



Filming for the Community Video programme in Niger, 2015

# Community video in the Sahel: From pilot to scale

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## Location: Niger and Burkina Faso

**What we know:** Social behaviour change communication (SBCC) approaches can be successful in improving uptake of behaviours for improved health and nutrition.

**What this article adds:** SPRING adapted and assessed the effectiveness and scalability of a community video (CV) approach to promote maternal, infant and young child nutrition (MIYCN) and hygiene in Niger and Burkina Faso. Videos produced by small groups of community members (“hubs”) promoted key behaviours, disseminated in community meetings alongside facilitated discussions, in a pilot in Niger. Evaluation found improved uptake of recommended handwashing and complementary feeding behaviours, and qualitative data indicated greater involvement of men in household and child-rearing responsibilities. SPRING rapidly scaled up the CV approach to 248 villages in Niger and 90 villages in Burkina Faso through collaborations with local partners, concept testing to adapt the videos to local contexts, and capacity building of video production hubs. Actions to support sustainability included exploration of income-generating opportunities of hubs and handover to ministry-led regional technical advisory groups.

## Introduction

In rural areas in the Sahel, where populations can be difficult to engage due to poor infrastructure, low levels of literacy and limited access to healthcare, innovative social and behaviour change (SBC) approaches can achieve rapid results (SPRING, 2016). The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a U.S. Agency for International Development (USAID)-funded five-year project committed to reducing anaemia and stunting among women and young children through the expansion and scale-up of effective social and behaviour change communication (SBCC) and nutrition-sensitive programmes. Community video (CV) is an SBCC tool that SPRING has introduced to address the unique needs of rural communities in the Sahel.

Building on a successful CV collaboration in India with Digital Green<sup>1</sup>, SPRING adapted and assessed the effectiveness and scalability of a facilitated, community-led video approach to promote maternal, infant and young child nutrition (MIYCN) and hygiene in the Sahel. SPRING worked in partnership with local organisations, departments of health and communities to develop locally appropriate and relevant video content, build community capacity in nutrition and media expertise, and ultimately transfer ownership of the CV processes and equipment to local entities (SPRING, 2015)<sup>2</sup>. Thanks to the strength of these partnerships, SPRING could quickly introduce CV into communities and rapidly move beyond the pilot phase to scale-up.

This article explains how SPRING adapted and implemented the CV approach from pilot to scale in the resilience setting of the Sahel and examines challenges encountered and lessons learned in the process.

## Context

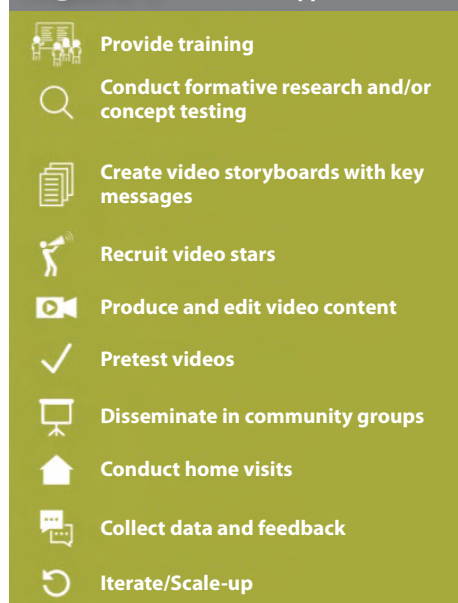
Harsh climatic conditions in the Sahel contribute to structural food crises and high rates of severe acute malnutrition among children. Frequent shocks, including conflict, drought and food shortages, necessitate flexible and resilient interventions. Communication approaches to address the nutrition, health and livelihood needs of Sahel communities must also be rapid, flexible and easily adaptable to the context of the target community.

In 2013, SPRING collaborated with Digital Green to test the feasibility of their “human-mediated digital learning approach,” which was developed to promote improved agricultural behaviours to stimulate high-impact nutrition and hygiene practices in India. The study found the approach to be promising for adaptation and scale-up in other contexts, such as the Sahel (Kadiyala et al, 2014).

SPRING’s main focus in the Sahel was to ensure that nutrition and hygiene – critical underpinnings of health, productivity and resilience – receive the attention they deserve through expanded SBCC programming. Following recommendations from a landscape analysis in 2014 of SBCC-related activities in Niger and Burkina Faso, which suggested introducing low-cost communications technologies in the resilience context, SPRING chose to focus on CV in the region

<sup>1</sup> <https://www.digitalgreen.org/>

<sup>2</sup> SPRING’s implementing partners were: Resilience and Economic Growth in the Sahel – Enhanced Resilience (REGIS-ER); Livelihoods, Agriculture, and Health Interventions in Action (LAHIA); the Initiative d’Accélération des Objectifs du Millénaire pour le Développement (IAOMD) project; the Sawki Project; the Programme d’Appui à la Sécurité Alimentaire des Ménages-Tanadin Abincin Iyali (PASAM-TAI) project; Families Achieving Sustainable Outcomes (FASO) project; Victory against Malnutrition (ViM) project; Resilience and Economic Growth in the Sahel-Accelerated Growth (REGIS-AG); and the Ministries of health in Niger and Burkina Faso.

**Figure 1** SPRING CV approach

(SPRING, 2014). The study also recommended that programmes focus on critical underlying determinants, such as gender roles and cultural norms that affect livelihoods, income and the ability of families to improve their nutritional status. Based on these findings, SPRING adapted and assessed the effectiveness and scalability of a facilitated, community-led video approach to promote nutrition and hygiene in Niger.

### Description of the CV approach

CV is a tool for nutrition and health behaviour change which blends technology (portable pico projectors and speakers) with interpersonal communication (human-mediated discussion groups and subsequent home visits). The CV approach is grounded in formative research of the local context, which SPRING uses to identify and prioritise sets of key behaviours for improved nutrition. Based on that research, SPRING and its partners develop packages of practices (POPs) for each behaviour. These POPs contain key behaviours to be adopted in the form of questions and answers in the video.

Videos are produced by small groups of community members called video production “hubs.” Hub members are briefed on key issues in nutrition, hygiene and agriculture and trained in video production. Community members serve as “actors,” creating clear ties to the community and increasing the likelihood that viewers will identify with the messages promoted and adopt the suggested behaviours. Often actors are early adopters of the recommended behaviours, which lends weight to their messages. The disseminations take place during community group meetings by a trained community-based mediator. Discussions during and after video screenings and subsequent home visits provide audiences with the opportunity to ask questions, give feedback and solve problems. Viewers are encouraged to share the messages with their neighbours and families to increase the diffusion of the public health messages, spread awareness and change behaviours and social norms.

**Figure 2** The CV process from pilot to practice (SPRING, 2014a)

### Overview of project implementation from pilot to practice

When SPRING began SBCC interventions in the Sahel in 2015, an objective was set to launch a CV pilot, build evidence for the feasibility of the approach in a resilience context and scale up in a way that could be sustained by local governments and partners, technical advisory groups and video production hubs. Figure 2 outlines the steps to sustainability for CV in the Sahel from pilot to practice. Each of these steps is described in greater detail below.

#### *Pilot: The foundation for scale and institutionalisation*

SPRING consulted with stakeholders and established partnerships with local organisations to ensure that video content was appropriate and relevant and to transfer expertise to local entities. SPRING assessed existing literature and conducted formative research using focus group discussions and in-depth interviews with mothers, fathers, adolescents and grandmothers to identify key behaviours to emphasise in the videos. Initially, SPRING and partners implemented the CV approach in Niger in 20 villages in existing groups such as husband schools, mother-to-mother support groups, savings and loan groups and adolescent safe spaces. SPRING worked with Digital Green to train a local video production team and mediators on nutrition and hygiene, problem-solving video production and video dissemination. Ten videos were developed on high-impact nutrition and hygiene practices which were disseminated during community group meetings. A mixed methods evaluation was conducted to assess the feasibility, acceptability, effectiveness and costs associated with scaling up the pilot in Niger and Burkina Faso.

#### *Scale-up: Transformation from pilot to practice*

SPRING continued to collaborate with partners and local government in Niger to reach a total of 115 villages. SPRING also introduced CVs to 25 villages in the East Region of Burkina Faso. In both countries, SPRING and Digital Green organised trainings of trainers on video production, dissemination and MIYCN to ensure that capacity was transferred. As the programme

expanded to more regions, SPRING introduced concept testing to ensure video content was appropriate to the local context (explained further below). This phase was crucial to ensure ongoing capacity building of the video production hubs, quality of the CVs produced and respect for the overall approach (i.e., quality assurance visits, verification during dissemination and home visits, and data monitoring). The research aimed to enhance understanding of the pathways through which the project achieved its objectives and how the intervention could be adjusted to improve impact. In particular, the research aimed to reveal how videos influenced male involvement in nutrition and how community members shared messages with each other.

#### *Practice: progress toward sustainability*

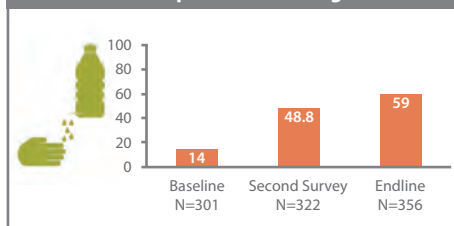
SPRING continued to expand its reach to a total of 248 villages in Niger and 90 villages in Burkina Faso. In both countries, technical expertise and management was transferred to partners and government structures to promote sustainability of the intervention. SPRING continues to build partners' technical skills in all phases of video development, supervises activities and helps partners integrate elements of the approach into their overall action plans. SPRING is continuing to explore ways to better integrate the reporting system into partners' existing monitoring and evaluation (M&E) systems<sup>3</sup>. Finally, through collaboration with a local capacity and research firm, SPRING is investigating whether the video production hubs can become sustainable income-generating entities that provide their video services to interested local parties through a market-driven approach.

### Challenges and lessons learned

#### Effectiveness

*Evaluation of the pilot phase in Niger*  
SPRING's experiences in the Sahel have shown that CV is both effective in changing behaviours and widely accepted by communities. SPRING conducted a mixed-methods evaluation on the acceptability, effectiveness and scalability of the

<sup>3</sup> Data related to the number of people participating in video dissemination as well as intention to adopt and/or promote key behaviours was originally collected using Digital Green's established monitoring techniques and data management tool COCO (Connect Online-Connect Offline).

**Figure 3** Percentage of households with at least one designated place for washing hands

CV approach in Niger. Findings from the qualitative component of the study indicated that beneficiaries found the videos to be relevant and engaging and that they understood the messages being conveyed (SPRING, 2016a).

*“The video gave us the final push to change. I already knew many things before through my husband’s school, but it took us seeing the video to make a change.”*

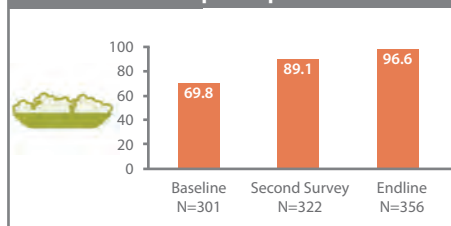
Female beneficiary (Maradi, Niger).

Importantly, audiences enjoyed interacting in discussions after the screenings and during home visits from mediators. Results from the quantitative survey showed an increase in knowledge, positive attitudes, self-efficacy and reported behaviour changes related to key handwashing and responsive feeding practices (key outcomes of interest). The survey found that the presence of a handwashing station at home increased from 14% at baseline to 48% after the handwashing video was shown and to 59% at endline, indicating that behaviour change was sustained and continued to rise after the videos were screened (see Figure 3). Among households with a handwashing station, those that had soap and water available at the station (indicating regular use) increased from 73.8% at baseline to 96.2% at endline.

The proportion of mothers who practiced responsive feeding of children aged 6-24 months and feeding from a separate dish also improved significantly. The percentage of children who were less than an arm’s length away at the most recent meal (a good responsive feeding practice) increased from 64.5% at baseline to 79% at endline. The percentage of women who fed their child from a separate plate increased from 69.8% at baseline to 96.6% at endline (see Figure 4). Qualitative findings also showed that the videos fostered improved communication and gender equity within households; couples reported that the videos served as conversation starters, encouraged men to help with child care beyond providing financial support, and led couples to imitate the positive behaviours that they saw (SPRING, 2016). The CV approach was well received by programme participants, who expressed appreciation that the content reflected behaviours and conditions relevant to their lives and that the actors were native speakers of Hausa, the local language.

*“The women are very enthusiastic because the actors are villagers like them and speak Hausa. This has had a great effect and resulted in significant behaviour change.”*

Female mediator (Maradi, Niger).

**Figure 4** Percentage of women who fed their child with a separate plate for each meal

### *The importance of involving men*

Sustained change in household nutrition practices requires the participation of men. Men often play a leading role in decision-making on household matters, but their involvement in promoting nutrition practices is limited mostly to providing food and resources. In Niger, this is especially true, with men principally responsible for providing food and financial support, while women are responsible for preparing food, caring for children and fetching wood and water. Although the latter are regarded as women’s tasks, men still decide when and how a woman will do them. Men’s role in this shared responsibility makes them important influencers who need to be engaged to improve nutritional practices in the household (Dougherty, 2016).

During the scale-up phase, SPRING conducted qualitative research on how CV can be used to strengthen spousal communication and improve male involvement in MIYCN behaviours. It was found that the videos helped encourage spousal communication in a context where this type of communication is not common. Fathers responded favourably to the male behaviours depicted in the videos, which couples sought to emulate. Thus, the videos promoted a more family-focused approach to child nutrition and care, moving from the mother-child dyad to a more comprehensive form of care that includes the father. Research did not, however, show a clear difference in dialogue between couples in which both partners attended video disseminations and those in which only the wife attended.

### *Ability to scale*

#### *The need for collaboration of partners for successful implementation*

CV complements many other interventions to improve nutrition and hygiene in the region, and partnerships and collaboration are key for success and sustainability. Not only did partnerships allow SPRING to integrate CV into ongoing programming, they also created an environment for partners to pool their technical expertise, including extensive knowledge of the local context. Partner trainers from the non-governmental organisation (NGO) sector and government have been vital for rapid scale-up. SPRING trained 35 trainers in total, who in turn trained community volunteers. In addition, SPRING worked increasingly closely with the government to strengthen the programme’s sustainability and scale-up in villages where NGOs are absent.

While collaboration has been crucial to the success of these programmes, it has also brought challenges. Partners had varying commitment levels, as well as differing goals, processes and implementation plans. For example, data collection proved difficult within a consortium of partners each with its own M&E systems. A programme’s ability to integrate a community media M&E system into its existing M&E depends on staff capacity and time, as well as the indicators it already collects. Additionally, low literacy meant that mediators could not always collect data on behaviour adoptions or knowledge recall, which in some cases meant that partner NGOs had to make additional home visits to collect data in a smaller sample of homes.

#### *The success of concept testing*

During the pilot phase, SPRING conducted formative research in Maradi, Niger, which informed how the videos were adapted to the local context (Moreaux, 2015). As more diverse video themes were introduced in new regions of Niger and Burkina Faso, SPRING focused on concept testing as a quick and efficient way to ensure that the videos were well adapted to the local context. Concept testing does not replace the process of pretesting videos, but instead resembles product testing; planners mock up an idea and observe how potential consumers react to it.

SPRING used concept testing in both countries to learn which storylines and emotions work best, which characters are most persuasive, how one or two “facts” make the case for people to practice a behaviour, and which benefits of practicing the behaviour are the most compelling. In any given intervention village, three possible stories (concepts) are tested with a subset of the target population.

Concept testing involves working directly with the community to choose the most appropriate storylines, request additional video content and further contextualise key information. The hubs then use community feedback to tailor the final storyline while ensuring technical accuracy by tying stories to the POPs. Videos showcase local early adopters of recommended behaviours who practice these behaviours in their own homes and villages to engage the community and make the content more relevant and relatable.

Concept testing has been successful with partners in both countries in encouraging beneficiaries to be involved in choosing the best way to provoke behaviour change. Partners, hubs and local SPRING community field agents have been trained on concept testing.

#### *Reduced costs on scale-up*

Results from the cost analysis indicate that costs drop considerably as pilot interventions are taken to scale. The costs associated with expanding the intervention from 1,500 to 7,500 beneficiaries and introducing new video content was US\$304,887. Thus, the cost per beneficiary declines from US\$16.19 to US\$4.13 per person reached; from US\$28.91 to US\$7.26 for the

Filming in Bogande, Burkina Faso, for the Community Video Project, 2016



handwashing station behaviours changed; and from US\$36.24 to US\$9.10 for the separate plate behaviour. Although it is not possible to compare cost estimates from previous studies because different investigators used different assumptions, the price per behaviour change can be placed in context with similar interventions. For example, studies considering the cost of using women's groups to reduce child mortality found a range from US\$22 per year of life saved to as much as US\$393 (Farnsworth et al, 2014). Options are being explored for video production hubs to generate income, which would further increase the long-term sustainability of the programme (examined further below).

### Sustainability Capacity building of the video production hubs

Building the capacity of local video production hubs is crucial for transitioning from a pilot intervention to a sustainable programme. Video production hubs in the Sahel consist of local private entrepreneurs who receive training and mentoring from SPRING in nutrition and video production (concept testing, storyboarding, shooting and editing). SPRING or its implementing partners contracted the hubs to develop videos; an arrangement that provided a flexible, affordable messaging channel for local partners and an initial source of income.

The hubs make up a network of video production teams. In Burkina Faso, two out of the three originated from local radio stations, while in Niger, four independent video teams were established. SPRING provided training and support to the local video production teams.

SPRING is working with a local research firm to explore the market favourability and the long-term viability of the hubs as entrepreneurial entities in Niger and Burkina Faso. The firm is assessing the potential for making the hubs independent, regional outposts of existing video production firms and how to connect them to local NGOs or other entities to extend their reach. The firm trained the hubs on business planning, accounting, marketing and grant writ-

ing. Although too early to confirm whether this investment in local video production will result in sustainable CV production resources, the project learned some important lessons:

- Because hubs tend to be more confident in shooting the video than in analysing the POPs or conducting concept testing, it is important to reinforce the initial video production training with refresher trainings on how to ensure that videos are conveying the right messages and are effective in changing behaviour;
- Some hubs are already part of an existing structure, such as a radio station, so they cannot become independent business entities. Others are eager to branch out and create a business; however, this will require more support in basic activities such as registering their business and opening a bank account;
- The Sahel is an extremely tough terrain and climate with little infrastructure, which can make working with technology challenging. While equipment held up well in general, SPRING had to replace some equipment and experienced challenges in shipping equipment. Although the equipment SPRING uses is available for purchase in-country, it is far more expensive, posing challenges for hubs to maintain or replace equipment.

### Dissemination through mobile phones

Maximising mobile phone technology could help to further disseminate CVs; however, the current videos take up too much space to be shared via mobile phone. The greatest benefit would be where mobile phone coverage is already high. SPRING is currently looking into access to mobile phones and considering ways to reduce the size of videos and provide them on sim cards which can be inserted into mobile phones. SPRING will also look into other methods of "viral dissemination" in the future.

### Technical advisory groups to ensure sustainability

In the absence of an existing government-led body in the two regions where SPRING has a presence in Niger, two technical advisory groups (TAGs) were established. These have members from partner NGOs, the Scaling Up Nutrition (SUN) Movement, a regional cell responding to crises and the relevant regional directorates. Members meet every two months to decide on new video topics, approve produced videos and oversee the quality of the video production process. Initially, these groups were led by SPRING but now the regional Directorates of Health, with the support of a partner project, are taking the lead and are expected to continue to meet and monitor CV activities after SPRING closes.

Originally, video themes were chosen based on formative research findings. However, TAG members decided to start producing videos on topics beyond nutrition and WASH, such as agricultural practices, animal husbandry and family planning. For example, one partner re-

quested a video promoting purdue-improved cowpea storage (PICS) bags for storing beans.

Since the TAGs are regional, the groups are well prepared to rapidly scale up coordination if an emergency arises. This rapid response could help avoid negative coping strategies among the population. For example, in January 2017, when scarce rain and a locust infestation damaged harvests, the TAG brainstormed what those affected could do to avoid hunger. Suggestions included "continued breastfeeding beyond 24 months" and "vegetable production in a kitchen garden."

### Conclusion

CV is a rapidly scalable SBCC intervention which can be sustained by creating and building the capacity of government, partners and hubs. The CV approach has helped encourage men to take a more active role in supporting women in household and child-rearing responsibilities, thus improving MIYCN behaviours. However, some barriers still need to be addressed, including procuring and maintaining equipment and partner collaboration. Overall, the CV approach was well received and represents a promising model in the Sahel. As part of a wider set of interventions within an SBCC strategy for resilience contexts, CV can be effective at promoting nutrition-specific (MIYCN and hygiene) behaviours.

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