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Strengthening Partnerships, Results,
and Innovations in Nutrition Globally

Community Video for Nutrition Guide

Using Participatory, Community-Led Videos to Improve Maternal, Infant, and Young Child Nutrition



September 2015

About SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. SPRING provides state-of-the-art technical support and focuses on the prevention of stunting and maternal and child anemia in the first 1,000 days. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

About Digital Green

Digital Green is a not-for-profit international development organization that uses an innovative digital platform for community engagement to improve lives in rural communities across South Asia and sub-Saharan Africa. Digital Green, in partnership with local public, private, and civil society organizations, works to share knowledge on improved agricultural practices, livelihoods, health, and nutrition, using locally produced videos and human-mediated dissemination. In a controlled evaluation, this approach was found to be 10 times more cost-effective and to yield uptake of new practices seven times higher than with traditional extension services. To date, Digital Green has produced more than 4,000 videos in more than 28 languages, and has reached 7,448 villages and more than 640,000 community members. Digital Green currently implements projects in nine states in India and in select areas in Ethiopia, Ghana, Tanzania, and Afghanistan in partnership with more than 20 partner organizations.

Recommended Citation

Beall, Kristina, Peggy Koniz-Booher, Lakshmi Iyer, Avinash Upadhyay, Rikin Gandhi, and John Nicholson. 2015. *Community Video for Nutrition Guide*. Arlington, VA, and New Delhi, India: Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project and Digital Green.

Acknowledgments

The authors would like to acknowledge the many individuals and organizations who contributed to this toolkit. Special thanks to our colleagues with the Voluntary Association for Rural Reconstruction and Appropriate Technology (VARRAT); to the local community members of Keonjhar District, India; and to Marjolein Moreaux for her insights while testing the guide in Niger.

Disclaimer

The contents of this report are the responsibility of the authors, and do not necessarily reflect the views of USAID or the U.S. Government.

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Cover Photo: courtesy of John Nicholson, SPRING

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Acronyms

BCC	behavior change communication
COCO	connect online, connect offline
DG	Digital Green
EBF	exclusive breastfeeding
ICT	information and communications technology
IFA	iron–folic acid
IFPRI	International Food Policy Research Institute
MIS	monitoring and information system
MIYCN	maternal, infant, and young child nutrition
NGO	nongovernmental organization
POP	package of practices
QA	quality assurance
SBCC	social and behavior change communication
SHG	self-help group
SOP	standard operating procedure
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
VARRAT	Voluntary Association for Rural Reconstruction and Appropriate Technology

Introduction

Background

This *Community Video for Nutrition Guide* is a joint product of the USAID-funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project and Digital Green (DG), an international nongovernmental organization (NGO) registered in the United States and India. This guide is based on our organizations' combined experience in implementing a proof of concept project between January and October 2013, formally known as the SPRING/DG Collaboration and Feasibility Study. This 10-month project focused on integrating content on high-impact maternal, infant, and young child nutrition (MIYCN) practices, including information on key hygiene-related behaviors, into the existing DG community-led video project, which is predominantly focused on promoting improved agricultural practices among small-scale and marginal women farmers. The target audience was pregnant women and/or mothers with children under the age of two participating in existing self-help groups (SHGs) in 30 villages in two blocks of Keonjhar District of Odisha, India. The SHGs also included a wider representation of female community members, who were targeted as key influencers for the recommended behaviors. Given that the target audience included a large number of influencers that wouldn't be adopting the practices themselves, the project not only tracked adoptions, but also promotions of MIYCN behaviors.

Intervention villages were chosen from among 130 villages engaged with DG's agriculture-focused collaboration with the Voluntary Association for Rural Reconstruction and Appropriate Technology (VARRAT), a local development NGO for the previous three years. The proof of concept was successful in validating the feasibility of the approach for promoting MIYCN, and was found to be acceptable to the communities where the project was implemented. The ten MIYCN videos produced during the project were shown to women farmers in more than 3,000 households, and more than 1,000 unique behavioral adoptions/promotions were documented¹—more than double the projected number of households to be reached and the anticipated adoptions for the project. The demand for the videos within the 30 villages grew as the project was more widely introduced, and community leaders negotiated the participation of double the number of VARRAT-led SHGs than originally planned for in the proof of concept. The videos served to inspire the target audiences to adopt behaviors that are globally recommended to improve MIYCN.

Why use community video for maternal, infant, and young child nutrition?

SPRING and DG see this community-led video approach, with videos created by the community for the community, as a revolutionary tool for nutrition and health behavior change which blends innovative, low-cost, accessible technology with the strength of human-mediated interpersonal communication techniques. Although video provides a point of focus in this model, it is people and social dynamics that ultimately ensure its effectiveness. The model leverages people-based extension (community health, agriculture, or other) systems functioning through existing social organizations and other structures, and uses video as a tool for engagement, empowerment, motivation, and connection as community members come together and discuss topics relevant to

¹ Direct observation and physical presence of necessary enabling technologies (such as tippy taps) were used to track adoptions. When that was not possible, self-reported behavior adoptions and knowledge recall were used. For viewers not in the target audience for particular behaviors (e.g., not lactating) self-reported promotions of these behaviors to their neighbors and family were tracked instead of adoptions.

their everyday lives. The process of producing and disseminating the videos often elevates the role and influence of positive deviants or early adopters, who are the video “stars”. Community-led video has been shown to be highly effective as both a means of conveying information and catalyzing social change and individual behavior change for improved agriculture, livelihoods, and health behaviors. The videos allow community members to observe practices in their own geographical context, demonstrated in their own language and by someone of similar means. Seeing practices promoted by their neighbors, community members realize that they, too, have the means to implement them. At its core, this approach democratizes video, allowing communities to tell their stories while retaining the technical integrity of the information. The approach is feasible even in remote communities with limited Internet connectivity and irregular access to electricity.

This approach functions best when overlaid onto an existing community group infrastructure, extension system and/or support activity and when complemented by other community mobilization or support services, such as a robust community health system to support similar messages and recommendations and provide access to necessary inputs in order to adopt behaviors (e.g., IFA tablets, condoms, health care services). It is possible to develop a system where there is none to roll out this community video approach, however, it will require significant resources to develop and manage.

What is the evidence for this approach?

In a controlled, 13-month study conducted by DG in 16 villages and with a total of 1,470 households,² this community video approach produced a seven-fold increase in adoptions of certain agricultural practices over a classic Training and Visit-based extension approach. Furthermore, this approach was found to be 10 times more cost-effective compared to traditional agriculture extension services. Our two organizations then collaborated to explore the feasibility of using this community-led video approach to increase uptake of key MIYCN and hygiene practices in India. A mixed methods study using interviews with program personnel, SHG members, mothers-in-law, husbands, agriculture and health workers, and actors in the videos, was conducted by the International Food Policy Research Institute (IFPRI) and the London School of Hygiene and Tropical Medicine. [Study findings](#) demonstrated that the use of community videos by agriculture extension workers was feasible in terms of the capacity of partners to produce them and facilitate sessions on nutrition topics, and that the topics were acceptable and appreciated by community members. In fact, demand for the nutrition videos was so high during the proof of concept that the number of SHGs reached doubled from 60 to 120. The videos were reported to be one of the main sources of nutrition information in the communities, stimulating uptake and intra-household promotion of the nutrition and hygiene behaviors. Large majorities of interviewed SHG members retained knowledge on key MIYCN practices, and over two-thirds said they shared information with at least one other person. Based on the favorable study findings on feasibility and acceptability, SPRING has adapted the approach and implemented a similar project in the resilience context of Niger, with an ongoing evaluation component to determine the impact of community video on two specific MIYCN and hygiene behaviors. Preliminary results show widespread acceptability of, and expansive demand for, the videos with high percentages of initial adoptions of handwashing and responsive feeding, the two behaviors being investigated. Final results are expected to be shared in early 2016.

² R. Gandhi et al., “Digital Green: Participatory Video for Agricultural Extension,” in Proceedings of IEEE/ACM Int’l Conference on Information and Communication Technologies and Development (ICTD2007) and in Proceedings of Annual Meetings of American Society of Agronomy (ASA, CSSA, and SSSA), 2007.

Who is this guide for?

This *Community Video for Nutrition Guide* is specifically intended to provide organizations, projects, and practitioners interested in using or testing community video for MIYCN with the critical information and tools needed to initiate, produce, and disseminate a participatory community-video approach for MIYCN. This guide is intended to be used in combination with DG standard operating procedures (SOPs), which can be accessed openly on its [website](#) linked here. Although focused on promoting MIYCN, the Guide builds on the DG agriculture-focused platform, to which other content can be added or emphasized, such as information promoting sexual and reproductive health and family planning, nutrition-sensitive agricultural practices, community institution building, government schemes, animal husbandry, financial inclusion programs, nonfarm income-generating activities, and a whole range of other topics.

Agricultural extension services and community health programs typically employ traditional social and behavior change communication (SBCC) approaches and tools, with one-on-one or group counseling, where information is shared with communities in lectures, demonstrations, or didactic trainings. Community video provides local agents with a simple and effective medium—a stimulating, innovative, and exciting tool for engaging communities. This approach also helps to ensure quality of content and messages through the video as a technical job aid, as quality of messages is difficult to ensure in group or one-on-one sessions, and especially in cascade approaches. Given the growing affordability of video production equipment and editing software, as well as the increasing availability of battery-operated, mobile pico projectors, the use of community video has become a viable option to catalyze social and behavior change.

The primary audience for this Guide is program planners and managers as well as practitioners from government, nongovernmental, and private sector organizations looking to use low-cost, participatory community video as a tool to effect both social change and individual behavior change around MIYCN. The community-video approach relies heavily on strong community networks or support groups and is intended to be locally owned and rooted in strong community engagement institutionalized within an existing development program or infrastructure. Community videos are neither professional, intensively produced products, nor intended for national or regional dissemination. Their strength and purpose grow out of their local focus.

How to Use This Guide

This Guide is a step-by-step reference to support the design and implementation of a community-led video project focused on MIYCN behaviors. Not a comprehensive programming tool, it is intended to be used in combination with DG's SOPs and with video production, editing, and monitoring and information system (MIS) training manuals, all available through the [DG website](#). References are provided for the necessary formative research, training, equipment specifications, and other tools outlined in the appendices to this package as well as for the training materials, forms, and sample program-planning documents found in the DG SOPs. These tools are intended to be reviewed and adjusted or adapted to meet a project's specific needs and local context. To facilitate adaptation, each tool in the appendices is available to be downloaded in editable Word format.

This Guide focuses on the three specific components of the SPRING/DG approach (Initiation, Production, and Diffusion) and goes into detail about the nutrition-specific adaptations of the DG standard model outlined in the DG SOPs. The MIYCN-specific elements that make up the bulk of this Guide are specifically noted in boxes at the beginning of each chapter and bolded in the figures detailing the steps of the approach. Implementation tips are also included in each chapter, along with anecdotes describing specific challenges or experiences encountered while testing the approach.

Component 1. Initiation

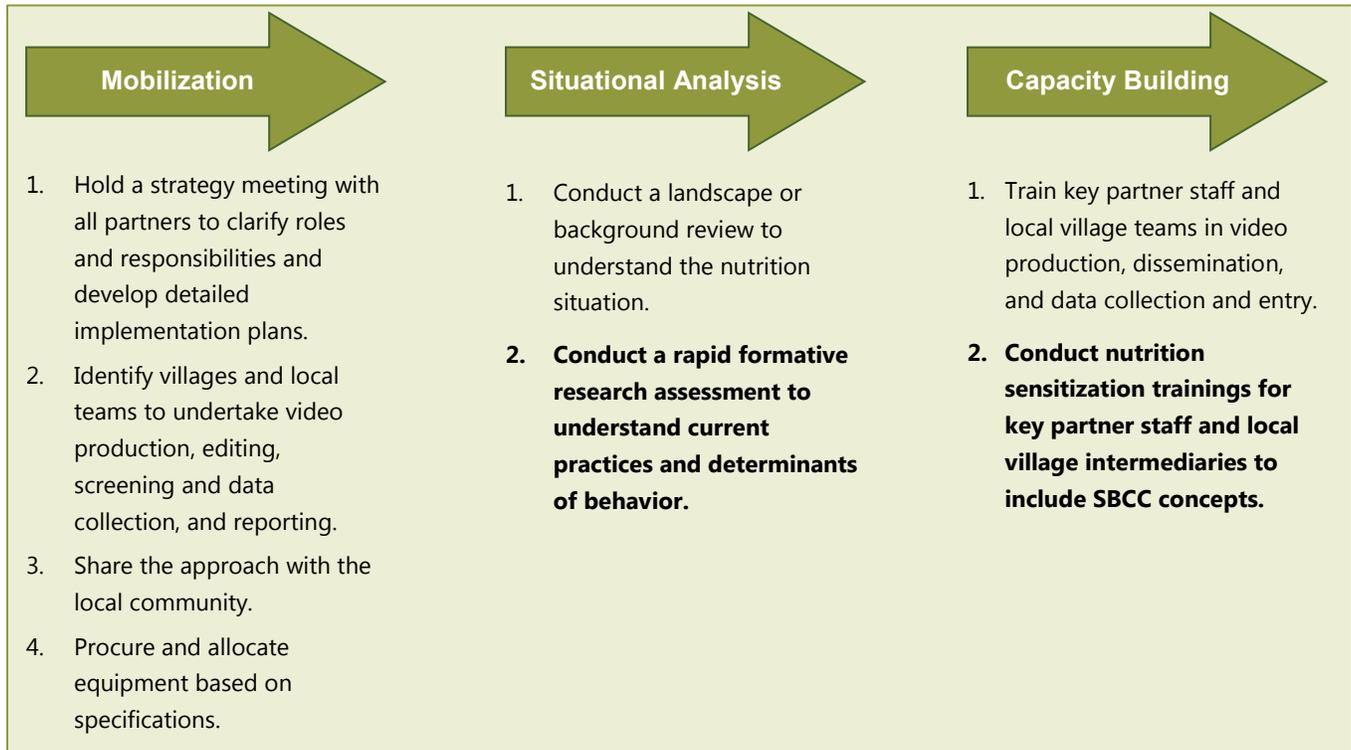
The first component of the SPRING/DG collaborative approach, Initiation, has three distinct steps: mobilization, situational analysis, and capacity building (Figure 1). Complete information on all steps can be found in the DG SOPs.

MIYCN Elements

- Formative Research
- Capacity Building

Figure 1 below details the steps in the initiation process with **bolded** emphasis on the elements specific to the MIYCN approach detailed in this guide. Other steps not specific to MICYN activities are only briefly summarized and are further explained in the DG SOPs.

Figure 1. Initiation³



1.1. Mobilization

Mobilization, the first step in designing a community video activity, entails convening a joint strategy meeting of key stakeholders, including the local partner institution. If this stakeholder group lacks MIYCN technical capacity, it is important to identify a health and nutrition technical partner to determine the scope for introducing the approach in identified villages and to develop clarity around roles and responsibilities and detailed implementation plans. At this meeting, agree on the following objectives:

- Partners' roles and responsibilities
- Defining mutual expectations
- Creating a detailed work plan, with tasks, subtasks, indicators and metrics, and timelines

³ Bold face type in the table indicate activities specific to application of the community-video approach for MIYCN.

- Scheduling events primarily for training (creating a training calendar)
- Community group/organization selection criteria
- Local intermediaries' selection criteria
- Village selection criteria

Tools

Illustrative Project Gantt Chart (Appendix 1)

An illustrative project Gantt chart can be found in Appendix 1 of this Guide to assist with planning your community video activity and to provide you with a sense of the time commitment necessary for each step in the process.

Village Identification and Local Teams

Regardless of the subject matter of your community-video project, choosing the right local community organization as a partner is critical to success. An appropriate community organization has a good relationship with and/or membership comprising the project target audience, has an interest in the intervention topic, has sufficient human resource capacity, and shares the intervention objective. Choosing a local partner with technical expertise in MIYCN is preferable, to ensure local ownership, sustainability, and ease with technical content reviews. The local community organization will ideally already be working through village groups, which could be agrigroups, SHGs, farmer clubs, livelihood groups, savings and loan groups, mothers' groups, or others. The community video approach functions best when integrated into an already well-established local group structure, but if none exists, you can consider working with local partners to form a group specifically for this intervention. Alternatively, this approach can also function with the Ministry of Health as the primary implementing partner, assuming an extension system with established supportive supervision and oversight infrastructure exists. The group may not be comprised solely of those in your target audience (e.g., pregnant and lactating women) but may also include key influencers to behaviors related to MIYCN who are critical to stimulate social change and who facilitate individual behavior change among their family members and peers. It is important that you meet with these village groups and organizational leaders to share the goals and objectives of the project. You should use this meeting to help define village groups' interest, commitment, and incentive scheme or willingness to pay (local agents are sometimes compensated through community structures in order to ensure sustainability and commitment, but may also be paid by partners, government, the project itself, or not at all as volunteers). This is also the time to discuss how they will be responsible for taking ownership of the rollout of the approach in their community, as well as other accountability and sustainability issues. The local partner is responsible for identifying staff, community members, or frontline workers who have an interest in the topic and the ability to become resource persons for implementing the approach in their community groups and villages. It is critical that these individuals are trusted, local community members, available for continued and meaningful engagement, and that they have the ability to connect individuals to any products, services, or resources that might be needed in order for certain behaviors to be adopted and promoted within their communities. Select individuals for video production and dissemination teams based on the following guidelines:

- *Video Production:* You will need approximately four to six individuals in each district (this will vary depending on the geographic scope and homogeneity of the population of your project). They will develop storyboards, arrange locations and actors, and shoot and edit videos. Each video shoot requires a video production team or crew consisting of a camera operator, a facilitator, and a director. The facilitator guides the interview or discussion with the featured community member by asking probing questions or providing complementary information. For a MIYCN project, the facilitator requires basic nutrition knowledge, either from previous experience or from intervention capacity building sessions (Section 1.3).

Because video editing involves specialized software, the person identified for this role must be computer literate.

- *Video Mediators:* You usually need one or two video mediators for each village, depending on the number of groups and participants. Video mediators facilitate video screenings in the community by stimulating community interest, moderating audience discussion, responding to questions, and clarifying doubts. Video mediators should be able to provide follow-up support at the household level and to document community feedback and behavior change. Select mediators with care. They should be well respected in their communities and dynamic personalities able to conduct the disseminations effectively so as to stimulate social and behavior change. The credibility and success of dissemination is largely dependent on the skills of the mediator in facilitating the video screenings and their ability to effectively engage the audience and encourage the adoption of practices.

Tools

Specifications for Video Production and Dissemination Equipment Sets (Appendix 2)

Detailed steps and tools for village identification and facilitation of local organizations and teams can be found in the DG SOPs.

Specifications and Allocation of Equipment

The technology for the community-video approach is more widely available and affordable in low-resource settings than ever before. The video production and dissemination activities do require specific software and hardware (Appendix 2), but this equipment has been tested and shown appropriate in low-resource settings with limited Internet connectivity and irregular access to electricity. The local partner organization managing day-to-day project operations should maintain this equipment. Dissemination equipment is often shared among multiple groups and mediators locally. The logistics vary depending on population density, terrain, partner saturation in a particular geography, and other factors. Therefore, the required number of sets and who shares a single set of equipment depends on the number of groups in a village or district, the number of mediators in the project, the number of screenings each month and their timing, and groups' geographic proximity. Aim for a balance among factors: the sharing of the equipment among as many groups as possible; ensuring that community videos are disseminated on a regular schedule for each group, over a sustained period; and provision of equipment down time for proper maintenance.

1.2. Situational Analysis

After the local partner organization has identified target villages and established the video production and dissemination teams, the technical partner should begin gathering information needed to inform the next step—specifically, the development of the videos. For community-video projects relating to MIYCN, the first step in the situational analysis is to conduct a literature review or landscape analysis to understand and identify the major community nutrition issues and the cultural nuances of the intervention area; to assist in identifying target audiences; and to inform the development and/or selection and adaptation of formative research tools.

Subsequently, evaluate the findings from desk research against project goals to determine priority behaviors to be promoted that will yield potential or projected impact. This exercise will help identify the primary audience to target as well as any secondary audiences who have significant influence.

The next step is to tailor formative research specifically to investigate barriers to, and facilitators for, these priority behaviors and audiences. (This step may be unnecessary if you are embedding community-video activities within

an existing health or nutrition intervention, which presumably has already implemented this step to inform current programming priorities, recommended behaviors, target audiences, and behavioral determinants.)

Formative Research

Formative research is a fundamental step to gain understanding of local practices and contextual realities (i.e., sociocultural and economic) and how certain determinants may promote or hinder adoption of key practices. The research should also explore how to best link MIYCN with the partner’s ongoing interventions (e.g., agriculture with MIYCN). The results of the formative research will contribute to the subsequent development of video content through the package of practices that highlights the specifics of the behaviors and key messages. In many cases, before designing and conducting additional research, it is appropriate to collect and review formative research previously conducted with the target audiences in the intervention area. If no relevant or existing formative research exists for the specific area of implementation, you should conduct your own formative research to clarify relationships among target groups and identify priority behaviors. Ideally, the local partner organization and community agents should be involved in the research to shape an understanding of local issues and to foster ownership of the intervention from the very beginning. Participating in formative research, with the close interaction that the research requires, can also help build trust between community agents and community members. Conducted collaboratively, formative research will also expand participants’ understanding of nutrition and health issues and build the local partner organization’s confidence in working with these health concepts.

Tools

Formative Research Protocol and Tools (Appendix 3)

It is important not to assume that local agents, even those who live in the community, can provide the voice of the target audiences without conducting formative research and incorporating opportunities for community engagement throughout the approach. In many cases, local agents are often better educated, wealthier, or more socially connected than the typical target audience member. Even when local agents live in the community, they do not necessarily share the same values, experience, or perspective as target groups. These differences introduce their own set of biases that must be taken into account.

Project Experience: Formative Research

Specific objectives of the formative research conducted for the SPRING/DG project included:

- Identifying how familial relationships, gender, and social status affect decision making on issues relating to health and nutrition.
- Prioritizing MIYCN practices and barriers that need to be addressed (e.g., misconceptions and taboos about food, nutritional knowledge related to children under age 2, and how to leverage influential individuals).
- Recognizing major nutritional issues faced by adolescent girls and women and any related societal structures, taboos, barriers, and promising practices to build on.
- Understanding current hygiene practices, with a focus on hand washing with soap.
- Identifying positive deviant households or individuals that might be featured in future videos.
- Identifying information sources of your target group (i.e., adolescents, pregnant women, breastfeeding mothers) as well as how local health and nutrition services and providers are perceived and how this information may be relevant to your videos.

A Rapid, Low-Cost Research Methodology

The formative research is intended to be a rapid assessment that engages both the local partner and community agents; can be easily analyzed; and is inexpensive, as it uses local partner staff already in place. The scope of the

research depends on the scale of the project but should remain small enough that the results can be analyzed on the spot to the greatest possible degree and used immediately.

Conduct your formative research using a participatory approach in a subset of intervention villages to represent the diversity of cultures and socioeconomic status and to account for other factors relevant to priority groups. A sample research protocol and tools—developed by SPRING in collaboration with DG and VARRAT—are included in Appendix 3 and can be adapted and translated into local languages. This adaptation should be informed by the results of the literature review conducted as part of the situational analysis to better understand the nutritional situation and cultural nuances of the intervention area.

Tools

MIYCN and Hygiene Training Materials (Appendix 4)

Research teams should include lead program managers or researchers and local partner staff who speak the local language/dialect and have extensive experience working in the selected communities, to ensure trust during the research process. Engaging community leaders and using participatory methods can help ensure community buy-in. Consider using research techniques such as focus group discussions and in depth-interviews with a representative sample of the target populations (i.e., pregnant women, breastfeeding mothers, mothers-in-law, fathers, community health agents, local health authorities, and local leaders) using purposive sampling. If feasible given the scale of the implementation, have research teams meet each evening to conduct initial analyses and build consensus around key findings. Summarize key themes or findings emerging from the formative research and discuss them with the local teams so as to address them during technical trainings and ensure they are reflected in the design of the community-video storyboards and recruitment of actors.

1.3. Capacity Strengthening

A critical piece of the initiation phase includes training the video production and dissemination teams convened by the local partner. The four major trainings to conduct during the initiation phase include:

- Video production and editing.
- Video dissemination.
- Data management.
- MIYCN sensitization.

Additional trainings include quality assurance, monitoring and evaluation, concept seeding and refresher trainings. The MIYCN sensitization training is detailed below; other trainings are outlined in the DG SOPs.

Sensitization Training on Maternal, Infant, and Young Child Nutrition and Hygiene

Given that nutrition is a topic with limited technical understanding in many rural areas, it is optimal for the local partner staff, especially the local video production and dissemination teams, to themselves possess basic knowledge of nutrition principles and recommended MIYCN behaviors. Additionally, to ensure support for video messages and alignment of messaging on nutrition to mothers, fathers, and other community members, local health and extension workers should be oriented to a single set of principles and recommended behaviors to the greatest extent possible. You should plan to ask community health workers not already engaged as video mediators to participate in the overall process of program development and implementation and/or to be featured as actors in the videos themselves, depending on the presence and role of community health workers in your context. Incorporating the community health workforce ensures coordination between local government and

project staff and helps prevent duplication of effort and conflicting messaging. The community-video approach is intended to complement, not contradict, ongoing community health and nutrition work in the region and can serve to provide valuable linkages between nutrition and agriculture, or other non-MIYCN, activities.

The MIYCN and Hygiene training materials (Appendix 4) are comprised of four elements: the Facilitator Guide, facilitator training tips, training aids, and handouts, which you should adapt to your project's local context. The training module, designed to be delivered over two days, was adapted from the globally recognized UNICEF community infant and young child feeding counseling training package.⁴

The goal of the training is to begin to build the capacity of local agents in MIYCN-related counseling, problem-solving, and negotiation skills. The training is not intended to make the local teams instant nutrition experts but instead to help them begin to understand the concepts and importance of nutrition during a child's first 1,000 days, the window of opportunity from pregnancy through the second birthday. The subsequent dissemination preparation meetings (Section 3.1) will serve as refresher trainings and opportunities for supportive supervision related to the specific MIYCN topics in the next videos to be disseminated.

Pre- and post-training assessment tests are integral to the nutrition training. The first assessment establishes a baseline for pre-training knowledge about MIYCN. The post-training assessment measures newly acquired knowledge. Both tests are conducted anonymously and are suitable for low-literacy populations as they are not written. The facilitator asks participants to stand in a circle facing outward and answer "yes," "no," or "I don't know" to questions by raising their hands above their heads. The difference between pre- and post-training scores both shows possible knowledge gain from the training and highlights areas to focus on during supportive supervision and reinforcement trainings, which should occur during regular dissemination preparation meetings with local teams.

Adapting the Nutrition Training Package

Ensure that trainings focus on behaviors identified during formative research and on MIYCN behaviors globally recommended for a child's first 1,000 days. These behaviors include: hygiene, maternal nutrition practices, breastfeeding, and complementary feeding for children up to age two. Expect to adapt the training based on significant findings from the formative research. For example, take into account sociocultural characteristics unique to the local ethnic population(s), relating to dietary behaviors (e.g., for food preparation and feeding), clothing, and language. Illustrations in the training package (e.g., of hairstyles, dress colors, or household items depicted) may need to be adjusted or replaced completely with locally appropriate images. You may also need to translate materials into the local language.

Adaptation Steps

- Systematically review each element of the training package and determine what adjustments or adaptations are required, based on available information and relevant data, for alignment with national norms, protocols, customs, and other recommendations.
- Consider which words and expressions need to be adapted to reflect local terminology and whether the package needs to be translated into local languages (and if so, which ones).

⁴ UNICEF, "Community Based Infant and Young Child Feeding," updated February 6, 2015, http://www.unicef.org/nutrition/index_58362.html.

- Consider whether you need to adapt or adjust illustrations and other graphics for the trainees' sociocultural context and local feeding challenges (*see below*).
- Consider the time available for training, participants' varying knowledge levels, and other characteristics of the proposed audience. Determine whether adjustments to the training schedule will be required (e.g., whether the training needs to be spread out over a longer period of time).
- Identify potentially controversial technical elements (e.g., whether certain foods or practices you are promoting—family planning or changing gender roles and norms—are culturally taboo in the locality). Discuss any controversial issues among all partners until consensus is reached.

Elements to Review and Evaluate for Local Relevance for Adaptation or Adjustment

Local Foods: *Locally available and affordable foods should always be promoted*

- Animal source foods (e.g., flesh foods, dairy products, and eggs)
- Staples (e.g., grains, roots, and tubers)
- Legumes and nuts (e.g., pulses—that is, the edible seeds of various legumes—and oil seeds)
- Fruits and vegetables
- Fats and oils
- Consider whether to add discussion of the following: high-fat and high-sugar foods; wild foods, grubs, snails, and insects; use of fortified foods.

Characteristics of the Local Population

- Facial features
- Skin tones
- Hairstyles
- Dress and clothing

Local Community and Environmental Characteristics

- Cooking pots, dishes, and utensils
- Housing styles
- Furniture, specifically stools, beds, and mats for sitting on
- Latrines
- Water sources

Visual Adaptations

As resources allow, adapt or replace graphics and illustrations within the Facilitator Guide and handouts following the thorough explanation at http://www.unicef.org/nutrition/files/Adaptation_GuideOct_2012.pdf. Replacement images can often be found and borrowed from other regional or local nutrition projects or by simply using clip art or taking photographs in local markets and households. Whenever possible you should use visuals and materials already available and approved by national stakeholders. If no suitable visuals already exist, adaptation may mean incurring a graphic design expense that will stretch a resource-constrained budget. However, at a minimum, you should always plan to adapt the visuals included in the training aids to the local context.

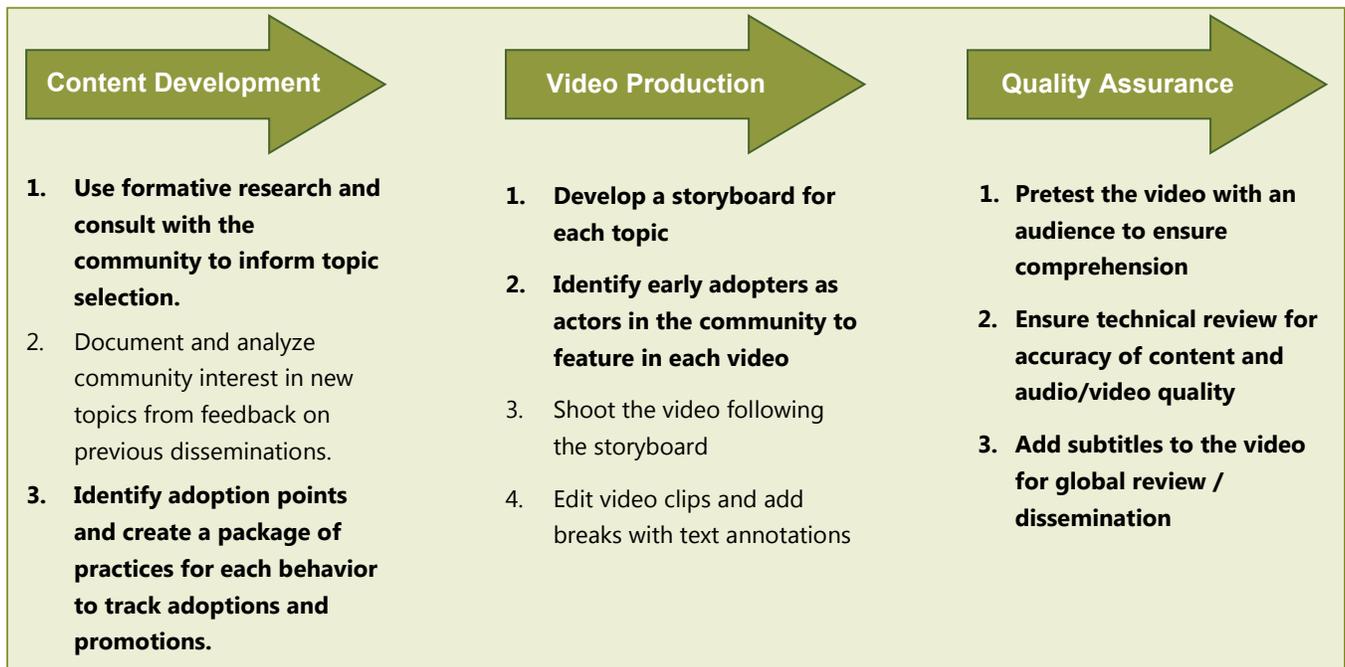
Component 2: Production

The SPRING/DG collaborative approach represents a unique combination of technology and social and behavior change communication in support of improved nutrition. The main components are videos featuring local community members, each video demonstrating a particular high-impact nutrition practice and its benefits. Production and screening of the videos ignites a chain reaction through the community, sparking the adoption and promotion of improved practices and making this knowledge actionable. The key to success is producing relevant, good-quality videos that generate and maintain community interest. This section describes procedures for producing these videos and applying quality standards and feedback mechanisms to both identify content and enhance its quality.

- MIYCN Elements**
- Identify Content
 - Package of Practices
 - Storyboard Development
 - Identifying Actors
 - Pretesting
 - Technical Review

Figure 2 below details the steps in the production process with **bolded** emphasis on the elements specific to the MIYCN approach detailed in this guide. The other steps are only briefly summarized below and are further detailed explained in the DG SOPs.

Figure 2. Production.



2.1. Content Development

Each video should focus on a specific behavior that it aims to influence the target audience. Key findings of the formative research should have yielded a list of relevant, locally feasible behaviors that the project can address. Because MIYCN behaviors are rooted in cultural norms, the formative research is important in that it serves to gather the community’s voice to understand how to prioritize and negotiate the behaviors that are globally recommended. New behaviors to be implemented should not be highly complex but instead should be small and doable, actions that will have a nutritional impact and that are easily negotiable given the project community’s economic, gender, social, and other constraints. It is important to recognize where specific commodities or other resources (e.g., iron–folic acid tablets) or specific services will be key to translating information into new behaviors.

Based on their strong linkages with the community, local partners often have a good understanding of the project context and can help contribute or refine topics identified for video production. Additionally, as audience members ask questions and request specific information, the disseminations themselves should prove a source of topics for future videos. The production team and subject matter specialists should regularly review feedback from disseminations, discuss suggested topics, and review them with technical advisors or a technical advisory committee.

Project Experience: Video Topics

By pretesting, you may find that video content is best understood when it focuses on demonstrations of simple, feasible actions. Thus, more complex content should be broken up into microbehaviors that are featured in more than one video in a series. For example, in the India project, the topic of exclusive breastfeeding for six months was broken up into two videos. The first focused on early initiation of breastfeeding and exclusive breastfeeding, while the second looked at how to manage breastfeeding while working. Many discussions were conducted with technical and local teams about whether to introduce the concept of expressing breastmilk. In the end, it was agreed that it would be addressed as an option for working mothers but not fully explained, as including a more detailed explanation would require covering too many concepts in one video. A third video in the series could have been specifically designed to fully address the topic of expressing breastmilk.

Formulating a Package of Practices

A critical next step in the production phase is to develop a package of practices (POP) for the priority video content, highlighting the behaviors and key messages (also known as “non-negotiable adoption points”) as well as the questions that local teams will use to subsequently verify behavior adoptions and promotions. To ensure that the videos are technically sound, design a POP either jointly with global technical partners or with local partners, if they have the requisite nutrition expertise. Documenting established practices within the community through formative research is an important step in developing POPs and storyboards to refine key messages and ensure that the videos respond appropriately to cultural norms, existing myths, and/or barriers and facilitators to a given behavior and current practices.

Tools

Package of Practices Sample (Appendix 5)

Adoption Verification Job Aid Sample (Appendix 6)

What is a Package of Practices (POP)?

Adapted from agriculture parlance, “POP” refers to the steps for growing different crops in a scientific manner to obtain the optimal yield. It broadly covers the steps between seed selection and harvesting. In other subject areas, such as health and nutrition, POPs refer to the details of a particular practice, such as the key messages or what the practice entails.

Each POP should contain details such as:

- Video type (e.g., success story or demonstration).
- Overview of the video theme and content.
- Key messages and non-negotiable critical points to be featured in the video as text and voiceover annotations featured on the screen during deliberate pauses in the video. These key messages and critical points are also used to assess knowledge retention as part of the adoption verification process, when direct observation is not possible.

- Other key messages that are important to remember and to include in the video but that are not critical to adoption verification.
- Details of annotations, adoption/promotion verification knowledge points and facilitating questions to be asked by local teams to verify adoptions. These details are directly pulled from the POPs for the development of adoption verification job aids.

Project Experience: Defining Adoptions for Nutrition

It was not feasible or possible to directly observe whether the target audience adopted many of the MIYCN behaviors that the project promoted. Nor was it possible to verify all occurrences of behaviors that are practiced multiple times daily. As proxies for directly observing adoption, local teams used self-reported behavior adoptions and knowledge recall of the non-negotiable points from the videos. Whenever possible, however—such as for handwashing—the teams directly observed the practice and physical presence of necessary enabling technologies (such as tippy taps) to track adoptions.

The creation of the POP is an important initial step that informs storyboarding of the videos. Share the POP with the local partner organization and video production team for their review. With the finalized POP and story line ideas for each topic, the video production team can begin storyboarding, as detailed in the next section. For a sample POP from the nutrition community-video project, see Appendix 5.

The next step is to develop the adoption verification job aid (Appendix 6) which reiterates key practices outlined in the POP and included in the videos, and assists mediators in identifying whether practices are being executed correctly. The job aid should include the same information and should be created at the same time as the POP so that the POP, video content, and adoption verification job aid are all coordinated. During disseminations, mediators can use the job aids and the POP to reference points critical to each recommended practice.

2.2. Video Production

Storyboarding

Storyboards help the video production team authentically capture a lead actor’s free-flowing conversation while ensuring accuracy and completeness of the technical MIYCN information being conveyed. Storyboards also help you organize and sequence a story or process into a clear and understandable narrative. These storyboards are different than an audiovisual script, which is an extremely detailed, line-by-line description of a movie, including dialogues. Storyboards used for these community videos may even be different and less exhaustive than conventional storyboards. They provide the overall gist of each shot, including technical details such as scene selection and location, and serve as a general guide for the video production team and actors. The absence of storyboards may result in confusion or inaccuracies, lead to challenges in maintaining the quality and accuracy of the final product, and make the entire process unnecessarily time-consuming. In short, good storyboarding saves time and reduces the gap in understanding between the technical and production teams.

Tools

Video Production Planning Sheet and Storyboard Template (Appendix 7)
 Sample Review and Approval Process with Technical Partners (Appendix 8)

Creating a Storyboard

Begin the process of storyboarding with a brainstorming exercise among the technical partner/advisor and the local partner team, including the video production team. Using the POP as a starting point, aim to visualize a possible story line and begin identifying early adopters from within the local community to star in the video. A sample storyboard can be found in Appendix 7.

After the brainstorming session, convert the brainstormed story line into a storyboard with a logical sequence. Identify who will star in the video, where the shoot will take place, how the video will be shot, and the non-negotiable adoption points. Your storyboard should include an opening, a climax, and a resolution. The storyboard should provide a pictorial representation of each shot; indicate materials required for shooting; and specify a logical sequence of shots with the shot type, duration, and desired audio track for each shot.

Storyboard formats may vary but are generally divided into two segments:

Production Planning Sheet

- *Author:* Name of the storyboard writer
- *Topic Name:* Title of the story (reflecting the content)
- *Topic Type:* Categorize as demonstration, success stories, discussions, or interviews on such topics as social mobilization, agricultural practices, animal husbandry, health, nutrition, or institutional building
- *Village, Block, and District:* Where shooting is taking place
- *Language:* Local dialect used in the video
- *Camera Person, Facilitator, and Editor:* Names of production team members
- *Actors:* Names of actors in the video
- *Non-negotiable Adoption Points:* A list of points from POP that must be covered
- *Shooting Preparation:* Materials, site selection, prepared foods, etc.
- *Approvals:* Name of technical reviewer and any feedback from approval

Storyboard Panels

Storyboard panels represent the story pictorially. These panels cover the story's primary components in sequence, with each panel equivalent to one shot or scene. The panels make it possible to visualize the scene, including its shot type and duration. Alongside each panel is a narrative of the scene, detailing the scene as it is visualized in the panel. Storyboarding does not require artistic skills; each panel can be simply a rough sketch or even stick figures.

After the storyboard is developed, have it approved by the technical partner (assuming the partner was not directly involved in creating it), following a process previously agreed upon for review and approval by the partner consortium. Appendix 8 describes a particularly extensive review process by a global technical partner, in the absence of a local technical nutrition partner. The proof of concept project entailed heavier technical support in the beginning of video production and as more videos were made and teams became more comfortable with the technical content, they had greater autonomy and the technical partner exercised less oversight. Technical oversight and review by a local nutrition partner should be the preferable method to ensure local ownership, sustainability, and faster turnaround time for reviews.

Recruiting Community Stars

Whenever possible, to ensure authenticity and highlight the feasibility of demonstrated promoted practices, select early adopters who are already practicing the recommended behavior in the community as stars for the videos. When producing videos on nutrition behaviors and concepts that may be

Tools

Consent Form for Video Stars
Template (Appendix 9)

completely new to communities, take care to choose an early adopter to try the practice who can become a trusted source of information about the practice and will be able to deliver messages correctly and in a way that allows the community to connect with the actor. Featuring individuals who are themselves new to a practice can motivate viewers who may have doubts about the feasibility of adopting the practice. Community members are typically eager and excited to be featured in a video and often gain social status as a result of their participation. Starring in the video will also affect their own adoption of the practice—they will come to be seen as a role model for that practice in their community. Given production teams' familiarity with the community, give them the responsibility for recruiting video stars. During formative research, take care to identify early adopters to recruit for videos.

After production teams have created a short list of potential stars, have them visit each candidate to inquire about and observe the specific practice; they should recruit the most appropriate and interested community members, families, or influencing individuals as stars. Those selected should be currently practicing the recommended behavior or eager to try it; should be conversant about the topic of the video and the specific behavior; and should be confident in his or her ability to act in the video.

The video production team must be clear about the expectations for the video shoot, the amount of time required, and the exposure that the stars will have. The team should then work with the star or stars to schedule the most appropriate and convenient time to shoot the video. Contact information for the stars and video production teams should be exchanged, in case of unforeseen schedule changes. Finally, ensure that all stars sign consent letters (Appendix 9) to prevent later misunderstandings.

Shooting Videos

After the storyboard has been created, reviewed, and approved for technical content, you can begin shooting the video. All necessary equipment, props, and schedules should be arranged in advance by the video production team. The team consists of:

- A camera operator, who directs the production following the storyboard. He or she handles the camera and makes the actual recordings.
- A facilitator, who helps actors during the filming of the scenes to ensure that the content described on the storyboard is covered. He or she plays the role of an interviewer by asking probing questions, fills the gaps during moments of silence, and makes the star comfortable on camera. The facilitator should allow video stars to speak as much as possible and should provide input only when necessary. In the videos, local stars are meant to communicate information authentically in a way that the community can identify with.
- Other crew members should provide lighting and sound support, as necessary or available.

Required tools and equipment for shooting include:

- Approved storyboard.
- Copy of the POP for technical reference.
- Camera—fully charged.
- Memory card with sufficient free space.
- Wireless microphones—one at minimum, but two for optimal audio quality, providing the camera can accommodate more than one (using a splitter if necessary).

Project Experience: Challenges of Nutrition Videos

There are certain challenges related to video production for nutrition videos as opposed to agriculture videos that were identified through the SPRING/DG project. To articulate abstract concepts related to nutrition, the videos often require more than one actor, which necessitates that the team have more than one microphone or that the actors share microphones within each scene, which can be difficult to handle. Additionally, because many nutrition behaviors happen in the home, as opposed to the fields, low lighting can make shooting video difficult.

Immediately after shooting, the video production team should debrief the video stars. It is critical at this point to convey to them that being in the video has made them role models in their community for the featured behavior and that they should be promoting and practicing the behavior themselves at all opportunities. Part of the success of the community-video approach relies on social pressure and trust within the community, so that neighbors and peers can see that the stars are, indeed, effectively practicing the desired behavior, with the implication that it is possible for other community members to do so as well. *This reinforces the importance of production teams' careful selection of early adopters or stars that are likely to be able to maintain these behaviors, because unlike other video interventions, this approach is based on social engagement and identification of practitioners and role models from within similar communities. If the positive deviants or actors are seen not practicing the behavior that they were modeling in the video, the approach is at risk of being undermined in the community.*

For more information on shooting skills, shooting protocol, decorum during shoots, handling of camcorders and their accessories, and prerequisites for shooting, refer to the DG video production training manual and SOPs.

Video Editing

Once all video shooting is complete, you can begin the post production process or video editing phase with an identified video editor as part of the video production team. The process of producing videos scene by scene and maintaining storyboard integrity helps to reduce the time and effort needed for editing. The editing phase includes:

- Rearranging, adding, and/or removing sections of video clips ("stitching").
- Adding and/or removing audio.
- Applying color correction, filters, and other enhancements.
- Creating transitions between clips.
- Adding annotations, inserted at appropriate intervals during the videos, to emphasize important points, summarize information, and provide mediation clues to the facilitator.
- Adding photos or other teaching aids between clips as necessary.

Where several clips have been shot for each section of a storyboard, as often happens, it is important to watch all clips, choose those that are likely to be used, and organize them properly for easy retrieval and arrangement.

Refer to the DG training manual on video production for details on the step-by-step process of video editing.

2.3. Quality Assurance

Pretesting Videos⁵

Pretesting is a process for determining a target group's reaction to, and understanding of, behavior change information before materials are finalized. Pretesting tells you whether messages and materials are appropriate and effective.

Pretesting with your target group can tell you whether the language, pictures, music, and messages in your materials are:

- Understandable.
- Culturally appropriate.
- Believable and realistic.
- Acceptable to the audience.
- Visually appealing.
- Informative.
- Motivational.

How to Pretest Videos

After videos have been shot and edited, pretest them with one or two village groups or organizations comprising similar target audiences in a random, nonintervention village of the same district. If no village groups or organizations are relevant, pretest with a different dissemination group each time or with groups created specifically for pretesting and not included in any intervention-related research. If no research is being conducted as part of your intervention, pretest with a different community group each time to ensure that more than one group sees videos before they are finalized. The pretest should be conducted just like any other dissemination, following the dissemination guidelines below. One or two staff from the local partner organization should be present to document the proceedings using the pretest facilitation and reporting guide found in Appendix 10.

Production teams should use feedback from the pretested group to make necessary further edits to the video to ensure that the material will be well understood. Edits may include changes to annotations, audio dubbing to clarify certain concepts, adding pictures or new scenes, or even reshooting scenes if necessary.

In addition, pretesting allows you to understand the types of questions that may arise during screenings and to prepare accordingly. Ensure that the supervising team member notes all questions asked during pretesting. Feedback and questions from pretest groups can then be analyzed and discussed in the dissemination preparation meetings with mediators. This will help them to clarify key concepts from the videos and adequately prepare to answer questions that will likely come up in their disseminations.

Tools

Video Pretest Facilitation and Reporting Guide Template (Appendix 10)

⁵ Adapted from The AIDS Control and Prevention (AIDSCAP) Project Behavior Change Communication Unit, *How to Conduct Effective Pretests: Ensuring Meaningful BCC Messages and Materials* (Family Health International, n.d.), <http://www.fsnnetwork.org/sites/default/files/conducteffectivepretestenhv.pdf>.

Tips: Common Myths about Pretesting

Pretesting is too expensive and time-consuming.

By ensuring that the audience understands the content and adopts the desired practices, pretesting can save you money and time. For each video, only one or two groups need to pretest the content. Simple changes can be made to enhance comprehension.

Content developed from local staff members does not need pretesting because they are part of the local community.

Even local staff can have preconceptions or biases. They may also have a higher literacy level or greater understanding of technical content than target audiences. You should strive to pretest all content with the specific target audiences and in the specific contexts where you plan to use it.

Only written materials need to be pretested.

All types of SBCC materials benefit from pretesting: words, illustrations, photographs, videos, music, and graphics. If people do not like or cannot understand the videos or graphics, the message can easily be lost.

Technical Reviews

Before you disseminate a video, technical and aesthetic quality approvals are required. A partner's quality assurance team or managers and technical experts should analyze both the technical accuracy and completeness of the content as well as the aesthetic visual, audio, and motivational aspects of the video. Based on the comments given, the video should be further modified or revised (or rejected) before dissemination.

A feasible process for approvals for storyboards and videos should be carefully defined. For a sample review and approval process for storyboarding and video production, one used during the SPRING/DG project, see Appendix 8. As noted earlier, this sample illustrates an extensive review process by the global technical partner in the absence of a local nutrition technical partner to conduct the review. If the technical reviewer speaks a language other than the one in the video, draft subtitles to accompany the video to aid in the approval process. The subtitles themselves should be vetted and approved by technical partners within the process recommended above. They can then be uploaded with the video to facilitate global understanding and showcase the work for donors and other partners.

Video Storage

Once video editing and review are complete, store the final videos in a format compatible with the pico projector used for dissemination. Upload the video details in DG's Connect Online, Connect Offline (COCO) system, or other data collection software, and upload the video file itself on YouTube. Add subtitles via the YouTube closed-captioning feature. Then copy approved videos onto pico projectors or micro SD memory cards for dissemination in intervention villages during regular dissemination preparation meetings with mediators. More details on this step can be found in the DG SOP.

Component 3. Diffusion & Project Learning

After you have produced the videos and completed the approval process, you can load them on to pico projectors (via USB or micro SD memory cards) for dissemination. The diffusion process that follows, described in this section, includes dissemination, data entry into COCO, verification of the adoption of the desired behavior changes, and feedback analysis to better align the project to local community needs and interests.

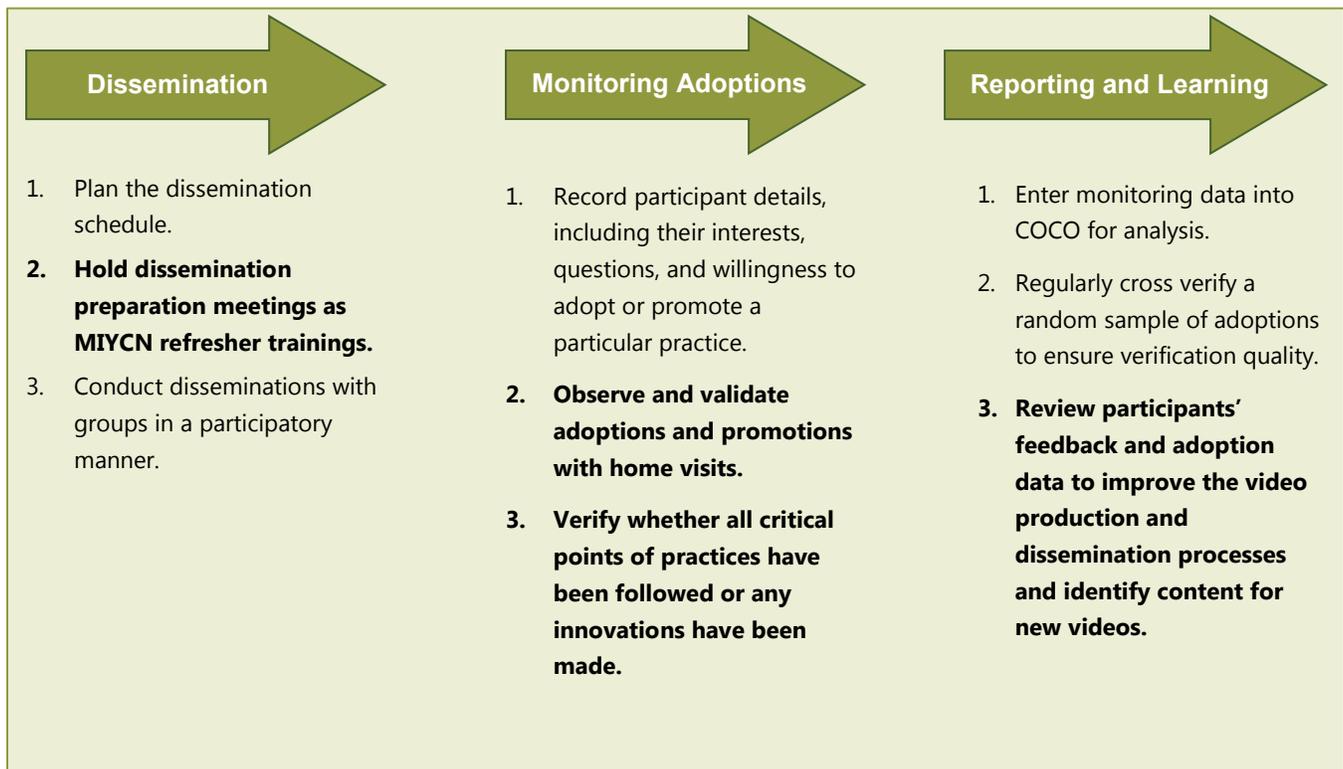
Mediators play a critical role in disseminating videos to village groups (e.g., women’s SHGs), following up with home visits to support community members in negotiating behavior adoption, and monitoring project outcomes. Mediators are trained to use videos as a catalyst to engage groups in dialogue, pausing and rewinding the video to ensure that the audience fully grasps the concepts. After the screenings, mediators visit homes to verify and record data on adoptions. You can analyze this data to progressively improve the project in an iterative manner.

MIYCN Elements

- MIYCN Refresher Trainings and Disseminations
- Verifying Adoptions
- Improving the Project Based on Data and Feedback

Figure 3 below details the steps in the diffusion process with **bolded** emphasis on the elements specific to the MIYCN approach detailed in this guide. The other steps are only briefly summarized below and are further explained in the DG SOPs.

Figure 3. Diffusion & Project Learning.



3.1. Dissemination

Dissemination is the process of screening videos to small groups in an interactive and engaging manner to encourage viewers to adopt or promote the practices featured in the videos. Strive to assemble groups of between 10 and 20 individuals—large enough for peer-to-peer dynamics yet not too large for lively and personal discussions. Ideally, the mediator should be from the village where the videos are being disseminated, or living there, and should be trained to facilitate the screenings in a way that fully engages participants. Before initiating disseminations, you will need to secure the required equipment and confirm that it works. You should also develop a dissemination schedule.

Project Experience: Adoption vs. Promotion

In the standard Digital Green model for agriculture, adoption of agriculture-specific practices is typically relevant to all participants. With nutrition, however, many practices are associated with very specific target groups or timeframes. For example, information about exclusive breastfeeding may only be applicable to women with babies under six months of age, a subgroup who may constitute only a small percentage of an SHG's participants. However, the information is likely to be—eventually—personally relevant to many other women in the group as well as to their sisters, mothers, and mothers-in-law. These individuals are critical influencers, with the power to enable a woman to practice a given recommended behavior—or impede her ability or willingness to do so. For this reason, it is just as important to reach the influencing audience and not only to encourage adoption of the featured practices but also the promotion of the practice among others.

Planning Dissemination Schedules

The local partner organization should schedule screenings weekly or biweekly, depending on community interest, the number of videos to be shown, and the availability of the dissemination teams. Additionally, it is important to set a regular dissemination schedule with each group to achieve a continuous flow of information. When scheduling screenings, consider frequency as well as locations (and related issues such as their seasonal accessibility). Planning should incorporate:

- The number of screenings per month that each group has committed to attend.
- Seasonal topics of interest for each group.
- Content to promote.
- Integration with community-based interventions by an extension or local partner.



Tips for Mediators

- Pause the video at the correct times to engage the audience and ask questions to stimulate discussion.
- Anticipate various types of questions (for the topic and content) to spur discussion and reflection.
- Actively listen and respond to the group.
- Appropriately use and maintain pico projector and other dissemination equipment.

Mediation Skills

The credibility of the dissemination is largely dependent on the skills of the mediator in facilitating the video screenings. Viewers may lose interest, for instance, if a mediator is unprepared, does not engage the participants to foster a discussion, is unable to follow up, doesn't know where to procure physical commodities (e.g., iron-folic acid tablets), or does not escalate and resolve issues that arise. Therefore, it is very important that the mediator is well-trained in all aspects of dissemination, from handling pico projectors to posing and responding to questions to engaging audiences in a reflective dialogue to recording community feedback and observations.

Refer to the DG SOPs and training manual for dissemination for more details about mediators' role.

Project Experience: Gender Considerations

Gender dynamics within communities can have a major impact on the acceptability of community-led video. In the SPRING/DG project, having women on the video production team was essential to maintain the comfort level of the actors, who were mostly female. Likewise, facilitators reported that female participants felt uncomfortable having men present during disseminations, especially when video topics such as exclusive breastfeeding were being discussed. Keeping this in mind, the local partner and mediator discouraged male attendance at group meetings but encouraged men and women to discuss the video content together at home.

Dissemination Preparation Meetings

For each nutrition behavior (or video), the adoption verification job aids should reference the non-negotiable points for each behavior and promote observation to verify whether practices are adopted correctly, incorrectly, partially, or innovatively. The job aids (Appendix 5) should align with the key concepts in the training materials and the specifics of the POP used to create the storyboards and videos. Distribute job aids for upcoming videos to mediators during the regular dissemination preparation meetings. To avoid confusion and to keep from burdening mediators with too many papers and too much information, distribute only the job aids for upcoming videos at this time.

The dissemination preparation meeting also serves as a refresher training for the mediator on the video subject matter, supplementing the short MIYCN sensitization training conducted at the beginning of the project. Before dissemination, the mediator must be very familiar with the selected video and should fully understand its learning objectives. He or she should rehearse responses to questions that the group is likely to raise. During the dissemination preparation meeting, screen each video in the order it will be screened in the actual disseminations. During this meeting, also review the adoption verification job aid and the POP to ensure the accuracy of the technical information on the featured video topic.

Project Experience: Dissemination Preparation

Regular dissemination preparation meetings with mediators and subject matter experts were a key part of successful disseminations. These meetings became a platform to share experiences, and a forum for mediators to ask and answer questions from one another. Mediators found the feedback and suggestions gathered and discussed during these meetings particularly helpful in improving the quality of the disseminations themselves. Because of their perceived utility, the dissemination preparation meetings became the primary platform for cross-learning among mediators, resulting in a knowledgeable, confident, and empowered cadre of mediators.

The technical partner or advisor must be present at the dissemination preparation meetings to further detail the specific practices featured in the videos and to provide additional technical information or guidance to supplement the nutrition training the mediators received at the beginning of the project. Interacting with these technical experts is valuable to mediators in preparation for the disseminations. Any feedback received or questions posed during the pretest, as well as any questions asked in previous video screenings should be presented and discussed so that mediators know what to expect in their own disseminations and can accurately answer questions. Appropriate answers to these possible questions should be shared and reinforced. The importance of this preparation underscores the value of pretesting.

Objectives of Dissemination Preparation Meetings

- Review video(s), adoption verification job aid(s), and POP.
- Discuss technical content of new videos to clarify any questions.
- Discuss feedback on pretesting as well as questions that arose at that time.
- Review effective mediation techniques:
 - Ask open-ended questions.
 - Ensure there is enough light to stimulate discussion among group members.
 - Repeat the video if requested or if necessary to help audience members understand the content.
 - Do not proceed until participants answer the questions posed in the annotations at each pause.



Tips for Disseminations: Getting Ready

- Confirm the dissemination time and location with group.
- Review the video and POP before the screening.
- Brainstorm potential questions and prepare answers.
- Check equipment and accessories.
- Pack dissemination equipment, accessories, and attendance/screening forms.
- Arrive at least 30 minutes before the screening for set-up. Ensure the venue is dark; put up a screen or cloth if necessary.
- Check the sound and projection before the meeting.
- Prepare reporting forms.

Hold dissemination preparation meetings in a central location about once a month or once every two or three videos, depending on the dissemination schedule, mediators' availability, and other circumstances. During these meetings, give mediators the next batch of videos to be uploaded onto their pico projectors. Be mindful that mediators will likely not be able to fully remember all of the technical information for more than two or three videos at a time.

Conducting Disseminations

When preparing for disseminations, remember that although the videos may be the main attraction, they are also tools to facilitate face-to-face discussion. Ensure that each mediator has access to functional and charged speakers, a pico projector, and a battery-operated lantern that can be used to illuminate the darkened room during the discussion portion of the disseminations. Mediators should review the POP and adoption verification job aid before starting the meeting to ensure comprehension of the topic to be discussed.

Disseminations can be conducted among existing village groups, including SHGs, mother-to-mother support groups, or other common interest groups comprised of between 10 and 20 individuals. Aim for each group to host two to four video disseminations each month, depending on the goals, budget, and resources of your project and the availability of target group members. The entire dissemination process, including the video screening and follow-up discussion, should be kept to one hour. During the dissemination, the mediator should:

- Welcome group members and ensure that the environment is comfortable for the group.
- Invite feedback on the last dissemination and behaviors that some may have adopted or promoted.
- Record attendance and the names of individuals who self-report as having adopted or promoted a practice covered by a previous video. This information will be used to assess who should receive a follow-up home visit to verify the adoption or promotion. You can also consider doing this at the end of the screening.
- Introduce the video's subject and explain its applicability to the group.

- Play the video on the pico projector, pausing at annotations and engaging participants in a conversation at these points.
- After the screening ends, initiate discussion with the group on all the topics covered by the video.
- During the course of the discussion, ask a group representative to summarize the main points of the video and to share her own experiences with the practice.
- Record who expresses an interest in adopting the practice as well as any participant questions. Take note of any questions that cannot be answered and follow up with an answer during the next dissemination.
- Thank participants, and confirm the time and location of the next dissemination.

Quality of Disseminations

There is great value in periodically assessing the quality of disseminations to inform improvements in the content of videos, identify needs for refresher trainings, and provide feedback to mediators. The local partner should organize regular local team meetings to evaluate the quality of disseminations and how content and facilitation can be improved, and include other partner organizations who wish to participate. In addition, ensure opportunities to periodically sit in on disseminations to observe mediators and give constructive feedback on their sessions. Deliver all feedback in a way that will improve the quality of disseminations and help mediators improve their performance. Feedback can also be helpful in designing refresher training sessions during dissemination preparation meetings. Refer to the DG SOPs for more details on evaluating disseminations and for a form that can be used to periodically evaluate mediators.



Tips for Disseminations: Facilitating

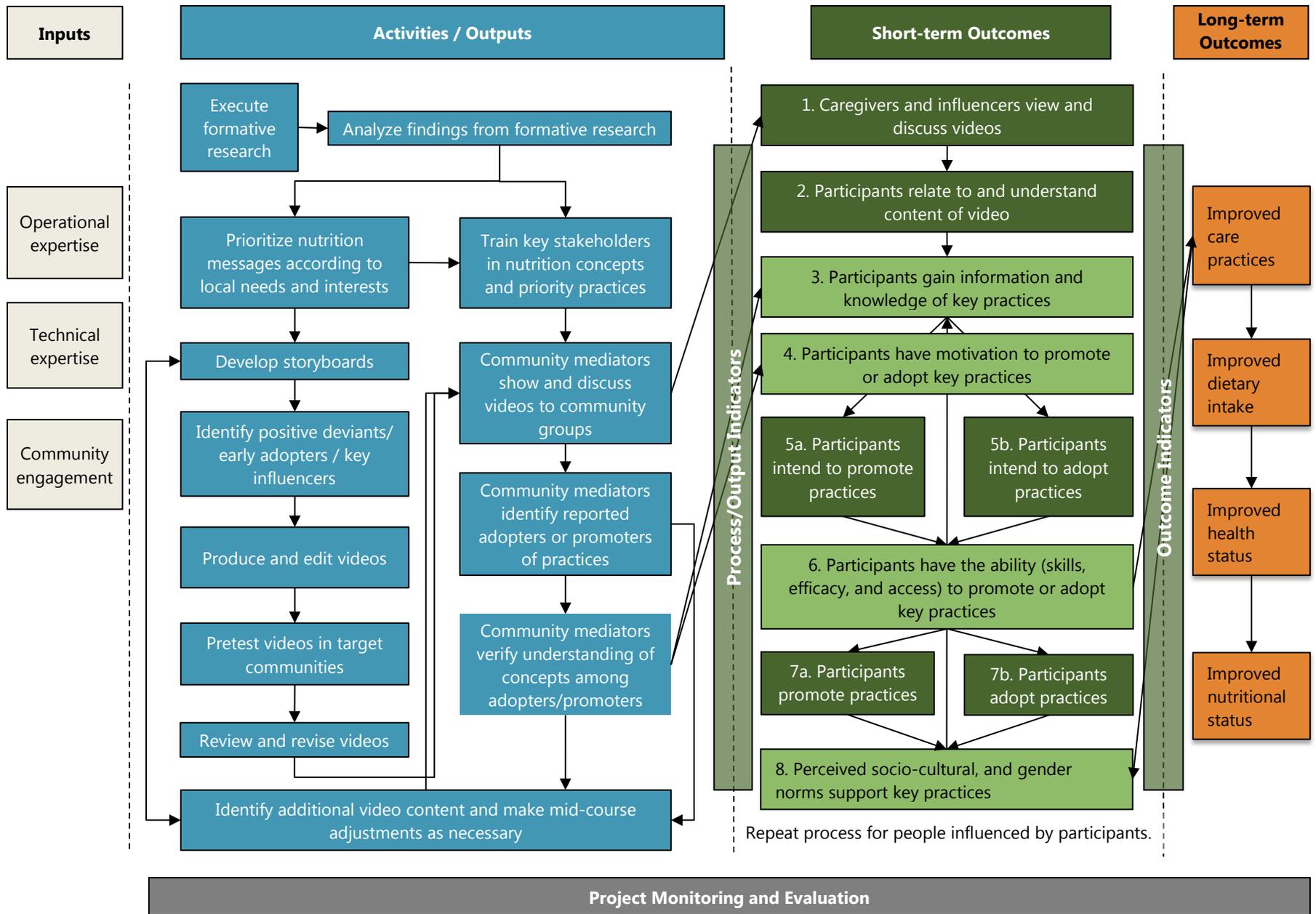
Videos are a tool to facilitate conversation and should not be screened without the active engagement and interaction with a mediator. Disseminations should be participatory, interactive forums where the mediator actively promotes participant engagement and adjusts techniques to maintain group interest and participation. Make use of the annotations embedded in the video to facilitate discussion and reinforce critical points.

3.2. Monitoring Adoptions

Performance and Effectiveness Indicators

Monitoring the adoptions and promotions of nutrition behaviors is integral to the SPRING/DG approach. The proposed performance monitoring and evaluation components are based on the simplified program impact pathway show in Figure 4.

Figure 4. Community video impact pathway



Based on this impact pathway, the following performance or process indicators should be tracked and reported on regularly throughout implementation:

Indicator	Data Collection Method
Number of people trained in priority topics, by gender and cadre/level /role	Routine monitoring
Number of disseminations conducted, by location and type of event/group	Routine monitoring
Percentage of disseminations with positive feedback, by location, type of event/group, and mediator	Periodic assessment
Number of people reached through disseminations, by location, type of event/group, by video topic, and gender of participant	Routine monitoring
Number and percentage of participants who report an intention to adopt or promote a priority behavior, by location, type of event/group, by video topic, and gender of participant	Routine monitoring
Number and percentage of participants who report promoting to others a priority behavior, by location, type of event/group, by video topic, and gender of participant	Routine Monitoring
Percentage of participants who understand/know importance of a priority behavior, by location, type of event/group, by video topic, and gender of participant	Evaluation
Number and percentage of participants who report practicing or adopting a priority behavior, by location, type of event/group, by video topic, and gender of participant	Routine Monitoring & Evaluation

Note that outcome and impact-level indicators, which can be measured through an evaluation, will vary depending on the behaviors promoted. However, they may include any of those found in USAID’s Nutrition Strategy:

- Prevalence of stunting among children under five
- Prevalence of wasting among children under five
- Prevalence of overweight among children under five
- Prevalence of anemia among children 6-59 months
- Prevalence of healthy weight among women of reproductive age
- Prevalence of anemia among women of reproductive age
- Prevalence of low birth weight
- Prevalence of exclusive breastfeeding of infants 0-5 months
- Prevalence of minimum acceptable diet of children 6-23 months
- Women’s dietary diversity score
- Prevalence of moderate and severe hunger
- Number of HIV-positive, clinically malnourished clients who received therapeutic and supplementary feeding

The primary data collection methods for monitoring project results are described in the sections that follow.

Adoption Support and Verification Home Visits

Using the data on self-reported adoptions and promotions collected during previous disseminations, work with each mediator to follow up with a home visit to those reporting adoption or promotion at least a week (but no more than a month) after the screening. The exact timing may vary depending on the dissemination schedule, video content, and your specific project. At minimum, the mediator should visit every self-reported adopter's home to verify the adoption. Ideally, however, the mediator should visit the home of everyone in their group to negotiate with participants on how they could adopt or adapt the behavior in a way that works for them, or how they could promote it within their family or to their community if the practice is not relevant to them (e.g., promotion of exclusive breastfeeding for an individual who does not have a child under age 2). In this way, home visits do not function simply as a verification tool but additionally become a support mechanism to build self-efficacy and assist individuals in adopting the behavior given their resources and influence with others in their household and community.

Tracking Adoptions and Promotions

To measure adoptions and promotions of behaviors and the extent to which they are practiced correctly and as shown in the corresponding video, mediators should use the adoption verification job aid (Appendix 6) and the adoption verification form (Appendix 11) during home visits. If it is not possible to observe adoption (as is true for many nutrition- and health-related practices), mediators can use self-reported adoptions combined with knowledge recall as proxies for adoption of recommended behaviors. There are, however, important limitations to using this method in place of direct observation or 24 hour dietary recall; self-reported behavior cannot be verified and it is well documented that knowledge alone does not always lead to behavior change. Despite the limitations, this method to record and track adoptions is least cost prohibitive and ensures continued community ownership and participation throughout the process. As noted earlier, the adoption verification job aid reiterates key practices outlined in the POP and included in the videos and assists mediators in identifying whether practices are being executed correctly. The verification form then tracks the information on adoptions that correlate to the details in the job aid for each video. Whenever an individual is not in the target audience to adopt a given practice, promotion of that behavior to friends, neighbors, and family members is reported on in place of adoption, using knowledge recall as the primary verification method which carries the same limitations listed above.

The mediators' steps for tracking adoptions and promotions are as follows:

- Record the names of group members who express an interest in adopting or promoting the practices shown in the video and discussed at the dissemination.
- Ask participants whether they have any questions or can identify any barriers to adoption or promotion.
- Visit the households of those who expressed interest and self-reported having adopted or promoted the behavior to provide support as appropriate and feasible. (If possible, visit all households to follow up and provide support to encourage adoption.)

Tools

Adoption Verification Form Template (Appendix 11)



Tips: Adoption Verifications

Visit the place of adoption during a time that the practice is most likely to occur.

Through observation, verify that the person is practicing the behavior correctly and completely according to the critical points listed on the adoption verification job aid.

For practices that cannot be easily observed, and for tracking promotion for those not in the target audience, interview the participant to assess whether the behavior is being practiced, or promoted, correctly and whether the individual has the correct knowledge about the behavior and the critical points.

- During the home visits, provide guidance on further steps and/or corrections and how the individual might adapt the behavior, if necessary.
- Record adoptions and promotions on the verification form, marking whether critical points have been followed and whether the practice has been adopted or promoted.
- Record issues that individuals faced when adopting or promoting a behavior as well as improvements, enhancements, or mistakes that they have made, to inform future videos.

During subsequent dissemination preparation meetings, after mediators have captured data on disseminations, adoptions and promotions during home visits, the local partner organization staff should collect the adoption verification forms and enter data into a centralized reporting database such as COCO, DG's data management tool (Section 3.3).

3.3. Reporting and Learning

Data Management

As for any intervention, the success of the community-video approach relies on institutionalizing good data management and analytics processes to ensure that project goals and targets are met. Digital Green developed a management system specifically for this model that can be adapted to monitor and evaluate the approach, to integrate with organizations' existing MIS systems, and even to capture other types of data that groups might be interested in tracking (e.g., non-video-related interventions).

Digital Green's COCO is an open-source management information system that provides insight on, and analytics about, the reach of video content and related adoption and promotion rates. Presented in easy-to-understand visual dashboards, COCO helps program managers assess what is going well and what might need further attention. This data management model draws on data collected by mediators and captures interactions of individual community members with project partners as they appear in videos, attend video disseminations, express particular interest or ask questions, and adopt featured practices for themselves (or promote those behaviors) over time. You can also utilize other data management systems as you prefer, however, COCO is unique in that it has been developed specifically for the purposes of monitoring this approach.

Data on adoptions and promotions can be aggregated and disaggregated to the individual level, whereas one person's viewing history and adoptions can be tracked over time. Similarly, you can examine which videos were most popular or sparked the highest rate of adoption to see the types of videos and practices best received by communities. Such data can help you make mid-course corrections; identifying content that yielded low adoption rates helps you better understand barriers to adoptions and promotions and how best to use this information to improve the videos. You can also use the questions recorded during disseminations to uncover what any additional issues might be and to understand how to improve adoption and promotion rates for specific behaviors. The data can also help you track mediator performance and the need for additional capacity building or supportive supervision by flagging any groups with repeatedly low adoption and promotion rates.

One critical feature of COCO is its ability to function on any Web-enabled device, including mobiles, tablets, and computers, without an Internet connection. The offline mode permits access to information and the inputting of data when an Internet connection is unavailable; information entered offline is synchronized with the online global database whenever connectivity is available and the data upload can occur. This offline mode is an important function, given the limited Internet connectivity and sporadic power outages in rural and remote areas where the community-video approach is typically implemented.

Cross-Verifications and Quality Assurance

As your project expands, quality assurance becomes increasingly important. Regularly cross-verifying a random sample of adoptions is an effective mechanism for quality assurance. Conduct these cross-verifications one to three months following disseminations; depending on the practice being promoted (some practices may become irrelevant for some individuals after time has passed). The local partner should verify a random sample of approximately 10 percent of the total reported adoptions (the percentage that the implementing partner verifies will vary from project to project and can depend on the project scale and reporting requirements). Invite mediators to join the cross-verification process to strengthen ownership and help facilitate access to project communities and participants.

Digital Green's quality assurance framework, further outlined in the DG SOPs, can help maintain quality of both the content and the process. A high-quality process ensures that the aspects of the approach will be institutionalized among local partners and communities, while high content quality ensures that the information is technically and scientifically correct and valuable to community members who use it.

For more information on cross-verification and other quality assurance protocols, please refer to the quality assurance framework and related details in the DG SOPs.

Data Analysis and Use

Now that you have data and feedback, you can put it to use to develop new content, improve and expand future videos, and revise existing videos in an iterative cycle. Using community dissemination, adoption, and promotion data and feedback is critical to the approach's feedback loop. This information should be tracked and analyzed regularly by program managers, as detailed below, to ensure that videos are understood, topics are relevant to the community, behaviors are being adopted, and to inform new videos as noted above. As discussed previously, the adoption verification forms provide the indicators that will be monitored. These are directly based on the POPs created at the design and content development stage in the process. Although the approach is primarily led and facilitated by local agents, the verification component permits an additional layer of monitoring and validation of adoptions across all partners.

Interactive, real-time reports (both data and graphical representation) available from COCO provide a macro view of the reach and effectiveness of any given set of videos, while also permitting you to retrieve the details of each video. The key statistics on the number of videos produced and screened and practices adopted or promoted provides a valuable snapshot of project progress in each region. This overview can be broken down to the individual, group, or village level or aggregated to state, district, and block levels.

The richness of the data allows both for aggregated and disaggregated analysis in various time-, geographic-, and partner-based dimensions. Using proximate metrics, such as the questions asked and interest expressed during the dissemination, the analytics provide insight into the quality of the disseminations and greater understanding of which practices may need additional reinforcement in a particular location at a particular time. Therefore, effective data management using COCO or another system provides an opportunity to review participants' feedback and adoption data in order to improve the video production and dissemination process, enhance comprehension of nutrition topics, more effectively address barriers and enablers to adoption and promotion, and identify additional content that communities have requested.

Evaluating Impact

Given that the approach relies on monitoring and verification activities to be conducted by program staff themselves, there are limitations to the data collected. If feasible, you should plan to conduct an evaluation focused on at least the priority behaviors promoted through the project. Truly evaluating the impact of the intervention would require, at a minimum, baseline and endline data collection to show that behaviors have changed, at least within the intervention area. By conducting a midline evaluation, one could also assess initial adoption versus sustained adoption. By also collecting data in a control site one could better attribute change in behaviors and/or nutritional status to the intervention itself.

Appendix 1. Illustrative Project Gantt Chart

https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_gantt_chart.docx

Appendix 2. Specifications for Video Production and Dissemination Equipment Sets

https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_1.doc

Appendix 3. Formative Research Protocol and Tools

Household Interview Modules: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_1_HH_SSI_modules.docx

KII: DG Staff (DGS): https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_2_KII_DG.docx

KII: VARRAT CRPs: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_3_KII_CRP.docx

KII VARRAT CSPs: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_4_KII_CSP.docx

KII: AWW/Health Workers: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_5_KII_AWW_HEALTHWORKERS.docx

KII: Video Protagonist: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_6_KII_PROTAGONIST.docx

Nutrition Knowledge Test: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_7_NKT_Survey.doc

SNA Mapping: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_8_SNA_Survey.doc

Digital Green Feasibility Study: Structured Observation: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_9_structured_observation_guide.docx

SPRING/Digital Green Formative Research Protocol: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_2_formative_research_protocol.docx

Appendix 4. MIYCN and Hygiene Training Materials

Facilitator Guide: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_3_facilitator_guide.doc

Facilitator Training Tips: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_3_facilitator_training_tips.docx

Training Handouts: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_3_handouts.doc

Training Aids: https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_3_training_aids.docx

Appendix 5. Package of Practices Sample

https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_4.doc

Appendix 6. Adoption Verification Job Aid Sample

https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_5.doc

Appendix 7. Storyboard Template and Video Production Planning Sheet

https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_6.doc

Appendix 8. Sample Review and Approval Process with Technical Partners

https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_7.doc

Appendix 9. Consent Form for Video Stars Template

https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_8.doc

Appendix 10. Pretest Guide and Report Template

https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_9.doc

Appendix 11. Adoption Verification Form Template

https://www.spring-nutrition.org/sites/default/files/publications/series/cvng_appendix_10.doc

