenges that may arise from using the location such as possible angles, sound interference, lighting needs, etc.

steps are necessary before the location is ready for shoot day (some of these steps include requesting permission, purchase of additional props, extra staff members to lift/move items, etc).

Based on the outcomes of the location recce, it may be necessary to look for alternative locations for filming. If that is so, a recce would also need to be done for the new locations as well.

Costume selection and development: Once the cast have been identified and confirmed for the various shoot days, it is necessary to make the costumes for the different characters. As with many other things, the character profile of each character identifies who the person is and the scripts show the different scenarios characters would appear. The production team would have identified beforehand the various outfits (including shoes, hair and accessories) each cast member would need for every scene they appear, taking into consideration the cultural/professional context of each video (for instance, a Nurse character in Northern Nigeria would wear a different attire from a Nurse in Southwest Nigeria, also the general rules of medical attire would also come to play here). Depending on budget available, the production company can rent/make/buy all costumes to be worn by the actors, or they could request the actors to bring their own clothes and give them a stipend called wardrobe fee” or a mix of both. Where costumes are custom made for the video, it is necessary that the adequate measurements are taken. The actors would need to fit their outfits prior to shoot day to ensure there is adequate time for necessary amendments/repurchases. It is preferred that actors have multiple options for costumes per scene in preparation of any unforeseen wardrobe malfunctions on set.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



Rehearsals: It is necessary to hold rehearsals with all actors to ensure that everyone is conversant with their lines and comfortable with the other cast members. The number of rehearsals depend on the number of videos to be developed (more videos, would most likely require a larger cast, which may result in multiple group rehearsals). It would be an added advantage to use the group rehearsals as an opportunity to share pertinent information with the cast and production crew.

Actor-Client Meeting: NURHI 2 project leveraged on the scheduled rehearsals to hold a meeting with the actors and the entire production crew. The purpose of this meeting was to give an overview of the DLE videos and the value of their involvement in the production process. Also, given that family planning is still quite the controversial subject in Nigeria, we had to explain the NURHI approach to discussing family planning in the media. This also gave an opportunity for cast members to seek clarity on a few things they had come across in their scripts but could not relate to due to limited knowledge. It is important for teams working on health issues to have such similar meetings with their cast and production crew to ensure everyone is on the same page regarding the desired outcome of the videos. This meeting was an opportunity for the creative agency to conduct another level of costume checks between for the actors; during this level of checks it was identified that quite a few costumes did not work as envisioned by the production team.



Image of Technical team briefing cast and crew during Actor-client meeting

Production:

After the scripting, editing of scripts, selection of artists and location and approved timeline, then it is time to go to location and start production. In producing the DLE videos and for the

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)''



purpose of this documentation, NURHI 2 will be sharing experiences on what happened during filming of the DLE videos which was over a period of 10 days. These activities are primarily conducted by members of the crew (producer, director, actors, sound engineer, light engineer, production manager, etc) and in some instances, with the client (program manager/initiator of the video development process).

Call Sheet: A call sheet (a schedule developed by the assistant director, using the director's shot list) is issued to the cast and crew of a film production to inform them of where and when they should report for a particular day of filming. This call sheet should be shared with every cast member at least 24 hours prior to their scheduled shoot day. The call sheet informs cast and crew where and when to report to everyday. This helps everyone plan ahead for every day of production.

Shoot Days: All the preparation from before has brought the production team to this day where we begin with lights, camera and action in hopes of filming the desired videos. The production team is prepared for the actual shoot and once all necessary actors for the day arrive, go through makeup and costume, they are set for filming. Each actor is prepared, possibly goes through their scripts. It is important that the client (originator of the videos) is present on set for the production process, this ensures that all the desired behaviors and nuances expected are captured.

For NURHI 2 the DLE video production was not just a Nollywood like film shooting, it is the making of a learning video using well-known actors. During this production process, the client and director ensure that the script is followed, and changes are made where necessary to enhance the storytelling experience. Multiple takes/versions are taken of each scene to provide options for the post-production editing team. A good production company will play back every scene after it is shot to ensure that the appropriate videos are taken.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)





Retake of crying scene



Video playback screens for director and client

Medical technical officers were on set to enhance the medical part of the videos, ensuring that every shot is ethically approved by medical standard.

At the end of each shoot day, a review meeting is done between the clients and senior members of the production team to evaluate the process of the day and plan for the following day.

Once all of the scenes for the videos have been shot, the raw video files are taken to the video editing studio for post-production.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



While filming the DLE videos, a few costume changes were made on set due the appropriateness of the earlier chosen costume. As a result of these changes, further reviews were made to the costume selection for some scenes, hence causing delay in the filming schedule.

Due to the earlier mentioned delay on the first day of filming, shoots were paused to sort out the costumes provided on the day of filming. A costume review meeting was held the following day to re-evaluate the existing costumes and replace those rejected the previous day. During this meeting, two costumiers (people who make or rent costumes for television or theatre) were hired by the production company to provide the new costumes. Actors for lead roles were available to fit their costumes to enable the costumiers take note of the amendments necessary, outfits for all the scenes for the thematic area videos. Where the actors were not available, the proposed outfits for the characters were chosen and wrapped with tape to avoid getting them mixed up with other characters' clothes.



Image of costume review meeting during production

In selecting the outfits, a few things were put into consideration: the location being depicted, the activity the character would be undertaking.

For the characters whose proposed outfits were rejected the day before, the new outfits selected were more appropriate, where the costumier did not have the appropriate veil for an outfit, the actor was asked to provide the outfits.

For some of the more technical videos, it was necessary to provide teleprompters for the actors to remind them of the exact terms used for the demonstrative videos, where each line had a specific sequence.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



Teleprompter: A device that allows a presenter to read a script whilst maintaining direct eye contact with the audience.



Images of actor reading from teleprompter during the filming of a demonstrative vid



Post-Production

This is the third stage of filming. Post production stage includes tasks such as the editing of raw footage to cut scenes, insert transition effects, colour grading, sound and voice recordings, dubbing etc.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



Editing: the videos filmed during production are modified and cleaned up to become ready for broadcast or in this case, uploaded to the DLE application platform. However, prior to this upload, the videos will go through a review/pretest process.

Review/pretest: This process involves the client watching the edited videos to ensure that the original intent of the video is adequately captured so far. Depending on the client, a pretest can also be conducted with the desired audience for the videos. This pretest will question the clarity of the message, relatability, cultural/language appropriateness and overall reaction of the audience to the videos. Based on the feedback received here, the videos would be modified or in some cases reshoot to capture the salient comments from the pretest.

Reshoot: Following the outcomes of the pretest, the various videos for reshoot are listed and budgeted for. The relevant actors are contacted, if they are not available for a reshoot, an audition process will be held, and the production process would begin all over.



Director providing actors with creative guidance on the execution of the script

Once all videos are reshoot, reviewed and approved, the production company sends a compilation of all videos approved in broadcast ready format as stipulated in the creative brief (unless something changed along the way). Barring any other issues arising, the videos are then uploaded/broadcast as desired.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



The process of developing the NURHI 2 DLE videos took about sixteen (16) months from creative brief development to collection of the final videos for upload to the application's platform. This long process was due to scheduling conflicts between the client and production company.

Some of the learnings from the process were:

- The client representative during the production process should be someone who has been involved from the concept development stage, has technical expertise and has the authority to make changes on behalf of the project.
- The cost of reshoots should be embedded in the initial budget developed for the video development with a clause stating the funds can be removed if there is no need for a reshoot.
- All reviewers of the video should be included from inception to avoid dissenting voices/review comments that require reshoot, when such comments could have been suggested earlier and incorporated into the original script.
- It is absolutely necessary for the production team to be prepared for no-show actors by having understudies (people who learn the lines and blockings for lead actors). Quite a few shoots were delayed for hours or even rescheduled because actors were either late to set or did not appear at all.
- Professional costumes (for lawyers, nurses, etc) must be vetted by someone in that profession to ensure they comply with the standard operating practices of those professions. Multiple levels of costume reviews are necessary to reduce the challenges/delays that may occur as a result of wardrobe issues.
- Based on the NURHI experience, it is best practice to film videos by location clustering. Here the videos filmed at any given time are within reasonable distance to one another.
- The value of open lines of communication among everyone involved in the development and production of the videos cannot be overemphasized.
- The script and video review teams should remain constant throughout the development and review of scripts and subsequent videos. This ensures that everyone has an understanding of the creative idea guiding the process.
- When reviewing scripts and videos, there should be an upper limit to the number of times materials should be reviewed before approval. This will reduce the back and forth and possible confusion.
- The director should be allowed to creatively treat and interpret the scripts as long as the crux of the message remains the same.
- Identify the best tool/version of a material that can be pretested in relation to the final consumer of the product.

In all, eighteen (18) videos (6 demonstrative videos and 12 Thematic videos) were produced to improve healthcare workers adherence to clinical protocols and guidelines, enhance the counseling skills of providers addresses myths and misconceptions, enable FP service providers to maintain correct CLMS and improve the technical competence of providers.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



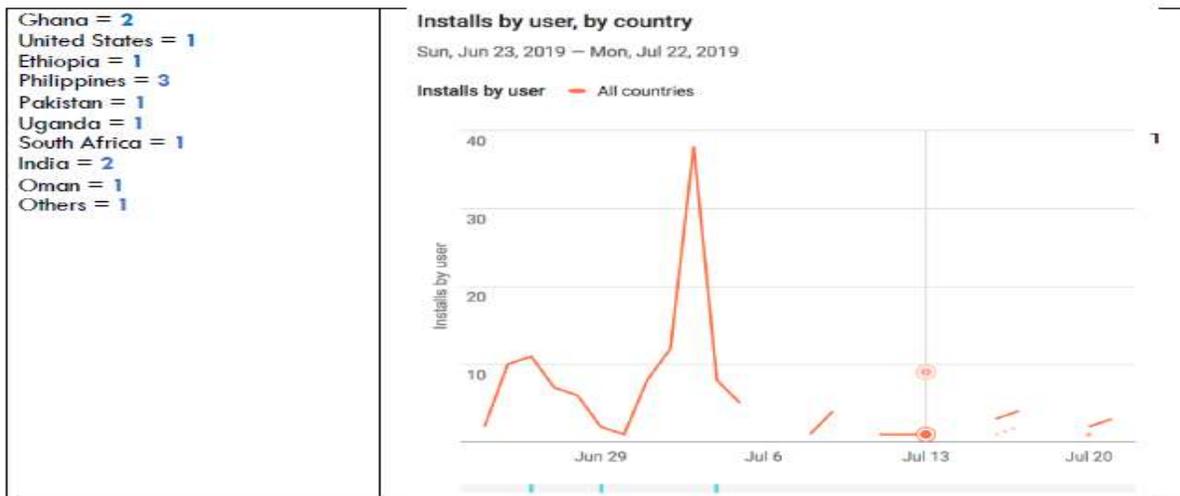
The existing DLE application of Google Play Store was updated, renamed to **“My Family Planning Guide”** and the final videos produced were uploaded unto the application.

3. Lessons Learnt

The Application was launched on in July 2019 and the figure below shows the analysis of viewership, installation by users in different countries between June and July 2019.

My Family Planning Guide (DLE) App Data Visualization

(Sun, Jun 23, 2019 — Mon, Jul 22, 2019)



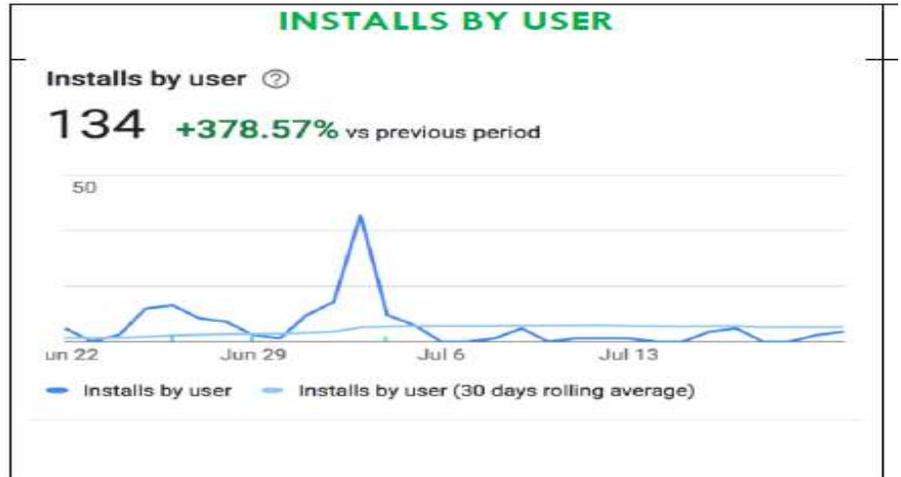
APP CRASHES	TOTAL
All Android Version	No Crash Report

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



COUNTRIES/Installs

Nigeria = 115



Some of the feedback from end-users were:

It is so good and educative. It will really help in teaching and improving my knowledge about family planning; It will guide us as providers and teach us on how to do procedures perfectly, counsel our clients very well; It is a good idea and I really love it.

The videos have sensitized me to be very conscious of how I counsel my clients and adhere to protocol.

It's very nice and it will give room for improvement in communication and information. Is it easy to install or navigate.

I love the new videos most-I am a fan of Nollywood

It's easy to download and navigate when I opened it; It is very useful, I even want to send it to all our WhatsApp platforms. I believe it will help those who are sentimental about the youth and unmarried girls

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



ANNEX

Creative Brief

NURHI 2 Distance Learning Education (DLE) Platform for the Reinforcement of Family Planning Skills after the Period of Training

1	Health Area and Interventions
	<p>The Nigerian Urban Reproductive Health Initiative 2 (NURHI 2)</p> <p>NURHI 2 is a five-year project (2014-2019) designed to reduce barriers to family planning/childbirth spacing and increase the use of modern contraceptives in Kaduna, Lagos and Oyo states. Building on the successful NURHI project, NURHI 2 will use a strategic combination of demand generation, service delivery and advocacy interventions. The NURHI 2 project team is made up of three key partners: the Johns Hopkins Center for Communication Programs (JHCCP), the Association for Reproductive and Family Health (ARFH) and the Center for Communication Programs Nigeria (CCPN). NURHI 2 is funded by both the Bill and Melinda Gates Foundation (Kaduna and Lagos) and TJ Mathers (Oyo)</p> <p>The overall goal of NURHI 2 is to increase use of modern contraception in Kaduna, Lagos and Oyo states. Modern contraception includes the use of contraceptive pills, injectables, implants, intrauterine devices (IUDs), condoms (male and female), tubal ligation, vasectomy, lactational amenorrhea. The NURHI 2 project will accomplish this through coordinated efforts to: 1) improve quality and access to family planning services, 2) advocate for increased political support and resources for family planning, and 3) multi-channel demand generation campaign(s). This creative</p>

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



	brief describes the development of Distance Learning Education (DLE) videos to be used as a post training tool for Family Planning Service Providers.
2	Background
	<p>The NURHI Distance Learning Education (DLE) platform was launched in November 2013 in response to the need for the reinforcement of family planning skills after the period of training. The post-training tool is comprised of a set of teaching videos, animations and FP educational resources including job aids, SOPs and short quizzes. This platform was made available to FP service providers as an Android mobile based Distance Education Application accessible from a smart phone or tablet.</p> <p>This platform provides an opportunity for self-learning and self-evaluation for FP service providers, by emphasizing on the key FP knowledge and skills that they learnt during the period of traditional training and supportive supervision. It also allows FP service providers to be able to self-assess and make the necessary corrections based on appropriate lessons designed to address common challenges encountered in FP service delivery.</p> <p>The Concept</p> <p>The proposed adapted and new videos will showcase current FP practices and preferences, and reflect best practices that address the many emerging issues around family planning services and uptake.</p> <p>Methodology</p> <p>The Human Centered Design (HCD) approach was adopted as the methodology for reviewing the DLE platform so that NURHI 2 could understand the needs of people who used this platform and design solutions according to their needs. By adopting this approach, NURHI 2 also targets to improve the traffic and use of the platform across the country.</p> <p>Using the HCD approach, the review of the DLE platform was designed to evaluate;</p> <ul style="list-style-type: none"> • Content • Acceptability – including relevance • Access – including distribution platforms <p>The activity started by revisiting the current videos to gain perspective, defining the design challenge, developing interview guides based on target audiences identified, field visits to gather information from target audiences and finally developing prototypes from key findings from the</p>

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



	information gathered on the field. The prototypes developed addressed the focal areas reviewed during the activity.
3	Priority Audiences for the DLE Videos
	Health and Family Planning Service Providers: most are married women between 20 and 49 years old, who have children of their own. Many of them are concerned about the safety of some specific methods, and believe some misconceptions about those methods. As a consequence, they do not counsel clients about the full range of methods. They generally do not believe that modern contraceptives are used by many women, and do not support the use of contraceptives by unmarried women or young women who have not born many children. Most of them do not think that clients can or should choose the contraceptive method they wish to use. They strive to conform with the prescribing and counseling practices of the other service providers they work with.
4	Overall Campaign Objectives
	<ul style="list-style-type: none"> • Enhanced FP knowledge and skills for FP service providers by providing opportunity for self-learning and self-evaluation • Improved ability to correctly and consistently address common challenges encountered in FP service delivery • Increased male involvement in FP • Increased client adherence to FP methods <p>EXPECTED DELIVERABLES: Adapt existing videos and create new videos and content to:</p> <ul style="list-style-type: none"> ○ Motivate providers on the importance of clinical counseling and refresher on clinical methods. ○ Provide information to providers on addressing / Managing Side Effects of associated with Bleeding – the most common side effect ○ Contraceptive Logistics Management System (CLMS) Refresher videos ○ Encourage more male involvement in FP and show partners support in FP decision making? ○ Encourage client adherence to FP methods by providing information and encouraging informed decisions
5	Videos to Adapt and Create By Themes
	<p>A. SUPPORTIVE AND UNSUPPORTIVE TEACHINGS <i>Thematic Area 1</i></p> <ol style="list-style-type: none"> 1. Man and wife accessing FP. Scenario should depict counselling skills using BCS

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



Thematic Area 2

2. Man and wife from (Video 1) return to FP clinic on account of a bleeding (as a side effect of chosen method) Client visits FP clinic to switch method (provider not open towards it; no backup provided)

Thematic Area 3

3. Reflect consequence of provider bias towards FP service provision to an unmarried youth

Thematic Area 4

4. Integration at GOPD and referral to FP clinic

Thematic Area 5

5. Post pregnancy access to FP services.

Thematic Area 6

6. Newly married couple who have agreed to delay first pregnancy (to depict patient confidentiality; support towards their decision)

B. DEMONSTRATIVE VIDEOS (using real humans as opposed to animation)

Thematic Area 7

7. Hand washing, Clinic set-up and general hygiene

Thematic Area 8

8. Sterilization

Thematic Area 9

9. Waste segregation

Thematic Area 10

10. Documentation and reporting

Thematic Area 11

11. Managing bleeding as a side effect

C. TECHNIQUE VIDEOS (animation videos)

These videos will show the following processes:

Thematic Area 12

12. Administration of Sayana Press

	Thematic Area 13 13. Insertion and removal of Implanon
6	Recommendations for Video Adaptation/Production
	Health Service Providers: As you provide high quality contraceptive services to everyone regardless of socio-economic status, age, marital status or parity and based on client’s needs (medical eligibility and client desires), you will be <i>supporting your community to live better lives and they will value and respect you for it.</i>
7	Call to Action
	For Health Service Providers: <ul style="list-style-type: none"> • Provide your clients; regardless of age, marital status, parity, or socio-economic class, counseling about a full range of contraceptive methods as well as their choice of contraceptive.
10	Creative Considerations
	<p>Campaign creatives: The agency will be responsible for adapting existing videos and designing new videos, which will include different creative concepts and designs</p> <p>The agency will NOT be responsible for producing any output not stated. However, the agency will coordinate closely with the NURHI 2 focal person and partners production houses.</p> <p>John Bull Concept: Play opens with someone or people discussing an issue, It then continues with scenes that depict/act out the message. After that, it returns to the opening scene where the person/people reinforce the learning points.</p> <p>Please refer to initial DLE videos Design Document, character profiles, treatments and plotlines for the NURHI 2 DLE videos.</p> <p>Video Format Specifications:</p> <ul style="list-style-type: none"> • high resolution/HD (720p minimum) • 16.9 format • mp4 and wmv
11	Branding
	All materials will include the “Get it Together” logo and the slogan, “ Know about family planning, Talk with your partner, and Go for Family Planning services’ in relevant languages. NURHI 2 will share the logo, slogan and other branding materials with the agency. All media materials should direct people to health facilities for family planning information and services.

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)”



12	Technical/Program Specifications	
	Geographical Placement	Kaduna state (urban and rural); Oyo state (urban and rural), Lagos state
	Languages	Languages: Materials will be produced in English only
13	Editorial/Contact Person	
	The content and post-production will be screened by the Senior Technical Advisor – Demand Generation (STA-DG) for sign-offs, and contact. The STA-DG will liaise with relevant NURHI 2 team members as necessary.	

References

- William Gossman; Arlen Meyers; Scott J. Korvek (2019) Digital Health. available at <https://www.ncbi.nlm.nih.gov/books/NBK470260/>
- WHO (2019) Recommendations on digital interventions for health system strengthening
- WHO (2019) Classification of Digital Health Interventions. Available at <https://apps.who.int/iris/bitstream/handle/10665/260480/WHO-RHR-18.06-eng.pdf?sequence=1>

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)

